



Racial Disparities in Maternal Health, Outcomes and Access to Care for Black Women in Texas

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Texas, a state with a sizable demographic diversity and geographical expanse, is facing challenges in maternal morbidities and the utilization of obstetric care. Underutilization of obstetric care, i.e., prenatal and postnatal care, and morbidity are serious public health concerns in the state of Texas. Severe maternal morbidities that result from the complications associated with pregnancy and childbirth have increased significantly, with about 58.2 to 72.7 cases per every 10,000 deliveries between the years 2018 and 2020.

Texas ranks second lowest in the nation for accessibility to high-quality prenatal and maternal care. Approximately 49.2% of Texas counties are classified as maternity care deserts, with 55.9% lacking even a single OB provider. The state bears the highest burden of uninsured individuals giving birth and lacking primary care providers. According to the Texas State Maternal Mortality Review Committee (MMRC), non-Hispanic Black individuals, those with a 12th-grade education or lower, and residents of North Central Texas and Southeast Texas along the Gulf Coast face disproportionately high rates of maternal morbidities. Similarly, marginalized rural county residents, non-Hispanic Blacks, uninsured individuals, low-income earners, and those with lower levels of education tend to underutilize obstetric care services.

Addressing these disparities in maternal healthcare access and quality is crucial to ensuring the well-being of all Texans and reducing maternal morbidities and mortalities across the state.

Current Policy Interventions in Texas

The current policy interventions in the state of Texas have mainly concentrated on tackling individual factors that contribute to reduced use of obstetric care and the frequency and severity of maternal morbidities. These interventions often address socioeconomic barriers, racial and ethnic disparities, insurance coverage variations, and healthcare facility access. While concentrating on these “independent, autonomous, or single elements,” policymakers do aim at mitigating social drivers of inadequate prenatal and postnatal care as well as morbidities. Despite these efforts, maternal mortalities are still high across the state. Non-Hispanic Black people who give birth are two to four times more likely to die when giving birth compared to Whites or Hispanics. Maternal mortality rates fluctuate between 18.9 and 20.2 deaths/per 100,000 live births.

44% of pregnancy-related mortalities were pregnancy-related. Obesity, mental disorders, discrimination, substance use disorders, and suicide or homicide contributed to mortalities. More than 80% of these deaths are preventable with the effective use of obstetric care.

Solving Racial Disparities in Maternal Health

The disparities in obstetric care and morbidities stem from a complex interplay of social and policy determinants, encompassing factors such as race/ethnicity, nativity, immigration status, geographic location, insurance coverage, and socioeconomic status. Addressing these problems requires an intersectional approach, one that recognizes how overlapping factors can differentially affect outcomes for different groups, especially marginalized Black women.

More importantly, the framework is helpful as it aids in pinpointing the most vulnerable groups of people who need immediate help and assistance. For instance, an uneducated, rural, Black woman residing in Texas may face more significant barriers to accessing obstetric care than an educated, urban Black woman. Policies grounded in intersectional lenses aim toward improvement in all people and not just some.

To address these issues through intersectional approaches, Congress must:

- Create policies and strategies that address multiple structural factors constraining women's likelihood of having morbidities and not utilizing maternity care. These policies should adopt a more inclusive approach, recognizing and addressing the compounding effects of intersecting identities that exacerbate disparities in health outcomes and limit mothers' access to care
- Consider geography as one of the intersecting identities that interact with other social determinants like race/ethnicity, socioeconomic status, and immigration status
- Expand Medicaid to cover midwifery and doula care
- Expand the Maternity Healthcare Workforce in Texas
- Increase public education on available resources to support people who give birth in Texas

Addressing the challenges of maternal morbidities and underutilization of obstetric care in Texas demands a multifaceted approach that considers intersecting identities and social determinants of health. By implementing inclusive policies, expanding healthcare access, and enhancing public education, we can strive towards equitable maternal healthcare outcomes for all Texans.

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Read more in Kimberle Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color," *Stanford Law Review* Vol. 43, No. 6 (1991): 1241-1299 and Maggie Davis, "Southern States Offer Worst Access to High-Quality Prenatal, Maternal Care," ValuePenguin, May 2024.