



Tomorrow's Doctors, Tomorrow's Cures

AAMC Maternal Health Equity Series

 Learn

 Serve

 Lead

Part One: Context Past & Present



Association of American Medical Colleges

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AAMC CHARGE

Collaborative for Health Equity: Act, Research, Generate Evidence

What is AAMC CHARGE?

AAMC CHARGE is a forum for investigators, clinicians, and community partners who design and implement research that eliminates health and health care inequities.

What does AAMC CHARGE do?

- Share accomplishments and crowdsource opportunities for professional achievement.
- Facilitate innovative multi-sector partnerships, collaborations, and research that contribute to the evidence base for solutions to health and health care inequities.
- Collaborate on policy work that impacts health equity at institutional, local, state, and federal levels.

How can I get involved?

Email healthequityresearch@aamc.org to join!



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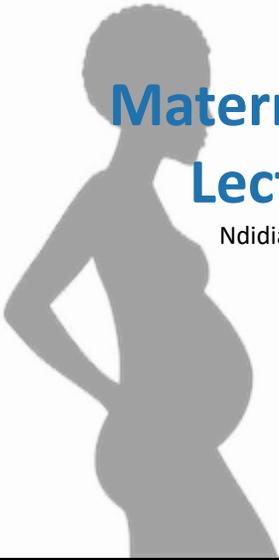


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Maternal Health Disparities Lecture: An Overview

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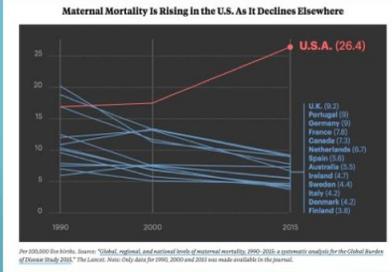
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Maternal Mortality Rates in the US

Where does the US rank globally?

According to the Center for Reproductive Rights, the US is one of 13 countries whose Maternal Mortality Rate has increased from their MMR 15 years ago.

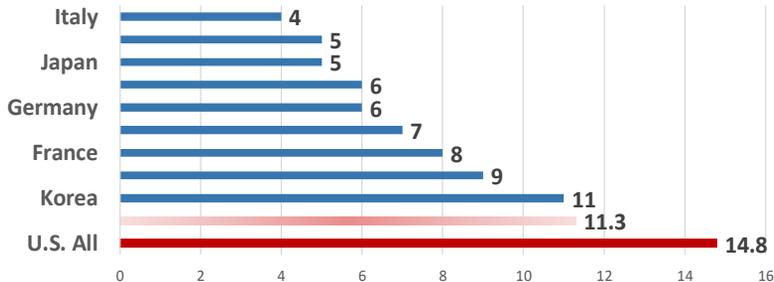


From 1990 to 2015, the global maternal mortality ratio declined by 44 per cent as reported by Unicef along with UN inter-agency estimates.

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U.S. MMR* Compared to Industrialized Countries with 300,000+ births, 2014, using WHO Estimates

U.S. ranks last among wealthy countries – even if you limit the U.S. to white mothers.



* Maternal Mortality Ratio per 100,000 births

Source: *Maternal Mortality: 1990 to 2015 Estimates* by WHO, UNICEF, UNFPA, World Bank Group & UN Population Division. Geneva: 2015. U.S. rates estimated based on adjustment to pregnancy-related mortality rates in Creanga et al. *Obstet Gynecol* 2017.

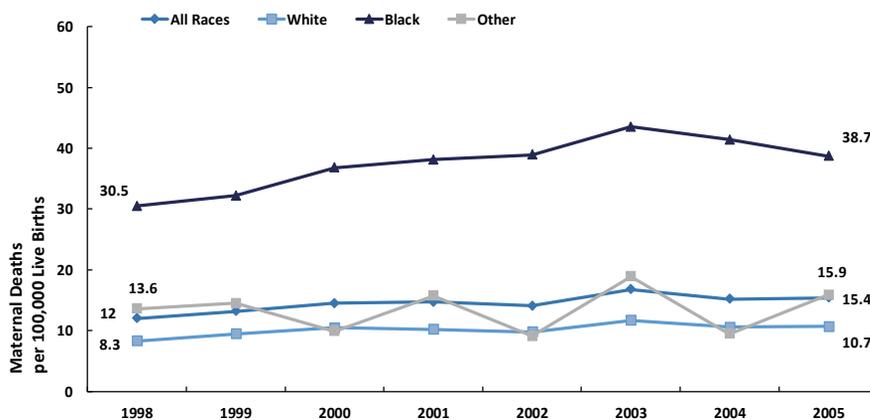
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Maternal Mortality Rates in the US

According to the CDC, between 700 and 900 women die every year due to complications related to pregnancy and childbirth in the United States. An additional 50,000 women suffer from severe complications.

