Katey E. Mari//

COVID-19 has created yet another structural barrier for equitable access to healthcare and health among Black pregnant women in the US, particularly in areas affected by racial residential segregation.

Since the start of the COVID-19 pandemic, discussions surrounding the social determinants of health as they relate to COVID-19 morbidity and mortality trends have arisen. According to Boland et al. (2021) individual-level factors including socioeconomic status, income, job type, and resultant ability to physical distance are intertwined to elevate the risks of socio-demographic populations' likelihood of contracting COVID-19.

These individual-level characteristics, however, are not stand-alone predictors of COVID-19 infection risk. When assessing the general trends in COVID-19 outcomes, it is widely understood that the risks among particular racial groups, especially non-Hispanic Black Americans, are exponentially higher than that of white Americans, indicating a structural cause.

Early assessments of COVID-19 unsurprisingly indicated that illness and mortality rates among racially marginalized populations, such as Black women, are higher than other racial populations. These rates, as many have noted, are exacerbated by the embodiment of intersectional social inequalities faced by such marginalized groups (Gravlee 2009). Much is still unknown, however, as to how COVID-19 has impacted the health of an even more at-risk group: expectant Black women.

US- based research has shown that, in general, pregnant women are not at increased risks of COVID-19 infection susceptibility or severity of illness than groups (Westgren et al. 2020). There are, however, suggestions that despite the unknown impacts of viral contraction of COVID-19 on pregnancy-related outcomes, COVID-19 appears to be exacerbating the already high disparities in maternal morbidity and mortality among US minority populations by creating another structural barrier.

New research indicates that assessments of neighborhood-level factors may be a key methodology to understanding the ways that COVID-19 is impacting Black maternal morbidity and mortality, particularly in relation to access to adequate prenatal and postnatal care (Minkoff 2020). For example, Boland et al. (2021) posits that a consideration of neighborhood-level factors, such as

built environment and social environment, needs to be heavily considered in assessments of how COVID-19 is impacting racial health disparities.

Due to the notion that neighborhoods are vastly influenced by social network and ethnicity, neighborhoods are proposed to be one essential contributing factor to racial health inequalities (Diez Roux and Mair 2010). Specifically, the use of racial and economic spatial polarization analyses, defined as large concentrations of people from the same racial and ethnic group in one neighborhood, is shown to be a widely useful methodology in assessing how neighborhood factors influence health disparities (Janevic et al. 2020).

This methodology was used to assess the role of neighborhood-level factors among COVID-19 cases in Philadelphia, a city with a particularly salient history of racial residential segregation in Boland et al. 's (2021) study. This study modeled the number of neighborhood-level factors in Philadelphia that could influence COVID-19 positivity rates. Their findings indicate that neighborhoods with a greater proportion of white-identifying individuals were associated with lower COVID-19 positivity rates. More broadly, their multivariate analysis indicates that race may present a stronger predictor of COVID-19 positivity rates than other risk factors, such as income and poverty status.

Neighborhood factors are shown to have specifically salient implications for minority adverse health outcomes in relation to level and types of healthcare that pregnant mothers, in particular, have access to (Meeker et al. 2021). As Minkoff (2020) indicated, the COVID-19 virus itself does not present the greatest risk for women of color in the US. COVID-19, as we all have experienced since the start of the pandemic, has altered patient-care relationships in highly significant ways. Specifically, access to adequate prenatal, delivery, and postnatal care has been altered due to the need for hospitals to dedicate much of their, sometimes already limited, resources to caring for COVID patients (Minkoff 2020). This drastic alteration of maternal care capabilities and access, specifically among minority populations located in neighborhoods with already inadequate healthcare options, is only exacerbating adverse maternal and infant outcomes, specifically among Black women.

By understanding and studying the ways that COVID-19 is creating yet another barrier for minority pregnant women to access equitable healthcare, resulting from legacies of racial residential segregation, greater public health intervention efforts can be made to reduce these disparities.

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