## Racial/Ethnic Differences In the Experience of Stressful Life Events During Pregnancy:

#### Data from the Indiana Access Project

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## Learning objectives

- Describe the association seen between race/ethnicity and stressful life event constructs in a sample of urban, low-income post-partum women
- Define "stressful life event"
- List the 13 validated stressful life event questions included in PRAMS
- Describe the biological plausibility for stress to contribute to racial/ethnic disparities seen in birth outcomes

## Stressful life events (SLE)

- Definition (Wethington et al, 1988)
  - Out-of-ordinary, demanding events
  - Have the capacity to change patterns of life or lead to unpleasant feelings
- Pregnancy Risk Assessment Monitoring System (PRAMS)
  - Thirteen validated questions
  - Family and social support issues, financial and housing issues, legal issues

### Purpose

- To better understand the occurrence of SLE in a sample of urban, low-income women
- To examine the relationship between race/ethnicity and the reporting of SLE after controlling for
  - age
  - educational level
  - marital status

#### **Methods**

- Approved by Indiana University IRB
- Indiana Access Project
  - Inclusion criteria
    - Medicaid or socioeconomic equivalence
    - Informed consent/consent to release medical records
  - Exclusion criteria
    - Fetal or infant death
    - Infant placed in neonatal intensive care unit (NICU)

- Face-to-face interview (162 items) with women during post-partum stay (n=525)
  - SLE, utilizing PRAMS questions
  - Marital status
  - Education level
- File linked to birth certificate data (n=493)
  - Race/ethnicity
  - Age
- Statistical analysis multiple logistic regression (SPSS v13.0)

#### **SLE in PRAMS**

- A close family member was very sick and had to go into the hospital
- You got separated or divorced from your husband or partner
- You moved to a new address
- You were homeless
- 5. Your husband or partner lost his job
- 6. You lost your job even though you wanted to go on working

- You and your husband or partner argued more than usual
- 8. Your husband or partner said he did not want you to be pregnant
- You had a lot of bills you couldn't pay
- 10. You were involved in a physical fight
- 11. You or your husband or partner went to jail
- Someone very close to you had a bad problem with drinking or drugs
- 13. Someone very close to you died

#### SLE constructs (Ahluwalia et al, 2001; Lu and Chen, 2004)

#### **Emotional**

Death Hospitalization

#### **Financial**

Job loss Bills Moving

#### Partner-related

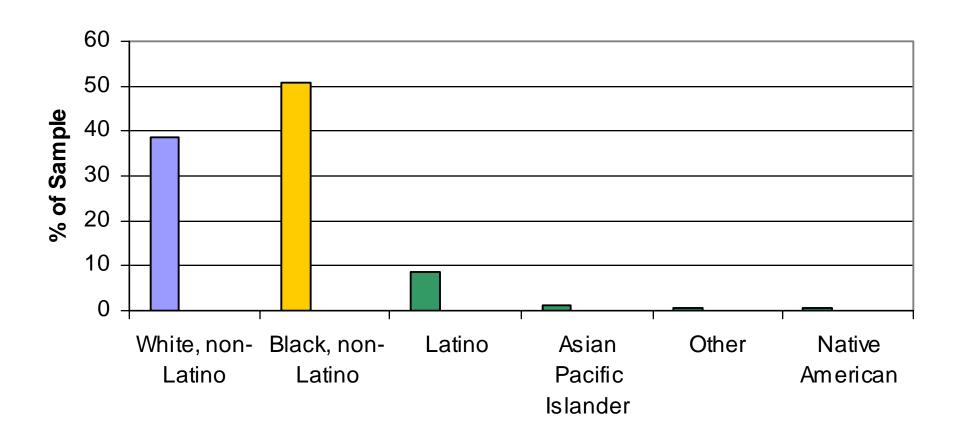
Separation Argued with partner Partner didn't want pregnancy

