Maternal mortality rate of African American women in the United States

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Abstract

Recent journal articles and medical research have emphasized the benefits of patient-physician agreement on clinical care outcomes for underrepresented minorities, arguing it can reorganize outgroup biases, boost communication, and increase trust. I have explored and researched settings where racial disparities are particularly severe: one being childbirth. In the United States, African American women die at three times the rate of White women. Results further suggest that these occurrences manifest during more challenging births and in hospitals that deliver more African American babies. I found no significant improvement in maternal mortality when birthing mothers did not share the same race as their physician but, have instead discovered that the mortality rate lowers if the physician is of African American decent similar to the patient. Racial disparities in births in the United States have roots in structural racism—the systematic allocation of opportunities and resources based on race. These inequities contribute to lower quality of care which then negatively impact the lives of Blacks/African Americans. The development of new maternity care models hold potential to reduce disparities and costs by focusing on the root of the "racism". We must work on eliminating the discrimination and bias that occur in health care. As these social conditions create the environment for health disparities to exist and persist.

Black Maternal Health Week is recognized each year in the U.S from April 11-17 to bring attention and action in improving Black maternal health. Black maternal health week was created to raise awareness of the root causes of poor maternal health outcomes for Black women

and to inspire activism in support of Black- led maternal health initiatives. About 700 women die each year during pregnancy or within 12 months postpartum, while another 50,000 women have unexpected outcomes of labor and delivery with serious short- or long-term health consequences. Every pregnancy-related death is tragic, especially because two in three of them are preventable.

Recognizing urgent maternal warning signs and providing timely treatment and quality care can prevent many pregnancy-related deaths. Multiple factors contribute to these disparities, such as variation in quality healthcare, underlying chronic conditions, structural racism, and implicit bias. Social determinants of health prevent many people from racial and ethnic minority groups from having fair opportunities for economic, physical, and emotional healthcare. (CDC Works 24/7, 2023) African American women face an imbalance of poor maternal health outcomes in the U.S., including alarmingly disproportionate death rates due to complications during pregnancy or childbirth.

Understanding maternal mortality rates among American women requires a closer look at the ways systemic racism and sexism compound and maintain inequalities in healthcare. In American culture, common narratives around health tend to blame the victim for poor health outcomes. Mandates to eat better, sleep longer, and get more exercise underemphasize and flatly ignore the structural conditions that make people sick to begin with. Studies show that African American women are more likely to die during pregnancy and childbirth than white women, regardless of income, education, or lifestyle. Recent efforts to understand health disparities for African American women look instead to the social determinants of health. The CDC defines the social determinants of health as “conditions in the places where people live, learn, work, and socialize that affect a wide range of health and quality-of life-risks and outcomes.” (CDC Works 24/7, 2023). In 2020, the CDC proposed federal guidance to reduce maternal mortality rates,

especially disparities in maternal mortality rates among women of color. The proposal called for hospitals and healthcare systems to implement standardized protocols so that all patients received the same levels of care, regardless of race and gender, and identify and address unspoken bias among staff and within healthcare systems. As African American women are more likely to lack access to health insurance, face greater financial barriers to care, and are less likely to get prenatal care than white women. The trauma of overtly racist and sexist policies in medicine persists. Racial bias in the healthcare system affects interactions between patients and medical professionals, treatment decisions, and patient adherence to recommendations.

In recent social media and news outlets many African American celebrities has spoken out against the treatment that they have received during child labor. Celebrities such as Serena Williams, Serena's experiences a negative childbirth and post-partum experience and she's not alone. After giving birth in September, Serena Williams was bedridden for six weeks from a string of medical complications. Showing that not even a tennis champion is immune from the complications and challenges African American mothers face during and after childbirth. Williams takes blood thinners every day to prevent clots from forming. After her C-section, though, she stopped taking them to allow the surgical wound to heal. The next day, off the "anticoagulant regimen" medication, she began to gasp as she recovered in her hospital room. Williams stepped into the hall and flagged a nearby white nurse, insisting that she needed an IV with heparin, a blood thinner, and a CT scan to check for clots. The nurse believed that medications given during childbirth might have affected Williams and refused to call for a doctor, hours later a doctor arrived – only to perform an ultrasound, and not the CT scan that Williams believed she needed. The ultrasound that was conducted revealed nothing, Williams reiterated: "I told you; I need a CT scan and a heparin drip." Obeying

her request for the scan her African American, medical doctor conducted the CT scan and found several small blood clots in her lungs and immediately began the medication. Preventing what could have been a fatality for Williams. Having doctors/medical team that listened to Williams medical concerns were essential in this situation and should continue to be in every similar circumstance. (CNN,2018)

In the Article titled “Healthy Equity Among Black Women in the United States” the authors express how Black women in the United States haves experienced substantial improvement in health during the last century, yet health disparities persist. Some of the major points of the article are the historical context for the current health experience of African American women. In discussing the health equity among African American women, it is important to understand the influence that other cultures with biases towards African American may have on how they are treated in the United States. Black women have experiences systematic oppression, bias and unequal treatment and there is substantial evidence that proves the difference in social economics that stem back to historical laws purposed to oppress black women in the United States. Black women are subjected to higher levels of racism, sexism, and discrimination than black males or white women.

