

A Bird's Eye View of Racial and Ethnic Disparities for Selected Postpartum Behaviors Post-Exposure to Maternal Health Education/Support, PRAMS 2016-2021

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INTRODUCTION

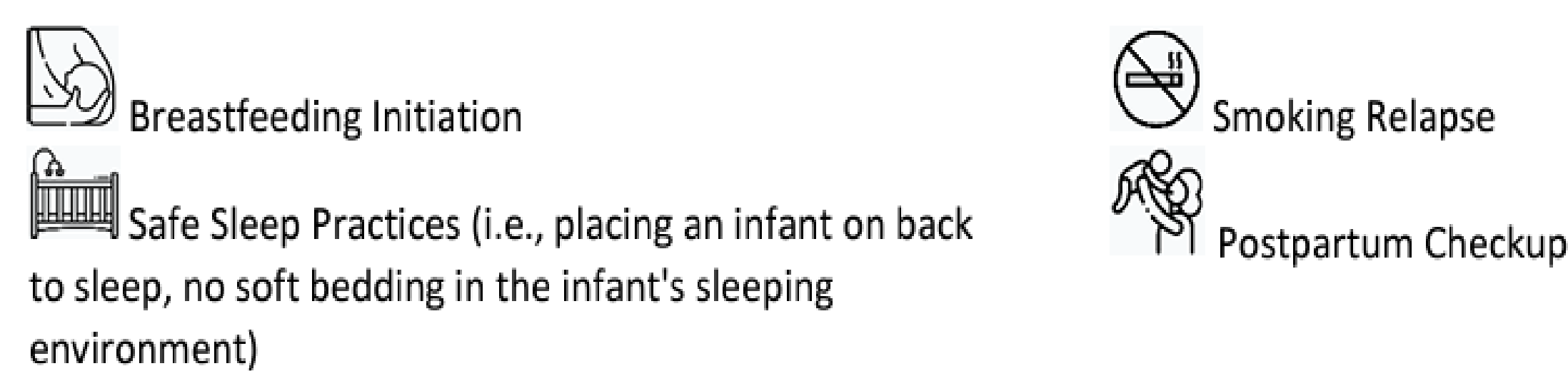
New Jersey offers many initiatives aimed to make it the safest, most equitable place to have a baby. Evidenced-based home visiting (EBHV) supports birthing individuals residing in vulnerable communities to achieve positive maternal and child health outcomes. Childbirth education (CBE) improves birth outcomes by educating parents about healthy lifestyles, labor, and birth experiences. EBHV and CBE promote healthy childbirth experiences and postpartum care.

New Jersey Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project of the New Jersey Department of Health (NJDOH) and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for NJ mothers and infants and impact maternal and child health policy and practice.



METHODS

NJ PRAMS data collected between 2016-2021 was analyzed and used to examine the association between attendance at childbirth classes, home visitation during and after pregnancy, and postpartum behaviors among PRAMS survey participants (i.e., 10,800 NJ mothers). The independent variable selected for this study is a combination of childbirth class and home visitation during and after pregnancy (categorized as yes/no). The dependent variables selected as key postpartum behaviors included:



All statistical analyses were conducted using SAS 9.4. Logistic regression analyses were performed, and adjustments were made by race/ethnicity.

RESULTS

When adjusted for race/ethnicity, compared to their white counterparts, Black, Non-Hispanic (NH) women were 20.8% less likely to initiate breastfeeding, 17.1% less likely to place their infant on their back to sleep, and 20.8% less likely to attend their postpartum visit.

Across the years 2016 to 2021:

- 89.9% of NJ PRAMS survey respondents initiated breastfeeding post-delivery. Of the NJ PRAMS survey respondents who initiated breastfeeding, 27.8% had been exposed to CBE.
- 46.3% of NJ PRAMS survey respondents reported placing their infant to sleep without any soft bedding. Of the NJ PRAMS survey respondents who placed their infant to sleep without soft bedding, 29.6% were exposed to CBE.
- 34.3% of NJ PRAMS survey respondents relapsed after quitting smoking during pregnancy. Of the NJ PRAMS survey respondents who relapsed, 18.6% were exposed to CBE.
- 88.8% of NJ PRAMS survey respondents attended their postpartum checkup. Of the NJ PRAMS survey respondents who attended their postpartum checkup, 27.7% were exposed to CBE.

