On Fertile Ground

Three common health challenges pregnant black women face--and how you can prevent and treat them for an extra-special delivery.

February 29, 2008 By LaShieka Purvis Hunter

Every newborn baby offers a sign of hope for humanity. But a black infant's entry into this world is often disproportionately difficult. For many years, obstetricians and researchers have been trying to figure out why—studying a wide variety of potential causes. These range from the mother's pre-pregnancy health, to the stress of black life, to care providers' racial bias, to how prenatal care is coordinated into other social services.

Part of the answer, however, may lie in a simple statistic: 75 percent of black women seek prenatal care compared with 89 percent of white women. The difference continues after our bundles of joy arrive: 58 percent of white infants get the recommended care, compared with 35 percent of black infants.

Real Health was concerned with finding and reporting the common health challenges pregnant black women face. So we asked sistas to talk to us, and three issues topped their list of concerns when they have a bun in the oven: miscarriage, gestational diabetes and premature delivery.

Here's how you can better prevent and manage these threats to you and your baby's well-being—before, during and after your pregnancy.

Gestational Diabetes (GD)

First Person: *Joyce Johnson, 31, of Cherry Hill, New Jersey, says:* "My doctor diagnosed me with gestational diabetes when I was seven months pregnant with my son. I was told that, besides checking my blood sugar every day an hour after each meal, I had to drastically change my diet and cut back on portions. I got hooked up with a nutritionist and a diabetes counselor I see every week. Now I'm pregnant again, in the second trimester. I have an early glucose test coming up because of my history. My doctor said that it is important to go into my second trimester with control over the diabetes."

The Facts: Occurring late in pregnancy, gestational diabetes affects about 4 percent of all pregnant women—approximately 135,000 cases each year. Fortunately, GD usually goes away after giving birth. But because blacks are at a higher risk of diabetes than whites, sistas are more

likely to develop GD. The condition starts when your body is unable to make and use all the insulin hormone the pancreas manufactures. Without enough insulin, glucose cannot leave the blood and be changed into energy. So it builds up in the blood, with the excess going through the placenta, giving the baby high blood-glucose levels. This, in turn, causes the baby's pancreas to make extra insulin to get rid of it. Consequently, newborns may have very low blood glucose levels at birth and are also at higher risk for breathing problems. Babies with excess insulin are at higher risk for obesity as children and type 2 diabetes as adults.

Prevention and Treatment: GD management strategies include keeping blood glucose levels down through special meal plans and physical activity. They may also include daily blood testing and insulin injections.

Premature Birth

First Person: *Tammy Riley, 43, of Fort Walton Beach, Florida, says:* "I was 39 when I had my only child. My husband and I thought everything was OK until my water broke at 22 weeks. I was hospitalized on bed rest until my daughter was born at 29 weeks. She weighed 2 pounds, 5 ounces and was hospitalized for two and a half months. She weighed just 4 pounds, 6 ounces when she was released. At 15 months, she got a clean bill of health. We don't know why she was born prematurely, but I think my age was a factor."

The Facts: According to March of Dimes, black women go into labor three or more weeks earlier than women of other races. No one knows the exact reason—social, economic, the stress of black life, seeking prenatal care late in pregnancy, waiting until we have complications to see the doctor, etc. Even sisters with insurance sometimes neglect their health. Premature birth increases baby's risk of life-long health consequences, from mental retardation and cerebral palsy to lung, auditory and sight problems. Sometimes the baby does not even survive.

Prevention and Treatment: Nancy Roberson Jasper, MD, assistant clinical professor of OB/GYN, College of Physicians and Surgeons at Columbia University in New York City, says women should see their obstetricians before conceiving to be sure they are aware of any issues needing special attention during pregnancy and begin taking folic acid to prevent birth defects. But what about the mother's age, as in Tammy's case? Preterm labor is more likely when a woman is 35 and older. If you're over 35, ask your OB-GYN to recommend a high-risk specialist to assess your situation.

Miscarriage/Ectopic Pregnancy

First Person: *Mary Williams (not her real name), 38, of Canton, Georgia, says:* "Doctors discovered precancerous cells [human papillomavirus, or HPV] on my cervix, so I had to have [a freezing procedure on the cervix to kill the cancer cells], which caused my cervix to be pretty tight, possibly impeding my fertility. Later, I was also treated for chlamydia, which can cause scarring and blocked tubes. It took me a while to get pregnant. I finally did in 2004, at 35, but I had a miscarriage eight weeks later. Then, in 2006, I had an ectopic pregnancy. The scar tissue had made it difficult for my egg to get through the fallopian tube. So I had another surgery to

remove the scar tissue. Women need to know that STDs can cause infertility."

The Facts: Fibroids (growths or tumors that develop from the smooth muscle layer of the uterus) can cause fertility problems. "African-American women have the highest incidence," says Paula A. Randolph, MD, assistant professor of OB/GYN, Columbia. "The increased levels of hormones in pregnancy make the fibroids grow. Their size and position may affect the amount of space in the uterine cavity for the baby to grow." Fibroids can also affect the placenta and cause abdominal pain, or increased bleeding during delivery.

