The State of BLACK MATERNAL HEALTH in the U.S.

Count the Kicks

April 12
12 PM CST

bit.ly/BMHW_SoBMH

Stephaney Moody
Healthy Birth Day, Inc.

Nneka Hall
Mother IS Supreme

Denise Bolds, MSW
Founder of Bold Doula

Jacquie Easley McGhee
MercyOne

Kay'La Mumford
Founder of Birth Embrace Communities, Inc.

Lakeeta Watts, CHW
CBS Founder, Executive Director
Essentially Empowered

Dr. Ndidiamaka Amutah-Onukagha
Founder and Director of MOTHER Lab

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Agenda

***Welcome & Introduction of Speakers**:* Stephaney Moody – Host

Past:

- History of Black Maternal Health – Denise Bolds

***Present*:**

- Preconception – Nneka Hall
- Fetal Death/Stillbirth Prevention – Stephaney Moody
- Mental Health/PMAD/Trauma Informed Care – Lakeeta Watts
- Maternal Mortality/Morbidity – Dr Ndidiamaka Amutah-Onukagha
- Infant Mortality – Kayla Mumford
- Justice & in Today's Health Care Systems - Jacquie Easley-McGhee

Future:

- Panel Discussion "How Do WE Change the Trajectory?

Denise Bolds

MSW,AdvCD(DONA), CLC, CBE

Founder of Bold Doula

Owner

Advanced Doula

Childbirth Educator

Mentor

Evidence Based Birth ® Instructor

Bold Doula

"Motherhood by Choice Not by Chance"

MOTHER IS SUPREME

POSTPARTUM CARE

Nneka Hall

Mother IS Supreme - Founder

QUILT (Quietly United In Loss Together – Founder

Doula, Postpartum Care Specialist, International Bereavement Specialist, Uterine Health Coach, Nominated Changemaker

Count the Kicks

Essentially Empowered Inc.

Lakeeta Watts

Founder/Executive Director of

Essentially Empowered

Full Spectrum Holistic Doula, Lactation Specialist, Community Health Worker &

Trauma Informed Care Instructor

Thank you

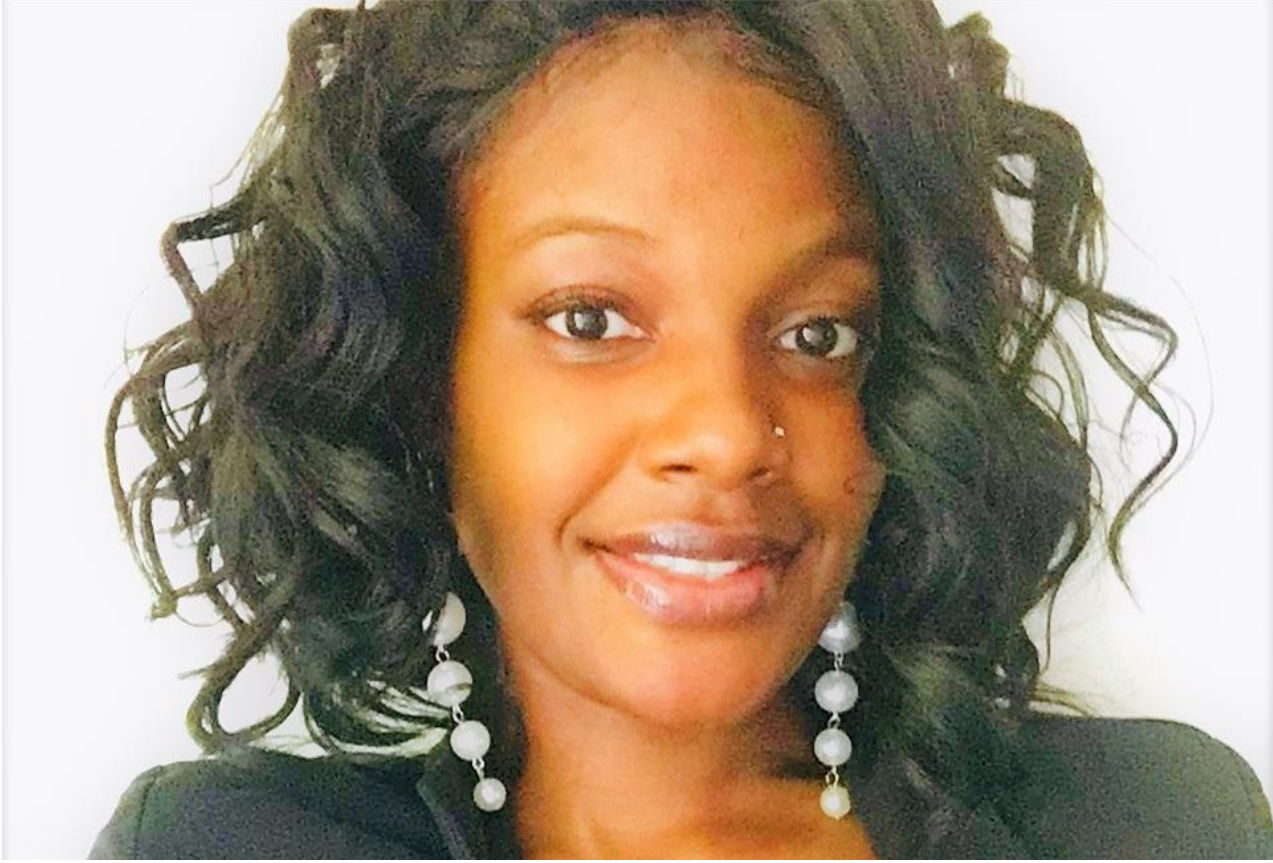
Dr. Ndidiamaka Amutah-Onukagha, PhD, MPH, CHES

