Safe or Unsafe Motherhood
The Invisibility of Foreign-born Black Mothers in Philadelphia*

JOAN ROSEN BLOCH, PHD, CRNP
ASSOCIATE PROFESSOR, DREXEL UNIVERSITY
PHILADELPHIA, PA

CECILY KNAUER, PHD
MEDICAL ANTHROPOLOGIST
PHILADELPHIA, PA

MICHIELLE KINSKY, MSN, RNC
ASSISTANT PROFESSOR, DREXEL UNIVERSITY
PHILADELPHIA, PA

JANE GREENE RYAN, PHD, CNM
ASSISTANT PROFESSOR, DREXEL UNIVERSITY
PHILADELPHIA, PA

ANGELA GUERRIERO MA, MT-BC
CLINICAL DIRECTOR OF TEMPO
NUTLEY, NJ

MARJIE MOGUL, PHD
RESEARCH DIRECTOR, MATERNITY CARE COALITION
PHILADELPHIA, PA

* Funded by NIH/NINR 5K23NR01747

“No relationships to disclose”
Personal Ethical Discomfort Disclosure (November 2014)

- Conceptualization of Research during 2006–2008
- Different political—cultural—economic context
  - 2010 HP Goal: Eliminate racial/ethnic health disparities
  - Values of cultural engagement, cultural sensitivity, cultural congruent health care
- Slippery slope due to current political-cultural-economic context
  - After economic Down turn—today?
  - Vicious Immigrant debates—Fear mongering—Ebola—urban poverty worsens

Background

- Globalization has changed patterns of migration with rapid feminization of the global labor force.
  - Caregivers of aged [20% Nursing Assistants (Massey, 2014)]
  - Housekeepers, nannies, restaurant workers, sex trade?
- Invisibilities among documented and undocumented foreign-born pregnant women exist in the U.S.A.
- Of particular concern are pregnant black migrants who may be at more risk for preterm birth (PTB) compared to all other migrant groups.

Theoretical Framework

Culhane’s model of chronic maternal stress as a contributing factor to increased rates of PTB within socioeconomically disadvantaged populations and

Meleis’ transitions theory for understanding vulnerabilities and health care needs of immigrant, childbearing women.

This is practice-based, translational research
Are the Babies of Foreign-born Pregnant Women at more or less risk for Preterm Birth?

Where you live matters
Social determinants adversely affect health across the life-course

Stressed Environments Adverse Health Outcomes
Globally — Place Matters for Infant Mortality


Infant Mortality 1 death per 1,000 live births (CIA Factbook-2014 estimates)

Countries of Birth of Women Cared for at Philadelphia HC #10 – Philadelphia is a Sanctuary City


This Study: Qualitative GIS Mixed- Methods*

- Sequential mixed- methods
  - Phase I: Quantitative = Geographical Information Systems (GIS)
    - Is there a large population of foreign-born Black mothers having babies in Philadelphia?
    - Are there geographic patterns where they live (e.g., ethnic enclaves?)
    - Are there patterns with ‘good’ and ‘bad’ neighborhoods and PTB rates for the foreign-born and US-born black mothers?

Results of Phase I

- 2003-2005 Live births in Philadelphia
  - 61,416 total births
  - 49% were to Black mothers (n=30,301)
    - 20.3% were to ‘foreign-born’ Black mothers (n= 6,136)
  - 10 % of all births in Philadelphia were to ‘foreign-born’ Black mothers

Phase I Results*: Neighborhood Exposures to Environmental Stress (Poverty & Violence)

Phase I Results*: NativityDensity among Black Residents: Neighborhood Trumps Nativity in PTB
Phase II: Qualitative = “Ground Truthing”

GIS results

What do the maps tell us?

• WHAT DO WE NEED TO KNOW ABOUT THE FOREIGN-BORN BLACK MOTHERS TO PROMOTE OPTIMAL MATERNAL-INFANT HEALTH?

• INTERDISCIPLINARY BI-WEEKLY MEETINGS (6 MONTHS)
  NURSES, PHYSICIAN, SOCIAL WORKER, PEDIATRIC THERAPIST, AND URBAN MEDICAL ANTHROPOLOGIST

Results (Content Analysis): (1) Migration Factors, (2) Access to Care, & (3) Cultural Awareness

Migration Factors and Health

How does the Country of Birth Shape Birth Outcomes in US
Pre- and Post Migration conditions
Specific Protective and Risk Factors of Health
Acculturation to US

Access to Maternal Health Care in US

Navigating the US Health Care System for Migrants
Does ‘Invisibility’ preclude access to safety net services
What Health Care Models Optimize Maternal and Infant Health for Migrants?

Cultural Awareness & Sensitivity

Culturally informed histories guide interactions and instruct personal health practices
Cultural beliefs and practices: childbearing, infant care, parenting
Perceived barriers to health care use? (e.g., Sickle cell disease)

Phase II: Extensive Literature Search

• Key Results: Foreign-born Black mothers are essentially invisible in the clinical research conducted in the United States (US)—WHY?
  ▪ Country of Birth not routinely asked
  ▪ Not part of Medical Record
  ▪ Immigrant and Migrant status invisible in medical records
  ▪ “Country of Birth” added to 2003 US birth Records
  ▪ Citizenship status – sensitive and unknown
    ○ “Don’t ask, don’t tell”

• Key focus on the “Uninsurable or Undocumented”

• Task for each member (n=7)*:

<table>
<thead>
<tr>
<th>Questions</th>
<th>1-2 sentences explaining its importance</th>
</tr>
</thead>
</table>

*Team included clinical experts and researchers
Limitations of Research
- GIS Birth Record misclassification bias
  - Country of birth
  - Citizenship status & tenure in US unknown
- Crude findings: just cartography
- Limitations of qualitative methods

Future Health Promotion Research
- Safe Motherhood for undocumented migrants in USA?
  - We really know very little
    - Many different groups
  - 2014 Ethical conflict: help or harm

In conclusion: Need to Focus on Mothers
Healthy Mothers Have Healthy Babies

Maternity Mortality in U.S.A.

Interested in Collaborating???
Joan Rosen Bloch, PhD, CRNP
jrb68@drexel.edu

In conclusion...Look at the Bigger Picture
Maternal Health of our nation is not looking Good

Maternal Mortality Rates

Joan Rosen Bloch, PhD, CRNP
jrb68@drexel.edu

http://www.who.int/gho/maternal_health/countries/en/#US
Pooled adjusted MMR maternal deaths per 100,000
Live births

Healthy Babies
Healthy Adults
Healthy Communities