



MEMORANDUM IN SUPPORT

HF 3574 - Pinto

Racial and Ethnic Disparities in Birth Outcomes

Despite the availability of advanced medical care and improvements in key health indicators, the U.S. still consistently ranks below other developed countries in these measures.¹ The U.S. infant mortality rate (death in the first year of life) remains higher than most other developed countries, being nearly 3 times higher than countries with the lowest rates, such as Finland or Japan.² The U.S. also had the third highest rate of preterm birth (birth before 37 completed weeks of gestation) among 39 Very High Human Development Index (VHDI) countries in 2010.³ Evidence suggests that social determinants of health, such as socioeconomic status (SES) at both individual and area/community levels (e.g., income/poverty, job status, education), as well as psychosocial factors (e.g., chronic stress, lack of social support) are associated with increased risk of adverse birth outcomes, including preterm birth.^{4,5} It has been well established that there are persistent disparities in U.S. preterm birth rates both by race/ethnicity and by geography.⁶ The rate of preterm birth (birth before 37 completed weeks of gestation) in the United States varies by race/ethnicity and by geographic location.⁶ According to 2015 birth data, preterm birth rates were nearly 48 percent higher among black women and more than 15 percent higher among American Indian/Alaska Native women compared to white women. Similarly, both black and American Indian/Alaska Native women have higher rates of infant mortality (death in the first year of life) compared to other racial/ethnic groups, with the rate for black babies being more than double the rate among white babies.⁷

Prenatal care - beginning early and continuing throughout pregnancy - is a key factor in preventing low birthweight and prematurity. Prenatal interventions also can prevent or treat some birth defects. Using early risk assessment, providers can identify potential problems during prenatal visits, and steps can be taken to reduce risks. Prenatal care is cost-effective because it can improve outcomes. Prenatal care use is lower among women who are young, have less than a high school education, have three or more children, are unmarried, or are Hispanic, Native American or African American. These factors all are associated with poverty. March of Dimes believes that early and continuous prenatal care is essential to improving maternal and infant health.

Reducing disparities in prenatal care will help ensure that all pregnancies and infants are healthy. Health disparities are a metric by which progress toward health equity is measured.¹⁰ Eliminating health disparities and thereby achieving health equity requires a multi-faceted approach; incorporating research, data surveillance, education, advocacy and programs at both the community and national level. March of Dimes supports a broad range of investments in research, programs, and policies which aim to reduce disparities in birth outcomes to ensure that all pregnancies and infants are healthy.

March of Dimes urges SUPPORT for HF 3574 which will authorize the Eliminating Health Disparities Initiative, run by the Minnesota Department of Health, to include disparities in prenatal care.



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¹ National Research Council and Institute of Medicine. U.S. Health in International Perspective: Shorter Lives, Poorer Health. Panel on Understanding Cross-National Health Differences Among High-Income Countries. Steven H. Woolf and Laudan Aron, Eds. Washington, DC: The National Academies Press, 2013.

² MacDorman MF, Mathews TJ, Mahangoo AD, Zeitlin J. International comparisons of infant mortality and related factors: United States and Europe, 2010. National Vital Statistics Reports; Vol 63 No 5. Hyattsville, MD: National Center for Health Statistics. 2014.

³ Chang HH, Larson J, Blencowe H, et al; Born Too Soon preterm prevention analysis group. Preventing preterm births: analysis of trends and potential reductions with interventions in 39 countries with Very High Human Development Index. Lancet 2013;381(9862):223–234.

⁴ Kim D, Saada A. The social determinants of infant mortality and birth outcomes in Western developed nations: a crosscountry systematic review. Int J Environ Res Public Health 2013;10(6):2296-335.

⁵ Blumenshine P, Egerter S, Barclay CJ, et al. Socioeconomic disparities in adverse birth outcomes: a systematic review. Am J Prev Med 2010;39(3):263-72.

⁶ March of Dimes Prematurity Report Card 2016. Available at:

<http://www.marchofdimes.org/mission/prematurityreportcard.aspx>

⁷ March of Dimes Perinatal Data Center. Data fact sheet: Disparities in birth outcomes among black women and infants in the U.S., February 2017.

⁸ Wang Y et al. Racial/ethnic differences in survival of United States children with birth defects: a population-based study. J Pediatr 2015 Apr;166(4):819-26.

⁹ Healthy People 2020. Disparities. Available at:

<https://www.healthypeople.gov/2020/about/foundation-healthmeasures/Disparities>

¹⁰ Braveman P. What is health equity: and how does a life-course approach take us further toward it? Maternal Child Health J 2014 Feb;18(2):366-72.