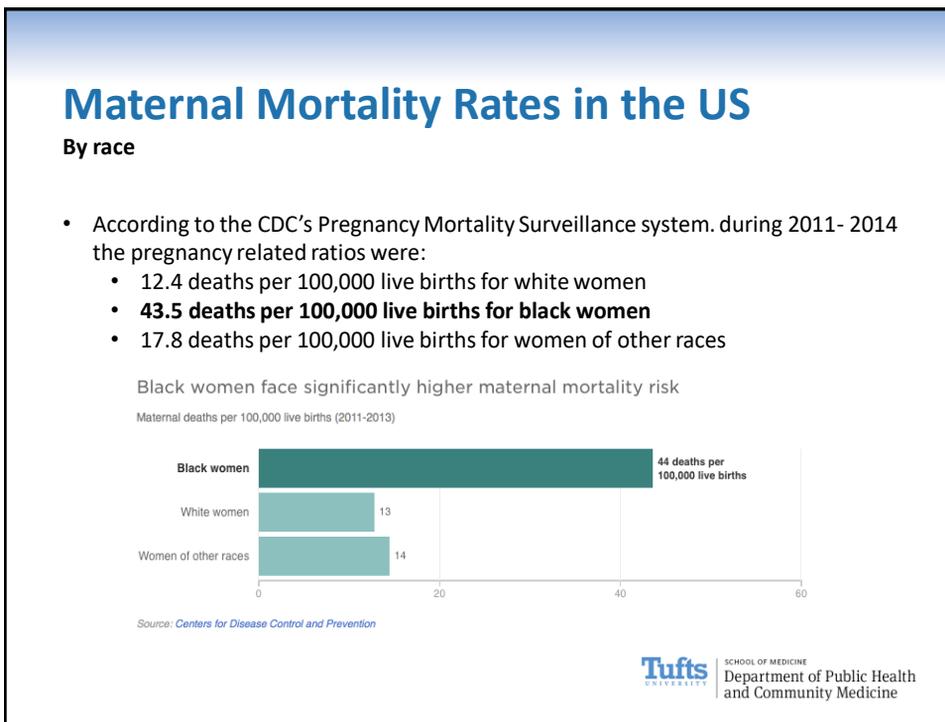
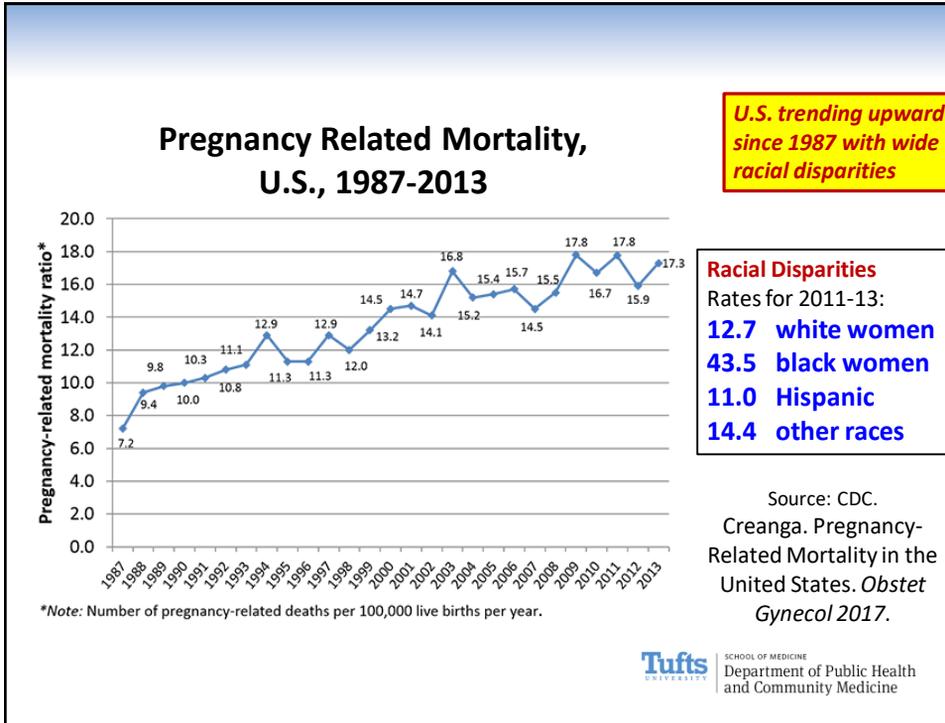
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Maternal Mortality Rates in the U.S. by Race/Ethnicity; 1998-2005



