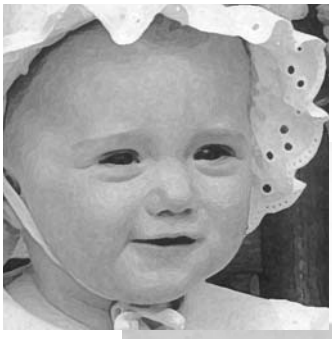

Infant Mortality's Persisting Racial Gap

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The statistics are alarming. In the United States, an African American baby is more than twice as likely to die during the first year of life as a white baby. Unfortunately, North Carolina is no exception.

In 2001, 430 African American infants died, giving the state a black infant mortality rate of 15.2. This means that out of every 1,000 black babies born alive, about 15 of them never lived to celebrate a first birthday.

Compare that rate to the state's white infant mortality rate of 6.1, and the disparity is strikingly obvious—black babies have an infant death rate that is more than double. In some counties, the rate is up to four times higher for black babies.

Worse still, there is no evidence that the gap is narrowing, although the state's overall infant death rate is the lowest in history.

How to account for this disparity is complicated. Prematurity and low birthweight are the leading causes of both white and black infant mortality. Lifestyle behaviors such as smoking, drug abuse and alcohol use contribute to death and illness in both groups. Short intervals between pregnancies also impact birth outcomes for white and black infants.

What we do know, however, is that African American women, regardless of their educational level or economic situation, have a higher incidence of preterm labor and delivery, and therefore a higher risk that their babies will be born too soon and too small to survive.

The reason why is murky. Providers used to pinpoint lack of health care as the reason for the higher risk, but recent studies implicate a six-letter word we all face in our daily lives—stress.

Occasional stress is normal, of course, but one theory suggests that black women have higher levels and longer periods of stress than white women. Some of this stress can be caused by societal, racial and gender prejudices. Work and family demands and economic concerns may also lead to more stress for black women during pregnancy.

As stress levels rise, the body responds by releasing hormones that increase blood pressure to the heart, brain and other organs. But these hormones also restrict blood flow to the uterus, the critical connection between mother and baby, and when that organ's function is impaired, premature labor is often the result.

Physicians and scientists are also examining the role bacterial infections play in premature births of black infants. Some African American women have a higher incidence of certain bacteria in the vagina, which may trigger preterm labor. Identifying these at-risk women early and treating their conditions with antibiotics is being studied as a way to control the bacteria and delay the onset of labor.

As a physician, my job is to tap the resources of medical science to help ensure that mothers are healthy during pregnancy and that babies are born as near to term as possible. As an

What North Carolina needs are effective prevention programs that blend health care with health education, behavior modification and public policy.

African American, I am keenly aware of cultural responses regarding pregnancy and child care that may contribute to infant death. Only by combining the science of medicine with knowledge of a patient's home and community environment can health care providers develop reliable prevention and treatment plans for every patient.

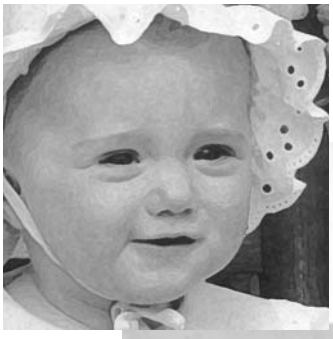
But giving black babies a healthy start in life relies on more than the medical community. What North Carolina needs are effective prevention programs that blend health care with health education, behavior modification and public policy.

Statewide public awareness campaigns and community-based programs, such as those sponsored by the N.C. Healthy Start Foundation, have a track record of success in educating the public and saving the lives of infants. For example, since the launch of the foundation's Back to Sleep Campaign, the rate of Sudden Infant Death Syndrome in the state has decreased by 35%.

Equally important, prevention messages are proving effective in educating women about the importance of being healthy before they become pregnant. Initiatives to promote the need for folic acid prior to conception is reducing serious neural tube defects. An emphasis on early and appropriate prenatal care is credited with increasing visits to health care providers.

