

## INTRODUCTION

As of 2017, Black women in the US are 243% more likely to die from pregnancy-related causes than their white counterparts, one of the most severe current disparities in women's public health (CDC, 2017). There is a problem in women's healthcare. Women die from pregnancy-related causes at higher rates in the US than in other developed countries (Howell, 2018). Although most pregnancy-related deaths are considered preventable, Black mothers are around three times more likely to die from complications than their white counterparts, and this gap increases with age. (Howell, 2018) According to The Centers for Disease Control and Prevention (CDC) and Maternal Mortality Review Committees (MMRC), over half of all maternal deaths occur in the postpartum stage from 1 - 365 days after delivery. (AHRQ, 2021). One NIH-funded study determined that late maternal deaths, or deaths in the postpartum phase, were 3.5 times more likely in Black mothers than White mothers between 2016 and 2017. (MacDorman, et al., 2021)

## DATA AND FINDINGS

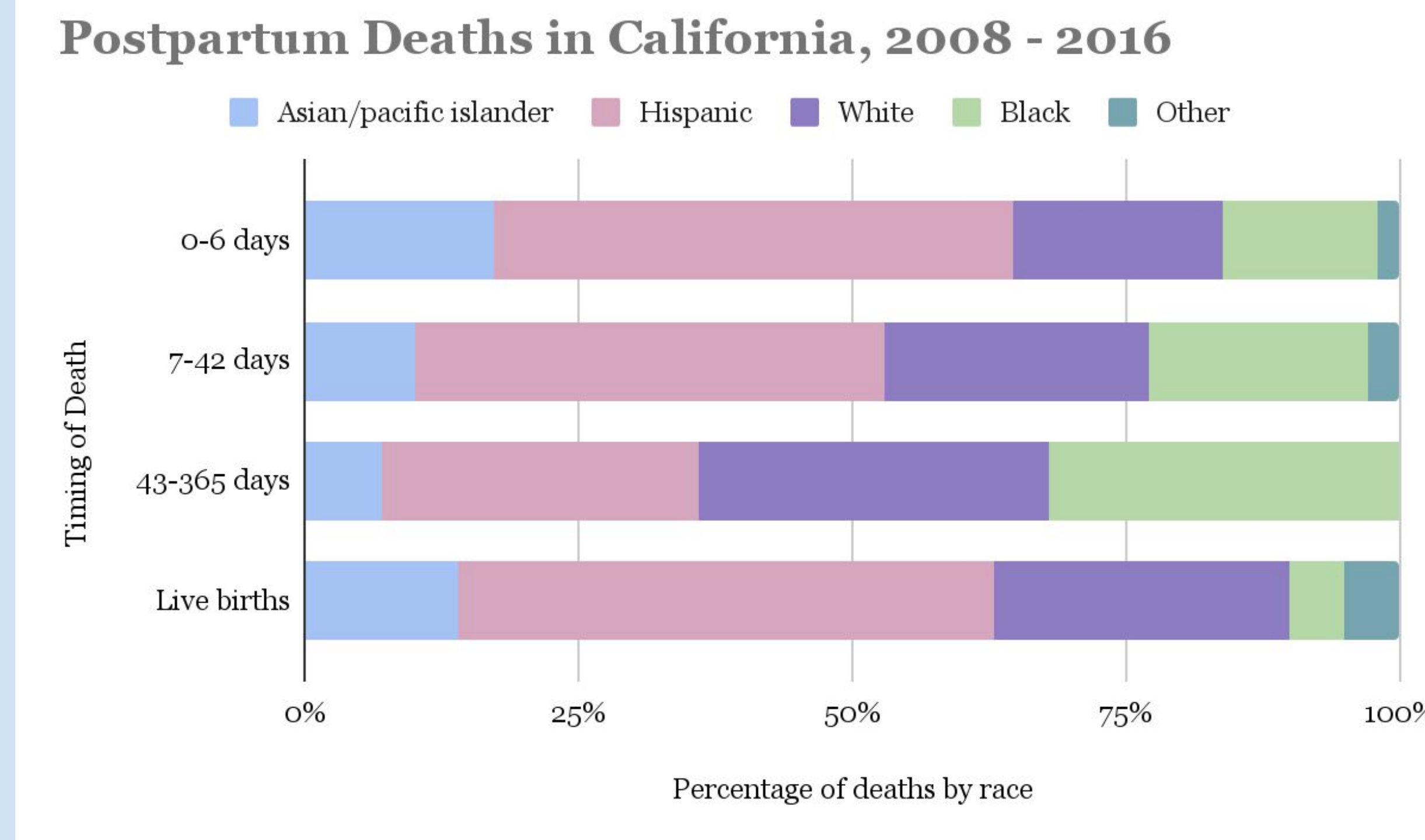


Figure 3: Figure 3 shows the racial makeup of postpartum deaths among different timings of the postpartum cycle, as well as the total racial makeup of live births. Black women are overrepresented in all categories; they only accounted for 5% of live births but made up 14%, 20%, and 32% of deaths 0-6 days, 7-42 days, and 43-365 after delivery, respectively.

