Perinatal Care Discrimination is one of twenty Maternal and Child Health (MCH) **National Performance Measures (NPMs)** for the Title V MCH Services Block Grant to States Program. This NPM is focused on decreasing the percent of women* with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at post-partum care.

For Perinatal Care Discrimination, there are 12 evidence-based strategies from MCHbest and 14 field-based practices from Innovation Hub (see page 3)

The **What Works Evidence Accelerators** provide background information and a summary of effective strategies to advance each of the NPM topic areas. The strategies aim to reduce discrimination during pregnancy, delivery, or at postpartum care and improve the healthcare experiences of women of color.

Overview.

The United States (U.S.) has high infant and maternal mortality rates compared to other high-income countries.[1] Research indicates infant and maternal health disparities and mortality are symptoms of broader underlying social and economic inequities that are rooted in racism and discrimination.[2] Black, American Indian or Alaska Native (AIAN), and Native Hawaiian or Other Pacific Islander (NHPI) women have the highest rates of pregnancy-related mortality with rates that are 2-4 times that for White women.[3] Similarly, infants born to Black, AIAN, and NHPI women have the highest rates of infant mortality with rates that are approximately twice that of infants born to White women.[4]

Racism in perinatal healthcare can manifest in a variety of ways. For example, Black people are more likely to report mistreatment, such as being ignored, during prenatal and postpartum care compared with White people.[5] Healthcare providers may have unconscious biases that lead them to provide less care or lower quality care to Black women.[6] Further, structural racism contributes to policies and practices that differentially distribute services, opportunities, and protections of society by race, including access to affordable and quality health care.[7]

Researchers are striving to fully understand the complex relationship between racism and maternal and child health disparities. There is growing evidence that discrimination can have a direct impact on women's health and well-being. A recent systematic review supported the conclusion that racial discrimination has adverse impacts on pregnancy outcomes.[6] This is supported by the broader literature on racial discrimination as a risk factor for adverse health outcomes.[6] Structural and interpersonal intervention components may have the potential to improve maternal outcomes, but could be further enhanced if culturally tailored.[8]

Data.

This NPM is measured through data collected from the Pregnancy Risk Assessment Monitoring System (PRAMS). In 2018, 21% of Black women experienced discrimination, harassment, or were made to feel inferior because of their race, ethnicity, or culture during the 12 months before childbirth. In addition, women who experienced racial discrimination had increased odds of pre-term birth and having a low-birth-weight infant.[9]

Social Determinants of Health (SDOH).

For Black Americans, socioeconomic status—including having a higher income and education—are not as protective as they are for White Americans when it comes to maternal and infant mortality.[7] Stark racial disparities in maternal and infant health have persisted for decades despite advancements in medical care.[2] In maternal and infant health, the intersection of race, gender, poverty, and other social factors shape individuals' experiences and outcomes.[2]

Many social and structural factors, such as exposure to interpersonal discrimination and intergenerational racial trauma, implicit biases within the healthcare system, reduced access to reproductive healthcare and insurance, food instability, and residential segregation and neighborhood conditions, increase pregnancy complications and contribute to poor maternal outcomes for Black women.[10] Recognizing the complex interaction of SDOH in the lives of pregnant women of minority status, and specifically Black women, is crucial to addressing disparities.[11]

Health Equity.

Discrimination during pregnancy, birth, or postpartum care is a major a barrier to health equity, which can lead to delays in care, missed diagnoses, and inadequate treatment. Strategies to achieve equitable and inclusive access to high-quality healthcare regardless of race or ethnicity include:

- Improving trainings for healthcare providers on health equity, the impact of implicit biases, and cultural competency to help providers better understand historical drivers of health inequities, become more aware of their own biases, and provide culturally congruent care.[12,13]
- Developing standardized protocols for care to help ensure that all patients receive the same respectful and high-quality level of care, regardless of their race or ethnicity.[14]
- Creating safe and supportive environments for all patients, providing individualized person-centered care, listening to women's concerns and including them as partners in health decision making.[15]
- Centering meaningful community engagement that fosters connectedness and trust, uplifting and valuing community partnerships and expertise that can enhance the impact and increase sustainability of maternal health initiatives.[16]

Mental Health Needs.

Mood disorders are prevalent among new mothers, but rates are even higher in women of color who are confronted with a myriad of stressors including racism and the mental health strains of motherhood. According to 2018 PRAMS data, the prevalence of postpartum depressive symptoms was higher among women who were AIAN (22%), Asian/Pacific Islander (19.2%), and Black (18.2%) than among respondents who were White (11.4%).[17]

In addition, Black and Hispanic mothers who were depressed experience more adversities, have worse functioning, and are less likely to receive services for their depression compared to their White counterparts.[18,19] Women of color are also least likely to have access to mental healthcare during pregnancy and in the postpartum period.[7]

Research calls for increased training of providers around perinatal mental health conditions, provider diversity and culturally congruent mental health care, meaningful community and family engagement, and education to improve the availability and quality of mental health resources and increase utilization of mental health care among mothers of color.[7,20,21,22]

Key Resources.

Interventions focused on diversifying the healthcare workforce contribute to improved patient-provider relationships, which can reduce the likelihood of discrimination. The literature also discusses patient navigation programs, which can enhance access to care and provide support in addressing discrimination-related concerns. Community outreach and education interventions have proven successful in empowering patients to assert their rights to help confront discrimination.[23]

Search the Established Evidence database for peer-reviewed research articles related to strategies for reducing perinatal care discrimination.

Find field-based resources focused on reducing perinatal care discrimination relevant to Title V programs in the MCH Digital Library.

Partnership and the Role of Title V.

Title V agencies can help reduce perinatal care discrimination by partnering with and supporting programs such as:

- **Community-Based Doula Programs.** Doulas, who are members of the communities they serve and share similarities in race/ethnicity or culture, can play a critical role in combating the racism, discrimination, and loss of autonomy frequently reported by Black birthing women.[24,25,26]
- **Postpartum Home Visiting Programs.** Home visiting that intentionally uses culturally responsive, community-driven, and anti-racist approaches and policies can better support families of color and yield better outcomes.[27]
- **Respectful Maternity Care Approaches.** Quality improvement initiatives and provider training to target racism, bias, and unequal treatment within health care, and community-based maternal care models with respectful, culturally concordant support are needed to improve care delivery.[28,29]

Title V agencies are also encouraged to collect data on discrimination in MCH programs.[7] For example, the California Maternal Quality Care Collaborative is implementing standardized state-wide protocols for prenatal care and childbirth procedures to reduce racial disparities in health outcomes.

Perinatal Care Discrimination Strategies.

This page summarizes the latest strategies and practices that have emerged as potential approaches for decreasing the percent of women* with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at post-partum care. It provides a framework to identify, understand, and implement "what works" in creating new Evidence-based/informed Strategy Measures (ESMs). Use the links below to access strategy and practice details, approaches, supporting evidence, outcomes, and examples of how Title V agencies are either using these strategies directly or adopting components of the intervention that address this NPM.

Evidence-Based/Informed Strategies. 12 strategies have emerged from studies in the scientific literature as being effective in advancing the NPM. They can be adopted or adapted to meet your program needs. More information on these strategies can be found in the MCH Evidence Center's MCHbest database.

- Community Engagement and Partnerships (2021)
- Culturally Centered Maternity Care Models (2022)
- Patient Education and Empowerment (2020)
- Implicit Bias Training (2021)
- Policy Changes (2021)
- Doula Support (2023)
- Home Visiting (2022)
- Public Reporting of Health Care Quality Performance (2020)
- Quality Improvement Initiatives (2020)
- Culturally Adapted Health Care (2020)
- Cultural Competence Training for Health Care Professionals (2020)
- Patient Navigators (2023)

Field-Based Practices. 14 practices from state-/community-based programs have emerged as potential approaches for advancing the NPM for specific communities or populations. They can be used as models to meet your program needs. More information can be found in the Association of Maternal and Child Health Program's (AMCHP's) Innovation Hub.

- 12-Month Perinatal Wellness Training Program (OK; 2022)
- Improve Care and Reduce Childbirth-Related Disparities Tool (NJ; 2022)
- Labor Support and Comprehensive Childbirth Education (MS; 2023)
- Maternal Mortality Prevention Program (CO; 2020)
- Perinatal Health Support System (DC; 2020
- Culturally Integrated Interventions for Health (UT; 2023)
- Quality Improvement Provider Training (CA; 2023)
- Reproductive Health Education (SC; 2023)
- Train-the-Trainer on Leading Causes of Infant Death (AR; 2017)
- Community Education and Engagement Series (UT; 2018)
- Health Education, Case Management, and Patient Navigation (NY; 2019)
- Culturally Relevant and Accessible Midwifery-Based Model (FL; 2020)
- Promote The Resilience and Empowerment of Women of Color to Advance Health and Wellness (MA; 2015)
- Community-Based Doula Program (National; 2015)

