



Mind the gap: Inequalities in maternal health

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Objectives

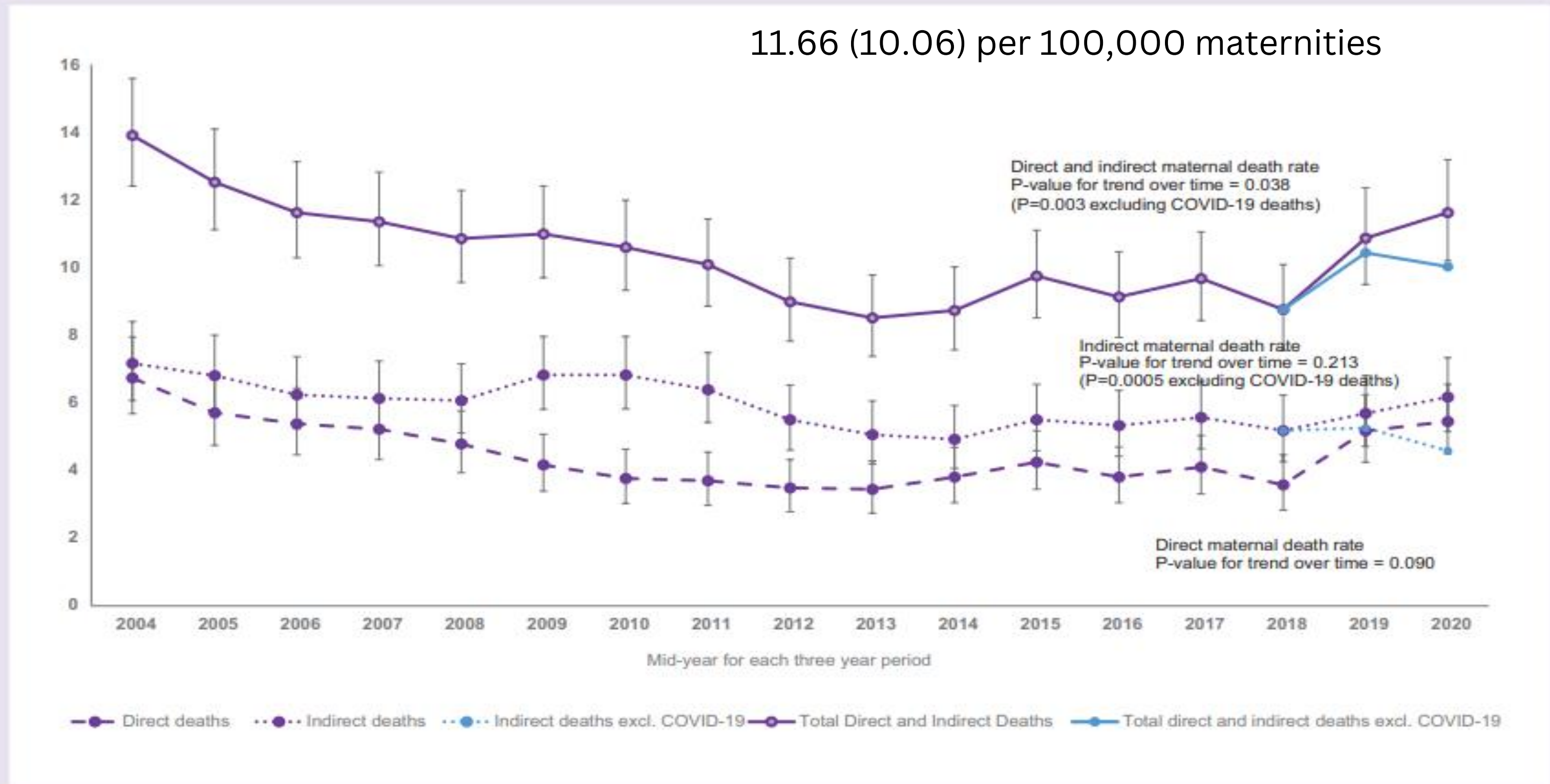
- Illustrate the causes of maternal death
 - What are women dying from?
 - Who is dying?
 - Why are women dying?
- Explain what is meant by unconscious bias and how it affects patient-doctor interactions.
- Recognise how pain perception can be affected by race
- Understand what is meant by racial discordance
- Have an understanding of testimonial injustice
- Be able to define cultural competence and understand how to achieve cultural safety



The stats: What are women birthing
people dying from?

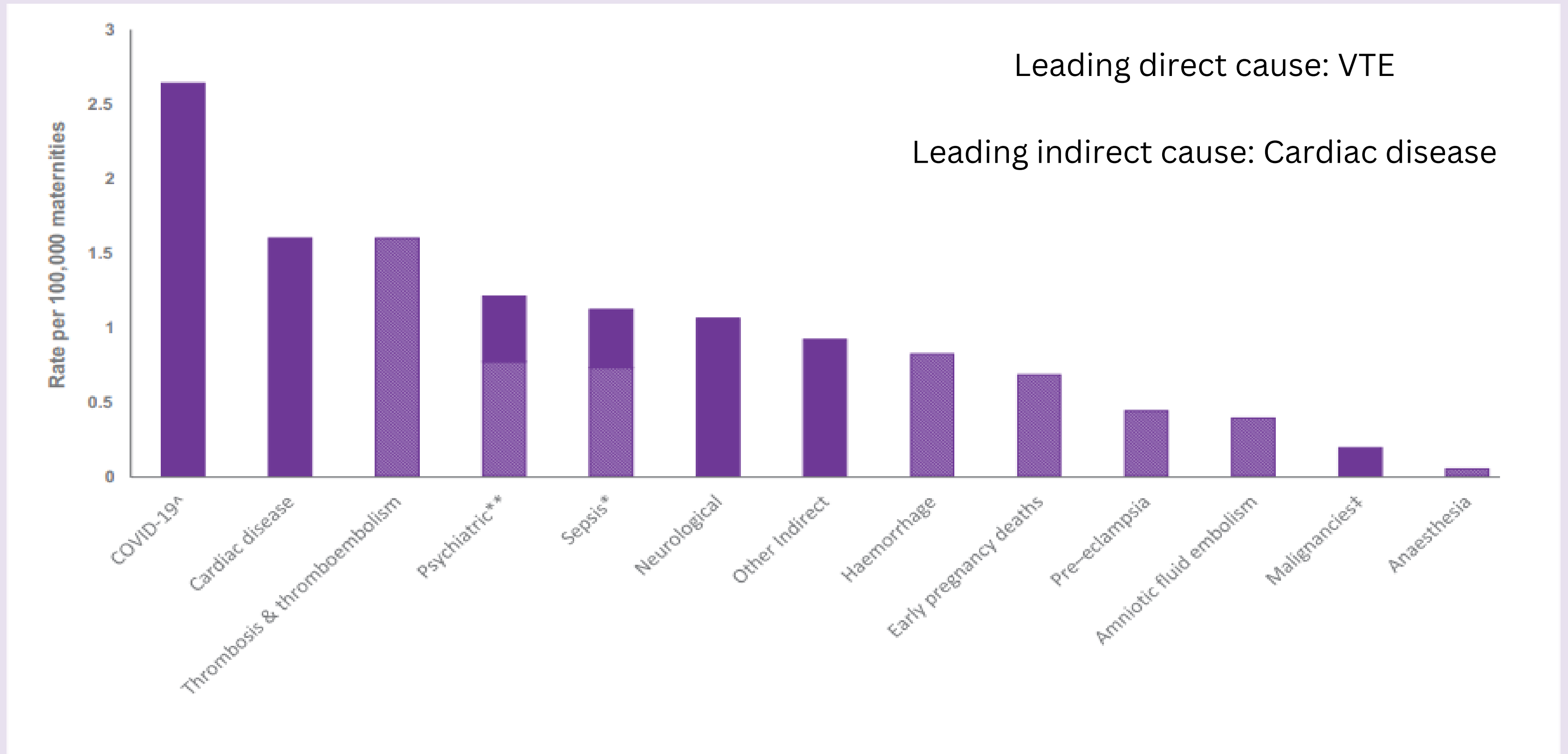
The stats: MBRRACE 2023

Figure 2.1: Direct and indirect maternal mortality rates per 100,000 maternities using ICD-MM and previous UK classification systems; three-year rolling average rates 2003-2021



