

Increased Access to Prenatal Care & Screening to Decrease Black Maternal Mortality Rate

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NUR456: Professional Practice Through the Lifespan

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October 3, 2022

Abstract

The drastic difference in Black maternal mortality rates (MMR) compared to White MMR has begged the question: For pregnant Black women, how does access to quality prenatal care and screenings for common pregnancy complications, such as pregnancy induced hypertension (PIH), affect the maternal mortality rate compared to pregnant Black women of childbearing age that do not receive quality prenatal care and screenings? Studies have shown the Black MMR to be 3.55 times that of the White MMR, with three in five maternal deaths being preventable. A correlation exists between poor use of prenatal care services and adverse maternal outcomes. Black pregnant women are at risk for no use, or late use (starting in the second or third trimester) of prenatal care. We conducted the search for research articles within CINAHL, PubMed, and Google Scholar using the terms and phrases “maternal mortality”, “racial disparities”, “Black pregnant women”, and “prenatal care”. Search criteria included research articles published between 2017 and 2022 and that included the keywords. Eleven articles were chosen that fell within the search criteria. Research shows that Black women experience higher rates of diabetes, hypertension and cardiovascular disease. During pregnancy, these conditions increase complications in preterm births, preeclampsia and eclampsia, hypertensive disorders, and postpartum hemorrhage. It was found that earlier initiation of prenatal care and an increase in the number of prenatal visits is associated with improved maternal health outcomes.

Key Words: Maternal Mortality, Black Pregnant Women, Racial Disparities, Prenatal Care