# Wisconsin Perinatal Health Inequities JULY 2022

Women's Council · Wisconsin ·

## INEQUITIES BY THE NUMBERS

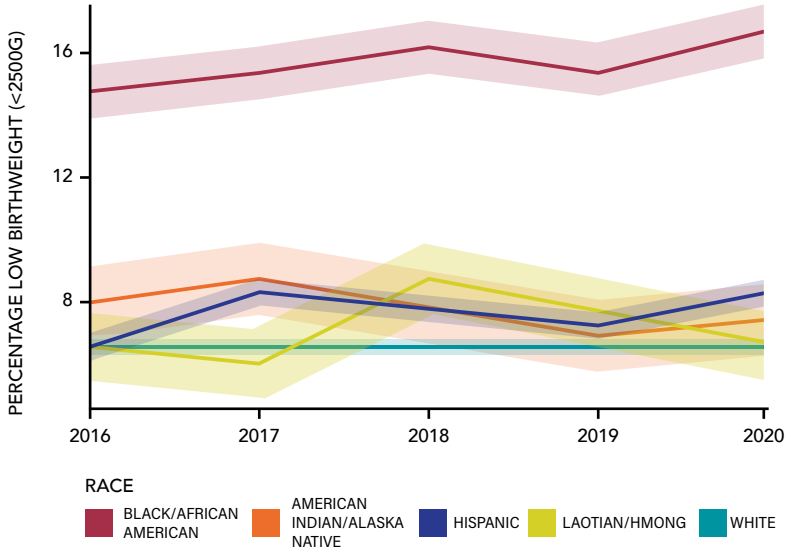
In Wisconsin, pregnancy-related infant and maternal deaths and complications disproportionately affect women of color. Improving accessibility and afford ability of care, ensuring continuous quality care, and challenging the ways that systemic oppression influences health factors and outcomes is essential 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]

Wisconsin Low Birthweight Percentages

Shaded areas surrounding lines indicate 95% confidence intervals.



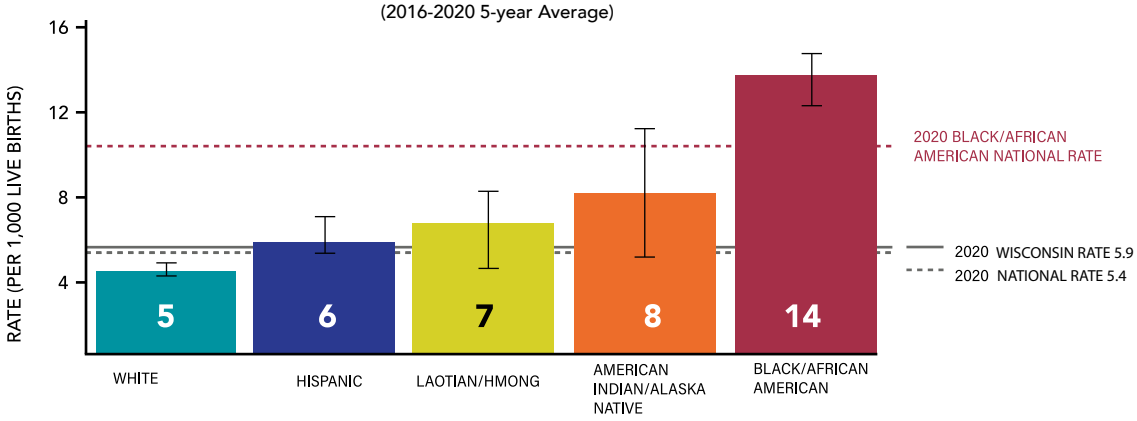

Source: WISH (2016-2020), Low Birthweight Module, Wisconsin DHS.

### 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]

Wisconsin Infant Mortality Rates

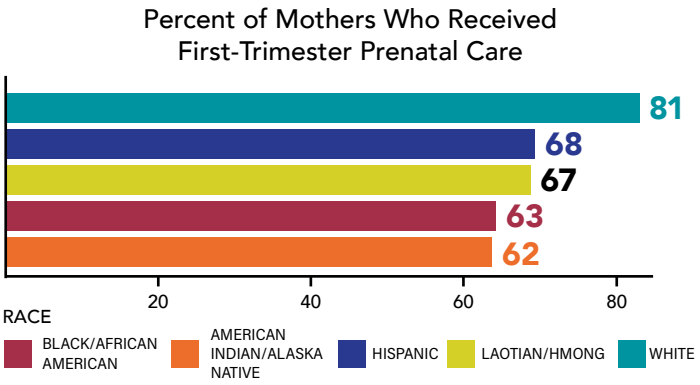
(2016-2020 5-year Average)




Source: WISH (2018-2020), Infant Mortality Module, Wisconsin DHS.

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.