SOURCE: Berg CJ, Callaghan WM, Syverson C, Henderson Z. [Pregnancy-related mortality in the United States, 1998–2005](#). *Obstet/Gynecol.* 2010;116:1302–1309.

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Maternal Mortality Rates in the US

THE RATE OF MATERNAL MORTALITY IN THE U.S. IS CLIMBING
Measured in number of deaths per 100,000 live births

1987

7.2 deaths per 100,000

2014

18 deaths per 100,000

THE RATE IS MARKEDLY HIGHER AMONG BLACK WOMEN
Between 2011-2014, the pregnancy-related mortality ratios were:

40.0

deaths per 100,000

Black women

17.8

deaths per 100,000

White women

12.4

deaths per 100,000

White women

Source: CDC Pregnancy Mortality Surveillance System

- Following decades of decline, maternal deaths began to rise in the US around **1990**
 - By **2013** rates had more than **doubled**
 - More than half of these deaths are due to **preventable causes**



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MORTALITY GAP FOR U.S. MOMS

In the U.S., black women who are expecting or who are new mothers die at rates similar to those of the same women in lower-income countries, while the maternal mortality rate for white U.S. mothers more closely resembles rates in more affluent nations.

NON-HISPANIC BLACK WOMEN

40
United States

Comparison:
Women of all races

44
Brazil

40
Malaysia

38
Mexico

36
Uzbekistan

NON-HISPANIC WHITE WOMEN

12.4
United States

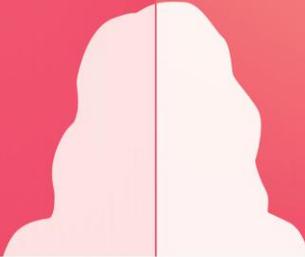
11
New Zealand

9
United Kingdom

8
France

5
Japan

Maternal deaths per 100,000





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Sources: U.S. ratios (2011-2013): CDC Pregnancy Mortality Surveillance System; Global ratios (2015): UNICEF

