Profile of Maternal and Infant Health in the Bronx – 2012

The Bronx Health Link

June 2012

Funding provided by the NYC Department of Health and Mental Hygiene

ACKNOWLEDGEMENTS

This report was written by Robert Lederer, Researcher and Policy Analyst at The Bronx Health Link (TBHL), with conceptual direction and contributions by Joann Casado, Executive Director of TBHL. Brittney Browne and Julia Legutko, TBHL Interns, did additional research and arranged the presentation of the graphs. Special appreciation to Courtney Wolf, Policy Associate for Research and Data Analysis at the Citizens' Committee for Children of New York, who compiled data on poverty in the Bronx, and prepared the map especially for this report. Final editing of the report was completed by Paulette Spencer, TBHL Program Director.

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ABOUT THE BRONX HEALTH LINK, INC.

The Bronx Health Link, Inc. (TBHL) is a clearinghouse of health information for the community and health and human service providers in the Bronx.

TBHL's mission is to promote health equity and social justice by:

- Connecting community residents to health and social support services;
- Engaging community residents, health providers and other Community Based Organizations (CBOs) through research, advocacy and programs, and
- Providing information to consumers, providers and policymakers to improve quality of life for all.

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INTRODUCTION

This 2012 edition of *A Community Health Profile of Maternal and Infant Health in the Bronx* is the latest in an annual series produced by The Bronx Health Link. The last three issues focused on specific dimensions of conditions in the Bronx – contributing factors to the problems and a particular community with specific needs – that we believed were (and still are) in need of policy and programmatic attention. Those topics were: the impact of health inequity, the role of environmental exposures, and the issues facing Mexican immigrant women.

In developing this year's needs assessment, we sought to provide a broad-based update on the major issues affecting the health and well-being of women and their infants in the Bronx. We compiled data from state and city sources with the intent of creating a simple-to-use, substantive document on these issues. Our goal is to present objective information for use by health care institutions and community-based organizations in developing programs and services to address our borough's poor outcomes in pregnancy and infant health. In addition, we hope this report will be useful for community advocates, community boards, and elected officials in advocating policy changes that are necessary to alleviate the conditions documented herein.

On some pages of this report, we cite the federal "Healthy People 2020" goals as yardsticks for measuring the Bronx's status. These numerical goals for health outcomes and practices are revised every ten years. We would like to note that the previous standard was "better than the best," that is, the level of an outcome such as infant mortality should be lower than the lowest rate of any geographic area in the country. However, the Healthy People 2020 goals released in 2010 significantly lowered the bar for goal-setting by using a standard of "10 percent improvement" over current levels.

Our report finds that while slow progress continues nationally on maternal and infant health, the Bronx still lags behind on key indicators. The borough's rates of infant mortality, and percentages of low birth weight, prematurity, teen pregnancy, and late or no prenatal care exceed — in some cases substantially — those of the city and country. While not addressed directly in our report, other studies have found that these outcomes are directly tied to the adverse impact of poverty and racism. Several of the poorest neighborhoods are particularly hard hit by these conditions. In addition, a large racial disparity remains, with African American/non-Latino black and Latina/o mothers and babies at the greatest risk. It is significant that nearly 80 percent of Bronx births are to women on Medicaid. In our agency's focus groups with women who have given birth in the Bronx, there have been many complaints from these women about inadequate care.

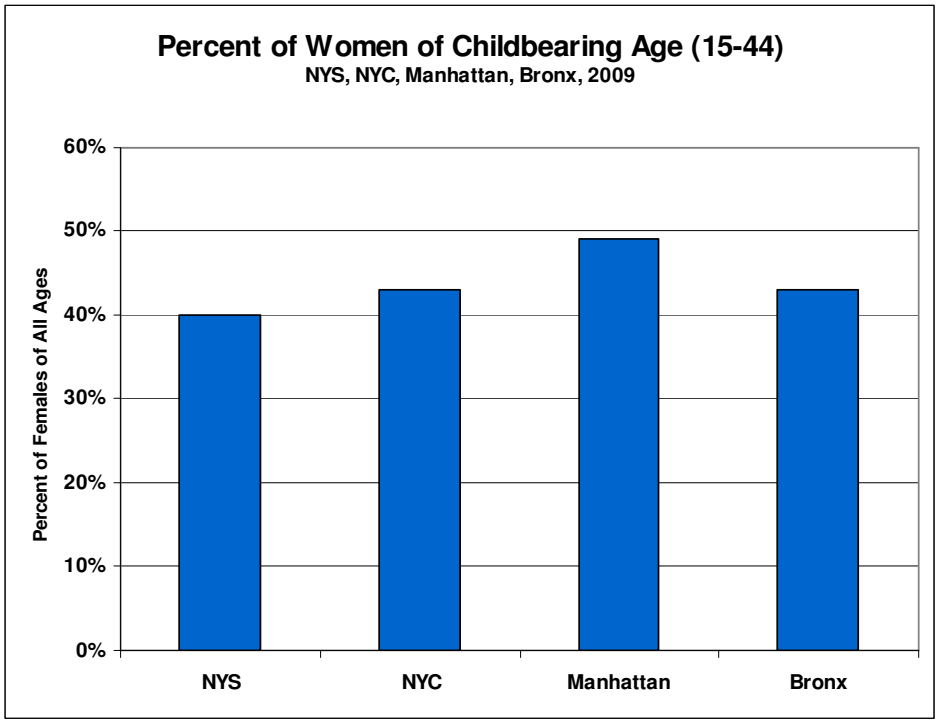
This *Community Health Profile* documents the fact that many Bronx women – particularly African Americans and Latinas – still experience bad birth outcomes. These realities stand in stark contrast to the outcomes in many wealthier and whiter communities. But the various barriers to improved health *can be dismantled* by concerted policy changes and institutional improvements in quality of service. Achieving that will take organized advocacy efforts through a partnership of health professionals and consumers in these communities. We intend this report to be a useful tool for such an effort, a catalyst for change.

Despite the poor health indicators documented in this profile, there are thousands of women, babies and families who survive and succeed in the borough. Many women actively seek out health information about pregnancy and baby care on their own from books and websites. Their resilience in the face of endemic barriers is to be lauded. We believe that notwithstanding the issues we highlight here, the assets of the individuals, families, and the communities create a will to survive in spite of poverty, discrimination, and institutional cultures promoting consumer disempowerment. A fortitude that transcends even the statistics cited herein. It is this spirit of survival, of endurance, that creates the hope that the men, women and children of the Bronx will use their individual drive, the strength of their families, and the determination of the community to address, struggle against and finally overcome those issues that threaten their existence in a state of well-being and health.

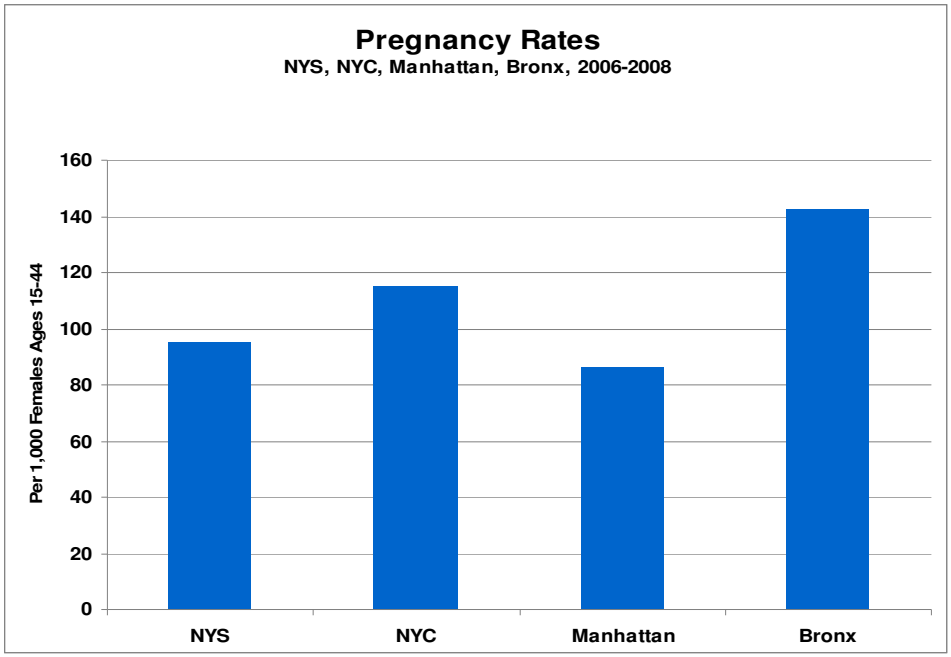
INFANT AND MATERNAL HEALTH:
ITS IMPORTANCE FOR THE BRONX

In the Bronx, 43% of all girls and women were of childbearing age in 2009, a rate similar to that of the city as a whole but lower than that in Manhattan. The pregnancy rate in the Bronx is higher than that of the city and state, and more than one and a half times the rate of Manhattan. There were almost 22,000 live births in the Bronx in 2009, a number that has been stable in recent years. Four districts – Concourse/Highbridge, Unionport/Soundview, Fordham, and University/Morris Heights –had more than 2,000 births.

Childbirth is a life-defining experience for many women and their families, and having healthy babies is vitally important, not only for them but for the welfare of the entire community. The care that newborns and infants receive can affect their health and development throughout childhood and into adult life. A healthy start is vital for these children.



