The Network for Public Health Law

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MATERNAL HEALTH
Fact Sheet

Black Maternal Health in Maryland

Black maternal health definition

Black Maternal Health refers to the well-being of Black women during the prenatal period, pregnancy, and the postnatal period.[1] Black women in the United States experience significantly disparate maternal health outcomes including disproportionately high rates of death related to pregnancy or childbirth compared to other racial and ethnic groups.[2]

What is the status of black maternal health in the U.S.?

1. Black women are three times more likely to die from a pregnancy-related cause than White women.[3]
2. The maternal mortality rate for Black women increased from 37 deaths per 100,000 live births to 55.3 deaths per 100,000 live births from 2018 to 2020. In contrast, the rate for White women was 19.1 deaths per 100,000 live births in 2020.[4]
3. Black women are more likely to be uninsured and face greater financial barriers to prenatal care than White women.[5]
4. Black women are more likely to experience complications throughout the course of their pregnancies than White women.[6]
5. Black women experience structural racism in health care delivery, which contributes to significantly higher rates of preventable death compared to other groups.[7]
6. Implicit bias contributes to disparities in maternal health, including how obstetricians and gynecologists counsel Black women regarding treatment options.[8]
7. Black women have a heightened risk of pregnancy-related death irrespective of their incomes and education levels.[9]
    a. The CDC reports that a Black woman with a higher education degree is 1.6 times as likely to die from a pregnancy-related death as a White or Latina woman with less than a high school diploma.[10]
    b. Despite socioeconomic status, the newborns of college-educated Black women still face a greater risk of being low birthweight when compared to White newborns.[11]
    c. A recent study found that the infants of Black parents in the top of the income distribution had a rate of low birthweight and preterm birth 1.5 times higher than the infants of White parents in the bottom of the income distribution; and further found that infant mortality for Black infants in the top decile of the income distribution was 23 percent higher than that of White infants in the bottom decile of the income distribution.[12]

8. Compared to White women, Black women more frequently reported: (1) unfair treatment and disrespect by providers because of their race, (2) no patient autonomy during labor and delivery, and (3) pressure to have a cesarean section.[13]
9. Black women are more likely to report having their pain minimized or ignored and have still births more frequently than White women.[14]
10. Black women are less likely to exclusively breastfeed at one week and six months with "rates of breastfeeding initiation, duration, and exclusivity . . . 10–20 percentage points lower among Black infants," compared with White infants.[15]
    a. Although breastfeeding lowers the risk for developing type 2 diabetes, hypertension, and breast and ovarian cancers, hospitals in Black communities are less likely to promote breastfeeding.[16]
    b. The ongoing infant formula shortage is likely creating serious risk of undernutrition among Black infants, who are less likely to be breastfed.[17]
11. The national average of infant mortality is 5.67 per 1,000 live births, but that rate is nearly double for infants of Black women at 10.75 per 1,000 live births.[18]
12. In 2021, the rate of preterm birth among Black women was fifty percent (50%) higher than the rate of preterm birth among White and Hispanic women.[19]

Facts about black maternal health in Maryland

1. In 2018, Black mothers in Maryland passed away due to childbirth related complications at a rate of 44.6 deaths per 100,000 —3.7 times higher than White mothers.[20]
2. Between 2010 and 2018, the non-Hispanic Black maternal mortality rate (MMR) was higher than that in non-Hispanic White women at all ages, reaching statistical significance in the 25-29 year and 30-34 year age groups.[21]
3. Among non-Hispanic Black women, the pregnancy related mortality rate shows a clear trend up with age, reaching a rate of 93.8 deaths per 100,000 live births above age 40.[22]
4. The 2009-2013 Black non- Hispanic MMR was 2.0 times the White non-Hispanic MMR, while the 2014- 2018 Black non- Hispanic MMR was 4.0 times the White non-Hispanic MMR.[23]
5. Among Maryland's pregnancy related-deaths from 2010- 2018, Black women hemorrhaged at a rate twice as that compared to White women.[24]
6. Of the 18 pregnancy-related deaths that occurred in 2018, ten cases (56%) involved non-Hispanic Black women, six cases (33%) involved non-Hispanic white women, and two cases (11%) involved Asian/Pacific Islander women.[25]
7. The prevalence of pre-existing medical conditions (e.g., depression, diabetes, hypertension, and obesity) for non-Hispanic Black women between 2010-2018, was higher than any other racial group, and is likely to be a contributing factor in the higher pregnancy-related mortality rates.[26]
8. Maryland's Black babies (12.9%) were twice as likely as American Indian/Alaskan Native babies (8.0) to be born preterm during 2019-2021.[27]

