

*Traditional Midwifery  
is community based  
and empowers  
families to improve  
birth outcomes,  
breastfeeding rates,  
and reduces  
premature birth  
in the African  
American community.*

## **AFRICAN AMERICAN INFANT MORTALITY**

By Shafia M. Monroe, Certified Midwife

Let's be clear: African American babies do not have a high Infant Mortality rate because of genetic inferiority. In fact, African American babies who are born before 37 weeks gestation (referred to as premature), have a higher survival rate than other races.

For the last several years, the infant mortality rate for African-Americans has hovered just under 14%, while the national average has been just under 6%. For decades, African-American babies have been twice (and in some cases, even three times) as likely to die as White babies. Currently, the national infant mortality rate for Black babies is 13.7 per 1,000, compared to a rate of 5.6 per 1000 for White babies, 3.5 per 1000 for Asian babies, and 5.3 to 6 per 1000 for Latino babies.

The high rate of infant mortality for African American babies is a problem that can be traced back to the brutal enslavement period. Communities who suffer higher rates of infant mortality than the national average are those whose people have been enslaved in America. African Americans and Native Americans both have

higher rates of Infant Mortality than the national average.

Foreign Black women who give birth in America have better birth outcomes than their African American-born sisters. However, infant mortality rates for this population increases by the second generation in the US. This raises the theory of racist-induced stress and its effects on birth outcomes.

The overall health inequities in the African American community including higher rates of infant mortality are now being link to stress related to racism.

Increased studies are linking stress caused by discrimination and racism as a significant contributor to the pervasively high rates of infant deaths among African Americans. In an article in the Metro West Daily News, health experts acknowledged the strong connection between racism-induced stress and poor birth outcomes. Experts speculate that such stress can restrict blood flow to the placenta and trigger earlier births.

Other factors that contribute to the higher rates of infant deaths include: premature births, low-birth weight, poverty, mis-education about proper food choices, poor pre-conception health, late prenatal care (beginning prenatal care late in the 2<sup>nd</sup> trimester,) less than 5 prenatal visits, high blood pressure (causing restricted blood flow to the placenta) and hypertension (formally referred to as preeclampsia), SIDS, failure to thrive syndrome, and accidents.

Socially-induced factors for infant mortality are minimal and short durations of breastfeeding, high stress levels from the flight and fight syndrome, feeling unsafe both in one's neighborhood and in the broader society, racial profiling, institutionalized racism, and lack of cultural sensitivity on the part of the health care system, lack of universal health insurance, and the need for more health care providers of color.

Environmental factors such as second hand smoke, poor air quality, substandard housing, lead exposure, genetically engineered food, pesticides, and other environmental toxins play their part as well.

Other social factors include a lack of information regarding prenatal development, healthy pregnancy, the birth process, post-partum care of the mother and baby, and breastfeeding techniques for proper latching.

In our 10 years of work with Black pregnant families, we have found that they frequently lack access to quality food, midwife and doula services, community-based childbirth preparation classes, and culturally specific maternity programs that include the fathers. In fact, these expectant mothers often experience a profound lack of accessible and culturally appropriate health care services. In addition, African American pregnant women lack the knowledge of how to access community doulas, midwives, and lactation consultants. And hospitals often lack the resources to match non-White pregnant women with community-based doulas who are culturally sensitive and of the same race.

In essence pregnant women need to be loved, honored, protected, nurtured and helped, not just during pregnancy but during the full spectrum of motherhood. We should always remember that it does ‘Take a Village to Raise a Child’; the village begins during the pregnancy.

\*note: when referring to expectant mothers, it includes her entire family.

## **Part II**

### **Healthy Babies Are Everyone’s Business: Solutions for Eradicating Infant Mortality**

ICTC is eliminating infant mortality in the Black community through the following:

#### **Step 1**

Begin by celebrating a woman’s/couple’s pregnancy. Congratulations are in order. In many parts of the world having a baby is a blessing and a celebration. For too long, Black women have been told that their pregnancy or their baby is a burden on society. Even if those words are not said, the subtle overtures are still there, making it difficult for women to be happy and relaxed during their pregnancy.

At ICTC we offer a weekly, ‘Celebrating Your Pregnancy Day’. The goal is to honor and congratulate pregnant women and their families on a job well done. During ‘Celebrating Your Pregnancy Day’, pregnant families receive healthy refreshments, (i.e. fruit, pregnancy tea, lentil soup, water,). Our Full Circle Doula/Birth Companions provide a non-judgmental listening ear, a massage, and help with creating a birth plan. In addition, a comprehensive pregnancy packet is given in a bright yellow folder with tips to maintain a healthy full-term pregnancy, plus support to initiate and sustain long term breastfeeding. Lastly, the pregnant family can choose a Full Circle Doula/Birth Companion to support them throughout the pregnancy, at the birth, and during the postpartum and breastfeeding experience.