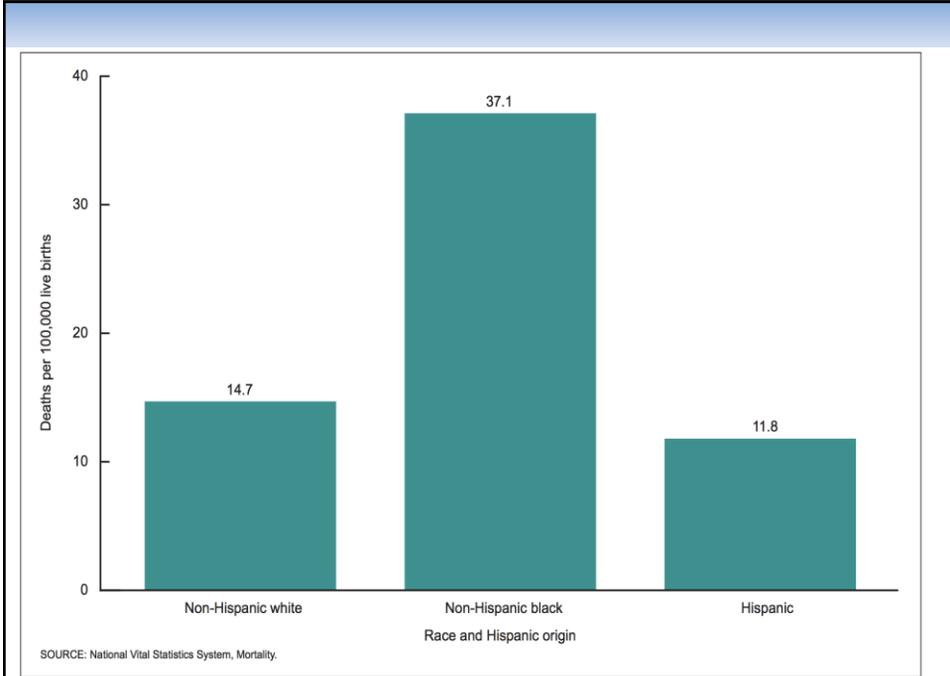
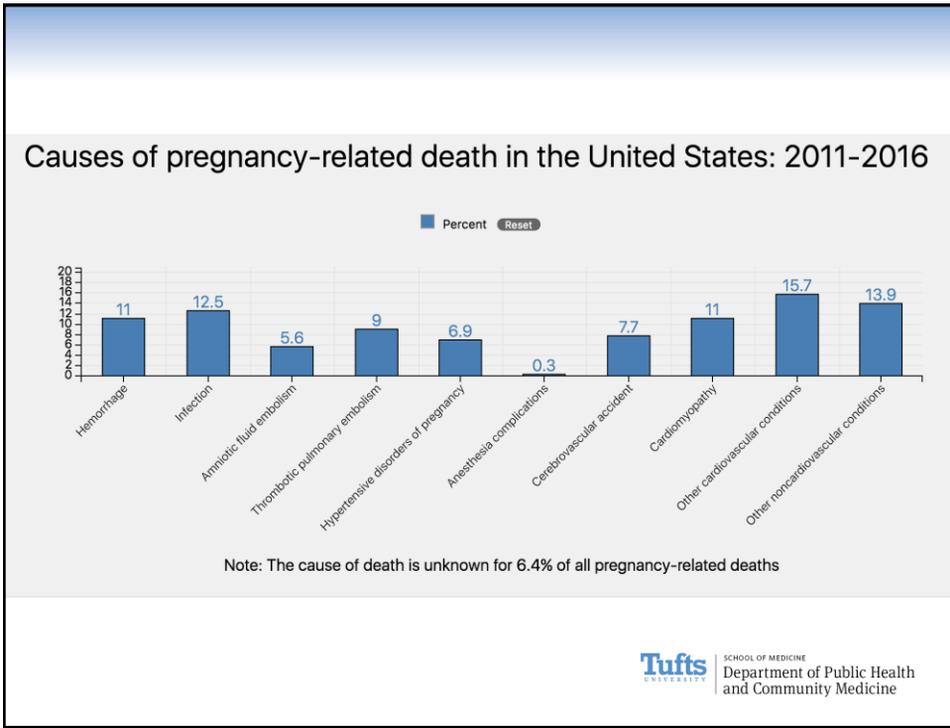


Figure 2. Maternal mortality rates, by single race and Hispanic origin: United States, 2018



Maternal and Reproductive Health Disparities

Black Women



- **Black women are three or four times more likely** to die of pregnancy or delivery complications **than white women**
- A **black woman is 22% more likely** to die from **heart disease than a white woman**
- **Black women are 71% more likely** to die from **cervical cancer**
- **243% more likely** to die from pregnancy or **childbirth related causes**



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"As a Black woman, I knew the numbers were especially dire for me. I knew that factors that usually reduce pregnancy and labor risks (under 35 yrs old, high education, high income, diligent prenatal care) would not be enough to counteract the dangers of my race."

– Lashonda, Freeport, NY



Find more stories in our Birth & Maternal Health Resource Book:

<http://moms.ly/BrthMatBook>

MomsRising.org | MamaConPodar.org

The higher risk faced by black women's maternal health spans **income** and **education level**.



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Lack of Education?

A New York 2016 analysis of five years concluded that Black college-educated mothers who gave birth in local hospitals were more likely to suffer from severe complications than white women who never graduated from high school.



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Low Socioeconomic Status?

