

Maryland Vital Statistics

Infant Mortality, 2021



Release Date: July 2023

STATISTICS

The infant mortality rate in Maryland was 6.1 per 1,000 live births in 2021, a 7.0% increase from the 2020 rate of 5.7. The total number of infant deaths increased between 2020 and 2021 from 391 to 415.

The neonatal mortality rate (infants aged 0-27 days) did not change from 2020 to 2021 (4.1 per 1,000 live births). The postneonatal mortality rate (infants aged 28 days through 11 months) increased from 1.6 per 1,000 live births in 2020 to 1.9 per 1,000 live births in 2021.

Race and Hispanic Origin

In 2021, there were 200 deaths among infants born to non-Hispanic black women, 103 deaths among infants born to non-Hispanic white women, 70 deaths among infants born to Hispanic women, 17 deaths among infants born to non-Hispanic women of two or more races, and 12 deaths among infants born to non-Hispanic Asian or Pacific Islander women. No deaths occurred among infants born to non-Hispanic American Indian women in 2021.

In 2021, the highest infant mortality rate was among infants born to non-Hispanic black women (9.8). The infant mortality rate among non-Hispanic black women was 1.8 times higher than the rate among Hispanic women (5.3) and 2.6 times higher than the rate among non-Hispanic white women (3.7).

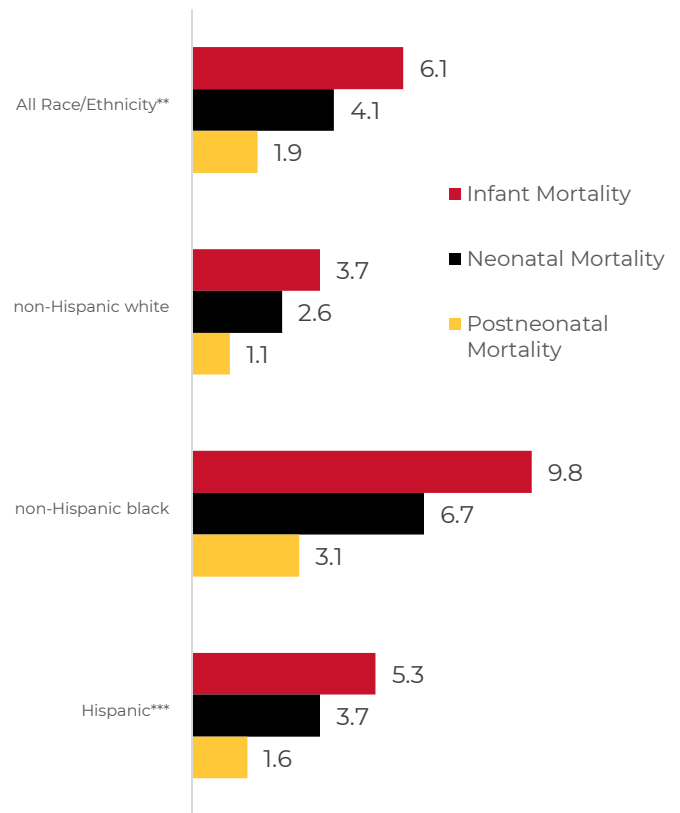
KEY DEFINITIONS

Infant mortality: Death occurring before 1 year of age

Neonatal mortality: Death of infant occurring under 28 days of age

Postneonatal mortality: Death of infant after 28 days through the first year of age