#### **Step 2**

Outreach and educate. Get the word out that too many African American babies are dying (most folks don’t know this). Ask your faith communities to help you get the word out and discuss how this message relates to the spiritual development of the community. Give the religious/spiritual leaders sensitive facts sheet with verbiage that they can understand and relate to. Get permission to post the information on the church, mosque, temple, and synagogue bulletin boards. Distribute the leaflets on cars and public places. Share the solutions on public radio, TV and in community newspapers. Go to the streets and hand out leaflets to everyone who passes.

#### **Step 3**

Support the expecting fathers. Congratulate them and let them know that their involvement during the pregnancy can help save their baby’s life and keep their partner in optimal health.

Provide information on what to expect – physically and emotionally - during pregnancy. Refer them to educational and employment, upward mobility opportunities. Encourage them to eat well and get enough rest too. Men also experience symptoms and anxiety during their partner’s pregnancy. Acknowledge this for the father. Lastly let the father know that his unborn child can hear his voice, feel his touch, and experience his love.

#### **Step 4**

Provide consistent prenatal education (*this information needs to be provided before conception*), on nutrition, emotional support, exercise, second hand smoke, poor dental health and environmental hazards. Encourage the expectant woman to use a midwife and/or a doula during pregnancy, birth and the postpartum period. Encourage every pregnant woman to gain 25-35 lbs and take her midwife- or doctor-prescribed vitamins, and to drink plenty of fresh water, at least 7-9 cups per day. Bring her some of your healthy home-cooked food or take her shopping for fresh organic fruits, vegetables and protein.

#### **Step 5**

Encourage the family to consider natural childbirth and provide the list of newly discovered benefits of a drugless birth for the mother and baby. Provide supporting data on the negative outcomes of medical inductions and cesareans sections.

#### **Step 6**

Insist that the African American community re-establish breastfeeding up to the first year of life. Educate the community on the advantages of breastfeeding to reduce infant mortality and help premature babies thrive. Show how breastfeeding helps the mother, family and environment and is a tool for natural disaster preparedness. Support exclusive breastfeeding for the first 6-months. Infant mortality is defined as death that occurs between birth and the first year of life, so mothers need to give human milk up to 1-year, but to breastfeed until 2 years is even better.

Encourage bottle-feeding mothers to always hold their baby close to their bare chest and heart during feedings.

Train more African American lactation consultants and peer breastfeeding counselors. Begin a La Leche League in your community.

#### **Step 7**

Encourage mothers to hold their newborn often; keep him/her close. And don’t over dress them.

Support the “Back to Sleep Campaign”. Babies should sleep in cribs if mothers/families smoke, drink or other forms of intoxicants.

Co-sleeping should be considered for mothers/families who do not smoke or drink; research the positive benefits of co-sleeping for the baby and mother. Carry your baby using African style baby wraps, carriers and your arms. Talk to your baby and make eye contact throughout the day.

Teach mothers to hold their baby’s hand when they begin to walk and never let them trail behind.

Promote baby-proof homes; many accident-related infant deaths occur before the age of one. Encourage regular pediatric/doctor appointments for babies. When babies begin to eat, feed him/her organic whole foods, homemade mashed sweet potatoes, peas, non-spicy bean soup, groundnut stew, steamed mashed apples, bananas and a host of other healthy foods to keep them strong and growing.

Inform that holding and loving your baby protects them from infant mortality and sickness (morbidity).

## Peri-natal Terms to Know

<b>Adequate Prenatal Care:</b>	Care within the first six months of pregnancy or five or more visits.
<b>Infant Mortality:</b>	Death of a baby from birth to its first year birthday (Neonatal and postnatal deaths combined).
<b>Low Birth Weight:</b>	Babies born below 2,400 grams or 5lbs.5oz.
<b>Very Low Birth Weight:</b>	Babies born 1500 grams equals (3lbs.3oz)
<b>Neonatal Mortality:</b>	Death in the first 28 days of life.
<b>Birth Weight:</b>	Babies born more than 2,500grams or 5lbs 8oz.
<b>Perinatal Mortality:</b>	Death of a fetus before birth
<b>Prenatal Care:</b>	Services directed at health promotion, risk assessment and intervention during pregnancy.
<b>Unintended Pregnancies:</b>	Considered mistimed or unwanted pregnancy
<b>Premature Birth:</b>	A baby born before 37 weeks
<b>Full Term:</b>	A baby born between 38-42 weeks of the pregnancy
<b>Lactation:</b>	To produce milk
<b>Breastfeeding:</b>	To feed baby milk from breast

Recommended Sites: [www.blackmidwives.org](http://www.blackmidwives.org)  
[www.CDC.gov](http://www.CDC.gov), [www.marchofdimes.org](http://www.marchofdimes.org)  
[www.nih.gov](http://www.nih.gov), [www.nubianhealth.org](http://www.nubianhealth.org),  
[www.healthystart.org](http://www.healthystart.org)