Maternal Healthcare Crisis for Women of Color

Maternal Health, Birth and Reproductive Justice

Pennsylvania Department of Health and Pennsylvania Perinatal Quality Collaborative

April 15, 2021

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Nothing Protects Black Women From Dying in Pregnancy and Childbirth

Not education. Not income. Not even being an expert on racial disparities in health care.

by **Nina Martin**, ProPublica, and **Renee Montagne**, NPR, Dec. 7, 2017, 8 a.m. EST

Shalon Irving

Dr. Shalon Irving
https://hub.jhu.edu/2019/02/26/shalon-irving-marternal-mortality-symposium/

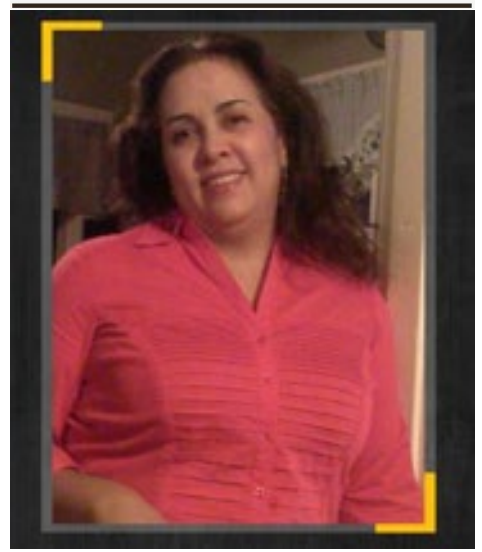
PROPUBLICA TOPICS ▾ SERIES ▾ ABOUT

LOST MOTHERS

How Hospitals Are Failing Black Mothers

A ProPublica analysis shows that women who deliver at hospitals that disproportionately serve black mothers are at a higher risk of harm.

by **Annie Waldman**, Dec. 27, 2017, 8 a.m. EST



Rosa Diaz;
The Extraordinary Danger of Being Pregnant and Uninsured in Texas. Proublica
Courtesy of Diana Diaz

Erica Garner
Andrew Burton/ Getty Images

Racism Linked to High Maternal and Infant Mortality for Native Women

"We stopped keeping statistics on the number of Native moms and babies that are lost in our region; it was just too upsetting."

