

Using Partnerships and Evidence-based Practices to Eliminate Disparities in Birth Outcomes

WPHA Annual Meeting
July 8, 2009

An Overview of Disparities in Birth Outcomes in Wisconsin

Murray L. Katcher, MD, PhD
Chief Medical Officer, Community Health Promotion
and State Maternal and Child Health Medical Director

The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born.

UNICEF. Child poverty in perspective: An overview of child well-being in rich countries. *Innocenti Report Card 7*, 2007, UNICEF Innocenti Research Centre, Florence.

In an Average Week in Wisconsin:

- **1,399** babies are born
- **155** babies are born preterm
African American rate **1.7 times** the White rate
- **98** babies are born low birthweight
African American rate **2.2 times** the White rate
- **9** babies die before reaching their first birthday
African American rate **2.9 times** the White rate

2007 Data, WISH

Infant Mortality Rates, by country, 2007

Rank	Country	IMR	Rank	Country	IMR
1	Singapore	2.30	50	Macedonia	9.53
2	Sweden	2.76	51	Bosnia/Herzegovina	9.58
3	Japan	2.80	52	Montenegro	10.61
4	Hong Kong	2.94	53	Russia	11.06
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9	Norway	3.64	58	Mauritius	12.93
10	Malta	3.82	59	Brunei	13.12
26	New Zealand	5.06	60	Barbados	13.20
27	Canada	5.13	61	Catar	13.30
28	Ireland	5.22	62	United Arab Emirates	13.52
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29	Greece	5.34	64	Panama	14.19
30	Taiwan	5.54	65	Botswana	14.30
31	Italy	5.72		Wisconsin Black	15.60
32	Cuba	6.04	66	Jamaica	15.86
33	United States	6.42	67	Jordan	16.16
34	Croatia	6.60	68	Bahrain	16.18
35	Belarus	6.63	69	Malaysia	16.92
			70	West Bank	17.10

U.S. Census International Database, countries with population greater than 250,000. 02/11/09. <http://www.census.gov/ipeds/www/ibd/>
Wisconsin data, WISH, 2005-2007.

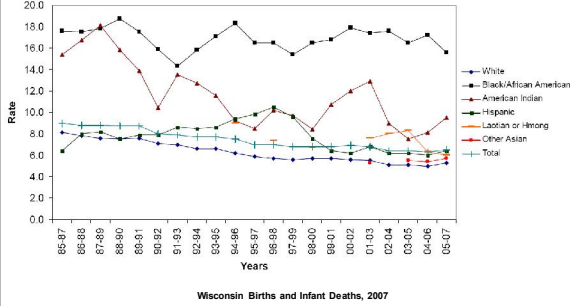
African American Infant Mortality Rates, reporting states and DC, 2003-2005

U.S. African American* IMR: 13.61 per 1,000 live births
U.S. White IMR: 5.71 per 1,000 live births

Rank	State	AA IMR	Rank	State	AA IMR	Rank	State	AA IMR
1	Oregon	8.58	16	Florida	12.92	31	Hawaii	15.48
2	Minnesota	8.86	17	Oklahoma	12.96	32	Mississippi	15.56
3	Washington	8.96	18	Georgia	13.27	32	Ohio	15.56
4	Massachusetts	10.02	19	Pennsylvania	13.55	34	North Carolina	15.77
5	Rhode Island	10.80	20	Arkansas	13.58	35	Colorado	16.26
6	Kentucky	10.92	21	Alabama	13.65	36	Tennessee	16.29
7	Iowa	10.97	22	Maryland	13.66	37	Michigan	16.38
8	Arizona	11.22	23	Virginia	13.72	38	Wisconsin	16.42
9	California	11.40	24	Missouri	13.85	39	Delaware	16.80
10	New York	11.77	25	Louisiana	13.94	40	District of Columbia	17.20
11	New Jersey	11.88	26	Nebraska	14.01			
12	West Virginia	12.03	27	South Carolina	14.22			
13	Nevada	12.23	28	Kansas	14.33			
14	Texas	12.41	29	Indiana	15.11			
15	Connecticut	12.68	30	Illinois	15.27			