Sources: *Vital Statistics of New York State, 2009*, NYS Department of Health; *U.S. Census, 2010*



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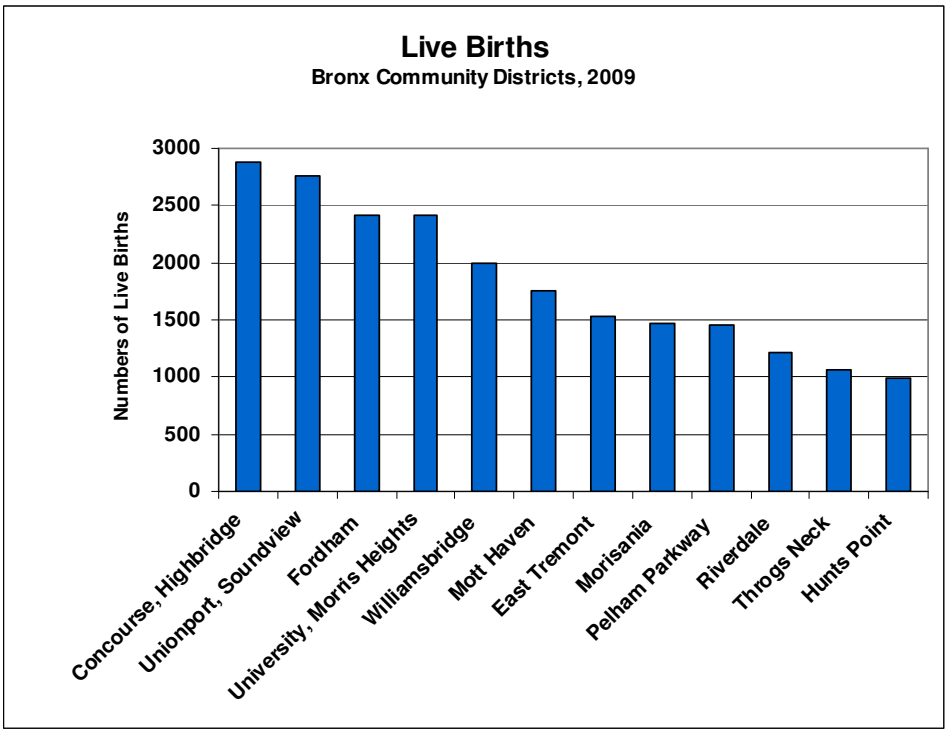


Source: *Summary of Vital Statistics 2009, the City of New York*, NYC Department of Health and Mental Hygiene

POVERTY: AN OBSTACLE AT BIRTH

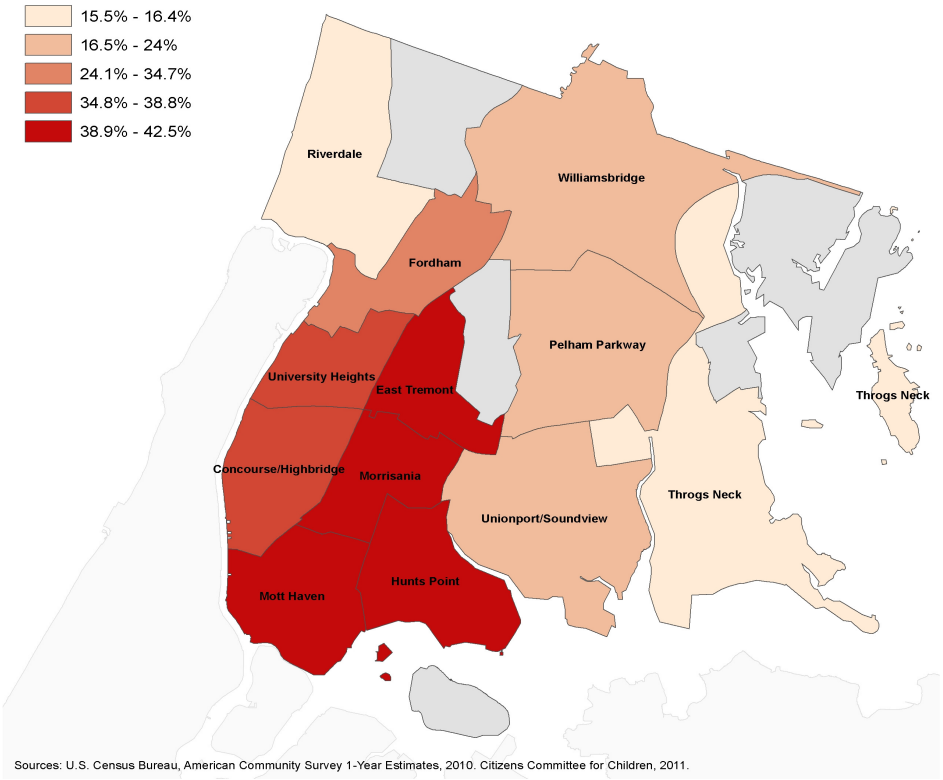
The economic circumstances into which mothers give birth can greatly affect both the mother's chances of having a healthy pregnancy (and avoiding complications or worse) and her baby's chances of getting off to a healthy start. For some time, the Bronx has been the poorest borough in New York City. In 2010, four Bronx neighborhoods—East Tremont, Morrisania, Hunts Point and Mott Haven—had rates of poverty exceeding 40 percent.

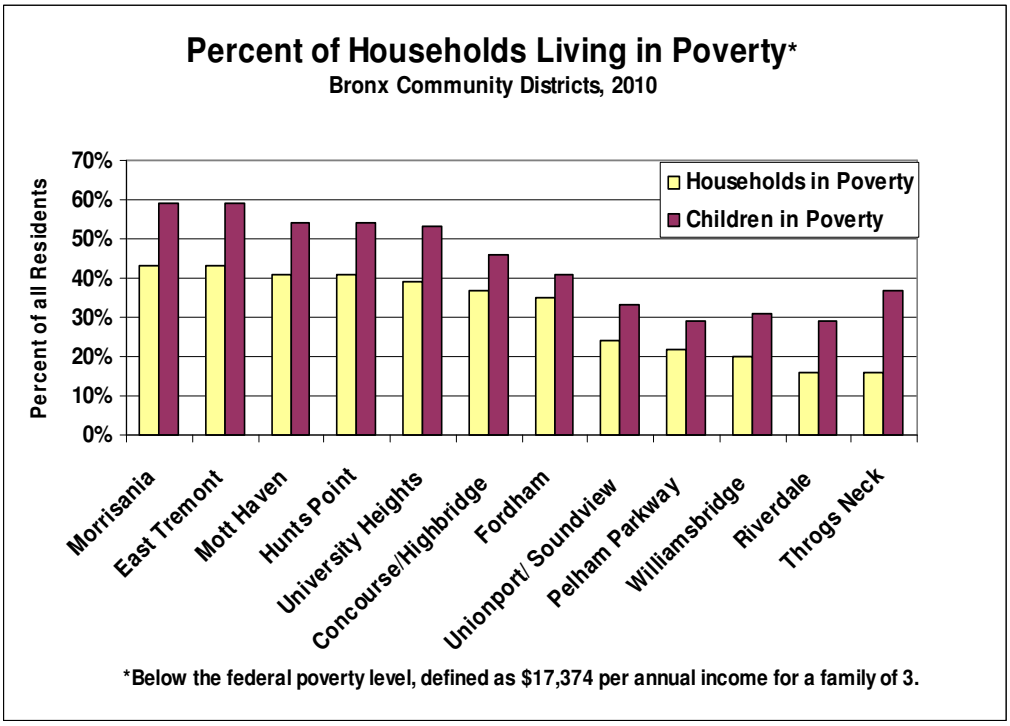
Poverty takes a particularly serious toll on children: In 2010, 45 percent of all Bronx children under the age of 5 years lived in households with incomes below the poverty level: $17,374 a year for a family of three. But in the four poorest neighborhoods, the below-poverty proportions ranged from 54 to 59 percent.

The problem is especially serious among families headed by single mothers. Being a single parent is difficult enough, but the added burden of poverty can interfere with a mother's ability to get proper care for herself and her children. In 2010, 51 percent of all Bronx households headed by single women with children under 18 had incomes below the poverty level, compared with 41 percent in New York City overall and 37 percent in Manhattan.

Percent of Households Below Federal Poverty Level

Bronx Community Districts, 2010

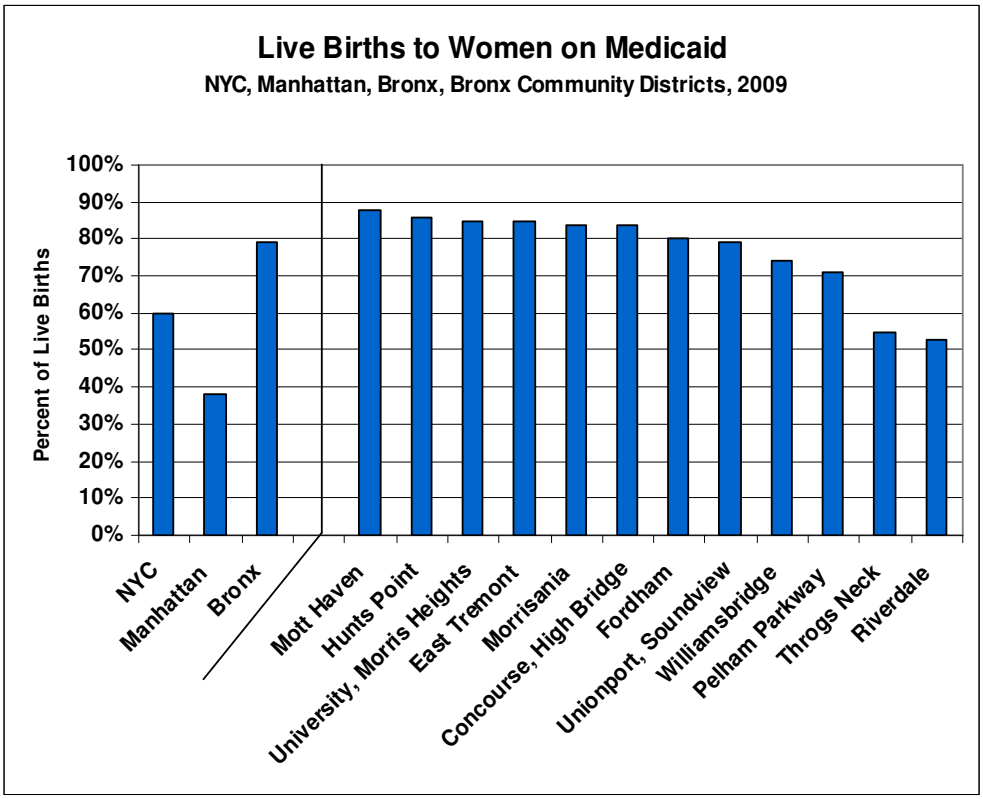




Source: U.S. Census, 2010; calculations courtesy of Citizens Committee for Children of New York

WHO PAYS FOR HOSPITAL CARE

The method of payment used to settle the hospital bill following labor and delivery—whether by the patient herself or by Medicaid, an HMO, or other insurance carrier—tells us something about the mother's financial resources. More than 78 percent of deliveries performed in the Bronx in 2009 were covered by Medicaid, a much higher rate than that of the city and state as a whole. All Bronx Community Districts have rates exceeding 50 percent, and only two (Throgs Neck and Riverdale) have rates considerably under 70 percent.