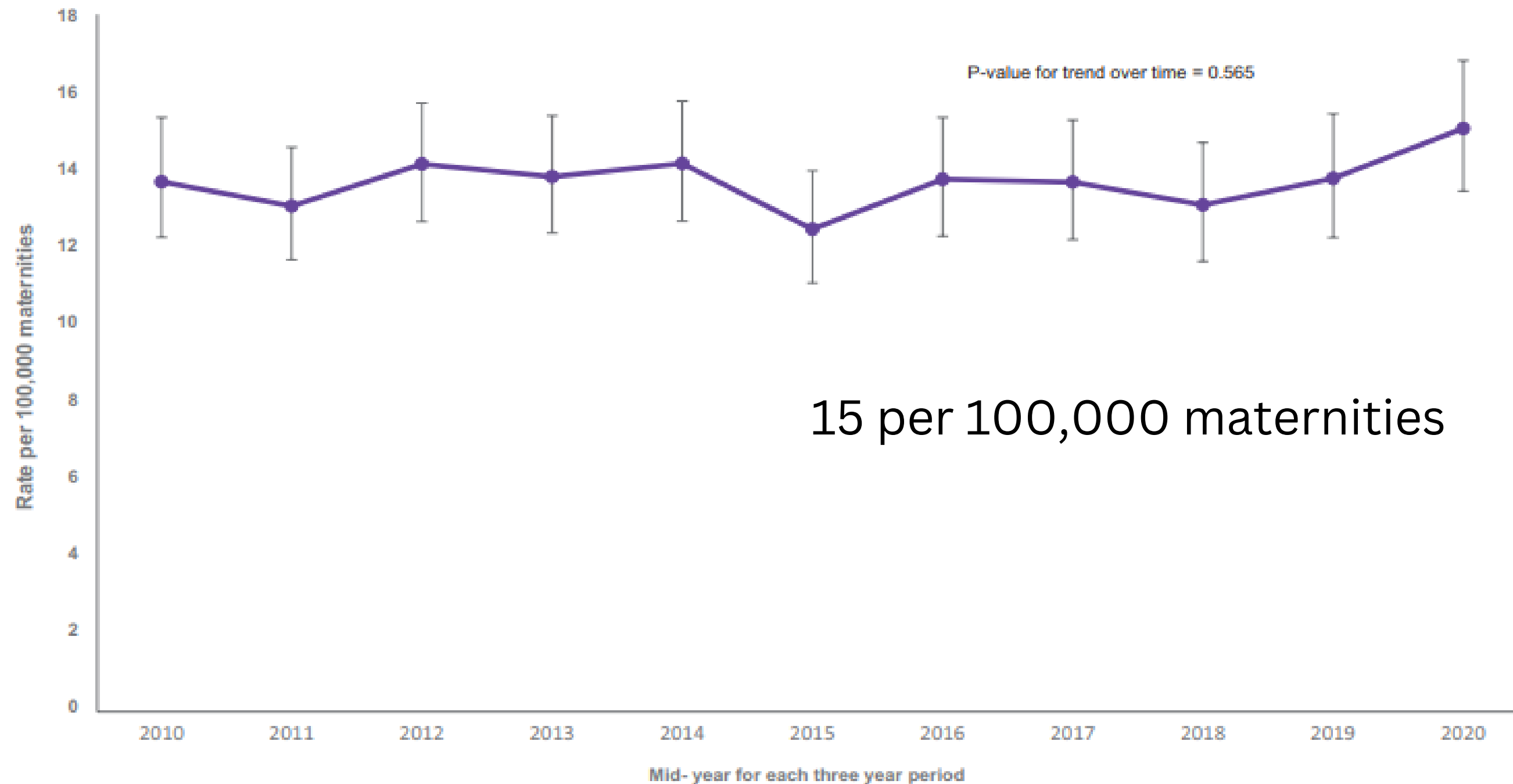
The stats: MBRRACE 2023

Figure 2.3: Maternal mortality by cause UK 2019-20



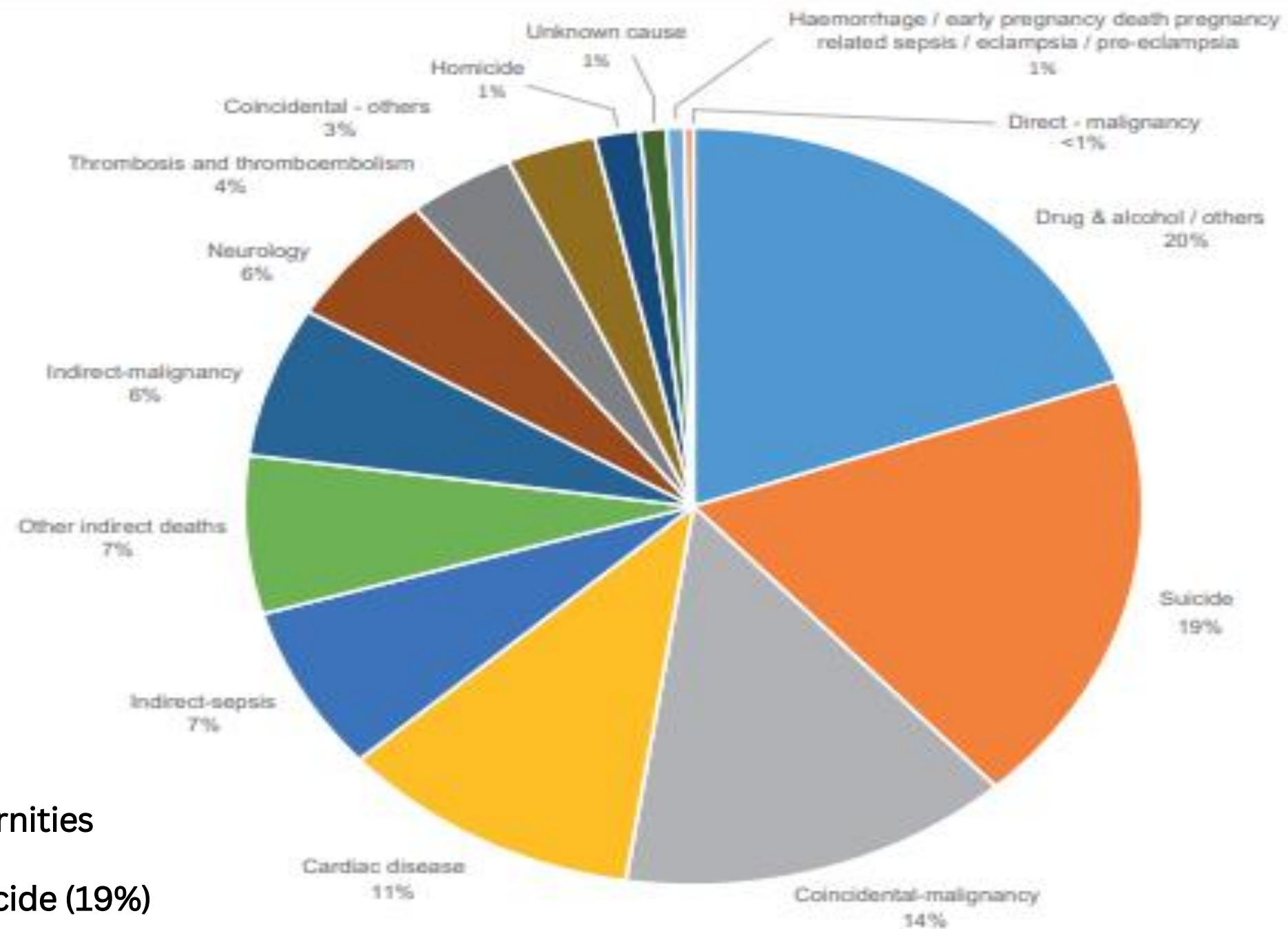
The stats: MBRRACE 2023

Figure 2.5: Pregnancy-associated maternal mortality rates six weeks to one year after the end of pregnancy, UK, 2009-2021



The stats: MBRRACE 2023

Figure 2.6: Causes of death amongst women who died between six weeks and one year after the end of pregnancy, UK 2019-21



15 per 100,000 maternities

Leading direct cause: Suicide (19%)

Leading indirect cause: Drugs and alcohol (20%)



The stats: Who is dying?

