Medical mystery endures: Black babies at twice risk of whites for death, study indicates

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African-American women are significantly more likely to lose a baby in the first year of life than white women, in an enduring medical mystery. It exists at all income and education levels, but is widest among more affluent, highly educated women.

A college-educated black woman in the United States is more likely to lose her baby than a white woman with only a high school education. An African-American woman who starts prenatal care in her first trimester is more likely to lose her baby than a white woman with late or no prenatal care. A black woman who does not smoke has worse birth outcomes than a white woman who smokes.

The gap between blacks and whites persists despite a marked decline in overall infant mortality in the past two decades, especially in New Jersey.

"Race in America puts your pregnancy at risk," says Ilise Zimmerman, CEO of the Northern New Jersey Maternal-Child Health Consortium in Paramus, where the nation's first Black Infant Mortality Reduction Resource Center was founded in 1999.

"It's not about poverty. It's not about teenage pregnancy. It's not about use of drugs. ... If you self-identify as black, there's a greater chance your baby will be born before full term and be too small."

Nearly 600 babies in New Jersey died before their first birthday in 2007, the most recent year for which figures are available. Of these, 194 were black and 180 were white, even though black women accounted for only one in eight births. For every 1,000 live births in the state, 11.2 black babies and 3.4 white babies died.

Why?

The simple answer is that black women are more likely to go into labor before their pregnancy has reached full term, and more likely to give birth to babies whose smaller size puts them at greater risk. Higher rates of poverty, more chronic disease and less access to health care all contribute. But even allowing for those factors, there's more to it.

The more complex answer, some researchers say, has to do with stress - not only during pregnancy but during a lifetime of being black in America. Stress elevates certain hormones that are known to trigger labor; it may increase susceptibility to infections that are linked to premature delivery.

Sixteen percent of black women went into labor before their due date, compared with 10 percent of white women in 2006 in New Jersey, according to state figures. Fourteen percent of black infants were born at low birth weight - less than 5{ pounds - compared with 7 percent of white infants.

"If you're looking at black women making $100,000 a year, and white women making $100,000 a year, black women are twice as likely to deliver early," said Yvonne Wesley, a health care consultant and expert on maternal-child health. "Regardless of their age, education, income or marital status, black women are more than twice as likely to deliver a baby prematurely."

The improvements seen in infant survival are mostly due to advances in intensive-care nurseries, Wesley and other experts say.

"We can now save the lives of babies who would not have survived a decade ago," said Dr. Poonam Alaigh, the state health commissioner. The state's overall infant mortality rate dropped between 2000

and 2007 from 6.3 to 5.2 deaths for every 1,000 live births - the fifth lowest rate in the nation.

Although maternal deaths are much rarer, a similar difference is found in the rate at which black and white mothers die in the three months after giving birth. New Jersey was one of the first states to systematically review deaths of mothers, and the state's most recent report, covering the period from 2002 through 2005, found 58 pregnancy-related deaths - including 25 black women and 12 white women.

"This is an issue that we're not talking enough about, but should," said Dr. Denise Rodgers, executive vice president of the University of Medicine and Dentistry of New Jersey and an expert on health disparities. "We have enormous gaps."

Nakia Williams knows firsthand about the perils of pre-term delivery and the miracles of the neonatal intensive care unit.

She went into labor just 22 weeks into her pregnancy. A manager with PricewaterhouseCoopers at that time, "I didn't even know I was in labor," she said. "I thought I was having gas pains."

Instead of flying home to Teaneck from a visit with her family in Chicago, she was rushed to the hospital, where Jhazz Ajani was born weighing 1 pound 15 ounces. The name she chose was prophetic: in Swahili, Ajani means "he who survives the struggle."

Jhazz flat-lined three times, Williams said. He has endured heart surgery, two hernia repairs, three eye operations, a tonsillectomy, oral surgery, collapsed lungs, genital reconstruction, chest tubes, blood transfusions, blood infections, and numerous cases of pneumonia. After six months in the hospital, he went home - with a heavy regimen of medication, oxygen, and a private nurse eight hours a day.

