

Highlights of New Mexico Vital Statistics, 2016

New Mexico's Bureau of Vital Records and Health Statistics has been collecting data on vital events since 1918. The birth and death registration system has been a longstanding source of statistical information to guide public health policy development and program evaluation. This report presents natality and mortality statistics highlights for New Mexico in 2016.

Methods

The statistics in this report are based on information from birth and death certificates collected by the Bureau of Vital Records and Health Statistics in the Epidemiology and Response Division of the New Mexico Department of Health. National statistics are from the Centers for Disease Control's National Center for Health Statistics (NCHS). Population estimates used as the denominators in calculating birth and death rates were produced by the University of New Mexico's Center for Geospatial and Population Studies. Rates provided are age-adjusted unless otherwise mentioned or the rate pertains to a specific age group.

Level of prenatal care is measured by the modified Kessner index of adequacy of prenatal care. Underweight was defined as body mass index (BMI) under 18.5 for women above age 20 years, and BMI below the 5th percentile for mothers up to 20 years of age. The ICD-10 codes for causes of death can be found on New Mexico's Indicator-Based Information System (NM-IBIS) <https://ibis.health.state.nm.us/>.

Results

Births

The birth rate in New Mexico continued to descend to a new record low of 11.6 births per 1,000 population in 2016, down from 12.2 in 2015. Similarly, the U.S. birth rate for 2015, at 12.4 per 1,000, is a record low for the nation. There were 24,503 births among residents of New Mexico in 2016. Birth rates in 2016 were highest among American Indians (16.5 per 1,000 population), Asian and Pacific Islanders (14.7 per 1,000

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population) and Hispanics (13.2 per 1,000 population). Birth rates were lowest among African Americans (9.8 per 1,000 population) and Whites (8.5 per 1,000). The age-specific birth rate declined in every maternal age group under the age of 30 years, and remained steady among those age 30 and above (Figure 1).

In 2016, the rate of natural increase of the population of New Mexico is the lowest it has ever been at 0.3%, as a result of the continued decline in the birth rate.

In 2016 the New Mexico teen birth rate decreased for the 9th year in a row. There were 2,000 births to New Mexico females 15-19 years of age in 2016, and the rate was 29.4 per 1,000, continuing a steep decline since 2007, when the rate was more than double the current rate at 65.2 per 1,000. The 2016 rate among younger teens, age 15-17 years, declined to 15.0 per 1,000 from 16.9 the previous year. The highest teen birth rates in 2016 were found in Luna, Sierra, Lea, and Curry counties. The New Mexico teen birth rate for adolescents aged 15-19 years has declined at a greater rate than that of the U.S. Despite the decline over the past decade, the New Mexico teen birth rate remains higher than the U.S. rate. New Mexico was ranked near the bottom (46th) of all U.S. states for the rate of births to girls age 15-19 years in 2015.¹

The percentage of singleton births that were born pre-term (less than 37 weeks) in 2016 increased slightly to 8.4% from 8.1% in 2015. The percentage of births with low birth weight (less than 2500 grams) increased slightly to 9.0% in 2016, from 8.7% in 2015. The U.S. rate in 2015 was lower than that of New Mexico at 8.1%. Among resident women who had a live birth in 2016, 15.1% received either no prenatal care or a low

level of prenatal care compared to 12.8% in 2015. Prenatal care was begun in the first trimester of pregnancy for 65.5% of women with a live birth in 2016, slightly lower than in 2015 when 68.8% of women began prenatal care in the first trimester.

Small for gestational age (SGA) is the proportion of singleton live-born infants whose birth weight is at or below the 10th percentile for a given sex and gestational age. In 2016, 14.1% of singleton live births among NM residents were small for gestational age; 17.5% of first-born infants were SGA vs. 12.1% of second and higher order births; 23.0% of infants born to mothers who smoked cigarettes in the three months before or during pregnancy were SGA vs. 13.1% of infants born to non-smokers; 29.6% of infants born to underweight mothers were SGA vs. 16.1% for normal weight, and 11.6% for overweight or obese mothers.

