

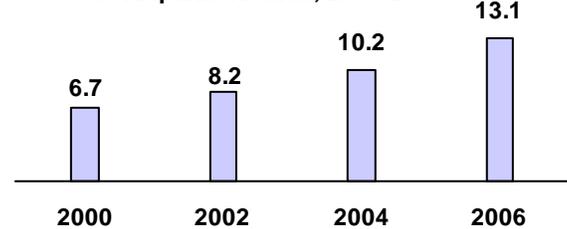
Hispanic Population

Although Hispanics comprised 6% of Maryland's population in 2006 they represented 13% of births the same year. Within a span of only six years, the percentage of Hispanic births in Maryland has doubled, rising from 6.7% (n=4,898) of total births in 2000 to 13.1% (n=10,069) of total births in 2006 (Figure 1).

Hispanic mothers in Maryland are on average younger and have completed less years of education than mothers of other races/ethnicities. Nearly half did not finish high

school and fewer than half are married. A greater percentage are enrolled in WIC during pregnancy and have their deliveries paid for by Medicaid (Table I).

Figure 1. Percentage of Maryland Births to Hispanic Women, 2000-2006



Source: Vital Statistics Administration

Table I. Demographic Characteristics: Percentage of Mothers by Maternal Race/Ethnicity, Maryland Births 2001-2006

	RACE/ETHNICITY			
	Hispanic	White Non-Hisp	Black Non-Hisp	Asian
Maternal age				
Less than 20	14.3	5.6	16.3	1.5
20-34	74.0	73.4	70.3	76.2
35 and over	11.7	21.0	13.4	22.3
Married	45.7	78.4	35.2	91.7
Education				
Less than 12 years	45.4	7.6	17.3	2.7
12-15 years	44.0	43.6	58.2	30.9
16+ years	10.6	49.0	24.6	66.4
Social services				
Delivery paid by Medicaid	64.5	16.9	43.1	12.6
WIC during pregnancy	66.1	21.2	58.6	13.8

Source: PRAMS



Risk Factors

and

Protective Factors

Hispanic mothers in Maryland show high levels of several perinatal risk factors. Nearly half reported unintended births (45%), only a fifth took vitamins daily before pregnancy (21%), and half entered prenatal care after the 1st trimester or not at all (47%). Levels of partner abuse before (8%) and during (5%) pregnancy were high. (Table 2)

However, Hispanic mothers also report several important protective health behaviors, including very low rates of cigarette smoking (3%), alcohol use (4%) and binge drinking (2%, 5+ drinks in one sitting) during pregnancy. Hispanic mothers also have the highest rates of breastfeeding (94%) compared to other races/ethnicities in Maryland. (Table 2)

Table 2. Perinatal Health and Behaviors by Maternal Race/Ethnicity, Maryland 2001-2006

FACTOR	Healthy People 2010 Target	RACE/ETHNICITY			
		Hispanic	White Non-Hisp	Black Non-Hisp	Asian
Preconception Factors					
		percent			
Intended pregnancy	70.0	55.4*	68.5*	39.6*	72.7*
Daily multivitamin (with folic acid)	80.0	21.4	38.3	20.5	35.3
Overweight or obese (BMI>25)		45.2	39.0	51.3	22.6
Physical abuse by partner before pregnancy		8.0	3.5	6.4	1.9
Prenatal Health					
Prenatal care initiation, 1st trimester	90.0	53.3**	87.4**	64.4**	83.8**
Cigarette smoking	2.0	2.7	12.8	7.1	2.0
Abstinence from alcohol	94.0	96.2	89.6	95.7	95.5
Abstinence from binge drinking	100.0	98.4	99.8	99.4	99.8
Physical abuse by partner during pregnancy		5.1	2.1	6.6	2.1
Birth Outcomes (Source: Vital Statistics Administration)					
Infant mortality rate, per 1,000 births	4.5	4.9	5.4	13.5	3.4
Preterm delivery (<37 weeks)	7.6	9.3	9.8	14.1	8.4
Low infant birth weight (<2500 grams)	5.0	7.0	7.2	13.2	7.8
Postpartum Maternal and Infant Health					
Infant put to sleep on back	70.0	63.8	74.6	45.0	71.6
Breastfed, ever	75.0	93.9	76.5	67.5	93.5
Infant check-up		80.5	87.2	83.3	86.5
Depression, maternal		16.0	11.5	18.0	23.1

