

Sacred Heart University

Issues of Racist Quality of Care in Maternal Healthcare

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Introduction

A black pregnant woman in the United States is rushed into the hospital as her membranes have ruptured and her baby is about to arrive. However, she is not just nervous about becoming a mother for the first time, but she is nervous about the quality of care she and her baby are going to receive. Why? Maternal and infant mortality rates are higher in Black women in comparison to White women. Implicit bias and explicit bias have been prevalent in healthcare for decades, which can be due to the socioeconomic status of people entering medical school and how health professionals treat people of different races, which ultimately breaks the Hippocratic Oath. The Civil Rights Movement facilitated the passing of the Civil Rights Act of 1964 to improve the discrepancy between the care of the races, which ultimately affects the quality of care given to black Americans. Movements, such as the Black Mamas Matter Alliance, are trying to spread awareness about the implicit and explicit biases that have surfaced in maternal healthcare. The United States can look at other countries' responses to their maternal and infant mortality rates and integrate the other countries' ideas into this society. Moreover, in the United States, white Americans have significantly lower maternal and infant mortality rates in comparison to black Americans, which indicates that this society is driven by systemic racism.

Mortality Rates

In 2020, maternal mortality for black Americans is higher than White Americans. Maternal mortality is defined by the World Health Organization as the “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy or its management but not from incidental or accidental causes” (Abboud 412). The definition of maternal mortality indicates that these deaths are not an accident; therefore, they are due to decreased quality of care. Maternal mortality is measured through the

Maternal Mortality Ratio (MMR), which are “maternal deaths per 100,000 live births” (Abboud 412). The MMR is used to provide quantitative statistics of the amount of maternal deaths in the United States. The MMR is compared to different countries, and the United States’ MMR keeps increasing. However, there is not just a problem with the maternal mortality rate increasing, but that there is an enormous discrepancy in what race is being affected the most. The race that is unfortunately having the most maternal deaths are black Americans. This accusation can be illustrated through Abboud’s words, “To make matters worse, according to the CDC, there is a notable racial and ethnic disparity regarding maternal mortality in the United States. For example, Black women are three times more likely to die from childbirth or pregnancy complications that are white women” (Abboud 412). One woman passing away from childbirth is more than enough, but the statistic that black American women are three times more likely to pass away from what is supposed to be a positive experience of welcoming a new human into the world is sickening. “The maternal mortality rate for Black women is 40 per 100,000 live births” (Abboud 412) and “these numbers are disturbing compared to the 12.4 deaths per 100,000 live births for White women” (Abboud 412). The maternal mortality rate in Black American women is more than twice the maternal mortality rate in White American women. However, the mortality rates are not just affecting new mothers, but are affecting the new infants as well.

A black newborn infant is also at risk for a higher mortality rate in comparison to a white newborn infant. This division in mortality rates is due to the racist quality of care, that stems from systemic racism, that is evident in the maternal healthcare system. In 2009, the year that most recent statistics were gathered that compared white infant mortality rates to black infant mortality rates, there was an infant mortality rate of 5.5 deaths per 1,000 live births for white infants and an infant mortality rate of 12.4 infant deaths per 1,000 live births for black infants

(Loggins and Flavia 118). This statistic, similar to the maternal mortality rates, is not favorable to the black Americans. Moreover, white newborn infants tend to live more than twice than black newborn infants.

Implicit and Explicit Biases

Implicit bias and explicit bias that black American woman receive in maternal healthcare contributes to the high infant and maternal mortality rate. Black American woman undergo a bias from the moment they step into the doctor's office, due to systemic racism. Dr. Nesbitt states, "Each ob/gyn needs to ask themselves the question, "How is systemic racism manifested in this office?" Systemic racism is difficult concept to understand. It is not a problem with an individual. It is embedded in processes that affect one group disproportionately" (Rogers and Nesbitt 16). Systemic racism can also be referred to as implicit bias. The problem with implicit bias is that a person does not mean to provide inadequate standard of care to a patient, but is programmed to do it. This racism is programmed within a human being with stereotypes of a particular race, and this can ultimately affect how a patient is treated. Implicit biases are defined to, "occur between a group or category attribute, such as being black, and a negative evaluation (implicit prejudice) or another category attribute, such as being violent (implicit stereotype)" (FitzGerald and Hurst 2). In maternal healthcare, being black is a deficit because the statistics exemplify that an implicit bias exists regarding how black women are treated, which ultimately has led to more mortalities in comparison to white pregnant women.