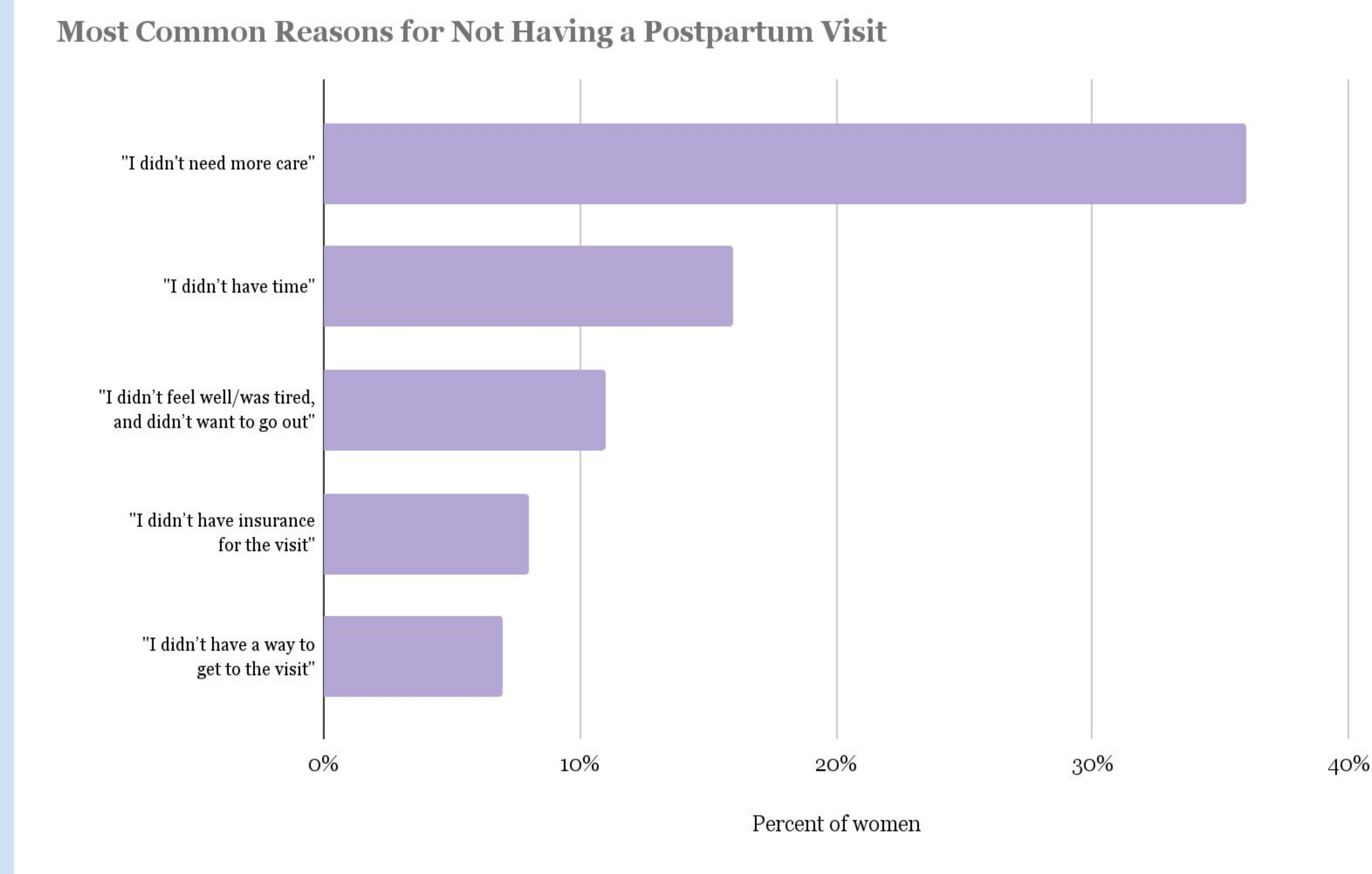


Figure 6: Figure 6 shows the most commonly cited reasons for not attending a postpartum appointment among women who attended no postpartum visits. Among the responses, a lack of prioritizing postpartum care contributed more to mothers skipping appointments than a lack of insurance or transportation. 36% responded that they did not need more care, 16% that they lacked time, and 8% that they did not feel well and did not want to go out, while 8% reported a lack of insurance for the visit and 7% a lack of transportation. Data is from 2018 survey results of 2,539 women in California, collected by the National Partnership for Women & Families.

