



Editor's Notes

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Editor's Notes

Abstract

These Editors' Notes introduce the first special issue of the Journal of Health Disparities Research and Practice based on the work the National Maternal Health Research Network.

Keywords

birth equity; maternal health; health equity; maternal and child health; maternal mortality; maternal morbidity



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The National Maternal Health Research Network has collaborated with the *Journal of Health Disparities Research and Practice* to sponsor a special issue about Birth Equity, featuring manuscripts written by its members. Birthing is a culturally intimate experience typically involving partners, parents, family members, friends, and community members. The providers assisting birth play a very important role in ensuring a safe and respectful childbirth. This special issue focuses on topics that describe these birthing experiences, highlight data, share solutions to make the birth experience more equitable, and cover how the media portrays adverse birth-related outcomes.

In the United States, infant and maternal mortality have steadily climbed over the last two decades, particularly among Black, American Indian/Alaska Native, and individuals residing in rural areas. According to the CDC, 2 to 3 pregnant people die daily—more than 700 deaths annually—from pregnancy or delivery complications, making the U.S. one of the most dangerous countries to deliver birth despite the advancements in healthcare innovation (CDC, n.d.). In 2020, 861 women or people died from maternal causes (Hoyert, 2022). The United States performs the worst among other industrialized nations when considering birth-related outcomes although it spends more per capita on health care – more than any other high-income country. A myriad of reasons explain why the United States performs so poorly, with some of the explanations focusing on the lack of a centralized healthcare system.

In this issue, a group of researchers provide a conceptual framework for an Equity Birth Plan that should be considered when working with at-risk patients e.g., patients with hypertension. We learn about the process of a multi-stakeholder community coalition, utilizing recommendations from the local maternal mortality review committee (MMRC) to develop an equity plan and accountability system to implement and support innovative citywide interventions. Researchers also share their learnings from examining how media covers racial disparities in reproductive health and contribute to structural oppression. In another study, researchers examined the impact

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of life stressors on maternal morbidity and racial disparities utilizing data from the Pregnancy Risk Assessment Monitoring System (PRAMS).

In reflecting upon the term birth equity, it is important to develop a collective understanding of what it means to initiative stakeholders. A network consisting of parents and other stakeholders developed a case definition of birth equity which will help the group further define its work together. A set of researchers performed an extensive literature review to highlight the association of maternal age and nutrient intake as a significant factor in the development of preeclampsia. Lastly, a research study analyzing patient experiences provides insight into how a Black-owned free-standing culturally centered birth center meets the needs of their patients and can serve as a framework for person-centered care.

This Special Issue seeks to shed light on birth experiences of communities most impacted by structural discrimination and marginalized health care. While highlighting the abysmal U.S. maternal death rate, it is very important to offer solutions so that researchers and practitioners alike can continue to lead the charge in improving birth-related outcomes.

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