



Call to Action: Racial Disparities in Maternal Health

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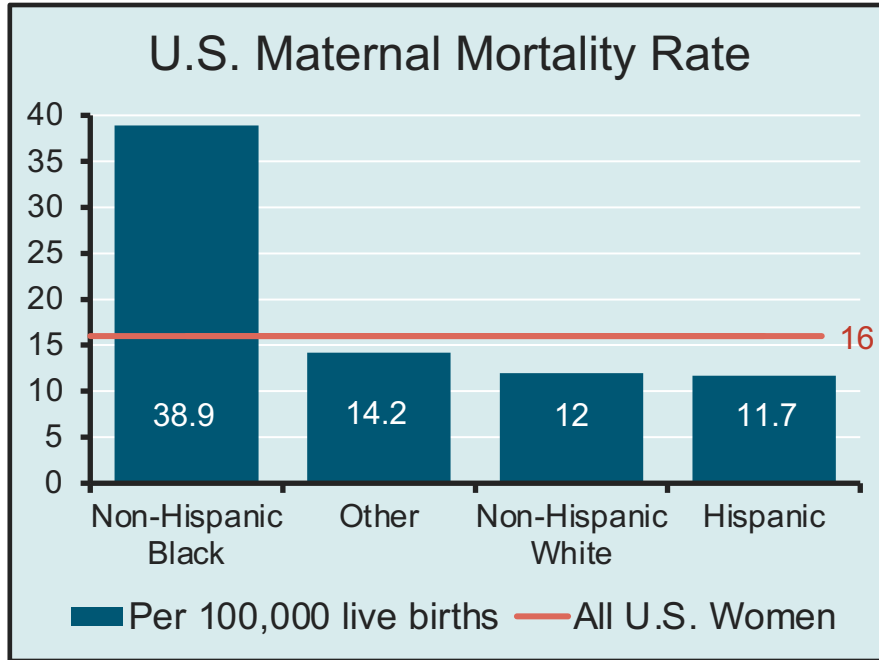


Learning Objective 1

Identify factors that contribute to racial disparities in maternal health outcomes.

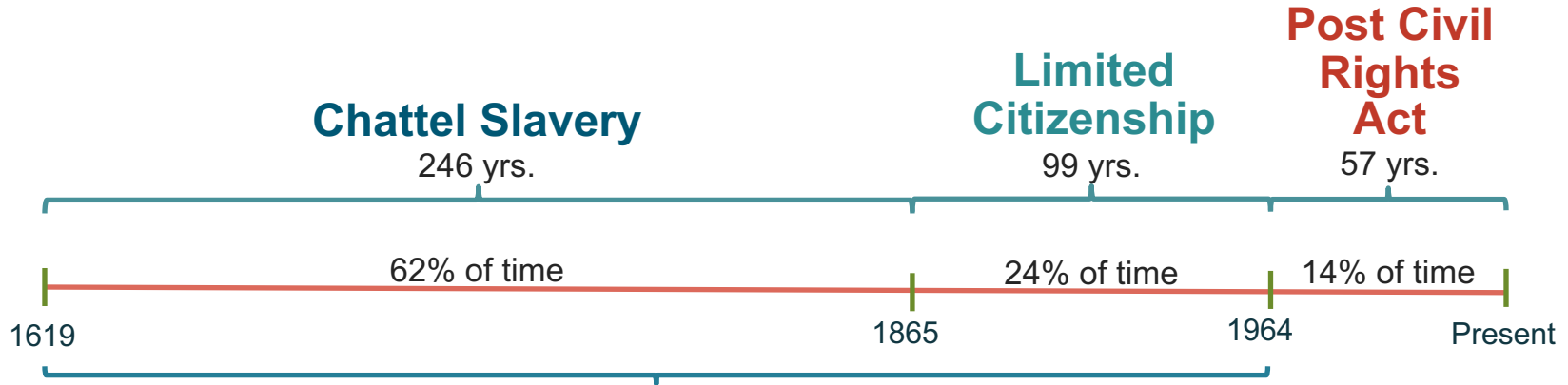


Maternal Mortality Crisis



- ▶ The color of risk:
 - ▶ Mortality rate due to poor maternal health is 3x higher for Black women and 2x higher for Native American women in comparison to White women¹
 - ▶ U.S. ranks 61st in world for maternal mortality (2017)²
 - ▶ 65% of maternal deaths are preventable¹
 - ▶ Pregnancy related mortality is 2.4 times higher than it was in 1987¹

