This month’s issue on infant mortality is a continua-
tion of the month’s series started last year focusing on health disparities in the Pit-
burgh region. The series is a partnership among the New Pittsburgh Courier, Commu-
nity Partners, and core ser-
vice of the University of Pitt-
burgh’s Clinical and Language
Behavioral and community
health sciences at Pitt, sat-
down with Esther L. Bush,
-president and CEO of the Urban League,
to talk about this month’s topic.

Esther Bush

What do you think of her
work suggesting that vita-
m D may be contributing to the disparities in infant mortality we see in Pittsburgh?

EB: Well, I do know that it’s cold and grey here
in the winter months and that we don’t see the sun much
for a considerable amount of time. I think about the po-
tential connection between vitamin D deficiency and poor pregnancy outcomes.

JGB: I absolutely agree...we can do it.

EB: I think progress can occur through creative, collaborative approaches. I was re-
cently encouraged to read about the Inter-
vention Care (ICC) project, involving the Allegheny County Health Department Child Death (Rose) Team and P Vulcan Family Health Centers.

JGB: It’s not clear what fac-
ors can influence and affect pregnancy health. Re-
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tested in understanding how communities and fami-
lies can create a context that in-
fluences pregnancy and in-
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The Allegheny County infant mortality rates for African Americans are considerably higher than both the state’s (14.4 deaths per 1,000 births) and national rates (11.6 deaths per 1,000 births). Disparities are also seen between African Americans and Whites on low birth weight (415.8 versus 311.1 pounds) and preterm birth (10.6 versus 9.1). Disparities in infant mortality are not only observed in Allegheny County, but are seen in many other industrialized countries (CDC, 2013). Infant mortality rates vary by the race of the mother. Sadly, the racial disparities seen in infant mortality rates between African Americans and Whites in Allegheny County are striking (Figure 1). In Allegheny County in 2009, there were 16 deaths per 1,000 live births among African Americans, while the rate among Whites was 5.6 per 1,000 live births. The Allegheny County numbers for African Americans are considerably higher than both the state’s (14.4 deaths per 1,000 births) and national rates (11.6 deaths per 1,000 births). Disparities in infant mortality (birth before 27 weeks of pregnancy) are two of the major predictors of infant mortality.

The racial disparities in in-
fant mortality rates are puzz-
zling. It’s not clear what fac-
ors contribute to the differ-
ences. For example, take the complex problem of preterm birth. Differences in maternal characteristics such as socioeconomic sta-
tus, prenatal care, infection and nutrition, are known to contribute to disparities in preterm birth. But, in the U.S., African American women with advanced schooling are more likely to have an infant die in the first year than are White women who did not finish high school. The reasons for this disparity are not clear. Could other factors like neighbor-
hood environment) be con-
tributing to the differences? Research is now focusing on the role of stress as one key contributing factor. The Community Child Health Network (CCHN) is a local, community-funded re-
source to help understand how communities and fami-
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Reducing risk factors to improve pregnancy outcomes

LISA BODNAR, PhD, MPH, RD

The doulas and mothers talked about a wide range of neighborhood-related issues that they felt were important for pregnancy and birth. These included good, affordable housing; jobs; grocery stores; parks and access to high-quality health care services. The group felt the most important issue was services related to health.

The group also talked about the relationships between April 17-23, 2013

How does where you live affect your health, pregnancy and birth?

How does where you live affect your health? Neighborhood environments are important for understanding racial health disparities, especially during pregnancy and birth. Neighborhood environments differ for race and ethnicity in the U.S. For example, harmful air toxins and lead-based paint are more likely to be located in communities of color. Qualities that promote health, like grocery stores and parks, are more likely to be located in White communities. This difference is due to zoning policies and business practices. But many studies do not ask community members how they think their neighborhood influences their health.

In Pennsylvania, the rates of infant mortality (defined as a baby’s death during the first year of life) in Allegheny County are far worse than in other counties in Pennsylvania, let alone in other parts of the country. Recent studies have shown the importance of neighborhood environments for understanding racial health disparities, especially during pregnancy and birth. Neighborhood influences their health. Studies don’t ask community members how they think their neighborhoods influence their health.

