Black Women & Maternal Health Inequities: Addressing the Role of Racism

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Nebraska Perinatal Quality Improvement Collaborative Fall Summit

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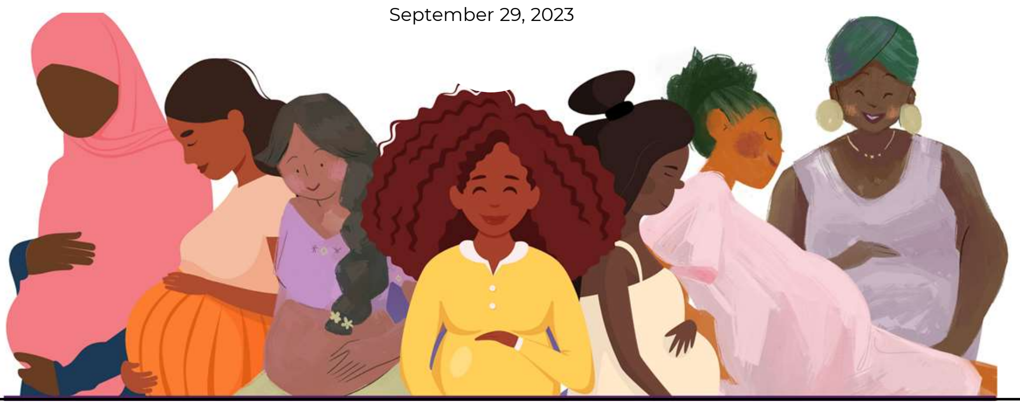

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Agenda

- **Examine** Maternal & Perinatal Health Data
- **Identify** Inequities in Black Maternal Health Outcomes
- **Address** Disparities in Maternity Health Care
- **Advance** Maternal Health Equity Framework

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Health Equity

Health care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

- Institute of Medicine (IOM)

According to the
Robert Wood Johnson Foundation

30% of people’s health is impacted by their personal behavior

70% stems from social and economic factors, physical environment, clinical care structure, and access

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Disparity

=

Difference in Outcome

Inequity

=

Difference in Outcome **due to injustice**

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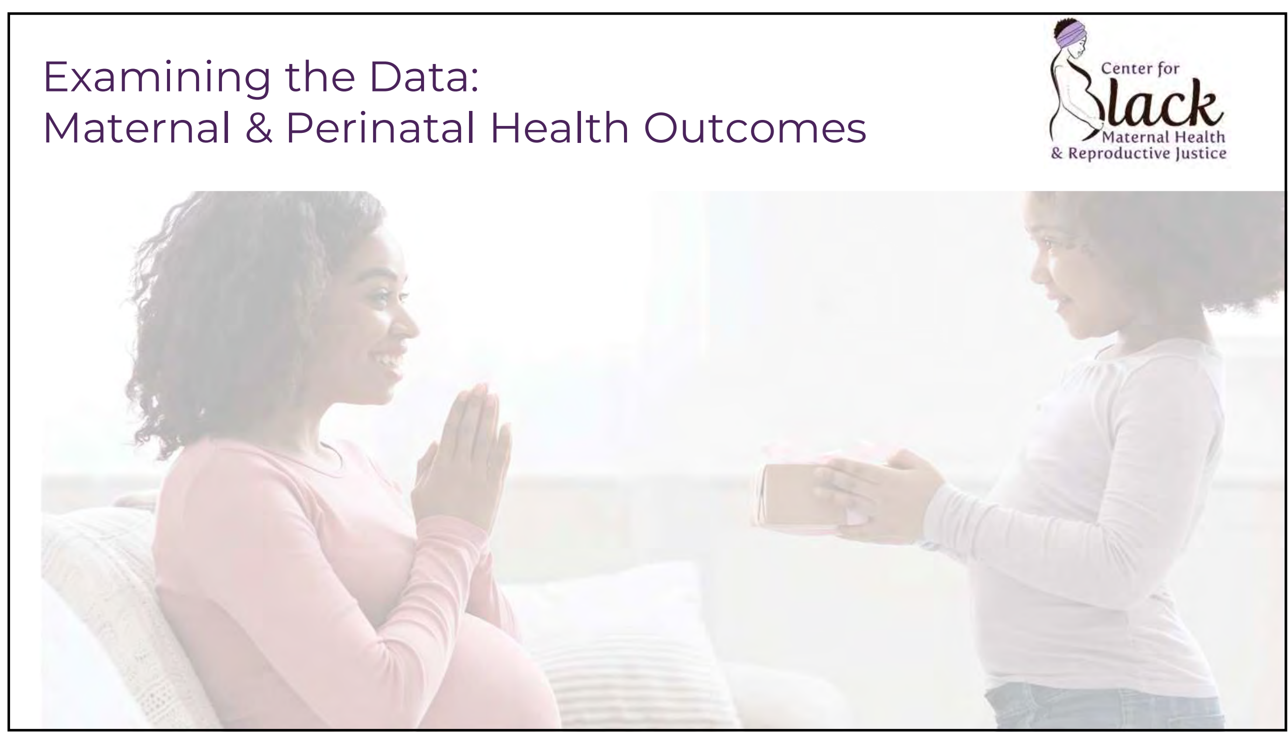

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Examining the Data: Maternal & Perinatal Health Outcomes

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Maternal Mortality Rates in the United States, 2018-2021

Deaths per 100,000 live births

	2018	2019	2020	2021
Total	17.4	[1]20.1	[1]23.8	[1]32.9
Non-Hispanic Black	37.3	44.0	[1]55.3	[1]69.9
Non-Hispanic White	14.9	[1]17.9	19.1	[1]26.6
Hispanic	11.8	12.6	[1]18.2	[1]28.0

[1]Statistically significant increase from previous year ($p < 0.05$).
NOTE: Race groups are single race.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

CDC Maternal Mortality Rates in the U.S., 2023

Maternal mortality rates continue to worsen each year.

2018	2021
17.4 deaths	**32.9 deaths**

(per 100,000 live births)

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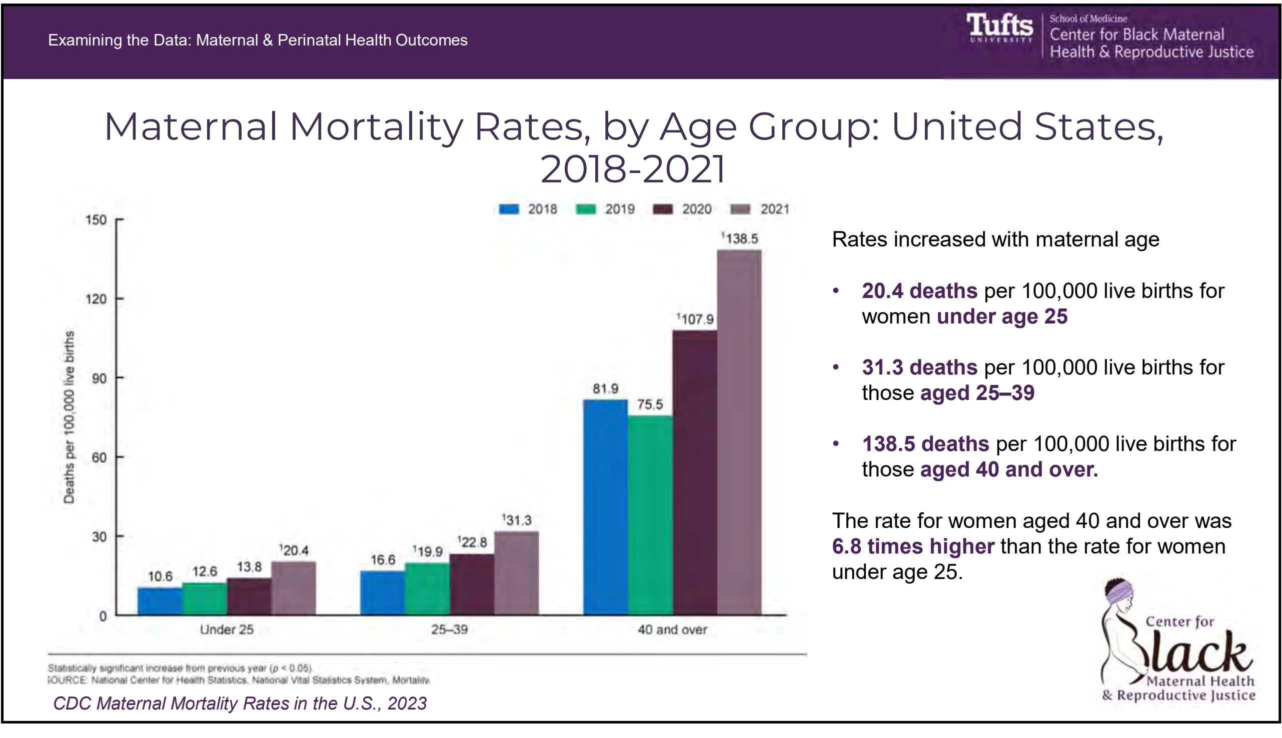

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Black Maternal Mortality

The estimated national is about **69.9** per 100,000 live births for Black women, **2.6 times** the rate for non-Hispanic White women

