

# GAPS IN SEVERE MATERNAL MORBIDITY; THE LACK OF PRECONCEPTION CARE BETWEEN NON-HISPANIC BLACK WOMEN AND NON-HISPANIC WHITE WOMEN: A U.S HEALTH CRISIS

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## ABSTRACT

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*Improving preconception care in the United States will reduce the race-based health disparity that exists between Non-Hispanic Black women and Non-Hispanic White women regarding severe maternal morbidity (SMM). This opinion article describes the reasons why preconception care within the U.S. should be improved to reduce the rates of SMM among women. By promoting reproductive planning and contraceptive use along with the implementation of chronic disease management into clinical practice, efforts to prioritize preconception care will be successful. Prioritizing preconception care in these ways will aid in the successful transformation of health care delivery provided to Non-Hispanic Black women who are at a greater predisposed risk to develop SMM compared to their Non-Hispanic White counterparts. An additional factor presented considers how the lack of access to healthcare, which predominantly affects Non-Hispanic Black women, prevents this group of women from accessing preconception care to reduce rates of SMM. By implementing preconception care methods, some may argue that the disparity gap will ultimately widen due to the differential health-care access between Non-Hispanic Black women and Non-Hispanic White women. This argument is further considered and a possible solution to this problem is provided.*

## INTRODUCTION

More than 50,000 women in the United States experience adverse health outcomes as a result of severe pregnancy complications each year. Alarming, 2 out of 3 of these negative health outcomes are thought to be preventable.<sup>1</sup> These birth complications are referred to as severe maternal morbidity (SMM), a condition that disproportionately

affects Non-Hispanic Black American women at a rate nearly three times higher than Non-Hispanic White women.<sup>2</sup> Specifically, SMM is defined as the unexpected labour and delivery outcomes that may result in adverse long-term and short-term consequences to a woman's health, such as acute myocardial infarction, cardiac arrest, and heart

failure.<sup>3</sup>

Preconception care is defined as the health of women and men during their reproductive years.<sup>4</sup> One of the goals of preconception care is to reduce the rates of SMM by taking preventative measures that improve the health of women before pregnancy.<sup>4</sup> Improving women's preconception health statuses will yield better reproductive health outcomes along with reductions in societal costs and decreased rates of SMM.<sup>5</sup> Preconception care implementation can be done via promotion of reproductive planning and contraceptive use. Furthermore, it can be addressed by the implementation of chronic disease management into clinical practice, to aid in reducing SMM cases that disproportionately affect Non-Hispanic Black women within the U.S.

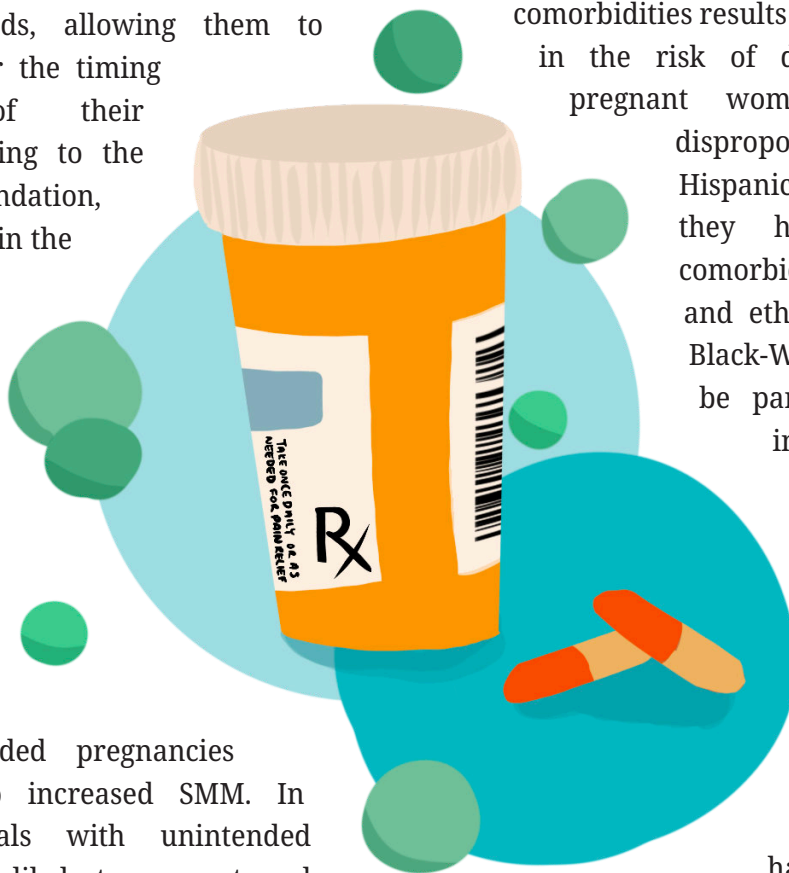
## PROMOTING REPRODUCTIVE PLANNING AND CONTRACEPTIVE USE

Reproductive planning can reduce SMM by ensuring individuals are well-informed about contraceptive methods, allowing them to exercise control over the timing and spacing of their pregnancies.<sup>6</sup> According to the United Health Foundation, 30.6% of pregnancies in the United States were unplanned in 2019.<sup>7</sup> Compared to Non-Hispanic White women, Non-Hispanic Black Women were more than two times more likely to experience an unintended pregnancy.<sup>7</sup> Unintended pregnancies are heavily tied to increased SMM. In particular, individuals with unintended pregnancies are less likely to use maternal health care services, which ultimately

