

Racial Disparities In Maternal Mortality

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Introduction

When Kira Johnson went into the hospital to give birth via a scheduled C-section, everything seemed normal after her procedure, up until her husband Charles saw blood in her catheter. Her doctor ordered a CT scan and a few other tests. However, the CT scan was not completed until six hours later, by which time Kira was starting to bleed so heavily that she was rushed into surgery. Although her doctor assured Charles that the surgery would be quick, they quickly learned that Kira had bled out almost a gallon of blood. She died within minutes, leaving her newborn baby and toddler son motherless and her husband a widower (Schwartz et al, 2018)

Kira's story shows what can happen to women if their problems are known but not treated or taken care of right away. Maternal health is an immense problem in this nation now. Many women's concerns are not taken into consideration or taken seriously, in either their daily life or when they seek medical care. This is particularly the case for black women, who historically have been treated badly and still are to this day. This is a consistent world problem, but among developed nations specifically, the United States stands out as particularly dangerous for new mothers, especially for people of color. Without the right solutions or attention to this problem, the disparity in rates of maternal mortality, both for the U.S. compared to similar nations and for the rates between races, will continue to plague mothers in this country.

According to Eugene Declercq and Laurie Zephyryn, "Since the early 1970s, Black mothers have been three to four times more likely to die than White mothers." (*Declercq et al 2020*). The maternal death rate in the United States has increased for black women four times more than for white women. The different rates of maternal mortality in black women in America can best be explained by the lack of health insurance and leave policies as well as the lack of access or awareness of prenatal resources among many lower-income pregnant people.

Given these consistent issues, the following areas should be addressed in order to respond to the problem: increased education and awareness for at-risk mothers; increased access to insurance; especially for low-income mothers; and increased access to maternal leave. These three methods of addressing potential solutions to the maternal mortality problem provide the best ways of lowering the mortality rates and helping low-income or mistreated mothers gain

more control over their pregnancies, or even to have a say in their pregnancies. Together, increasing awareness of mothers about the at-risk factors of pregnancy, the insurance gap issue, and maternal leave policies would go a long way towards reducing the disparity in maternal mortality between black women and other races.

This paper analyzes this important issue, first by addressing the scale of the problem, and then by proposing some ways of addressing it. Section one is a breakdown of the problem and addresses how it has developed through time and where it currently stands today. Section two describes insurance, focusing on the insurance gap and what can be done to address this gap. Section three addresses maternal leave policies, taking a look at the way these policies function throughout the United States and in Pennsylvania, especially concerning disparities between white and black mothers. Finally, this paper looks at the need for more education, knowledge, and awareness, especially for lower-income mothers and those who lack access to healthcare providers.

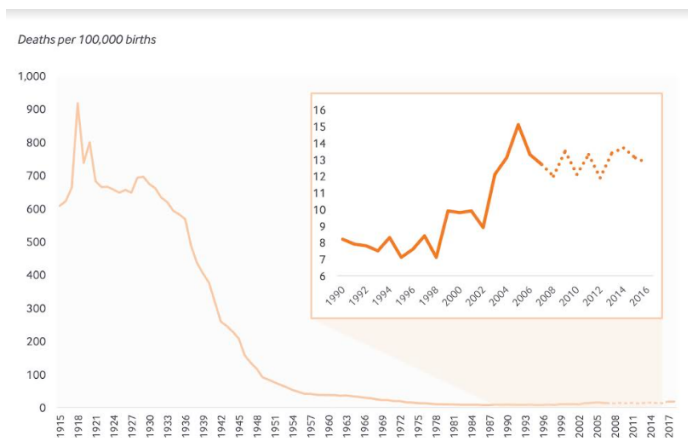
Section 1- Addressing the Problem

What Is The Problem

Although the maternal mortality rate will never be reduced to zero, there are a number of approaches to respond to the issue. In order to make these recommendations as effective as possible, statistical data and government records must be analyzed to understand the true scope of the issue. According to the World Health Organization, “the U.S. was one of only two countries (along with the Dominican Republic) to report a significant increase in its maternal mortality ratio (the proportion of pregnancies that result in the death of the mother) since 2000,” (Declercq and Zephyrin 2020). However, this ratio began to move in a positive direction after the Affordable Care Act (commonly known as Obamacare) was passed by Congress in 2010,¹ which allowed women to gain better access to affordable healthcare.

¹ The effects of Obamacare on maternal mortality will be further discussed in the following section.

Graph 1



This graph shows the trend since 1915 in maternal mortality by plotting the yearly average of deaths per 100,000 births (Declercq and Zephyrin, 2020)

Although this decline represented a significant drop, it did not mean that declines like this would be constant. Maternal mortality was at a record low, with better care and resources, but all of a sudden the rate began to increase. During the Covid-19 pandemic, "Black women had the highest maternal mortality rates across racial and ethnic groups during the pandemic in 2020 and 2021 and also experienced the largest increase when compared to the year before the pandemic in 2019" (Declercq et al 2020). While all ethnic groups saw increased maternal mortality during the pandemic, black women experienced a larger increase from a higher starting point.

