Universal Home Visits: A Vital Step Towards Reducing Maternal and Infant Mortality Disparities

Alison Jacobson



Saving babies. Supporting families.

First Candle's efforts to support families during their most difficult times and provide new answers to help other families avoid the tragedy of the loss of their baby are without parallel.

"The data tell us that the U.S. continues to have higher rates of infant and maternal mortality than most of the developed world, and disconcertingly high racial disparities. The latest is a November report from the National Center for Health Statistics announcing that provisional infant mortality data reveal a 3% rise in infant mortality from 2021 - 2022."

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2002 to 2021.

And according to the CDC, while the overall rate of preterm birth in the U.S. declined slightly in 2022, to 10.4%, the rate of preterm birth among African-American women was 14.6%, making it about 50% higher than the rate for White (9.4%) or Hispanic women (10.1%). With regard to low birthweight, the rate in 2021 was 8.52% in 2021, or roughly one in 12. We know these are conditions that lead to higher risks for infant mortality.

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Among the populations with the highest infant mortality disparities compared to whites are Blacks. In 2021 the rate of Non-Hispanic Blacks was 10.6 deaths per 1,000 live births and for Non-Hispanic Whites, it was 4.4. This rate can be even higher in some states, especially in the southern region.

Racial disparities, especially between Blacks and other racial and ethnic groups, are persistent and alarming and, while some progress has been made in addressing this, much remains to be done. One approach with the potential to make a significant impact is Universal Home Visits (UHV). This could prove to be a crucial step towards leveling the playing field in maternal and infant health and ensuring better outcomes for Black mothers and their newborns.

Maternal and infant mortality disparities in the Black community have long been a cause for concern, reflecting deeply rooted systemic issues such as inadequate access to quality healthcare, racial bias, and socioeconomic challenges. In addition to infant health risk, studies show that Black women are more likely to experience pregnancy-related complications and are at a greater risk of dying during childbirth compared to their white counterparts.

UHV involves sending trained healthcare professionals, such as nurses or doulas, directly to the homes of pregnant individuals and new mothers and offer a range of benefits.



Did you know that premature and low birth weight babies have a 4x greater risk for SIDS?

At First Candle we're educating parents, grandparents and caregivers about safer sleep to make sure all babies reach their first birthday. Learn more at firstcandle.org

Personalized Care and Education: UHVs enable healthcare professionals to provide personalized care and education tailored to the specific needs of each individual. This addresses the unique challenges faced by Black mothers, including the effects of systemic racism and the stress it can induce, known contributors to maternal and infant health outcomes.

Timely Intervention: By identifying potential health risks or complications early on, healthcare professionals can provide timely interventions that can prevent or mitigate serious health issues. This proactive approach can significantly reduce the chances of adverse outcomes and improve overall health outcomes for both mothers and infants.

Culturally Competent Support: UHVs allow healthcare professionals to deliver care that is culturally competent and sensitive to the needs of the Black community. This fosters a sense of trust and rapport between healthcare providers and patients, which can lead to improved patient engagement and adherence to medical recommendations.

Addressing Social Determinants of Health: The home environment plays a significant role in health outcomes. UHVs provide an opportunity to assess living conditions, identify potential social determinants of health, and connect families with essential resources such as nutrition assistance, housing support, and mental health services.

Empowerment and Advocacy: Through regular home visits, healthcare professionals can empower mothers by equipping them with knowledge about their own health and the health of their infants. This empowerment can lead to informed decision-making and a greater ability to advocate for their own well-being within the healthcare system.

As we strive for equality and justice in all aspects of society, addressing the maternal and infant mortality disparities in the Black community must be a priority. UHVs offer a path forward that can chip away at the deeply ingrained health inequities. By providing tailored care, timely interventions, and holistic support, we can ensure that Black mothers and infants receive the attention and resources they need to thrive.

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However, implementing UHVs requires investment and collaboration between healthcare systems, policymakers, and community organizations. It's a commitment to a brighter future where maternal and infant mortality disparities are a thing of the past. By embracing this innovative strategy, we take a powerful step towards achieving health equity for all, regardless of race or background.

References:

1. https://www.cdc.gov/nchs/data/vsrr/vsrr033.pdf. Accessed November 1, 2023.

Disclosure: The author is the Executive Director and Chief Executive Officer of First Candle, a Connecticut-based not for profit 501(c3) corporation.

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About First Candle

First Candle, based in New Canaan, CT, is a 501c (3) committed to eliminating Sudden Unexpected Infant Death while providing bereavement support for families who have suffered a loss. Sudden Unexpected Infant Death (SUID), which includes SIDS and Accidental Suffocation and Strangulation in Bed (ASSB), remains the leading cause of death for babies one month to one year of age, resulting in 3,500 infant deaths nationwide per year.