MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY AMONG BLACK WOMEN: A QUALITATIVE PHENOMENOLOGICAL STUDY

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ABSTRACT: Black women face high rates of maternal morbidity and mortality in the United States, where they are 3-4 times more likely to experience complications and pregnancy-related deaths (Hailu et al., 2022). They face racial disparities in severe maternal morbidity and receive inadequate care to prevent pregnancy and delivery complications. I will use a qualitative phenomenological study to explore the lived experiences of Black women in the state of Louisiana surrounding severe maternal morbidity to draw out risk factors, barriers between healthcare professionals and patients, and improvements to maternal health equity. There will be in-depth semi-structured focus groups composed of 3-5 participants and one interviewer each. A limitation to this research is that this is not a representation of the United States as a whole, since southern states do have higher Black populations, which may not be the same for states in the West or East of the United States. This research can be extended by further looking into in-hospital births, birthing centers, and at-home births, comparing and contrasting the different outcomes within each facility. The lived experiences of Black women who have faced maternal morbidity highlight a broader system of preventable disparities while giving a voice for Black women to share their experiences in hopes of leading to change.

Introduction & Background

Overview of Maternal Mortality Among Women of Color

Maternal care is essential to women's health, enabling support before and during pregnancy, childbirth, and postpartum. Maternal care aims to ensure the health and well-being of the mother and baby while preventing and managing potential health risks. Maternal mortality (MM) refers to the death of a woman during pregnancy, childbirth, or within 6 weeks of the termination of pregnancy. Common causes that contribute to maternal mortality include hemorrhage, preeclampsia, eclampsia, infections, and obstructed labor. In the United States, Black maternal care faces structural racism as a result of racial disparities and inequality. Black women are 3-4 times more likely to experience high rates of maternal mortality and 2-3 times more likely to face higher rates of severe maternal morbidity (Hailu et al., 2022). 80% of pregnancy-related deaths are preventable, impacting women of color, particularly Black women (CDC, 2022). High maternal mortality rates not only represent the racial and systemic disparities in healthcare systems, but also the lack of training provided to healthcare professionals to help combat the disparities in care.

Maternal Mortality Rate/Disparities in the United States

Despite its position as a developed, high-income country that spends trillions of dollars yearly on the health care system, the United States has continued to see high rates

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of maternal mortality and morbidity when compared to other 'developed' countries. As of 2021, the reported rate of maternal deaths in the United States was 32.9 for every 100,000 live births and was previously 23.8 per 100,000 live births in 2020 (Hoyert, 2021). In Louisiana, the reported rate of maternal deaths in 2016 was 77.6 per 100,000 live births, compared to the U.S. reported rate of death at 21.8 per 100,000 live births (Kieltyka et al., 2016). The reported rate of pregnancy-related deaths affected women of older ages who carry higher risks of complications during pregnancy and childbirth. 2020 was also the year of a global pandemic taking the lives of over one million Americans and six million of the global population (WHO, 2024). Pre-existing racial, healthcare access and income disparities contribute to higher rates of maternal mortality. Shortages of healthcare providers, delays in seeking or obtaining care due to the fear of getting infected, along with overwhelmed healthcare systems could have also led to worse outcomes. Black women are far more likely to experience pregnancy-related death and complications than white women, regardless of their income and educational levels. Although Black women are shown to have higher rates of underlying health issues like hypertension, cardiovascular problems, induction, and cesarean births, they have less access to preventative/screening care (Salinas et.al., 2021).

