

Respectfully presented by Mallory Daxon, Emily Grove, and Nicole Sunseri

According to the Center for Disease Control (CDC), “approximately three in five pregnancy-related deaths were preventable”.¹ There are extreme racial disparities coming from the medical field that are negatively impacting non-white women, specifically African American women, Latinas, and Native American Women.² These racial disparities are causing a lack of pre and postnatal care resulting in the increased maternal and infant deaths of non-white groups. There are many possible contributors to this drastic disproportion. The most prominent contributors being lack of access to adequate pre and postnatal care, implicit and explicit discriminatory action from medical professionals, and the institutional discrimination rooted in our health care system. Only 68% of African American and Hispanic pregnant women have access to early and adequate prenatal care compared to 79% of non-Hispanic white pregnant women.³ The most attainable way to reduce maternal and infant death rate in Nevada is to educate medical professionals about implicit bias.

In order to reduce the number of maternal and infant death within the non-white demographic, all medical professionals should be required to take continuing education courses specifically on implicit bias. The CDC states that approximately 700 women die every year from pregnancy-related complications in America.⁴ These numbers show a significant racial disparity where African American women have a mortality rate three times as high as white women. The racial disparities are in place due to implicit bias from health care professionals and a lack of access. Understanding implicit bias and how it is maintained, on both a systematic and individual level, will allow medical professionals to reduce its impact on their practice. Currently, in the State of Nevada, medical professionals are only required to take continuing education courses on, “Ethics; pain management; or addiction care, misuse and abuse of controlled substances; prescribing of opioids; or addiction, within the scope of practice or specialty, other medical education”.⁵ These courses are necessary but limited, therefore additional courses should be added in order to expand the professional’s knowledge of implicit bias. Issues of racial disparities in the medical field are recognized around the country and policies similar to the one suggested have already been enacted to address them. Assembly Bill No. 241 passed by California in October of 2019 states, “the Board of Registered Nursing, by January 1, 2022, to adopt regulations requiring all continuing education courses for its licensees to contain curriculum that includes specific instruction in the understanding of implicit bias in treatment. Beginning January 1, 2023, the bill would require continuing education providers to comply with these provisions and would require the board to audit education providers for compliance with these provisions, as specified”.⁶ We as a state need to take similar action in order to reduce the racial disparities that women face while seeking pre and postnatal care.

¹ Petersen EE, Davis NL, Goodman D, et al. (2019, May). Vital signs: Pregnancy-related deaths, United States, 2011–2015, and strategies for prevention, 13 states, 2013–2017. *Centers for Disease Control and Prevention*;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

² Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths. (2019, September 6). Retrieved from <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

³ Gavin, N. I., Adams, E. K., Hartmann, K. E., Benedict, M. B., & Chireau, M. (2004). Racial and Ethnic Disparities in the Use of Pregnancy-Related Health Care Among Medicaid Pregnant Women. *Maternal & Child Health Journal*, 8(3), 113–126. <https://doi.org/10.1023/B:MACI.0000037645.63379.62>

⁴ Petersen EE, Davis NL, Goodman D, et al. (2019, May). Vital signs: Pregnancy-related deaths, United States, 2011–2015, and strategies for prevention, 13 states, 2013–2017. *Centers for Disease Control and Prevention*;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

⁵ Continuing Education Requirements. (19AD, December 17). Retrieved from <http://medboard.nv.gov/Licensees/CE/>

⁶ Assembly Bill No. 241, Implicit bias: continuing education: requirements, California, 2019

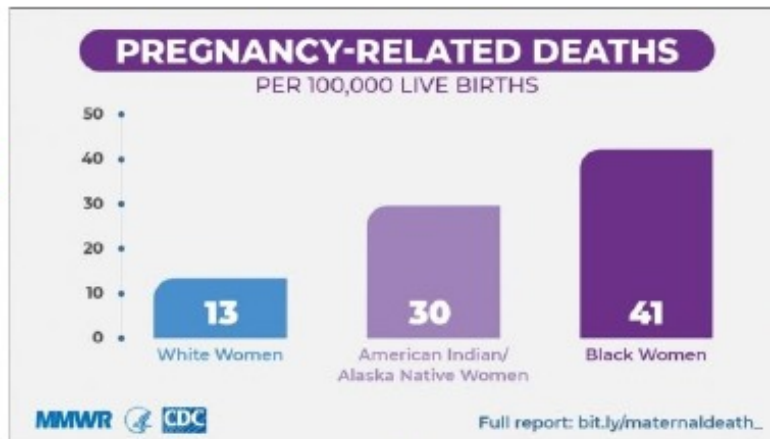
Racial Disparities in the Health Care System

10% of non-Hispanic, white pregnant women have access to early and adequate prenatal care compared to their African American counterparts²

The infant mortality rate is

6.5 x

higher in African American babies than non-Hispanic white babies¹



In Nevada Medicaid covered

58% of

births even though

225,000

eligible women did not enroll,

the vast majority being women of color³

African-American women are **4 x** more likely to suffer from pregnancy-related deaths than white women⁴

What We Need To Do

- ▶ Educate doctors and other health care professionals about these racial disparities
- ▶ Create informational packets to be put at doctor and OBGYN offices about medicaid and how to enroll
- ▶ Add courses on implicit bias to the mandatory continuing education requirements for doctors and other health care professions

References:

¹Infant Mortality. (2019, March 27). Retrieved from

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

²Gavin, N. I., Adams, E. K., Hartmann, K. E., Benedict, M. B., & Chirba, M. (2004). Racial and Ethnic Disparities in the Use of Pregnancy-Related Health Care Among Medicaid Pregnant Women. *Maternal & Child Health Journal*, 8(3), 113-125. <https://doi.org/10.1023/B:MMCH.0000037645.53379.62>

³Bierman, S. (2020, Jan. 15). Extending Medicaid Coverage for Women Pre- and Post Partum. Legislative Committee on Health Care. Legislative hearing in Las Vegas, Nevada.

⁴Preventing Pregnancy-Related Deaths. (2019, September 4). Retrieved from

<https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html>

⁵Racial/Ethnic Disparities in Pregnancy-Related Deaths - United States, 2007-2016. (2019, September 5). Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/6803a3.htm>