

Systemic racism plays role in much higher maternal mortality rate among Black women

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Black women have a 53% increased risk of dying in the hospital during childbirth, no matter their income level, type of insurance or other social determinants of health, suggesting systemic racism seriously impacts maternal health, according to an 11-year analysis of more than 9 million deliveries in U.S. hospitals being presented at the Anesthesiology 2022 annual meeting.

"This study is the most up-to-date and extensive study—factoring in various states, insurance types, hospital types and income levels—to determine that the much higher maternal mortality rate among Black women often cannot be attributed to differences in health, income or access to care alone," said Robert White, M.D., M.S., lead author of the study and assistant professor of anesthesiology at Weill Cornell Medicine, New York. "Clearly there's a need for legislation to improve access to health care throughout pregnancy and improve funding among safety-net hospitals. But it's also essential that hospitals train their employees to provide culturally appropriate care, offer translation services and conduct implicit bias association testing."

Causes of maternal death include the development of blood clots, heart failure, postpartum hemorrhage (excessive blood loss) and pre-eclampsia (extremely high blood pressure). The U.S. maternal mortality rate of 17.3 deaths per 100,000 births is higher than any other developed nation, with a huge disparity gap between Black and white mothers. The Centers for Disease Control and Prevention defines maternal mortality as death during pregnancy, delivery or within one year of the end of the pregnancy. This study focused on maternal death during childbirth in a hospital.

The researchers analyzed 9.5 million deliveries occurring in hospitals between 2007 and 2018, based on State Inpatient Databases from California, Florida, Kentucky, Maryland, New York and Washington. Of those, 49,472 mothers (0.5%) died in the hospital or experienced injury to the heart, eyes, kidney, brain or other organ, including 0.8% of all Black women, 0.5% of all Hispanic women and 0.4% of all white women. The researchers determined that compared to white women, Black women had a 53% increased risk of dying in the hospital, even after adjusting for insurance type, hospital type, income and other societal factors. Hispanic women and white women had the same risk of dying in the [hospital](#).

"Physician anesthesiologists are leaders in quality, safety and perioperative medicine and are working very hard to help decrease racial differences through science and implementation of protocols that treat everyone the same—with a focus on those who are worse off to achieve health equity," said Dr. White. "We not only provide pain management during childbirth, but our training in critical and [emergency care](#) help us to proactively handle complications, prevent death and ensure the health and safety of the mother and baby."

Anesthesiologists are working on standardizing practices, which help reduce disparities. For example, the Society for Obstetric Anesthesia and Perinatology (SOAP) developed a protocol for enhanced recovery after cesarean delivery focusing on pain relief, movement, maternal-infant bonding, decreased opioid use and shorter length of stay.

Anesthesiologists also have played a key role in the Alliance for Innovation on Maternal Health (AIM), a national data-driven quality improvement effort. This includes the development of patient safety bundles—a collection of evidence-informed, best practices to be implemented in all care settings, for every patient, in each episode of care—to improve outcomes.

Additionally, anesthesiologists have participated in state maternal mortality review committees to determine trends and system issues that can be improved, helped coordinate care for high-risk maternal disease and placenta implantation disorders, and organized and led simulations for obstetrical (OB) hemorrhage. This is of particular importance since the maternal mortality rate from OB hemorrhage is higher in Black women. Anesthesiologists have devised algorithms using point of care ultrasound (POCUS) that are especially helpful during OB hemorrhage and can be quickly used when a woman does not have a pulse to determine if there is activity in the heart.

Provided by American Society of Anesthesiologists

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