



How Do Childbearing Experiences Differ Across Racial and Ethnic Groups in the United States? A *Listening to MothersSM III* Data Brief

Persistent health disparities, including differences in access to and the quality and outcomes of maternity care, can have long-lasting impacts on women, children, families, and our society. New data from the national *Listening to MothersSM III* surveys reveal differences in women's childbearing experiences that may reflect and contribute to poor health access, care, and outcomes. This brief compares experiences of black non-Hispanic ("black," below), Hispanic, and white non-Hispanic ("white") race/ethnicity groupings. There were too few participants to compare results of other groupings. These nationally representative data are from an initial survey of 2400 women who had given birth to a single baby in U.S. hospitals from July 2011 through June 2012 and could participate in English, as well as a follow-up survey of 1072 of the initial participants carried out several months later. Childbirth Connection's *Listening to MothersSM III* surveys were conducted by Harris Interactive and funded by the W.K. Kellogg Foundation. Learn more and access the full initial ("Pregnancy and Birth") and follow-up ("New Mothers Speak Out") survey reports and related resources at <http://bit.ly/LTM-III>.

SUMMARY OF KEY FINDINGS

About one in five black and Hispanic women reported poor treatment from hospital staff due to race, ethnicity, cultural background, or language. Compared with 8% of white mothers, 21% of black mothers and 19% of Hispanic mothers experienced such poor treatment while hospitalized to give birth. Among women with chronic or gestational diabetes, Hispanic women were the least likely to be tested for high blood sugar in their postpartum office visit – 34% compared with 62% of black and 65% of white women. And just 42% and 43% of Hispanic women rated their prenatal and their babies' pediatric visits, respectively, as "very good," compared with 60% and 54% of black women and 64% and 60% of white women. Compared with white and black women, Hispanic women were also more likely to be concerned about a medical error occurring in the hospital around the time of birth, less likely to view the quality of local obstetricians as equivalent, and less likely to feel confident in communicating unsolicited concerns to their maternity care providers.

There were some important variations in prenatal and labor and birth care providers. In identifying major factors in the "choice" of prenatal care provider, 55% of black women, 45% of Hispanic women, and 29% of white women reported that prenatal providers had been assigned to them. Black women were more likely to change their maternity care providers during pregnancy (31% compared with 23% of Hispanic and 17% of white women). Of those who changed providers, black women were about twice as likely to cite switching to increase the chance of having wanted care choices. Whereas 18% of white women met their birth attendant for the first time at the birth, 26% of black women and 27% of Hispanic women had no prior relationship with their birth attendant. There was little variation across the groups in use of obstetrician-gynecologists (77% to 79%), family physicians (8% to 10%), and midwives (6% to 9%) for prenatal care. However, white women were more likely to have an obstetrician-gynecologist birth attendant (73%) than Hispanic (65%) and black (64%) women.

Sources and perceived trustworthiness of pregnancy and birth information differed across racial and ethnic groupings. Hispanic women were least likely to rate their maternity care provider as "completely

trustworthy” (36% versus just over half of white (51%) and black (52%) women). Black women were the most likely to report that their prenatal provider always answered questions to their satisfaction (68% versus 56% of white women and 55% of Hispanic women) and to receive text messages with pregnancy and birth information, such as text4baby messages (42% versus 30% of Hispanic women and 20% of white women). Among first-time mothers, Hispanic women were least likely to take childbirth education classes (53% versus 58% of black women and 61% of white women).

Black and Hispanic women are more likely than white women to experience group prenatal care.

Among black women, 30% reported having had at least one prenatal visit in a group with other pregnant women, compared with 27% of Hispanic women and only 16% of white women.

Overweight and obesity were most common in black childbearing women before pregnancy and black and Hispanic women in the months after giving birth. More than one in four (27%) black women were obese based on body mass index (BMI) just before becoming pregnant, compared with 20% of Hispanic women and 19% of white women. Black women gained less weight during pregnancy than women of other racial/ethnic groups, but also lost less weight after giving birth. Black mothers were most likely to report a postpartum BMI at the time of the initial survey in the overweight or obese range (63%), followed by Hispanic (60%) and white (46%) mothers. At the time of the follow-up survey, more black and white women (44%) reported a normal BMI weight range than Hispanic women (31%).

Among racial and ethnic groupings, black women were most likely both to prefer and to have a low-intervention birth. Almost 7 in 10 black women (69%) agreed with the statement, “Birth should not be interfered with unless medically necessary,” compared with 57% of white women and 54% of Hispanic women. Black women were the group most likely to have given birth with none of 5 major interventions (labor induction, epidural analgesia, labor augmentation, cesarean, vacuum or forceps assisted delivery) – 18% of black women had none of these, versus 15% of Hispanic and 10% of white women. Among women who had episiotomies, black women were the most likely to report having been given a choice (59%, versus 46% of Hispanic women and 36% of white women). Of women who desired more children, over a quarter (26%) of black women “definitely” wanted to give birth at home in the future compared with 10% of white women and only 4% of Hispanic women. Hispanic women were most likely to say they “definitely would not” want such a future birth (74%) versus white (29%) and black (27%) women.

