SNAPSHOT

- Low infant birthweight is twice as prevalent among black mothers as among white mothers.
- The infant mortality rate among black infants is nearly 2.5 times higher than among white infants.
- In New York City, the maternal mortality rate among black mothers is 12 times higher than among white mothers.

BLACK-WHITE DISPARITIES IN INFANT AND MATERNAL HEALTH

There are significant racial disparities in infant and maternal health across the United States, and the widest gaps in health outcomes are between white and black mothers and infants. For instance, black mothers are twice as likely as white mothers to give birth to babies with low birthweight (weighing 2,500 grams or less). Research shows strong connections between low birthweight and poor infant health and mortality. Indeed, the national infant mortality rate is nearly 2.5 times higher for black infants than for white infants. In New York City, the rate is nearly 3 times higher.

Nationally, black mothers are about twice as likely as white mothers to experience severe maternal morbidity, or life-threatening health complications that arise during pregnancy or childbirth; in New York City the rate is 3 times higher. Health disparities persist beyond pregnancy and childbirth as well: nationwide, black mothers are twice as likely as white mothers to be readmitted to the hospital within 30 days after giving birth. Beyond the negative health implications for the mother, postpartum maternal hospitalization can also be disruptive for infants—for example, postpartum hospitalization may be a factor in the disproportionately low breast-feeding rate among black infants. When it comes to maternal mortality, black mothers in New York City are 12 times more likely to die from causes related to pregnancy than white mothers. Nationally, maternal mortality is 3 times higher for black mothers than for white mothers.

RACIAL DISCRIMINATION AND HEALTH DISPARITIES

While much of the research on racial disparities in health outcomes points to social determinants of health such as poverty, unemployment, and limited education, socioeconomic factors alone cannot fully explain disparities. A growing body of research examines racism and discrimination as important factors that contribute to poor health outcomes. Studies have shown that the lifelong experience of interpersonal racial discrimination itself is an independent risk factor during pregnancy. One suggested reason for the effects of racism on health outcomes is stress: high levels of stress can lead to higher incidence of pre-term labor, which is a birth outcome related to infant mortality. Chronic stress related to racial discrimination can take a toll on women's bodies during pregnancy and childbirth, which also contributes to poor perinatal health outcomes and higher rates of maternal mortality. Other research has found a relationship between racial discrimination and the quality of medical care received by black women. For example, unconscious bias among medical professionals can lead to disparities in pain perception and treatment. There is a historic relationship between racism and medicine in the United States, and negative experiences with health care professionals, especially in the perinatal period, can cause mothers to disengage from the health care system and avoid postpartum follow-up care.

ALTERNATIVE CARE MODELS

Alternative care models, such as midwifery, doulas, and group-based care, have been shown to improve maternal and infant health outcomes across racial and ethnic groups. These models attend to more than just the clinical needs of mothers by providing tailored
emotional and social support during pregnancy and childbirth and offering them greater control over the planning of the birthing process. Research has found that continuous support during labor reduces the need for medical interventions, and recent evidence suggests that doula support may disrupt social determinants of health for low-income minority women. Group-based prenatal care, which is more often used by African American and Hispanic women, offers empowering social support among groups of expecting mothers and has promising impacts on perinatal outcomes. Providing women with more choices and greater reproductive control has been linked to positive outcomes, and mother-centered care can improve maternal and infant survival.

Midwifery was once the dominant model for childbirth for all races, but as one-size-fits-all biomedical practices gained in popularity in the 20th century, physicians gradually marginalized midwifery and hospital births became the norm. However, during Jim Crow era segregation, black hospitals and clinics were typically of lower quality due to lack of resources, which led to poor health outcomes for patients. During this period, midwives maintained an integral role in black maternal health by filling in resource gaps and serving women with limited access to adequate mainstream services, but midwifery was eventually all but eliminated. Midwives and doulas have regained popularity in recent years, but they are now most popular among wealthy, white mothers, are often cost-prohibitive, and may not be covered by insurance. Advocates, such as the Black Mamas Matter Alliance, are working to reestablish access to comprehensive maternal care approaches for black mothers in order to address maternal health disparities.

COMMUNITY-BASED INITIATIVES

Community-based maternal care initiatives offer promising models for reducing disparities. For example, the JJ Way in Orange County, Florida, addresses disparities by providing culturally-congruent, trauma-informed holistic care regardless of insurance or ability to pay. A 2017 evaluation of the program showed that birthweight outcomes among black mothers who participated in the program were over 30% better than

state averages. Healing Hands Community Project in Austin, Texas, is another perinatal care program that provides African American doula services to African American mothers, aimed specifically at addressing racial disparities in maternal health in Texas. The Best Babies Zone Initiative operates in nine sites across the United States, including one in New York City, to create cross-sector partnerships, build community, advocate for policy, and raise awareness around infant mortality, poor birth outcomes, and health equity.

NEW YORK CITY AND STATE INITIATIVES

The impact of racial discrimination on health outcomes is also being specifically addressed by some public health departments, including the NYC Department of Health and Mental Hygiene (DOHMH). DOHMH's Center for Health Equity includes racial and social justice among its values and aims to dismantle the racism that inhibits fair outcomes for all New Yorkers. The Department also developed a strategy to improve data collection and tracking of maternal health outcomes, build DOHMH's relationships with hospitals and birthing centers, and expand upon City services for mothers and babies. The City’s Healthy Start Brooklyn initiative provides a variety of programs and information for new and expecting parents in Brooklyn, including classes, prenatal care, and home visiting, as well as free or low-cost doula services.

At the end of 2017, the City launched a Maternal Mortality and Morbidity Review Committee to address the city’s high mortality rates, as well as racial disparities. The committee will work alongside a similar state-level body, the NYS Maternal Mortality Review Board, to analyze data and make recommendations to address racial disparities in maternal health outcomes and reduce severe maternal morbidity.

DATA GAP

The infant mortality rate is a key indicator of public health and is measured consistently around the country, but maternal deaths are not tracked in the same way. Only in 2003 was a question about pregnancy added to the U.S. standard death certificate, and states have been slow to adopt the question. The resulting data gap has made it difficult to analyze national trends in maternal mortality rates, including racial and ethnic disparities.