



Transcript: One in 5 Women Reported Mistreatment While Receiving Maternity Care

Press Briefing Transcript

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Welcome and thank you all for standing by. At this time all participant lines are in listen-only mode. During the Q&A session, if you would like to ask a question, you may do so over the phone by pressing star one. Today's call is being recorded. If you have any objections, you may disconnect. It is my pleasure to turn the call over to your house for today. Mr. Benjamin Haynes. Thank you, sir, you may begin.

Thank you, Holly. And thank you all for joining us today as we release a new CDC Vital Signs. We're joined by Dr. Deborah Houry, CDC's chief medical officer, and Dr. Wanda Barfield, Director of the Division of Reproductive Health and CDC's National Center for Chronic Disease Prevention and Health Promotion. This briefing is embargoed until 1pm, when Vital Signs is live on the CDC website. I'll now turn the call over to Dr. Houry.

Good afternoon, everyone. And thank you for joining us today. We've been saying for some time that too many women die during and after pregnancy in this country. We know that most pregnancy-related deaths are preventable more than 80% and that women from some racial and ethnic minority groups are more affected than others. Today's Vital Signs report focuses on an important topic that has an impact on these deaths. The issue of whether women receive the respectful maternity care they need.

Respectful maternity care can be defined as preventing harm and mistreatment, communicating effectively, and providing equitable and unbiased care. The survey data from our Vital Signs report show that many women report mistreatment and discrimination during maternity care. The data also show that Black, Hispanic, and multiracial women reported mistreatment and discriminations most frequently. This is unacceptable.

We know mistreatment and discrimination can have a negative impact on the quality of maternity care. We have to encourage a culture of respectful maternity care. This should be part of greater efforts to improve quality by standardizing care to reduce complications and deaths related to pregnancy and delivery.

We've heard too many heartbreaking stories of women, particularly Black women, who knew something wasn't right with their pregnancy and voiced it — but were not heard — and died as a result. CDC's own Dr. Shalon Irving was one of these woman. She was a Lieutenant Commander in the US Public Health Service and an advocate for eliminating health disparities. And I had the honor and pleasure of working with her. In 2017, she died weeks after delivery due to high blood pressure, despite continuously visiting her health care providers, where she kept insisting something was wrong and was being dismissed.

As a health care community, we have to do better in providing unbiased and respectful maternity care equally to all mothers. We know that actions like hiring and retaining a diverse workforce and providing health care provider trainings on unconscious bias and stigma can help improve the quality of care.

Healthcare systems can work to improve cultural awareness among staff and support doula and midwifery models of care that may improve patient experiences. They can also engage community-based organizations and find ways to incorporate respectful care and to initiative.

CDC is working to advance fair and equitable treatment during pregnancy and birth by better understanding the leading causes of pregnancy related deaths. CDC supports 39 states and one U.S. territory for a program called Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM), and new awards are being released soon. This funding directly supports maternal mortality review committees to identify, review and determine whether deaths are related to pregnancy and to identify prevention opportunities. These committees can also identify racism and discrimination during reviews and develop recommendations for preventing pregnancy related deaths.

We are also supporting state networks of teams called Perinatal Quality Collaboratives to improve the quality of care for mothers and babies. CDC support for Perinatal Quality Collaboratives more than doubled in 2022, supporting 27 statewide collaboratives and the National Network of Perinatal Quality Collaboratives, with an emphasis on achieving equity in care and outcomes, and we will be further expanding this program later in the year.

Improving respectful maternity care can be part of multiple actions to reduce pregnancy related deaths at all levels, health care systems, providers, patients, families and communities. Now we'll turn it over to Dr. Wanda Barfield, who will highlight the findings of today's Vital Signs Report.

Thank you Dr. Houry.

Today, Vital Signs highlights a very disappointing fact. Many women report mistreatment during their pregnancy and delivery care. CDC analyzed data from the Porter Novelli View Moms Survey administered from April 24-30, 2023, to examine the following components of disrespectful maternity care: first, experiences of mistreatment such as violation of physical privacy, ignoring requests for help, or verbal abuse, [next,] discrimination for reasons such as race, ethnicity, or skin color, age or weight, and lastly, holding back from communicating questions or concerns during maternity care — and the reasons why. This Vital Signs report found that one in five women surveyed experienced mistreatment during their maternity care. And those numbers were higher for certain groups of people, of women who reported experiencing mistreatment. 30% were Black 29% were Hispanic, and 27% were multiracial women.

These experiences also vary by insurance status. Women with no insurance or public insurance reported more mistreatment during maternity care than people with private insurance.

When we talk about mistreatment we're talking about receiving no response to requests for health, being shouted at or scolded, not having their physical privacy protected, and being threatened with withholding treatment, or made to accept unwanted treatment. As a neonatologist, a person who cares for premature and other critically ill newborns.

