

INTRODUCTION

- In the United States, the levels of maternal care are unevenly distributed often due to structural racism and prevents some women from accessing appropriate resources and providers.
- Minority women are more likely to face discrimination from health facilities and licensed professionals that often leads to unequal access to proper healthcare and women receiving care from inadequate facilities.
- Further assessing the relationship between race/ethnicity and risk of chronic health outcomes aims to emphasize recommendations for policies that are crucial to improve the health of minority mothers.

OBJECTIVE

- To determine whether there is an association between race/ethnicity with the risk of chronic health outcomes during pregnancy.

METHODS

- Using the state of California 2016 birth data, we examined the prevalence of disease among pregnant women (n=451,284) based on their race/ethnicity and use of medical or non-medical at the time of delivery admission
- The study looked at five ethnic groups which included White (n=127,888), African American (n=23,253), Hispanic (n=225,948), Asian/Pacific Islander (n=72,747) and American Indian/Alaskan Native (n=1,449) women.
- This study looked at the most common chronic diseases at the time of birth (e.g., diabetes, hypertension, substance use, and smoking) from 2016.
- We took the ratios of each chronic health outcomes for each ethnic/race group whose birth data was collected.

RESULTS



451,284 California Resident women that gave birth in 2016.

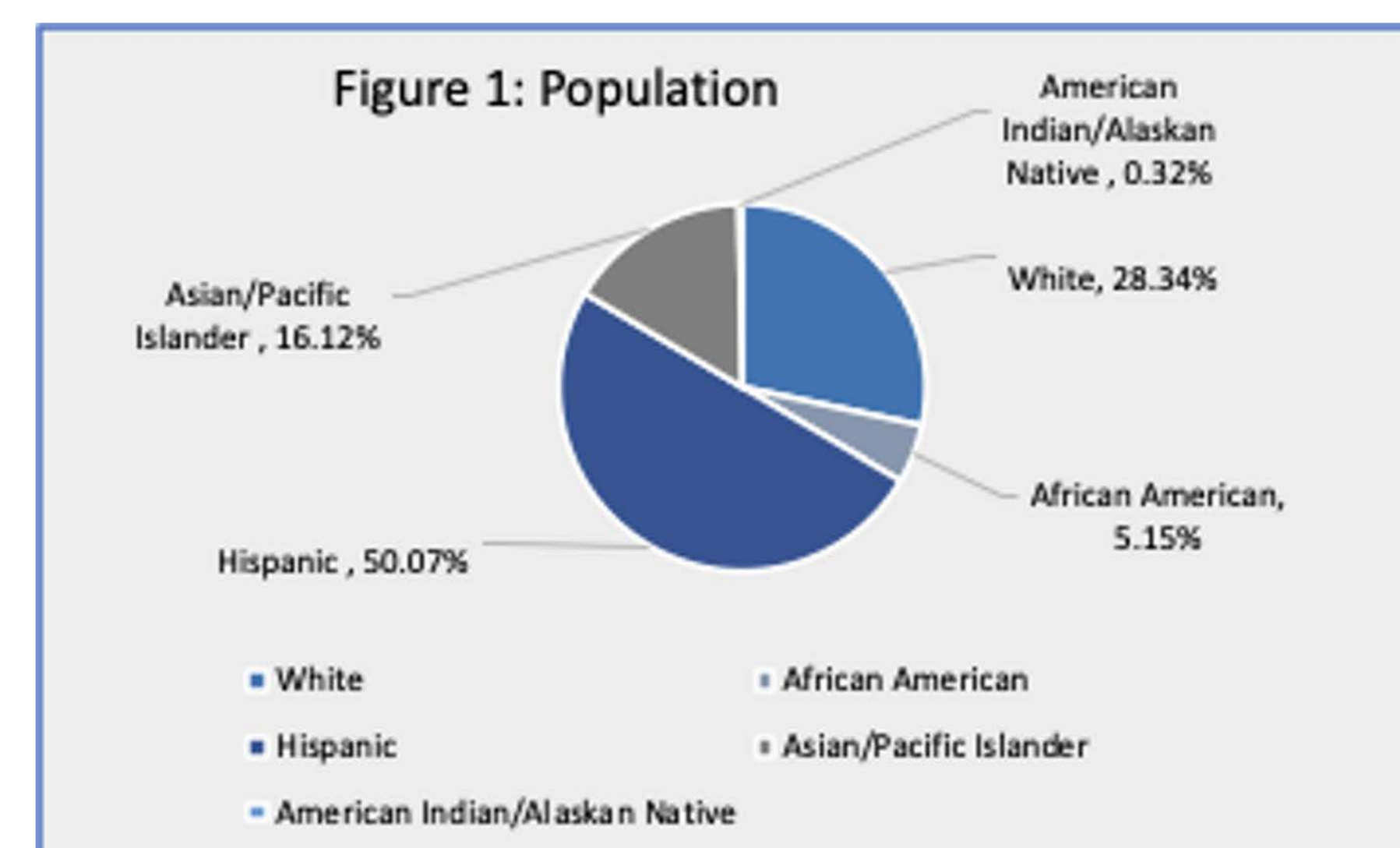


Figure 1: Breakdown of the population by percentages.

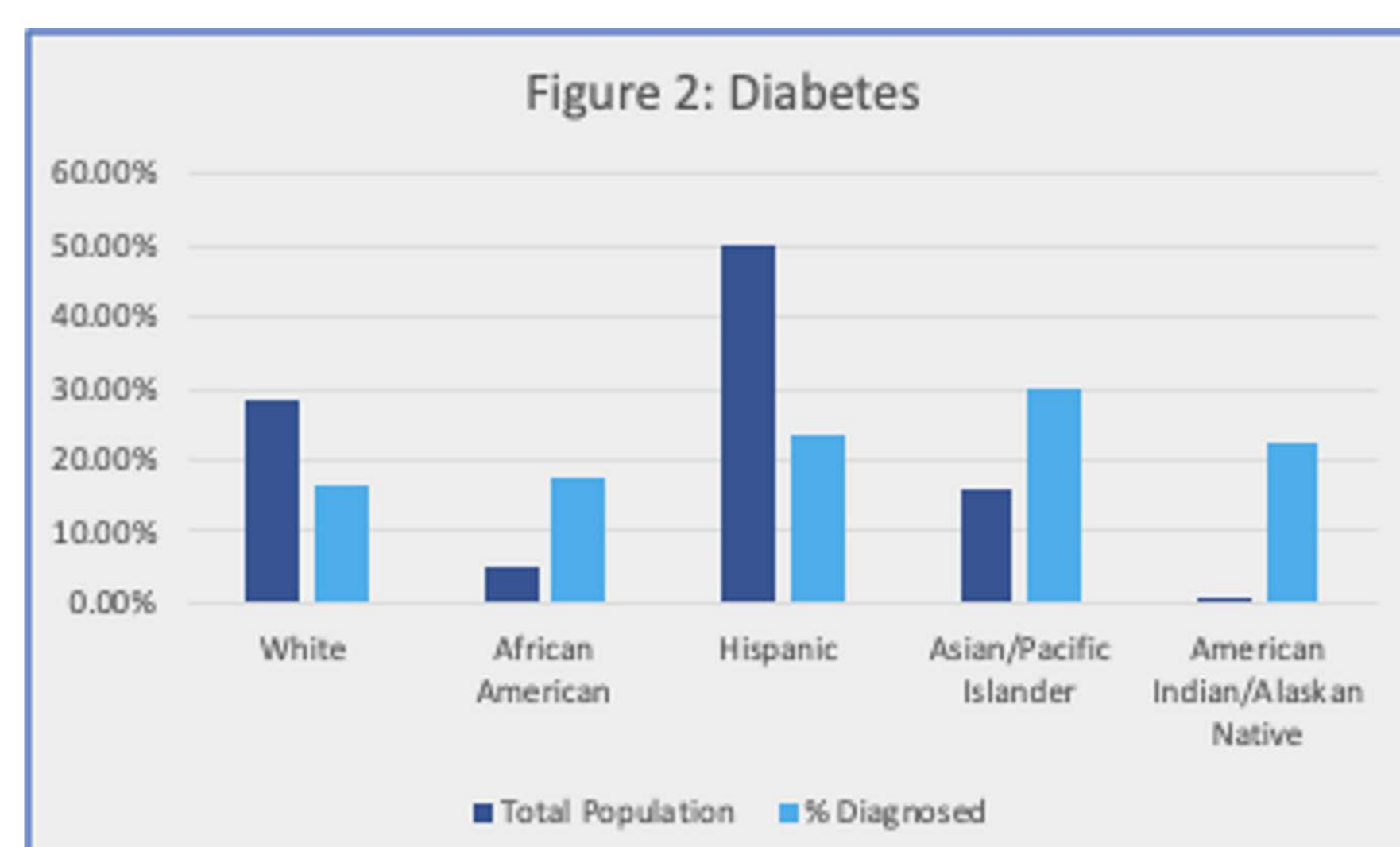


Figure 2: Diabetes demonstrates the total population of women and the percent that was diagnosed with diabetes at the time of birth.

