

Dalila Grant

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### Ties Between Racial/Ethnic Disparities: Severe Maternal Morbidity

Maternal morbidity is any health condition attributed to or caused by pregnancy and childbirth that negatively impacts a woman's well-being. The connection between racial/ethnic disparities and severe maternal morbidity has raised many questions. More specifically, it is known that maternal morbidity is common, but it is not known whether these disparities have progressed or decreased over time. When reviewing data, non-Hispanic Black women are more prone to severe maternal morbidity (SMM) than White women. To get more of an understanding of the topic, a study called "Racial and Ethnic Disparities in Severe Maternal Morbidity Prevalence and Trends" by Stephanie A. Leonard Ph.D., et al. examined the disparities in SMM prevalence by observing trends and using the delivery discharge/birth certificate records of California women during 1997-2014. The study allowed for the understanding that non-Hispanic Black women have the highest increased rates of severe maternal morbidity and how identifying this problem will allow for the change of treatment towards non-White women during labor to reduce the results.

In a separate CDC study done in 2020 called "Maternal Mortality Rates in the United

States” by Donna L. Hoyert, Ph.D., Division of Vital Statistics, the mortality rates surrounding pregnant women in the United States were further analyzed. The CDC recorded the maternal mortality rates for “2020 and found that 891 women were identified as having died of maternal causes in the United States, compared with 754 in 2019” (Hoyert, 2022). Additionally, as the study suggests, the maternal rate between 2019-20 showed an increase in percentage per 100,000 live births (Hoyert, 2022). This information shows that the maternal mortality rate continues to increase as time progresses. Non-Hispanic Black women have had the highest maternal mortality since 2018 and remain the highest in 2020 (Hoyert, 2022). The percentage of deaths per 100,000 births in 2018 was 37.3%, and in 2020 it was 55.3% (Hoyert, 2022). Compared to the Non-Hispanic White (14.9-19.1%) and Hispanic (11.8-18.2%) maternal mortality rates during the same time frame, Non- Hispanic Black women mortality rates have increased by two-fold (Hoyert, 2022).

The study provided by the CDC compared to the study done by Stephanie A. Leonard et al. and more recording data from 1994-2019 shows that maternal mortality rates continue to increase. The data shows that one specific group, non-Hispanic Black women, is affected the most. As a result, the idea of structural racism comes into play. In the medical field, the stigma of Black women having a “stronger” pain tolerance developed many years ago during slavery by Dr. J Marion Sims (Wall, 2006). It was believed that Black women have firmer skin and a high pain tolerance, which caused their pain not to be taken as seriously as that of White women (Wall, 2006). Although it is believed this ideology is no longer within our health system, it is significantly present in the data. Non-Hispanic Black women continue to have a high maternal

mortality rate/severe maternal morbidity, which can be interpreted as neglecting their pain; if their claims were considered, the number of deaths/morbidities would not be so high.

In the Leonard Ph.D., et al. research, the study population included cohorts of women in 1997 using their birth certificate records which were linked to delivery discharge records by the California Maternal Quality Care Collaborative (Leonard et al., 2019). The results of this cohort study include: 50% of the women were Hispanic, 30% were White, 12% were Asian or Pacific Islander, 5% were Black, 0.3 % were American Indian or Alaska Native, and 3% were multi-race or other. Although Hispanic women were the majority of the study, Black women had the highest prevalence of SMM (1.63%), and white women had the lowest presence of SMM (0.84%) (Leonard et al., 2019). Additionally, the article's discussion section explains that the prevalence of SMM tripled among all the groups that participated in the cohort in California during 1997-2014. As a result of these increases, it became apparent that the risk factors such as cesarean birth and anemia that led to SMM caused many Black Women to suffer (Leonard et al., 2019).

Based on the data, it has been apparent that the racial disparities surrounding severe maternal morbidity have remained constant in society. Thus, one needs to be informed on this topic within society because it can help Black women be more diligent when choosing an OBGYN. Additionally, it is important for physicians to be educated on this topic as well because they will know how to further assist their Black patients effectively. In doing so, it can work towards decreasing the percentage of SMM within Black women.

## References

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