

# The Impact of Disparate Treatment on Pregnancy Outcomes in Minority Women

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## INTRODUCTION

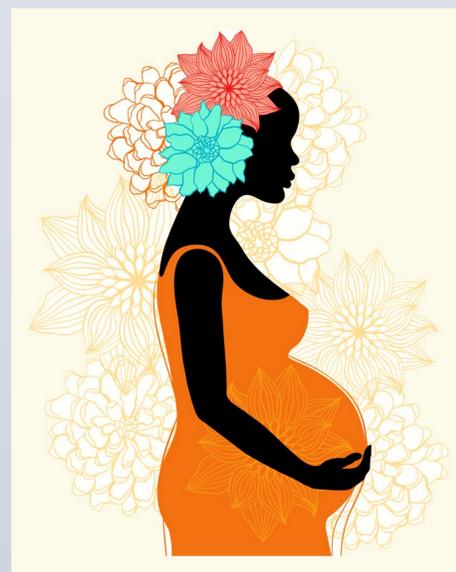
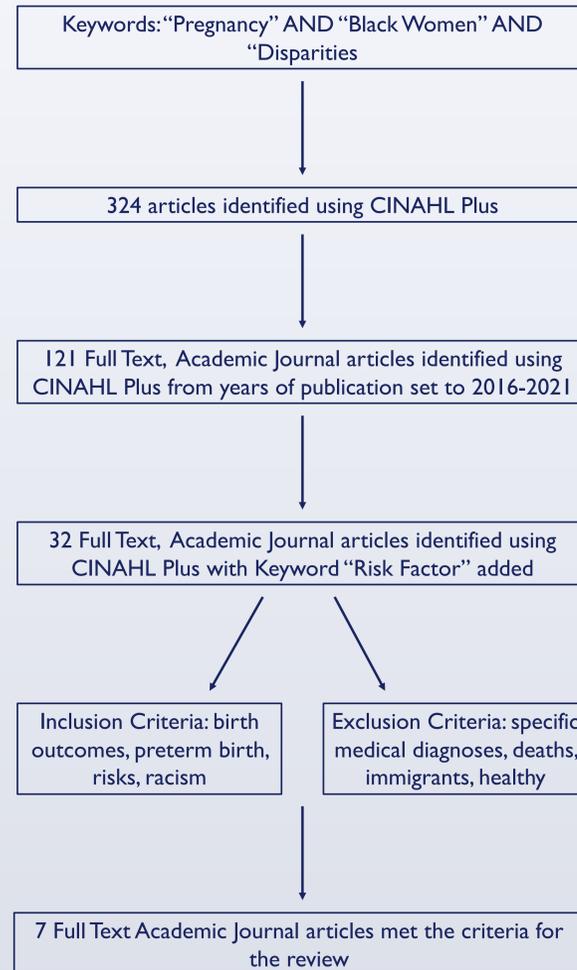
- Pregnancy and childbirth are vulnerable times for a woman's health with various physiological and anatomical changes occurring during pregnancy and after childbirth for women of all backgrounds.
- Recent research shows how unique and different these experiences may be for women from disadvantaged backgrounds.
- Black women experience health disparities, more specifically racial health disparities at a disturbingly high rate when compared to other racial and ethnic groups.
- The identification and recognition of the factors impacting racial disparities in pregnant minority women can be used to inform and make changes to the expectations and standards of care in the clinical setting and healthcare system.