- Low SES can create obvious and discrete barriers to adequate care.
 - Late prenatal care
 - Lack of paid maternity leave
 - Lack of childcare flexibility to attend appointments.
- Medicaid finances almost 50% of all U.S. births.
 - Many providers do not accept Medicaid.
 - This heightens the strain of provider and appointment availability for women using Medicaid.

Reality?

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Reality?

- Women of higher SES are not immune from the disproportionate rates of pregnancy and childbirth related complications.
- Studies in New York published by ProPublica points out that Black women in the wealthiest neighborhoods have more complications than white, Hispanic, and Asian mothers who live in the poorest neighborhoods.


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Historical Context

Maternal Health Disparities amongst Black Women

1807: The importation of humans became illegal, forcing Black women to procreate for economic benefit of slave owners



1850: James Marion Sims and other physicians began experimentation on Black women's bodies




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Historical Context

Maternal Health Disparities amongst Black Women



1980: The “welfare queen” and “crack baby” messaging surrounding Black mothers and their children

1930: The beginning of the Eugenics Movement which included “The Negro Project of 1939”

The Reality of Racism Throughout the Lifespan

Maternal Health Disparities amongst Black Women

- Black women are at the intersection of **race** and **gender**
 - Tremendous chronic stress
- There is an expanding body of research surrounding the toll on childbirth that being a Black Woman in America can take
- This type of stress **cannot** be avoided with higher education or higher socioeconomic status



"Weathering"

- "Weathering" is a term coined by Arline Geronimus a professor at the University of Michigan School of Public Health.
- Her work has shown that this type of chronic stress causes many health vulnerabilities and increases susceptibility to infection.
 - Weathering causes the early onset of chronic conditions such as diabetes and hypertension.
- In her 2010 study of telomeres, Geronimus found that telomeres of Black women in their 40's and 50's appeared an average of 7.5 years older than those of white women.
- Because maternal age is an important risk factor for many severe pregnancy-related complications, these age related pregnancy risks occur earlier for Black women.

Maternal health care



- Once a baby is born, he or she becomes the **focus of medical attention**
 - Mothers are **monitored less**
 - Their concerns are **dismissed**
 - Sent home **without adequate information**

For African American mothers, the **risks jump at each stage of labor, delivery, and post-partum**

The odds of **African American women surviving childbirth** are comparable to those of **women in countries such as Mexico and Uzbekistan**

Health care facilities

- 75% of black women give birth at hospitals that serve predominantly Black populations
- Predominantly black-serving hospitals have higher rates of maternal complications than other hospitals
- Creanga A.A. et al found that black-serving hospitals performed worse than other hospitals on 12 of 15 delivery-related indicators



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Limited Diversity in the Medical Profession

Percent of black doctors at Boston hospitals

Carney Hospital	6.4% (out of 47 doctors)
Boston Medical Center	5% (772)
Percent of US doctors who are black	4.1%
* Boston Children's Hospital	4% (175)
** Brigham and Women's Hospital/Faulkner Hospital	3.1% (1,842)
New England Baptist Hospital	3% (34)
Massachusetts General Hospital	2.8% (2,349)
Dana-Farber Cancer Institute	2.2% (359)
St. Elizabeth's Medical Center	2.1% (195)
Beth Israel Deaconess Medical Center	1.9% (1,078)
Tufts Medical Center	1.1% (641)
Massachusetts Eye and Ear	.5% (192)

* Children's data includes only doctors employed directly by the hospital, which is 8 percent of its physicians.
** The Brigham and Faulkner share physicians.
Source: The hospitals

- Limited diversity in the medical profession:
 - **6%** of M.D.s are Black
 - **11%** of OB-GYNs are Black
 - **3%** of medical school faculty are Black
 - **Less than 2%** of National Institutes of Health-funded principal investigators are Black

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Attitudes by Health Care Professionals

- Research has shown that implicit bias can cause doctors to spend less time with Black patients:
 - Receiving less effective care
 - More likely to underestimate the pain of their black patients – dismissing their complaints

- ❖ *While pregnant, **Serena Williams** complained about trouble breathing*
- ❖ *She had to continuously pressure her health care providers to perform tests after dismissing her claims*
 - ❖ *Providers Chalked it up to medication making her “confused”*
- ❖ *With persistence she eventually convinced her providers to give her a CT scan and an accurate diagnosis with appropriate treatment*




