

Addressing Black Maternal Mortality in the United States Through Structural and Ethical Reform

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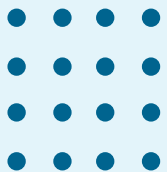
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Introduction



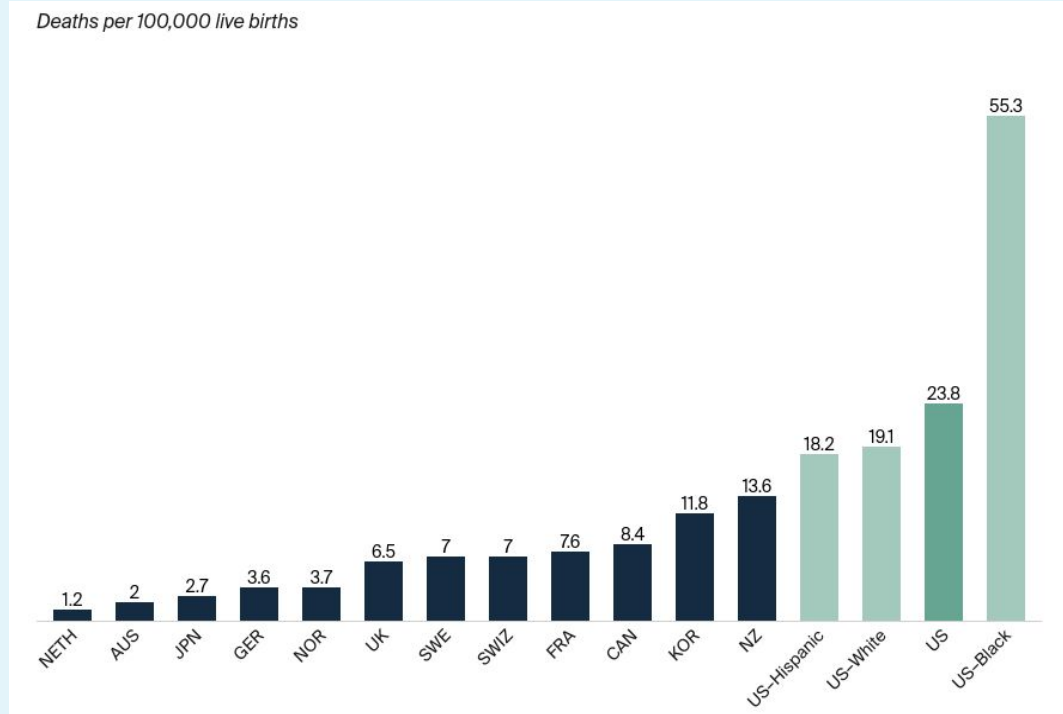
Clinical Bias in a High Profile Maternal Case

- In 2017, after a **c-section** delivery, Serena Williams developed shortness of breath
- Prior history of blood clots prompted her concern about **pulmonary embolism**, which was dismissed
- Williams advocated for herself, requesting a CT scan and blood thinners
- After a CT scan revealed **multiple blood clots** she was placed on heparin drip
- **Key Point** → Health disparities are not entirely due to access to care or SES.