Associate Professor, Public Health and Community Medicine

Assistant Dean of Diversity, Equity, and Inclusion

Director and Founder, MOTHER Lab: www.motherlab.org

Birth & Embrwce Communities Inc.



Kayla Mumford
Full Spectrum Holistic Doula

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Jacquie Easley-McGhee

Division Director, Health Equity, Diversity & Inclusion

Black Reproductive Health

Denise Bolds, MSW Adv.CD(DONA), CLC, CBE

April 2022

Introduction

Understanding the origin of Black Reproductive Health:

- Transporting the Black enslaved female.
- Breeding Plantations.
- Mothers of Gynecology.

Impact of Racism & Black Reproductive Health:

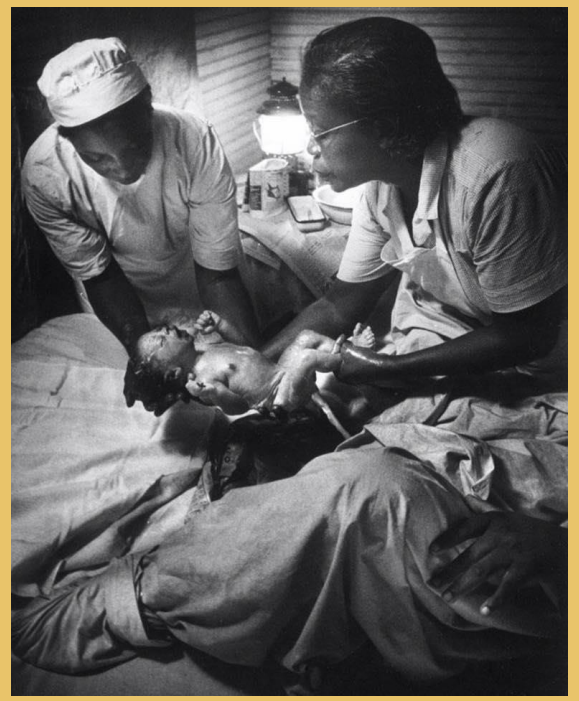
- Black women health outcomes.
- Sharing stories, advocacy and transparency.

The Loss of Reproductive Health For the Black Female.

The Slave Trade took away the rituals & dignity of the Black African female.

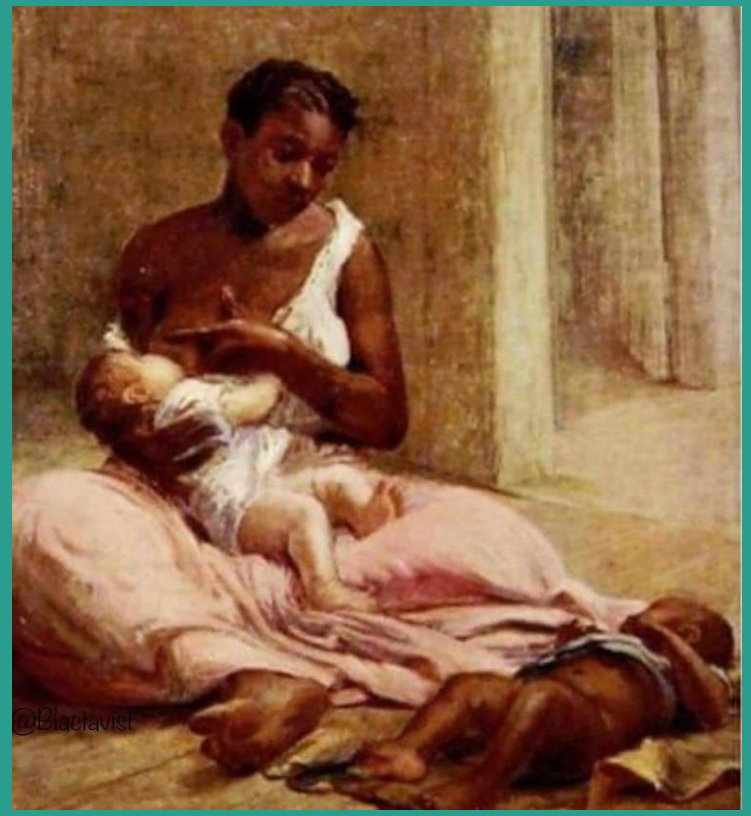
Breeding Plantations & Black Grand Midwives

