

What drives Black maternal health inequities in the U.S.

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Statistics on Black maternal health in the United States underscore serious gaps in care. Black women are three to four times more likely to die from complications surrounding pregnancy and childbirth than white women. Death rates for infants born to Black Americans with advanced degrees are higher than white Americans who didn't go to high school.

The United States is the only industrialized nation where Black maternal health is getting worse, said Donna Bryson, a U.S. national affairs editor for the Reuters news service. Bryson moderated a panel discussion on overcoming racial inequities in Black maternal health care at the Reuters Next virtual conference.

Bryson joined Aletha Maybank, MD, MPH, the AMA's chief health equity officer and senior vice president, to discuss options for supporting Black mothers, a population that often feels devalued in the health care system. Another physician on the panel was Joia Crear-Perry, MD, founder and president of the National Birth Equity Collaborative.

Read this AMA Leadership Viewpoints column by AMA Immediate Past President Susan R. Bailey, MD, on why our Black maternal crisis is an American tragedy.

What the data shows

There is insufficient investment in "the health and well-being of women and families in this country," said Dr. Crear-Perry. This ties in with the U.S. history and legacy of racism, she added.

Many Black women don't have health insurance or access to preventive care services. "Once they enter care, they're treated poorly. They're not seen, not heard, not valued," she continued. Complaints of pain are too often dismissed. For example, there is data showing that, after caesarian sections, Black women don't have their pain adequately managed at the same rate as white women.

Find out more about AMA advocacy to improve maternal health (PDF).

Factoring in social barriers

Too many physicians have a tendency to blame patients from historically marginalized racial and ethnic groups for nonadherence, especially with respect to missing visits. And some physicians may fail to fully appreciate their patients' access problems with transportation, housing and education, the panelists said.

"How we've been trained as physicians has excluded the context around understanding these structural and social conditions of all people's lives, not just Black and brown people's lives," said Dr. Maybank.

Read more about the AMA's strategic plan to embed racial justice and advance health equity.

How organized medicine can help

Addressing the roots of structural and institutional racism in medicine is part of the solution, the panelists said.

That cannot be done without acknowledging the past. The AMA, for example, must be truthful about its history, said Dr. Maybank. One of the AMA's former presidents, J. Marion Sims, MD, did procedures and vaginal surgeries on enslaved Black women without anesthesia.

"We need to recognize that history and repair it," Dr. Maybank added.

Those historical wrongs reverberate in today's inequities, which the AMA also is working to address. The AMA's experts have been meeting with counterparts at American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and state medical societies to advocate anti-racist policies. Dr. Maybank added that the AMA has started a peer network with eight health care systems to look at building anti-racist practices into their quality and safety systems.

The National Birth Equity Collaborative worked with the Joint Commission to ensure that hospitals measure how many women nearly die from bleeding or high blood pressure during childbirth.

"That is the kind of thing you can get done through organized medicine," said Dr. Crear-Perry.

Learn about the AMA's sweeping plan to address maternal health inequities.