

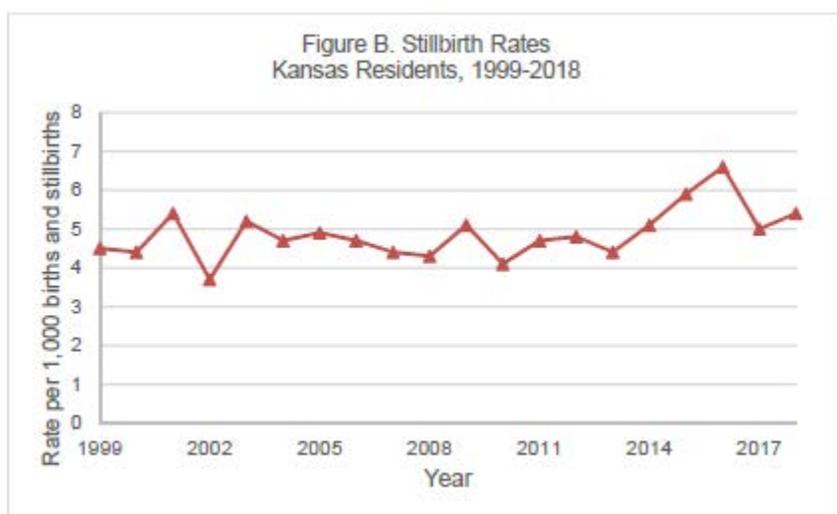
## Fetal and Infant Mortality

### Stillbirths

Reporting standards for stillbirths changed mid-year 2014. During the first half of the year, reporting was mandatory for stillbirths with delivery weight greater than 350 grams. During the second half of the year, reporting was mandatory for stillbirths at 20 weeks or longer clinical estimate of gestation. Thus, rates for 2015 and succeeding years are not strictly comparable to those of previous years. While some physicians still report stillbirths at less than 20 weeks gestation, those events are no longer included in the Annual Summary of Vital Statistics. Multi-year tables with data for 2015 and 2016 have been amended to remove those events.

During 2018, there were 196 stillbirths reported for Kansas resident mothers, an increase of 6.5 percent from the 184 stillbirths reported in 2017. The stillbirth rate was 5.4 per 1,000 live births and stillbirths, an increase of 8.0 percent from the rate of 5.0 stillbirths per 1,000 live births and stillbirths in 2017 (Tables D1, A3).

In 2018, the stillbirth rate (per 1,000 live births plus stillbirths) was 4.6 for White non-Hispanics, 7.5 for Black non-Hispanics, and 7.6 for Hispanics (Table A3).



Over the past 20 years (1999-2018), annual stillbirth rates have fluctuated, but Poisson regression (calculated with the Joinpoint program) indicates that the general trend was downward, but not statistically significant, for 1999-2010, and upwards but not statistically significant for 2010-2018. The latter period can be discounted, since it includes the years where the stillbirth definition changed (Figure B).

Of all stillbirths in 2018, 89.3 percent (175 out of 196) were attributed to conditions originating in the perinatal period and 8.2 percent (16 out of 196) to congenital anomalies (Table D1).

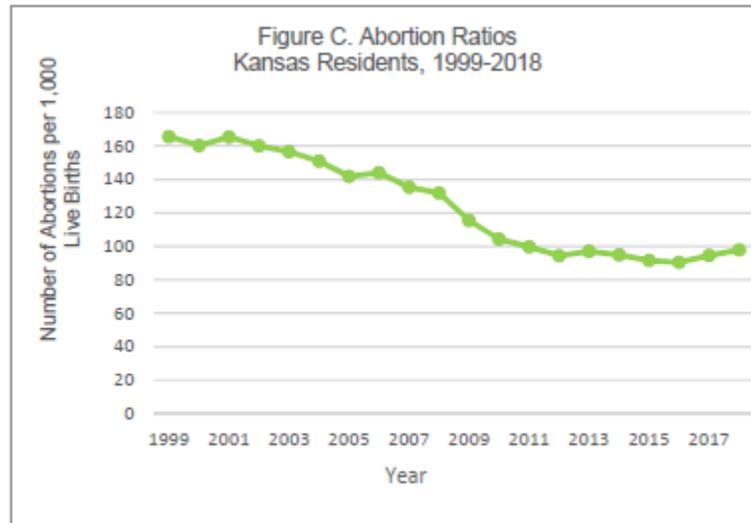
### Abortions

In 2018, there were 3,550 abortions performed on Kansas residents, of which 3,474 were performed

in Kansas, and 76 were performed out-of-state. There were also 3,498 abortions performed in Kansas for non-residents (Table D4).

### **Abortion Ratios**

The abortion ratio for Kansas residents in 2018 increased 3.3 percentage points (97.9 per 1,000 live births) from 94.6 in 2017. The abortion ratio declined by 40.9 percent from 1999 to 2018, from a peak ratio of 165.6 abortions per 1,000 live births in 1999 to 97.9 abortions per 1,000 live births in 2018 (Figure C) (Table D3, Figure D2).