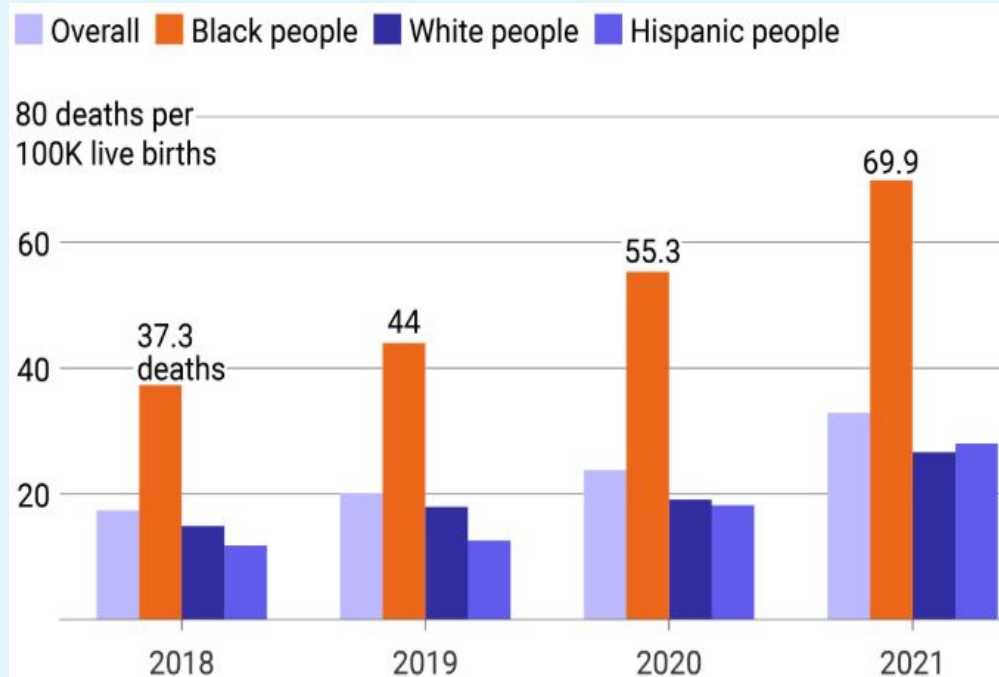
Maternal Mortality (MM) in the US

- **Maternal mortality (MM):** death during pregnancy or within 6 weeks of end of pregnancy due to pregnancy-related causes
- Average for MM is **~10.9 deaths per 100k live births** across all major developed countries
- The rate of MM in the U.S. is more than double the average **~23.8**



Maternal Mortality Among Black Women

- MM rates: **~3x greater amongst black women** compared to white women
- Even among black woman with **higher education** in NYC, their MM remains **5x higher**
- This a violation of Health Equity, Justice, and Fairness, often independent of SES



Source: Centers for Disease Control and Prevention

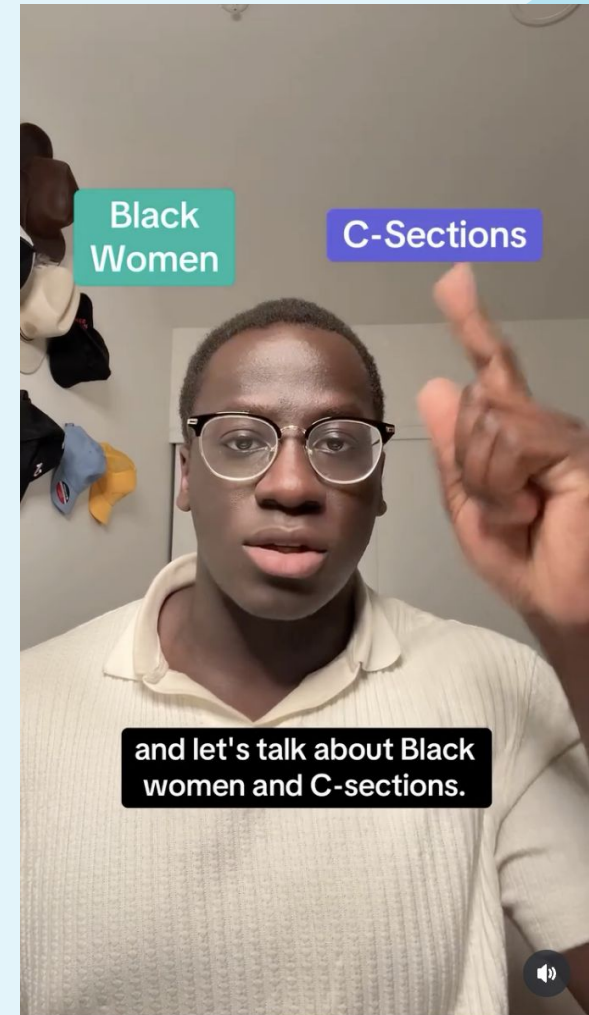
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Risks and Barriers



Chronic Conditions, Morbidity, And C sections

- Htn, DMII, and obesity increase the risk of pre-eclampsia/eclampsia, CV events, and **C-sections**, all of which increase the risk of maternal morbidity -> mortality
- While woman of color may have a higher risk of chronic disease, many studies show that **60%** of maternal mortality is **preventable**
- Some studies comparing white and black mothers of **similar health status** have found that black woman are **20%** more likely to receive an **unnecessary C-section**



Access, Quality, and Structural Discrimination

- Woman of color have historically been clustered in communities **ill-equipped** to provide adequate maternal care
- Black women are **2x as likely** as white women to deliver in NYCs highest risk (upper tertile) hospitals
- Studies suggest that **differences in delivery hospitals** may account for up to 48% of the black-white disparity in MM