increases the risk for maternal health complications and poorer infant health outcomes.<sup>8</sup> Given the large portion of U.S. pregnancies that are unplanned, enhanced information delivery concerning reproductive planning and contraceptive use by healthcare providers will greatly help to foster a healthy pregnancy experience for women. Specifically, it will help Non-Hispanic Black women experiencing unplanned pregnancies within the U.S.

## IMPLEMENTING CHRONIC DISEASE MANAGEMENT INTO CLINICAL PRACTICE TO REDUCE PRE-EXISTING COMORBIDITIES

Women with three or more comorbidities are identified as those having the highest rates of severe maternal morbidity.<sup>9</sup> This is indicative of a dose-response relationship, which is defined as the associated increase or decrease between two variables. The dose-response relationship in this case can be identified as an increase in the number of comorbidities results in a concomitant increase in the risk of developing SMM among pregnant women.<sup>9</sup> This relationship disproportionately affects Non-Hispanic Black women, given that they have higher rates of comorbidities than other racial and ethnic groups.<sup>9</sup> The general Black-White disparity in SMM can be partially attributed to the increased case fatality rate in Black women as a result of pre-existing conditions. According to a study analyzing temporal trends to identify racial disparities in comorbidity within the U.S., White women have undergone a temporal change in comorbidity and SMM at a rate of -9.7% between 1993 and 2012.<sup>10</sup> On the



other hand, Black women have undergone a rate change of +2.6%.<sup>10</sup> Alarming, such findings indicate that the health disparity concerning the prevalence of SMM, and related comorbidities have widened between Black and White women.

In consideration of the specific chronic diseases that require intervention, hypertension is identified as the leading cause of SMM.<sup>11</sup> Given this information, implementation of evidence-based chronic disease management interventions, which includes targeting hypertension in a clinical setting, could reduce SMM risk. More specifically, blood pressure checks should be implemented as a check-up procedure during routine care for women of reproductive age.<sup>12</sup> By doing so, hypertension can be diagnosed early on and as a result, these women can be prescribed the appropriate medical treatments and counselling services to manage lifestyle changes that are safe for women of reproductive age.<sup>12</sup>

## LACK OF HEALTHCARE ACCESSIBILITY AS A BARRIER TO ACCESSING PRECONCEPTION CARE

Issues regarding healthcare accessibility make it difficult to access preventative measures by all individuals seeking preconception care, particularly affecting Non-Hispanic Black women. Women's health insurance coverage plays a large role in their access to preventative care. It is estimated that 12.8 million women within the U.S. remain without health insurance, thus limiting a large female group from accessing resources that allow for them to have agency over their reproductive health.<sup>13</sup> Furthermore, rates of Non-Hispanic Black women lacking health insurance have been much higher than their Non-Hispanic White counterparts within the U.S. as of 2010, indicating that they would be at a greater risk for lack of access to preconception care.<sup>14</sup> Given this fact, there are opportunities to narrow the disparities that exist among Non-Hispanic Black women and other ethnic groups by enrolling eligible individuals in marketplace coverage.<sup>14</sup>

The American Rescue Plan Act (ARPA) was enacted in 2021, which resulted in increased access to health coverage by temporarily increasing eligibility for subsidies to buy health insurance via health insurance marketplaces.<sup>14</sup> As a result, over 6 in 10 uninsured non-elderly individuals are now eligible for the financial assistance necessary to obtain health insurance coverage, thus creating an accessible pathway for women to gain access to the necessary preconception care resources that they need.<sup>14</sup> Since Non-Hispanic Black women are predominantly affected by lack of healthcare insurance within the U.S., this Act provides the necessary resources needed to help narrow the existing racial gap of health care access.<sup>14</sup>

## CONCLUDING STATEMENT

Providing quality preconception care is a responsibility that all primary care providers must adopt. This form of care should include reproductive planning and contraceptive use as well as chronic disease management to treat pre-existing comorbidities. Ultimately, the implementation of preconception care will aid in taking the preventative measures necessary to reduce SMM among women in the U.S. By targeting the specific aspects of SMM that disproportionately affect Non-Hispanic Black women, the health disparities among these women in comparison to women of other ethnic or racial categories will begin closing. Not only will these measures benefit the health of Non-Hispanic Black women but will support efforts to improve overall maternal and fetal outcomes, ultimately reducing the rates of SMM in women throughout the U.S.

**Conflicts of Interest:** There are no conflicts of interest to be declared.

**Keywords:** *Preconception Care, Reproductive Planning, Severe Maternal Morbidity, Chronic Disease Management, Health Disparities, Race*

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