The abortion ratio for Kansas residents in 2018 varied substantially by age-group of the mother. The highest ratio (636.4 per 1,000 live births) was recorded for mothers under 15 years of age, while the lowest (57.3 per 1,000 live births) was recorded for mothers in the 30-34 age group (Figure D3).

The abortion ratio for White non-Hispanics was 78.7 abortions per 1,000 live births (1,982 resident abortions); for Black non-Hispanics it was 240.1 (600 resident abortions); and for Hispanics it was 106.4 (636 resident abortions) (Table C20, Table D5).

### **Gestation at Termination**

In 2018, 70.9 percent of Kansas resident abortions occurred prior to nine completed weeks of gestational age. About 90.6 percent were performed prior to the 13<sup>th</sup> week of gestation and 3.2 percent of Kansas resident women obtained an abortion after 16 weeks gestation. (Table D5).

### **Marital Status**

More than 80 percent (84.3) of all reported abortions in 2018 were to unmarried women. Among Black non-Hispanic women in this group, 91.2 percent were unmarried, while 83.9 percent of White non-Hispanic women and 84.9 percent of Hispanic women were unmarried (Table D6).

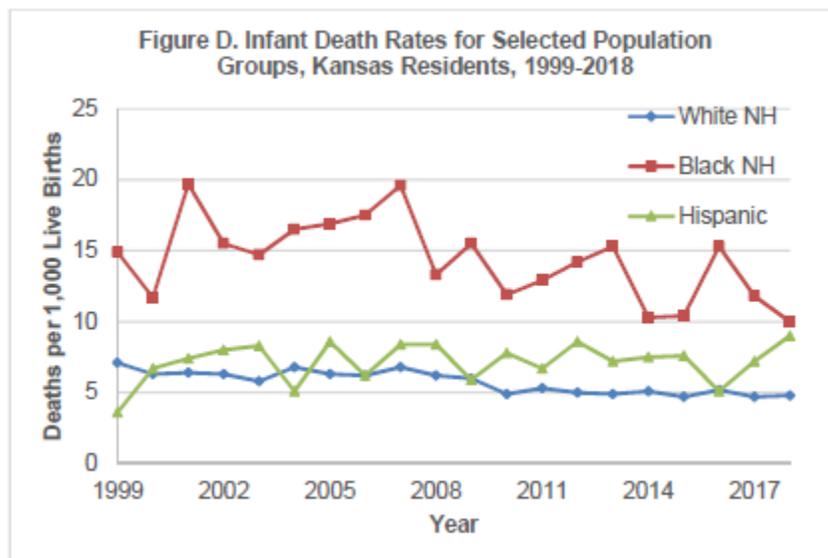
## Infant Mortality

There were 231 infant deaths to Kansas residents in 2018, an increase of 6.5 percent from 217 infant deaths in 2017 (Table D14).

The infant mortality rate for Kansas residents in 2018 was 6.4 infant deaths per 1,000 live births, up 6.7 percent from 6.0 infant deaths per 1,000 live births in 2017. This does not meet the Healthy People 2020 target for infant deaths, 6.0 infant deaths per 1,000 live births (MICH-1.3).

The rate for White non-Hispanic mothers in 2018 was 4.8 deaths per 1,000 live births, an increase of 2.1 percent from the rate of 4.7 in 2017. The rate for Black non-Hispanic mothers was 10.0 deaths per 1,000 live births, a decrease of 15.3 percent from the rate of 11.8 in 2017. The rate for Hispanic mothers was 9.0 deaths per 1,000 live births, an increase of 25.0 percent from the rate of 7.2 in 2017. Caution should be used in interpreting these changes due to the relatively small number of occurrences and yearly fluctuations (Tables D12, A3).

Infant death rates for Black non-Hispanic mothers have consistently remained higher than those of White non-Hispanic and Hispanic mothers for the past twenty years (1999-2018). Rates for Hispanic mothers have been higher than those for White non-Hispanic mothers in most years in the period (Figure D).



## Infant Age at Death

Infant deaths are most likely to occur within the first month of life. In 2018, 48.1 percent of all infant deaths occurred in the first day of life, 58.9 percent occurred within the first seven days of life (the hebdomadal period), and 70.1 percent occurred within the first 28 days of life (the neonatal period) (Table D13).

The components of perinatal period III mortality (see definition in Technical Notes) both increased from 2017 to 2018; stillbirths increased by 6.5 percent, hebdomadal deaths increased by 6.3 percent. There were 332 perinatal period III deaths in 2018, for a death rate of 9.1 deaths per 1,000 live births plus stillbirths, an increase of 5.8 percent from the 1999 rate of 8.6 (Table D10).

Of all infant deaths in 2018, 44.2 percent were attributed to conditions originating in the perinatal period, 25.1 percent to congenital anomalies, 5.2 percent to sudden infant death syndrome (SIDS), and 25.5 percent to all other causes (Table D13).

***Maternal Mortality***

As of this (2018) report, Kansas retained the definition of “maternal death” used by the National Center for Health Statistics (NCHS), but dropped a category called “other pregnancy associated deaths” that was included from 2008 to 2017. Please see the Technical Notes for full definitions and an explanation for the reason to drop the second category. In 2018, there were five maternal deaths, a decrease from 2017, when there were eight maternal deaths (Figure D8).