

Obstetric-Related Racial Health Disparities:

An Annotated Bibliography

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Abstract

The maternal mortality rate in the United States is among the highest of all industrialized countries. It has also been increasing for over twenty years, and at a disproportionately higher rate for women of various ethnic backgrounds. Non-Hispanic black women in the United States are four times more likely than non-Hispanic white women to die as a result of childbirth. As nurses, what action can be taken to reduce both the maternal mortality rates as well as the racial gap? Due to the complexity of the problem there is not one answer, however, there have been common themes identified throughout this literature review of peer reviewed articles published within the last five years, which included the importance of: culturally competent communication, understanding social determinants of health, acknowledging health disparities, and self-evaluating possible implicit biases.

Obstetric-Related Racial Health Disparities: An Annotated Bibliography

Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2018). Cross-cultural care and communication.

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The importance of clear communication in health fields has been well established. It is the cornerstone of patient-centered care by health care providers; therefore, effective cross-cultural communication tools are crucial. It is important to determine the client's health literacy; roughly 45% of people in the United States (U.S.) have inadequate health literacy. This can be challenging, but it is important to evaluate the client's understanding by asking the client to "teach-back" or "tell me in your own words" what has been discussed.

Another barrier to cross-cultural communication is trust. In the year 2000, a national survey revealed that 35% of African Americans believed that treatment they had received in the healthcare setting was unfair. The survey also found that 65% were nervous about being treated unfairly due to their race in the future. Mistrust has been rooted in the deplorable history of racial inequality in the U.S., including human experimentation such as in the case of the Tuskegee study. To overcome the issue of trust, it is best for health care professionals to build a relationship by discussing mistrust openly while reassuring patients of their intent and, most importantly, listening and communicating clearly. Cross-cultural communication competence is the responsibility of the health care professional and plays an important role in quality care and improving racial health disparities.

Committee on Health Care for Underserved Women. (2015). Racial and ethnic disparities in obstetrics and gynecology. *The American College of Obstetrics and Gynecologists*, 649, 1-5.

Obstetric racial disparity reduction needs to be a priority. While addressing this issue, it is also important to differentiate inequalities in health conditions and outcomes as opposed to inequalities in health services, because each requires individual attention. To address racial health disparities, there needs to be increased awareness of the frequency and impact of racial health disparities among hospital administrators and staff. Specifically, there needs to be understanding of biases, additional research, culturally-competent client education, and the recruitment of and support for healthcare providers from varied racial backgrounds in academic and health fields. In healthcare settings, professional's awareness can be raised in staff meetings or lectures by identifying local needs to address the inequalities at the community level and educating staff about available resources for women in the community.

Geller, S. E., Koch, A. R., Martin, N. J., Rosenberg, D., & Bigger, H. R. (2014). Assessing preventability of maternal mortality in Illinois: 2002-2012. *American Journal of Obstetrics & Gynecology*, doi: 10.1016/j.ajog.2014.06.046

Nearly half of all maternal deaths in the United States each year are considered to be preventable. Beginning in 1982 maternal deaths in Illinois were reported to the Illinois Department of Public Health and were reported as either direct or indirect complications. This retrospective review identified 610 maternal deaths from 2002-2012. Of those 35.3% were non-Hispanic black women although, in 2010 non-Hispanic black women only accounted for 17.1% of the live births. Hispanic women made up 11.5% of maternal deaths and in 2010 Hispanic women accounted for 22.6% of live births.

Preventable factors identified included incomplete or inappropriate provider management, diagnosis or treatment delay, and insufficient recognition of high-risk patients. System failures identified as being preventable were staff knowledge deficit, delays in blood products, inadequate charting, and patients were not promptly referred to a higher level of care when needed. Analysis of maternal mortality is an important stage in improving outcomes.

Howell, E. A., Brown, H., Brumley, J., Bryant, A. S., Caughey, A. B., Cornell, A. M., . . .

Grobman, W. A. (2018). Reduction of peripartum racial and ethnic disparities: A conceptual framework and maternal safety consensus bundle. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 47*, 275-289.

Racial health disparities have been the focus of quality improvement for many years. There is a well-defined indication of racial health disparities throughout healthcare regardless of insurance, income, age, or comorbidities. Obstetrically, general quality improvements involving postpartum hemorrhage and hypertension have been addressed to reduce the inequality of outcomes; however, this has not had significant impact on obstetric racial disparities.

