ELIZABETH A. HOWELL, MD, MPP
CHAIR, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
PERELMAN SCHOOL OF MEDICINE
UNIVERSTIY OF PENNSYLVANIA

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Good morning. Thank you for the invitation to testify for the US Commission on Civil Rights Maternal Health Disparities Briefing. My name is Elizabeth Howell. I am an obstetrician gynecologist and a health services researcher. I serve as Chair for the Department of Obstetrics & Gynecology for the Perelman School of Medicine at the University of Pennsylvania.

I am here today to describe the current crisis we are having in maternal healthcare in the United States. Approximately 700 women die from pregnancy-related causes every year in our country.(1) Our maternal mortality rate is higher than all other high-income countries and has increased over the last decade. And the numbers are far worse for women of color.

Black women in the United States are three times and American Indian/ Alaska Native women are twice as likely to die from pregnancy-related causes as White Women.(2) These disparities are even more pronounced in some cities including New York City where Black women are 8 to 12 times more likely to die from a pregnancy-related cause than are White women.(3) In addition, racial and ethnic disparities are also more pronounced for women who live in rural areas.(4) Racial and ethnic disparities in pregnancy-related deaths are not explained by socioeconomic status. A Black woman with a college education is more than five times as likely to die from a pregnancy-related cause than a White woman with a college education and she is nearly twice as likely to die as a White woman with less than a high school education.(4)

While leading causes of maternal deaths include cardiovascular disease, high blood pressure, infection, and embolism, rates of maternal death from substance use disorders and suicide are increasing rapidly and opiate-related maternal deaths have doubled over the last decade.(5) For every death, over 100 women experience a severe complication related to pregnancy and childbirth called severe maternal morbidity, impacting over 50,000 women every year in the US.(6) That is 5 or 6 women every hour suffering a stroke, a blood clot, kidney failure, receiving a blood transfusion, having a hysterectomy, or experiencing another tragic event. Racial and ethnic disparities exist in severe maternal morbidity rates with Black and other women of color having elevated rates as compared with White women.

Over 60% of maternal deaths and a significant proportion of severe maternal morbidity are preventable and there is some evidence that preventability differs by race and ethnicity.(5) A recent study in Louisiana found that pregnancy-related deaths that occurred among Black women were significantly more likely to be preventable.(7) The fact that the majority of pregnancy-related deaths and a significant proportion of severe maternal morbidity are preventable makes quality of care a critical lever to address the rising rates of maternal mortality.
By quality of care I am referring to the care we provide to women before, during, and after pregnancy. I'm not just referring to the care provided by physicians and nurses - their

communication skills, their knowledge and decision-making, and their ability to deliver care without bias, I am also talking about the systems in place that make it possible – or difficult - for women to receive evidence-based care - coverage, hospital system policies and practices, resources, staffing, and more. If we raised quality of care for pregnant women before, during, and after pregnancy we could significantly lower rates of these tragic events and we could significantly reduce racial and ethnic disparities in maternal outcomes.

Quality of care is a major issue for women of color. Research by our team and others has shown that for a variety of reasons, Black women tend deliver in specific hospitals and those hospitals have worse outcomes for both Black and White pregnant women regardless of patient risk factors.(8) This is true in the United States overall where three quarters of all Black women deliver in a specific set of hospitals while only 18% of White women deliver in those same hospitals.(8) In New York City, a woman's risk of having a life-threatening complication in one hospital can be six times higher than in another hospital. Black and Latina women are much more likely to deliver in hospitals with worse outcomes. In fact, differences in delivery hospital explain nearly one half of the Black-White disparity and one-third of the Latina-White disparity in severe maternal morbidity rates.(9, 10)

Additional research by our team has demonstrated that even within the same hospital Black and Latina women are much more likely to experience a severe maternal morbidity, even after accounting for patient risk factors such as age, obesity, hypertension, and diabetes.(11) Our findings are consistent with a growing body of research documenting the role of structural racism and bias in healthcare and in maternal health specifically. Failures with patient-doctor communication, racism and bias, translation services, shared decision-making, and use of obstetrical quality tools may all contribute to these disparities.

To reduce disparities and improve our performance on maternal mortality and severe maternal morbidity in the United States we must optimize quality of care across the care continuum.(12) In hospitals and health systems, this includes utilizing maternal safety bundles developed by the Alliance for Innovation on Maternal Health, a national partnership that aim to reduce maternal mortality and morbidity by implementing standardized care practices across hospitals and health systems.(13) It includes enhancing communication skills between clinicians and patients and their families, implementing bias trainings for healthcare clinicians and staff, improving translation services, utilizing disparities dashboards that stratify quality metrics by race and ethnicity, implementing quality improvement activities targeting gaps identified in care, and strengthening community partnerships with hospitals and health systems. It requires improved access to healthcare and the extension of Medicaid for 12 months postpartum to ensure access to needed care. However, high quality care across the care continuum goes beyond delivery care and health systems. It means access to safe and reliable contraception throughout women's reproductive years. It means providing preconception care to manage chronic illnesses and optimize health. It includes high quality prenatal and delivery care to produce healthy moms and babies. And it includes providing access to postpartum and inter-pregnancy care so that mothers are set up to have a healthy next pregnancy and a healthy life.(14)

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