2018 2019 2020 2021

Deaths per 100,000 live births

80
60
40
20
0

Total: 17.4, ¹20.1, ¹23.8, ¹32.9

Non-Hispanic Black: 37.3, 44.0, ¹55.3, ¹69.9

Non-Hispanic White: 14.9, ¹17.9, 19.1, ¹26.6

Hispanic: 11.8, 12.6, ¹18.2, ¹28.0

¹Statistically significant increase from previous year ($p < 0.05$).
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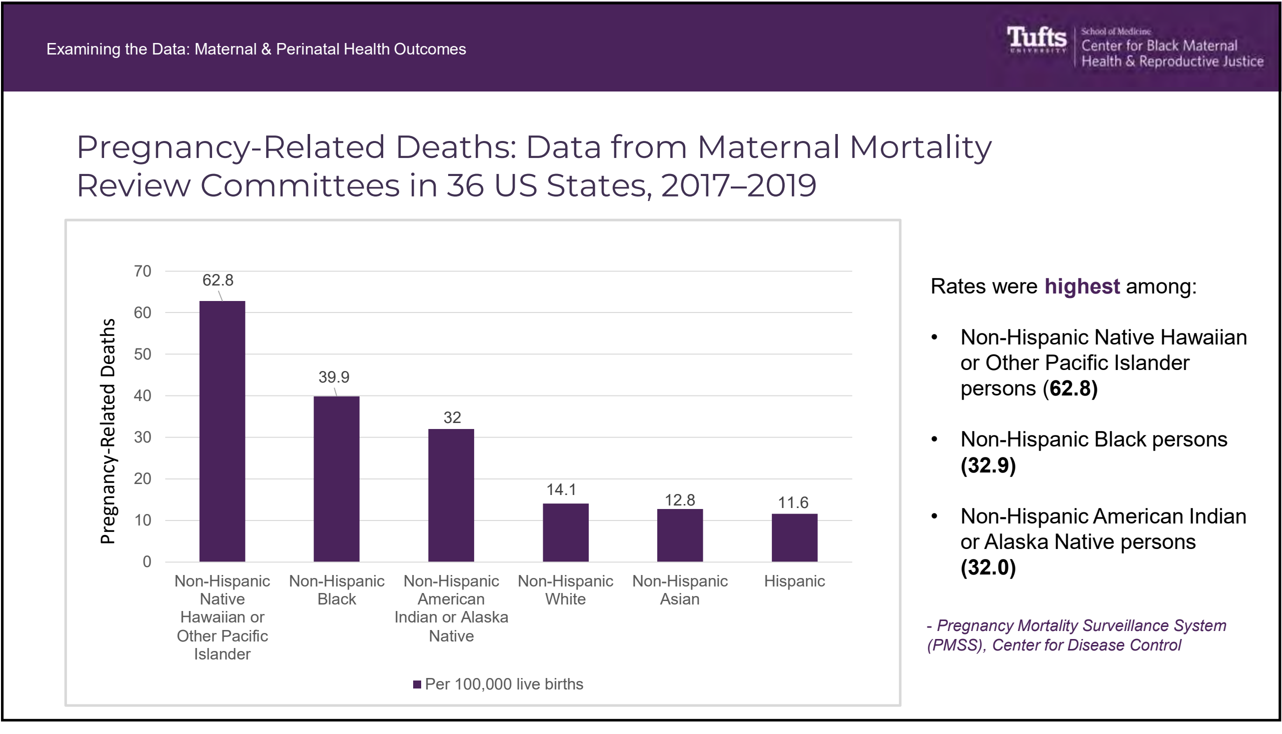

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Examining the Data: Maternal & Perinatal Health Outcomes

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Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019

Pregnancy-related deaths occurred during pregnancy, delivery, and up to a year postpartum:

- **22%** occurred during pregnancy
- **25%** occurred on the day of delivery or within 7 days after
- **53%** occurred between 7 days to 1-year post-partum

Pregnancy Mortality Surveillance System (PMSS), Center for Disease Control

22%
25%
53%

- During Pregnancy
- During Labor & Delivery
- During Postpartum period

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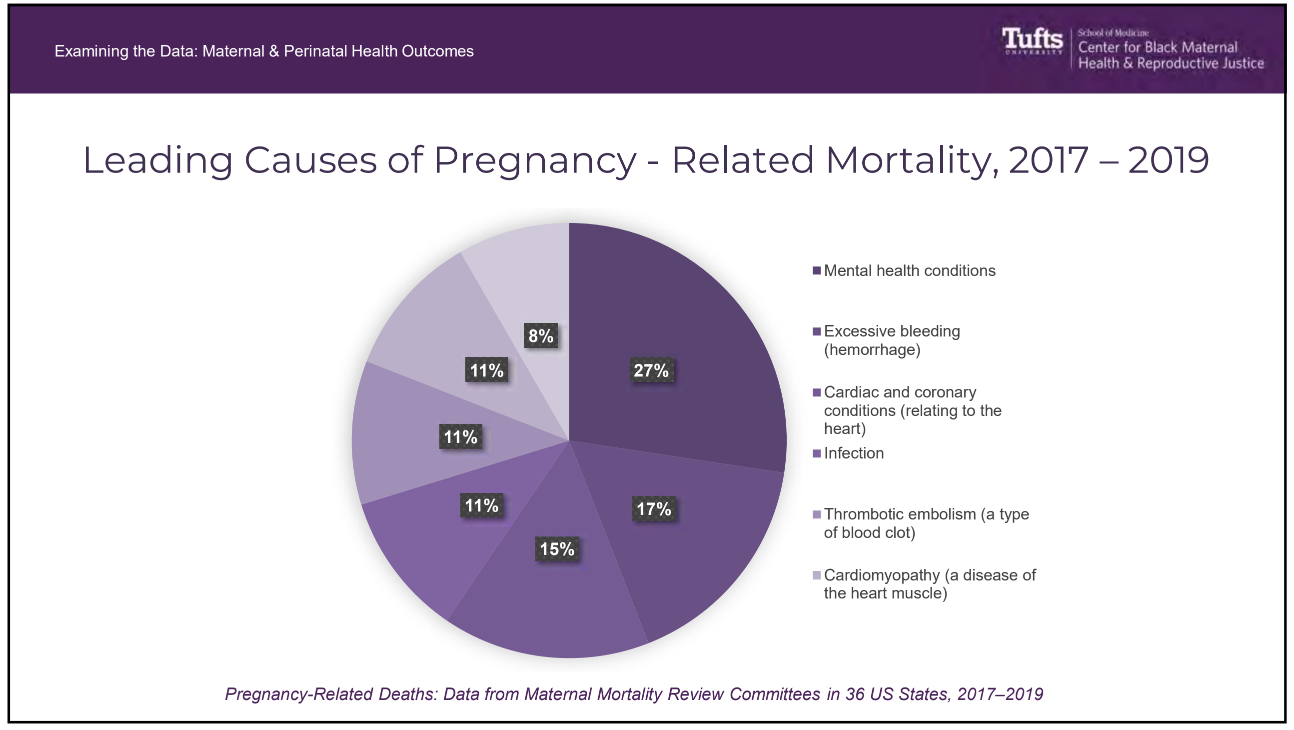

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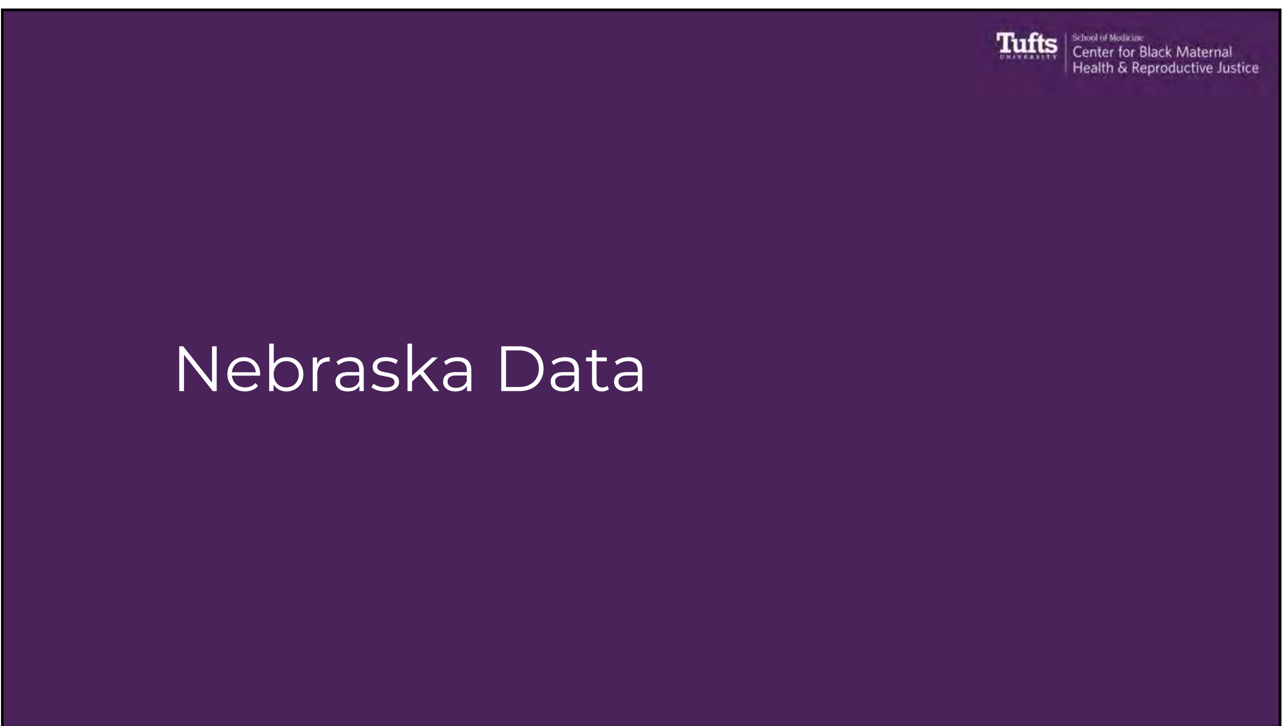

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Examining the Data: Maternal & Perinatal Health Outcomes

Nebraska Data

Maternal Mortality Rate, 2019

28.2 maternal deaths per 100,000 live births

I Be Black Girl , 2023

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Examining the Data: Maternal & Perinatal Health Outcomes

Nebraska Data

Maternal Mortality Rate, 2021

The pregnancy-related mortality rate for Nebraska residents from 2014-2018 was reported to be