Figure 1. Infant Mortality Rate* by Race and Hispanic Origin, Maryland 2021



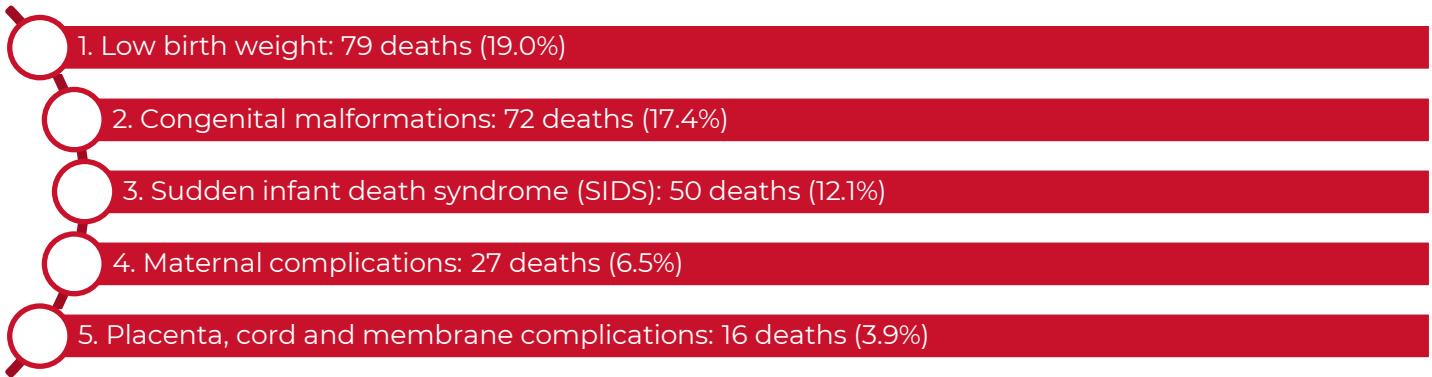
*Rate per 1,000 live births

**Includes races categorized as 'unknown' or 'other'

^Includes all persons of Hispanic origin of any race

CAUSES OF DEATH

The five leading causes of infant death in Maryland in 2021 were:

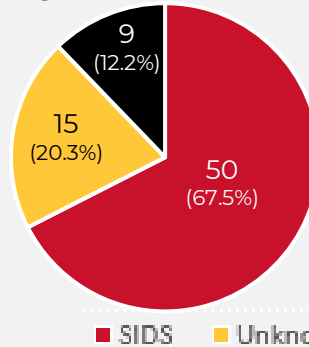


In 2021, the five leading causes of all infant deaths were the same as those reported in 2020, accounting for 58.8% of all infant deaths in Maryland. Disorders related to short gestation and low birth weight (LBW) were the leading cause of death with 1.16 infant deaths per 1,000 live births. Congenital malformations were the second leading cause of death with 1.05 infant deaths per 1,000 live births.

Both LBW and congenital malformations were the leading causes of neonatal mortality (Figure 3). SIDS was the leading cause of post-neonatal mortality. From 2020 to 2021 there was no change in the proportion of infant deaths due to SIDS.

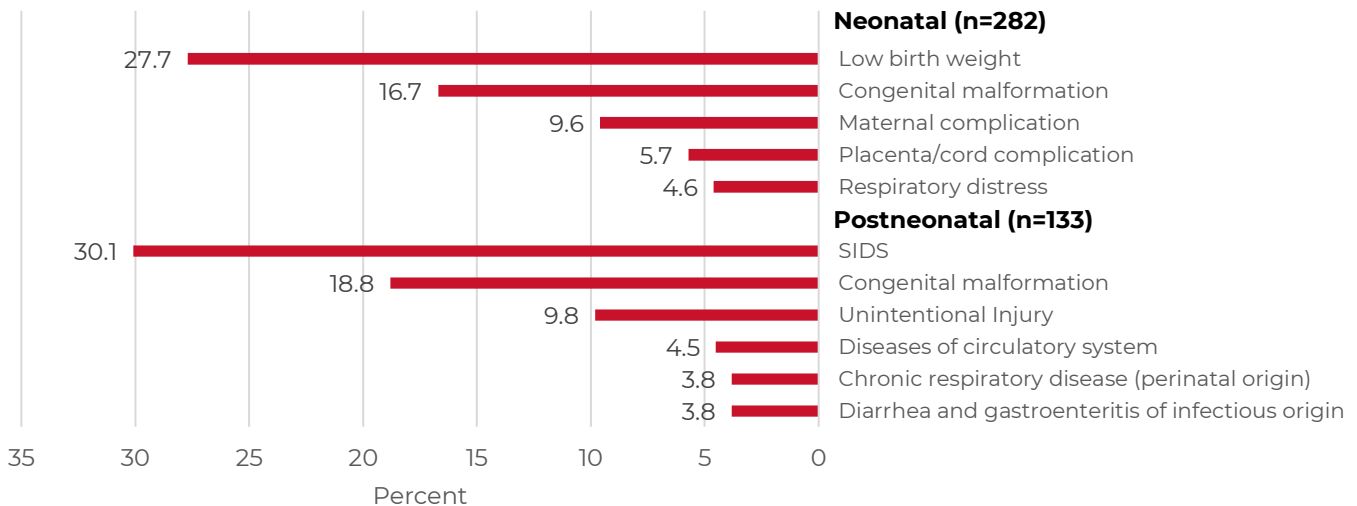
By race and Hispanic origin, LBW was the leading cause of death among infants born to non-Hispanic black (21.0%) and Hispanic (22.9%) women. Congenital malformations were the leading cause of death among infants born to non-Hispanic multi-race (29.4%), non-Hispanic white (25.2%) and non-Hispanic Asian (25.0%) women.

