



The Oregon Black Birth Survey

National Association to Advance Black Birth

OVERVIEW

The National Association to Advance Black Birth* (formerly ICTC) conducted the **Black Women's Birth Survey** in the Portland, Oregon area in 2009-2010 with approximately 245 participants. This **report is the largest of its kind and historical** in documenting the experiences of Black women who gave birth in Portland, and highlighting both the gaps and the strengths reflected throughout the birth process. The survey's goal was to understand how Black women in the Portland area experience the provision of healthcare throughout pregnancy and the birth of their children, and to provide the Portland community with these latest findings in order to better impact birth outcomes and service delivery for Black women, persons and their babies. There is a national recognition about the need to have a deeper understanding of what is working now in the healthcare and social services sectors and where the breakdowns in services, communications and outreach are occurring for Black women, persons and their babies.

While there is an evident correlation between perceived stress and anxiety during the birth experience, and increased infant and maternal mortality among black women, the number of quantitative research studies investigating this issue, specifically in Portland, Oregon is limited. This survey attempted to provide more insight into where the healthcare system is effective in the serving Black women before, during, and after the birth process; and where there continues to be gaps or discrepancies in service for these women. NAABB hopes that this will be the beginning of other studies in this area in Oregon by nonprofit healthcare providers or other organizations who want to insure equity in healthcare for all Oregonians.

These issues need to be exposed, explored and understood by the healthcare, public services and nonprofit sectors so organizations involved in Black birth can collectively work towards equity in healthcare services for Black women and persons.

SUMMARY OF FINDINGS

The NAABB (when it was ICTC) surveyed 245 Black women over the last year and received help from Portland State University to complete the numerical analysis. Major issues raised by the survey include:

- Nearly two-thirds of women did not attend birth education classes prior to delivery.
- Only 25% of Black women were still breastfeeding their babies at six months, compared to over 60% for the Oregon population over all, and over 40% as the national average.
- Nearly one-third of women were concerned about their treatment during the birth of their baby.
- The majority of women surveyed have government-paid health insurance coverage.
- Over half of the women surveyed were single (not married or in a partnership), and thus without the type of support that having a partner provides.

SURVEY BACKGROUND AND INFORMATION

Objective: The aim of this research study was to further investigate the relationship between birth experience and birth outcome as it pertains to Black women in Portland, Oregon.

Design/Subjects: A correlation design was implemented followed by a quantitative analysis of the results. In this study, two-hundred and forty-five women who identified as Black, ranging from 16-45 in age, and having birthed in a Portland, Oregon hospital at least once between years 2005 and 2010 reported on a single birth experience. Each participant was personally contacted. An anonymous birth survey was utilized. Data showed similar to results obtained in the initial 2008 focus group.

Many Black women in the public health care system don't have access or support to take birthing classes or maintain breastfeeding. So often they give birth alone with no support besides hospital staff. Some expressed fear during their time in the hospital based on their treatment.

Results: The first hypothesis was supported. Results showed a correlation between perceived negative birth experiences and perceived discrimination. Several trends surfaced from the survey: (a) decreased breastfeeding rates for Black women, (b) 70% of women didn't attend childbirth classes, (c) 60% birthed alone (d) 50 % experienced fear, racism or disrespect while in the hospital.

Conclusions: It is evident that the perceived birth experience is directly linked to ones birth outcome. Contributing factors are broad and interrelated. Among Black women, the most prevalent is pregnancy-related anxiety and life experience associated with hospital birth in Portland, Oregon.

BLACK WOMEN'S BIRTH EXPERIENCES

A recent report on inequities by race/ethnicity from the Coalition of Communities of Color based in Portland, Oregon (*Communities of Color in Multnomah County: An Unsettling Profile*, 2010), showed that African American babies have an 11.4% rate for low birth weight (less than 5.5 lbs) in Multnomah County – which encompasses Portland and several other communities – compared to a rate of 5.9% for White babies, 5.6% for Hispanics, and 8.1% overall for all people of color. The same report showed that infant mortality rates (deaths per 1000 live births) were 8.6% for African Americans compared to 4.9% for Whites, 4.9% for Hispanics, and 7.3% overall for all people of color (Statistics source: Multnomah County Health Disparities Project, 2008).

A comprehensive array of psychosocial factors, including life events, social support, depression, pregnancy-related anxiety, perceived discrimination, and neighborhood safety contribute to the disproportionately high infant and maternal mortality rates among black women nationwide. Such stressors are too often stimulated during the birth process contributing to low-weight and pre-term birth.

“A greater level of cultural competency is needed in order to ensure that basic trust and communication issues are not barriers to appropriate healthcare for Black women and infants. “

**Dr. Kim Heller, OBGYN, and former
NAABB/ICTC Board Member**

- Risk of preterm birth among women with high counts of pregnancy-related anxiety: (risk ratio (RR) = 2.1, 95% confidence interval (CI): 1.5, 3.0)
- With life events to which the respondent assigned a negative impact weight (RR = 1.8, 95% CI: 1.2, 2.7)
- With a perception of racial discrimination (RR = 1.4, 95% CI: 1.0, 2.0)

Indicators used both locally and throughout the Nation are interrelated and are often influenced by the above mentioned variables. However, for the purpose of this study, the significance of anxiety in relation to race, economic standing and the birthing experience shall be of emphasis.