The stats: MBRRACE 2023

Figure 2.7: Selected characteristics of women who died from direct or indirect causes 2019-21

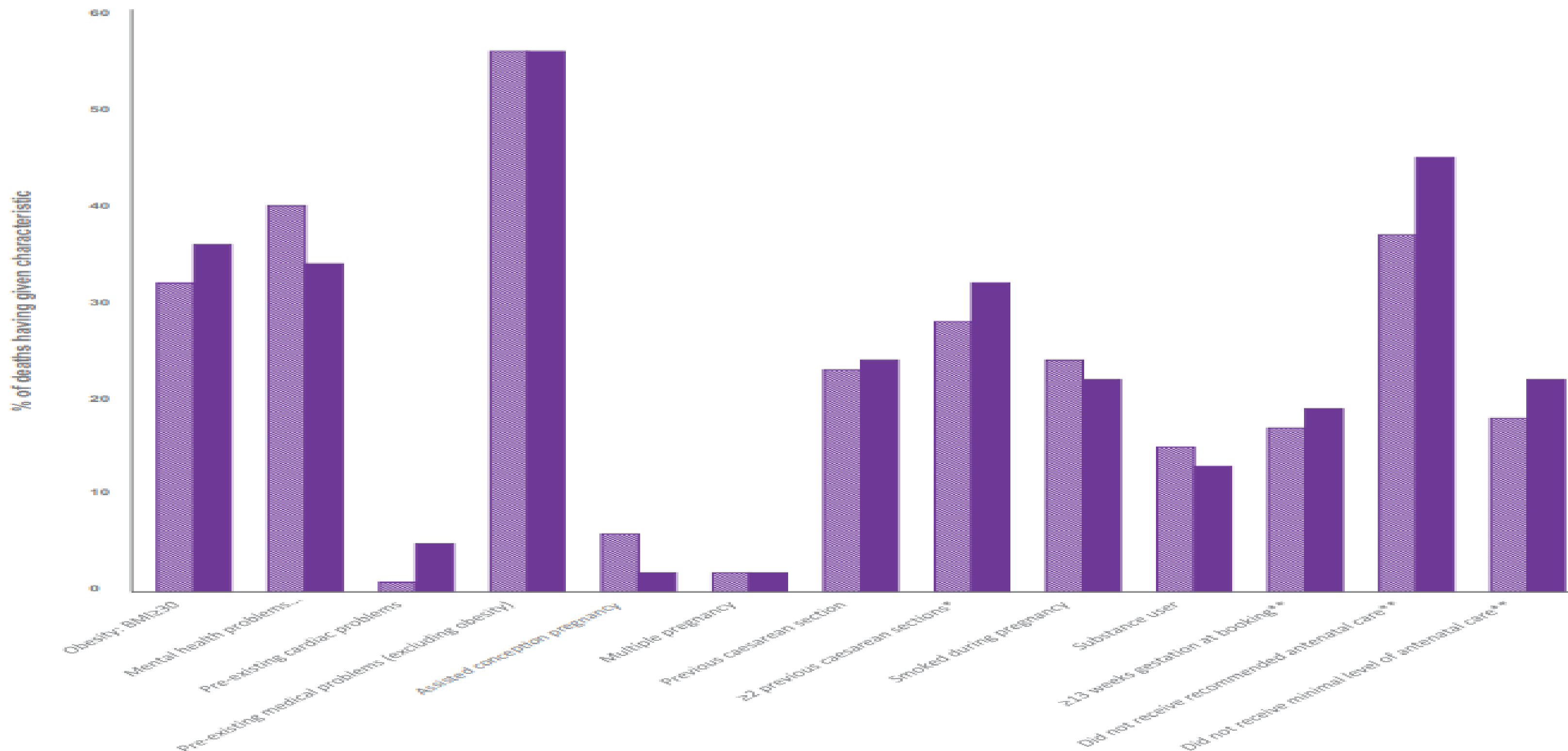
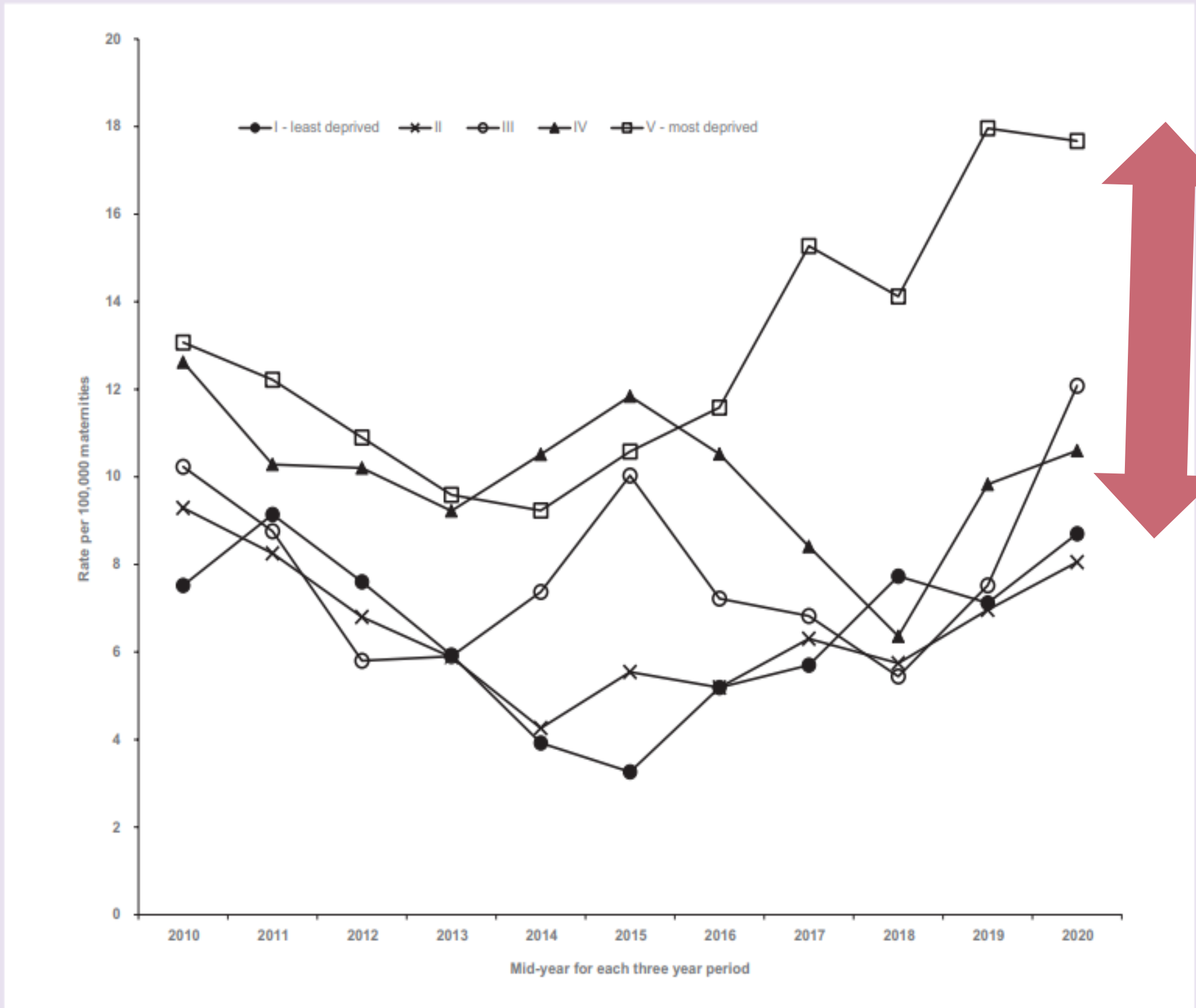


Figure 2.8: Maternal mortality rates 2009-21 among women from different levels of socio-economic deprivation in England*