The history of Black women’s access to health care and treatment by the U.S medical establishment, particularly in gynecology, contributes to the present-day health disadvantages. (Chinn et al., 2021) Given the history and abuse that African American women have received the health care systems blames the increase of maternal death for both mother and child to other attributions such as physical health, bleeding and blood disorders, mental health, and maternal mental health. The evidence that supports this conclusion is through research that was conducted by the authors of the article in which

they investigated and examined more in depth the mortality rate of African American and the role that Physical as well as mental health contributed.

Physical health is one of the blames researchers' places on maternal mortality in African American women. Black women are accused of having a higher prevalence of many health condition including heart disease, strokes, cancer, diabetes, and stress. Life expectancy is 3 years shorter for African American women. Researchers believe this is caused due to poor economic statuses that lead to poor diet and exercise practices. Optimizing such behavioral factors as diet, physical activities, sleep, smoking, alcohol use, emotional health and stress management is important for maintaining and reducing risks of cardiovascular disease. Cardiovascular disease is the second leading blame of Maternal Mortality in addition to poor diet and lack of physical activities stress is a lead cause for cardiovascular disease. African American women compared with non-Hispanic white women aged 20 years and older have a higher prevalence of clinical factors for cardiovascular disease including obesity, high blood pressure, and diabetes. (Chinn et al., 2021)

Bleeding and blood disorders are known among African American women include anemia (iron deficiency) sickle cell anemia, glucose disorders, cancer of the blood, leukemia, as well as a few others. Black women are disproportionately impacted by sickle cell disease and its complications, as well as by anemia, and they have poor outcomes associated within ancestrally linked disorders, such as glucose Phosphate (Diabetes)

Mental health and maternal mental health play a role in a healthy lifestyle. Racial discrimination is a toxic "Uncontrollable or unpredictable" stressor that is associated not

only with poor physical health but also with psychological stress. Chronic stressors reduce coping resources and increase vulnerability to mental health problems as well as poor birth outcome in pregnant women. African American women are twice as likely to have low birth weight infant when stress is a factor. This is problematic in that mental health post and pre pregnancy are critical. African American women are at a higher risk for depression, anxiety, and postpartum depression. These mental health conditions have been linked to maternal and birth outcomes. Specifically, it has been estimated that 28% of African American women experience postpartum depression.

In the Article “Racial Disparities in Maternal and Infant Health Current Status and Efforts to Address Them, the authors address the increased awareness and attention to maternal and infant health that has contributed to a rise in efforts and resources focused on improving health outcomes in those areas and reducing disparities. This article explains the increase of the maternal mortality rate the older, and more educated the women. Black women between the ages of 30 to 34 have increased mortality rates of three time that of the rate for white women. Notably, the pregnancy related mortality rate for black women who have completed college or higher is 5.2 time higher than the rate of white women with the same education. (CDC Works 24/7, 2023) Further, Black women have higher rates of admission to the intensive care unit during delivery compared to white women. Intensive care admissions during labor increase the mortality for infants born to women of color. Reflecting these increased risk factors, Infants born to women of color are at higher risk for mortality. Mortality usually occurs within the first year of life, but most occur within the first month. The primary cause of infant mortality is maternal pregnancy and delivery complications, SIDS, and injuries. Recently there has been a broader recognition of the

principles of reproductive justice which emphasizes the role that the social determinants of health and other factors play in the reproductive health for communities of color (Hill et al., 2022)

The conclusion that can be drawn from the article “Health Equity Among Black Women in the United States” is that the authors based on the research that they have conducted believe that mortality rate in African American women is not due to improper of lack of medical treatment buts states mortality rates are caused due to preexisting medical condition that’s attributed to improper nutrition, diet, and lack of physical exercise. Many factors such as racism, sexism, discrimination, and experienced oppression have an impact on the wellbeing of African American women during pregnancy.

