



Bridging the Gap: The Role of Cultural Competence in Addressing Black Maternal Health Disparities

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Introduction

Maternal health disparities are systemic issues affecting Black mothers in the United States [1]. Maternal health disparity refers to the disproportionate occurrence of adverse maternal health outcomes across different populations, leading to discrepancies in healthcare access and health outcomes [2]. The variety and disparity in maternal health issues present a considerable challenge for policies and programs aimed at addressing the specific requirements of different contexts, significantly as vulnerable populations in sub-Saharan Africa experience heightened maternal mortality rates [1-3]. These disparities contribute to higher rates of maternal mortality and morbidity among Black women compared to white women [4]. Black maternal health is an urgent public health issue that necessitates prompt notice and action. We must tackle the fundamental causes of these gaps and strive to establish a more equitable healthcare system for all women.

Possessing a profound comprehension of diverse cultural views is essential to enhance diversity and inclusion within an organization. Cultural competency is a dynamic mindset that companies must consistently attempt to improve. Organizations that achieve cultural competency can more effectively address the different requirements and beliefs of their personnel, clients, or customer base [5]. Culture significantly influences individuals' approaches to healthcare and the pursuit of recovery, necessitating those providers to be cognizant of and responsive to these cultural

variances [5,6]. Cultural competency entails a profound grasp of diverse perspectives and civilizations beyond one's own [6-8]. Cultural competency is crucial for enhancing diversity and inclusion within an organization's workforce, clientele, or customer base [8-11]. Cultural competence is an evolving ideology; organizations can continually enhance their capabilities beyond mere "cultural competence" to achieve "cultural proficiency" [9,12]. Cultural beliefs shape individuals' approaches to healing and healthcare, their views of illness and disease, and how healthcare personnel administer services [12,13]. Cultural competence is essential for decreasing Black maternal mortality and improving healthcare outcomes for Black families while also alleviating broader structural and economic effects [14]. Cultural competence can mitigate healthcare access and quality inequities for marginalized populations [12-14].

Structural racism in healthcare delivery and societal determinants have persistently plagued the United States, intensifying inequities in Black maternal health [15]. Strategies to mitigate maternal mortality among Black women must confront racial bias among healthcare personnel and enact legislative and social reforms to safeguard the rights of all mothers, irrespective of their origin [1,2]. Adverse maternal health outcomes disproportionately impact low-income Black women due to multiple socioeconomic variables, such as inadequate health insurance and economic instability. Poverty rates influence maternal death rates; nevertheless, racial inequities in healthcare significantly contribute to the elevated maternal morbidity and mortality rates among Black women [2]. The next two cases will describe instances of inequities for two black families and the physical, mental/emotional, and economic consequences of this disparity. (Names of individuals were removed to maintain their anonymity).



For case one, a recently married Black couple in their mid-thirties, anticipating their first child, encountered a distressing situation when their newborn exhibited respiratory challenges 48 hours post-delivery. Their infant underwent resuscitation several times throughout these incidents, ultimately necessitating admittance to the NICU. Despite their infant's severe condition, the parents experienced a lack of empathy and communication breakdowns from certain medical personnel. During a very upsetting incident, when the infant had respiratory difficulty for the second time, a nurse made an insensitive remark, "Well, if he's crying, he's breathing." Such comments not only underscored a contemptuous demeanor but also intensified the couple's mental distress during an already precarious period. The family encountered organizational mismanagement when the documentation for their newborn's NICU photograph was misplaced, seemingly neglected, and subsequently blamed on being filed incorrectly—an inconsequential yet impactful occurrence that exacerbated their feeling of being abandoned.

The couple's predicament intensified when their infant, requiring oxygen therapy, encountered a fault with the oxygen device as its temperature escalated perilously. The mother's urgent pleas for help were treated with apathy, as nurses ignored her or evaded accountability. A nurse of similar ethnic origin as the parents responded to the mother's appeal and promptly contacted the relevant authorities. The designated nurse disregarded the concern entirely, asserting, "Oh, that is not my responsibility; that falls under respiratory jurisdiction." The mother's inquiry centered on whether her color and ethnicity influenced the perceived lack of urgency and care regarding her child's illness. The extended hospital stays and supplementary medical interventions resulting from these oversights, together with the emotional distress, exacerbated the couple's financial and psychological burdens, highlighting the detrimental impacts of prejudice and disparity in NICU care. The damaging consequences of bias and unfairness in NICU care are evident in this regrettable circumstance.

