CHEAT SHEET

Infant Health Inequity

What health care leaders need to know

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Key takeaways

- The United States has some of the worst infant health outcomes when compared with similar countries.
- While adverse infant health outcomes affect all racial and ethnic groups, Black, Native Hawaiian/Pacific Islander, and Native American infants experience disproportionate rates of morbidity and mortality.
- Reducing infant health inequities is not only a moral imperative—these inequities can also negatively impact quality scores and avoidable costs for provider organizations and health plans.

What is it?

The poor record on infant health in the United States

In 2019, the United States reported an infant mortality ratio of infant deaths (within 364 days of birth) of 5.6 per 1,000 live births, earning the U.S. a rank of 32nd out of the 36 OECD[1] countries. The U.S. ranks above only Chile, Turkey, Mexico, and Colombia.

U.S. infant mortality ratio is 65% higher than that of comparable countries[2]

5.6
United States

3.4
Comparable countries

Leading causes of U.S. infant mortality:

- Birth defects
- Preterm birth
- Sudden infant death syndrome
- Low birthweight
- Pregnancy complications
- Accidents

Mortality is not the only indicator of infant health. Adverse health outcomes at birth also lead to clinical morbidities that impact a person's health throughout their life. Infants born prematurely[3] or at a low birthweight[4] are at high risk of developing chronic conditions like diabetes, cardiovascular issues, respiratory distress syndrome, and other breathing-related issues. Studies have also found an increased prevalence of mental health disorders in these infants as they age. Though there was a slight decline in the overall preterm birth rate in 2020 (10.1% compared to 10.2% in 2019), disparities in this unfortunate outcome still remain.

Stark racial disparities in infant health outcomes persist

While poor infant health is a problem across the board in the United States, it disproportionately impacts certain racial groups. Black, Native Hawaiian/Pacific Islander, and Native American infants are more likely to be born prematurely with late or no prenatal care compared to white and Asian infants. And Black infants are twice as likely to be born at a low birthweight compared to white infants.

1. Organization for Economic Co-operation and Development
2. Based on GDP and GDP per capita.
3. 37 gestational weeks or earlier.
4. 5.5 pounds or less.

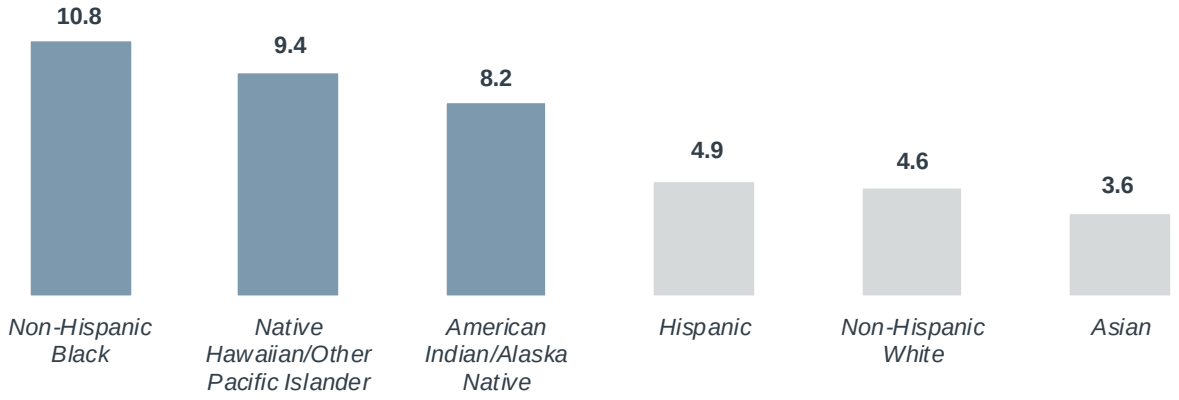
Source: "2020 March of Dimes Report Card," March of Dimes, 2020; "2021 March of Dimes Report Card," March of Dimes, 2021; Kamal R, "What do we know about infant mortality in the U.S. and comparable countries?" Peterson-Kaiser Family Foundation (KFF) Health System Tracker, October 2019; "Low Birthweight," March of Dimes, June 2021; Luu TM, et al, "Preterm birth: risk factor for early-onset chronic diseases," Canadian Medical Association Journal (CMAJ), July 2016, 188 no.10; "Preterm Birth Fact Sheet," World Health Organization (WHO), February 2018; "Public Health Indicator Based Information System," Utah Department of Health, January 2021; "Racial Disparities in Maternal and Infant Health: An Overview," KFF, November 2020; Advisory Board interviews and analysis.

