



Editorial

Volume 26 Issue 3 - December 2023  
DOI: 10.19080/JGWH.2023.26.556189

J Gynecol Women's Health

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# Bridging the Healthcare Divide: Unveiling Disparities in Prenatal and Postnatal Care



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**Submission:** December 15, 2023; **Published:** December 19, 2023

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## Editorial

The journey of pregnancy and childbirth is a pivotal and transformative experience in a woman's life. The road to a healthy pregnancy and successful childbirth varies extensively due to many factors. Disparities in access to prenatal and postnatal care have long been a critical issue [1], unveiling an uncomfortable truth about the intersectionality of race, healthcare literacy, and social determinants of health. The interconnected nature of these issues leads to individuals experiencing intersectional disparities, emphasizing the urgent need for a comprehensive approach to address these inequalities.

Ongoing racial disparities in healthcare access fuel inequities in prenatal and postnatal care. Research consistently shows that women of color, particularly Black and Hispanic women, face higher rates of maternal mortality and morbidity [2]. The multifaceted reasons for these disparities include systemic racism, implicit biases, lack of health literacy, and social determinants of health. These factors contribute to unequal access to quality healthcare. Women of color are disproportionately affected by inadequate prenatal and postnatal care, leading to adverse outcomes for both mothers and infants [2]. Structural inequities in the healthcare system have contributed to this disturbing reality.

Effective healthcare requires a foundation of understanding. However, healthcare literacy remains a significant challenge for many individuals, exacerbating the disparities in prenatal and postnatal care for women of color [3]. Limited access to culturally-competent education, language barriers, and insufficient health education both in their communities and within underfunded school districts, collectively contribute to a lack of understanding about the importance of early and continuous care throughout pregnancy and after delivery. This knowledge gap further widens the systemic disparities. Low-income communities rely on government programs, community-based organizations, and nonprofits; most of which are underfunded and overwhelmed.

Ergo, these disadvantaged communities lack the ability to access high-quality education and maintain private healthcare insurance, which is directly linked to higher healthcare literacy. Bridging the healthcare literacy divide is crucial for empowering individuals, especially those disproportionately affected by healthcare disparities, to advocate for their health and well-being, which will in turn, improve their maternal health outcomes.

Currently, there are multiple initiatives in California targeted towards addressing Maternal and Child Health (MCH), specifically funded by Title V MCH Services Block Grant [4]. All programs operate in multiple counties, pushing for health education, comprehensive prenatal care, and culturally supportive environments. These programs include the Black Infant Health Program, Comprehensive Perinatal Services Program, and Local Maternal, Child, and Adolescent Health Programs [5]. Despite well-intentioned initiatives, California still has negative outcomes in both Black and Hispanic Communities, when compared to other races [6].

These communities of color healthcare outcomes are further affected due to their inability to prioritize their health because of the added stressors unique to them related to economic hardship and limited resource availability. These stressors further negatively impact maternal and infant health outcomes. Addressing social determinants requires a holistic approach, involving collaborations between healthcare providers, community organizations, and policymakers to create environments that support healthy pregnancies and postnatal care. These communities deserve to receive high quality care, and in order to achieve this programs need to normalize addressing social determinants of health issues. It has been proven that healthcare outcomes can improve in these communities of color by addressing these social determinants of health. Orange County in California began an initiative called Equity OC that prioritizes using data and community

engagement to address the social determinants of health, there has been improvement in maternal healthcare outcomes in these communities of color (EIOC Evaluation Reports #3, n.d.). Equity OC utilized a \$22 million grant from the CDC during COVID-19 to address the suffering of the underserved minority communities (EIOC Evaluation Reports #3, n.d.). A 63% of partners to Equity in OC are non-profits and when the funding ends in 2024, these entities are forced to forge a sustainable path for the work they are doing (EIOC Evaluation Reports #3, n.d.). Not only this, but they must evaluate what work is critical and needs to continue (EIOC Evaluation Reports #3, n.d.). These are organizations committed to providing care to the underserved, implementing quality data collection, and ensuring food access. In order to continue advocating for community health, and better health for mothers and infants, it is crucial to keep and expand the funding to these types of programs that drive strong outcomes within these communities of color. Investing in nonprofits and community organizations that are committed to address these social determinants of health will support the health of the entire community and have the opportunity to change the maternal and infant health outcomes of these minority communities.

For a country, state, county or community to be able to invest in organizations and/or programs that address these social determinants of health to improve maternal and infant healthcare outcomes there should be an evaluation of programs that are not performing accordingly and reallocate those funds to other better performing programs and/or organizations, as stated above. One example of a possible reallocation of funding that could be used to further expands programs and organizations that address maternal infant healthcare disparities would be to reallocate funding from the ineffective sexual reproduction programs like the abstinence-only-until-marriage (AOUM) and sexual risk avoidance (SRA). These programs cost the federal government \$110 million per year and in most instances these deny young people effective and necessary, and at times, life-saving information about their

own bodies, reproductive health and sexuality [7].

The persistent disparities in prenatal and postnatal care access illuminate a broader issue within our healthcare system-one that demands immediate attention and comprehensive solutions. Tackling these challenges requires dismantling systemic barriers, addressing implicit biases, and investing in education and outreach programs to enhance healthcare literacy. Moreover, understanding and addressing the social determinants of health are crucial steps toward creating an equitable healthcare system that prioritizes the well-being of all individuals, regardless of their racial or socioeconomic backgrounds. By collectively working towards a more inclusive and accessible healthcare system, we can ensure that every woman, regardless of race or socioeconomic status, has the opportunity to embark on a healthy and fulfilling journey through pregnancy and childbirth.

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DOI: [10.19080/JGWH.2023.26.556189](https://doi.org/10.19080/JGWH.2023.26.556189)

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