

Prevalence of adverse maternal outcomes among racial and ethnic minorities in the United States Territories

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Background

- Women in the U.S. die in childbirth more than any other developed country due to pregnancy complications.¹
- Black women have 3.4 higher odds of mortality than white women.¹
- Maternal comorbidities such as Gestational Diabetes (GDM, diabetes diagnosed during pregnancy), gestational hypertension and preeclampsia (elevated blood pressure during pregnancy), c-sections (surgical delivery option, emergency or elective) are much more common among pregnant women of color.²

Objective

- To determine whether there is a difference in the prevalence of adverse maternal outcomes (i.e., gestational diabetes, gestational hypertension, and cesarean sections) between White pregnant women and Latinx/Black women in the US Territories.

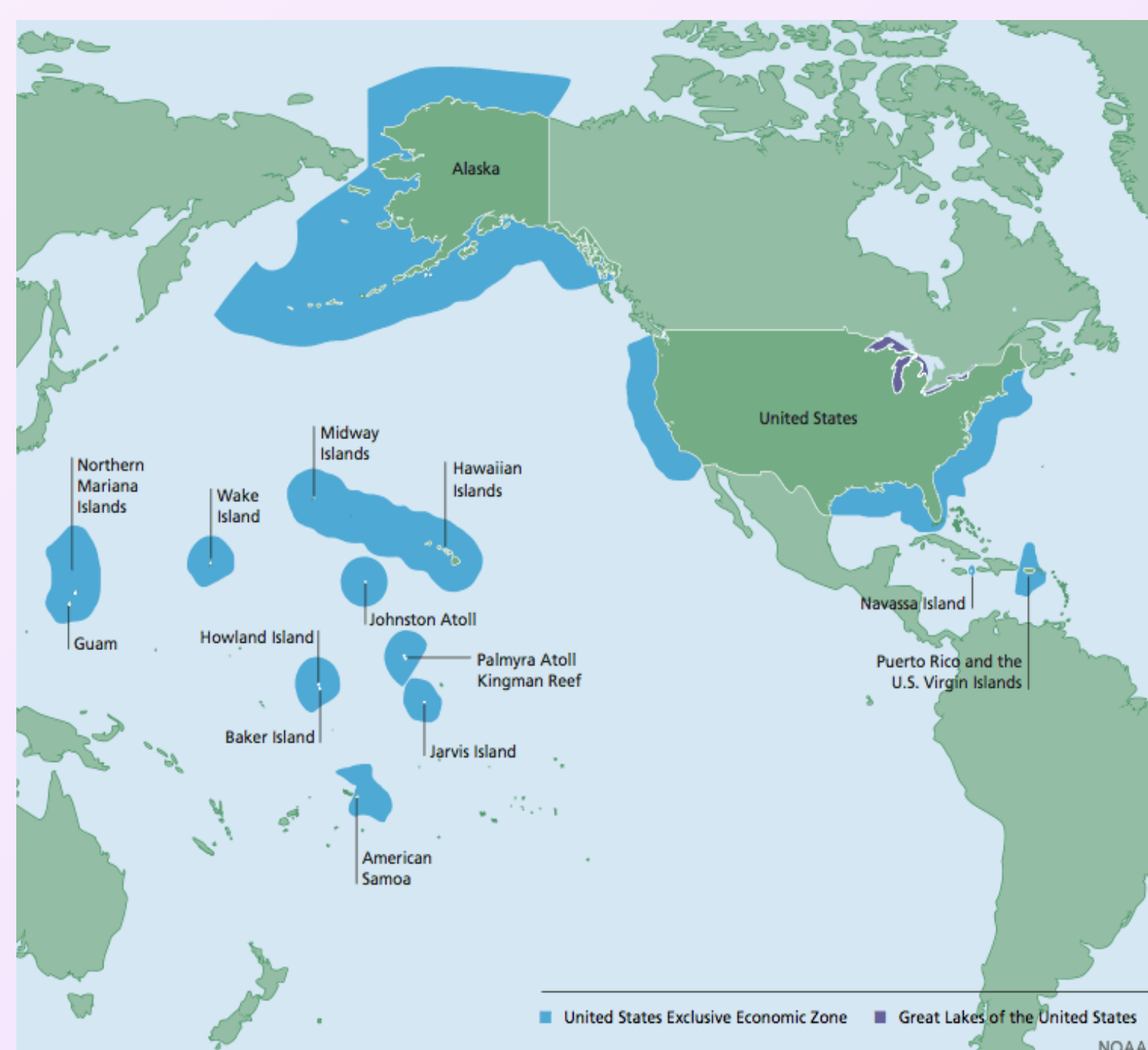
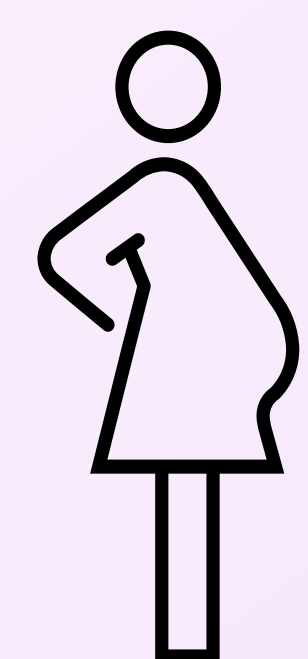


Image from <https://geology.com/state-map/us-territories.shtml>



Methods

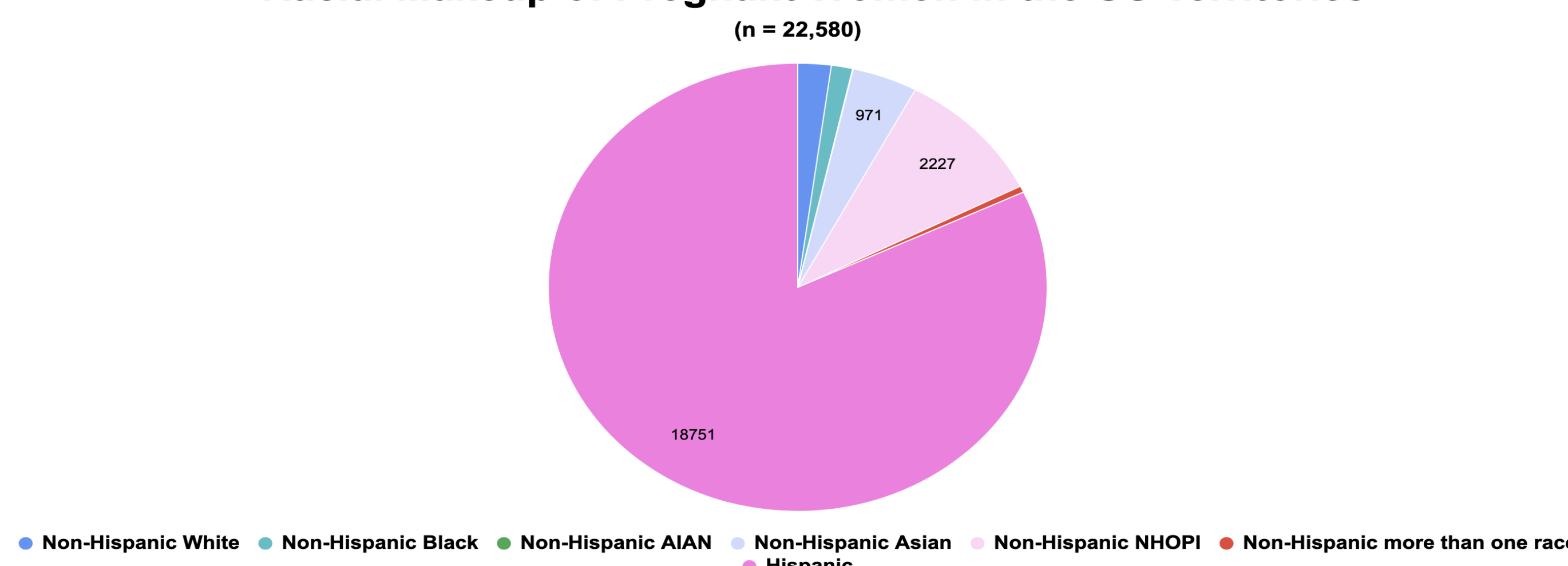
- A secondary data analysis was conducted utilizing the Centers for Disease Control Vital Statistics Online Data Portal, from the 2020 Mother's Worksheet for Child's Birth Certificate for the US Territories (n = 22,871).