Twenty weeks gestation is considered the minimum for viability of a fetus. The number of registered births with gestational age shorter than 20 weeks increased from 3 in 2015 to 13 in 2016. These pre-viable registered births increase the infant mortality rate.²

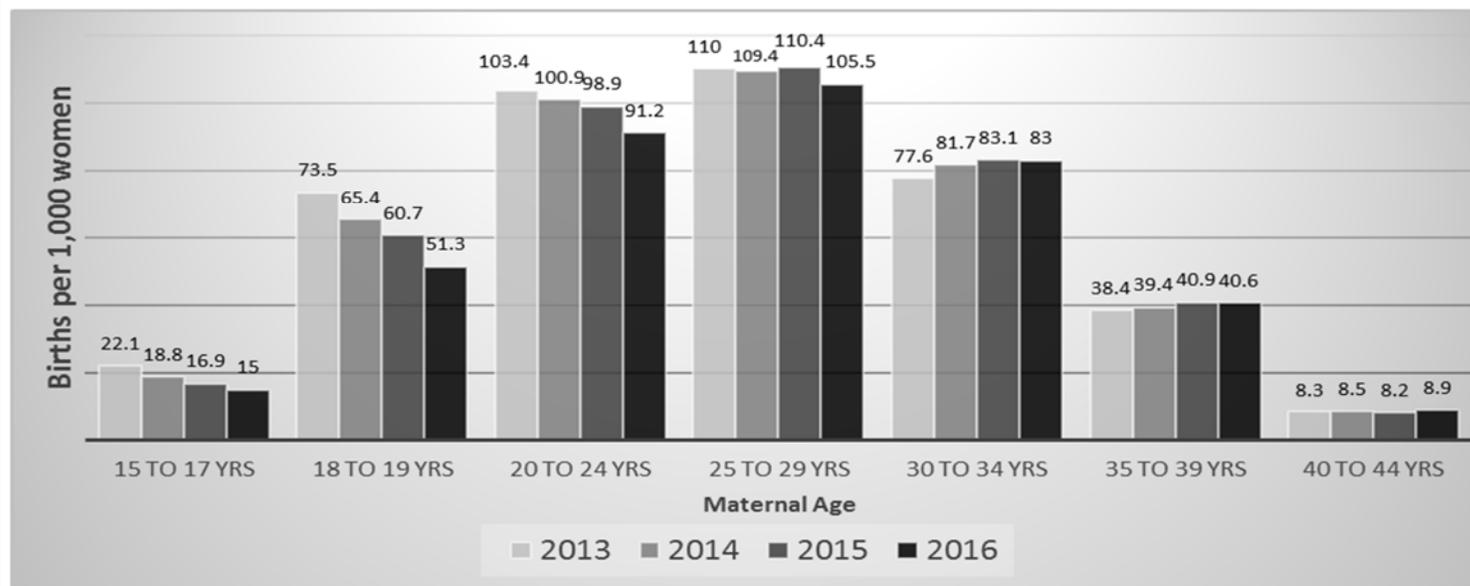
Deaths

Infant Mortality. The 2016 infant mortality rate was 6.3 per 1,000 live births, based on 154 infant deaths. This was an increase from the 2015 rate of 5.1 per 1,000 (132 deaths) and the 2014 rate of 5.4 (141 deaths), and 2013 rate of 5.4 (143 deaths). Several causes of infant death increased in 2016. Medical con-

ditions were up 48%, from 0.55 per 1,000 live births in 2013-2015 to 0.82 in 2016 (from 14 cases/year in 2013-2015 to 20 cases/year in 2016), perinatal conditions increased 17%, from 2.48 in 2013-2015 to 2.90 per 1,000 live births in 2016 (from 64 to 71 cases/year), and other injury causes increased ten-fold, from 0.01 per 1,000 live births in 2013-2015 to 0.12 in 2016 (from 0.3 cases/year in 2013-2015 to 3 cases/year in 2016). The neonatal mortality rate (deaths in the first 28 days) was 4.3 per 1,000 live births in 2016, an increase from 3.6 (95% CI 3.2-4.0) in 2013-2015. Infant mortality was highest in the Southwest region of the state (7.8 per 1,000 live births) and the Metro region (7.4), followed by the Southeast region (6.0), and lowest in the Northwest region (4.7) and Northeast region (1.8).

