

## **Resolution: Infant and Maternal Mortality and the Connection to Racism**

**Rationale:** As PTA, we promote and advocate for the wellbeing, health, and safety for all children and families. We speak up for all children to make their potential a reality. This means that we advocate to ensure that all children have equal access to education from birth through secondary and vocational education. But even more fundamental to that, we must address children's and families' health needs, starting at birth.

An infant's and a new mother's survival should not be related to their race or ethnicity. However, in the United States there is a significant gap in these rates based on the infant's and mother's race and ethnicity. Furthermore, Black infants are three times more likely than White babies to die when their doctor is White. While there are a variety of factors which contribute to these deaths, an underlying cause which we cannot ignore is systemic racism.

We must advocate for programs, policies, and improvements in our education system and communities to overcome racism. We also must advocate for policies and programs to better support infants and new mothers - no matter their race - for all to survive and flourish. With this advocacy, we can work further to make all children's potential a reality.

**WHEREAS**, Infant mortality means that a child dies within their first year of life; in the US, the infant mortality rate for 2018 was 5.7 deaths per 1,000 live births. However, the infant mortality rate for non-Hispanic Black infants was almost twice that, both in Florida and nationally. Maternal mortality refers to women's pregnancy-related deaths, and there is a significant gap related to race and ethnicity. During 2011-2016 the pregnancy-related mortality rate was 42.4 deaths per 100,000 births for non-Hispanic Black women and only 13.0 deaths per 100,000 for non-Hispanic white women and 11.3 deaths per 100,000 for Hispanic women; and <sup>[1]. [2]. [3]. [4]</sup>

**WHEREAS**, Research of infant deaths in Florida found that "Black newborn babies in the United States are more likely to survive childbirth if they are cared for by Black doctors, but three times more likely than White babies to die when looked after by White doctors," and <sup>[5]. [6]. [7]</sup>

**WHEREAS**, Systemic racism is a factor in both the infant and maternal mortality gap. This racism is found in the discrimination which exists in the social determinants of health (such as economic stability, access to quality education, access to health care, and neighborhood and community resources). The stress caused by this discrimination increases the likelihood of complications which can lead to infant or maternal mortality, and <sup>[8]. [9]. [10]. [11]</sup>

**WHEREAS**, Implicit racial bias training, including cultural competency and perceptual individuation training which includes how to individuate (i.e., how to perceive an individual's characteristics) other race faces, reduces systemic racism. These programs can begin as early as preschool with the perceptual individuation training and can include programs where medical students learn to discuss race and recognize implicit bias, and <sup>[9]. [12]. [13]. [14]</sup>

**WHEREAS**, Community-based health coalitions and birth and maternal justice organizations work to advance maternal and infant health through advocacy, education, and health care programs, now therefore be it <sup>[15]</sup>, <sup>[16]</sup>, <sup>[17]</sup>

**RESOLVED**, Florida PTA and its constituent associations advocate for policies and programs that address and reduce the infant and maternal mortality gap between race and ethnic groups; and be it further

**RESOLVED**, Florida PTA and its constituent associations advocate for implicit bias, equity training, and perceptual individuation training for all students within preschool, elementary, secondary, and post-secondary education curriculum and standards, especially within pre-medical and medical programs and academies; and be it further

**RESOLVED**, Florida PTA and its constituent associations promote programs and services for individuals and families to address infant and maternal mortality and their contributing factors (e.g., socio-economic needs, healthcare access, and environmental exposures).

Sources:

1. "Infant Mortality." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 10 Sept. 2020, [www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm](http://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm).
2. "Office of Minority Health." *Home Page - Office of Minority Health (OMH)*, minorityhealth.hhs.gov/omh/browse.aspx?lvl=4.
3. "Pregnancy Mortality Surveillance System." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 4 Feb. 2020, [www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm](http://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm).
4. "Racial Disparities in Infant Mortality Rates for Florida Compared to All Other States Combined 2007through 2018." *Florida Health*, Florida Health: Bureau of Family Health Services, 28 Jan. 2020, [www.floridahealth.gov/diseases-and-conditions/infant-mortality-and-adverse-birth-outcomes/data/\\_documents/racial-disparities-infant-mortality-rates-2007-2018.pdf](http://www.floridahealth.gov/diseases-and-conditions/infant-mortality-and-adverse-birth-outcomes/data/_documents/racial-disparities-infant-mortality-rates-2007-2018.pdf).
5. Picheta, Rob. "Black Newborns 3 Times More Likely to Die When Looked after by White Doctors." *CNN*, Cable News Network, 20 Aug. 2020, [www.cnn.com/2020/08/18/health/black-babies-mortality-rate-doctors-study-wellness-sci-intl/index.html](http://www.cnn.com/2020/08/18/health/black-babies-mortality-rate-doctors-study-wellness-sci-intl/index.html).

