

Study: COVID-19 has widened racial gaps in pregnancy-associated deaths from non-obstetric causes in the US

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In the United States, various minority racial and ethnic groups have reduced access to quality health care compared to their non-Hispanic white counterparts. Studies have shown that implicit biases among health

care professionals stemming from unscientific notions—such as the belief that Black patients experience less pain compared to white patients—lead to mistreatment of minorities when they access health care facilities.

A key demographic among minoritized people affected by unequal access to emergency health care are [pregnant women](#) and new mothers. In a recent study led by Associate Professor Claire E. Margerison, [published](#) in the *American Journal of Public Health*, researchers found that pregnancy-associated death rates from all causes except suicide increased during the COVID-19 pandemic in the US. Additionally, researchers also discovered that pregnancy-associated deaths from non-obstetric causes increased disproportionately for Hispanic, Black, American Indian and Alaska Native (AI/AN), and Asian people in 2021, revealing a worrying trend.

"Our analysis of nationwide birth and death records from 2018 to 2021 found that in the first year of the COVID-19 pandemic (from 2019 to 2020), pregnancy-associated deaths from all causes except for suicide (i.e., obstetric causes, drug-related causes, homicide, and all other causes combined) increased between 30% and 60%. In 2021, however, obstetric deaths increased another 31%, but other causes of death did not significantly change," explains Dr. Margerison.

"These overall figures mask disproportionate increases in cause-specific pregnancy-associated death among minoritized racial and [ethnic groups](#)," she notes.

The study revealed that pregnancy-associated deaths related to drugs rose disproportionately among Hispanic, non-Hispanic AI/AN, and non-Hispanic Asian people, while those from homicides increased disproportionately in most racial and ethnic groups. Moreover, their study revealed that pregnancy-associated deaths attributed to suicides increased troublingly among Hispanic, AI/AN, and Asian people. The

study classified deaths as "pregnancy-associated" if the deceased was pregnant at the time of death or shortly before.

"Existing inequities in pregnancy-associated [death](#) may have been impacted by the COVID-19 pandemic as [risk factors](#)... including lack of preventive care access, [intimate partner violence](#), psychosocial stress, unemployment, and financial distress—all increased during the pandemic," Dr. Margerison observes.

While inequities in pregnancy-associated deaths due to obstetric causes in the US have received attention from the academic and public community, the same remains to happen for deaths during or close to pregnancy from non-obstetric causes. As such, this study provides crucial insights that help better understand an overlooked trend with wide-ranging social implications.

"Our findings highlight the need for approaches and interventions to address substance use, [mental health](#), and intimate partner violence that center pregnant and postpartum people's lived experience beyond childbirth and that work to dismantle structural barriers, particularly those established by structural racism and settler colonialism," Dr. Margerison underscores.

Minoritized racial and ethnic groups in the US often experience inequities in access to safe housing, transportation, childcare, education, and employment. All these factors impact the health of new and expectant mothers and their ability to access health care, especially during emergencies that pose an immediate danger to their lives.

Overall, the study suggests that in addition to improving access to emergency and non-emergency health care, there is an urgent need to enhance basic amenities to protect pregnant women from non-obstetric causes of mortality.

More information: Claire E. Margerison et al, Changes in Racial and Ethnic Inequities in Pregnancy-Associated Death in the United States During the COVID-19 Pandemic, *American Journal of Public Health* (2024). [DOI: 10.2105/AJPH.2024.307651](https://doi.org/10.2105/AJPH.2024.307651)

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