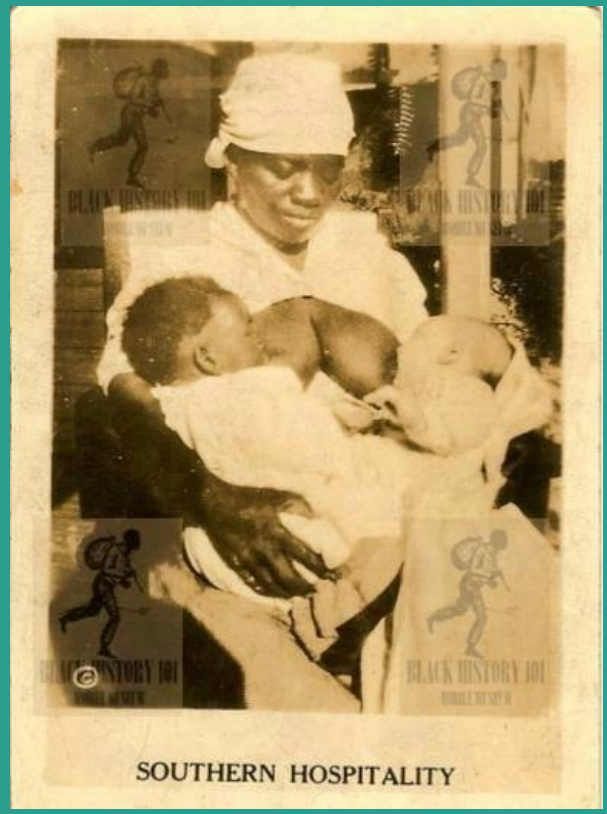
Black female slaves were some of the first people in the country to receive free health care. Breeders took a great interest in fertility and expected multiple births from the women, or their value would be diminished. Home medical journals were produced to help with difficult births that had previously been left to the slaves to deal with.



The Black female body in Early America: exploited, owned as GNP and experimented upon.

Black Breastfeeding





Mothers of Gynecology

Montgomery, Alabama

Forced Sterilization

Class Action Lawsuit in North Carolina


BIRTHING A SLAVE
Motherhood and Medicine in the Antebellum South
MARIE JENKINS SCHWARTZ
UNCORRECTED PROOF
Reproductive Injustice
RACISM, PREGNANCY, AND PREMATURE BIRTH
DÁNA-AIN DAVIS
EDITED BY DAINA RAMEY BERRY AND LESLIE M. HARRIS
Sexuality & Slavery
Reclaiming Intimate Histories in the Americas
GENDER AND SLAVERY
THE BREEDING OF AMERICAN SLAVES
True Stories of American Slave Breeding and Slave Babies
MEDICAL BONDAGE
Race, Gender, and the Origins of American Gynecology
DEIRDRE COOPER OWENS
"[Harriet A. Washington] has unearthed an enormous amount of shocking information and shaped it into a riveting, carefully documented book."
—NEW YORK TIMES
MEDICAL APARTHEID
The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present
HARRIET A. WASHINGTON
NATIONAL BOOK CRITICS CIRCLE AWARD WINNER
Contested Bodies
Pregnancy, Childrearing, and Slavery in Jamaica
Sasha Turner
U 53
HENRIETTA LACKS
(1920-1951)
Born in Roanoke on 1 Aug. 1920, Henrietta Pleasant lived here with relatives after her mother's 1924 death. She married David Lacks in 1941 and, like many other African Americans, moved to Baltimore, Md. for wartime employment. She died of cervical cancer on 4 Oct. 1951. Cell tissue was removed without permission (as usual then) for medical research. Her cells multiplied and survived at an extraordinarily high rate, and are renowned worldwide as the "HeLa line," the "gold standard" of cell lines. Jonas Salk developed his polio vaccine with them. Henrietta Lacks, who in death saved countless lives, is buried nearby.
DEPARTMENT OF HISTORIC RESOURCES, 2010
What Mama Couldn't Tell Us About Love
Healing the Emotional Legacy of Slavery, Celebrating Our Light
BRENDA LANE RICHARDSON and DR. BRENDA WADE

Manipulation of Black Female Reproductive Health STILL Exists Today.

Questions & answers

Denise Bolds
Bold Doula
denisebolds@gmail.com
www.BoldDoula.com

Preconception Health

Nneka Hall, Presenter

MY REPRODUCTIVE HEALTH EXPERIENCE

The blueprint for the womb Holder was created 3 generations ago.

