Whereas, The United States has the highest maternal and infant mortality rates among comparable developed countries, specifically in survival rates of African American mothers and their infants, and the rates for maternal mortality and severe maternal morbidity are about three times higher for women who received C-sections versus vaginal deliveries, and academic consensus recommend an urgency in implementation and tracking of remedial actions;

Whereas, In the United States, Black women are more likely to receive C-sections when compared to other women of color groups and white women, when adjusted for variables, even among low-risk cohorts;

Whereas, Mothers who were Medicaid recipients and received prenatal education and childbirth support from trained doulas had lower odds of Cesarean sections and preterm births compared to mothers who did not receive doula services;

Whereas, Improving access to care, inclusivity of people of color, health prevention, affordable healthcare and insurance coverage, tracking of quality outcome measures linked to provider incentives are methods suited for eliminating racial disparities;

Whereas, Eliminating barriers to training and licensure of a workforce pipeline inclusive of doulas, midwives, and family physicians who provide maternity services made available in rural and urban areas to supplement support to women can potentially reduce C-section rates that put women and infants at risk, therefore, be it

RESOLVED, That our AMA advocate for institutional and departmental policies that promote awareness and transparency in defining the criteria for identifying and mitigating gaps in health equity in Maternal Fetal outcome measures affecting racial and minority U.S. population (Directive to Take Action); and be it further

RESOLVED, That our AMA, together with the assistance of professional medical societies, help U.S. public medical schools and facilities create guidance for institutional transparency of key quality outcome measures linked to pay for performance, and regular audits to track quality outcome measures for racial, and ethnic minority U.S. population, advocate for implicit bias and awareness training for those in positions to determine maternal and fetal quality outcome measures, with a focus on how subtle differences in the access, evaluation and management of disadvantaged minority U.S. population may impact health equity (Directive to Take Action); and be it further
RESOLVED, That our AMA engage with relevant stakeholders to initiate a similar awareness campaign for public health education and health prevention at the grassroots level in the communities, and advocate Medicaid and affordable insurance coverage for ancillary support services. (Directive to Take Action)

Fiscal note: TBD

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RELEVANT AMA POLICY
1. Disparities in Maternal Mortality D-420.993
2. Reducing Inequities and Improving Access to Insurance for Maternal Health Care H-185.917

References: