

SUBJECT: Addressing Disproportionate Perinatal Mortality in Minority Populations

SUBMITTED BY: Michigan Association of Osteopathic Family Physicians

REFERRED TO: 2022 American College of Osteopathic Family Physicians (ACOFP)
Congress of Delegates

RESOLUTION NO. 10

- 1 WHEREAS, perinatal mortality, defined as during pregnancy and the one-year post-partum,
2 remains a significant clinical and public health problem in the United States impacting
3 approximately 700 women annually¹; and
- 4 WHEREAS, a majority of perinatal deaths among all ethnic and racial populations were
5 determined to be preventable events (65.8%); and
- 6 WHEREAS, African-American women are 3.2 times more likely compared to non-Hispanic white
7 women to experience perinatal mortality^{3,4}; and
- 8 WHEREAS, racial and ethnic disparities in perinatal mortality persist across time, age groups,
9 income, and educational level^{3,4}; and
- 10 WHEREAS, chronic diseases that carry an increased risk of perinatal mortality are more prevalent
11 and less controlled in black women⁵, such as a higher proportion of cardiovascular events
12 (cardiomyopathy, thrombotic pulmonary embolism, hypertensive disorders) compared to
13 white women³; and
- 14 WHEREAS, black women are more likely to receive obstetric care from facilities that provide
15 lower quality of care⁶; and
- 16 WHEREAS, black women are susceptible to accelerated age-related perinatal mortality likely
17 related to accelerated deterioration of health due to the disproportional impact of
18 psychosocial, economic, and environmental factors compared to whites^{7,8}; and
- 19 WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) has committed itself
20 to improving care of minority populations by addressing racism and its impacts on health
21 through the Task Force on Racism and Health⁹; now, therefore be it
- 22 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) support federal
23 legislation that increases funding for perinatal healthcare; and, be it further
- 24 RESOLVED, that the ACOFP Task Force on Racism and Health consider CME about maternal health
25 so that as family physicians caring for female patients during the preconception,
26 pregnancy, and postpartum periods we might increase our knowledge and understanding
27 to better treat and educate our patients in the hopes of positively impacting pregnancy-
28 related mortality and reducing maternal disparities; and, be it further

29 RESOLVED, that the ACOFP Task Force on Racism and Health consider CME that specifically
30 addresses health disparities in minority populations and those impacted by racism who
31 are known to be at greater risk of pregnancy-related mortality.

FINAL ACTION: DISAPPROVED as of March 16, 2022

Explanatory statement: This resolution has been combined with Resolution 9.

References:

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3. Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016. MMWR Morb Mortal Wkly Rep 2019; 68: 762-765.
4. Black Mamas Matter Alliance & Center for Reproductive Rights. (2016). Research Overview of Maternal Mortality and Morbidity in the United States.
5. Fryar CD, Ostchega Y, Hales CM, Zhang G, Kruszon-Moran D. Hypertension prevalence and control among adults: United States, 2015–2016. NCHS Data Brief 2017;289:1–8.
6. Creanga AA, Bateman BT, Mhyre JM, Kuklina E, Shilkrut A, Callaghan WM. Performance of racial and ethnic minority-serving hospitals on delivery-related indicators. Am J Obstet Gynecol 2014;211:647.e1–16.
7. Geronimus AT, Hicken M, Keene D, Bound J. “Weathering” and age patterns of allostatic load scores among blacks and whites in the United States. Am J Public Health 2006;96:826–33.
8. Prather, C., Fuller, T. R., Marshall, K. J., & Jeffries IV, W. L. (2016). The impact of racism on the sexual and reproductive health of African American women. Journal of Women's Health, 25(7), 664-671.
9. ACOFP Task Force on Racism and Health.
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