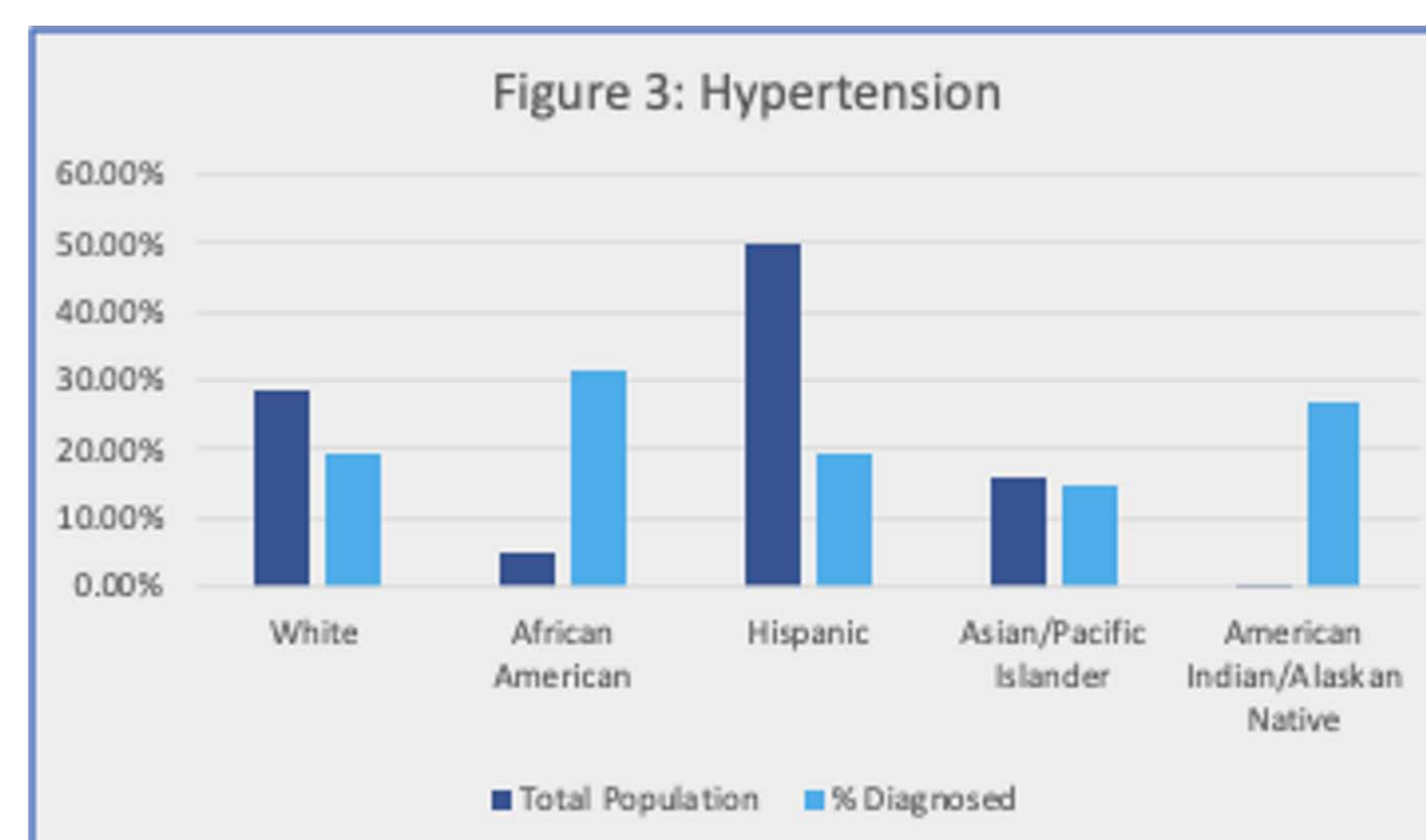


Figure 3: Hypertension demonstrates the total population of women and the percentage of women that was diagnosed with hypertension at the time of birth.

