Resolution: Infant and Maternal Mortality and the Connection to Racism

**Rationale:** As PTA, we promote and advocate for the wellbeing, health, and safety for all children and families. We speak up for all children to make their potential a reality. This means that we advocate to ensure that all children have equal access to education from birth through secondary and vocational education. But even more fundamental to that, we must address children’s and families’ health needs, starting at birth.

An infant’s and a new mother’s survival should not be related to their race or ethnicity. However, in the United States there is a significant gap in these rates based on the infant’s and mother’s race and ethnicity. Furthermore, Black infants are three times more likely than White babies to die when their doctor is White. While there are a variety of factors which contribute to these deaths, an underlying cause which we cannot ignore is systemic racism.

We must advocate for programs, policies, and improvements in our education system and communities to overcome racism. We also must advocate for policies and programs to better support infants and new mothers - no matter their race - for all to survive and flourish. With this advocacy, we can work further to make all children’s potential a reality.

**WHEREAS,** Infant mortality means that a child dies within their first year of life; in the US, the infant mortality rate for 2018 was 5.7 deaths per 1,000 live births. However, the infant mortality rate for non-Hispanic Black infants was almost twice that, both in Florida and nationally. Maternal mortality refers to women’s pregnancy-related deaths, and there is a significant gap related to race and ethnicity. During 2011-2016 the pregnancy-related mortality rate was 42.4 deaths per 100,000 births for non-Hispanic Black women and only 13.0 deaths per 100,000 for non-Hispanic white women and 11.3 deaths per 100,000 for Hispanic women; and [1], [2], [3], [4]

**WHEREAS,** Research of infant deaths in Florida found that “Black newborn babies in the United States are more likely to survive childbirth if they are cared for by Black doctors, but three times more likely than White babies to die when looked after by White doctors,” and [5], [6], [7]

**WHEREAS,** Systemic racism is a factor in both the infant and maternal mortality gap. This racism is found in the discrimination which exists in the social determinants of health (such as economic stability, access to quality education, access to health care, and neighborhood and community resources). The stress caused by this discrimination increases the likelihood of complications which can lead to infant or maternal mortality, and [8], [9], [10], [11]

**WHEREAS,** Implicit racial bias training, including cultural competency and perceptual individuation training which includes how to individuate (i.e., how to perceive an individual’s characteristics) other race faces, reduces systemic racism. These programs can begin as early as preschool with the perceptual individuation training and can include programs where medical students learn to discuss race and recognize implicit bias, and [9], [12], [13], [14]
WHEREAS, Community-based health coalitions and birth and maternal justice organizations work to advance maternal and infant health through advocacy, education, and health care programs, now therefore be it [15], [16], [17]

RESOLVED, Florida PTA and its constituent associations advocate for policies and programs that address and reduce the infant and maternal mortality gap between race and ethnic groups; and be it further

RESOLVED, Florida PTA and its constituent associations advocate for implicit bias, equity training, and perceptual individuation training for all students within preschool, elementary, secondary, and post-secondary education curriculum and standards, especially within pre-medical and medical programs and academies; and be it further

RESOLVED, Florida PTA and its constituent associations promote programs and services for individuals and families to address infant and maternal mortality and their contributing factors (e.g., socio-economic needs, healthcare access, and environmental exposures).

Sources:


