

## MATERNAL MORTALITY AMONG AFRICAN AMERICAN WOMEN, Part 1

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### National Statistics

An article, *Racial/Ethnic Disparities in Pregnancy-Related Deaths—United States, 2007-2016*, published in a Morbidity and Mortality Weekly Report for the US Department of Health and Human Services/Centers for Disease Control and Prevention, reported that from 2007 to 2016, 6,765 women died in the United States due to pregnancy-related complications (1).

A demographic analysis of pregnancy-related mortality ratios (PRMRs) or pregnancy-related deaths per 100,000 live births were measured by five 2-year intervals and cause of death was classified in 10 categories. \* White women were the referent group as they comprise the largest racial/ethnic group. Findings indicated that black women experienced the highest PRMRs, 40.8 deaths compared to 12.7 deaths in the referent group, i.e., 3.2 times higher. PRMRs are highest among 35-40-years-olds.

Ten mutually exclusive leading causes of death were isolated. They include:

1. Hemorrhage
2. Infection
3. Amniotic fluid embolism
4. Thrombotic pulmonary or other embolisms (i.e., air, septic, or fat)
5. Hypertensive disorders of pregnancy (i.e., preeclampsia or eclampsia)
6. Anesthesia complications
7. Cerebrovascular accidents
8. Cardiomyopathy
9. Other cardiovascular diseases (congenital, cardiac valvular, hypertensive heart disease)
10. Non-cardiovascular conditions (endocrine, hematologic, immunologic, and renal)

According to this report, racial/ethnic disparities greatly influence maternal mortality rates among Black women. Prior studies reported that multiple factors contributed to pregnancy related deaths, “including community, health facility, patient/family, provider, and system” (1).

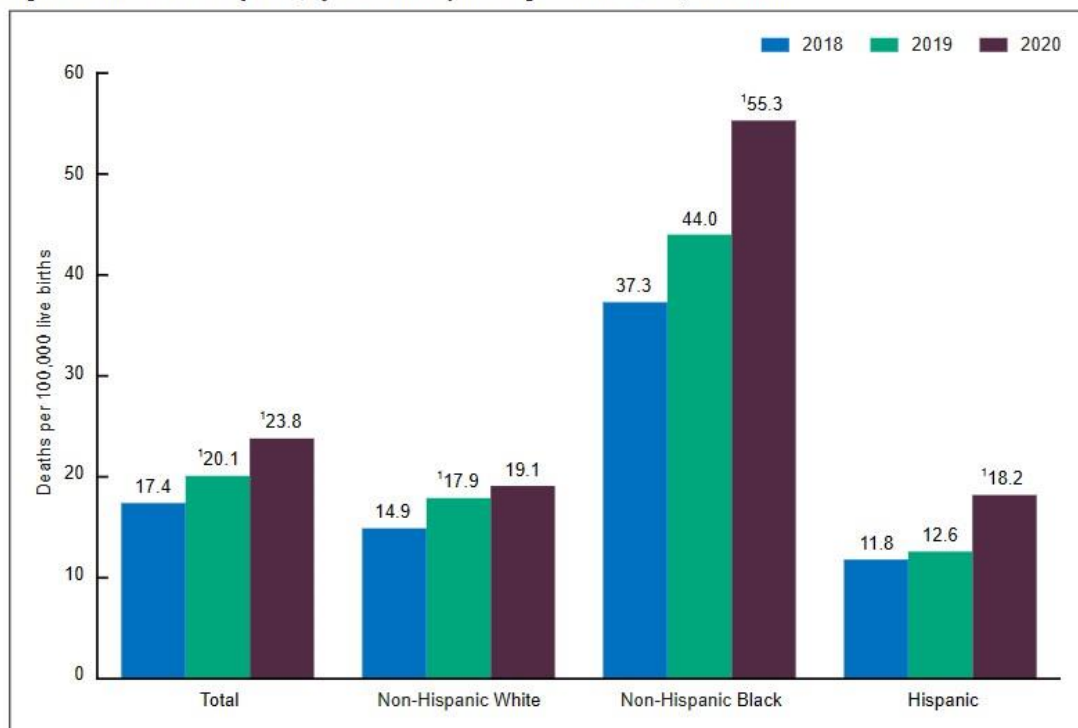
Findings by maternal mortality review committees in more than thirteen states found that “more than 60%” of pregnancy-related deaths were preventable. They surmise that disproportionate causes of deaths among Black women may be due to reduced access to care, quality of care rendered, and existing chronic diseases (2).

Systemic factors influencing maternal mortality outcomes include — poor housing, inadequate healthcare coverage, and lack of transportation to doctor’s visits. In addition, “implicit racial bias has been reported in the healthcare system.” Such bias impacts communication between patient and doctor, treatment provided, patient trust, and health outcomes (3).

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In the article, *Maternal Mortality Rates in the United States, 2020*, published by the National Center for Health Statistics, it was reported that Black women experienced 55.3 deaths per 100,000 live births, a dramatic increase over recent years (4).

Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2020



<sup>1</sup>Statistically significant increase in rate from previous year ( $p < 0.05$ ).  
 NOTE: Race groups are single race.  
 SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

## The Program

The program will feature health professionals, faculty, students, community partners, community members, and legislators. The day will begin with a continental breakfast, followed by greetings and introductions. There will be four 1-hour-long panels dedicated to: 1. Prenatal Health, 2. Labor & Delivery; 3. Mental Health, and 4. Advocacy. In panel 4., elected officials will discuss strategies to improve access to services, resources, and quality anti-biased medical care in order to reduce incidences of pregnancy-related deaths.