

# Why Are Black Mothers Dying and How Can We Save Them?

Black women in the United States have significantly higher rates of maternal mortality than non-Hispanic White women. 42 out of 100,000 Black women die during childbirth while only 12 out of 100,000 White women die under the same conditions. These disparities can be attributed to implicit biases within the medical field as well as a weak health insurance system that does not provide enough coverage for pregnant women. 6,8, 2, 11

## Historical Racism

There is a toxic history of the medical field exploiting Black slaves in America; doctors would evaluate their worth, use them as teaching cadavers, and travel with them on the Middle Passage. Slavery left remnants of structural racism and biases in the United States. 10

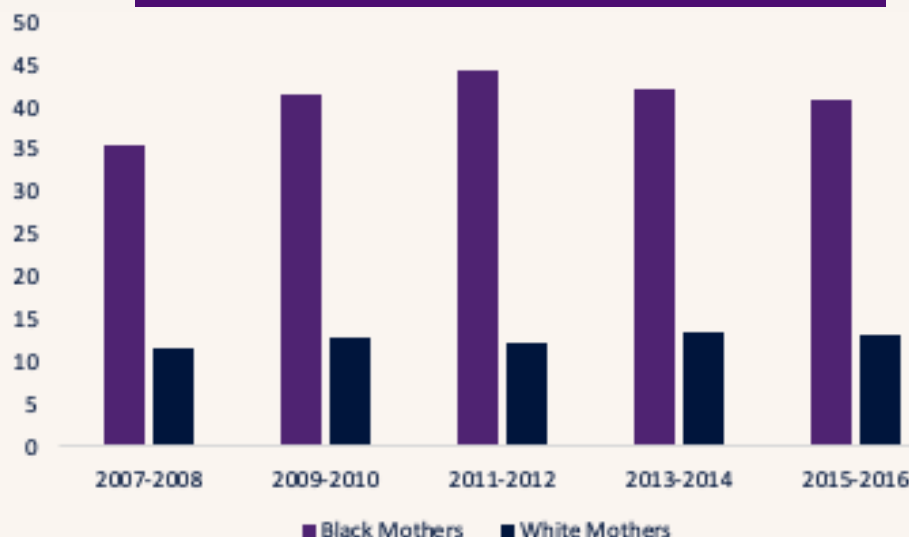
## Women of Color Experience:

- Poorer access to high quality care
- Higher levels of discrimination, disrespect, and abuse in the healthcare system
- High levels of daily stress due to racial discrimination

8

Black women with a college degree are 1.6 times more likely to die from a pregnancy-related complication than a White woman with led than a high school education. 4

## Pregnancy-related Mortality Ratios per 100,000 live births. 4



# How Can We Save Black Mothers?

## Passing the MOMMA Act

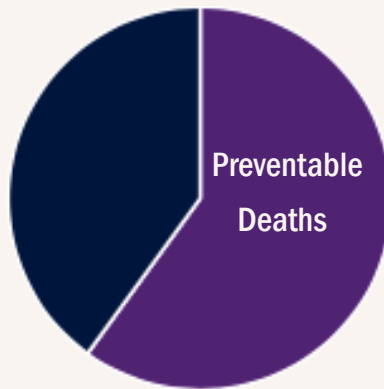
The MOMMA act would extend Medicaid coverage from 60 days postpartum to year. Medicaid covers nearly half of all birth in the United States, which is around 2 million per year. The MOMMA act will save thousands of lives each year and increase the United States standing in maternal mortality. <sup>11, 6</sup>

## Implicit Bias Training in The Medical Field

Implicit biases result in discrepancies in treatment as well as health outcomes for minority populations in the United States. The Mayo clinic mandated implicit bias training for all their medical students and has seen positive results from patients and doctors. The United States must federally mandate implicit bias training at all hospitals to improve birth outcomes for Black mothers. <sup>2, 12</sup>

## What are implicit biases?

Implicit biases are opinions that occur and develop without the direct knowledge of the biased individual. They often contradict the beliefs of the individual, but they still influence their actions. <sup>2, 7</sup>



3 out of 5 deaths due to childbirth are preventable <sup>1</sup>

## Implicit Biases result in:

- Worse overall health outcomes
- Increased healthcare costs
- Health disparities
- Substandard pain management
- Unequal testing by gender
- Worse mental health services <sup>12</sup>

**Black women are 3X more likely than White women to die due to complications from pregnancy or childbirth. <sup>1</sup>**

The United States must confront the centuries old structural racism that permeates our society. We need a comprehensive solution that encompasses all aspects of discrimination and racism in order to truly save Black Mothers. Its more than making sure they have insurance and doctors who listen to them, its about strengthening the communities around them and removing the barriers in society which have held them them down throughout history.