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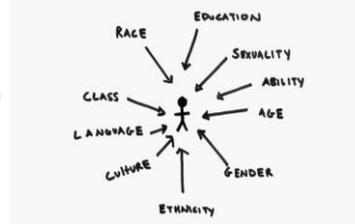
*“The common thread is that when black women expressed concern about their symptoms, clinicians were more delayed and seemed to believe them less...there is a very **fine line between clinical intuition and unconscious bias.**”*

Neal Shah
 Obstetrician-gynecologist
 Beth Israel Deaconess Medical Center


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Addressing Intersectionality

- Provide health care to Black women that is:
 - Culturally competent
 - Safe
 - High quality
 - Respectful
- Policies should include practices that include non-clinical and social needs of Black women
 - Help change the negative historical narrative of the health care system and people of color
 - Restore trust in the health care system
 - 22% of black women report discrimination when going to the doctor or clinic (2017).



Addressing Intersectionality

Social determinants of health

- Structural inequality and discrimination
 - Chronic stress of poverty and racism can cause health outcomes that can be linked to the persistent maternal health disparities
- Policies that **raise income** and **build wealth**
- Access to **clean, safe,** and **affordable housing**
- **Quality of education**
- Reliable **public transportation** – accessibility to health care facilities and medical appointments
- Availability of **healthy and affordable food**

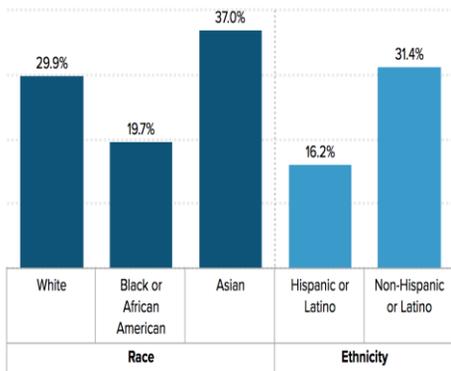
Moving Forward

- **2011-2015:** 3 in 10 charges of pregnancy discrimination were filed by Black Women
 - Black women only make up 14% of women ages 16 to 54 in the workforce
- **2015:** Only 30% of Black mothers are eligible for and able to afford to take unpaid leave under the Federal Family and Medical Leave Act
 - Expand paid family and medical leave
- **2017:** 1 in 4 Black worker reported that in the last two years they requested time off for parental, family or medical reasons and could not
- Expand access to comprehensive reproductive health care
- Expand and protect access to providers that are trusted by the community
- Expand protections for pregnant workers

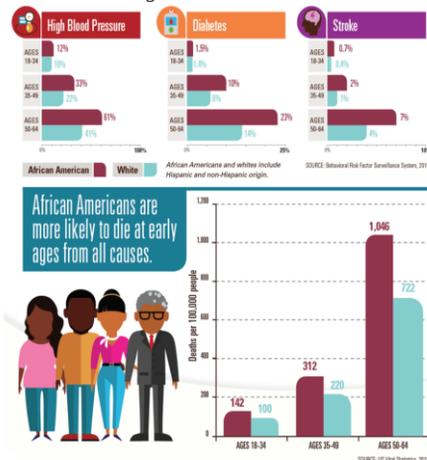
The Impact of COVID-19 on Black Maternal Health

Less than one in five black workers and roughly one in six Hispanic workers are able to work from home

Share of workers who can telework, by race and ethnicity, 2017–2018



Young African Americans are living with diseases more common at older ages.



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The Impact of COVID-19 on Black Maternal Health

- Black mothers are four times more likely to die from pregnancy-related complications and with COVID-19 that number is expected to increase. According to the CDC pregnant women are at a higher risk severe illness, morbidity, or mortality compared with the general population. Although not much data has been collected regarding the severity of COVID-19 on pregnant women, it has been determined that African Americans are at a greater risk of contracting and dying from this virus, therefore, Black mothers at a greater risk of contracting this virus.
- This pandemic has forced many hospitals and healthcare institutions to either shut down or increase restrictions on visitors, many even opting to restrict partners or spouses or doulas from entering the delivery room. This places an emotional strain on expected mothers.
- Many programs and services such as lactation services, peer-based programs for breastfeeding and the use of doulas or midwives have been suspended in some states, thereby, forcing many mothers to change their breastfeeding and birthing plans.