Avana Byrd | JUL 10. 2018 1:12PM EDT

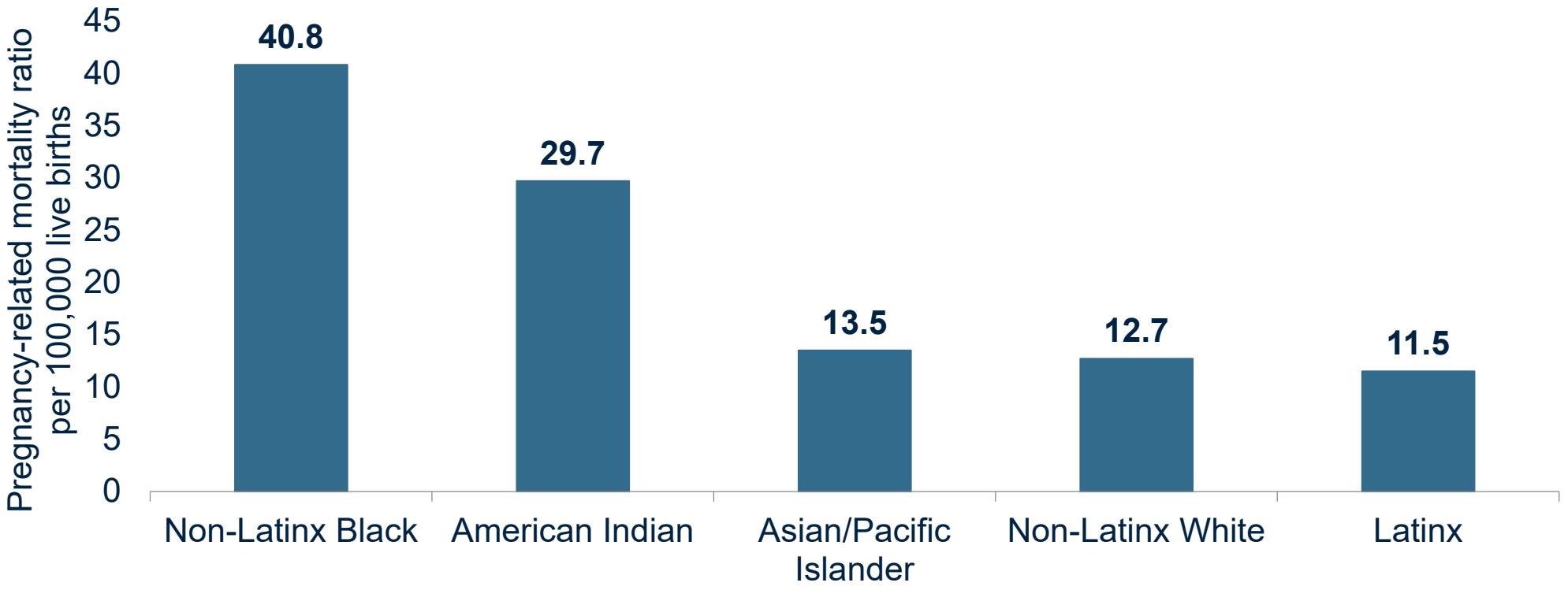
COLORLINES PUBLISHED BY race forward

HOT TOPICS ARTS & CULTURE CRIMINALIZATION TRUMP PRESIDENCY

Acknowledgement

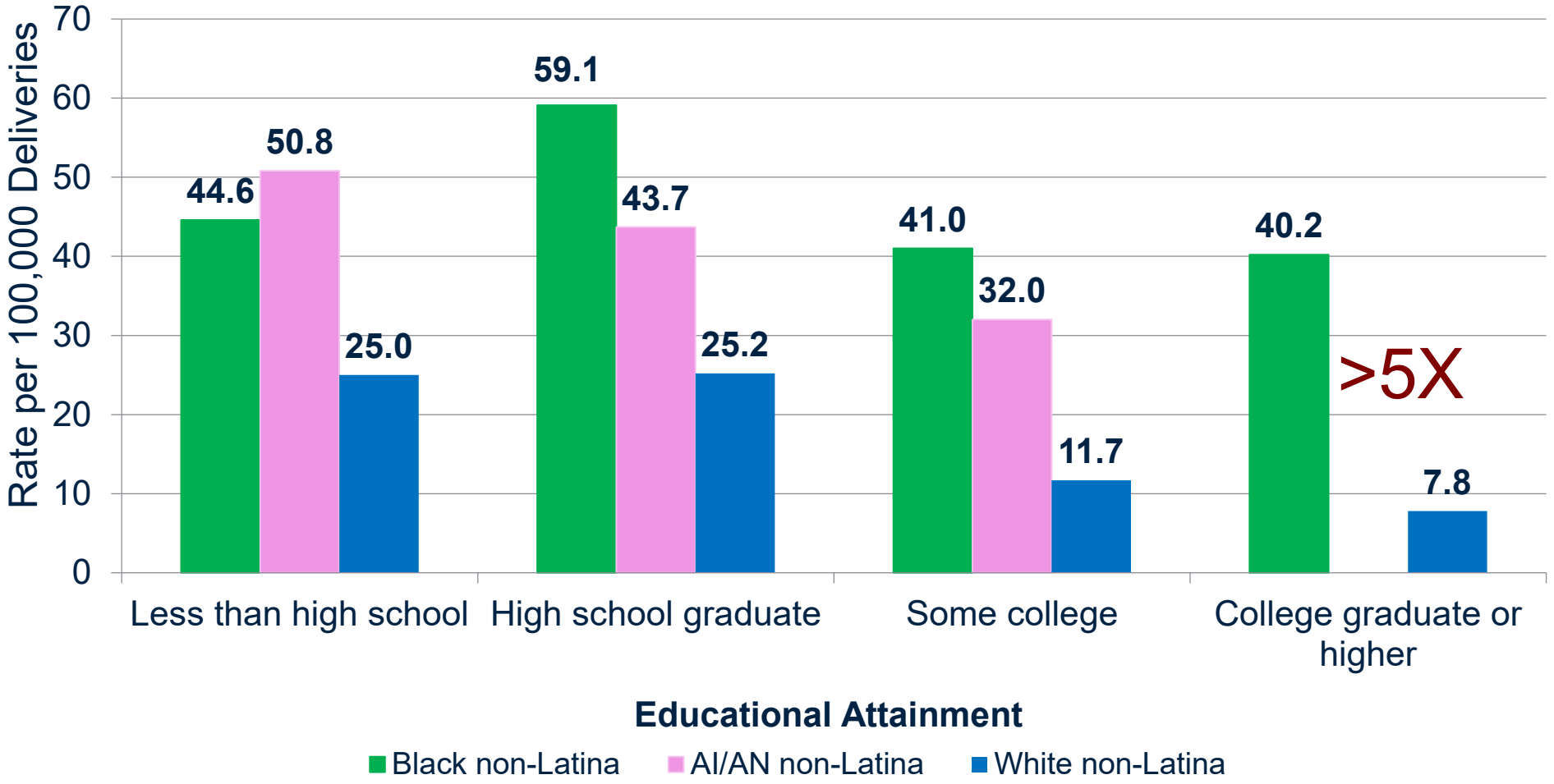
- Our discussion today has implications for Black, Brown, and Indigenous Birthing People
- I refer to “women” to describe pregnant individuals. However, I recognize that people of various gender identities, including transgender, nonbinary, and cisgender individuals, give birth and receive maternity care
- There is a long legacy of racism and discrimination that has been experienced by Black women and most of the research to date has been on cisgender women
- We have much work to do to expand our definitions and collect meaningful data on all birthing people

Pregnancy-Related Mortality Ratios by Race-Ethnicity, 2007-2016



Petersen E et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016. MMWR. Sept. 6, 2019. vol 68. no 35; New York City DOHMH. Pregnancy-Associated Mortality in NYC, 2011-2015. Long Island City, New York. Feb. 2020

Pregnancy-Related Mortality Ratios by Educational Attainment, 2006-2017



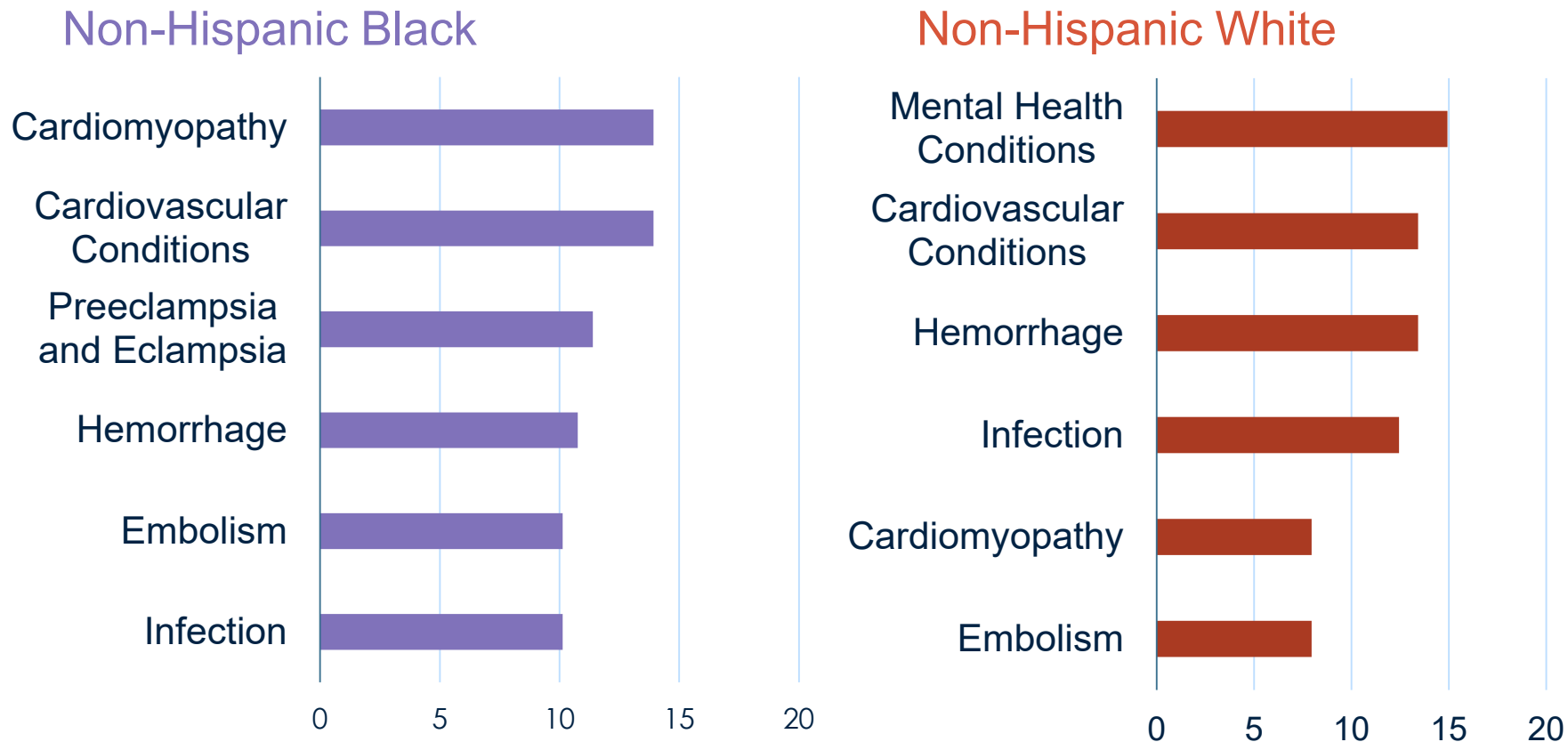
Source: Petersen E et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016. MMWR. Sept. 6, 2019. vol 68. no 35

Definition of Disparities

- “Health equity and health disparities are intertwined. Health equity means social justice in health (i.e. no one is denied the possibility to be healthy for belonging to a group that has historically been economically/ socially disadvantaged). Health disparities are the metric we use to measure progress toward achieving health equity.”(Dr. Paula Braveman)

Braveman P. Public Health Rep. Jan-Feb 2014;129 Suppl 2:5-8.

