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Philadelphia College of Osteopathic Medicine

Graduate Program in Biomedical Sciences

School of Health Sciences

The Influence of Racial Barriers on Maternal Mortality in Black Women in the United States

A Capstone in Public and Population Health Leadership by Mariah Williams

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ABSTRACT

In the United States, Black women are 3-4x more likely to die a pregnancy related death compared to that of white women. The maternal mortality rate in the U.S. has continually been on the rise for years, and the racial disparities amongst Black mothers have only become more apparent. This capstone paper will be examining the factors contributing to maternal mortality in the United States, especially those based in racial inequity, inequality, and biases. Much of the research on the issue analyzes access, racism, racial biases, medical mistrust, and provider-patient relationships as contributing factors to the disparities we see in maternal mortality rates. Throughout this paper, there will be a comprehensive review of these contributing factors and as well as current strategies for prevention, and interventions that may contribute to reduction in the rates of maternal mortality. It is clear that there is awareness of the issue at hand and some research goes as far as to recommend approaches to begin to change the conversation into a plan of action. The ultimate goal is to see a reduction in the different rates among races and maternal mortality altogether. However, before that can truly happen it is crucial to address and understand why we see these disparities among Black women, which is the goal of this capstone paper.

INTRODUCTION

The United States is meant to be the land of opportunity for people to learn, grow and cultivate rich lives. This assumption is true in some cases but so very far from the truth in others. The same opportunities or access to these opportunities are not equitable for many American citizens—especially those in minority communities. Areas of life where one should feel most safe, secure, and heard often leave minorities feeling more isolated than ever. Healthcare is one of those areas. People seek out healthcare to maintain health, better health, and understand health. However, for many minorities and especially the Black community, there are often more than one unpleasant or uncomfortable interactions with healthcare and the healthcare system. Many of which could and should be avoided, but systemic inequalities and racial biases always have a way of showing up. This type of treatment and experience is unsettling and unacceptable in all areas of healthcare; however, probably the most important is in maternal healthcare.

700 pregnant women die annually, with 41 deaths out of every 100,000 live births being Black non-Hispanic women[1]. Compared to 13 deaths per 100,000 live births being white women[1]. The stark contrast in these rates is very apparent, and it begs the question of why we see this disparity. Research shows that there are no differences in maternal mortality between Black women when it comes to education and income levels[1]. However, compared to their white counterparts, Black women of all levels of education and income are more likely to die a maternal death[1]. The causes of these deaths for all women range from physical illnesses to more social and racial barriers. With the major difference being that Black women are more affected by these social and racial barriers. Black women more often than not have a very different experience with health care

providers and the health care system compared to their racial counterparts. These experiences are resulting in inadequate care, mistrust, lack of access, and in the worst cases, death. Exploring the reasoning and research behind the impact racial biases and systemic racism has on the maternal mortality rate of Black women is vital in combating it. As difficult as it is to admit and address, race does play a part in why these statistics reflect the significant divide in outcomes.

BACKGROUND

Racial bias and systemic racism are embedded in multiple areas of healthcare. This impacts maternal care and the rates at which Black mothers are dying. Ranging from a lack of access to adequate care, lack of access to health insurance, provider-patient relationships, and lack of patient autonomy, to name a few, have all been proven to contribute to the staggering rates of maternal mortality in the Black community. Much of the breakdown in these areas are rooted in racial biases, systemic racism, or both. The fact that the neighborhood you live in influences the type of care you receive is historically dictated systemic practices such as redlining[2]. This unfortunately was rooted in racism. It is hard to fight something and succeed when it is attacking you from so many different angles. The system and the people who are supposed to protect and care for pregnant women regardless of race are falling short with one of the most vulnerable populations. A population that is vulnerable because history deemed it so. Research exposes these vulnerabilities, and it is something that needs to continue to be explored in order to develop a solution.

American history has shown continuously that Black people are one of the most vulnerable populations in the country in more ways than one. Research has provided some insight into how the social and economic contributing factors to this vulnerability are some of the major reasons Black women especially experience negative health outcomes. In turn, systemic barriers influence the disparities we see in the Black community where social and economic disadvantages are concerned. In exploring these different areas, it is apparent how intertwined everything is. One does not exist without the other, and to address maternal mortality issues in the Black community, all

contributing aspects need to be addressed. Systemic racism and biases are the root of this cycle. Stemming from this systemic racism is the social disparities the Black community faces, such as poverty, harmful environments, food insecurity, and housing issues, to name a few. These social disparities then influence economic status and thus access.