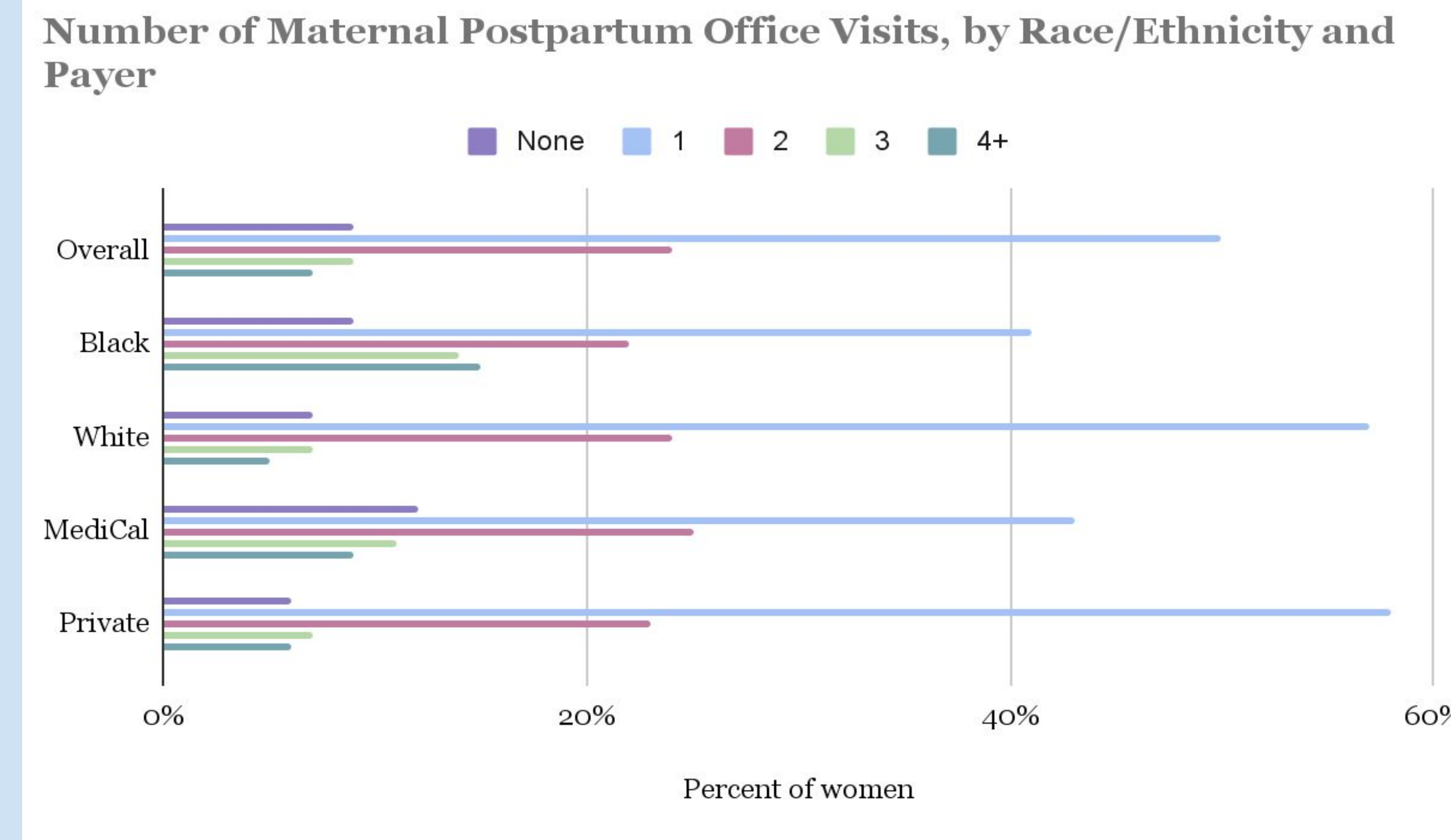


Figure 4: Figure 4 shows the percentages of women by race and payer who attended none, 1, 2, 3, and 4+ postpartum office visits within the first 8 weeks after birth. 91% of all women reported at least 1 postpartum visit in this time period. 9% of Black women reported no postpartum visit while 7% of White women reported no postpartum visit. However, 15% of Black women reported 4+ visits and 5% of White women reported 4+ visits. Medi-Cal mothers were more likely to have no postpartum appointments (12%) as compared to private insurance (6%), but more likely to have 3 (11%) or 4+ (9%) appointments than privately insured (7% and 6% for 3 and 4+ appointments, respectively). Data is from 2018 survey results of 2,539 women in California, collected by the National Partnership for Women & Families.