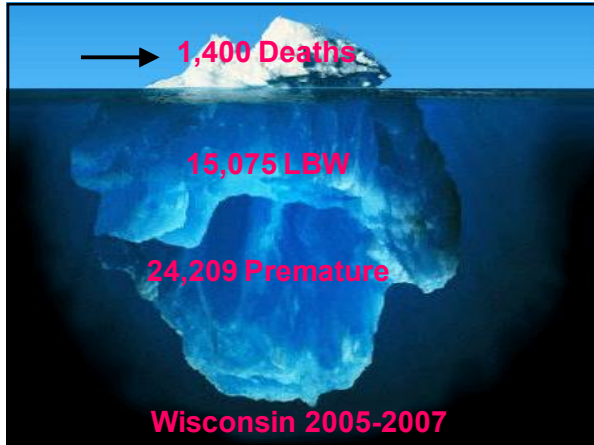
Mathews T.J, MacDorman MF. Infant mortality statistics from the 2005 period linked birth/infant death data set. National vital statistics reports; vol 57 no 2. Hyattsville, MD: National Center for Health Statistics, 2008.

Wisconsin Infant Mortality Rates by Race/Ethnicity, 1985-2007 (3-Year Rolling Averages)



3-Year Infant Mortality Rates 1985-2007, Wisconsin (number of infant deaths per 1000 live births)

Infant Mortality	1985-87	2005-07
African American	17.6	15.6
American Indian	15.4	9.5
Hispanic	6.4	6.4
White	8.1	5.3
TOTAL	9.0	6.5



Wisconsin's Leading Causes of Infant Mortality, 2005-2007

Cause of Death	All race/ethnicity	African American	White
Congenital Malformations/ Birth Defects	21.0%	8.6%	23.3%
Perinatal: Disorders related to Preterm Birth and LBW	19.6%	27.2%	17.9%
SIDS (Sudden Infant Death Syndrome)	8.4%	13.1%	7.4%
Accidents (Unintentional injuries)	6.4%	5.2%	6.3%
Perinatal: Maternal Complications of Pregnancy	5.4%	8.6%	4.7%
Perinatal: Newborn Complications of Placenta/Cord/Membranes	4.2%	3.7%	4.0%

WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 02/13/09. Excludes "other" cause categories.

Disparities in Infant Mortality Rate by Maternal Age, Wisconsin, 2005-2007

Age (years)	All race/ethnicity	African American	White	B/W Disparity
Less than 20	10.6	14.2	9.5	1.5
20-29	6.6	15.1	5.5	2.7
30-39	5.4	18.3	4.5	4.1
40+	5.2	*	3.3	*

* Indicates small numbers
WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 02/13/09.

Disparities in Infant Mortality Rate by Maternal Education, WI, 2005-2007

Education	Total	African American	White	B/W disparity
Less than High School	9.3	15.2	9.0	1.7
High School Graduate	7.5	14.0	6.4	2.2
More than High School	4.6	12.9	4.1	3.1

WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 02/13/09.

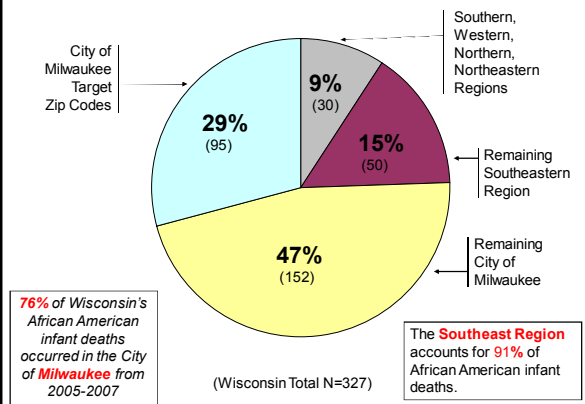
Infant Mortality Rates, 2003-2007

State/Country City	White	Black	Hispanic	B/W Ratio
Dane	3.6	5.3	5.5	1.5
Madison	3.1	6.4	5.6	2.1
Kenosha	3.8	16.8	3.7	4.4
Kenosha City	3.5	16.4	4.0	4.7
Milwaukee	5.8	16.5	6.6	2.8
Milwaukee City	6.6	16.4	6.5	2.5
Racine	6.6	23.4	10.7	3.5
Racine City	6.2	22.5	9.9	3.6
Rock	5.0	19.5	X	3.9
Beloit	6.9	18.7	X	2.7
Wisconsin	5.1	16.2	6.3	3.2

Note: 'X' denotes less than 5 events and is not reported.

WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 10/8/07.

