

Hispanics/Latinos and Infant Mortality

The health of mothers, infants, and children is critical, both as a reflection of the current health status of a large segment of the US population and as a predictor of the health of the next generation. This section addresses a range of indicators of maternal, infant, and child health—primarily those that affect pregnant and postpartum women and those that affect infants' health and survival.

The infant mortality rate (IMR) is an important measure of a nation's health and a worldwide indicator of health status and social well-being. As of 1998, the US ranked 28th among industrialized nations in infant mortality. (CDC, 2002). From 1990 to 2000, critical measures of increased risk of infant death, such as low or very low birth weight, actually increased in the US. In addition, the disparity in IMRs between whites and specific racial and ethnic groups persists. The draft national health objective for 2010 is no more than 5 deaths per 1,000 live births. (US DHHS, 2000).

Four causes account for more than half of all infant deaths: birth defects, disorders related to short gestation and unspecified low birth weight, sudden infant death syndrome (SIDS), and respiratory distress syndrome. (US DHHS, 2000).

- **Incidence**
- **Traditional Health Beliefs and Practices**
- **Risk Factors and Challenges**
- **Strengths and Protective Factors**
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Strengths and Protective Factors

- **Familial factors may have an impact on the low IMR among Hispanics.** Examples of these protective factors include the influence of the woman's mother and grandmother during all phases of pregnancy. They may teach her how to take better care of herself during pregnancy by eating healthy foods, as well as sharing traditional practices learned by generations of Latinos in Latin America and then translated to daily life in the US. (Tulane Hispanic Health Initiative, 2003).

Healthy Birth Weight

- **In 2001, only 6.5% of Hispanic infants were born at a low birth weight,** compared with 6.8% of non-Hispanic white babies and 13.1% of African-American babies. Among Hispanic groups, 9.3% of Puerto Rican infants were born at a low birth weight, but only 6.5% of infants of Cuban and Mexican descent were underweight at birth. (Child Trends DataBank, 2003).

- **Foreign-born Hispanic women are less likely to have low-birth-weight babies than are US-born Hispanics, even though the latter are usually of higher socioeconomic status and receive more prenatal care.** Research suggests that better nutritional intake and a lower prevalence of smoking and alcohol use may account for these favorable outcomes. (Neira, 2001).
- **Mexican-American women have a relatively low incidence of low-birth-weight babies (similar to the US rate of 6%), and Cuban-born women have an even lower rate than the US average. However, the rate for Puerto Ricans is higher.** (Kaiser Permanente, 2001).
- **Less acculturated, first-generation Mexican-American women have a lower incidence of low-birth-weight infants** (4% of live births) than do white non-Hispanic women (6% of live births) and second-generation Mexican-American women (6% of live births). (National Women's Health Information Center, 2003).
- **La familia (family).** Traditionally, **Hispanics include in their extended families not only parents and siblings but also grandparents, aunts, uncles, cousins, compadres, close friends, and godparents (padrinos) of the family's children.** When they are ill or injured, Hispanics frequently consult with other family members and may ask them to come along on medical visits. Hispanic extended families play an important support role for patients. (Management Sciences for Health, 2003).
- **Personalismo.** Hispanics tend to stress the importance of personal relationships. **They expect health care providers to be warm and friendly and to take an active interest in their patients' lives.** *Personalismo* conveys to the patient that the provider is interested in him or her as a person and helps put the patient at ease before an exam or medical procedure. (Management Sciences for Health, 2003).
- **Community.** **A network of hundreds of local organizations has emerged in almost every Hispanic community in America.** For the past 30 years, these organizations have acted as frontline advocates for and providers of Hispanic health care and social services. Community-based organizations within Hispanic neighborhoods, *barrios*, *colonias*, and other ethnic enclaves provide a significant point of entry and an opportunity to expand outreach efforts. Hispanics/Latinos continue to rely on community-based organizations and clinics for their primary care. (Management Sciences for Health, 2003).

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