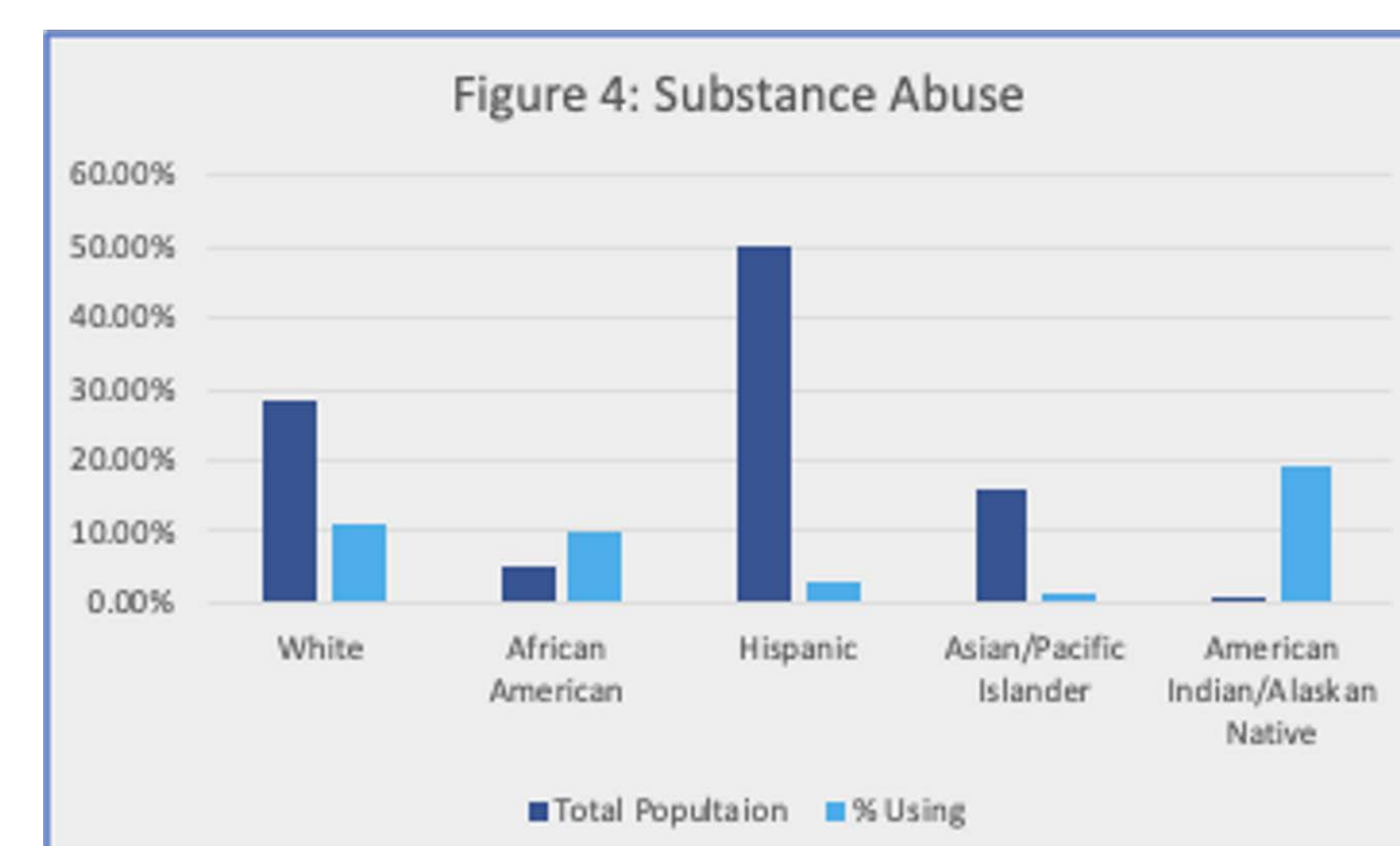


Figure 4: Substance abuse demonstrates the total population of women and the percent that was using substances while pregnant.

