



JOURNEY of a **LIFETIME**
Healthy Babies through Healthy Families

Funded by the Wisconsin
Department of Health
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First Time Motherhood/
New Parents Initiative.

We Need Your Help.

Your Role in Reducing
Disparities in Birth Outcomes for
Wisconsin African Americans.



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THE PROBLEM

Wisconsin African American infants die before their first birthday at more than 3 times the rate of white infants.

We rank as one of the worst in the country in African American infant mortality – that’s the death of an infant within its first year of life. 2004 was a watershed year for Wisconsin: we met the Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births for white infants, but the African American infant mortality rate was 19.4 per 1,000 live births, the highest in the nation.

More than 90% of these deaths occur in southeastern Wisconsin. Racine has the highest African American infant mortality rate and Milwaukee has the largest number who die before their first birthday. Kenosha and Beloit have similar high rates. So the grim fact is that African American babies are dying at higher rates than in developing countries like Panama and Botswana.

THE CAUSES

- 1) The major immediate causes are low birth weight and prematurity. African American babies are less likely to go to full term and their early births may lead to complex health problems.
- 2) SIDS and co-sleeping (infants sleeping in the same bed with an adult or other children) also play a role in some Wisconsin infant deaths.
- 3) Prematurity and low birth weight can be related to a number of factors such as chronic stress, late prenatal care, smoking, substance abuse, poor nutrition, obesity, domestic violence, low maternal weight gain, and infections (such as urinary tract infections or sexually transmitted disease).
- 4) Day-in and day-out stress takes its toll in a number of ways.

THE SOLUTIONS

Experience and research give us insights on how to approach this problem:

- 1) Since maternal behavior is usually not the sole problem, focusing only on behavior change by mothers isn’t the solution.
- 2) We must intervene with a range of strategies:
 - a. Society and public policy
 - b. The community and neighborhood environment
 - c. Organizations – for-profit and non-profit
 - i. Healthcare providers
 - ii. Social service providers
 - d. How people relate to one another and to the greater society
 - e. The power within the women themselves

AN APPROACH WITH PROMISE

Life Course Perspective is a science-based way of looking at how to solve the problem. It has gained national attention, and many states have embraced it.

Traditionally, clinicians saw pre-term delivery and low birth weight stemming from 4 factors:

- 1) Maternal behavior
- 2) Use of prenatal care
- 3) Stress
- 4) Infections

The Life Course Perspective steps back and takes a broader, more comprehensive look at the situation, examining the health of the mother from the day of her birth to the birth of her child. Maternal health prior to pregnancy is just as important as prenatal care to having a healthy birth outcome. The Life Course Perspective theorizes that African American pregnancies don’t go full term because their reproductive potential is reduced as a result of:

- 1) Early Programming
 - a. Exposures and experiences during sensitive developmental periods early in life.
 - b. Exposures and experiences may encode themselves early in life, possibly *in utero*, and manifest later in life.
- 2) Cumulative Pathways
 - a. The cumulative impact of wear and tear caused over time by stress.
 - b. Stress over a lifetime reduces the woman’s ability to carry the child to full term and recover fully from delivery.
 - c. Types of stress include:
 - i. Poverty.
 - ii. Limited access to transportation and good housing.
 - iii. Limited access to services – financial, healthcare, etc.
 - iv. Racism. It plays a major role in the stress that Wisconsin’s African American women feel and it magnifies all the other stressors.

This stress has a physical impact on the mother and unborn baby. It can also lead to mental health issues stemming from isolation and depression.

The impact of all these stresses can only be reduced over time, but it will need involvement of many elements of our communities – healthcare, public policy, institutions, and our culture as a whole.

WHAT YOU CAN DO HEALTHCARE

As a healthcare professional, you can play a major role in helping reduce these disparities in birth outcomes:

- 1) Continue to provide patient-centered prenatal and postnatal care that you are currently providing.
- 2) Both personally and institutionally, encourage regular lifelong healthcare for African American women – at the pre-conception, interconception, and post-conception stages of a woman’s life.
- 3) Assist women in developing a reproductive life plan.
- 4) Help women understand the impact of chronic conditions (like asthma, high blood pressure, and diabetes) on pregnancy.
- 5) Be proactive in providing information on nutrition and exercise, as well as broad referral help for issues like housing, childcare, and family issues. It may not be your job, but it can make a big difference and save lives.
- 6) Women who have given birth to a low birth weight or pre-term baby will likely do so again. Promote interconceptional healthcare to increase the chances of a full-term birth for their next baby.
- 7) Work internally to energize support for the Life Course Perspective within your facility.

WHAT YOU CAN DO SOCIAL SERVICE

As a social service professional, you can play a major role in helping reduce these disparities in birth outcomes. Life Course Perspective brings together the clinical and the social areas of women’s lives. There are 7 concrete steps you can take:

- 1) Check to make sure the African American women you serve are getting regular healthcare – for themselves and their children.
- 2) Women who have given birth to a low birth weight or pre-term baby will likely do so again. Promote interconceptional health care to increase the chances of a full-term birth for their next baby.
- 3) Assist women in developing a reproductive life plan.
- 4) Provide ongoing social support to women so that they don’t feel isolated – keep them connected to other mothers and community resources.
- 5) Be proactive in providing women helpful information on nutrition and exercise, on financial literacy, as well as broad referral help for issues like housing, childcare, and family issues. It may not be your job, but it can make a big difference and save lives.
- 6) Help these women to increase father involvement in families, where you judge it to be best.
- 7) Work internally to energize support for the Life Course Perspective within your agency.

