Hello PASPDI Members:
We hope everyone is enjoying the sunny weather, and had a rejuvenating holiday weekend!

For July’s journal, we would like to discuss a staggering statistic for which the US holds the number one position among 11 developed countries—highest maternal mortality rate. In fact, the ratio of pregnancy-related deaths in the US is more than double that of most other high-income countries. According to the CDC’s Pregnancy Mortality Surveillance System (PMSS), “a pregnancy-related death is the death of a woman while pregnant or within 1 year of the end of pregnancy from any cause related to or aggravated by the pregnancy.”¹ Fifty-two percent of pregnancy-related deaths occur postpartum, and—compared to other developed countries—the US has a shortage of maternity care providers relative to patient needs.² Thus, pregnancy-related mortalities and morbidities in the US continue to rise.

Yet, the most significant statistic for the US is that non-Hispanic Black women have the highest pregnancy-related mortalities and morbidities.¹ In other words, compared to white women, Black women are three to four times more likely to die a pregnancy-related death.³ It must be noted, however, that these disparities are not unique to the United States. According to a study by The Commonwealth Fund, which declares a commitment to equity, diversity, and inclusion: “In the U.K., which has universal health coverage, maternal deaths were five times more common among Black women in the pre-pandemic period and two times more common among Asian women.”² Establishing equity in maternal outcomes is not merely an obstacle for the US; rather, racial and ethnic maternal disparities exist globally.

Figure 1: Racial/Ethnic Disparities in Pregnancy-Related Deaths in the United States, 2007-2016.⁴
Undoubtedly, racial and ethnic disparities exist within health care. From myths of Black people having thicker skin and needing less pain control, to medical literature displaying only photos of white skin, health care continually fails Black people. It may not be very surprising, then, to recognize the maternal mortalities and morbidities in the Black community. This disparity continues to exist over time-- despite age groups, health insurance, and education levels.⁴ In fact, research shows that maternal mortalities and morbidities have similar causes across various races. The leading causes of pregnancy-related deaths are due to cardiovascular conditions (e.g. cardiomyopathy), non-cardiovascular medical conditions, infection, and hemorrhage.⁴

Figure 2: Three most frequent causes of pregnancy-related deaths, by time relative to the end of pregnancy — Pregnancy Mortality Surveillance System, United States, 2011–2015.⁴

To illustrate this disparity among non-Hispanic Black women, a journal article (reference no. 5) that primarily advocates for comprehensive postpartum care, also unearths the inequities faced by one of its authors. While this author is a PhD-prepared registered nurse, she also is a
Black woman; her concerns for hypertension, a possible deep-vein thrombosis, and abdominal pain within one week of childbirth, still did not warrant her a visit with her obstetrician before the traditional six-week postpartum appointment.\(^5\) While the author admits she had several prenatal visits, in which she felt supported, she continually was dismissed for a postpartum visit before six weeks. Her story raises the question: Was her denial of a visit due to a lack of evidence in support of postpartum care or was it due to implicit racial bias? As providers, we must be aware of implicit biases and how they can affect the care we provide [or withhold].

**What Can We Do?**

Reducing racial disparities in pregnancy-related deaths must be combated with a multifaceted approach. First, in order to prevent these mortalities, we must first recognize and assess our own implicit biases. One way to examine our automatic responses is with this [Implicit Association Test](https://www.projectimplicit.net/) by *Project Implicit*, “a non-profit organization and international collaboration between researchers who are interested in implicit social cognition - thoughts and feelings outside of conscious awareness and control.”\(^6\) Next, health care settings must collect appropriate data surrounding pregnancy-related deaths so that providers can develop strategies to address these disparities. While identification of pregnancy-related deaths has improved over time due the CDC’s Pregnancy Mortality Surveillance System, ensuring comprehensive data collection and analysis through state and local maternal mortality review committees, offers the best opportunity to reduce disparities and improve maternal health. If data are not collected and reported correctly, strategies cannot be implemented to reduce preventable maternal deaths. Finally, educational programs can be used to disrupt racist misinformation that continues to exist as a façade in medicine. Such education can include effective strategies to reduce the impact of implicit biases via standardized checklists, clinical guidelines, and healthcare protocols.\(^7\) As a result, implicit biases-- that often accompany individual discretion-- have less room to impede appropriate care for minority populations.

Eliminating racial disparities that contribute to maternal mortalities and morbidities must be a priority not only for the US, but also for the world. Pregnancy-related deaths among Black women are preventable. Despite a racist foundation embedded in the history of medicine, we must be advocates for change. We must practice self-awareness and examine implicit racial
biases that prevent medicine from advancement. Through education, like ours at the University of Pittsburgh, we can cultivate awareness of such disparities and learn ways in which we can counteract racism. Change is necessary; it is time we start prioritizing racial and ethnic minority women instead of minimizing them. These women have rights for equitable care, and their children have rights to have their mothers.

Additional Resources:
1. Review to Action
2. Center for American Progress: Eliminating Racial Disparities in Maternal and Infant Mortality

Thank you for taking the time to read our July journal! Please reach out to us for more information, or if you have any questions.

Please join us for our next event-- Mental Health Disparities and Awareness-- on Jul 22, 2021 at 7PM. You can register here.

Take Care,
PASPDI Officers, Class of 2022
Reference List:


