Recognizing Racial Ethnic Disparities in Maternity Care

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Racial-Ethnic Disparities in Health Outcomes

• Black Americans suffer on nearly every measure of health in relation to white Americans
• Disparities exist even for high-SES minorities
## Infant Mortality Rate per 1,000 by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>12.6</td>
<td>11.6</td>
<td>11.5</td>
<td>11.2</td>
<td>11.2</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>5.4</td>
<td>5.5</td>
<td>5.3</td>
<td>5.3</td>
<td>5.3</td>
</tr>
<tr>
<td>Native American</td>
<td>7.9</td>
<td>7.6</td>
<td>7.8</td>
<td>8.0</td>
<td>6.8</td>
</tr>
<tr>
<td>Asian and Pacific Islander</td>
<td>3.6</td>
<td>3.6</td>
<td>3.5</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>5.2</td>
<td>5.1</td>
<td>5.1</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Total</td>
<td>6.4</td>
<td>6.1</td>
<td>6.1</td>
<td>6.0</td>
<td>6.0</td>
</tr>
</tbody>
</table>

## Infant Mortality by Race, 2013

![Infant Mortality by Race, 2013](image)
Causes of Racial-Ethnic Disparities in Infant Mortality

- Low birth-weight (LBW) and pre-term births
  - >2* more Black than White non-Hispanic infants
- Very low birth-weight (VLBW) and very preterm births
  - >3* more Black than White non-Hispanic infants

Maternal Deaths in the U.S. Are on the Rise

Maternal mortality ratio (number of maternal deaths per 100,000 live births)

Source: World Health Organization
Maternal Mortality

- Higher risk of maternal death among non-Hispanic Black women
- Higher risk of maternal death for self-pay or Medicaid patients

Racial-Ethnic Disparities in Maternal Mortality

- African-American women die from pregnancy-related causes more often than women in other racial-ethnic groups
  - >4-fold higher risk of maternal death overall
  - Independent of age, parity or education
Preventable Maternal Deaths

- Deaths related to pre-eclampsia and hemorrhage are often preventable
- Leading patient factors that contribute to maternal deaths:
  - Delays in seeking care
  - Underlying medical conditions
  - Presumed lack of knowledge regarding the severity of a symptom or condition
  - Refusal of blood products

Racial-Ethnic Disparities in Access to Care

• Racial-ethnic minorities more likely to be uninsured or to be in plans with restrictive payment policies
• Blacks and Hispanics more likely to be on Medicaid/Medicare than non-Hispanic whites

Racial-Ethnic Disparities in Access to Care

• Blacks and Hispanics less likely to use non-ER ambulatory treatment than whites, made fewer medical visits than whites
• Blacks and Hispanics more likely to report having unmet medical needs
Racial-Ethnic Disparities in Maternity Care

• Black women less likely to begin care in 1st trimester
• Less likely to receive adequate care
• By the time they are pregnant, it may be too late

Lifecourse Perspective

• Many studies focus on differential exposure to risks during pregnancy
• Also differential exposure to protective factors during pregnancy
• Lu and Halfon 2003: Need to examine cumulative exposure
• Cumulative effects of stress over the reproductive life course
Long-Term Influences

- Adverse childhood experiences
- Air quality/pollution
- Neighborhood environment
- Exposure to violence
- Community resources
- Poverty
- Discrimination

Stress Response System

- Chronic stress → elevated cortisol levels
- Cortisol binds to receptors on the placenta
- Placenta generates CRH
- Elevated CRH levels increase mother’s stress response
  - Speeds up placental clock
  - Increases risk of infection
Social Causes

- Not genetic/biological
- Racism = source of stress that contributes to preterm birth
- Personal and institutional racism
- Negative racial stereotypes
- Obligation to act as role model for others

Prenatal Care: Trying to Address a Life’s Worth of Problems in 9 Months

- Screening for bacterial infections comes too late
- Programs to encourage quitting smoking, healthier behavior are too late once a woman is pregnant
- Programs that provide access to safer housing, better employment, & healthcare for pregnant women are too late
- Programs only reach the poorest women, and only if a care provider refers them
Addressing Disparities in Birth Centers

- Often care providers can’t do much before the woman is pregnant
- If you provide well-woman care, you can open communication and assess risks in advance
- If you provide prenatal care only, you have to start where you can

Assessing Significant Stressors

- Intimate violence
- Residential safety and security
- Economic security
- Available social support
Communication Barriers

- Language barriers
- Unequal access to health information
- Digital divide
- Inadequate participation in healthcare decision making

Health Communication Challenges

- Ethnic and cultural differences between patients and care providers
- Patient mistrust of the health care system
- Differential access to quality healthcare – especially continuous relationships with care providers
Access to Health Information

- Campaigns to promote health behavior are less effective for vulnerable audiences
- Need culturally-sensitive communication
- Effective ways to disseminate health information = culturally-sensitive community-based collaborations

Interpersonal Communication

- Critical for diagnosing and treating health conditions
- Culturally sensitive health communication:
  - Minimizes communication of biases
  - Demonstrates respect for others
  - Develops cooperative health care relationships
How does bias occur?

- Disparities emerge in face-to-face decisions of care providers
- Often unintentional and unconscious
- Care providers can be less willing to interact with members of minority groups
- Care providers might have stereotypes about health-related behaviors of minority patients

Frequency of Racially Demeaning Behavior in Maternity Care

- Survey of maternity support workers (MSWs)
  - Doulas
  - Childbirth Educators
  - Labor & Delivery Nurses (LDNs)
- Question asked how often they observed care providers mention a laboring woman’s racial or ethnic background in a way that was demeaning
Frequency of Witnessing Racially Demeaning Remarks

<table>
<thead>
<tr>
<th></th>
<th>Doulas</th>
<th>Nurses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>72.7</td>
<td>60.2</td>
<td>68.2</td>
</tr>
<tr>
<td>Rarely</td>
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<td>26.5</td>
<td>21.6</td>
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<tr>
<td>Occasionally</td>
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<td>11.8</td>
<td>8.9</td>
</tr>
<tr>
<td>Often</td>
<td>1.2</td>
<td>1.5</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Racial-Ethnic Disparities in Rates of Labor Interventions
Racial-Ethnic Disparities in Rates of Labor Interventions

- Women of color more likely to be pressured to have epidural analgesia when they plan not to
- Black women: higher odds of cesarean delivery than non-Hispanic white women – especially when clinical indications are weak
  - Latinas have slightly higher odds

Frequency of Observing Women of Color Receiving Extra Procedures

<table>
<thead>
<tr>
<th></th>
<th>Doulas</th>
<th>Nurses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>62.2</td>
<td>76.8</td>
<td>68.6</td>
</tr>
<tr>
<td>Rarely</td>
<td>18.2</td>
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<tr>
<td>Occasionally</td>
<td>14.8</td>
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</tr>
<tr>
<td>Often</td>
<td>4.8</td>
<td>2.0</td>
<td>3.5</td>
</tr>
</tbody>
</table>
A Call to Action

Get Involved!

#blacklivesmatter

- Midwives can offer holistic pre- and post-natal care that improves birth outcomes
- Midwives bring the belief that black lives matter to the womb
- Midwives can recognize ways that chronic psychological stress contributes to premature and low-birth weight births

“If you want your women to be well, you have to restore midwifery.”
- Kati Cook, Licensed Midwife, Midwifery Faculty
**Midwives: Part of the Solution**

- Midwives are leading the charge to provide humane care
- Challenge: difficulty accessing the populations whose babies are most at-risk
- The most at-risk women often have no insurance or their insurance does not cover midwives

**Birth Centers: Part of the Solution**

- Communicate with women about the stresses in their lives – including those before pregnancy
- Involve women in their own care
- Understand their living conditions:
  - Partner and family stability
  - Housing and neighborhood conditions
  - Available social support
Birth Centers: Part of the Solution

- Target marginalized populations
  - Locate your birth center near populations in need
  - Offer sliding scales
  - Have bilingual staff
- Establish reimbursement coverage with Medicaid and major insurers if you can
- Form alliances with doulas that serve underserved populations (Radical Doulas)