

# MA Perinatal-Neonatal Quality Collaborative

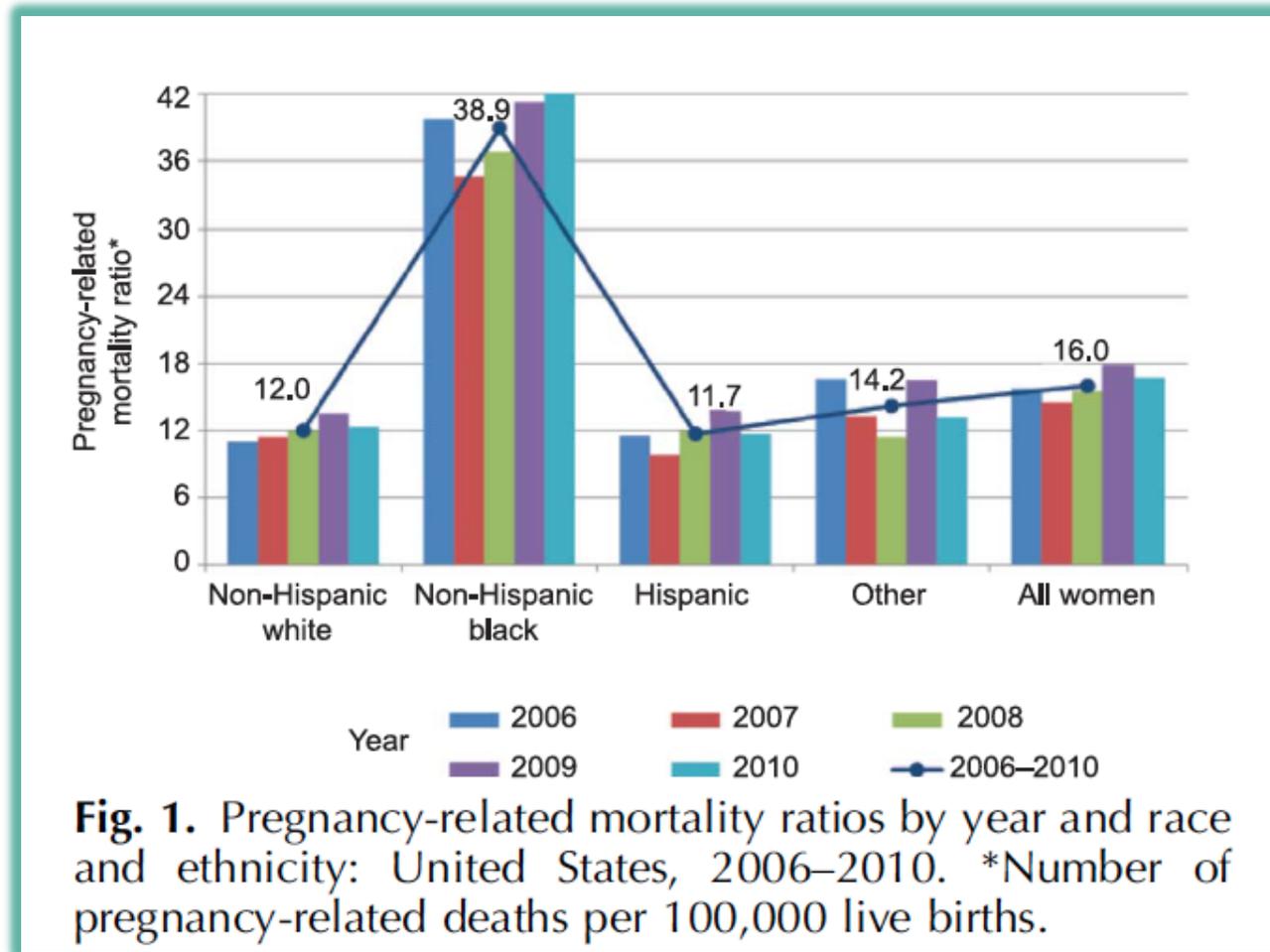
October 21, 2015

## Racial Disparities