Figure 2. Sudden unexpected infant deaths (SUIDS), 2021



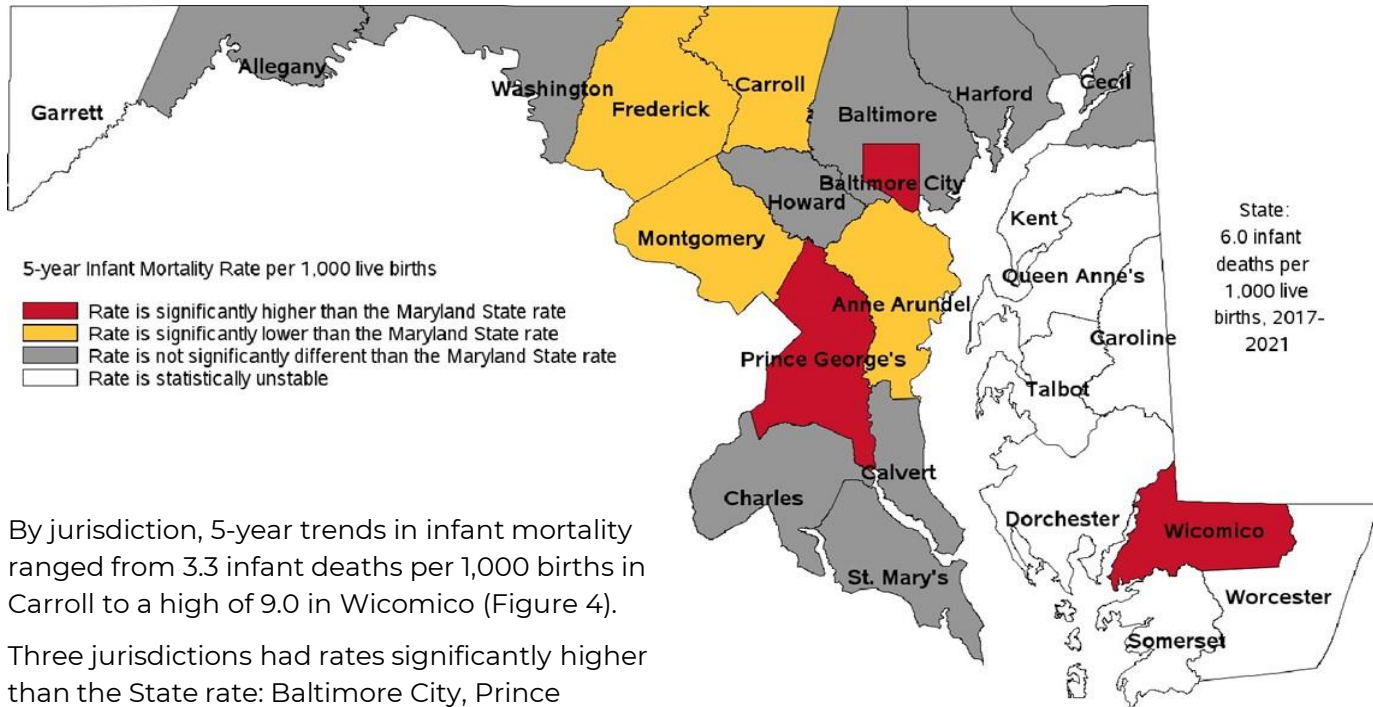
In 2021, there were 74 (17.8%) SUIDS. This is an increase from 54 SUIDS in 2020 which included: 45 SIDS, 6 unknown causes, and 3 accidental suffocation deaths.

Figure 3. Top Five Causes Of Death By Infant Age, Maryland, 2021



REGIONAL AND COUNTY VARIATION

Figure 4. County infant mortality rates compared to State, 2017-2021



By jurisdiction, 5-year trends in infant mortality ranged from 3.3 infant deaths per 1,000 births in Carroll to a high of 9.0 in Wicomico (Figure 4).

Three jurisdictions had rates significantly higher than the State rate: Baltimore City, Prince George's and Wicomico.