Methods

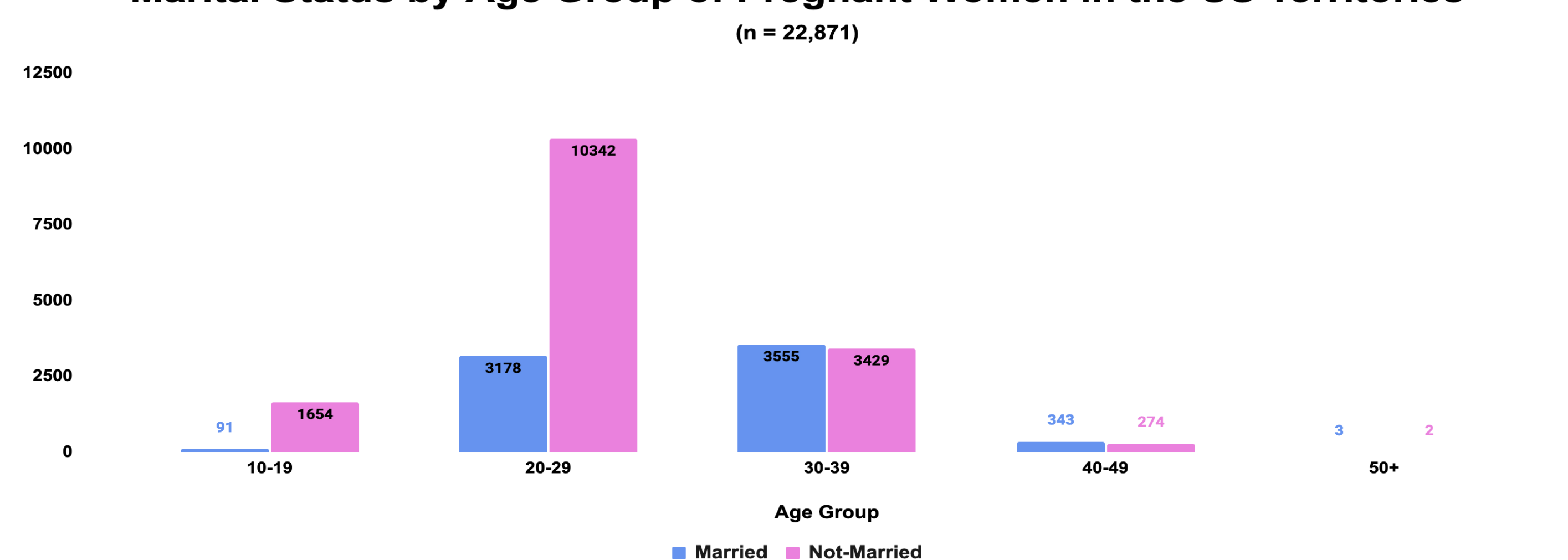
- Data were collected on sociodemographics, insurance, payment source, history of GDM, gestational hypertension, hypertension eclampsia, and previous cesarean sections.
- Pearson Chi-Square Test showed the difference between pregnant White women and pregnant women of color in terms of maternal health outcomes.

