



Policy Solution for Racial Disparities in Prenatal Care via Telehealth towards Black Birthing Women in the United States

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ABSTRACT

Telehealth has revolutionized healthcare delivery by providing electronic information and telecommunications technologies to deliver health services remotely. While telehealth has increased access to care, it has also unintentionally created health disparities, particularly for individuals with lower socioeconomic status and limited digital literacy. These disparities further exacerbate existing inequities in healthcare, rooted in institutional racism and ageism. Inadequate prenatal care via telehealth has particularly affected black women, making it crucial to eliminate these inequalities. This paper explores two policy alternatives to improve access and satisfaction with prenatal care for black women. The first alternative proposes collaborating with community-based black women-led organizations to tailor telehealth programs to their specific needs. The second alternative suggests integrating prenatal telehealth services into patient records with automated prompts for direct referrals to social services. These policy approaches aim to address structural racism, improve health outcomes, and promote equitable healthcare for black-birthing women. Furthermore, the paper highlights the importance of increasing diversity in the medical field and providing cultural competency training to healthcare providers. Investing in social support systems is also recommended to address socioeconomic challenges faced by black mothers. Although telehealth is not a comprehensive solution, collaboration with community organizations and integration into patient records can help reduce disparities and put the life course theory into action.

Key words: Telehealth, Black-birthing women, Healthcare delivery.

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INTRODUCTION

The delivery and facilitation of health and health-related services *via* the use of electronic information and telecommunications technologies is known as telehealth [1]. Telehealth has been providing healthcare to patients in the US who lack access to in-person healthcare services, especially in rural areas. It has revolutionized the way healthcare is delivered, increasing access to remote medical care and offering education for both patients and clinicians. It has supported patients during the time of Covid when travel was restricted and in-person care was disrupted [2]. In addition to all the

positive effects of telehealth, a study by Uchechi A Mitchell on “the digital divide in health” indicates that its growing use may unintentionally have created health disparity, which focuses more on an individual's lower socioeconomic status and a lack of digital literacy, adding to the existing health disparities in healthcare [3]. Health disparities that affect telehealth are still seen in in-person healthcare access and have origins in institutional racism and ageism [4]. Racism has made its way into prenatal care *via* telehealth from health disparities seen during in-person care visits. Inadequate prenatal care makes a healthy pregnancy more difficult, especially for black women. Eliminating these inequalities is a crucial step in the fight against health disparity.

Maternity care, particularly prenatal care *via* telehealth was designed for enhanced monitoring and counseling of childbearing women. Careful antenatal monitoring is essential to identify and manage such risks. Furthermore,

timely detection of any fetal abnormalities can help ensure appropriate interventions to reduce the likelihood of a poor outcome. According to a study conducted at Columbia University Irving Medical Center in Manhattan, telehealth virtual visits do not entirely replace in-person visits during prenatal care, but they do provide a way to reduce potential patient and provider exposure to COVID-19 [5]. The COVID-19 pandemic gave us a chance to improve our healthcare system, but it also caused us to reconsider how American healthcare is delivered. Perhaps this moment is ideal for rethinking healthcare in connection to giving birth while Black.

Researchers in Wisconsin who are aiming to fix gaps in telehealth, particularly in postpartum care for Black women discovered maternal and child health disparities that lead to high infant death rates in the US. They learned about telehealth's barriers and challenges while speaking with many Black women. Some of the frequently brought-up issues included how the telehealth time frame was short and the doctors weren't giving it their full attention. Common medical equipment's which are required at home by the patient during the telehealth sessions, such as a blood pressure cuff, is one of the potential barriers to telehealth, particularly in low-income households. Another challenge is that the health providers lack any specific community-representative clinicians who are familiar with their daily struggles [6].

The life course perspective suggests that health and well-being in the early years of life are strongly affected by a variety of factors that shape both prenatal and postnatal development. Understanding the cumulative impact of risk and protection variables over time is essential in providing better health outcomes [7]. In relation to prenatal care *via* telehealth, it should become more practical to use a life-course approach to lowering risks due to severe diseases like a cardiovascular disease by effectively reviewing pregnant women with diabetes or high blood pressure. Incorporating annual risk assessments and healthy lifestyle counseling should become more feasible with telehealth [8].

Health disparities have caused increased barriers to care for persons of color, especially in maternal and child health. Early and timely prenatal care makes it easier for women to have healthy pregnancies. Tools that promote digital health equality can be designed with the use of evidence about the inequities that appear in telehealth [9].

Policy Approaches

The pandemic has dramatically expanded the usage of telemedicine, and both patients and healthcare professionals have found telehealth services to be more accessible and user-friendly. In response, many states have expanded Medicaid to cover maternal and child healthcare services *via* telehealth with increased and timely access. For instance, many states now allow



Figure 1: Black Maternal Health week.

for telephone visits between a patient and a healthcare provider which are reimbursed through Medicaid [10]. In addition, Medicaid is increasingly covering the cost of remote patient monitoring services to make sure patients adhere to their prescribed regimens [11]. The funds allocated to the Association of Maternal and Child Health Programs (AMCHP) in April 2020, by the U.S. Department of Health and Human Services was an important step in addressing health disparities among marginalized groups. These funds helped to ensure access to services such as virtual doula care, remote pregnancy monitoring, and evidence-based practices for delivering trauma-informed prenatal care [12]. These services are particularly important for Black and Indigenous women. The Prenatal Telehealth group of AMCHP identified a number of strategies to improve access to telehealth in rural communities, including developing and expanding telemedicine networks between hospitals. They are providing technical assistance to providers for implementing telemedicine programs, continuing education of the healthcare providers on the use of telemedicine in prenatal care, and leveraging Medicaid reimbursement for telemedicine services.

