

The disparities in maternal care need addressing

Babyscripts has raised \$12M to expand its virtual obstetrics care platform in the US to help tackle an obstetricians shortage and increasing pressure on the existing workforce. The Series B funding was led by MemorialCare Innovation Fund with backing from the CU Healthcare Innovation Fund and Philips.

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MemorialCare Managing Director Caleb Winder said the pandemic has increased existing maternal health service disparities and demonstrated the practicality of digital tools. Centers for Disease Control and Prevention data showed increased maternal mortality between 2018 and 2019. Babyscripts' app offers monitoring and education to tackle pregnancies virtually and detect potential problems. (*MobiHealthNews*)

Why does this matter?

Disparities in maternal care are more *common* in low- and middle-income countries, but this an issue in the developed world too. In the *US* and *UK*, people of Black and other ethnic minority backgrounds have a greater risk of dying during or after pregnancy. UK charity *Birthrights* noted that these groups are often failed by maternity services, and has launched an enquiry into the matter.

Common complaints include not having concerns taken seriously by health professionals and not receiving adequate *pain relief* during labour.

These demographics are also more likely to experience a premature birth and/or need an emergency *c-section*, which, as a major surgery, carries health risks alongside other potentially *serious complications*.

Another group also facing inequality in maternal care are immigrants. As highlighted by *The Center for Reproductive Rights*, many European countries still hold discriminatory legal and policy restrictions that prevent undocumented migrant women, many of whom may also be struggling with *language barriers*, from accessing affordable maternal care throughout their pregnancies and childbirth. A recent report by the organisation showed that Roma women in *Slovakia* suffer systemic discrimination when using reproductive health services, including segregation, racial harassment and abuse.

A lack of adequate maternal care also raises the risk of *mental health* problems. Although hormonal changes during and after pregnancy can cause mood disorders – such as depression, anxiety and post-traumatic stress disorder – these can also be driven by structural racism and discrimination. This not only impacts parents, but also their children and wider families.

What's the answer?

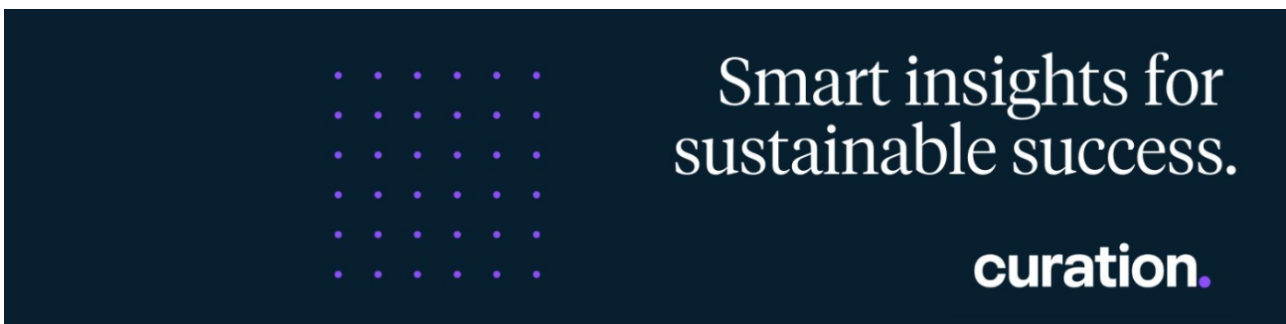
It's encouraging to see innovators addressing these issues by developing platforms – such as Babyscripts – designed to offer support. The organisation is not alone. Other US-based digital providers, such as *Mae* and *Cayaba Care*, are taking action too. Perhaps offerings such as these could be influential in changing how traditional maternal care is delivered.

Doulas – trained non-medical professionals – can also help guide parents through pregnancy by providing advice and advocating on their behalf to care providers. This level of support can improve outcomes and has

been *trialled* in the Swedish province of Halland for immigrants who are unfamiliar with the language.

While services such as these can make pregnancy and childbirth less stressful for parents, they can't directly solve the systemic failures that create such inequalities. Policy change and better regulations are needed to protect access to decent and affordable maternal care. These can be driven by all stakeholders in the health care system, including *employers* who have the power to make positive changes for the workforce, their families and wider society. The recently launched *Black Community Innovation Coalition*, which includes partners such as Walmart, Target, Grand Rounds and Doctor on Demand, demonstrates how this could be possible.

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