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Connections Between Race and Neglected Women

The trend of deaths surrounding Black, Indian/Alaska Native American, and Hispanic women during pregnancy or postpartum has led to investigations by the Center for Disease and Prevention (C.D.C). The scholarly article includes an Abstract and is written in an Introduction, Methods, Results, and Discussion (IMRAD) format. The article is called “Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017” by Emily E. Peterson et al. Thus, the including of the IMRAD format allows the audience/reader to understand the topic clearly and ensures that the article is written based on evidence, not opinions. The IMRAD formatting strengthens the claims by having a solid structure report, passive voices, and past tenses to further develop the claim of women of color being neglected during/post labor.

The scientific report is written in a passive voice without bias being included while shifting past and present tense. The first section, the Abstract, begins with the topic: “approximately 700 women die annually in the United States from pregnancy-related complications” (Petersen et al., 2019, p.1). Opening with this sentence allows the reader to understand what will follow in the next couple of sections without being too descriptive about the topic. The sentence is also written in the present tense and a passive tone. An example of the passive voice and past tense are in the Methods section, which states, “cause and timing of

pregnancy-related deaths were analyzed” (Petersen et al., 2019, p.2). Additionally, the methods section includes hedging verbs to further develop the uncertainty that was present within the study. An example of a hedging verb is “thematic analyses of MMRC- identified factors that might have contributed to deaths and strategies to prevent future deaths also were conducted” (Petersen et al., 2019, p.2). The hedging verb to allow the reader to understand that there were some questions in what was causing the rise of mortality and morbidity seen among non-Hispanic Black women and American Indian women.

The results section provides adequate data to support the claim presented. It also includes the past tense and passive tone. In the results section, it states, “the highest PRMRs were in women who were black (42.8)” (Petersen et al., 2019, p.3). The past tense and passive voice used in the article emphasizes the results of the study. However, the use of past tense in the article suggest that results concluded are old and Black women no longer have the highest PRMR with society. Additionally, the results section includes non-hedging verbs to further express the certainty found within the study. An example of a non-hedging verb in this section is, “among 251 pregnancy-related deaths evaluated for preventability...139(60%) were determined to be preventable deaths” (Petersen et al., 2019, p.3).

The discussion includes present tense and no hedging verbs to emphasize the certainty of the study without confusing the reader. An example of present tense and no hedging verbs is, “no single intervention is sufficient; reducing pregnancy-related deaths requires reviewing and learning from each death, improving women’s health...” The use of present tense gives a clear understanding of the next steps that need to be taken to improve women’s health during pregnancy/postpartum.

Overall, the IMRAD format of the scholarly article further supports the claim that Black women and other women of color are overlooked during pregnancy and postpartum. This is done by having a well-formatted report section with all the necessary subscripts and a well-written/informative introduction, methods, results, abstract, and discussion ensure the safety of women of color.

References

Petersen, E. E., Davis, N. L., Goodman, D., Cox, S., Mayes, N., Johnston, E., Syverson, C., Seed, K., Shapiro-Mendoza, C. K., Callaghan, W. M., & Barfield, W. (2019b). Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR. Morbidity and Mortality Weekly Report*, 68(18). <https://doi.org/10.15585/mmwr.mm6818e1>