Furthermore, the failure to adequately address the newborn's nutritional requirements during his seven-day NICU admission led to extended hospitalization and persistent health issues. The NICU personnel required four days to shift the infant from a dairy-based formula to a plant-based alternative despite apparent stomach distress. The delay exacerbated the infant's digestive problems, resulting in consultations with two doctors, an emergency room visit, and ongoing dependence on expensive hypoallergenic formula. The financial load on the parents is considerable, as they are responsible for medical expenses and costly continuous care. At a macroeconomic level, such preventable mismanagement escalates healthcare expenses,

disproportionately impacting Black families, who frequently encounter systematic disparities in access to and quality of care. The cumulative costs exacerbate financial inequalities and burden public health systems, underscoring the necessity for systemic reform.

The abuse and dismissiveness they encountered in the NICU had a significant negative impact on the couple's mental and financial health. The persistent anxiety and pressure from inadequate care for their child, together with the economic burden of prolonged hospitalizations and supplementary medical procedures, adversely affected their emotional well-being. The experience of marginalization and discrimination exacerbated their mental anguish, resulting in emotions of powerlessness and dissatisfaction. The couple encountered not only a medical crisis but also social and economic challenges while attempting to negotiate the complexities of the healthcare system.

The second case involves a young Black mother under 23 years of age. She experienced a tragic loss when her baby was stillborn at six months of gestation due to an undiagnosed infection. Despite multiple visits to the emergency room, she was discharged three times, with her symptoms trivialized as standard pregnancy discomforts. This unfortunate result arose from her healthcare provider's refusal to perform more comprehensive testing, including invasive diagnostics, that would have detected the infection sooner. The condescending demeanor of hospital personnel underscores the cultural ineptitude and implicit bias commonly encountered by young Black women, who are generally viewed through a prejudiced lens associated with their color, age, and social standing. The absence of attention resulted in the young woman losing her child and highlights a systemic inequity: would a mother of a different race or socioeconomic class have received prompt and more intensive care [15]?

The economic and emotional impact of this neglect is significant. The young woman, who already has limited resources, must pay for burial costs as well as medical expenses from numerous hospital visits related to the stillbirth. The emotional anguish of losing a child is incalculable and exacerbated by the deterioration of trust in the healthcare system. On a broader level, these disparities foster a loop of distrust and adverse health outcomes for Black women, who experience disproportionately high rates of maternal mortality and morbidity [16]. The reluctance of clinicians to acknowledge her symptoms or undertake essential therapies illustrates not only personal bias but also a systemic deficiency that favors efficiency over equity [17]. These gaps necessitate immediate action to guarantee that all women have thorough, impartial, and culturally proficient care, regardless of ethnicity or demographic characteristics.

The financial consequences linked to inequities in maternal healthcare are significant, disproportionately impacting Black mothers and their families. Prolonged hospitalizations for mothers and infants, frequently resulting from avoidable complications or deferred treatment, substantially elevate healthcare costs [18,19]. For instance, when healthcare providers do not respond swiftly or sufficiently, moms and infants may need extended NICU admissions, further interventions, or readmissions [20-23]. These expenses accumulate for families already contending with systemic injustices, resulting in significant medical debt for many [22,23]. Moreover, excessive medical interventions resulting from ignorance or bias exacerbate hospital expenses, imposing financial burdens on families due to healthcare shortcomings [24].

Indirect expenses intensify these financial difficulties as families experience income loss from prolonged health issues or the emotional trauma of losing a child [24,25]. A parent taking leave from work to recuperate or tend to a kid with chronic health conditions imposes economic pressure that disproportionately affects Black families, who already have institutional obstacles to wealth creation [26]. Moreover, the trauma endured during or following insufficient maternal care frequently requires mental health assistance, resulting in additional out-of-pocket costs [27]. These unforeseen costs hurt particular families and highlight the cycle of economic instability that maternal healthcare disparities maintain.

Preventable issues arising from cultural ineptitude or bias impose a considerable burden on public healthcare systems at a societal level. Instances necessitating prolonged hospital care, readmissions, or specialized procedures result in elevated expenses for healthcare providers and insurers, particularly Medicaid, which predominantly supports Black moms. Since the financial consequences of inadequate care fall disproportionately on Black families, these systemic failures maintain economic inequalities [28]. Furthermore, the social cost of decreased productivity and worse community health resulting from mother and newborn sickness and mortality is incalculable, hence underscoring the economic ramifications of systemic disparities.

Practical instances illustrate the enormous economic inequalities generated by these systemic problems. With Case One, an infant with untreated problems resulting from neglect may necessitate costly specialist care and ongoing medical management, exacerbating financial burdens on families and public healthcare systems. As in Case Two, a delayed response to a mother's vital symptoms during pregnancy may result in stillbirth, incurring medical charges, burial costs, and persistent mental health expenditures. These examples demonstrate the critical necessity for culturally competent care to mitigate preventable problems,

diminish economic gaps, and enhance outcomes for Black moms and their families [29].

