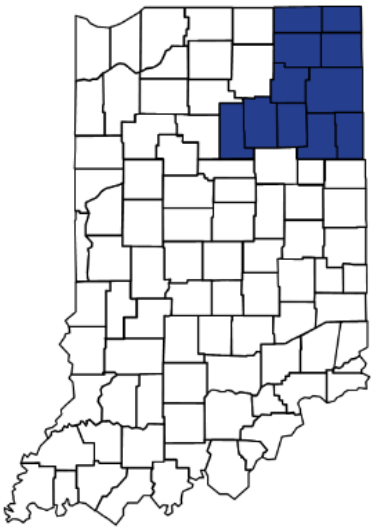
Infant Mortality
Health First Indiana, District 3 - 2025

Indiana Department of Health
Division of Family Health Data and Fatality Prevention

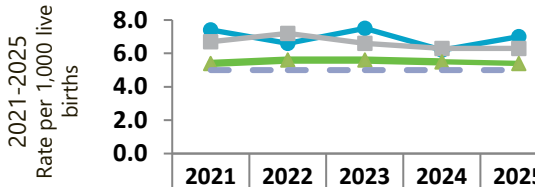
District 3



Infant Mortality Facts

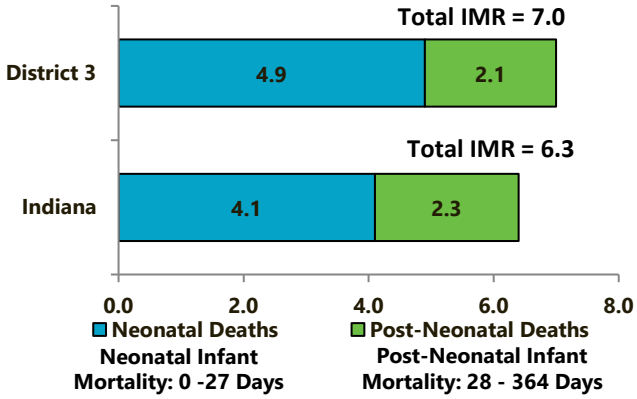
- The infant mortality rate (IMR) is the number of babies who die in the first year of life per 1,000 live births.
- In 2025, there were 506 infant deaths across the state, making the infant mortality rate 6.3.
- Of the 506 Indiana infant deaths in 2025, 69 occurred in District 3.
- Non-Hispanic (NH) Black infants are 2.1 times more likely to die than NH White infants in Indiana.
- For more information about infant mortality and birth outcomes in Indiana, visit our dashboard.

Infant Mortality Rates



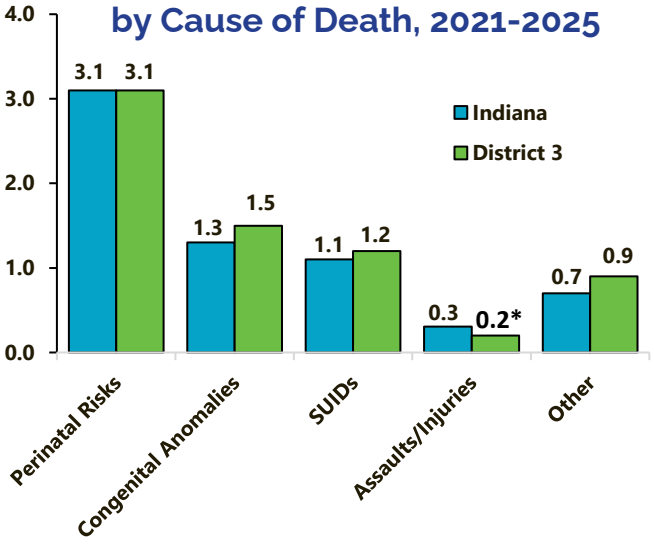
	2021	2022	2023	2024	2025
District 3	7.4	6.6	7.5	6.2	7.0
Indiana	6.7	7.2	6.6	6.3	6.3
U.S.	5.4	5.6	5.6	5.5	5.4
HP 2030 Goal	5.0	5.0	5.0	5.0	5.0

Infant Mortality Rates by Age at Death, 2025



Note: Age-specific mortality rates may not sum to the overall IMR, and cause-specific percentages may not sum to 100% due to rounding.