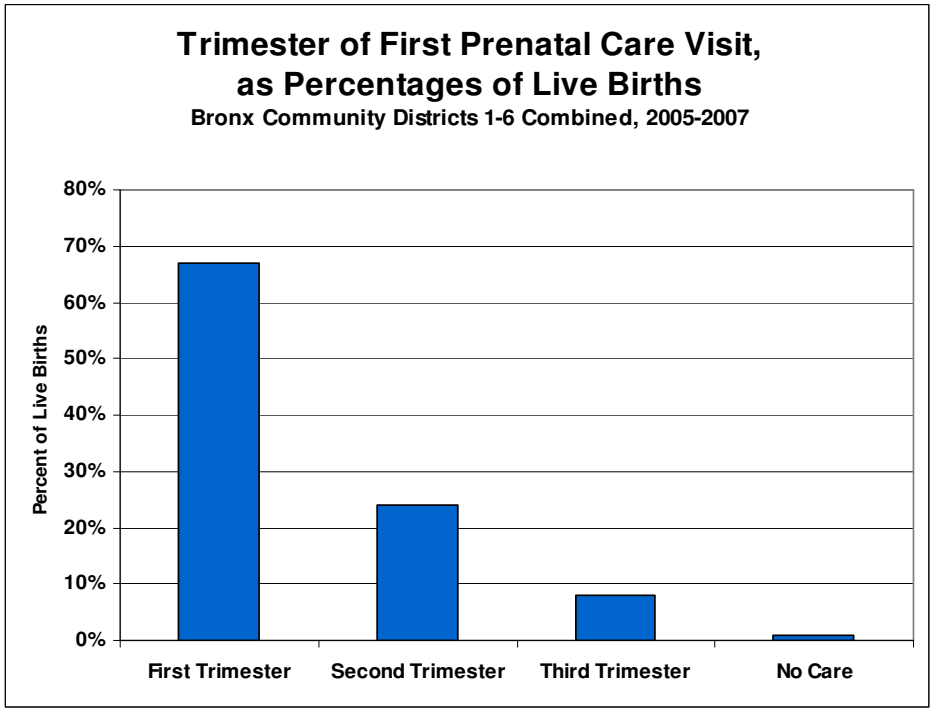
Source: *Summary of Vital Statistics 2009, the City of New York*, NYC Department of Health and Mental Hygiene

EARLY PRENATAL CARE

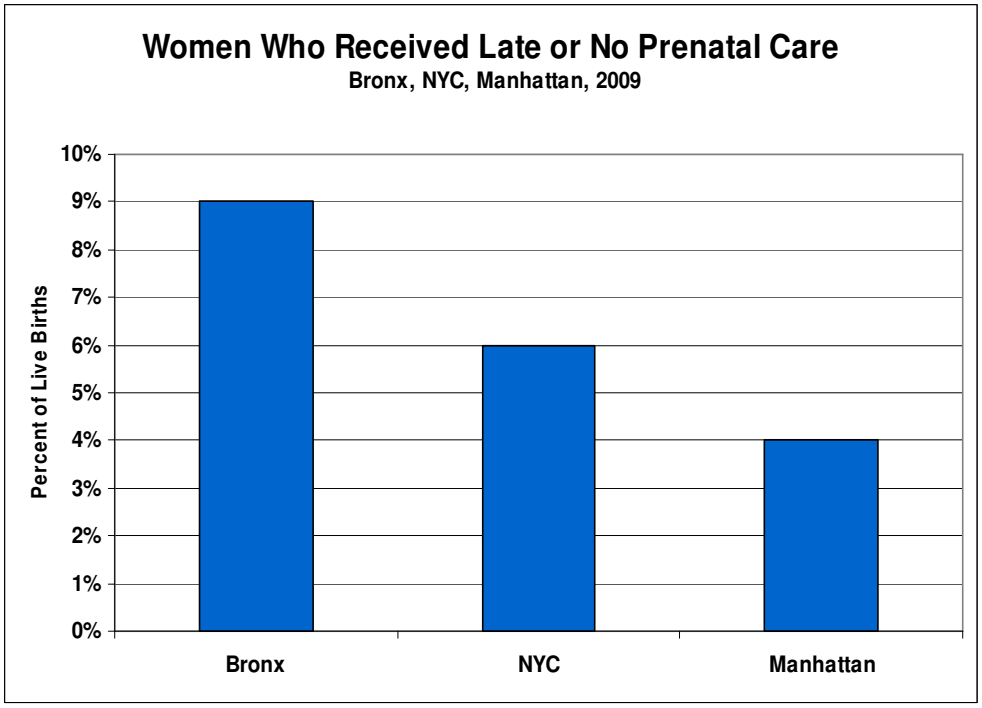
The best way for a mother to protect her health and that of her unborn child is to visit a doctor or other health professional early and regularly during pregnancy. Prenatal care should begin before conception and continue until after the baby is born. This is especially important for women who are overweight, or who have a history of diabetes, heart problems, or other health conditions that might increase the risk of problems during pregnancy and delivery.

The federal Healthy People 2020 program has set a goal that at least 78 percent of all pregnant women receive early and adequate prenatal care. Starting prenatal care as early as possible can help prevent serious health problems. But in 2005-7 (most recent data available), only 67 percent of all pregnant women in the six Community Districts of the South Bronx (the poorest neighborhoods) received prenatal care during the first three months of their pregnancies.

The percentage of pregnant women who get prenatal care only late in their pregnancies—or get none at all—is higher in the Bronx than it is in the city overall, and considerably higher than in Manhattan.



Source: Data provided by New York City Department of Health and Mental Hygiene

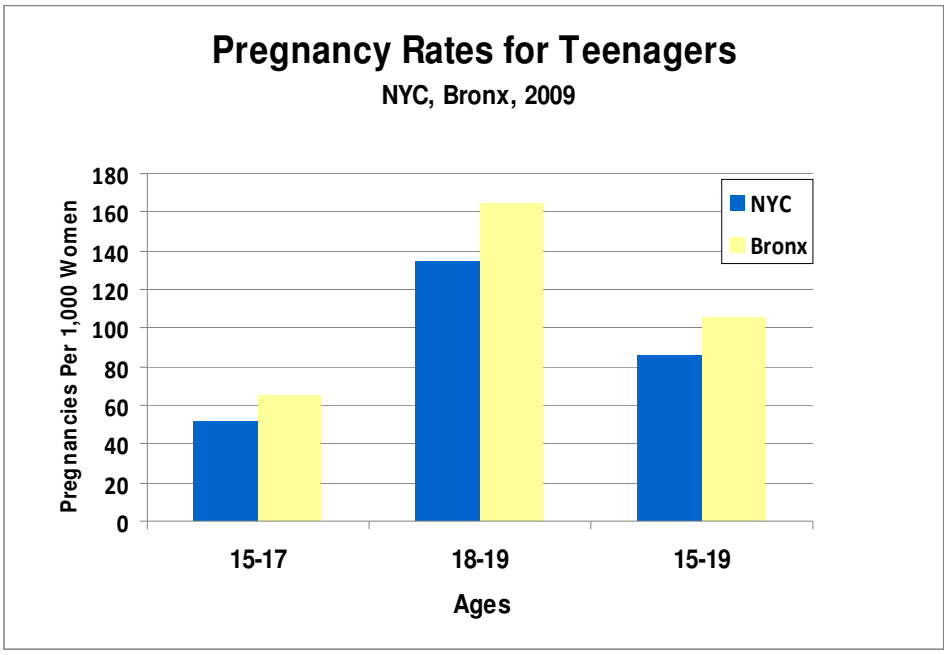


Source: *Vital Statistics of New York State, 2009*, NYS Department of Health

BIRTHS TO TEEN MOTHERS

Over the past two decades, both the pregnancy rate and the birth rate among teenagers in New York City have been declining. However, teenagers in the Bronx continue to become pregnant and give birth at levels exceeding the city as a whole, and considerably above the level in Manhattan. Pregnancy rates continue to be highest, both in the Bronx and citywide, among teens 18 to 19 years old.

Teenage mothers are less likely to finish high school or go to college, and they and their children are more likely to be poor. Also, a higher proportion of Bronx teens who delivered live babies (9.2 percent in 2007) received late or no prenatal care, compared to women of all ages (6.1 percent).