Severe Maternal Morbidity & Maternal Mortality

Severe maternal morbidity (SMM) refers to the rate of unexpected outcomes of labor and delivery that result in short-term or long-term complications to a woman's health. Similar to the causes of maternal mortality, conditions like hemorrhage, preeclampsia, eclampsia, cardiac events, and infections affect maternal deaths along with disabilities, injuries, and critical illnesses suffered during and after delivery. 75% of maternal deaths and complications are due to excessive bleeding (CDC, 2023). Canty (2022) conducted a study with Black women who suffered from SMM where their interactions with health care professionals and their race were reoccurring themes that affected their experience. Implicit racial biases of healthcare providers result in the dismissal of symptoms and pain reports, delayed diagnosis, and inadequate treatment, which only worsens the risks of SMM. In another study, Medicaid coverage versus commercially insured participants has been shown to influence the type of care women receive (Wang et al., 2021). It has a significant impact on risks for maternal mortality and morbidity. Women who had Medicaid insurance plans described extended waiting periods, lack of communication among providers, and disagreements regarding the plan of care. Policies and interventions that address the coverage gap between Medicaid and private insurance are needed to overcome disparities.

Most Common Causes of Maternal Mortality and Morbidity/Risk Factors

Leading contributors to pregnancy and childbirth complications that carry high risks of maternal mortality and morbidity are all nearly preventable and, to some extent, predictable with adequate quality care. According to the World Health Organization (WHO), severe bleeding is the leading cause of pregnancy-related deaths and complications, accounting for 75% of deaths (2023). Hemorrhage is excessive bleeding during childbirth which can occur either before, during, or after delivery and is also known to be the leading cause of maternal mortality (Wormer et al., 2023). Postpartum hemorrhage is defined to be an estimated 500 mL of blood loss associated with vaginal delivery, and 1000 mL of blood loss with cesarean delivery (Wormer et al., 2023). Some of the primary causes of postpartum hemorrhages (PPH), as defined by Wormer, include uterine atony, retained placenta, abnormal placentation, and uterine inversion (2023). Uterine atony is the lack of contractions of the uterus, also known to be the most common cause of PPH

(Wormer et al., 2023). Abnormal placentation is when the placenta attaches itself deeply to the uterus or other surrounding organs, making it difficult to remove after childbirth and causing excessive bleeding (Bauer & Bonanno, 2009). Normally, the placenta detaches from the uterus and exits the vagina about half an hour after the baby is delivered. Uterine inversion is when the placenta remains attached to the uterus and exits, pulling the uterus inside out (Thakur, 2022). Uterine inversion not only causes severe bleeding and its occurrence rare, but the risk of mortality remains high.

Hypertension (high blood pressure) is when the pressure of an individual's blood vessels is too high and is common during pregnancy. Preeclampsia is a serious disorder that follows the conditions of high blood pressure and excess protein in the urine which can affect all organs in the body and usually begins after 20 weeks of pregnancy. Symptoms of preeclampsia include nausea or vomiting, trouble breathing, swelling of hands and face, and changes in vision (CDC, 2023). On the other hand, eclampsia is seizures that occur during pregnancy (CDC, 2023). Eclampsia is a rare but serious complication of preeclampsia. Black women face higher risks of developing preeclampsia and experiencing other severe complications.

Limited access to healthcare services, experiences of racism, and unequal treatment from healthcare providers can lead to postpartum depression among Black women. Postpartum depression (PPD) is a form of clinical depression that occurs after pregnancy. It is characterized by persistent feelings of anxiety, sadness, and exhaustion that interfere with the mother's ability to take care of herself and her baby. Factors that contribute to PPD include hormonal changes, lack of sleep, and stress of childbirth (Mughal, 2022).

Gaps of Knowledge

While maternal mortality and morbidity rates rise in the United States, Black women and women of color are 2-3 times more likely to have pregnancy-related complications and deaths compared to white women (CDC, 2023). Maternal mortality remains a public health concern, where it is clear disparities among different racial and ethnic groups play a major role in the outcome of pregnancy-related deaths and complications. The significant gaps in knowledge are rooted in systemic and institutional biases and disparities that dictate access to proper maternal care. While there is plenty of research on maternal mortality rates, contributing risk factors (such as hypertensive disorders), and socioeconomic disparities, there is not enough research on strategies that address the root cause of these disparities or interventions and policies that promote equitable access to maternal healthcare. This study is meant to investigate Black women and women of color's experiences with in-hospital births, birthing centers, and at-home births, while evaluating the types of care provided. I will also investigate how certain policies like implicit bias and cultural competence training for healthcare providers improve maternal health outcomes.