Support during labor from a spouse/partner and doula varied among racial and ethnic groupings.

Black mothers were most likely to report that they were without support of a spouse or partner (13%, versus 7% of Hispanic women and 5% of white women). White women were more likely to report that a spouse or partner had provided support during labor (82% versus 72% of Hispanic women and 69% of black women). Non-significant differences in use of a labor doula were 9% of black, 6% of Hispanic, and 5% of white women. Among women who had a good understanding of doulas and doula support in labor and had not used one, black women were most likely to say they would have liked to have had such support (39% versus 30% Hispanic and 22% white).

There were racial/ethnic differences in intention to breastfeed and hospital breastfeeding support, but a similar proportion of women in each group exclusively breastfed at one week. White women were most likely to intend to exclusively breastfeed (59% versus 50% of Hispanic women and 43% of black women). Black women who intended exclusive breastfeeding were more likely than other groups to receive formula samples or offers from hospital staff (64% versus about half of the other groups), and their babies were more likely to be supplemented while in the hospital (45% versus 38% of babies of Hispanic mothers and 32% of babies of white mothers). Despite concerns about hospital breastfeeding support, black women who intended to exclusively breastfeed generally did, and some who planned

both breast and formula feeding were exclusively breastfeeding at one week. Overall, about half of mothers in each group exclusively breastfed at one week: 51% of white, 49% of black, and 48% of Hispanic women.

Black and Hispanic women were more likely to use WIC services and to name Medicaid or CHIP as the primary payer of their maternity care. During pregnancy, 70% of black women, 67% of Hispanic women, and 38% of white women used the Women, Infants and Children (WIC) Food and Nutrition Service. After birth, usage of WIC decreased across all groups, but about half of black women (52%) reported using WIC for themselves and their babies, followed by Hispanic (45%) and white (19%) women. Medicaid or CHIP (the Child Health Insurance Program) was the primary payer of maternity services for 52% of black women, 50% of Hispanic women, and 29% of white women. At the follow-up survey, Hispanic women were uninsured at over twice the rate of black and white women – 32% versus 16% and 14%, respectively. Of those with insurance, white women were most likely to have private insurance (76%), while Hispanic women were most likely to be insured through Medicaid or CHIP (36%).

Black women had more positive perceptions of their well-being during pregnancy and after birth compared with other groups. More than half of black women (54%) “strongly agreed” that they were able to maintain a healthy lifestyle during pregnancy compared with 39% of white women and 29% of Hispanic women. When asked to rate how well they were doing in maintaining healthy lifestyles in a variety of areas, black women were more likely to report doing “extremely well” getting enough exercise (26%), eating a healthy diet (31%), managing stress (27%), and getting enough sleep (22%). In comparison, only from 8% to 12% of white women and from 5% to 13% of Hispanic women felt they were doing “extremely well” in these areas.

Black women and babies were more likely to be re-hospitalized in the months after birth. A fifth of black women had been hospitalized at least once since giving birth, compared with 12% of Hispanic women and 11% of white women. Babies born to black mothers were more than twice as likely to have been hospitalized as were babies born to Hispanic and white mothers at the time of the survey – 17% versus 8% and 7%, respectively. Although rare overall, babies of black mothers were also more likely to have had no well-child office visit (9%) compared with babies of white (1%) and Hispanic (4%) mothers.

Rates of seeking professional help for mental health issues were stable across racial and ethnic groupings, despite varying degree of need. Whereas 13% of black mothers and 10% of Hispanic mothers stated that emotional well-being interfered “quite a bit” or “a great deal” with their ability to care for their babies in the first two months after birth, only 4% of white women did so. Despite this variation, a similar proportion (from 17% to 20%) of women from all groups sought the help of a professional for mental health concerns since their births.

Relationships and support from spouses or partners and others varied across groups. Whereas almost half of black (46%) and Hispanic (47%) women with a spouse or partner shared the daily care of their babies equally with their spouse/partner, just 29% of white women did so. Almost two-thirds of black women had spouses or partners who provided practical support and/or enjoyment “all of the time,” compared with from 35% to 41% of Hispanic women and slightly more than a third of white women.

More than a third of Hispanic women received little to no emotional or practical support from someone other than a spouse/partner. Comparatively fewer black (14% to 15%) and white (from 19% to 29%) women lacked this type of outside support. Support such as enjoyment and affection from others were available all or most of the time to from 61% to 66% of black women, but only from 40% to 44% of white and Hispanic women.