The stats

Living in more deprived areas

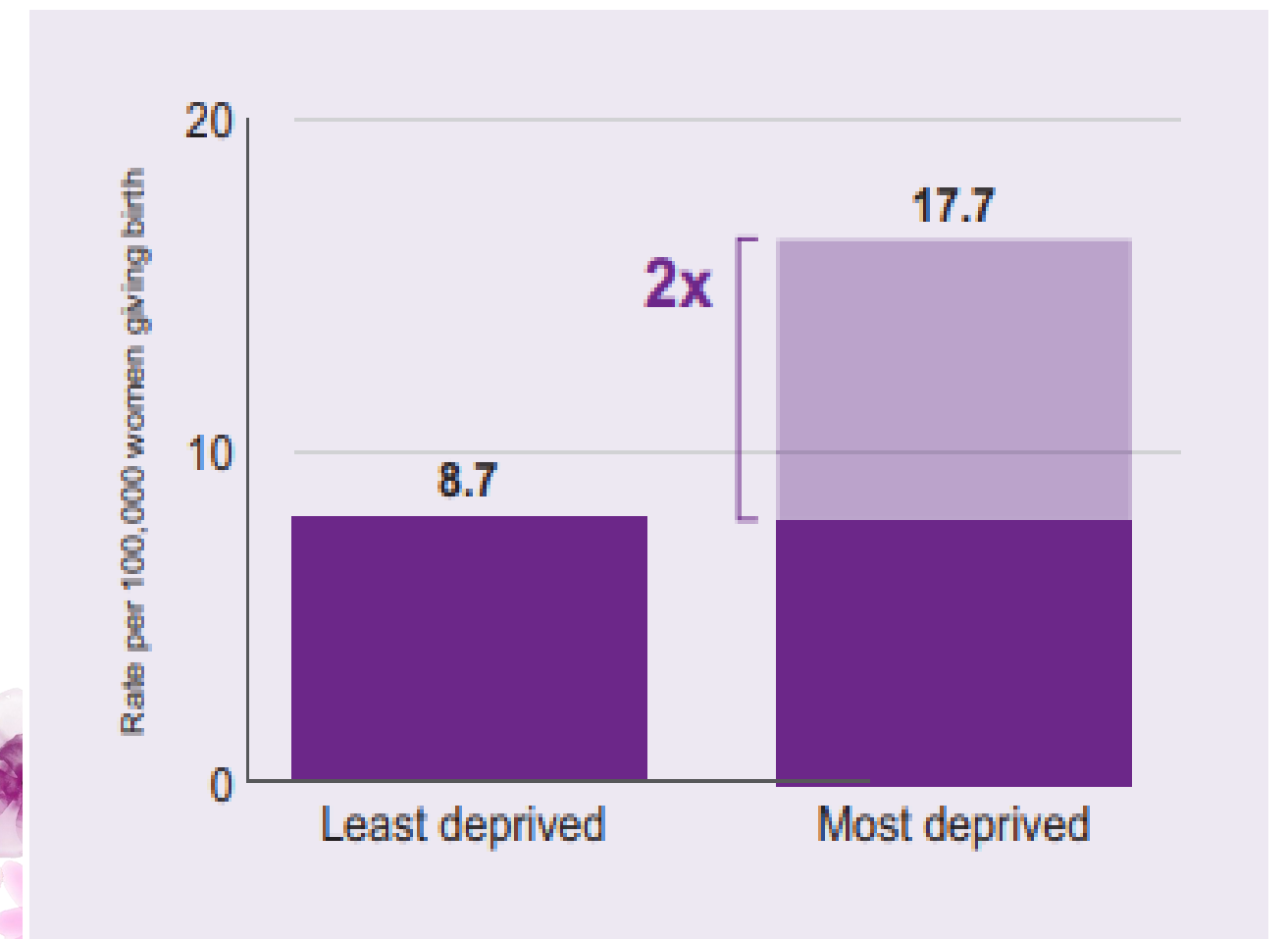
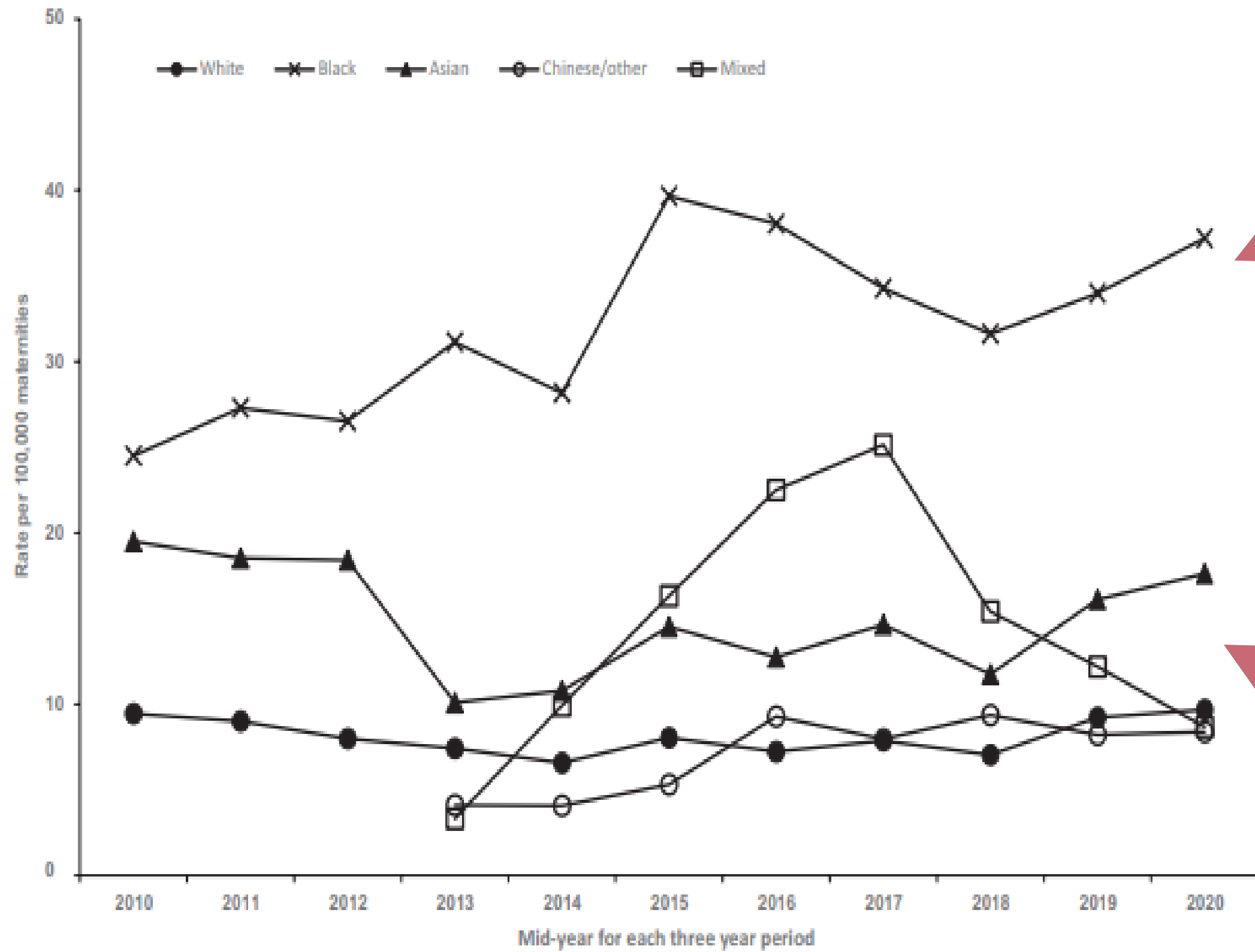


Figure 2.9: Maternal mortality rates 2009-21 among women from different ethnic groups in England*