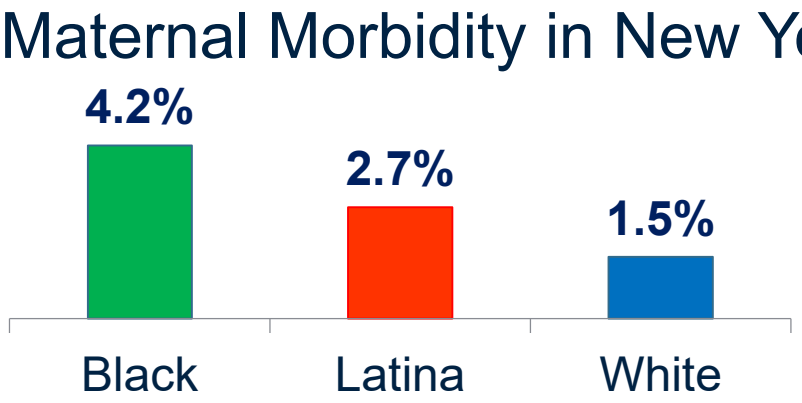
Leading Underlying Causes of Pregnancy-Related Deaths by Race/Ethnicity



Davis NL, Smoots AN, Goodman DA. Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2019

Maternal Death is the Tip of the Iceberg

- For every maternal death, 100 women suffer severe maternal morbidity (SMM)
  - e.g., shock, amniotic embolism, eclampsia, hysterectomy
- >50,000 women every year experience SMM in the US
- Racial and ethnic disparities exist



- Over 60% of maternal deaths / SMM are PREVENTABLE

Callaghan. Obstet Gynecol 2012;120:1029-36. Howell Am J Obstet Gynecol. 2016 Aug;215(2):143-52; Howell. Obstet Gynecol. 2017 Feb;129(2):285-294.

How Did We Get Here?

Impact of Institutional Racism on Maternal Health

- Unequal access to resources
  - 1935 Social Security Act
- Housing discrimination - redlining
- Mistrust of the healthcare system
- Recent events

National Institute for Children's Health Quality. https://www.nichq.org/insight/impact-institutional-racism-maternal-and-child-health

Reproductive Justice

- “The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities”
- Human rights framework, which views reproductive rights as human rights
- Acknowledges intersectionality
- Encompasses a wide range of issues affecting the reproductive lives of marginalized women, including access to contraception, reproductive rights, prenatal and pregnancy care, adequate wages, safe homes

SisterSong Women of Color Reproductive Justice Collaborative

Racism & Discrimination

Patient Factors
- Socio-demographics: age, education, poverty, insurance, marital status, employment, language, literacy, disability
- Knowledge, beliefs, health behaviors
- Psychosocial: stress, weathering, social support

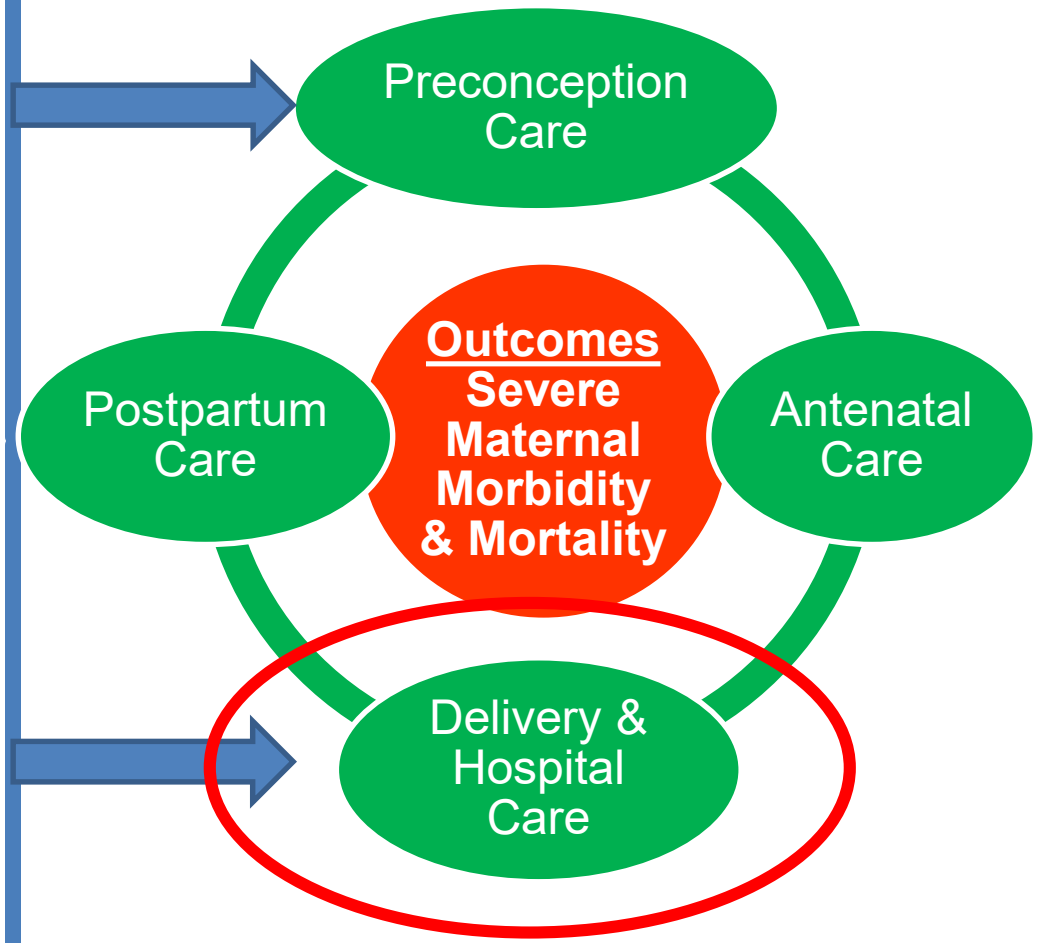
Community/ Neighborhood
- Community, social network
- Neighborhood: crime, poverty, built environment, housing

Clinician Factors
- Knowledge, experience, implicit bias, cultural humility, communication

System Factors
- Access to high quality care, transportation, structural racism, policy

Health status: comorbidities (e.g. HTN, DM, obesity, depression); Pregnancy complications

Figure 1: Pathways to Racial and Ethnic Disparities in Severe Maternal Morbidity & Mortality