Geographical Contribution of African American Infant Deaths, 2005-2007



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10	Malta	3.82	59	Brunei	13.12
11	Barbados	13.20	60	Barbados	13.20
12	Qatar	13.30	61	Qatar	13.30
13	United Arab Emirates	13.52	62	United Arab Emirates	13.52
14	Moldova	13.88	63	Moldova	13.88
15	Panama	14.19	64	Panama	14.19
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Kenosha White 3.5

Kenosha Black 16.4

Wisconsin White 5.27

Wisconsin Black 15.60

United States 6.42

U.S. Census International Database, countries with population greater than 250,000. 02/11/09. <http://www.census.gov/ipc/www/idb/>
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Beloit White 6.9

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Milwaukee White 6.6

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Racine White 6.2

Racine Black 22.5

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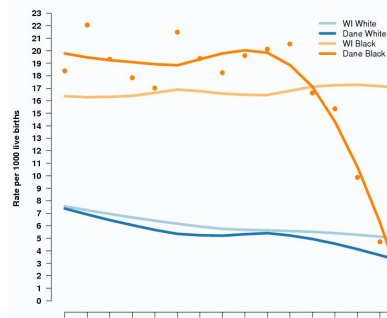
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11	Denmark	3.82	60	Barbados	13.20
12	Switzerland	3.82	61	Maldives	13.30
13	Germany	3.82	62	North Macedonia	13.32
14	Spain	3.82	63	Moldova	13.88
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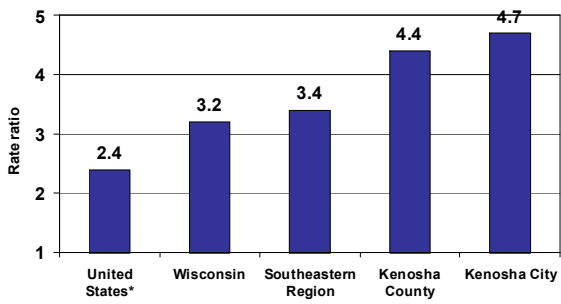
Black and White Infant Mortality, Dane County & WI, 1989-2006

Infant Mortality for Dane County and Wisconsin, 1989 To 2006



Public Health
Wisconsin's Health Department

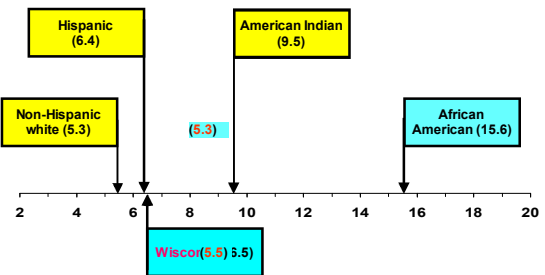
IMR disparities between African Americans and Whites, 2003-2007



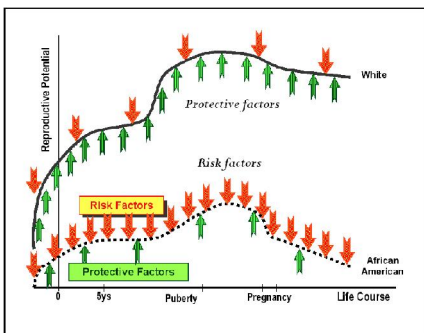
* 2003-2005

Wisconsin Infant Mortality Rates

(Per 1,000 live births, 2005-2007)



The Life-course Model



Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. *Matern Child Health J* 2003;7:13-30.

Examples of risk and protective factors

- Socioeconomic status
- Behaviors
- Prenatal care
- Stress
- Infection
- Racism

Life Factors that Affect Infant Mortality POVERTY

Percent of WI children in poverty:

–White	9%
–Black	46%
–American Indian	43%
–Hispanic	22%
–Asian	19%

KIDS COUNT Data Center 2007. <http://www.kidscount.org/datacenter/>

Life Factors that Affect Infant Mortality PRENATAL CARE

Low Birth Weight (%), Wisconsin, 2005-2007

Prenatal care began	All race/ethnicity	African American	White	B/W Disparity
No prenatal care	21.9	30.5	18.9	1.6
2 nd /3 rd trimester	7.2	11.7	6.6	1.8
1 st trimester	6.7	13.4	6.0	2.2
Total	7.0	13.6	6.2	2.2

WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 06/17/09.

