2018 LATINA MATERNAL & CHILD HEALTH REVIEW

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2018 LATINA MATERNAL & CHILD HEALTH REVIEW

- 11 chapters organized to address key areas in Latina MCH
- Experts provide a synthesis of data and peer reviewed literature
- Opportunity to gain a broad understanding of the topic and identify potential strategies to address the scope and impact of Latina MCH needs
  - Access Health Care- J. Pagan and E. Howell
  - Preconception Health- R. Russel
  - Prenatal Care-R. Torres
  - Postpartum Depression-M. Sampson
  - Type 2 and Gestational Diabetes- E.Kieffer
  - Preterm Births- D. Ramos
  - Fertility, Unintended Pregnancy and Interpregnancy- D. Patel
  - Breastfeeding- D. Derige
  - Latina Maternal and Infant Immunizations: Vaccine-Preventable Disease-M. Padilla
  - Early Nutrition for Latina Moms and Their Children- L. Sullivan
  - Maternal Morbidity and Mortality –A. Creanga

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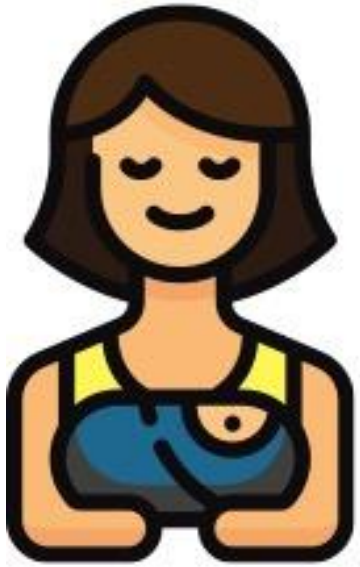
Social Determinants of Health

- Income
- Education
- Health Care Access
- Health Literacy
- Familismo
- Acculturation

Overview



13 Million

HISPANIC WOMEN

of Reproductive Age in the U.S.

20.5%

of all women

15-44

Fertility Rate: 70.6 per 1,000 Hispanic women 15-44 in 2016

Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2016. National Vital Statistics Reports; vol 67 no 1. Hyattsville, MD: National Center for Health Statistics. 2018.

Nearly 4 million births in the U.S.

Approximately

1 in 4 births

were to ***Latinas***

70.6

per 1,000 Hispanic women 15-44 in 2016

Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2016. National Vital Statistics Reports; vol 67 no 1. Hyattsville, MD: National Center for Health Statistics. 2018.

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Access Health Care

- From 2013 to 2016, the proportion of nonelderly Latinos with health insurance coverage increased from 74% to 83% (about 4 million decrease in the number of uninsured children and adults.)
- Access to health care services for Latinas increased over the last few years, as a result of the Affordable Care Act, some of these gains are likely to disappear due to projected increases in health insurance premiums.
- Access to maternal and child health care services for Latinas is lower than for Whites.
- Reductions in access to prenatal and postnatal health care services by Latinas equals loss of key opportunities to address harmful health behaviors and chronic health conditions
- Many Latinas, particularly Latina immigrants, have intermittent health insurance coverage or limited experience with the health care delivery system in the United States.
- Other barriers to health care access include lack of childcare, inadequate access to transportation, language barriers, inability to obtain timely pregnancy testing, work constraints for daytime appointments and health literacy.
- Addressing health insurance coverage gaps and making sure that Latina mothers and their babies have a medical home are important goals.