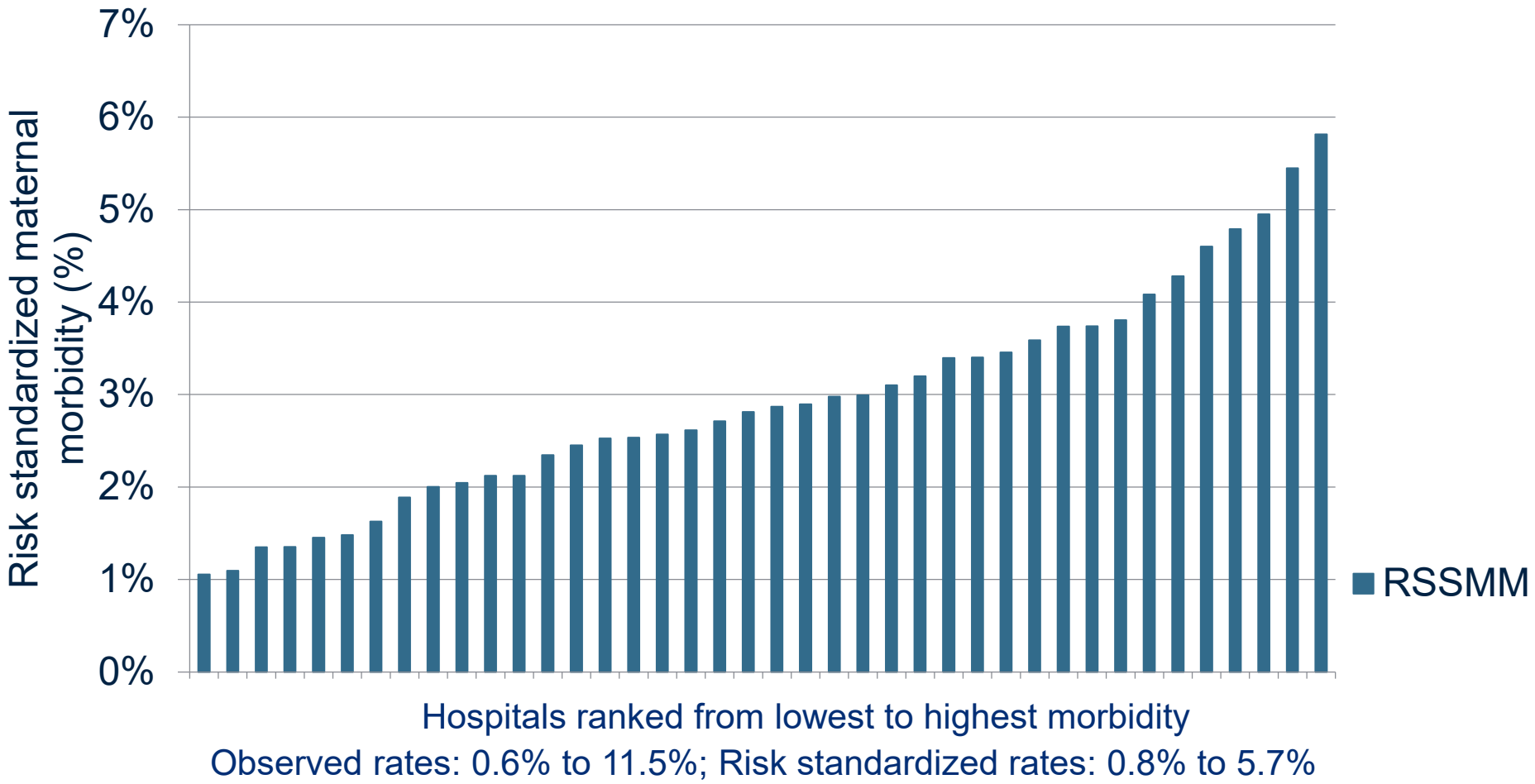
Adapted from Howell EA. Clin Obstet Gynecol. 2018 Jun;61(2):387-399

Our Research in New York City Hospitals

- Study to investigate hospital quality and racial and ethnic disparities in severe maternal morbidity
- Examined hospital risk-adjusted SMM and racial/ethnic distribution of deliveries
- Conducted qualitative interviews to examine safety culture, QI, and other factors
- Conducted focus groups with mothers who experienced severe maternal morbidity to explore their experience with care

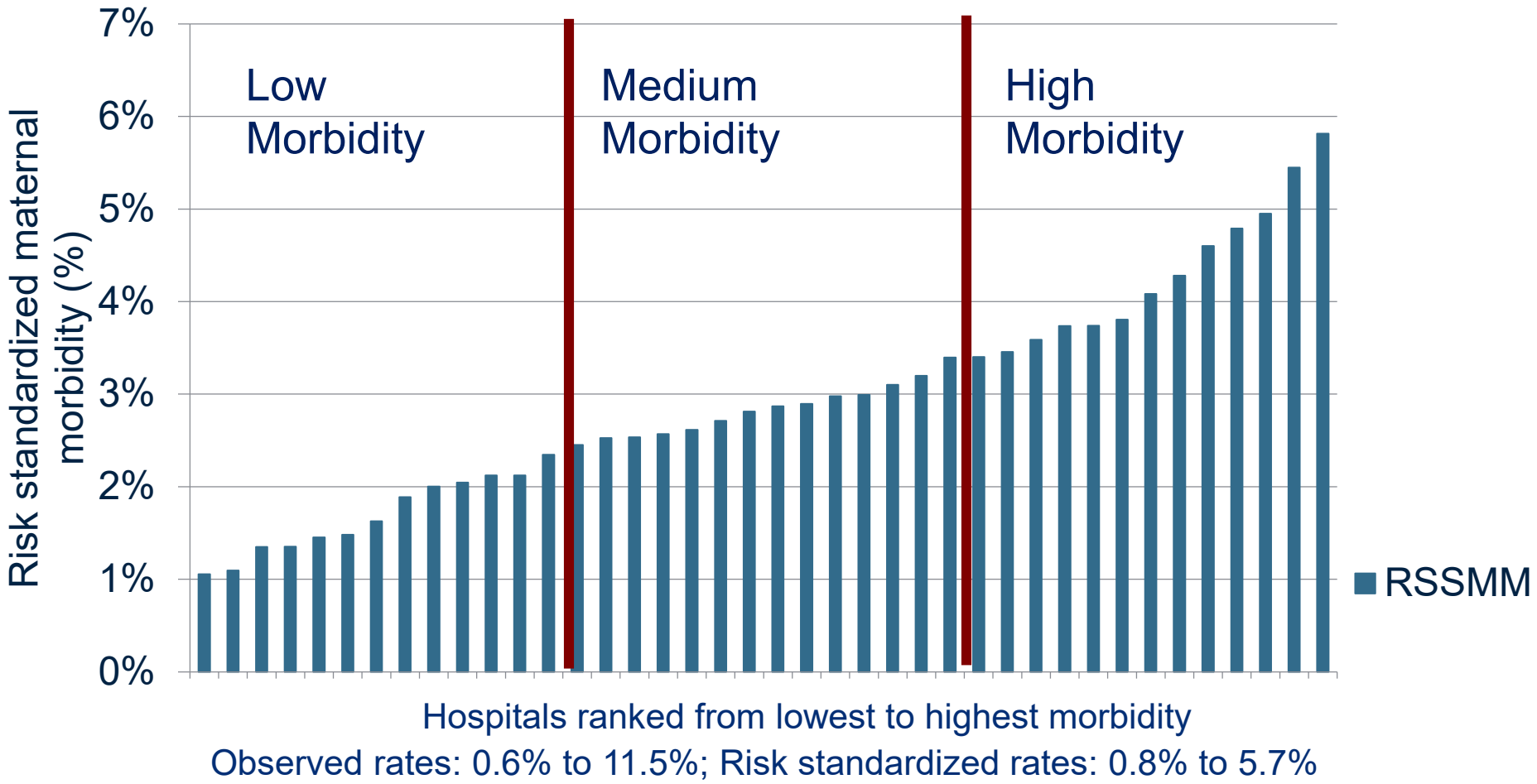
*Funded by NIH #R01MD007651
Howell Am J Obstet Gynecol. 2016 Aug;215(2):143-52; Howell. Obstet Gynecol. 2017 Feb;129(2):285-294.