The stats

Inequalities in maternal mortality

Ethnic group

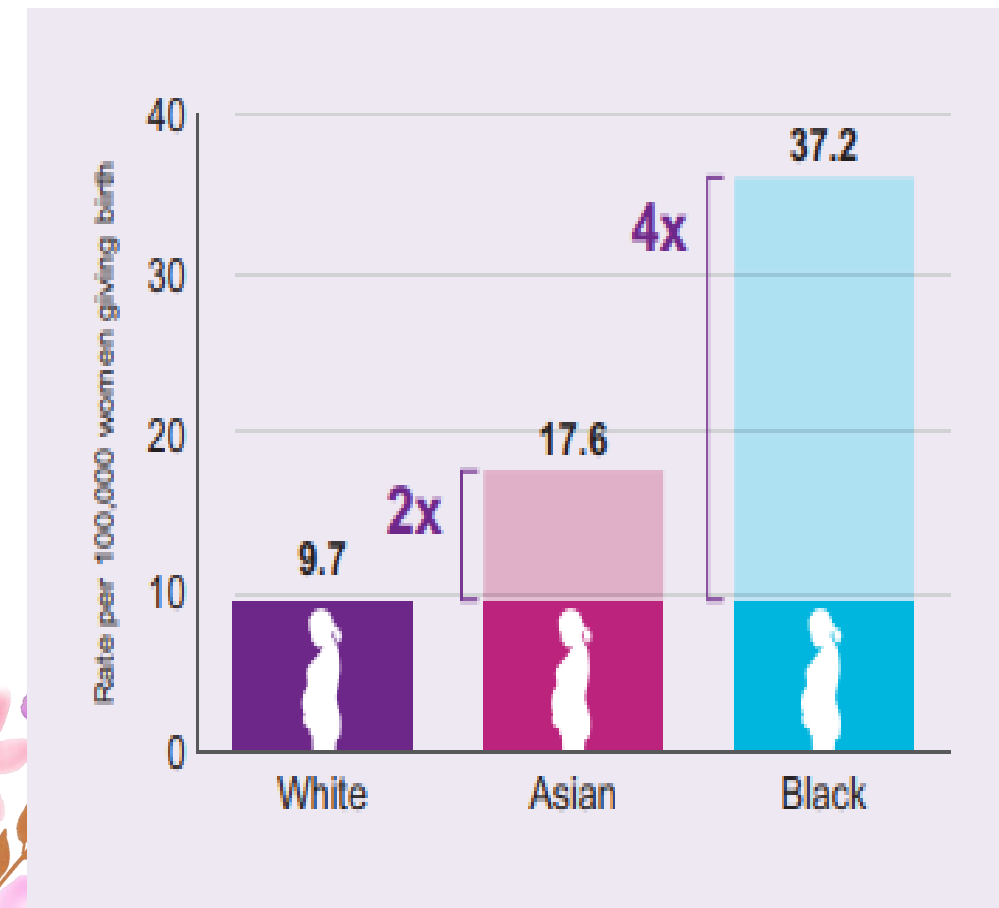
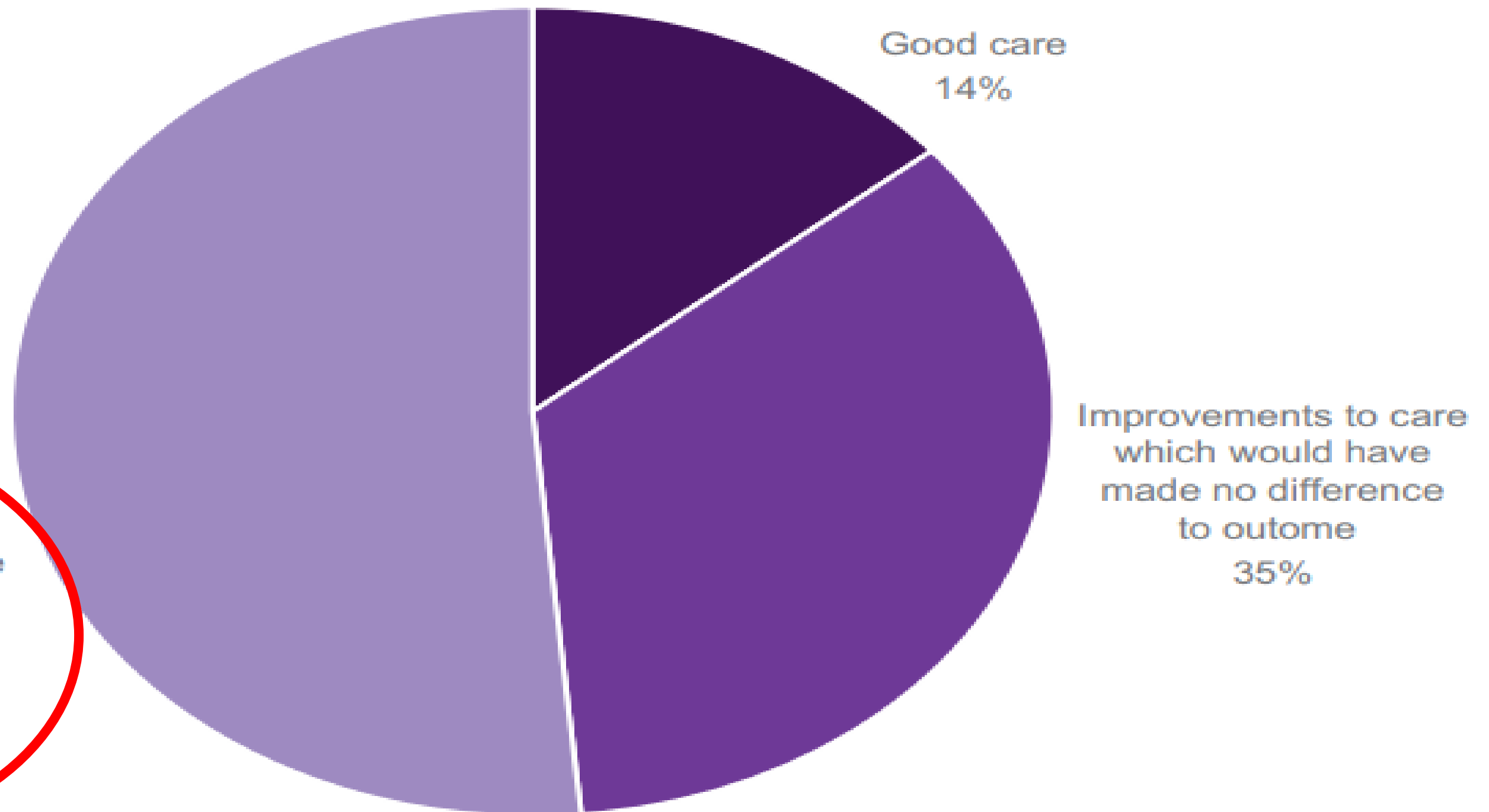


Figure 2.10: Classification of care received by women who died and are included in the confidential enquiry into maternal deaths chapters, UK and Ireland (2019-21)

The stats





Why are women birthing people
dying?

Table 2.13: Multiple disadvantage among women who died 2019-21

	Direct (n=113) Frequency (%)	Indirect (n=128) Frequency (%)	Coincidental (n=20) Frequency (%)	Late Deaths (n=311) Frequency (%)	Total (n=572) Frequency (%)
Score* of <3	98 (87)	121 (95)	18 (90)	266 (86)	503 (88)
Score* of 3 or more	15 (13)	7 (5)	2 (10)	45 (14)	69 (12)

*Three or more of: substance abuse, domestic abuse, abuse in childhood, arrival in UK within last five years, refugee or asylum seeker, mental health diagnosis, female genital mutilation, and known learning difficulties

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Our work



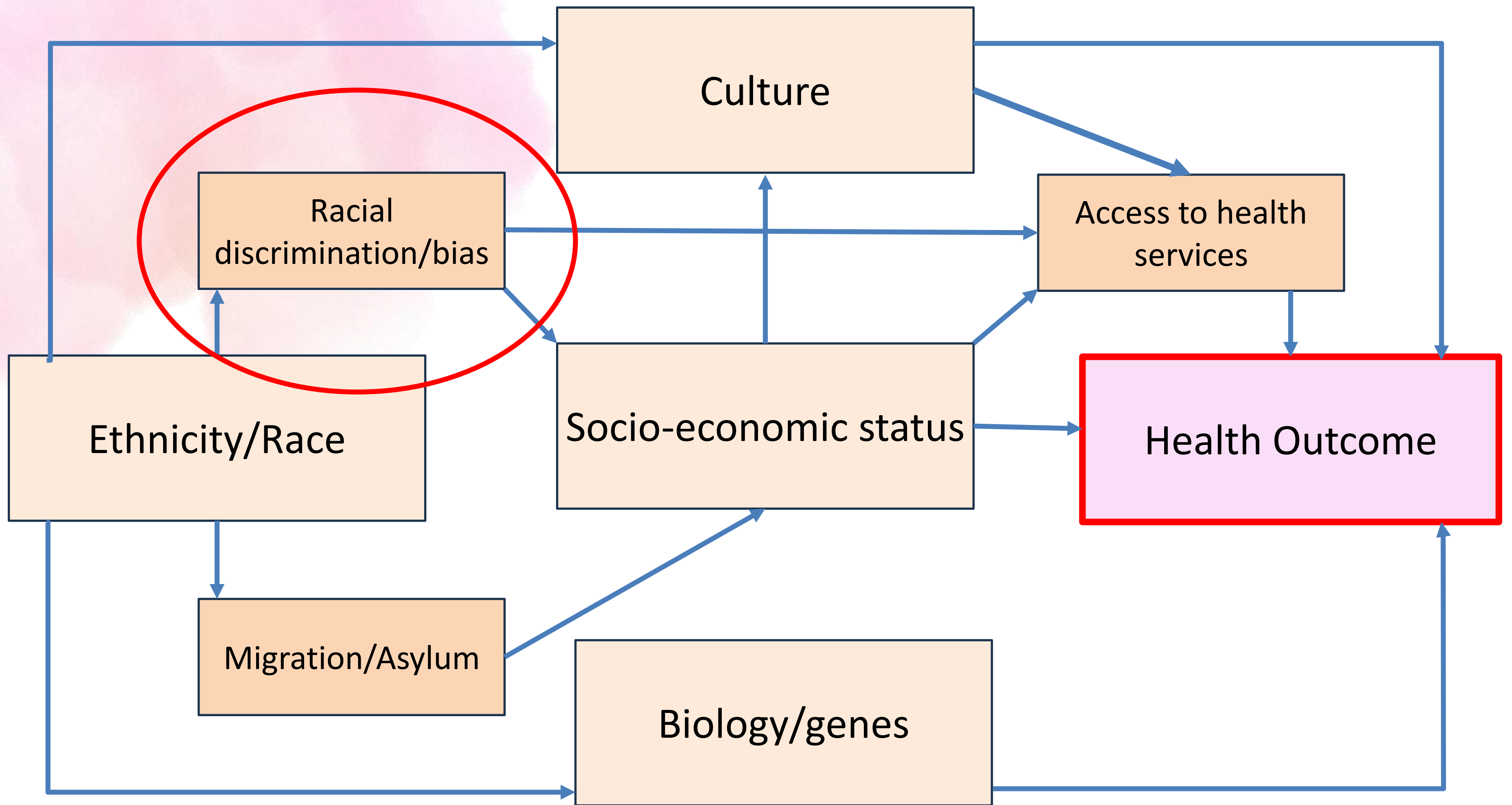
Recognition of vulnerable/at risk groups



Tackling institutional racism and unconscious bias

Resources





Unconscious/implicit bias

Implicit/unconscious bias refers to the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. These biases, which encompass both favourable and unfavourable assessments, are activated involuntarily and without an individual's awareness or intentional control.