WHAT IS IT?

These clinical risk factors mean that Black, Native Hawaiian/Pacific Islander, and Native American infants are around **twice as likely to die** than non-Hispanic white and Asian infants. Infants with these risk factors who survive their first year can face long-term health complications.

Infant mortality rates by race and ethnicity per 1,000 live births in the United States

Centers for Disease Control and Prevention, 2018



Racism is a primary contributor to infant health inequities, no matter the expecting parent's socioeconomic status. Disproportionately impacted communities of color are more likely to experience adverse social determinants of health and less likely to have access to unbiased quality care. Black women in particular experience "weathering," or the intersection of racism- and sexism-related stress that shortens telomeres and leads to early physiological deterioration—which studies have shown increases the risk for preterm delivery and low infant birthweight.

Protective factors against negative infant health outcomes

1. Improved access to prenatal and postpartum care for expecting parents
2. Standardized and high-quality care delivery during birth
3. Consistent insurance coverage
4. Addressed social needs of expecting parents and infants

Source: Davis J, "Prevalence of Single and Multiple Leading Causes of Death by Race/Ethnicity Among People Aged 60 to 70 Years," *Preventing Chronic Disease*, October 2017; "Infant Mortality," CDC, September 2020; Taylor JK, "Structural Racism and Maternal Health Among Black Women," *The Journal of Law, Medicine & Ethics*, January 2021, 48, no. 3; Holzman C, et al., "Maternal Weathering and Risk of Preterm Delivery," *American Journal of Public Health*, 99 (no.10), 2009; Love C, et al., "Exploring Weathering: Effects of Lifelong Economic Environment and Maternal Age on Low Birth Weight, Small for Gestational Age, and Preterm Birth in African-American and White Women," *American Journal of Epidemiology*, 172 (no. 2), 2010; Advisory Board interviews and analysis.

How does it impact leaders?

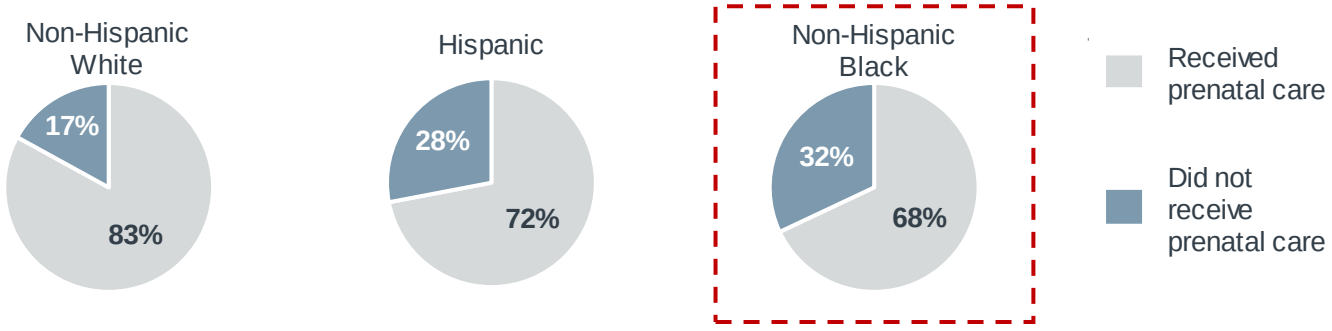
While there is a clear moral imperative for investing in infant health equity, provider organizations and health plan leaders must also understand that these inequities impact their business by leading to worse quality outcomes and excess costs.