References: APA

1. Center for Disease Control (CDC). Pregnancy-related Deaths. (2019, May 7). Retrieved from <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>
2. Chapman, E. N., Kaatz, A., & Carnes, M. (2013). Physicians and Implicit Bias: How Doctors May Unwittingly Perpetuate Health Care Disparities. *Journal of General Internal Medicine*, 28(11), 1504–1510. doi: 10.1007/s11606-013-2441-1
3. Cooke, M. (2017, May). Implicit Bias in Academic Medicine. doi:10.1001/jamainternmed.2016.9643
4. Hayes, T. O., HayesDirector, T. O., Hayes, P. O., Gray, G., Strohman, A., Huddleston, . . . Business Interruption Insurance. (2019, September 09). Maternal Mortality in the United States. Retrieved from <https://www.americanactionforum.org/insight/maternal-mortality-in-the-united-states/>
5. The Kaiser Family Foundation (KFF). ( 2018, November 13). Number of Births by Race. Retrieved from [https://www.kff.org/other/state-indicator/births-by-raceethnicity/?currentTimeframe=0&sortModel={\"collId\":\"Location\",\"sort\":\"asc\"}](https://www.kff.org/other/state-indicator/births-by-raceethnicity/?currentTimeframe=0&sortModel={\)
6. Kelly, & L., R. (2019, March 28). Text - H.R.1897 - 116th Congress (2019-2020): MOMMA's Act. Retrieved from <https://www.congress.gov/bill/116th-congress/house-bill/1897/text>
7. Lawrence, K., & Keleher, T. (2004). Structural Racism. Retrieved from <https://www.racialequitytools.org/resourcefiles/Definitions-of-Racism.pdf>
8. Maternal Health in the United States. (2018, April 12). Retrieved from

<https://www.mhtf.org/topics/maternal-health-in-the-united-states/>

9. Neighmond, P. (2019, May 10). Why Racial Gaps In Maternal Mortality Persist. Retrieved from <https://www.npr.org/sections/health-shots/2019/05/10/722143121/why-racial-gaps-in-maternal-mortality-persist>
10. Owens, D. C., & Fett, S. M. (2019). Black Maternal and Infant Health: Historical Legacies of Slavery. *American journal of public health*, 109(10), 1342–1345.  
<https://doi.org/10.2105/AJPH.2019.305243>
11. Ranji, U., Gomez, I., & Salganicoff, A., (2019). Expanding Postpartum Medicaid Coverage Retrieved from [https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medi-  
caid-coverage/](https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medic-aid-coverage/)
12. Reddy, S., Starr, S., Hayes, S., Balls-Berry, J., Saxon, M., Speer, M., ... Wilson, N. (2020, January 15). Implicit Bias Curricula In Medical School: Student And Faculty Perspectives. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hblog20200110.360375/full/>
13. Seipel, T. (2018, January 15). Black female doctors represent only a tiny fraction of all doctors nationwide. Retrieved from <https://www.mercurynews.com/2018/01/15/Black-female-doctors-represent-only-tiny-fraction-of-all-doctors-nationwide/>
14. Sherman, M., Ricco, J., Nelson, S., Nezhad, S., & Prasad, S. (2019). Implicit Bias Training in Residency Program: Aiming for Enduring Effects. Retrieved from <https://journals.stfm.org/familymedicine/2019/september/sherman-2018-0404/>
15. Taylor, J., Novoa, C., Hamm, K., & Phadke, S. (2019, May 2). Eliminating Racial

Disparities in Maternal and Infant Mortality. Retrieved from

<https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/>

16. Torres, N. (2018, August 10). Research: Having a Black Doctor Led Black Men to Receive More-Effective Care. Retrieved from <https://hbr.org/2018/08/research-having-a-Black-doctor-led-Black-men-to-receive-more-effective-care>
17. Vedam, S., Stoll, K., Taiwo, T. K., Rubashkin, N., Cheyney, M., Strauss, N., ... Declercq, E. (2019). The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reproductive Health*, 16(1). doi: 10.1186/s12978-019-0729-2
18. Vilda, D., Wallace, M., Dyer, L., Harville, E., & Theall, K. (2019). Income inequality and racial disparities in pregnancy-related mortality in the US. *SSM - population health*, 9, 100477. <https://doi.org/10.1016/j.ssmph.2019.100477>
19. The WHO. (2020, March 12). Women's health. Retrieved from [https://www.who.int/topics/womens\\_health/en/](https://www.who.int/topics/womens_health/en/)

