Confronting Racial and Other Health Disparities in Birth

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* discusses the importance of confronting racial and other health disparities in birth. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote, support, and protect natural, safe, and healthy birth.

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Inequality between White and Black Americans persists in almost every aspect of society. In the current news, there is ongoing discussion about racial disparities and the effects on health care and health outcomes among birthing women. Significant racial and ethnic disparities exist among birth outcomes for pregnant women and infants. For example, Black women are three to four times more likely to die from pregnancy-related causes than White, non-Hispanic women. It has been hypothesized that as a result of an accumulation of stress over a lifetime of internalized structural racism, women of color enter pregnancy at higher risk of complications than their White counterparts. Disparities in access and quality of health care also play a role. To address staggering inequities in birth outcomes, it is necessary for health-care providers to take ownership for how systemic racism affects specific vulnerable communities. We must advocate for Black maternal–infant health through advocacy, research, educational programming, activism, and policy change. There is an

ongoing need to develop, implement, and evaluate innovative models of care that are sensitive to the cultural and social needs of Black families and other marginalized populations. In this issue of *The Journal of Perinatal Education* (JPE) we share several articles describing projects intended to confront racial and other health disparities affecting birth.

IN THIS ISSUE

In this issue of JPE, we continue the practice of advancing the Lamaze International mission to promote, support, and protect natural, safe, and healthy birth, by sharing inspiring birth stories. In our “Celebrate Birth!” column, Courtney Weckesser describes the birth of her second child Riley as a whirlwind filled with relentless contractions that resulted in a rapid labor and birth. She reflects that it was nothing like her first birth experience with her son who was born at 37 weeks after 27 hours of labor and 3 hours of pushing.

We invite readers to respond to the contents of this journal issue or share comments on other topics related to natural, safe, and healthy birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, Editor-in-Chief (wendy.budin@rutgers.edu).

The content of all JPE issues published since October 1998 is available on the journal's Web site (www.ingentaconnect.com/content/springer/jpe). Lamaze International members can access the site and download free copies of JPE articles by logging on at the "Members Only" link on the Lamaze Web site (www.lamaze.org).

In this issue's feature article, Getty Israel, founder and CEO/Executive Director of *Sisters in Birth, Inc.*, describes this innovative community-based program that links community and clinical health to improve birth outcomes in Mississippi, a state with the poorest birth outcomes in the U.S. Israel details the community and clinical health variables that influence poor birth outcomes and how *Sisters in Birth* is helping to address racial health disparities. The overwhelmingly positive outcomes of the first 50 women in the program are presented as well as snapshots of individual women's experiences.

Also, in this issue, Marianne Moore describes the experience of birth observation among African American women prior to pregnancy. This author shares findings from a focused ethnography among African American college students who had observed a live birth prior to their own pregnancy. They described two reasons to attend births: curiosity about birth, or a desire to support the birth mother. Women in her study attended the births of friends, family members, or saw their mother give birth to a younger sibling. Themes included pain, operative or traumatic birth, and surprise at the length and/or stages of labor. Findings suggest prior personal experiences at birth should be explored prenatally.

It is estimated that 11% of women in their childbearing years are impacted by some type of disability and that mothers with disabilities are faced with additional risks and barriers during pregnancy. Women of color living in poverty-stricken areas are at even greater risk for adverse birth outcomes. Authors Hall and Horton present findings from a meta-analysis of examining the influence of doula support on birth outcomes among African American women with disabilities. These authors emphasized the need to address disproportionate birth outcomes among African American women and strategies to enhance doula support among women with disabilities are offered. Implications include future research surrounding the development of a training program for doulas specific to disability, trauma-informed care, and maternal mental health.

Turning attention to another potentially marginalized population, adolescent mothers, Anderson and Ghirmazion explored the birth experience of three diverse groups, Black, White, and Hispanic adolescents. The purpose of this study was to compare birth experiences of three adolescent groups by prevalence and influence of selected risk factors as moderated by racial/ethnic background. Survey findings indicated Black adolescents were most at-risk for a negative birth experience. Contributing risk factors included depression, trauma, parity, and operative childbirth. Because these risk factors occur before and after birth, childbirth educators can help promote a positive birth experience via perinatal assessments and interventions.

In order to understand first-time millennial mothers' choices about childbirth education, Campbell conducted a quantitative nonexperimental survey to identify where primigravid millennial moms are seeking their childbirth education. The responses provided by the participants suggested the need to enhance current childbirth education into culturally friendly and evidence-based technological information. Findings suggest that although websites, apps, and social media are important information channels to reach and disseminate valuable childbirth education for millennial primigravid women, these channels are not currently being used to their full potential, considering the amount of information available and the lack of guidance and clarity to disseminate trustworthy health-care information. By understanding millennial mothers' choices, we can gain the opportunity to deliver better education and support to Internet savvy women who are seeking online health-care information.

Finally, in this issue, Cassar and coauthors discuss the influence of education and specialty certification on nurses' intent to support breastfeeding postdelivery. The aim of their study was to determine if a relationship exists between nurses' level of education and specialty certification, and their intent to provide support to new mothers in their efforts to breastfeed their babies. Study results indicated that neither RN educational level nor possession of specialty certification was found to be a significant factor in predicting the level of support nurses intended to offer to newly birthed mothers in their breastfeeding efforts. However, nurses completing targeted, specific breastfeeding education from the BFC reported a higher level of intent to help their patients with breastfeeding efforts.

To address staggering inequities in birth outcomes, it is necessary for healthcare providers to take ownership for how systemic racism affects specific vulnerable communities.

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