Disparities in pain treatment and diagnosis adversely affect the quality of care provided to Black women, leading to poorer maternal health outcomes. Studies indicate that Black women are more prone than white women to have their pain disregarded or undervalued by healthcare professionals [30-34]. This implicit bias frequently leads to postponed or insufficient treatment for illnesses, including preeclampsia, infections, or postpartum problems. Research indicates that Black women are less likely to obtain timely epidurals during labor or sufficient pain management post-cesarean sections, rendering them susceptible to unwarranted distress and medical consequences [33]. These inequities stem from historical assumptions that degrade Black women, reinforcing the fallacy of their heightened pain tolerance. These biases not only diminish the quality of care but also exacerbate the disproportionate maternal death and morbidity rates experienced by Black moms.

The inadequate representation of Black healthcare professionals intensifies these discrepancies. When patients are devoid of doctors who share their cultural background, a deficiency in understanding and empathy regarding their distinct experiences and problems frequently exists. Research indicates that Black patients typically express greater trust and happiness when consulting Black physicians since similar experiences enhance communication and patient-centered care [34]. Nevertheless, as Black physicians constitute merely a minor segment of the healthcare workforce, numerous Black women are compelled to navigate institutions that inadequately address their cultural and medical requirements [35]. A deficiency in cultural comprehension has been associated with misdiagnoses or underdiagnoses of significant diseases such as postpartum depression in Black women. The deficiency in culturally competent care highlights the pressing necessity to diversify the medical profession and establish cultural competency training to enhance maternal health outcomes and rebuild trust in healthcare institutions.

Cultural competence training programs have proven effective in enhancing patient-provider relationships and mitigating health inequities. These efforts seek to inform healthcare practitioners about the influence of cultural beliefs, implicit biases, and systemic disparities on patient outcomes. The "SHARE Approach," developed by the Agency for Healthcare Research and Quality, instructs providers to involve patients in shared decision-making, emphasizing the comprehension of cultural nuances that influence care [36]. Hospitals that use such programs claim enhanced communication, increased patient trust, and higher compliance with treatment regimens [31]. Success

narratives from these programs underscore how culturally competent care may improve patient experiences, diminish miscommunication, and result in more precise diagnoses and treatments.

Cultural competence encompasses enhancing interactions and confronting implicit bias and systemic inequities [5,7]. Studies indicate that training providers to identify and address their biases substantially decreases gaps in pain treatment, diagnostic precision, and overall care quality [36]. A healthcare system in California incorporated cultural competence into staff training, resulting in quantifiable decreases in preventable problems among patients from underrepresented backgrounds [37]. These programs foster trust and enable clinicians to offer equitable care, hence decreasing maternal and newborn mortality rates. These results highlight the necessity for healthcare organizations to prioritize cultural competence as a fundamental element of excellent care and health equity.

Requiring cultural competence training for medical personnel is a crucial measure to combat implicit bias and enhance maternal health outcomes for Black mothers. This program empowers providers with the skills to comprehend and honor cultural differences, promoting more equitable and compassionate treatment. Moreover, enhancing the recruitment and retention of Black healthcare professionals is essential for cultivating a workforce that mirrors the diversity of the patient demographic. According to research, when receiving care from providers of the same ethnic background, Black patients experience improved communication, trust, and outcomes. To guarantee that these modifications result in concrete enhancements, accountability mechanisms must be instituted to oversee and uphold equity in inpatient treatment. These systems may encompass standardized reporting on discrepancies, avenues for patient input, and sanctions for institutions that do not achieve equality goals. Eventually, fixing the money problems caused by unequal maternal health requires structural changes, such as increasing Medicaid coverage, paying for more maternity care, and supporting care models in the community. Collectively, these initiatives can establish a more equitable healthcare system that diminishes inequities, mitigates economic burdens, and guarantees equitable treatment for all moms [5-9].

The imperative of promoting cultural competence in healthcare is undeniable, particularly considering the significant disparities in Black maternal health outcomes. Healthcare organizations and governments must implement decisive measures to incorporate cultural competency into all aspects of medical education, practice, and policy. This entails instituting thorough training programs and implementing policies that ensure practitioners are accountable for

delivering equitable treatment. Advocacy organizations are essential in amplifying the voices of Black mothers, advocating for institutional improvements, and promoting community-based solutions. Their efforts prioritize the lived experiences of underrepresented communities in the quest for equity. Culturally competent treatment is not only a moral obligation but also a practical requirement for enhancing health outcomes, restoring faith in the healthcare system, and alleviating the cost burdens associated with preventable problems. We can establish a healthcare system that genuinely supports all mothers with respect and equity by tackling these systemic concerns.

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