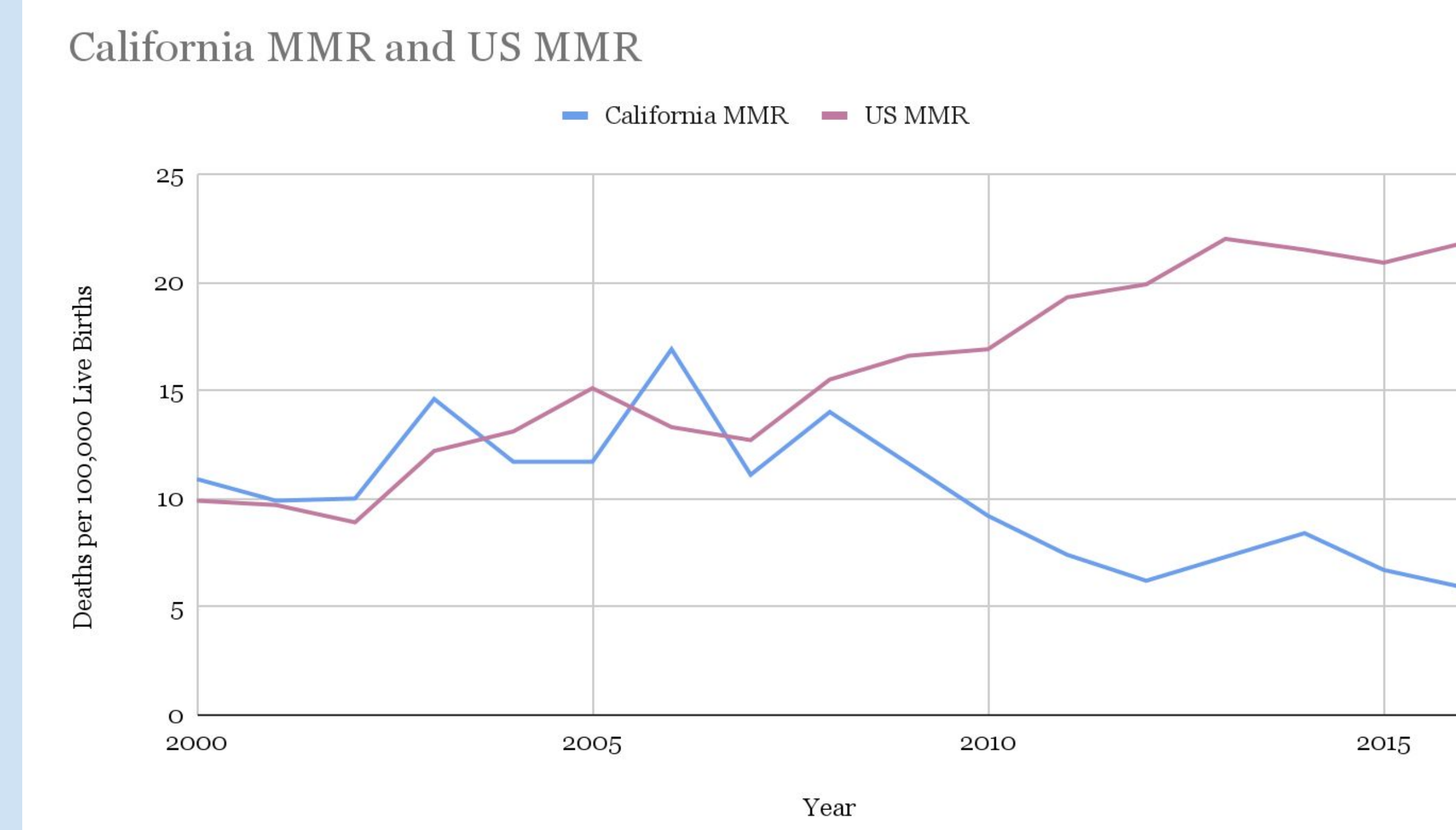


Figure 7: Figure 7 shows the insurance and racial makeup of the total percentage of those with 4+ postpartum visits, excluding data on non-White and non-Black mothers. Black mothers, across both Medi-Cal and private insurance groups, had higher rates of 4+ postpartum visits than White mothers. Data is from 2018 survey results of 2,539 women in California, collected by the National Partnership for Women & Families.

## RESEARCH METHODOLOGIES

- Observational, action research approach using quantitative and qualitative data
- The California Department of Public Health (CDPH) Report on California Pregnancy-Related Deaths, 2008-2016 was reviewed to collect data on pregnancy-related deaths by timing and race, as well as overall timings of maternal deaths and the California maternal death ratio compared to the national average
- The California Department of Healthcare Services (DHCS) health disparities reports from 2015 to 2020 were used to examine postpartum office visits among Medi-Cal patients.
- Findings from 2018 Listening to Mothers Survey by the National Partnership for Women & Families were used to examine differing rates of postpartum usage by race and payer and the most common reasons for skipping postpartum appointments

## CONCLUSIONS AND ANALYSIS

While California's maternal mortality rate has been significantly lower than the national average since 2007, disparities still exist:

- According to figure 1, from 2008 to 2012, both early and late postpartum deaths were on a downward trend. However, while early postpartum deaths have decreased since 2014, late postpartum deaths have increased and this trend may indicate a need for more consistent postpartum care in the year following delivery to reduce the rates of late postpartum deaths for all mothers.
- According to figure 2, while the percentages of postpartum care have been increasing among all Medi-cal mothers from 2015 to 2020, Black women still consistently receive less care than their White counterparts, even with the same insurer.
