Jada Raphael

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THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

Alarming Maternal Morbidity and Mortality Rates of Black Women in the US:

Why are America's Black Mothers Dying?

THE PROBLEM

Maternal Mortality: the death of a woman directly related to pregnancy and/ or childbirth.

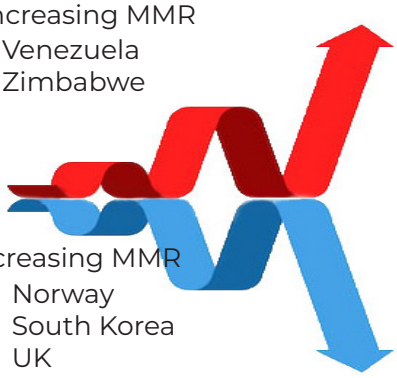
Maternal Morbidity: any illness or disability directly related to pregnancy and/or childbirth. [6]

The United States is the only developed nation with an increasing maternal mortality rate (MMR) that is currently about 2 times greater than that of the United Kingdom and of Canada.

In the last thirty years the MMR has steadily risen from 7-8 maternal deaths/100,000 live births to 14 maternal deaths/100,000 live births in 2015.[6]

Countries with an Increasing MMR

- Jamaica
- North Korea
- Serbia
- **United States**
- Venezuela
- Zimbabwe



Countries with a Decreasing MMR

- France
- Germany
- Japan
- Norway
- South Korea
- UK

A More Urgent Problem for Some More than Others

Significant racial disparities in maternal morbidity and maternal mortality exist in the United States.

- Black women are 3–4 times more likely to die a pregnancy-related death than white women.
- There is significant correlation between mortality and the percentage of Black women in the child delivery population.[6]
- Black women experience higher mortality from hemorrhage, pregnancy hypertensive disorders, and cardiomyopathy.[4]
- Black women are also significantly more likely to report at least one pregnancy complication.[7]

"By 2035, more than 40 % of the US population will be comprised of minorities, making health inequity one of the most pressing policy issues facing our country." - Boscardin [1]

Preventability, Care Quality, and Implicit Bias

A study that reviewed 108 maternal deaths, found that 40% were potentially preventable and that improved quality of medical care was the leading factor that could have led to prevention.[6]

- In another study, patient factors were cited in 13–20% of preventable cases while provider-related factors were cited for approximately 90% of the preventability.
- Provider-related issues include failure to diagnose, delays in diagnosis, lack of appropriate referrals, poor documentation, and poor communication. [4]

Differences in hospital quality may contribute to racial and ethnic disparities.

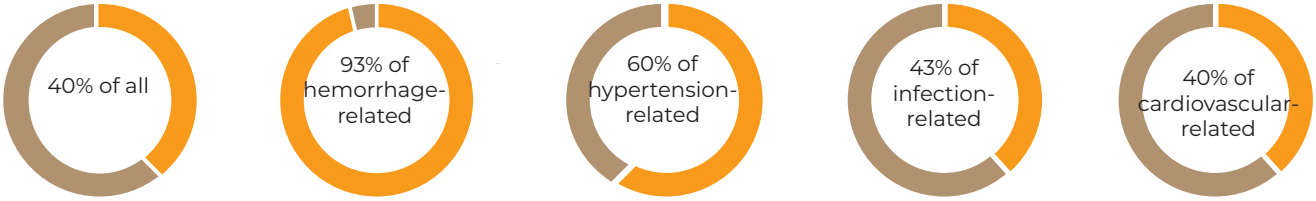
- Hospitals primarily serving minority women may have structural characteristics or organizational models that lead to lower quality care.
- The quality of care received by women during childbirth may differ by race and ethnicity within individual hospitals where in white white serving hospitals there has been found to be differences in delivery.[4]

Implicit bias against Black people is present among many health care providers and can affect health care outcomes.

- It is significantly related to patient-provider interactions, i.e., treatment decisions, adherence, and outcomes.

- It is also found to be more often significantly related to patient-provider interactions and health outcomes than treatment processes.[3]

Pregnancy-Related Deaths Found to be Potentially Preventable[6]:



Race and Racism: Not Just Another Socioeconomic Problem

Level of stress during pregnancy is significantly associated with the risk of experiencing at least one pregnancy complication.[7]

- Black women may be more susceptible to the adverse impacts of prenatal stress on birth outcomes, because most Black women experience the stress of racism, increasing their cumulative stress burden.
- There is increasing evidence from recent studies that racism is associated with adverse birth outcomes in Black American women.[2]

Although socioeconomic and behavioral factors such as income, education, prenatal care, and marital status, contribute to adverse birth outcomes and differences in these variables have been shown to exist between Black and white Americans, these factors do not fully account for the gap in birth outcomes.

- This disparity continues to exist even when accounting for socioeconomic and behavioral factors,[2] and it continues to persist even at higher education and income levels.[5]
- Race was consistently and significantly associated with MMR whereas socioeconomic factors varied.[5]

"Here we are looking at Serena Williams ...the world's best athlete. She definitely has support. She's definitely not dealing with...economic issues. And she still was dealing with the fact that she almost lost her life after giving birth. This story is — we can see the thread, right, through her story and to so many women, Black women across the country" - M. Simpson[8]

POTENTIAL SOLUTIONS

The United States lags in its system of standardized maternal mortality review in comparison to other developed nations with lower maternal mortalities.

- The national review system used by the UK is credited with decreasing the already low maternal mortality in the UK and with narrowing the pregnancy outcomes and racial disparities gap via implementation clinical guidelines.
- The California Department of Public Health developed a review project that has reduced California's maternal morbidity by 21% from 2006 to 2013 and MMR by 55% from 16.9 to 7.3 in the same period, well below the national maternal mortality, which continued to increase over this time.[6]
- Toolkits, patient safety bundles, warning criteria, protocols, and checklists offer standardization and have been shown to reduce maternal morbidity and therefore also mortality by improving quality of care.[6]
- The UK and California review systems can serve as models for the rest of the United States to emulate to lower maternal mortality as a result of lower variability in care between different demographics.

"I think that what we have to do is change the medical system....starting at medical school and before, to start getting doctors to face and other medical providers to face unconscious bias that is affecting the care that women of color and everyone receives in the health care system." - Linda Villarosa[8]

- Since there is association between patient experience and outcomes, educating medical professionals about shared-decision making, cultural competency, and implicit bias can address disparities in care by improving communication with patients of color.[1,4]
- The contribution of implicit bias to health care disparities could be reduced if all physicians acknowledged their susceptibility to such bias and deliberately practiced perspective-taking and individuation.[6]
- Research needs to be done on the effectiveness of such training in hospitals on reducing implict bias in doctors.

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