As systemic racism is the main contributing factor in the issue of racism negatively reflecting the quality of care black American women receive, explicit bias is also evident in maternal healthcare as well. Explicit bias is that, "the person is very clear about his or her feelings and attitudes, and related behaviors are conducted with intent. This type of bias is

processed neurologically at a conscious level as declarative, semantic memory, and in words” (“Two Types of Bias”). Since the person is clear about how they feel about a specific gender or race, they act accordingly to their bias. For example, a doctor who has a stereotypical conscious feeling towards a specific race, in this case black Americans, they will act in a specific matter, where the standard of care is discriminatory. For example, a doctor may deny a black women pain medication because he does not believe she needs it. Implicit bias, or systemic racism, is the main factor contributing to the gap in mortality rates between white Americans and black Americans.

Psychological Literature on Systemic Racism

Systemic racism is the root of the issue that produces the discrepancy in the mortality maternal and infant rates. Systemic racism impedes the inequality black Americans receive. It is the United States’ systemic racism that produces inadequate care in maternal healthcare. Black Americans are more likely to not have access to healthcare due to systemic racism, which creates more health-related problems. On top of having the probability of not having access to healthcare, black Americans are not being treated correctly, which stems from the bias that is prevalent in this nation. *The New England Journal of Medicine* states, “Black patients, who are already affected by health inequities and impaired health care access, have a much lower chance than white or Asian- American patients of finding a racially concordant physician” (Evans 275). Therefore, black Americans not only have the probability of not having access to healthcare due to being a minority in the United States, but have to deal with not being treated correctly due to the programmed systemic racism that is surfaced in the United States.

Hippocratic Oath and Anecdotes

This treatment of black American and infants is unethical. There is an oath that physicians must take in order to become a doctor, and that oath is the Hippocratic Oath. The oath is translated from the Greeks, “I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous” (“First, Do No Harm”). To summarize, the oath is telling the new physician to avoid doing harm. Therefore, the physician should avoid intentional harm to a patient. In this incidence of the issues of racism regarding maternal healthcare, physicians are subconsciously and consciously providing inadequate care towards black American women as there are discrepancies in the maternal and infant mortality death rates among black American women and infants. Many black women have reported that they have not been treated fairly or adequately during their time in the hospital.

Breaking of the Hippocratic Oath is illustrated in the District of Columbia, located in the United States of America, black women who have given birth in Capitol Hill Medical Center are more likely to have their babies pass away. Black women are placed in a different ward to give birth, and the ward is based on a woman and her family’s income. The placement of these women is a prime example that racism is a problem in maternal healthcare. Wilkes, a writer for the Washington Post, states, “Infants born in Ward 8 are 10 times more likely to die than those born in Ward 3. Ward 8, whose population is 92 percent black with a median household income of \$34,000 vs. Ward 3, whose population is 82 percent white with a median household income of \$136,000” (Wilkes 1). The racism in Washington D.C. is prevalent through this medical center’s division of the wards based on socioeconomic status. To make matters worse, Wilkes informs that, “The District’s chief medical examiner, Roger A. Mitchell Jr., testified that 75 percent of the maternal deaths in the District between 2014 and 2016 were black women” (Wilkes 1). That

would leave only 15 percent of maternal deaths to white woman and other ethnicities. The reason for this enormous mortality gap—implicit bias and explicit bias.

Serena Williams, a well-known professional tennis player faced racism in her childbirth experience as well. Williams was ignored when she voiced her concern about her health, as she was nervous that she was having a complication from her cesarean section. The nurses nor the doctors would not listen to her. Serena Williams knew her medical history and knew she was prone to blood clots (“For Serena Williams, Childbirth Was a Harrowing Ordeal. She’s Not Alone”). Williams was eventually diagnosed with a pulmonary embolism and a large hematoma in her abdomen (“For Serena Williams, Childbirth Was a Harrowing Ordeal. She’s Not Alone”). Dr. Elizabeth Howell stated, “Poverty, access to care, culture, communication, and decision-making all contribute to disparities. Still, the problem is often attributed incorrectly solely to poverty” (“For Serena Williams, Childbirth Was a Harrowing Ordeal, She’s Not Alone”). Howell is reinforcing that these contributing factors to the maternal and infant mortality rates in black women and newborns are not just the reason why these deaths are occurring. There is something that is the root to all of these malpractice deaths, and that root is systemic racism, which is shown through implicit and explicit bias. Dr. Howell then goes on to say, “There’s more and more emphasis to thinking about the ways bias shapes the way we hear our patients” (“For Serena Williams, Childbirth Was a Harrowing Ordeal, She’s Not Alone”). This statement leaves the reader to question whether a white patient would be heard if they voiced their concerns just like Serena Williams did. However, proven by the statistics, black women are not being heard, and there are major repercussions that are surfacing through this racism.

