

# **Bridging the Gap: Reducing Disparities in Reproductive Healthcare for Black and White Women**

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## **KEY TAKEAWAYS**

- Black women in the United States have worse reproductive health outcomes compared to White women, including higher maternal mortality rates.
- Racial disparities in reproductive healthcare are due to systemic barriers, including physician biases, lack of diverse representation among physicians, and insufficient access to reproductive healthcare services.
- Multi-state reproductive healthcare initiatives, such as cultural competency trainings and increased diversity among healthcare providers, should be enacted to reduce racial disparities.

A woman's reproductive healthcare experience in the United States can vary dramatically depending on her race. Structural racism, which is societal policies and practices that create disparities in opportunities and outcomes based on race,<sup>1</sup> creates inequalities in reproductive healthcare access and outcomes. Today, Black women die from pregnancy complications at over three times the rate of White women.<sup>2</sup> Disparities at the organizational, community, and systemic levels perpetuate barriers to quality care for Black women.

This brief summarizes disparities in reproductive healthcare outcomes for Black women compared to White women in the U.S. It advocates for policy changes and provides recommendations for addressing racial disparities to create more equitable reproductive healthcare. To reduce racial reproductive healthcare disparities, policymakers and healthcare administrators must address the factors affecting reproductive healthcare equity and justice.

## **Black-White Disparities in Reproductive Health Outcomes are Large**

Black women have worse maternal health outcomes than White women. In 2020, the pregnancy-related mortality rate in the U.S. was 40.8 deaths per 100,000 live births for Black women, which is more than three times the rate among White women (12.7 per

100,000).<sup>3,4</sup> Black women are five times more likely to die from preeclampsia, eclampsia, and postpartum cardiomyopathy (heart disease), and three times more likely to die of embolisms (blood vessel blockage) or hemorrhage (excessive bleeding).<sup>5</sup>

## **There are Systemic Barriers to Reproductive Healthcare Access**

While there are several potential explanations for these disparate outcomes, including lower levels of income and education among Black women, systemic factors within the healthcare system itself may also play important roles. Such factors include unequal treatment by providers, lack of diversity among providers, and lack of access to reproductive healthcare.

On the topic of provider behavior, Black patients report high rates of maltreatment, neglect, coercion, harm, aggression, and abuse by their healthcare providers in family planning and birth and labor, often leading to misdiagnoses, ineffective care, and lack of pain management.<sup>6</sup>

Studies have demonstrated that representation in the provider setting is critical to overcoming cultural and language barriers often associated with provider bias, behavior, and treatment decision-making.<sup>7,8</sup> Therefore, at least some treatment disparities may be due to a lack of racial diversity among healthcare providers. Only 5.7% of all physicians and 11.1% of OBGYNs in the United States are Black.<sup>9,10</sup> This has profound consequences for Black patients. Physician stereotypes of Black patients have led to disproportionate reproductive healthcare treatment options and recommendations, including delayed preventive screenings.<sup>11,12</sup> Delayed preventive screenings can increase the risk of diseases going undetected and even lead to premature death.<sup>11</sup> Additionally, patients who can racially identify with their physicians report increased levels of satisfaction with the communication between themselves and their providers, strengthening trust and the likelihood of seeking services.<sup>13</sup>

Unequal access to reproductive healthcare is also a concern. Black women have less access to reproductive healthcare than White women. For example, 10% of Black mothers in the U.S. received late or no prenatal care compared to 5% of White mothers.<sup>3</sup> While the Affordable Care Act aimed to improve reproductive healthcare access by providing financial incentives under Medicaid to providers, ten states have not expanded Medicaid.<sup>14</sup> Most of these states are located in the South and have large shares of Black residents.<sup>14,15</sup> Medicaid expansion states have a significantly lower Black maternal mortality rate than non-expansion states,<sup>16</sup> demonstrating the importance of healthcare access in reducing maternal mortality among Black women in the United States.<sup>14</sup>

## **Black Women Deserve Representation in Reproductive Healthcare**

Creating more equitable and accessible reproductive healthcare and saving lives requires systemic change. To achieve this goal, efforts are needed to close the Medicaid expansion gap coverage, develop more trusting provider-patient relationships, increase diversity and cultural competency among physicians, and address racism within the overall healthcare system.

Mandating cultural competency training for all healthcare workers with a focus on reproductive justice and health equity is a strategy for addressing racial bias and discrimination. Cultural competency training helps increase patient satisfaction and

improve the quality of care Black women receive, thus improving the overall patient-provider experience.<sup>7,17</sup>

Increasing racial and cultural diversity among OBGYNs can improve comfort and confidence levels among Black patients. Unfortunately, very few Black students are entering the OBGYN field – only 6% of medical graduates identify as Black.<sup>7</sup> Historically Black Colleges and Universities (HBCUs) can play a role in increasing representation. HBCUs enroll 14% of all Black medical students in the United States.<sup>18</sup> With a majority of HBCUs located in the South where large shares of the U.S. Black population reside, local healthcare systems can benefit from partnerships with HBCUs. These partnerships could serve as a pipeline for future Black physicians.

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