

NPM 4: PERINATAL CARE DISCRIMINATION

GOAL

To reduce the percent of women who experience racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or postpartum.

SIGNIFICANCE

Significant disparities exist in maternal health outcomes especially for some racial and ethnic minority populations in the United States. Black and American Indian/Alaska Native people have pregnancy-related mortality rates that are two to three times higher than for White people.¹ These health disparities have persisted over time and are attributable to a combination of factors, including patient, community, health care provider, and systems factors. Racism is a key driver of racial and ethnic inequities that adversely impacts a population's mental and physical health.²

In particular, discrimination, a domain of racism, has been found to be associated with poor mental health, adverse physical health outcomes (e.g., hypertension, obesity, cardiovascular disease), and other poor health behaviors and outcomes.³ As a key risk factor for maternal mortality and morbidity, it is important to understand the experiences of racial discrimination, particularly in healthcare settings where pregnant and postpartum people seek care, to more effectively address its impact on maternal health outcomes.

DEFINITION

Numerator: Number of women who reported experiencing discrimination or were prevented from doing something, hassled, or made to feel inferior while getting healthcare during their pregnancy, at delivery, or at postpartum care because of their race, ethnicity, or skin color.

Denominator: Number of women with a recent live birth.

STATUS

The State of Delaware does not have a specific statewide survey nor secondary source that captures this measure directly. With that said, the Maternity Vulnerability Index (MVI)⁴ serves as a tool to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. The index ranges from 0 (least vulnerable) to 100 (most vulnerable). One of the MVI themes – Reproductive Healthcare – measures access to family planning and reproductive services, as well as availability of skilled attendants.

As given in Table 1, Delaware's overall MVI (62) classifies it as having a high maternal vulnerability index, which contrasts with its neighboring states of Maryland (48; Moderate), New Jersey (38; Low), and Pennsylvania (58; Moderate). Delaware's reproductive healthcare theme score (54; Moderate) is also higher than Maryland (10; Very Low), New Jersey (36; Low); and Pennsylvania (40; Moderate).

¹ Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. 22 June 2022.

² Centers for Disease Control and Prevention. Racism and health. 24 November 2021.

³ Williams DR, Lawrence JA, Davis BA. Racism and Health: Evidence and Needed Research. *Annu Rev Public Health*. 2019;40:105-125. doi:10.1146/annurev-publhealth-040218-043750

⁴ The US Maternal Vulnerability Index (MVI).

Table 1. Reproductive Healthcare Domain and MVI for Delaware, Delaware Counties, and Neighboring States (Surgo Health, Maternal Vulnerability Index, 2023).

	Delaware	Kent County	New Castle County	Sussex County	Maryland	New Jersey	Pennsylvania
Reproductive Healthcare	54 Moderate	37 Low	16 Very Low	41 Moderate	10 Very Low	36 Low	40 Moderate
Overall MVI	62 High	69 High	46 Moderate	55 Moderate	48 Moderate	38 Low	58 Moderate