

Pregnancy-Related Deaths in the United States: The Disparity is Mind-Boggling

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The United States (US) might be the supreme power nation, the wealthiest country on earth, the place where everyone wants to come to fulfill the American dream. However, one thing that is crystal clear is: when it comes to pregnancy-related death there is a significant disparity between black/African American women and white women. This disparity takes some heights that are just unbelievable. It is unconceivable that in the wealthiest nation on earth women are dying at such a high rate while giving birth. The US fares worse in preventing pregnancy-related deaths than most other developed nations [1]. Despite participation in the then, Millennium Development Goals (MDGs), that are now, Sustainable Development Goals (SDGs), and spending more than any other countries on hospital-based maternity care, the maternal mortality ratio (MMR) in the US remains at about 17 deaths per 100,000 live births [1]. Despite the fact that there has been a significant decrease of 38% in the global MMR, in the US there has not been a decrease. Maternal mortality rates in the US have increased during the early 21st century. Around the year 2000 the MMR has begun to rise and has since then almost doubled [2]. The rise of maternal death in the US is a very serious matter that is unsettling and daunting.

The maternal deaths in the US are quite easily preventable. It is startling that women are dying at such a high rate while giving birth in the most powerful nation on earth. It is also overwhelming that there is such a disparity in the MMR between white women and women of color. According to data from the Centers for Disease Control and Prevention (CDC) National Pregnancy Mortality Surveillance System (PMSS) spanning 2007 - 2016, white women experienced 12.7 deaths per 100,000 births compared to 40.8 deaths per 100,000 births for black women [3]. Decades of research indicate that this serious US public health problem involves structural racism and its negative effects on the minds and bodies of all racial groups, especially people of color [4]. This disparity is all the more surprising that black and highly educated women are dying while giving birth at an alarming rate compared to their white and uneducated counterparts. The pregnancy-related mortality ratio (PRMR) for black women with at least a college degree is 5 times as high as white women with similar education, whereas the PRMR for black women with at least a college degree is 2 times as high as white women with less than high school education level. Structural racism is about the summative ways in which societies nurture racial discrimination through mutually reinforcing systems such as housing, education, media, employment, and health care [5]. As a consequence of the structural racism in the US, there is an imbalance of inherited resources and persisting discrimination restrict the access of many Americans of color to better jobs, quality education, political power, healthy neighborhoods, and quality health care [4]. This structural racism causes implicit, discriminatory attitudes and behaviors that have infiltrated the US health care system. Those discriminatory attitudes and behaviors are therefore likely a powerful contributing factor to the high negative maternal health outcomes experienced by black and women of color.

After the presidential elections of November 2020, it has been clear that the US society is quite divided in ways never seen before. On one hand there are the Democrats who believe that structural racism does exist in the US and on the other there are the Republicans that continue pushing the agenda stipulating that there is no structural racism in the US. Nevertheless, police brutality, negative maternal health outcomes experienced by black women, and redlining are just a few facts that clearly show that structural racism still exist in the US

society. How is it possible that in the US black women with higher educational levels than their white counterparts are dying while giving birth at a rate that doubles the rate at which white women, with lower level of education, are dying while giving birth? Compared to a white woman with less than high school educational level, a black woman with at least a college degree has way more potential for high income, which signifies that the black women could live in a healthier neighborhood and have more access to health care. However, this is not what the data indicate. Because of structural racism and the discriminatory attitudes of health care providers we observe a situation in which black and women of color are at a significant disadvantage when it comes to maternal health outcomes.

Another factor that might impact the negative maternal health outcomes experienced by black and women of color is the policy established by the Administration for Children's Services (ACS). According to their policies, women who use drugs and who are pregnant will lose custody of their children once they are born. These policies affect mostly black women and women of color living in poor neighborhood who are more likely to be using drugs. Because of fear of the system, those women are less likely to go to prenatal clinics. They are more likely to give birth at home where they are exposed to all kind of delivery complications.

The coronavirus pandemic has been a big eye opener on the significant disparity that exists between white and people of color in the US. Black and people of color have contracted COVID-19 and have died at rates that are considerably higher than white people. However, one significant impact that the coronavirus pandemic might have in the US is on maternal health. Because of the amount of resources that are rightfully placed in programs to respond to the pandemic, we might get to a point where resources that should have been allocated to maternal and child health programs are being placed in coronavirus programs. That will contribute to a continuous increase of the MMR in the US and a widening of the gap and disparity that already exist between black and white women.

In order to address this alarming public health problem in the US, there must be more programs focusing on cultural competency, cultural humility and cultural sensitivity targeting health care providers in all the regions of the country. The emphasis should be put on implicit bias that is navigating through the health care system. All levels of the social and economical apparatus should be considered when analyzing racial disparities in health care. More health professionals of color should be encouraged to work in the areas of obstetrics and gynecology. Solving such a complex national problem is not easy. It requires communication and collaboration between patients and health care providers as well as community organization and policy makers. However, at the core of all this one thing should be made clear: the impact of structural racism should be acknowledged and accepted for real change and positive outcome to take place.

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