Why Do The Rates Differ Between Races?

- Historical and generational context.
  - Infant mortality on plantations
  - Forced sterilization
- Lack of trust in healthcare
- Unconscious healthcare bias

Allostatic load and stress

Strategies and Interventions For Hamilton County

1) A wide network of social service providers has partnered with the Ohio Department of Medicaid to prioritize reducing Black infant deaths

2) Public health departments have made reducing racial disparity in birth outcomes central to their strategic plans

3) Organizations not traditionally seen as focused on health, such as Cincinnati Metropolitan Housing Authority, have stepped into leadership on this issue

Preterm Birth in Black Women

University of Cincinnati College of Nursing

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Risk Factors

- Ethnicity - infants of African American mothers
- Age of mother
- Previous preterm births
- Multiple gestations (twins, triplets, etc.)
- Stress levels
- Illegal drug use
- Smoking

Warning Signs

- Contractions
- Change in vaginal discharge
- Pelvic pressure
- Low, dull backache
- Abdominal cramps

What is preterm birth?

- A baby born before 37 weeks’ gestation
- The baby does not have enough time to grow and develop
  - Babies born too early have higher rates of death and disability,
- Babies who survive preterm birth are at risk for:
  - Breathing problems
  - Feeding difficulties
  - Cerebral palsy
  - Vision and/or hearing problems
- Preterm births also take an emotional and financial toll on families

Differing Rates of PTB

- African-American: 14.4% are preterm
- White: 9.3% are preterm
- Hispanic: 10% are preterm

Impact of Racial Disparities

- Generational consequences
- Physical and psychological health
- Effects of preterm birth
- NICU admission, costs, and stress
- Birth trauma, future pregnancies
- Failure of healthcare - what can we do?