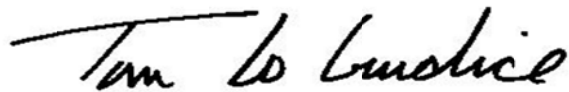


INFANT MORTALITY: AN OVERVIEW OF THE IMPACT ON AFRICAN AMERICAN
FAMILIES AND THE IMPLICATIONS FOR COUNSELING

Approved:

A handwritten signature in black ink that reads "Tom Lo Lindice". The signature is written in a cursive style with a long horizontal stroke at the beginning.

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Key Terms: Infant Mortality, Milwaukee, African-American,

INFANT MORTALITY: AN OVERVIEW OF THE IMPACT ON AFRICAN AMERICAN
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Charlene A. Smith

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Abstract

INFANT MORTALITY: AN OVERVIEW OF THE IMPACT ON AFRICAN AMERICAN FAMILIES AND THE IMPLICATIONS FOR COUNSELING

Charlene A. Smith

Under the Supervision of Tom Lo Guidice, PhD

Information from the Library of Congress, based on the Census states, the life expectancy for humans is usually considered to be at least 77.5 years. The definition given for life expectancy is the expected number of years to be lived on average by a particular cohort. However, with the appalling rate of infant deaths surmounting in the United States, infant mortality is becoming the shocking norm.

According to the 2010 City of Milwaukee Fetal Infant Mortality Review (FIMR), in 2005-2008, Black infants died nearly three times more often than White infants. The infant mortality rate by race/ethnicity for the four year period 2005-2008 was: Black, 15.7, White 6.4, and Hispanic 7.4%. . There were 807 infant deaths and stillbirths in Milwaukee, 686 or 85%, were infants of color.

What can be done to alleviate the untimely deaths of infants; especially in the African American community?

- Ensure that all pregnant women have and maintain continuous insurance coverage,
- Educate women and families about the dangers of smoking,
- Identify, Monitor and /or treat maternal chronic conditions ,
- Improve Alcohol and other drug abuse (AODA/Mental health services,

- Promote access to preconception care ,
- Patients should be encouraged to keep their appointment with incentives, and
- Promote comprehensive treatment and education about sexually transmitted infections (STI's) and urinary tract infections (UTI's) /

Key Terms: Infant Mortality, Milwaukee, African-Americans

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PREFACE AND ACKNOWLEDGEMENTS

A popular song from several years ago sung by the Carpenters says “what the world Needs now is love, sweet love”. Regrettably infant mortality birth rates among the poor, that includes African-Americans are high.

Milwaukee Wisconsin and Milwaukee County has the second highest infant mortality rate in the state of Wisconsin for African-Americans. Too many mothers never get to share “Love, sweet love”. Instead, their poverty is made worse by profound loss.

In this paper some dimensions of infant mortality are explored and suggestions for public policy and how counselors may be effective helping persons is suggested.

Many thank you are appropriate for the production of this paper. Drs. Pat Bromley and Tom Lo Guidice from the University of Wisconsin-Platteville Adult Education program were continually giving and caring.

A friend provided a valuable bibliography that is included in the appendix. And, of course, the faculty and staff at Alverno College were helpful. Alverno College has been special to me. The Alverno people have been of great assistance and provided support during my years at Alverno. The love, patience, and good advice has continued as I have worked on this paper.

Chapter One: Introduction

Information from the Library of Congress, based on the Census (2010), states the life expectancy for humans is usually considered to be at least 77.5 years. The definition given for life expectancy is the expected number of years to be lived on average by a particular cohort. However, with the appalling rate of infant deaths surmounting in the United States, infant mortality is becoming the shocking norm.

