

Increased medical and social support needed to reduce black infant mortality

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(Medical Xpress)—The mortality rate for black and white infants in Dane County was just about equal from 2004 until 2007. However, black infant deaths rose from 2008 to 2010 while the mortality rate for white babies remained steady.

In light of this trend, research led by the University of Wisconsin School of Medicine and Public Health says reductions in medical and social support for black expectant mothers combined with a brutal [economic recession](#) may be responsible for the increase in black infant deaths.

The research, which will be published in this month's edition of the Wisconsin Medical Journal, shows that black infant deaths rose from seven per 1,000 births to 12 in 2008 and 15 in 2010. White infant deaths remained steady at about four per thousand births from 2008 to 2010.

Dr. Lee Dresang, a family-medicine physician and professor at the School of Medicine and Public Health, said the uptick in black [infant mortality](#) in Dane County may be related to the downfall in the U.S. economy.

"For black babies during the first year of life, economic stress trumps medical and social services," he said. "The worsening economy has probably affected the black and not the white [infant mortality rate](#) since 2008 because the social and economic stress that black families face is so much greater than that for white families."

"The improvement in infant mortality for black families in 2002 to 2007 was due to [prenatal care](#) including medical and non-medical support," he added. "When the economy worsened, support probably decreased while needs increased and outcomes suffered. The social and [economic stress](#) was such that the [social safety](#) net was inadequate for black families while still adequate for white families."

Dresang cited [food stamp](#) usage in 2010, which was more than eight times higher for blacks than whites, and the fact that blacks have a per capita median income less than half of whites.

The study analyzed more than 100,000 Dane County birth and death records provided by the Department of Health Services for the period 1990-2007. The U.S. Census Bureau provided estimated trends for the period 2007-2010. The main focus was on the outcome of preterm births, defined as birth through 28 weeks of gestation, and the amount of prenatal care received. Preterm births are responsible for three out of 10 neonatal deaths.

Care that started early and included more than the expected number of doctor visits was defined as intensive while mothers who had fewer than half the expected visits received "less-than-standard" care.

"In Dane County from 2002 to 2007, black women receiving intensive prenatal care had decreased infant mortality while women receiving less-than-standard prenatal care did not," said Dresang. "This suggests that something about prenatal care improved prenatal outcomes during these years."

"With the black-white mortality gap persisting nationally and locally for so many years, many have given up hope that anything can be done," he added. "The elimination of the gap in Dane County from 2002 to 2007 and our study's finding that prenatal care made a difference give hope

that with sufficient levels of medical and community support, this health disparity can be eliminated."

Dresang said a fetal infant mortality review (FIMR) committee has been meeting since 2010 to discuss fetal and [infant deaths](#) in Dane County and hopes to come up with recommendations early next year.

"Many medical and community organizations are present at these meetings," he said. "The hope is that we can learn from the deaths that happen and prevent as many as possible."

Also collaborating on the research were the UW Department of Family Medicine, Dane County Public Health Department, UW Applied Population Laboratory and UW Medical History, History of Science, and Gender and Women's Studies Departments.

Provided by University of Wisconsin-Madison

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