

Minority Health Disparities in Pennsylvania Maternal and Infant Health (2016):

Please keep in mind that, as you digest the data provided, many factors influence health outcomes. Where one lives, works and plays impacts one's health and quality of life. Interrelationships among the social determinants of health (SDOH), such as income, education, housing and transportation, all contribute to a community's chances to thrive.

The following statistics were significantly higher among black residents compared to whites:

- Infant mortality rate (under one year of age)
- Maternal mortality rate (pregnant at time of death or up to 42 days postpartum and a natural cause of death)
- Percent low birth weight (less than 2,500 grams, or 5 lbs., 9 oz.)
- Percent no prenatal care in the first trimester
- Percent no prenatal care
- Percent teen (ages 15-17) births
- Teen (ages 15-17) pregnancy rate
- Percent of births to unmarried mothers
- Percent of mothers not breastfeeding

The following statistics were significantly higher among Hispanic residents compared to whites:

- Infant mortality rate (under one year of age)
- Percent low birth weight (less than 2,500 grams, or 5 lbs., 9 oz.)
- Percent no prenatal care in first trimester
- Percent no prenatal care
- Percent teen (ages 15-17) births
- Teen (ages 15-17) pregnancy rate
- Percent of births to unmarried mothers

The following statistics were significantly higher among Asian and Pacific Islander residents compared to whites:

- Percent low birth weight (less than 2,500 grams, or 5 lbs., 9 oz.)
- Percent no prenatal care in first trimester
- Percent no prenatal care

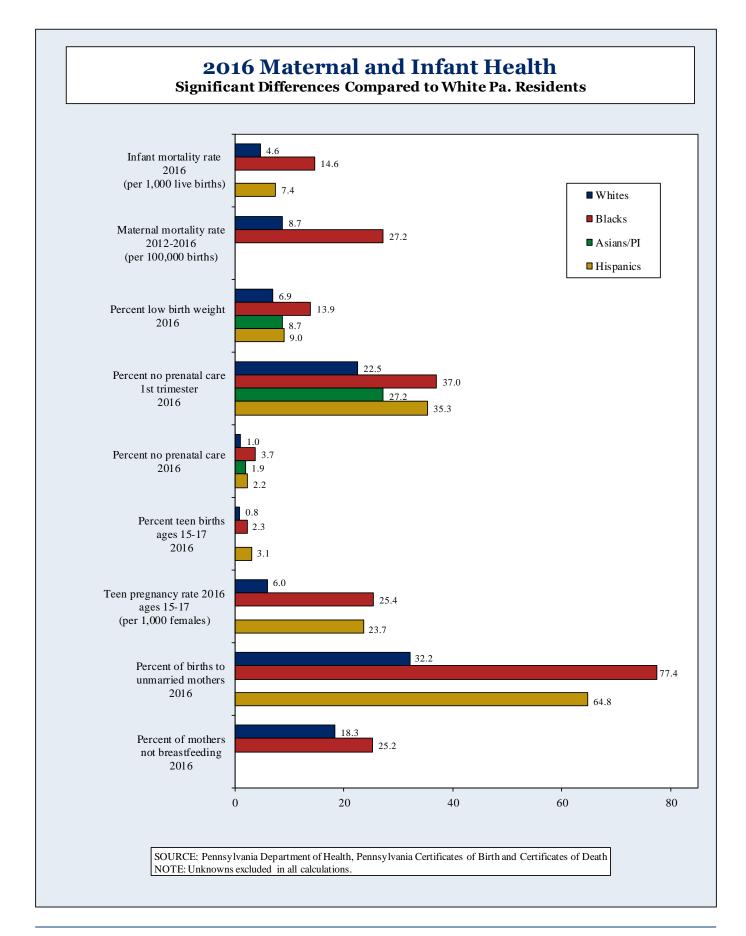
Data Highlights

Blacks: The 2016 infant mortality rate for blacks in Pennsylvania was three times higher than the rate for whites (14.6 per 1,000 births vs. 4.6). The maternal mortality rate for the five-year period 2011-2015 was also three times as high among blacks (27.2 per 100,000 births) compared to whites (8.7). The percentage of low birth weight babies born to black mothers in 2016 was twice the percentage for white mothers (13.9 vs. 6.9). The percentage of black mothers without prenatal care (37.0 percent during the first trimester and 3.7 percent throughout the pregnancy) was significantly

higher compared to white mothers (22.5 and 1.0 percent) in 2016. The teen (ages 15-17) pregnancy rate was four times higher among blacks (25.4 per 1,000) compared to whites (6.0) during 2016; however, the teen pregnancy rate among blacks has decreased sharply in recent years, falling 58.4 percent since 2010. The percent of births to unmarried black mothers (77.4) was nearly two and one-half times higher than the percent of births to unmarried white mothers (32.2) in 2016.

Hispanics: The percent of Hispanic mothers without prenatal care (35.3 percent during the first trimester and 2.2 percent throughout the pregnancy) was significantly higher than the percentage among white mothers in 2016 (22.5 and 1.0, respectively). The teen (ages 15-17) pregnancy rate was four times higher among Hispanics (23.7 per 1,000) compared to whites (6.0 per 1,000) in 2016. Hispanics also saw a decline in teen pregnancy rates, from 2015 to 2016, along with blacks. The percent of births to unmarried Hispanic mothers (64.8) was twice as high as the percent of births to unmarried white mothers (32.2) in 2016.

Asians and Pacific Islanders: The percentage of low birth weight babies born to Asian and Pacific Islander mothers in 2016 was significantly higher than the percentage for white mothers (9.0 vs. 6.9). The percentage of births to Asian and Pacific Islander mothers without prenatal care during the first trimester (27.2) and throughout the pregnancy (1.9) was significantly higher compared to white mothers (22.5 and 1.0, respectively) in 2016.



For additional maternal and infant health statistics, please visit the <u>EDDIE</u> system or <u>Healthy People</u> <u>2020</u>.