

Fetal, Infant and Maternal Mortality

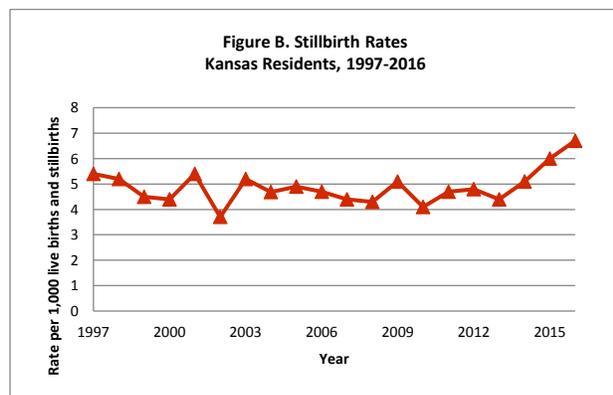
Stillbirths

Reporting standards for stillbirths changed mid-year 2015. 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 2016 are not strictly comparable to those of previous years.

During 2016, there were 255 stillbirths reported for Kansas resident mothers, an increase of 7.6 percent from the 237 stillbirths reported in 2015. The stillbirth rate was 6.7 per 1,000 live births and stillbirths, an increase of 10.4 percent from the rate of 6.0 stillbirths per 1,000 live births and stillbirths in 2015 (Tables D1, A3).

In 2016, the stillbirth rate (per 1,000 live births plus stillbirths) was 5.3 for White non-Hispanics, 15.4 for Black non-Hispanics, and 8.3 for Hispanics (Figure D1, Table A3).

Over the past 20 years (1997-2016), stillbirth rates have fluctuated, but Poisson regression (calculated with the Joinpoint program) indicates that the general trend was downward, but not statistically significant, for 1997-2013, and upwards and statistically significant for 2013-2016. The latter period can be discounted, however, since it includes the years where the stillbirth definition changed (Figure B).



Of all stillbirths in 2015, 86.1 percent were attributed to conditions originating in the perinatal period and 10.5 percent to congenital anomalies (Table D1).

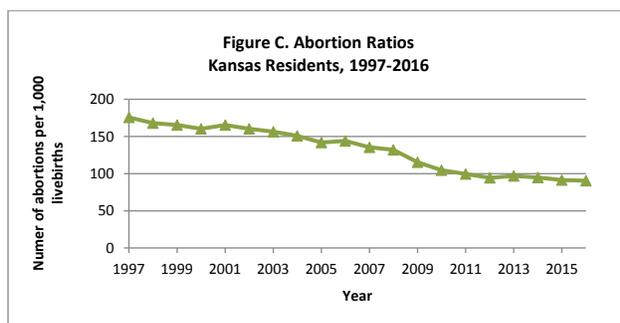
Abortions

In 2016, there were 3,439 abortions performed for Kansas residents, of which 3,409 were performed in Kansas, and 30 were performed out-of-state. There were also 3,381 abortions performed in Kansas for non-residents (Table D4).

Abortion Ratios

The abortion ratio for Kansas residents in 2016 decreased 1.2 percent from 91.5 in 2015 to 90.4 abortions per 1,000 live births. The 2016 abortion ratio is the lowest in the past 20 years (1997-

2016), down from a peak of 175.6 abortions per 1,000 live births in 1997 (Figure C) (Table D3, Figure D2).



The abortion ratio for Kansas residents in 2016 varied substantially by age-group of mother. The highest ratio (318.2 per 1,000 live births) was recorded for mothers under 15 years of age, while the lowest (57.8 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 70.8 abortions per 1,000 live births (1,896 resident abortions); for Black non-Hispanics it was 219.7 (548 resident abortions); and for Hispanics it was 96.0 (605 resident abortions) (Table C20, Table D5).

Gestation at Termination

In 2016, 66.8 percent of Kansas resident abortions occurred prior to nine completed weeks of gestational age. Almost 90 percent (87.7) were performed prior to the 13th week of gestation. About four percent (3.9) of Kansas resident teenage women obtained an abortion after 16 weeks gestation. (Table D5).

Marital Status

More than 80 percent (84.3) of all reported abortions in 2016 were to unmarried women. Among Black non-Hispanic women in this group, 92.6 percent were unmarried, while 82.8 percent of White non-Hispanic women and 83.8 percent of Hispanic women were unmarried (Table D6).

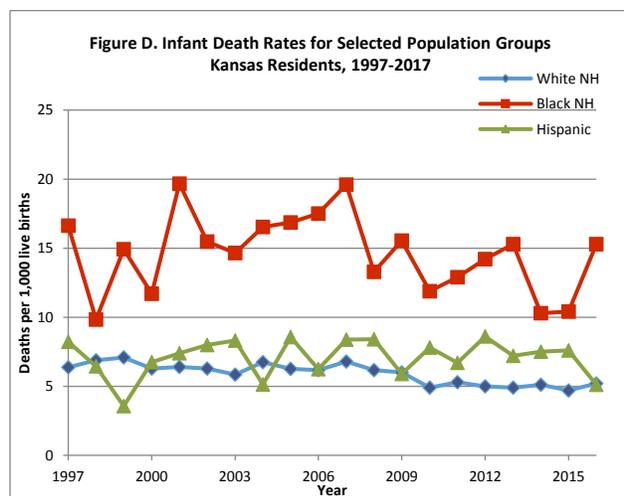
Infant Mortality

There were 223 infant deaths to Kansas residents in 2016, a decrease of 3.0 percent from 230 infant deaths in 2015 (Table D14).

The infant mortality rate for Kansas residents in 2016 was 5.9 infant deaths per 1,000 live births, unchanged from 2015. This surpasses 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 2016 was 5.2 deaths per 1,000 live births, an increase of 10.6 percent from the rate of 4.7 in 2015. The rate for Black non-Hispanic mothers was 15.2 deaths per 1,000 live births, an increase of 46.2 percent from the rate of 10.4 in 2015. The rate for Hispanic mothers was 5.1 deaths per 1,000 live births, a decrease of 32.9 percent from the rate of 7.6 in 2015. 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 (1997-2016). Rates for Hispanic mothers have sometimes been higher and sometimes lower than those for White non-Hispanic mothers (Figure D).



Infant Age at Death

Infant deaths are most likely to occur within the first month of life. In 2016, 37.7 percent of all infant deaths occurred in the first day of life, 53.4 percent occurred within the first seven days of life (the hebdomadal period), and 65.0 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 changed from 2015 to 2016; stillbirths increased by 7.6 percent, hebdomadal deaths decreased by 9.8 percent. There were 374 perinatal period III deaths in 2016, for a death rate of 9.8 deaths per 1,000 live births plus stillbirths, an increase of 5.4 percent from the 1997 rate of 9.3 (Table D10).

Of all infant deaths in 2016, 46.2 percent were attributed to conditions originating in the perinatal period, 22.0 percent to congenital anomalies, 12.1 percent to sudden infant death syndrome (SIDS), and 19.7 percent to all other causes (Table D13).

Maternal Mortality

In the 2008 report, Kansas adopted the definition of “maternal death” used by the National Center for Health Statistics (NCHS), and introduced a new category called “other pregnancy associated deaths.” Please see the Technical Notes for full definitions. The new categories were applied retroactively to 2005; before 2005 the Kansas death certificate lacked an important field needed to identify pregnancy associated deaths. In 2016, there were eight maternal deaths and twelve other pregnancy associated deaths, an overall increase from 2015, when there were five maternal deaths and seven other pregnancy associated deaths (Figure D8).