

Commentary: Tackling racial disparities in maternal health

April 16 2019, by Jason Kuruvilla, Rachel Mayer, Alison Dingwall



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The United States is the only country in the developed world to see an increase in women dying as a result of childbirth. Nearly 1,000 women die each year of pregnancy-related complications—deaths that could

likely have been prevented with timely and proper interventions. This issue is particularly troubling for minority women. For every 10 pregnancy-related deaths of white women, 30-40 African-American women will die from pregnancy-related causes. However, efforts are under way, with broad bipartisan support, to tackle these disparities.

In December, Congress passed two bipartisan bills with the goal of reducing maternal deaths. The Improving Access to Maternity Care Act, passed with unanimous support, directs the federal government to provide maternity care resources in areas with a shortage. Days later, Congress passed the Preventing Maternal Death Act of 2018, again with unanimous support. The legislation authorizes \$12 million in funds annually for five years (the first tranche of which was appropriated in fiscal year 2019) to establish or expand [maternal mortality](#) review committees and collect [new data](#) on factors that contribute to maternal mortality. With limited data currently available on maternal deaths for women in general—and nearly none for minority women—having dedicated federal dollars to develop standardized data across the country is a crucial step to addressing the issue of maternal mortality and racial disparities that persist.

These two laws can help replicate nationally what states like California have accomplished in their communities: reversing the trend of increasing maternal deaths through smart policies and critical investments in effective programs.

Through an innovative public-private partnership, [state officials](#), working closely with Stanford University, established the California Maternal Quality Care Collaborative. Using a data-driven approach, the program works with local hospitals to determine which interventions would best protect women from complications stemming from delivery. The result has been a dramatic improvement in welfare of expectant mothers: Maternal mortality rates have fallen by a whopping 55 percent

over the last seven years.

However, while California has reversed its overall trend in maternal mortality, racial disparities persist. Even as [maternal deaths](#) dropped in California, African-American women continued to be three to four times more likely to die of pregnancy-related complications.

Racial disparities in health care exist for a number of reasons. Many are structural challenges—there are fewer health care facilities in predominantly African-American communities, and those that exist are often underfunded and understaffed. Racial biases play a role too. Recent studies have indicated that implicit biases can result in doctors spending less time with black patients. When seen, black patients' reports of pain are often discounted or underestimated. Even African-American celebrities, like tennis superstar Serena Williams, are not immune to these biases.

How can we address the racial [disparity](#) in maternal mortality? Policy makers and health care professionals need the right analytical tools to determine which programs and levers are most effective at reducing racial disparities. MITRE, our not-for-profit company that operates multiple federally funded research and development centers, is developing such a MITRE Maternal Mortality Interactive Dashboard (3MID) that uses available national and state data to determine which treatment, [health care](#) services, and funding levels are needed to help reduce racial disparities for African-American [women](#).

The 3MID leverages individual-level data from Washington state—one of the few states that has detailed data on maternal mortality by race. This data set, applied to the 3MID, can help determine quantitative correlations among demographic factors such as race, age, socioeconomic status and maternal mortality. Given a simulated population and an interactive dashboard, these correlations are used to

determine the likelihood or risk a woman has of dying as a result of a pregnancy. Finally, the 3MID can be used help caregivers determine what interventions may reduce the likelihood of mortality.

The goal of this effort is to allow policymakers across the country to determine the most effective methods to reduce the overall maternal mortality rates and the racial disparities in maternal mortality. Those responsible for data collection as prescribed by the Preventing Maternal Death Act of 2018 should analyze data to identify patterns to better understand why racial disparities occur and to help maternal mortality review committees make policy recommendations to reduce [mortality](#) rates for all mothers. Congress has given states and communities the charge to do just that.

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