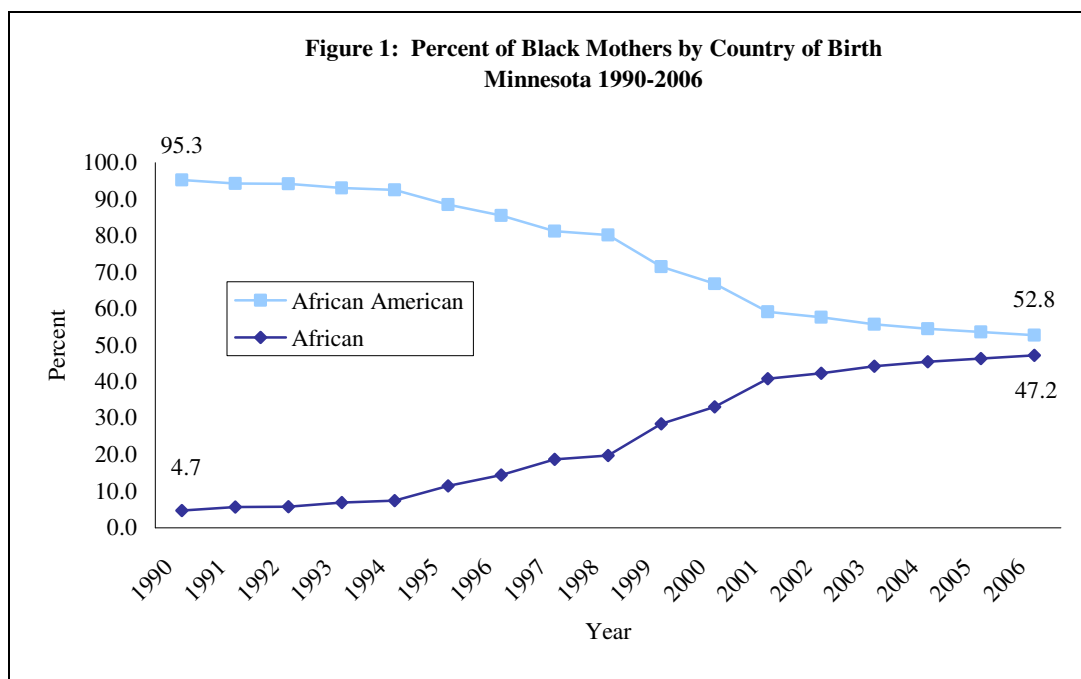


African Mothers and Their Infants, Minnesota

This issue looks at the birth outcomes of infants born to Black mothers who are residents of Minnesota and compares the outcomes by birth place of these mothers. In this issue, African mothers are defined as mothers who indicated “Black/African American” as their race on their infant’s birth certificate and were born in an African country. African American mothers are defined as mothers who indicated “Black/African American” as their race on their infant’s birth certificate and were born in the United States. The time frame for the majority of the analysis is 1997 to 2006. 1997 is the first year in which there were sufficient numbers of births to foreign born mothers to analyze the birth outcomes.



Background

In 1990, 4.7% of Black women who gave birth in Minnesota were born in African countries (Figure 1). This percentage has increased tremendously; by 2006 almost half of the Black mothers who gave birth in Minnesota were African born. In 1990, a total of 118 African women gave birth in Minnesota (Table 1). The majority of these women were born in Nigeria or Ethiopia. In 2006, 2,894 African women gave birth in Minnesota with nearly half (1,433) of these women born in Somalia.

**Table 1: Number of Births to African Mothers
by Country of Origin of Mother (Top Five)
Minnesota 1990 and 2006**

1990				2006			
Rank	Country of Birth	No.	Pct.		Country of Birth	No.	Pct.
1	Nigeria	45	38.1		Somalia	1,433	49.5
2	Liberia	25	21.2		Ethiopia	445	15.4
3	Ethiopia	24	20.3		Liberia	343	11.9
4	Ghana	6	5.1		Kenya	132	4.6
5	Sierra Leone	5	4.2		Nigeria	132	4.6
	Total*	118	100.0		Total*	2,894	100.0

*Includes other African countries

Demographics

Women who give birth at either end of the maternal age range are at increased risk of having poor birth outcomes (e.g. premature birth, low birth weight). African mothers tend to be older than African American mothers. In 2006, the average age at birth was 29 years for African mothers compared to 25 for African American mothers. Similarly, African females are less likely to give birth as a teen. In 2006, 4.0% of African mothers were under 20 years old when they gave birth, while 19.8% of African American mothers were younger than 20. African mothers are also more likely to be married (63.0% African vs. 18.5% African American in 2006). Educational status of the two groups was very similar with one third of these mothers having at least 13 years of education.

