Throughout history, the U.S has accomplished abolishing issues like slavery and the Jim Crow Laws. Suk, W. A., Ahanchian, H., Asante, K. A., Carpenter, D. O., Diaz and

RESULTS
Historical practices, such as redlining have resulted in segregated neighborhoods and pervasive segregation and discrimination is still felt today and manifests as increased stress in Black American women.

Socioeconomic Status (SES):
Low SES decreases access to equitable health care, education and employment opportunities, and income.

Barriers involve program/service access and the characteristics of the provider.


Black American women already have escalated stress hormones prior to pregnancy causing induced labor preterm. Stress hormones also have the ability to restrict blood flow to the placenta and cause serious

Figure 2. Infant mortality rates, by urbanization level and infant age at death: United States, 2014

Figure 3. Infant Mortality Rates by Mother’s Race/Ethnic Group. New York State, 2000-2012

CONCLUSIONS/IMPLICATIONS
There are a number of implications to consider that would aid in reducing infant mortality rates in the U.S. One is to address racial discrimination by improving access to health care throughout one’s entire life not just at the point of maternity. Implementing more social and governmental support systems will benefit this. Addressing the issue of infant mortality from a life course approach would be beneficial. This would then address early life advantages and ultimately decrease disparity. All risk factors lead to infant mortality rates that are doubled for black women. Decreasing the number of LBW and PTB will essentially decrease IMR. Addressing racial discrimination would also decrease IMR. While research is developing around the effects of racial discrimination and its effects on women’s health, we foresee future research needed here.

BIBLIOGRAPHY

INTRODUCTION
Infant mortality is the death of an infant before his or her first birthday. Infant Mortality rate (IMR) is the number of infant deaths for every 1,000 live births. In the past 80 years the U.S has ranked 29th of 35 in IMR compared to other developed nations. IMR for Black Americans is more than doubled the rate for White American infants. There are many risk factors that contribute to these alarming statistics. We hypothesize that race and the detrimental effects of life-long minority status experienced by Black American women has a significant effect on infant mortality rates and women’s health. The negative effect of life-long minority status is influenced by many factors including but not limited to, inequities in socioeconomic status, environment, structural racism, discrimination, and chronic stress.

RISK FACTORS FOR INFANT MORTALITY
Structural Racism and Discrimination:
Throughout history, the US has accomplished abolishing issues like slavery and the Jim Crow Laws. However, racism still exists deeply rooted within our society.

Historical practices, such as redlining have resulted in segregated neighborhoods and pervasive discriminatory practices.

The resulting segregation and discrimination is still felt today and manifests as increased stress in Black American women.

Black women report that many providers and practices seem to be discriminatory during prenatal care.

Redlining and segregation has lead to increased stress among pregnant women.

Socioeconomic Status (SES):
Low SES decreases access to equitable health care, education and employment opportunities, and income.

64% of black women and 18% of white women have a yearly income <$20,000. 21% of black women and 46.4% of white women have an annual income > $40,000.

The racial disparity in birth outcomes actually widens for black mothers as SES improves.

Chronic Stress:
Being discriminated against race throughout life is a toll on the human body.

Stressful-life events were linked with higher risk of preterm birth (PTB) only in mothers within low income neighborhoods.

Research suggests this is due to the lack of social and infrastructural resources that buffer stress.

The stress hormones within a pregnancy help to trigger labor under normal conditions when the hormones reach a certain level.

Black American women already have escalated stress hormones prior to pregnancy causing induced labor preterm.

Stress hormones also have the ability to restrict blood flow to the placenta and cause serious

KEY TERMS
Structural Racism and Discrimination:
A system of public policies, institutional practices, cultural representation, and other norms, reinforcing ways to perpetuate racial group inequality.

Race discrimination is treating someone unfavorably due to their race.

Socioeconomic Status (SES):
SES is measured by determining the influence of education, income, occupation, or a combination of these factors.

Environment:
Circumstances, objects, or conditions in which an individual is surrounded.

The complex of physical, chemical, and biotic factors that act on an organism/ecological community where it's life is determined.

Chronic Stress:
The feeling of strain or pressure for a prolonged period of time.

When an individual experiences the demands of a situation without having the means to cope or manage the situation.

Throughout our literature review we found regardless of location, black women have twice the infant mortality rate of other races (see Figure 2 below). Even second-generation high-income black mothers still have a 2.4 greater risk of PTB than second-generation high-income white mothers.5 We also found the risk of low birth weight (LBW) babies for black mothers with a college degree and adequate prenatal care is 2.4 greater than white mothers. Figure 2 below). Even second-generation high-income black mothers still have a 2.4 greater risk of PTB than second-generation high-income white mothers.5 We also found the risk of low birth weight (LBW) babies for black mothers with a college degree and adequate prenatal care is 2.4 greater than white mothers.

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