



MATERNAL HEALTH Fact Sheet

Black Maternal Health in Pennsylvania

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

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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 Pennsylvania

1. In 2020, Black women and infants were twice as likely to die as their White counterparts.²⁰
2. The pregnancy-associated mortality rate is the highest for Black women (163 per 100,000 live births), which is twice as high as the rate for White women, and stems from the detrimental effects of both institutional and interpersonal racism, as well as implicit bias among providers.²¹
3. In Philadelphia, Pennsylvania’s largest city, Black people represented 43% of births from 2013-2018 but accounted for 73% of the pregnancy-related deaths.²²
4. Between 2018 and 2020:
 - a. The percentage of Black pregnant women who received early and adequate prenatal care declined from 69.9% in 2018 to 58.7% in 2020, while the percentage of White pregnant women who received such care remained consistent at around 80%.²³
 - b. 20.3% of Black women reported postpartum depression compared to 11.4% of White women.²⁴
5. The preterm birth rate among Black women is 56% higher than the rate among all other people in Pennsylvania.²⁵
6. Severe Maternal Morbidity (SMM) is defined as “unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health.”²⁶
 - a. The rate of SMM within a neighborhood in Philadelphia was found to increase by 2.4% with every 10% increase in percentage of individuals who identified as Black or African American.²⁷
 - b. 158.2 per 10,000 in-hospital deliveries were considered SMM for non-Hispanic Black women, while 69.7 per 10,000 deliveries were considered SMM for non-Hispanic White women.²⁸

Opportunities for action in Pennsylvania

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 in order to achieve “complete equity.” The references in this fact sheet reveal just some of the dynamics about Black maternal health in Pennsylvania. 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 that Pennsylvania and localities in the Commonwealth declare that racism is a public health crisis to amplify Black voices and address the maternal health needs of Black women.²⁹ It is essential to develop equity-centered models of care to reduce maternal health disparities.³⁰ By following the examples set by Pittsburgh,³¹ Erie County,³² and Allegheny County,³³ declaring racism as a public health crisis statewide could help improve Black maternal health by encouraging



officials to implement racial equity/implicit bias training for health care providers and reduce or eliminate discrimination and bias.³⁴

3. **Advocate for improved racial equity training and education of health care professionals.** Implicit bias training and other racial equity training and education helps health care professionals recognize and understand patient differences related to race and inequality.³⁵ This enhances individualized treatment of health needs and improves health outcomes. Health care professionals should be trained on implicit bias, structural racism, and equitable care during education and while in practice. Training and education improvements include:
 - Training on the impact of social determinants of health to providers (through continuing education courses) and students in professional health care schools and training programs.
 - Implicit bias education that is integrated into training curricula for health care professionals and mandated for members of health care professional boards (who adjudicate complaints against health care professionals).
 - Continuing medical education credits in implicit bias, particularly for those working with pregnant people.
4. **Advocate for and support efforts to improve health care access.** Improving access to Black-led community-based providers such as doulas and midwives is an essential step toward improving maternal health outcomes for Black women.³⁶ Doula care improves health outcomes for pregnant Black women by providing emotional, physical, and educational support throughout the perinatal period. Doulas can assist with managing chronic medical conditions, developing a birthing plan, and advocating for the pregnant woman, particularly during childbirth.³⁷ It is crucial to make sure legislation and certification requirements do not marginalize Black providers. As of 2022, 12 states offer some coverage of doula care to Medicaid patients. Minnesota, Florida, and Oregon have offered such coverage for several years and newcomer states are in various phases of implementation of doula coverage for Medicaid patients: California, District of Columbia, Illinois, Indiana, Maryland, Nevada, New Jersey, Rhode Island, and Virginia.³⁸ Pennsylvania is attempting to join those states in providing doula coverage through legislation in 2023.³⁹ Comprehensive reform will ensure that private and public health care coverage extend for the length of time needed for gestation, delivery, and caring for an infant and for the well-being of the birthing parent. While Black women are generally more likely to be uninsured or face financial barriers to prenatal care,⁴⁰ and although many policymakers tend to gravitate to Medicaid reform to improve outcomes for Black maternal health, Medicaid reform is not the only way to improve outcomes and can tend to perpetuate an exaggerated dynamic between Blackness and poverty when racial disparities in maternal health go beyond education and income level.⁴¹

Key legislation that can help improve access include:

- Follow New Jersey's lead and advocate for more community funding and grants and implement accountability measures to make sure the funds are appropriately allocated to Maternal Health issues.⁴²
- Follow Maryland's example and pass *Healthy Babies Equity* legislation, that expands Medicaid coverage to all pregnant mothers regardless of immigration status.⁴³
- Pennsylvania's state legislature has proposed bills that could improve Black maternal health such as:
 - Extending Medicaid coverage from 60 days to one year postpartum;
 - Extending Medicaid coverage to cover doula services;
 - Including postpartum depression as an "at risk" factor under Pennsylvania law, enabling parents to receive support services and supporting Black parents who are less likely to receive treatment for postpartum depression.⁴⁴
 - Including "severe maternal morbidity data" within the data that should be obtained, categorized, and published as reportable events in an annual report submitted to the Department of Health.⁴⁵
 - Creating an Office of Health Equity to assess disparate outcomes based on race, ethnicity, etc., in maternal morbidity, mortality, and infant health.⁴⁶
- Pennsylvania has implemented a Parental Leave law that provides Paid Family Leave to parents, including for the duration of the pregnancy, pregnancy complications, and the postpartum period.⁴⁷ Educating the community about the Act will enhance its impact.

Non-legislative opportunities to improve access include:

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- Provide access to reliable transportation for pregnant women to attend their medical appointments.
 - Seek government or philanthropic funds to subsidize public transportation tokens that can be provided through clinics and hospitals.
 - Partner with taxi and ride share companies through programs for low-income pregnant women to utilize these services for free or reduced rates.
 - Emphasize an “integrated doula care delivery model” which would facilitate and encourage collaboration between a pregnant person’s doula and the obstetrician.⁴⁸

5. **Pennsylvania Maternal Mortality Review Committee.** This Committee is charged with reviewing all maternal deaths, identifying root causes of these deaths, and developing “strategies to reduce preventable morbidity, mortality, and racial disparities related to pregnancy in Pennsylvania.”⁴⁹ This Committee should be supported, its findings made transparent, and its recommendations implemented.

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SUPPORTERS

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