



## Racial and Ethnic Disparities in Birth Outcomes

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

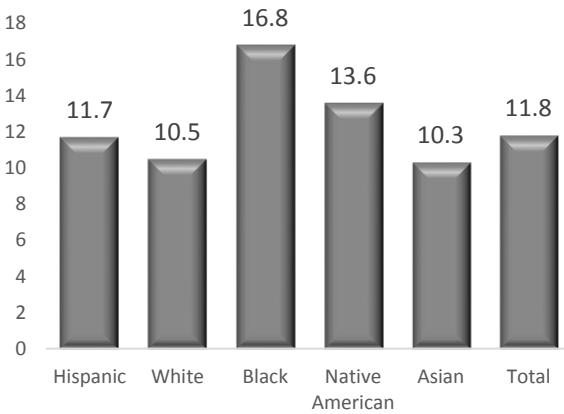
- In 2013, the overall preterm birth rate was 11.4%. However, 16.3% of non-Hispanic black infants were born preterm, compared to 10.2% of non-Hispanic white infants and 11.3% of Hispanic infants.<sup>1</sup> The 2013 preterm birth rate for black infants was 60% higher than the rate for non-Hispanic white infants and 44% 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.<sup>2</sup>
- Preterm births to Hispanic women account for nearly one out of every four (23.2%) preterm births in the US. Additionally, the preterm birth rate among Hispanics is declining at a slower pace from the peak year rate (declining 5.7% between peak year 2007 and 2012) compared to non-Hispanic white births (declined 12.0% between peak year 2006 and 2012) and non-Hispanic black women (declined 10.8% between peak year 2006 and 2012).<sup>3</sup>
- In 2013, the rate of low birthweight (less than 2500 grams/5 ½ pounds) for singleton births was 6.3%. The rate of low birthweight for overall births was 8.0%. However, the rate for black infants (13.1%) was nearly twice that of white infants (7.0%) and Hispanic infants (7.1%).<sup>1</sup>

### 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, 2010-2012 Average<sup>4</sup>**

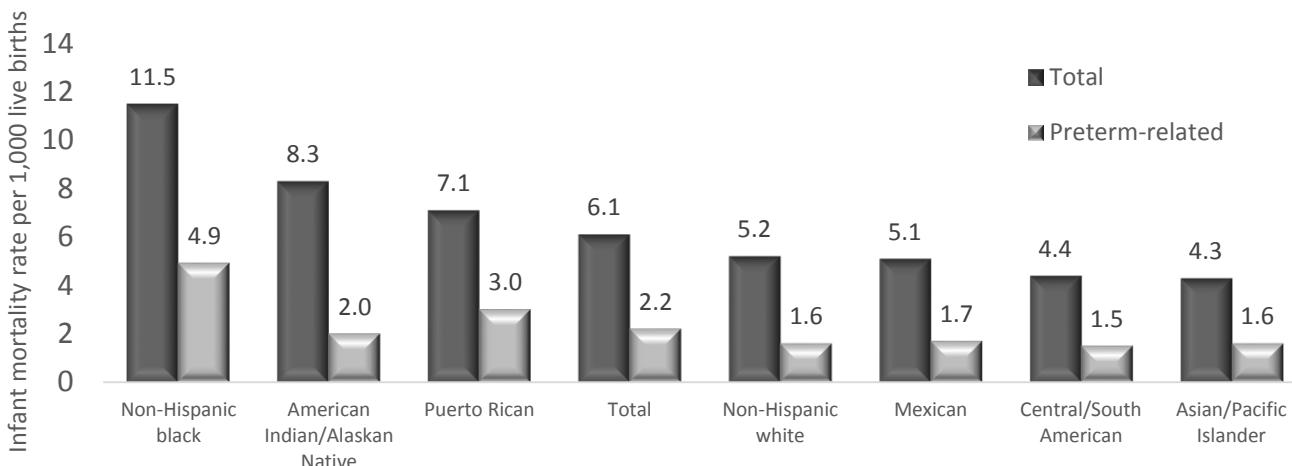
Percent of live births



## Infant Mortality

- Preterm birth (less than 37 weeks gestation) and low birthweight are the leading causes of infant mortality among black infants.
- In 2010, preterm birth and related complications accounted for 42.5% of infant deaths to non-Hispanic black women and 41.6% of infant deaths to Puerto Rican women compared to 30.8% 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).<sup>5</sup>
- Infant mortality rates are substantially higher for infants born preterm and low birthweight. In 2010, the overall US infant mortality rate was 6.1 infant deaths per 1000 live births. The rate for black women (11.5 per 1000) was 2.2 times greater than that for white women (5.2), this racial gap has widened as infant mortality rates have declined from 1960 to 2011. The infant mortality rates among American Indian/Alaskan Native women (8.3) and Puerto Rican women (7.1) were also much higher than infant mortality rates for white women.<sup>5</sup>
- Infant mortality rates have declined since their peak in 1960, however racial gaps between births to black women compared to white women widened from 1960 to 2011.<sup>6</sup>

**Figure 2: Total and Preterm-related Infant Mortality by Mother's Race/Ethnicity, United States, 2010.<sup>5</sup>**



The March of Dimes supports a broad range of investments in research, programs and policies which aim to reduce disparities in birth outcomes to 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, (202) 659-1800 or ngarro@marchofdimes.org.*

## References

- <sup>1</sup>Martin JA et al. Births: Final Data for 2013, *National Vital Statistics Reports*, 64(1); Hyattsville, MD: National Center for Health Statistics, 2015.
- <sup>2</sup>Lu MC, Halfon N. Racial and Ethnic Disparities in Birth Outcomes: A Life Course Perspective. *Maternal and Child Health Journal*; 7(1):13-30, 2003.
- <sup>3</sup>Maternal and Infant Health in US Hispanic Populations: Prematurity and Related Health Indicators, 2014. Retrieved January 20, 2015, from [www.marchofdimes.org/Peristats](http://www.marchofdimes.org/Peristats).
- <sup>4</sup>National Center for Health Statistics, Final Birth Data, 2012. Retrieved January 20, 2015, from [www.marchofdimes.org/Peristats](http://www.marchofdimes.org/Peristats).
- <sup>5</sup>Matthews TJ, MacDorman MF. Infant Mortality Statistics from the 2010 Period Linked Birth/Infant Death Data Set, *National Vital Statistics Reports* 62(8); Hyattsville, MD: National Center for Health Statistics, 2013.
- <sup>6</sup>Willis E et al. Conquering Racial Disparities in Perinatal Outcomes. *Clin Perinatol*;41:847-875, 2014.