## Closing the Gap in Maternal Health: Tackling Racial Disparities with SMFM's Guidance

Health care should be a source of support and reliability, not an obstacle for patients. There is an urgent need to address the persistent racial and ethnic disparities in maternal morbidity and mortality in the United States. Addressing these disparities represents one of the most pressing public health challenges of our time and requires a multifaceted approach, focusing not only on improving the quality of care, but also on addressing the root causes of poor health that Black patients often bring into pregnancy. This essay explores strategies to confront these inequities and how participating in the Society for Maternal-Fetal Medicine (SMFM) Medical Student Scholars Program aligns with my ambitions in medicine to promote health equity.

Black birthing people often enter pregnancy with preexisting health conditions that predispose them to complications. The reasons are deeply entrenched in systemic inequities. Epigenetically inherited trauma—a legacy of structural racism and chronic stress—contributes to poorer health outcomes. Additionally, limited access to healthy foods and safe spaces for exercise fosters chronic hypertension, diabetes, and other comorbidities. Socioeconomic barriers, combined with valid medical mistrust rooted in historical abuses, often delay or prevent Black birthing people from seeking care until pregnancy becomes their first encounter with the healthcare system. Addressing these disparities requires a comprehensive approach that begins long before conception.

As a medical student, I have been fortunate to contribute to research that addresses these systemic issues. During my work with the Department of Maternal-Fetal Medicine at UNC, I investigated the impact of prescribing home blood pressure cuffs to at-risk patients. Our findings demonstrated improved outcomes, emphasizing the importance of equipping patients with tools to manage their health proactively. Similarly, through a quality improvement project at an open-door clinic, I surveyed patients with anemia to understand their needs and used their responses to create a one-stop informational resource about anemia—including symptoms, treatment options, and potential side effects of interventions. These experiences reinforced the importance of involving patients in their care and tailoring solutions to their specific needs.

Including Black pregnant individuals in medical research is critical for addressing health disparities. Historically, Black patients have been underrepresented in clinical studies, leading to gaps in understanding and addressing their unique health needs. My experiences have shown the transformative potential of targeted interventions informed by robust research. For instance, by focusing on at-risk populations in the UNC MFM blood pressure study, we were able to generate actionable data that directly improved care protocols. Expanding this approach to include diverse

populations in all facets of maternal health research will ensure that interventions are equitable and effective.

Representation in healthcare is equally important. Black patients often feel more comfortable voicing concerns and asking questions when their healthcare providers share similar lived experiences. As a trained doula in a program providing free services to Black birthing people, I witnessed firsthand the profound impact of culturally competent care. Listening to patients, validating their concerns, and ensuring they feel understood are foundational to building trust and improving outcomes. While every healthcare provider must commit to hearing and believing Black patients via confronting their own racism and acting against personal biases, there is undeniable power in having a Black woman as one's obstetrician. This underscores the importance of diversifying the physician workforce—a mission aligned with the goals of the SMFM Medical Student Scholars Program.

Beyond representation, many institutions are implementing structural interventions to address maternal health disparities. Several exist at UNC that I have had the privilege to participate in, contribute to, and learn from. A great example is UNC's free doula program, which provided culturally competent support to Black birthing individuals, an evidence-based intervention to improve maternal outcomes. Additionally, I have worked with the Women's Heart and Health Clinic at UNC, a joint initiative between cardiology and MFM specialists that provides coordinated care to patients experiencing cardiac complications during pregnancy. This clinic's existence is a structural intervention that reduces maternal morbidity and mortality by offering specialized care for conditions like preeclampsia and HELLP syndrome.

The SMFM Medical Student Scholars Program aims to bridge gaps in maternal healthcare by fostering a workforce that reflects the diverse communities it serves. By attending the SMFM conference, I would gain exposure to leading experts dedicated to reducing disparities in maternal health. This opportunity would empower me to connect my passion for addressing health disparities with the tools, resources, and language necessary to effect change.

Participating in this program would also provide me with role models whose journeys mirror my aspirations. As one of five Kenan Urban Scholars in my medical school class, I have committed to working in urban underserved communities and addressing health disparities. The SMFM scholarship program would further refine my understanding of systemic inequities and equip me to advocate effectively for marginalized populations. Moreover, it would connect me with a network of like-minded individuals, fostering collaborations that could advance research and clinical practices to improve outcomes for Black birthing individuals.

Confronting racial and ethnic disparities in maternal health requires treating pregnant individuals as medically complex patients who deserve comprehensive and effective management options. It also demands systemic changes to ensure that all patients—regardless of race—receive equitable care. By prioritizing inclusion in medical research, promoting representation in healthcare, and

empowering patients with education and tools, we can begin to address the deep-seated inequities that contribute to maternal morbidity and mortality.

Through the SMFM Medical Student Scholars Program, I aim to further my commitment to reducing health disparities. This program will enable me to translate my passion into practice by connecting me with the research, mentorship, and resources needed to make a meaningful impact. Together, we can work towards a future where healthcare is not a target but a saving grace for all patients, ensuring that every patient, regardless of race or ethnicity, has an equal opportunity for a safe and healthy pregnancy.