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Ethical Violations



Testimonial Injustice in Reproductive Care

- Testimonial Injustice is when a person's own **experiences and voices are devalued** & their concerns are **not taken seriously** because of who they are due to identity factors (age, race, gender)
- Testimonial Injustice in Healthcare: providers **may ignore OR downplay a patient's symptoms** like (ex: young patients, black women, or low SES)
 - Leading to **poor quality of care and worse outcomes**
- **The overturning of Roe v Wade (2022)** is a form of **systematic testimonial injustice** on a national scale → women's voices were directly dismissed
 - **33% increase in maternal deaths among Black Women**



Implicit Bias in Clinical Settings

- Most evident during **high-stress, rapid decision-making** situations. This stress puts the brain into an “auto-pilot” mode in which subconscious beliefs about patients manifest
- Implicit bias results in **dismissiveness, misdiagnosis, or unequal treatment**, and this biased care erodes **trust in the healthcare system**, contributing to the **weathering hypothesis** → linking chronic stress and systemic inequities to worse health over time (Saluja 270-273; Glazer & Howell, 2021).
- Prevalence: Greater than 70% of medical students demonstrate implicit bias favoring White instead of Black individuals (*RRAPP, Princeton, 2021*)





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Interventions

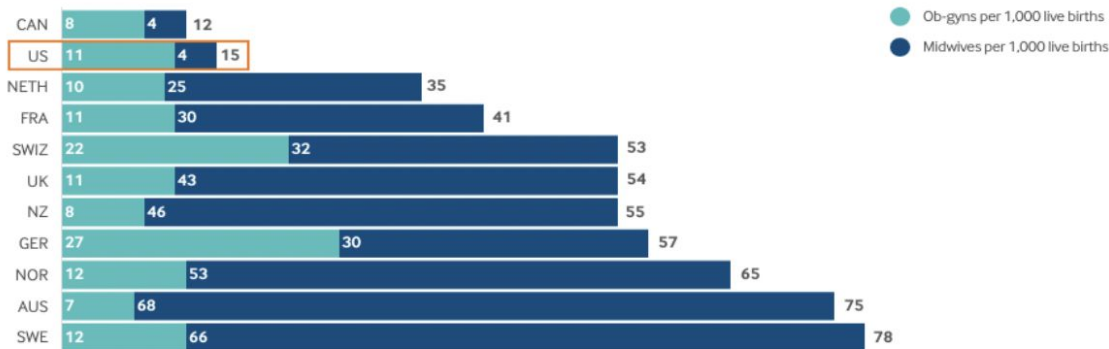
Maternal Support and Decreased Mortality

- Studies show that countries with a high **midwife:OB/GYN** ratio have lower rates of MM
- The midwife/OB/GYN ratio in the US is **11:4** vs. Norway's ratio of **12:53**
- Unlike the US's MM rate of **~23 deaths per 100k live births**, Norway has reported many years of **0 deaths** since the year 2000.

Exhibit 3

Maternal Care Workforce: Supply of Midwives and Ob-Gyns, 2018 or Latest Year

Number of providers (head counts) per 1,000 live births*



[Download data](#)

Role and Responsibilities of a Doula

- Educates new mothers on signs of labor
- Provides continuous emotional, physical, and informational support throughout childbirth
- Assists with paperwork and care coordination
- Promotes patient autonomy and encourages self-advocacy in clinical decision-making, combatting testimonial injustice
- Facilitates communication between the patient and medical team



Impact of Doula Support on Maternal Mortality Among Women of Color in the U.S.

Doula Benefits for Women of Color:

A randomized controlled trial showed doula use among at-risk women of color led to:

- 12% reduction in C-section rates (a major maternal mortality risk factor).
- 11.5% increase in breastfeeding rates (Mottl-Santiago 466–476).



Improved Postpartum Monitoring:

Doulas' postpartum care (when ~20% of maternal deaths occur) improved including Early recognition of complications like eclampsia and cardiomyopathy.

Culturally Matched Support:

- Doulas from similar cultural backgrounds provided continuous support from prenatal to postpartum periods.

Soft Skill Interventions

- Training PAs to be **compassionate and ethically grounded**.
- **Hiring a diverse workforce**.
- Conducting **regular team debriefings**.
- Implementing **implicit bias training** for healthcare teams.

- **Criticisms**

- These interventions are often difficult to **quantify through randomized controlled trials**.
- Despite this, evidence shows that **provider bias contributes to poor outcomes** and maternal mortality disparities.