The concerns presented to doctors by black pregnant women in the United States are not being received properly, and the repercussions are that someone’s life is being taken each time a

doctor does not listen to a black American woman. A specific patient believed she was suffering from a complication of being pregnant, which would affect the baby. Eventually it did affect the baby, and the baby passed away due to this unresolved complication the patient was experiencing. The patient, Iaishia Smith, states, “I was doing all the things that I was supposed to be doing, eating healthy, that sort of thing” (“Birthing While Black”). Smith was just not being recognized and not being presented with the adequate standard of care that she deserved. Smith also stated, “I told her my feet are swollen. I have these bumps on my feet. I am really thirsty. I’m super tired. And the doctor just discounted those things. I think that my doctor dismissed my concerns. I think had there been a white woman of my same age, of my same situation, that she (her doctor) would have looked into why it was happening” (“Birthing While Black”). There is no excuse to why Smith’s doctor would not look into her concerns. If Smith’s doctor were to listen to Smith’s concerns maybe her baby would be here today. This example is a prime explanation that black women are being treated differently, which ultimately led to the death of her baby.

Unfortunately, there are more stories about black American women receiving poor quality of care in maternal and infant healthcare. Specific scenarios that have occurred were a soon to be mother being stereotyped that she would not have enough money to eat healthy during her pregnancy, which ultimately would affect the baby’s health, a pregnant black woman being denied pain medication, and a woman not being treated with any empathy during the pregnancy (“Birthing While Black”). A post-pregnancy black American woman was interviewed for an article about her experience in maternal healthcare. Kyana Brathwaite stated, “She treated me as if I was a piece of cattle,” (“Birthing While Black”). Brathwaite should have never felt these emotions when she is supposed to be enjoying the fact that she is bringing new life into the

world. She should be treated with empathy and respect, while she was in the hospital to deliver her baby like a human being, not like a piece of cattle. Therefore, implicit and explicit bias was occurring in these scenarios. There should be no reason that a woman should be treated like an animal. There should be no reason that a woman should be denied pain medication. There should be no reason that a woman is stereotyped that she would not be able to afford adequate nutrition for her soon to be baby.

Implicit bias and explicit bias are the reasons why black American women and their babies are not treated with respect, and empathy. This racist quality of care that stems from the way society is configured is why there are higher maternal and infant mortality rates. The director of Women's Health and Rights at the Washington D.C. – based Center for American Progress states, “The issue is multifaceted, the causes are multifaceted, but the short answer for the underlying reasons is racism. There's implicit and explicit bias in the healthcare system. And so sometimes that leads to certain providers delivering substandard care, and also even just less sort of nefariously, not acknowledging pain concerns” (“Birthing While Black”). This standard of care should not be allowed, whether it is subconscious or conscious. This racism needs to come to halt in maternal healthcare.

Socioeconomic Status of People Entering Medical School

So why does the racism of implicit and explicit bias occur in maternal healthcare? The socioeconomic status of people entering medical school can influence why there is an implicit bias and explicit bias between the relationship of the medical staff and black American women and black American newborns in maternal healthcare. The division in who is able to attend medical school directly correlates with the implicit bias that surfaces in maternal health. The socioeconomic status of people who are attending medical school and go on to become doctors

