We Must Continue the Conversation about Black and Minority Maternal Health

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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 week of April 11 – 17 marks the third annual Black Maternal Health Week. Founded and led by the Black Mamas Matter Alliance (BMMA), The Black Maternal Health Week is central to National Minority Health Month, created to drive health equity across the U.S. on behalf of all racial and ethnic minorities.

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These compelling public health campaigns are designed to deepen the national conversation about Black and minority maternal health in the U.S., which continues to be a serious issue.

As we reported in February 2020, Neonatology Today, the rate of maternal mortality is rising in the U.S., with Black women bearing an unacceptable burden. Black mothers are two to three times more like to die from pregnancy-related causes than white women, and black babies are also at increased risk: twice as many will die before their first birthday, compared to the rate for white babies.

We know that implicit bias -- the pervasive assumption about someone based on race, ethnicity, gender, weight, ability, age, or sexual orientation -- plays a role in this racial disparity. It's the cultural lens through which you see people, and they see you.

In health care, implicit bias can affect behavior in a maternity and infant care setting and contribute to Black maternal mortality and morbidity, high rates of infant death, and other poor health outcomes. (1) Evidence tells us implicit bias can also affect the decision-making process of health care providers in all disciplines, which can affect patient-provider relations, treatment decisions, treatment adherence, and patient health outcomes. High levels of bias can also lead to less friendly behavior toward patients and less patient satisfaction.

In the most recent Listening to Mothers national childbearing survey, 21 percent of black mothers and 19 percent of Hispanic mothers reported perceptions of poor treatment due to race, ethnicity, cultural background, or language. (2) In a study by the University of British Columbia Birth Place Lab, published in Reproductive Health, 2,700 U.S. women were surveyed. Two of the most common types of mistreatment that pregnant, laboring, and postpartum women experienced by medical professionals were being yelled at or scolded, and being ignored or refused assistance when asking for help. (3) "Our findings suggest that mistreatment is experienced more frequently by women of colour, when birth occurs in hospitals, and among those with social, economic or health challenges," the researchers wrote.

You can't stop implicit bias by suppressing it or through good intentions. It must come from within. "The experience of being interpreted is different from the experience of being understood," says Kimberly Seals Allers, the maternal and infant health equity strategist at Birth Without Bias at a recent symposium on implicit bias. (4) To respond to patients without bias, Seals Allers recommends:

- Learn a patient's personal history and the context that brought her to the hospital; perceive her as an individual rather than a stereotype.
- Increase opportunities for contact with individuals from different groups by expanding your network of friends and colleagues or attend events where people of other racial and ethnic groups, gender identities, sexual orientation, and other groups may be present.
- Build partnerships by framing the interaction with the pa-

tient as one between collaborating equals, rather than between a high-status person and a low-status person.

We know, for example, that many Black families continue to advocate bed-sharing, prone sleeping, and soft sleep surfaces. A meta-synthesis of seven qualitative studies in the Journal of Special Pediatric Nursing found that Black mothers are less likely to follow safe sleep practices because they're more likely to believe SUIDS/SIDS is a random occurrence and not preventable. (5) The researchers determined that "nurses should work with Black mothers to understand their cultural beliefs while educating them about safe sleep practices."

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At First Candle, our Straight Talk for Infant Safe Sleep Training explores unconscious bias. It 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 help reduce infant mortality rates. That's just one example of how partnership building can impact infant mortality.

It is also critical that women have access to health care throughout the full prenatal and postnatal cycle. For that reason, First Candle also supports expanding Medicaid coverage for the 12 months following a child's birth. Nearly two out of every three adult women enrolled in Medicaid are in their reproductive years. As (6) As Health Affairs reported in 2019, "4 in 10 mothers with Medicaid coverage do not access a postpartum visit and thus don't have the opportunity to receive care and support for common problems such as postpartum depression and breastfeeding challenges. Multiple barriers prevent women with Medicaid coverage from accessing postpartum care: In 19 states, Medicaid maternity coverage ends at 60 days postpartum, cutting women off from access to care during this critical period."

Improving access to health care during the first 100 days of the postpartum period is especially critical because this is when more than half of pregnancy-related deaths can occur. The burden falls disproportionately on women of color. While 12 percent of pregnancy-related deaths occur in White women after the six-week postpartum checkup, nearly 15 percent of Black women will die during this same period. Insufficient prenatal and postnatal care, unnecessary C-sections, and racial and ethnic disparities in care all play a role in contributing to these startling statistics.

In honor of Black Maternal Health Week and National Minority Health Month, we can work together to increase awareness of racial disparities in maternal and infant health care. We must prioritize increasing access to comprehensive, affordable, high-quality, and unbiased health care for Black women and infants of color as well as other underserved populations.

In April, you can support Black Maternal Health Week by sharing, liking, favoring, and retweeting BMMA content from its tool kit on maternal health and using the official hashtags #BlackMaternalHealthWeek, #BMHW20 and #BlackMamasMatter.

References:

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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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