

Racial Disparities in Health Outcomes

An Official Position Statement of The Society For Maternal-Fetal Medicine

Position

The Society for Maternal-Fetal Medicine (SMFM) is deeply concerned with racial and ethnic disparities in health outcomes and health care during pregnancy, childbirth, and the postpartum period.

Disparities are both pervasive and well-described, with a disproportionate burden of disease borne by non-Hispanic Black women and other women of color.¹

SMFM, therefore, strongly encourages maternal-fetal medicine (MFM) physicians to be conscious of social determinants of health and inequality; to pursue training in implicit bias and cultural humility; and to ultimately work towards a goal of health equity. In addition, SMFM strongly recommends that this training, as well as training in health policy and advocacy skills, be incorporated formally into all MFM fellowship curricula. As an organization, SMFM is equally committed to such goals and will advocate for improved health outcomes for disadvantaged populations.

Background

In the United States, Black women experience far worse birth outcomes than any other racial or ethnic group, and American Indian/Alaska Natives (AI/AN) and Hispanic women are also at increased risk for poor birth outcomes.² Black women are three to four times more likely to die during childbirth than their White counterparts³ and Black and AI/AN infants are more likely to die within the first year of life.⁴ Complicating factors such as preeclampsia, diabetes, and rates of unintended pregnancy are also higher among Black women.⁵

There are a number of factors that contribute to the variation in health outcomes among racial and ethnic groups. These factors are complex, interrelated, and include things such as environmental and social factors; personal behavior; how health care services are financed and delivered; and historical and cultural considerations.⁶ The social determinants of health, for example, include where an individual lives, learns, works, plays, and ages. These factors influence one's ability to access quality education, stable housing, a safe neighborhood, reliable transportation, healthy food, and more. Increasingly, evidence suggests that social determinants have the greatest impact on health outcomes, even more so than the medical care one receives.⁷

As MFM physicians provide care to women experiencing high-risk pregnancies, services should be planned and delivered in a way that considers patients' resources and their ability to carry out the recommended care plans. To the extent possible, care should be economically feasible and culturally appropriate.

SMFM strongly encourages sound perinatal research characterizing and quantifying, where applicable, the impact of race and ethnicity variables with social and biological influences on health, as well as dedicated research on the implementation of effective perinatal interventions in otherwise underrepresented minority populations (e.g., implementation science).

References

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Approved by the SMFM Board of Directors
January 2017