#### **Traumatic**

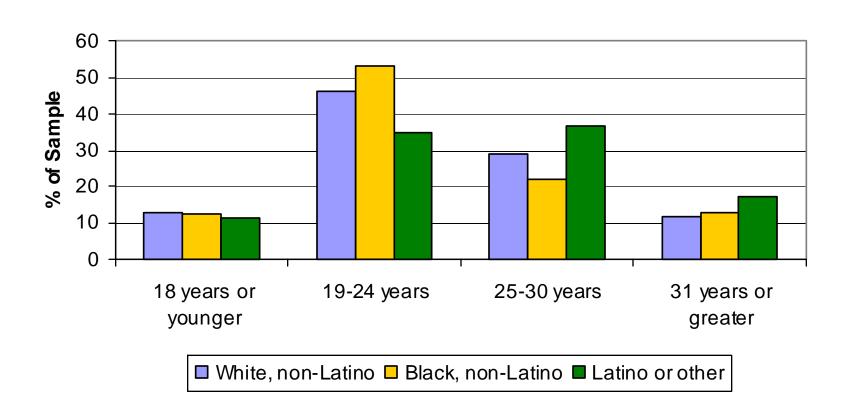
Physical fight Jail Homelessness Friend alcohol/drug problem

### Results

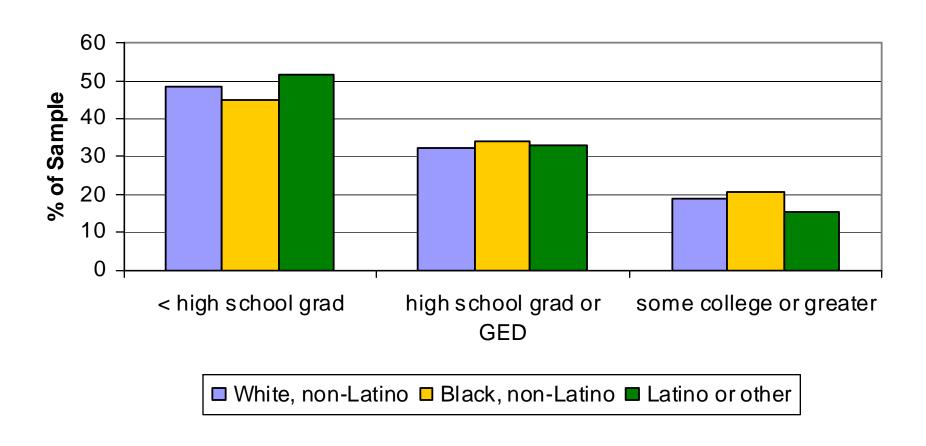
## Distribution of race/ethnicity



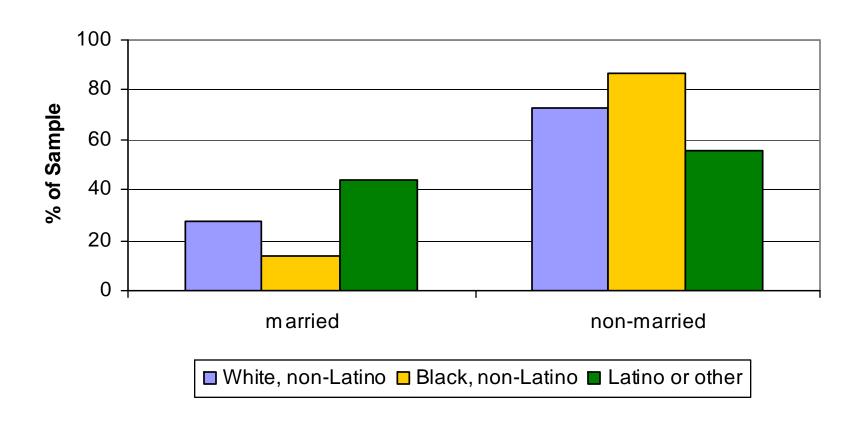
## Distribution of age among racial/ ethnic groups



