The National Center for Fatality Review and Prevention collects information on infants born prematurely in the National Fatality Review Case Reporting System (CRS). From 2004-2016 there have been over 145,400 child death cases reviewed and entered into the CRS by participating teams. This CRS quick-look describes over 38,600 infants born prematurely, between 20 and 37 weeks gestation, who died before their first birthday.¹

Click here to see more quick-looks like this on the National Center's website
CHARACTERISTICS of PREMATURE INFANTS

The median gestational age of premature infants was 27 weeks, 52% were born weighing less than 1,000 grams, and 18% were part of a multiple gestation.

SEX
- BOYS 56%
- GIRLS 44%

RACE
- WHITE 46%
- BLACK 29%
- HISPANIC 19%
- OTHER 6%

AGE at DEATH
- 0-7 DAYS 56%
- 8 - 28 DAYS 13%
- > 28 DAYS 31%

INFORMATION NOT AVAILABLE in VITAL STATISTICS

The CRS has been refined and enhanced since inception; with the most recent deployed version, Version 5.0 launched in April 2018. The system has over 3,600 variables.

SLEEP ENVIRONMENT

20% of deaths were reported to have been related to sleeping or the sleep environment.

EVER BREASTFED

Nearly 75% of mothers reported not breastfeeding their child.

CONSIDERED PREVENTABLE

Fatality review teams felt 18% of these deaths were preventable.
DEATH CERTIFICATE INFORMATION of PREMATURE INFANTS

PRIMARY CAUSE of DEATH
Over 91% were determined to be from a medical condition; the top two causes being prematurity (58%) and congenital anomaly (16%).

OFFICIAL MANNER of DEATH
83% were reported as natural deaths on the death certificate. 6% were reported as an accident; three-fourths of these were due to unintentional asphyxia.

LOCATION of DEATH
The majority of premature infant deaths died at the hospital (61%) or at the child’s home (24%).

CHARACTERISTICS of BIOLOGICAL MOTHER

AGE
Median age of mother when infant died was 26 years.

PRENATAL CARE
90% of mothers received prenatal care services.

SMOKING STATUS
About 30% of mothers smoked before and during pregnancy with higher prevalence among non-Hispanic white mothers.

BEFORE
- WHITE 35%
- BLACK 26%
- HISPANIC 13%

DURING
- WHITE 39%
- BLACK 27%
- HISPANIC 15%
WHERE DO WE GO FROM HERE?

There are three categories public health practitioners may consider for prevention efforts.

MEDICAL/CLINICAL
- Prevent non medically indicated preterm deliveries
- Progesterone supplementation

SOCIAL
- Address racism
- Decrease maternal stress

RISK REDUCTION
- Address smoking/tobacco use before and during pregnancy
- Identify and treat infections
- Attention to maternal nutrition (preconception and during pregnancy)
- Encourage and support mothers of preterm infants to breastfeed

MEDICAL/CLINICAL

SOCIAL

RISK REDUCTION