Prenatal Care

Women who receive adequate prenatal care (prenatal care initiated in the first trimester with at least nine visits) are more likely to deliver a healthy baby. From 1997 to 2001 African American women were slightly more likely to receive adequate prenatal care than African women (Table 2). However, over the last five years the percent of Africans who received adequate prenatal care was equal to African Americans or slightly higher. Though the percentage of African and African American women who received adequate or intensive prenatal care increased, they remain below the state average.

**Table 2: Percent of Women who Received Adequate or Intensive* Prenatal Care,
Black Mothers Minnesota 1997-2006**

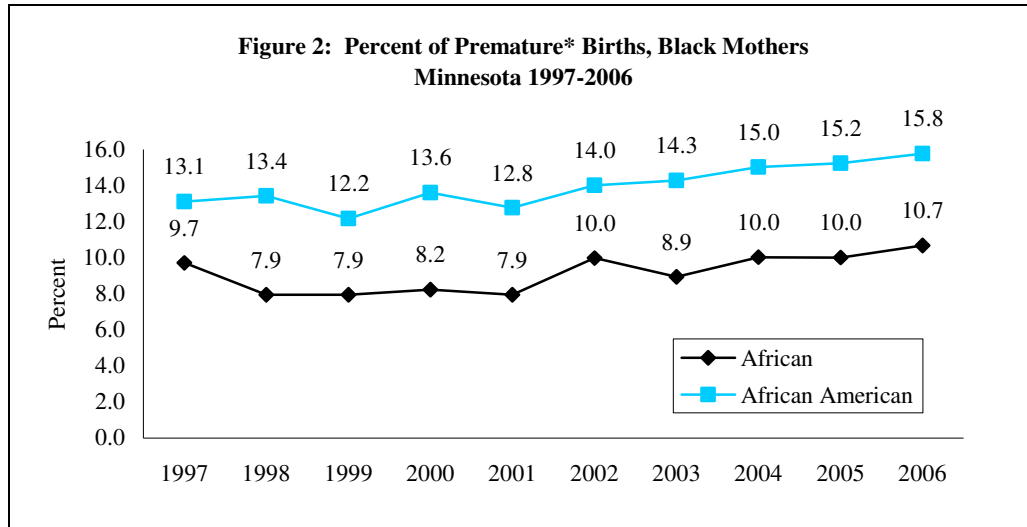
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Africans	53.3	55.1	54.4	54.5	52.1	59.4	62.5	65.0	66.7	65.7
African Americans	59.7	60.7	59.1	56.3	57.4	59.3	63.2	63.4	63.5	63.7
All Minnesotans	77.3	77.7	77.3	76.5	76.9	77.6	79.3	79.0	78.9	79.3

*as measured through the GINDEX, an index that defines adequate care starting in the first trimester and having at least nine prenatal care visits.