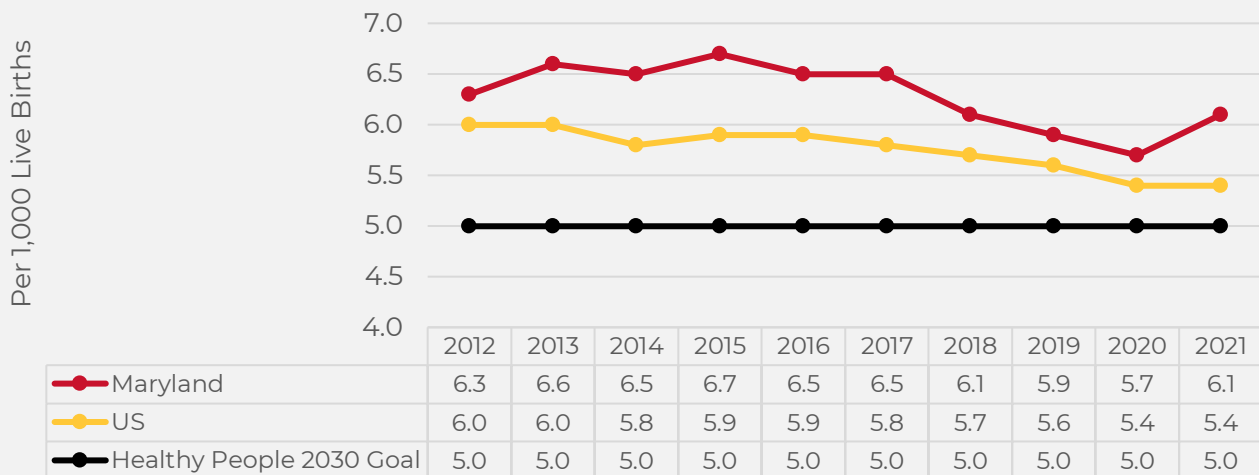
Four counties had rates significantly lower than the State rate: Anne Arundel, Carroll, Frederick and Montgomery.

Comparing 2012-2016 and 2017-2021 there was a significant decrease in the statewide rate as show in Table 1.

The Baltimore Metro, National Capital and Eastern Shore areas experienced significant decreases in rates from the 2012-2016 period to 2017-2021.

No significant changes were found for the Northwest or Southern areas.

Figure 5. Comparison of infant mortality rates in Maryland and the U.S., 2012-2021



Maryland's overall infant mortality rate has historically been higher than the national rate, in part due to the higher proportion of non-Hispanic black Maryland residents.

TABLE 1. INFANT DEATHS AND AVERAGE INFANT MORTALITY RATE PER FIVE YEAR INTERVAL BY REGION AND POLITICAL SUBDIVISION, MARYLAND, 2021, 2012-2016 AND 2017-2021

	Number of infant deaths			Average infant mortality rate*		
	2021	2012-2016	2017-2021	2012-2016	2017-2021	
Maryland	415	2835	2114	7.8	6.0	***
Northwest Area	32	167	157	6.1	5.7	
Garrett	2	12	7	**	**	
Allegany	4	26	27	7.8	8.5	
Washington	11	62	56	7.2	6.8	
Frederick	15	67	67	4.8	4.5	
Baltimore Metro Area	184	1319	973	7.9	6.1	***
Baltimore City	54	507	338	11.5	8.9	***
Baltimore County	56	351	308	7.2	6.4	
Anne Arundel	39	240	149	6.9	4.3	***
Carroll	6	34	28	4.2	3.3	
Howard	16	110	87	6.3	5.1	
Harford	13	77	63	5.7	4.8	
National Capital Area	141	986	697	7.8	5.9	***
Montgomery	60	399	282	6.1	4.7	***
Prince George's	81	587	415	9.7	7.1	***
Southern Area	25	141	120	6.7	5.8	
Calvert	5	26	21	5.7	4.6	
Charles	9	67	64	7.2	6.9	
Saint Mary's	11	48	35	6.8	5.1	
Eastern Shore Area	33	222	167	9.4	7.0	***
Cecil	9	36	32	6.6	5.6	
Kent	1	9	3	**	**	
Queen Anne's	3	11	13	**	**	
Caroline	1	25	10	13.1	**	
Talbot	0	16	8	**	**	
Dorchester	2	15	19	**	**	
Wicomico	11	70	57	11.6	9.0	
Somerset	3	17	17	**	**	
Worcester	3	23	8	10.5	**	

*Per 1,000 live births

**Rates based on <20 infant deaths are suppressed.

***Difference in rates for 2012-2016 and 2017-2021 is statistically significant.

Technical Notes: Beginning with 2021 vital statistics, VSA will report single-race categories in accordance with the U.S. Census Bureau, National Center for Health Statistics (NCHS), and the 1997 OMB standards. Previously, NCHS's 'bridged race' method was used to specify more than one race into a single category. The change to single-race categories – that is, categories for which only one race is reported – includes an additional 'multi-race' category in which two or more races are aggregated. These revisions make the race categories used in 2000-2020 vital statistics not fully comparable with categories used for 2021-forward.

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