Transcript From Midwest Migrant Stream Conference

Infant Mortality And Women Of Mexican Descent

Q) It has been reported in the literature that some Mexican women cross the Mexico-U.S. border to give birth in this country and either stay or return home. To what extent do you believe this occurs? To what extent do you believe the reverse is likely, that women are crossing the Mexico-U.S. border to give birth in Mexico?

- In Nogales, Arizona, 14% of births involve women who have crossed the Mexico-U.S. border.
- For cities like Loredo, Texas, this can be a problem. They see many walk-ins at delivery time; many of these walk-ins are Mexican nationals who want to have their children in the U.S. for citizenship purposes. In response they are trying to increase prenatal care to avoid this situation.
- In Loredo there appears to be some use of Parturas and only some of the poor birth outcomes are likely to be reported.
- The number of births may not be increasing that much, but infant mortality is and this may be due to improved access to prenatal care.
- At times, there can be problems with the selling of birth certificates by Lay Midwives.
- There are incentives for women to wait until just prior to giving birth and then cross over to the U.S. side of the border for delivery.
- In El Paso, farmworkers often do not have health insurance which decreases their options for where to give birth. In addition, many county hospitals may turn away uninsured migrant women. Lack of insurance can be a disincentive for crossing the U.S. border to give birth here.
- Women crossing over to the Mexican side of the border to give birth may not be occurring that often.
- At times, women crossing to the U.S. side of the border can be denied access to hospitals.

Q) It has been argued by some, that infant mortality among Mexican Americans, by far the largest group of Hispanic Americans, is underreported in official birth and death statistics. Due to cultural traditions regarding childbirth and/or a lack of adequate health insurance, an unknown percentage of out-of-hospital births and associated neonatal deaths maybe occurring. In addition, an unknown number of reported births may go unreported as deaths during the postneonatal period.

From your experiences do you believe these to be valid issues, and to what extent?

- Most births are captured in vital statistics so that isn't a really big problem
- In El Paso, a good many home births may be occurring and may go unrecorded.
- Shouldn't be too much of a problem with underregistration of births since birth certificates are a prized possession.
- Returning to Mexico does occur at times when a child dies, and the death can go unreported here in the U.S. Some unreported burials may also be occurring on the U.S. side of the border. There may be a loss of information on some of the women who come here to give birth and then return to Mexico.
- Post-partum check-ups can be very difficult to assure.
- The State of Michigan keeps good records on prenatal care and birth outcomes.
- Women who give birth in one location and then move to another are difficult to track in terms of birth outcomes and infant mortality.
- In some locations (such as Wyoming) to counter the loss of information on pregnant women, women may be given records to take with them when they move to a new location and outreach workers might also call them at their new location.
- Presumptive eligibility for Medicaid helps.
- Nearly all births occur in hospitals, the percentage of births unrecorded is minimal.
- Most infant deaths occurring in the U.S. are also recorded.

- On the Texas border, transportation is poor, making prenatal care difficult. Some births in border communities may go unrecorded.
- Reporting of upstream infant deaths almost always occurs. Outreach is good and unreported deaths are minimal.
- Degree of acculturation - even among migrant workers acculturation occurs over generations. But this can differ by stream (ie: East, Midwest, West).
- Among non-migrants, very young girls giving birth may be a problem.
- In Nogales, Arizona, the population is mostly non-migrant and easier to capture in terms of health care and follow-up.
- In some migrant streams areas every migrant woman is considered a high risk pregnancy.
- If a woman crosses the border to give birth in the U.S., she will probably be lost to follow-up if she returns to Mexico.
- If a child born on the U.S. side of the border becomes ill while living in Mexico, it is doubtful the child will be taken back to the U.S. to receive treatment.
- We should talk with the U.S./Mexico Border Health Association.

Q) Some researchers have argued that aspects of Mexican culture are protective, helping to keep Mexican American infant mortality relatively low. Do you believe this to be the case? What are the specific cultural factors that may be influencing a lower rate of infant mortality?

Do you believe these protective mechanisms might erode as generations acculturate to life in the United States?

- Unity of the family structure is a positive factor.
- Cultural taboos against smoking and alcohol use.
- Good diets are a positive factor.
- Women do not show much hesitancy in seeking care.

- Concerning undocumented workers - there is a need to insure that women do not feel stigmatized about seeking care, especially due to any financial limitations. And yet it can be costly for a medical facility to pay for a woman's uncompensated care. On the other hand, there are programs available to pay for that care (a reason given for not using these programs is the paperwork involved).

- Positive cultural factors can erode over time, more substance abuse may be occurring in younger women, we are seeing more HIV positive women, access to drugs and liquor is much easier here in the U.S. as compared to Mexico.

- Urban/rural differences - migrants fit more into the rural profile (rural profile meaning less access to drugs or use of drugs/alcohol).

- Breastfeeding plays a role in infant mortality; especially during the post-neonatal period. Getting women to breastfeed can be very difficult. Women in the United States are more likely to bottle feed. The need to go back to work right after a birth can lead to more bottle feeding. In addition, WIC may not be readily available in all areas of the country.

- Even though doctors put women on the birth control pill after a birth, some women see the "pill" as dangerous for breastfeeding and do not use the "pill". This can lead to another birth shortly after the previous birth (short birth intervals can be a risk factor for infant mortality).

Q) Based on our discussion, what researchers would add to what we know about possible underreporting of infant morality in the Mexican American community, or serve as a resource should we decide to undertake a study on this topic?

- Lay midwives would be very helpful in doing this study - <u>if</u> you can identify them.

- Outreach workers/social workers.

- Clergy - may be the first source for information on infant deaths.

- Experienced migrant workers can be key individuals.

- Community people, such as informal midwives.

- Should look closer at vital records to see trends in migration and birth (due at times to changes in the economies of the U.S. and Mexico).

Q) To determine the extent to which there is unidentified infant mortality among Mexican Americans, a study may be needed, to estimate the number of individuals who are receiving care outside of the legally recognized health care system and not reporting the birth and/or death of an infant.

How would you design such a study?

What communities would you look at (downstream vs. upstream, urban vs. rural)?

What role can health center personnel play (clinicians, lay outreach workers, administrators, board members)?

What types of individuals at the community level would you include in data gathering efforts (i.e.: parturas, priests, funeral directors, informal community leaders, health department personnel, private doctors)?

What difficulties might be encountered in undertaking such a study?

In what ways might the difficulties you identified be overcome?

- At a minimum use females to conduct the study.
- Do not allow husbands to be present when you do the survey.
- Women will more likely trust a woman of Mexican descent than a nonhispanic when doing a survey.
- Try to keep Mother-In-Laws away from the survey interview.
- Work at the grassroots and informal level or recipients may be frightened.
- A general mistrust of officials and surveys. To avoid problems, it may be wise to work with recognized community leaders as contact persons.
- May want to include local clergy in some capacity.

- In the study, consider including battered women's shelters, funeral directors.
- Strong family ties to Mexico might lead a family to bury their infant there.
- Cost of a formal burial may be a problem for some families.

Q) Why is the Infant Mortality Rate so low here but not in Mexico?

- It used to be very high in the U.S., the major area for lowering this number has been the postneonatal period. Why should this be the case when compared with Mexico?
- The focus might need to be on the postneonatal period, what happens after the first month, is the reporting good for the postneonatal period?
- During the postneonatal period the lowering of infant mortality may be due to environmental conditions (such as water and sanitation) (when compared with Mexico). Yet this only explains the infectious disease portion of postneonatal infant mortality and not SIDS or congenital anomalies.