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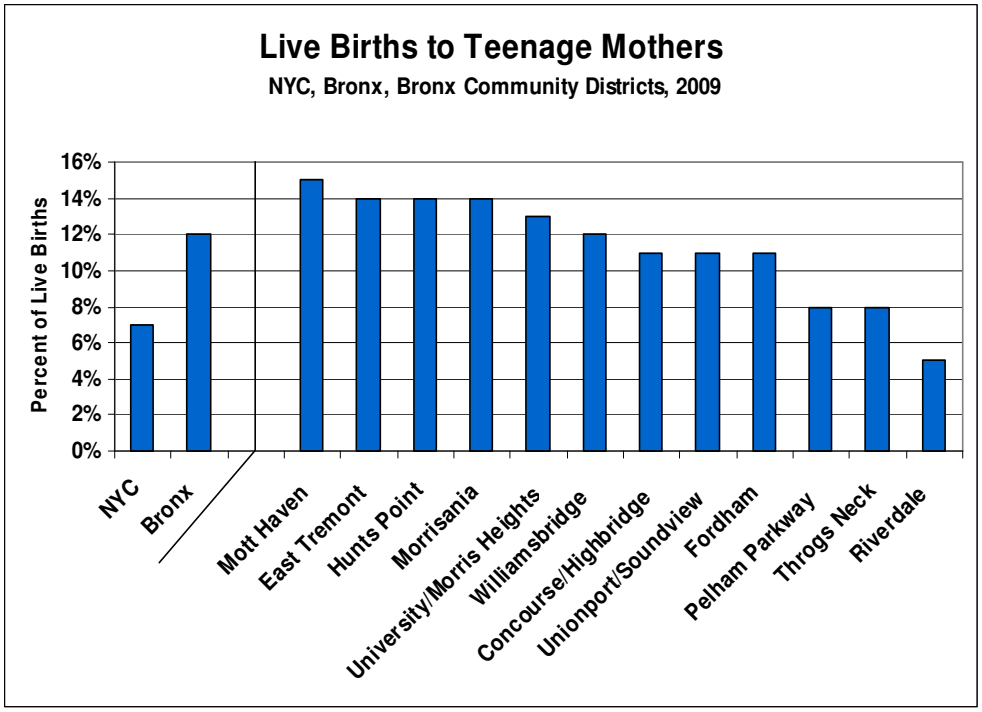
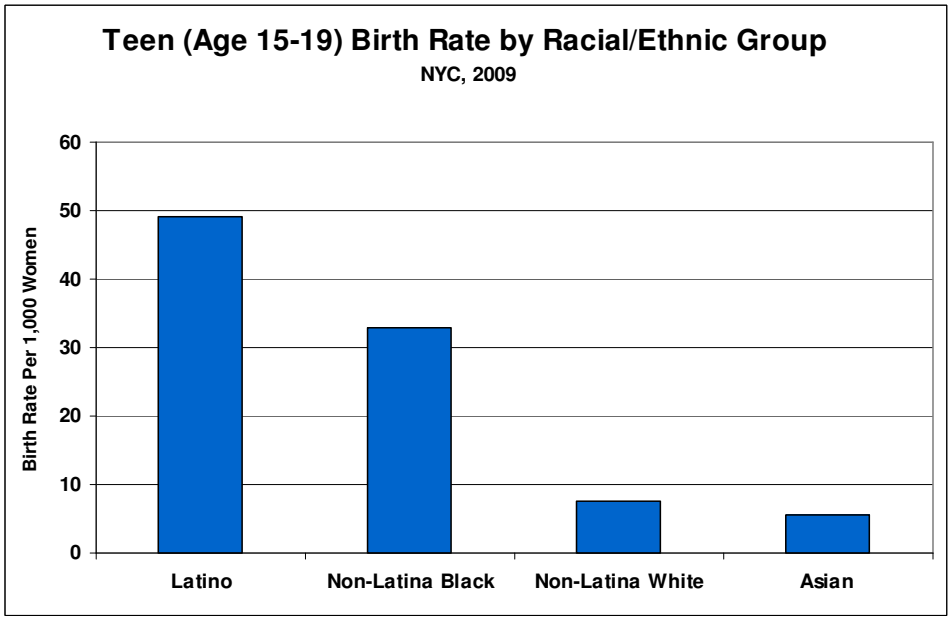


Source: *Summary of Vital Statistics 2009, the City of New York*, NYC Department of Health and Mental Hygiene

There is a large racial and ethnic disparity in the birth rates. Citywide in 2009, Latina teens had a birth rate six times that of non-Latina Whites and one and-a-half times that of non-Latina Blacks.

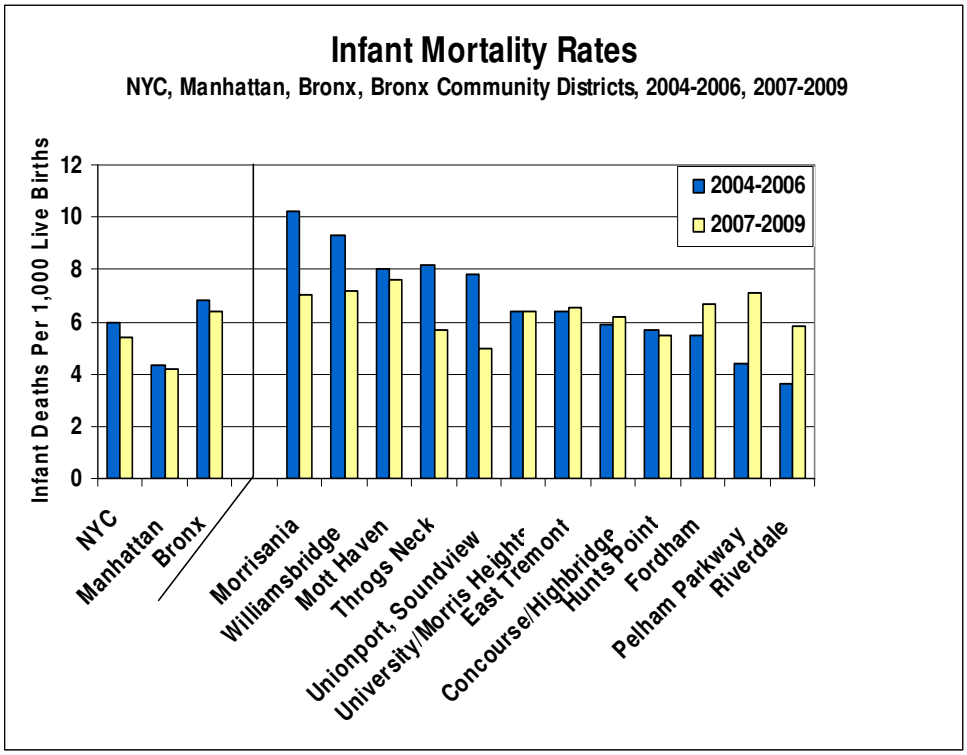


Source: *Summary of Vital Statistics 2009, the City of New York*, NYC Department of Health and Mental Hygiene

INFANT MORTALITY

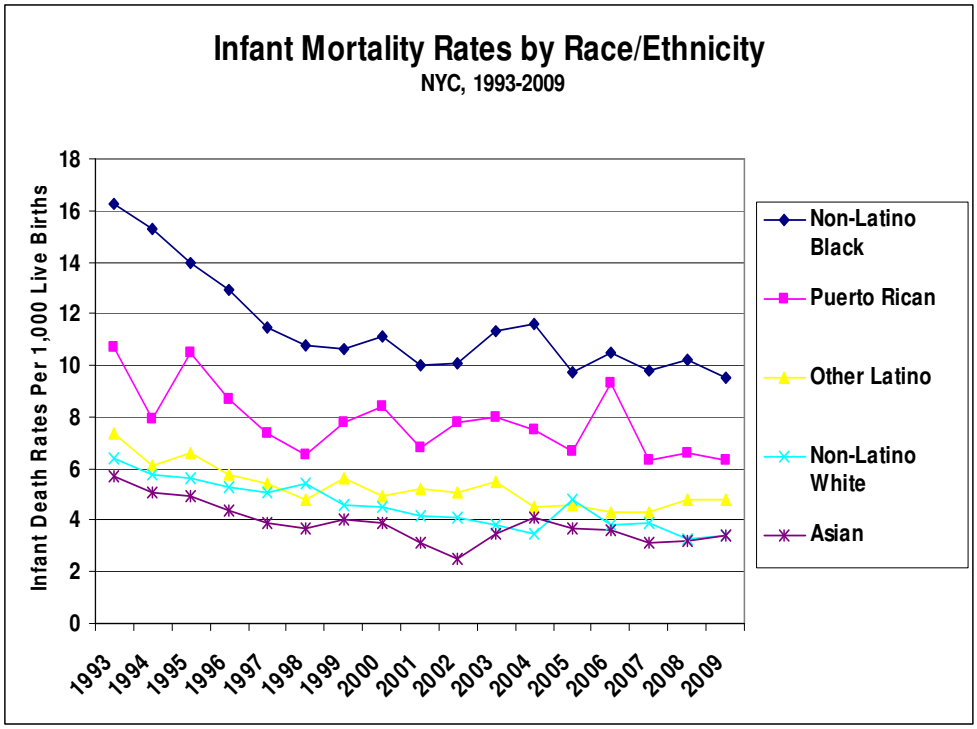
Infant mortality refers to the death of a baby before its first birthday. Even though the nationwide infant mortality rate has been declining steadily for several decades, the United States still lags behind 33 other industrialized nations, according to the 2011 edition of the United Nations *World Population Prospects* report. The best way to reduce the rate of infant deaths is to address some of its root causes: lack of good preconception and prenatal care, poor nutrition, underlying health conditions, poverty, and racial discrimination.

While New York City's infant mortality rate may rise or fall from year to year, there has been a downward trend in the past two decades. However, the Bronx has persistently had a rate significantly higher (6.4 per 1,000 live births in 2007-9) than that of the city as a whole (5.4). By comparison, the Healthy People 2020 goal is 6.0. In 2007-9, four Bronx neighborhoods that are among the borough's poorest—Mott Haven, Williamsbridge, Pelham Parkway, and Morrisania—had the highest infant death rates in the borough, all exceeding 7 deaths per 1,000 live births.



Sources: *Summary of Vital Statistics 2009, the City of New York*, NYC Department of Health and Mental Hygiene; information provided to The Bronx Health Link by request to the NYC Department of Health and Mental Hygiene

Despite some improvements in recent years, drastic gaps persist in infant mortality rates between people of color and white people in the Bronx, New York City as a whole**,** and nationwide. In the Bronx from 2007-09, the infant mortality rate for non-Latino Black babies (9.1) continued to be more than double that for non-Latina Whites (3.7), with the rate among Puerto Ricans only a little lower (7.3) than for non-Latino Blacks. The rates were 6.2 for Asians/Pacific Islanders and 4.2 for other Latinos.