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If a woman gets prenatal care, she is getting routine medical contact. She may be more likely at that point to make lifestyle changes because it's not just for her health—it's also for her baby's health. We could help women gain the appropriate amount of weight, it might reduce some of that disparity in infant mortality.

Starting a pregnancy at too high or too low a BMI is unhealthy. Gaining too little or too much weight is also unhealthy. The reason we're trying to target weight gain in pregnancy is that once we see women who are pregnant, it's too late to change their pregnancy weight. The only thing we can help with at that point is their weight gain during pregnancy. Scientists agree that a woman's BMI is more important that how much weight she gains in pregnancy. We should be doing more to promote weight loss in women before pregnancy, but that's proved to be a difficult task. Fifty percent of pregnancies are unplanned, so women usually aren't thinking about their weight with regard to getting pregnant.

We're looking at how weight gain may explain infant mortality disparities. Among obese, overweight, normal weight or underweight women, is weight gain adding to infant mortality?

In all body-mass index (BMI) groups, it looks as if Black women on average gain less weight than White women. Gaining less weight than is recommended is associated with babies being born too early or too small.

LISA BODNAR, PH.D., MPH, RD
Dr. Lisa Bodnar, Ph.D., M.P.H., R.D., is an assistant professor in the University of Pittsburgh School of Public Health's Department of Epidemiology. She is a Pittsburgh School of Public Health’s Public Health Dean’s Achievement Award, given by the National Pittsburgh School of Public Health’s Department of Epidemiology.

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Inter-Conception Care Project develops strategies for improving birth outcomes

Birth outcomes depend on a healthy lifestyle before and during pregnancy. By the time a woman knows she is pregnant and goes to her doctor for prenatal care, it may be too late to make changes that increase the likelihood that the birth will result in a healthy baby. For this reason, the Allegheny County Health Department Ctrds Death Review Team and UPMC McKeesport, Shadyside and St. Margaret Family Health Centers from the northeastern United States to develop strategies for improving birth outcomes. Their newest strategy is the Inter-Conception Care (ICC) project.

The inter-conception period refers to the time between pregnancies—after the birth of one child and before the birth of another child. During this time, new mothers are busy. They may feel they don’t have time to get regular check-ups. This means that new mothers may not be getting the health care they need.

Although new mothers may not seek health care for themselves, they do take their babies to the doctor for regular check-ups. The ICC project uses the baby’s check-up to make sure that both the mother and baby are healthy. Doctors involved in the ICC project take time at the baby’s check-up to screen mothers for specific health risks. These risks include smoking, depression, birth spacing, taking a daily multivitamin that contains folic acid and practicing safe-baby sleep habits.

These five health risks were included in the ICC project because research shows that these risks can negatively affect families and future pregnancies. By identifying and addressing these risks, doctors hope to improve family health and reduce prematurity and low birth weight in future pregnancies. Also, doctors can assess mothers for these health risks quickly—the screening usually takes less than two minutes.

As mothers return to their children’s doctor, the doctors re-screen the mothers for these health risks. This happens each time a mother takes her child to check-ups, from the time the child is born until the child is 2 years old. This check-up allows doctors to monitor a mother’s health risks and get her the care she needs to lead a healthy life.

The ICC project began in 2012. As of December 2012, the three health centers were collecting data on almost 130 mothers. Throughout the next several years, UPMC Family Health Centers and their partners will collect and analyze data about the project. The findings will help determine how well the ICC project identifies and addresses these health risks in mothers. The health centers plan to use this information to refine and improve the project over time.

The goal of UPMC Family Health Centers and their partners, including the Allegheny County Health Department, is to develop a tried model of maternal care that can be used in other primary care clinics. For more information about the ICC project in Pittsburgh, please contact the project principal investigator, Lisa Schlar, MD, UPMC Shadyside Family Health Center, at schlarl@upmc.edu or 412-623-2287.
OPINION

By LZ Granderson

A10
by LZ Granderson

the day we all were warned that it would be. Since then “ism” was on the tip of every American’s tongue.

But then again, is our paranoia that irrational if some-...