

Telehealth and the Black Maternal Health Crisis: A Digital Lifeline in a System That Continues to Fail Black Women

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In the United States, a country that allocates more financial resources to healthcare than any other developed nation, Black women remain three times more likely to die from pregnancy-related complications than their White counterparts (Centers for Disease Control and Prevention [CDC], 2023). In 2023 alone, the maternal mortality rate for Black women reached 50.3 deaths per 100,000 live births, while rates declined for almost every other racial and ethnic group (CDC, 2023).

More than 80 percent of these deaths were preventable (CDC, 2022). These are not isolated medical anomalies. They are the result of delayed diagnoses, inadequate prenatal and postpartum care, systemic racism in healthcare delivery, and a lack of access to timely and culturally responsive services.

The Black maternal health crisis is not new, but the solutions must be urgent, bold, and data-driven. One innovative intervention that shows promise is the use of telehealth technologies. When implemented equitably, telehealth can increase access to care, improve maternal outcomes, and help reduce the racial disparities that continue to place Black mothers at heightened risk.

Defining Telehealth

Telehealth is the use of digital tools such as video conferencing, secure messaging, mobile health apps, and remote monitoring devices to provide clinical services outside of traditional healthcare settings (Health Resources and Services Administration [HRSA], 2021). These technologies enable virtual prenatal checkups, postpartum evaluations, behavioral health therapy, and chronic condition management without requiring physical travel to clinics or hospitals.

For many individuals, particularly those in medically underserved or rural communities, telehealth serves as a critical access point for essential services. In the context of maternal health, this access can mean the difference between life and death.

The Black Maternal Health Crisis: More Than Statistics

The racial disparities in maternal health outcomes are alarming. According to the CDC (2023):

- Black women are two to three times more likely to die from pregnancy-related causes than White women.
- Black infants are twice as likely to die before their first birthday compared to White infants.
- Black women frequently report that their symptoms are dismissed, and their pain is not believed by healthcare professionals (Altman et al., 2019).

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Moreover, these disparities persist even when controlling for income and education. A study by the Commonwealth Fund (2023) found that a Black woman with a graduate degree is more likely to die from childbirth than a White woman with only a high school education. This finding underscores the structural and institutional nature of the crisis, which extends far beyond individual choices or socioeconomic status.

Can Telehealth Be Part of the Solution?

Telehealth is not a cure-all. However, when deployed equitably and thoughtfully, it offers real potential to reduce disparities in maternal health outcomes for Black women.

1. Improving Access to Prenatal and Postnatal Care

Many Black women face barriers to receiving in-person care, including limited transportation, lack of paid leave, and childcare obligations (Bryant et al., 2020). Telehealth reduces these barriers by allowing patients to attend appointments from home or work. For women in healthcare deserts or rural areas, this technology enables real-time access to providers, early detection of warning signs, and the delivery of vital health education.

2. Enhancing Postpartum Follow-Up

The postpartum period is one of the most dangerous times for Black mothers. Yet nearly 40 percent of all women miss their postpartum checkups (CDC, 2022). Research from Penn Medicine (2021) found that telehealth options significantly increased attendance at postpartum visits among Black patients. Virtual follow-ups make it easier for patients to ask questions, access urgent care, and receive ongoing support during recovery.

3. Addressing Mental Health Needs

Black women experience higher rates of postpartum depression but are less likely to receive treatment due to stigma, lack of culturally competent care, and provider shortages (Gjerdengen et al., 2021). Telehealth platforms can connect patients with mental health professionals who understand the cultural context and lived experiences of Black mothers, increasing the likelihood of engagement and follow-through.

4. Connecting with Culturally Aligned Providers

Telehealth can bridge the gap between patients and culturally competent providers. It gives Black mothers the option to seek care from practitioners who either share their background or have received specialized training in anti-racism and cultural humility. This can improve trust, communication, and patient satisfaction (Williams et al., 2020).

5. Expanding Access to Maternal Health Specialists

Through telehealth, patients can consult with OB-GYNs, lactation consultants, doulas, midwives, and high-risk pregnancy specialists regardless of geographic location. For women managing chronic

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conditions like diabetes or hypertension during pregnancy, these connections can be lifesaving (ACOG, 2021).