Preconception Health

- Although the importance of preconception health to women and infants has been acknowledged for almost forty years barriers to preconception care remain in the U.S.
- 13 million Latinas of reproductive age in the U.S. (20.5% of all women 15-44), and they have a higher fertility rate than most racial and ethnic groups (70.6/1,000 Hispanic women 15-44).
- The Hispanic population is diverse and includes many different cultures, preconception health is relevant to each woman regardless of background.
- Evidence-based risk screening and risk reduction measures are essential aspects of preconception care.
- Hispanic women in the U.S. are less likely to use contraception than White women, and more than half of all pregnancies to Hispanic women in the U.S. are unintended (54%)
- The proportion of women who report taking a multivitamin prior to pregnancy is lower among Hispanics than among non-Hispanic White women.
- Voluntary fortification of corn masa flour with folic acid in 2016 to potentially reduce the disparity in the rates of NTDs in the U.S
- Not fully planning the pregnancy, the perceived absence of risk, and a general lack of awareness of the benefits are some of the reasons women have provided for not utilizing preconception care services
- Strengthen and improve access to preconception care within the broader context of women's health could have an impact on maternal and infant health outcomes.

Prenatal Care

- Prenatal care is essential for reducing adverse fetal, birth and maternal outcomes by controlling acute or chronic maternal health conditions, promoting safe medication use during pregnancy and screening for fetal abnormalities.
- Initiating prenatal care during the first trimester of pregnancy and obtaining 14+ prenatal care visits is the standard of care for women in the United States.
- Despite attempts to increases accessibility, nearly 30% of U.S. Latinas (vs. 18% non-Latina Whites and 22.5% of Asians) begin care after the first trimester and obtain less that the recommended number of visits resulting in inadequate prenatal care.
- Only 71% of Latinas obtain adequate prenatal care compared to other non-Latina ethnic groups.
- Inadequate prenatal care utilization in Latinas should be of national concern considering its relationship with low birth weight, small-for-gestational age, stillbirths, prematurity and neonatal/infant death.
- Inadequate prenatal care is associated with deficient postpartum or well-baby care, resulting in a myriad of missed preventive and well-check examinations for mother and baby.
- Culturally competent healthcare education and counseling to Latino communities
- The traditional U.S. model where patients must actively seek prenatal care from healthcare providers may be unfavorable for Latinas due to individual, community or organizational level factors.
- Researchers and healthcare workers, must find innovative ways to gain access to vulnerable Latino communities and advocate for the delivery of prenatal care within communities.

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Section by R. Torres
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Postpartum Depression

- Research among U.S. and foreign-born Latinas indicates depression prevalence during or after pregnancy ranges from 23%-51%, which is double the prevalence of the general population.
- Early intervention is essential for treatment of Postpartum Depression (PPD), but disparities exist between prevalence rates and rates of mental health service utilization among Latinas, especially those who have immigrated to the U.S.
- When a mother's mental health is compromised it can affect the way she parents or emotionally attends to her child, thus putting herself and the child at risk for difficulty with emotional attachment and regulation.
- Stigma, lack of recognition of symptoms and/or misconceptions about PPD among Latinas and their service providers makes early detection of depressive or anxiety symptoms challenging.
- One barrier to proper recognition of PPD is that Latina mothers, especially those who are immigrants to the U.S., may have different perceptions of diagnosis, treatment and management of depression.
- One survey of Latinas, of which 89% were first generation immigrants, found that nearly a quarter of postpartum mothers self-reported depressive symptoms and felt they needed help, yet only half of them were assessed or provided resources for treatment from their health care provider.
- Negative perceptions of mental illness and their treatments permeate Latino communities and result in stigma. Fear of being labeled as "crazy" or disgracing the family combined with cultural norms that discourage people from talking about mental illness create barriers for treatment