Today, Jhazz is 10 years old. The family moved to the Atlanta area, where Williams is now an executive for Pepsico, for his health. Since moving, he has not developed another of his frequent cases of pneumonia, and his breathing has been easier, she said. He is on the autism spectrum, and attends a public school.

"If you saw him walking down the street, you wouldn't know there is anything different about him," Williams said.

Facing her challenges with Jhazz has "kept me in prayer," said Williams. But the challenges continue: Last month she had a miscarriage, her second, when four months pregnant.

Valerie Love, an insurance company manager, was on bed rest for five months before she delivered her son, Brandon, in week 32 of her pregnancy. Six pounds of squalling good health, he was the reward for her persistence through three attempts at in-vitro fertilization, a previous miscarriage at 22 weeks, a failed ectopic pregnancy, and several earlier pregnancy losses.

"It was just a miracle," said Love, who lives in Bloomfield, N.J., where Brandon is in kindergarten.

She was so afraid of another loss when she became pregnant with Brandon that she was afraid to even picture the baby. "After so many miscarriages, I didn't do that," she says. "It wasn't, 'Oh, there's a baby inside me and let's name him.' It was too hard."

A counselor from the Black Infant Mortality Reduction Resource Center talked her through her anxieties, in three one-on-one sessions, as part of a community-outreach program that Wesley devised and studied. Finally, Love began to talk to the baby growing inside her and dream of their future together.

"What we wanted to do was reduce stress, in hopes that we could get the women to carry the baby longer," said Wesley. "We certainly were able to reduce stress," as measured by stress hormones in the women's saliva, she said. "However, we did not see women carry their babies longer." More research is needed, she added.

Dr. David Butler, an OB-GYN at Holy Name

Medical Center in Teaneck said his "antenna are up" for signs of potential early labor or inadequate fetal growth when caring for African-American women. "We try to see high-risk women in conjunction with the perinatalogist," or specialist in maternal-fetal medicine, he said.

At St. Joseph's Regional Medical Center in Paterson, midwives educate all the pregnant women in their care about their potential risk factors, whether its preterm labor for African-Americans, gestational diabetes for Latinas, or other issues based on their personal or family history, said Linda Sloane-Locke, chief of the division of midwifery. Women become partners in their own care that way, she said.

Black women should be as comfortable addressing their needs during pregnancy as Jewish women are getting tested for Tay-Sachs disease, a genetic disease more common among people of Ashkenazi Jewish and Eastern European descent, Zimmerman said. Some of the Black Infant Mortality Reduction center's efforts include a DVD and a thick folder of information for pre-conception, pregnancy and postnatal stages.

Caregivers, too, need to be sensitized to cultural differences, said Norva Vital, the center's program manager.

It may be as simple as understanding that advice to "go for a walk" to get exercise may be impossible for a woman who works late, long hours, said Sloan-Locke. And it includes sensitivity to the particular stresses each woman faces.

Other experts are skeptical about the emphasis on race in health care.

"It's a lot of nonsense," said Dr. Abdulla Al-Khan, director of maternal fetal medicine at Hackensack University Medical Center. "I don't really know anymore what black or African-American means in this day and age. ... With people marrying each other, our genes are being so diversified. Looking at outcomes based on color per se is not in vogue anymore. It's a very poor predictor."

The goal, of course, is that no parent should have to face the frightening fragility of a newborn brought into the world months too early - or the heartbreak of losing that child.

"You want to ensure that patients of all races and ethnicities get the same high level of care," said Rodgers of UMDNJ. She's pleased at the reduction in overall deaths among babies and mothers, she said, but "enormously frustrated at the gaps that remain.

"Until we as a nation say, 'This is unacceptable and we need to put in appropriate resources to be sure these gaps do not continue,'" she said, "we're saying to 5- and 6-year-old girls, 'You're going to experience the same gaps in infant mortality and maternal mortality that your parents do.'"

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