UNIVERSITY of HOUSTON
GRADUATE COLLEGE of SOCIAL WORK
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Reaching for Reproductive Justice

Preventing Maternal Mortality among Black Women in the U.S.

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Introduction

Black women bear the greatest risk for maternal mortality: death within one year of giving birth.
(Berg, 2005; Texas Health & Human Services, 2018; Tucker, 2007)

For the past 5 decades, Black women consistently experienced nearly 4-times greater risk of death from pregnancy complications than White women. (Berg, 2005; Tucker, 2007)

Risk for maternal death among Black mothers remains high across socioeconomic status (Rosenberg, 2006). The chart below shows the maternal mortality rate (MMR – deaths per 100,000 live births) for Black women in Texas based on several factors:

MMR by Marital Status

Married: 45.6 • Unmarried: 41

MMR by Insurance Type

Medicaid: 47.4 • Self-Pay/No Insurance: 15.2
Private Insurance: 90.9

MMR by Education Completed

No HS Diploma: 34.5 • HS Diploma: 55.2
Associate: 46.1 • Bachelor: 31.5 • Master: 41.8

(Texas Health & Human Services, 2018)

Research Question

What is the most effective intervention to reduce maternal mortality rates among Black women in the U.S.?

Recommended Intervention: *CMQCC Hemorrhage Kit*

The California Maternal Quality Care Collaborative (CMQCC) comprehensive quality improvement tool kit for obstetric hemorrhage

99 hospitals implemented up to 17 tool kit bundle measures (see table). Intervention also included a mentorship program with 1 doctor & 1 nurse experienced in quality improvement.

Readiness Measures	Recognition & Prevention Measures	Response Measures
Hemorrhage cart	Assessment of hemorrhage risk	Unit-standard, stage-based obstetrics hemorrhage emergency management plan with checklists
STAT access to hemorrhage medications	Measurement of cumulative blood loss	Support program for patients, families, & staff for significant hemorrhages
Hemorrhage response team established	Active management of third stage of labor	Reporting & systems learning domain
Massive transfusion protocols established		Establish culture of huddles to plan for high-risk patients
Emergency release protocols established for 0-negative and uncross-matched units of RBC		Post-event debriefing to quickly assess what went well and what could be improved
Protocol for those who refuse blood products		Multidisciplinary reviews of all serious hemorrhages for system issues
Unit education to protocols		Monitor outcomes & progress in prenatal QI committee
Regular unit-based drills with debriefs		

(Main, 2017)

Alternative Interventions

Nurse-Family Partnership

Prenatal and postpartum home visits by nurses and free transportation to prenatal care are promising means of reducing all-cause mortality* among mothers (mostly Black) living in highly disadvantaged settings in Tennessee. (Olds, 2014)
A systematic review also reported beneficial results of community-based health interventions in other countries. (Lassi, 2015)

Benefits: Large RTC. Significant results. Improves women's prenatal health. Helps mothers provide more competent care for babies. Improves women's reported self-efficacy (Olds, 2014).

Limitations: May not be generalizable to Black women who are not unmarried or highly disadvantaged economically. Doesn't address underlying health issues likely to be faced by women of color. Researchers note samples may not have been completely comparable. (Olds, 2014)

*Not strictly maternal mortality

Task Force

Establishment of a task force to analyze this racial disparity and recommend solutions to address maternal mortality rates of Black women. Although not stated in the article, I recommend this task force include Black mothers. (Texas Health & Human Services, 2018)

Benefits: Would allow professionals to get at the root cause of this disparity and customize solutions to the population.

Limitations: Efficacy has not yet been researched or tested. Not a direct intervention. Difficult to measure.

Methods

Search Terms

African American women OR Black women OR women of color
AND maternal mortality OR pregnancy related death
AND treatment OR intervention or therapy

Inclusion Criteria

English Language
Peer-Reviewed

80 Results Retrieved

Academic Search Complete - 22
CINAHL Complete - 17
Health Source - 10
SocINDEX - 7
Cochrane - 1
Other - <7 each

9 Articles Used

Intervention Rationale

- Quasi-Experimental Study
- 99 CMQCC Intervention Hospitals
- 48 Comparison Hospitals
- Baseline before/after comparison
- 48-month baseline period
- 10-month adoption period
- 6-month postintervention period
- Significant results (P < .0001)

Severe Maternal Morbidity (SMM) Reduction

20.8% reduction in SMM in 99 participating hospitals

1.2% reduction in SMM in 48 control hospitals

(Main, 2017)

Why Focus On Obstetric Hemorrhage?

By lowering the risk for obstetric hemorrhage (OH), the maternal mortality rate among Black women can be reduced. OH Facts:

- Most common cause of maternal mortality in the world
- Most preventable cause of maternal mortality in the US
- Black women are at highest risk for severe maternal morbidity (risk of death) involving obstetric hemorrhage
- Black women are at least 3.3 times as likely to die from obstetric hemorrhage than White women

(Berg, 2005; Gray, 2012; Rosenberg, 2006; Texas Health & Human Services, 2018; Tucker, 2007)

Unanswered Questions

Current research does not address the root of the problem. As social workers, we must encourage research that studies the biological, psychological, *and* social aspects of this disparity. Most existing research focuses on healthcare.

Although multiple factors contribute to this issue, including lack of healthcare access, income, education, or "desirable" residence, research shows this problem persists across those demographics.

While the recommended intervention is medical, in an effort to understand this issue, additional research focusing on middle and upper class Black women is needed. We must ask, why is it that Black women aren't more likely to face severe maternal morbidity than White women, just more likely to die from it? (Rosenberg, 2006; Tucker, 2007)

"Weathering" that comes with living in a society fraught with systemic racism, compounded by racial bias in healthcare, has been asserted as a possible cause. The facts that Black teen mothers fair better than their 20-something counterparts and that Black women from poorer countries have better birth weights than Black American mothers reinforce this theory. (Geronimus, 1996)

Social workers have the opportunity to better connect at-risk clients to the resources they need, educate providers on this disparity and cultural competence, and refer clients to healthcare providers who understand the needs and risks affecting Black mothers.