

Racial disparity persists in infant deaths

Rebecca Lutz, Special to the Democrat 11:41 a.m. EDT April 4, 2016



(Photo: Joe Rondone/Democrat)

Starting in 2008, local experts started calling more attention to persistent racial disparities in Leon County's infant mortality rate.

Now, eight years later, the effort continues, but the sobering fact remains that black babies are more likely to die before their first birthday than white babies.

A number of issues are involved in the disparity including mothers without access to primary care or mental health services, breastfeeding support and safe sleep for infants.

While the problem persists, many in the community are working toward solutions. Examples include the Fetal and Infant Mortality Review Project, the Breastfeeding Policy Group, the Maternal Mental Health Community Advisory Board and Tallahassee Memorial HealthCare's effort to earn Baby-Friendly accreditation for offering a high level of care for breastfeeding.

In 2014, the most recent year for which data are available, 22 babies in Leon County died before age 1, a rate of 7 deaths per 1,000 live births, according to the Florida Department of Health. Of those, 15 babies were black and five were white. In Florida, 1,327 babies died, a rate of 6 per 1,000 births. Of those, 538 were black and 688 were white.

"Our community has made significant progress at identifying causes of infant and fetal deaths, gaps in services and community needs," said Kristy Goldwire, executive director of the Capital Area Healthy Start Coalition. "... What is lacking in our approach is consistency of effort in funding and public awareness from all involved parties and culturally relevant approaches to sharing and educating communities."

Preparing for pregnancy

The best time to prepare for a healthy baby is before conception, but many mothers lack access to primary care and enter pregnancy with preexisting conditions. Diabetes, hypertension, obesity, mental health disorders and poor dental health can contribute to pre-term labor and other complications.

The Capital Area Healthy Start Coalition heads the Fetal and Infant Mortality Review Project, which annually examines about 30 infant and fetal deaths in Jefferson, Leon, Madison, Taylor, and Wakulla counties to identify risk factors and to propose solutions.

Of the deaths reviewed from 2014, a majority of mothers had untreated preexisting conditions.

"We see women initiate prenatal care every day with pre-existing conditions, sometimes those they don't find out about until we discover them during their routine OB care," said Dr. Tanya Evers, an OBGYN and faculty member of the TMH Family Medicine Residency Program.

About half of all pregnancies are unplanned.

"With preconception counseling women can plan for a future pregnancy," Evers said. "This may include something simple like completing a needed vaccination series or more challenging and time consuming goals such as making a habit out of healthier lifestyle choices such as cessation of tobacco or drug use, establishing an exercise routine, or getting chronic conditions such as hypertension and diabetes under control with medicines that can also be used during their future pregnancy."

Pregnant women with income less than or equal to 185 percent of the federal poverty level qualify for Family-Related Medicaid that covers prenatal care, but many lose health coverage six to eight weeks after their babies are born, Goldwire said. Income guidelines are more stringent for women who are not pregnant.

"There's an access to primary care services gap," Goldwire said. "We're seeing significant issues with diabetes, hypertension, and a need for ongoing health care."



Capitol Area Healthy Start Executive Director Kristy Goldwire (Photo: Joe Rondone/Democrat)

Healthy Start has a proposal out for funding to increase preconception health education and help moms navigate the health-care system to obtain primary care.

“It’s informing the community of the importance of having a medical home and helping them obtain a medical home through private insurance or Medicaid and helping them navigate the system,” Goldwire said.

Screening for depression

Statistics vary, but depression among mothers is prevalent with as many as one in 10 experiencing symptoms, according to the Centers for Disease Control.

Depression during pregnancy can contribute to less use of prenatal care, poor nutrition, pre-term labor and low birth weight. Postpartum depression can contribute to lower rates of breastfeeding, difficulty responding to baby’s cues and difficulty forming attachments with baby.

There is less stigma associated with depression surrounding motherhood, due in part to celebrities and others talking publicly about the issue. Still, the majority of mothers with depression do not get help, says Heather Flynn, associate professor and vice chair for research at Florida State University College of Medicine, Department of Behavioral Sciences and Social Medicine.

Accessing treatment can be difficult for mothers without childcare. In addition, mothers experiencing depression often face feelings of guilt and worthlessness.