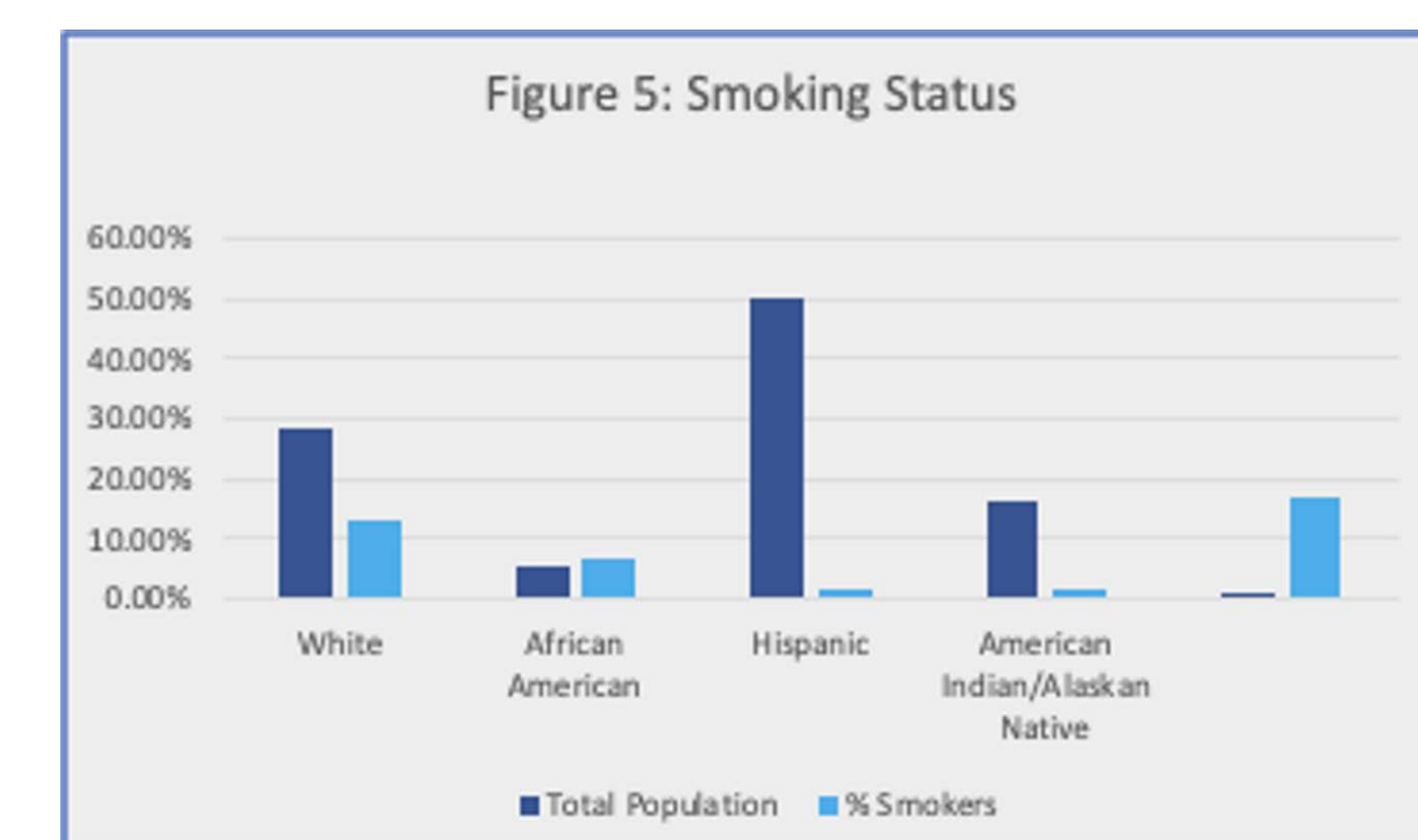


Figure 5: Smoking Status demonstrates the total population of women and the percentage of women that was diagnosed with hypertension at the time of birth.

CONCLUSION

- The findings show there is an association between race/ethnicity with the risk of chronic health outcomes when giving birth.
- Minority women are disproportionately affected with higher risk for diseases (Hypertension and Diabetes) and engaging in unhealthy behaviors (smoking, substance abuse) during pregnancy when compared to their white counterparts.
- The findings of the study highlights that more interventions need to be made to target specific minority populations.

RECOMMENDATIONS

- Health Programs to help manage these health outcomes such as hypertension management
- More funding towards family planning centers in low income communities
- Accessible health interventions to help stop pregnant women from doing these activities such as smoking and using substances
- Pregnancy support groups that specifically targets the pregnant women that are with these health problems



ACKNOWLEDGEMENTS

Medi-Cal Birth Statistics, by Select Characteristics and California Resident Hospital Births - CA Resident Births, by CY, Payer, Maternal Race/Ethnicity, and Select Birth Characteristics. California Open Data.
https://data.ca.gov/dataset/medi-cal-birth-statistics-by-select-characteristics-and-california-resident-hospital-births/resource/5bc8ed37-4426-47e7-903d-b85aad7cccd4?inner_span=True