CLOSING THE GAP: PERCEIVED RACIAL DISCRIMINATION AND INFANT MORTALITY

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DISCLOSURES
I have no financial interest or other conflict of interest in relation to this program/presentation.
Learning Objectives

At the conclusion of the presentation, the learner should be able to:

■ Understand the significant gap in the infant mortality rates (IMR) between African American (AA) and white infants born in the United States, particularly in the state of Alabama.
■ Define perceived racial discrimination, over the life course, in the AA pregnant population and better understand how the relationship may lead to risks of PTB/LBW.
■ Discuss the implications of perceived racial discrimination on pregnancy in the AA population.
■ Identify strategies that could close the gap in racial disparities in IMR in the United States.

Background and Significance

■ Profound racial disparities persist in birth outcomes in the United States, particularly in the southeast (Alabama ranks 49th).
■ In the US in 2016, the IMR for white infants was 4.9% of live births, while the IMR for AA infants was almost triple that at 11.3%.
■ In Alabama, the 2016 IMR for AA infants was 15.1% while the white IMR was 6.5%.
■ Despite significant research in this area, the reason for racial disparities in birth outcomes remains largely unknown, and the gap continues to widen.
■ Preterm birth/low birth weight (PTB/LBW) is the primary driver of the differences in IMR between white and AA infants, accounting for greater than 50% of the disparity.
■ The most predictive risk factor for PTB and/or LBW in the US is being AA.
Perceived Racial Discrimination as a Chronic Stressor

- Prenatal stress has been associated with a number of poor psychosocial, birth, and developmental outcomes for mothers and babies.
- Racial discrimination, over the life course, is one such chronic stressor that research suggests is a risk factor for PTB/LBW, which are the leading causes of infant mortality in the United States.
- Definitions of racial discrimination are varied, yet all include the concept of unequal treatment stemming from skin color or other individual characteristics.
- Understanding factors that may contribute to a greater risk of PTB/LBW, such as perceived racial discrimination, offers promise in identifying preventative measures and therefore a reduction in racial disparities that affect the health and well-being of African Americans.

The Theory of Allostatic Load

Chronic stressors in the day to day lives of African American women can cause physiological wear and tear on the body (allostatic load).
Tools to Measure Racism

- Experiences of Discrimination Tool
- Everyday Discrimination Scale
- Perceived Racism Scale
- Racism and Lifetime Experience Scale

In your day-to-day life, how often do any of the following things happen to you?

1. You are treated with less courtesy than other people are.
2. You are treated with less respect than other people are.
3. You receive poorer service than other people at restaurants or stores.
4. People act as if they think you are not smart.
5. People act as if they are afraid of you.
6. People act as if they think you are dishonest.
7. People act as if they’re better than you are.
8. You are called names or insulted.
9. You are threatened or harassed.

Recommended response categories for all items: Almost everyday, At least once a week, A few times a month, A few times a year, Less than once a year, Never

Other methods to measure perceived racial discrimination as a chronic stressor:

- Biomarkers
  - Stress influences the production of corticotrophin-releasing hormone which may influence the initiation of labor as well as cross the placenta and potentially restrict fetal growth
- Qualitative Interviews
What have the studies found?

- One study found that AA mothers of very low birthweight infants were 3 times as likely as AA mothers of normal birth weight infants to have experienced racial discrimination.
- Another found that experiences of discrimination doubled the risk of preterm birth which often results in low birthweight or very low birthweight.
- Empirical evidence points to a relationship between discrimination (either during pregnancy or over a lifetime) with adverse birth outcomes even after controlling for other factors such as medical complications, socio-demographic differences, and negative health behaviors.
- Close to 20 studies conducted over the past 10-15 years have found a relationship between perceived racial discrimination and adverse birth outcomes, yet no studies have been conducted in Alabama, a state with a long history of racial unrest.

What can be done?

- A life course approach aims to improve health behaviors in the AA population and might help to close the gap between AA and white IMR by addressing early life disadvantages and the cumulative stress it has placed on the person.
- It is unrealistic to expect prenatal care alone to reverse the negative effects of a lifetime of perceived discrimination (quality vs. quantity).
- Group prenatal care has been shown to nearly eliminate racial disparities in preterm birth. AA women, who are at higher risk for PTB in the US, experience lower risk of preterm birth when enrolled in group prenatal care than in traditional care.
- More studies need to be conducted relating the effects of experiences of perceived racial discrimination on PTB/LBW in the AA population here in the state of Alabama so that we can begin to find solutions to the problem.