

# INFANTS BORN PREMATURELY

—National Center Quick-Look—

September 2019

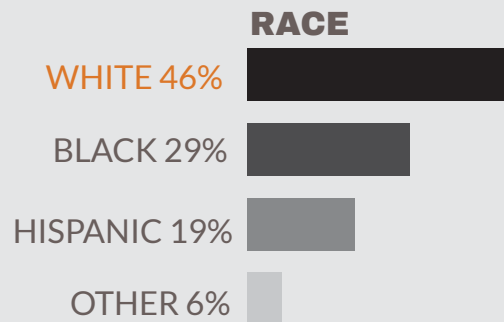
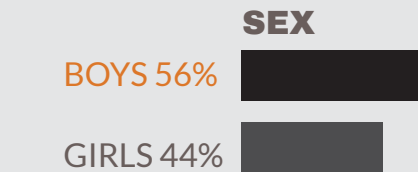
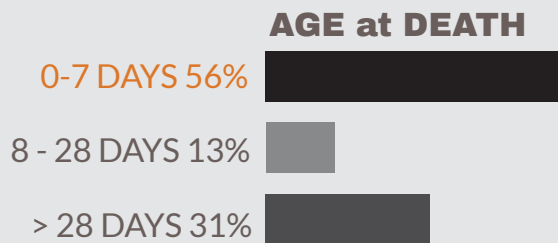


The National Center for Fatality Review and Prevention collects information on infants born prematurely in the National Fatality Review Case Reporting System (CRS). From 2004-2016 there have been over 145,400 child death cases reviewed and entered into the CRS by participating teams. **This CRS quick-look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

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# 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.



# 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.

## CONSIDERED PREVENTABLE



Fatality review teams felt 18% of these deaths were preventable.



## EVER BREASTFED

Nearly 75% of mothers reported not breastfeeding their child.

# 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%).

## LOCATION of DEATH



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

## 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.

# CHARACTERISTICS of BIOLOGICAL MOTHER

## AGE

Median age of mother when infant died was 26 years.



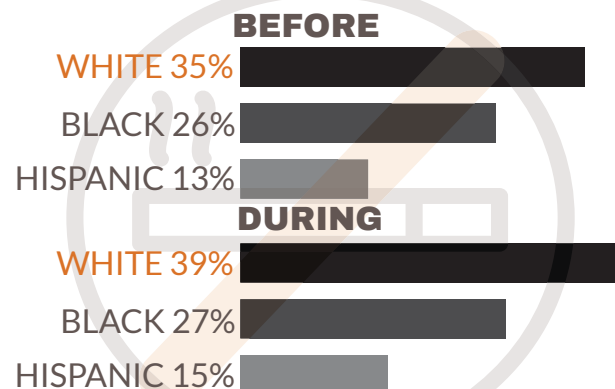
## PRENATAL CARE

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.



# WHERE DO WE GO FROM HERE?

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

## NATIONAL PARTNERS

Click images below for more information



# 1

## MEDICAL/CLINICAL

- Prevent non medically indicated preterm deliveries
- Progesterone supplementation

# 2

## SOCIAL

- Address racism
- Decrease maternal stress

# 3

## 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

## National Center for Fatality Review & Prevention Supporting Fetal and Infant Mortality Review and Child Death Review Teams

There are many ways to stay in touch with the National Center for Fatality Review and Prevention:



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[www.ncfrp.org](http://www.ncfrp.org)



800.656.2434



[info@ncfrp.org](mailto:info@ncfrp.org)

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1 Includes data from deaths of infants who died within first year of life and who were born with gestational age between 20 and 37 weeks from 2004 - 2016, recorded in the CRS., and reviewed by child death review teams only.

These data represent a smaller percent of the cases entered into the CRS. For more information about the data contained in this Quick Look, please visit [https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/NCFRP\\_Quick\\_Looks\\_Analysis.pdf](https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/NCFRP_Quick_Looks_Analysis.pdf)