13.7 deaths

per 100,000 live births

Nebraska Department of Health, Maternal Mortality Review Committee, 2021

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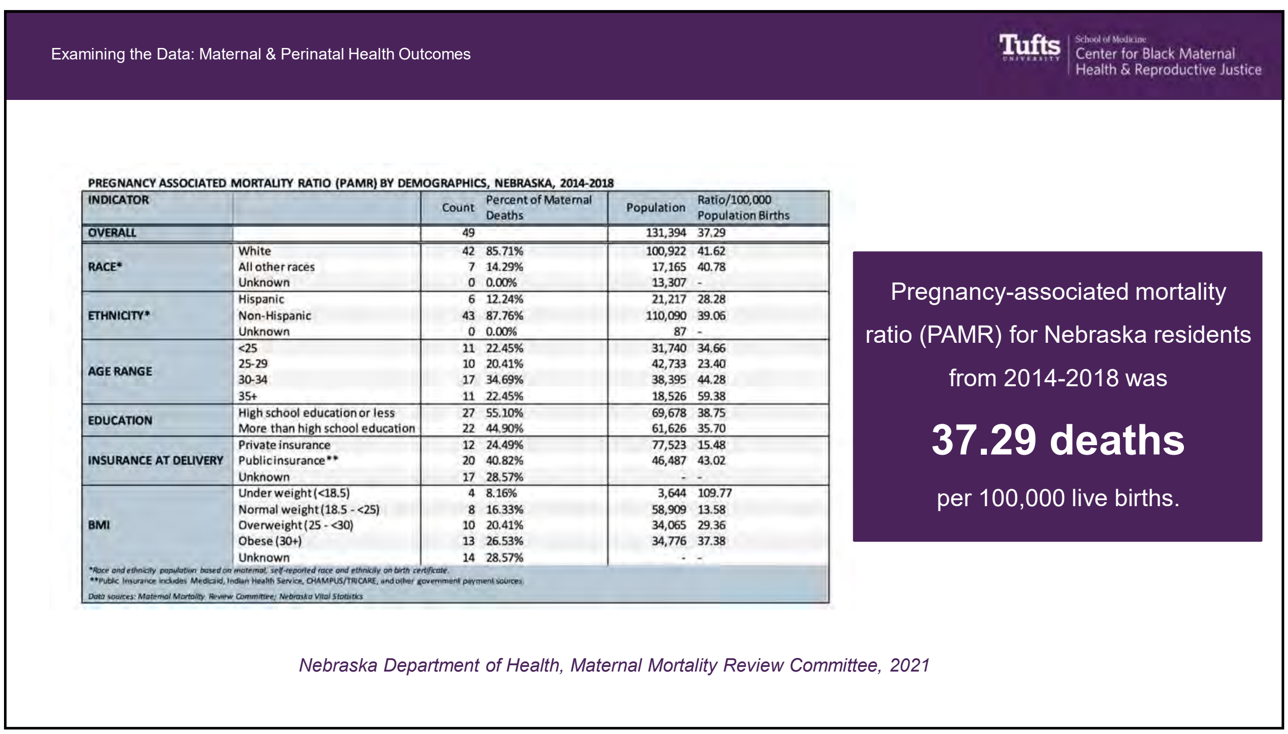

PREGNANCY ASSOCIATED MORTALITY RATIO (PAMR) BY DEMOGRAPHICS, NEBRASKA, 2014-2018

INDICATOR		Count	Percent of Maternal Deaths	Population	Ratio/100,000 Population Births
OVERALL		49		131,394	37.29
RACE*	White	42	85.71%	100,922	41.62
	All other races	7	14.29%	17,165	40.78
	Unknown	0	0.00%	13,307	-
ETHNICITY*	Hispanic	6	12.24%	21,217	28.28
	Non-Hispanic	43	87.76%	110,090	39.06
	Unknown	0	0.00%	87	-
AGE RANGE	<25	11	22.45%	31,740	34.66
	25-29	10	20.41%	42,733	23.40
	30-34	17	34.69%	38,395	44.28
	35+	11	22.45%	18,526	59.38
EDUCATION	High school education or less	27	55.10%	69,678	38.75
	More than high school education	22	44.90%	61,626	35.70
INSURANCE AT DELIVERY	Private insurance	12	24.49%	77,523	15.48
	Public insurance**	20	40.82%	46,487	43.02
	Unknown	17	28.57%	-	-
BMI	Under weight (<18.5)	4	8.16%	3,644	109.77
	Normal weight (18.5 - <25)	8	16.33%	58,909	13.58
	Overweight (25 - <30)	10	20.41%	34,065	29.36
	Obese (30+)	13	26.53%	34,776	37.38
	Unknown	14	28.57%	-	-

*Race and ethnicity population based on maternal, self-reported race and ethnicity on birth certificate.
**Public insurance includes Medicaid, Indian Health Service, CHAMPUS/TRICARE, and other government payment sources.
Data sources: Maternal Mortality Review Committee; Nebraska Vital Statistics

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Examining the Data: Maternal & Perinatal Health Outcomes

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In 2017, there were **50.8** SMM cases, a 2.2-case increase from 2016 (48.6).

- March of Dimes Peristats, 2022

Severe Maternal Morbidity by Maternal Characteristics, Nebraska, 2016-2018, N=446

		Total Deliveries	SMM Cases	Rate per 10,000 Deliveries	Percent of Total Deliveries	Percent of SMM Cases	Chi-Square P-value
Maternal Age	<20	3,174	16	50.4	4.50%	4.70%	0.0059
	20-24	13,287	69	51.9	18.70%	20.20%	
	25-29	23,201	79	34.1	32.60%	23.20%	
	30-34	21,123	117	55.4	29.70%	34.30%	
	35+	10,358	60	57.9	14.60%	17.60%	
Delivery Type	Vaginal	51,496	150	29.1	72.40%	44.00%	<0.0001
	Primary Cesarean	9,953	66	66.3	14.00%	19.40%	
	Repeat Cesarean	9,694	125	128.9	13.60%	36.70%	
Urbanicity	Urban	42,445	191	45	59.70%	56.00%	0.1685
	Rural	28,698	150	52.3	40.30%	44.00%	
Payer Source	Private	45,172	197	43.6	63.50%	57.80%	0.1328
	Medicaid	23,255	130	55.9	32.70%	38.10%	
	Other Public	2,322	13	56	3.30%	3.80%	
	Uninsured	393	1	25.4	0.60%	0.30%	

Data Source: Hospital Discharge Data

Nebraska Department of Health, Maternal Mortality Review Committee, 2021

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Identifying Disparities in Maternity Care

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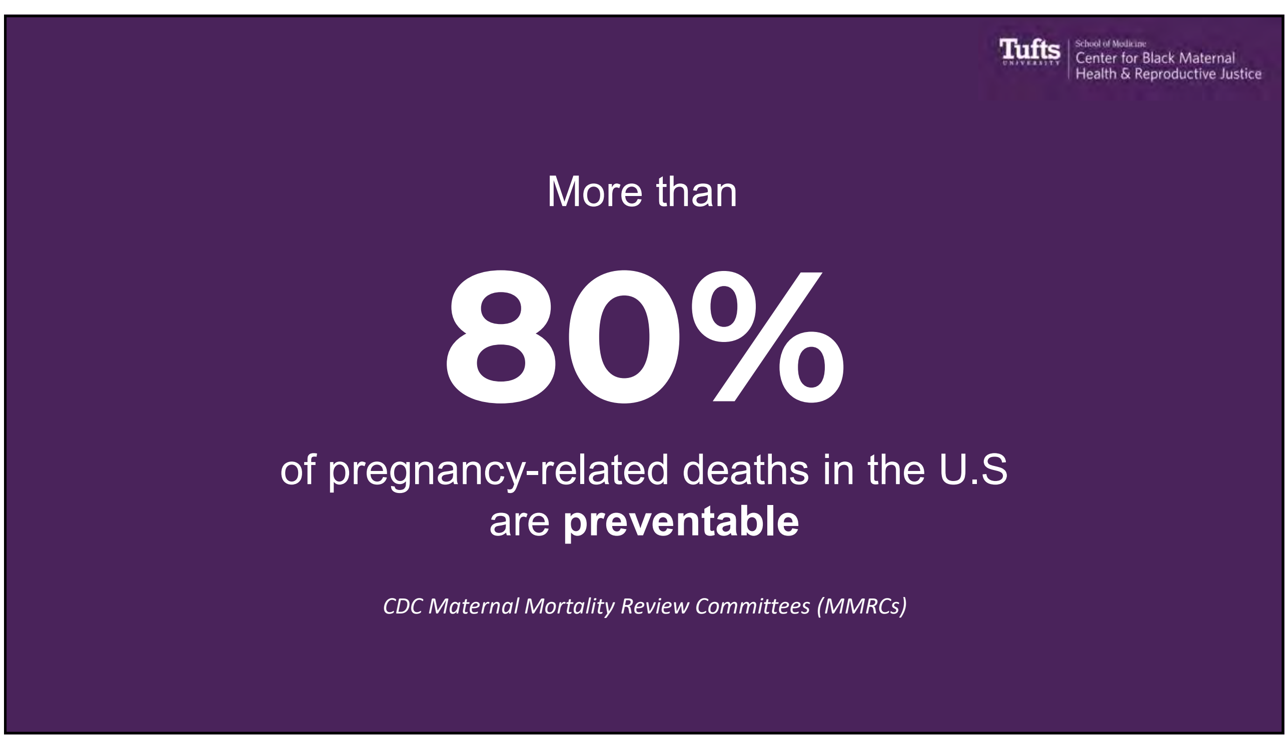

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Identifying Disparities in Maternity Care

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The Reality of Racism In Maternal Health Care

Severe Maternal Morbidity

60,000 U.S. women are affected by severe maternal morbidity each year.
(Declercq & Zephyrin, 2021)

Black women are

- at the intersection of **race** and **gender**
- affected by tremendous chronic stress

Black women are more than **twice as likely** to experiencing severe maternal morbidity (SMM) event than women of other racial groups. (Brown et al., 2020)

According to the ***American Journal of Managed Care***, For every maternal death, there are roughly 70 SMM incidents that the AJMC said "are considered 'near misses.'"

