PROJECT NAME: Kalamazoo County Healthy Babies-Healthy Start

TITLE OF REPORT: Reproductive Health Choices; variation by race

**AUTHORS** 

# Section I: Introduction

Infant mortality is the death of a baby in the first year of life. The infant mortality rate (IMR) is the number of infant deaths for every 1000 live births. Infant mortality is often used as an indicator of the overall health of a community, particularly that of our most vulnerable citizens. It

overall infant mortality. The mechanism by which this happens is not fully understood. Its

They were compensated \$25. Supplemental demographic, healthcare and health outcomes data was abstracted from vital record birth abstracts and from medical records.

## Population & Study Sample:

There are 3,100 births in Kalamazoo County per year on average. Among these births, an estimated 1750 are women are in the target population with risk factors such as, being of color, low income or having a previous poor birth outcome. Around 80% of women have all three risk factors.

Study inclusion criterion was being a resident of Kalamazoo County at the time of delivery. Study exclusion criteria were (1) Not medically cleared by hospital staff at the time of recruitment, (2) Primary language was not English and (3) Cognitively impaired with a legal guardian, as indicated by hospital staff.

# Data Collection & Measurement:

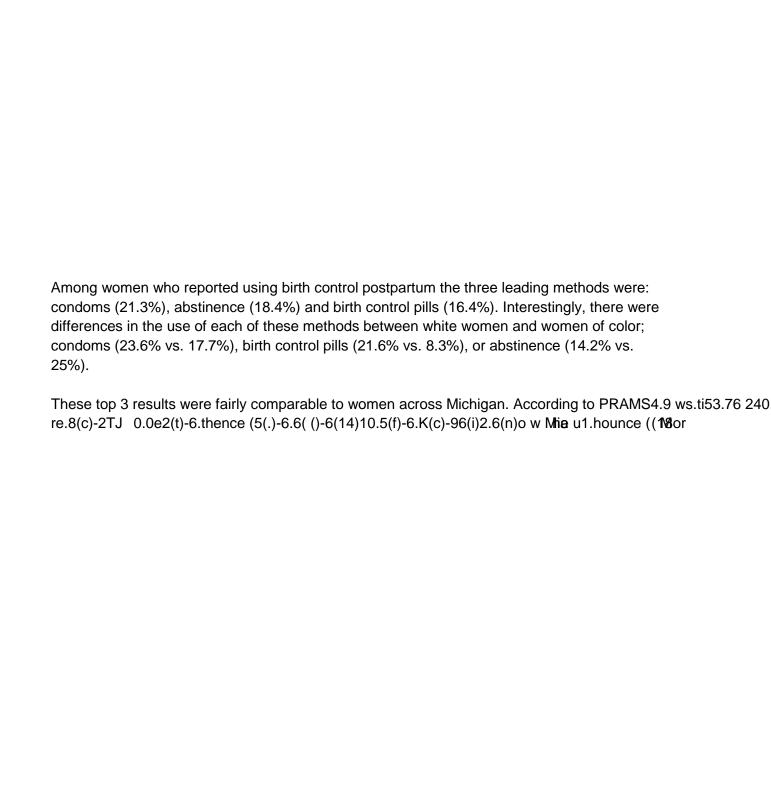
#### Statistical Analysis:

The statistics were done in SPSS and were simple frequencies and distributions with Pearson Chi square for comparison.

### Section III: Findings

#### Results:

By the second postpartum month, 85.6% of 243 surveyed women report having a birth control method. Reasons for not having a birth control method include not yet having a postpartum visit (31.4%), ambivalence about becoming pregnant (25.7%) or not wanting to use birth control (22.9%). These reasons do not vary by race or by income. Both postpartum visit and use of a medically prescribed birth control method were significantly lower among women of color compared to white women (



Barriers	Blackhildren		C in Squar -
	N = 96	N = 148	value
Lack of reliable.  Transportation	1,2 3% 5 1	U%^^^	<.UU1 <sup>1</sup>
Non-Pri vate Insurance	υ <b>Σ</b> :35%	∠3.5 78°	<.U01ª+
Poverty	42_7%	16.2%	<.001*
Мёскаї ноте	88.4 %	95.9%	U.32
Primary Doctor	3.4		75

To determine if there are differences in what factors impact access to birth control we looked at a number of barriers, and there are statistically significant differences between white women and black women in Kalamazoo County. Furthermore, significantly fewer women of color report having a medical home compared to white women (88.4% and 95.9%, respectively p=.032), and even fewer report having a primary doctor (one they could name) (34.7% and 54.7%, respectively, p=.002).

Women of color are significantly more likely to report the following socioeconomic barriers compared to white women: lack of reliable transportation (11.5% vs 0%, p<.001), non-private insurance (62.5% vs 25.7%, p<.001), or poverty (42.7%, 16.2%, p<.001). Poverty, was determined to be less than \$20,000 total household income per year.

## **Conclusions:**

Our data suggests there are differences in postpartum birth control choice between white women and women of color in Kalamazoo county. Furthermore, women of color experience more barriers that may impact contraception choice. When we looked at the top 3 most commonly used postpartum birth control methods used by women, the top 3 choices are some of the least effective options available. Abstinence only sexual education has been shown to be one of the least effective means to prevent intended pregnancies, interestingly, this is one of the leading postpartum birth control methods chosen by women in this study. It is also the primary sexual education taught in Kalamazoo County. Further investigation into the factors that impact postpartum birth control choice by women may address the race-related and socioeconomic disparities seen in infant mortality.

### Resources

Bocanegra HTD, Braughton M, Bradsberry M, Howell M, Logan J, Schwarz EB. Racial and ethnic disparities in postpartum care and contraception in California's Medicaid program. *American Journal of Obstetrics and Gynecology*. 2017;217(1). doi:10.1016/j.ajog.2017.02.040.