HEALTH ISSUES THAT CAN LEAD TO AN ADVERSE BIRTH OUTCOMES ~ FOR HER

- Sexually transmitted Infections (STIs)
- Hypertension
- Obesity
- Fertility Issues
- Chronic diseases
- Mental Health
- Lifestyle and Environment

"Black women are three times more likely to have fibroids (benign tumors that grow in the uterus and can cause postpartum hemorrhaging) than white women, and the fibroids occur at younger ages and grow more quickly for black women."

~ National Partnership

Cardiovascular

More than 60% of women had one or more pre-pregnancy cardiovascular risk factors, with 52.5%, 7.3%, 0.3%, and 0.02% having 1, 2, 3 and 4 risk factors, respectively.

obesity

smoking

hypertension

diabetes

Pre- pregnancy Prep

- Have a conversation with your partner
- Schedule an appointment with your Primary Care Physician, GYN and any specialty providers.
- Learn your family history
  - Hypertension and Diabetes
  - Pregnancy Losses
  - Fertility challenges

"Black women experience physical “weathering,” meaning their bodies age faster than white women’s due to exposure to chronic stress linked to socioeconomic disadvantage and discrimination over the life course, thus making pregnancy riskier at an earlier age."

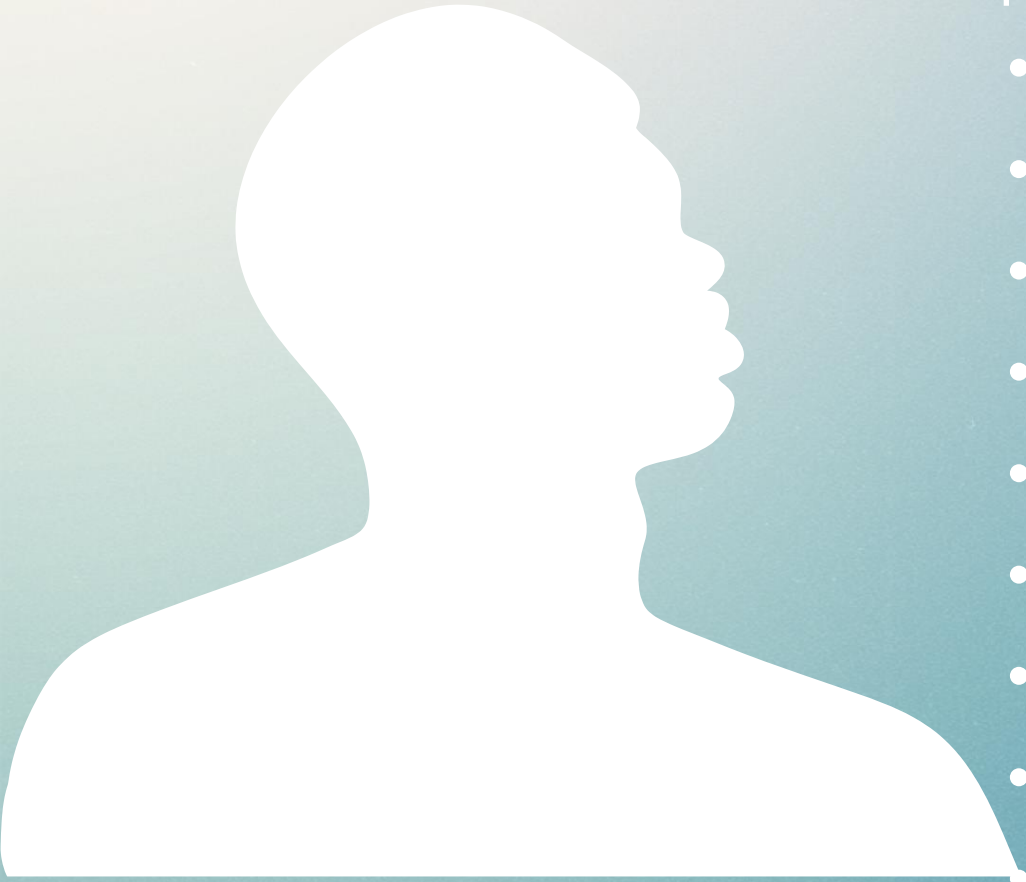
Pre- pregnancy Prep

- Exercise
- Nutrition
- Sexually Transmitted Infection screening and treatment
- Folic Acid and low dose aspirin
- Lifestyle and Environment

"Parenting begins the moment you may any conscious effort to care for your own health in preparation for enhancing your child's conception."

~ Carista Luminare-Rosen

Health Issues that can lead to an adverse birth Outcomes ~ For Him



Sperm can be changed by overall health.

- Type 1 Diabetes
- Heavy Alcohol Use
- Drugs
- Cigarettes
- Age
- Weight
- Hazardous substances
- Diseases
- Medicines

Resources

https://journals.sagepub.com/doi/10.1177/0890117120927287

https://pubmed.ncbi.nlm.nih.gov/35227240/

https://www.cdc.gov/preconception/men.html

Contact Me:

nneka@motherissupreme.org


Count
the Kicks®

Meet Stephaney Moody
Health Equity Coordinator – CTK

Count the Kicks

Count the Kicks is a highly effective, evidence-based stillbirth prevention campaign.

