



BLACK MATERNAL HEALTH & MEDICAID EXPANSION

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Medicaid Expansion would have broader economic and social benefits that could help address some of the underlying social determinants of health that contribute to health disparities for Black mothers and their infants.

According to one recent study (Trent et al. 2019), Black mothers are three to four times more likely to die from pregnancy-related complications than white mothers and Black women are more likely to experience preterm birth, low birth weight, and infant mortality. Various of the social determinants of health contribute to these disparities, including poverty, lack of access to quality healthcare, and racism. The health of Black mothers in the United States is a critical issue that must be addressed. This policy brief aims to evaluate the impact of systemic racism and inequities on Black maternal health, the effectiveness of existing and proposed policies aimed at improving Black maternal health, and provide recommendations for future policies and programs to improve Black maternal health. An analysis of the existing research on Black maternal health and its intersection with racism, inequity, and structural barriers will be conducted to inform the discussion and development of policy solutions.

Systemic racism and structural inequalities have had a dramatic impact on Black maternal health in the United States. African American women are more likely to experience complications during and after childbirth, such as postpartum depression, than women of other races (Trent et al. 2019). African American women are up to three times more likely than white women to suffer severe birth-related health issues, and Black infants

are twice as likely to die than white infants. Additionally, Black mothers are more likely to lack social support networks and experience higher levels of stress due to the continued existence of racism. In comprehensive analysis of Black maternal health, Vedam et al. (2019) found that systemic racism and inequities were responsible for a significant proportion of Black maternal health disparities. These disparities include higher rates of preterm birth, Cesarean section, and maternal mortality, as well as lower rates of breastfeeding. Maternal health is a key factor in the health and development of children (Mokdad et al., 2018). In order to close the racial gap in maternal health, it is necessary to address the root causes of systemic racism and structural inequalities. The researchers concluded that targeted interventions are needed to address systemic racism and inequities to improve Black maternal health outcomes. Improving access to quality maternal health care, investing resources in health promotion initiatives, and reducing health disparities through effective policy making have the potential to improve the health of African American mothers and optimize their pre-natal and postnatal care. According to Crear-Perry et al. (2021), three key areas need to be addressed in order to improve outcomes: eliminating structural racism, addressing health care disparities, and engaging community-based organizations. To address structural racism, the authors suggest that there needs to be an increase in public investments targeting Black-owned

businesses and communities, as well as increased support for community-based organizations. To address health care disparities, the authors suggest that providers need to be better trained in cultural competency to provide appropriate care for Black women. Finally, to engage community-based organizations, the authors suggest that there needs to be increased collaboration between community-based organizations and governmental entities in order to identify and address the needs of Black women. These proposed solutions are critical for ensuring that Black women receive the quality care they deserve and for reducing the disparities in maternal health outcomes. (Crear-Perry et al., 2021).

Victoria et al. (2011) suggests that policies should focus on increasing access to quality healthcare and navigating the healthcare system, as well as providing access to quality health services. Furthermore, they suggest that policies should focus on promoting healthy behaviors, such as increasing physical activity, healthy eating, and reducing smoking. Ultimately, they suggest that policies should focus on improving the overall health of Black women. Furthermore, Mokdad et al. (2018) highlight the importance of providing resources and support for Black mothers throughout the pregnancy, and beyond, in order to ensure that the health of both mother and child are optimized. Strategies such as providing counseling and advice regarding health, nutrition, and lifestyle, in addition to access to health care, are crucial for improving the health of Black mothers and, in turn, their children (Hathaway et al., 2010). These

strategies should be implemented in combination with other measures that target the underlying social and economic determinants of health, such as poverty, racism, and structural inequality (Rudd et al., 2017). If properly implemented, such measures could improve the health of Black mothers and their children and could potentially lead to improved health outcomes for future generations.

Community-based interventions have shown strong efficacy in enhancing the health of Black mothers and newborns (Black et al., 2017). These programs improve maternal health outcomes in marginalized communities by focusing on offering health education and dietary counseling. In addition, these programs can be adapted to the individual needs of the target community, resulting in interventions that are more culturally appropriate and effective. To minimize maternal mortality, morbidity, and inequities among Black communities, equity-centered solutions should be adapted to the specific needs and problems of Black women.

It is necessary to address the underlying

socioeconomic conditions that contribute to African American women's poor maternal health. While we must remove the disparities in healthcare access and quality between women of color and white mothers, we must also deliver culturally sensitive treatment and eradicate racial bias in healthcare. Also, we must aim to minimize maternal poverty and provide economic prospects for Black mothers. This involves improving access to education, job training, and work possibilities and treating poverty as a public health issue.

Medicaid Expansion in North Carolina could also reduce Black maternal health disparities. Simply put, expanding Medicaid would increase access to healthcare coverage for low-income individuals and families, which would allow more Black women to access prenatal and postpartum care. Medicaid Expansion would have broader economic and social benefits that could help address some of the underlying social determinants of health that contribute to health disparities, including poverty, lack of affordable housing, and inadequate transportation.



Black maternal health outcomes in the United States are significantly worse than those of any other racial or ethnic group. Black women are 2-3 times more likely to die from pregnancy-related complications and more likely to experience pregnancy-related complications such as preeclampsia, gestational diabetes, and postpartum depression than white women. Medicaid Expansion in North Carolina could help to reduce these disparities.

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