Black women have a **70% increased risk** for severe maternal morbidity (Department of Health, CDC)

WOMEN'S LIBERATION

BLACK WOMEN MATTER

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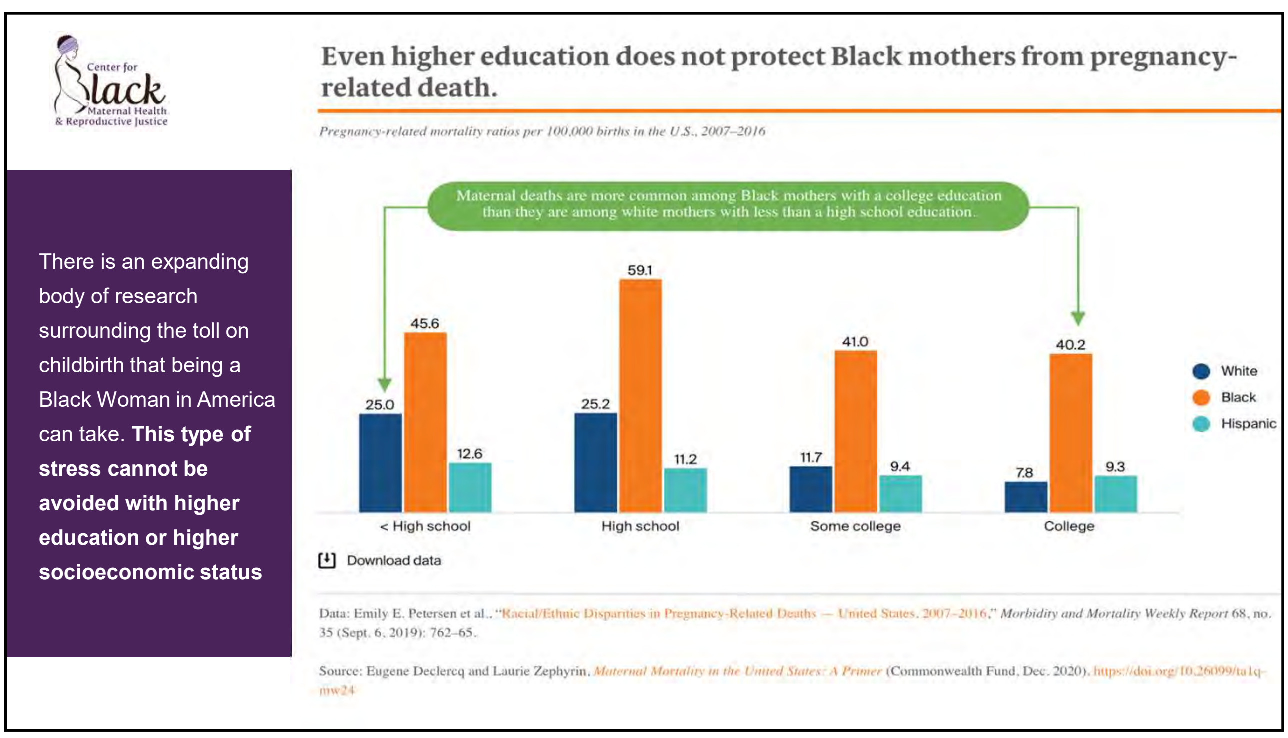

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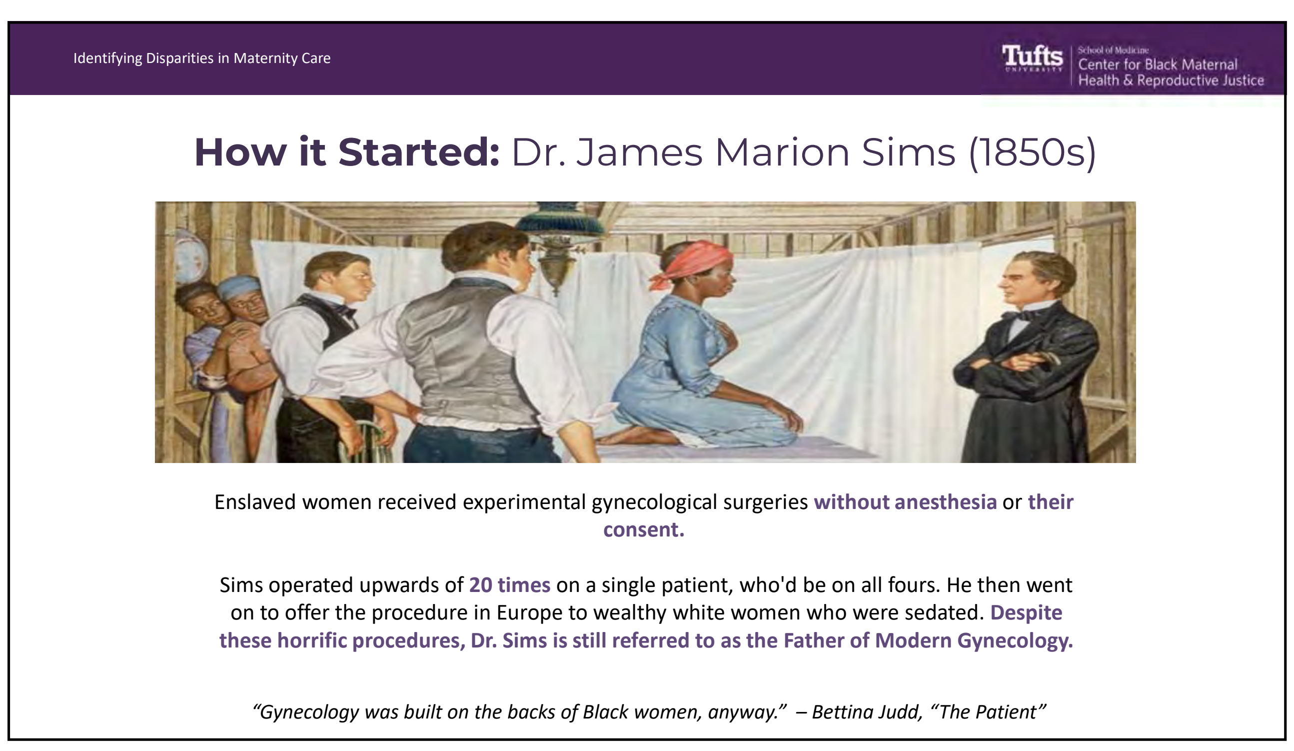

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Lucy, Betsey, & Anarcha

- In 1840. Lucy, Betsey, and Anarcha, enslaved Black women in Montgomery County, Alabama.
- Inhumane and painful experimentation by Dr. J. Marion Sims.
- Without anesthesia or consent.
- Their exploitation led to foundational advances in obstetrics and gynecology.
- These advances are still used in millions of procedures today.

- American College of Obstetricians and Gynecologists

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Fannie Lou Hamer

- 1930s: Eugenics Movement, including "The Negro Project of 1939."
  - Forced sterilization of poor, Black women in the South.
- 1980s: Stigmatizing terms like "welfare queen" and "crack baby" associated with Black mothers and children.
- Fannie Lou Hamer:
  - Voting, women's rights, and civil rights activist.
  - Coined "Mississippi Appendectomy" for involuntary/uninformed sterilization of Black women in the 1960s South.

- National Women's History Museum

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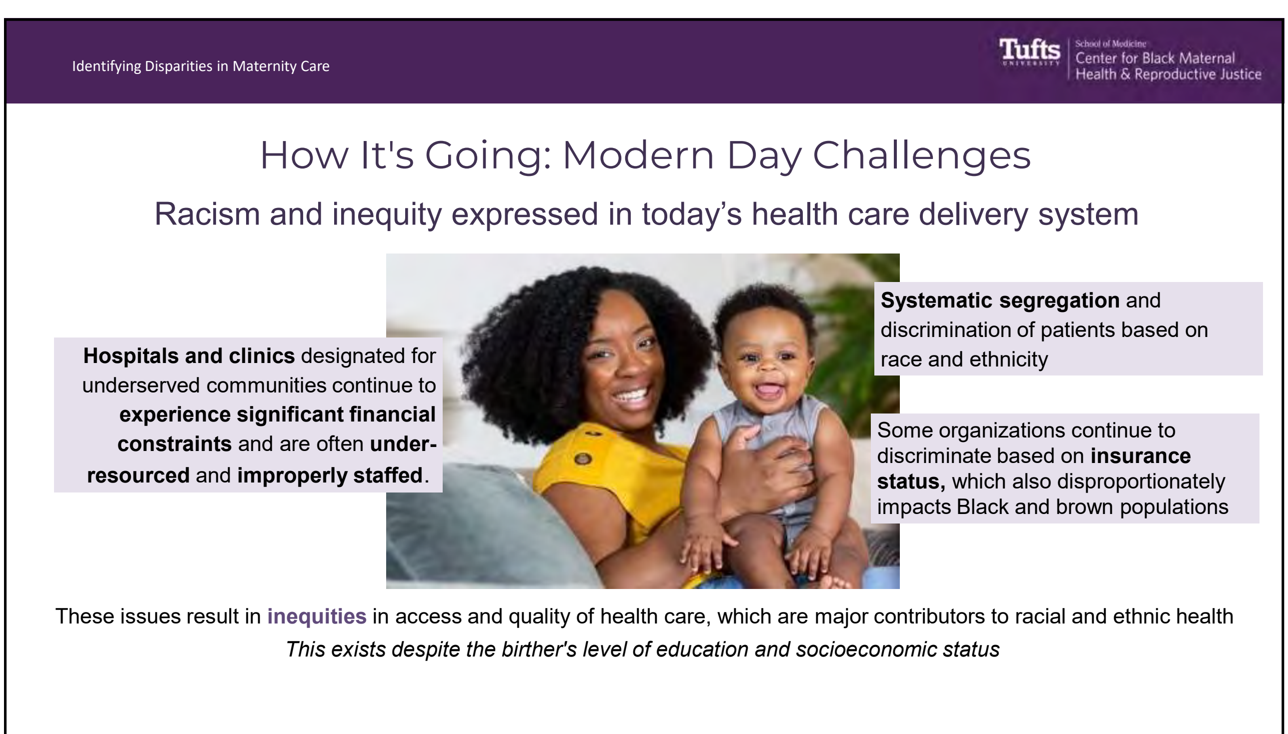

