

SMFM Medical School Essay

Addressing the maternal morbidity and mortality crisis among Black women requires a multi-faceted approach that confronts systemic inequities, racial bias, and gaps in healthcare delivery. My approach to tackling this issue has already begun and remains the sole reason I want to become an OB/GYN physician. My approach to tackling this issue focuses on clinical care, research, community engagement, and policy reform, aiming to create equitable outcomes for Black women.

At the heart of my approach to this challenge as a Black woman, is creating safe spaces for my own healthcare and birthing experiences, as well as for those of my loved ones. Black communities deserve care that is rooted in compassion, cultural competence, and equity. Growing up in an underserved Black community and witnessing the challenges faced by my family have shaped my understanding of the gaps in healthcare access and quality. However, the mortality and morbidity challenge Black women face in the healthcare system goes beyond social determinants of health. While such factors undeniably impact Black communities, Black women face an additional layer of bias and dismissal. We speak but are not heard; we feel pain but are not believed. This is the most dangerous challenge Black women face in the healthcare system, and it is the primary reason disparities persist, even among those with higher socioeconomic status.

To address this, I would advocate for protocols that prioritize a culture of validating Black women's concerns. Hospitals should place a strong emphasis on improving interactions between Black women, their families, and healthcare staff, ensuring that excessive questioning or dismissive attitudes are avoided when pain or concerns are expressed. I believe that healthcare systems should implement specific checks within electronic health records for Black women to ensure more comprehensive workups are conducted. Their complaints should always be taken seriously, with prompt and thorough evaluations to effectively address their needs. Additionally, integrating doulas and midwives into care teams would help create environments where Black women feel empowered and truly supported throughout their healthcare journeys. Cultural competence must go beyond implicit bias training, as it often fails to translate into improved care, as the numbers continue to show.

I have been committed to addressing maternal mortality and morbidity disparities through research. As an undergraduate, I conducted research examining the impact of race, ethnicity, and socioeconomic status on postpartum depression. My findings highlighted how profoundly poverty affects health outcomes, though it's clear that economic status is not a protective factor for Black maternal mortality and morbidity. Building on this foundation, my current research as a medical student at Charles R. Drew University has expanded into disparities in maternal-fetal health. At Stanford's Dunlevie Center for Maternal-Fetal Medicine, I had the opportunity to investigate disparities in fetal autopsy and placental histopathology following stillbirth. These projects have allowed me to take initiative in researching and addressing these disparities. By combining research with clinical practice, I aim to advocate for evidence-based interventions that prioritize the needs of underserved Black communities. My purpose in becoming a physician is rooted in prolonging the lives of my community, as I firmly believe that the health of

a community is intricately tied to the health of its women. When women thrive physically, mentally, and emotionally, they uplift families, strengthen communities, and create a foundation for generational health and prosperity.

Policy reform is another cornerstone of my approach. In my leadership role, as the founding Co-President of the OB/GYN interest group on my campus, I invited the Surgeon General of California Dr. Diana Ramos to speak about health equity to the class of 2027. With relationships like this, I would aim to expand Medicaid postpartum coverage to ensure continuity of care for Black women beyond 6 months postpartum, a critical period when many complications arise.

Community engagement is also essential. Black women must feel safe, supported, and valued in healthcare settings. I would develop programs that focus on culturally tailored education about pregnancy and postpartum care specific to the concerns and experiences of Black women in these spaces. Building trust within this community is critical to improving access and adherence to care.

Equally important in addressing these disparities is increasing representation in healthcare. Black patients rarely see themselves reflected in their healthcare providers, exacerbating cultural barriers and mistrust. I would advocate for initiatives aimed at increasing the number of Black healthcare professionals. The current system is failing Black women because, although modern gynecology's foundation was built on the bodies of enslaved Black women, their contributions have been disregarded. I am inspired by the legacy of Lucy, Anarcha, and Betsy, whose sacrifices as enslaved women laid the foundation for modern gynecology. Acknowledging this painful history drives my commitment to pursuing ethical practices that center the dignity and agency of Black women. Increasing representation would help dismantle cultural barriers and biases, ultimately improving care for Black women.

The Society for Maternal-Fetal Medicine (SMFM) program aligns perfectly with my goals of addressing Black maternal health disparities. As a medical student at Charles R. Drew University, I am deeply committed to serving underserved communities. However, being part of a small institution with limited resources highlights the need for mentorship, especially in navigating Black maternal health complexities. SMFM would provide the educational resources, mentorship, and networking necessary to develop my skills in maternal care and health equity.

Through SMFM, I hope to enhance my research on maternal health disparities and gain tools to advocate for systemic change. The program's emphasis on this issue will empower me to communicate with like minded individuals ensuring actionable improvements. Additionally, collaborating with peers and leaders in the field will inspire innovative solutions to address these disparities.

As someone from an underserved community, I aim to use my platform as a physician to advocate for wellness as a human right for Black women. Maternal morbidity and mortality disparities among Black women are a public health crisis requiring urgent action. SMFM's resources and mentorship will support my ambition to reduce these disparities and be a leader in transforming maternal care for this population.