Business imperative: Improve quality outcomes

Provider organizations and health plans are incentivized to provide high-quality prenatal, postpartum, and early well-child visits through bonuses and higher reimbursements (e.g., HEDIS[1] and CAHPS[2] scores). This preventive care is essential to ensure positive infant health outcomes, as clinicians can screen for (and address) clinical risk factors, comorbidities, and social needs. However, in 2019, 22% of women did not receive prenatal care in their first trimester—with non-Hispanic Black women at double the rate of their white counterparts.

Prenatal care usage in the first trimester by racial group

Centers for Disease Control and Prevention, 2019



When organizations fail to engage birthing parents in their prenatal care, the result is higher mortality and morbidity for infants. These outcomes directly impact an organization's quality scores—which can damage its brand and lead to financial penalties.

1. Healthcare Effectiveness Data and Information Set.
2. Consumer Assessment of Healthcare Providers and Systems.

Source: "Telehealth in Maternal Care," Advisory Board, February 2021; Martin JA, et al, "Birth in the United States, 2019," CDC, October 2020; "Medicaid Postpartum Coverage Extension Tracker," Kaiser Family Foundation, July 2021; "Snapshot of Maternal Health Inequity," Advisory Board, June 2020; Advisory Board interviews and analysis.

HOW DOES IT IMPACT LEADERS?

Business imperative: Reduce the total cost of care

Poor infant health outcomes contribute to the excess spending of the U.S. health system. For example, preterm births cost about $64,815 each, including infant medical care, maternal delivery costs, early intervention services, special education across the lifespan, and loss of labor productivity. But provider organizations and health plans can measure more direct costs, including those detailed below:

$25.2B

Approximate cost of preterm births in the U.S. in 2016

Costs to provider organizations under any payment model

Preterm birth and low birthweight alone account for half of U.S. infant hospitalization costs each year. Provider organizations under risk must bear these excess costs. However, even traditional fee-for-service providers can measure a financial impact. Clinical complications require leaders to elevate staffing and use more laboratory services and costly technology.

Costs to health plans

Employer-sponsored health plans spent an additional $6 billion on infants born prematurely compared to infants born with no complications in 2013. In 2016, a study found one national health plan spent about $8 billion on over 760,000 commercially insured preterm and low birthweight infants in their first six months of life. With nearly half of births covered by Medicaid (and about 70% of beneficiaries enrolled in managed care), preterm or low birthweight infants are nine times more expensive for Medicaid compared to uncomplicated births.

The short-term costs of infant health inequity are significant. But because disparate infant outcomes have far-reaching health implications across one's lifespan, letting these dynamics persist makes it more challenging for health care organizations to inflect outcomes downstream—elevating long-term costs.

Source: Beam AL, et al, "Estimates of healthcare spending for preterm and low-birthweight infants in a commercially insured population: 2008-2016," *Journal of Perinatology*, February 2020, 40; Grosse S, et al, "Employer-Sponsored Plan Expenditures for Infants Born Preterm," *Pediatrics*, October 2017, 140, no. 4; "The Impact of Premature Birth on Society," March of Dimes, October 2015; Waitzman N & Jalali A, "Updating National Preterm Birth Costs to 2016 with Separate Estimates for Individual States," March of Dimes, 2019; Advisory Board interviews and analysis.

Conversations you should be having

01 Take stock of what infant health measures your organization currently tracks. Compare your performance to local, state, and national data.

02 Establish a health equity strategy that targets expecting parents and newborns. Create concrete evaluation metrics for the long-term success of your strategy.

03 Align your infant health equity efforts with your maternal health strategy to reduce gaps and duplication.

04 Form partnerships with community-based organizations and other players across the industry to amplify your efforts.

These conversations are just the first steps in understanding the scope of infant health inequities in your community—and designing comprehensive and scalable solutions. Use these prompts at your next board and leadership meetings to determine how to strengthen your organization's infant health equity strategy.

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Project director

Darby Sullivan

sullivada@advisory.com
202-266-6714

Research team

Yasmine Hussein

Melani Mattson

Project editors

Tabiya Ahmed

Caleigh Dwyer

Sally Kim

Rachel Woods

Program leadership

Megan Clark

655 New York Avenue NW, Washington DC 20001
202-266-5600 | **advisory.com**