



Racial Disparities in Maternal Mortality in the United States: The Postpartum Period Is a Missed Opportunity for Action

Background

- In 2015, the maternal mortality rate in the United States was 26.4 deaths per 100,000 live births, the highest of any resource-rich country.
- Non-Hispanic black women experience maternal deaths at three to four times that of non-Hispanic white women. The risk of maternal mortality among black women persists after controlling for socioeconomic status.
- The leading causes of death among non-Hispanic black women include complications related to cardiovascular disease, preeclampsia, and eclampsia.
- According to the Centers for Disease Control and Prevention, nearly 60% of maternal deaths in the United States are preventable and most (44%) occur within 42 days of the postpartum period.
- Implicit bias may affect the way obstetrician–gynecologists counsel patients about treatment options such as contraception, vaginal birth after cesarean delivery, and the management of fibroids. For more information on implicit bias, see Vox Media's [video](#) on the effect of slavery on the U.S. medical system and NPR's [article](#) on the history of gynecology.
- Postpartum care is critical to addressing clinical complications and social determinants that prevent women from accessing adequate postpartum care. This currently represents a missed opportunity to help women at a critical time in their lives.

General Recommendations

- Provide anticipatory guidance and coordinated care for women undergoing the postpartum transition. Formulation of a postpartum care plan should begin during pregnancy and include identification of health care professionals who will comprise the postpartum care team for the woman and her infant.
- Recommend early postpartum follow-up for women with hypertensive disorders of pregnancy and other women at risk of complications.
- Use strategies for increasing attendance, particularly among women with limited access to care, such as discussing the importance of the postpartum visit during prenatal care; using peer counselors, intrapartum support staff, postpartum nurses, and discharge planners to encourage postpartum follow-up; scheduling postpartum visits during prenatal care or before hospital discharge; and using technology (ie, email, text, apps) to remind women to schedule postpartum follow-up.

- Ensure equity and respect for autonomy in delivery of care. Evidence suggests that factors such as stereotyping and implicit bias on the part of health care providers may contribute to racial and ethnic disparities in health. For example, to ensure equitable implementation of immediate postpartum long-acting reversible contraception (LARC), one study suggests that programs ensure access to immediate postpartum LARC if desired, without targeting of marginalized women; respect each woman's right to decline LARC, without judgment or pressure; and provide access to affordable LARC device removal at any point, independent of insurance status (1).

Reference

1. Moniz MH, Spector-Bagdady K, Heisler M, Harris LH. Inpatient postpartum long-acting reversible contraception: care that promotes reproductive justice. *Obstet Gynecol* 2017;130:783–7.

Resources

American College of Obstetrician and Gynecologists Clinical Guidance

- ❖ Racial and ethnic disparities in obstetrics and gynecology. Committee Opinion No. 649. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;126:e130–4. *Discusses factors at the patient, practitioner, and health care system levels that contribute to existing and evolving racial and ethnic disparities in women's health outcomes.*
- ❖ Importance of social determinants of health and cultural awareness in the delivery of reproductive health care. ACOG Committee Opinion No. 729. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;131:e43–8. *Discusses the social determinants of health including social, structural, economic, political, and environmental factors that contribute to differential access to health care and to inequities in health outcomes.*

Health Care Provider Resources for Patient Care

- ❖ Association for Maternal and Child Health Programs. Report from maternal mortality review committees: a view into their critical role. Building U.S. capacity to review and prevent maternal deaths Washington, DC: AMCHP; 2017. Available at: <https://www.cdcfoundation.org/sites/default/files/upload/pdf/MMRIReport.pdf>. Retrieved March 1, 2018. *Overview of an initiative funded by Merck for Mothers to help states improve maternal mortality surveillance.*
- ❖ Council on Patient Safety in Women's Health Care. Reduction of peripartum racial/ethnic disparities (+AIM). Washington, D.C: American College of Obstetricians and Gynecologists; 2016. Available at: <http://safehealthcareforeverywoman.org/wp-content/uploads/2017/11/Reduction-of-Peripartum-Disparities-Bundle.pdf>. Retrieved March 1, 2018. *Provides an overview of racial and ethnic disparities in pregnancy care and outcomes and how to customize the bundle for use in patient care.*
- ❖ Creanga AA, Berg CJ, Ko JY, Farr SL, Tong VT, Bruce FC, et al. Maternal mortality and morbidity in the United States: where are we now? *J Womens Health (Larchmt)* 2014;23:3–9. *Overview of the work conducted by the Division of Reproductive Health at the Centers for Disease Control and Prevention on severe maternal morbidity and mortality in the United States.*

Health Care Provider Tools for Advocacy

- ❖ American College of Obstetricians and Gynecologists. Statement of Policy: ACOG Statement of Policy on Racial Bias. Washington, DC: ACOG, 2017. Available at: <https://www.acog.org/-/media/Statements-of-Policy/Public/StatementofPolicy93RacialBias2017-2.pdf?dmc=1&ts=20180116T1946017910>. Retrieved March 15, 2018.
- ❖ Black Mamas Matter Alliance. Available at: <http://blackmamasmatter.org/>. Retrieved March 1, 2018.
Includes Black Mama's Toolkit, which identifies the rights of pregnant and birthing women and the corresponding role of government to ensure safe and respectful maternal health care for all.
- ❖ Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>. Retrieved March 1, 2018.
- ❖ SisterSong. Long-acting reversible contraception statement of principles. Available at: <https://www.nwhn.org/wp-content/uploads/2017/02/LARCStatementofPrinciples.pdf>. Retrieved March 1, 2018.
SisterSong's support of inclusion of LARC as part of a well-balanced mix of options, including barrier methods, oral contraceptives, and other alternatives.
- ❖ SisterSong. Reproductive justice. Available at: <http://sistersong.net/reproductive-justice/>. Retrieved March 1, 2018.
SisterSong's support of inclusion of LARC as part of a well-balanced mix of options, including barrier methods, oral contraceptives, and other alternatives.
- ❖ Society for Maternal–Fetal Medicine. Diversity and inclusion in leadership: an official position statement of the Society for Maternal-Fetal Medicine. Washington, DC: SMFM; 2017. Available at: https://s3.amazonaws.com/cdn.smfm.org/media/1107/Leadership_-_January_2017.pdf. Retrieved March 1, 2018.