I've had thousands of experiences and opportunities to witness the care of mothers during the pregnancy, delivery and postpartum. Not all of that care was respectful. As a mother and as a Black woman, I was fortunate to have an obstetrician/gynecologist who saved my life in the life of my son, because he respectfully listened to my concerns while I was pregnant. Yet this report provides evidence that many women are having experiences that are truly unacceptable.

Every mom deserves respectful and fair and equal care during their pregnancy and delivery. The Vital Signs report also looked at discrimination. It found that about 29% of women experienced discrimination while getting maternity care with about 40% of Black, multiracial and Hispanic mothers reporting discrimination. Overall, the most common reasons for reported discrimination were age, weight and income with the most common reason varying by race and ethnicity.

Effective communication between pregnant and postpartum women and their health care providers can make it more likely that there will be accurate timely diagnoses for any complication so that they can get treatment. Yet unfortunately, 45% of women reported holding back from asking their questions or discussing their concerns with their healthcare provider. Some of the most common reasons that were given were thinking or being told by friends or family, that what

they were feeling was normal, or not wanting to make a big deal about it or being embarrassed to talk about it. Also thinking their healthcare provider would think they were being difficult, thinking their healthcare provider seemed rushed, and not feeling confident that they knew what they were talking about.

We want patients to be comfortable sharing their health concerns with their providers, whether nurses, physician assistants are doctors, and it's critical that we help care providers in the room make sure that we're taking the time to build trust. By actively listening and being culturally aware of the people we're serving. All healthcare staff play an important role in improving patient experiences. And this will lead ultimately to healthier mothers and babies. I will now turn it back over to Dr. Houry.

Thank you, Dr. Barfield. This Vital Signs report highlights challenges and opportunities for improving the quality of care for our mothers. Making sure there's respectful maternity care requires action from multiple levels, from health care systems, health care providers, and in the community. For example, healthcare systems can encourage a culture of respectful maternity care by training healthcare providers to recognize unconscious bias and stigma, support shared decision making, improve interactions and communication with patients and be culturally aware. They can promote quality improvement actions with a focus on providing unbiased and respectful maternity care.

Community based organizations can help to raise awareness of respectful care and identify opportunities to incorporate respectful care and to maternal health efforts. And if you are pregnant or recently had a baby, please let your provider know if you have any questions or concerns. The health of moms reflects the health of our nation. We can all support women who are pregnant and postpartum and getting the care they need. Visit [cdc.gov/HearHer](https://www.cdc.gov/HearHer) for resources on sharing health concerns with providers and information on when to seek immediate medical care. I will now open it up for questions.

Holly, we are ready to take questions.

Thank you. To ask a question, please unmute your phone press star one. And when prompted, clearly record your first and last name so I may introduce you. To withdraw your question, please press star two. Again to ask a question press star one. We are taking one question and one follow up question for caller please stand by while we wait for incoming callers. First caller is Karen Miller, you may go ahead. I thank you very much for this.

The question is the did you find that the mistreatment came mostly from male providers or people who work there? And was the mistreatment largely from people of a different race of the women that they were treating?

So this, this study did not look at the characteristics of the providers, but the experiences reported from the women.

Okay, thank you.

Next question, please. Next question as Ronnie reven. You may go ahead.

Yeah. Hi. Since we have not seen the survey, can you just tell us how many people were surveyed? How was it done? Was it nationally representative? Did you over over include a minority group? Just trying to get a sense of how this was? How this was done? Was it open ended questions.

Multiple choice. I'm trying to figure out how this was done.

So this was a Porter Novelli study that included women during April of 2023. And it included questions about the care that was provided for these women and asked questions about how their experience was in terms of treatment during this during the survey.

How many women were included? And were they postpartum women hold them where they were 2400 women who had reported on the experiences of their last pregnancy? So it was about experiences to the youngest child? And was it nationally representative?

So this is a national survey. But it's not clear that it was nationally representative in terms of the total numbers.

And it was we didn't so some of your other questions were whether it was for example, a probability sample?

No, it was not.

Okay, so and it was tell me the racial composition. Do we know the racial composition of the women? Yes.

So the survey was administered in English. And the respondents were about represented about 50%, white, 10% African American and multiracial was about [unintelligible].

So we'll be getting all this information, correct?

Yes. And I'm sorry, just say your question one more time.

But I'm just trying to get some of the nuts and bolts of the survey.

We will get this information at some point, I hope during the next hour, is that right? Yes, we will give you the MWR at one o'clock.

Hey, Ronnie, this is Benjamin; we'll follow up with you after all of the methodology is in the MMWR, which you should have shortly.

Okay. Thank you. Next question, please.

Our next caller is Kobe Vance with MPB News. You may go ahead.