We developed an early warning system for moms.

We save 1 in 3 at-risk babies in Iowa.

Our campaign is ready to go and low cost.

Definitions and Facts

- Miscarriage: a miscarriage is usually defined as loss of a baby before the 20th week of pregnancy
- Stillbirth: a stillbirth is loss of a baby after 20 weeks of pregnancy.
  - Stillbirth is further classified as either early, late, or term.
    - An **early** stillbirth is a fetal death occurring between 20 and 27 completed weeks of pregnancy.
    - A **late** stillbirth occurs between 28 and 36 completed pregnancy weeks.
    - A **term** stillbirth occurs between 37 or more completed pregnancy weeks.
  - On average 23,500 babies are born still ever year in the US.
- Infant Mortality: death of an infant before his or her first birthday.
  - On average around 22,000 infants die every year in the US.
- https://www.cdc.gov/ncbddd/stillbirth/facts.html

Count the Kicks

Stillbirth by the numbers

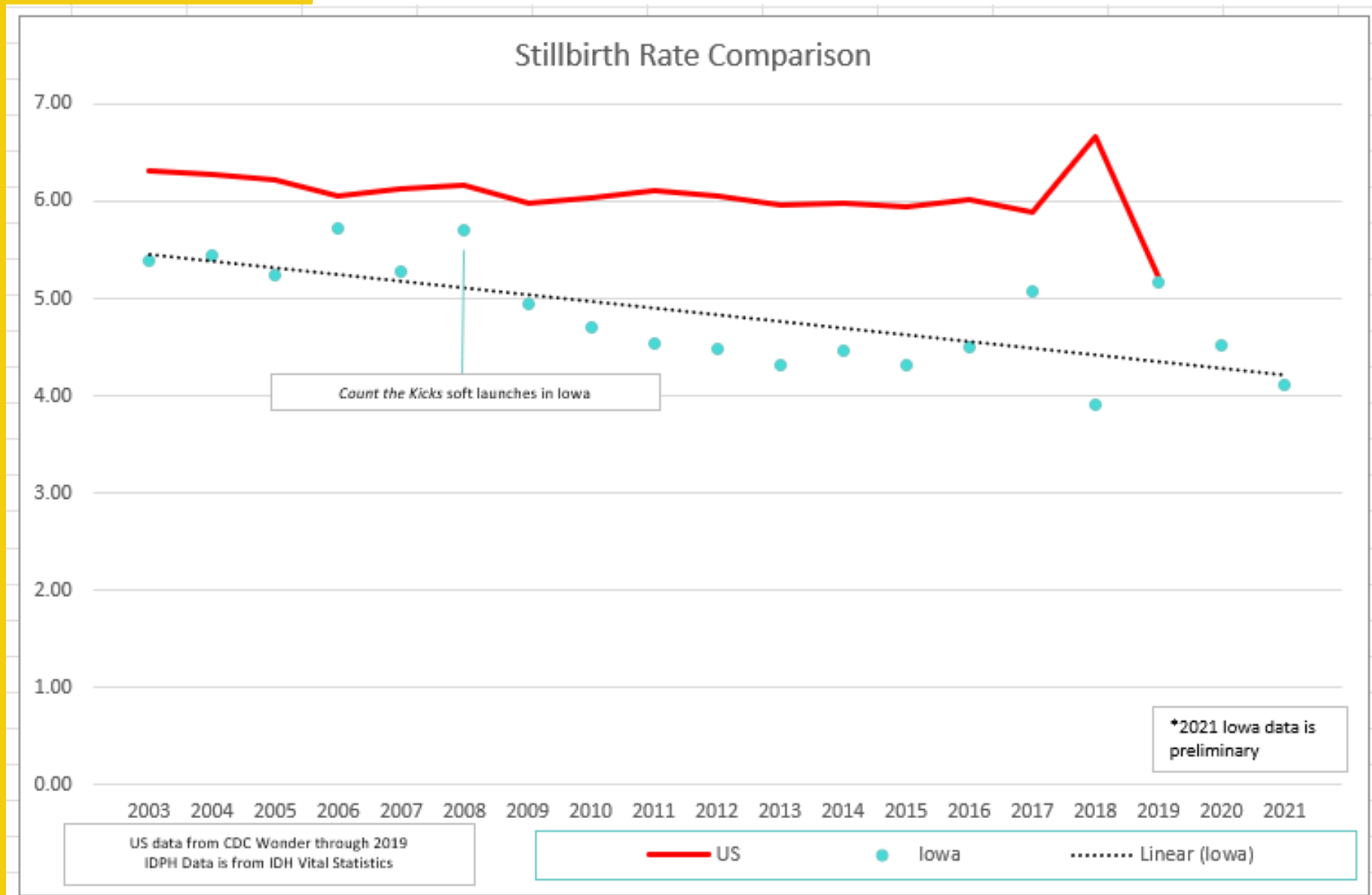
National Data

- 1:169 pregnancies end in stillbirth[1]
- Racial disparities persist[1]
  - Black moms 1:96
  - Hispanic moms 1:199
  - Indigenous moms: 1 in 138
  - White moms 1:204
  - Asian Pacific Islanders: 1 in 233
  - Just as prevalent as infant mortality
  - **Families 10 times more likely to lose a baby to stillbirth than to SIDS**