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Identifying Disparities in Maternity Care

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Social Determinants of Maternal and Perinatal Outcomes

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community, Safety, & Social Context	Health Care System
Racism and Discrimination					
Employment Income Expenses Debt Medical bills Support	Housing Transportation Parks Playgrounds Walkability Zip code/ geography	Literacy Language Early childhood education Vocational training Higher education	Food security Access to healthy options	Social integration Support systems Community engagement Stress Exposure to violence/trauma Policing/justice policy	Health coverage Provider & pharmacy availability Access to linguistically and culturally appropriate & respectful care Quality of care

Health and Well-Being:
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF

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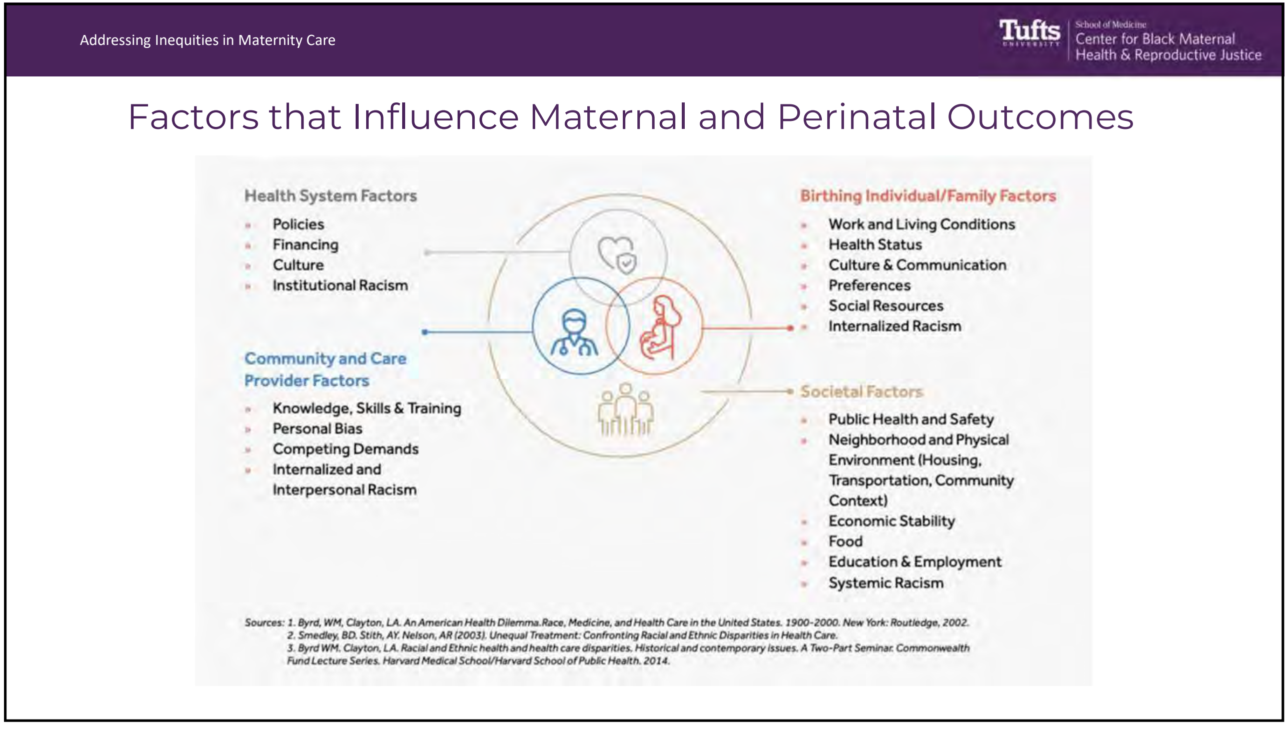

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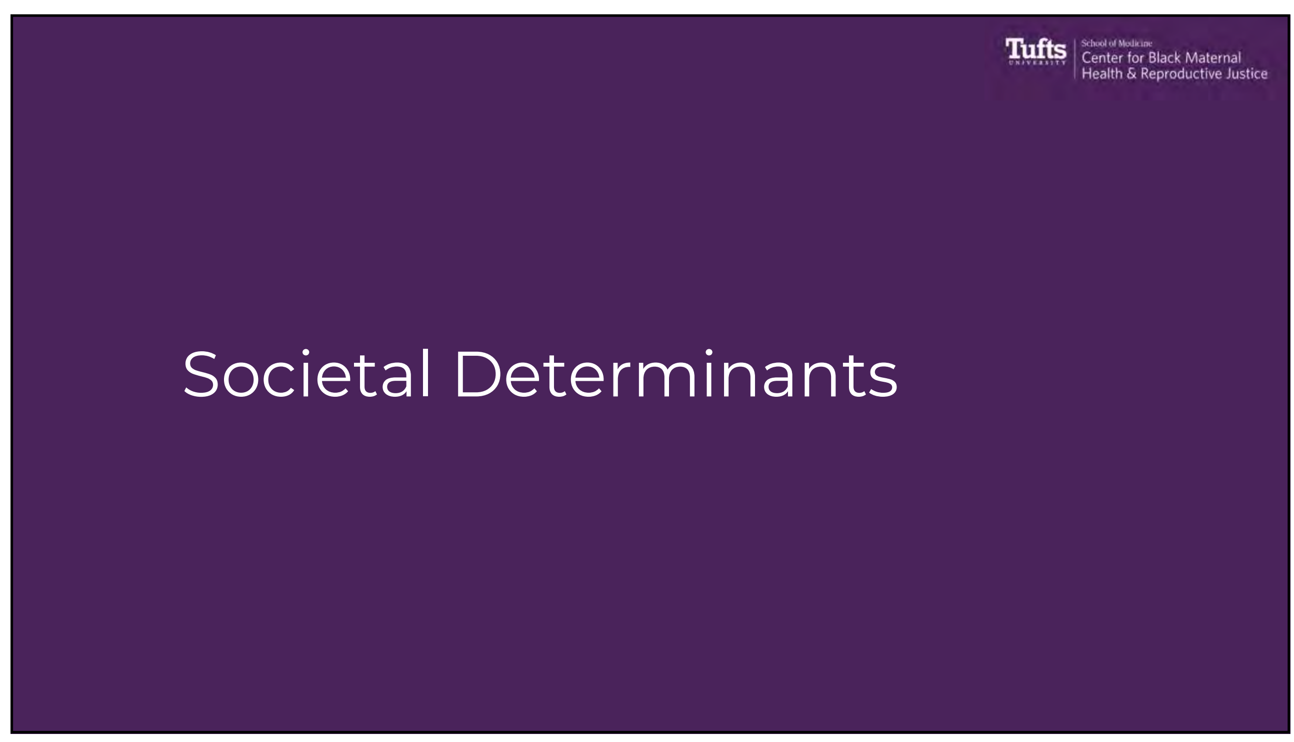

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Addressing Inequities in Maternity Care

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Maternal Mortality Ratio, by State, 2019

Black Birthing People

0 10 20 30 40 50 60 70 80 90 ≥100

Maternal mortality ratio (maternal deaths/100000 live births)

C Black

(Fleszar et al., 2023)

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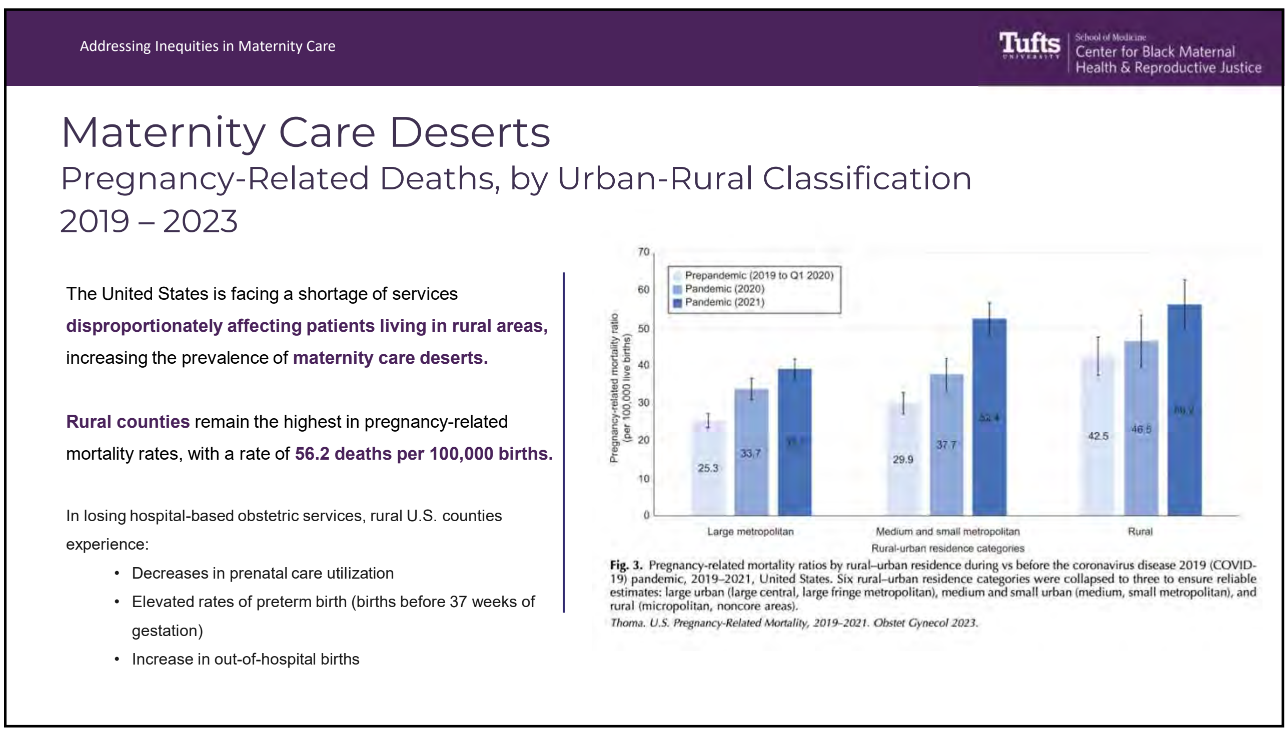

