

After more than two decades on the decline, US infant death rate rose significantly in 2022

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On Wednesday, the Centers for Disease Control and Prevention (CDC) released its provisional report on infant mortality in the United States for 2022. The agency noted that the rates of infant mortality—covering a period from birth to one year of age—had increased by 3 percent from the preceding year, the first such significant rise in more than two decades. This rise comes as the number of births in the US had only increased by 0.09 percent from 2021 (3,664,292) to 2022 (3,667,758).

This stark finding is only the latest in a series of statistics that confirm the social illnesses brought on by capitalism and rising inequality are taking a lethal toll on the working class in the US, including among those who have barely started their lives.

In absolute terms, the mortality rate increased from 5.44 infant deaths for every 1,000 births to 5.6. In total, 20,538 infants died in 2022, up from 19,928 in 2021, or 610 more than the previous year, nationwide. The year-to-year increase was also noted in the provisional neonatal mortality rates, infant deaths less than 28 days, (3.49 to 3.58 per 1,000; 3 percent higher), and post neonatal mortality rates, infant deaths from 28 days to 364 days (1.95 to 2.02 per 1,000; 4 percent higher).

Although news media like the *New York Times* usually prefer to spin these figures along racial lines—pointing in particular to developments related to African Americans as proof of supposed systemic racism as the root of all social ills—the infant mortality rates increased significantly only for American Indian/Alaska Natives and whites.

For the other sections, the changes were not statistically significant although mortality rates for infants of black mothers remains the highest in the nation, which has much to do with the socioeconomic dynamics and the geographic areas with dwindling

quality and quantity of services available where mothers live.

Deaths had increased most in four states: Georgia (+116), Iowa (+43), Missouri (+61), and Texas (+251). Only Nevada (-45) saw a significant decline.

The rise in the provisional infant mortality rate was the worst for women ages 25 to 29. However, for women under 20 years of age, the overall infant mortality rates are the highest with almost 10 deaths per 1,000 births. The highest death rates were for preterm deliveries and male babies. The leading cause of infant deaths were due to maternal complications and bacterial sepsis of the newborn.

Congenital malformations, sudden unexpected infant death and higher unintended injuries are more pronounced among those giving birth in rural regions.

This speaks volumes to the inadequacy of prenatal care for many women and their vulnerability after delivery, when support from healthcare providers is paramount in ensuring the mother and baby have access to health, nutritious food, and safe and clean-living environment.

Access to all of these is directly linked to poverty and rurality—socioeconomic factors that create dangerous conditions affecting maternal and infant health.

Report after report has underscored the relationship between poverty and the decreasing access to maternity care across the country. In 2022, almost seven million women of childbearing age and a half-million babies had limited or no access to care. The March of Dimes estimated that 36 percent of US counties, mostly in the Midwest and South, are considered maternity care deserts where there are either no obstetric hospitals or no obstetric providers.

A 2019 study published in the journal *BMC Pregnancy and Childbirth*, found that among those

living in high-poverty counties, the neonatal mortality was 38 percent higher and the post-neonatal rate 47 percent higher for term infants, compared to low-poverty counties.

The report notes, “Two-thirds of term births occurred among mothers residing in high-poverty counties. High-poverty counties saw the highest births in non-metropolitan areas, the highest teen pregnancy rates and the highest birth rates to mothers with high school education or less. Mothers residing in high-poverty counties were less likely to be married and more likely to be black or Hispanic compared to those residing in medium or low-poverty counties.”

As the authors state, these women are less likely to have any prenatal care, let alone access to care in the late stages of their pregnancy when undiagnosed medical conditions can cause serious complications for gestation.

The COVID-19 pandemic and the impoverishment of the population caused by the ruling elites’ response to the ongoing health crisis has only further exacerbated these grim statistics.

Stacey D. Stewart, the president and CEO of March of Dimes, noted in a press release, “With an average of two women dying every day from complications of pregnancy and childbirth and two babies dying every hour, our country is facing a unique and critical moment as the infant and maternal health crisis continues intensifying. With hospital closures, inflation, and COVID-19 limiting access to care, the compounding issues of our time are bearing down on families, forcing them to extend themselves in new ways to find care they need and ways to afford it.”

Arjumand Siddiqi, professor of population health at the University of Toronto, told the *Wall Street Journal*, “The US is falling behind on a basic indicator of how well societies treat people. In a country as well-resourced as the US, with as much medical technology and so on, we shouldn’t have babies dying in the first year of life. That should be super rare, and it’s not.”

In the context of the current genocide in Gaza by Israel and its European and US patrons where close to 4,000 children have been slaughtered, the ruling elites’ complete indifference to the most impoverished and vulnerable only underscores the impossibility of reforming or resurrecting capitalism in its death agony. It is imperative that the working class across all

national boundaries unite in the fight for socialism to put an end to war and social inequality.



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