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The Impact of COVID-19 on Black Maternal Health

- Studies have shown that the use of doula services improves birth outcomes for Black women. Black mothers who have used doula assisted births were four times less likely to have a low birth weight (LBW) baby and two times less likely to experience any complications during birth. These same mothers are two times more likely initiate breastfeeding using these doula services. Currently in states such as New York where doulas services are not permitted, Black maternal mortality is expected to increase.
- COVID-19 has created a panic among Americans and people nationwide, which leads to excessive shopping, which creates a shortage of supplies, such as infant formula, which places Black children at risk. With the suspension of peer-based programs consisting of WIC peer counselors and local breastfeeding “clubs in order to abide by social distancing guidelines set forth by the CDC, the rate of Black mothers breastfeeding could potentially decline.

The Impact of COVID-19 on Black Maternal Health

Research on birth and breastfeeding have shown that women of color thrive when they receive support from a partner or spouse or family members or friends. However, when that support is not present or disrupted, there can be a negative impact on breastfeeding practices in this community.

In many hospitals, physicians are beginning to separate mothers and infants who have not been in contact or exposed to the virus as a precautionary measure, which goes against the breastfeeding guidelines set forth by WHO that states that mothers may continue to breastfeed but with protection. According to WHO, the risk of infants becoming ill increases when there is a discontinuation of breastfeeding.

The Impact of COVID-19 on Black Maternal Health

- According to the Birthplace Lab **one in six women** have been mistreated by a healthcare professional whether it is verbal humiliations, forced C-sections, invasive practices or dismissal of any complaint during birth.
- It has been predicted that there will be a dramatic increase in forced C-sections because of COVID-19, forcing many mothers to change their birthing plans. Black mothers have experienced a higher rate of obstetric violence than any other race and this number is expected to increase during this pandemic. The Giving Voice to Mothers study reported that **27.2 percent of women of color** have been mistreated by healthcare professional compared to 18.7 percent of white women who reported mistreatment among mothers with low socioeconomic status.
- Unfortunately, many Black mothers suffer in silence and these behaviors go unreported because they may be first-time mothers and are unsure of what is a routine exam or simply do not know who to go to file the complaint.
- Black mothers during this pandemic stand to lose or have their birthing rights suppressed more than any other race due to unconscious bias, stereotypes and racism. With mothers having to make life changing decisions in a matter of minutes due to anxiety caused by COVID-19, there will be an increase in the use of C-sections, thereby influencing pre-term birth rates causing an increase in the number of women of color suffering from postpartum depression.

How Expecting Birthing People Can Protect Themselves

- Follow the guidelines set by the CDC in preventing COVID-19 infection and exposure by regular handwashing and practicing social distancing.
- Having clear communication with their physicians especially if they have preexisting conditions such as diabetes, asthma etc. that poses a greater risk of contracting COVID-19. This method will ensure that both mother and physicians are on the same page regarding the care they will be receiving and safe methods to breastfeed.
- Educating themselves of their birth rights and who to contact if any of these rights are being violated such as your State's department of health services and The Empowered Patient Coalition. Also, educate themselves during this time of services available to them such as online doula services.

Groups/Organizations



BLACK WOMEN'S
HEALTH IMPERATIVE

and more...



Momnibus bill

<https://underwood.house.gov/sites/underwood.house.gov/files/Black%20Maternal%20Health%20Momnibus.pdf>

<https://blackmaternalhealthcaucus-underwood.house.gov/research>

<https://blackmaternalhealthcaucus-underwood.house.gov/Momnibus>

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Questions?

Thank you!

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AAMC Health Equity Research and Policy 

AAMC Maternal Health Equity Webinar Series

Part Two: Rural Maternal Health Equity
Thursday, May 14, 2020
1:30-2:30 p.m. ET

Part Three: Immigrant Maternal Health Equity
Wednesday, June 24, 2020
1:30-2:30 p.m. ET

This series will highlight the unique role of academic medicine in the fight for maternal health justice and feature physicians, community leaders, and researchers who are committed to eliminating inequities.

REGISTRATION COMING SOON

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