Those who work daily to prevent infant death and illness recognize that infant mortality is a community problem, one that must be tackled in urban neighborhoods and rural crossroads across the state. Efforts by legislators and other decision makers to fund community-based prevention programs deserve our praise and support.

Still, North Carolina has much to do to ensure that all our infants are born healthy, regardless of the color of their skin.



I Was A Mother Who Needed Help

Shirrell Thomas, Kenansville, N.C.

Printed Thursday, July 19, 2003, Wilmington Star

There are thousands of pregnant women in North Carolina who do not have health insurance, do not have access to medical care, do not have healthy food to eat, and do not know how to take care of themselves so that they can have a healthy baby.

I know, because I was a pregnant woman who once needed help. This is the story of Joseph, and why we're both alive today.

Back in 1992, life was good. With 22 years experience, I had a secure job as a senior flight attendant and emergency trainer with Eastern Airlines. I owned a car and a home in the Duplin County town of Kenansville. I was married and the mother of an active 12-year-old. But when Eastern shut its hanger doors, I was one of the 26,000 employees who was laid off.

To help me start a new career, I became a full-time student at the community college. But weeks without a paycheck turned into months, the savings account dwindled, and hope gave way to despair when I discovered that I was pregnant. I was 41 years old and had no medical insurance. I was so scared that I cried for weeks.

Then one day I was traveling along a rural highway between Warsaw and Rose Hill, and I passed a billboard that read: Call 1-800-FOR-BABY. I stopped the car and wrote the number down.

That phone call greased the wheels of North Carolina's First Step Campaign, an initiative that connects pregnant women and parents with a network of help in every nook and cranny in the state. The day after my call I was in touch with a Medicaid eligibility specialist to enroll in Baby Love, the state's nationally recognized medical assistance program for low-income pregnant women.

I also got an appointment to start prenatal care at the Duplin County Health Department, and I signed up for the WIC (Women's, Infants and Children) program that would provide me and my baby with nutritious food.

Because of my age, I was considered a high-risk patient and referred to a local physician who would monitor my pregnancy closely. Good thing, because during my third trimester, I was hospitalized with pregnancy-induced hypertension. My son, Joseph Asher Thomas, was born more than a month premature, despite good prenatal care and a healthy lifestyle.

But we were lucky. Joseph weighed in at nearly six pounds and without major medical complications. And my experience, although so terrifying at first, made me an advocate for women and children and families.

After Joseph was born, I was determined to pay back the support that I received. For years I volunteered as president of the Duplin County MOMS (Mentor Outreach for Mothers) program, which had connected me with knowledgeable, neighborhood resources when I was pregnant. I also served on the Duplin County infant mortality task force. Today, my new career allows me to focus on helping families become more self-sufficient.

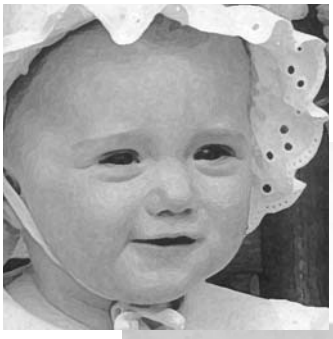
This is the story of Joseph, and why we're both alive today. ... But not all families are as fortunate as mine.

But not all families are as fortunate as mine. More than 16,000 babies are born premature or low birthweight every year in North Carolina. More than 1,000 babies die before their first birthday.

Recently in Raleigh, there was a statewide summit on preventing infant deaths sponsored by the North Carolina Healthy Start Foundation, the nonprofit organization that coordinates the First Step Campaign and funded the Duplin County MOMS program. Participants focused on programs that have been successful in preventing prematurity and low birthweight, the leading causes of infant death. Some of those programs are the ones that helped me back in 1992.

The North Carolina Healthy Start Foundation, public awareness campaigns and prevention initiatives all developed in response to the needs of North Carolina families and with an eye on the future health of children. Policy makers should be discussing how to expand and enhance the services that were so critical during my pregnancy. These programs save millions of taxpayer dollars in the long haul, in addition to saving lives.