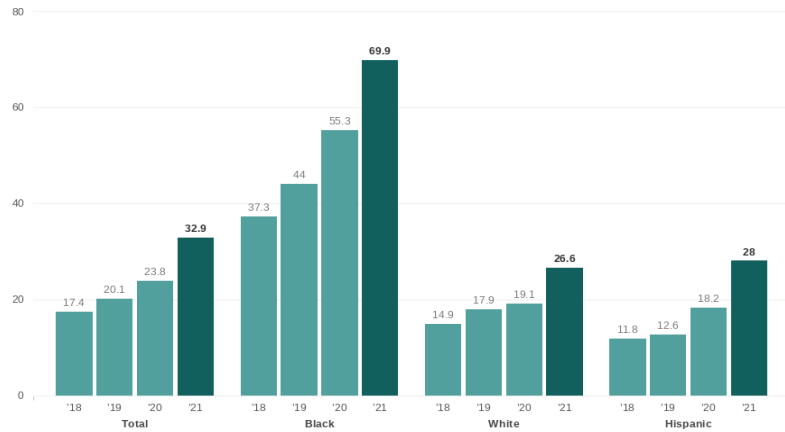
These rising trends in maternal mortality continued into the most recent data. In 2021, the maternal mortality rate in the United States had increased to one of its highest rates since the data had been collected. A report found that 1,205 women died of maternal causes in the U.S., which represents a 40% increase from the previous year (Selena et al 2023). The United States rate for 2021 was 32.9 maternal deaths per 1,000 live births, which is ten times higher for high-income countries (Selena et al 2023). Since the United States is one of the richest countries in the world you would not expect the death rate for maternal mortality to be the highest in history, the CDC did a report and found that 84% percent of these deaths were preventable (Selena et al 2023).

The increase in 2021 was developed through different ages and races. This shows that the problem of maternal mortality is not only improving but is also worsening, especially for mothers of color.

Graph 2

U.S. maternal mortality rates rise between 2018 and 2021

Maternal deaths per 100,000 live births



This graph shows the trend from 2018-2021 in maternal mortality by 1,000 live births (Simmons and Wroth, 2023)

Why is it important for lower-income mothers to know this?

It is important for lower-income mothers to know this information because with the information they can find ways to help themselves and get the care that they need. By having information about racial disparities in maternal mortality, pregnant people can do more to protect themselves and seek the care they need. If more pregnant people are able to take on this responsibility for themselves, the result should be a medical community that is better at listening to these women and their needs.

This lack of information about health outcomes, as well as the medical field's indifference to black patients, can be seen in the example of Shalon Irving. Shalon had just given birth to her baby girl in 2017 and everything was fine. Once she was sent home in the span of 3 weeks she had high blood pressure, gained 9 pounds, suffered from headaches, and one leg was bigger than the other. She went to the doctors but the doctors could not find anything wrong with her or what her symptoms meant. During the three weeks, she collapsed in her home and never

woke up. Shalon's mother said in an interview with NPR that her daughter's death was preventable and she connects her death to racism within the healthcare system and the doctors just ignoring her daughter. Shalon's mother Wanda is now raising her granddaughter in her daughter's home. Irving's granddaughter still struggles with her mom's loss. There are days when she's crying and says, "I want my mommy, can I die to go see my mommy". Irving is working to raise awareness for maternal mortality so no other child has to grow up without their mom. *(Selena et al 2023)*

Shalon Irving herself was a researcher and a doctor and she was researching maternal mortality and worked with the CDC in Atlanta. Dr. Irving was educated on everything regarding all the disparities and racial differences that were in the healthcare field. However, Dr. Irving was nevertheless subject to the indifference, ignorance, and even racism common to pregnant women of color in the United States. Instead of asking her seriously when it came to diagnosing her symptoms, her doctors pushed her concerns aside. The article says that when Wanda was interviewed she says "My daughter's death was preventable, she attributes it to racism within the healthcare system, to doctors ignoring my daughter's symptoms and health risks". This goes to show that even though Shalon knew there was something wrong and continued to go to her doctors and they didn't do anything to help her it shows that either her doctors didn't care or she indeed did experience racism because she's black and her doctors had a problem with that. *(Selena et al 2023)*

Section 2-*The Insurance Gap And What Can Be Done To Fix It*

Given that Obamacare provided such a notable drop in the rate of maternal mortality, and that increased rates of uninsured mothers since the passage of that law have led to the troubling recent rise in mortality rates, it is important to understand the role that access to insurance plays in reducing maternal mortality. One of the most important provisions of the Affordable Care Act for increasing insurance rates was the expansion of Medicaid. Medicaid is the federal insurance program for lower-income people. Obamacare was able to provide a large expansion in the number of people who were eligible for Medicaid by providing funding for states to expand their

Medicaid rolls. However, states had the right to accept or reject the expansion. So in some states, Medicaid was not expanded, so low-income people cannot access it.