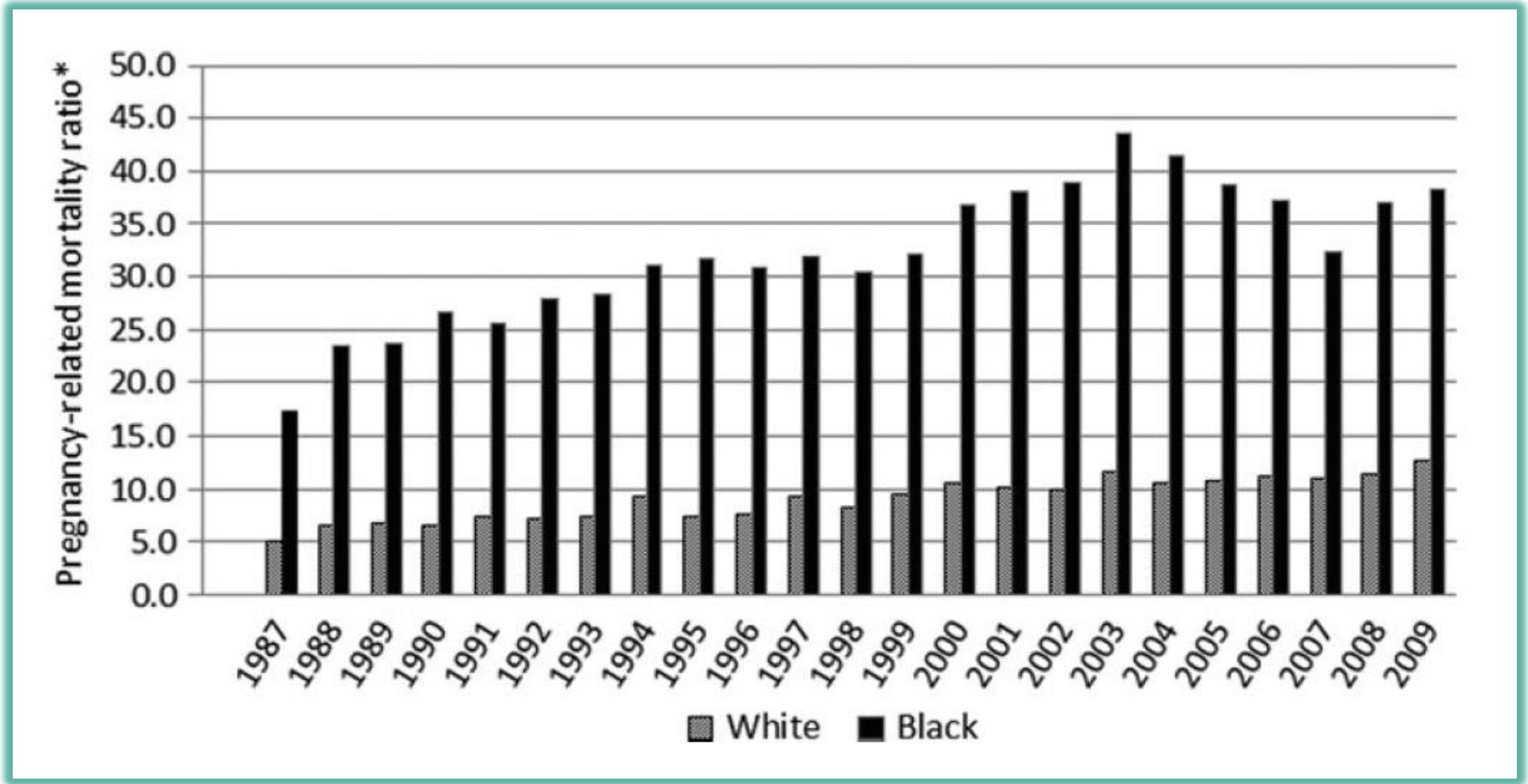


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# Racial Disparities in Pregnancy-Related Deaths