Access Disparities

Lacking access is a major contributing factor in the continuation of racial inequities in healthcare, which causes increased mortality in minority communities[3]. An individual's economic status influences the type of insurance they are able to afford, which in turn impacts the type of care they receive. This of course should not have a correlation, but, unfortunately, in the United States, people in the low-income bracket often receive inadequate resources and coverage which will reflect the type of care they receive. According to research, people of color in the United States comprise two-thirds of the population but account for over half of the uninsured non-elderly demographic[3]. As of 2008, 21% of that uninsured population was represented by African Americans, compared to 13% of caucasian[3]. This number has thankfully decreased since then with 11.5% of Black individuals being uninsured since 2018[7]. However, there is still a stigma attached to a person who has a lower income and relies on government assistance or has no insurance at all. Furthermore, the healthcare industry is not immune to letting this stigma dictate the way they respond to these patients. Considering that the African American community has some of the highest rates of low-income status[4], you can begin to see how this might correlate to negative health outcomes.

Policies and legislature have not always been formed in the best interest of all American citizens. Minorities, Black minorities especially, are often seen as a second thought when it comes to policy. However, as the years have gone on, more policies have become more inclusive to combat healthcare access issues. According to research, state-level policies play a significant role in women's health as they shape access to services and resources[5]. Equity should be one of the most important factors when deciding on all policy, but healthcare policy especially, because everyone deserves the same opportunity to receive quality unbiased care. Another form of policy that has begun to combat the access inequality we see throughout the country is the Affordable Care Act (Obamacare). Obamacare has increased access for women who would otherwise be without healthcare or have copays that would present access barriers[6]. However, access is only part of the problem.

The literature exposes that these individuals are treated differently, more often than not, which impacts health outcomes. Also, the stressors associated with income inequality negatively impact health outcomes. When looking at maternal health specifically, research shows that structural inequities and racial discrimination are sources of chronic stress among Black women and partly responsible for the persistence of racial health inequities[9]. Further highlighting the multiple angles Black women are being impacted and attacked, which negatively affects health outcomes.

Healthcare? Provider? Racial Bias – Racial Barriers

In healthcare or truly any profession in which you are serving a multitude of populations, self-reflection is extremely important. One must be aware of the impact their attitudes, behaviors, opinions, and beliefs have on whatever population they are working with. It is essential that personal biases and beliefs do not cloud one's judgment or ability to interact with and adequately care for a given population. However, this apparently is not something that is easily accomplished, and often times it is not accomplished at all. Especially when examining the contributing factors that result in inadequate care for the Black community, implicit provider bias has been a significant issue in health outcomes for Black individuals. The disparities we see in maternal mortality can be attributed partly to the implicit bias exhibited by providers and the structural racism embedded in the medical education that raised these providers.

Research has shown that in 2018, Black physicians accounted for 5% of the workforce[7]. It is striking how underrepresented one of the most medically vulnerable communities is in the physician workforce. This lack of diversity perpetuates the system of decreased quality care for marginalized groups[7]. Studies have shown that minority physicians are more likely to work in underserved areas and accept patients who have medicaid[7]. The community that is being left out of quality care is losing the opportunity to have it because of the system of structural racism that makes it more difficult for minority individuals to become doctors. These are the same individuals who, growing up, are far less exposed to the importance of science and medicine because of lack of access. Being able to diversify the field starts way earlier than medical school acceptances. Elementary-aged children need that exposure and encouragement that they have the

ability to effect change in the field of medicine. There is a genuine need for it, but it is such an uphill battle when a lot of the systems in place are made to reinforce poverty, inadequate education, and underemployment in heavily minority-populated communities.

The influence racial biases have on health outcomes, specifically, maternal health outcomes, is very complicated. The research on the issue acknowledges that there is a correlation, but how much of an influence is still unclear. However, the fact that racism and racial biases influence health outcomes at all should be enough to start making some changes. It is of the utmost importance to begin to truly address the social determinants of health that Black mothers face throughout their pregnancy. All of these things will influence the way their providers see them and even in some instances, the care they receive. Therefore, it is something that needs to be addressed so that it does not interfere with their care. Black mothers often have to deal with "disproportionate rates of preexisting health conditions; limited access to health care, including high-quality prenatal care; and the role of historic, current, and pervasive racism"[8], all of which not only impact the mother but often her care team as well. These social factors can and do influence the way a person is seen in the eyes of doctors and other medical personnel on their care team. It should not, but the research shows that it does, and it can lead to mistrust and a lack of psychological safety for the patient. This is something that is not good in any field of medicine but especially not in maternal medicine. Women already feel a lack of control over their bodies during pregnancy. It is probably one of the most vulnerable and sensitive times of a woman's life. Therefore, to also feel a lack of control over how you receive treatment, what that treatment is, and if your concerns about that treatment will be taken seriously just further upsets an already tense situation.