Thank you. I'm based in Mississippi and we have a lot of issues with our area when it comes to rural health care and especially for postpartum and mothers. Wanted to get y'all's thoughts, the data that y'all are able to take out of this report? How do y'all think that combines with those that live in rural areas across America that have less access to care?

So thank you for your question. I think this is an issue that permeates all women, whether urban or rural, but particularly in terms of thinking about rural populations, where are the opportunities to receive appropriate access to care. And so this report really focuses on how women are feeling they're being treated during their care.

And the other important issues that we understand that CDC is, how can we make sure that care is accessible. So as you know, in rural areas, there needs to be considered consideration of access. So CDC does have some resources called the Locate tool to help think about care being risk appropriate, and making sure that women who are high risk have access to appropriate levels of care.

And this is Dr. Houry, I would just add that this is why I think our programs are so important, like the maternal mortality review committee, because it really allows us to look at the differences in deaths and to provide prevention. And I think that's an example to highlight this is when you look at some of the evidence based interventions we can do. In Louisiana, the Perinatal Quality Collaborative, really was able to decrease severe maternal morbidity from hemorrhage among Black women.

And so I think this is where you're able to use data to really drive accident to save lives. And just a quick follow up on that, when it comes to the relationship between having little access to care already combined with the fact that there might be discrimination coming from providers, do you think that's going to deter women from even seeking care at all? We know that discrimination during prenatal care may be associated with reductions in seeking care. So yes.

Next question, please.

Our next question is Zach Newman with nine news, Denver, NBC affiliate, you may go ahead.

Hi, there. Thanks for this. I'm curious about what why is mistreatment you know, what was measured in the survey? Why? Why is it an important indicator, and what can happen if not addressed? This treatment may be associated with being less likely to seek care. And in the context of having concerns about your health care, it will potentially reduce the opportunity to be treated and cared for.

And this can have negative consequences for both mother and baby.

Definitely.

And so what can people do to be more effective advocates for themselves that they do?

Find placements treatment in the doctor's office. Some opportunities that we share at CDC include the Hear Her campaign, which is a really very helpful approach to one, giving women the opportunity for their voices to be heard, to identify concerning maternal warning signs, which should be which can be expressed so that those around mothers can help in terms of seeking treatment and care as well as opportunities for providers to understand these maternal warning signs. Because remember, this report talks about health care systems issues in terms of respectful care. So it's not just providers, it includes a whole system of care that's important. So the here her campaign provides a lot of resources that are very helpful to women as well as providers in improving care as well as reducing pregnancy rates.

Thank you.

Next question, please.

Next caller, Steven Johnson with US News & World Report. You may go ahead.

Hi, thank you for taking my question. I was just curious in the broader sense, when we look at the issue, the rate of maternal mortality, why does it seem as if this is such such an American problem when you compare the rate of maternal mortality with other wealthy nations?

I think that's really important question. And this Vital Signs report may be touching at some of the issues, that despite our technology, despite our advancements, women still are reporting that they're not being listened to, and that they're not receiving respectful care. And so it's really important because the utilization of all of the resources really need to happen in the context of respect.

Thank you.

Next question, please.

Next caller with the Washington Post? You may go ahead.

Hi, thank you for taking my question. I was wondering if we could if you could talk a little bit about doulas and how they would serve as an intervention to mediate some of this mistreatment and disrespectful care.

So I believe that that is one of the solutions or kind of suggested support that was mentioned at the top of the call.

Yes, I think that doulas are a very important adjunct to care for pregnant and postpartum women. And they can play a very important role in terms of supporting women throughout their pregnancy and postpartum period. It's, but it is part of a larger system in terms of care overall, including, you know, health care providers, you know, physicians, midwives, nurses. So we all play a very important role in improving care and respectful care.

And this is Dr. Houry, just to add to what Dr. Barfield said again, our perinatal quality collaboratives really are pushing the envelope on a lot of this and then Nebraska. They are working to reduce this perinatal outcome disparities, and they've got culturally matched doula support. And because of overwhelming interest, they actually had to increase the capacity of the programs. I think that really shows the need, like Dr. Barfield was saying, to have that whole spectrum of care.

I guess I'm curious as to like in a in a practical sense for folks to understand like how actually are doulas helping to intervene and make care more of a respectful process and lower incidences of mistreatment?

Oh, so they have an opportunity to speak up, particularly, perhaps having a better perspective on the healthcare system, and being an advocate for that particular mom where this may be a completely new experience or a different experience. Now, remember, they may be focusing on the birth and delivery of their child and the postpartum concerns that they're dealing with physiologically. So having someone there who, who can really speak for them and support them, and support their unique needs is, is really important.

Thank you. Next question, please.

Our next question is Shawn Higgins with KUER, you may go ahead.