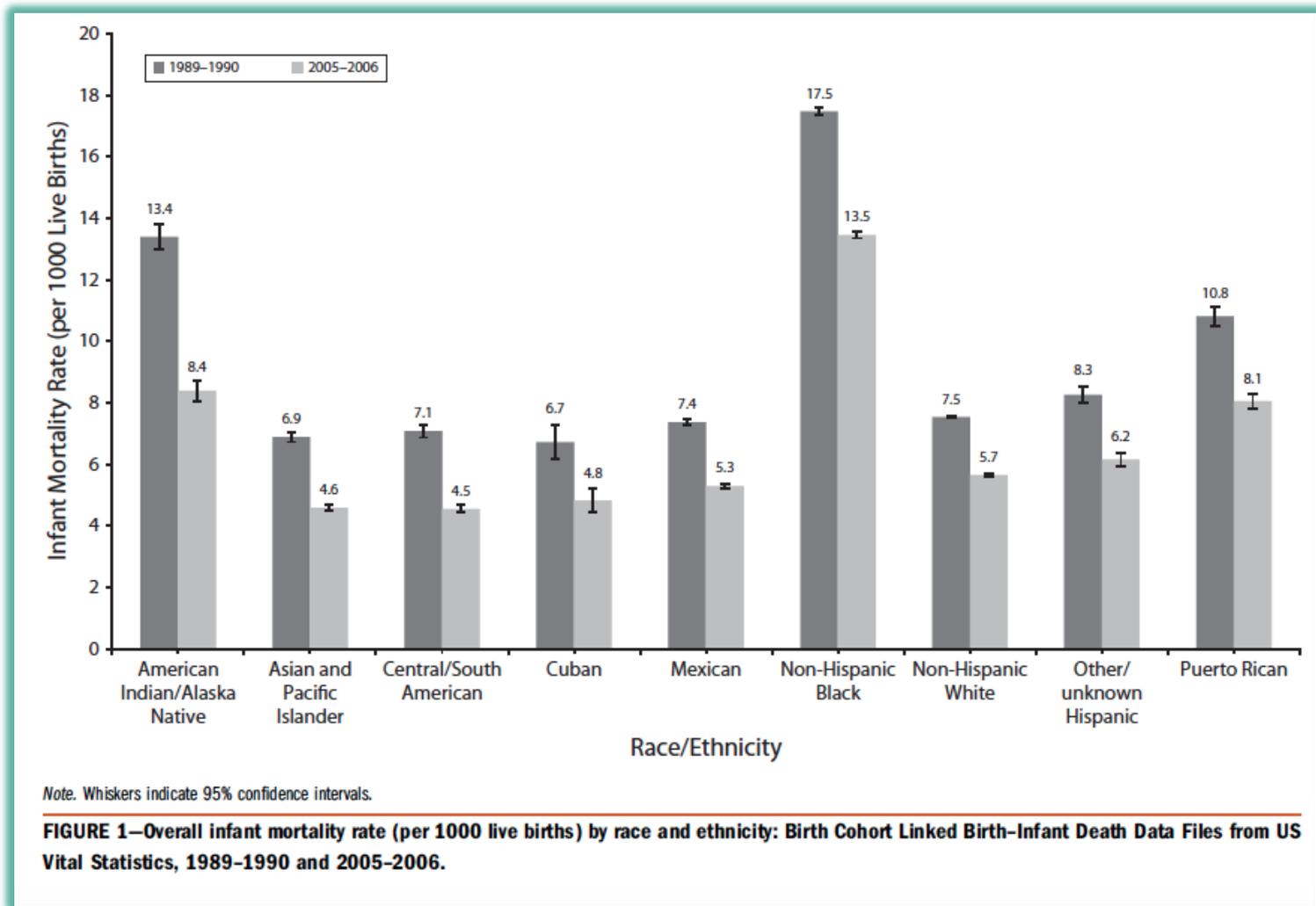


# Black-White Disparity in Pregnancy-Related Deaths



Creanga et al. Maternal Mortality and Morbidity in the United States: Where Are We Now?  
*Journal of Women's Health* 2014; 23(1).

# Racial Disparities in Infant Mortality



Rossen and Schoendorf. Trends in Racial and Ethnic Disparities in Infant Mortality Rates in the U. S., 1989-2006. *American J of Public Health* 2014; 104(8): 1549-1556

# Possible Explanations

- 1) Black women and women of other minorities tend to be poorer and less educated than white women
  - Don't make informed, healthy lifestyle choices during pregnancy and postpartum
  - Don't have the resources necessary for healthy pregnancy/babies
- 2) Black women are biologically different than white women
  - Different genetics = different birth outcomes
- 3) Black women experience more chronic stress
- 4) Disparities in quality of care

# Possible Explanation #1

Infant Mortality Rates per 1,000 Births (2009)

<b>Education Attained</b>	<b>White Women</b>	<b>Black Women</b>
0-8 Years (no high school)	7.0	11.2
16+ Years (college degree)	3.3	8.2

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# Possible Explanation #2

Foreign-born black women are at lower risk of having a low birth weight infant than their US-born counterparts, **EVEN WHEN** you control for:

- ✓ maternal height/weight ratio
- ✓ maternal weight gain during pregnancy
- ✓ maternal age
- ✓ education level
- ✓ marital status
- ✓ # prenatal care visits
- ✓ substance use during pregnancy

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# Possible Explanation #3

## The Stress Model

- Black women tend to experience more *chronic* stress than white women, largely due to racism/discrimination (often insidious)
- These stressors are present for black women of different socioeconomic status
- Research has linked stress due to perceived discrimination to a variety of adverse health outcomes, *including preterm birth*
- This model is consistent with a large body of research on how structural inequalities in society are literally embodied

Hogue C. and Bremner J. Stress model for research into preterm delivery among black women. *American J of Obstetrics & Gynecology* 2005; 192: S47-55.

Rosenthal L. and Lobel M. Explaining racial disparities in adverse birth outcomes: Unique sources of stress for black American women. *Social Science & Medicine* 2011; 72: 977-983.

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# Possible Explanation #4

## Relative Risk of Having a Low Birth Weight Infant

	October 2000-March 2001	October 2001-March 2002
Infant has an “ethnically distinctive” name	1.00	<b>2.25</b>
Infant does NOT have an “ethnically distinctive” name	1.00	1.16 ( <i>not statistically significant</i> )

Lauderdale D. Birth outcomes for Arabic-named women in California before and after September 11. *Demography* 2006; 43(1): 185-201.

# Take Home Messages

- The *social determinants* of health are real!
- Explaining socioeconomic and racial/ethnic disparities in maternal and newborn health is complex: lots of interrelated and distinct factors.
- We cannot ignore *quality of care* as a possible determinant of inequalities.
- We have a long way to go to achieve equity in maternal and child health.