Unveiling Disparities: Reproductive and Perinatal Epidemiology Among Black Women in the United States

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Barriers to Equality in Women's Health Encompass Structural and Cultural Challenges that Exacerbate Social Determinants of Health

BACKGROUND

The literature review aims to address inequality in obstetrics and reproductive among Black women in the United States. The sexual and reproductive health of Black women has been compromised due to a long history of racism and discriminatory healthcare practices from slavery through the post-Civil Rights era. The data supporting racial and ethnic disparities in severe maternal morbidity and mortality are abundant. Existing literature on racial and ethnic disparities in epidemiology, reproductive health, and perinatal outcomes for birthing populations indicates that numerous factors persist in perpetuating these inequities (Holdt et al., 2017; James-Todd et al., 2016; Prather, 2024).

METHODS

• We conducted a literature review in PubMed using search terms: (Title/abstract) (maternal health or pregnancy or perinatal) AND (disparity or inequity) AND (epidemiology or incidence) AND (Black women) AND (reproductive

• Data was collected by identifying studies for inclusion based on the following eligibility criteria for participants: a) received pregnancy care in the United States, b) gave birth in the United States, c) were currently pregnant or had been pregnant within the past two years, and 4) were part of peer-reviewed qualitative studies published between 2017 and 2024.

• Researchers extracted and analyzed data using Leximancer, a machine learning text analysis software tool to identify themes and concepts within textual data and to provide data visualizations to understand the relationships between different themes in qualitative research.

Figure 1. Study Selection Process Flow Diagram
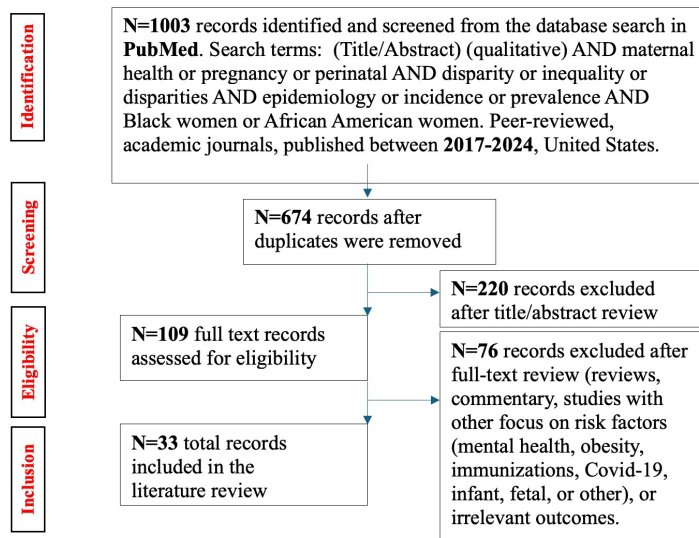
RESULTS

Barriers

The findings highlight frequent external barriers, including challenges with patient insurance status, delays in accessing pregnancy-related coverage like Medicaid, variability in culturally competent healthcare providers, communication barriers, and socio-economic factors. Individual-level barriers involve limited support, conflicting priorities, and experiences of dismissal, disrespect, and discrimination based on race, insurance status, and age (Bellerose et al., 2022; Meghea et al., 2023; Thurston et al., 2021; Toluhi et al., 2023; Yu et al., 2024).

Solutions

This study uncovered evidence suggesting several recommendations to improve reproductive health outcomes for Black birthing women in the US, including, but not limited to: (1) delineating racial and ethnic disparities, and (2) conducting systematic reviews of women's health outcomes within vulnerable populations comprising multiple racial and ethnic groups.

DISCUSSION

Evidence suggests that applying these findings can influence patient care at both the policy and clinical levels to reduce disparities in birthing outcomes for women of color, it's essential to incorporate patient advocacy and policy reforms while addressing racial and ethnic risk factors. Social determinants of health, such as socioeconomic status, education, neighborhood environment, and systemic racism, significantly influence these disparities. Effective solutions require comprehensive and multifaceted interventions that target healthcare system-level issues.

CONCLUSION

There are multi-level and multidimensional barriers that contribute to racial and ethnic disparities in the US for Black Women, including a lack of racial diversity among professionals, distrust in medical services, and inadequate infrastructure. Structural racism, ineffective policies, Medicaid expansion failures. Limited accessibility, inadequate care quality, inconsistent continuity, discriminatory policies, workforce shortages, lack of diversity. Implicit and explicit biases, poor communication, lack of cultural sensitivity, varied clinical knowledge.

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WORLD CONGRESS OF EPIDEMIOLOGY 2024