CDC 2017 Vital Statistics. https://www.cdc.gov/ncbddd/stillbirth/data.html

The 2021 preliminary Iowa stillbirth rate is 4.1 fetal deaths per 1,000 live births. This is the second lowest Iowa stillbirth rate since 2003. In 2018 the stillbirth rate was 3.9.

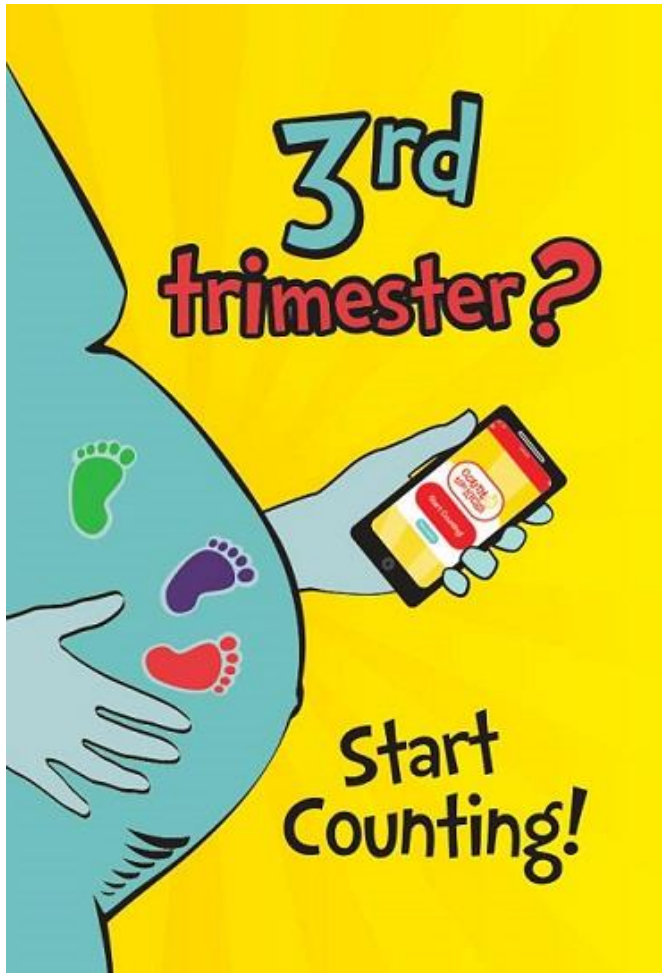
Based on 5-year average, per IDPH vital statistics 2003-2020.



Racial Disparities

Why are there such large disparities for stillbirth?

- Research shows that there are a lot of contributing factors to the racial health disparities in stillbirth.
- Researchers point to the following as causes for the disparities:
  - Systemic Racism.
  - Toxic Stress. Research shows that years of being treated unequally and/or unfairly --- essentially being an African American woman in a systemically unjust society --- and all that comes with it --- have led to real and pervasive health issues for Black women.
  - Epigenetics - Physiological variations that are caused by external or environmental factors that switch genes on and off and affect how cells read genes instead of being caused by changes in the DNA sequence.
  - Predisposition to certain conditions that may lead to stillbirth like gestational diabetes, preeclampsia or high blood pressure, which all are linked to maternal stress. Experts say Black women are less likely than other races to receive early treatment for these conditions.
  - Access to healthcare.
  - Socioeconomic barriers.
  - *Research shows education is NOT a determining factor. A college-educated Black woman is still more likely to lose her baby than a high school educated white woman.*



Count the Kicks

- Evidence-based stillbirth prevention public health campaign
- Early warning systems for expectant parents
- Educates expectant parents on importance of tracking fetal movement
  - Mobile app & paper charts
- Empowers expectant parents to speak up to providers if there is a concern
- 1 in 3 at-risk babies can be saved with *Count the Kicks*

Count the Kicks

How to *Count the Kicks* to Be in Tune With Your Baby and Your Body.

Count the Kicks

Counting Kicks is what moms should do. It's important and easy too!