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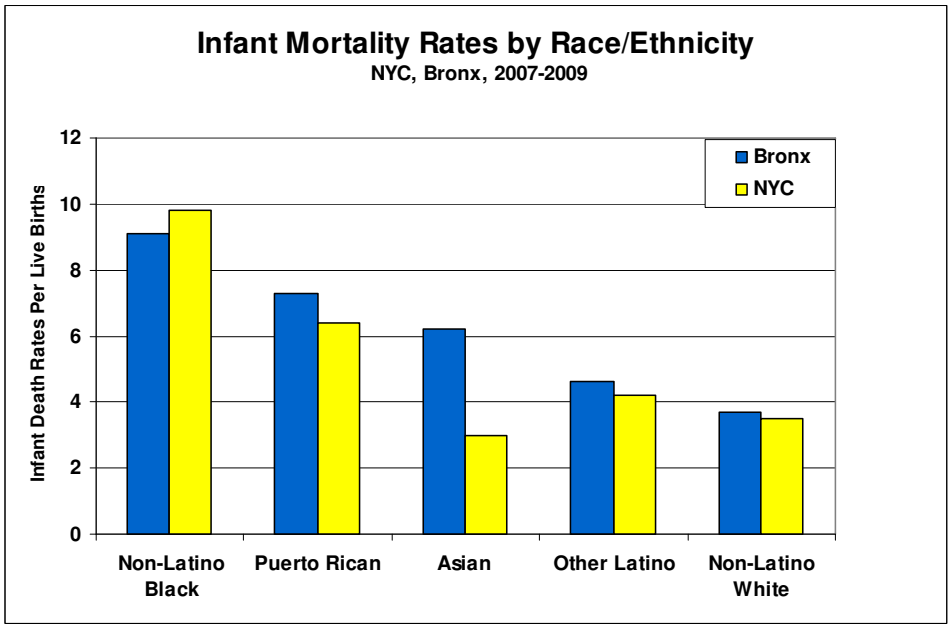


Sources: *Summary of Vital Statistics 2009, the City of New York*, NYC Department of Health and Mental Hygiene; information provided to The Bronx Health Link by request to the NYC Department of Health and Mental Hygiene

Causes of Infant Deaths

Most infant deaths occur within the first month after birth. The leading cause of infant deaths in New York City continues to be birth defects (congenital malformations and deformations). Of the 135 infants who died in 2009 from birth defects, 90 (two-thirds) died within the first month.

One area in which New Yorkers have done well is in reducing the number of infant deaths due to Sudden Infant Death Syndrome (SIDS). Whereas in 1997, 51 New York City babies died of SIDS, in 2009 only one baby died of that cause. Putting babies to sleep on their backs can help prevent SIDS.

In addition to helping prevent SIDS, generally successful efforts have been made to protect the infants of HIV-positive mothers against infection.

Leading Causes of Infant Death in New York City, 2009

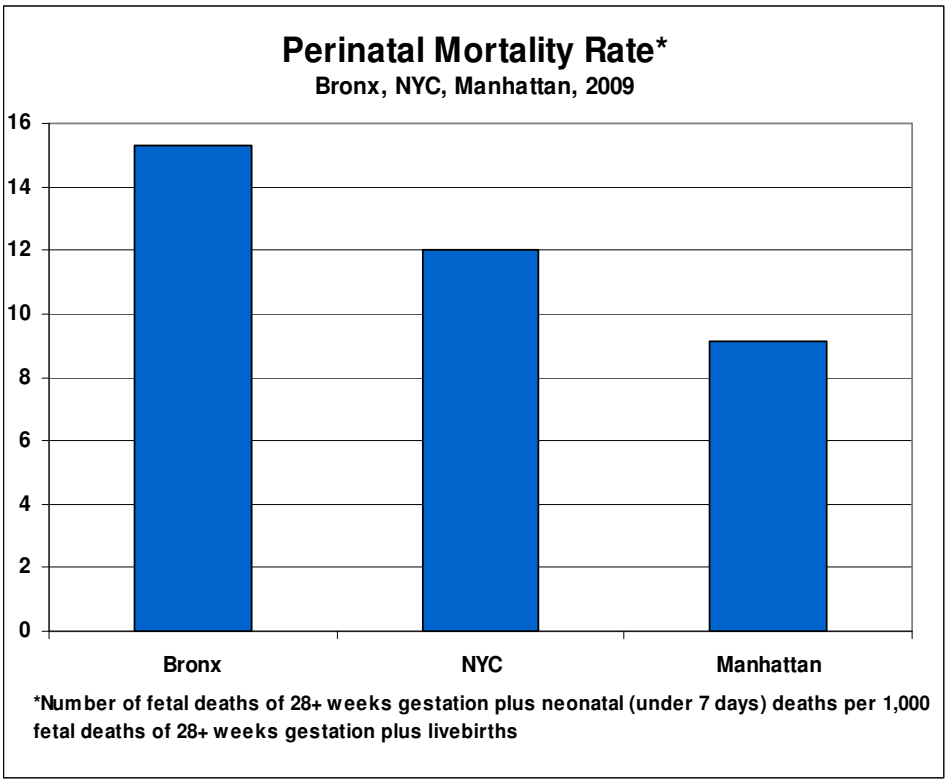
Cause of Death	*Number of Deaths*	*Percent of Total*
Congenital Malformation, Deformations	**135**	**20.2**
Short Gestation and Low Birth Weight	**128**	**19.2**
All Other Diseases	**88**	**13.2**
Cardiovascular Disorders Originating in the Perinatal Period	**77**	**11.5**
External Causes	**60**	**9**
Congenital Malformations of the Heart	**45**	**6.7**
Respiratory Distress of Newborn	**34**	**5.1**
Remainder of Conditions Originating in the Perinatal Period	**31**	**4.6**
Other Respiratory Conditions Originating in the Perinatal Period	**18**	**2.7**
Diseases of the Circulatory System	**14**	**2.1**
Newborn Affected by Complications of the Cord, Placenta, and Membrane	**14**	**2.1**
Necrotizing Enterocolitis of Newborn	**13**	**1.9**
Newborn Affected by Maternal Complications of Pregnancy	**11**	**1.6**
Neonatal Hemorrhage	**11**	**1.6**
Pulmonary Hemorrhage Originating in the Perinatal Period	**10**	**1.5**
Infections Specific to the Perinatal Period	**9**	**1.3**
Influenza and Pneumonia	**8**	**1.2**
Atelectasis	**4**	**.6**
Bacterial Sepsis of Newborn	**4**	**.6**
Intrauterine Hypoxia and Birth Asphyxia	**2**	**.3**
Sudden Infant Death Syndrome	**1**	**.1**

Source: *Summary of Vital Statistics 2009, the City of New York*, NYC Department of Health and Mental Hygiene

PERINATAL MORTALITY

The perinatal mortality rate—the number of fetuses that die after the fifth month of pregnancy, plus the number of infants who die within the first month after birth, for every 1,000 pregnancies—provides another indication of whether pregnant women and newborns are getting adequate care. Such deaths are sometimes the result of untreated medical problems during pregnancy that affect the health of mother and child.

The Bronx had a perinatal mortality rate in 2009 (15.3 perinatal deaths per 1,000 pregnancies) that was considerably higher than that of New York City as a whole (12), and even higher than that of Manhattan (9.1).

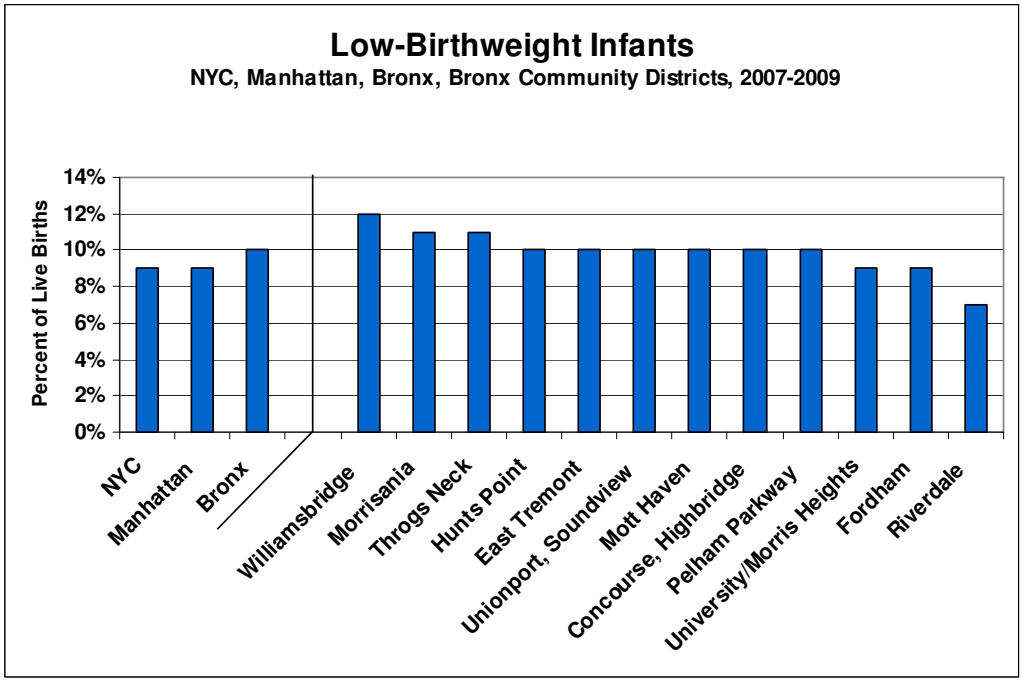


Source: *Summary of Vital Statistics 2009, the City of New York*, NYC Department of Health and Mental Hygiene

LOW BIRTHWEIGHT

Many factors that affect the health of a mother-to-be can also influence the growth and development of her unborn child. A mother's age, weight, diet, and substance use—including smoking, drug and alcohol use—can cause her baby to be smaller than normal at birth. Medical problems during pregnancy, such as hypertension (high blood pressure), anemia (low red blood cells), and diabetes (high blood sugar), can also contribute to low birthweight. That is why healthcare professionals stress the importance of early and regular prenatal care, and increasingly, preconception care, to identify and treat problems that could lead to poor fetal growth.

All Bronx neighborhoods except Riverdale had a greater percentage of low-birthweight infants in 2007-9 than did New York City overall. The highest levels are clustered among the youngest (17 and under) and oldest (35 and older) mothers.



