



Infant Mortality

Health Equity and Racism

Racism

Is an important public health problem with a measurable impact on preterm birth and should be addressed to eliminate racial inequities in birth outcomes.³

Institutional Racism

refers to the policies and practices within and across institutions that, intentionally or not, produce outcomes that chronically favor, or put a racial group at a disadvantage. (Aspen Institute)

Racism is the systematic oppression of people of color.

Some racist incidents are conscious and intentional, but racism often operates unconsciously.

In health care, unconscious bias might affect a provider's line of questioning and lead to misdiagnosis. Or, it can affect body language and other subtle cues that cause patients to lose trust, withhold information or fail to follow medical advice.

People of color, and especially Black people, experience negative health outcomes, in part due to the stress of discrimination, including discrimination in health care settings.¹

Discrimination in health care

In a survey of 231 mothers, 40% reported communication issues during prenatal care and 24% perceived discrimination during birth hospitalization.

The Likelihood of reporting discrimination due to race, language, or culture was three times higher among Black or Hispanic women.²

Focus group participants described disrespect during healthcare encounters, including experiences of racism and discrimination; stressful interactions with all levels of staff; unmet information needs; and inconsistent social support.⁶



Discrimination and Prenatal Care

Black women face the greatest risk of maternal morbidity and mortality and are also more likely to enter prenatal care late.⁵

Racism is a barrier to accessing care and influences the attitudes, beliefs, and confidence in which African American women approach or accept prenatal care. Moreover, how they are treated in the clinical setting can affect the decision to return or adhere to care.⁴

One study found that women from minority ethnic groups did not feel involved in decisions, which led them to lack confidence and trust in their provider.⁸



Discrimination, Stress, and Preterm Birth

Racism is a chronic stressor: One study showed that the average scale increase in reported experiences of discrimination in the past year was associated with a decline in self-rated physical health and mental health.⁴

Chronic stress is a known risk factor for preterm birth. Feeling upset by experiences of racism was significantly associated with greater odds of preterm birth.³

Feeling upset by experiences of racism was significantly associated with greater odds of preterm birth. Findings suggest that, for non-Hispanic Black women, the emotional effect of experiences of racism may contribute to the risk of preterm birth.³

1 Alhusen, J. L., Bower, K. M., Epstein, E., & Sharps, P. (2016). Racial Discrimination and Adverse Birth Outcomes: An Integrative Review. *Journal of Midwifery & Women's Health*, 61(6), 707–720. <https://doi.org/10.1111/jmwh.12490>

2 Attanasio, L., & Kozhimannil, K. B. (2015). Patient-reported Communication Quality and Perceived Discrimination in Maternity Care: *Medical Care*, 53(10), 863–871. <https://doi.org/10.1097/MLR.0000000000000411>

3 Bower, K. M., Geller, R. J., Perrin, N. A., & Alhusen, J. (2018). Experiences of Racism and Preterm Birth: Findings from a Pregnancy Risk Assessment Monitoring System, 2004 through 2012. *Women's Health Issues*, 28(6), 495–501. <https://doi.org/10.1016/j.whi.2018.06.002>

4 Carty, D. C., Kruger, D. J., Turner, T. M., Campbell, B., DeLoney, E. H., & Lewis, E. Y. (2011). Racism, Health Status, and Birth Outcomes: Results of a Participatory Community-Based Intervention and Health Survey. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 88(1), 84–97. <https://doi.org/10.1007/s11524-010-9530-9>

5 Gadson, A., Akpovi, E., & Mehta, P. K. (2017). Exploring the social determinants of racial/ethnic disparities in prenatal care utilization and maternal outcome. *Seminars in Perinatology*, 41(5), 308–317. <https://doi.org/10.1053/j.semperi.2017.04.008>

6 McLemore, M. R., Altman, M. R., Cooper, N., Williams, S., Rand, L., & Franck, L. (2018). Health care experiences of pregnant, birthing and postnatal women of color at risk for preterm birth. *Social Science & Medicine*, 201, 127–135. <https://doi.org/10.1016/j.socscimed.2018.02.013>

7 Targeting Unconscious Bias in Health Care. (n.d.). Retrieved February 14, 2019, from <https://newsnetwork.mayoclinic.org/discussion/targeting-unconscious-bias-in-health-care/>

8 Henderson, Gao and Redsway (2013) *BMC Pregnancy and Childbirth* (2013).13:196 <https://doi.org/10.1186/1471-2393-13-196>