

# Black Maternal Mortality: America's Other Pandemic



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### Guest Columnist

There is a United States (US) public health crisis that has been hiding in plain sight for the last 30 years, maternal mortality (MM). Defined as the death of a woman or pregnant person directly attributable to pregnancy or the lethal exacerbation of a pre-existent medical condition by it, MM is a long established metric of population-based health used to compare human well-being between countries. Atypical for an affluent country, MM began to rise in the US around 1990. The most recent Centers for Disease Control (CDC) estimates show that between 700 to 900 new and expectant mothers die in the U.S. each year, and an additional 500,000 women experience life-threatening postpartum complications, becoming sick enough to die but who don't. Equally alarming about the rise in MM is the troubling reality that this increase is disparate across the various racial and ethnic groups that make up our nation. More specifically, researchers have found that Black, American Indian, and Alaska Native (AI/AN) women are two to three times more likely to die from pregnancy-related causes than white women – and this disparity increases with age. This is not new information, but is no less unsettling. More importantly, most pregnancy-related deaths are preventable or have factors that are alterable, making warranted the effort to identify at-risk populations and determinants of this phenomenon.

Despite medical, technological advances and international goal- setting for MM reduction by policy makers, women worldwide still die in pregnancy and

childbirth from age-old scourges such as: hemorrhage, pre-eclampsia and increasingly from complications related to chronic diseases, obesity, and advanced maternal age. Anecdotal accounts of maternal death make sense to audiences when the setting is a developing country like Liberia, but not Los Angeles or Baltimore. Domestically, the rising national consciousness about racial and ethnic health disparities demonstrably linked to institutionalized racism have led to efforts to center pregnant black women, as the population most vulnerable to MM in the US, in efforts to mitigate its occurrence and to resolve disparities.

Investigation of the causes of MM and its racially disparate outcomes has taken various approaches. Early on, researchers exploring racial differences in health outcomes looked at: genetics or constitutional reasons, behavioral and cultural differences, healthcare access issues related to pregnancy and childbirth to explain MM. The finding of such studies usually leads to the conclusion that MM is multifactorial, with aspects of both individual and systemic factors at play. More recently, researchers have looked at how structural inequality in American society causes disparate outcomes in the health of different groups, as well as the degree to which patient awareness of marginalization and mistrust affect healthcare utilization. Combined, these factors possibly result in creating missed opportunities to detect and intervene in antenatal, intrapartum, and postpartum factors identified as significant in the occurrence of MM.



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Whatever the cause of MM, steps can and must be taken to reach an irreducible minimum in its occurrence and the erasure of race and ethnic disparities that should be unacceptable in a society thus diversified.

In closing, a rising maternal mortality ratio in a nation as affluent as the US reveals a health-wealth paradox that commands national attention. The presence of the racial and ethnic disparity associated with MM, like the epidemic of disproportionate loss of Black life at the hands of law enforcement that brought about the creation of the Black Lives Matter Movement, reveals the inability or the failure of our society and healthcare system to protect the most vulnerable amongst us. Prioritizing the reduction of MM is the first step in turning the tide, but reducing disparities will require impact in multiple systems to address key determinants of this unacceptable outcome. Towards that end, the following recommendations "[Eliminating Racial Disparities in Maternal and Infant Mortality](#)" have been set forth in a comprehensive policy blue print by the Center for American Progress. The authors outline policy strategies in five areas and make the following recommendations to address the ongoing threat to African American mothers and their infants:

## Improved access is critical:

- Strengthen existing health programs and support reproductive healthcare.
- Screen and treat women at risk for preterm birth.
- Eliminate maternity care deserts.
- Offer African American women tools to navigate the healthcare system.

## Improve the quality of care provided to pregnant women:

- Train providers to address racism and build a more diverse healthcare workforce.
- Create standardized assessments for mothers and infants.
- Adopt new models of care and link payment to quality.

## Address maternal and infant mental health:

- Identify barriers to accessing maternal mental health services.
- Dismantle care barriers with a comprehensive approach.
- Screen for and address infant and early childhood mental health issues.

## Enhance supports for families before and after birth:

- Invest in and expand access to policies and programs

that support families' basic needs.

- Invest in community programs that offer one-stop comprehensive services.
- Simplify enrollment across public benefit programs.
- Invest in home visiting.
- Fund community-based education and communications initiatives to support families.

## Improve data collection and oversight:

- Standardize birth and death certificate data.
- Mandate and fund fetal and infant mortality review committees
- Ensure equity in the review process.

As a final thought, Elizabeth Dawes Gay of Black Mommas Matter, a collective dedicated to the issue, expresses the aspirations of many seeking a resolution to the loss pregnant Black women:

*"Those of us who want to stop black mamas from dying unnecessarily have to name racism as an important factor in black maternal health outcomes and address it through strategic policy change and culture shifts. This requires us to step outside of a framework that only looks at healthcare and consider the full scope of factors and policies that influence the black American experience. It requires us to examine and dismantle oppressive and discriminatory policies. And it requires us to acknowledge black people as fully human and deserving of fair and equal treatment and act on that belief."*

## Resources:

"America is Failing It's Black Mothers" Harvard Public Health. Winter, 2019

"The U.S. finally has better maternal mortality data. Black mothers still fare the worst." Elizabeth Gluck NBC News, January 29, 2020

"Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths." Morbidity and Mortality Weekly Report (MMWR). Sept. 5, 2019

"Eliminating Racial Disparities in Maternal and Infant Mortality: A Comprehensive Policy Blueprint." Center for American Progress. May 2, 2019.