Selected Postpartum Behaviors	Total PRAMS Respondents	Exposure to CBE
Breastfeed Initiation	89.9%	27.8%
Adopted Safe Sleep Practices		
Back to Sleep	73.3%	27.9%
No Soft Bedding	46.3%	29.6%
Smoking Relapse	34.3%	18.6%
Attended Postpartum Check-up	88.8%	27.7%

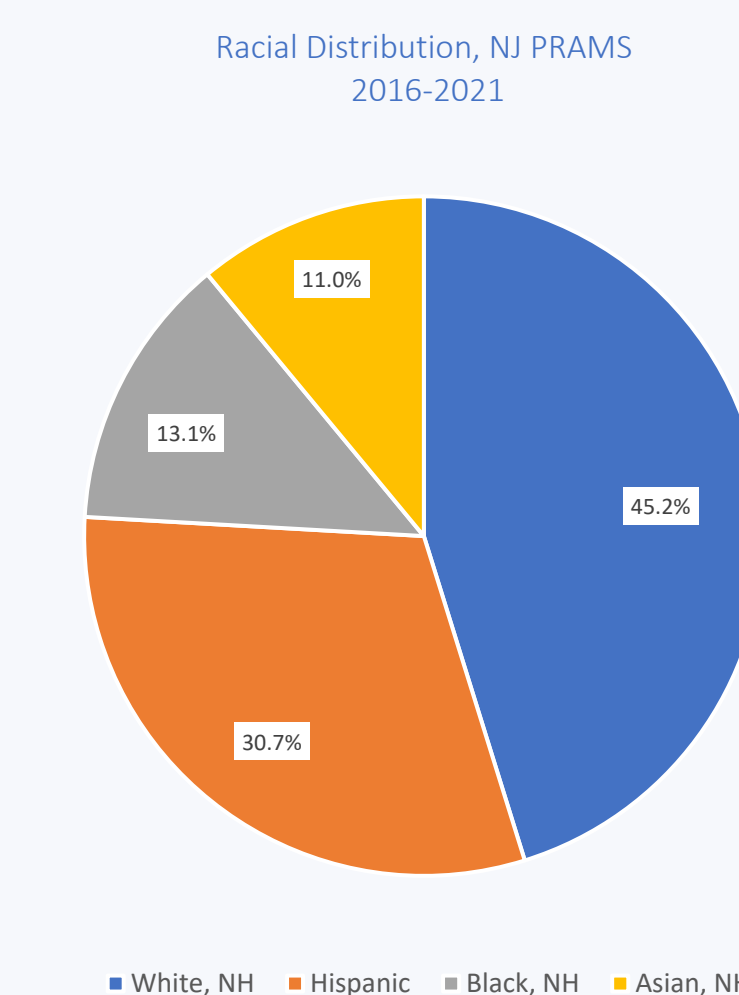
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DISCUSSION/ CONCLUSION

As of 2021, about 9.2 million people reside in NJ. They are distributed over 21 counties with an ethnic breakdown of 71.1% White, NH; 15.3% Black or African American, NH; 21.5% Hispanic of any race; and 10.3% Asian, NH. There are approximately 100,000 live births in NJ each year. In 2021, 46.1% of reported births were of White, NH descent women; 30.0% were of Hispanic descent; nearly 13% of all live births were of Black, NH descent; and about 10% were of Asian, NH descent. The racial and ethnic makeup of PRAMS survey respondents from 2016-2021 mirrors the racial and ethnic makeup of the 2021 NJ mothers.

U.S. Census Bureau, U.S. Census Bureau QuickFacts: New Jersey
New Jersey Department of Health's State Health Assessment Data, NJSHAD - Query Result - New Jersey Birth Data: 1990-2021 - Count (state.nj.us)



Through a collaborative and coordinated community-driven approach that facilitates increased access to comprehensive and culturally sensitive prenatal and postpartum care, NJDOH is taking a holistic approach to tackling the persistent racial and ethnic disparities related to maternal and child health outcomes. The EBHV programs provided through NJ Maternal Infant and Early Childhood Home Visiting (MIECHV) focus on giving women of childbearing age, infants, and their families access to resources and referrals to local community services that promote child and family wellness. NJDOH implements innovative activities such as MIECHV, in municipalities with high Black, NH; and Hispanic infant and maternal mortality rates. Through NJDOH program initiatives, the opportunity is offered to mothers to get referred through [ConnectingNJ](#) to a network of EBHV programs, community partners, agencies, and local services that seek to improve health outcomes. These activities focus on increasing breastfeeding initiation, safe sleep practices, postpartum care, and smoking cessation/relapse education during the postpartum period. Services are available to mothers in all 13 MIECHV funded NJ counties.

In conclusion, findings warrant continued implementation of CBE and EBHV programs in diverse communities to improve maternal health, postpartum behaviors, and infant health outcomes. Additional analyses are needed to determine the racial/ethnic disparities observed concerning postpartum behaviors.