

# INFANT DEATHS, FETAL DEATHS, AND ABORTIONS

## INFANT DEATHS

In 2007, there were 33 resident infant deaths for a rate of 5.1 infant deaths per 1,000 live births. The rate is above the *Healthy Vermonters 2010* goal of 4.5, but lower than the preliminary 2007 U.S. white rate of 5.7. Comparisons are made to the U.S. white rate because 91.0 percent of the Vermont resident infant deaths were to whites in 2007. The Vermont infant mortality rate steadily declined from 24.0 in 1960 to 5.8 per 1,000 live births in 1991. Over the past two decades the rate has fluctuated between a high of 7.4 in 1994 and a low of 4.2 in 2002. ([Table A-1](#))

Twenty (55.6 percent) of the infant deaths occurred during the neonatal period, that is before the infant became 28 days old ([Table D-6](#)). The neonatal death rate was 3.1 deaths per 1,000 live births ([Table D-5](#)), lower than the 2006 U.S. white neonatal death rate of 3.7. The Vermont neonatal death rate has decreased over the past four decades from 18.6 in 1960, to 14.4 in 1970, to 6.2 in 1980, to 3.6 in 1990 ([Table A-1](#)). Following an increasing trend through the nineties to a high of 5.9 in 1998, the rate has fluctuated throughout this decade.

One of the most important risk factors in infant mortality is low birth weight ([Table D-7](#)). Of resident infants who died in 2007, 63.6 percent had a birth weight less than 2500 grams (5 pounds 8 ounces), while 6.2 percent of all resident births were low weight. The infant mortality rate for low weight births was 52.1 deaths per 1,000 live births. Age of mother is also related to infant mortality ([Table D-5](#)), with the highest rates typically seen in the youngest and the oldest age groups. From 2005 to 2007, the infant mortality rate for mothers 15 through 19 years of age was 9.3, and for mothers age 40 through 44 the rate was 13.5. The 40 to 44 year old maternal age group had the highest neonatal death rate at 5.1.

## FETAL DEATHS

Unlike births and deaths, reports of fetal deaths and abortions are not shared among states. Therefore, statistics concerning these events reflect occurrences in Vermont only and do not include Vermont resident fetal deaths and abortions that occurred in other states.

There were 29 resident fetal deaths in 2007 ([Table D-1](#)) for a rate of 4.1 per 1,000 live births and fetal deaths, down from 4.6 per 1,000 live births and fetal deaths in 2006 ([Table D-5](#)) and the first decrease since 2003. Of the fetal deaths in Vermont, 17 weighed less than 2500 grams ([Table D-7](#)). From 2005 to 2007, the fetal death rates were highest in the 30 and over age groups: 5.1 for women age 40 to 44, and 30 to 34 and 4.7 per 1,000 live births for women age 35 to 39 ([Table D-5](#)).

## VERMONT ABORTIONS

There were 1583 abortions performed in Vermont in 2007, a third consecutive decrease following three years of consecutive increases. Vermont residents accounted for 1420, or 89.7 percent. This represents a rate of 11.6 per 1,000 women age 15 to 44.

The abortion ratio is the number of resident abortions occurring in Vermont times 1,000, divided by the total resident live births. The abortion ratio for 2007 was 218.0 abortions per 1,000 live births, lower than the 2006 ratio of 223.7, and the lowest since 2001. The U.S. white abortion ratio was 162 per 1,000 live births in 2006 (not available for 2007).

Women age 20 to 24 had the highest *age-specific* abortion rate, of 28.5 per 1,000 women, followed by women age 25 to 29 at 18.5. First trimester abortions (less than or equal to 12 weeks) accounted for 93.5 percent of all Vermont abortions and 68.1 percent of all Vermont abortions were for pregnancies of less than 9 weeks duration ([Table E-5](#)). See [Appendix B](#) for the method used to compute the number of weeks of gestation.