

Infant Mortality, Low Birthweight and Racial Disparity

Infant mortality refers to the death of a baby before it reaches its first birthday. Though infant mortality continues to decline in the United States, the U.S. still ranks 23rd among industrialized nations in the world in infant mortality.

In 1997, the infant mortality rate in the U.S. dropped to 7.1 per 1,000 live births. Despite these encouraging figures, there remains a significant public health issue for African American families, as well as for Native Americans and Hispanics. The rate of infant mortality for African American women is more than double that of white women.

Babies who are **low birthweight** weigh 2500 grams (5.5 pounds) or less at birth. **Very low birthweight** babies weigh 1500 grams (3.3 pounds) or less. The medical and social costs for low birthweight and very low birthweight babies are significant. Low birthweight is a major predictor of infant mortality.

Unlike infant mortality, the rate of low birthweight in the U.S. has not declined significantly during the last decade. Equally important, the rate of low birthweight among African American mothers continues to be twice that of white women. Even with its success in reducing infant mortality, the United States still ranks poorly in relation to other developed countries. Although comparisons across countries are often difficult, it appears that the high rate of low birthweight in the U. S., when compared to other nations, is the major reason for the country's continued high rate of infant mortality.

There exists perplexing racial disparities in birthweight and infant survival. Across the U.S., rates of low birthweight and of preterm delivery have been higher among African American women than among whites for many years. African American babies are twice as likely to be low birthweight as well as twice as likely to die in the first year as compared to white babies. Despite considerable research over the last 20 years, the reasons for these differences remain obscure. However puzzling, the numbers reveal that there exists a real vulnerability of African American women to preterm labor and delivery.

Low birthweight — the leading cause of infant death — is largely preventable. However, given the complicated health and social problems often associated with women who deliver low birthweight infants, there remain no easy solutions. Effective preventive programs blend health care, health education, environmental modification and public policy in an effort to create a culture supporting a prudent lifestyle.

Numerous barriers often stand between pregnant women and children and the care they need. For example, the inability to pay for services causes many women to delay or even forgo prenatal care. Frequently, women are not aware of the importance of prenatal or preventive care. In addition, women and their families are often overwhelmed by the stresses of poverty. Recent studies are now focusing on the relationship between stress and poor birth outcomes, especially in high-risk women.

For those at-risk women who do seek care, the health and human service system may be inadequate to meet her or her children's needs. In some communities, there may be a lack of health care providers, or providers who are at full capacity for Medicaid patients. Certain types of care, such as substance abuse treatment and mental health programs, may not be readily available.

The challenge for Healthy Start is not only to provide and coordinate services, but also to mobilize communities to take ownership of the problem and to design and implement programs that the communities feel have the best chance of success.

(Source: Some of the material above is from *Pittsburgh, Allegheny County, Pennsylvania*, produced by Healthy Start, Inc., a program of the Allegheny County Health Department, Pittsburgh, PA. 2000.)