Statement on Black Maternal Health

Student National Medical Association
Health Policy and Legislative Affairs Committee
Statement on Black Maternal Health

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Black Maternal Health

Founded in 1964 by medical students from Howard University School of Medicine and Meharry Medical College, the Student National Medical Association (SNMA) is the nation’s oldest and largest, independent, student-governed organization focused on the needs and concerns of medical students of color. The SNMA is committed to supporting current and future underrepresented minority medical students, addressing the needs of underserved communities, and increasing the number of clinically excellent, culturally competent and socially conscious physicians.

Introduction

In the United States, the maternal mortality rate among Black or African American mothers is on a rise every year, despite significant strides in technology and healthcare in the last decade. Maternal deaths are classified as the death of a woman during pregnancy or within 42 days of being pregnant. Although over 80% of maternal mortalities were determined to be preventable, Black women are still three to four times more likely to experience maternal death. 1 Racial, discrimination, acculturation, socioeconomic status factors such as income, education, and occupation, housing conditions, and health care access and quality are among the factors that disproportionally affect Black mothers and thus are associated with Black maternal mortality. 2 The COVID-19 pandemic widened the disparity of maternal mortality rate, increasing the maternal mortality rate among Black or African American women from 44.4 per 100,000 live births in 2019 to 55.3 in 2020 and 68.9 in 2021. On the other hand, the maternal mortality rate among non-Hispanic white women was 17.9 maternal deaths per 100,000 live births in 2019, 19.1 in 2020, and 26.1 in 2021. 3 Additionally, the overturning of Roe v. Wade in 2022 by the decision of Dobbs v. Jackson Women’s Health Organization, may further jeopardize maternal healthcare access for marginalized women. Advocating for the improvement of Black obstetrics outcomes is part of SNMAs commitment to serving the underserved. This policy statement will focus on addressing the continuing crisis of Black maternal mortality rates and recommend innovative solutions to combat this problem.

Background

The racial disparity of maternal mortality rates has been a longstanding problem in the United States, dating back to its roots in American chattel slavery. Enslaved African American women were impregnated by their slave owners, and the physicians overlooking their care had their owner’s best interest at heart. 4 The medical mistreatment against Black mothers carries over to today.

Social determinants of health are a key indicator to these worsening health outcomes. Black women typically receive sixty-three cents on the dollar in comparison to non-Hispanic White men, are more likely to be uninsured, and typically do not get access to quality prenatal care and counseling. 5 Even
Black women of higher socioeconomic status have just as high maternal mortality rate as low income white women, proving that racism goes beyond socioeconomic status. A common theme seen in the literature relating to Black women and their health is the physician’s dismissal of their concerns due to preconceived notions. Because they are given different access to interventions and treatments than their counterparts, Black women are more likely to have traumatic experiences when advocating for themselves in the healthcare setting.

The psychological stress and severity of the COVID-19 illness also exacerbated racial health disparities. Although the overall mortality rate increased during the COVID-19 pandemic, the mortality rates among Black women were 2.5 times higher than white women.

Recent congressional efforts aim to reduce Black maternal mortality rates including the Biden-Harris White House Blueprint for Addressing Maternal Health in 2022 and the Black Maternal Health Momnibus Act sponsored by the Black Maternal Health Caucus. These policies aim to gain more effective and comprehensive health coverage, and provide support for mental health and adversely affected mothers. While the Momnibus Act has yet to be approved by Congress, many of these issues need to be addressed through an anti-racism lens, tackling and breaking down barriers that are intrinsically ingrained into past policies and expectations.

**Scope of the Problem**

Black mothers and infants continue to confront a dire and unjust reality despite advances in modern medicine and technology. While 700 pregnancy-related deaths occur each year, two-thirds of these deaths are considered to be preventable, with leading causes of pregnancy-related death among non-Hispanic Black women include cardiovascular conditions in addition to cardiomyopathy, pre-eclampsia, and eclampsia. Overall pregnancy-related mortality in the United States occurs at an average rate of 17.2 deaths per 100,000 live births. When stratified by race and ethnicity, 43.5 deaths of 100,000 live births were pregnancy-related for non-Hispanic Black women, while 12.7 of 100,000 for non-Hispanic white women and 11 of 100,000 for Hispanic women. Black/African American and American Indian/Alaska Native women are two to three times more likely to die from pregnancy-related causes than white women.

High Black maternal mortality rates cannot be disregarded and requires immediate action. The pursuit of birth equity for Black mothers and infants is not merely a noble cause, but a moral imperative. This grievous injustice is maintained by a battle against systemic racism, implicit bias, and unequal resource distribution. Upstream efforts from healthcare systems and policymakers must eliminate the barriers against Black women from receiving the quality prenatal, labor, and postpartum care. The struggle for birth justice is a fight for equality, for everyone's fundamental right to a secure and dignified childbirth. To create a world in which Black mothers and neonates can
prosper and flourish, free from the shadows of racial disparities and injustice, requires our collective efforts, empathy, and unwavering determination.

**Statement of Position & Recommendations**

Maternal mortality rates continue to increase while pregnant and postpartum Black women comprise a disproportionate number of maternal deaths compared to their non-Black counterparts. The racial differences reflect the inequities minority women experience in the healthcare system and emphasize the impact of social determinants of health. The SNMA is founded on a mission of cultivating future physicians charged with addressing the disparities in underserved communities. With this mission, the SNMA underscores the importance of our members to be at the forefront of bringing awareness to the continued rise in maternal deaths with a strong emphasis on the racial inequities seen in these numbers. For this reason, the SNMA supports the following evidence-based recommendations:\textsuperscript{12-17}:

1. The SNMA supports the Black Maternal Health Momnibus Act.

2. The SNMA supports Obstetrics-Gynecology mentorship programs to combat the maternity health care shortage.

3. The SNMA supports initiatives to bring awareness to the importance of postpartum care and the expansion of postpartum insurance coverage up to one year after birth.

4. The SNMA encourages members and medical professionals to bring awareness to the importance of educating patients to advocate for themselves and their family members.

5. The SNMA encourages physicians to educate patients on potential warning signs that may require medical attention to prevent higher risk.

6. The SNMA supports increasing funding for programs in healthcare shortage areas to have prenatal and postnatal care.

7. The SNMA supports an initiative for a mandated nationwide program to be integrated into all medical professional curricula to encourage the understanding of cultural and racial differences that impact maternal health outcomes.

8. The SNMA supports institutions and healthcare providers who work to address social factors that impact maternal health outcomes such as housing, transportation, food insecurity, and domestic violence.
9. The SNMA encourages the use of interpreters to effectively communicate healthcare concerns and remove any language or educational barriers.

10. The SNMA encourages minority patients to seek out second opinions when appropriate.

11. The SNMA supports the expansion of insurance coverage.

12. The SNMA supports the workforce of midwives and doulas in maternal care and encourages the expansion of Medicaid coverage for these services and peri- and post-partum.
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