



Preeclampsia and Racial and Ethnic Disparities

Preeclampsia is one of the most common and severe disorders that occurs during pregnancy and the postpartum period, affecting at least 5-8% of all pregnancies. The preeclampsia rate is 60 percent higher in black women than in white women,¹ and black women are more likely to develop severe preeclampsia. Black women may also have higher rates of chronic diseases that are known to be risk factors for preeclampsia. The rapidly progressive condition that can lead to multiple adverse outcomes, including seizure, stroke, heart disease, infant growth restriction, preterm birth, and maternal and infant death. Characterized by high blood pressure, elevated protein levels and other factors, early recognition of preeclampsia symptoms can save lives.

This year (2020) marks the Preeclampsia Foundation's 20th Anniversary, working to bring the patient voice and lived experience into our health care system and data assessment processes. This anniversary signifies a time for change – it's high time to move forward and end maternal health disparities. The crisis, at the center of the U.S. maternal health crisis, is that black women are having worse outcomes and are more likely to die as a result of a maternal health complication, including preeclampsia and other hypertensive disorders of pregnancy. These women are not statistics. They are our daughters, sisters, wives and friends.

Getting on the Momnibus – Support for the Legislative Goals of the BMHC

The ***Momnibus*** legislation supported through the Black Maternal Health Caucus speaks to the advocacy and educational priorities of the Preeclampsia Foundation in any ways:

- Improving access to needed treatments and perinatal and postpartum care.
- Using remote monitoring technologies to reach more pregnant women of color in rural communities and communities without access to traditional health systems.
- Realizing the need for maternal mental health – which is critical for those with hypertensive disorders of pregnancy.
- Supporting the implementation of evidence-based best practices of care for hospitals and healthcare providers.
- Engaging the patient during the course of her care and including patient data into maternal mortality data and quality improvement systems.

The Preeclampsia Foundation vows to be a longstanding caucus partner to get these priorities accomplished and to do so across political lines.

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¹ Healthcare Cost and Utilization Project (HCUP); Agency for Healthcare Research and Quality (AHRQ), “[Delivery Hospitalizations Involving Preeclampsia and Eclampsia, 2005-2014](#),” April 2017.

More Work to Do to Support Black Mothers – Policy Areas

Telehealth and Remote Monitoring

We must consider how we can reach more pregnant and postpartum women during COVID-19 and when they are otherwise challenged to access health care services to monitor their pregnancies and postpartum health when they are at highest risk of maternal morbidity and mortality due to preeclampsia and other conditions. The Preeclampsia Foundation has launched The Cuff Kit™ Project, a program to provide women remote monitoring technology, blood pressure tracking apps, video tutorials, and lifesaving information related to blood pressure and their health. The project started through a collaboration with the University of Chicago and quickly grew. This initiative can be utilized to reach more women of color who are at highest risk of pregnancy and maternal complications due to preeclampsia and other hypertensive disorders of pregnancy. Policy issues to address include coverage and reimbursement for remote pregnancy monitoring technologies and services and improved patient and provider education and awareness around the need to monitor blood pressure during pregnancy and the postpartum period.

Biomarker Development and Use

We need to encourage the development of biomarkers that will help us detect conditions like preeclampsia sooner and more effectively. The cause of preeclampsia remains elusive, hampering efforts to predict, diagnose, and manage this scourge of pregnancy, especially with black women. We need diagnostic tools beyond traditional blood pressure monitoring and protein in urine measurement that will help ensure women with preeclampsia or risk of preeclampsia are identified sooner and more effectively. Policy issues to address include FDA regulatory processes and clinical data requirements to facilitate the testing and approval process of new preeclampsia biomarkers.

Conclusion

The Preeclampsia Foundation thanks the Black Maternal Health Caucus for all of its efforts. We look forward to seeing progress together as we collaborate to enact policy reforms that support and save women of color.