

Maryland Vital Statistics

Infant Mortality, 2022



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STATISTICS

The infant mortality rate in Maryland was 6.2 per 1,000 live births in 2022, similar to the 2021 rate of 6.1. The total number of infant deaths increased between 2021 and 2022 from 415 to 424.

The neonatal mortality rate (infants aged 0-27 days) was 4.2 per 1,000 live births in 2022 similar to the rate in 2021 (4.1). The postneonatal mortality rate (infants aged 28 days through 11 months) did not change from 2021 to 2022 (1.9 per 1,000 live births).

Race and Hispanic Origin

In 2022, there were 210 deaths among infants born to non-Hispanic black women, 85 deaths among infants born to non-Hispanic white women, 80 deaths among infants born to Hispanic women, 26 deaths among infants born to non-Hispanic Asian or Pacific Islander women, and 13 deaths among infants born to non-Hispanic women of two or more races. No deaths occurred among infants born to non-Hispanic American Indian women in 2022.

In 2022, the highest infant mortality rate was among infants born to non-Hispanic black women (10.3). The infant mortality rate among non-Hispanic black women was 1.8 times higher than the rate among Hispanic women (5.6) and non-Hispanic Asian or Pacific Islander women (5.7), and 3.3 times higher than the rate among non-Hispanic white women (3.1).

