

National Perinatal Association Position Statement  
March, 2019

## Perinatal Health Care Access And Disparities

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### Public Policy and Advocacy:

Addressing health care access and disparities for vulnerable populations in the United States is a public health priority included in Healthy People 2020 and a major health policy concern as addressed by the Surgeon General. Health care inequities have been defined by the Association of State and Territorial Health Officials (ASTHO) as “Differences in health outcomes which are... unnecessary and avoidable... unfair and unjust”.<sup>1</sup> One of the most vulnerable populations is pregnant individuals, their infants, and families<sup>2</sup>.

The National Perinatal Association (NPA) strives to improve health care access and eliminate disparities through partnerships and collaboration with organizations that advocate for evidence-based solutions at the local and national level, including Premie Parent Alliance, National Association of Perinatal Social Workers, California Perinatal Quality Care Collaborative, Connect2NICU, and Hand to Hold. Together with these organizations and others, NPA is working to increase awareness of disparities in healthcare access, health care quality, and health outcomes and developing solutions to ameliorate these problems in the United States, particularly as they pertain to social determinants of health.

Social determinants of health, as defined by the CDC and WHO are: “the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries”.<sup>1,2</sup>

The 5 major categories that can determine health are:

- Biology and genetics. *Examples: sex and age*
- Individual behavior. *Examples: alcohol misuse, injection drug use (needles), unprotected sex (condom-less sex), and smoking*
- Social environment. *Examples: discrimination, income, and gender*
- Physical environment. *Examples: where a person lives and crowded conditions*
- Health services. *Examples: Access to quality health care and having or not having health insurance*

## Issue:

The impact of health care disparities in the perinatal period has become increasingly highlighted in the literature over the last ten years. Research has clearly demonstrated higher rates of maternal and infant mortality in African American, Latina, and Native American families<sup>2</sup>. Poverty, rural residence and substance use all increase risks for poor outcomes.<sup>3,4</sup> Variables that have been shown to exacerbate these disparities include systemic barriers to healthcare access (i.e. transportation, employment, and clinics too far away), clinician bias and cultural ignorance and language barriers that impact family-clinician communication.<sup>1,5</sup>

## Disparities Described in the Literature:

**African-American population:** Women described as African-American have three to four times higher rates of maternal mortality than white women. Their infants are twice as likely to die in the first year of life.<sup>6</sup> In addition, African-American women are more likely to experience pregnancy complications such as hypertension, gestational diabetes, and obesity - with these conditions being more severe in black women than white women.<sup>2</sup> African-American women have lower rates of initial breastfeeding and/or continuing breastfeeding to six months of age.<sup>6</sup>

**Latina population:** Latina women have higher rates of congenital abnormalities in their infants than other women. This may be related to low intake of folic acid in this population.<sup>2</sup> They are at higher risk of developing gestational diabetes and their infants are at higher risk for being born preterm or ill, requiring NICU hospitalization.<sup>1,7</sup> Latina women breastfeed at a higher rate than any other group, including white women.<sup>1</sup>

**Asian population:** Asian women may have a higher rate of gestational hypertension, especially women from the Philippines and Samoa. They are also at higher risk of developing gestational diabetes.<sup>2</sup>

**American Indian/Alaskan Native population:** Native American women and Alaskan Native women are at higher risk of gestational diabetes and often receive late prenatal care that impact maternal and infant outcomes.<sup>2</sup> Low socioeconomic status and rural residence appear to be significant risk factors for these women.<sup>3</sup>

Additionally, there are intersecting psychosocial circumstances and family structures that make individuals vulnerable to health disparities.

**Rural Residence:** Women who reside in rural areas of the United States are at higher risk for preterm labor and preterm birth. Late prenatal care rates were higher, and lower socioeconomic status, lack of health insurance, and higher rates of unplanned pregnancy were all risk factors for this population - for all groups including white women.<sup>3,11</sup>

**Substance Misuse:** Pregnant individuals' misuse of licit and illicit substances is a health care epidemic in the United States. The number of neonates exposed to substances is high with more than 400,000 infants exposed to alcohol or illicit drugs in utero each year. Maternal morbidity with pain management, poor prenatal care, and poor nutrition impact the outcome of the infant - including low birth weight, neonatal opioid withdrawal syndrome (NOW), and extended hospitalization. Black, Latina, and Native American women are screened and identified at higher rates than whites, though it is well known that there is no statistical difference in substance use rates across all racial and ethnic groups.<sup>8,9</sup>

