

Insights

Managing Life Stressors Helps to Reduce Infant Mortality

One underlying cause of infant mortality is stress. Chronic [stress](#) is a critical contributor to pre-term births—the number one [cause of infant mortality](#) .

Participants in the Collaborative Improvement and Innovation Network to Reduce Infant Mortality ([Infant Mortality ColIN](#)) worked to reduce the U.S.'s infant mortality rate and improve birth outcomes. By addressing the underlying causes of infant mortality, in particular, stress, teams hope to reduce infant deaths overall, as well as close the disparity gap between white and black babies. Below we profile two IM ColIN teams who tackled different aspects of stress for pregnant women in their states.

Stressor: Racism

The Colorado IM ColIN team focused on reducing African American infant mortality. African Americans in Denver and Aurora have a significantly [higher rate](#) of pre-term births and thus, a higher rate of infant mortality. In 2014, pre-term births in Denver's African American population were 12.8 percent compared to 7.5 percent for Caucasians and 8.8 percent for Hispanics.

Stress is a key factor in this problem. Denver African American women [reported](#) high stress in the year before pregnancy twice as often as white women. Many experts attribute such stress to prolonged exposure to racism. One intervention that the Denver team worked on as part of the IM ColIN, was group prenatal care.

“Getting at addressing systemic racism—manifesting as reduced access to resources in education, employment, healthcare and housing—is a tall order,” said Denver Public Health Maternal Child Health Program Manager Kellie Teter, MPA. “But, if we can reduce social isolation and build community cohesion through something like groups going through prenatal care and education together, we know preterm births will go down.”

The team worked with Montbello Family Health Center in Denver to hire a permanent staff member to coordinate the groups and conduct outreach to African American women and families. The group care uses the March of Dimes “Becoming a Mom” [curriculum](#) and then adds stress reduction techniques to the sessions.

A second intervention aimed at improving access to 17P progesterone, a medicine that can help prevent premature birth. Progesterone is a hormone that a woman's body makes naturally during pregnancy. Extra progesterone for some women and birthing people can help to prevent a preterm birth, if they experienced one with a first child.

“We have to approach this from both the medical and the social components, and making this medical intervention accessible to women at risk of pre-term birth is our number one goal at the moment,” said Teter. “It is simply not equitable to say the medicine is available if you can get to where we offer it, especially if that place is an hour away by bus.”

The Denver team received funding from Denver Health, March of Dimes, and a community foundation to pursue its work. Teter offers this advice when seeking funding:

- Continue to put data in front of budget decision makers. How many pre-term births are there and where are the disparities? What is the infant mortality rate across various populations? Force people to look at disparity.
- Be persistent and take the long view. This work takes time.
- Continue to raise awareness about infant mortality any way you can. Speak at conferences, go on your local talk radio, write an article—keep talking about it.
- Talk to people and organizations working with the population experiencing the disparity. Get to know the community first.

Stressor: Homelessness

Another stressor is housing insecurity or homelessness. The Boston, Massachusetts IM CoIN team developed a program focused on providing housing for homeless pregnant women.

The program, Healthy Start in Housing (HSiH), is a partnership between the Boston Public Health Commission and the Boston Housing Authority in collaboration with the Boston University School of Public Health. Together they are addressing a huge housing need by prioritizing women with high-risk pregnancies for public housing and providing up to three years of case management.

“If you are in public health, I strongly advise you to work with the housing authority in your area. They may be an unknown treasure,” said Boston Public Health Commission Child, Adolescent and Family Health Bureau Director Deborah Allen, ScD.

There is an over five-year waiting list for public housing in Boston. HSiH offers an opportunity to help families who are homeless or at high risk for homelessness and are at high risk for adverse pregnancy outcomes to go through the Boston Housing Authority application process and eligibility determination within just a few months.

“Once eligible, our clients have people to help them through the bureaucracy,” says Allen. “They are asked to sign a three-year contract for the case management program to help sustain tenancy.”

Preliminary data from 69 HSiH participants after 12 months of follow-up demonstrated

improvements in depressive symptoms, mental health, and social functioning.

“The work is extremely rewarding,” said Boston Housing Authority Director of Occupancy Gloria Meneses. “The impact goes beyond the family to the community and gives children and families the opportunity for a better quality of life.”

The team went on to work with private developers to increase affordable housing in the midst of shrinking federal dollars.