Results

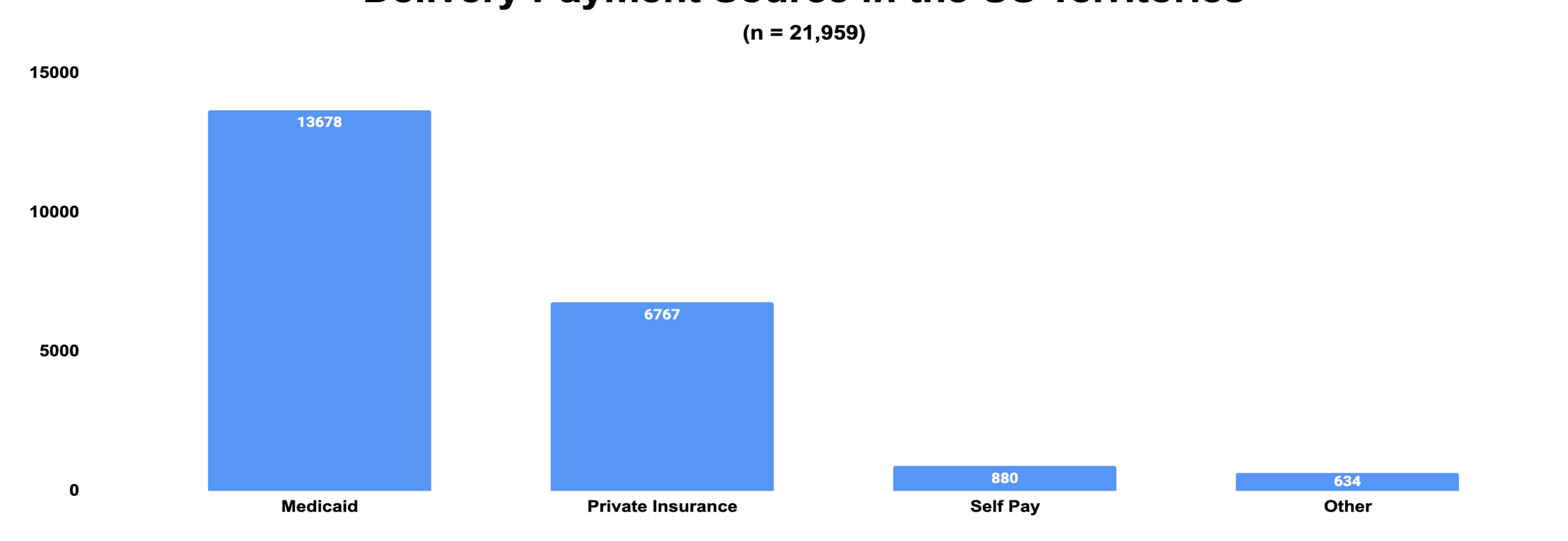
Racial Makeup of Pregnant Women in the US Territories (n = 22,580)



Marital Status by Age Group of Pregnant Women in the US Territories (n = 22,871)



Delivery Payment Source in the US Territories (n = 21,959)



Results

Differences in Maternal Outcomes by Race

		Other (n=22,378) N (% of minorities)	White (n=493) N (% of white women)	P-value
Gestational Diabetes	No	21,137 (95.7%)	457 (93.3%)	0.01
	Yes	953 (4.3%)	33 (6.7%)	
Gestational Hypertension	No	21,042 (95.3%)	461 (94.1%)	0.27
	Yes	1,408 (4.7%)	29 (5.9%)	
Hypertension Eclampsia	No	21,991 (99.6%)	485 (99.0%)	0.13
	Yes	99 (0.4%)	5 (1.0%)	
Previous Cesarean	No	18,750 (84.9%)	442 (90.2%)	0.0013
	Yes	3,340 (15.1%)	48 (9.8%)	

Conclusions

- Pregnant white women had disproportionately higher GDM rates than pregnant women of color, and pregnant women of color had a much higher cesarean section prevalence rate than pregnant white women in the US Territories.
- Understanding the discrepancy in pregnancy complications between women of different racial and ethnic groups is crucial to address healthcare disparities in the US Territories and the mainland U.S.

Policy Implications

- Further research should be done to highlight health care needs to help inform policy to address health and health care disparities in pregnant women in the U.S. Territories.

References

1. Gyamfi-Bannerman, C., Pandita, A., Miller, E. C., Boehme, A. K., Wright, J. D., Siddiq, Z., D'Alton, M. E., & Friedman, A. M. (2019). Preeclampsia outcomes at delivery and race. *The Journal of Maternal-Fetal & Neonatal Medicine*, 33(21), 3619–3626. <https://doi.org/10.1080/14767058.2019.1581522>
2. Thompson, J. A., & Suter, M. A. (2020). Estimating racial health disparities among adverse birth outcomes as deviations from the population rates. *B.M.C. Pregnancy and Childbirth*, 20(1). <https://doi.org/10.1186/s12884-020-2847-9>