Hospital Rankings for Severe Maternal Morbidity

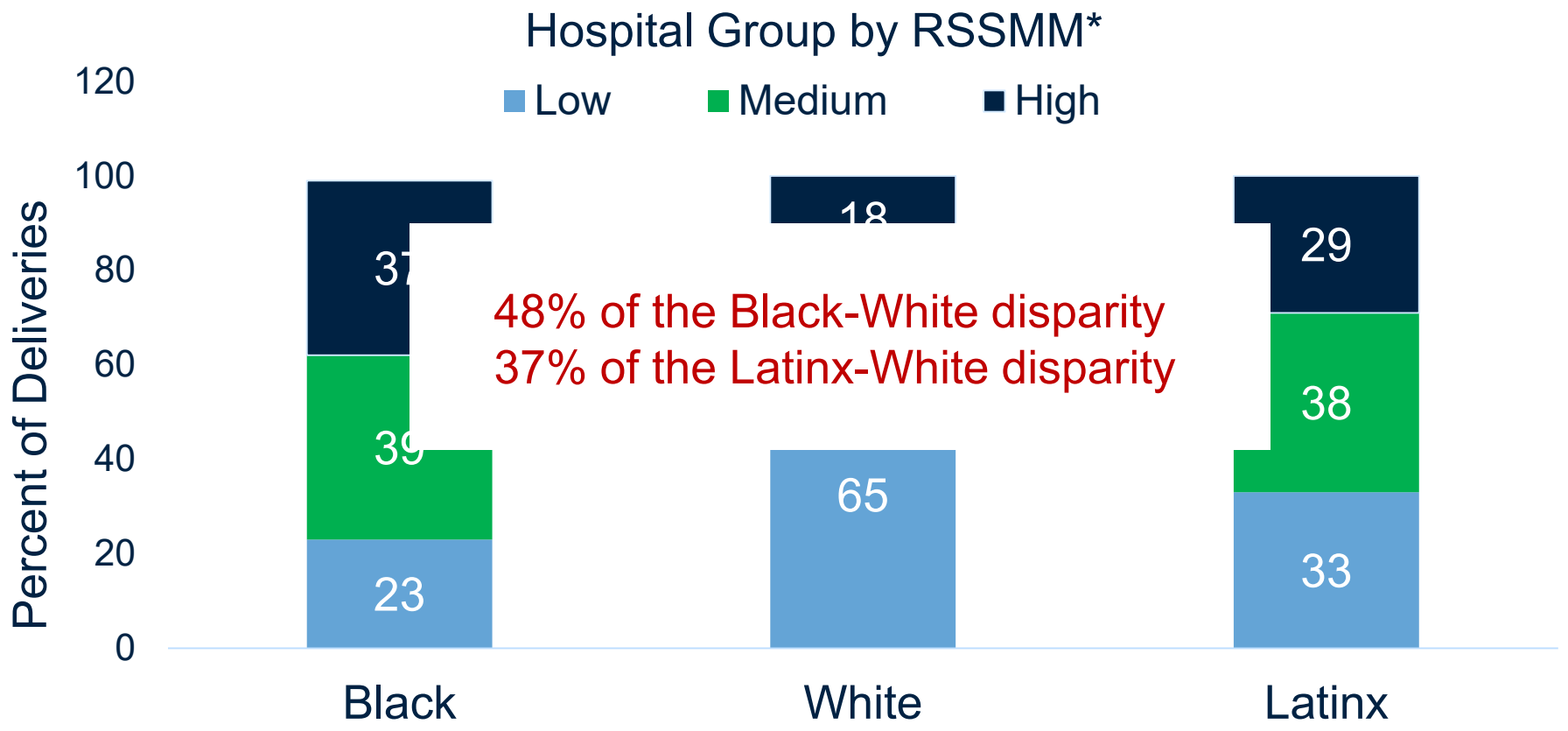


Observed rates: 0.6% to 11.5%; Risk standardized rates: 0.8% to 5.7%

Hospital Rankings for Severe Maternal Morbidity

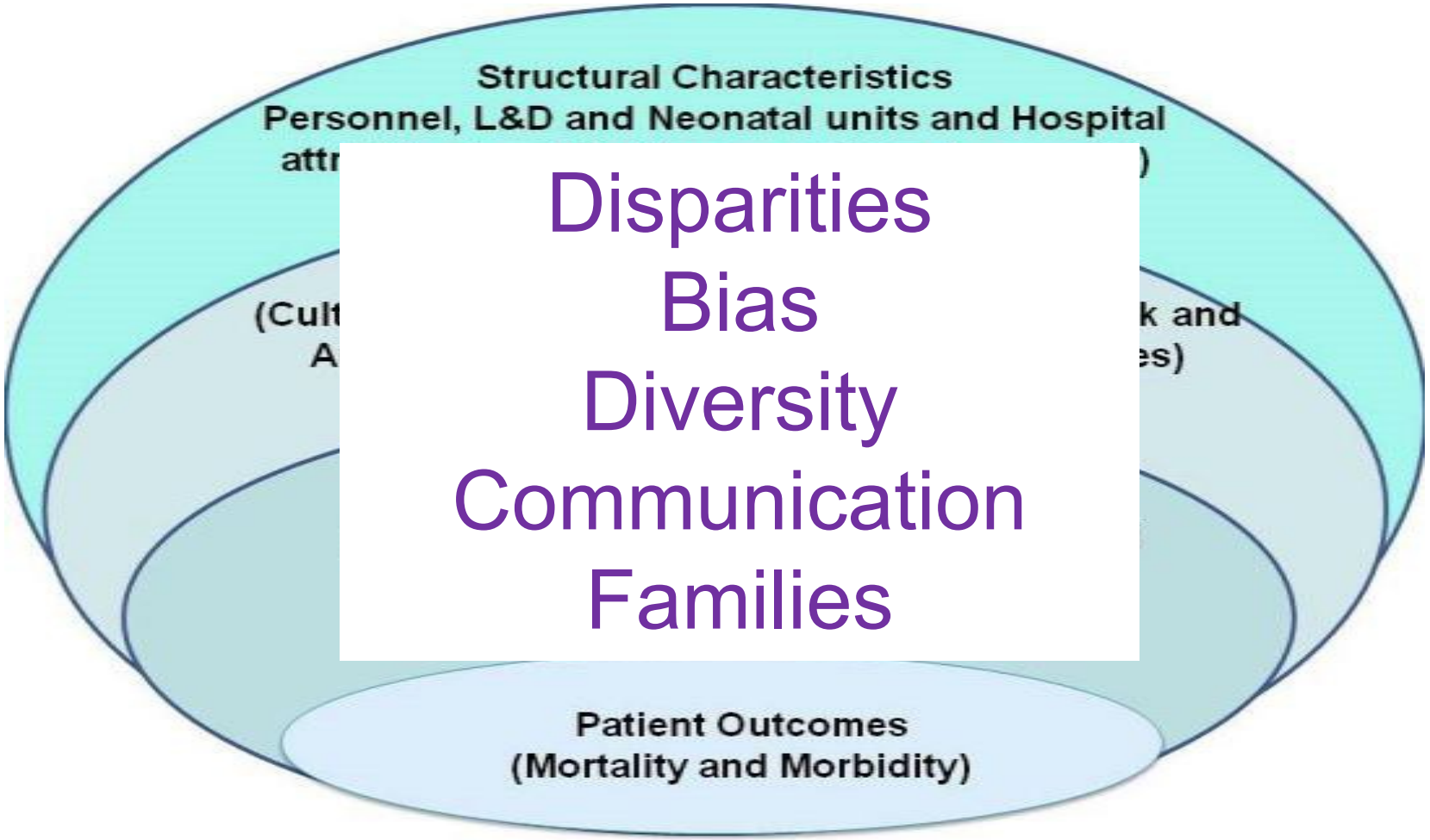


Distribution of Deliveries by Race / Ethnicity and Hospital Ranking



Howell Am J Obstet Gynecol. 2016 Aug;215(2):143-52; Howell. Obstet Gynecol. 2017 Feb;129(2):285-294

Hospital Factors, Quality, and Disparities



Howell. Semin Perinatol. 2017 Aug;41(5):266-272

Themes Distinguishing High versus Low Performing Hospitals

- High performing hospitals more likely to have:
  - Stronger focus on standards and standardized care
  - Stronger nurse physician communication / teamwork
  - Sharing of performance data with nurses and other frontline clinicians
  - Senior leadership involved in day-to-day quality activities
  - More focus on supervision
  - ***More awareness that disparities, racism may be present in hospital and could lead to differential treatments***

