# 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 patients lives.

Figure 1
Maternal Mortality (per 100,000 births) by Race/Ethnicity, 2018-2021
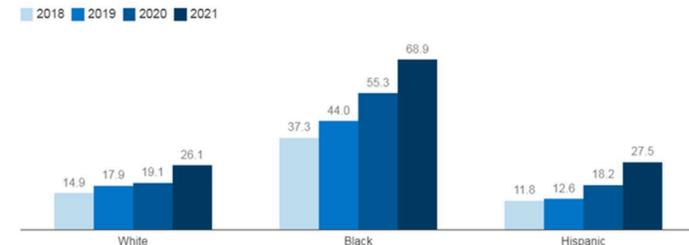
NOTE: Increase of maternal mortality by race/ethnicity throughout 2018-2021. (Hill, L. (2023, March 14))

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 of 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.

Figure 2
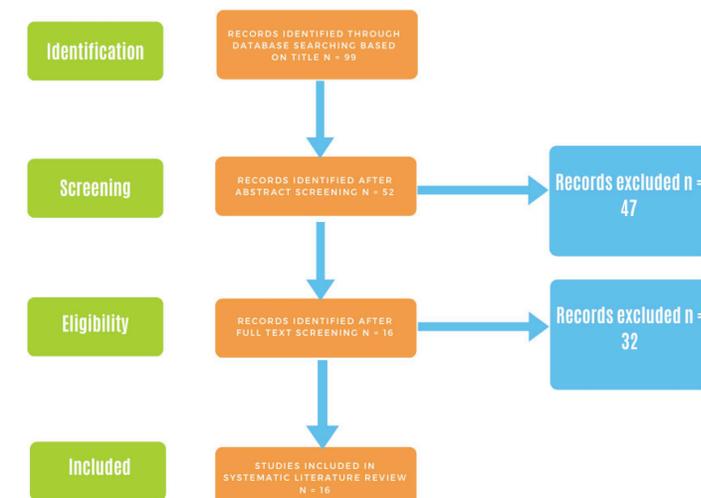
NOTE: Process of research methodology used with encompassing keywords: maternal mortality, racial disparities, social determinants of health, cultural competency trainings and patient education.

## Article Characteristics

Table 1

Author(s)	Year	Aim of Review/Hypothesis
Ahn et al.	2020	This article discusses the Centers for Disease Control (CDC) data, which indicate that the United States has a much higher maternal mortality rate than other developed countries. Severe maternal morbidity (SMM) is even more prevalent than maternal mortality. Two-thirds of pregnancy-related preventable deaths were attributed to patient-level and health system-level factors.
Allan	2020	A woman's income level, insurance status, housing stability, country of origin, gender identity, or skin color should not dictate how likely she is to die from a pregnancy-related cause.
Centers for Disease Control and Prevention*	2023	CDC website page dedicated to Maternal Mortality
Crear-Perry et al.	2021	We hypothesize that the addition of structural determinants and root causes will identify racism as a cause of inequities in maternal health outcomes, as many of the social and political structures and policies in the United States were born out of racism, classism, and gender oppression.
Hill	2023	Maternal and infant mortality rates in the U.S. are far higher than those in similarly large and wealthy countries, and people of color are at increased risk for poor maternal and infant health outcomes compared to their White peers.
Joseph et al.	2021	This overview of maternal mortality underscores the need for better surveillance and more accurate identification of maternal deaths, improved clinical care, and expanded public health initiatives to address social determinants of health.
Parlier-Ahmad et al.	2022	To explore predictors of prenatal and postpartum care attendance using multilevel analysis of existing data from a Centers for Disease Control and Prevention (CDC)-funded trial targeting health disparities in maternal and infant birth outcomes in a sample of pregnant, Black women at risk for low prenatal care engagement.
Saluja and Bryant	2021	In this article, we will review implicit bias and the impact it can have on health care and health disparities
White et al.	2022	To evaluate the economic burden of age- and race/ethnicity-based US maternal mortality disparities. Economic burden is estimated by years of potential life lost (YPLL) and the value of statistical life (VSL).

