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Maternal Morbidity and Mortality for Black Women

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Staff Article

Every two minutes a woman dies due to childbirth complications. However, most pregnancy-related deaths are deemed preventable. This persistent anomaly has been fueled by the racial and ethnic disparities that take the lives of black women at a rate three to four times higher than white women. Life-threatening complications for women of color, specifically black women, have been at the forefront of racial disparities regarding pregnancy-related deaths. The CDC's Pregnancy-Related Mortality Surveillance System defines a pregnancy-related death as "the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication; a chain of events initiated by pregnancy; or the aggravation of an unrelated condition by the physiological effects of pregnancy". This issue has many layers of complexity that require intricate investigation to understand the root of the problem.

A sense of urgency is required to address and assess the ways in which racism and maternal morbidity and mortality affect black women at such an alarming rate. The issue is a challenge that confronts health equality on a large scale, and the Centers for Disease Control have collected national data pertaining to this subject. One of the key findings showed that women with lower socioeconomic status were more prone to higher rates for morbidity and mortality. Lack of access to healthcare and poor-quality healthcare contribute to lower socioeconomic status. The CDC calculated disparities over a course of 10-11 years for black women, finding that there is a significant connection between these disparities and morbidity and mortality rates.

Cardiomyopathy, thrombotic pulmonary embolism, hypertensive disorders of pregnancy, and hemorrhage were some of the leading causes of maternal death for racial and minority women. These conditions often develop at earlier ages and are less likely to be treated or managed adequately, which leads to possible complications and mortality from these conditions. Each factor recognized by the CDC contributes to why black women are facing higher rates of mortality and morbidity.

Differential treatment of black women can be a result of bias and stereotyping, which impacts the level of health care received by people of color. Differential treatment can occur through communication, socio-demographics, social networks, implicit bias, and structural racism and policy. This stems from the issue that black women are undervalued and not monitored as carefully as white women. For example, when symptoms persist in a patient of color, they are often dismissed. Medical employees can be the difference between a pregnant mother who faces morbidity and mortality and a mother who experiences fewer complications during pregnancy. Implicit bias and structural racism affect patients before they have a clinical encounter. Health care providers that dismiss and blatantly ignore the health concerns of their patients ultimately put them at greater risk for detrimental health complications. These actions speak to how black women are undervalued in the health care system. This kind of differential treatment leaves gaps in communication, such as the sharing of medical history. Pathways to racial and ethnic disparities can range far and wide when it comes to maternal morbidity and mortality.

Although many more factors contribute to the disparity in health for black women, including racism and prejudice, there have been strides to reduce pregnancy-related mortality. A growing body of research acknowledges the structural racism that plays a role in producing these disparities. To reduce morbidity and mortality rates in black women, bias needs to be addressed.

There should be a multifaceted approach throughout the stages of pregnancy. Each stage of pregnancy should include factors that closely link with disparities such as, economic, social and environmental attributes. These attributes would cover patient, community, provider and systematic factors that underlie health determinants. Increased morbidity and mortality in people of color is a societal issue, and solutions include education to overcome bias, continual research, and proactive intervention for improvement in the healthcare field. It is essential to accelerate efforts and identify initiatives. Until there is consistent reduction in the rates of morbidity and mortality in black women, more efforts are needed to bring about change.

Citations:

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