In Wisconsin, pregnancy-related infant and maternal deaths and complications disproportionately affect women of color. Improving accessibility and affordability of care, ensuring continuous quality care, and challenging the ways that systemic oppression influences health factors and outcomes is essential to closing perinatal inequities in our state.

**Significantly Higher Rates of Low Birthweight Among Babies Born to Black Women**

The percentage of babies born at a low birthweight (less than 5 pounds, 8 ounces) has remained relatively static or increased for all infants from 2016-2020. However, it is clear the percentage of babies born to Black women at low birthweights is significantly higher than that of babies born to any other race. We know this because the 95% confidence interval for the average low birthweight percentage of babies born to Black women does not intersect with the confidence intervals of other groups’ averages. In 2020, 16.8% of babies born to Black women in Wisconsin were born at a low birthweight.¹

**Black Infant Mortality Rate in Wisconsin Exceeds National Average**

Nationwide, black infant mortality is 2X the national rate. In Wisconsin, the gap is greater: babies born to Black women die at a rate more than 3X higher than babies born to White women. This is significantly higher than the national average infant mortality rate for babies born to Black women.⁴

The COVID-19 pandemic widened racial disparities in infant mortality rate; the rate for Black and Hispanic women was higher than previous years. Further, only babies born to White women had an average rate lower than the national rate from 2018-2020.
Pregnant women who were either disadvantaged or outside of the normal birthing age were less likely to receive prenatal care during the first trimester.

Breaking Down Underserved Groups

Poverty–along with medical racism, provider bias, inconsistent healthcare coverage, and lack of proximity and transportation to services–make access to prenatal care more challenging.

In Wisconsin in 2020, 85.9% of women covered by private insurance received first-trimester prenatal care, compared to just 66.9% of women covered under Medicaid/BadgerCare. Many uninsured women are not eligible for Medicaid before pregnancy. This may in part account for delayed access to care and services after they are enrolled.

Wealth inequities disproportionately affect women of color, potentially pushing them out of the market for private health insurance. We recommend conducting further analysis to explore whether women in Wisconsin who are eligible for Medicaid during pregnancy experience delayed access to prenatal care compared to women eligible for private insurance.

Percent of Mothers Who Received First-Trimester Prenatal Care

Access to Prenatal Care Correlates with Healthy Birthweight & Low Infant Mortality

Babies of women who have not received prenatal care are 3X more likely to be born at low birthweights and 5X more likely to die than babies born to women who received prenatal care.

POVERTY AND OTHER FACTORS LIMIT ACCESS TO PRENATAL CARE

WIC offers nutrition screening, supplemental food, assistance with breastfeeding, and referrals to doctors, dentists, and programs like FoodShare or BadgerCare. Learn more about how WIC can help.

WOMEN LESS LIKELY TO RECEIVE CARE INCLUDE:

- Have a high school/GED equivalent degree or less
- Unmarried
- Younger than 24 years old or older than 45 years old
- Immigrated to the U.S. from another country
- Enrolled in Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*

 Low counts (< 5 people) have been suppressed to protect confidentiality, which is why some groups are missing percentages for certain payment methods.

Source: WISH (2020), Prenatal Care Module, Wisconsin DHS.

Source: WISH (2020), Prenatal Care Module, DHS.
A health equity framework posits that everyone has a fair and just opportunity to be healthier. This means removing structural barriers to health—such as poverty and discrimination—which largely determine access to fair-paying jobs, quality education and housing, safe environments, and healthcare. Systems that perpetuate racism, sexism, classism, and colonization restrict access to basic resources that support the well-being of communities.

Healthy Equity Strategies Examine & Remove Structural Barriers to Health

A health equity framework posits that everyone has a fair and just opportunity to be healthier. This means removing structural barriers to health—such as poverty and discrimination—which largely determine access to fair-paying jobs, quality education and housing, safe environments, and healthcare. Systems that perpetuate racism, sexism, classism, and colonization restrict access to basic resources that support the well-being of communities.

Social Factors—Access to quality education, incarceration, immigration status, generational and acute/chronic trauma

Physical Environment—Transportation, access to stable housing, proximity to clinics or services, access to safe water and sanitation, gentrification, and history of redlining

Economic Factors—Opportunity for employment at a living wage, access to affordable childcare, access to affordable healthcare insurance or subsidized coverage

Systemic Factors—Medical racism and provider bias, interrupted or inconsistent healthcare coverage, access to dental care, access to culturally competent care

The Birth Equity Act proposed in the state of Wisconsin and the Build Back Better Act proposed federally are relevant examples of how a health equity framework can be applied at the legislative level to improve perinatal outcomes.

For example, counties with greater income inequality (see FIG A) are generally the same counties with higher infant mortality rates (see FIG B). It is important to note that counties on which Indigenous reservations and tribal lands are located—including Forest, Menominee, Ashland, and Sawyer County—experience the highest income inequality ratios and infant mortality rates.

For further exploration of county-level correlation of social and economic factors with health outcomes, visit womenscouncil.wi.gov/Pages/healthequity.aspx

Using a Health Equity Approach

Comparing county-level health outcomes and social/economic factors shows which communities are impacted most by existing policy and healthcare systems. A health equity framework posits that we can use these indicators to inform our community activism and the distribution of needed resources.
Learn More*

Robert Wood Johnson Foundation, Defining Health Equity
University of Wisconsin-Madison Population Health Institute, Health Equity Training Modules
Black Mamas Matter Alliance, Resources (National)
Foundation for Black Women’s Wellness (Madison, WI)
Wisconsin Alliance for Women’s Health (Madison, WI)

*This is not intended to be an exhaustive list.

NOTES ABOUT THIS SURVEY

SOURCES


7. WISH, (2016-2020), Prenatal care module, DHS. These estimates account for 95% confidence intervals. For data tables, figures, or results from tests for significant differences between groups, contact the Wisconsin Women’s Council.


9. WISH, (2020), Prenatal care module, DHS.


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For the sake of clarity and brevity, Women’s Council uses the term "women" throughout this factsheet. However, we recognize and include all birthing people, especially traditionally marginalized groups such as gender nonconforming people, nonbinary people, and transgender people.

Questions or concerns? Contact the Women’s Council at womenscouncil@wisconsin.gov.