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Addressing Inequities in Maternity Care

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Maternity Care Deserts
Nebraska, 2020

Maternity Care Deserts Nebraska, 2020

Maternity Care Desert
- Maternity Care Desert
- Low Access to Care
- Moderate Access to Care
- Access to Maternity Care

Distribution of Obstetric Providers Nebraska, 2019

Rate of obstetric providers per 10,000 births
- No obstetric providers
- Fewer than 30 obstetric providers
- 30 - 60 obstetric providers
- Greater than 60 obstetric providers

March of Dimes Peristats, 2022

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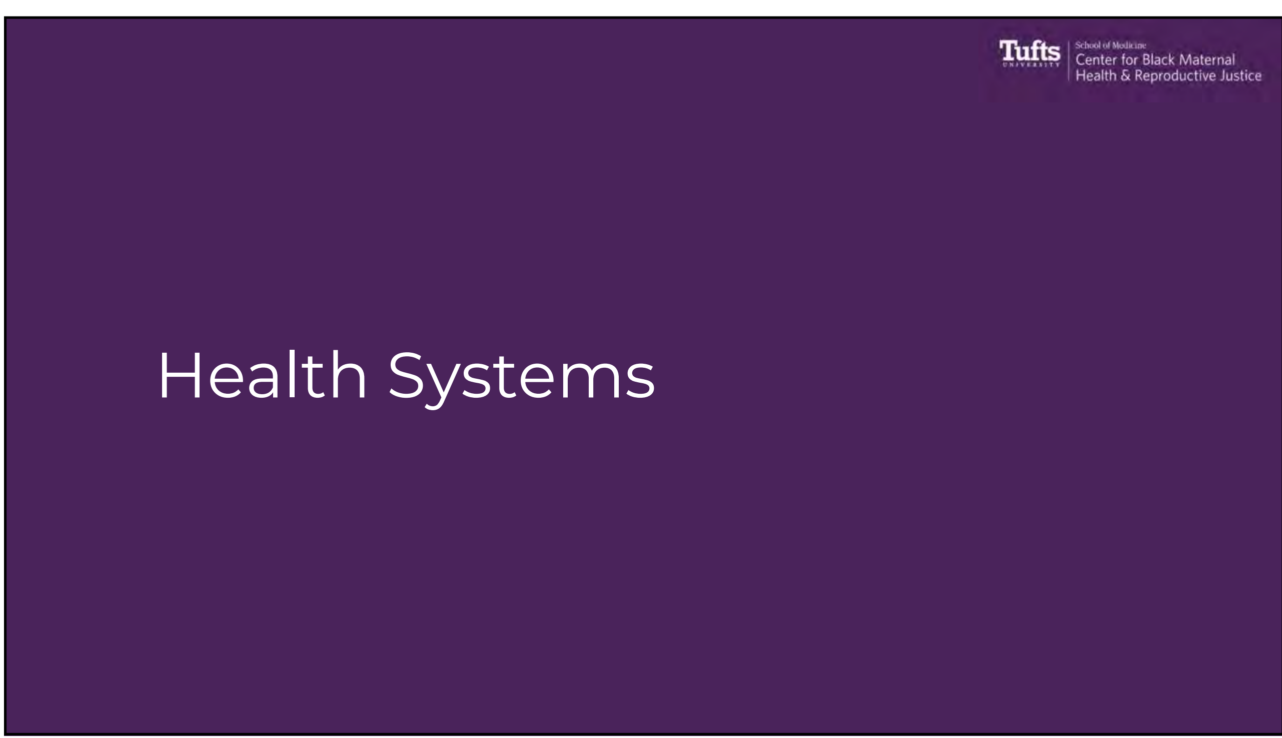

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Quality of Hospital Care: Discriminatory Hospital Protocols

Clinical Algorithms and Determination of Health Outcomes

- Race is not a reliable proxy for genetic difference, yet it is has become embedded within medical practice.
- A subtle insertion of race into medicine involves diagnostic algorithms and practice guidelines that adjust or "correct" their outputs based on a patient's race or ethnicity.
- Many of these race-adjusted algorithms direct more attention to White patients than to members of racial and ethnic minorities demonstrating clinician implicit bias in clinical decision making.

Vaginal Birth After Cesarean Calculator

- **The vaginal birth after cesarean (VBAC)** algorithm estimates probability of successful birth after prior cesarean section. Clinicians use this estimate to counsel people who have to decide whether to attempt a trial of labor or undergo a repeat cesarean section.
- **Use of Race:** The African American and Hispanic correction factors subtract from the estimated success rate for any person that identifies as Black or Hispanic.
- **The VBAC Score predicts a lower chance of success if the person is identified as Black or Hispanic.** These lower estimates may dissuade clinicians from offering trials of labor to people of color (*New England Journal of Medicine, 2020).*

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The role of Providers

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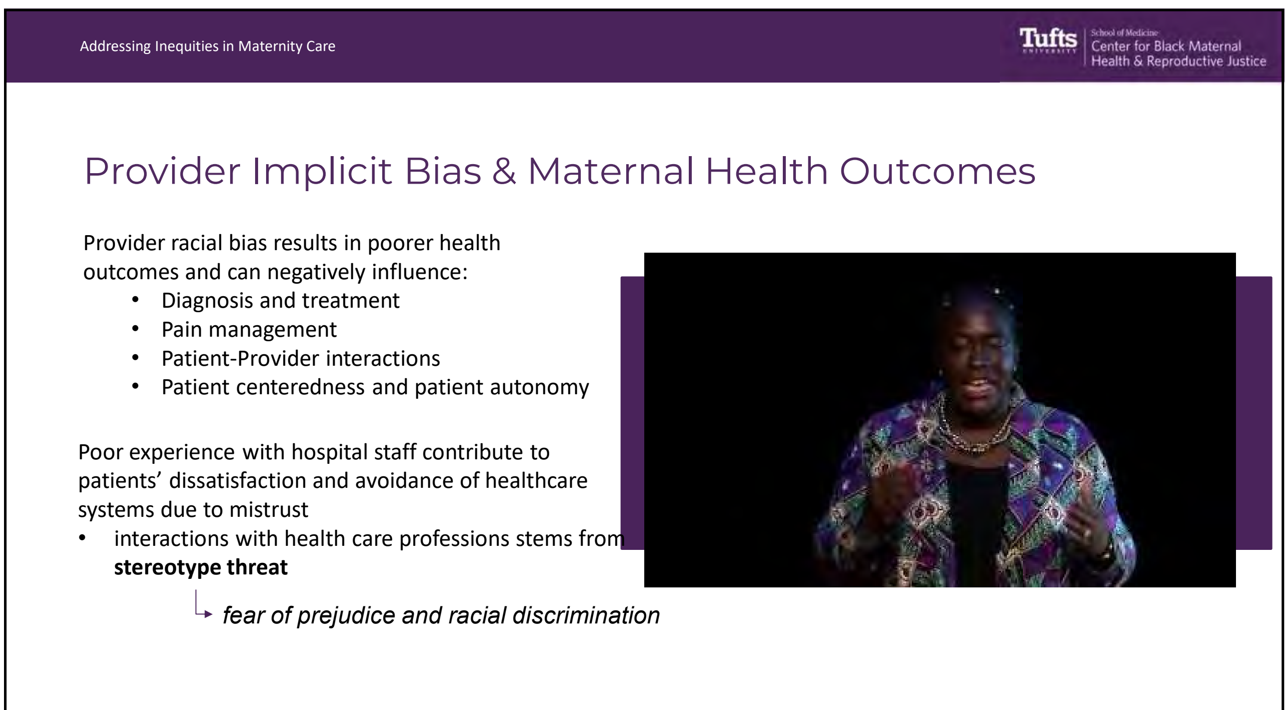

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Dismissal of Concerns in Clinical Encounters

Research has shown that implicit bias can cause doctors to spend less time with Black patients, resulting in:

- Receiving less effective care
- More likely to underestimate the pain of their Black patients – dismissing their complaints

This type of stress cannot be avoided with higher education or higher socioeconomic status.

Exacerbated by factors such as race and socioeconomic status, mistreatment experienced by birthing parents during clinical care encounters can have **fatal** consequences.

"Being heard and appropriately treated was the difference between life or death for me." - Serena Williams

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Patient Mistreatment During Pregnancy and Birth

The Giving Voice to Mothers Study (Vedam et al., 2019)

1 in 6 women reported experiencing one or more types of mistreatment such as:

- loss of autonomy
- being shouted at
- scolded, or threatened; and being ignored, refused, or receiving no response to requests for help.
  - 27.2% of women of color with low SES reported any mistreatment versus 18.7% of white women with low SES.
  - All women who self-identified as Black, Indigenous, Hispanic, or Asian reported higher than average experiences of mistreatment.
  - Regardless of maternal race, having a partner who was Black also increased reported mistreatment.

