



BLACK WOMEN ARE DYING FROM CHILDBIRTH: WHAT YOU NEED TO KNOW

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Background

The United States currently has the highest maternal mortality rate among developed countries. Health disparities in pregnancy and delivery among Black women have been an issue for decades.¹ Numerous studies and literature reviews have detailed the Black-White gap in terms of birth outcomes, mortality rates, and the patient-provider relationship. In 1999 the Department of Health and Human Services stated that “African American women have a maternal mortality rate that exceeds White women by three to four times.”² Today, Black women are three to four times more likely to die from pregnancy-related causes than White women.³ This disparity increases with advanced maternal age where Black women are up to five times more likely to die. Why is this the case? Studies have shown a wide variety of reasons, including access to care and socioeconomic status as possible sources.⁴ Other underlying reasons such as racism and implicit bias among healthcare providers have been identified as potential contributors.⁵

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Factors Affecting Treatment and Health Outcomes

A woman’s likelihood of successful birthing outcomes is closely linked to her socioeconomic status (SES), educational achievement level, and access to care. For Black women in particular, **discrimination and subsequent psychosocial stressors** are additional contributing factors.^{4,5,6} The theory of racial discrimination as a unique psychosocial stressor Black women encounter chronically has been studied in depth. Findings have estimated the aging of a Black woman’s chromosomes up to 7.5 years older than a White woman’s of the same age.⁷ Additionally, **stereotypes of Black women** (e.g., higher tolerance for pain) in the healthcare system **have led to implicit biases in healthcare providers and inadequate care.**^{8,9} **Black women have not been seen, heard, or believed.**⁴ Even Black women with doctorate degrees such as Shalon Irving, or a high SES like Serena Williams have dealt with postpartum complications including death and near-death experiences (respectively).^{10,11}

Key Factors Affecting Treatment and Health Outcomes in Maternity Care	
Barriers	Supports
<ul style="list-style-type: none"> -Low Socioeconomic Status (SES)¹² -Access to equitable and quality prenatal care⁴ -Psychosocial stress related to racial and gender discrimination^{3,4,5} -Advanced maternal age² -Lack of trust and transparency in the patient-provider relationship including gaslighting, dismissing, and displaying a lack of compassion¹¹ -Non-native English speaker or non-bilingual proficiency¹² -Cultures that are not western or Eurocentric-based^{4,12} 	<ul style="list-style-type: none"> -Positive maternal health behaviors⁴ -Social support from family and friends⁴ -Adequate mental health status¹ -Supportive and understanding healthcare providers⁴ -Positive patient-provider experiences⁴

Desirable Attributes in Healthcare Providers

Improving the patient-provider experience is a necessary first step to improving health outcomes for Black women. In the past, researchers have asked Black women of various SES and educational backgrounds about positive personal encounters they've experienced when receiving care. Common themes included conscientious providers who took time to know their complex needs, remembered them, understood them, and did not pass judgment.^{2,13} This is crucial as the effectiveness of the patient-provider relationship flourishes in environments that enhance safety and understanding.

Recommendations for Improving Care

In order to resolve the Black-White gap in maternal health outcomes, we need to create environments that promote equitable care. Some ways to do this include:

- Increasing social and mental support services for mothers and mothers-to-be
- Destigmatizing mental health in the Black community
- Providing accessible transportation services
- Spreading awareness of existing equitable and culturally-sensitive programs
- Promoting racial and ethnic concordance in healthcare providers
- Implementing cultural competency and anti-racism trainings^{12,14,15}
- Educating the public (especially Black women) about this particular health disparity
- Increasing patient awareness of available providers for the enhancement of culturally competent and patient-centered care

Implications

The Black-White maternal mortality gap won't close overnight and spreading awareness is only the first step. The CDC states that **almost two-thirds of pregnancy-related deaths are preventable**.¹⁶ However, situations in which healthcare providers are gaslighting, dismissing, or displaying a lack of compassion to Black women create a hostile environment. Such an environment can contribute to a lack of trust, a broken patient-provider relationship, and a continuation of preventable maternal deaths. Significant work is needed to create a healthcare system that reduces institutional and provider bias and provides equitable care to all patients

receiving maternity care. In order to provide equitable care for Black women, we must acknowledge the racist history of modern gynecology and the systematic disadvantages present in modern health practices.⁸ As a society, we must make a conscientious effort to **humanize Black women in all aspect of maternity care** in order to combat persisting disparities.

Additional Resources

[Black Mamas Matter Alliance](#)

A great resource for all aspects of Black women's health centered around advocacy, equity, and social reform.

[Black Maternal Health Caucus](#)

A group within the House of Representatives centered around health inequities.

[Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths](#)

An overview of the existing health disparities and actions utilized for further prevention/elimination.

[Ted Talk: How Racism Harms Pregnant Women – and What Can Help](#)

Discussion of equitable interventions for Black women and newborns.

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