

Reducing Disparities in Maternal Mortality

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Saving babies. Supporting families.

First Candle's efforts to support families during their most difficult times and provide new answers to help other families avoid the tragedy of the loss of their baby are without parallel.

The statistic is staggering. According to the Centers for Disease Control and Prevention, Black mothers in the United States are dying at a rate three to four times higher than their white counterparts. While 13 white women die for every 100,000 live births, for black women, the statistic is 42.8 for every 100,000 live births. Even more disturbing, the rate of maternal mortality is actually rising in the U.S.

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For Black babies, the statistics are equally as sad; twice as many Black babies die before their first birthday than white babies. The racial disparity in infant mortality is wider than in 1850. Think about that for a moment.

In looking at the reasons for this, it would be easy to simply conclude this is an issue of socio-economic status and, to a great degree, this is indeed the case. The CDC has concluded that sixty percent of all pregnancy-related deaths can be prevented, in part through better health care, communication and support, and access to stable housing and transportation.

To be sure, ensuring access to comprehensive, affordable, high-quality health care is vital in the effort to eliminate racial disparities in maternal and infant mortality. A priority must be placed on underserved populations, including women and infants of color, low-income communities, and those living in rural and medically underserved areas.

But far greater is the issue of systemic racism and how it impacts a mother's care before, during, and after pregnancy. Black women are more likely to die in childbirth than white women regardless of education, income, or any other socio-economic factors. Tennis superstar Serena Williams, who has access to the best doctors and undeniably knows her body incredibly well, was ignored when she knew something was wrong after giving birth and nearly died.

As the New York Times reported in 2018, "For black women in America, an inescapable atmosphere of societal and systemic racism can create a kind of toxic physiological stress, resulting in conditions — including hypertension and pre-eclampsia — that leads directly to higher rates of infant and maternal death. And that societal racism is further expressed in a pervasive, long-standing racial bias in health care — including the dismissal of legitimate concerns and symptoms — that can help explain poor birth outcomes even in the case of black women with the most advantages."

The solution to the high rates of black maternal and infant mortality lies in providing care that is patient-centered, unbiased, and high quality.

Bias can take many forms and can be related to education level, income, sexual orientation, disability, and immigration status, which can also negatively affect patients' experiences in health care settings as well as their health outcomes. Implicit bias training cannot merely be a box to check off for health care providers. At First Candle, our Straight Talk for Infant Safe Sleep Training explores unconscious bias and works with care providers to improve communication with patients to understand better their obstacles

and objections to adopting safe sleep guidelines and breastfeeding, which can significantly reduce the rates of infant mortality.

Patient-centered, high-quality care can be enhanced by including a doula in a woman's birthing team. Doulas are more extensive to empowering women to take control of their birthing choices, while also providing a continuum of care from pregnancy through the first year of a baby's life.

According to a report from the American Congress of Obstetricians and Gynecologists, doula-assisted mothers were less likely to deliver babies with low birth weights or with birth complications than were mothers who opted not to receive such support, and they were more likely to breast-feed their infants. Another study found that mothers attended by female caregivers during labor were less likely than others to have Caesarean births, require painkillers, or deliver babies in poor health.

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Black women have a long history of supporting each other through childbirth. “Granny midwives,” as they were known, delivered babies of all races throughout the rural South in the 1800s, but at the beginning of the 1900s, doctors sought to diminish their role and discount this form of care.

It is indeed ironic that in the late 90s, doulas became in demand by wealthy white women who could afford their services. Doulas are not usually covered under Medicaid and therefore become inaccessible to the very women who need their services most. But recently, there has been a growing movement for Medicaid expansion to cover doulas. A few states have pilot programs in place to cover doulas and private groups around the country offer free or discounted services to women of color

As awareness of the importance of doulas grows, First Candle supports all efforts to provide access to all women.

References:

1. *CDC Vital Signs, May 2019*
2. *Why America's Black Mothers and Babies Are in a Life-or-Death Crisis, April 11, 2018*
3. *ACOG Committee Opinion 766*

Disclosure: The author is the Director of Education and Bereavement Services of First Candle, Inc., a Connecticut not for profit 501c3 corporation.

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