Policy Support for Telehealth in Maternal Health

The Black Maternal Health Momnibus Act

The Black Maternal Health Momnibus Act, introduced by the Black Maternal Health Caucus, is a comprehensive legislative package aimed at addressing every dimension of the Black maternal health crisis. It includes provisions that:

- Fund community-based organizations implementing telehealth solutions
- Support broadband expansion in underserved communities
- Improve data collection on maternal health disparities

These investments are crucial for ensuring that telehealth can reach and benefit those who need it most (Black Maternal Health Caucus, 2023).

Medicaid Expansion and Coverage for Telehealth

While some states have expanded Medicaid coverage to include prenatal and postpartum telehealth services, others have not. This leaves millions of low-income women without access to even the most basic forms of care. Medicaid expansion remains one of the most effective policy tools for increasing maternal health equity (KFF, 2023). However, recent actions by the current administration suggest a lack of support for Medicaid. The push to cut \$880 billion from federal spending has placed Medicaid under heightened scrutiny, as Medicare and Social Security have been excluded from potential reductions. The House Energy and Commerce Committee, which oversees Medicaid, has been assigned the task of identifying cost-saving measures. As a result, some Congressional members are revisiting proposals from the previous Trump administration. These include implementing block grants and per capita caps, ending funding for Medicaid expansion, lowering the Federal Medical Assistance Percentage (FMAP), and increasing work requirements. In addition, the methods states use to access federal dollars, such as state-directed payments and provider taxes, are being closely examined. Some lawmakers have even referred to these funding mechanisms as loopholes that need to be closed.

These proposed changes could have significant consequences for Black maternal health. Medicaid covers nearly half of all births in the United States and plays a particularly critical role for Black women, who are more likely to depend on the program for prenatal and postpartum care. Reductions in Medicaid funding or the rollback of expansion efforts could lead to limited access to essential maternal health services, especially in states that already face severe health disparities. At a time when Black women are more than three times as likely to die from pregnancy-related complications as White women, restricting Medicaid coverage threatens to intensify an already urgent public health crisis. Hospitals and providers serving low-income and underserved communities may experience financial strain, which would further limit access to quality, timely care for Black mothers.

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Barriers to Implementation

Despite its promise, telehealth is not without limitations. Several key barriers must be addressed to ensure that its benefits are distributed equitably.

The Digital Divide

Reliable access to broadband internet and digital devices remains uneven. Black and low-income households are disproportionately affected by the digital divide, which can restrict access to telehealth services (Pew Research Center, 2021). Expanding digital infrastructure and providing digital literacy support are essential next steps.

Privacy and Reproductive Safety

In the aftermath of the Supreme Court's decision to overturn *Roe v. Wade*, concerns around digital surveillance and reproductive privacy have grown. Patients must have access to secure, HIPAA-compliant platforms that protect their personal health information (American Medical Association, 2022).

Payment Parity and Provider Incentives

Currently, some insurance providers do not reimburse telehealth visits at the same rate as in-person appointments. Without payment parity, healthcare systems may be less inclined to offer telehealth services, especially to Medicaid beneficiaries. Legislative action is needed to ensure fair compensation for virtual care (Center for Connected Health Policy, 2023).

Conclusion: Telehealth Is a Lifeline, Not a Substitute for Systemic Change

Telehealth alone will not solve the Black maternal health crisis. However, it is a powerful tool that can offer more consistent care, expand access to culturally competent providers, and give Black women more control over their health experiences.

Technology cannot erase generations of neglect or fix a broken system. It can give us a way to start closing the gap, but only if we are willing to invest in equity, infrastructure, and access. The crisis facing Black mothers is a national emergency and a global human rights issue. Every day we delay is another life lost. The solutions are within reach, but only if we choose to act.

Will we expand Medicaid? Will we pass the Momnibus Act? Will we ensure that every mother, regardless of race or income, can access the care she deserves? The time for awareness has passed. The time for action is now.

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