

## Racial Disparities in Maternity Care: *Maternity-Related Outcomes in the State of Michigan*

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Racial and ethnic disparities have a strong influence on pregnancy-related deaths, and this impact can be observed across the State of Michigan. For Black, American Indian, and Alaskan Native (AI/AN) women, pregnancy-related deaths per 100,000 live births were four to five times higher than they were for White women<sup>1</sup>. This is one of the widest racial disparities in women's health. Black infants also have the highest infant mortality rate of any ethnic group in the United States<sup>2</sup>. In fact, during 2017, Michigan's infant mortality rate (6.8 infant deaths per 1,000 live births) was higher than the nation's infant mortality rate (5.8 infant deaths per 1,000 live births)<sup>3</sup>. It is important for all mothers to be informed about these circumstances so that they can prioritize the health and safety of their babies.

During 2018, the U.S. maternal mortality rate increased significantly to 17.4 deaths per 100,000 live births, despite the fact that over half of these deaths were preventable<sup>4,5</sup>. What is even more startling is that from 2011 to 2015, Black women living in Michigan were three times more likely to die from pregnancy-related causes<sup>6,7</sup>. There is no clear explanation for why Black women have the highest maternal mortality rates, but perhaps this occurrence can be linked to a combination of institutional racism, implicit bias, and a limited access to quality prenatal care<sup>8</sup>.

In 2019, the U.S. infant mortality rate declined 1.15% from 2018<sup>7</sup>; however, the State of Michigan had an infant mortality rate of 6.6 in 2019 – once again, higher than the national average<sup>8</sup>. Additionally, in 2018, the Black infant mortality rate was more than three times as high as the White infant mortality rate<sup>9</sup>. Higher rates of preterm birth and lower birth weights among Black infants may explain this difference, especially since Black infants are three times more

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<sup>1</sup>Centers for Disease Control and Prevention. *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths*, 2019

<sup>2</sup>Taylor, Novoa, Hamm, & Phadke. *Eliminating Racial Disparities in Maternal and Infant Mortality*, 2020

<sup>3</sup>MDHHS. *Mother Infant Health & Equity Improvement Plan*, 2019

<sup>4</sup>O'Neill & McNeil. *Maternal Mortality in the United States*. American Action Forum, 2019

<sup>5</sup>Centers for Disease Control and Prevention. *Maternal Mortality*, 2020

<sup>6</sup>Hoyert, Uddin, & Miniño. *Evaluation of the Pregnancy Status Checkbox on the Identification of Maternal Deaths*, 2020

<sup>7</sup>U.S. *Infant Mortality Rate 1950-2020*, 2020.

<sup>8</sup>*Explore Infant Mortality in Michigan | 2019 Annual Report*, 2019

<sup>9</sup>Michigan Department of Health and Human Services, *Summary of Infant Death Statistics*, 2019

likely than non-Hispanic white infants to die from low birth weight complications<sup>10</sup>. Our lack of progress in closing the racial gap in infant mortality rates over the past 50 years is discouraging to say the very least<sup>11</sup>. We must make sure women have equal access to quality healthcare before, during, and after their pregnancy to achieve more positive birthing outcomes<sup>1</sup>.

Sociodemographic and reproductive factors contribute to these racial disparities, but they do not fully explain the high mortality rate among pregnant women from racial and ethnic minorities<sup>12</sup>. For instance, a 2016 study found that Black, college-educated mothers who gave birth in local hospitals were more likely to experience severe pregnancy and childbirth-related complications compared to white women who never graduated from high school<sup>13</sup>. Racial biases exist in our healthcare system and even among healthcare providers. This can lead to an unequal quality of care and negative health outcomes for Black women. For example, Black patients tend to receive care in hospitals that have lower rates of effective medical treatments compared to White patients<sup>12</sup>. A study conducted in 2015 found that many healthcare providers appear to have high levels of implicit bias against Black, Hispanic/Latino/Latina, and dark-skinned people<sup>14</sup>. These biases are directly related to patient-provider interactions, treatment decisions, treatment adherence, and patient health outcomes<sup>14</sup>. Furthermore, research has found that physicians who exhibited high levels of implicit bias were more likely to dominate conversations with Black patients compared to those with less implicit bias<sup>14</sup>. Black patients are less likely to trust these physicians with high levels of bias, and in fact, rate their quality of care as poorer<sup>15</sup>.

Measures must be taken to resolve these inequities in the State of Michigan. This past April, Governor Whitmer created a Michigan Coronavirus Task Force on Racial Disparities. The task force will study the causes of racial disparities in the impact of COVID-19. It will also recommend immediate actions to address disparities and the historical inequities that created them<sup>16</sup>. All mothers deserve compassionate care. The more information and education that new and expecting mothers receive, the more steps they can take to have a safe, healthy, and successful pregnancy.

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<sup>10</sup>US Department of Health and Human Services Office of Minority Health, *Infant Mortality and African Americans*, 2019

<sup>11</sup>MacDorman & Mathews, *Understanding racial and ethnic disparities in U.S. infant mortality rates*, 2011

<sup>12</sup>Howell, *Reducing Disparities in Severe Maternal Morbidity and Mortality*, 2018

<sup>13</sup>New York City Department of Health and Mental Hygiene, *Severe Maternal Morbidity in New York City, 2008–2012*, 2016

<sup>14</sup>Hall, Chapman, Lee, et al., *Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review*, 2015

<sup>15</sup>DeAngelis, *How does implicit bias by physicians affect patients' health care?*, 2019

<sup>16</sup>Whitmer—Governor Whitmer Signs Executive Order Creating the Michigan Coronavirus Task Force on Racial Disparities, 2020

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