6. Greenwood, Brad N., et al. "Physician–Patient Racial Concordance and Disparities in Birthing Mortality for Newborns." *PNAS*, National Academy of Sciences, 1 Sept. 2020, [www.pnas.org/content/117/35/21194](http://www.pnas.org/content/117/35/21194).
7. Braveman, P., et al. "Patient-Physician Racial Concordance Associated with Improved Healthcare Use and Lower Healthcare Expenditures in Minority Populations." *Journal of Racial and Ethnic Health Disparities*, Springer International Publishing, 1 Jan. 1970, [link.springer.com/article/10.1007/s40615-020-00930-4](http://link.springer.com/article/10.1007/s40615-020-00930-4).
8. Evans, Michele K., et al. "Diagnosing and Treating Systemic Racism: NEJM." *New England Journal of Medicine*, 16 July 2020, [www.nejm.org/doi/full/10.1056/NEJMe2021693](http://www.nejm.org/doi/full/10.1056/NEJMe2021693).
9. Hardeman, Rachel R, et al. "Developing a Medical School Curriculum on Racism: Multidisciplinary, Multiracial Conversations Informed by Public Health Critical Race Praxis (PHCRP)." *Ethnicity & Disease*, International Society on Hypertension in Blacks, 9 Aug. 2018, [www.ncbi.nlm.nih.gov/pmc/articles/PMC6092164/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC6092164/).
10. Smith, Imari Z, et al. "Fighting at Birth: Eradicating the Black-White Infant Mortality Gap." *Duke University's Samuel DuBois Cook Center on Social Equity an Insight Center for Community Economic Development*, Mar. 2018, [www.socialequity.duke.edu/wp-content/uploads/2019/12/Eradicating-Black-Infant-Mortality-March-2018.pdf](http://www.socialequity.duke.edu/wp-content/uploads/2019/12/Eradicating-Black-Infant-Mortality-March-2018.pdf).
11. "Discrimination." *Discrimination | Healthy People 2020*, [www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination](http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination).
12. Beck, Andrew F., et al. "The Color of Health: How Racism, Segregation, and Inequality Affect the Health and Well-Being of Preterm Infants and Their Families." *Nature News*, Nature Publishing Group, 29 July 2019, [www.nature.com/articles/s41390-019-0513-6](http://www.nature.com/articles/s41390-019-0513-6).
13. Qian MK;Quinn PC;Heyman GD;Pascalis O;Fu G;Lee K; "Perceptual Individuation Training (but Not Mere Exposure) Reduces Implicit Racial Bias in Preschool Children." *Developmental Psychology*, U.S. National Library of Medicine, [pubmed.ncbi.nlm.nih.gov/28459274/](http://pubmed.ncbi.nlm.nih.gov/28459274/).
14. Metzl, Jonathan M., et al. "Using a Structural Competency Framework to Teach Structural Racism in Pre-Health Education." *Social Science & Medicine*, Pergamon, 22 June 2017, [www.sciencedirect.com/science/article/pii/S0277953617303982](http://www.sciencedirect.com/science/article/pii/S0277953617303982).
15. "Our Work." *Black Mamas Matter Alliance*, 2 Apr. 2018, [blackmamasmatter.org/our-work/](http://blackmamasmatter.org/our-work/).
16. Wilson, Ronee E, et al. "Effectiveness of a Federal Healthy Start Program in Reducing Infant Mortality." *Journal of Health Disparities Research and Practice: Digital*

*Scholarship*, 2017,  
digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1556&context=jhdrp.

17. Southernbirthjustice.org. "Birth Justice Bill of Rights." SouthernBirthJustice.org, southernbirthjustice.org/birth-justice.