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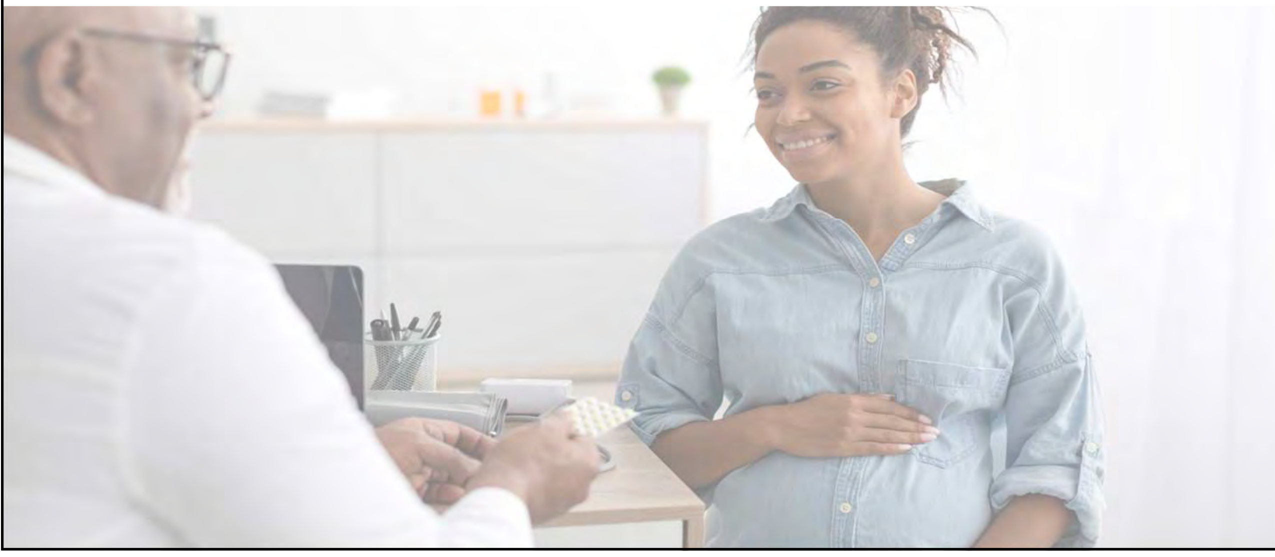
Advancing Maternal Health Care



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Respectful Maternity Care

"Care provided to all women in a manner that maintains their dignity, privacy, and confidentiality ensures freedom from harm and mistreatment and enables informed choice and continuous support during labor and childbirth"

- World Health Organization

- Respect for a woman's rights, choices and dignity
- Care that is free from harm and ill treatment
- Care that promotes positive parenting and improves birth outcomes
- Privacy and Confidentiality
- Care that promotes liberty, autonomy and self-determination
- Equality, freedom from discrimination, and equitable care

- Health Policy Project

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Racial Equity

As an outcome – is achieved when race no longer determines one's socioeconomic outcomes; when everyone has what they need to thrive, no matter where they live

As a process – applied to those most impacted by structural racial inequity and are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives.

The Center for Social Inclusion

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Methods to Advance Maternal Care with a Racial Equity Lens

Recognize the complexity of decision-making and intentions about sexuality and reproduction, and supporting individuals, couples, families, and communities in seeking reproductive autonomy, health, and wellbeing.

Ensure that everyone has access to information, culturally-responsive services, and other supports necessary to make decisions about their reproductive health.

Utilize an intersectional and social determinants of health lens to consider an individual's choices or lack thereof around reproduction to address racism, health care delivery and other research gaps.

Value the voices and lived experiences of the people whom we aim to serve.

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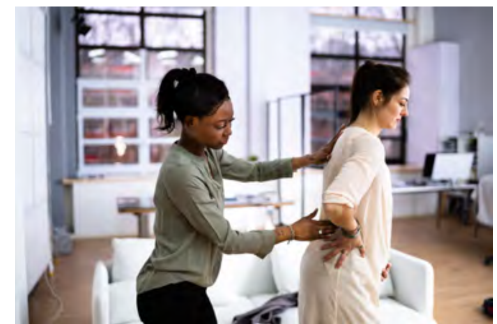
Implementing Doulas Services and Community-Based Care

A doula is a non-medical companion trained to provide emotional, physical, and informational supports birthing people and their families throughout the perinatal period

The presence of a doula supports:

- Improved communication between clinicians, birthing patients and their families
- Improve the quality of maternal health care services
- Result in fewer obstetric interventions
- Less use of pain medications
- Provides advocacy and support to reduce health inequities (Bey et al.,2019)



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Impact of Doulas On Healthy Birth Outcomes

Doula-assisted mothers are:

- 2 times less likely to experience a birth complication
- 4 times less likely to have a low birthweight baby
- More likely to breastfeed

(Gruber, 2013)

Reducing Medical Interventions

- With the support of doulas, many birthing people can avoid epidurals, reduce the need for cesarean births, and lower preterm birth rates.
- This often results in less stressful childbirth experiences.

Supports Vulnerable Populations

- Positive effects of doula care are more pronounced among socially disadvantaged, low-income, married, and those giving birth without a companion, or experiencing language/cultural barriers. (Vonderheid et al., 2011)

Provides Postpartum Support

- Doulas provide continued support, information, resources, and guidance during the critical postpartum period.
- This period is significant, as nearly one-third of pregnancy-related deaths occur during this time. (Centers for Disease Control and Prevention, 2019)

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Impact of Doulas On Addressing Social Determinants

Doulas play a crucial role in addressing social determinants of health by:

Providing comprehensive childbirth and breastfeeding education

Guiding clients through the medical system and empowering advocacy

Connecting clients to community resources that improve holistic health and wellbeing

Assisting clients in securing essential necessities such as food, housing, and baby supplies

Providing valuable education, support, companionship during the postpartum period

(Beth Israel Deaconess Medical Center)

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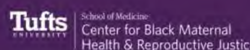

Doula Integration into Clinical Care

Challenges

- Incorporating a doula into the obstetrics team calls for a cultural shift away from traditional practices.
- However, **barriers** regarding the expansion and availability of doula support pose challenges to integration in clinical care, including:
  - lack of funding for doula training
  - limited Medicaid and private insurance reimbursement for doula services
  - unsustainable reimbursement levels for doula services
  - failure to provide payment, professional support, and work conditions that enable doulas and their families to thrive and sustain services over time;
  - restrictive laws and regulations determining doula eligibility for reimbursement
  - the unaffordability of private-pay doula services for many childbearing families

National Partnership for Women and Families

Doula support could be one strategy to mitigate the negative effects of racism on maternal and infant health outcomes.
(Beth Israel Deaconess Medical Center)

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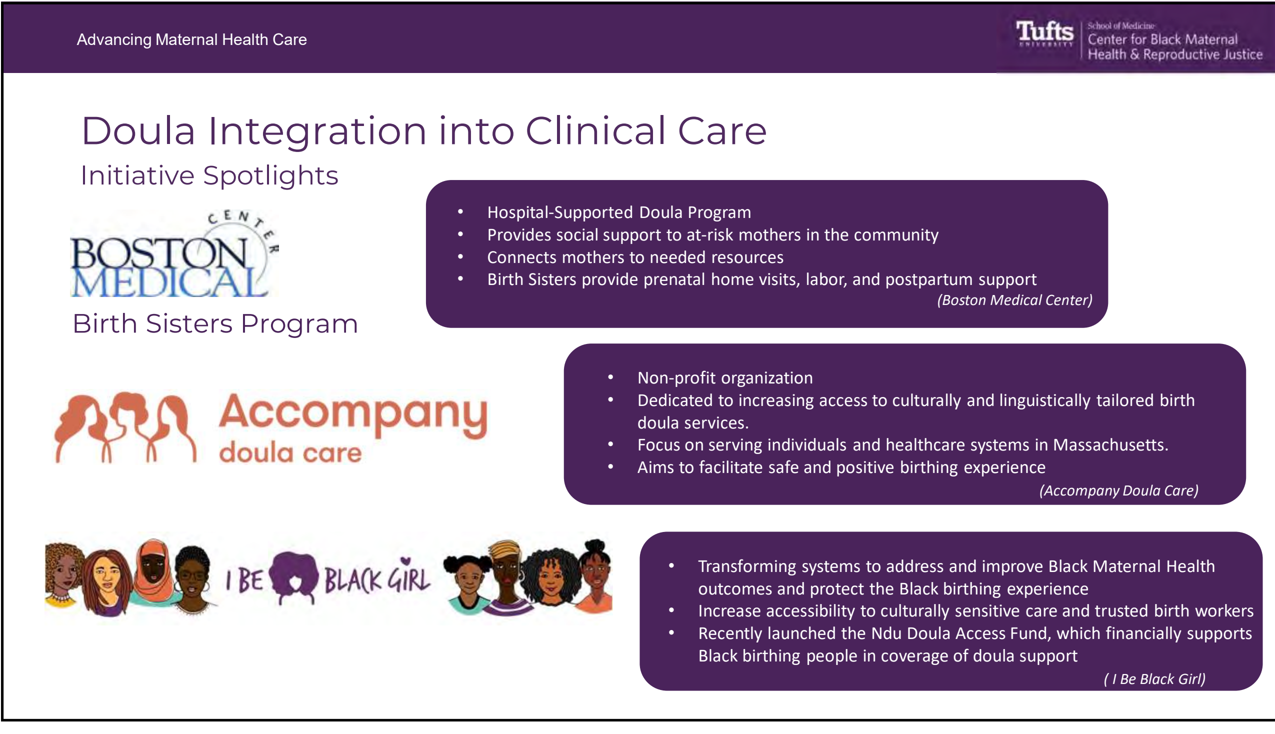

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Advancing Maternal Health Care

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Culturally Competent Care

Providing culturally competent care aims to improve maternity care experience and outcomes of birthing people throughout pregnancy, childbirth, and the postpartum period.

Culturally competent care is crucial for:

- promoting equitable and effective maternal health care
- protecting the birthing experience
- improving maternal healthcare delivery that is respectful of and responsive to the needs of all birthing people, regardless of their cultural background or identity. (Stubbe et al., 2020)

Education | Training | Community Engagment | Data

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Enhancing Culturally Competent Care

Doula support can significantly enhance cultural competency in healthcare settings by emphasizing key values such as:

- Cultural Sensitivity
- Communication
- Advocacy
- Support
- Trust

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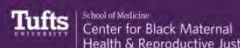

Doula Integration into Clinical Care

Recommendations

Training and Education:

- Ensure doulas receive proper education and training.
- Include familiarity with hospital protocols and procedures in their training.
- Provide cultural competency training for doulas.

Collaboration and Communication:

- Foster a collaborative environment between doulas and healthcare providers.
- Provide training to clinical staff, including doctors, nurses, and midwives, about the role and benefits of doulas.
- Address any misconceptions or concerns about doula care.

Patient-Centered Care:

- Respect patient choice and autonomy regarding the presence of a doula.
- Obtain informed consent from expectant mothers for doula services.
- Encourage continuity of care with the same doula throughout labor and childbirth.