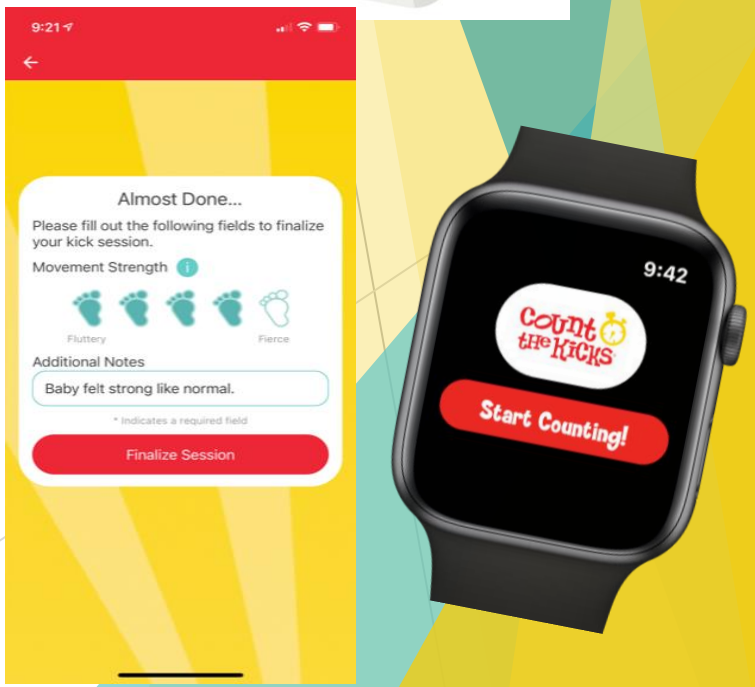
Here's How: Starting at the 3rd trimester, begin counting.

1. Track your baby's movements with the FREE *Count the Kicks* app or download a *Count the Kicks* paper chart at countthekicks.org.

2. Count your baby's movements every day - preferably at the same time.
3. Time how long it takes your baby to get to 10 movements.
4. After a few days, you will begin to see a pattern for your baby (the average amount of time it takes to get to 10).
5. Continue tracking every day. Call your provider right away if you notice a change in how long it takes your baby to get to 10 movements.

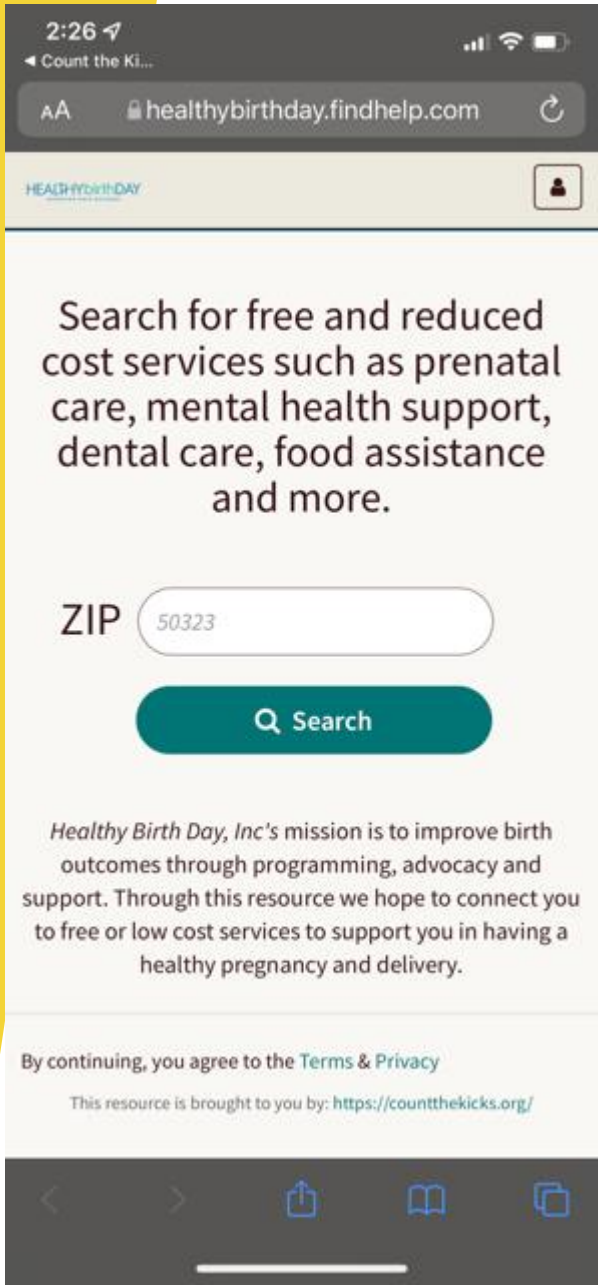
Download the FREE *Count the Kicks* app in the iTunes or Google Play app stores

