



The Courage to Love: Implications for Care, Research and Public Policy to Reduce Infant Mortality

The National Commission on Infant Mortality
The Health Policy Institute of the Joint Center for Political
and Economic Studies

“When I speak of love I am not speaking of some sentimental and weak response. I am speaking of that force which all of the great religions have seen as the supreme unifying principle of life.”

~ Martin Luther King, Jr.

BACKGROUND

- The calculation of **infant mortality** is important and revealing, since, whatever the risks factors are for premature deaths overall, that **risk is compounded for children of color**.
- Specifically, African-American children are more than twice as likely as European-and Hispanic-Americans to die within a year of birth (13.6 compared to 5.50 and 5.56 per 1,000 respectively).
- Equally unflattering if not disturbing is the fact that **America’s infant mortality rate ranks last among 26 industrialized nations** with populations over 2,500,000 including Cuba.
- The causes of infant mortality are manifold and include congenital malformations (a leading cause of death for white infants but not black infants), prematurity and low-birth-weight, Sudden Infant Death Syndrome (SIDS), and unintentional injuries.
- The Commission focused especially on premature and low-birth-weight infants as these children **contribute most significantly to infant mortality rates** and because prematurity lends itself to consideration of the relationship between the psychobiology and sociology of pregnancy.

The National Commission on Infant Mortality finds that:

- *The presumption that pregnancy is a pathological condition, and prenatal care as essential to reducing infant mortality rates, must be reexamined.*
- *Ascribing immorality, ignorance, and incompetence to women generally imposes a much heavier burden on black women especially.*
- *Throughout the history of infant mortality rate analysis there is evident an awareness, however dim, that toxic social relationships and/or conditions adversely affect maternal and child health.*

Relationality: Implications for Care, Research, and Public Policy

If there were a single, simplistic phrase to capture the core value guiding care, research and public policy to reduce infant mortality it would be this: There is a difference between *sending bread to a sister* and *breaking bread with a sister*. Similarly, there is a difference between crafting policy for

women and co-creating policy with women. The enactment of social justice and the invitation to participatory democracy is at the heart of healing from the wounds of misogyny, racism and other pathologies of power in relationship that are, very probably, causally related to infant mortality.

PUBLIC POLICY RECCOMENDATIONS

- **All public policy should include a “relational impact statement” similar in form to the economic and environmental impact statements now employed in policy analysis.**

Relational impact statements would include answers to questions such as the following: How will politically/economically disfranchised citizens be advantaged or disadvantaged by a policy? Have all stakeholders, especially the traditionally disfranchised, been afforded an opportunity for public hearing on the policy prospectively or retrospectively? Does the policy draw citizens of the community into collaborative relationships or does it set them apart by creating irresolvable competing claims? Who are the authors of the policy and how are they related to the persons most advantaged or disadvantaged by the policy?

- **At federal, state, and local levels of government measures of economic progress must routinely include the Gini Coefficient or its equivalent to assess the degree of income inequality; the Human Development Index or its equivalent to measure progress in health, education, and purchasing power; and a Gender Development Index or its equivalent to measure the disparity in economic and political development between men and women.**

- **Every effort should be made to**

reduce social and income inequalities. For example, federal, state and local governments should develop services to assess vocational interests, aspirations, and assets, and provide counseling to women of color especially. Work with private employers and the education community to provide education and job training opportunities to unemployed under-employed and

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fathers. Expand eligibility for and funding of Medicaid enrollment for fathers as well as women and children. Establish a living wage policy and practice for all families. Adopt and adapt the United Nation’s Millennium Goals to apply to economically impoverished communities in America.

STANDARDS OF CARE

Women should be provided 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. Foster and fund a culture of routine home visiting in pre-, peri-, and post-natal care—by lay and professional care providers. Define content and initiate strategies for inter-conceptual care, especially for women who have experienced premature births and/or suffered the death of an infant. Develop a critical mass of persons to participate in “maternal matrices” by identifying, training, and employing women who have proven resilient in response to their own life trials and tribulations. Enhance efforts to promote and support breast feeding including efforts to resurrect and implement the Department of Health and Human Services Blueprint for *Action on Breastfeeding*.¹ Request that the Joint Commission for the Accreditation of Health Care Organizations consider adding Baby Friendly Hospital status as a quality indicator for hospitals with obstetric and pediatric care services. Establish workplace policies to provide space and time and otherwise encourage breastfeeding. Create and provide incentives for men to actively participate in supporting their mates in childbearing, rearing, and breastfeeding.

RESEARCH POLICY RECOMMENDATIONS

- **All research done in politically disaffected and economically disadvantaged communities should include participatory ethnographic methods.** The federal government should give priority to such studies in determining grant awards.
 - **Institute periodic quality assurance oversight of research efforts** to assure compliance with requirements for including the voices of “study subjects.”
 - **In-depth research must be done to discover the factors that serve to inhibit women of color especially from breastfeeding.**
 - **Expand funding for research on the psychobiology of relationality and assure the participation of social scientists including ethnographers.** Focus especially on depression, anxiety, post-traumatic stress and other dysphonic emotions as potential determinants of suboptimal pregnancy outcomes.
 - **Studies of the psychobiology of relationality should include efforts to determine the effects of various emotional states on the digestion and metabolism of nutrients.**
 - **Strengthen analyses carried out by local Fetal and Infant Mortality Review Boards** by a) including the lived experience of parents, and b) funding research that examines the psychobiological/social correlates of perinatal deaths.
 - **Initiate and/or expand research on the emotional experiences and expressions of fathers throughout pregnancy, labor and delivery.** Determine the impact of father’s presence and absence as support for their childbearing partners.
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About the Joint Center Health Policy Institute

HPI was launched six years ago to play a leadership role in reframing debates on health and refocusing attention on dangerous health disparities. Our research and analysis is helping generate new policy recommendations and provide solutions for longstanding health equity concerns.

Focus Areas Include:

- Identifying and addressing the many determinants that can improve health outcomes
- Increasing resources for prevention
- Informing policy and practices aimed at reducing infant mortality and improving maternal and child health;
- Reducing risk factors and supporting healthy behaviors among children and youth
- Improving mental health and reducing factors that promote violence
- Optimizing health care access and quality; and
- Creating conditions for healthy aging.

Infant Mortality Commission

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