Type 2 and Gestational Diabetes

- Being overweight, obesity, physical inactivity and inadequate fruit/vegetable consumption are more common among Latinas than non-Hispanic white women 18-44 years of age.
- Among women ages 18-44 who live in the U.S., T2DM and GDM are more prevalent among Latinas relative to non- Hispanic White women.
- An estimated 10.5% of all Hispanic and 11.5% of all Mexican-American women, respectively, have GDM compared to 6.7% of non-Hispanic White women.
- An estimated 19.0% of all Hispanic and 12.9% of Mexican-American women are subsequently diagnosed with T2DM.2
- An estimated 3.6% of Latinas aged 18-44 have diabetes, excluding GDM, compared to 2.3% of non-Hispanic White women.
- Actual prevalence of GDM and T2DM is likely higher for Latinas because estimates exclude undiagnosed diabetes
- Congenital malformations, pregnancy and newborn health problems, high birth weight, preterm birth, cesarean delivery and birth injuries are common complications of diabetes during pregnancy
- Children born to women with diabetes during pregnancy and women with GDM have increased risk of developing T2DM in subsequent years.
- To reduce prevalence and consequences of T2DM and GDM in Latinas and their children, policy-makers and clinicians should partner to focus strategies on increasing access to preconception, prenatal and postpartum care for Latinas.
- Continued research to identify practical community-and clinic-based interventions with all Latinas of childbearing age, regardless of pregnancy status or GDM history, is needed.

Preterm Births

- 2017 data indicate an increasing trend in preterm births, which are up to 9.93% compared to 9.85% in 2016.
- Hispanic preterm births increased from 9.45% in 2016 to 9.6% in 2017.
- Identifying and implementing interventions to reduce preterm births is critical in setting a healthy lifelong trajectory for the Latino population
- Female infants born preterm are at increased risk of having a preterm baby when they have children.
- Solutions to reduce preterm births are complex and multifactorial. We do know certain genetic, social and environmental contributors play a role.
- Among risk factors known to increase preterm births are:
  - previous preterm birth, multiple pregnancy (twins, or more),
  - certain cervical or uterine abnormalities
  - certain medical conditions such as high blood pressure,
  - other factors such as cigarette smoking, alcohol and illicit drug use, domestic violence, high stress levels and prolonged work hours involving standing are risk factors that contribute to increased preterm births.5

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Section by D. Ramos
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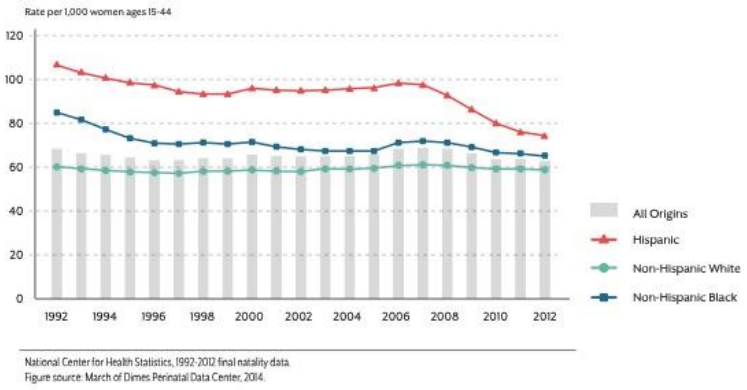
Fertility, Unintended Pregnancy & Interpregnancy

- Fertility rates, unintended pregnancy and interpregnancy intervals are central measures of reproductive health
- Each year in the U.S. there are 6 million pregnancies. Hispanic women of childbearing age consistently have the highest fertility rate compared to other racial/ethnic groups.
- Birth rates among Hispanic teens are more than twice that of White teens.
- In 2016, Hispanic adolescent females ages 15-19 had a substantially higher birth rate (31.9 births per 1,000 adolescent females) compared

Fertility rates by maternal race/ethnicity, United States, 1992-2012



National Center for Health Statistics, 1992-2012 final natality data.
Figure source: March of Dimes Perinatal Data Center, 2014.

Addressing Reproductive Health of Hispanic Populations

- Need to improve women's access to the full range of safe, effective and affordable contraception. Long-acting, reversible contraceptives (LARC), including intrauterine devices and contraceptive implants, are particularly well-suited to lengthening the interpregnancy interval and reducing unintended pregnancy.
- Providers must provide high quality, patient-centered family planning care to all women, with sensitivity to the historical and cultural context that may affect these interactions.
- Information about family planning and contraceptive options needs to be provided in accessible, culturally appropriate ways.
- Programs that provide support for families during pregnancy and through early childhood should be expanded to better meet the needs of Hispanic populations.