Infant mortality refers to the death of a child within the first year of its life. Infant mortality rate is a measure of the infant deaths expressed as the number of deaths per 1,000 live births within a stated period time. In 2006, 28,527 infants died before their first birthday, representing an infant mortality rate of 6.7 deaths per 1,000 live births. The leading cause of infant mortality was congenital anomalies, which accounted for 20 per cent of deaths, followed by disorders related to short gestation which accounted for another 17 per cent of deaths”.(Child Health USA, p 26, 2009)

According to the Center for Disease Control (CDC) (2007) fact sheet on infant mortality states, “Infant mortality is used to compare the health and well-being of populations across and within countries. The infant mortality at which babies less than one year of age, die has continued to steadily decline over the past several decades, from 26.0 per 1,000 live births in 1960 to 6.9 per 1,000 live births in 2000. The United States ranked 28th in the world in infant mortality in 1998. This ranking is due in large part to disparities which continue to exist among various racial and ethnic groups in this country, particularly African Americans.

Statement of the Problem

What can be done to alleviate the untimely deaths of infants; especially in the African American community?

Definition of Terms

Infant Mortality. The rate of deaths occurring in the first year of life (Retrieved November 29, 2011, from <http://merriam-webster.com>).

Perinatal. Occurring in, concerned with, or being in the period around the time of birth. (Retrieved November 29, 2011, from <http://merriam-webster.com>).

Neonatal .Of, or relating to, or affecting the newborn and especially the human infant during the first month after birth (Retrieved November 29, 2011, from <http://merriam-webster.com>).

Post Neonatal. Of relating to, or affecting the infant especially the human infant usually from the end of the first month to a year after birth.

Infant Mortality rate-.The number of children dying under a year of age divided by the number of live births that year (Retrieved October 29, 2011, from <http://medicinenet.com>)

Purpose of the Study

The dimensions of infant mortality among African-Americans, especially in Milwaukee Wisconsin are reviewed.

Significance of the Study

The literature regarding African-American infant mortality is important for policy maker considerations as well as for professional members of the helping professions.

Delimitations of Research

The research was done over a 60 day period. The resources for the paper came from an EBSCOHOST search using the terms as well as a bibliography provided by personal communications August 2011.

Chapter Two: Review of Related Literature

There are several demographic factors associated with infant mortality that are discussed in the following paragraphs.

According to the 2010 City of Milwaukee Fetal Infant Mortality Review (FIMR), in 2005-2008, Black infants died nearly three times more often than White infants. The infant mortality rate by race/ethnicity for the four year period 2005-2008 was: Black, 15.7, White 6.4, and Hispanic 7.4%. . There were 807 infant deaths and stillbirths in Milwaukee, 686 or 85%, were infants of color.

Poverty is also an indicator of infant mortality Child Health USA reports (2009) Poverty affects many aspects of a child's life, including living conditions, access to health care and adequate nutrition. Black and Hispanic children are particularly vulnerable to poverty. In 2006, 33.4 percent of Black children and 26.9 percent of Hispanic children lived in households with incomes below the poverty threshold, compared to 10.0 % of non-Hispanic White children. The FIMR states Milwaukee is the nation's fourth poorest city. According to the FIMR report, poverty is partly responsible for the racial/ethnic disparities in infant mortality, teen births and incarcerations in the city.

Another factor is age. FIMR suggests Black mothers over 25 years old, are three times more likely to have an infant die than a White mother over 25 years old. Black mothers over 20 years old are at least two times more likely to have an infant die than Hispanic mothers of the same age. Black mothers are more likely to have a stillbirth than White mothers, mothers less than 20 and over 35 showing the greatest disparity. Black mothers are more likely to have a still birth than Hispanic mothers; mothers over 35 showing the greatest disparity source.

Smoking is another factor. According to the FIMR report, smoking cessation is one the largest modifiable risk factors to reduce fetal and infant death. A 2009 study indicated that smoking during pregnancy accounted for 38% of the socioeconomic inequity in stillbirths and 31% of the socioeconomic inequality in infant deaths. Preterm delivery, low weight full term babies and fetal and infant death all occur more frequently among mothers who smoke during pregnancy than among those who do not. The mothers who experienced an infant death or stillbirth were 2.8 times more likely to smoke than the mother of live born infants.

Domestic violence is another contributing factor. According to the article written by The Family Connection of St. Joseph County, Inc.(2010),, *Black Infant Mortality*, women's reluctance to report battering makes it difficult to get a clear picture of the extent of domestic violence. It is estimated that as many as 20% of pregnant teens and 17% of adult pregnant women are victims of domestic violence. The risk of fetal death after significant maternal trauma is quite high and fetal death can occur when no outward signs of injury are visible.

