

ASIAN AMERICAN, NATIVE HAWAIIAN, & PACIFIC ISLANDER MATERNAL HEALTH DISPARITIES

Good health begins before we are born and can last a lifetime. Likewise, health disparities can begin even before birth. Disparities in access and utilization of health care exist for Asian American, Native Hawaiian and Pacific Islander (AA and NHPI) women and infants, but do not completely explain disparities in outcomes. Issues such as quality of care, access to culturally and linguistically appropriate services, and women's health across the lifespan also have a significant impact on the health of mothers and babies. Family characteristics, socioeconomic and geographic contexts, as well as the role of racism in health care¹ may also account for variation in outcomes. However, data about these variables cannot tell the whole story. Like many health matters, individual experience and cultural traditions surrounding pregnancy and childbirth are meaningful and important to many AA and NHPI families. The health care system must care for childbearing families with appropriate attention to those concerns. This fact sheet highlights important maternal health disparities affecting AA and NHPI women including maternal deaths and complications, gestational diabetes, Cesarean delivery and breastfeeding.

DEMOGRAPHIC OVERVIEW OF ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER BIRTHS IN THE UNITED STATES

- According to the most recent Census data, AAs and NHPIs make up almost 6% of the total United States population, totaling 18.4 million people.² With a 43% increase in the last decade, this group has had the largest population growth. The largest AA and NHPI subgroups in 2010 were Chinese (3.5 million), Asian Indian (2.9 million), Filipino (2.6 million), Vietnamese (1.6 million), Korean (1.5 million), Japanese (0.8 million), and Native Hawaiian and Other Pacific Islanders (0.5 million).³
- In 2009, the birth rate (births per 1,000 population) declined to 16.2 per 1,000 for all Asian American and Pacific Islander women. This represents a 1% decline from the birth rate in this population in 2007 and a 3.7% decline from 1980.⁴ The birth rate for Asian American and Pacific Islander women is higher than for all other groups except Hispanic women.⁵ The greatest number of births to AA and NHPI women occurred in California, New York, Texas, and Hawaii.⁶
- AA and NHPI mothers tend to be older on average than mothers of other races. The highest rate of births occurred among AA and NHPI women aged 30-34 years, older than for other groups.⁷
- Teen birth rates overall are the lowest for AA and NHPI women, although significant disparities in subpopulations exist. For example, data from California reveals that the rate of teen births to Cambodian women is 11.3%, higher than the overall rate of Asian and Pacific Islander births to teens of 5.6%. Further, Cambodian teens born outside of the United States were more likely to be mothers than other teens- 96% of Cambodian teen mothers were born outside the U.S. compared to 65% of all Asian American and Pacific Islander teen mothers, and 35% of all teen mothers.

MATERNAL DEATHS AND COMPLICATIONS

Women giving birth in the United States have a greater risk of dying of pregnancy-related complications than women in 40 other countries.⁸ Maternal death is defined as the death of a pregnant or recently pregnant woman, within 42 days after the end of pregnancy.⁹ Though maternal death in the United States has declined dramatically over the past century, from 607.9 maternal deaths per 100,000 live births in 1915 to 12.7 deaths per 100,000 live births in 2007,¹⁰ the ratio has not improved in the past several decades. The rates of maternal death for certain minority groups remain high, and women living in poverty are disproportionately likely to die due to pregnancy related complications. Severe and life-threatening complications that result in a woman narrowly surviving pregnancy and childbirth, called "near miss" complications occur more often, and have increased recently. Women of color suffer disproportionately from morbidities as well as deaths due to pregnancy.¹¹ The leading

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preventable causes of maternal death in the United States are: eclampsia and pre-eclampsia, infection, hemorrhage, and deaths from preexisting conditions complicated by pregnancy.¹² Experts agree that about half of maternal deaths could have been prevented if women had timely access to existing medical care and treatment.¹³

- Asian American women died due to pregnancy related causes at a higher rate than non-Hispanic white counterparts, at a rate of 11 deaths per 100,000 live births between 2005 and 2007.¹⁴
- Asian American and Pacific Islander women born outside of the United States have higher ratios of pregnancy related mortality than those born within the United States.¹⁵
- Nationally, 31.1% of pregnant women suffered complications during hospitalized labor and delivery in 2007.¹⁶
- At this time, there are no statistics available for this measure disaggregated to AA and NHPI women, however, some research has shown that serious racial disparities in maternal morbidity cannot be explained by factors such as medical care or socioeconomic status.¹⁷
- Studies of differences in outcomes between AA and NHPI subgroups have demonstrated significant unexplained differences in serious maternal morbidities such as hypertension and eclampsia.¹⁸