Opportunities for action in Maryland

1. **Learn the issues.** It is critical to understand the risks that people face and address all relevant factors, including the quality of clinical care, access to treatment before and after birth, the effects of structural racism, and social determinants of health to achieve "complete equity." [28] The references in this fact sheet reveal just some of the dynamics about Black maternal health in Maryland. The Network for Public Health Law can assist with additional research on request.

2. **Advocate to declare that racism is a public health crisis**. Advocate to declare that racism in Maryland is a public health crisis to amplify Black voices and to adequately address the shortcomings of Black maternal health care. It is essential to develop equity-centered models of care to reduce maternal health disparities.[29] By following the examples set by Anne Arundel,[30] Montgomery,[31] and Prince George's[32] Counties, declaring racism as a public health crisis state-wide could improve Black

maternal health by encouraging officials to implement racial equity/implicit bias training for health care providers.[33]

3. **Advocate for improved racial equity training and education of health care professionals.** Implicit bias trainings, racial equity trainings, and other educational initiatives can assist health care professionals identify and understand patient differences related to race and inequality.[34] This enhances individualized treatment of health needs and improves health outcomes. Potential training and education improvements include:
    - Educational training on implicit biases in clinical settings to promote awareness of how biases affect care and put Black women's lives at risk.[35]
    - Address how racism is embedded in medical education, medical practice, and racialized constructions of pain tolerance.[36]
    - Educational training on the impact structural inequities and structural drivers of biases have on health care systems (e.g., time pressures, cognitive load, and the practice of racialized medicine).[37]
    - Address how social determinants of health affect Black mothers' health and the health of their children.[38]

4. **Advocate for and support efforts to improve health care access**. Improving access and expanding coverage to Black women is an essential step toward improving maternal health outcomes.[39] Only 87% of Black women of reproductive age have health insurance, and countless others experience gaps in coverage during their lives.[40] To improve Black maternal health outcome, policies should focus on expanding and maintaining access to care and coverage.[41]

Key legislation that can help improve access includes:

- Increase access to Black-led community-based providers such as doulas, midwives, lactation consultants, and community health workers.[42]
- Increase access to high-quality, affordable health insurance.[43]
    - Maryland legislators recently enacted a bill (Healthy Babies Equity Act) that expands Medicaid to cover prenatal and postpartum medical services for all pregnant women regardless of immigration status.[44]
    - Maryland legislators recently enacted a bill (Maryland Parental Leave Act) that expands paid family leave to allow employees to be eligible for benefits if the covered employee is taking leave from employment to care for a new-born child or to promote kinship/bonding to the child during the first year after the birth.[45]
    - Create accountability measures to inquire why Black mothers die at a higher rate than White mothers.
        - Maryland legislators recently proposed a bill (Maternal Mortality Review Program) that would give a local maternal mortality review team immediate access to specified information and records, including information on prenatal care maintained by a health provider regarding a woman whose death is being reviewed by the local team.[46]

Non-legislative opportunities to improve access include:

- Provide access to reliable transportation for pregnant women to attend their medical appointments.
- Seek government or philanthropic funds to subsidize public transportation tokens through clinics and hospitals.

- Partner with Uber or other ride share companies through programs for low-income pregnant people to utilize these services for free or reduced rates.
    - The Bureau of Maternal and Child Health (MCH) works in Baltimore City under its initiative "B'more for Healthy Babies" to improve maternal health outcomes by increasing pregnant and postpartum women's connection to services and care coordination, providing the guiding strategic vision around improving birth outcomes via policy development, community engagement, and innovative services.[47] Supporting B'more for Healthy Babies and replicating the program throughout the State will support all families and reduce maternal health inequities.

This document was developed by law students Hope Randolph, Alexis Lovings, and Thuy Langrill-Miles, J.D. Candidates '23 at the University of Maryland Carey School of Law, under the supervision of Kathleen Hoke, J.D., Law School Professor and Director of the Network's Eastern Region Office. The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

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