are of the wealthier status, and the wealthy tend to make up more of the white American population. Therefore, this discrepancy of infant mortality rates and maternal mortality rates in comparison to black Americans and white Americans could be due to the socioeconomic diversity gap that is seen in medical education. The statistics on who is entering medical school can be searched through the Association of American Medical Colleges. In the 2020- 2021 academic year there was a total of 7,126 black Americans that were accepted into medical school (“Total U.S. Medical School Enrollment by Race/ Ethnicity (Alone) and Sex, 2016-2018 through 2020-2021”) In comparison, there was a total of 45,738 white Americans that were accepted into medical school (“Total U.S. Medical School Enrollment by Race/ Ethnicity (Alone) and Sex, 2016-2018 through 2020-2021”). In the article, “The Socioeconomic Diversity Gap in Medical Education,” reiterates that the socioeconomic diversity gap is still a prominent issue in the United States, where the majority of medical school attendees are of middle- class or upper-class socioeconomic statuses. The list of what to accomplish before getting into medical school is significant, including to “succeed academically, shadow physicians, volunteer, conduct cutting-edge research, and spend thousands of dollars on exams, applications, and interviews” (“The Socioeconomic Diversity Gap in Medical Education”). All of these requirements can provide a difficult road for people of lower socioeconomic status to achieve their goal of becoming a doctor. With that being said, the medical school population tends to be more favorable to white Americans due to that socioeconomic factors that play a prevalent role in other races’ lives; therefore, it is more difficult for people of lower socioeconomic status to get into medical school. Hence, the majority of the time black women are not seeing doctors or nurses of their specific race, and therefore, can lead to an implicit and explicit racial bias.

The people who are subjected to living in poverty and do not have the tools to get into medical school than people of higher socioeconomic status have. Ultimately the people living in poverty have less of a chance of getting into medical school; therefore, people are more likely to be of a higher socioeconomic status went entering medical school. An enormous portion of the country lives in poverty, and

Approximately one-third of the US population lives at or near the poverty line; however, this group makes up less than 7% of the incoming medical students. In the United Kingdom, the ratio of those of the highest social stratum is 30 times greater than those of the lowest to receive admission to medical school. In an effort to address health disparities and improve patient care, the authors argue that significant barriers must be overcome for the children of the disadvantaged to gain admission to medical school” (“The dynamics of poverty, educational attainment, and the children of the disadvantaged entering medical school”)

The difference between the patient care that white American women receive in maternal healthcare compared to the care black American women receive is due to the way these different races are treated. The way they are treated stem from who their doctors are, and what socioeconomic background they come from. The lower socioeconomic status people have a harder time getting into medical school because they cannot afford the prerequisites nor have the same opportunities of people of higher socioeconomic status. The discrepancy of who is entering medical school needs to be fixed in order to fix the deaths in maternal healthcare. People of lower socioeconomic status tend to be of the minority, hence why not a lot of doctors who resemble the race of the pregnant women who are being discriminated against.

Since black American women tend to not be seeing doctors of their specific race, implicit and explicit racial bias can occur, and the reason they may not be seeing minority doctors is because of the socioeconomic diversity gap that is prevalent in medical school. A review that was in the Academic Emergency Medicine discussed implicit bias in the healthcare setting. The article states, “The majority of studies found an implicit preference for white patients, especially

among white physicians” (“Doctors and Racial Bias: Still a Long Way to Go”). This gap between who attends medical school needs to change, so the maternal and infant mortality rates change. Therefore, if a black American woman were to have a white physician the majority of the time there would be an implicit bias toward the woman, and therefore, would affect how the patient would be treated. Moreover, this problem is rooted in who is attending medical school and ultimately becomes a doctor.

Civil Rights’ Movements Regarding Maternal Mortality

Sadly, the trend of discrimination against ones’ race has not just been happening in recent years. Discrimination and racism have been occurring since the beginning of slavery, which was hundreds of years ago. In 1964 the Civil Rights Act was passed. A specific part of the act relates to health care and concludes that discrimination should not happen in the healthcare system. Title VI Section 601 of the Civil Rights Act of 1964 states, “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance” (“Civil rights. Findlaw”). Healthcare is being federally funded through the government, and therefore, would fall into this category. These black women and babies are not being provided the same quality of care, and are being ignored due to their skin color. Therefore, black women and black babies are being subjected to discrimination as they are not being provided with the standard of care in the healthcare setting.