Timeline of the African American Experience



86% of the Black experience has been under explicit racial oppression

100% of the U.S. Black experience has been in struggle for humanity and equality

History of Reproductive Injustice



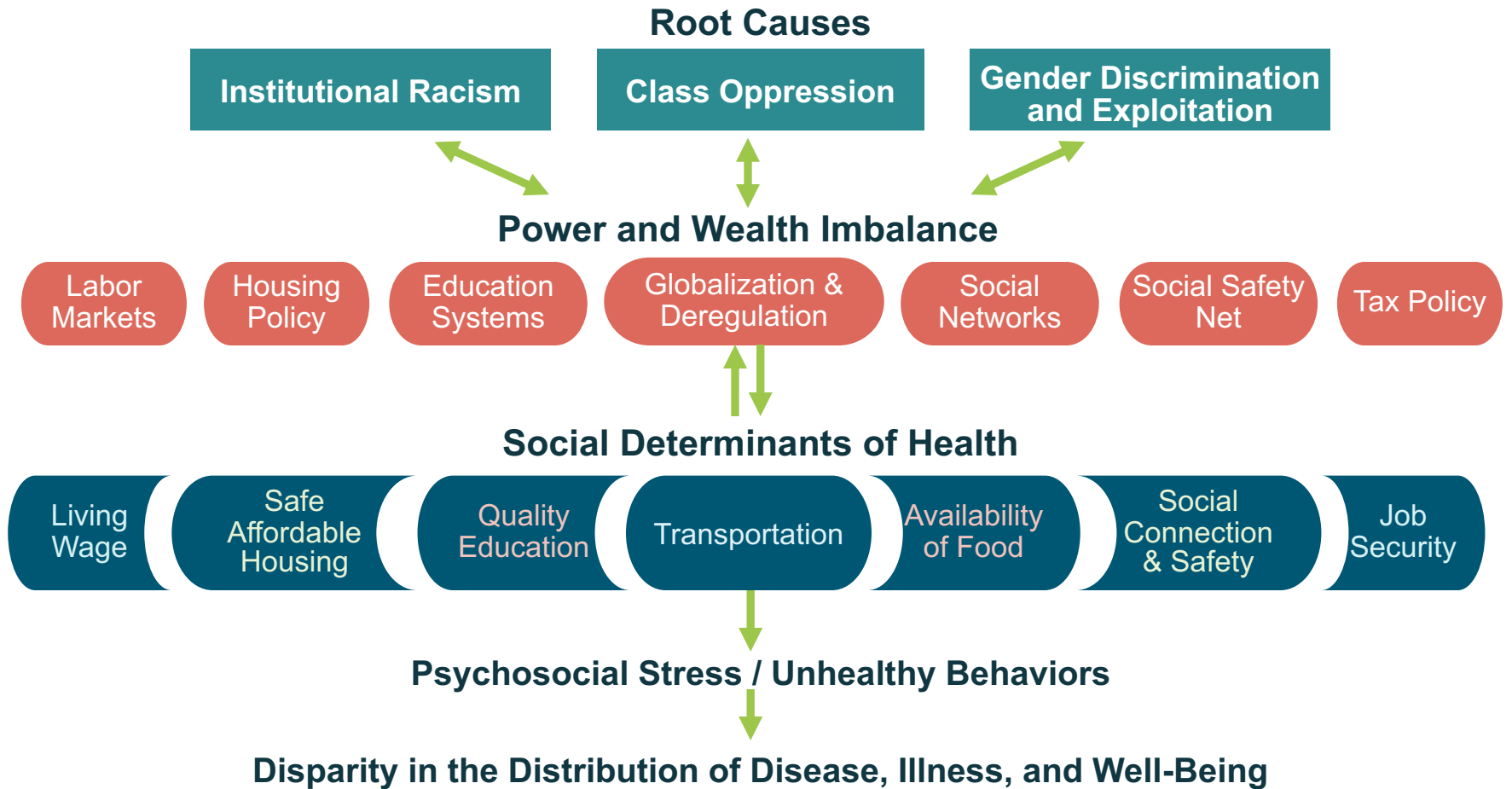
- ▶ Black women's bodies used as vessels for the institution of slavery in the U.S.¹
- ▶ Experimentation on Black female slaves paved the way for modern day gynecology²
- ▶ Dr. Samuel Cartwright's Drapetomania facilitated and supported by Tulane University³
- ▶ Black women forced to care for and breastfeed White babies⁴
- ▶ Eugenics and systemic manipulation of Black family planning¹