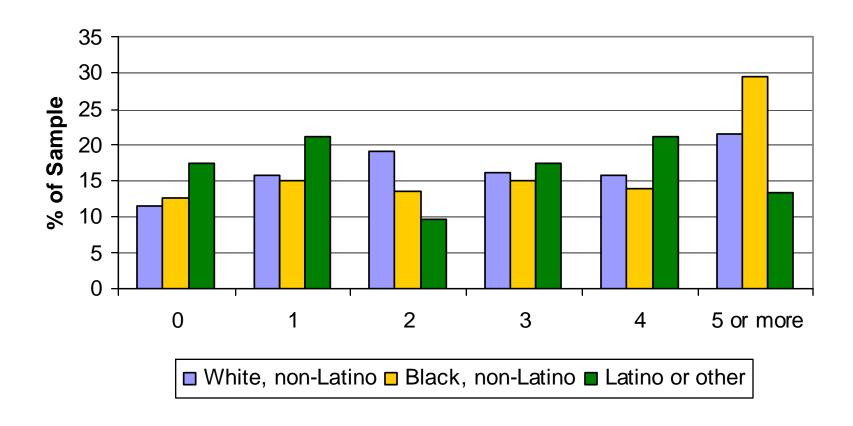
## Distribution of mother's education among racial/ethnic groups



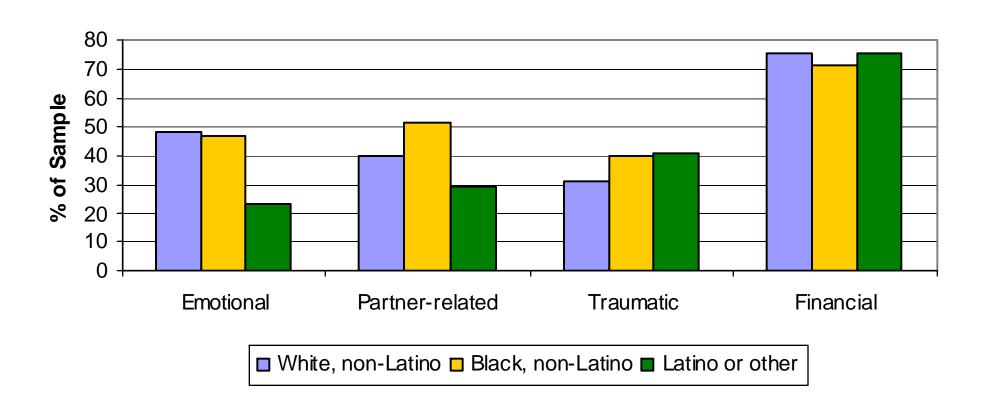
## Distribution of mother's marital status among racial/ethnic groups



## Total number of SLE reported



# Distribution of SLE constructs reported by racial/ethnic group



#### **Emotional SLE construct**

Latino, Native-American, Asian, or other women were 70% less likely to report an SLE in this category (OR=0.3; 95% Cl=0.2, 0.6), relative to Caucasian women after controlling for age, educational level, and marital status

#### Partner-related SLE construct

African-American women were 1.5 times more likely to report an SLE in this category (OR=1.5; 95% Cl=1.0, 2.2), relative to Caucasian women after controlling for age, educational level, and marital status

#### **Traumatic SLE construct**

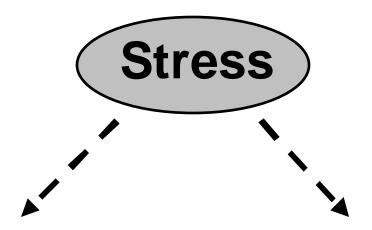
African-American women were 1.5 times more likely to report an SLE in this category (OR=1.5; 95% Cl=1.0, 2.2), relative to Caucasian women after controlling for age, educational level, and marital status

#### **Financial SLE construct**

 Relative to Caucasian women and after adjusting for age, education, and martial status, none of the racial/ethnic groups demonstrated a statistically significant difference in the odds of reporting an SLE in this category

## **Discussion**

## Stress during pregnancy



#### **Direct impact**

- Hormones
  - Epinephrine, norepinephrine, cortisol
- Immune system
  - Suppression (leading to infection or inflammation)
- Vascular system
  - Hypertension (preterm labor, slowed fetal growth)