Key Findings. The following are key findings emerging from the literature:

1. The majority of studies that address perinatal care discrimination are qualitative and use interviews or focus groups to capture the lived experiences of Black women and help identify strategies to reduce racism and perinatal discrimination.[30] A critical gap remains in evaluating the effectiveness of strategies and interventions to reduce perinatal care discrimination.
2. Incorporating a perinatal support person including professional doulas or peer/community support personnel is a proven methodology to address birth inequities and perinatal care discrimination.[31,32,33,34,35,36,37,38,39]
3. Developing Quality Improvement bundles in clinical settings to address racial disparities and racism are effective in influencing health care providers and staff to address racial and ethnic perinatal disparities.[40,41,42]
4. Evidence exists supporting group prenatal care with a focus on mental health as a tool for mitigation of perinatal health disparities among Black women.[43,44,45]
5. Community Birth Centers offer a successful model that increases health system accountability and aligns with the needs and desires of Black pregnant and postpartum people by increasing trust in the health care system and resulting in better clinical, physical, emotional, and social outcomes.[46,47,48]

Discussion: Research, Practice, Partnership.

Research. Multiple strategies are emerging as potential approaches to advance this NPM, but they have not been studied with enough rigor to be included in the evidence-based continuum. Additional research is needed to verify outcomes, but initial studies have shown promise of these strategies in MCH settings:

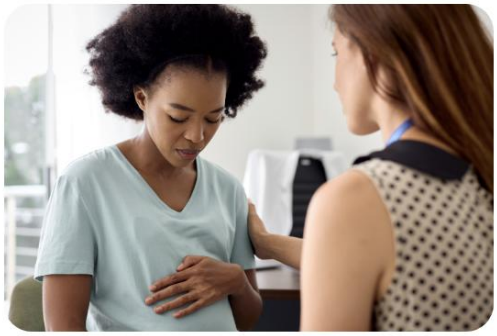
- Educating policymakers and informing policy changes at all levels to promote equity and address discrimination in maternal healthcare.[49]
- Increasing the diversity of healthcare providers to help foster better communication, understanding, and trust between patients and healthcare professionals.[50]
- Engaging women of color in designing service delivery models to reduce discrimination and promote maternal health equity.[51]
- Engaging in research and evaluation to assess the effectiveness of interventions to decrease perinatal care discrimination.[30]

Practice. The following tools can be used to translate evidence to action to advance this NPM:

- Black Maternal Health Toolkit (Network of the National Library of Medicine). This resource provides quick actionable information for Black women from prenatal through postpartum.
- Tools to Measure Respectful Maternity Care (The Birth Place Lab). This portal contains various instruments to improve the evaluation of maternity care.

Partnership. The following organizations focus efforts to decrease perinatal care discrimination:

- National Partnership for Women and Families. Aims to improve the lives of women and families by achieving equality for all women.
- Black Mamas Matter Alliance (BMMA). A national network striving to advance black maternal health, rights, and justice.



Frameworks and Tools for "What Works."

Use this accelerator to strengthen current or new programs that align with multiple MCH frameworks across domains and settings. Access toolkits related to these frameworks for additional resources:

- MCH Evidence Framework
- Blueprint for Change for CYSHCN
- Maternal Health Toolkit
- Life Course and Social Determinants Brief

Need More Help? Contact us for training and technical assistance customized to your needs.

Cite As. Watson K, Le L, Mayer R, Richards J. *Perinatal Care Discrimination: What Works Evidence Accelerator. Summarizing Effective Strategies for MCH.* Strengthen the Evidence for MCH Programs. National Center for Education in Maternal and Child Health, Georgetown University, Washington DC. May 2024.

* Note. Throughout this document, we use terms such as woman, women, and mother to describe people who have the biological capacity to become pregnant. We acknowledge that some pregnant and/or birthing people do not identify with these terms. However, we use these terms as a reflection of language used in the peer-reviewed research that predominantly refers to study participants as "women." Our findings are not meant to be exclusive of individuals who do not identify as female. Read more in NCEMCH's Gender Identity Statement.

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This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC31613, MCH Advanced Education Policy, $3.5 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.