# POVERTY AND OTHER FACTORS LIMIT ACCESS TO PRENATAL CARE

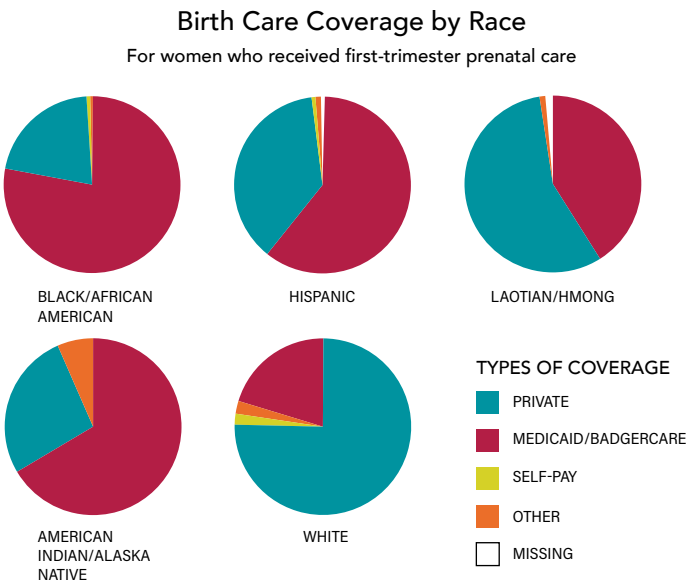



Source: WISH (2020), Prenatal Care Module, Wisconsin DHS.

## 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.[6]

## Prenatal Care Accessibility




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, DHS.

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.[8]

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.[9] 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.[10,11]

Wealth inequities disproportionately affect women of color, potentially pushing them out of the market for private health insurance.[12] 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.

## Breaking Down Underserved Groups

Pregnant women who were either disadvantaged or outside of the normal birthing age were less likely to receive prenatal care during the first trimester.[7]

**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

- Enrolled in Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*
- Immigrated to the U.S. from another country

*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.

# AN EQUITABLE APPROACH FOR BETTER HEALTH OUTCOMES

## 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.[13]

Systems that perpetuate racism, sexism, classism, and colonization restrict access to basic resources that support the well-being of communities.

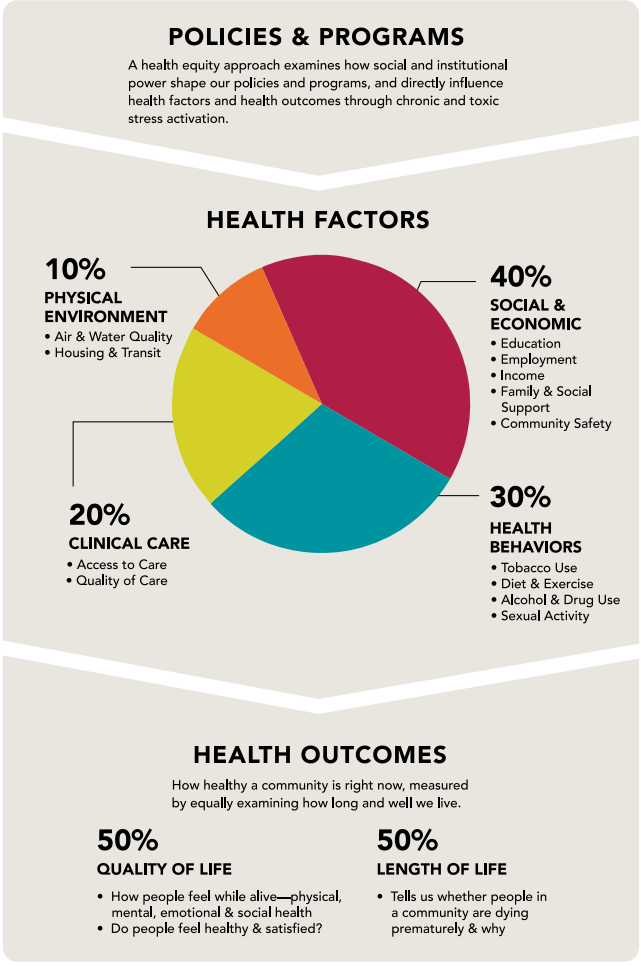
**Social Factors**—Access to quality education, incarceration, immigration status, generational and acute/chronic trauma

**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.




Source: UW-Population Health Institute County Health Rankings Model (2014)

**FIG A** INCOME INEQUALITY
Ratio of household income at the 80th percentile (higher) to the 20th percentile (lower)

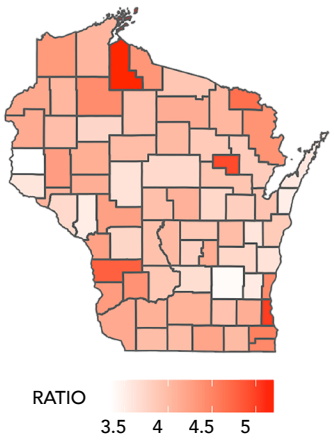



**FIG B** INFANT MORTALITY RATE
per 1,000 live births

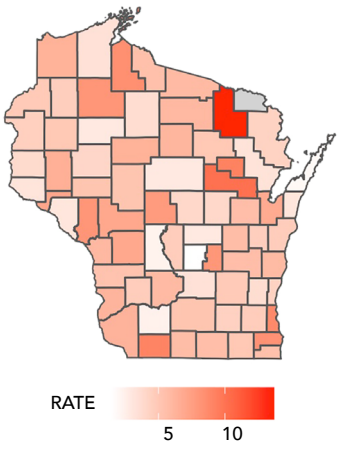



FIG A Source: U.S. Census Bureau American Community Survey (2016-2020), B19080: Household Income Quintile Upper Limits.
FIG B No data is available for Florence County (shaded gray). Source: WISH (2016-2020), Infant Mortality Module, Wisconsin DHS.

## 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.

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

## 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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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**.


Prepared by: Christine Lidbury, Executive Director
Caitlyn Klostermann, Research Assistant

101 E Wilson St, Madison, WI
53703
(608) 266-2219
womenscouncil.wi.gov/