GESTATIONAL DIABETES

AA and NHPI women suffer disproportionately from gestational diabetes (GDM). Gestational diabetes is a form of diabetes that women only develop during pregnancy. Gestational diabetes happens in about 5 percent of all pregnancies, or about 200,000 cases a year in the United States.¹⁹ The risk of gestational diabetes is higher for Asian American and Pacific Islander women than for all other racial groups. Among AA and NHPI women, studies have shown that Filipina and Samoan women are at the highest risk for GDM, and Korean American women at the lowest risk.²⁰ For example, in Orange County, California, the rate of GDM increased between 2000 and 2009 from below 6% to 10.6% of Asian American mothers, exceeding the rate of all other racial and ethnic groups.²¹ Data analysis in this county showed that high rates of GDM among Asian American women clustered in certain ZIP codes. Of AA and NHPI subgroups, the prevalence can vary significantly, some research showing a rate of 3.7% among Japanese American women, to 8.6% among women of Asian Indian descent.²²

Filipina and Samoan women are at the highest risk for GDM, and Korean American women at the lowest risk.

- In one study, Asian immigrants had significantly higher GDM rates than their US-born counterparts, except among women of Japanese and Korean ancestry.²³ Among AA and NHPI women who develop gestational diabetes, Native Hawaiian and Filipino women are more likely to suffer poor outcomes related to the condition.²⁴
- In Oregon, data from the Pregnancy Risk Assessment Monitoring System (PRAMS) showed that non-Hispanic Asian American and Pacific Islander women were significantly more likely to have a pregnancy complicated by GDM than non-Hispanic White women. In addition, Asian American women were more likely to have had GDM than Pacific Islander women.²⁵

CESAREAN DELIVERY

The rate of vaginal birth has been decreasing in the United States for decades. Cesarean surgery now accounts for approximately 33% of all births in the United States, a 52% increase since 1997.²⁶ There is evidence that cesarean surgery increases the risk of adverse outcomes for women, including in subsequent pregnancies.²⁷ For example, a state-level

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analysis found that higher poverty rates, percentage of immigrant population, and cesarean rates were independently associated with higher maternal mortality.²⁸ Between 1991 and 2008, the relative rate of primary cesarean section deliveries (those to first-time mothers) for Asian American and Pacific Islander women in California increased by 70.2%, and the overall rate in this population was 19% higher than the rate for white women.²⁹ In addition, some research indicates that

Between 1991 and 2008, the relative rate of primary cesarean for Asian American and Pacific Islander women in California increased by 70.2%, a rate 19% higher than for white women.

Asian American women who have white partners are more likely to give birth by cesarean.³⁰ The Healthy People 2020 objective is to reduce the rate of cesarean delivery among low-risk women by 10% and to reduce the rate at which women who have had a previous cesarean have a surgical delivery for a subsequent pregnancy.³¹

BREASTFEEDING

Breastfeeding has many positive effects on short and long term health impacts for mothers and infants. Breastfed babies are less likely to develop ear infections, may be less likely to develop heart disease and obesity, and breastfeeding has been associated with a reduced risk of Sudden Infant Death Syndrome (SIDS).³²

In Hawaii, Samoan, Hawaiian and Filipino mothers reported the lowest breastfeeding estimates at 8 weeks.

Breastfeeding has also been associated with a reduced likelihood of Type 2 diabetes in women who breastfeed and may also be associated with reduced rate of breast cancer for some women.³³ Healthy People 2020 set a goal for 25% of all infants born in the US to breastfeed exclusively at 6 months, and 42% at 3 months. The Centers for Disease Control and the Surgeon General recommend increasing support for breastfeeding, including access to lactation education in hospitals and communities, and partnering with child care settings and employers to ensure support for nursing mothers in the workplace.³⁴

Infant feeding practices vary across Asian American, Native Hawaiian and Pacific Islander populations. According to the Surgeon General, Asian American and Pacific Islanders have among the highest rates of breastfeeding nationally,³⁵ though geographic and subpopulation disparities exist.

- The California Department of Health has found that for all of California, exclusive breastfeeding initiation while in the hospital is 44.5% for Asians and 40.6% for Pacific Islanders, well below the rate for whites, 64%.³⁶
- In Hawaii, Samoan, Native Hawaiian and Filipino mothers reported the lowest breastfeeding estimates at 8 weeks.³⁷

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