Race, Ethnicity, and the Health of Babies in Maine

Opportunities to grow and flourish are not shared equally by the nation's infants, toddlers, and families, reflecting past and present systemic barriers to critical resources, with limited access to quality health care services being among the most important challenges.

As the impacts of the COVID-19 pandemic have made clear, significant disparities exist in the health of families in America when examined by race and ethnicity. For babies, these inequities begin even before birth. As reported in our 2021 brief, Racism Creates Inequities in Maternal and Child Health, Even Before Birth, the negative consequences of racism begin early, with both immediate and potentially long-term effects on babies' development.

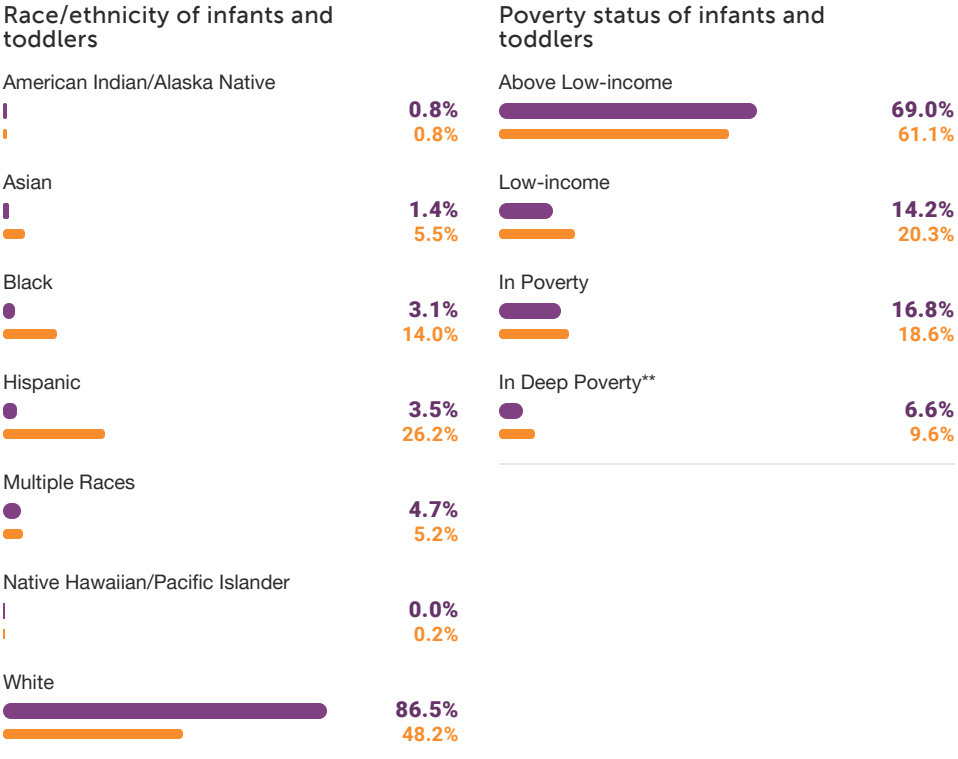
Beneath the stark differences in these outcomes are disparities in access to health care, the experiences women have in the health care setting, and the cumulative effects of stress (including the stress of experienced racism) on women's health.

How does the health of Maine's babies and families vary by race and ethnicity?

The selected set of State of Babies indicators in this report provides a pre-pandemic snapshot of key indicators related to babies and families' physical health, specific health challenges they may experience, and their ability to access essential health care services. Collectively, these indicators offer a view of where your state's policies currently address or can be expanded to further assist families in supporting their babies' health. To deepen your understanding of how families' experiences vary, select the + icon where it appears with an indicator to view the data by subgroup (race/ethnicity, income, and/or urbanicity).

Race/Ethnicity and Income

The Yearbook's findings on health inequities reflect the intersection between race/ethnicity and income. Specifically, babies of color are more likely to live in families with low income or in poverty, which in turn limits their opportunities to access quality health care services and increases the likelihood that they will experience income-related health challenges, such as food insecurity.



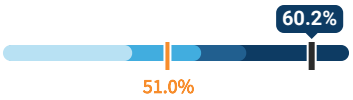
Note: N/A indicates Not Available

Health Care

Access, Affordability and Receipt of Care

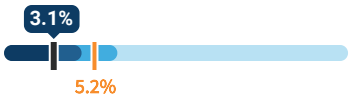
Access to healthy sources of nutrition and affordable maternal, pediatric, and family health care is essential to ensure that babies receive the nourishment and care they need for a strong start in life. Babies require a consistent source of care (i.e., a medical home) to ensure good health. The impacts of the pandemic include a decrease in babies receiving preventive care offered through well-child visits and vaccinations and job losses, particularly among low wage earners, are expected to increase the number of babies of color without health care coverage.