Life Factors that Affect Infant Mortality SOCIAL SUPPORT

- The **support of family, friends, & community before, during, and after pregnancy** can be important to the health of both mom and baby
- **Group prenatal care**, such as *Centering Pregnancy*, is one model of care that aims to bring together a set of pregnant women to go through their prenatal care and pregnancies together
- **Birthing Projects** are designed to provide one-on-one support to women during their pregnancy

Life Factors that Affect Infant Mortality STRESS AND RACISM

- The **mental, emotional, and physical effects** of racism contribute to infant deaths.
- More than 25% of African Americans in WI report feeling **emotionally upset** in the past month due to treatment because of their race*
- **White applicants with a felony record** were more likely to receive a job callback than **African American applicants without any criminal record** who applied for the same positions in metro Milwaukee**

*WI Behavioral Risk Factor Surveillance System. **Pager, 2003.

Using Partnerships and Evidence-based Practices...

- Prenatal care
 - **Evidence-based Practices Workgroup** of the Statewide Advisory Committee for Eliminating Disparities in Birth Outcomes
- Health behaviors and social support
 - **ABCs for Healthy Babies**
 - **ABCs for Healthy Families**
- Racism and fatherhood
 - **Partnership to Eliminate Disparities in Infant Mortality Action Learning Collaborative**

Evidence-Based, Best, and Promising Practices for Improving Birth Outcomes in Wisconsin

Murray L. Katcher, MD, PhD
Chief Medical Officer, Community Health Promotion
and State Maternal and Child Health Medical Director

The Problem

Wisconsin's African American infant mortality rate has been among the best in the US...

now it is among the worst

Why?

(and what can we do to reduce the disparities?)

The Solution

- ❖ "A Framework for Action to Eliminate Racial and Ethnic Disparities in Birth Outcomes"
- ❖ Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes
 - ❖ Communication and Outreach
 - ❖ Data
 - ❖ Policy and Funding
 - ❖ Evidence-Based Practices (EBPW)

Evidence-Based Practice Workgroup

- ❖ Explore both medical and non-medical interventions with the potential to reduce disparities in birth outcomes
- ❖ Examine the evidence, best-practices, or accepted guidelines behind these interventions
- ❖ Make recommendations for appropriate audiences regarding each intervention

Evidence-Based Practice Workgroup Members

Murray L. Katcher, MD, PhD (Chief Medical Officer, Community Health Promotion, State Maternal and Child Health Medical Director, Wisconsin Division of Public Health, Madison)
Tina Mason, MD, MPH (Program Director for Obstetrics/Gynecology Residency, Aurora/Sinai Medical Center, Milwaukee)
Georgia Cameron (Deputy Regional Director, Wisconsin Division of Public Health, Southeast Region, Milwaukee)
Jill Denson, MSW, APSW (Human Services Manager, Milwaukee Health Services, Inc., Milwaukee)
Kate Gillespie, RN, BSN (Maternal/Perinatal Nurse Consultant, Wisconsin Division of Public Health, Madison)
Teresa S. Johnson, PhD, RN (Associate Professor, University of Wisconsin-Milwaukee College of Nursing, Milwaukee)
Jodi Klement, RD, CD, CLE (Milwaukee County WIC Nutrition & Breastfeeding Coordinator, Wisconsin Division of Public Health, Milwaukee)
Alice Kramer, RN, MS-CNS (Abuse Response Services, Aurora/Sinai Medical Center, Milwaukee)
Terry Kruse (Maternal and Child Health Unit Supervisor, Wisconsin Division of Public Health, Madison)
Kristin Lyerty, MD, MPH (Master of Public Health Student, University of Wisconsin School of Medicine and Public Health (UW-SMPH), Madison)
Jill Paradowski, RN, MSN (City of Milwaukee Health Department, Healthcare Outreach Coordinator, Milwaukee)
Samantha Perry, MPH, CHES (Population Health Fellow, City of Milwaukee Health Department, Milwaukee)
Angela M. Rohan, PhD (CDC/CSTE Applied Epidemiology Fellow, Wisconsin Division of Public Health, Madison)
Jennifer Runquist, PhD, RN (Assistant Professor, University of Wisconsin-Milwaukee, College of Nursing, Milwaukee)
Dawn Shelton-Williams, MSW, LCSW (Aurora Family Service, Manager of Community Based Services, Milwaukee)
Jennifer Stenger, RN (Public Health Nurse, Rock County Health Department, Beloit)
Chris Van Mullen, RN (Aurora Sinai/Samaritan Hospital, Milwaukee)
Tina Watts, RN (Nurse Case Manager, Safe Mom Safe Baby Project, Milwaukee)
Janelle Wells, MD, MPH (Master of Public Health Student, UWSMPH, Madison)
And more...

