Addressing Racial and Socioeconomic Disparities Through Patient Education and Increasing Healthcare Professionals’ Cultural Competency to Reduce Maternal Mortality in the United States

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Introduction
In the United States of America, there is a consistent increase of maternal mortality rates compared to other nations throughout the world. In the delivery of maternal care in the U.S., there are specific demographics that are facing the burden of maternal mortality due to racial and socioeconomic disparities. In understanding the rate differences and background information of the quality of maternal and prenatal care, the restructuring and implementation of educational programs for both healthcare professionals and pregnant women are vital to decrease and save lives.

Research Question
Will restructuring and implementing health education and training programs for healthcare professionals and pregnant women reduce maternal mortality among underrepresented and/or marginalized women facing racial and socioeconomic disparities?

Methodology
Slight changes were made to the review process by our team to include educational programs as suggested by the reviewer’s comments. A PubMed search was used for peer-reviewed publications related to maternal mortality as it relates to pregnant women of color and low socioeconomic status.

We included a search of keywords such as maternal mortality, racial disparities, socioeconomic status, pregnant women of color, pregnant women low socioeconomic status, maternal educational programs, community, improving maternal health, and the United States. The date range was kept at a maximum of five years with the earliest search date being 2018.

Article Characteristics

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Author(s)</th>
<th>Year</th>
<th>Aims of Review/Hypothesis</th>
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</thead>
<tbody>
<tr>
<td>Allan et al.</td>
<td>2021</td>
<td>To explore predictors of prenatal and postpartum care attendance using multidimensional analysis of existing data from a Center for Disease Control and Prevention (CDC) funded trial targeting health disparities in maternal and infant health outcomes among low-income Black women.</td>
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<tr>
<td>Saluja et al.</td>
<td>2021</td>
<td>To assess the effect of patient education and engagement on racial disparities in maternal mortality.</td>
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<th>Figure 4</th>
<th>Maternal Mortality (per 100,000 births) by Race/Ethnicity, 2018-2021</th>
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Key Findings

1. Culturally appropriate interventions should be established by healthcare workers and organizations (Parlier-Ahmad et al., 2022).

2. Implicit bias training needs to be incorporated in medical and nursing school and residency training programs to provide high-quality healthcare experiences for both healthcare professionals and patients. (Allan, 2020)

3. Further healthcare education and training needs to be established by the healthcare professionals and institutions to reduce implicit bias and racism in medical settings. (Hill, L. (2023, March 14))

Strengths

• Conveyed implicit bias and inactions from healthcare professionals.

• Cultural competency and health education strategies support the implementation of safe and equitable care practices.

• Demonstrated how underserved and marginalized communities such as people of color are faced with healthcare inequity.

• Long-term impact of patients seeking care due to fear from an approach of a provider.

• Race and SES disparities indicated an increase in chance of death and other medical complications in receiving quality outcomes in maternal care.

Limitations

• Articles could have been interpreted as an opinion with subjective details of explanation rather than an objective approach to maternal mortality.

• Lack of in-depth approaches of a meta-analysis.

• Type of data collection: qualitative vs. quantitative approaches.

• Quantitative data collected was not recent where the idea of maternal mortality can be best addressed with current information that applicable throughout the United States.

Future Research Direction

The target goal has been to reduce maternal mortality in the focus of racial and social economic disparities through the revision of health education and training programs for both healthcare professionals and pregnant women. Future research can assess additional features among the social determinants of health and sociocultural factors within the U.S.:

I. Assessing LGBTIQ+ Health: Including identity and expression as a factor that may contribute to poor patient care experiences and outcomes in the scope of maternal mortality.

II. Incorporating additional social determinants of health: By analyzing and synthesizing additional social determinants of health from both internal and external factors, predominant features can provide explain systematic concepts of implicit bias and racial discrimination in the scope of maternal mortality.

III. Maternal mortality contribution per each State in the U.S.: Understanding the strategies implemented by each state across the U.S. may assist with restructuring and implementing quality programs for providers and patients.

Conclusion & Recommendations

By instituting programs of cultural competency training for providers and educational programs, maternal mortality rates will decrease among black and low socioeconomic status patient populations. The main conclusions are as follows:

• Data collected conveyed that inequitable access to quality healthcare leads to preexisting conditions that contribute to pregnancy complications, ultimately leading to high rates of maternal mortality.

• While white women had 14.9 women deaths per 10,000 births, that number increased to 26.1 by 2021.

• Black women began in 2018 with 37.3 women dying per 10,000 births and rose to 69 deaths per 10,000 in 2021. This is an increase of 32.6 women per 10,000 births (Allan, 2020).

• Research demonstrated how systemic racism and racial bias amongst healthcare provider improves successful outcomes for marginalized mothers. Instituting cultural competency training for primary care providers was associated with improved patient communication, improved patient trust, and improved patient satisfaction, addressing implicit bias and racial discrimination (Allan, 2020).

• Instituting a training program with medical professionals can help improve patient outcomes and help to lower maternal mortality before, during, and immediately following pregnancy (Allen, 2020).

• Impact patient education has on improving maternal health outcomes for these women (Joseph et al., 2021). Through patient education, women of color and low socioeconomic status who are most at risk will have greater access to reproductive health care, improvement in the quality of health care received, and a decrease in maternal mortality (Allan, 2020).

References


NOTE: Process of research methodology used with highlighting key words: maternal mortality, social disparities, social determinants of health, cultural competency trainings and patient education.