It is important to remember that drug use is not the same as drug misuse. The standard of care for treating pregnant women with substance use disorder is often medication-assisted treatment (MAT).<sup>14</sup> Voluntary treatment leads to better pregnancy outcomes and shorter hospital stays for newborns. Pregnant women should not fear telling their health care providers about drug use, so they can best prepare for the treatment that will help both the mother and the newborn. It is often said that babies are born "addicted" to drugs.<sup>15,16,17</sup> Addiction refers to continuous, compulsive behavior; babies cannot be born "addicted," and that language stigmatizes both mother and child, without offering any help.<sup>13,14</sup> Neonatal abstinence syndrome, or NAS, is both temporary and treatable.<sup>14,15,17</sup> It can result from the use of opioids, including medically-recommended medication treatments for opioid dependency. However, prenatal exposure to opioids does not always result in NAS.<sup>15</sup> The National Advocates for Pregnant Women stated "Obstetric care providers have an ethical responsibility to their pregnant and parenting patients with substance use disorder to discourage the separation of parents from their children solely based on substance use disorder, either suspected or confirmed. In states that mandate reporting, policy makers, legislators, and physicians should work together to retract punitive legislation and identify and implement evidence-based strategies outside the legal system to address the needs of women with substance use disorders".<sup>14</sup>

**Non-traditional families:** Lesbian, bi-sexual, and transgender pregnant individuals experience a lack of understanding on the part of clinicians regarding their needs and concerns. Systematic barriers include heterosexism, restrictive labor room guidelines, and gender bias. This is even more significant for black, Latina, and other vulnerable groups. The birth experiences are traumatic and maternal and infant outcomes can be impacted.<sup>6</sup>

**Socioeconomic status:** Poverty, discrimination and gender all impact socioeconomic status. Lack of resources leads to barriers to obtaining and maintaining care for all groups.<sup>11,12</sup>

Crowded homes with suboptimal physical conditions can lead to health issues. Living in communities where violence is common also increases the risks of behaviors such as drug use, criminal activities, and domestic violence.<sup>11,12</sup>

## Summary:

The National Perinatal Association is committed to integrating diverse voices, educating providers and patients, and advocating for policy changes that will advance the national discussion on perinatal health care access and disparities. Public health priorities can only be addressed and resolved when all stakeholders are brought together. The goal should be to not only include providers, families, and family advocates but to also bring national policy makers to the table.

## Recommendations:

The National Perinatal Association recommends addressing the issues of perinatal health care access and disparities by acknowledging their existence. ASTHO defines health equity as “The attainment of the highest level for all people.”<sup>1</sup> While several barriers to health equity have been thoroughly described in the literature, raising awareness of these barriers in daily medical practice as well as on a national level must be priority for providers.<sup>1-10</sup>

These barriers include:

- Language, non-English speakers
- Cultural expectations around pregnancy and birth
- Transportation
- Lack of or inadequate health insurance
- Low socioeconomic status
- Lack of local health care providers
- Limited number of clinicians who are racially and ethnically diverse
- *Inherent bias in clinicians regarding racial, ethnic, substance use and non-traditional families*
- Poorly educated providers on the needs and concerns of all pregnant individuals and their families
- Pregnant individuals’ fears of judgmental and uncaring clinicians and resulting criminal and civil child welfare consequences related to their birthing and life decisions

Education of clinicians is of the highest priority in this process. Inherent bias and systemic protocols both impact the ability of clinicians to care for all families equally. Conferences, position papers, and self-awareness training can all support this goal. Clinicians may be uncomfortable in addressing their inherent bias and resist attendance at such activities. Like all areas of competency, this should be mandatory training. Racial and ethnic diverse clinicians must be increased. Education and training supports financially can assist with this process.

Involvement and engagement of vulnerable populations in research and policy making is of the highest priority in this process. Much of the problems now encountered by people of color results from a long history of exploitation, discrimination or disenfranchisement in research and policy making.

Health care systems must make medical translation services for non-English speaking families a priority in their care model. Full-time, 24/7 translation services must be developed that acknowledges all languages in the community and provides translators in the appropriate dialects. All written and social media materials must also be available in the languages of the community.

Finally, access to health insurance plays an outsized role in the United States in determining one's access to quality healthcare. While the Affordable Care Act made great strides in addressing this barrier by expanding healthcare coverage, there is still much work to be done. Within the framework of our current healthcare landscape, NPA and its partners are dedicated to educating legislators, training providers to be public policy advocates and holding insurance companies accountable to the patients they serve in order to assure equitable delivery of services.

The United States, for all its resources, should not have the highest rate of infant mortality amongst the 27 wealthiest countries in the world. We spend more money on the healthcare than any other country and continue to have higher rates of infant mortality than countries such as Cuba, Belarus, and Hungary, who have significantly smaller economies and resources.<sup>1</sup> The United States has the 5th highest preterm birthrate in the world with 9.6% of live births being delivered before 37 weeks gestation<sup>10</sup>. These statistics are stark reminders that disparities in health care and lack of access to perinatal and pediatric services can have profound detrimental effects on a country's overall health outcomes, despite general economic success. The National Perinatal Association is dedicated to not only understanding these issues and identifying solutions, but also creating the kind of multidisciplinary programs and policies that will ultimately eliminate such disparities and improve access for our pregnant patients and their families throughout the United States.

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