NOTE: Literature review created through the methodology used.

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 to an increasingly diverse patient population (Saluja & Bryant, 2021).

3. Further research is needed to implement prevention strategies to reduce disparities in all maternal-related stages (Saluja & Bryant, 2021).

4. Race and ethnicity are key factors of the U.S. maternal mortality economic strain and public health officials should focus their policies on reducing maternal mortality and closing the disparity gap (White et al., 2022).

Figure 3
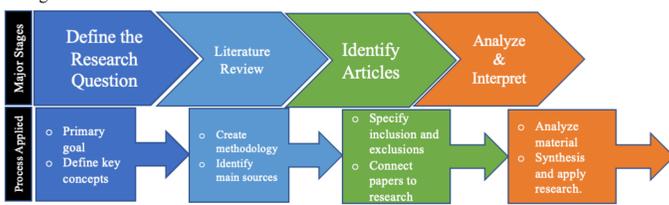
NOTE: Research method used to process literature for a careful synthesis of applicable information to the main research question.

Figure 4
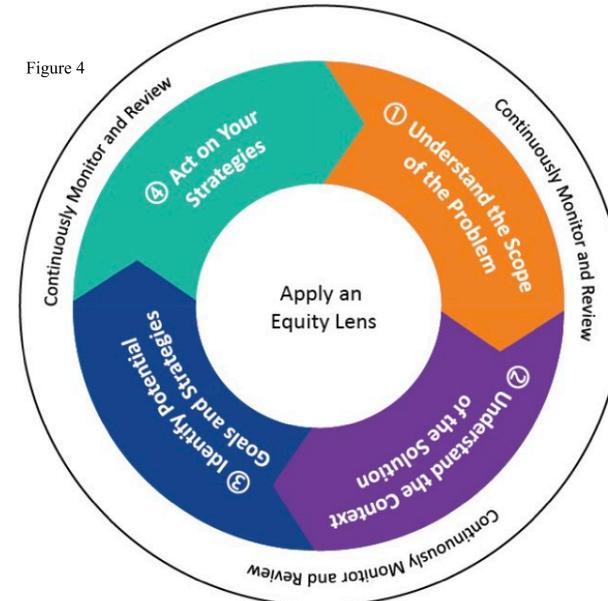
NOTE: Maternal Mortality Review Committees (MMRCs) installing state strategies to combat maternal mortality through 4 conceptual steps in the focus of health equity. (Centers for Disease Control and Prevention, 2022, June 15)

Strengths

- Conveyed implicit bias and inactions from healthcare professionals.
- Cultural competency and health education strategies support the implementation of safe and equitable clinical practices.
- Demonstrated how underserved and marginalized communities such as people of color are faced with health inequity.
- Long-term impact of patients seeking care due to fear from an approach of a provider.
- Racial and SES disparities indicated an increase of chance in death and other medical complications in receiving quality outcomes in maternal care.

Limitations

- Articles could have been interpreted as an opinion rather than an objective approach to maternal mortality.
- Lack of an in-depth approached 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 socioeconomic 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 LGBTQIA+ 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, prehistoric features can possibly explain systemic 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 outreach for patients, 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 69.9 deaths per 10,000 in 2021. This is an increase of 32.6 women per 10,000 births (Ahn et al., 2020).
- Research demonstrated how systemic racism and racial bias amongst healthcare provider impacts 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 (Ahn et al., 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 (Ahn et al, 2020).

Figure 5

Improve access to reproductive health care

Improve quality of maternal health care

Ensure acceptability of maternal health care for women most at risk

Ensure widespread availability of maternal health services

Ensure nondiscrimination in access to maternal health care and social determinants of health

Ensure accountability to human rights standards on maternal health

NOTE: Policy framework developed by a partnership with Center for Reproductive Rights and the Black Mamas Matter Alliance. (Ahn, R. et al., (2020)

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