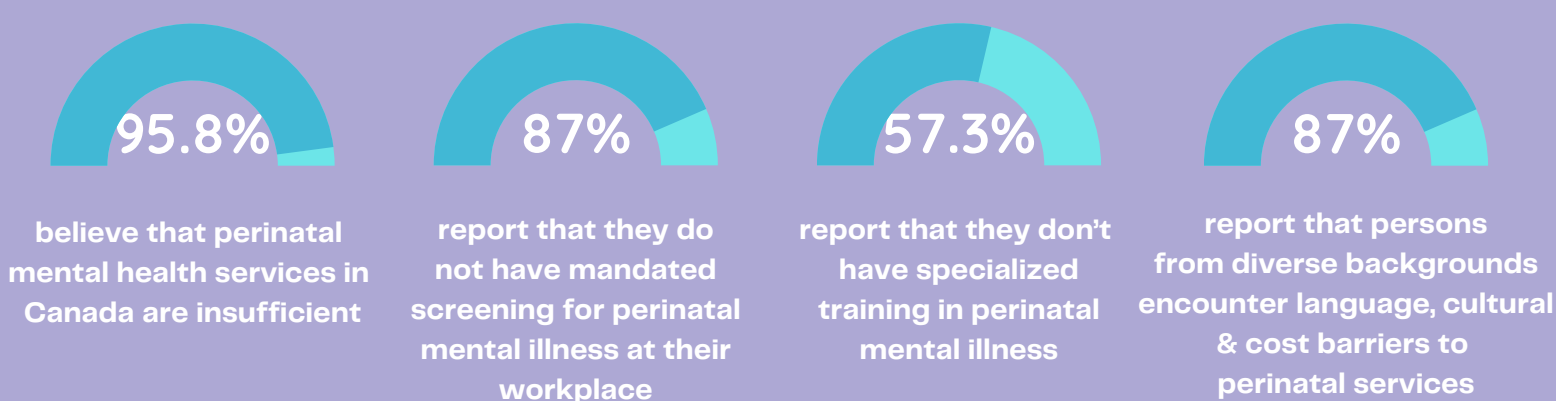


ADDRESSING DISPARITIES IN BLACK MATERNAL HEALTH IN CANADA AND THE UNITED STATES

Racial disparities in maternal health care have been a concerning issue around the world, including in Canada. This issue is particularly prevalent among Black mothers and birthing people. However, the absence of national data on Black maternal health hinder the comprehensive understanding of racial discrepancies in reproductive health outcomes for Black people in Canada. Therefore, this factsheet will rely on research conducted in the United States to inform potential trends in Canada. Specifically, we will examine the impact of unconscious bias, myths about Black women and pain, and the lack of representation of Black physicians on maternal health outcomes. By understanding these factors, policymakers and healthcare professionals can develop strategies to address racial disparities and improve maternal healthcare in Canada.

What do Canadian healthcare providers report?



Source: [Canadian Perinatal Mental Health Collaborative](#)

Unconscious Bias

Unconscious bias refers to the subtle, unintentional judgments and behaviours that people exhibit based on preconceived notions about certain groups. Racial disparities in healthcare can persist due to implicit bias among providers, leading to unequal access, patient interactions, treatment decisions, and health outcomes. A study conducted by [Roth et al. \(2012\)](#) uncovered elevated cesarean delivery rates in the United States for Black and Latina women when compared to their White counterparts, even after accounting for medically necessary procedures. Notably, three of the six primary causes of maternal mortality—hemorrhage, complications of anesthesia, and infection—are linked to cesarean deliveries.

Moreover, the perception of pain and subsequent treatment recommendations are often influenced by inaccurate beliefs held by some healthcare providers about biological differences between Black and White individuals. A study conducted by [Hoffman et al.](#) in 2016 uncovered that medical students and residents who endorsed more false beliefs about biological differences between Black and White people showed a racial bias in the accuracy of their treatment recommendations. Participants who did not endorse such beliefs showed no bias in treatment recommendation accuracy.

Myths about Black women and pain

Myths surrounding pain perception among Black women further compound the problem of unconscious bias in maternal care. These myths erroneously suggest that black women experience

pain differently from other racial groups, leading to mismanagement of pain during labour and delivery. US research conducted by [Elizabeth Howell et al. \(2016\)](#) provides valuable insights into this issue. The study revealed that Black women in the United States receive less pain relief during labour compared to white women, partially explained by the belief that Black women have higher pain thresholds. Another study by [George Rust et al. \(2004\)](#) indicates discernible racial/ethnic variations in the administration of epidural analgesia, with notably lower rates observed among minorities, particularly Black non-Hispanic and Hispanic patients. While there is limited Canadian research on this specific topic, these US findings urge us to critically examine our own healthcare system to determine if similar trends exist. It is crucial for Canadian healthcare providers to acknowledge and address any biases that may influence the care they provide to Black mothers and birthing people.

Lack of Representation

Representation plays a crucial role in healthcare settings, where diverse voices and perspectives are necessary to ensure equitable care provision. Despite the multicultural nature of Canadian society, Black women remain significantly underrepresented among healthcare professionals. Multiple studies have highlighted the positive impact of representation on patient care, emphasizing the need to prioritize diversity in healthcare workforce. A report by the [Black Health Alliance \(2019\)](#) revealed that only 2% of physicians in Canada identified as Black, demonstrating a severe lack of representation. This lack of representation can exacerbate feelings of isolation, distrust, and reluctance to seek care among Black women.

Overcoming barriers to care

To overcome these barriers, it is crucial to address the lack of representation of Black individuals in healthcare professions. Increased diversity among healthcare providers can help decrease unconscious biases and foster culturally competent care.

Additionally, education and training programs should include discussions on racial bias, cultural sensitivity, and accurate pain assessment. Encouraging open communication and trust-building between healthcare providers and Black mothers is fundamental in ensuring equitable maternal care.

Canada lacks a national database that collects race-based data on maternal outcomes. Without accurate data, it becomes challenging for policymakers and healthcare providers to implement evidence-based practices to improve the health outcomes and experiences of Black women during childbirth. Implementing standardized data collection processes that include race and ethnicity information can help identify disparities and guide interventions effectively.

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