Infant mortality rates rising in US

Southern states hardest hit

Naomi Spencer
3 May 2007

After declining for four decades, infant mortality rates are on the rise in the US. The rise in infant death rates, like a multitude of other social indicators, is a manifestation of the growing inequality in the United States.

This inequality, forcing millions more Americans into poverty and extreme poverty, has been exacerbated by the erosion of the social safety net, beginning under the Clinton administration and escalated by the Bush administration and the initiatives of reactionary state governments.

The national infant mortality rate—defined as the number of children dying within their first year of life per 1,000 live births—stood at 6.9 in 2003, the latest year for which data is available. Internationally, the US ranks at the bottom of developed countries on virtually all measures of child wellbeing, including mortality rates. In regions with poor and especially minority populations, health outcome indicators have steadily and substantially worsened in recent years.

Particularly in the South, where infant mortality rates have long exceeded the national average, deaths have increased significantly in recent years. In certain Southern counties, infant mortality rates are higher than 20 deaths per 1,000 live births—higher than those of Sri Lanka, Poland, and nearly 100 other countries.

Infant mortality in Louisiana rose to 10.4 per 1,000 births statewide in 2005, according to the National Center for Health Statistics. In Region 7, the northwestern area of the state encompassing nine parishes, the figures are drastically worse. Caddo Parish, for example, has a rate of 13.3. The Shreveport area registered an appalling 32.7.

"People can't believe those stats when I tell them," Northwest Louisiana Coalition for the Health of Women and Children director and registered nurse Linda Brooks told the *Shreveport Times*. "There is poverty in this area like you've never seen and teen pregnancies (15-19 years old) are a big problem, accounting for 55.6 percent of all births."

Similarly, Mississippi's infant death rate fell to 9.7 in 2004, but rose again sharply in 2005, to 11.4. Christina Glick, a Mississippi neonatologist and past president of the National Perinatal Association, told the *New York Times* April 22, "I don't think the rise is a fluke, and it's a disturbing trend, not only in Mississippi but throughout the Southeast." North Carolina, South Carolina, Tennessee, and Alabama also saw increases.

While data is not yet available for 2006, public health experts have pointed out that the factors driving the increase in 2005—including legislation aimed at cutting social services, the lack of health insurance, poor maternal health, and lack of public health infrastructure in economically depressed areas—have only intensified in the period since.

Millions of low-income families there were dropped from social service programs after exhausting five-year Temporary Assistance for Needy Families limits or failing to meet tightened requirements. In fact, since Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act into law in 1996, the number of Americans receiving cash welfare assistance has fallen by 57 percent. Those that do receive assistance do so on a temporary basis and with strict minimum weekly work-hour requirements.

Especially hard hit by the work requirements were single mothers in persistent poverty regions, including the Deep South, where transportation and decent paying jobs are scarce. After losing benefits, many families simply do without some basic necessities.

These hardships are compounded by the aggressive dismantling of the Medicaid system at the federal and

state levels. For example, between 2005 and 2006 Mississippi Republican Governor Haley Barbour oversaw the disenrollment of 54,000 people from the state's Medicaid and Children's Health Insurance programs. Some eligible pregnant women were also deterred from enrolling by new requirements, health advocates in Jackson told the *New York Times*.

But even with Medicaid coverage, lack of transportation, lack of childcare, and inflexible work schedules are formidable obstacles to meeting medical and social service appointments for low-income women. As a result, poor pregnant mothers are less likely to receive regular prenatal care, increasing health risks to their children. Federal Maternal and Child Health Bureau data indicate that babies born to mothers who receive no prenatal care are three times as likely to be low birth weight (less than five-and-a-half pounds), have a much higher risk of disability, and are five times more likely to die before the age of one.

Minority populations are especially vulnerable to infant death. Nationally in 2003, the black population suffered infant mortality rates nearly two-and-a-half times that of non-Hispanic whites, and black infants were more than four times as likely to die from complications of low birth weight. Mississippi and Louisiana have the largest black populations as a percentage of their total population, and are among the poorest states in the nation, both in terms of per capita income and federal funding.

Yet nationwide, poverty is expanding into regions previously considered to be economically thriving and stable, and increasing in every area. While poverty remains most concentrated in urban centers, the growing poverty rate in suburban areas surrounding cities is also growing, as documented by the Census Bureau's annual population survey.

Significantly, 2006 marked the first time that the suburban poverty population, some 12 million people, was more than the number of urban poor. An analysis by the Brookings Institution of the 100 largest US metropolitan areas—home to two-thirds of the population—found that over the past seven years, suburban poverty has grown at varying rates around major cities, in some places by 33 percent. The result is that, after hovering closely since 1999, the suburban poor now account for 52 percent of the total metropolitan poor.