Despite this negative situation regarding maternal and infant mortality rates in black women and black newborns, there is something being done about this sickening situation. The Black Mamas Matter Alliance was formed to advocate for black women, who are pregnant. The alliance wants equal treatment and care for the mother and her baby. This alliance was sparked to

start when the Center for Reproductive Rights, SisterSong Women of Color Reproductive Justice Collective, and the founding women of Black Mamas Matter Alliance collaborated on a report called the “Reproductive Injustice: Gender and Racial Discrimination in U.S. Health Care” (“Black Mamas Matter Alliance Values”). After this collaboration, women from SisterSong Women of Color Reproductive Justice Collective and the founding members of Black Mamas Matter Alliance began to start a conversation on how to make this horrid problem in maternal healthcare known to the public. Eventually, the women created a vision for what their alliance would look like. The vision of Black Mamas Matter Alliance is exemplified through their mission statement, “We envision a world where Black mamas have the rights, respect, and resources to thrive before, during, and after pregnancy” (“Black Mamas Matter Alliance Values”). The alliance is focused on all aspects of pregnancy, including antepartum, intrapartum, and postpartum. Black Mamas Matter Alliance wants all black mothers to be treated equally and with respect from the moment they step into the office for their first pregnancy check- up to after they deliver their healthy baby. Black Mamas Matter Alliance fights for black mamas, racial justice, reproductive justice, and intersectional oppression (“Black Mamas Matter Alliance Values”). The alliance has conferences and training to spread awareness about this issue across America. Therefore, Black Mamas Matter Alliance is trying to spread awareness about this problem that is surfacing, and they are trying to make a positive impact on America to change this horrid situation.

United Kingdom’s Impact

America should take a glance at the way other countries are handling their disparities in maternal healthcare. The United Kingdom successfully decreased their mortality rate gap, and they have a diverse culture. For example, the United Kingdom, who previously had a high

maternal mortality rate due to implicit and explicit biases, has undergone a change that has reduced their mortality rate (“Global Disparities in Maternal Morbidity and Mortality”). The United Kingdom updated their Confidential Enquiries in Maternal and Child Health, which is a “maternal mortality surveillance system,” with help from the National Health Service system (“Global Disparities in Maternal Morbidity and Mortality”). With this update, the United Kingdom was able to decrease their maternal mortality rate. The Confidential Enquiries in Maternal and Child Health created recommendations for maternal mortality prevention (“Global Disparities in Maternal Morbidity and Mortality”). The recommendations include that the health care services should provide a welcoming and easily accessible antenatal services; women who do not have a medical history should be immediately taken for an overall head to toe assessment, especially a cardiovascular examination; and women who have not been seen, but are already 12 weeks pregnant should be seen right away (“Global Disparities in Maternal Morbidity and Mortality”). These recommendations have produced positive results, in which the United Kingdom’s maternal mortality rate has decreased; therefore, these tips may be able to aid in the United States’ maternal mortality rate decreasing.

Conclusion

Racism has been going on for centuries and the Civil Rights Movement was started to end discrimination. A section in the Civil Rights Act of 1964 illustrated that there should be no difference of treated due to being of a particular race. However, maternal and infant mortality rates are higher in black American women and infants in comparison to white American women and infants, which exemplifies that racism is still a major problem in maternal healthcare. The Maternal Mortality Ratio is utilized to calculate the rate at which American women are dying due to childbirth. The racism shown through implicit bias and explicit bias is why a high rate of

deaths are occurring in maternal healthcare. Racism is seen through a hospital in Washington D.C. where women are separated into different wards to give birth due to their socioeconomic status, which the statistics show that the one ward has more deaths than the other. Implicit bias and explicit bias are prevalent through black women being denied pain medication, stereotyped, and their needs being bluntly ignored. A famous tennis player, Serena Williams, was even denied the standard of care when she gave birth to her child. Although there are a lot of contributing factors to the standard of care that black American women are receiving, this systemic racism is occurring because of the socioeconomic status of people entering medical school. Since the majority of people entering medical school are of wealthier socioeconomic status the more likely they are going to be of the majority, which are white Americans. Therefore, the background of some of these doctors allow them to stereotype people and show implicit and explicit bias to their patients of different races. However, there is something being done about this situation, as Black Mamas Matter Alliance has been created to spread awareness about this racist unjust quality of care. In addition, the United States could take a look at other countries for advice on how to construct a better maternal healthcare experience for pregnant mothers.

The United States should create and pass a specific legislation that targets maternal healthcare in order to decrease the discrepancy of the races in the maternal and infant mortality rates. This legislation should address that systemic racism is a consequence of history, and that it can be fixed through empathy and becoming more culturally aware. Next, medical schools should incorporate more minority groups in order to have more races represented in the medical field; therefore, limiting the systemic racism that occurs within the field. In addition, black Americans would have more doctors that look similar. After that there should be another oath a medical student has to recite before becoming a doctor that stresses cultural awareness and

providing adequate care to all races. All of these changes would contribute to decreasing systemic racism and implicit bias.

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