Medical home



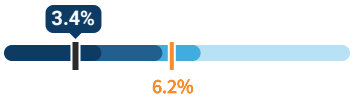
Min: 40.5% Max: 62.6%

Uninsured low-income infants and toddlers



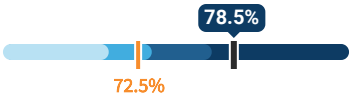
Min: 0.7% Max: 17.9%

Late or no prenatal care received



Min: 1.4% Max: 11.3%

Received recommended vaccines

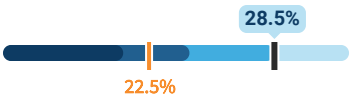


Min: 64.0% Max: 85.8%

Maternal and Child Health Outcomes

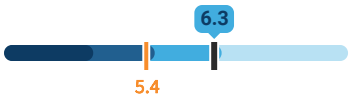
Black, American Indian, and Hispanic women are more likely than women of other races to receive late or no prenatal care. Black and American Indian/Alaska Native women are alarmingly more likely to die during or after birth or from resulting complications. Similarly, Black and American Indian infants have a markedly higher risk of being born preterm and/or with low birthweight, and are more likely to die within their first year.

Mothers reporting less than optimal mental health



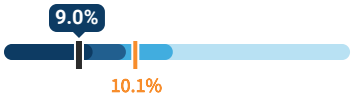
Min: 15.5% Max: 32.1%

Infant mortality rate (deaths per 1,000 live births)



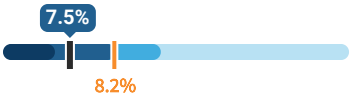
Min: 3.5 Max: 8.1

Babies born preterm



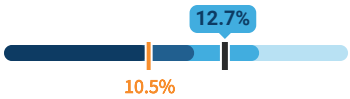
Min: 7.6% Max: 14.2%

Babies with low birthweight



Min: 6.5% Max: 11.8%

High weight-for-length in WIC NR



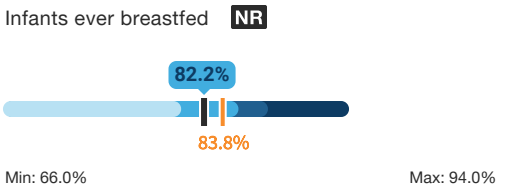
Min: 6.3% Max: 16.3%

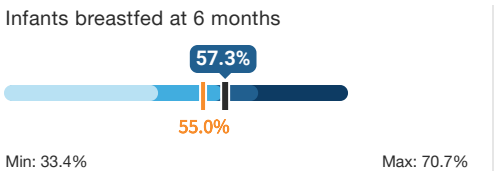
Note: N/A indicates Not Applicable

Health Influencers

Contributors to Good Health

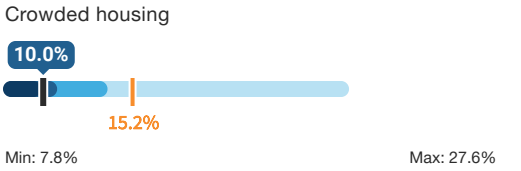
Differences by race and ethnicity are also found in positive influences on babies' health, such as breastfeeding. Notably, cultural and systemic barriers to Black women's breastfeeding include inadequate information, the need to return to work soon after delivery, work environments that are not supportive of breastfeeding, and public stigma. Persistently low rates of breastfeeding among Black mothers also reflect, in part, earlier eras of racism, when enslaved Black women were "wet nurses" for White women's infants.





Negative Influences on Health

In addition to racism, Black, Hispanic, and American Indian/Alaska Native women and their families disproportionately experience a number of environmental risks associated with poverty, such as living in poor-quality and unstable housing. The direct effect of these circumstances, as well as the stress they create, threaten maternal and child well-being, beginning prenatally.



Note: N/A indicates Not Applicable

Opportunities to Reduce Health Inequities through Supportive Policies

Disparities in maternal and child health among babies and families in Black and Brown communities require a robust response in national and state policies. Several policies that can be implemented by states contribute to better health outcomes. Key policies among these include those that expand access to health care coverage during the prenatal and postpartum period and policies that enable babies to receive preventive medical care services, and wider coverage of maternal and child mental health screenings. The importance of these services has only increased in the wake of the pandemic.

Medicaid expansion state	**Yes** ✔
State Medicaid policy for maternal depression screening in well-child visits	**Allowed**
Medicaid plan covers social-emotional screening for young children	**Yes** ✔
Medicaid plan covers IECMH services at home	**Yes** ✔
Medicaid plan covers IECMH services at pediatric/family medicine practices	**Yes** ✔
Medicaid plan covers IECMH services in early childhood education settings	**Yes** ✔

We encourage policymakers and advocates to use the data presented to identify where there is over-representation of babies of a particular race/ethnicity; explore the root causes of the inequities and disproportionality where they are revealed; and promote and develop policies that address, reduce, and ultimately eradicate disparities in disproportionately impacted groups as well as negative health outcomes in all groups.