

Strategies to Reduce Maternal Mortality Among Black Birthing Persons



Emory University, Adobe Stock

In LA County, the risk for Black maternal mortality is three times higher than any other race/ethnicity, in line with the rates observed nationwide

County of LA Public Health, 2022

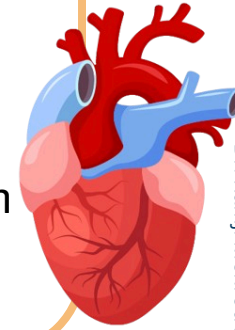
African American women represent 5% of the births in California and comprise 21% of pregnancy-related deaths.

CDPH, 2018

Leading Causes of Black Maternal Mortality

- Cardiovascular Disease (CVD)
- Preeclampsia/Eclampsia
- Obstetric Hemorrhage
- Venous Thromboembolism

CDPH, 2018



Dr. Ranji Mehrotra

Social Determinants Correlated with Black Maternal Mortality

- Insurance access
- Quality of healthcare and amenities
- Environmental exposure to harmful chemicals (pesticides, pollution, traffic)
- Residential segregation

Njoku et al., 2023

Stress from being affected by institutional racism has been linked to hypertension which can worsen pre-eclampsia, one of the leading causes for black maternal mortality

Njoku et al., 2023

Ways to Improve Black Maternal Health Through Policy

- **Black Maternal Health Omnibus Act:** proposed legislative bill expanding access to care, diversifying maternal health workforce, funding more maternal health programs and extending postpartum support and maternal health research (**Black Maternal Health Omnibus Act, 2023**)
- Extending postpartum coverage of Medicaid up to 12 months in all states (**NASHP, 2022**)
- Establishing Maternal Mortality Review Committees (MMRC) in all states to examine maternal deaths by race and ethnicity (**NASHP, 2022**)

Impact of Doulas

Access to doulas has been linked to lower cesarean and preterm birth rates than standard labor and delivery

(Kozhimannil et al, 2016)

Doula support has also been linked to:

- Less pain medication administered
- Shorter labor duration
- Reduced operative procedures during delivery
- Reduced rates of postpartum depression

Trupiano et al, 2023

Healthcare Initiatives



Rise in late maternal deaths calls for improved discharge planning, check-ups, and further services past the six-week window for postpartum visits (CDPH, 2018)



A law requiring labor and delivery staff to be trained on unconscious bias in medicine was recently passed, but only 17% of CA hospitals were in compliance (Hwang, 2023)



Black Illustrations