Illustration of Dr. J. Marion Sims with Anarcha by Robert Thom. Anarcha was subjected to 30 experimental surgeries. Pearson Museum, Southern Illinois University School of Medicine



1. Roberts DE. *Killing the black body: Race, reproduction, and the meaning of liberty*. 1997. <https://www.penguinrandomhouse.com/books/155575/killing-the-black-body-by-dorothy-roberts/>. Accessed July 30, 2021. 2. Wall LL. *J Med Ethics*. 2006;32(6):346-350. 3. Villarosa L. *nytimes.com*. 2019. <https://www.nytimes.com/interactive/2019/08/14/magazine/racial-differences-doctors.html>. Accessed July 30, 2021. 4. Muse S. *Breastfeeding America: What we know*. Moms Rising Together. 2017. <https://www.momsrising.org/blog/breastfeeding-america-what-we-know>. Accessed August 2, 2021.



Unconscious/Implicit Bias



➤ Bias is inherent

- Unconscious assumptions about another skew our understanding, unintentionally affecting actions and judgments

➤ Moving forward

- Reframe implicit bias as an unintentional and unconscious habit
- This allows us to focus on mindfulness in pursuit of conscious, deliberate behavior change



Serena Williams

Learning Objective 2

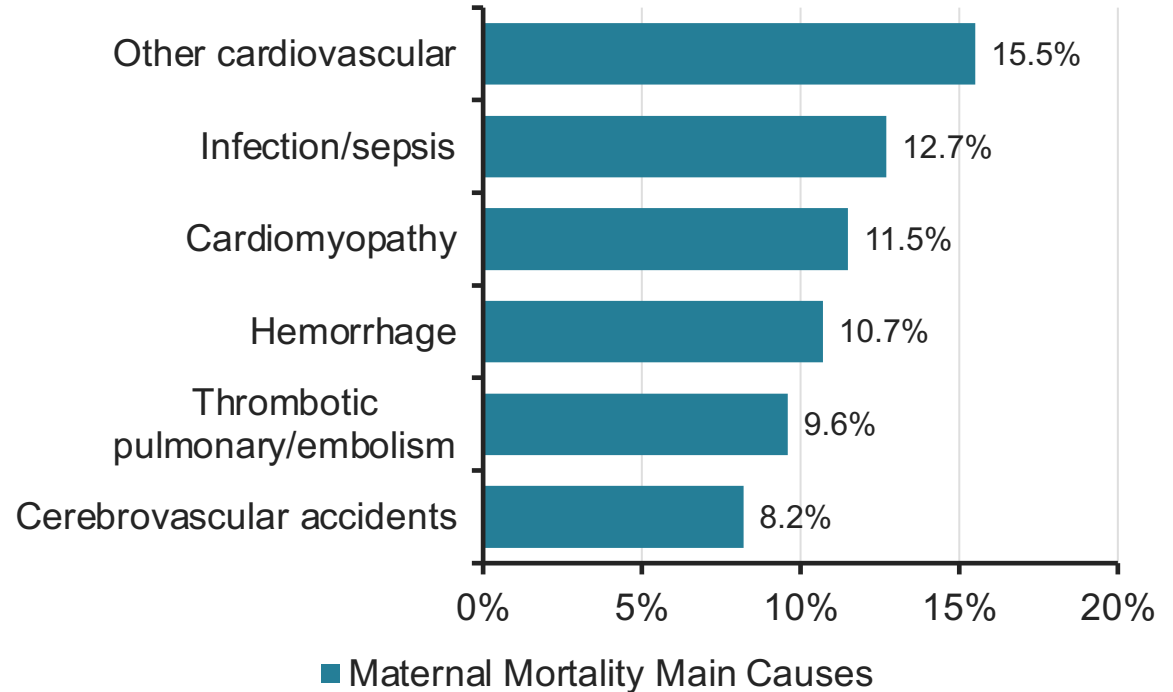
Outline steps to eliminate preventable maternal morbidity and mortality.