Unconscious racial bias perpetuates this lack of autonomy Black women often feel during pregnancy. Research has shown that health professionals routinely dismiss the intensity of symptoms expressed by African American women, leading to delays in treatment or poorer outcomes[8]. This without a doubt can and has influenced maternal mortality in the case of many Black women. Time is very much of the essence in those hours and days after a woman gives birth, so imagine the damage that could be done due to a delay in treatment for something during this critical time. The maternal mortality rate being 42.4 deaths per 100,000 live births[8] for Black women is a tell-tell sign that something, somewhere in the system is broken and needs to be fixed.

Consequences-Maternal Mortality in Real Life

It is evident how astonishing the rates of maternal mortality are in the United States given the statistics and data. However, experiencing it through the lives of real people is a different level of heartbreaking life-altering emotions. As a Black woman seeing numerous news reports and stories in the media of other Black women dying a pregnancy related death fills you with an unexplainable hurt and fear. The mere possibility that it could be you or a loved one is extremely troubling, and it is unfortunately something all Black women who are capable and wish to have children will have to grapple with. The amount of risk Black women take to become a mother in America is unsettling. Especially when the research shows this risk can be addressed and eliminated to some degree. Families who have lost loved ones are left to find justice and help legislature move in the direction of protecting pregnant and laboring mothers.

Charles Johnson, a Black father of two, worked with congress in 2018 to pass the Preventing Maternal Death Act after he lost his wife, Kira, in 2016[9]. This law provides funding for states to create committees to track, review, and investigate incidents of maternal mortality[9]. Kira Johnson, of Los Angeles, California, was a healthy 39year-old mother expecting her second child in April 2016 when she lost her life to internal bleeding, 10hrs after the birth of her second child. She had a healthy pregnancy and no preexisting medical conditions; Kira had a scheduled c-section and delivered a healthy baby boy she would never get to know because of negligent medical care[9]. Kira's husband Charles noticed blood in her catheter and brought it to the attention of medical staff around 4 pm, multiple tests and scans were to be performed immediately[9]. However, it wasn't until after midnight, and numerous requests for care from her husband, that Kira received surgical treatment for this internal bleeding that unfortunately ended up taking her life[9]. This is not a story unique to the Johnson family; so many other Black families have experienced this or something similar.

Concerned about his wife, Charles Johnson was told she was not a priority[9]; in the midst of her dying, she was deemed as not a priority. It is chilling how dismissive a medical professional could be in a clear situation of distress. The literature shows that the possibility of race playing a role in this situation is highly likely. Was Kira not a priority because she was Black? Did they feel as though the situation was being exaggerated because that is something Black women do? The possibility of Kira's race playing a part in why her medical crisis was not taken seriously is extremely possible, and that is a major issue. Kira was in an very sensitive and vulnerable position, having just had major surgery to bring her child into the world, and still, she was deemed as not a priority.

There was a clear disconnect between the medical staff and their patient's safety, and it cost Kira her life. It was a preventable death, as so many maternal deaths are.

Dr. Shalon Irving, 36, died January 2017 in Atlanta, Georgia, three weeks after giving birth to her daughter[10]. Yolanda "Shiphrah" Kadima, 35, died July 2020 in Atlanta, Georgia, three days after delivering her twins via c-section[10]. Amber Rose Isaac, 26, died April 2020 in the Bronx, NY, after an emergency c-section[10]. Unfortunately, the list can go on and on; whether these mother's concerns were not taken seriously, or they were not monitored closely following giving birth, the outcome was the same. There is a true breakdown in the system of maternal medicine when a postnatal mother in distress can be brushed off and ignored. Knowing the statistics and data surrounding the Black maternal health crisis, you would think some extra care would be taken by medical professionals to prevent these deaths. Two of the aforementioned deaths occurred in Georgia, which ranks second in states with the highest maternal mortality rates at 48.4 deaths per 100,000 live births[11]. Specifically they occurred in Atlanta, Georgia, which according to the census, 51% of the population is Black. In comparison, Kira Johnson died in California, the state with the lowest maternal mortality rates at 4 deaths per 100,000 live births[11]. This just further illustrates that the issue persists on both ends of the spectrum. The work is truly only just beginning to effect some real change so that we can begin to see a decline in the rates of Black maternal mortality and maternal mortality in general. The United States as a nation must do better, and the medical community must do better; for the future mothers of America, we need to see change.

Strategies for Prevention

Most of the research surrounding maternal mortality is examining contributing factors, but some research provides ways to reduce the mortality rates. These suggestions involve provider and patient education, healthcare infrastructure, and research[1]. Maternal mortality involves individuals on many different levels, so the solution must be reflective of that. Community involvement is vital in research as those most affected can voice what could be beneficial for them as we advance. Providing individuals with the resources they need to be able to identify what "normal" pregnancy looks like and signs to watch out for should things take a negative turn could be beneficial. Making the experience more collaborative between patient and provider can be a way to mitigate those feelings of inadequacy patients might have. The involvement of midwives and doulas in maternal medicine has also been a suggestion for improving patient experiences during pregnancy[1]. The more people you have with knowledge on the symptoms to look out for the better. Some more approaches to addressing social determinants of health that contribute to maternal mortality include state and local level initiatives that address transportations, housing, and food challenges[1].