The insurance gap is the gap where these people because they earn too much to qualify for Medicaid in those particular states but not enough to easily purchase their own insurance, lack health care coverage. Due to this, 16% of women still lack insurance even after Obamacare (*National Partnership For Women & Families 2019*).

Historical Data Review

Table 1. Women’s Health Insurance Coverage by Race

Percentage of Women without health insurance (ages 18-64)	2013	2016	2017
Women (total)	16.9%	10.6%	11.1%
American Indian and Alaska Native	26.6%	18.6%	21.1%
Latinas	30.4%	19.5%	19.9%
Black women	19.3%	12.2%	13.9%
Native Hawaiian and Pacific Islander Women (NHPI)	12.6%	17.5%	13.8%
Asian Women	16.5%	8.12%	9.0%
White women	12%	7.90%	8.0%

(National Partnership For Women & Families 2019).

As seen in Table 1, women of color have higher rates of maternal mortality, in addition to higher incidences of a variety of other preventable diseases. This table shows the differences in the uninsured rate of women by race. As is clear from this, the disparity between white and black women is striking, as are the differences between whites and other people of color. This table

shows the woman's health insurance covered by race. The black woman had the highest percentage in 2013 and 2017.

Given these disparities, it is essential that insurance coverage be more available to women across racial and incomes. The best method for this is the expansion of Medicaid. Medicaid is a vital source of insurance for people of color. But some women who live in the midwest and south can't obtain Medicaid because many of those states chose not to expand it. Sixteen percent of Black women in the South do not have health insurance (*National Partnership For Women & Families 2019*). Expanding Medicaid and making sure it's available to all women is a long-term solution to help these women, especially black women (*Clark et al 2021*).

Section 3- Maternal Leave Policy

Maternal leave is a very important tool in reducing maternal mortality because women after they give birth need proper time to heal their bodies, so if they rush back to work the stress and feeling overwhelmed or risk of pushing themselves too far could lead to death. Paid leave allows the woman to rest after birth and to make sure they are okay and that there are no complications, it also allows them to heal if there are complications. (*Jou et al 2017*)

“The maternal leave policy is a policy that obligates an employer to provide protection for a female employee who is close to giving or has just given birth or just adopted a baby”. (*Maternity Leave Policy: Everything You Need to Know*). According to Judy Jou, The United States is only one of three countries with no national policy guaranteeing paid leave to employed women who give birth. FMLA has many limitations such as it only applies to companies with 50 employees who have been there for at least a year. Maternity leave in the U.S. is guaranteed only through FMLA which is the Family and Medical Leave Act, which requires large companies or employers to make 12 weeks of paid, job-protected leave available each year for medical or family reasons including caring for a newborn child. (*Jou et al 2017*)

There are also different types of maternity leave: intermittent leave, which is regarded as for medical appointments or unexpected emergencies; block of time left, which is leave granted

after an employee or employees space has given birth or has experienced health complications before birth; employer-paid leave, which is when the employer continues to pay you while you are on leave; and lastly vacation or sick time while on maternity leave, which is an option offered by some employers. (*Maternity Leave Policy: Everything You Need to Know*)

The United States is one of three countries that do not have a maternity or parental mandate. That means officially the United States does not have the authority to offer maternity or parental leave. Instead, these laws are left to the states, which can vary widely in what they offer. In Pennsylvania, for instance, the law states that pregnant women who work for a covered employer can take up to 6-12 weeks off to either give birth to their child or take care of their child (*Cummings et al 2022*).

Conclusion

The maternal health crisis shows that black woman's experience in the United States is tied to systemic racism, “racism is woven through our society due to the racist policies including redlining, jim crow laws, and mass incarceration, have created inequities in housing, food stability, education, and access to care and safety”. Due to this systemic discrimination, black women are more likely than white women to experience these limitations, in addition to having low-wage jobs that do not provide benefits, like paid leave and health insurance (*Megibow et al 2021*). The fact that these women have low-wage jobs that do not even offer paid leave or health insurance is a disparity in and of itself because all jobs should offer some type of paid leave and healthcare for the woman.

All of this illustrates why maternal mortality is a very important issue that needs to be addressed by more people and recognized by more people. Maternal mortality affects many women and families in the U.S. and continues to disproportionately affect people of color. If we want babies to grow up with their mothers, then we need to improve our healthcare system and make it accessible to all women—no matter their race or background. It is essential for hospitals and doctors to take women's concerns seriously and address them as they arise. If they did so, then tragedies like the one Kira Johnson and her family experienced would become less

common. If we can provide better education about pregnancy and motherhood, expand insurance coverage, and more comprehensive and universal maternal leave policies, then we can stop the rise in maternal mortality that currently is plaguing our nation.

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