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Section by D. Patel
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Breastfeeding

In 2015, over **85%** of Latinas initiated **breastfeeding**

Unfortunately only about **21%** were able to exclusively breastfeed for **6 months**

Centers for Disease Control, Division of Nutrition, Physical Activity and Obesity. 2018 U.S. Breastfeeding Report Card

BREASTFEEDING *matters for* ALL FAMILIES

BLACK and **HISPANIC** children who experience sub-optimal breastfeeding are at greater risk for childhood disease and death than children who were breastfed for six months or more

1.7(B) | **1.4**(H) *times more likely* **EAR INFECTION**

3.3(B) | **2.0**(H) *times more likely* **NECROTIZING ENTEROCOLITIS**

1.3(B) | **1.4**(H) *times more likely* **GI INFECTION**

1.9(B) | **1.4**(H) *times more likely* **SIDS**

DISPARITIES IMPACT MOMS
Black mothers who breastfeed sub-optimally are **1.4 times** more likely to develop type 2 diabetes

2.2(B) | **1.5**(H) *times more likely* **CHILD DEATH**

Bartick, M., Jegier, B.J., Green, B.D., Bimla Schwarz, E., Reinhold, A.G., Stuebe, A.M. (2017). Disparities in Breastfeeding: Impact on Maternal and Child Health Outcomes and Costs. Journal of Pediatrics; (181): 49-55.

HISPANIC BREASTFEEDING

	ANY BREASTFEEDING			EXCLUSIVE BREASTFEEDING	
	Ever	6 months	12 months	3 months	6 months
2015	84.6%	54.1%	32.6%	42.2%	20.9%
2014	84.8%	52.5%	31.7%	45.5%	24.5%
2013	83.0%	45.6%	25.7%	40.4%	19.1%

[1]Data from the U.S. territories are excluded from the national breastfeeding estimates to be consistent with the analytical methods for the establishment of Healthy People 2020 targets on breastfeeding.

[2]Exclusive breastfeeding is defined as ONLY breast milk—NO solids, no water, and no other liquids.

CDC National Immunization Survey (NIS) 2016-2017

RATES OF ANY AND EXCLUSIVE BREASTFEEDING BY SOCIO-DEMOGRAPHICS AMONG CHILDREN BORN IN 2015

(Percentage +/- half 95% Confidence Interval)[1,2]

	ANY BREASTFEEDING			EXCLUSIVE BREASTFEEDING	
	Ever Breastfed	Breastfed at 6 Months	Breastfed at 12 Months	Exclusive Breastfeeding through 3 Months	Exclusive Breastfeeding through 6 Months
Socio-demographic Factors	% ± half 95% CI	% ± half 95% CI	% ± half 95% CI	% ± half 95% CI	% ± half 95% CI
US National	83.2±1.0	57.6±1.4	35.9±1.3	46.9±1.4	24.9±1.2
RACE/ETHNICITY					
Hispanic	84.6±2.4	54.1±3.3	32.6±3.1	42.2±3.3	20.9±2.6
Non-Hispanic White	85.9±1.2	62.0±1.6	39.8±1.6	53.0±1.7	29.5±1.6
Non-Hispanic Black	69.4±3.5	44.7±3.8	24.0±3.2	36.0±3.8	17.2±3.1
Non-Hispanic Asian	89.3±3.5	72.2±5.2	50.3±6.8	45.7±7.0	30.1±5.8
Non-Hispanic Hawaiian/ Pacific Islander	83.0±13.8	57.8±16.3	24.4±11.7	45.3±16.6	29.0±15.1
Non-Hispanic American Indian/Alaska Native	76.4±11.3	55.0±12.4	31.3±10.7	44.6±12.1	19.6±7.2

[1]Data from the U.S. territories are excluded from the national breastfeeding estimates to be consistent with the analytical methods for the establishment of Healthy People 2020 targets on breastfeeding.