“One of the therapies is helping women understand that this big huge change in your life is both a major challenge and a major opportunity,” Flynn said. “Those do exist together. It’s also import to understand that depression is a medical illness and your brain and body are not functioning normally. One can’t reason oneself out of depression and say, ‘I should be happy. I just had a baby.’”

Doctors don’t always screen for depression using appropriate tools, which is the first step toward treatment, Flynn said.

“Even if screening is conducted, there is a big gap between detecting somebody who is at risk and getting them into treatment,” she said.

The Maternal Mental Health Community Advisory Board formed two years ago with the mission of improving treatment. The board includes FSU, human service agencies, mental health care providers, obstetricians and gynecologists and local hospitals.

The board identified several needs starting with doctors who weren’t always sure where to refer mothers for treatment.

“This need for information on where to refer people was really strong so we compiled a referral list for Leon and Gadsden counties to look for providers who have an interest in or expertise in women’s mental health,” Flynn said. “You can search by your insurance or topic area, and this is something the OB clinics in town now are using for referral.”

The list is available at www.med.fsu.edu/mentalhealth (<http://www.med.fsu.edu/mentalhealth>).

In partnership with the National Alliance on Mental Illness Tallahassee, the board also created a chapter of Postpartum Support International. There are now three coordinators who take calls from women and provide support, encouragement and referrals.

Finally, the board is increasing dialogue among mental health care providers and creating opportunities for training.

"We are seeing more attention and awareness, and we're receiving more invitations to get involved with screening and education, so we are seeing an impact, but it's never as fast as I would like," Flynn says. "We could really use some more psychiatrists in town who specialize in this."

Promoting safe sleep

Safe sleep also remains a concern. Of the 30 infant deaths reviewed from 2014, four were sleep related.

The topic of safe sleep is controversial with passionate advocates on all sides. While guidelines from the American Academy of Pediatrics and other health organizations state that all infants should be placed on their backs in their own space, such as a crib or bassinet, many parents bed share with their infants.

Confusing terminology such as "co-sleeping" and "bed sharing" contributes to the issue, Goldwire said.

The AAP recommends co-sleeping as defined by having baby in the same room with parents but in a separate space such as a bassinet, Pack 'n Play or crib. Other recommendations include placing baby on his back, a firm mattress covered by a fitted sheet and no pillows, blankets, or crib bumpers.

About 3,500 infants in the United States die annually from sudden unexpected infant death, according to the CDC. Most deaths are reported as one of three types: Sudden Infant Death Syndrome (SIDS), an unknown cause, or accidental suffocation and strangulation.

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Tom Taylor of the Florida Conflict Resolution Consortium (at podium) asks to see a show of hands for those affected by infant mortality or who know people who have been during the Leon County Year of the Healthy Infant Workshop, Saturday, March 15, 2008, at Tallahassee Memorial Hospital in Tallahassee, Fla. (Photo: ROB DAVIS/For the Democrat)

The exact cause of death often can't be explained, but many deaths occur while the infant is sleeping in an unsafe environment. Research continues to increase understanding of the causes of SUID, including connections to infants' developing nervous system.

Overall SUID deaths have declined since the beginning of the national Back to Sleep campaign in 1994. While the overall SUID rate has decreased, rates for black infants between 2010 and 2013 were more than twice those of white infants.

Rates of accidental suffocation and strangulation in bed remained unchanged until the late 1990s. Rates began to increase in 1998, reaching their highest at 21.4 deaths per 100,000 live births in 2014.

“There are so many different items in the (adult) bed, including the parents, that are considered dangerous, and that’s difficult for parents to hear,” Goldwire said.

Mental health support

Tallahassee Postpartum Support International provides encouragement, information and referrals to mothers experiencing depression or anxiety. For help, contact one of the coordinators below:

Amy Kimmel – 850-491-5807 amy@inbloombirth.us (<mailto:amy@inbloombirth.us>)

Susan Liipfert Shelton – 850-583-6814 susanlshelton@gmail.com (<mailto:susanlshelton@gmail.com>)

Catherine Munroe - lmunroeiii@comcast.net (<mailto:lmunroeiii@comcast.net>)

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