Significance & Impact

Despite the advancements in healthcare over the decades, maternal mortality is a prevalent issue that is shown to affect Black women and women of color. High maternal mortality rates among Black women and women of color are the outcome of cycles of intergenerational health disparities and inequity. The purpose of this study is to investigate racial disparities among Black women and women of color face that result in higher rates of maternal mortality and morbidity, incorporating qualitative methods to ensure maternal health policies and programs that protect and support Black women and women of color while aiming to improve access

to essential healthcare before, throughout, and after childbirth.

Research Approach

Research Question & Hypothesis

Throughout the research of this study, I have learned that racial disparities and deeply rooted systemic racism play a major role in the rate of maternal mortality and morbidity among Black women. Maternal mortality and morbidity among Black women in the United States represent a public health issue that is characterized by racial disparities. Black women are disproportionately affected, experiencing higher rates of maternal morbidity and mortality when compared to white women. My research question is: what factors contribute to the resilience and long-term physical, psychological, and financial effects on Black women who experienced maternal morbidity and mortality in the United States? Addressing systemic racism within the healthcare system, such as improving access to quality care, promoting culturally competent care, and addressing socio-economic determinants all contribute to reducing the rate and negative outcomes of maternal mortality and morbidity among Black women in the United States.

Research Design

A phenomenological approach enables deep exploration into the lived experiences of individuals and communities to extract themes regarding a phenomenon that may not be fully captured using quantitative data alone. In this study, we will conduct a qualitative phenomenological study to explore the lived experiences of severe maternal morbidity among Black women in the United States and examine the results of severe maternal mortality and morbidity. This study centers around the voices of those directly impacted by prominent patterns that drive disproportionate adverse outcomes. It opens spaces for Black women to share traumatic events and experiences that have gone unheard.

Population & Sampling

This is a qualitative study with 25-35 participants between the ages of 25-45 who have experienced severe maternal morbidity. The participants of this study are Black women in the United States, more specifically in Louisiana, where the rate of maternal mortality is the highest among all states and there is a larger Black population. While the sample size of this study is relatively small, it aligns best with in-depth qualitative research. The goal of this study is not to achieve a sample size that represents the entirety of the Black female population in the U.S., but to deeply explore the lived experience of communities in Louisiana. The findings can later identify themes and challenges that likely resonate with Black women who face similar disparities across the United States. Participants must have given birth within the past 2-3 years with at least one live birth. The CDC (2023) defines the experiences of severe maternal mortality as eclampsia, hemorrhage, cardiovascular complications, and postpartum depression. We will be using the snowball method to gain participants.

Operationalization

As this is a phenomenological approach, this research proposal will look over the common forms of severe maternal morbidity and mortality among Black women. Since this is a qualitative study, data will consist of focus groups that undergo thematic analysis as detailed in the analysis portion of this study. Focus groups will be recorded with the permission of the participants and will be double-checked via notes. Codes for healthcare disparities, social determinants, maternal experiences, and cultural competence are used to capture key concepts, patterns, and ideas that will be grouped into broader themes related to maternal mortality and morbidity among Black women.

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Data Collection

Data will be collected in face-to-face, in-depth conversational focus groups with 3-5 participants and a researcher present. The duration of the interview/focus groups will last anywhere between 85-120 minutes in a community setting like a health clinic or neighborhood gathering site to establish a trusted environment. The women in this study will share personal experiences that may or may not be traumatizing or triggering to talk about, like their experience giving birth and communication with nurses and doctors, so the health and well-being of the participants is our number one priority. Having interviewers who understand the struggles of a Black woman creates a safe space for Black women to share their experiences without the fear of judgment. The interviewer of each focus group will be a Black woman. All focus groups will be audio-recorded and handwritten by the interviewer with the consent of each participant. Any information that participants want to keep private will not be audio-recorded or written down. Focus group sessions will follow a semi-structured guide to establish steps to take based on community-driven solutions by promoting questions centered around care encounters, social vulnerabilities, access barriers, experiences with access to care during pregnancy, and relationships with healthcare providers.