Today my son Joseph is a healthy, happy 11-year-old—a good student who enjoys baseball and has a passion for horticulture. Every single baby born in North Carolina deserves the same chance he had.



A Mom's Story . . .

Marianne Grush, Cary, North Carolina

I was 29 weeks pregnant and I didn't feel sick. I had no reason to believe I would have a high-risk pregnancy. I went to all my regular doctor's appointments. I didn't smoke or drink. I didn't even have any obvious signs of problems. But I was sick—very sick. It was July and my baby was due at the end of September. It was a Tuesday morning that I will never forget. I walked into the doctor's office, relaxed after a week-long vacation. But when the doctor walked in, there was no small talk and there were no smiles. "You're going to the hospital," was his greeting to me.

But I didn't feel sick. However, my blood pressure was sky high and my kidneys were spilling protein into my urine. "Go straight to the hospital—now" was the message. No stopping for lunch or to pick up toiletries at home. My life was suddenly out of control. Checking into the hospital, they asked if I was in labor. I laughed. The nurse who checked me into my room asked a series of questions: Do you plan to breastfeed? Have you chosen a pediatrician? Was she kidding—my birthing classes didn't start until Thursday! I was barely into my third trimester and hadn't thought of any of these things. A few hours later I was in a labor and delivery bed. My doctor announced that depending on the results of some tests they might "take the baby today." Relieved when I found out that I had "passed" the final test, I resigned myself to the next few weeks—or maybe months in bed.

One afternoon, a neonatal nurse came to my room to talk about premature babies and their special needs. I grabbed a pen and took notes. How does anyone prepare for something like this? Premature babies are just that—premature. Early. And to make matters more complicated, they come with a wealth of additional issues that most full-term babies don't. How many first-time moms worry that their newborn might be on a ventilator? or fed by a tube? or remain in the hospital long after she is released?

After five days of bed rest on my left side (which was supposed to help keep blood pressure down) I ached all over. Still never having had blurred vision or headaches (common symptoms of preeclampsia), I didn't understand that I was sick. That night, however, my upper abdominal aching became unbearable and I reluctantly called a nurse. I soon learned that my pain was not from lying in bed. It was my liver enzymes—the final test that I'd passed on Tuesday. I now was flunking fast. Before I knew what was happening, I was prepped for an emergency C-section. There was no time for a birthing class now.

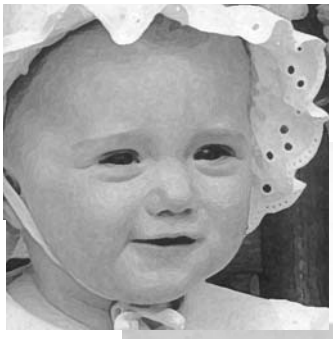
On Sunday morning, five hours and thirty-three minutes after calling that nurse, I became the mother of a tiny little 1 pound, 14 ounce girl. So strong from the start, her APGAR scores were 8 and 9, the surgical team cheered. Baby was doing well, but mom wasn't. My doctor "discovered" a number of fibroid tumors and I was losing a lot of blood. It was a complicated C-section, at best. Following surgery, I spent the next 36 hours on a magnesium drip, my blood pressure still high, unable to see or hold my baby.

The following Thursday, still weak and barely able to walk, I was released from the hospital. We packed up all my things—everything except my baby girl. She wasn't coming home this

It's an empty feeling to leave your baby behind as you drive away. I wish that pain on no mother.

day. It's an empty feeling to leave your baby behind as you drive away. I wish that pain on no mother.

We made it through six weeks of NICU visitation, but had we been better prepared, there are things we would have changed and done differently. Women do not need to be scared about everything that "could go wrong" with their pregnancies, but being well-informed with physical and emotional resources at hand can certainly make being sick and/or being a NICU parent a little more manageable.



What Would You Do In Your Community?

What would you like to do in your community to address prematurity and low birthweight? Who would need to partner in the project? What hurdles might you encounter?

