

## Women who declined medical care during hospital births report poor treatment overall

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A new study involving University of Minnesota School of Public Health (SPH) researchers surveyed mothers nationwide and found many who declined care for themselves or their newborn babies during hospital births were more likely to report experiencing discrimination and other forms of poor treatment.

"The connection between declining care and poor treatment suggests those women may be labeled as 'problem patients' and stigmatized," said study senior author and Assistant Professor Rachel Hardeman.

The study, which Hardeman co-authored with SPH graduate and Assistant Professor Laura Attanasio at the University of Massachusetts Amherst, was recently published in the journal *Social Science & Medicine*.

Attanasio and Hardeman examined the hospital birth experiences of women by reviewing responses from the Listening to Mothers III survey, a survey of 2,400 women ages 18-45 who gave birth to a single baby. The survey asked various questions about their birth experience, including if they refused to accept any care (e.g., test, medicine) that a nurse, doctor, or midwife offered to them during their hospital stay.

## The study found:

• women who reported declining care for themselves or their infant during their childbirth <u>hospital stay</u> were more likely to



report "poor treatment" corresponding to their race and ethnicity, insurance status or having a difference of opinion with a <a href="health">health</a> care provider;

• Black women were more likely than <u>white women</u> to feel discriminated against when they had a difference of opinion with a <u>health</u> care provider.

"The popular press has shown us through stories, such as that of tennis player Serena Williams, that <u>black women</u> are not receiving the care they need and deserve during childbirth," said Hardeman. "The results of our study illuminate this further. It seems black women pay a penalty for speaking up."

Hardeman said the findings offer important insights and new questions related to the complex and multifactorial ways in which black women receive lower quality care, experience implicit and explicit racial bias, and are disrespected within the health care system while pregnant.

"The alarming inequities in maternal and infant outcomes by race underscore the need for black <u>women</u> to be vocal, and perhaps, at times decline certain procedures in order to protect their health and wellbeing," said Hardeman. "Likewise, providers need to improve their ability to respect the choices of patients while maintaining high-quality care."

Hardeman is continuing her work in addressing inequities in maternity care through the development of strategies to bring respectful and culturally-centered maternity care practices to health care systems.

**More information:** Laura B. Attanasio et al. Declined care and discrimination during the childbirth hospitalization, *Social Science & Medicine* (2019). DOI: 10.1016/j.socscimed.2019.05.008



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