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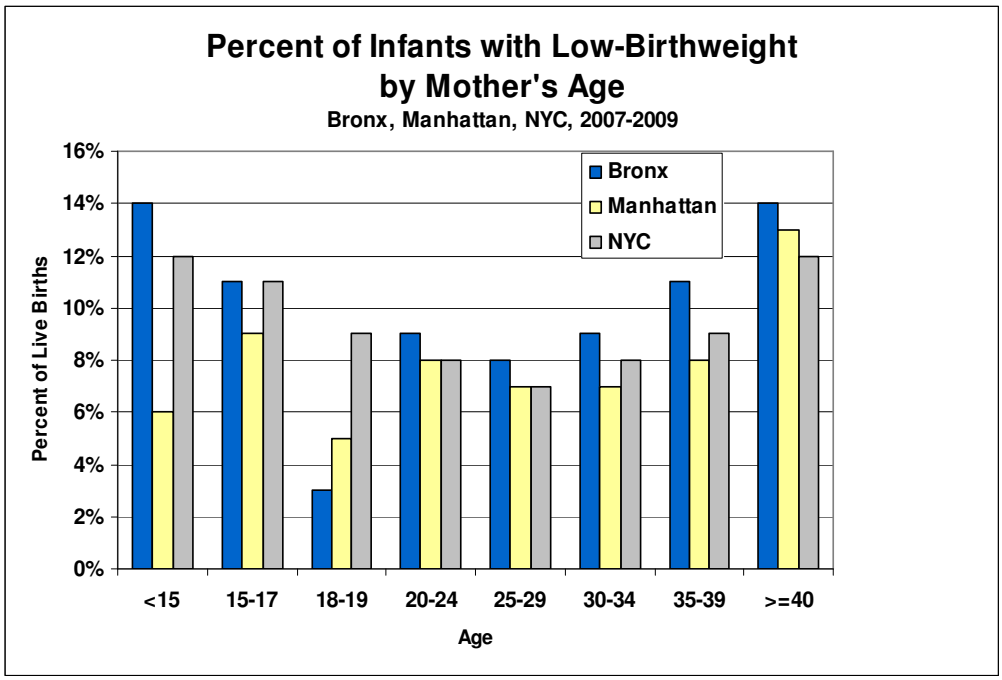
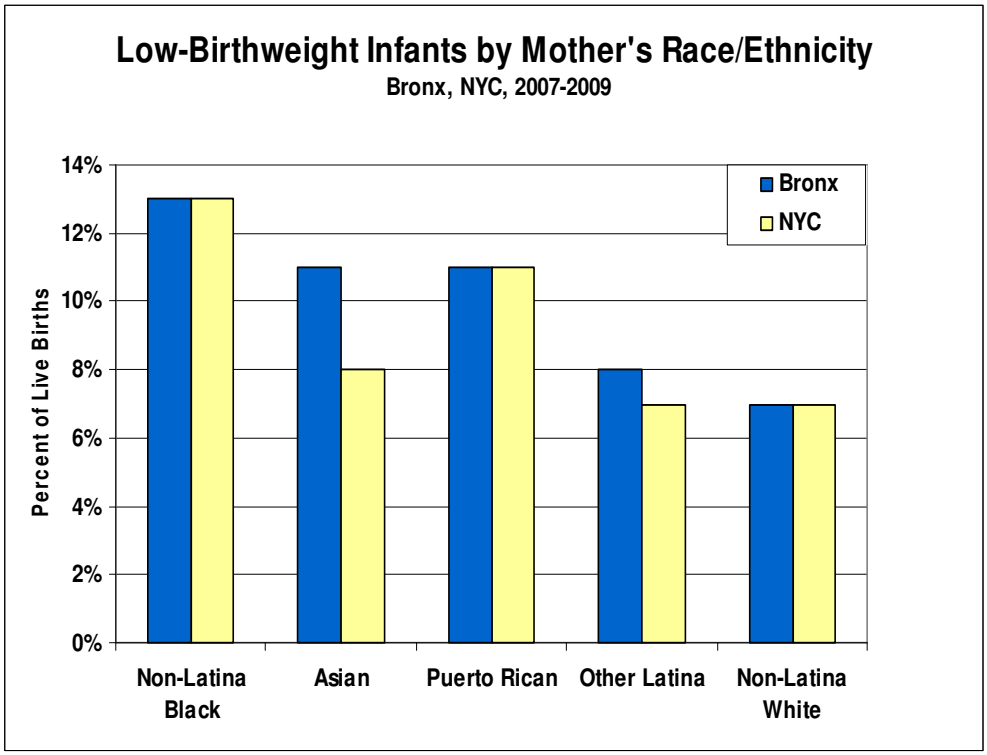


Sources: *Summary of Vital Statistics 2009, the City of New York*, NYC Department of Health and Mental Hygiene; information provided to The Bronx Health Link by request to the NYC Department of Health and Mental Hygiene

As in other areas of maternal and infant health, there are significant racial disparities. From 2007-9, non-Latina Black women in the Bronx had the highest rate of low birthweight (12.5 percent), followed by Asians (11.1 percent), and then Puerto Ricans (10.9 percent), other Latinas (7.7 percent), and non-Latina Whites (7.1 percent). The rates among mothers of different ages followed a typical pattern: highest among teens and women above 35, and even higher among those over 40.



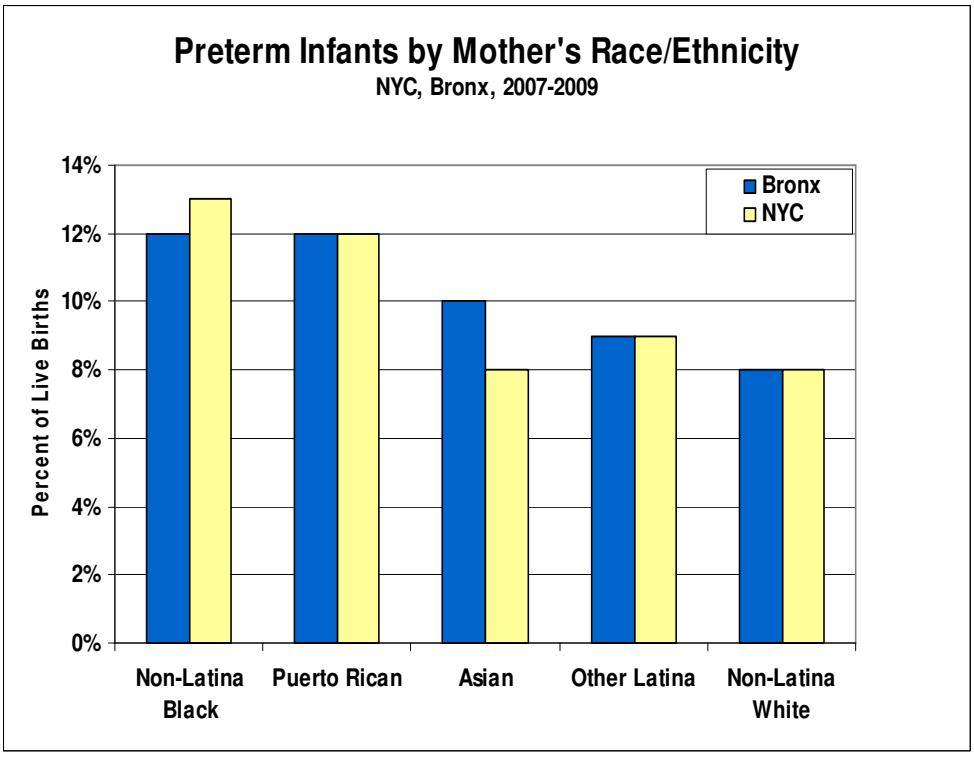
Sources: *Summary of Vital Statistics 2009, the City of New York*, NYC Department of Health and Mental Hygiene; Information provided to The Bronx Health Link by request to the NYC Department of Health and Mental Hygiene

PRETERM BIRTHS

Infants who are born prematurely—that is, before the full nine months of development—have a much higher risk of having health problems at birth. All Bronx neighborhoods except Fordham had a greater percentage of preterm births in 2007-9 than did New York City overall.

While genetic factors can play a role in determining whether babies are born prematurely, good nutrition and proper medical care during pregnancy, along with avoiding cigarettes, alcohol, and harmful drugs, - reduced exposure to pollutants in the environment, and reducing stress can help lessen the risk of preterm delivery.

Data shows a persistent disparity in the number of preterm births to women of color nationwide and citywide**.** From 2007-9, non-Latina Black women in the Bronx had the highest rate (11.8 percent), followed by Puerto Ricans (11.5 percent), and then Asians (10.4 percent), other Latinas (8.7 percent), and non-Latina Whites (7.8 percent). Levels of preterm birth levels in the city as a whole are higher than the Bronx for non-Latina Blacks and Puerto Ricans, but lower for Asians, other Latinos, and non-Latina Whites.



