

## MATERNAL MORTALITY AMONG AFRICAN AMERICAN WOMEN, Part 2

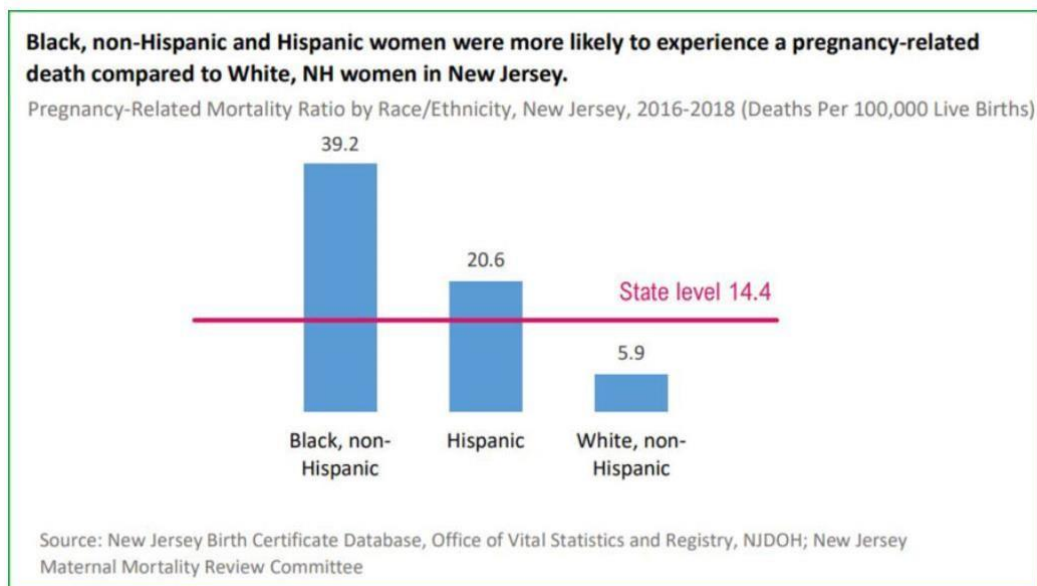
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### New Jersey

The National Governor’s Association Center for Best Practices reported that in 2018, New Jersey ranked 47<sup>th</sup> among all 50 states on the subject of maternal mortality, and **“Black women were five times more likely to die from pregnancy-related complications than white women”** (5).

In 2019, First Lady Tammy Murphy launched the ***Nurture New Jersey*** (Nurture NJ) initiative consisting of various stakeholders tasked with developing “strategies” that will reduce maternal mortality and make New Jersey “the safest and most equitable” state for childbirth and childrearing. The governor has signed many pieces of legislation toward that goal (5).

Figure 2. – PRMR Statistics in New Jersey, 2016-2018 (6)



### The Health Summit on Black Maternal Mortality:

Bergen Community College is a leading educational institution whose role is to educate its constituents (internal and external). By hosting a health summit on maternal mortality, the college will show that it is aware of this pervasive problem and is taking positive steps to address it through education and collaboration.

Given that maternal mortality disproportionately affects Black women, the initiative will bring attention to systemic economic, health, and education disparities that significantly impact this demographic, while exploring ways to reduce mortality outcomes.

Further, the health summit's goals amplify those of the first lady and governor of New Jersey through community engagement around this important issue.

### **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.

### References

1. Peterson EE, Davis NL, Goodman D, et al. Vital signs: pregnancy-related deaths, United States, 2011-2015, and strategies for prevention, 13 states, 2013-2017. *MMWR Morb Mortal Wkly Rep* 2019; 68:423-430. <https://doi.org/10.15585/mmwr.mm681e1>
2. Howell EA. Reducing disparities in severe maternal morbidity and mortality. *Clin Obstet Gynecol* 2018; 61:387—99. <https://doi.org/10.1097/GRF.0000000000000349>
3. Hall WJ, Chapman MV, Lee KM, et al. Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systemic review. *Am J Public Health* 2015; 105:e60—76. <https://doi.org/10.2015/AJPH.2015.302903>
4. Hoyert DL. Maternal mortality rates in the United States, 2020. *NCHS Health E-Stats*. 2022. Doi: <https://dx.doi.org/10.15620/cdc:113967>
5. LeBlanc, M., Bates, S., & Block, L. (2021). Promising Practices to Reduce Maternal Mortality in New Jersey. Washington, D.C.: National Governors Association Center for Best Practices [Promising-PracticesNew-Jersey.pdf \(nga.org\)](#)
6. Stainton, L. H., (2022) Many pregnancy deaths preventable, report says. <https://www.njspotlightnews.org/2022/11>

Additional Source

Nantwi, A.K., Kraus, R.N., & Slutzky, C.B. (2022). New Jersey Maternal Mortality Report 2016-2018.  
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