Our brains can capture 11 million bits of information in one single moment, but we actually can only process 40 at a time. Therefore, we often take unconscious shortcuts to reach a quicker conclusion.



Unconscious bias

01

Affinity bias -

Subconsciously gravitate towards people who we feel share our interests, beliefs, and background. We enjoy conversations with those whose thoughts and opinions agree with ours. We like people who are like us. It's what we do!

But there is a limit to the principle of affinity bias, when it turns into discrimination.

02

Horn bias

You do not like someone so everything they do is wrong

03

Halo bias

If you like someone all their actions are considered correct - patients not challenging doctors. Not challenging discriminatory behaviour of colleagues.

Bias

01

Pain perception and empathy

02

Racial discordance

03

Testimonial injustice.

Pain perception and empathy



J. Marion Sims, known as the “father of modern gynaecology,” used female slaves to treat vesico-vaginal fistula.

Anarcha - 17 year old slave had at least 30 surgeries performed on her without anaesthetic.

This practice of omitting anaesthesia in Black patients was part of the forming of ideas about the perception of how Black people feel pain.



Pain perception

Hoffman et al 2016: Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

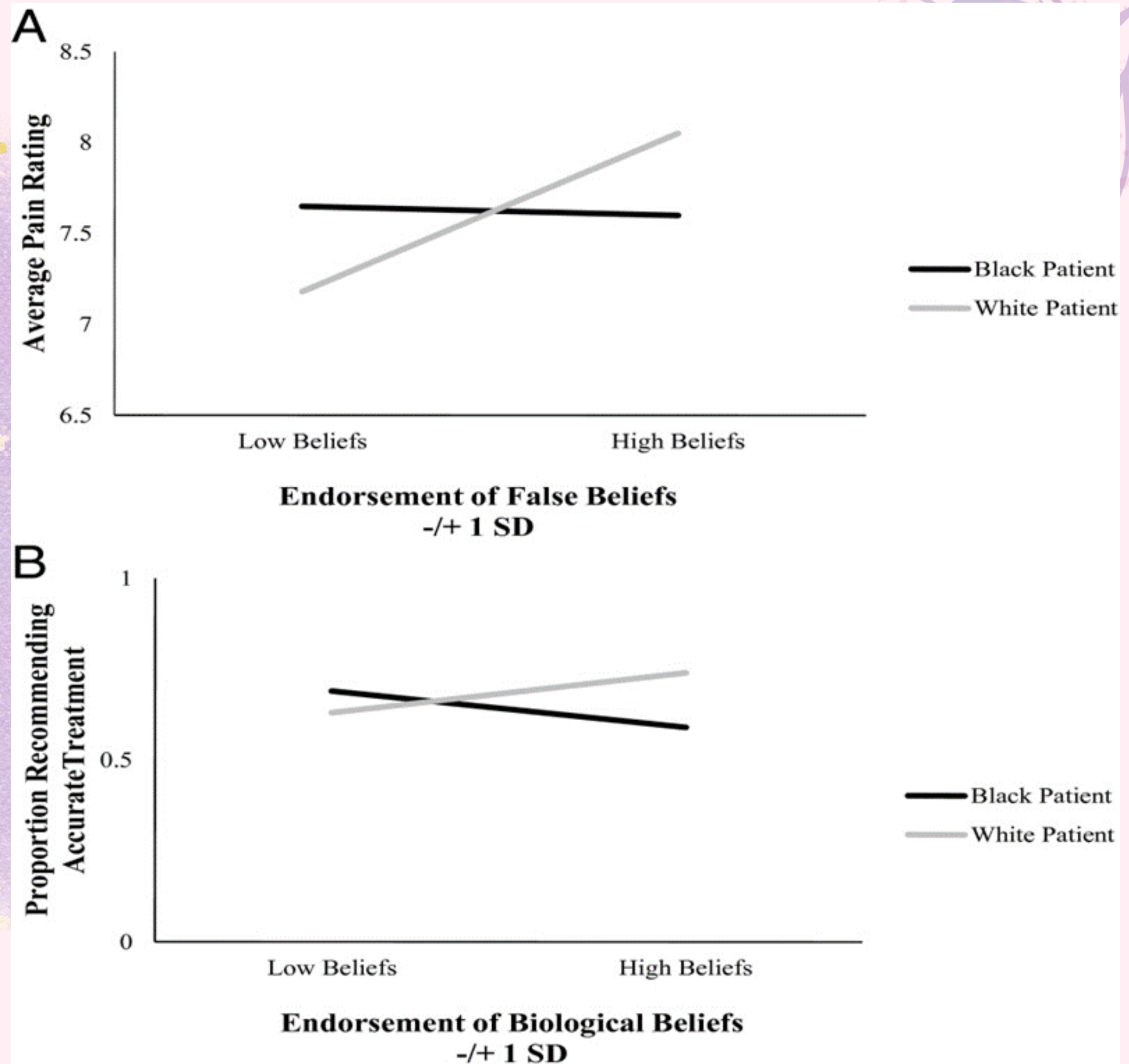
à half of white medical trainees believe:

“Black people’s nerve endings are less sensitive than white people’s.”

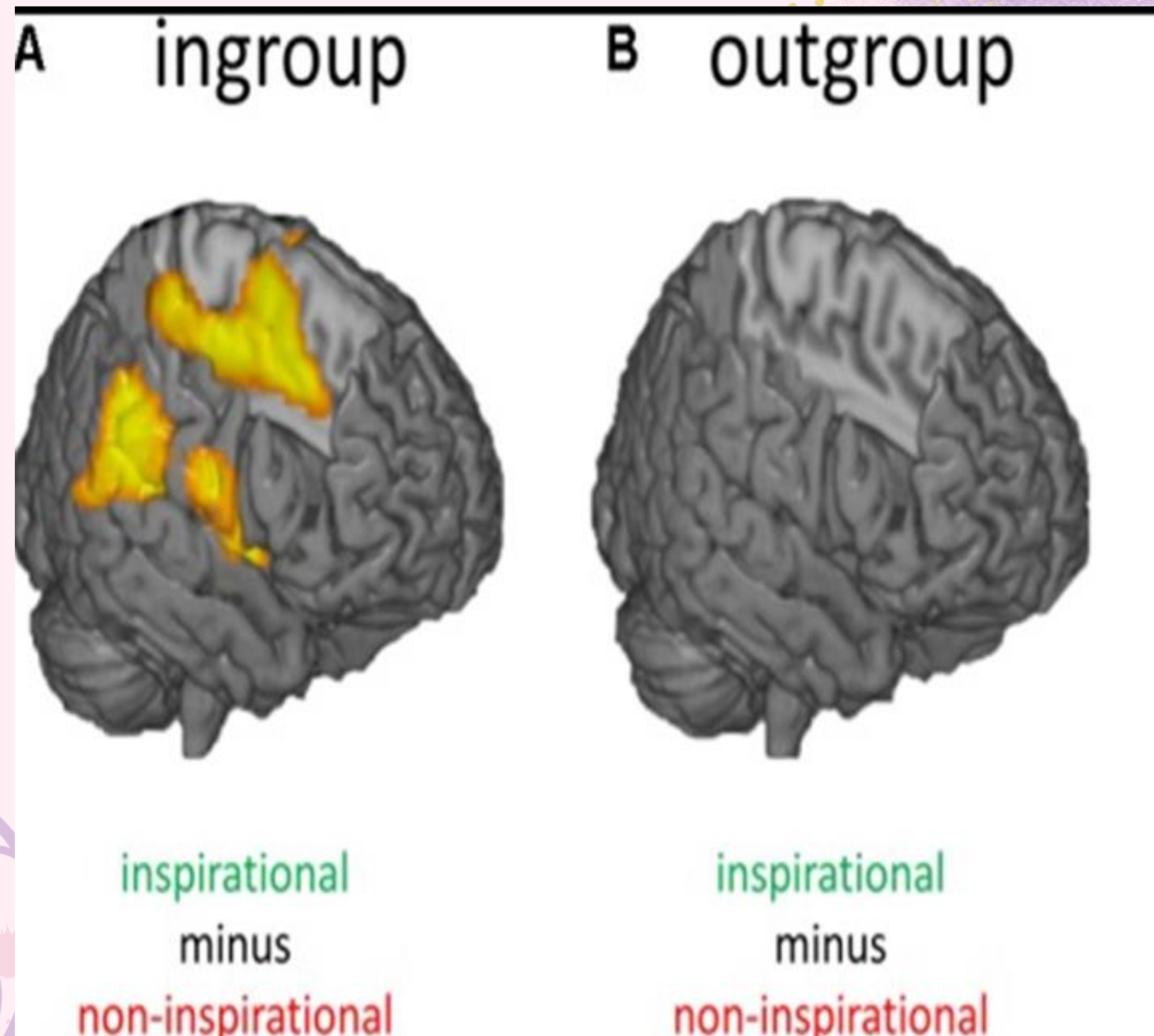
“Black people’s skin is thicker than white people’s.”

