

Snapshot: Black Maternal Health in the United States

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Black women in the United States experience unacceptably poor maternal health outcomes, including disproportionately high rates of maternal death related to pregnancy or childbirth.

- ▶ **Too many Black women are dying in pregnancy and childbirth.** Black women in the United States are more likely to die from pregnancy or childbirth than women of any other race.¹
 - ▶ Black women are three to four times more likely to experience a pregnancy-related death than white women.²
 - ▶ Black women are more likely to experience preventable maternal death than white women.³
 - ▶ Black women's heightened risk of pregnancy-related death spans income and education levels.⁴ For example, in New York City even Black women with college degrees are more likely to suffer complications (including death) related to pregnancy or childbirth than white women without high school degrees.⁵
 - ▶ Many pregnancy and childbirth complications, such as preeclampsia, eclampsia, placental abruption, placenta previa and postpartum hemorrhage, are more likely to be fatal for Black women than for white women.⁶
- ▶ **Black women experience more adverse maternal health complications than white women.** Black women are more likely to experience complications throughout the course of their pregnancies than white women. Black women also experience physical “weathering,” meaning their bodies age faster than white women's due to exposure to chronic stress linked to socioeconomic disadvantage and discrimination over the life course, thus making pregnancy riskier at an earlier age.⁷
 - ▶ Black women are three times more likely to have fibroids (benign tumors that grow in the uterus and can contribute to postpartum hemorrhaging) than white women, and they occur at younger ages and grow more quickly in Black women.⁸
 - ▶ Black women display signs of preeclampsia earlier in pregnancy than white women. This condition, which involves high blood pressure during pregnancy, can lead to severe complications including death if not properly treated.⁹
 - ▶ Peripartum cardiomyopathy (PPCM), a form of maternal heart failure, occurs at earlier ages for black women than for white women and the recovery period is twice as long for Black women as it is for white women.¹⁰

- ▶ Black women are more likely to experience severe postpartum hemorrhage and peripartum infection than white women.¹¹ Both of these conditions can be severe and life threatening and can reduce quality of life, causing weakness, fatigue and a longer recovery period.
- ▶ **Black-serving hospitals provide lower quality maternity care.** Seventy-five percent of Black women give birth at hospitals that serve predominantly Black populations.¹² While poverty and limited access to care contribute to maternal health disparities, growing evidence suggests that Black-serving hospitals – typically found in disadvantaged neighborhoods – provide lower quality care and have worse maternal health outcomes than non-Black-serving hospitals.
 - ▶ Black-serving hospitals have higher rates of maternal complications than non-Black serving hospitals, and performed worse on 12 of 15 birth outcomes including trauma, non-elective cesarean birth and maternal mortality.¹³
 - ▶ Black women who give birth at Black-serving hospitals are more likely to have serious complications, including higher rates of infection and emergency hysterectomies.¹⁴ One estimate found that Black women’s maternal morbidity rate would fall by 50 percent if they gave birth at predominantly white-serving hospitals.¹⁵

1 Centers for Disease Control and Prevention. (2018, February). *Pregnancy-Related Deaths*. Retrieved 30 March 2018, from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>

2 Creanga, A. A., Syverson, C., Seed, K., & Callaghan, W. M. (2017). Pregnancy-related mortality in the United States, 2011–2013. *Obstetrics & Gynecology*, 130(2), 366–373. Retrieved 30 March 2018, from <https://www.ncbi.nlm.nih.gov/pubmed/28697109> (2011–2013 data).

3 Louis, J. M., Menard, M. K., & Gee, R. E. (2015). Racial and ethnic disparities in maternal morbidity and mortality. *Obstetrics & Gynecology*, 125(3), 690–694.

4 Black Mamas Matter Alliance and the Center for Reproductive Health. *Research Overview of Maternal Mortality and Morbidity in the United States*. Retrieved 2 April 2018, from

https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/USPA_MH_TO_ResearchBrief_Final_5.16.pdf

5 New York City Department of Health and Mental Hygiene. (2016). *Severe Maternal Morbidity in New York City, 2008–2012*. Retrieved 30 March 2018, from <https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf>

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7 Geronimus, A. T. (1992). The weathering hypothesis and the health of African-American women and infants: evidence and speculations. *Ethnicity & Disease*, 2(3), 207–221.

8 Eltoukhi, H. M., Modi, M. N., Weston, M., Armstrong, A. Y., & Stewart, E. A. (2014). The health disparities of uterine fibroid tumors for African American women: a public health issue. *American Journal of Obstetrics & Gynecology*, 210(3), 194–199. Retrieved 30 March 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3874080/>

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10 Irizarry, O. C., Levine, L. D., Lewey, J., Boyer, T., Riis, V., Elovitz, M. A., & Arany, Z. (2017). Comparison of Clinical Characteristics and Outcomes of Peripartum Cardiomyopathy Between African American and Non–African American Women. *JAMA Cardiology*, 2(11), 1256–1260. Retrieved 30 March 2018, from <https://jamanetwork.com/journals/jamacardiology/article-abstract/2657313>

11 Grobman, W. A., Bailit, J. L., Rice, M. M., Wapner, R. J., Reddy, U. M., Varner, M. W. & Tita, A. T. (2015). Racial and ethnic disparities in maternal morbidity and obstetric care. *Obstetrics and Gynecology*, 125(6), 1460. Retrieved 30 March 2018, from <https://www.ncbi.nlm.nih.gov/pubmed/26000518>

12 Howell, E. A., Egorova, N., Balbierz, A., Zeitlin, J., & Hebert, P. L. (2016). Black-white differences in severe maternal morbidity and site of care. *American Journal of Obstetrics & Gynecology*, 214(1), 122–e1. Retrieved 30 March 2018, from <https://www.ncbi.nlm.nih.gov/pubmed/26283457>

13 See note 12, Howell; Creanga, A. A., Bateman, B. T., Mhyre, J. M., Kuklina, E., Shikrut, A., & Callaghan, W. M. (2014). Performance of racial and ethnic minority-serving hospitals on delivery-related indicators. *American Journal of Obstetrics & Gynecology*, 211(6), 647–e1. Retrieved 30 March 2018, from <https://www.ncbi.nlm.nih.gov/pubmed/24909341>

14 See note 13, Creanga.

15 Howell, E. A., Egorova, N. N., Balbierz, A., Zeitlin, J., & Hebert, P. L. (2016). Site of delivery contribution to black-white severe maternal morbidity disparity. *American Journal of Obstetrics & Gynecology*, 215(2), 143–152. Retrieved 30 March 2018, from <https://www.ncbi.nlm.nih.gov/pubmed/27179441>

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