Maternal Health Policy Brief

November 2020

According to the World Health Organization, maternal mortality declined more than 40% worldwide between 1900 and 2014. During that same period, U.S. maternal mortality rates increased by approximately 26%. The U.S. is the only high resource nation with a consistently rising rate despite spending more money per capita on maternal health than any other country in the world.

In the absence of risk factors such as age over 35 years, lack of health insurance, inadequate or no prenatal care, and less than high school education, Black mothers are experiencing higher rates of pregnancy associated deaths (PADs). Increasing evidence indicates that racism across multiple levels of the U.S. health system—not race—is a key cause of these disparities in maternal mortality.

Virginia

In its 2020 Scorecard on maternal health released November 2020, the March of Dimes graded Virginia a "C" on the state's preterm birth rates, which are 54% higher for Black women among all other women.

CARE SETTING

Coordination of Care:

Cultural Competency & Implicit Bias Training

Virginia's Maternal Mortality Review Team published recommendations in August 2019 to address the results of its review of cases of pregnancy associated deaths.

White women died more frequently, however, the maternal mortality ratio for Black women was significantly higher. Nearly 70 percent of all women experiencing a pregnancy associated death (PAD) had at least one chronic condition, with a significant number with more than one. While nearly 55% of maternal deaths occurred after the 42-day postpartum period, the rate jumps to 62% of women with a chronic condition.

Provider-related factors were the most prevalent contributors to mortality amongst all PADs (51%) and amongst only women with a chronic condition (44%). Examples of the most prevalent provider-related contributors to mortality include "delay in or lack of diagnosis, treatment or follow-up" and "failure to refer or seek consultation."

Its recommendations included training to improve clinical standards (screening, management, treatment, intervention, referral) all health care providers licensed by the Board of Medicine and all providers of care to women of childbearing age should be required to receive and maintain. Improving clinical standards should contribute to better overall health outcomes for Black mothers. However, as evidenced by the comprehensive clinical overhaul that the State of California completed to address maternal mortality, clinical interventions and changes may reduce the total number of deaths ***but not the disparity*** between the mortality percentage rates of Black women and their counterparts. Eliminating disparities that are resulting in Black women dying three to four times more than their counterparts requires addressing cultural competency and implicit bias in health care settings. The following are several biases that research has linked to health care disparities for Black patients and that cultural competency and implicit bias training for health care providers will work to end.

a. Adultification: When compared to white girls starting at age 5, Black girls are seen to need less protection, need less nurturing, need less support, need less comfort, and are more independent. These perceptions contribute to stereotyping and dismissal of Black adult patients experiencing pain and symptoms at a clinical setting.

b. Superhumanization: Whites associate magical powers (i.e. ghost, spirit, paranormal) with Black people and therefore do not think that they experience pain.

c. Scarcity: The perception of the scarcity of resources (real or manipulated) leads to increased discrimination, as evidenced by data showing that faces of mixed-race individuals were seen as Black significant enough to affect the distribution of resources to them. These disparities of allocation widen during economic stress. The data illustrates the socioeconomic context of disparities as relates to clinical treatment.

REFERENCES

Virginia Maternal Mortality Review Team Report, "Chronic Disease in Virginia Pregnancy Associated Deaths, 1999-2012: Need for Coordinated Care," August 2019.

	Cases Without Chronic Disease			Cases with Chronic Disease		
Race	Number	%	Ratio	Number	%	Ratio
White	97	48.3	9.2	240	56.2	25.1
Black	86	42.8	27.4	164	38.4	51.4
Other	18	8.9	14.6	23	5.4	18.6

Georgetown Law Center, "Girlhood Interrupted: The Erasure of Black Girl Childhood" report, 2017

Northwestern University (Illinois) and University of Virginia (Charlottesville) "A Superhumanization Bias in Whites' Perceptions of Blacks" research article, October 2014