Factors influencing Black Maternal Mortality in the United Kingdom: A systematic review

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Introduction

One of the key factors impacting global equity in reproductive health is maternal mortality. A maternal death is defined as a death occurring during pregnancy, childbirth or within six weeks postnatally. Black women in the United Kingdom (UK) are over three times more likely to suffer a maternal death than White women.[1] In the UK, the maternal mortality ratio (MMR) is 10.9 women per 100,000. This has significant implications for fertility and reproductive health equity.

Although several studies have sought to identify factors that may contribute to Black maternal mortality, so far these factors have not been investigated in a systematic manner.

This study aims to provide an overview of the factors driving elevated maternal mortality among Black women in the UK and provide policy recommendations to mitigate these disparities.

Methods

A systematic literature review, searching Medline, Embase, Global Health, Maternity and Infant Care, and Web of Science databases from their conception till September 2022.

Inclusion:
- Manuscripts presenting original data regarding influences on maternal mortality in Black UK women

Exclusion:
- Manuscripts which failed to delineate Black women from other groups
- Non-English manuscripts

The reviews were conducted according to Preferred Reporting Items for Systematic Reviews (PRISMA) guidelines.[2]

Results

A total of 14 studies were included, covering a study period from 1970 - 2018.

Factors Affecting Maternal Mortality in Black Women

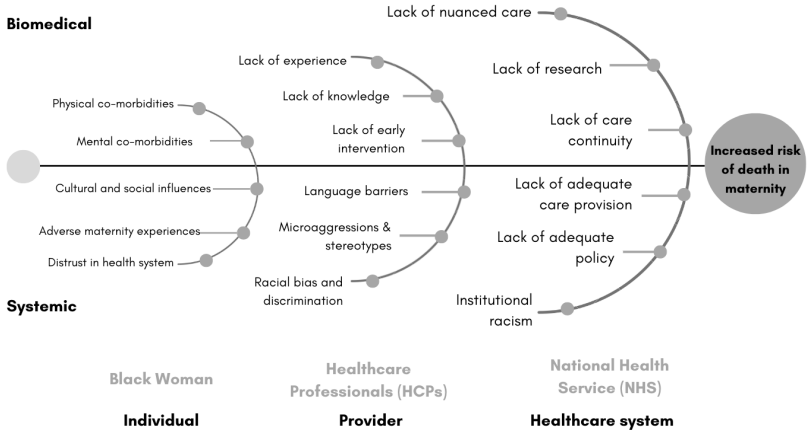


Figure 1: Summary synthesis of evidence, a fishbone diagram, detailing examples of biomedical and systemic factors that increase Black maternal mortality risk at individual, provider and healthcare system levels.

Qualitative Findings

- Maternal care centres around a theme of ***'deficit'***: deficit in **mutual trust** between Black women and HCPs, deficit in **individualised care** and deficit in **basic maternal care needs**.
  - Mutual trust deficits had consequences in antenatal and intrapartum periods e.g., delayed care seeking, late booking and refusal of recommended interventions such as caesarean section.
- Black women described **not feeling seen** as an individuals, **feeling isolated**, specifically in the intrapartum and post partum periods, and not feeling able to express their maternal care needs and advocate for themselves.
- Some women's experiences were negatively affected by **stereotypical assumptions** held by HCPs.
- **Communication barriers** played a role in engaging with basic maternal care resulting in:
  - Inability to describe medical issues and concerns; inability to discuss pain control and; inability to consent for routine investigations.

Conclusion

Findings suggest that the increased risk in **maternal mortality** for Black women is **not entirely mediated** or **controlled by biomedical factors**.

Increased research into the **psychosocial and systemic factors** at play are essential and research that applies **detailed and accurate categorisation of subgroups** is necessary to **prevent oversimplification of diversity**.

Given the multiplicity of factors identified and the interlinking nature of these factors, it is essential to **incorporate the lived experiences of Black women** with maternity care and their feedback, via **collaboration with third sector organisations**, such as Five X More,[3] to **improve Black maternal outcomes**.

References

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