Physical Factors. Several physical factors are also discussed in the literature.

Causey et al writing in the Southern Medical Journal (2010) say that over 100 genes have been identified as candidates affecting preterm labor and delivery. Polymorphisms in genes in the infection/inflammatory process the uteroplacental path, and endocrine and metabolic regulation have been associated with modest increases in the risk for preterm delivery.”

Furthermore Causey et al from a meta -analysis concluded that maternal obesity was associated with risks for cardiovascular and limb defects, oral clefting, anorectic atresia, and hydrocephalus. Maternal obesity has also been associated with risks for diabetes, hypertension and thrombotic events all of which can increase the risk for fetal/infant and maternal mortality. In 2007, approximately 22.6% of women ages 18-44 in VA were considered obese.

The FIMR report states that using the National Heart, Lung and Blood Institute for BMI categories, 53% of the mothers who experienced an infant death or stillbirth were overweight or obese. Among mothers who experienced an infant death or stillbirth, 13% had documented high blood pressure: among these 76% were also overweight or obese.

The FIMR report states a preterm baby is born before 37 weeks gestation. 81.8% of stillborn and 73.3% of the infants who died was premature. Preterm babies have a high risk of death or lifelong disabilities, such as mental retardation, cerebral palsy, lung and gastrointestinal problems, and vision and hearing loss. An article published in 2008 titled *BMC Pregnancy and Childbirth* reported that adverse effects of prenatal environmental tobacco smoke exposure (ETSE) include low birth weight and there is some support for associations between preterm delivery and fetal death.

Prenatal Care

The Family connection of St. Joseph County, article titled, *Black Infant Mortality*, reports early and regular prenatal care significantly lowers the risk of infant mortality. According to this report, fewer African American women sought care during their first trimester. Reasons for late prenatal care is complex and include mother's reluctance to approach the medical establishment as well as a lack of doctors who are willing to accept Medicaid patients.

The FIMR report reveals of the 89 Milwaukee women who received late or no prenatal care" the outcome was:

- 71% were Black
- 20.2% had no insurance
- 42.7% had a pregnancy loss before 24 weeks gestation
- 29.25 % had a pregnancy loss between 24-36 weeks gestation

Social and Emotional Dimensions

FIMR released a report ranking Milwaukee the fourth poorest city in the nation. FIMR also released a report prepared by city data.com, which shows “that over half of Milwaukee’s infant mortality crisis depends on how poor the mother and her family are, what the family’s wages are and if the family owns a home, how much the home is worth and how much education the mother has. The report also explains that Black women with a higher education still have higher infant mortality than White women who did not graduate from high school.”

Child Health USA presents data that show low birth rate (13.8%) was highest among non-Hispanic Black women than among any other racial/ethnic group. The infants of Hispanic women experienced the lowest rate of 6.9%. Child Health also states that “low birth weight is one of the leading causes of neonatal mortality.” According to this data, “these infants are more likely to have long term disabilities or to die within their first year of life.”

Emotional-Depression appears to be a major issue before pregnancy and after the pregnancy has ended. Khanani, Elam, Hearn, and Maseru (2010) presented a study on depression in relationship to personal or family safety needs. Many mothers to be lack support systems, or an inability to have their personal needs meet. Furthermore, a high level of depressive symptoms has been found to be significantly associated with preterm delivery among low-income African American women and among a low income rural population. Many depressed African American women have tried to self-medicate themselves by the use of tobacco, drugs or alcohol and has often lead to a negative pregnancy outcome.

Countering Programs for Negative Behaviors and Public Policy and Counseling Implications

According to the FIMR report, the City of Milwaukee Health Department (MHD) ensures that services are available to enhance the health of individuals and families, promote healthy neighborhoods and safeguard the health of the Milwaukee community. Also FIMR, states, Infant mortality reduction is the highest priority of the Milwaukee Health Department. Some of MHD's is Infant Mortality Program Education. This program offers infant mortality education to members of the public, and to professionals in the nursing and medical community at hospitals and local clinics. Another program is Cribs for Kids Program, which is a program that provides a crib (Pack'n'Play) and the crib provides a safe place for kids to sleep.

