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Illuminating Health Disparities: The Untold Story of Black Women's Pregnancies

Kacy Workman

It was just three years ago that Serena Williams, the No. 1 women's tennis player in the world and the winner of 23 Grand Slam titles, gave birth to her first daughter, Alexis Olympia Ohanian. Over her 20-year tennis career, Williams has amassed millions of admirers around the world and currently has a net worth of about \$200 million. Considering all of her wealth, success, and fame, it was assumed that she would receive the best healthcare in the world. Unfortunately, this was not the case. After giving birth to her daughter on September 2, 2017, Williams complained of having trouble breathing. Although she quickly notified nurses and doctors of her deteriorating condition, they dismissed her symptoms. Finally, after she demanded medical tests, the doctors found several small blood clots in her lungs, along with other medical problems threatening Williams' life. Though she was treated quickly, her close run-in with death did not escape her, and she has since begun speaking out about her subpar medical treatment. Unfortunately, this is not an uncommon experience for many women of color, particularly Black women, in the United States.

Recent studies have found that Black women are 3-4 times more likely to die from pregnancy-related complications than White women.¹ Researchers in the 1990s examined data surrounding specific pregnancy complications such as postpartum hemorrhage, finding that although prevalence rates were similar between White and Black women, Black women with these conditions were 2-3 times more likely to die than their White counterparts.² Despite medical advances, these rates have not improved over time. Data analyses examining maternal mortality from 2005 – 2014 reveal that mortality rates for Black women have actually increased from 39 to 49 deaths for every 100,000 live births within that decade.³ It is harrowing to imagine the number of Black mothers that we have lost, and the mortality rates for Black newborns are equally devastating. The mortality rate for Black newborns is almost 5 times higher than the rate for White newborns; and shockingly, it has also been found that Black infants under the care of White doctors have 3 times the mortality rate of White infants.^{4,5}

This begs the question - what mechanisms are at play to cause these disparities?

Many may question whether these health disparities in pregnancy are actually about race, rather than socioeconomic status (SES), which has a known relationship with race in the United States. However, what Serena Williams' experience makes clear is that having money, access to the best healthcare, and even fame may not protect Black women. One common method used in research has been to control for socioeconomic factors when investigating racial

health disparities, and findings consistently show that SES does not largely impact adverse outcomes for Black women.^{6,7} One study even examined preterm birth, a common pregnancy complication that leads to a greater risk of infant death and disability, finding that higher SES is associated with lower preterm birth rates in White women, but not Black women.⁸ Considering both the research and real-life experiences of people like Serena Williams, it is clear that while SES might intersect with this issue, these disparities in pregnancy outcomes have more to do with race than SES. Luckily, there are various ways in which students, researchers, and physicians alike can tackle this problem.

Research dictates that there are many ways to help lessen these disparities. Studies have shown that medical students and physicians hold implicit biases that affect treatment, and diversity exposure over time has been shown to improve treatment outcomes for populations of color.^{9,10} Yet, it is important to note that although implicit bias certainly plays a role in the problem, diversity training is not the ultimate solution. Students can help by donating money to organizations that work to improve food security and proper nutrition in disadvantaged communities. Black women are more likely to experience food insecurity during pregnancy and have an increased risk of pre-pregnancy obesity, so donating to programs that combat these issues could help to improve the health of Black mothers before they give birth.¹¹ Moreover, research has shown that Black women are at a greater risk for not receiving pertinent information about prenatal care that could reduce the risk of adverse pregnancy outcomes.¹² Creating educational



programs within health systems aimed at facilitating prenatal care workshops for women of color could help to tackle this issue. Another important factor to consider is better representation of people of color in research studies, as well as the health-care field. It has been suggested that people of color in health professions and research are more likely to serve underrepresented populations.¹³ Working directly with communities to use research to help solve their problems can build relationships with diverse community members and begin to mend the long history of mistrust between the scientific community and communities of color.¹⁴

Ultimately, while thousands of Black women die every year due to preventable pregnancy-related complications, Serena Williams lived. Now, even years after her pregnancy, Williams still must live with the fact that one of the happiest moments of her life was almost taken away from her by systemic racism.

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Though research states that factors such as class and socioeconomic status could have affected some part of her experience, it is abundantly clear that race is the primary factor. Now, although the future looks bleak, there is so much we can do to combat these disparities, more than simply taking an implicit bias test or participating in a diversity training. We can take concrete action by donating to community organizations, educating others in our communities about these issues, and making it a priority to include people of color in our research studies. In the wake of the Black Lives Matter movement and increased discussion about systemic racism in the United States, let's remember that healthcare is a racialized issue. Black mothers and children around the country are dying, regardless of their socioeconomic status. But, by working together, we can make ending these disparities a reality, and that is certainly worth fighting for.