#### **Indirect impact**

- Negative behaviors
  - Coping mechanisms
  - Smoking, drug or alcohol use
  - Poor hygiene
  - Inadequate nutrition or exercise
  - Decreased utilization of prenatal care
  - Unsafe sexual practices

(Barbosa, 2000; Bullock et al, 2001; Dudley, 1999; Hobel et al, 1998; James, 1993; Larriuex et al, 2004; Mustafa, nd; Wadhwa et al, 2001)

## Stress, continued

- Minority populations may experience more stressors over the lifetime
  - "Stress age" or "weathering"
  - Allostatic load

#### Limitations

- Representativeness
- No control group
- Selection bias
- Recall bias
- Prevarication bias

## Limitations, continued

- Incomplete information regarding stress and support for women in our sample
  - timing
  - additional types of stress
  - women's response to stress
  - available support

#### Areas for future research

- Utility of these assessment tools in diverse populations
- Assessment of meaning and impact of stress and coping strategies
- Further examination of association between stress and possible physical effects, such as racial/ethnic disparities seen in birth outcomes

#### Conclusion

- After controlling for age, education, and marital status, an association between race/ethnicity and type of SLE construct reported was observed in a sample of urban, low-income post-partum women Compared to Caucasian women,
  - Latino, Native-American, Asian, or other women were <u>less</u> likely to report <u>emotional</u> stress (OR=0.3; 95% CI=0.2,0.6)
  - African-American women were <u>more</u> likely to report both <u>partner-related</u> and <u>traumatic</u> stress (OR=1.5; 95%Cl=1.0, 2.2)

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## Select bibliography

- Adwaulia IB, Merritt R, Beck LF, Rogers M. Multiple lifestyle and psychosocial risks and delivery of small for gestational age infants. *Obstet Gynecol* 2001;97:649-656.
- Barbosa GA. The association of life events to gestational age at delivery among low-income, urban, African-American women. *J Perinatal* 2000;20:438-442.
- Bullock LF, Means JL, Woodcock C, Record R. Retrospective study of the association of stress and smoking during pregnancy in rural women. *Addictive Behaviors* 2001;26(3):405-413
- Dudley DJ. Hormonal pathways of preterm birth. *Am J Obstet Gynecol* 1999;180 (suppl):s251-256.
- Hobel CJ, Dunkel-Schetter C, Roesch S. Maternal stress as a signal to the fetus. *Prenat Neonat Med* 1998;3:116-120.
- James SA. Racial and ethnic differences in infant mortality and low birth weight: a psychosocial critique. *Ann Epidemiol* 1993;3:130-136.
- Larriuex C, Grigorescu V, Bouraoui Y, Miller K, Patterson D. Michigan Department of Community Health. The experience of stressful life events in pregnant women. MI PRAMS Delivery, Vol 3, No 2. Family and Community Health, Michigan Department of Community Health, April 2004.

- Lu MC, Chen B. Racial and ethnic disparities in preterm birth: the role of stressful life events. *Am J Obstet Gynecol* 2004;191:691-699.
- Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: A life-course perspective. *Maternal Child Health* 2003;7(1):13-30.
- Mustafa T. Are pregnant women in South Carolina stressed out? South Carolina PRAMS Program. Accessed from <a href="http://www.scdhec.com/co/phsis/biostatistics/Stress.pdf">http://www.scdhec.com/co/phsis/biostatistics/Stress.pdf</a>, nd.
- Patrick TE, Bryan YB. Research strategies for optimizing pregnancy outcomes in minority populations. *Obstet Gynecol* 2005;192:S64-70.
- Rowland Hogue CJ, Bremner JD. Stress model for research into preterm delivery among black women. *Obstet Gynecol* 2005;192:S47-55.
- Wadhwa PD, Culhane JF, Rauh V, Barve SS. Stress and preterm birth: neuroendocrine, immune/inflammatory, and vascular mechanisms. *Maternal Child Health* 2001;5(2):119-125.
- Wethington E, Almeida D, Brown GW, Frank E, Kessler RC. The assessment of stressor exposure. Ithaca, NY: Cornell Univ, Bronfenbrenner Life Course Center, 1988: BLCC Working Papers 98-21, p 1-41.

### **Thank You**