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Dying Babies: Infant Mortality Rates and People of Color
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I saw an edited version of the CDC report on Infant Mortality Rate (deaths per 1,000 live births) by Race/Ethnicity 2000-2002 in an email sent out by the Kaiser Family Foundation State Health Facts website (<http://www.kaisernetwork.org/>). Upon first glancing at the data, I wondered why African Americans have the highest IMR compared to Whites and Hispanics. Then, I began to ask where are the other ethnic groups listed in this report? While scrolling down the email I noticed a link to the *National Vital Statistics Reports* published by the CDC about this particular information. The report pulled data from birth and infant death certificates from White, Black, American Indian, Asian/Pacific Islander (broken down into sub-groups), Hispanic (broken down into sub-groups), Non-Hispanic White, and Non-Hispanic Black.

The birth and death certificates of the infants were taken from all states, the District of Columbia, Puerto Rico, the Virgin Islands and Guam. Each state provided the CDC and the National Center for Health Statistics matching numbers on the certificates for each infant less than one year of age who died in the state during 2002.

In order to find more information about the definition of Infant Mortality Rate and what deaths are included in the calculations, I went to the Office of Minority Health website, which also retrieved some information from the CDC report. According to the Office of Minority Health, the definition of Infant Mortality Rate is the “sudden death of an infant less than one year of age that cannot be explained by information collected during a thorough investigation.” An investigation should include a complete autopsy, examination of the death scene, and a review of the clinical history. SIDS, Sudden Infant Death Syndrome, is associated with this definition. They go on further to state that, although the overall rate of infant mortality/SIDS in the United States has declined by more than 50 percent since 1990, rates have declined less among African American and American Indian/Alaska Native infants. Moreover, infant mortality/SIDS is still the third leading cause of infant deaths in the United States and the leading cause of death among infants 28–364 days. The cause of infant mortality/SIDS is unknown. Several factors have been identified that increase an infant’s risk for SIDS:

Tummy (prone) or side sleeping - Infants who are put to sleep on their tummy or side are more likely to die from SIDS than infants who sleep on their backs.

Soft sleep surfaces - Sleeping on a waterbed, couch, sofa, or pillows, or sleeping with stuffed toys has been associated with an increased risk for SIDS.

Loose bedding - Sleeping with pillows or loose bedding such as comforters, quilts, and blankets increase an infants risk for SIDS.

Overheating - Infants who overheat because they are overdressed, have too many blankets on, or are in a room that is too hot are at a higher risk of SIDS.

Smoking - Infants born to mothers who smoke during pregnancy are at increased risk of SIDS. Also, infants exposed to smoke at home or at daycare are more likely to die from SIDS.

Bed sharing - Sharing a bed with anyone other than the parents or caregivers and with people who smoke or are under the influence of alcohol or drugs, increases an infant's risk for SIDS.

Preterm and low birth weight infants - Infants born premature or low birth weight are more likely to die from SIDS.

The United States has made substantial improvements in infant mortality, but disparities still exist. In 2002, the infant mortality rate for African American infants was more than twice the rate for non-Hispanic White infants (13.8 deaths per 1,000 live births for African Americans vs. 5.8 for non-Hispanic Whites). In American Indian and Alaska Native populations, the death rate is 48 percent higher than in non-Hispanic Whites. American Indian/Alaska Natives Sudden Infant Death Syndrome (SIDS) mortality rate is 2.2 times the SIDS mortality rate for non-Hispanic Whites. Although the infant mortality rate for Hispanic infants is less than the rate for non-Hispanic White infants, within the Puerto Rican subgroup, the infant mortality rate was 41% higher than non-Hispanic Whites.

Quick Facts

- African American mothers were 2.8 times as likely as non-Hispanic White mothers to begin prenatal care in the 3rd trimester, or not receive prenatal care at all.
- American Indian/Alaska Natives have 1.5 times the infant mortality rate as non-Hispanic Whites.
- Among Asian/Pacific Islanders, the infant mortality rate ranges from 3.1 per 1,000 live births for Chinese Americans to 9.3 per 1,000 live births for Native Hawaiians.
- Puerto Rican infants were 2.2 times as likely to die from causes related to low-birth weight, compared to non-Hispanic White infants.

Upon looking at this information one has to wonder why mothers of color are late in beginning prenatal care or not receiving prenatal care at all? Why are the "minorities" listed in the Quick Facts not receiving adequate care to prevent the causative factors of SIDS? According to popular myths, the welfare system is overpopulated with minorities seeking assistance for healthcare for themselves as well as their children, so why aren't more of us seeking prenatal care for our families? Could it be that people of color are using Medicaid and other insurance programs to go see the obstetrician/pediatrician, but the providers are not giving culturally appropriate pre-natal and postpartum education to their clients? Could it be that there are not sufficient programs geared towards people of color to identify and prevent factors that are related to the death of their children less than one year of age?

According to the *National Vital Statistics Reports* study in 2002, the mortality rate for infants of mothers who began prenatal care after the first trimester of pregnancy, or not at all, was 9.0 per 1,000. This rate was 45 percent higher than the rate for infants of mothers whose care began in the first trimester.

Overall, the infant mortality rates for women who began care in the third trimester were lower than women who began care in the second trimester. This is because women who began prenatal care in the third trimester had to have a gestation period of at least 7 months, thus reducing the probability that the infant would be born preterm or of low-birth weight. It has been suggested that when certain pregnancy complications are especially present (e.g., post-term pregnancy, pregnancy-induced hypertension), infants of both black and white women who do not obtain prenatal care are at increased risk of post-neonatal deaths.

SisterSong readers, you must wonder what is happening with healthcare providers, education and facilities for people of color in our communities. Now we must think about what we can do as a Collective to reduce these numbers in our communities. What tactics can we develop that will protect the children of our future?