

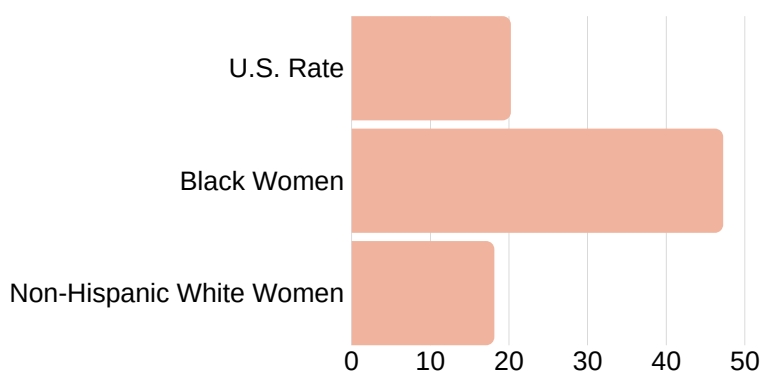
# Addressing Racial Disparities in Birth Outcomes

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## The Issue

Maternal and infant mortality rates are a critical measure of the quality of life within a country. However, The United States has the highest maternal and infant mortality rates among developed countries, and when data is broken down by race—black women and infants have disproportionately higher rates of death compared to white counterparts ("Maternal Health in the United States," 2015). This statistic raises the question of, why are black women dying at more significant rates than others? The answer to this is multifaceted; however, structural racism coupled with implicit biases present in the healthcare system, and inadequate access to insurance, all exacerbate the problem.

### Maternal Mortality Rates:



## Serena Williams

Serena Williams—a famous tennis star—suffered from many pregnancy complications. She was short of breath after an emergency C-Section, and knowing her medical history of pulmonary embolisms, knew that she needed attention immediately. However, it took hours for hospital staff to take her seriously. Finally, after enough convincing, doctors found small blood clots on her lungs just as she had suspected (Chalhoub, 2018).

## How Did We Get Here?

As a whole, maternal mortality rates have declined in the United States. In 1915, there were 607.9 maternal deaths per 100,000 live births. Today, this rate has fallen to 20.2 deaths per 100,000 live births. However, compared to other developed countries with similar economies, this number is starkly high. Furthermore, when data is broken down demographically, black women have a maternal mortality rate of 47.2 deaths per 100,000 live births compared to only 18.1 deaths per 100,000 live births for non-Hispanic white women ("Explore Maternal Mortality in the United States," n.d.). When considering what factors into why these disparities exist, multiple things must be taken into consideration. It is critical to view racism as a social determinant of health to help explain these differences. The extended amount of chronic stress that black women face throughout their lifetime can hurt their general well being and increases their risk of unsafe conditions during pregnancy (Lu et al., 2015).

Furthermore, a study conducted by the Institute of Medicine found that even at similar levels of access to healthcare, racial and ethnic minorities receive more inadequate quality healthcare than their white peers' which sheds light on the impact of structural racism (Dominguez, 2008). This trend further reinforces the presence of implicit biases within the American healthcare system. Minorities are typically not taken as seriously by healthcare professionals, supported by anecdotal evidence. Although doctors are tasked with treating all patients equally, frequently implicit biases can affect the level of care that they provide.

# Moving Forward

## Expansion of Medicaid

Not every state has expanded Medicaid under the Affordable Care Act. In states that haven't expanded Medicaid, there exists a coverage gap of people who do not meet minimum guidelines to qualify but do not make enough to afford monthly premiums. By making it easier for people to get covered, women will have access to better care which can improve their general wellbeing and lead to healthier pregnancies. Although Medicaid is available to most pregnant women in all states, by having reliable coverage before conceiving, this improves their health even before they begin to have prenatal appointments or conceive a child in the first place. Furthermore, data collected shows that in states where Medicaid expanded the infant mortality rate declined while the rate continued to increase in states that had not expanded Medicaid (Bhatt, 2018).

## Training Doulas

Due to shortfalls within the healthcare system regarding implicit bias and deterioration of care, the implementation of doulas can help to reduce racial disparities. Doulas are trained to assist expectant mothers through their pregnancies, labor, delivery, and after birth. Doulas are not trained like midwives but rather are there to provide additional support to women. Data shows that women with doulas are less likely to deliver babies with low birth weights or need to have Cesarean births during labor (Olove, 2017). Doulas can also advocate on behalf of these women to make sure they are being heard by healthcare professionals.

In New York City, they have created a program, named By My Side Birth Support program, that trains women to become doulas, and then they become contractors with the city to provide support to the program. The doulas work to empower these women which is what helps create positive outcomes. The annual budget of the program is around \$250,000, and this supports 12 doulas. This solution offers concrete steps to help combat structural racism present in the healthcare system (Olove, 2017).

## Why does this matter?

- According to the CDC, nearly **60% of maternal deaths** in the United States are preventable.
- Black women are 3-4 times more likely to die during childbirth than non-Hispanic White women.
- 16% of Black infants are born pre-term compared to only 10% of White babies.
- Women receiving no prenatal care are **3-4 times more likely** to experience a pregnancy related death than those who do (Maternal Health in the United States, 2015).

## References

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