In the [acclaimed documentary](#), "Unnatural Causes," a critical examination of health care disparities in the U.S., Dr. Richard Davis states, "There's something about growing up as a black female in the United States that's not good for your childbearing health."

This statement represents the heart of the problem.

Black women at every socioeconomic level have higher rates of preterm birth and infant and maternal mortality.

Poverty and social inequality have direct and indirect effects on the social, mental and physical

well-being of the individual. However, the immediate and long-term effects of race and ethnicity based discrimination are far more influential in the perceived birth experience and birth outcome among black women.

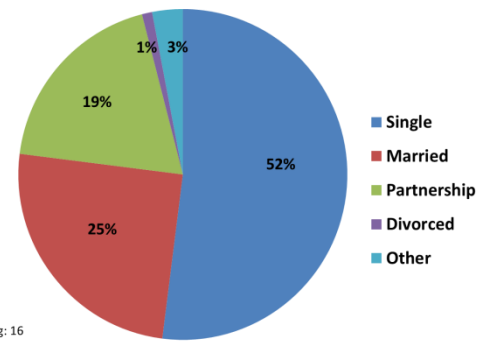
Other contributing factors include social support, depression, pregnancy-related anxiety, life experience and perceived discrimination. For this research study, the variables are narrowed to race and the birth experience (life experience) as it relates to the prevalent infant and maternal mortality rate among black women in Portland, Oregon.

SURVEY DETAILS

Participants The participants involved in the survey were women who identified as Black and who birthed in Portland between 2005 and 2010. The racial categories were Black, African American, Native Black, Black Hispanic, Black Asian, Black Native American, Black Multi-racial, and Black Other. Out of the two-hundred and forty-five women surveyed a total of 215 identified as Black.

The ages ranged from 16-45 years old. The mean age was 25 years old. Approximately 70% used public health insurance and close to 30% used private insurance. The majority of women were single at the time of their birth. A higher number birthed alone.

The women were selected based on their identity and willingness to complete the survey. Through outreach Black women were contacted in multiple venues. Age, education, income or marital status was not a factor. The participant had the option of remaining anonymous. It was a random selection to reduce selection bias.



Outreach Materials The materials which were used to inform women about the survey and encourage them to complete it, included a culturally appropriate flyer. It had an image of a Black mother and her child on it. The flyers stated the name of the project, its purpose and how to sign up to take the survey. That and the two page survey, was attached to a clip board with a pen tied to it with a string. Participants wore organizational name badges when recruiting women for the survey.

Survey Design The survey used a correlation design. There were several variables such as race and marital status, attending childbirth education classes, type of insurance, infant gestation, infant birth weight, knowledge of lead poisoning prevention, length of breastfeeding, access to a doula, concern about treatment, fear, harm, and racism. Quantitative variables such as birth

weight and marital status were measured.

Survey Procedure Interviewer of same race and ethnicity used a random selection process and surveyed black women on their birth experience. The interviewer met with women face to face. Gave them the Birth Survey flyer that explained the project and asked would they be willing to participate. The interviewee was assured that their information would only be used for the project and they had the option of remaining anonymous. 100% of the interviewees took place face throughout the community. To encourage participation small incentives were given; \$1.00, bracelets or hygiene packets. NAABB was unaware of measurement instruments specific to measuring black birth experiences and had to create its own (McKenzie et al. 2009). The survey consisted of 29 questions. The questions were structured and closed. The design was quantitative, with data collection followed by the data analysis. The data was coded. The data was then input into SPSS.

SURVEY CONCLUSION

The correlation between perceived stress and anxiety during the birth experience, as it relates to poverty, racism and psychosocial factors is evident.

This study has shown the variables associated and contributing to the perceived birth experience among black women in the hospital setting. Further research is projected.

An increase in community and social support, empowerment campaigns, educational strategies and services including doula and midwifery care, access to free and low-cost direct services and breast feeding support is recommended.

ABOUT NAABB

The National Association to Advance Black Birth (NAABB) works to improve the care and treatment of Black women, infants and persons to combat the effects of structural racism on Black maternal-infant health through: advocacy, research, educational programming, activism and policy change; equipping birth workers (doulas, midwives, lactation consultants, nurses, and doctors) and maternity health institutions with the practical tools and education they need to improve outcomes for Black women and persons; developing and supporting innovative models of care that are sensitive to the cultural and social needs of Black families; and partnering with organizations that are connected to and can help advance NAABB's vision. Infused throughout NAABB's work is harnessing the wisdom from African and African American birth traditions, which is part of its legacy as well as its future.

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**NAABB was formerly ICTC; this research was completed when the organization was called ICTC.*

Birth outcomes for both the mother and baby improve when Black women have access to affordable doula services. These are the type of community-based, direct healthcare services that can lead to big changes and ultimately equity in how Black women and persons are treated throughout the birth process.