Prevention and Treatment: If you think that you have a sexually transmitted disease, see your doctor, since infections like chlamydia and HPV can cause sterility. If you have fibroids and are thinking about conceiving, talk to your doctor about treatment options that preserve fertility.

BELLY FLOPS
Five pregnancy myths passed on from generation to generation

Myth #1: You shouldn't get a perm while pregnant.
Reality: Nancy Roberson Jasper, MD, of Columbia University's OB/GYN College of Physicians and Surgeons, says, "The chemicals now used in hair relaxers are safe and can be used throughout your pregnancy."

Myth #2: If you have heartburn, your baby is going to have a lot of hair.
Reality: "No, you probably just need an antacid," says Paula A. Randolph, MD, assistant professor of obstetrics and gynecology at Columbia. The hormone progesterone, which the placenta produces, causes gastric acid to creep up. Your growing baby, which crowds your abdominal cavity, pushes acids into the esophagus.

Myth #3: Don't leave the house for six weeks after you deliver.
Reality: Dr. Roberson Jasper says you should be up and about as soon as you feel up to it.

Myth #4: Don't raise your arms above your head—the umbilical cord will wrap around the baby's neck.
Reality: "The position of the cord is independent of anything you do," says
Dr. Roberson Jasper. So aim high.

Myth #5: You're eating for two.
Reality: Recommended weight gain during pregnancy is a mere 20 to 30 pounds, depending on your starting weight. "Gaining too much increases the risk of diabetes and having a baby too big to deliver vaginally," says Dr. Randolph.

PREGNANCY PREP 101
How to get your body ready to conceive

Maintain a healthy weight

Improving your diet and exercising is vital not only to your health but to conception. Cut down on the fast food and sugar and substitute more fruits, veggies and whole grains. Dr. Roberson Jasper even recommends losing five to 10 pounds if necessary. Walking, swimming, bicycling, aerobics and yoga are ideal options.

Put down the cigarettes and alcohol
"Try to decrease your exposure to toxic environments," suggests Dr. Randolph. Making these lifestyle alterations will help your pregnancy immensely. According to the American Lung Association, smoking contributes to 20 to 30 percent of low-birth-weight babies, up to 14 percent of preterm deliveries and about 10 percent of all infant deaths.

Pop your pills
Start taking a multivitamin with 400 milligrams of folic acid at least one month prior to conception. This will help lower the risk of spina bifida, a neural tube defect where part of the spinal cord protrudes through the spinal column, often resulting in neurological disabilities.

Get your Z's
Proper sleep can relieve stress and tension, which can lead to a happier, healthier pregnancy.

See your doc
Planning a preconception visit with your health care provider will get you on your way to having the healthiest and safest pregnancy possible. "This visit will help to assess specific health issues, as well as discuss family health and genetic risks," says Dr. Randolph. Also, if you had prior fertility issues or problems with fibroids, now is the time to discuss what impact they might have on your getting pregnant. And don't forget to make an appointment to see your dentist: Periodontal disease can lead to premature births.

BREAST FEEDING BONUS
Over the years and for numerous reasons, black women have been discouraged from breast feeding. Today, we know that breast milk is a baby's healthiest food and that nursing benefits mom, too. Here are five reasons why a mother's breast is best.

Stronger immune system
Babies who are breast-fed have decreased infections, in addition to fewer stomach, intestinal and respiratory ailments. "There are long-term benefits as well," Dr. Randolph adds. "These babies have lower rates of diabetes, obesity and some allergies." And according to some studies, babies who are breast-fed are smarter.

Stronger bond
Not only does breast feeding release hormones in your body that promote mothering behavior, it also provides and promotes warmth and closeness between you and your infant.

Human milk is easier to digest
And it has vital nutrients, calories and fluids to help keep your baby healthy. According to the

American Academy of Pediatrics (AAP), breast milk also has growth factors that ensure the best development of your baby's organs. The AAP advises exclusive breast feeding (no water, formula or other liquids) for six months, followed by breast feeding throughout a baby's first year and beyond as both mother and baby desire. But even two or three months can provide health benefits. "There are nutrients that are essential to improved newborn health that are not found in any formula, despite what the ads may say," explains Dr. Roberson Jasper. "Breast milk is God's gift from mothers to their newborns, which can never be duplicated."

You'll be back in your sexy jeans quicker

Breast feeding helps burn tons of calories (about 500 per day), which can help mothers return to their pre-pregnancy weight sooner.

It's priceless

You don't have to worry about spending money on costly formula. However, working mothers should buy a breast pump and bottles to store their milk. Many jobs and supervisors are becoming more accepting of women pumping at the workplace. You can pump during your lunch break, in the restroom or lounge, in an office with the door closed, or whatever other quiet, private place your boss recommends.

© 2026 Smart + Strong All Rights Reserved.

http://beta.docker.realhealthmag.com/article/pregnancy-premature-miscarriage-14142-4291