Howell. Using a Positive Deviance Framework to Improve Maternal Health Outcomes and Reduce Disparities. *In progress*

Focus Groups: Mothers Who Experienced Severe Maternal Morbidity

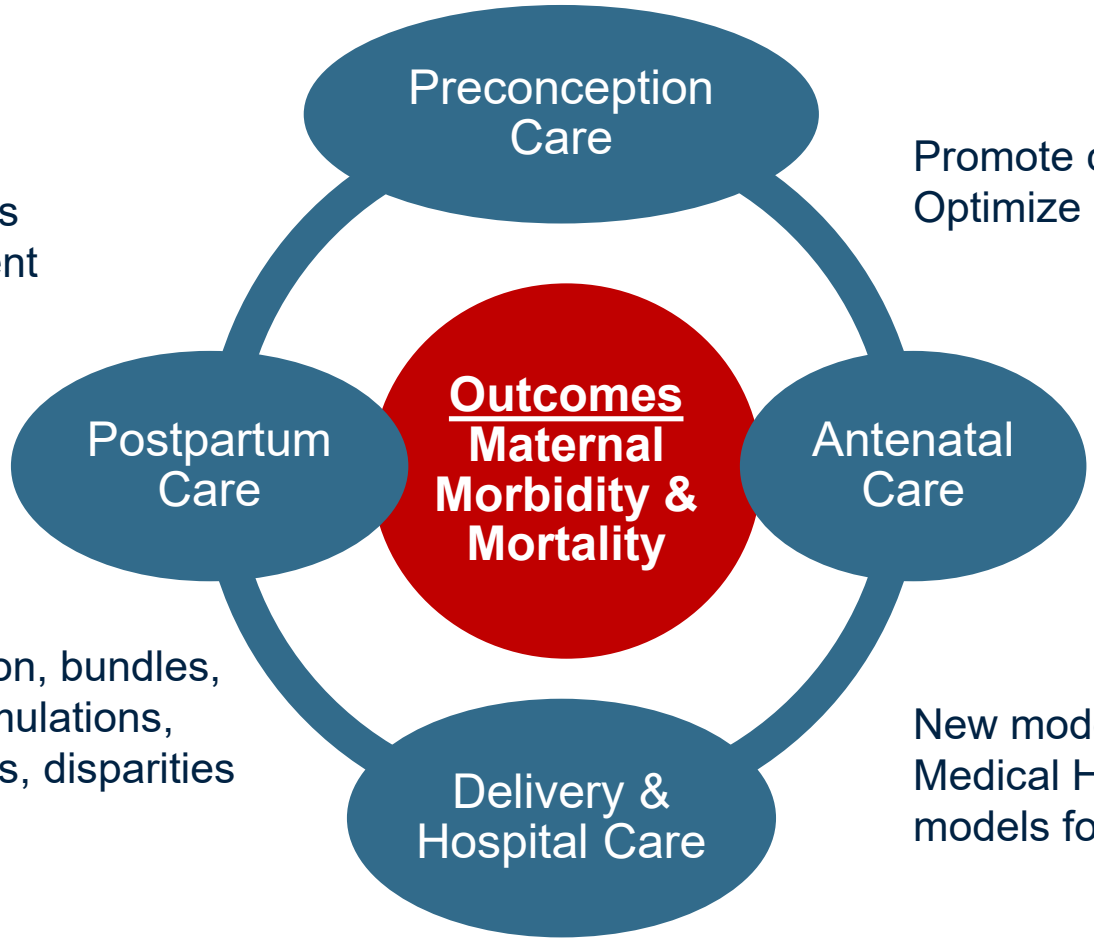
- Traumatic Experience
  - “Traumatized,” “Scary,” “Never want to have a child again”
  - Complemented with gratitude
- Poor Communication
  - “They just rushed me to the OR, and that was it. I was just lying there. I'm cold. I'm shaking. I know I'm not feeling good, but nobody is telling me anything.”
- Not Feeling Heard
  - …I essentially diagnosed my own pulmonary embolism, because nobody was listening to me. It's very scary to me how much I really had to advocate [for myself].”
- Subtle Discrimination
  - Access limited by insurance
  - Less time spent on education
  - Lack of continuity of care

Wang. Womens Health Issues. 2021 Jan-Feb;31(1):75-81

Where Do We Go From Here?