It is also noted that some local health providers have established programs. For example, Aurora Health Care established an infant mortality topic committee and displays a safe crib environment in each birthing unit in the hospital.

Yet another program is The Infant Death Center of Wisconsin (IDCW) (ND) is a State-wide program administered through Children's Hospital of Wisconsin. The center provides information, counseling and support for children, parents, grandparents and others affected by the sudden and unexpected death of an infant Up- to one year of age. The program staff offers information and other services.

According to the report from CDC (2007) the office of Minority Health and Health Disparities (OMHO), which suggest the focus on modifying behaviors, lifestyles, and conditions that affect birth outcomes, such as smoking, substance abuse, poor nutrition, lack of prenatal care, medical problems and chronic illness should be a collective effort including health care

providers and communities of all ethnic groups to improve the infant mortality rate in the United States.

From the above it is clear that there is a need for keeping information on family history, maternal, history birth defects and genetic conditions may help determine which women need additional surveillance and intervention. It is also clear that simple message of well-established health principles to women of child bearing age at each preventive health visit to reduce the risk of birth defects and SIDS, leading to appropriate interventions and potential reductions in infant mortality rates. Counselors, medical professionals and other helping/caring professionals can be critical in the life of young mothers.

Chapter Three: Conclusions and Implications

Conclusions

The review of literature has clear implications for Milwaukee Wisconsin.

Data show that infant mortality in Milwaukee is the second highest in the state of Wisconsin (Racine is the highest). From the year 2002-2006, 23 out of every thousand African American infant born in Racine died within their first year of birth. The highest rate is in the African American population.

Infant mortality appears to be associated with socioeconomic conditions, vary within race and ethnic groups. Smoking, drinking, drug abuse, late or no prenatal care, domestic violence, inadequate health information, obesity, and suggested genetics may have a part in the infant mortality rate. The applications of genetics knowledge are in the early stages of appropriate interpretations and interventions. All other dimensions are subject to knowledgeable intervention.

Implications for Public Policy and the Helping Professionals

The author recommends programs as suggested to educate all women on pre natal care, where to go for services, free clinics and continue with groups for counseling. Counseling should be advised before and after pregnancies, especially AODA/mental health and more and after pregnancies especially AODA/ mental health services and more referral systems as recommended by FIMR (see the previous discussion in Chapter One and Two for citations for additional information and citations).**Note.** Readers wishing a national review and a thorough

review of the literature related to interventions for African-American women may wish to read an article by Katz et al. (2010). Please see the reference section The intention in this section is to focus on Milwaukee Wisconsin.

FIMR also recommends the following:

- Ensure that all pregnant women have and maintain continuous insurance coverage as soon as their pregnancy is confirmed and that all infants are covered by insurance at delivery.
- Educate women and families about the dangers of smoking (tobacco and marijuana) and exposure to secondhand smoke before, during, and after pregnancy.
- Identify, Monitor and /or treat maternal chronic conditions (e.g. diabetes)
- Improve Alcohol and other drug abuse (AODA/Mental health services and referral systems
- Promote access to preconception care for all women of childbearing age with a history of poor birth outcomes (e.g. Preterm Birth)
- Patients should be encouraged to keep their appointment with incentives
- Promote comprehensive treatment and education about sexually transmitted infections (STI's) and urinary tract infections (UTI's) and their risks during pregnancy

Final Comment

Milwaukee County was chosen to be the primary focus of this study because of the high infant mortality rate and place of infant mortality, population and the continued high infant mortality rate among African American mothers. One possible explanation is

that Milwaukee is experiencing the effects of segregation and poverty. In a lecture series for the Canadian Broadcasting Company (1967) near the end of his life, Dr. King suggested that America might not be willing to invest in reducing poverty for poor people in the way it had affected voting rights changes. Today there appears to be a public lack of awareness or a lack of adequate programing (although there are efforts as noted) about how serious infant mortality is in the African American community. Dr. King's prophecy for the future sadly is the present.

APPENDIX

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