

**Infant Mortality - African American Racial Group Reports High Rates of Infant Mortality
in the United States**

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HSC 407 Sec 01: Health Equity and Social Justice in the U.S.

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November 05, 2021

Introduction

Many race groups have faced numerous health and social disparities, inequalities, and other disadvantages in their life that have resulted in unfortunate consequences. To be more specific on the race group, African Americans have carried a tragic and devastating history of slavery in America. As a result of slavery, African Americans continue to be unprivileged in society today, following serious actions of racism and discrimination held against them. The combined acts of racism and bigotry have led to and created severe health disparities for African Americans. The central topic for this paper is infant mortality among African American race group. In the United States, African Americans have reported the highest infant mortality rate compared to any other racial or ethnic group, along with preterm births, birth defects, sudden infant death syndrome (SIDS), and maternal pregnancy complications.

To further understand the mortality rate, the rates are calculated by the total number of deaths in the first year of life divided by the number of alive infants multiplied by 1000. The Centers for Disease Control and Prevention (CDC) reported infant mortality rates by race and ethnicity in 2018. Non-Hispanic blacks (African Americans) displayed the highest mortality rate resulted in 10.8 per 1,000 live births compared to Pacific Islander, American Indian or Alaskan Native, Hispanic, White, and Asian (2021, September 8). Infant mortality is a social issue considered an essential topic to the population and public health because it demonstrates social differences and consequences of poor healthcare and social class differences in the U.S. Therefore, mortality rates indicate a lack of health needs, proper nutrition, and education, which requires immediate awareness to assist African American communities.

Social Determinants

A significant social determinant that has negatively affected African Americans with infant mortality is the lack of prenatal care for African American mothers. Infant mortality rates can be reduced by implementing early adequate prenatal care, such as maternal health screening, healthy lifestyles, eating plans, parent/family education, and counseling on appropriate ways to manage stress. As an effect of racial differences, African American pregnant women may delay early prenatal care. A study on a sample of 1,410 black, African American pregnant women was conducted to examine if women's skin color could create discrimination in maternal and child health programs or the health care system, possibly leading to delayed prenatal care. On the data collection, it concluded the following, "The mean DLE-B score varied by maternal skin tone with women on either end of the color continuum reporting more experiences of discrimination than women with medium brown skin tone (light brown: 99.3, SD=82.9; medium brown: 92.0, SD=75.8; dark brown: 100.6, SD=83.4). Nearly half (48.3%) of women had their first recorded PNC visit in the first trimester of pregnancy, 26.7% in the second trimester of pregnancy, and the remainder (24.8%) either had no PNC or their first visit occurred in the third trimester (Slaughter-Acey, Sneed, Parker, et al. 2019). The reports show how most women would only attend their prenatal care visit during the first trimester of pregnancy which most likely indicates they do not feel comfortable with their providers. Women of color somehow connect their skin tone to be an issue for prenatal care as they may recede to be mistreated or get involved with racial discrimination.

The absence of education is a significant risk determinant that can increase the chances of infant mortality. In some cases, education is vital to reduce mortality rates but may not always be

the solution. A video titled “When the Bough Breaks” found on Kanopy makes a comparison to a study explaining how African American women who shared the same college education levels showed about ten (10) deaths per thousand births. In contrast, White women only showed four (4) infant deaths per thousand births (2008, 9:30). As explained, mortality rates continue to be higher even with high levels of education for African American mothers. The leading factor in infant mortality rates is the daily chronic stress due to discrimination and racism that mothers undergo in American society.

A study conducted on four focus groups (N=24) of black pregnant women reported high levels of chronic stress experienced by racist actions, trauma, and negative thinking. Chronic stress factors include elevated heart rate, cortisol levels, and hypertension, proceeding to low birth weight and preterm deliveries (Somerville, Neal-Barnett, et al., 2020). The report shows how the focus group associates their difficulties and current circumstances to environmental conditions and racial realities. Constant daily struggles faced by African American mothers during pregnancy could lead to an elevation of stress hormones. Unfortunately, high levels of stress hormones could restrict the blood flow to the placenta, avoiding appropriate fetal growth and raising the chances of early labor or, in other words, premature birth.

Social Justice Strategies

A strategy that can be implemented to reduce infant mortality is to increase health care services such as Medicaid for African American women with low-middle income status. Medicaid is public health insurance that allows access to care for low-income infants/families and pregnant women. The following, “ Difference in mean infant mortality rate in Medicaid

expansion versus non-Medicaid expansion states increased from 0.573 ($P = .08$) in 2014 to 0.599 ($P = .037$) in 2015 and 0.838 ($P = .006$) in 2016 because of mean infant mortality rate declines that were more modest in non-Medicaid expansion (11.0%) than in Medicaid expansion (15.2%) states. Mean infant mortality rate in non-Medicaid expansion states rose slightly (6.4 to 6.5) from 2014 to 2016, whereas in Medicaid expansion states, it declined from 5.9 to 5.6 per 1000 live births” (Bhatt & Beck-Sagué, 2017). This evidence clearly states how the expansion of Medicaid in certain states has lowered the rates of infant mortality in general.

Providing support groups can reduce infant mortality for African Americans as symptoms of depression may increase the risk for preterm birth. An article shared the following, “A recent Cochrane systematic review of randomized trials of social support during pregnancy shows that compared to routine care, programs offering additional emotional, informational, or instrumental/tangible support reduce the risk of PTB slightly, although not significantly” (Reno, Burch, Stookey, et al., 2021). At-risk women with a history of depression, anxiety, living in low-income communities, or being mistreated regarding their skin color are highly recommended to see a psychological therapist to treat their stress during pregnancy. African American women have often been underrepresented in professional work settings and face obstacles in their lives, which could highly impact their pregnancy, leading to pregnancy complications.

Conclusion

To conclude, African American women have reported having the highest infant mortality rates compared to any other racial group in the U.S. The main point discussed in this paper is the determinants that could lead to infant mortality, such as lack of prenatal care due to racial

mistreatment against African Americans by providers. Another determinant presented is high levels of chronic stress faced by daily obstacles, increasing the chances of early birth. A social strategy that could solve infant mortality is providing Medicaid care for pregnant women in low-middle income communities to receive prenatal care and counseling to alleviate symptoms of depression and anxiety that could harm fetal development. Issuing programs dedicated to pregnant women will better the possibilities for generations to come. Healthcare opportunities such as Medicaid have been proven to help young women in need, and therefore I believe Medicaid should be offered in all fifty states of the U.S.

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