

Improving the Maternal Mortality Disparity through Postpartum Care Efforts

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Background

Health inequities have been persistent in the United States for centuries. Upstream determinants of health such as policy and governance have historically disenfranchised the Black community due to history of redlining, mass incarceration and Jim Crow.¹ Black maternal health is affected by social determinants of health such as education, housing, access to care and safety of a neighborhood.¹ In addition, factors such as racism, discrimination, transportation, and built environment also contribute to one's health. In the U.S., non-Hispanic Black women are three to four times as likely to die from pregnancy-related causes than non-Hispanic white women.² In addition to this, for every maternal death, there are 100 near misses.³ This means that women will have a severe obstetric morbidity. Zephyrin et al. found that black women had a higher prevalence of deaths during the postpartum period than their white counterparts.⁴ Postpartum care is essential to ensuring that mothers are healthy. Postpartum visits provide an opportunity to monitor the mother's health.⁴ It is especially critical time for women who had an adverse event during childbirth.

Objective

To examine what contributes to the maternal mortality disparity and how to improve maternal health outcomes through postpartum care.

Methods

A literature review was conducted using the PubMed.gov database. Additionally, policy briefs and current status of policies in New York were conducted using the Google search engine.

Critical Review of the Literature

Quality of Care

- Women of color tend to receive care and give birth in lower quality hospitals³
- Howell's analysis found that if Black women gave birth at facilities with the same standard of care as White women, almost 1000 Black women would not have severe morbidity³
- Decreased awareness of early warning signs, misdiagnosis/ineffective treatments and lack of care coordination influences death²

Barriers to Postpartum Care

- Thiel et al. found that only nearly 50% of women in California on Medicaid attended postpartum visits⁵
- Many women, particularly, low-income were unable to attend due to costs, transportation and childcare barriers⁵
- Medicaid coverage lasts for sixty dates post-birth⁶
- Black women had 27% lower odds of attending a postpartum visit⁵

Risk Factors

- Black women also had shorter intervals between pregnancy which increased risk of uterine rupture and preterm birth⁵
- Higher prevalence of certain medical conditions in the Black community⁷

The Current Practice of Medicine

- OBGYNs are more likely to medically intervene during labor and delivery through C-sections and instrument-assisted techniques⁸
- Midwives have been shown to play a significant role in reducing maternal mortality in other high-income countries⁸
- Shortage of primary care providers in underserved communities¹
- Transition from obstetric to primary care⁷

Recommendations

- Educate patients on postpartum danger signs in order to increase likelihood of seeking treatment when symptoms present
- OBGYNs and PCPs work together to help women have stable postpartum care⁷
- Pathways Community HUB can be leveraged to identify women at-risk and connect them with postpartum care services, health insurance, housing and other social determinants of health⁹
- Expand Medicaid to a full year postpartum¹⁰
- Increase midwifery led-care in the United States
- A socioecological model framework approach can be leveraged to address maternal mortality and morbidity
- A multi-level approach to influence policy, care coordination and the social determinants of health in disenfranchised communities is needed

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