## BACKGROUND

- The Center for Disease Control and Prevention reports that 700 women die each year in the US because of pregnancy or delivery complications while also reporting that Black women are 3 times more likely to die from pregnancy than white women.
- The 2020 CDC Pregnancy Surveillance study also shows that the estimated maternal mortality rate in the US is 17.3 per 100,000 live births for white women, however, it jumps to 43 per 100,000 live births for Black women.
- Previous studies have identified that for each pregnancy-related death and complication three to four contributing factors were identified in multiple levels, including community, health facility, individual patient and family situations, provider stigmas, and systemic oppression.
- Though the social determinants of health help us understand some of the psychosocial factors, it is not sufficient in addressing maternal health disparities. While exploring these, we must also examine further the stigmas and discrimination that pregnant minority women face.
- In health care, the Institute of Medicine defines racial health disparities as racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention
- Structural racism is defined as a systematic approach used to influence laws and processes to unequally allocate access to goods, opportunities, and services in society by racial groups
- The social determinants of health are the conditions in which we are born, live, learn, work, play, worship, and age according to Healthy People 2030.
- Low economic status, poor education, food insecurity, lack of transportation, neighborhood violence, and lack of healthcare access, are all examples of the five domains that may contribute to the racial health disparities that are seen in maternal morbidity and mortality.
- Maternal morbidity refers to the rate of women who experience health complications due to unexpected pregnancy or childbirth outcomes. As these unexpected outcomes may be resolved or impact a woman for the rest of her life, we must also be aware that these complications of morbidity can lead to maternal death.
- Maternal death is defined by the CDC as "the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy."
- With the purpose of bringing this urgent issue to light, steps can be taken within multiple levels to ease the suffering experienced by minority women in the United States.

## METHODS



## RESULTS

- **Minority women experiencing lower quality care**
  - According to studies, black women are more likely than white women to get obstetric treatment in hospitals that are of lesser quality.
  - A sizeable portion of racial and ethnic disparities in severe maternal morbidity and mortality may be explained by a variation in hospital quality
    - 75% of black deliveries in the United States occurred in a quarter of hospitals, whereas only 18% of whites delivered in those same hospitals
- **Minority women experiencing biases in communities**
  - High concentrations of race and income extremes and experiencing racial discrimination exposes women to chronic stressors which then become a direct cause with pregnancy complications
  - Characteristics like having low education attainment, being unmarried, and living in disadvantaged neighborhoods have been identified to have a correlation with adverse pregnancy outcomes
    - Women living in neighborhoods with extreme financial challenges experience higher rates of racial discrimination
    - The Pregnancy-related mortality ratios among black women with a completed college education or higher was 1.6 times that of white women with less than a high school diploma
    - Unmarried, US born, and women in rural areas had 90%, 80%, and 60% higher risks of maternal mortality from indirect causes than married
- **Minority women experiencing implicit bias within health care delivery system**
  - Through their interactions, communications, actions, and decision-making processes, providers have a direct impact on the health outcomes of black maternal patients.
  - Health care providers across trainings and disciplines have implicit biases against minority individuals
  - Participants in a expressed prior negative interactions with providers in which they were judged and treated with disrespect.
    - African Americans were four times more likely than Whites to perceive discrimination in medical settings, more likely to mistrust health care systems and believed they received lower quality of health care compared with Whites
- **Minority women experiencing higher rates of adverse outcomes caused by systemic oppression**
  - Systemic factors such as gaps in health care coverage and preventive care, lack of coordinated health care, and social services have been identified as contributors to pregnancy-related deaths

## DISCUSSION

The disproportionate burden of maternal mortality among the African American community can be attributed to inequitable laws, cultural norms, and health practices. Over the course of a woman's lifespan and pregnancy, each of these elements has contributed to and aggravated the rising prevalence of health morbidities, life stresses, access to health care facilities and preventative treatment, as well as a lower quality of care. The issue is far bigger than one person's lifestyle or decisions. An unsettling and dangerous health situation that has no justification in such a contemporary civilization has been highlighted. American policies, regulations, and practices can be introduced to assist fill gaps in health care for these women.

## CONCLUSIONS

- Two in three pregnancy-related deaths are preventable. Preventable if biases in our communities are deconstructed. Preventable if providers recognize warning signs, if healthcare professionals provide timely treatment and quality care. Preventable if we dismantle structural racism and implicit bias.
- Nurses have the power to improve the quality of care they deliver to their patients. Nurses have the most ability to advocate for high-quality and safe treatment for their patients due to racial disparities in maternal morbidity rates.
- The willingness to learn be aware of the variables influencing racial inequalities in pregnant minority women can be utilized to influence and improve clinical setting and healthcare system expectations and standards of treatment.



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- More references available per request

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