



The International Center for Traditional Childbearing (ICTC) 2011 Black Women's Birth Survey Quantitative Analysis

ABSTRACT

Background: There is an evident correlation between perceived stress and anxiety during the birth experience, and increased infant and maternal mortality among black women, however the number of quantitative research studies investigating this issue, specifically in Portland, OR, is limited.

Objective: The aim of this research study was to further investigate the relationship between birth experience and birth outcome as it pertains to black women in Portland, OR.

Design/Subjects: A correlation design was implemented followed by a quantitative analysis of the results. In this study, two-hundred and forty-five women who identified as black, ranging from 16-45 in age, and having birthed in a Portland, OR hospital at least once between years 2005 and 2010 reported on a single birth experience. Each participant was personally contacted. An anonymous birth survey was utilized. Data showed similar to results obtained in the initial 2008 focus group.

Results: The first hypothesis was supported. Results showed a correlation between perceived negative birth experiences and perceived discrimination. Several trends surfaced from the survey: (a) decreased breastfeeding rates, (b) 70% of women didn't attend childbirth classes, (c) 60% birthed alone (d) 50 % experienced fear, racism or disrespect while in the hospital.

Conclusions: It is evident that the perceived birth experience is directly linked to ones birth outcome. Contributing factors are broad and interrelated. Among black women, the most prevalent is pregnancy-related anxiety and life experience associated with hospital birth in Portland, OR.

INTRODUCTION

A comprehensive array of psychosocial factors, including life events, social support, depression, pregnancy-related anxiety, perceived discrimination, and neighborhood safety contribute to the disproportionately high infant and maternal mortality rates among black women nationwide. Such stressors are too often stimulated during the birth process contributing to low-weight and pre-term birth.

- Risk of preterm birth among women with high counts of pregnancy-related anxiety: (risk ratio (RR) = 2.1, 95% confidence interval (CI): 1.5, 3.0)
- With life events to which the respondent assigned a negative impact weight (RR = 1.8, 95% CI: 1.2, 2.7)
- With a perception of racial discrimination (RR = 1.4, 95% CI: 1.0, 2.0)



Indicators used both locally and throughout the Nation are interrelated and are often influenced by the above mentioned variables. However, for the purpose of this study, the significance of anxiety in relation to race, economic standing and the birthing experience shall be of emphasis.

In the acclaimed documentary, "Unnatural Causes," a critical examination of health care disparities in the U.S., Dr. Richard Davis states, "There's something about growing up as a black female in the United States that's not good for your childbearing health."

This statement represents the heart of the problem.

Black women at every socioeconomic level have higher rates of preterm birth and infant and maternal mortality. Poverty and social inequality have direct and indirect effects on the social, mental and physical well-being of the individual. However, the immediate and long-term effects of race and ethnicity based discrimination are far more influential in the perceived birth experience and birth outcome among black women.

Other contributing factors include social support, depression, pregnancy-related anxiety, life experience and perceived discrimination. For this research study, the variables are narrowed to race and the birth experience (life experience) as it relates to the prevalent infant and maternal mortality rate among black women in Portland, OR.

METHOD

The participants involved were women who identified as black and birthed in

Portland between 2005-2010. The racial categories were black, African American, Native black, Black Hispanic, Black Asian, Black Native American, Black Multi-racial, and Black other. Out of the two-hundred and forty-five women surveyed a total of 215 identified as Black.

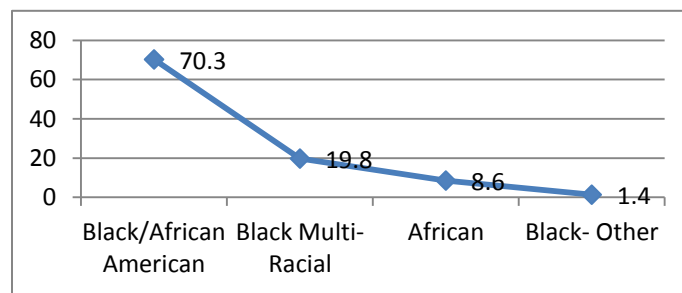


Chart 1.

The ages ranged from 16-45 years old. The mean age was 25 years old. Approximately 70% used public health insurance and close to 30% used private insurance. The majority of women were single at the time of their birth. A higher number birthed alone.

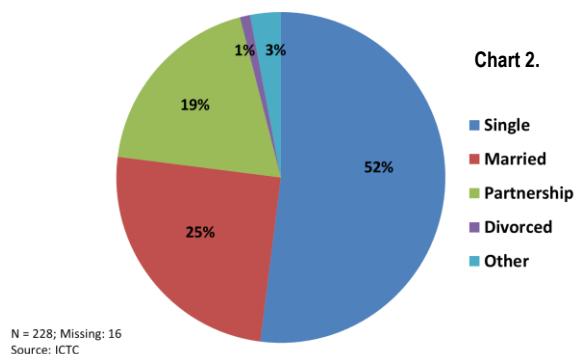


Chart 2.

Relationship Status at time of Birth

N = 228; Missing: 16
Source: ICTC

The women were selected based on their identity and willingness to complete the survey. Through outreach black women were contacted in multiple venues. Age, education, income or marital status was not a factor. The participant had the option of remaining anonymous. It was a random selection to reduce selection bias.



MATERIALS

Birthing Class Attendance, by Race

	Attended Birthing Classes (%)	Did not Attend Birthing Classes (%)	Total (N)
Black/African American	29.8%	70.2%	141
Black Multi - Racial	29.3%	70.7%	41
African	33.3%	66.7%	18

N = 200; Missing: 44
Source: ICTC

Chart 2.

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The materials included a cultural appropriate flyer. It had an image of a black mother and her child. The flyers stated the name of the project, its purpose and how to sign up to take the survey. That and the two page survey, was attached to a clip board with a pen tied to the clip board with a string. Participants wore ICTC name badges when recruiting women for the survey.

DESIGN

The research used a correlation design. There were several variables such as race and marital status, attending childbirth education classes, type of insurance, infant gestation, infant birth weight, knowledge of lead poisoning prevention, length of breastfeeding, access to a doula, concern about treatment, fear, harm, and racism. Quantitative variables such as birth weight and marital status were measured.

PROCEDURE:

Interviewer of same race and ethnicity used a random selection process and

surveyed black women on their birth experience. The interviewer met with women face to face. Gave them the Birth Survey flyer that explained the project and asked would they be willing to participate. The interviewee was assured that their information would only be used for the project and they had the option of remaining anonymous. 100% of the interviewees took place face throughout the community. To encourage participation small incentives were given; \$1.00, bracelets or hygiene packets. ICTC was unaware of measurement instruments specific to measuring black birth experiences and had to create its own (McKenzie et al. 2009). The survey consisted of 29 questions. The questions were structured and closed. The design was quantitative, with data collection followed by the data analysis. The data was coded. The data was then input into SPSS.

CONCLUSION

The correlation between perceived stress and anxiety during the birth experience, as it relates to poverty, racism and psychosocial factors is evident.

This study has shown the variables associated and contributing to the perceived birth experience among black women in the hospital setting. Further research is projected.

An increase in community and social support, empowerment campaigns, educational strategies and services including doula and midwifery care, access to free and low-cost direct services and breast feeding support is recommended.