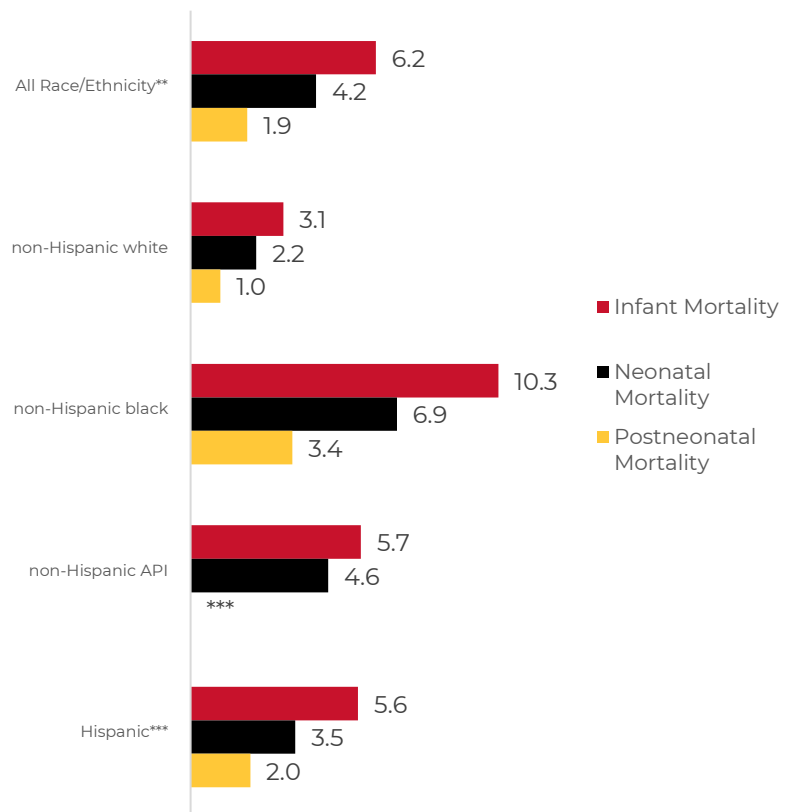
KEY DEFINITIONS

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 2022



*Rate per 1,000 live births

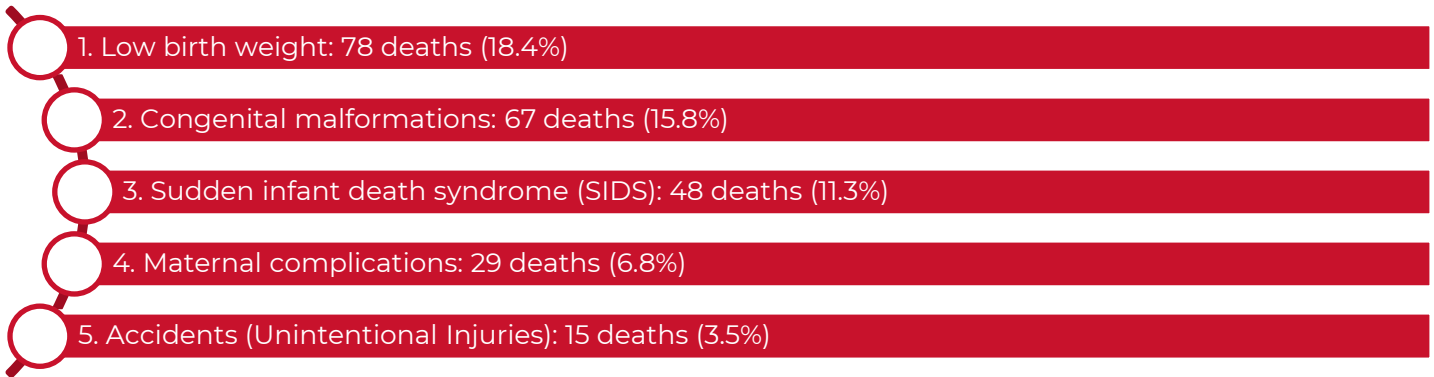
**Includes races categorized as 'unknown' or 'other'

***Postneonatal mortality rate suppressed for non-Hispanic Asian or Pacific Islander (count less than 20)

^Includes all persons of Hispanic origin of any race

CAUSES OF DEATH

The five leading causes of infant death in Maryland in 2022 were:



In 2022, the five leading causes accounted for 55.9% of all infant deaths. Compared to 2021, infant deaths related to accidents (15, 3.5%) surpassed placenta, cord and membrane complications (12, 2.8%). Disorders related to short gestation and low birth weight (LBW) were the leading cause of death with 1.13 infant deaths per 1,000 live births. Congenital malformations were the second leading cause of death with 1.0 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.

By race and Hispanic origin, LBW was the leading cause of death among infants born to non-Hispanic black women (23.3%) and non-Hispanic Asian women (19.2%). Congenital malformations were the leading cause of death among infants born to Hispanic women (31.2%). Among infants born to non-Hispanic white women, congenital malformations (11.8%) and SIDS (11.8%) were the leading causes of death.