Different researchers have also suggested the implementation of "safety bundles," which would include carts on labor and delivery floors specifically designed for addressing postpartum complications such as hemorrhages[8]. These minor changes can make a huge difference in response times to critical postpartum complications. It has been shown to be slightly more complicated to address biases in healthcare but not impossible. The California Maternal Quality Care Collaborative has been a successful approach to addressing provider bias[9]. Now California is one of the states with the lowest

rates of maternal mortality in the country[11]. On a more national level, the Council on Patient Safety in Women's Health Care and the Alliance for Innovation in Maternal Health published the "Reduction of Peripartum Racial/Ethnic Disparities"[9]. This provides actual steps that institutions and clinicians can implement to reduce disparities in maternal mortality and health disparities[9]. Much of this research further illustrates that steps are being taken in the right direction to reduce maternal mortality and disparities in maternal health.

RESEARCH STRATEGIES

Upon beginning the research for this study, it became clear very quickly how many resources there were out there. However, narrowing doing the databases that were used ended up presenting itself as an easy task. For the majority of the resources used throughout this paper, PCOM's library database was used. This allowed for a centralized area to gather and save the information that would be used throughout this paper. PubMed and the NIH databases were also used to compile some of the data and resources used throughout this paper. Useful information came from the American College of Obstetricians and Gynecologists, as well as the United States census. Finally, there were general internet searches to incorporate those real-life examples of maternal mortality that were highlighted.

DISCUSSION

It is apparent that there is awareness of the maternal mortality crisis the Black community faces currently. Therefore, we should begin to see more research and initiatives heading toward fixing the problem. There is no longer a need to question whether or not a problem exists or to what extent it has an impact on these mortality rates. The fact that there is any impact or correlation at all is enough to demand change and enforce change within the healthcare system. The problem has to be addressed on multiple levels to decrease the current rates significantly. Black individuals need to be supported on a social, economic, mental, and physical level. Healthcare professionals need to begin to learn cultural competency way before they are given their titles. Educating those who are on their way to be the future doctors, nurses, and medical professionals of the country on how to interact with minority patient populations is essential. Maternal mortality is a national health emergency and should be treated as such.

Getting to the root of the issue and dealing with that is necessary. The literature shows that this change is not something that will happen quickly or without strife, but it is something that needs to happen sooner rather than later. Thankfully institutions such as the American College of Obstetricians and Gynecologists (ACOG) are committing to help eliminate these racial disparities. Acknowledgment from a community like that is vital in combating the issue. Many of the practitioners with first-hand experience of these disparities are a part of ACOG. Therefore, them making a statement like that is a step in

the right direction. The college even goes as far as to suggest ways in which providers can address their part in perpetuating the system that allows for such disparities to exist. They provide insight on ways to get conversations going, and areas of research that need further exploration to truly decrease these disparities in women's health.

One of the most essential pieces to the puzzle that is decreasing maternal mortality and women's health disparities is having the capital to do so. There need to be contributions to the change on multiple levels, from the patients to the providers and medical professionals, and government officials. Implementing the change necessary to decrease maternal mortality in the Black community and overall in the United States is not something that will be easy, but it is necessary.

RECOMMENDATIONS FOR FUTURE STUDIES

Throughout the literature, there is a lot of looking at what causes the rates of maternal mortality we see. However, more research needs to be done on how to prevent these deaths. Some researchers have offered suggestions for prevention and ways to combat the rates we see, but it was not a significant focus. The data does not lie, and we know that there is a problem, so future research would best be served to continue to explore ways in which this problem can be fixed. Looking at areas of healthcare and policy in a way that allows for the implementation of programs or initiatives to combat maternal mortality. There should be an examination of what other countries are doing that the United States is not as it relates to decreasing maternal mortality. The amount of money that goes into the United States healthcare system should allow for ample opportunity to explore prevention strategies that would decrease maternal mortality. It is also important to get voices in the room from those impacted the most by the disparities we see in maternal mortality. Future research and studies should explore community-based interventions created to protect Black women in maternal health. Oftentimes individuals feel that the systems created to protect them do not care enough about minorities to really do something about their problems; so, they take matters into their own hands and protect themselves. It would be crucial to examine how effective these community types of initiatives and programs are in informing and advocating for women as it relates to the risk of pregnancy related deaths. It would also be vital to the cause to examine differences on state levels as far as policy and preventative measures go. It is evident that states differ in their rates of maternal mortality, access to prenatal care, and even the

percentage of the population that is Black women. Therefore, future studies can and should examine those areas to determine the impact these differences has on maternal care and what is being done on an individual state level to combat maternal mortality.

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