



PREGNANCY RISK ASSESSMENT MONITORING SYSTEM
 A survey for healthier babies in New Jersey

NJ-PRAMS is a joint project of the New Jersey Department of Health and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reducing smoking, and encouraging breastfeeding. One out of every 50 mothers are sampled each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during and after their pregnancy. Between 2003 and 2015, more than 20,000 mothers were interviewed with a 70% response rate.

The Hispanic Paradox in New Jersey: Examining the Effect on Black, Non-Hispanic Mothers (2018)

Between 2012-2015, according to the Centers for Disease Control and Prevention (CDC) and National Center of Health Statistics (NCHS), the known Hispanic/Latino population in New Jersey (NJ) was over 6 million. The Hispanic Paradox suggests that Hispanics generally have better health outcomes, despite rates of poverty similar to that of Black, non-Hispanics (NH), and are often more comparable to White, NH's [1] despite socioeconomic status (SES). Research suggests that potential explanations for this paradox include selective migration of healthy individuals, better social support, and access to kin networks [2]. There is also evidence to suggest that foreign-born Hispanic mothers show better pregnancy outcomes compared to mothers of other race/ethnicities. NJ has experienced an increase in the Hispanic population due to immigration and birth rates. Between 2012-2015, the Hispanic birthrate was 16.1 per every 1,000 births compared to the Black, NH birthrate of 12.6 per 1,000 births. NJ PRAMS provides an opportunity to monitor pregnancy outcomes, including low birth weight (LBW) and preterm birth (PTB), as well as breastfeeding initiation, obesity, and tobacco and alcohol use during pregnancy across different racial/ethnic groups. Maternal nativity for Hispanic mothers can also be determined by linking electronic birth certificate data to NJ PRAMS data for years 2012-2015.

Table 1 depicts the demographic breakdown of each sub-group by race/ethnicity as well as nativity for Hispanic mothers who responded to the NJ PRAMS survey between 2012-2015. Most foreign born Hispanic mothers had a high school education (37.6%), an annual household income level of \$0-\$37,000 (79%), used Medicaid for prenatal care (PNC) (41.3%), and participated in the Women, Infants, and Children (WIC) program during pregnancy (73.8%). Most Black, NH mothers had 13 years or more of education (50.7%), used Medicaid for PNC (54.4%), participated in WIC during their pregnancies (62.3%), and reported an annual household income level of \$0-\$37,000 (66.7%).

Table 2 depicts the prevalence of each pregnancy outcome investigated. Foreign-born Hispanic mothers had the lowest rates of low birth weight babies (5.1%), smoking during pregnancy (1.2%), and obesity (24.3%) compared to the other sub-groups of mothers. They also had the highest rates of breastfeeding initiation (92.6%). Black, NH mothers had the highest rates of preterm birth (12.3%), low birth weight babies (11.8%), smoking during pregnancy (7.9%), and obesity (34.5%). They also had the lowest rates of breastfeeding initiation (78%) and the lowest rates of alcohol consumption during pregnancy (8%) compared to other mothers. White, NH (82.3%) and US-born Hispanic (84.3%) mothers showed comparable rates of breastfeeding initiation. White, NH mothers were also more likely to drink alcohol during pregnancy (13.4%) but had the lowest rates of preterm birth (7.8%) and obesity (16.4%) compared to the other sub-groups of mothers.