“Black people’s blood coagulates more quickly than white people’s.”

These findings suggest that individuals with at least some medical training hold and may use false beliefs about biological differences between blacks and whites to inform medical judgments, which may contribute to racial disparities in pain assessment and treatment.



Reduced empathy for outgroup suffering



Ingroup: a social group to which a person psychologically identifies as being a member of.

Outgroup: a social group with which an individual does not identify.

Molenberghs and Louis 2018 - how people perceive the faces, words and actions of ingroup and outgroup members in a biased way.

Contreras-Huerta et al 2013 responses to perceived pain in dACC and AI showed significantly greater activation when observing pain in own-race compared with other-race individuals.

Racial discordance



Black newborns more likely to die when looked after by White doctors

By Rob Picheta, CNN

Aug 20, 2020

(CNN) - Black newborn babies in the United States are more likely to survive childbirth if they are cared for by Black doctors, but three times more likely than White Babies to die when looked after by White doctors, a study has found.

Mahase 2020, BMJ

Analysed 1.8 million hospital births in Florida between 1992 to 2015, they found that deaths were fewer among Black newborns under the care of Black doctors.

Under the care of White doctors, the Black newborn mortality rate was 894 in 100 000 births but under the care of Black doctors reduced to 390 in 100 000 births.

This translates as 430 more fatalities per 100,000 births

The discrepancies in physicians' interactions and communication with patients are due in part to the race of the patient but also to racial concordance between patient and doctor

The review highlight the importance of training physicians to engage in higher quality communication with racially discordant patients by focusing on improving patient-centeredness, information-giving, partnership building, and patient engagement in communication processes.

Race concordant reported greater satisfaction with their physician compared with respondents who were not race concordant

Testimonial injustice



“When a speaker receives an unfair deficit of credibility from a hearer owing to prejudice on the hearer’s part”
(Fricker 2007)

Testimonial smothering

Patients choosing not to disclose information about themselves, their symptoms, and their medical history, because they believe that the information will either be ignored or misinterpreted by their physician who they perceive to be negatively stereotyping them” (Puddifoot 2019)



Testimonial injustice



#FivexMore: 'Black women are not listened to in labour, and our pain is not taken seriously'

Sep 16, 2020 | #BlackWomensHealthMatters, Motherhood | 0 ●

Pregnant woman died after 'cultural bias' caused delayed care at Liverpool Women's Hospital

GRANADA | HEALTH | MATERNITY | LIVERPOOL WOMEN'S HOSPITAL

🕒 Friday 16 February 2024 at 12:45pm

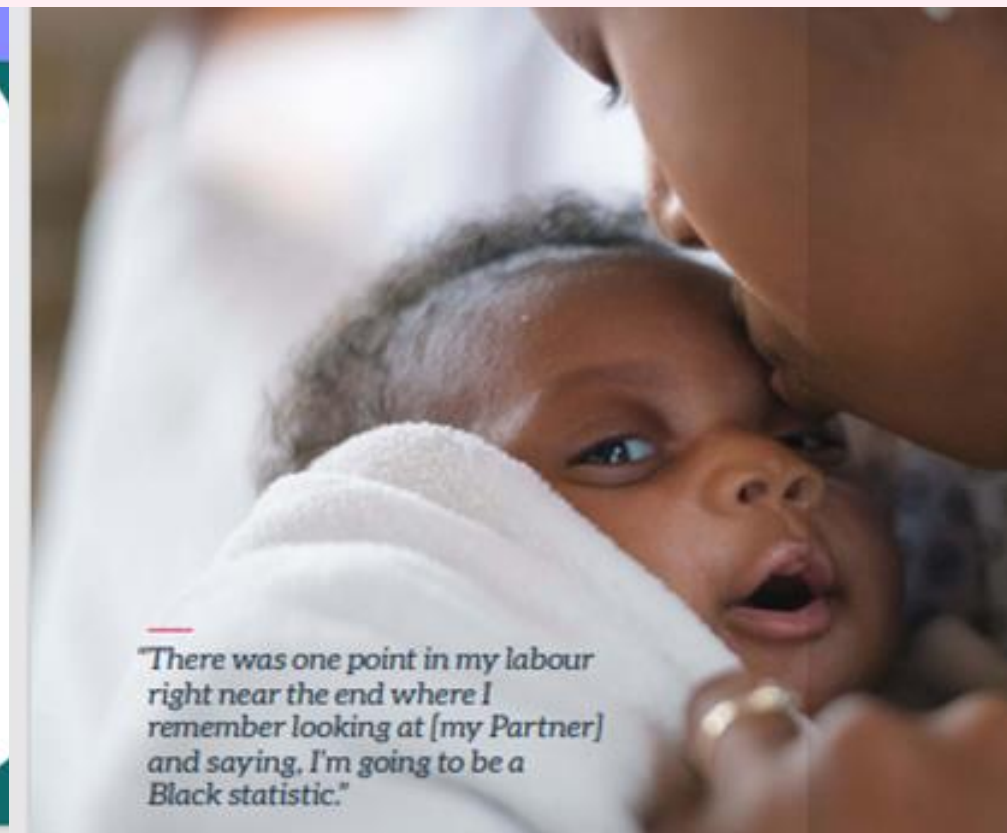


Hysterical Women

#BlackWomensHealthMatters

Systemic racism, not broken bodies

An inquiry into racial injustice and human rights in UK maternity care
Executive summary

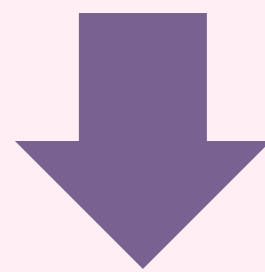


—
"There was one point in my labour right near the end where I remember looking at [my Partner] and saying, I'm going to be a Black statistic."

Cultural competence/humility

Cultural Competence – Being equitable and nondiscriminatory in your practice and behaviour – person-centred balanced approach in which cultural identity and cultural context are taken into account. Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system or among professionals that enables them to work effectively in cross-cultural situations. Essential elements include valuing diversity, capacity for cultural self-assessment, being conscious of dynamics inherent when cultures interact, having institutionalised cultural knowledge, changes to service delivery to reflect cultural diversity (T. Cross 1999)

Cultural Humility – The ability to maintain an interpersonal stance that is other-orientated (or open to the other) in relation to aspects of cultural identity that are most important to the person. Subtle difference is it focuses on self-humility rather than achieving a state of knowledge or awareness (cultural competence) (Hook 2013)



Cultural safety - an environment, which is safe for our patients; where there is no assault, challenge or denial of their identity, of who they are and what they need and truly listening

Cultural competence



← brownskinmatters

BROWN SKIN MATTERS 197 posts 115K followers 91 following

Brown Skin Matters
Addressing the lack of reference photos of dermatological conditions on skin of color. User submissions encouraged.
www.gofundme.com/f/BrwnSkinMatters

The image shows an Instagram profile for the account 'brownskinmatters'. The profile picture is a circular logo with the text 'BROWN SKIN MATTERS'. The bio states: 'Brown Skin Matters Addressing the lack of reference photos of dermatological conditions on skin of color. User submissions encouraged.' and includes a link to a GoFundMe page: 'www.gofundme.com/f/BrwnSkinMatters'. The account has 197 posts, 115K followers, and is following 91 accounts.



