

Birth Outcomes of Hispanic Women and Risks or Strengths Associated with Ethnicity and Texas Border Residence

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Keywords

breastfeeding
cesarean
gestational weight gain
Hispanic
macrosomia
Texas
U.S.-Mexico border

ABSTRACT

Objective: To assess Hispanic ethnicity, border residence, or their interaction for association with risk of high gestational weight gain (GWG) and related outcomes.

Design: Retrospective analysis of 2009 birth data.

Setting: Texas.

Participants: Participants included 146,458 Hispanic and 104,399 non-Hispanic (NH) White women.

Methods: We used adjusted odds ratios (AOR) in logistic regression analyses to test the association of Hispanic ethnicity, border residence, and their interaction with high GWG, cesarean birth, macrosomia, and breastfeeding status at discharge.

Results: After adjusting for covariates, risk of inadequate or excessive GWG was not associated with being a border resident, but Hispanic women compared to NH White women had an increased risk of inadequate GWG (AOR = 1.21, 99% confidence interval [CI] [1.17, 1.26]) and decreased risk of excessive GWG (AOR = 0.77, 99% CI [0.74, 0.79]). Risk of cesarean birth was increased for border residents (AOR = 1.22, 99% CI [1.05, 1.42]), and this risk was increased further among border residents who were Hispanic (AOR = 1.52, 99% CI [1.30, 1.77]).

Conclusion: We found strengths and vulnerabilities among Hispanic and border-residing women. Hispanic women were at lower risk of excessive GWG than NH White women. Border-residing Hispanic women were at greater risk of cesarean birth than other women.

JOGNN, 43, 422-434; 2014. DOI: 10.1111/1552-6909.12467

Accepted March 2014

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The authors report no conflict of interest or relevant financial relationships.



Hispanic women had 918,129 live births in the United States in 2011 (Martin, Hamilton, Ventura, Osterman, & Mathews, 2013). They generally have similar or better birth outcomes than non-Hispanic (NH) White women for many traditional indicators, such as low birth weight and preterm birth (Brown, Chireau, Jallah, & Howard, 2007; Walker & Chesnut, 2010). The obesity epidemic, however, has triggered concern about an additional set of weight-related birth outcomes, such as excessive gestational weight gain (GWG) (Kolieliat & Whaley, 2013), high infant birth weight or macrosomia (Kabali & Werler, 2007), cesarean birth (Stotland, Hopkins, & Caughey, 2004), and decreased breastfeeding (Kugyelka, Rasmussen, & Frongillo, 2004). Because Hispanic women are a diverse population varying by geography and cultural background, it is important to understand how subpopulations fare on these latter weight-related birth outcomes to better meet their health

care needs. Thus, we examined birth outcomes among Hispanic women who live in the unique border region of Texas versus outside this region in comparison to NH White women in these regions. Note, we use the terms *Hispanic* and *Latino* interchangeably because each are used in health and demographic studies.

Background

The Latino/Hispanic Paradox

The concept of the Latino or Hispanic paradox was introduced to describe the phenomenon of unexpectedly positive health outcomes among Hispanic populations living in the context of low socioeconomic resources (Acevedo-Garcia & Bates, 2008). One manifestation of this paradox is favorable birth outcomes among Hispanic women and their infants that often match or exceed those of NH White women (Brown et al., 2007;

Fuentes-Afflick, Hessol, & Perez-Stable, 1997). Poverty or low socioeconomic resources and related disadvantages are generally associated with poorer health and higher rates of mortality (Turrell, Lynch, Leite, Raghunathan, & Kaplan, 2007). Similarly, low socioeconomic resources and disadvantage generally are associated with increased risk of unfavorable birth outcomes, such as preterm birth or low birth weight (Kramer, Sequin, Lydon, & Goulet, 2000). Nonetheless, Hispanic women and infants often demonstrate the paradox of favorable birth outcomes in the context of low resources (McGlade, Saha, & Dahlstrom, 2004). Yet there are many facets to the Hispanic or Latino paradox that warrant further examination (Acevedo-Garcia & Bates, 2008), and in this article we address two of them. The first relates to birth outcomes among Hispanic subpopulations defined by place, such as the demographically and culturally unique Texas–Mexico border region. Despite areas of extensive poverty in this region, it also may imbue strengths favorable to health stemming from cultural values and traditions related to the density of Latinos in the region (Shaw, Pickett, & Wilkinson, 2010). The second concern regards whether the favorable birth outcomes generally seen in Hispanic populations also extend to weight-related outcomes, such as high GWG or its potential consequences. Because prior estimates (Walker, Hoke, & Brown, 2009; Wells, Schwalberg, Noonan, & Gabor, 2006) often were not based on revised GWG guidelines (Institute of Medicine [IOM], 2009), or included only low-income women (Headen, Davis, Mujahid, & Abrams, 2012), revisiting how Hispanic women fare on weight-related birth outcomes is warranted.

The Texas–Mexico Border Region and Latino Women

Hispanic women are often treated as a single population, but variations by region and ethnic subpopulations may result in differing patterns of health and perinatal outcomes (Freeman, & Lethbridge-Cejku, 2006; McDonald, Suelentrop, Paulozzi, & Morrow, 2008; Zsembik & Fennell, 2005). For this reason, the Texas portion of the U.S.–Mexico border region is of special interest because of its unique demographic composition, scope of poverty, and health challenges. The 62-mile wide American side of the U. S.–Mexico border region has its longest segment, anchored at one end by the city of El Paso and at the other end by Brownsville—falls in 32 counties of Texas (United States–Mexico

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Border Health Commission, 2010a) that span more than 1200 miles (Beaver, 2006). In one half of the 32 counties in this region more than 80% of the population is Hispanic, and in 14 counties more than twice as many live in poverty compared to the national average (U.S. Census Bureau, 2011). The fertility rate for Hispanic women in this region is twice that of White women, and diabetes prevalence is 16.1% (United States–Mexico Border Health Commission, 2010a).

Of the 405,554 Texas-resident births in 2008 (Martin, Hamilton, Sutton, Ventura, Matthews, & Osterman, 2010b), 51,975 births were to border-county residents with 48,702 (93.7%) of those to Hispanic women (Texas Department of State Health Services, 2011). Although obesity is an important health problem for the U.S.–Mexico border region (California Department of Public Health, 2011; Texas Department of State Health Services, n.d.; United States–Mexico Border Health Commission, 2010b), excessive GWG is one aspect of this problem about which little is known for Hispanic women dwelling in the border region compared to women elsewhere. GWG includes not only fetal growth but also changes in maternal tissues including fat deposition (Hytten, 1991; Sohlstrom & Forsum, 1995), which if excessive may contribute to weight gain and obesity after pregnancy (Hernandez, 2012; Mamun et al., 2010; Walker, Fowles, & Sterling, 2011). If subsequent maternal obesity occurs, it may increase risk of obesity-related morbidities over the life course, such as type-2 diabetes and cardiovascular disease in women (Field et al. 2001; Must et al., 1999). Excessive GWG is of particular concern for Hispanic women of Mexican ancestry because their obesity prevalence rose from 35.3% to 45.1% between 1988–1994 and 2007–2008, and they now rank second to African American women in obesity prevalence (Ogden & Carroll, 2010).

Weight-Related Birth Outcomes

Excessive GWG may occur in as many as 40% of normal weight women with still higher percentages in overweight women (Chu, Callaghan, Bish, & D'Angelo, 2009). In general, low-income Hispanic women are reported to be a lower risk of excessive GWG than NH White women (43% vs. >50%)

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