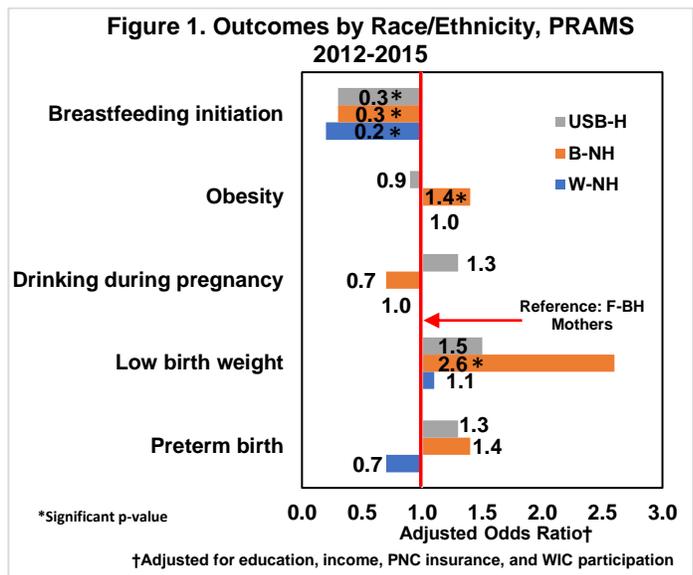
Table 1. Demographics

Demographics	Race/Ethnicity			
	White, NH	Black, NH	US-born Hispanic	Foreign-born Hispanic
Education				
0-12 Years	2.3%	8.9%	9.9%	34.8%
HS Graduate	19.2%	40.4%	36.3%	37.6%
13+ Years	78.5%	50.7%	53.8%	27.6%
Income Level				
\$0-\$37,000	21.3%	66.7%	58.1%	79.0%
\$37,001-\$67,000	14.8%	16.8%	17.6%	11.8%
>\$67,000	63.8%	16.4%	24.3%	9.2%
PNC Insurance				
Private Insurance	82.7%	42.0%	47.8%	20.8%
Medicaid	16.1%	54.4%	49.2%	41.3%
No Insurance	1.2%	3.6%	3.0%	38.0%
Nativity				
US-born	91.1%	80.2%	100%	0%
Foreign-born	8.9%	19.8%	0%	100%
WIC during pregnancy				
Yes	17.0%	62.3%	57.3%	73.8%
No	83.0%	37.7%	42.7%	26.2%

Table 2. Prevalence of Pregnancy Outcomes by Race/Ethnicity

Pregnancy Outcomes	Race/Ethnicity			
	White, NH	Black, NH	US-born Hispanic	Foreign-born Hispanic
Preterm Birth	7.8%	12.3%	11.1%	8.7%
Low birth weight	5.6%	11.8%	8.1%	5.1%
Smoking during pregnancy	6.6%	7.9%	6.0%	1.2%
Drinking during pregnancy	13.4%	8.0%	11.5%	8.3%
Obesity	16.4%	34.5%	28.3%	24.3%
Breastfeeding Initiation	82.3%	78.0%	84.3%	92.6%

Figure 1. Outcomes by Race/Ethnicity, NJ PRAMS 2012-2015



After adjusting for education, annual household income, PNC insurance, and WIC participation during pregnancy (Figure 1), the odds of having a low birth weight baby for Black, NH mothers were over two-and-a-half times that of foreign-born Hispanic mothers, with an odds ratio (OR) of 2.6. Black, NH mothers were also 40% more likely (OR=1.4) than foreign-born Hispanic mothers to be obese. Both Black, NH and US-born Hispanic mothers were 70% less likely (OR=0.3) than foreign-born Hispanic mothers to initiate breastfeeding while White, NH mothers were 80% less likely (OR=0.2) to initiate breastfeeding.

Based on analysis of PRAMS survey data, there is evidence of the Hispanic Paradox in play among mothers in New Jersey. Despite having the highest rates of WIC participation during pregnancy and high rates of Medicaid and no insurance for no prenatal care, foreign-born Hispanic mothers showed more favorable health outcomes when compared to White, NH, Black, NH and US-born Hispanic mothers, especially in terms of breastfeeding initiation. Thus, foreign-born status may serve as a protective factor in this sense. While Black, NH and US-born Hispanic mothers were more comparable in terms of their SES, Black, NH mothers still demonstrated poorer health outcomes. This may also be the result of stronger social ties within the Hispanic community and to social support systems as well as practicing better health behaviors. Given the evidence presented here and the lessons learned from foreign-born Hispanic mothers, more attention needs to be paid to interventions targeted at Black, NH mothers with regards to accessing better social support systems.

Agenda for Action

The Hispanic Paradox links better social support to better health outcomes, including breastfeeding, for Hispanics. There are many barriers to breastfeeding for minority women including lack of knowledge and resources, poor family and social support, social norms, lactation problems, and employment and child care to name a few. The analysis of this PRAMS data has shown that there is still room for intervention with regards to Black, NH mothers. This is clearly evident with the decreased odds of breastfeeding initiation and high prevalence of smoking during pregnancy for this group.

The Surgeon General’s Call to Action to Support Breastfeeding report underlines the importance of family and community support for minority women during prenatal and postnatal periods and recommends using community-based organizations to promote and support breastfeeding. It also emphasizes breastfeeding as completely normal, optimal, nutritional, desirable, and achievable. Negative perceptions of breastfeeding among Black, NH mothers are often due in part to subjective norm, a lack of understanding on what to expect, and poor

support from family and friends. Research suggests that targeting interventions towards minority women may increase breastfeeding initiation rates and duration. NJ provides many social support systems and linkages through the Healthy Women, Healthy Families Initiative to those in need including, but not limited to WIC, home visitation programs, community health worker assistance, and Medicaid/NJ FamilyCare. These groups aim to increase breastfeeding knowledge and social/community support among Black, NH and Hispanic mothers.

Resources

1. The Hispanic Paradox and Older Adults' Disabilities: Is There a Healthy Migrant Effect? <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3709349/>
2. The Health Benefits of Hispanic Communities for Non-Hispanic Mother and Infants: Another Hispanic Paradox. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3670664/>
3. Women, Infants, and Children (WIC) – State of New Jersey. <http://www.state.nj.us/health/fhs/wic/>
4. The Surgeon General's Call to Action to Support Breastfeeding. <https://www.cdc.gov/breastfeeding/promotion/calltoaction.htm>

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