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Section by D. Derige
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Latina Maternal and Infant Immunizations: Vaccine-Preventable Disease

- Timely vaccinations
- Education
- Culturally competent and accessible care

Table 1. U.S. Recommended Vaccines for Pregnant Women and Neonates

PREGNANT WOMAN	Hib	Hepatitis A & B	HPV	Influenza (Inactivated)	Influenza (LAIV)	MenACWY MenB	MMR	PCV13 PPSV23	Tdap	Herpes Zoster	Varicella	IPV
Recommended				✓					✓			
Not Recommended			✓		✓		✓			✓	✓	✓
Maybe Recommended	✓	✓				✓		✓				
NEONATES [0-3 MONTHS(M)]	**Hib**	**Hepatitis A & B**	**HPV**	**Influenza (Inactivated)**	**Influenza (LAIV)**	**MenACWY MenB**	**MMR**	**PCV13 PPSV23**	**DTaP, DT**	**RV**	**Varicella**	**IPV**
Recommended	✓ (2m)	✓ (Hep B: 0m)						✓ (PCV13:2m)	✓ (2m)	✓ (2m)		
Not Recommended at this age		✓ (Hep A)	✓	✓	✓	✓	✓	✓ (PPSV23)			✓	✓ (2m)

LAIV=Live Activated Influenza; IPV=Inactivate Polio; MenACWY= Meningococcal conjugate; MenB=Meningoccal Serogroup B; MMR=Measles, Mumps, Rubella; Tdap=Tetanus, Diphtheria, and Pertussis

*Immunization schedule guidelines change. Please review www.immunize.org for the latest updates

Reference: ACIP Guidelines (accessed 6-14-2018) @ www.immunize.org

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Section by M. Padilla
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Early Nutrition for Latina Moms and Their Children

- Nutrition during the first 1,000 days -- the beginning of a woman's pregnancy to her child's second birthday -- provides the essential building blocks for children's brain development, healthy growth and a strong immune system.
- Latinos in the U.S. experience significant nutrition disparities during this critical time period.
  - Latinos are more likely to live in food deserts than their White counterparts
  - 1 and 1 in 4 Latino children are at risk of hunger, compared with 1 in 9 White children.
  - Latino children are also more likely to experience obesity – putting them at risk for poorer health, including Type 2 diabetes and other chronic metabolic syndrome related conditions throughout their lifetime.
- What and when babies are introduced to solid foods impacts both the short and long-term health of children.
  - More than half of infants are introduced solid foods too soon, and 85% of all infants and toddlers consume added sugar on a given day.
  - Latino babies consume sugary drinks earlier and at higher rates than other non-Latino children.

Barriers

- Ensuring parents have access to affordable and nutritious foods – as well as evidence-based information on what, when and how to introduce solid foods – is essential to building healthy lifelong habits.
- Children with healthier eating patterns in their first year of life are more likely to have healthier eating patterns as they grow older.
- The most serious threat to the health of Latina mothers and children to emerge over the past two years is the growing hostility toward Latino immigrants in the U.S. The harsh anti-immigrant rhetoric, coupled with policies intended to discourage immigrants from coming to the U.S. or accessing critical health, nutrition and other safety net services, are having a harmful effect on Latino families.