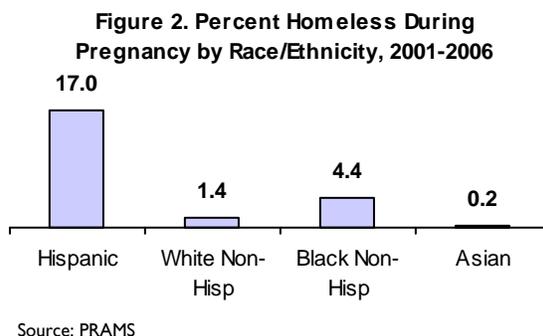
*PRAMS data includes only information on pregnancies that end in live birth

**First trimester defined by PRAMS as <13 weeks

Source: PRAMS

Stressors During Pregnancy

Hispanic mothers reported very high levels of stressors in the 12 months before birth. Job loss was more prevalent for Hispanic mothers (22%) than non-Hispanic white (7%), non-Hispanic black (14%) and Asian (7%) mothers. More Hispanic mothers reported being homeless during pregnancy (17%) than others (Figure 2).



Birth Outcomes

Birth outcomes for Hispanic infants are similar to those of white non-Hispanic and Asian infants and are better than those of black non-Hispanic infants in Maryland. Infant mortality is close to the Healthy People 2010 goal, with 4.9

infants per 1000 births dying in the first year of life. Nine percent of Hispanic babies are delivered preterm (<37 weeks) and 7% are low birth weight (<2500 grams) (Table 2).

Discussion

As the number of Hispanic births in Maryland continues to increase, health care workers should learn about the risk factors that Hispanic women face during pregnancy. Intimate partner violence, job loss, homelessness, transportation, and language barriers are common stressors among Hispanic mothers. Programs should continue to encourage protective health behaviors already practiced, such as breastfeeding.

The birth outcomes for Hispanic women in Maryland are better than expected, given the high rates of risk factors such as low education, poverty, and late entry into prenatal care. This so called "Hispanic paradox" has been seen throughout the country and described in public health venues. This paradox is seen mostly among foreign-born Hispanic women and is thought to dissipate with subsequent U.S.-born

generations. Hispanic women who immigrate to the U.S. often arrive with healthier behaviors (better nutrition, less smoking, less drinking) and better social support than Hispanic women born in the U.S., offsetting their risks of poverty, low education, and limited access to social services.

PRAMS does not collect information on the mother's birth country or length of time in the U.S.; however, nearly three out of four Hispanic mothers in Maryland completed the PRAMS questionnaire in Spanish. As the Hispanic population in Maryland continues to grow and new generations of U.S. born Hispanics begin to have children in Maryland, greater disparities in birth outcomes may appear. Hispanic mothers may need more support as these disparities grow.

"...creo que no nos deben de negar asistencia médica aunque seamos ilegales. En mi caso en mi embarazo nunca tuve asistencia médica y mi bebe nació prematuro."

"...I believe that they must not deny us medical assistance although we are illegal. In my case I never had a doctor in attendance during my pregnancy and my baby was born premature."

PRAMS mother



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PRAMS Methodology

Data included in this report were collected through the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance system established by the Centers for Disease Control and Prevention (CDC) to obtain information about maternal behaviors and experiences that may be associated with adverse pregnancy outcomes.

In Maryland, the collection of PRAMS data is a collaborative effort of the Department of Health and Mental Hygiene and the CDC. Each month, a sample of 200 Maryland women who have recently delivered live

born infants are surveyed by mail or by telephone, and responses are weighted to make the results representative of all Maryland births. Survey data are linked with birth certificate data to provide additional demographic and pregnancy information.

To achieve a sample size of Hispanic women large enough for statistical analysis, 6 years (2001-2006) of PRAMS data were combined. The results are based on the responses of 9,139 mothers including 739 Hispanic mothers, who delivered between 1/30/2001 and 12/31/2006. The response rate for this study period was 71%.

Limitations of Report

The Maryland PRAMS report presents only basic associations between maternal risk factors, birth outcomes and maternal race or ethnicity. Unexamined interrelationships among variables are not described and could explain some of the findings described in this report.

PRAMS data is retrospective and therefore subject to recall bias. It is also based on the mother's perception of events and may not be completely accurate.

Resources

National Alliance for Hispanic Health
1501 Sixteenth St, NW
Washington, D.C. 20036
Phone: 202-387-5000
www.hispanichealth.org

National Hispanic Prenatal Helpline (La Linea Nacional Prenatal Hispana)
1-800-504-7081

Su Familia (Your Family): The National Hispanic Family Health Helpline
1-866-783-2645



Maryland Department of Health and Mental Hygiene
Center for Maternal and Child Health • Vital Statistics Administration

Martin O'Malley, Governor; Anthony G. Brown, Lieutenant Governor; John M. Colmers, Secretary

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