FRAMING THE ISSUE

Understanding the persistence of racial disparities in birth outcomes requires historical contextual framing and identification of the contemporary U.S. as an unequal society.
The Health of Women & Girls in Louisiana: Racial Disparities in Birth Outcomes

Framing the Issue

Louisiana ranks second highest among all U.S. states for rates of low birth weight (<2500g / 5.5lbs) and preterm birth (<37 weeks gestation), conditions that increase risk for neonatal morbidity and long-term deficits in growth and development. In Louisiana, Black women are at particularly high risk and experience disproportionately higher rates of these adverse birth outcomes relative to other women in the state (Figures 1a, 1b).

Compared to White women, Black women in Louisiana are up to three times more likely to have a low birth weight baby and almost twice as likely to give birth preterm and/or to experience the death of a child under 1 year of age. These racial disparities persist despite extensive advocacy and programming such as the 2010 Governor’s Commission on Perinatal Care and Infant Morality and a Birth Outcomes Initiative at the Louisiana Department of Health and Hospitals (DHH) currently the Louisiana Department of Health (LDH) and Maternal and Child Health (MCH) programs and policies. These initiatives identified the importance of prenatal care and increased adequate prenatal care coverage to over 80%. While this is an important step towards achieving equitable health for women and children in the state, significant racial disparities in adverse birth outcomes remain.

Understanding the persistence of racial inequities in birth outcomes requires historical contextual framing and the identification of the contemporary US as an unequal society. Beginning as far back as the 17th century, systemic oppression of people of color by White Americans — including genocide of indigenous people, centuries of slavery, legal segregation, and a discriminatory criminal justice system — established racial hierarchy. As the dominant group, Whites in the US have and continue to unfairly benefit from generations of socioeconomic advantage, and with it greater opportunities in education and employment, healthier neighborhood environments, higher quality health care and greater political power. The creation and perpetuation of this inequitable system of opportunity and privilege constitutes structural racism. While individual-level experiences of racism may involve interpersonal exchanges and intentionally or unintentionally-held racist beliefs, structural racism is “a feature of the social, economic, and political systems in which we all exist.” Evidence of structural racism is apparent in Louisiana, where the proportion of Whites with a college degree is nearly twice that of Blacks, median household income among White households is double that of Black households, and incarceration occurs at a rate nearly 5 times

Figure 1a. Percentage of low birth weight babies among Black women 2009-2011

Legend

% Low Birth Weight

- 0 - 5%
- 6 - 10%
- 11 - 15%
- 14 - 20%
- more than 20%

*Percent with number greater than 0 and less than 5 are not reported.
higher among Blacks compared to Whites. Systemic racism is often used synonymously with structural racism. For the purposes of this report, we use the term structural racism, which places more emphasis on the underlying historical, cultural, and social psychological aspects of our currently racially-stratified society.

A growing body of research is beginning to reveal how structural racism divides the health of the nation along racial lines. While race itself is a social construct with no biological basis, when considered within the context of a racially-stratified society it becomes a strong predictor of health and illness.

Structural racism restricts access by people of color to health-promoting factors known collectively as the Social Determinants of Health: the social, economic and environmental factors in which people are born, grow, live, work (i.e. wealth, income, safe housing, quality education and health care). The result is a health disadvantage among socially-marginalized groups who lack resources to prevent and treat disease. Essentially, social inequality becomes embodied and manifests physically in the form of poor or declining health. For pregnant women, the consequences of embodiment may be transgenerational as their experiences of stress and poor health can lead to alterations in her fetus’ gene expression, a process known as epigenetics. These changes in gene expression, not the genes themselves, can have important health implications for healthy functioning of their children later in life. For example, fetal undernourishment and other harmful social and physical environments in which women become pregnant and give birth can lead to changes in gene expression in the fetus and increase their own risk of later life hypertension, insulin resistance, stress hormone levels and stress reactivity.

The striking racial inequity in adverse birth outcomes in Louisiana and nationwide is evidence of the harmful effects of racism on population health. Stress arising from interpersonal experiences of racism can bear immediate and long-term physiologic effects on both the woman and her fetus, leading to intrauterine growth restriction and premature labor. Chronic stress or physiologic “wear and tear” arising from the contextual effects of structural racism may lead to earlier declines in health among Black women, who experience significantly larger and earlier age-related risk for adverse birth outcomes compared to Whites.

For Black women, the intersectionality of birth, their race, and gender-based disadvantaged status implies unique sources of discrimination and stress that may affect reproductive health in particular: power disadvantages in obstetric practices and abuses by the medical system; contradictory societal pressures exerted on Black women regarding whether and when they should have children; and historical and contemporary stereotypes related to sexuality and motherhood. The following section of this report describes the historical context of maternal and child health and racial inequality unique to Louisiana.
An abandoned incubator, where newborn babies would have slept, left in a Charity Hospital corridor in New Orleans, LA, post Hurricane Katrina.