Even One is Too Many: Reducing Disparities in Infant Mortality Among Ghanaian Women
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Ghanaian Population & Infant Mortality Rates

- Over the last 10 years the Worcester infant mortality rate (IMR) has averaged 7.8 deaths per 1000 live births while the MA state average IMR has been 4.8 and US average IMR has been 6.7 (Worcester Healthy Baby Collaborative, 2013, p. 4)
- Only 7% of Worcester residents identify themselves as Black yet between 17% and 55% of the infants who died in Worcester over the past 10 years were born to Black mothers, with the majority being born to immigrants from Ghana (Worcester Healthy Baby Collaborative, 2013, p. 6)

Analysis of Interprofessional Networks

- Strengths
  - There are many elements of support for the Ghanaian community in Worcester
  - Nhyira Ba (part of Worcester Health Baby Collaborative) is a culminating of all these aspects of society working toward a common goal of reducing infant mortality among the Worcester Ghanaian population

- Weaknesses
  - These groups are not always working together and a more collaborative system would allow for greater feedback from the community members
  - March of Dimes Infant Mortality Summit brought together many of the leaders from advocacy groups in Massachusetts to discuss ongoing efforts to address key factors influencing infant mortality within these communities, but there were no community members in attendance

Interprofessional Networks

- Worcester-Healthy Baby Collaborative
- March of Dimes
- Akwaaba Clinic
- Subsidized Housing (Washington Heights)
- Prenatal Groups
- Family Health Center
- CB Advocates
- Neighborhoods
- Community Support
- Religion
- Elders

The most significant social determinants that raise the risk of infant mortality in any population are poverty, single marital status, teen pregnancy, smoking and lower level of education (Magee, 2014, slide 9)

The absence of these known risk factors in the Ghanaian population is contradictory to the observed IMR and therefore many Ghanaians are categorized as high risk patients during pregnancy based solely on their ethnic heritage (Theroux, Toft Klar, & Messenger, 2013, p. 652)

Lessons Learned

- Infant mortality is a measure of a community’s health, its support networks, and its ability to benefit its members
- An understanding of religious, nutritional, economical and cultural components sheds light on transfer of care from Ghana to the United States and its effect on migrant health

Key Takeaway Points

- To improve outcomes, education needs to take place at the community level, with an emphasis on stress management in this particular population
- Concerted efforts among local, state and national organizations need to align goals in order to adequately address the causes for disparities in infant mortality among the Ghanaian community

Next Steps

- Community members must be afforded the opportunity to engage with advocacy groups to offer realistic solutions for improving healthy baby outcomes.
- Current advocacy efforts focusing on preconceptual education and preterm birth reduction offer opportunity for state and local collaboration, with the inclusion of community members.

References


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