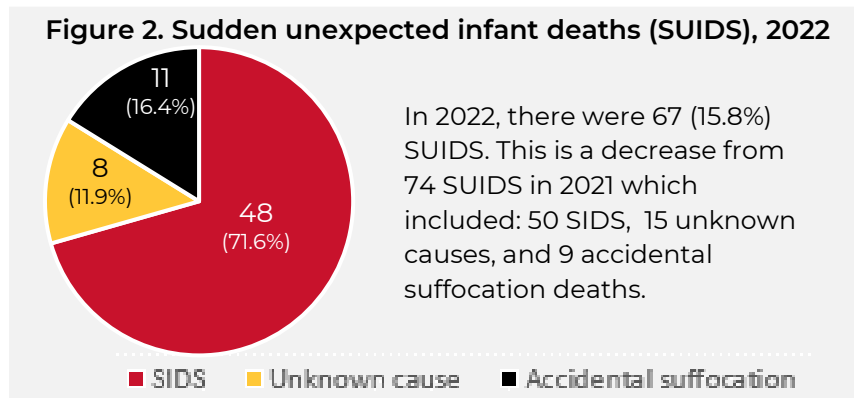
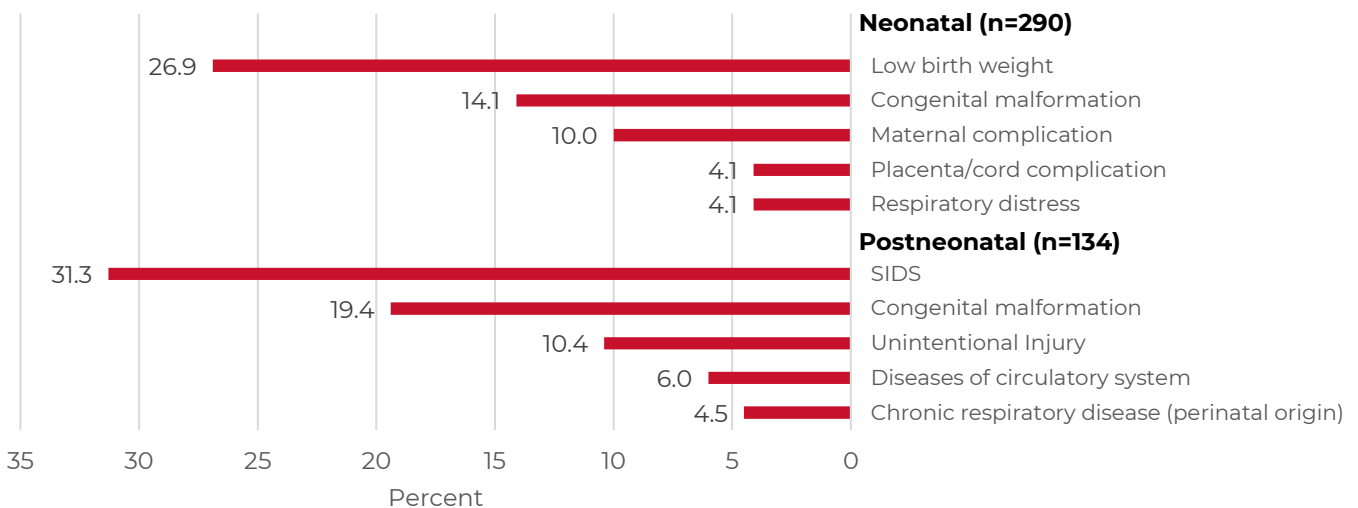
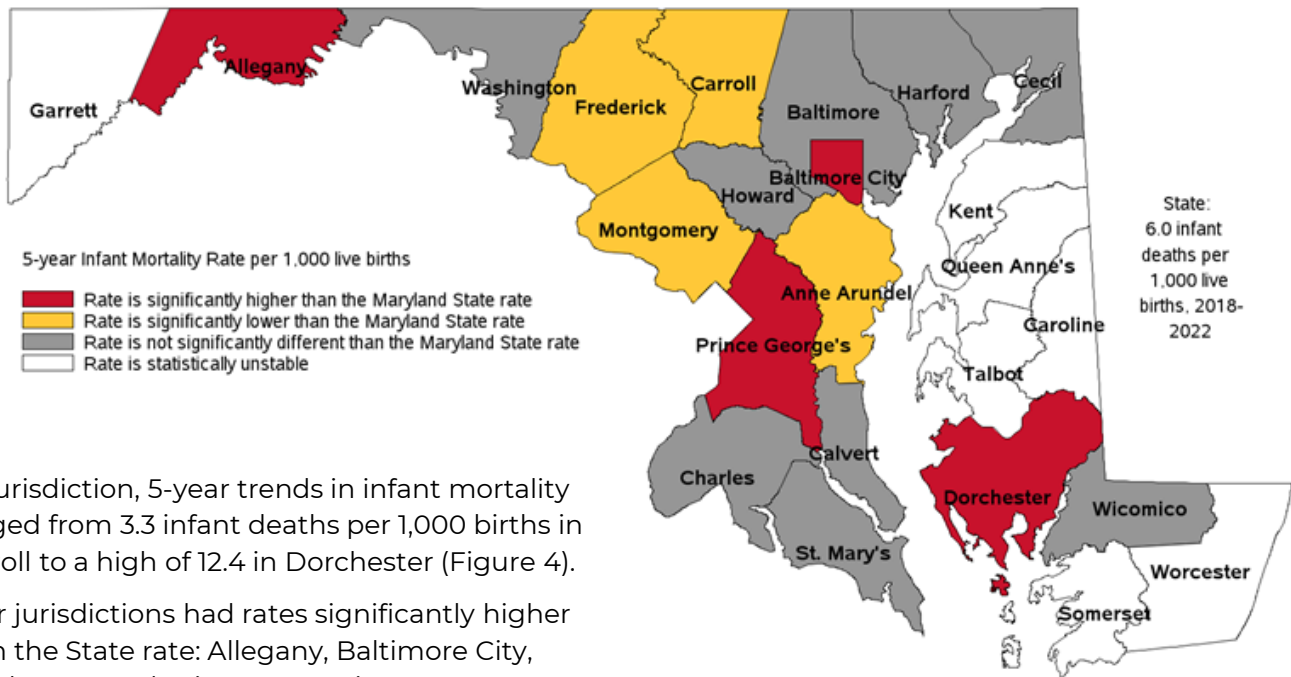


Figure 3. Top Five Causes Of Death By Infant Age, Maryland, 2022



REGIONAL AND COUNTY VARIATION

Figure 4. County infant mortality rates compared to State, 2018-2022



By jurisdiction, 5-year trends in infant mortality ranged from 3.3 infant deaths per 1,000 births in Carroll to a high of 12.4 in Dorchester (Figure 4).

Four jurisdictions had rates significantly higher than the State rate: Allegany, Baltimore City, Dorchester, and Prince George's.