Here are ideas a group of North Carolina health care providers and educators came up with in just 15 minutes during the May 2003 summit of prematurity and low birthweight.

Things My Community Could Do

- Increase community awareness about the consequences of:
  - Low birthweight
  - Preterm births
  - Health disparities
- Deal with smoking and provide cessation services
- Stop free cigarette promotions by tobacco companies
- Increase involvement of medical practices in smoking prevention and cessation
- Increase referrals
- Increase multidisciplinary health care in the public and private sectors
- Increase emphasis on preconceptional counseling and access to family planning
- Educate and involve fathers in pregnancy and mother's health
- Provide transportation assistance

Community Hurdles

- Lack of time for
  - Community training
  - Implementation of interventions
  - Communicating with healthcare providers
- Shortage of private doctors to make referrals
- Lack of money
- Lack of programs and processes to identify who is in need/high risks
- Lack of recognition of the problem at the local level
- Lack of reimbursement for interconception care
- Smoking and the corporate mentality of the tobacco industry

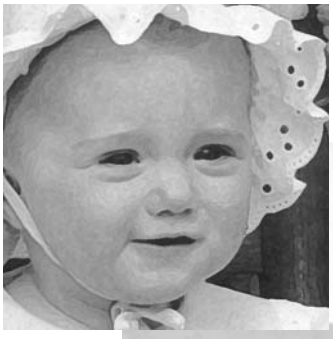
Who Can Help?

Community and statewide organizations such as:

Business leaders
Churches
Civic groups
Department of Social Services
Health departments
Healthy Carolinians
Hospitals
March of Dimes
N.C. Healthy Start Foundation
Parents of teens
Peer counselors
Senior citizens

What would you do? What are the hurdles? Who can help?

What's stopping you?



The Next Steps

Janice A. Freedman, MPH
Executive Director, North Carolina Healthy Start Foundation

Whether you are new to this issue and are taking the first step, or have been working for years to increase the chance that babies will be born healthy, we all need to take a hard look at the core issues and identify what we can do. These are the ones that research suggests can make a difference:

- **Continue to focus on factors associated with low birthweight and prematurity:** How can we afford not to? Babies born low birthweight are 40 times more likely than normal weight babies to die in their first year of life. Many babies, born too small or too early, live with significant long-term consequences such as vision and hearing impairments, mental retardation and cerebral palsy. These consequences can be reduced by addressing several known and preventable risk factors such as maternal smoking, substance use, inadequate weight gain, closely spaced births, and by monitoring women with a previous low birthweight baby.

- **Work to increase efforts to improve the general well-being of women:** In addition to high quality health care during the perinatal period, much research shows that birth outcomes and infant well-being can also be improved by addressing the social needs of women and their families. Pregnant women especially would be well-served with less violence in the home, less physical and financial stress, better nutrition, etc.

- **Promote intentional pregnancies:** Pregnancies that occur in a mature and nurturing social context assure children their greatest chance for reaching their full potential. Effective strategies to reduce unintended pregnancy, to eliminate exposure to unhealthy lifestyles and to ensure that all women begin prenatal care early—meaning before they become pregnant—are important challenges.

- **Continue the rich collaborations established since 1990**: Given limited resources today, it will be vital to continue to partner with other programs and augment each others' efforts rather than mount new and separate programs. The North Carolina Healthy Start Foundation, the state's Healthy Beginnings and Targeted Infant Mortality Reduction projects, the 14 counties with national Healthy Start Baby Love Plus funding, the March of Dimes, and many others at the local level have excellent and well-established programs. We all need to build on each others' strengths. While the Foundation's Community Grants Program has ended, this is not the end of the story of the impact it had in our state.

- **And we need to stay in touch:** We encourage you to share this information about prematurity and low birthweight initiatives and the lessons learned. Tell others the report is available online at [www.nchealthystart.org/infant-mortality.html]. Use the directory in this report to contact others and help identify new listings. To add to or update a directory listing send information to [info@nchealthystart.org]. And always remember, our babies are our future.

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