Maternal Mortality



- ▶ 65% of deaths preventable¹
- ▶ U.S. ranks 61st in the world²
 - ▶ Varies by region within the U.S.³



1. Centers for Disease Control and Prevention. 2020. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>. Accessed April 22, 2021.

2. World Health Organization. 2017. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-\(per-100-000-live-births\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)). Accessed April 22, 2021.

3. Black Mamas Matter Alliance. 2018. <https://blackmamasmatter.org/>. Accessed April 20, 2021.

Racial Health Inequities: Individual vs. Collective Accountability



“Racially discriminatory policies have usually sprung from economic, political, and cultural self-interests, self-interests that are constantly changing.”

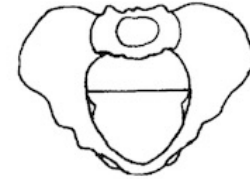
- ▶ Politicians seek political self-interest
- ▶ Capitalists seek increased profit margins
- ▶ Cultural professionals seek professional advancement



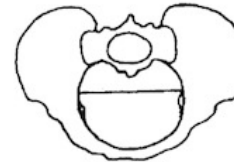
Unlearning “Race”



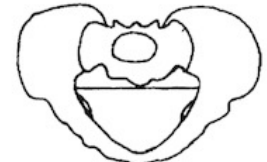
- ▶ Race not biological; culturally constructed
 - ▶ Racism has biological consequences
- ▶ Clinical guidelines taught without evidence
 - ▶ Pelvic shapes not related to race¹
 - ▶ Anatomy and biology the same²
- ▶ Race used to link minorities with pathology²
 - ▶ Disease burden from SDoH linked to racism
 - ▶ Factors associated with race – segregation, differential employment and education, and discrimination - lead to differential health outcomes



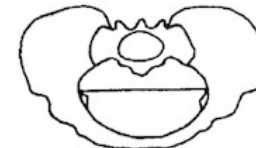
Anthropoid Pelvis (Dolichopellic Type)



Gynecoid Type (Mesatipellic Type)



Android Pelvis (Brachypellic Type)



Platypeloid Pelvis (Platypellic Type)

Global Respectful Maternity Care



Respectful Maternity Care Charter: Universal Rights of Women and Newborns

- ▶ The Global Respectful Maternity Care Council
 - ▶ Researchers
 - ▶ Practitioners
 - ▶ Advocates
 - ▶ Policymakers



Race-Based Birthing: VBAC Score



Live births by Cesarean method¹

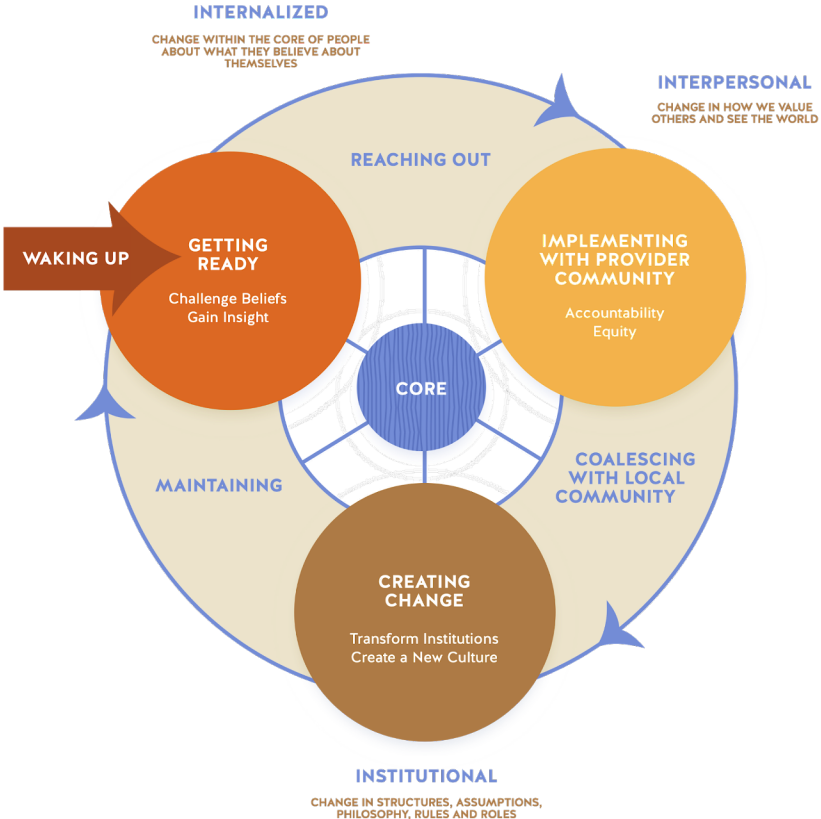
	All women	Ages 30-34	Ages 35-39	Ages 40-54
Non-Hispanic White	30.8%	32.0%	38.2%	46.2%
Hispanic	31.6%	36.1%	41.6%	47.7%
Non-Hispanic Black	36.1%	40.6%	47.1%	54.0%