Infant Mortality Rates by Cause of Death, 2021-2025



How to Reduce Infant Mortality

- Improve overall health for women of child-bearing age
- Promote early and adequate prenatal care
- Decrease early elective deliveries before 39 weeks
- Decrease prenatal smoking and substance use
- Increase breastfeeding duration and exclusivity
- Support birth spacing and wellness between pregnancies
- Promote the ABCs of safe sleep: place baby to sleep alone, on his or her back, in a crib

Birth Outcome Indicators
Health First Indiana, District 3 - 2025

Indiana Department of Health
Division of Family Health Data and Fatality Prevention

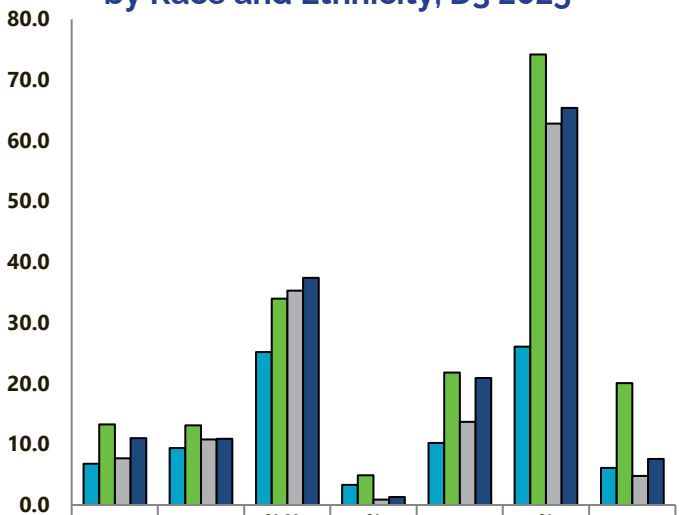
Indiana Quick Facts

- Smoking rates among pregnant women continue to be higher than the national rate.
- Just over 1/4 of pregnant women do not receive early prenatal care (PNC).
- NH Black infants in Indiana are more likely to be low birth weight (LBW) or preterm.
- NH Black and Hispanic women in Indiana are more likely to not receive early prenatal care (1st trimester).
- NH White women in Indiana are more likely to smoke during pregnancy.

District 3 Quick Facts

- 9,884 live births in 2025
- Lower percentages of preterm and low birth weight births compared to the state of Indiana
- Lower percentage of women receiving early PNC compared to Indiana
- Same percentage of women smoking during pregnancy compared to Indiana
- Higher percentage of breastfeeding at hospital discharge compared to Indiana

Birth Outcome Indicators by Race and Ethnicity, D3 2025



	% LBW	% Preterm	% No Early PNC	% Smoking **	% Not BF	% Medicaid	IMR^
NH White	6.8	9.4	25.2	3.3	10.2	26.1	6.1
NH Black	13.3	13.1	34.0	4.9	21.8	74.2	20.1*
Hispanic	7.7	10.8	35.3	0.9*	13.7	62.8	4.8*
A/U	11.0	10.9	37.4	1.3*	20.9	65.4	7.6*

^ = Rate per 1,000 live births
*Numerator fewer than 20, rate unstable
**Numerator fewer than 5, rate suppressed
A/U = Additional/Unknown
NH = Non-Hispanic

LBW = Low Birth Weight PNC = Prenatal Care BF=Breastfeeding IMR = Infant Mortality Rate

	% LBW (< 2,500 G)	% PRETERM (< 37 WKS GESTATION)	% NO EARLY PNC (1ST TRIMESTER)	% SMOKING~	% NOT BF	% MOTHER ON MEDICAID	IMR
ADAMS	7.7	8.2	53.0S	1.9*	7.6S	16.7	18.9*
ALLEN	8.3	10.3	27.3	2.8	11.6S	42.9	5.9
DE KALB	7.1	10.2	24.4	4.2	11.3	29.9	**
HUNTINGTON	5.4	8.7	18.7S	5.4	19.7	39.0	**
LAGRANGE	6.2	6.8S	33.2S	1.0*	8.1S	9.5	6.3*
MIAMI	9.2	12.7	21.0	5.9	23.7S	50.6	**
NOBLE	8.1	10.1	32.2	3.5	15.8	36.9	**
STEUBEN	8.0	11.2	17.6S	2.6*	19.2	41.9	**
WABASH	5.7*	8.5	13.9S	3.6*	16.6	33.2	**
WELLS	6.6	10.3	24.5	3.4*	10.3	36.7	**
WHITLEY	6.8	11.8	16.3S	2.6*	7.9S	26.6	13.2*
DISTRICT 3	**7.7**	**9.9**	**27.8**	**3.0**	**12.2**	**36.3**	**7.0**
INDIANA	**8.4**	**11.1**	**26.7**	**3.0**	**15.0**	**38.4**	**6.3**

* = Fewer than 20 birth outcomes, percentage unstable
** = Fewer than 5 birth outcomes/infant deaths, percentage/rate suppressed
S = County significantly different from state **(significance not calculated for mothers on Medicaid).**
~Due to a change in reporting methods, smoking during pregnancy should not be compared to previous years' data.