Healthcare organizations must work to ensure equitable prenatal care for all women. This means providing pregnant women with the necessary resources and support they need to have a healthy pregnancy. Healthcare institutions must re-evaluate their policies and processes with the goal of improving health outcomes for Black birthing women [Figure 1]. Structural changes can have a significant impact on the quality of care and should be prioritized. Additionally, healthcare organizations need to foster an environment that is supportive of all patients, regardless of their race and ethnicity. The two potential solutions that could increase Black mothers' access and satisfaction with prenatal care are discussed in the subsequent sections.

Alternative 1: Healthcare institution's collaboration with community-based Black women-led organizations.

Telehealth can potentially improve access, quality, and cost of care for moms and babies during the prenatal period. With this in mind, it is important to prioritize investments in telehealth programs that are accessible, equitable, and

culturally competent for Black mothers. To do so, we need to collaborate with community-based Black women-led organizations that will ensure that telehealth programs are tailored to the needs of Black mothers and babies [13]. AMCHP has been working to provide virtual doula care, but building relationships with local leaders and organizations is key to developing successful community partnerships. These stakeholders can provide valuable insight into the needs of the population they serve, as they are familiar with their daily struggles. Additionally, engaging with local organizations that may already be providing services related to maternal health can help create an environment where new initiatives are welcomed and embraced by the community.

The National Birth Equity Collaborative (NBEC), Embrace Her, Mama Glow, and Black Mamas Matter Alliance (BMMA) are a few of the many organizations that have dedicated themselves to the betterment of maternal healthcare of Black birthing women [14]. Partnerships with these organizations can provide a platform for programs and initiatives that can bridge gaps in care, improve maternal health outcomes, and create sustainable change within communities of color.

Alternative 2: Integrate prenatal telehealth services into patient's regular records with automated prompts for a direct referral.

The development of resources and tools to assist Black women in navigating healthcare systems is one strategy to ensure that they obtain equal healthcare [15]. As mentioned in the current approaches, AMCHP has incorporated evidence-based practices for delivering trauma-informed prenatal care. So, in order to provide the best care, it would be essential to also integrate prenatal telehealth services into patient records and automate prompts for direct referrals for help to social services, as needed. Along with alternative 1, this alternative can provide information to Black birthing women on how to self-advocate for their needs in medical settings. Integrating telehealth into patient records is an important step to ensure that healthcare providers can access the data they need in a timely manner. By also automating prompts for direct referrals to social services, healthcare providers can connect their patients with necessary resources much more quickly and efficiently than with manual referral processes.

Additionally, this integration can also streamline administrative processes, reducing paperwork and freeing up time for healthcare providers to focus on providing care. Integrating such services will help to fight structural racism and will give the practitioners the incentive to be aware of systemic racism, intersectionality, and bias. Healthcare practitioners should strive to be culturally competent in order to ensure that Black women and birthing individuals receive equitable care.

Policy Recommendation

We must recognize that racism and other forms of oppression affect the care that Black women receive in order to begin addressing this crisis. A major factor in improving the health outcomes for Black mothers is having access to equitable healthcare, including a culturally-responsive workforce that understands their needs [16]. This involves increasing the representation of people of color in the medical field and providing extensive training in cultural competency and implicit bias.

The Commonwealth Fund's study, conducted in 2019, reported that the U.S. had the highest maternal death rate among all the developed nations [17]. The lack of access to quality healthcare and maternal health services is a key factor in the high rate of maternal deaths in the United States, particularly among racial and ethnic minorities. Black women are more likely to face financial, educational, and social barriers to healthcare. So, it is critical to invest in social support systems for Black mothers who are struggling with socioeconomic challenges—such as access to food insecurity and affordable housing—which can contribute to adverse health outcomes.

U.S. is one of the only countries in which maternal mortality rates have risen significantly over the past two decades—a trend that is particularly troubling given our nation's status as a leader in healthcare and public health resources. According to the most recent data from the Centers for Disease Control and Prevention, the maternal death rate for Black women was approximately 2.5 times more than that of white women. The alarming disparity in maternal mortality rates between Black and white women reflects a long-standing trend of systemic racism in healthcare which has weaved its way into telehealth.

Despite the potential benefits of expanded virtual care for Black and brown mothers, several experts point out that it won't address all of the issues arising from their encounters with racist treatment in healthcare settings. Black and brown mothers continue to face language barriers, unequal access to birth control, and mistrust of technology that can prevent them from utilizing these services. So, alternative providers, like doulas and midwives, can provide greater empathy and can ensure that Black mothers are able to access all telehealth sessions and that they are both comfortable and safe.

Collaboration of a healthcare institution with Black women-led community organizations and prenatal telehealth services integration into patient records will help to put the life course theory into action. Telehealth is not a panacea, and there are still inequities that need to be addressed, but digital health solution, like prenatal telehealth, has the potential to reduce overall costs by allowing providers to reach more patients with limited resources [18].

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