Analysis

Qualitative data collected from focus groups will be coded using thematic analysis to identify common trends and patterns from participants. This study will conduct a series of 5 focus groups with 3-5 participants in each who have experienced pregnancy-related complications. With the data collected from the focus group, we would see the trends and patterns between maternal mortality and morbidity that are displayed and use statistical methods to analyze the maternal mortality rates in Louisiana to identify trends, patterns, and potential risk factors using health records and public health databases.

Ethical Considerations

To uphold ethical guidelines throughout the research with IRB approval, participants will be given verbal and written consent forms to ensure that each individual is aware of the purpose of the study. Since this is a research proposal on maternal mortality and morbidity, individuals participating in this study are particularly vulnerable, due to sensitive health issues that need awareness. We can incorporate culturally competent care and other forms of support to ensure the well-being of each participant. The interviewer will be trained on trauma-informed techniques that include being nonjudgmental, active listening, recognizing signs of distress, validating emotions, and understanding how one's own biases and nonverbal responses can unintentionally retraumatize participants. We will also be providing resources like maternal groups provided by physicians and mental health professionals for mental support. The purpose is to observe different maternal complications Black women face and the connection between severe maternal mortality and morbidity. Participants, healthcare professionals, and interviewers need to go over consent forms during the interview and have the right to deny any questions asked and leave at any given time. Any questions and concerns will be answered at the beginning and the end of the interview to ensure that participants are comfortable moving forward with the study. Data collected in this study will be kept confidential to protect participants' personal information and privacy.

Discussion

Significance

Maternal mortality is the rate of deaths of women during pregnancy, at delivery, and within one year of giving birth, and it is a critical public health issue. Despite the advancements

in healthcare over the decades, maternal mortality is a prevalent issue that is shown to affect Black women and women of color. In the United States, 80% of pregnancy-related deaths are preventable and particularly impact Black women who are three times more likely to die from pregnancy-related complications when compared to white maternal mortality rates (CDC, 2023). The significance of this study is to address multifaceted indicators that contribute to maternal health disparities along with policies put in place to ensure equitable maternal health outcomes. Louisiana has a high rate of maternal deaths, and it also happens to be one of the states with a high Black population. Studying the experiences of Black women in the state of Louisiana can contribute not only to the understanding of maternal health disparities among Black women, but it could also provide policy changes and create targeted interventions that can serve as a model for other regions facing similar issues.

Limitations

There are limitations to this study. The data collected is focused on Louisiana which may not represent the United States as a whole. The rate of mortality and morbidity is higher in southern states where there is a higher population of Black women and higher numbers of Black women giving birth when compared to other parts of the states. The size of this study is relatively small with 25-35 participants which can reduce the generalizability of the results to a wider population within the United States. A common occurrence is that data collected within one state does not represent the whole of America. Although this is the truth, systemic racism and racial disparities are still a health and social issue that is effective across the United States.

Future Research

With the data collected in this research proposal, we could incorporate the focus groups on the lived experiences of Black women who experienced SMM and their relationships with healthcare professionals and providers in Louisiana. It can be extended by further looking into different birthing locations to compare and contrast the different outcomes within each facility. We could conduct a mixed-methods exploratory approach to collect data on the rate of maternal mortality and morbidity and create methods to combat severe complications by using culturally competent care and improving healthcare training focused on implicit biases, which tend to be a major indicator in the death of Black women in the United States. By extending this research proposal, we can observe and create policy changes and programs that better represent Black women and women of color in the United States, while addressing maternal health disparities. We could also explore how intersectionality influences maternal health outcomes among women of color.

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