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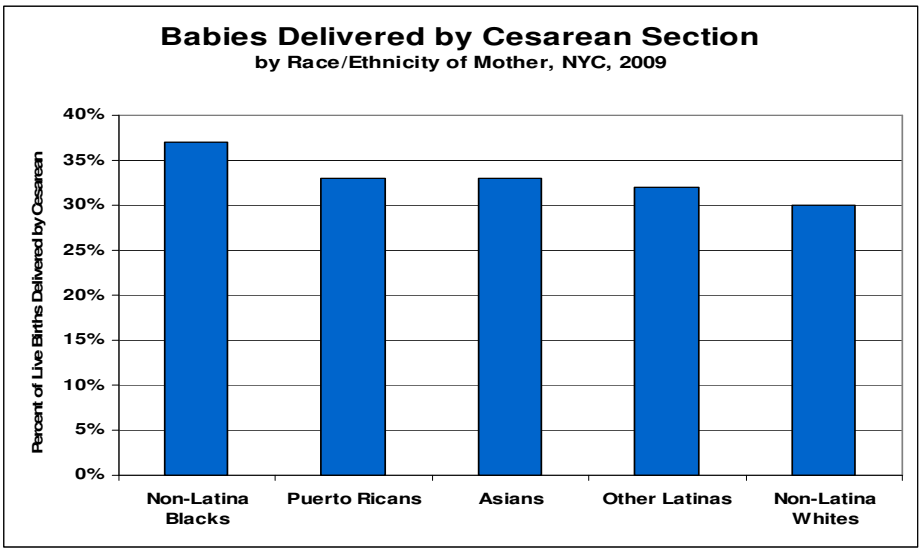
CESAREAN BIRTHS

Nationally and locally, the rate of Cesarean sections (or C sections) has been dramatically increasing in recent decades; when first measured in 1965, the U.S. rate was 5 percent of live births; in 2009 it was 33 percent – more than double the range of 5 to 15 percent recommended by the World Health Organization. In the Bronx, the rate has gone up from 23 percent of live births in 1997 to 25 percent in 2003 to 33 percent in 2009; Manhattan's rate is slightly higher at 34 percent. Rates at Bronx hospitals in 2009 ranged from 22 to 36 percent. (The New York State Maternity Information Act (MIA) requires all hospitals to provide women patients with a pamphlet containing statistics about its rates of C-sections and other childbirth procedures.)

Among other issues, elevated C-section rates can be a contributing factor to maternal mortality rates, which are already unacceptably high in New York. According to a 2011 report on U.S. maternal mortality by Amnesty International, "New analysis shows that the states reporting higher than average Cesarean rates (over 33 percent of births) had a 21 percent higher risk of maternal mortality than states with Cesarean rates less than 33 percent."[1] According to a 2010 report by the federal Maternal and Child Health Bureau, "The rising trend in cesarean rates may have…contributed to the apparent increase in maternal mortality during the past decade."[2]

Again, there is a significant racial disparity: Citywide in 2009, women of color had C-sections at higher rates than did non-Latina White women: non-Latina Blacks (37 percent); Puerto Ricans (34 percent); other Latinas (33 percent); Asians (33 percent); and non-Latina Whites (30 percent).



Source: *Summary of Vital Statistics 2009, the City of New York*, NYC Department of Health and Mental Hygiene

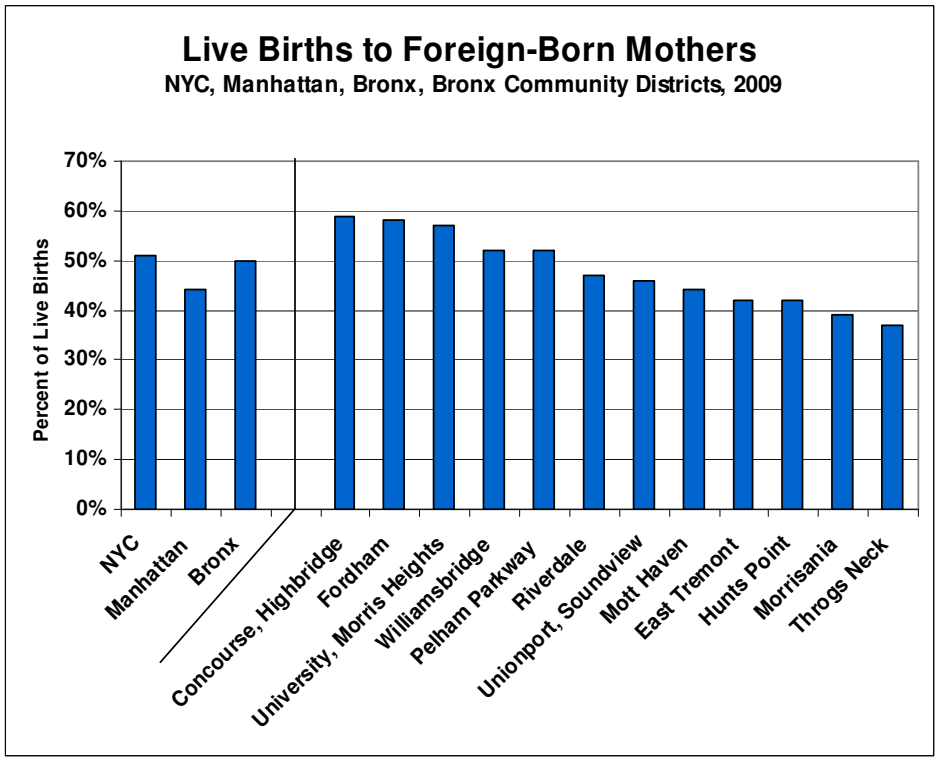
[1] Amnesty International, *Deadly Delivery: The Maternal Health Crisis in the USA – One Year Update, Spring 2011,* New York: Amnesty International; 2011. p. iv. Available at http://www.amnestyusa.org/pdf/DeadlyDeliveryOneYear.pdf.

[2] Singh GK. *Maternal Mortality in the United States, 1935-2007: Substantial Racial/Ethnic, Socioeconomic, and Geographic Disparities Persist.* Health Resources and Services Administration, Maternal and Child Health Bureau. Rockville, Maryland: U.S. Department of Health and Human Services; 2010. Available at http://www.hrsa.gov/ourstories/mchb75th/mchb75maternalmortality.pdf.

BIRTHS TO IMMIGRANT MOTHERS

While many New Yorkers are well aware of the steady flow of immigrants into the City, few may be familiar with one of the most dramatic impacts that these newest New Yorkers have had on the city: During the past few years, more than half of all babies have been born to immigrant mothers.

In the Bronx, 31 percent of the borough's almost 1.4 million residents are foreign-born, making the Bronx one of the top-10 most diverse cities in the United States according to the U.S. Census Bureau. Almost 50 percent of live births are to immigrant women, a level considerably higher than that for Manhattan. The highest proportions of births to foreign-born women are in Concourse/Highbridge, Fordham, and University/Morris Heights



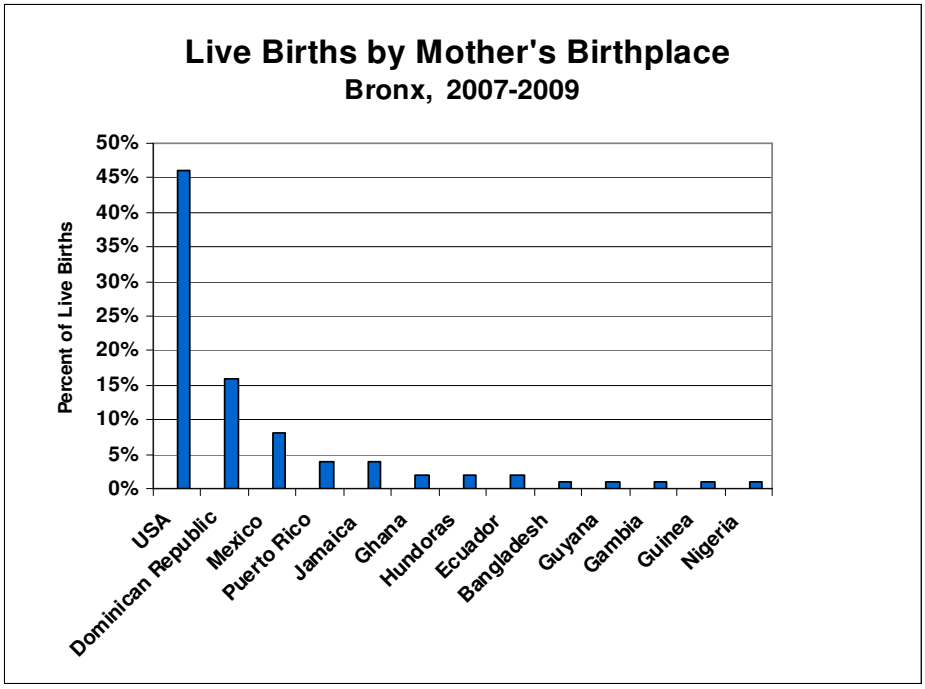
Source: *Summary of Vital Statistics 2009, the City of New York*, NYC Department of Health and Mental Hygiene

In 2007-9, babies born to mothers from Latin America accounted for a third of all live births in the Bronx. The largest single contributor is the Dominican Republic, the country of origin for 16 percent of women giving birth. Births to mothers from four African countries (Ghana, The Gambia, Guinea, and Nigeria) accounted for 5 percent of Bronx births.

Understanding these diverse backgrounds becomes crucial because, as health educator Rosmer Arzola said at the Bronx Perinatal Information Network's 2011 Annual Forum, "When people immigrate, they bring with them their traditional beliefs, values, and practices. Personal acculturation and economic status affect an immigrant woman's pregnancy and childbirth experience in New York City." In particular, research has shown that the longer immigrants are here in the U.S., the more they pick up the habits of this country – which are certainly not all good.

In addition, immigrants and the native-born use health care resources differently, with immigrants typically accessing them less frequently. Immigrants are more likely than native-born New Yorkers to be uninsured. They may not know how to get access to health services in the City. Studies have found that the majority of health care received by undocumented immigrants comes through emergency departments (EDs), while most of the remaining care is obtained through public clinics and community health centers. In addition, limited knowledge of English may present an additional barrier for some. As a result, translation services must be available – reliance on staff for to do so on an ad hoc basis is not enough. This does not simply mean providing translation into Spanish, because the Bronx has a multitude of ethnic communities.