Methods

- ❖ Leading causes of infant mortality differ between Black and White women
- ❖ Our efforts would focus on:
 - ❖ Prevention of preterm birth and low birthweight babies (30.0%)
 - ❖ SIDS (12.1%)
 - ❖ Maternal complications of pregnancy (8.4%)
- ❖ List of potentially fruitful interventions was created
- ❖ Systematic method for evidence gathering
- ❖ Reports reviewed and approved by EBPW

Evidence-Based Practice Workgroup Topics

Medical:

- ❖ Anemia
- ❖ Bacterial Vaginosis
- ❖ Chronic Diseases
- ❖ Group B Beta Strep
- ❖ Gestational Diabetes
- ❖ HIV
- ❖ Hypertensive Disorders of Pregnancy
- ❖ Immunizations
- ❖ Mental Health/Depression
- ❖ Oral Health
- ❖ Progesterone
- ❖ Sexually Transmitted Infections
- ❖ Urinary Tract Infections

Non-medical:

- ❖ Alcohol and other drug use
- ❖ Breastfeeding
- ❖ Community Health Worker/Doula/Home Visiting
- ❖ Domestic Violence
- ❖ Fatherhood
- ❖ Malnutrition/Underweight
- ❖ Patient Education/Health Literacy
- ❖ Preconception/Interconception Care
- ❖ Preterm Labor Recognition
- ❖ Racism
- ❖ SIDS
- ❖ Tobacco

Example: Progesterone

- ❖ Progesterone is a hormone that functions to maintain pregnancy
- ❖ As the end of pregnancy nears, progesterone levels decrease, contributing to the onset of labor

Does supplemental progesterone reduce the incidence of PTB in at-risk women?

Evidence: Progesterone

The bulk of individual studies, systematic reviews, and meta-analyses support the effectiveness of progesterone in preventing preterm labor in high risk moms

1. Would this impact upon the disparity?
2. Who would receive this intervention?

Recommendation: Progesterone

All women with a history of pre-term birth should be offered weekly progesterone injections. The same should be considered for women with a short cervical length.

- ❖ Potential to reduce disparity
- ❖ Benefits appear to outweigh risks
- ❖ Cost-effectiveness data difficult to determine
 - ❖ Gestiva awaiting FDA approval

Example: Urinary Tract Infections

- ❖ Asymptomatic bacteriuria is found in 2-10% of pregnancies
- ❖ Non-Hispanic Black women are at a higher risk than the general population
- ❖ Sequelae range from persistent maternal infection to acute pyelonephritis

Does routine screening for asymptomatic bacteriuria reduce the incidence of PTB and LBW in non-Hispanic Black women?

Evidence: Urinary Tract Infections

- ❖ Cochrane: Screening and treatment of AB reduced the incidence of LBW by 33%, but did not impact PTB
- ❖ Romero et al (meta-analysis): Untreated AB doubled the risk for PTB; increased the risk for LBW by 33%
- ❖ Fiscella: approximately 5% of the racial gap in PTB can be explained by prevalence differences of AB

Recommendation: Urinary Tract Infections

Obtain urine culture at first prenatal visit or between 12-16 weeks of gestation for all women to ensure optimal screening for urinary tract infections in pregnancy

- ❖ Preferentially benefits our population of concern
- ❖ Benefits outweigh risks
- ❖ Urine culture is cost-effective in populations with an AB prevalence > 5%

Strengths / Limitations

- ❖ Limitations:
 - ❖ Findings are only as good as the evidence
 - ❖ PTB/LBW is a multifactorial problem, needs complex solutions
- ❖ Strengths:
 - ❖ Evidence focuses on our population of interest
 - ❖ SAC comprised of local experts from varied fields

Conclusions

- ❖ There are medical interventions that, if adopted as standards of care for high-risk populations, would likely result in fewer preterm and low birthweight babies
- ❖ Medical interventions alone will not eliminate the Black/White disparity in birth outcomes (10%)
- ❖ Collaborative efforts, utilizing local resources and experts, are critical in solving localized public health problems

Comments/Questions?