The fact that black women are three to four times more likely than white women to die due to gravidity has been well established; while black women face the greatest inequality, Native American, Asian, and Hispanic women also have disproportionately high morbidity and mortality rates. It is clear that the issue exists but what to do to fix it is not yet evident. The safety bundle proposition outlines use of evidence-based practices with manageable changes to improve current obstetric racial health disparities. The focus of the bundle is on five themes: the inability to assess disparities due to unreliable measurement, personal and systemic lack of recognition of racial health disparities, inadequate understanding of the extent of racial health

disparities, barriers to communication, and inequality of the structure of care. Reliable data is needed to accurately identify needs, increase awareness of unconscious bias, as well as acknowledge the significance of racial health disparities.

Lee, H., Kim, S., DeMarco, R., Aronowitz, T., Mtengezo, J., Kang, Y., . . . Fitzpatrick, J. J. (2014). Recognizing global disparities in health and in health transitions in the 21st century: what can nurses do? *Applied Nursing Research, 28*, 60-65.

The maternal mortality rates have been generally improving worldwide. Wealthy countries improve more so than poor countries often due to the prevalence of communicable diseases. This study compared the mortality rates of countries considered wealthy: Korea, South Africa, and the United States, with countries with fewer financial resources: Cambodia and Malawi, in an effort to identify health disparities as a result of social determinant of health. The research found that while life overall expectancy increased in each of studies the countries except South Africa related to the frequency of AIDS and maternal mortality rates in Cambodia and South Africa are often related to preventable infection.

Internationally, maternal mortality rates in the United States were the highest among the industrialized nations as of 2010 and occur four times more often in black women than in white women. The United States had 12 maternal deaths per 100,000 live births in the year 1990, 13 in 2000, and 21 in 2010. Nursing professionals should to be conscious of health disparities both in the United States and internationally associated with: race/ethnicity, income, education, and geographic location.

Meyer, E., Hennink, m., Rochat, R., Julian, Z., Pinto, M., Zertuche, A. D., Spelke, B., Dott, A.,

& Cota, P. (2016). Working towards safe motherhood: delays and barriers to prenatal care for women in rural and peri-urban areas of Georgia. *Maternal and Child Health Journal*, 20, 1358-1365. doi:10.1007/s10995-016-1997-x

Maternal mortality rates in the United States have been rising. The state with the highest maternal mortality rate of 28.7 maternal deaths per 100,000 live births is Georgia and has insufficient obstetric providers in rural areas. The qualitative study discussed in this article was performed in order to gain understanding of barriers to prenatal care in rural and peri-urban Georgia. The delays to care studied included: deciding to seek prenatal care, accessing an appropriate healthcare facility, and receiving adequate and appropriate care. Of the 24 women, all were 18 years of age or older, 13 live in areas with a shortage of obstetric providers, 19 were insured by Medicaid, three were insured by private insurance, and two were insured by both private insurance and Medicaid.

Results showed that the delay in the decision to seek prenatal care was related to being unaware of the pregnancy, perceived importance of prenatal care, concealing a pregnancy, and stigma of pregnancy. Delays in accessing an appropriate health facility were related to finding providers proximal to their homes who also accepted their insurance plan. The preference of the provider being female was also a factor. This process ranged from weeks to months for the women in participating in this study. Finally, delays in adequate and appropriate care were identified as being disruptions of continuity of care included labor and delivery unit closures and for clients found providers stop accepting Medicaid during and between pregnancies.

Some of the women participating in the study also noted poor communication with people working in healthcare hindered access to prenatal care, while others felt quality communication enhanced access to prenatal care. Several of the women in shortage areas

participating in the study felt inadequate communication affected their labor and delivery, specifically related to interventions such as Pitocin, epidural, and caesarian sections. The participants identified that feeling comfortable to ask questions both during and between appointments improved communication.

Suplee, P., Rosen Bloch, J., Hillier, A., & Herbert, T. (2018). Using geographic information systems to visualize relationships between perinatal outcomes and neighborhood characteristics when planning community interventions. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 47, 158-171

Nurses play an intricate role in patient education both prenatally and post-partum, therefore a strong understanding of the consequences of social determinants of health including the neighborhoods in which a mother lives are important factors in viable individualized care. Living in an impoverished area with greater crime rates and violence creates socioeconomic disadvantages and stress in pregnancy. Nurses, nurse practitioners, certified nurse-midwives as well as physicians and social workers as frontline workers need to work side by side with parents and care givers on health planning and programs.

In 2015 the United States ranked 46th globally for maternal mortality rates and is one of eight countries with rising maternal mortality rates. The study described in this study focused on Camden, New Jersey, where women deliver in one of seven hospitals in a 20-mile radius, 93% of the births took place in two hospitals within the city of Camden. A goal of this study is to stress the importance of building relevant resources at a community level, establishing in-home prenatal education, promoting communication, increasing awareness of potential risk factors mothers face after discharge from the hospital, and base services on individual needs.