In contrast the article” Racial Disparities in Maternal and Infant Health Current Status” concludes that although African American women may have preexisting conditions those conditions also exist in no Hispanic white women as well. So why are African American Maternal Mortality almost four times higher. The articles express the concern of unfair and unjust medical coverage for women of color. Disparities in maternal and infant health, in part, reflects increased barriers to care for people of color. Women of color have an increase of being uninsured during and after pregnancy. Beyond insurance women of color may have limited access to physicians, facilities, and care that is culturally appropriate. Lack of these services may promote a high-risk pregnancy and increase the chances of Maternal mortality. This article does not point towards preexisting conditions as the reason for the increase in mortality. Instead, it examines the healthcare system and its biases as a whole. Attributing the increase in mortality to the lack of hospitals, obstetric units and healthcare works that are sensitive to the needs of women of color. These

challenges are particularly found in areas that are medically underserved and communities with larger populations of women of color. This also has risen attention to the effects of provider discrimination towards women of color during pregnancy as well as delivery. Providers were slower at attending to women of color. Women of color reported significantly higher rates of mistreatment (Such as shouting, scolding, ignoring, and refusing request for help, believing that they were not telling the truth) during their pregnancy. (Hill et al., 2022)

The limitation of both article is that the research study was conducted in rural areas with less of an African American population. If the research had been conducted in an inner-city hospital the statistics may have been more accurate. By conducting the research in a rural area where less people of color reside and receive medical treatment, they were able to control the study and manipulate the numbers. The findings in the article Racial Disparities in Maternal and Infant Health Current Status seem more accurate as it portrayed that more African American women lived in the area the research was conducted. The article took into consideration physical health as well as mental health and brought out the points in both areas and did not just focus on pre-existing diseases.

The strengths of the evidence presented in both articles is that the research has been conducted and numbers have been formulated. The fact that the research has been conducted proves that there is a problem and that we must work towards a solution. The problem is no longer being ignored nor treated as if it was a normal occurrence. Women are losing their lives and the lives of their infants at an alarming rate. Changes are being made and awareness is becoming prevalent. The government is recognizing the need for change and slow change is being made to the health care system and a variety of efforts are

underway to increase and expand access to other services to improve maternal and infant health outcomes. In addition, the Biden administrations blueprint includes a FY2023 budget request for 20 million to grow the diversity of Doula work force. (*Just a Moment. . .*, n.d.)

I agree in part with the conclusion in that discrimination and oppression plays a role in the mental as well as physical health wellbeing of all women but, particularly of pregnant African American women. Although these preexisting conditions play a role it is not the only reason why the mortality maternal rate is 3 times higher for African Americans than their counterpart non-Hispanic white women. Are we just to believe that health alone is the cause, and that unfair and unequal health care is not to blame. Physicians ignoring the concerns of patients, brushing them off, not believing patients when they voice their concerns are these not valid concerns for the healthcare system to investigate. Even though Ms. Williams had a preexisting blood disease that she was aware of. She knew her body and knew that something was wrong. She voiced her concerns and was ignored. Instead, she was told that the medication given to her during her c section was clouding her judgment. Had another physician not listened to her and not conducted the CT scan her outcome that night would have been different, and the results could have been fatal.

My finding may inform social workers in hospital settings to advocate for their client when they express their concerns. Everyone's body is not the same and does not act nor react in the same way in similar situations. We all to an extent know our bodies and know when something doesn't feel right, and those concerns should be voiced and listened to. It is our duty as social workers to show up for our clients/patients and help them to

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advocate for themselves. In addition, we can mitigate some of the mistrust that exists in the Black community toward health care providers and educate women about the risk factors for pregnancy complications and how to advocate for themselves more effectively. When patients are afraid of the response, they will receive from their medical team they tend not to complain or speak on behalf of themselves due to fear. Increasing maternal support groups that implement, prioritize postpartum education, and provide support during pregnancy health visits and creating advocacy groups that can educate pregnant African American women and guide them in the importance of comprehending their rights as patients. These groups can be essential in building the confidence and trust in their medical providers. The group would educate them on what they should expect from their providers and medical team as well as how to respond if they feel they are not being heard.

The guidelines that should be implemented when working with clients experiencing these issues are educating the clients on their rights, advocating for them and their families and having great listening skills. More often than not once a person voices a concern, and that concern is not addresses they are develop feelings of intimidation. Once they are intimidated and feel as if their voice is not being heard they will not voice their concern a second time. Unfortunately, with medical conditions they can linger and worsen with time and some medical conditions may even be fatal. It is important for everyone to have a voice and to feel safe when under the care of a physician regardless of the patient's color, sex, or creed.

The main question and concern that I have after conducting my research is, why hasn't more research been conducted? During my research I was only able to find a handful of peer review articles and the articles I was able to find all expressed the same cause for maternal

mortality rates. Most articles pointed towards preexisting medication conditions as the main cause of mortality and do not address the issue of health disparities, racism, and unjust medical practices.

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