



Health Equity and Birth Outcomes

Every baby deserves the healthiest possible start in life. However, significant racial and ethnic disparities exist among birth outcomes for pregnant women and infants. For example, non-Hispanic black infants have significantly higher rates of low birthweight, preterm birth and infant mortality compared to non-Hispanic white and Hispanic infants.

The March of Dimes is deeply concerned with the impact these poor birth outcomes have on the health and well-being of families and the US population. The following outlines some of the persistent racial and ethnic gaps in birth outcomes for various groups.

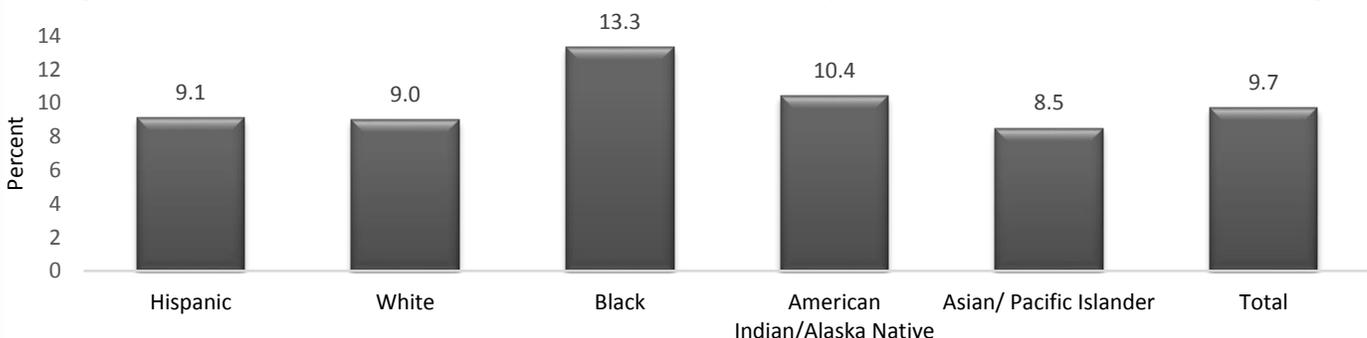
Preterm Birth and Low Birthweight

- In 2015, the overall preterm birth rate was 9.6%. However, 13.4% of non-Hispanic black infants were born preterm, compared to 8.9% of non-Hispanic white infants and 9.1% of Hispanic infants.¹ The 2015 preterm birth rate for black infants was 51% higher than the rate for non-Hispanic white infants and 47% higher than the rate for Hispanic infants.
- Even after accounting for known risk factors (e.g. obesity, smoking, hypertension), preterm birth rate disparities between white and black infants persist.²
- Preterm births to Hispanic women account for over one in five (22%) preterm births in the US. Additionally, between 2007 and 2012, the preterm birth rate among Hispanics declined at a slower pace from the peak year rate (declined 5.7%) compared to non-Hispanic white births (declined 12.0%) and non-Hispanic black women (declined 10.8%)³
- In 2015, the rate of low birthweight (less than 2500 grams/5½ pounds) for singleton births was 6.3%. The rate of low birthweight for overall births was 8.1%. However, the rate for black infants (13.3%) was nearly twice that of white infants (6.9%) and Hispanic infants (7.2%).¹

Key Points

- Significant disparities in birth outcomes exist based on race and/or ethnicity.
- Rates of preterm birth, low birthweight and infant mortality are significantly greater for black non-Hispanic infants than for white non-Hispanic or Hispanic infants.
- Disparities in poor birth outcomes have lifelong implications for the health and well-being of families and the US population.

