

Racism in Maternity Care is a Public Health Crisis in the United States

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In April 2021, the Centers for Disease Control and Prevention (CDC) issued a statement about racism as a public health crisis in the United States. They described racism as a system of *structures, policies, practices, and norms that assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society. Racism, both interpersonal and structural, negatively affects the mental and physical health of millions of people, preventing them from attaining their highest level of health, and consequently, affecting the health of our nation* (CDC, 2021, p. 1). Efforts by the CDC to promote health by eliminating racism and health inequities were outlined and include funding for health departments and health equity strategies; a public health equity science and intervention strategy; addressing social determinants of health such as housing, education, wealth, and employment; funding community programs and infrastructure; and pipeline issues to recruit, mentor, and educate investigators with experience in “communities of color” (CDC).

One of the many ways racism in health care is apparent is in the disparities of maternal and infant outcomes in the United States based on racial and ethnic identities (Ely & Driscoll, 2020; Hoyert, 2021). Deaths are higher among women and babies in minoritized groups, identified by the National Vital Statistics System as non-Hispanic Black women (Hoyert). As race is a social construct with no biological causative factors, these data are evidence there is racism in maternity care and it must be fully addressed and eliminated to improve outcomes. In a report by the Aspen Health Strategy Group (2021) on reversing maternal mortality in the United States, Crear-Perry et al. (2021) describe the historical and ongoing basis for inequity in maternal outcomes related to racism embedded in our health care system. They offer solutions for achieving birth equity based on their work in reproductive justice and maternal health. This eloquently written summary, as well as the entire report, should be reviewed by all those who care for patients during childbirth.

Per the report (Aspen Health Strategy Group, 2021), with hard work, better outcomes for mothers and babies are possible; the current medical model does not meet all women’s needs; racism is at the root of the maternal mortality crisis; regulatory requirements and structures in the health care system that support payment for services overemphasize the medical model although for many women, birth is a healthy event; and current outcomes data on disparities for mothers and babies in the United States are reflective of ongoing limited investment in women’s health in general. They urge a national commitment to improvements for maternity care including funding and implementing best practices; initiating and supporting community care models to promote access to all for healthy risk-based care; health care insurance changes that meet women’s needs; addressing racism; and funding for research and government reporting systems which are plagued by inconsistencies in data about accurate rates of maternal and infant morbidity and mortality (Aspen Health Strategy Group). The report has a hopeful tone noting things can be better with a multistrategy approach to changing maternity care in the United States. ❖

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DOI:10.1097/NMC.0000000000000746

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