Health Equity for Black Mothers: Bridging Maternal Care in NJ

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Policy Problem

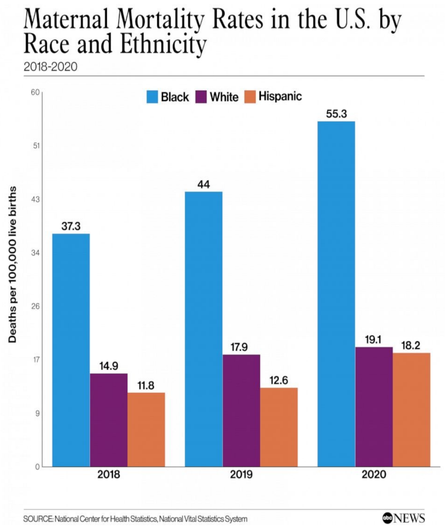
Black women are three times more likely to die from pregnancy-related causes than white women and have the highest infant mortality rate of any racial or ethnic group in the United States. Ranked 47th in the nation for maternal deaths, New Jersey exposes extensive racial gaps in maternal and infant mortality. The risk of maternal-related complications leading to death is seven times higher for Black mothers in the state compared to white mothers, while Black infants face a threefold higher likelihood of mortality before their first birthday (Nurture New Jersey Strategic Plan, 2021).

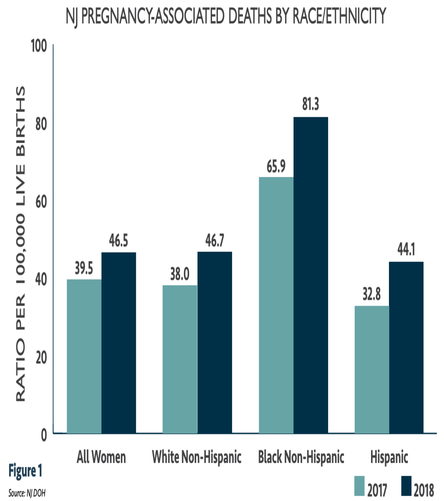
Background

The weathering hypothesis links premature biological deterioration to repeated exposure to race-based stressors. Marginalization, institutional bias, and oppression are factors contributing to the accumulation of stress hormones that wear down the body, significantly impacting maternal and infant mortality in Black women. Manifestations of structural racism, such as slavery, Jim Crow, and extreme socioeconomic disadvantage, have subjected Black women to chronic emotional strain, elevating their stress hormone levels and adversely affecting health outcomes.

Options

- Expand Medicaid coverage to 365 days postpartum to ensure comprehensive, affordable, and high-quality coverage
- Invest in maternal healthcare facilities in underserved areas to enhance accessibility to maternal and neonatal care
- Implement training programs to address implicit bias and racism within the healthcare system
- Sponsor community-based programs aimed at providing education on prenatal care
- Allocate additional resources to mental health services to address the physiological effects of chronic stress.
- Create assistance programs to help pregnant women secure necessities such as food and housing
- Promote a more diverse physician workforce





These figures depict the disproportionate incidence of maternal mortality among Black women at both the national and state levels.

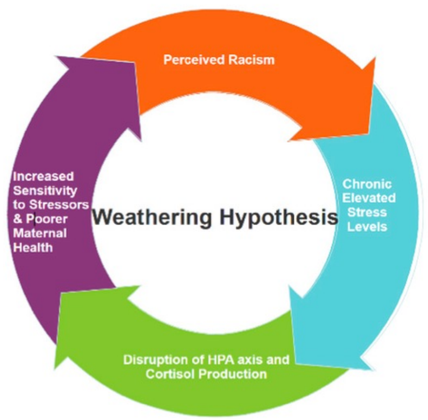


Figure 2: The Weathering hypothesis and accumulation of allostatic load in response to experiences of racism.

This figure illustrates the feedback loop wherein chronic stress among Black women may induce biological trauma, thereby elevating the risk of pregnancy complications (Chambers, 2018).

Analysis and Recommendations

Previous research conducted by the American Journal of Public Health revealed that in states expanding Medicaid, infant mortality rates declined, with the most significant decrease observed among African American infants. However, restrictions on coverage and eligibility hinder pregnant Black women from receiving care beyond the allocated 60 days postpartum. Given that Black women are more likely to be covered by Medicaid, this policy intervention becomes crucial in addressing disparities in maternal and infant mortality. With public awareness of maternal health disparities and existing Medicaid infrastructure in place, this solution is highly feasible. To enhance the chances of implementation, the policy should be presented as a public health priority rather than a partisan issue. Moreover, engaging advocacy groups, healthcare professionals, and community leaders is essential to build support.

Limitations

The most significant limitation of this intervention is the financial costs associated with providing expanded Medicaid coverage. However, investing in maternal care may reduce long-term costs by preventing future downstream emergency pregnancy complications and interventions. The implementation can be phased gradually to further manage its financial impacts.

Conclusion

The Weathering Hypothesis underscores the impact of historical structural racism on elevated stress hormone levels in Black women, affecting maternal and infant health. Urgent action is necessary to address the concerning maternal and infant mortality disparities faced by Black women in New Jersey. Proposed interventions include expanding Medicaid coverage, addressing physician implicit bias, and allocating additional resources for mental health services. While financial costs present a limitation, a phased implementation coupled with public support enhance feasibility. These recommendations aim to address both immediate and systemic factors to improve maternal and infant health outcomes for Black women