Levers to Reduce Racial and Ethnic Disparities in Severe Maternal Morbidity & Mortality

Lifecourse



New models –
Patient navigators
Case management

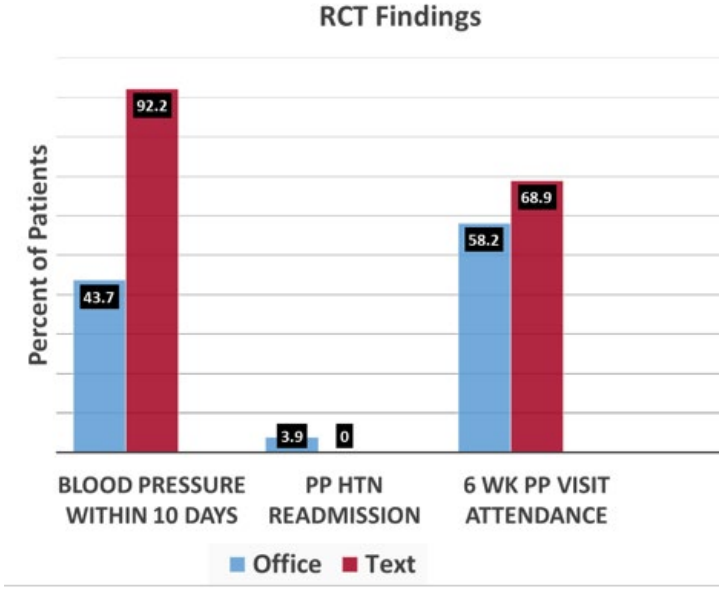
Promote contraception
Optimize preconception health

QI, standardization, bundles, team training, simulations, reviews, protocols, disparities dashboard

New models – Centering, Medical Homes, enhanced models for high risk women

Heart Safe Motherhood

- At home postpartum blood pressure monitoring program that leverages technology



Results

- Increased BP measurement in 1st 10 days PP
- Reduced ED visits and readmissions
- Decreased disparities
- Increased postpartum visits

Implementation

- Penn Medicine (HUP, PAH, Princeton, CCH, Lancaster)
- Einstein – 2021
- Jefferson – 2021
- Temple – 2021

Developed by Penn Medicine Faculty – Drs. Adi Hirshberg and Sindhu Srinivas

What Serena William's scary childbirth story says about medical treatment of black women

https://www.vox.com/identities/2018/1/11/16879984/serena-williams-childbirth-scare-black-women

ProPublica and NPR story - Nothing Protects Black Women From Dying in Pregnancy and Childbirth Dec 7, 2017

"In the more than 200 stories of African-American mothers that ProPublica and NPR have collected over the past year, the feeling of being devalued and disrespected by medical providers was a constant theme….

Over and over, black women told of medical providers who equated being African American with being poor, uneducated, noncompliant and unworthy. "Sometimes you just know in your bones when someone feels contempt for you based on your race," said one Brooklyn woman who took to bringing her white husband or in-laws to every prenatal visit."

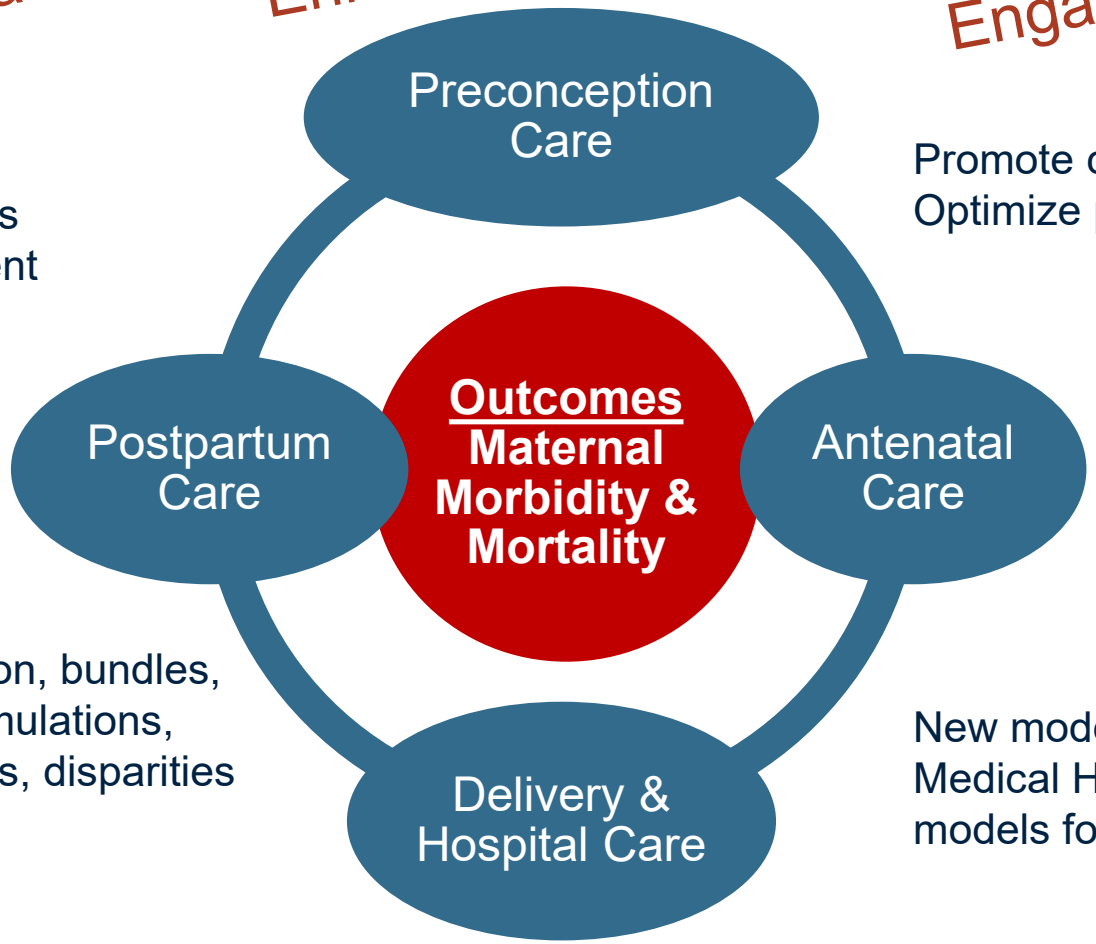
Levers to Reduce Racial and Ethnic Disparities in Severe Maternal Morbidity & Mortality

Eliminate Bias

Enhance Communication

Engage Community

New models –
Patient navigators
Case management



Promote contraception
Optimize preconception health

QI, standardization, bundles, team training, simulations, reviews, protocols, disparities dashboard

New models – Centering, Medical Homes, enhanced models for high risk women

Steps to Address Healthcare Crisis for Moms of Color

- Collect self-identified race/ethnicity /language data
- Implement disparities dashboard; utilize QI tools to address identified gaps in care
- Provide education on cultural humility, shared decision-making, implicit bias training
- Provide education on racial and ethnic disparities in maternal outcomes
- Include community members in quality committees
- Utilize enhanced severe maternal morbidity and mortality reviews
- Promote a culture of equity
- Create a mechanism for reporting racism or disrespect

CDC-MMRIA Bias Working Group

- Response to Maternal Mortality Review Committees reporting the role of bias in maternal death, but no distinct category for bias on MMRIA*
- Aim to design a consistent approach for documenting racism and discrimination as contributing factors to pregnancy-related deaths
- Provide recommendations on how to prevent pregnancy-related deaths when bias is a contributing factor

*Maternal Mortality Review Information Application (MMRIA) is a comprehensive database that provides for standardized documentation of committee decisions.

Hardeman. Findings from the CDC Maternal Mortality Review Information Application (MMRIA) Racism & Discrimination Working Group. *Under review*.

