

Black maternal mortality crisis

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My years of training at Howard University Hospital have certainly opened my eyes on racial and ethnic divisions in the healthcare system of our adopted country. Some can always ask if ever such division will be fully addressed. We have seen it with the organ donors especially the kidneys and the hearts, but it is in the way of providing health to the one exposes which appears to be deficient or at least erratic.

One striking aspect touches the high mortality rate following childbirth among black women, especially after the experience of Serena Williams, the professional tennis player, who fortunately, insisted on the need to have a work-up for pulmonary complications after her pregnancy, knowing that black women were two or three times more subject to succumb to pregnancy-related complications compared to other races. This has been reported by the CDC and because, she read about it, she insisted during her post-partum to avoid being part of the statistics.

These complications bring the highest mortality rate among women and especially among African American women presenting a concerning health disparity that can't be ignored in the health system. Most of these complications are preventable but still one may ask why such issues persist. Depending on where or when you ask for the question, one may doubt about a systemic racism contributing to more serious complications dealing with cardiovascular conditions while increasing the risk of maternal mortality. I want to talk about more serious complications like Eclampsia and pre-Eclampsia.

I am sure that such issues have been raised by the OBGYN providers and discussed with patients in order to render them conscious of the problem and the high mortality rate. A thrust between the obstetric providers and the

patient after pregnancy is crucial for a successful outcome. Primary care physicians can also manage chronic conditions like High Blood pressure, Type 2 Diabetes Mellitus, Stroke etc.

Some advance that expanding Medicaid for a postpartum coverage is a critical step to addressing maternal mortality disparities, because it will allow continued monitoring, in case of complications, assuring that black women keep their access to ongoing care. It is also crucial to consider the social determinants of health affecting the women dealing with the education level, the economic status, access to nutrition, the neighborhood where they live which can also contribute to maternal health problems. Chronic diseases play also a role.

Brief, African American women face significant disadvantages in relation to mortality rate and complications, impacting the care of African American women following pregnancy or managing chronic conditions. The more we are aware of the determinants, the more we will be able to address such pressing issues.

President Biden signed to law, a 1, 9 trillion American Rescue Plan Act (ARPA) to provide relief to the one impacted by COVID-19, and low-income pregnant women may be able to benefit from it for a coverage of 60 days during their post-partum period. With 20.1 maternal-deaths for 100,000 pregnancies in 2019, it makes maternal mortality a big problem in the United States. I would not even think about how such statistics will reflect on the post-partum women in our beloved country of Haiti.

Fortunately, Medicaid finances around 45% of all US births yearly, the ARPA has offered more hope to pregnant women for maternal care. 14.9 % of pregnant women have inadequate prenatal care especially among the ages of 15 to 44, 11.9% are un-insured and 14.7 live in poverty. There is a disproportionate maternal mortality among non-Hispanic black women in the US whenever a pregnancy-related death occurs in a pregnancy within the year of Post-partum. It is 4 times more likely to occur in Black than White women, although, most death can be preventable. There comes the need for more black women in their post-maternity care, to remain insured.

Implicit bias, structural racism, inaccurate researches have contributed in the past to this state of facts. We need to keep improving maternal mortality for Black women, forcing as well physicians to change their attitude toward people of color. Such specialists need also to recognize that health disparities impact many blacks through education and employment, housing and healthcare. The physicians must try to change their approaches as professionals. All pregnant women should benefit from high quality of care in pre-natal and should be offered as well, post-natal care once she has delivered. It will help in the monitoring of their blood pressure and blood sugar, mental health while preventing complications to their reproductive system. Then, we would be able to improve healthcare and decrease post-partum complications in Black and underprivileged women.

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