The United States (U.S.) reported a staggering increase in pregnancy related deaths from 2019 to 2021, reporting fatalities of 745 to 1,205, respectively (Hoyert, 2023). An increase of maternal mortality has been seen in categories of race and age, as non-Hispanic Black women are 2.6 times more likely to die during pregnancy compared to their non-Hispanic White counterparts (Hoyert, 2023). Pregnancy-related deaths in the U.S. are higher for non-Hispanic Black women, which stems from complicated pregnancies (e.g., preeclampsia, fetal abnormalities), pre-existing comorbidities (e.g., hypertension, diabetes), and clinical interventions.

1. Implicit bias training should be incorporated into healthcare educational and training programs to provide high-quality healthcare experiences to diverse populations. Prevention strategies need to be researched to reduce disparities in all maternal stages (Saluja & Bryant, 2021).

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

3. Amid the COVID-19 pandemic in August 2020, the CDC launched its Hear Her campaign to raise awareness of urgent maternal warning signs to improve communication between patients and healthcare providers (CDC, 2023).

4. With patient education, access to quality reproductive health for women of color and low socioeconomic status resulted in decreased maternal mortality (Ahn et al., 2020).

**STRENGTHS & LIMITATIONS**

**Strengths:**
- Disparities, such as racial discrimination, implicit biases, income, and maternal care competency increase the chance of medical errors and death in maternal care.
- Proven gaps in maternal care conveyed by lack of health literacy, education, and equitable clinical interventions.

**Limitations:**
- Data collected was between 2018-2021, which the COVID-19 pandemic could have impacted current data.
- Investigating causations of social determinants of health through systematic levels in maternal mortality by advocating programs in health literacy and cultural humility for non-Hispanic Black women.

**CONCLUSION**

- Maternal mortality has consistently, and unfortunately, increased from 2019-2021 in the United States, especially non-Hispanic Black women.
- Instituting a training program with medical professionals can improve patient outcomes and lower maternal mortality before, during, and immediately following pregnancy (Allen, 2020).
- With patient education, access to quality reproductive health for women of color and low socioeconomic status resulted in decreased maternal mortality (Ahn et al., 2020).

**KEY FINDINGS**

1. Implicit bias training should be incorporated into healthcare educational and training programs to provide high-quality healthcare experiences to diverse populations. Prevention strategies need to be researched to reduce disparities in all maternal stages (Saluja & Bryant, 2021).

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

3. Amid the COVID-19 pandemic in August 2020, the CDC launched its Hear Her campaign to raise awareness of urgent maternal warning signs to improve communication between patients and healthcare providers (CDC, 2023).

4. With patient education, access to quality reproductive health for women of color and low socioeconomic status resulted in decreased maternal mortality (Ahn et al., 2020).

**ACKNOWLEDGEMENT & REFERENCES**