Contributing Factors

CONTRIBUTING FACTOR KEY (DESCRIPTIONS ON PAGE 4)

- Access/financial
- Adherence
- Assessment
- Childhood abuse/ trauma
- Chronic disease
- Clinical skill/ quality of care
- Communication
- Continuity of care/ care coordination
- Cultural/religious
- Delay
- ★ Discrimination
- Environmental
- Equipment/technology
- ★ Interpersonal racism
- Knowledge
- Law Enforcement
- Legal
- Mental health conditions
- Outreach
- Policies/procedures
- Referral
- Social support/isolation
- ★ Structural racism
- Substance use disorder - alcohol, illicit/prescription drugs
- Tobacco use
- Unstable housing
- Violence
- Other

Recent MCH Equity Summit Themes and Action Steps

Themes

- Acknowledge role of structural racism
- Lifecourse approach to maternal health
- Focus on mother-infant dyad to interrupt intergenerational transmission of health disparities
- Utilize a reproductive justice framework
- Advocate for social justice
- Support families and understand context
- Don’t ignore social risk – act on it
- It is not only about follow up but about follow through
- Engage community
- No QUALITY without EQUITY

Action Steps

- Policies to dismantle structural racism
- Integrate Black and Brown women’s lived experience
- Promote culture of equity
- Improve workforce diversity
- Standardize care
- Listen to women
- Integrate equity lens for learners
- Engage community in quality committees
- Support doulas – including Medicaid coverage
- Address midwifery shortage
- Disparities dashboards and QI
- Advocacy

https://www.nyam.org/events/event/maternal-and-child-health-equity-summit/

"MOST HEALTH DISPARITIES ARE AVOIDABLE. THEY RESULT FROM DECISIONS WE MAKE AS A SOCIETY REGARDING HOW WE ALLOCATE OUR RESOURCES AND HOW MUCH INJUSTICE WE ARE WILLING TO ACCEPT AS A FACT OF LIFE."

—Lisa Cooper

Johns Hopkins health equity expert

THANK YOU

@LizHowellMD

New Contributing Factors

CONTRIBUTING FACTOR DESCRIPTIONS

LACK OF **ACCESS/FINANCIAL** RESOURCES
System issues, e.g. lack or loss of healthcare insurance or other financial duress, as opposed to woman's noncompliance, impacted woman's ability to care for herself (e.g. did not seek services because unable to miss work or afford postpartum visits after insurance expired). Other barriers to accessing care: insurance non-eligibility, provider shortage in woman's geographical area, and lack of public transportation.

ADHERENCE TO MEDICAL RECOMMENDATIONS
The provider or patient did not follow protocol or failed to comply with standard procedures (i.e. non adherence to prescribed medications).

FAILURE TO SCREEN/INADEQUATE **ASSESSMENT** OF RISK
Factors placing the woman at risk for a poor clinical outcome recognized, and the woman was not transferred/transported to a provider able to give a higher level of care.

CHILDHOOD SEXUAL ABUSE/TRAUMA
The patient experienced rape, molestation, or one or more of the following: sexual exploitation during childhood plus persuasion, inducement, or coercion of a child to engage in sexually explicit conduct; physical or emotional abuse or violence other than that related to sexual abuse during childhood.

CHRONIC DISEASE
Occurrence of one or more significant pre-existing medical conditions (e.g. obesity, cardiovascular disease, or diabetes).

CLINICAL SKILL/QUALITY OF CARE (PROVIDER OR FACILITY PERSPECTIVE)
Personnel were not appropriately skilled for the situation or did not exercise clinical judgment consistent with current standard of care (e.g. error in the preparation or administration of medication or unavailability of translation services).

POOR **COMMUNICATION**/LACK OF CASE COORDINATION OR MANAGEMENT/ LACK OF CONTINUITY OF CARE (SYSTEM PERSPECTIVE)
Care was fragmented (i.e. uncoordinated or not comprehensive) among or between healthcare facilities or units, (e.g. records not available between inpatient and outpatient or among units within the hospital, such as Emergency Department and Labor and Delivery).

LACK OF **CONTINUITY OF CARE** (PROVIDER OR FACILITY PERSPECTIVE)
Care providers did not have access to woman's complete records or did not communicate woman's status sufficiently. Lack of continuity can be between prenatal, labor and delivery, and postpartum providers.

CULTURAL/RELIGIOUS, OR LANGUAGE FACTORS Demonstration that any of these factors was either a barrier to care due to lack of understanding or led to refusal of therapy due to beliefs (or belief systems).

DELAY

INADEQUATE **LAW ENFORCEMENT** RESPONSE
Law enforcement response was not in a timely manner or was not appropriate or thorough in scope.

LEGAL
Legal considerations that impacted outcome.

MENTAL HEALTH CONDITIONS
The patient carried a diagnosis of a psychiatric disorder. This includes postpartum depression.

INADEQUATE COMMUNITY **OUTREACH**/RESOURCES
Lack of coordination between healthcare system and other outside agencies/organizations in the geographic/cultural area that work with maternal health issues.

LACK OF STANDARDIZED **POLICIES/PROCEDURES**

UNSTABLE HOUSING
Woman lived "on the street," in a homeless shelter, or in transitional or temporary circumstances with family or friends.

VIOLENCE AND INTIMATE PARTNER VIOLENCE (IPV)
Physical or emotional abuse perpetrated by current or former intimate partner, family member, or stranger.

OTHER
Contributing factor not otherwise mentioned. Please provide description.

Structural Racism: the systems of power based on historical injustices and contemporary social factors that systematically disadvantage people of color and advantage white people through inequities in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.

Adapted from Bailey ZD. Lancet. 2017; 389(10077):1453-1463.

New Contributing Factors

CONTRIBUTING FACTOR DESCRIPTIONS

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The patient experienced rape, molestation, or one or more
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persuasion, inducement, or coercion of a child to engage in
sexually explicit conduct; physical or emotional abuse or
violence other than that related to sexual abuse during
childhood.

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Physical or emotional abuse perpetrated by current or former
intimate partner, family member, or stranger.

OTHER
Contributing factor not otherwise mentioned. Please provide
description.

Interpersonal Racism: discriminatory interactions between individuals resulting in differential assumptions about the abilities, motives, and intentions of others and differential actions toward others based on their race. It can be conscious as well as unconscious, and it includes acts of commission and acts of omission. It manifests as lack of respect, suspicion, devaluation, scapegoating, and dehumanization.

Adapted from Jones CP. Am J Public Health. 2000; 90(8): 1212–1215.

New Contributing Factors

CONTRIBUTING FACTOR DESCRIPTIONS

LACK OF **ACCESS/FINANCIAL** RESOURCES
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DELAY

needed to keep appointment for psychiatric referral after an ED visit for exacerbation of depression).

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LACK OF STANDARDIZED **POLICIES/PROCEDURES**

patient's health status (e.g. long-term smoking led to underlying chronic lung disease).

UNSTABLE HOUSING
Woman lived "on the street," in a homeless shelter, or in transitional or temporary circumstances with family or friends.

VIOLENCE AND INTIMATE PARTNER VIOLENCE (IPV)
Physical or emotional abuse perpetrated by current or former intimate partner, family member, or stranger.

OTHER
Contributing factor not otherwise mentioned. Please provide description.

Discrimination: treating someone more or less favorably based on the group, class or category they belong to resulting from biases, prejudices, and stereotyping. It can manifest as differences in care, clinical communication and shared decision-making.

Adapted from Smedley BD. National Academies Press (US); 2003.