Reimagining Solidarity to Confront Infant Mortality

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RESEARCH QUESTION

“Why are our babies dying?”
-Mary Evans, Nurse and Support Group Leader (pseudonym)

BACKGROUND

In Milwaukee, black babies die nearly three times as often as white babies, and black women experience stillbirth two and half times more often than white women. There are many contributors to this reality. While parental responsibility is one factor, deeper, more systemic issues related to racial inequality and class privilege are also at play. Even among groups with similar socioeconomic status, racial disparities in infant mortality persist.

PURPOSE

This project seeks to answer multiple research questions, including: How do socioeconomic and racial/ethnic factors relate to infant mortality in the concrete lives of black women in Milwaukee?

METHODS

This research draws from ethnographic fieldwork as a type of qualitative method that puts Milwaukee mothers in conversation with those professionals who work to end racial disparities in infant mortality. Ethnography is a method that seeks to listen to particular persons from within their cultural milieu to better understand their values, beliefs, and practices and learn from them about matters that carry moral meaning. The type of triangulation common to ethnography, where researchers integrate ethnographic interviews, quantitative studies, and ethical analysis has been argued to be especially fitting to the goals of medicine. Collaborators for this project included three Milwaukee mothers; five church support group leaders—three of whom are nurses; three public health personnel; and two physicians.

RESULTS

Analysis of interview recordings and transcripts uncovered three themes related to women and infant health: violence and stress; social hierarchy and “feeling less than”; and faith and resiliency. Women’s experiences of violence and stress provide particular instances that mirror statistical connections in the literature between stress and premature birth. Stories of feeling “less than” in health care settings point to data concerning racial health disparities in care quality and outcomes. Mothers project fantasies and resiliency amidst adversity to help overcome some of these barriers. The insights of these collaborators may prove helpful in redirecting efforts to improve racial disparities in infant mortality.

LISTENING REVEALS THREE THEMES

1. VIOLENCE AND STRESS

“I’m seeing a counselor for my depression. I’ve got anxiety and depression. I’m going through stuff like that. But I lost a [friend]. My friend got killed a long time ago, back in 2004. And it’s still getting to me, because I see things that I see, and then it don’t be there no more. Like, when I see it, I talk to my doctor about it. Like, I’ve told him a lot. I’ve been through a lot, almost was dead. I’ve been hit two times. I’ve been in bad accidents. I almost was shot too. I got robbed and all that stuff. The main [person] I can talk to is my therapist, but I – stuff just really happened, and I was in jail for something that I didn’t have nothing to do with. Someone shot a person, an ex over an ex, and I didn’t have nothing to do with it, so they let me go and stuff, but I’m seeing a doctor for all this, and I’m just going through a lot.”
-Monet Washington, Milwaukee Mother (pseudonym)

2. SOCIAL HIERARCHY AND “FEELING LESS THAN”

“I might not say the different words that you might say to better present me. You know what I’m saying? And that’s just like, I’m not bashing [agency] ‘cause they’re doing the best they can, but that’s what they did to me. They gave me a listing of all of the numbers in Wisconsin for housing, and that might be all that they can give women, but that was not—that might be, like, great help for this one woman, but to me... but I haven’t lived here in nine-and-a-half years. So I’m like, ‘Where’s this? Where’s this?’”
-Victoria Jefferson, Milwaukee Mother (pseudonym)

We have a large workforce working on problems we have in this area. It’s just how they tend to go about it, and much of what the ladies are saying, giving’ em that sheet of paper, that’s really not what they’re – some people may do fine. She’s right, I know. I ask them, “What would you need for me to do? I can sit here with you, and we’ll start making some calls together.” It’s hard to do if your phone doesn’t have a map or – and then you can click the button and say, “Get directions,” or whatever, get directions while walking, on bus, or whatever, so some people don’t know how to do that, and just to be able to help them with that. I think, yes, people are gathering up a lot of grant money for many problems that we have here in the city, but it’s not being used in the way it should be, and that’s really sad.
-Gaila Earth, Nurse and Support Group Leader (pseudonym)

3. FAITH AND RESILIENCY

“I haven’t had any [postpartum depression], because like I say, my biggest thing that I’m leaning on right now is God, faith. That is the biggest thing that is keeping me going, ‘cause like I say, way back when, I did fall in depression really, really hard, and I’m not trying to go back there. So like I say, reading my Bible, just like the little support that I do have, people that I can trust and talk with. I talk with them, so I try to stay open. Like I say, my therapist is a big help... Yeah, just being open, letting it out, releasing it...just like this type of setting, this is – I call this therapeutic. This is rejuvenating.”
-Victoria Jefferson, Milwaukee Mother (pseudonym)

CONCLUSION

Those responsible for efforts to reduce racial disparities in infant mortality can learn important lessons from the experiences of black mothers in Milwaukee. Health care professionals in particular should learn from these experiences to inform how they can revise and implement strategies to reduce infant mortality.

SELECT REFERENCES