Leading Causes of Death. There were 18,260 deaths among residents of New Mexico in 2016 with an overall age-adjusted mortality rate of 741.7 per 100,000 residents, compared to the U.S. rate in 2015 of 733.1 per 100,000.³ The leading cause of death in 2016 was heart disease with an age-adjusted mortality rate of 148.3 deaths per 100,000 New Mexico residents, followed by cancer at 137.1 per 100,000. There were 3,777 deaths from heart disease and 3,552 deaths from cancer in 2016. Heart disease was the leading cause of death for males (crude rate 206.4, age-adjusted rate 192.0 per 100,000), and cancer was the leading cause of death for females (crude rate 158.7, age-adjusted rate 120.6 per 100,000) (Table 1). Compared to the U.S., a greater proportion of male deaths in New Mexi-

Figure 1. Age-Specific Birth Rates, New Mexico, 2013-2016



co are caused by suicide and by chronic liver disease and cirrhosis, and a greater proportion of female deaths are caused by cancer, unintentional injuries, and chronic liver disease and cirrhosis.

Unintentional injury was the leading cause of death for all age groups through 44 years: children ages 1-4 years (16.0 per 100,000), children 5-14 years (5.8 per 100,000), teens and young adults ages 15-24 years (48.4 per 100,000), and adults ages 25-44 years (80.1 per 100,000). Cancer was the leading cause of death for adults ages 45-64 years (169.7 per 100,000), and adults ages 65-84 years (642.3 per 100,000). Heart disease was the leading cause of death for those 85 years of age and older (3,486.4 per 100,000).

Increasing Mortality Rates. The age-adjusted mortality rate increased in 2016 compared to the preceding three-year period for several causes of death (Figure 2). Alzheimer's disease deaths increased from a rate of 17.8 per 100,000 population in 2013-2015 (95% CI 16.8-18.8; 420 deaths/year) to 23.0 (577 deaths/year) in 2016. Homicide deaths increased from 7.2 in 2013-2015 (95% CI 6.5-7.9; 145 deaths/year) to 9.4 (186 deaths/year) in 2016. Chronic liver disease and cirrhosis deaths increased among females from 15.5 (95% CI 14.1-16.8; 182 deaths/year) in 2013-2015 to 19.4 (228 deaths/year) in 2016.

In the U.S., Alzheimer's disease death rates are higher than in New Mexico and have increased from 23.5 in 2013 to 30.3 per 100,000 in 2016, homicide death rates are lower but have increased from 5.2 in 2013 to 6.2 per 100,000 in 2016, and the rate of chronic liver dis-

ease and cirrhosis deaths among females is much lower than that for New Mexico and has increased slightly from 6.8 in 2013 to 7.5 in 2016.⁴

Decreasing Mortality Rates. The age-adjusted mortality rate decreased in 2016 compared to the preceding three-year period for the following causes of death. Cancer deaths among males decreased from 168.5 per 100,000 population (95% CI 164.0-173.0; 1,875 deaths/year) in 2013-2015 to 158.4 (1,869 deaths/year) in 2016. Human Immunodeficiency Virus deaths decreased among males from 2.6 (95% CI 2.0-3.2; 26 deaths/year) in 2013-2015 to 1.4 per 100,000 (16 deaths/year) in 2016.

In the U.S., the cancer death rate among males declined 5% from 2013 to 2016 from 196.0 to 185.4, and the HIV death rate among males declined from 3.1 per 100,000 in 2013 to 2.7 in 2016.

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Table 1. Leading Causes of Death based on Number of Deaths, by Gender, New Mexico, 2016

Female	Crude Rate	Rank	Crude Rate	Male
Malignant Neoplasm (Cancer)	158.7	1	206.4	Heart disease
Heart disease	153.2	2	179.2	Malignant Neoplasm (Cancer)
Unintentional injuries	50.9	3	89.7	Unintentional injuries
Chronic lower respiratory diseases	50.6	4	56.6	Chronic lower respiratory diseases
Cerebrovascular diseases (Stroke)	47.5	5	35.6	Cerebrovascular diseases (Stroke)
Alzheimer's disease	36.8	6	34.8	Intentional self-harm (suicide)
Diabetes mellitus	29.8	7	34.0	Diabetes mellitus
Chronic liver disease and cirrhosis	21.5	8	32.3	Chronic liver disease and cirrhosis
Influenza and pneumonia	17.1	9	17.9	Alzheimer's disease
Nephritis, nephrotic syndrome and nephrosis (Kidney Disease)	13.7	10	16.3	Influenza and pneumonia

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Figure 2. Age-Adjusted Mortality Rates for Selected Causes of Death, New Mexico, 2013-2016