Corrected 09/16/09

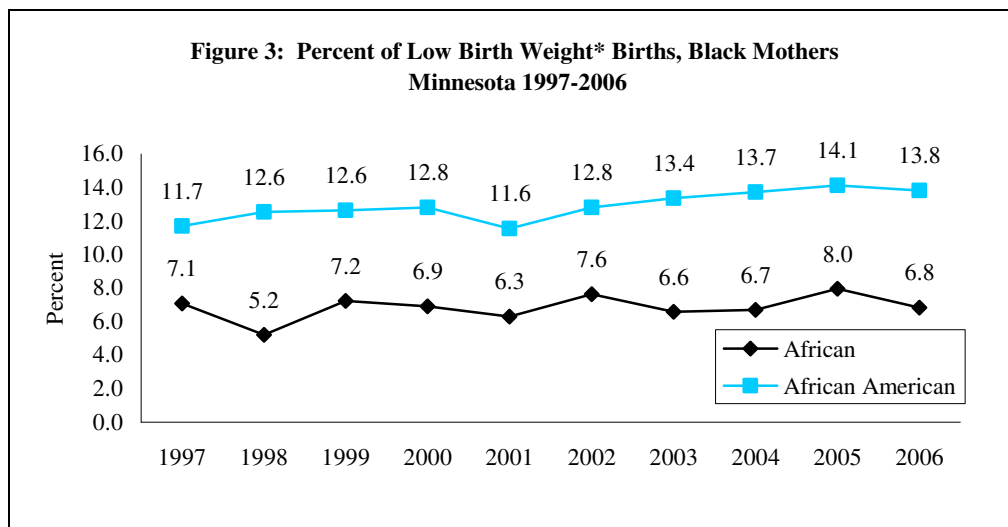
Prematurity and Low Birth Weight

Premature newborns (less than 37 weeks gestation) may face increased risk of serious medical conditions or death. In 2006, 10.7% of infants with African mothers and 15.8% of infants with African American mothers were born prematurely. Since 1997, African mothers have been less likely to give birth prematurely than African American mothers. In fact, the percent of premature births to African mothers has been nearly equal to the overall state percent over the last several years (e.g. 10.7% African births vs. 10.3% all births in 2006).



*Less than 37 weeks gestation

As with premature births, low birth weight babies (less than 2,500 grams) are at risk for poor birth outcomes. Figure 3 indicates that babies born to African American mothers are nearly twice as likely to be low birth weight as babies born to African mothers. In 2006, 6.8% of births to African mothers were low birth weight compared to 13.8% for African American mothers. Since 2001, the percent of low birth weight babies born to African women was similar to the percent of low birth weight births to all Minnesota women. (6.8% African births vs 6.6% all births in 2006).



*Less than 2500 grams at birth

Infant Mortality

An infant death is defined as a death to an infant less than one year of age. The infant mortality rate is the number of infant deaths per 1,000 births. In Minnesota, infants born to African American mothers are more likely to die than infants born to African mothers. For the time period 1996-2000, the infant mortality rate for infants born to African mothers was 7.7 per 1,000 births compared to 13.5 for African American mothers (Table 3). In 2001-2005, the disparity between African and African American mothers decreased with the infant mortality rate for infants born to African American mothers decreasing (10.1) and the rate for African mothers remaining steady (7.5). However, infants born to African mothers had a higher rate of death as compared to the overall population for both time periods.

Table 3: Infant Mortality Number and Rate per 1,000 births for Infants Born to Black Mothers, Minnesota 1996-2000 and 2001-2005

	1996-2000			2001-2005		
	Infant Deaths	Births	Rate per 1,000 births	Infant Deaths	Births	Rate per 1,000 births
Africans	32	4,173	7.7	83	11,111	7.5
African Americans	180	13,304	13.5	142	14,068	10.1
All Minnesotans	1,920	326,784	5.9	1,722	346,246	5.0

Discussion

In general, the birth outcomes of infants born to African women were better than infants born to African American women. In fact, infants of African mothers were more similar to Minnesota state averages overall than to African American mothers. Some of these differences may be explained by the variations in the maternal characteristics (e.g. age and marital status) between African American and African mothers but other factors may also be in play. One explanation could be the “healthy immigrant effect.” Studies have indicated that women who immigrate tend to have fewer reproductive issues than US-born women¹. Cultural differences may also influence birth outcomes. Recent immigrants often retain the cultural practices and values of their homeland which may be supportive of healthy pregnancies and birth and may have a stronger social support network than African American women.

Finally, discrimination and stress, which have been associated with poor health, may explain some of the differences in birth outcomes. African Americans have faced long-term exposure to socioeconomic and structural discrimination. Africans, on the other hand, may not have had similar exposure to discrimination². Along with discrimination comes stress. It is possible that lifelong exposure to racism for African Americans is far more stressful than the stress of immigration for Africans. This exposure may play a key role in explaining the high rate of poor birth outcomes among African American women².

¹ Rosenberg, KD, Desai, RA, Kan, J. Why Do Foreign-born Blacks have lower infant mortality than Native-born Blacks? New directions in African American infant mortality research, *J National Medical Assoc.* 2002;94:770-778.

² Singh, GK, Yu, SM. Adverse Pregnancy Outcomes: Differences between US- and Foreign-Born Women in Major US Racial and Ethnic Groups, *Am J Public Health.* 1996;86:837-843.

Minnesota VitalSigns

**Minnesota Center for Health Statistics
Division of Health Policy
Minnesota Department of Health**

Vital Signs is available on the Minnesota Center for Health Statistics website, <http://www.health.state.mn.us/divs/chs/vitalsigns/index.html>. If you require this document in another format such as large print, Braille, or cassette tape call 651/201-3504 or email healthstats@health.state.mn.us.



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