- In figure 3, the data shows that Black women accounted for only 5% of all live births between 2008 and 2016 but were overrepresented in every stage of postpartum deaths.
- According to the data in figure 4, which shows the number of postpartum visits by race in 2018, more Black women also had no postpartum visits (9%) as compared to White women (7%).
- Black women were more likely than White women to attend 4 or more postpartum visits, which could be due to a higher rate of pregnancy-related complications among Black women that required continuous care.
- The data in figure 6 show that attitude was the most common reason for women to skip postpartum appointments, suggesting a need for an intervention plan that promotes prioritization of postpartum care, even if the patient feels healthy after delivery.

## IMPLICATIONS AND NEXT STEPS

The data shows a clear need for interventional strategies to increase the access to and incentive for attending postpartum care appointments. Appropriate next steps for addressing this issue include the implementation of programs to increase awareness of the importance of postpartum care for new mothers and to encourage women to attend even if they feel healthy. Additionally, further research into how postpartum care differs between Black and White patients would shed additional insight into how the maternal mortality disparities can be narrowed among patients who do attend postpartum visits.

## ACKNOWLEDGEMENTS / REFERENCES

\*\*\*Special thanks to Scott Brunson and Erin Angell for helping make this project possible.

### \*\*\*Works Cited:

CDC. (2019, September 5). Racial and ethnic disparities continue in pregnancy-related deaths [Press release]. <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

Howell, E. A. (2018). Reducing disparities in severe maternal morbidity and mortality. *Clinical Obstetrics and Gynecology*, 61(2).

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