Hi, there. I am curious if there is going to be any state by state or possibly regional breakdown of some of these results, or is it just purely a national survey?

Yes, this this survey is really a national picture. However, the work that is going on within states really does provide an opportunity for state for a state picture. So that's through the maternal mortality review committees through the perinatal quality collaboratives. We're learning a lot in terms of the state by state pictures. Thank you.

Next question, please.

Next question is Erin Welsh with Healio, you may go ahead.

I know you guys touched on this just a little bit, but I was wondering what ways that physicians can improve this disparity in maternity care, anything that they can do besides just having diverse workplaces, diverse health care workplaces?

Yes. So in terms of thinking about ways that providers can improve, certainly the opportunity to think about bias and institutional bias and bias training. A diverse workforce also provides the opportunity to gain different perspectives. Ideally, that might reflect the population of the patients served. So creating, you know, a broader view, we all have biases, and having an opportunity to

really work together collectively to reduce those biases are really important in terms of training.

Our next caller is Eduardo Guarez with USA Today, he may go ahead.

Hi, good afternoon. Thank you for taking my call. Doctors, I wanted to just get your sense of you know, it seems like prior CDC reports, right, we get them every few months, but whether that's you know, increases in the, you know, maternal mortality rates in the United States, and some of those more pronounced in, in different, you know, Black and native populations, for example. But I was curious, you know, even preventable deaths for maternal mortalities. And how do you see this report fitting in with with those prior findings? Or, you know, how does it build on that?

I think this report makes important ties to what we're hearing more broadly. So whether that's issues in the knees, that we've heard of women, really feeling like they're seeking help and not being heard, to what we're seeing in terms of the reports that are coming out with regard to maternal mortality, pregnancy related deaths, and maternal morbidity.

So tying these pieces together, and thinking about better ways that we can improve the care that healthcare systems provide, is really important.

All right, we have time for two more questions. If I could just get a follow up. Sorry. Go ahead.

Yeah. And I just wanted to check, I know, you mentioned geographical breakdowns, but is there you know, a better sense of, you know, among the uninsured or public health, you know, publicly insured population breakdowns by race or ethnicity, or income.

So, not in this study, in terms of the specific breakdown, though it is an important it is an important question.

Thank you. Two more, please. Alright, our next caller is for Regan McCarthy with Florida Public Radio. You may go ahead.

Hi, there. Thanks so much for taking my question. Doctors, I wondered if you might be able to give me from, from your perspective. What are the driving factors behind this mistreatment? Why is the mistreatment happening?

So just thinking about it from clinical experience, some of it has to do with our own inherent biases, which everyone has, as well as how can we change the culture of care in terms of how we train, how we continue to learn. There's always an opportunity for us all as as clinicians to improve we have continuing education throughout our careers. And it's important that we incorporate teaching such as implicit bias training, more diverse workforce as part of our education so that we can provide better care for everyone.

And then are you drawing like a, like a causal line between this this instances of mistreatment and instances of maternal mortality?

Sorry, you cut off the last part of your question.

Oh, sure. I'm just asking is mistreatment causing pregnant women to die?

This study doesn't really reflect that. And I think there's more that needs to be done instead of in in terms of better understanding these these causes. But we do know that we do know from this study, that women are reluctant to report their concerns, and we do know that as a result of not reporting concerns, there may be an increased risk for pregnancy related complications for both mom and baby.

Our last question, please.

Last question comes from Zack Newman with Nine News Denver. You may go ahead.

I think I just wanted to hone in again. So on You talk a lot about bias training is necessary. But I just wanted to hone in on why do you think of minority respondents are more likely to face mistreatment? And how do you address the disparity?

So, so as a minority woman, I know that there have been times when I'm not wearing my hat of a physician that I'm facing the same similar challenges that were shared in this report. And the question of why is part of what we need to do in terms of addressing this helping people understand what their inherent biases are, being in a form of an education and training that actually allows people to feel comfortable about acknowledging their biases, as well as thinking about ways that these areas can be improved so that we can all provide better care.

Thank you. And, Doctor, could you please touch that? You mentioned that you've you've seen this yourself, Could you please touch on like what what have you what have you experienced?

Is there a particular moment or time that stands out to you?

There are several, but I think sometimes, you know, as has been reported in this report, Black women may report that they are facing discrimination due to their race, ethnicity, or their color. And these particular issues are important for us to understand.

Understood, thank you.

Thank you, Doctor Houry and Dr. Barfield, for joining us today. As a reminder, the contents of this briefing are embargoed until 1pm. Eastern time when the vital signs is live on the CDC website. If you have follow up questions, please call the main media line at 404-639-3286 where you can email media@cdc.gov

Thank you, and this concludes today's conference. Thank you for participating. You may disconnect at this time.

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