Perinatal Disparities and Solutions

Shafia M. Monroe

The plight of giving birth, raising healthy babies, and breastfeeding through infancy is a hardship in the United States. Both the national and global health of a nation are determined and measured by its infant mortality rate. A nation that cannot protect its babies from preventable death before age 1 is seriously flawed. The US infant mortality rate is the highest within the cohort of industrialized nations. In 2017, America's Health Rankings ranked the United States 32 out of the 35 Organization for Economic Co-Operation and Development (OECD) member countries [1]. Infant mortality is devasting on a family. It is what the poet Langston Hughes might have called "a dream deferred." A family has dreamt of their baby, planned for their baby, and birthed their baby with the dream of loving and raising their infant to adulthood. Instead they bury their baby before age 1. The CDC statistics show that infant mortality is declining for white babies but continues to climb for babies of color. The most blatant perinatal disparity in the United States is the Black infant mortality rate. It has the worst rate of any race in the nation. Eleven Black infants die per 1,000 live births, compared to 4.9 white infant deaths per 1,000 live births in 2016 [2].

Causes of Infant Mortality

The physiological causes of infant mortality are genetic defects, premature birth, low birth weight, accidents, and Sudden Unexplained Infant Death Syndrome (SUID); and now racism has been determined to contribute as a cause: implicit bias and the effects of systemic racism contribute to the higher rates of premature births for Black babies [3].

Studies confirm that a Black woman with a college degree, a 6-figure income, married with early and consistent prenatal care, is more likely to deliver a premature baby compared to a white woman with less than a high school diploma. Research is measuring high cortisol levels from chronic stress of being Black in America and its impact on poor birth outcomes [3].

Social determinants also contribute to overall poor maternity outcomes. Communities who experience substandard housing, food deserts, and racial profiling within their health care system have the worst perinatal outcomes. The science states that doulas reduce cesarean sections, increase breastfeeding initiation rates, and reduce medical intervention, all qualities that can improve maternal outcomes. Yet, women of color are the least likely to afford doula services [4].

Maternal Mortality

It's sad that mothers are being buried beside their babies due to perinatal disparities. Maternal mortality is a disgraceful problem in the United States; women of color disproportionately die from pregnancy complication, and Black women die at about 3 times the rate of white women [5]. In 2007-2016, 40.8 Black women died from pregnancy-related complication per 100,000 compared to the overall of 16.7 per 100,000 [6]. We know that we can do better when the CDC Foundation says that approximately 700 women die from childbirth each year and 60% of maternal deaths could be avoided [5]. Two leading causes of maternal death for women of color are hemorrhage and high blood pressure [7].

Solutions to Reducing Perinatal Health Disparities

Martin Luther King, Jr. noted, as he fought for human rights, that our nation has the resources, but asked, "Do we have the will?" [8].

We know that at least 60% of maternal deaths can be eliminated and infant mortality reduced with policies and culturally competent care [5]. An important first step is building partnerships between medicine, business, public health, faith houses, and families. With a collective strategy and commitment, we can eliminate perinatal disparities.

The second solution is implementing mandatory cultural competency training for medical and nursing students and in all health care facilities. There are numerous studies that link implicit bias and microaggressions to

perinatal health outcomes. Microaggressions are the daily racial insults that contribute to chronic stress that can be verbal, systemic, or physical. According to Cruz and coauthors, "researchers have found that racism can occur explicitly through blatant discriminative encounters, as well as through microaggressions" [9].

The third solution is increasing community doulas for urban and rural areas with Medicaid reimbursement for doula care.

The fourth solution is increasing the number of midwives of color who can work with patients of color while filling the obstetric clinician shortage [10].

The fifth solution is replicating the California model that reduced maternal mortality for all women. The state created exhaustive "how-to" manuals for hospitals and clinicians with best practices for dealing with pregnancy-related complication and reducing Caesarean sections [11]. They created emergency drills for their medical team to practice, increasing their efficiency and skills for addressing complications of pregnancies [12].

In conclusion, health care providers, family, and friends must listen to women. Women are the experts on their bodies and their unborn babies' health. We must trust Black women. When they say something is wrong, medical staff must believe them and work respectfully with them to find solutions that will save their lives. One Black mother in Atlanta, Georgia—Shalon Irving—asked for help multiple times, complaining of swelling limbs and severe headaches, and not feeling well [13]. She communicated her symptoms with the medical staff where she birthed her baby, but no one listened to her. She died 3 weeks postpartum at home [13]. As the CDC Foundation data shows, her death could have been prevented. NCMJ

Shafia M. Monroe, DEM, CDT, MPH midwife and birthing consultant; founder, International Center for Traditional Childbearing, Portland, Oregon.

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Address correspondence to Shafia M. Monroe, 3519 NE 15th Ave, #193, Portland, OR 97212 (shafia@shafiamonroe.com).

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