- ▶ Vaginal Birth after Cesarean (VBAC): race as risk factor in childbirth calculator¹
 - ▶ Increased Cesarean births in minority women
 - ▶ Studies omitting this variable found VBAC score unrelated to ethnicity²
- ▶ Factors in VBAC²
 - ▶ Maternal age
 - ▶ Body mass index
 - ▶ Maternal race
 - ▶ Delivery method history

Respectful and Holistic Maternity Care

Themes

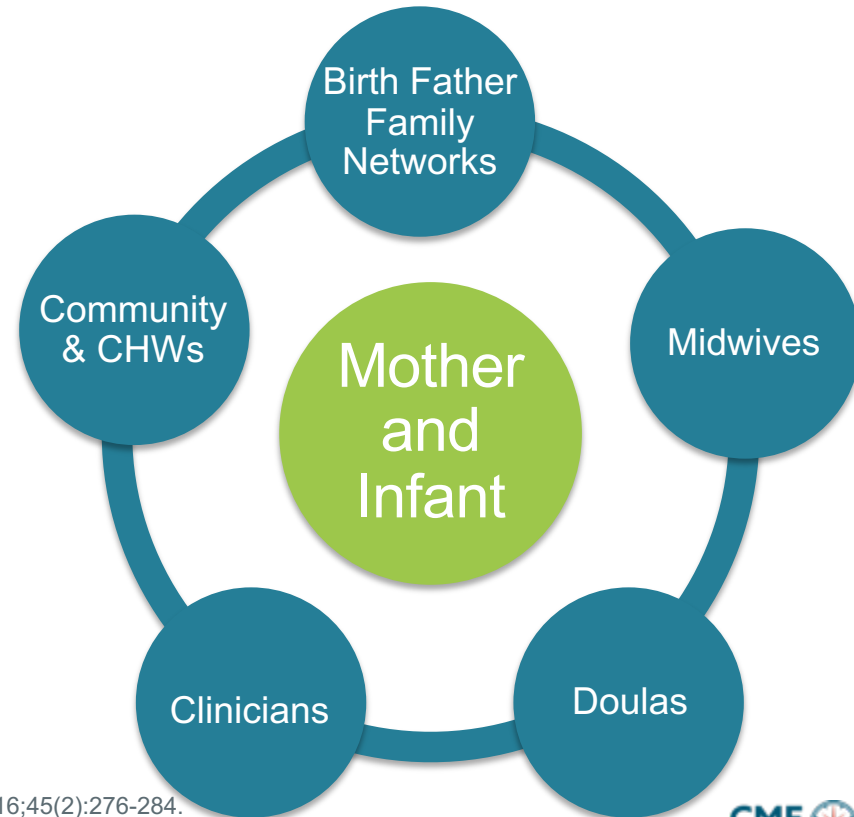
- ▶ Accountability
- ▶ Equity
- ▶ Empathy
- ▶ Safety
- ▶ Racism
- ▶ Trust



Maternity Care Team



- ▶ Provides holistic care
- ▶ Improves outcome for the mother and her family
- ▶ Mitigates negative experiences in the hospital setting
- ▶ Health system coordination and building continuum of care
- ▶ Overall health cost savings



SMART Goals

Specific, Measurable, Attainable, Relevant, Timely



- ▶ Measure and recognize biases and social determinants of maternal health
- ▶ Apply best practices to screen for risk factors and provide holistic reproductive maternal care for African American women
- ▶ Develop care plans that focus on respectful maternity care and include a discussion with the patient on their specific health needs
- ▶ Implement effective and timely clinical interventions to prevent major causes of maternal morbidity and mortality

Don't Miss...



Upcoming episodes on health disparities

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