Policy and Advocacy:

- Advocate for insurance coverage for doula services.
- Support research on the impact of doula care on maternal and infant health outcomes.
- Continuously assess and improve the integration of doula care into clinical care settings based on feedback and outcomes.

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Advancing Maternal Health Care

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Promoting Racial & Health Equity Research

- **Utilize** culturally responsive, community-driven, and anti-racist approaches with health equity tools to aid underserved, low-income, or at-risk families.
- **Enhance** opportunities to identify and address racial inequities and disparities, leading to improved maternal and early childhood outcomes.
- **Promote** a renewed focus on preventing chronic diseases to significantly enhance overall health and reduce maternal morbidity and mortality inequities.
- **Recognize** that despite 75% of U.S. healthcare spending being directed at preventable conditions, only 3% is allocated to prevention.
- **Prioritize** primary care over specialty care to eliminate disparities in high-quality care access, address social risk factors more effectively, and diversify the healthcare workforce.
- **Support** initiatives to improve maternal morbidity and mortality data collection, addressing challenges in identifying pregnancy-related deaths and ensuring accurate national-level reporting of maternal health data and statistics.
- **Conduct** medical research that encompasses the diversity of women's experiences.

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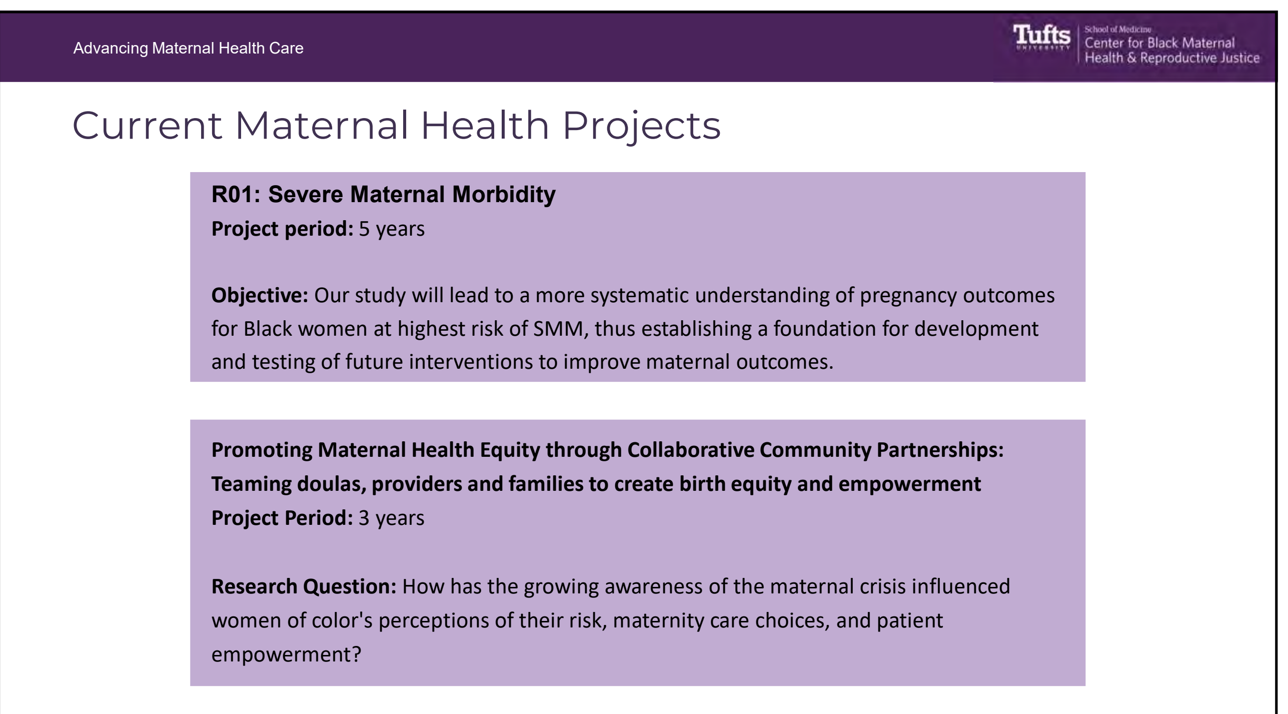

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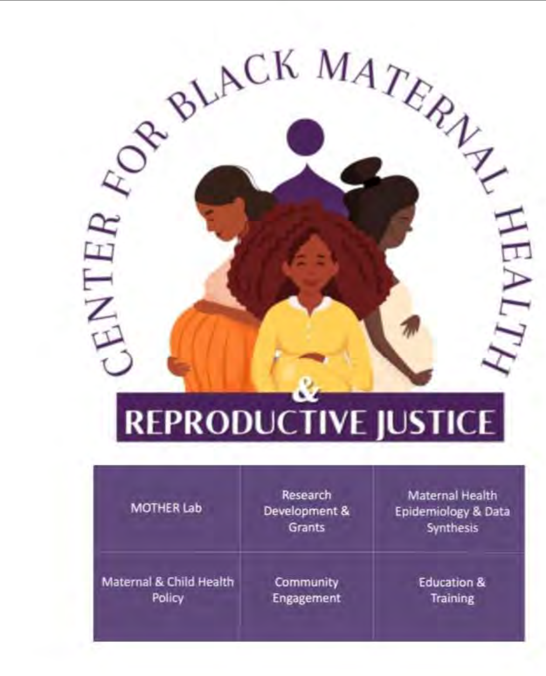

The mission of the Center of Black Maternal Health and Reproductive Justice is to foster academic and community-engaged research in support of the center's goals to conduct maternal health research with a focus on Black Maternal Health and eliminating inequities.

1. Collective Action

Addressing these disparities is central to the mission of our center, and our collective action will shape federal, state, and local health legislation and impact policy at multiples levels.

2. Maternal Health Research

Foster maternal health research at Tufts University School of Medicine, with a particular focus on improving the health of Black birthing persons and their babies by reducing maternal health disparities.

3. Equitable Access

The center seeks to create a world where Black women can safely, efficiently, and comfortably receive equitable access to healthcare services without having to navigate through racism and/or discrimination in medical settings.

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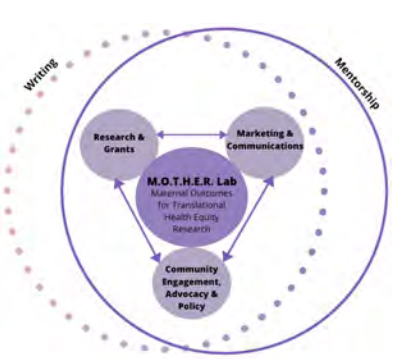
M.O.T.H.E.R Lab

Maternal Outcomes for Translational Health Equity Research Lab

Center for Black Maternal Health & Reproductive Justice



The **mission** of the MOTHER Lab is to address and eradicate inequities facing Black women, through research, advocacy, and mentorship by confronting and dismantling the system that enables and perpetuates racism for Black women who give birth.

MOTHER Lab is a research lab comprised of 35 students from undergrad to postdoc with a keen interest in reducing maternal health disparities as experienced by Black women.

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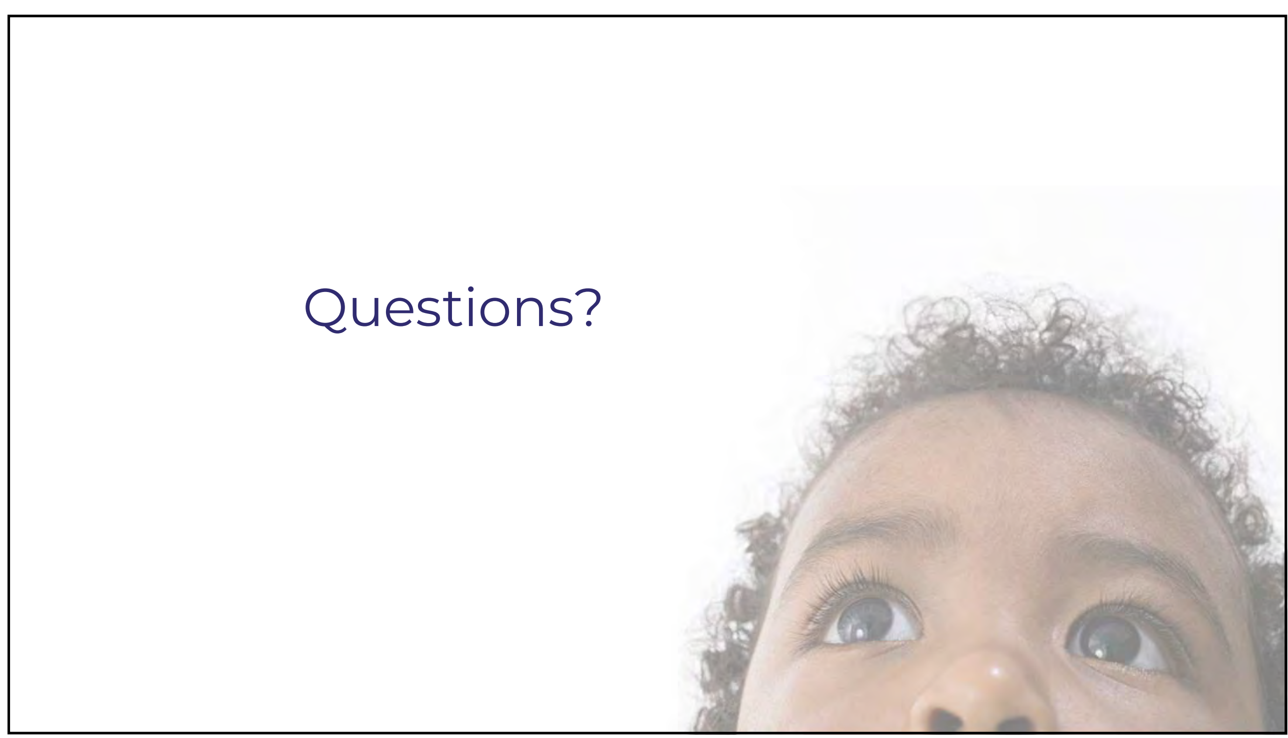

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