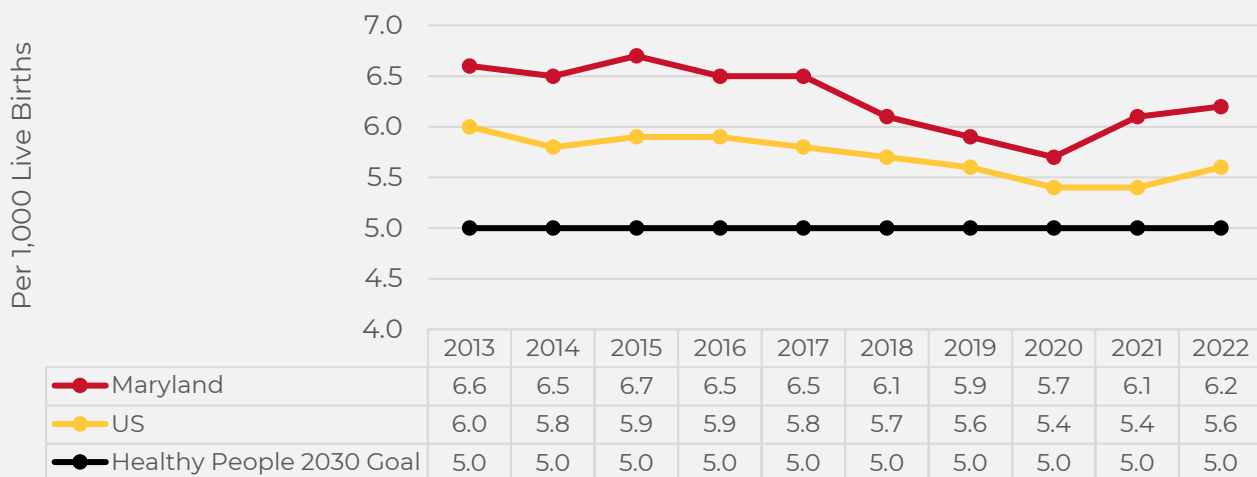
Four counties had rates significantly lower than the State rate: Anne Arundel, Carroll, Frederick and Montgomery.

Comparing 2013-2017 and 2018-2022 there was a significant decrease in the statewide rate as shown in Table 1.

The Southern and Eastern Shore areas experienced significant decreases in rates from the 2013-2017 period to 2018-2022.

No significant changes were found for the Northwest, Baltimore Metro, and National Capital areas from the 2013-2017 period to 2018-2022.

Figure 5. Comparison of infant mortality rates in Maryland and the U.S., 2013-2022



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, 2022, 2013-2017 AND 2018-2022

	Number of infant deaths			Average infant mortality rate*		
	2022	2013-2017	2018-2022	2013-2017	2018-2022	
Maryland	424	2381	2076	6.5	6.0	***
Northwest Area	29	163	148	6.0	5.3	
Garrett	1	14	6	**	**	
Allegany	6	25	30	7.6	9.6	
Washington	12	64	52	7.5	6.3	
Frederick	10	60	60	4.3	4.0	
Baltimore Metro Area	191	1068	975	6.4	6.2	
Baltimore City	60	400	329	9.3	8.8	
Baltimore County	63	313	307	6.4	6.5	
Anne Arundel	38	180	159	5.2	4.6	
Carroll	5	26	29	3.2	3.3	
Howard	18	95	86	5.4	5.2	
Harford	7	54	65	4.0	4.9	
National Capital Area	142	808	679	6.4	5.8	
Montgomery	42	325	266	5.0	4.5	
Prince George's	100	483	413	7.9	7.2	
Southern Area	29	146	114	7.0	5.5	***
Calvert	6	24	21	5.3	4.5	
Charles	12	73	56	8.0	6.1	
Saint Mary's	11	49	37	6.9	5.3	
Eastern Shore Area	33	196	160	8.3	6.6	***
Cecil	11	31	40	5.7	7.0	
Kent	0	8	2	**	**	
Queen Anne's	4	9	15	**	**	
Caroline	6	17	14	**	**	
Talbot	0	16	6	**	**	
Dorchester	4	10	22	**	12.4	
Wicomico	5	58	48	9.4	7.4	
Somerset	1	23	8	18.1	**	
Worcester	2	24	5	11.3	**	

*Per 1,000 live births

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

***Difference in rates for 2013-2017 and 2018-2022 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 reports not fully comparable with categories used for 2021-forward.

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