

Postdoctoral fellowship for “Risk Factors for Preterm Birth in Black Women” NIH Grant

Annual Salary: \$50,000 full time plus benefits.
One year appointment, renewable for four years total.

The postdoc will assist in all aspects of study design, development of protocols, data collection, and data analysis. It is expected that the postdoc will have the capability to assist other staff when needed, including conducting interviews with study subjects. There will be substantial data analytic needs and opportunities for manuscript authorship independently and in collaboration with investigators. Requirements: PhD in Epidemiology, Demography, Public Health, Biostatistics or related field. Focus in social or perinatal epidemiology preferred.

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ABSTRACT

Rates of infant death in Blacks have been two fold higher than for whites in the U.S. for nearly a century. As infants born preterm comprise the vast majority of infant deaths, research on the etiology of preterm birth is essential to lower the rate of infant mortality and to eliminate racial disparities. We hypothesize that a failure to rigorously and comprehensively consider racism as a fundamental factor has limited our understanding of the etiology of preterm birth among Black women. Exposure to racism, measured as perceptions of individuals or as characteristics of neighborhoods (e.g. segregation), has been shown to be associated with morbidity and mortality for Blacks in the U.S. While evidence connecting racism to adult health has expanded considerably in the past decade, only a small number of studies have explored the impact of racism on birth outcomes. We propose to study racism as a fundamental factor that may influence a woman in myriad ways that could increase her risk of preterm birth. We will consider racism not only prenatally but also across a woman’s life course as empirical and theoretical work provides support for the influence of more distal exposures on birth outcomes. We recently developed a widely embraced framework for perinatal health that marries a multiple determinants model with a life course approach. Based on this framework, our conceptual model focuses on how racism and the factors that relate to it across the life course may influence preterm birth. We propose to measure responses to racism as we examine the effect of racism on preterm birth. First, we will use instruments that measure perceived racism across a woman’s life course, including the current pregnancy. Second, we will collect a residential history in order to measure residential environment. The design for the study is a retrospective cohort identifying women at delivery. Data sources include maternal and grandmaternal interviews, medical record abstraction, and geocoded residential environment. Detailed data will be collected on the perceived racism and the social, psychosocial, and biomedical factors that may mediate the influence of racism. Residential history will be collected and geocoded to enable linkage with data on neighborhood factors. Data on neighborhood perceived quality will also be collected in the interviews. The primary objective of this work is to determine whether and how risk of preterm birth relates to racism. If risks of preterm birth are rooted in experiences of racism, whether personally mediated, institutional, or internalized, current strategies aimed at improving pregnancy outcomes and eliminating disparities will need to be broadened to address the influence of racism in the U.S.