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Section by L. Sullivan
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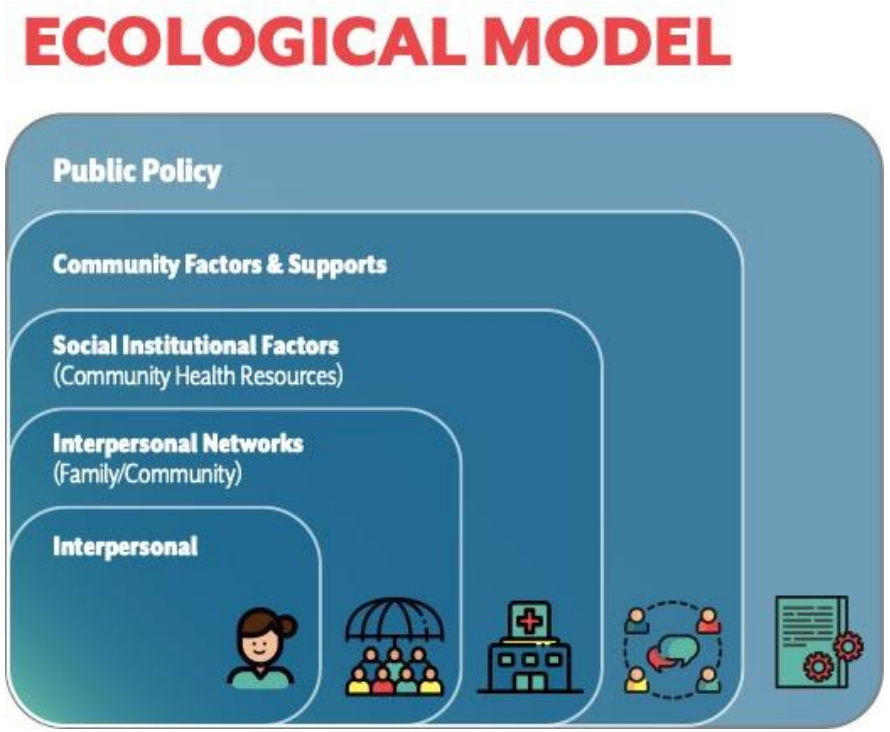
Maternal Morbidity and Mortality

- During 2011-2013, pregnancy-related mortality was lowest among Hispanic women at 11 deaths per 100,000 live-births, compared to 12.7 and a high 43.5 deaths per 100,000 live-births among non-Hispanic White and non- Hispanic Black women
- Pregnancy-related mortality has been increasing the U.S. overall and for Hispanic women, being higher for foreign-born than U.S.- born Hispanic women.
- The leading cause of pregnancy-related death in Hispanic women is hypertensive disease (complications of high blood pressure) with other important contributors to mortality being hemorrhage, infection and cardiovascular conditions.
- Pregnancy-related mortality increased with age among all racial-ethnic groups, ranging between 6.7 and 44.1 deaths per 100,000 live-births. 2
- Explanations for documented differences in severe maternal morbidity rates between Hispanic and non-Hispanic White women include
  - Higher percentages of Hispanic pregnant women having preexisting conditions (obesity, entering prenatal care late or receiving no such care and being insured by Medicaid.)
  - Findings that foreign-born Hispanic women are more likely to die from pregnancy complications than their U.S.-born counterparts may be due to language barriers, concerns by undocumented immigrants over legal action, and lack of familiarity with the U.S. health care system

Conclusion and Next Steps



- Paradigm Shift
- LifeCourse Perspective
- 4th Trimester

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Next Steps

INTERPERSONAL

- Culturally competent programming (recognizing sub group affiliation)
- Linguistically appropriate programming
- Social media campaigns tailored to Spanish speaking families that are personal and not generalized

INTERPERSONAL NETWORKS

(FAMILY/COMMUNITY)

- Communications and outreach plans that support positive community norms.
- Anchoring MCH community programming in both traditional cultural practices and creating new social norms

SOCIAL INSTITUTIONAL FACTORS

(COMMUNITY HEALTH RESOURCES)

- Programs developed specifically in communities of interest that incorporate cultural norms in the context of the population's unique history in the U.S.

COMMUNITY FACTORS & SUPPORTS

- Cross Programming, including MCH programming incorporated into other family and religious programming
- Health Provider cultural competency and equity education

PUBLIC POLICY

- Paid Family Leave
- Both aggregated and disaggregated data for Latinos
- Data driven program and policy development
- Development of a national Center for Latino Maternal and Child Health
- Dissemination of this data and other Latino maternal health data
- Accessible data for analysis and community consumption

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Question and Answers

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