

# New Initiative Launched to Reduce Black Infant Mortality

## Black babies are three times more likely to die in their first year

By Alan King  
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With infant mortality an indicator of possible larger problems within the Black community, a public health initiative was recently launched to help reduce the losses and eliminate racial disparities by focusing on prevention services and quality improvement.

The initiative will include factors such as family and personal medical history, diet, environment, lifestyle and access to services.

According to statistics by the Planned Parenthood of Maryland, African-American infants are two times more likely than White infants to be born with a low birth weight and three times more likely to die in their first year of life.

"Low birth weight babies often have chronic health conditions like asthma [and] learning disabilities," said Rebecca Felter-Wernsdorfer, a clinician with the non-profit group, one of nearly 880 affiliates of the Planned Parenthood Federation of America that is a leading sexual and reproductive health care advocate and provider. "Pre-term labor and low birth weight are two of the biggest, and those often go together because low birth weight is considered any baby that's born under five-and-a-half pounds."

She added, "A lot of pre-term babies are also low-birth weight, and that feeds into a lot of chronic health conditions."

Felton-Wernsdorfer's comments came as the



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organization joined with the statewide Babies Born Healthy Initiative that believes improving infant health requires a comprehensive multifaceted approach that addresses family, community and systems factors associated with poor pregnancy

outcomes.

The initiative is a pilot program that Gov. Martin O'Malley (D) included in his budget for one year, with funding made available on July 1, 2008.

Planned Parenthood president and CEO, John Nugent, noted that the three-part state initiative came out of an 18-month study, funded by the Annie E. Casey Foundation and the Robert Wood Johnson Foundation, which brought together community leaders to look at statistics and determine areas where the initiative would have the greatest impact.

"They specifically wanted Baltimore City targeted because he [O'Malley] identified this problem when he was mayor," said Nugent, who chaired the study group

last year. "He wanted some pilot programs done along a number of different lines to address some main issues."

Baltimore Healthy Start will handle interconception (between pregnancies) services that will teach women the importance of spacing their

ChristieLyn Diller, the agency's communications manager, noted that the two goals for addressing preconception are helping patients talk about their reproductive life plans, and a public awareness campaign.

There are no criteria, and

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births. The city's health department will do a "Safe Sleep" campaign that will advise caregivers of infants to place babies on their backs to sleep, and Planned Parenthood will focus on preconception (before pregnancy).

the program will not focus specifically on low-income communities.

"Research shows that African-American women are hardest hit, in terms of the poor pregnancy outcomes, regardless of education or socio-economic status," said Leslie Graham, Planned Parenthood's director of quality assurance and special projects.

According to research, women in Maryland receiving prenatal care in the first trimester of pregnancy has dropped since 2000, going as low as 79.5 percent in 2007. About 73.5 percent of Black women received early prenatal care, compared to 82 percent of White women.

Under the initiative, the Maternal and Child Health services was linked with WIC services to optimize women's health, with model collaborative projects in Baltimore City and Baltimore, Charles and Wicomico counties.

The initiative also resulted in the launch of the Maryland Patient Safety Center Perinatal Collaborative, which focuses on improving communication, with the goal of reducing preventable adverse outcomes to zero and improving patient safety through the state.

In January 2009, the state's vital statistics administration launched the electronic birth certificate that allows for more complete and timelier reporting and that expanded the capacity for data collection.

For the rest of the year, Planned Parenthood anticipates at least 500 women to come in for preconception services that will include women being screened for a previous history of poor birth outcome, genetic or chronic health conditions, obesity, mental health or substance abuse problems, domestic violence, environmental hazards or infectious disease exposure.

Women are also screened for their nutrition, exercise and immunization status.

Counseling and educational services are available to women with identified risk factors and women who need chronic disease management are referred to community health centers or other providers.

"What we're trying to do is develop a program that's easy to integrate into women's health care, and doesn't require a lot of extra effort or funding so that others could do that as well," Graham said.

Nugent said his organization has a plan in place if funding is cut.

"We have decided, because we think this is so valuable, that we're going to continue the screening even if we don't get continued funding," he said. "We will keep the service aspect of it going and we look for other money because we're very excited about it."

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