

Health Equity Coverage Recommendation Form

Title:	Health Equity in Infant Health & Mortality
Date of Last Review:	7/1/24

Research Section

Background

According to the [Centers for Disease Control and Prevention \(CDC\)](#), infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society.¹

Inequities discussed on the [Office of Minority Health Website](#)²

[Infant Mortality and Black/African Americans](#)³

- Non-Hispanic Black/African Americans have 2.4 times the infant mortality rate as non-Hispanic white Americans.
- Non-Hispanic Black/African American infants are almost four times as likely to die from complications related to low birthweight as compared to non-Hispanic white infants.
- Non-Hispanic Black/African American infants had 2.9 times the sudden infant death syndrome mortality rate as non-Hispanic white infants, in 2020.
- In 2020, non-Hispanic Black/African American mothers were twice as likely to receive late or no prenatal care as compared to non-Hispanic white mothers.

[Infant Mortality and American Indians/Alaska Natives](#)⁴

- American Indian/Alaska Natives have almost twice the infant mortality rate as non-Hispanic white Americans.
- American Indian/Alaska Native infants are 2.7 times more likely than non-Hispanic white infants to die from accidental deaths before the age of one year.
- American Indian/Alaska Native infants are 50 percent more likely to die from complications related to low birthweight as compared to non-Hispanic white infants.
- In 2019, American Indian/Alaska Native mothers were almost three times as likely to receive late or no prenatal care as compared to non-Hispanic white mothers.

- American Indian/Alaska Native mothers are 70 percent more likely to smoke during pregnancy as compared to non-Hispanic white mothers.

Infant Mortality and Hispanic/Latino Americans:⁵

- Among Hispanic Americans, the infant mortality rate ranges from 3.8 per 1,000 live births for Cuban Americans to 5.6 per 1,000 live births for Puerto Rican Americans.
- Puerto Rican Americans had a 20 percent higher infant mortality rate as compared to non-Hispanic white Americans in 2018.
- Puerto Rican American infants were 2.5 times as likely to die from causes related to maternal complications than non-Hispanic white infants in 2018.
- In 2019, Hispanic mothers were 80 percent as likely to receive late or no prenatal care as compared to non-Hispanic white mothers.
- In 2019, Central and South American mothers were 2.5 times as likely to receive late or no prenatal care as compared to non-Hispanic white mothers.

Infant Mortality and Native Hawaiians/Pacific Islanders:⁶

- Native Hawaiians/Pacific Islanders have almost twice the infant mortality rate as compared to non-Hispanic white Americans in 2018.
- In 2019, Native Hawaiian/Pacific Islander mothers were 4.6 times more likely to receive late or no prenatal care as compared to non-Hispanic white mothers.
- According to CDC data, the infant mortality rate on the island of Guam was 2.5 times higher than that of non-Hispanic white infants born on the mainland of the United States, in 2018.

Infant Mortality and Asian Americans:⁷

- Asian women generally have lower infant mortality rates than the overall population, however recent statistics for Asian American subgroups are limited for this topic.
- Asian American infants are 40 percent more likely to die from maternal complications as compared to non-Hispanic white mothers.

Review of current, peer-reviewed evidence from established sources

Studies over the past few decades have come to similar conclusions on the main causes of racial and ethnic disparities in infant and fetal mortality in the US, all of which come from societal and cultural structure, rather than biological roots. Racial and ethnic minorities are at higher risk of infant death due to disparities in wealth, maternal education, access to health insurance, education around prenatal care, access to early prenatal care, access to quality care, FMLA, as well as medical biases.^{8,9}

Review of clinical practices guidelines from professional associations and societies in regard to these findings

Solutions to the complex issue of racial and ethnic disparities in infant and fetal health in the US are equally complex and multifaceted. Societal structure, politics, geography, and access to care are all involved in determining infant health in the United States. Recommendations include education around the relationship between health and racism, improving educational systems and community opportunities, facilitating community-driven health promotion, research, marketing, prioritizing resource allocation of community-based services, implementing strategies to promote equity across health and political systems.^{3,4}

Do any of these findings relate to any of our current policies?

None of the above findings are applicable to any of our current medical policies at this time.

Summary

Infant mortality rates in African American, American Indian/Alaskan Native, Hispanic American, and Native Hawaiian/Pacific Islander groups are significantly higher than non-Hispanic white population in the United States. Main contributors of infant death include low birth weight, SIDS, and no or low access to prenatal care. Hypothesized contributors to these drastic disparities in infant health are multidimensional, stemming from societal structure, politics, biases in health and medicine, and poor resource allocation. Biology is not a highlighted contributor to high rates of death among these minority groups.

Recommendation:

No recommended health equity updates to policies at this time. The recommendation has been made that a doula benefit be considered by PHP to help close the gap around maternal and infant mortality.

References

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CORE Revision History Section

DATE	SUMMARY OF CHANGES
07/03/2024	Initial review.

Disclaimer: Providence Health Plan (PHP) and Providence Health Assurance (PHA) CORE forms serve as guidance for the administration of plan benefits. CORE forms do not constitute medical advice nor a guarantee of coverage. PHP and PHA CORE Medical Policy forms are based upon CMS guidelines and published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last CORE update. PHP and PHA CORE Coding Policy forms are based on national coding standards and CMS guidelines. PHP and PHA reserve the right to determine the application of CORE forms and make revisions to its CORE forms at any time.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and PHP and PHA CORE forms will be resolved in favor of the coverage agreement.