Figure 1: Preterm Birth Rate by Mother's Race/Ethnicity, United States, 2012-2014 Average⁴

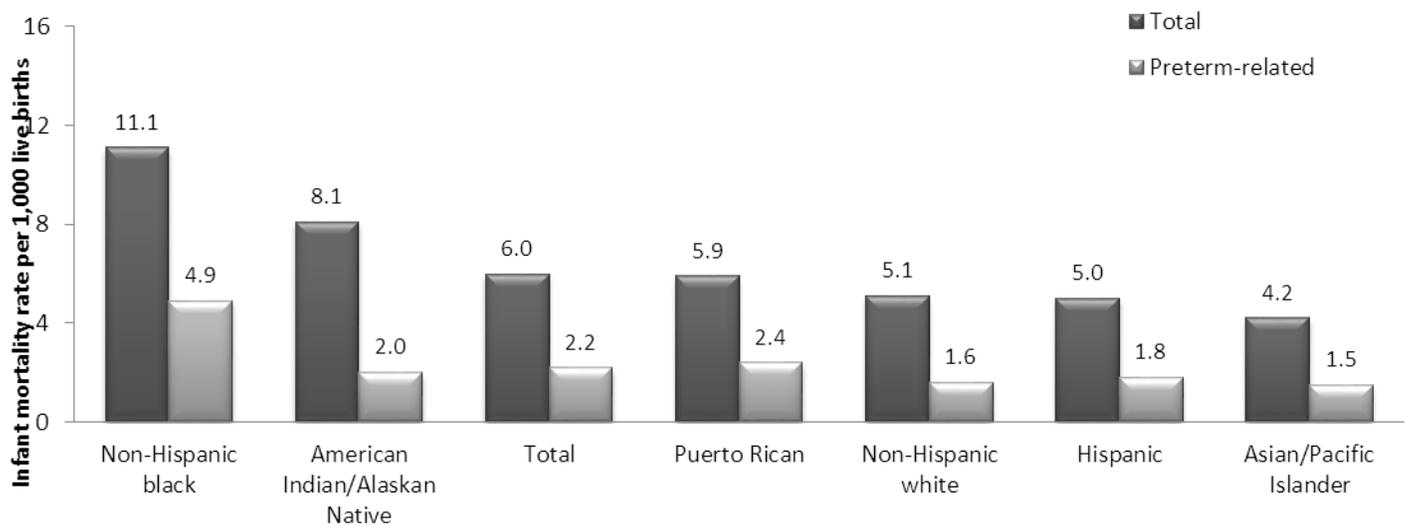


The March of Dimes is a national voluntary health agency whose volunteers and staff work to improve the health of infants and children by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy. For the latest resources and information, visit marchofdimes.org or nacersano.org.

Infant Mortality

- Preterm birth (less than 37 weeks gestation) and low birthweight are the leading causes of infant mortality among black infants.
- In 2013, preterm birth and related complications accounted for 44.2% of infant deaths to non-Hispanic black women and 40.7% of infant deaths to Puerto Rican women compared to 31.5% of non-Hispanic white women (see Figure 2). However, for American Indian/Alaskan Native infants, higher rates of infant mortality occur are largely due to higher rates of sudden infant death syndrome (SIDS).⁵
- Infant mortality rates are substantially higher for infants born preterm and low birthweight. In 2013, the overall US infant mortality rate was 6.0 infant deaths per 1000 live births. The rate for black women (11.1 per 1000) was 2.2 times greater than that for white women (5.2 per 1000). The infant mortality rate among American Indian/Alaskan Native women (7.6 per 1000) was also much higher than infant mortality rates for white women.⁵
- Infant mortality rates have declined since their peak in 1960. However, racial gaps in infant mortality between births to black women compared to white women widened from 1960 to 2011.⁶

Figure 2: Total and Preterm-related Infant Mortality by Mother's Race/Ethnicity, United States, 2013.⁵



The March of Dimes supports a broad range of investments in research, programs and policies that aim to reduce disparities in birth outcomes and ensure that all pregnancies and infants are healthy.

For more information about health disparities or the March of Dimes programs that seek to reduce them, please contact Nicole Garro, Director of Public Policy Research, at (202) 659-1800 or ngarro@marchofdimes.org.

References

- ¹Martin JA et al. Births: Final Data for 2015, *National Vital Statistics Reports*, 66(1); Hyattsville, MD: National Center for Health Statistics, 2017.
- ²Lu MC, Halfon N. Racial and Ethnic Disparities in Birth Outcomes: A Life Course Perspective. *Maternal and Child Health Journal*; 7(1):13-30, 2003.
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- ⁶Willis E et al. Conquering Racial Disparities in Perinatal Outcomes. *Clin Perinatol*;41:847-875, 2014.