NICE takes ethnicity out of estimating kidney function

BMJ 2021 ; 374 doi: <https://doi.org/10.1136/bmj.n2159> (Published 10 September 2021)
Cite this as: *BMJ* 2021;374:n2159

Linked Practice
Chronic kidney disease: summary of updated NICE guidance

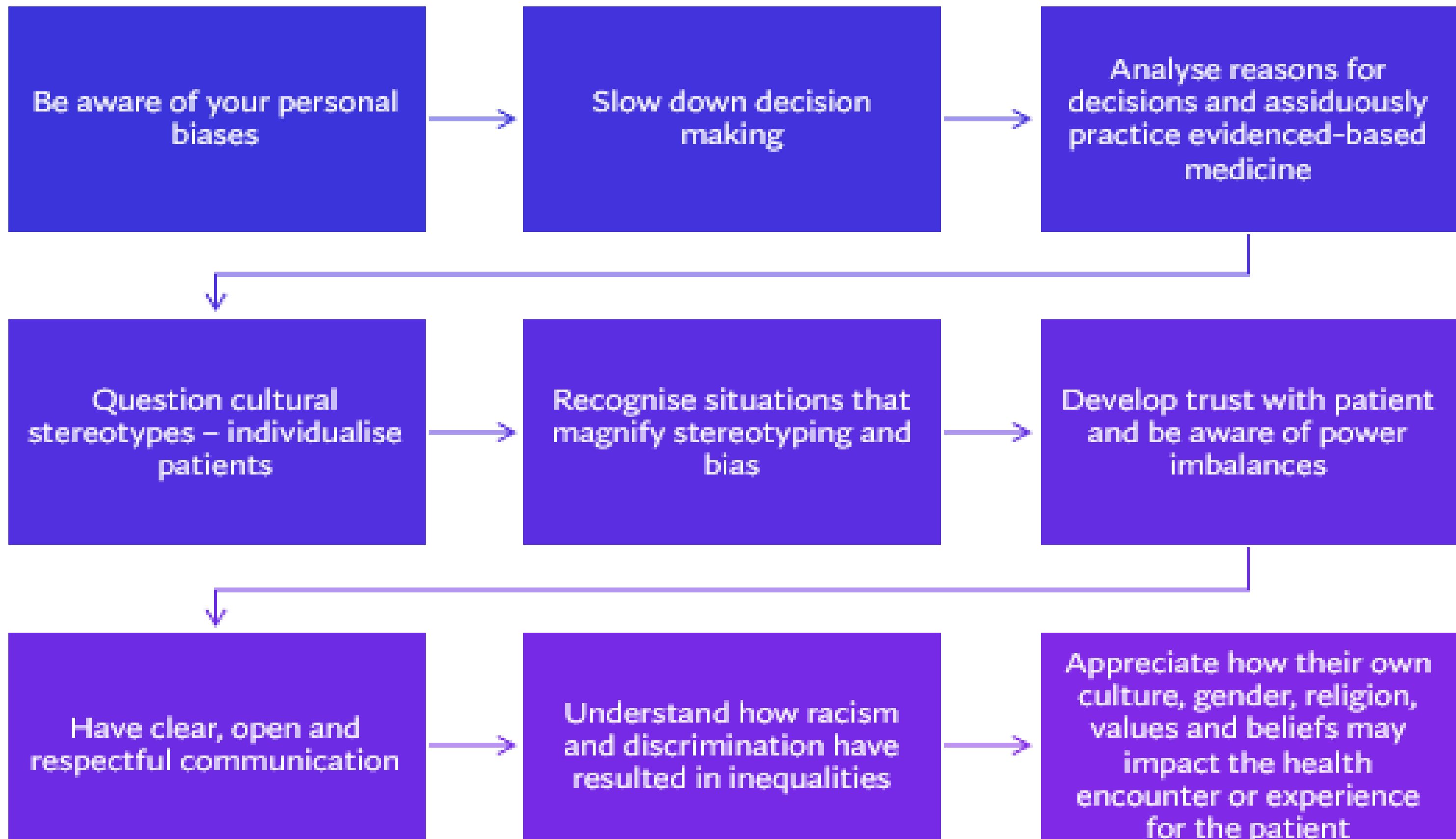
Article Related content Metrics Responses

Rouvick M Gama, nephrology registrar¹, Robert Kalyesubula, consultant nephrologist^{2 3}, June Fabian, nephrology researcher⁴, Viyaasan Mahalingasivam, research fellow^{3 5}

Author affiliations ▼

The image shows a snippet of a medical article from BMJ. The title is 'NICE takes ethnicity out of estimating kidney function'. It includes the journal information 'BMJ 2021 ; 374 doi: https://doi.org/10.1136/bmj.n2159 (Published 10 September 2021)' and the citation 'Cite this as: BMJ 2021;374:n2159'. There is a blue button labeled 'Linked Practice' with the text 'Chronic kidney disease: summary of updated NICE guidance'. Below this are tabs for 'Article', 'Related content', 'Metrics', and 'Responses'. The authors listed are 'Rouvick M Gama, nephrology registrar¹, Robert Kalyesubula, consultant nephrologist^{2 3}, June Fabian, nephrology researcher⁴, Viyaasan Mahalingasivam, research fellow^{3 5}'. At the bottom, there is a link for 'Author affiliations ▼'.

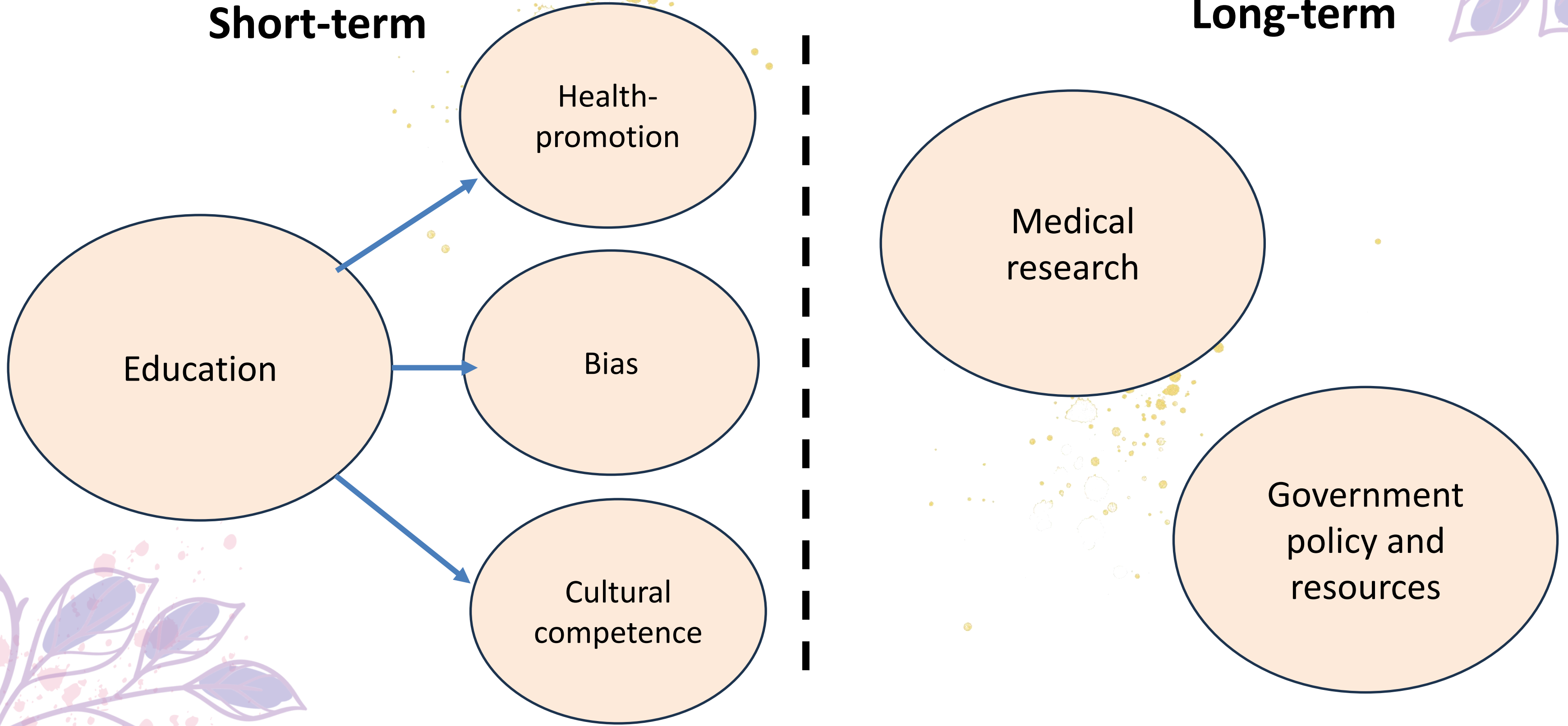
Reducing bias



Conclusion

Short-term

Long-term



Health equity



Equality



Equity



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- Equitable access to maternity care for refugee, asylum seeking and undocumented migrant women | RCOG
[MBRRACE-UK_Maternal_Compiled_Report_2023.pdf \(ox.ac.uk\)](https://www.rcog.org.uk/~/media/rcogmedia/documents/maternity/MBRRACE-UK_Maternal_Compiled_Report_2023.pdf)



Thank You