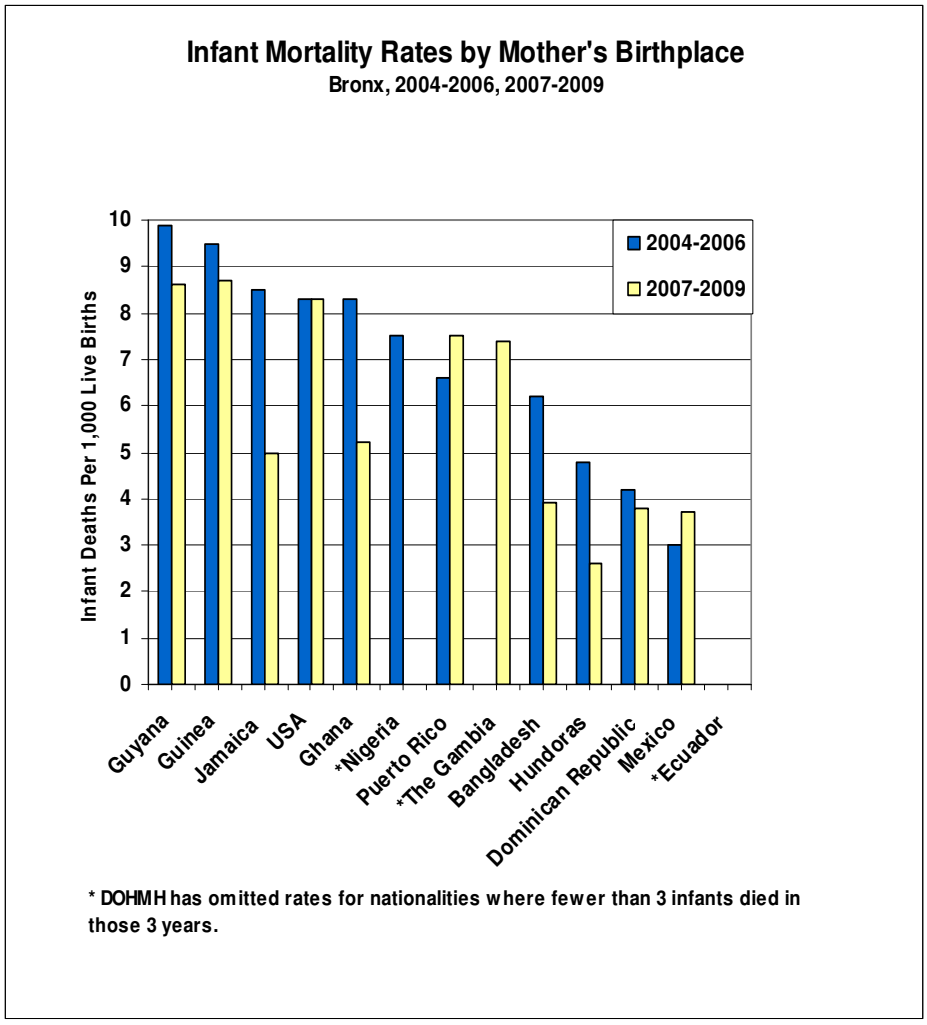
True cultural competence is much broader than just having staff members who are multilingual in the languages spoken in the service area. Among its other elements are: a diverse staff at all levels, reflective of and hired from the community; providers and staff who have learned to listen to patients, are cognizant of the cultural differences and are open to addressing those differences; acknowledgement that patients are attracted when the race/ethnicity/language of providers reflect the community; recognition of the methods to address problems facing new immigrants; friendly and respectful treatment of all patients; inclusion of pictures/paintings/colors of walls that reflect community cultures; and signs, posters, information translated into the common languages in the community. For more on cultural competence issues in maternal and infant health in the Bronx, see The Bronx Health Link's report, *Pregnancy, Childbirth, and Baby Care Across Cultures: Understanding, Serving and Respecting Immigrants in the Bronx*, available at www.bronxhealthlink.org/bronxhealthlink/bronxhealthlink/reports.



Source: Information provided to The Bronx Health Link by request to the NYC Department of Health and Mental Hygiene

Infant Mortality Among Immigrants

Infant mortality rates vary greatly across the Bronx's immigrant communities. In 2007-9, the Bronx death rate for infants of mothers born in Guyana, Guinea, Puerto Rico, and The Gambia were the highest; all exceeded the goal of 6.0 set by Healthy People 2020. For Bronx mothers of most nationalities (except Puerto Ricans and Mexicans), the infant mortality rate decreased between 2004-6 and 2007-9.



Source: Information provided to The Bronx Health Link by request to the NYC Department of Health and Mental Hygiene

WHERE DO WE GO FROM HERE?

This report has clearly demonstrated that birth outcomes in the Bronx -- despite some improvement in recent years -- remain deeply troubling, and that those most adversely affected are low-income women of color. Changing these conditions will require taking on the structures that entrench poverty, social barriers, and institutional cultures that disempower consumers. In turn, that means concerted action by all levels of government, as well as by healthcare institutions and community organizations.

As explained in the introduction, the Bronx is rich in the resources of many women who have maintained the strength of their families, surviving and even thriving under adverse conditions. There are also many dedicated health and human service providers who have developed creative programs despite the lack of adequate resources. Over the years, The Bronx Health Link has drawn upon those inspiring experiences – gathered through years of surveys, focus groups, workshops, conferences, and one-on-one discussions – to assemble recommendations for action to make progress on these seemingly intractable problems. These have been published in our prior reports (for copies, visit our website, www.bronxhealthlink.org).

To cite a few of the most significant recommendations:

- Build a financial and programmatic infrastructure to provide women with preventive health care, including preconception and interconception care, to make prenatal care far more effective in improving women's health and birth outcomes. First priority should go to women who have experienced premature births and/or suffered the death of an infant.

- Provide funding for additional community-based prenatal and postpartum clinics in underserved areas.

- Provide women with options for receiving maternity care. Among those options should be birthing centers wherein women design and determine the content of care and health care providers serve as consultants to childbearing women.

- Secure workplace support for pregnant and postpartum mothers, including: Affordable health insurance; paid maternity leave; onsite child care; flexible hours and home work; mothers' rooms (private areas to pump breast milk); and separate paid infant feeding breaks in addition to others.

- Properly serve the many ethnic groups, especially the growing immigrant population, in the Bronx, by doing the following:

  Having healthcare providers:
  - Consider the cultural traditions of patients when treating them – especially regarding sensitive topics such as sexuality and family planning;
  - Understand that there are cultures within cultures, so that even immigrants from the same country may have very different traditions, beliefs, and languages; and
  - Adopt the "best practices" for care of immigrants listed on our report, *Pregnancy, Childbirth, and Baby Care Across Cultures: Understanding, Respecting, and Serving Immigrants in the Bronx*

  Having the government:
  - Exercise leadership in cultural competency mandates;
  - Provide funding for workforce diversity and medical education opportunity;
  - Provide funding for all facilities providing prenatal and postpartum care to hire multilingual, culturally competent staff and translators and to make available multi-lingual printed materials;

- Enforce existing language access rules;
- Enforce civil rights laws about nondiscrimination in healthcare; and
- improve support of community-based outreach, education, and navigation programs.

Finally, there is a key overarching recommendation about the structure of decision-making on these issues: All institutions must ensure the active role of communities, and especially women, in formulating and executing health promotion, education and care programs. They can participate either as members of Boards of Directors or Community Advisory Boards. In addition, community-based participatory research should be used to engage the community in the development and implementation of programs and services.

In closing, we are issuing this report as an urgent call to action and as a tool for others to use to advance these goals. Health inequities can be reversed, and equity achieved. We owe it to the women and children of the Bronx, who are most severely underserved to do nothing less. We invite all individuals, organizations, and governmental officials who want to reverse these atrocious conditions to join us in this work.

GLOSSARY

Birth Rate: Number of births in a year per 1,000 people. (See also "Rate" below.)

Cesarean / C Section: Instead of being born vaginally, the infant is surgically delivered through the mother's abdominal wall.

Childbearing Age: Women between the ages of 15 and 44 years.

Congenital Malformation: A physical defect that is present at birth.

Fetus: A human or animal that is developing in the mother before birth.

Gestation: The growth of the fetus during the months of pregnancy.

Healthy People 2020: A national health agenda developed by the U.S. Department of Health and Human Services that identifies major diseases and health conditions and sets targets to prevent or reduce these threats by the year 2020. (For goals concerning maternal, infant, and child health, go to http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=26).

Infant Mortality Rate: The number of infant deaths per 1,000 live births during a period of one year.

Low Birthweight: Baby who weighs less than 2,500 grams at birth.

Mortality: Death.

Pregnancy Rate: Number of women who are pregnant divided by the number of women who are of childbearing age.

Perinatal: The period shortly before, during, and shortly after birth.

Perinatal Mortality Rate: The number of fetuses that die after 28 weeks of pregnancy, plus the number of infants who die within the first week after birth, for every 1,000 pregnancies.

Prenatal Care: The health care and education given to a mother just before and during pregnancy to identify and treat medical problems that may arise.

Preterm / Premature Birth: The birth of a fetus before it has time to fully develop, defined by the New York City Health Department as less than 37 weeks after conception.

Rate: A calculated number that is used to express the number of events (deaths or cases) within a group of individuals in a given period of time. For example, 150 events per 100,000 people per year.

SIDS / Sudden Infant Death Syndrome: The sudden, unexplained death of an infant less than a year old.

For More Information

The following websites can provide additional information concerning pregnancy care and services, and statistics related to infant and maternal health:

Centers for Disease Control and Prevention: www.cdc.gov/health/nfantsmenu.htm
New York City Department of Health and Mental Hygiene: www.nyc.gov/html/doh
New York State Department of Health: www.health.state.ny.us
March of Dimes: www.marchofdimes.com
Planned Parenthood of New York City: www.ppnyc.org

Technical Notes

Infant and maternal birth and death data for the state and, in some cases, city and borough come from *Vital Statistics of New York State, 2009*, a compendium of mortality and health-related conditions reported by cities and counties to the NYSDOH. City and borough data come from *Summary of Vital Statistics of the City of New York*, Office of Vital Statistics, NYCDOHMH, and from data provided directly to The Bronx Health Link by request to the NYCDOHMH.

Efforts to analyze local data for particular conditions, such as infant deaths to mothers of foreign birth, can present the researcher with considerable difficulties. For example, death certificates completed at the time of death may omit information that reports the place of birth of the mother. Also, the number of infant deaths in an area may be too small to allow the researcher to extrapolate the results to the general population. However, whenever possible, the NYCDOHMH has made every effort to provide as much local data as possible.

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Visit our website: www.bronxhealthlink.org
for free downloadable copies of this report, as well as:

- **Information on our maternal and child health promotion programs**
- **Free consumer information**
- **Background on Bronx health issues**
- **Free daily health e-newsletter**