Implementing Care Bundles



- “TexasAIM Obstetric Hemorrhage Patient Safety Bundle”
 - Measures blood loss during delivery
 - Standardizes blood loss thresholds that warrant intervention
 - Standby emergency response team (for quick intervention)
 - Incorporates **Race** as a risk factor in its management algorithm

- Reduction in SMM-H in Black women
 - **45.5% → 31.6%**
 - Eliminated racial disparity in SMM-H outcomes
 - **Achieved Hospital-wide reduction of 22%** in SMM-H rates

- Implementing care bundles at **high-risk** hospitals can protect woman of color by **raising awareness** of racial disparities and **standardizing protective care practices**





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The PA Role

The PA Role: Recognizing Bias

An article from the AMA Journal of Ethics highlights the need to avoid harmful cognitive biases, such as:

- **Fundamental Attribution Error (FAE):** Defined as “Assuming a patient’s struggles are due to personal flaws rather than life circumstances.”
- **Just World Fallacy (JWF):** Believing people always get what they deserve — which leads to blaming patients for their health issues.
- **Effects of Bias:** These biases contribute to testimonial injustice and undermine the patient-provider relationship.
 - Without judgement free communication, there is no trust.



The PA Role: Combating Bias and Contextualizing Care

- Recognize the role bias plays and be proactive
- PTs of low SES often face additional barriers. They may:
 - Be **sole caregivers**, rely on **public transportation**, or have **minimal support systems**.
- **Contextualize** the patients situation, provide thoughtful care coordination, foresee barriers, and make accomadations when possible
- Follow institutional guidelines and listen to your patients



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“Childbirth can be a complicated, emotional journey, leaving many women vulnerable and needing to lean on the support structures around her. PAs can be that support if we listen with our hearts.”



Resources

Altman, M. R., Gavin, A. R., Eagen-Torkko, M. K., Kantrowitz-Gordon, I., Khosa, R. M., & Mohammed, S. A. (2021). Where the System Failed: The COVID-19 Pandemic's Impact on Pregnancy and Birth Care. *Global qualitative nursing research*, 8, 23333936211006397. <https://doi.org/10.1177/23333936211006397>

Anderer, S. (2025). Black Maternal Mortality Remains Disproportionately High. *JAMA*. <https://doi.org/10.1001/jama.2025.1353>

Davidson, C., Denning, S., Thorp, K., Tyer-Viola, L., Belfort, M., Sangi-Haghpeykar, H., ... Main, E. K. (2022). Reduction of severe maternal morbidity from hemorrhage using a state perinatal quality collaborative. *BMJ Quality & Safety*, 31(9), 670–678. <https://doi.org/10.1136/bmjqs-2021-014225>

Glazer, K. B., & Howell, E. A. (2021). A way forward in the maternal mortality crisis: addressing maternal health disparities and mental health. *Archives of Women's Mental Health*, 24(5). <https://doi.org/10.1007/s00737-021-01161-0>

Ogunwole, S. M., & Starks, F. D. (2024). Cultivating critical love to improve Black maternal health outcomes. *AMA Journal of Ethics*, 26(1), E52–E58. <https://journalofethics.ama-assn.org/article/cultivating-critical-love-improve-black-maternal-health-outcomes/2024-01>

Resources

Mottl-Santiago, J., Dukhovny, D., Cabral, H., Rodrigues, D., Spencer, L., Valle, E. A., & Feinberg, E. (2023). Effectiveness of an enhanced community doula intervention in a safety net setting: A randomized controlled trial. *Health Equity*, 7(1), 466–476. <https://doi.org/10.1089/heq.2022.0200>

RRAPP. (2021). *Understanding the effects of implicit racial bias on medical students*. Race, Research & Policy Portal, Princeton University. <https://rrapp.spia.princeton.edu/understanding-the-effects-of-implicit-racial-bias-on-medical-students/>

Salam, M. (2018, January 11). *For Serena Williams, childbirth was a harrowing ordeal. She's not alone*. Mount Sinai Health System. <https://www.mountsinai.org/about/newsroom/2018/for-serena-williams-childbirth-was-a-harrowing-ordeal-shes-not-alone-maya-salam>

Saluja, B, & Bryant, Z. (2021). How implicit bias contributes to racial disparities in maternal morbidity and mortality in the United States. *Journal of Women's Health*, 30(2), 270–273. <https://doi.org/10.1089/jwh.2020.8874>

Tikkanen, R. (2020). Maternal Mortality Ratios in Selected Countries, 2018 or Latest Year. *Commonwealth Fund Issue Briefs*. <https://doi.org/10.26099/411v-9255>

Weiner, S. J. (2021). Advancing health equity by avoiding judgmentalism and contextualizing care. *AMA Journal of Ethics*, 23(2), E91–E96. <https://doi.org/10.1001/amajethics.2021.91>