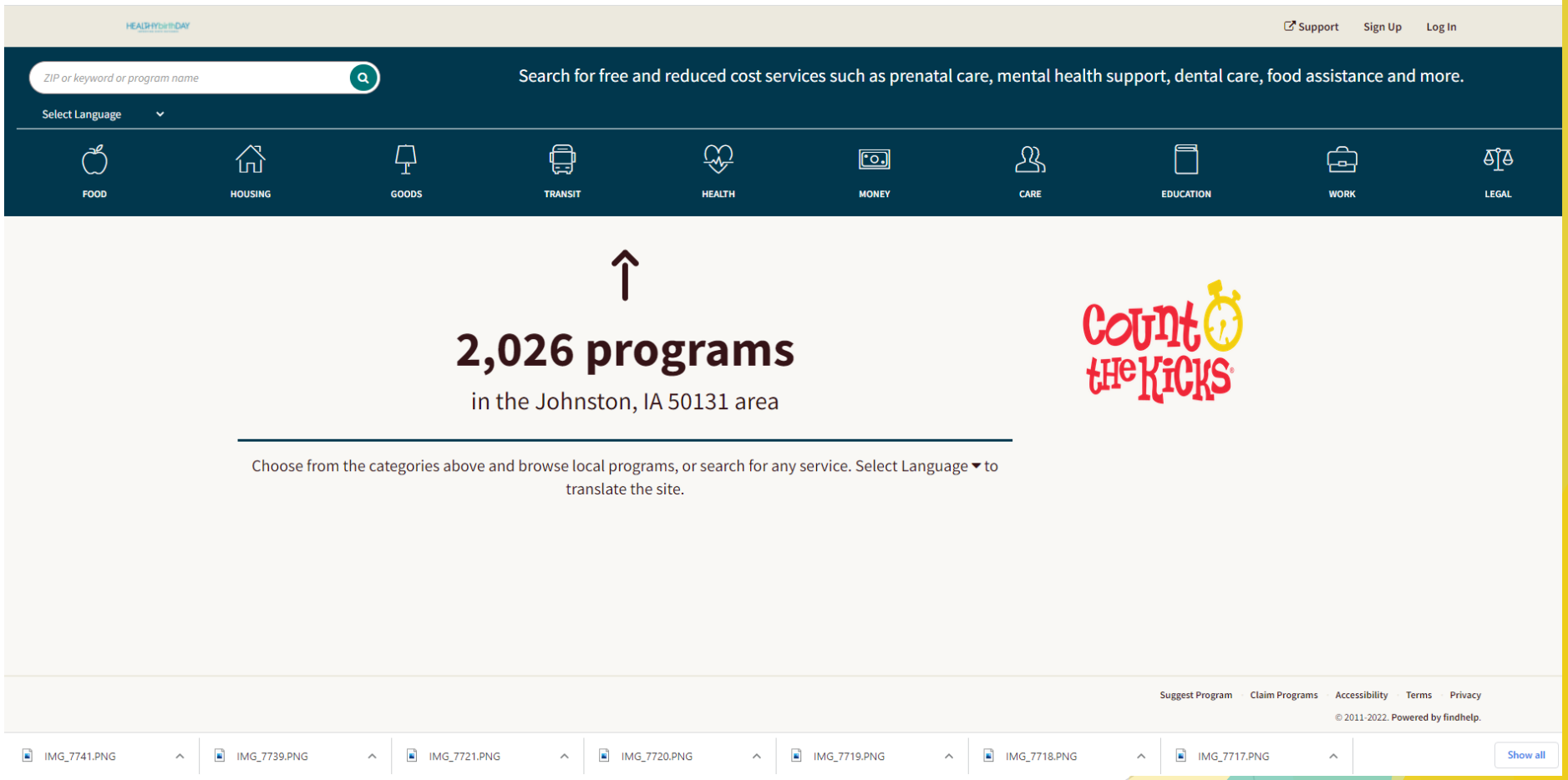
- Our FREE app is evidence-based and available in 14 languages: Amharic, Arabic, Chinese, English, French, Haitian-Creole, Hindi, Marshallese, Russian, Spanish, Swahili, Vietnamese, Burmese and Dari.
- Available for Apple and Android products including Apple Watch
- Users can restart their session or delete a kick
- Set a daily reminder to *Count the Kicks*
- Review kick-counting history
- Download history to share with provider
- *Count the Kicks* with twins
- Track future pregnancies on the same profile
- Manage multiple devices registered to your account
- Tracks Strength
- Notes Section
- Videos: Baby Save, How to, New Features



Count the Kicks

www.healthybirthday.findhelp.com





Common Myths

My baby is always active, so I don't need to count kicks.

- **False**. Even active babies can experience distress, sometimes quickly and without other warning signs. Tracking your baby's movement every day takes the guesswork out of knowing if a normally active baby has slowed down. *Count the Kicks* gives you real data to show your healthcare provider if you have a concern.

Only those experiencing a high-risk pregnancy should pay attention to their baby's movement.

- **False**. ALL expectant women should be educated on *Count the Kicks* and get to know what's normal for their baby.

My baby should get 10 kicks in 2 hours.

- **False.** Every baby is different, and the recommendation to expect 10 kicks in 2 hours is outdated. Current research indicates moms should work to understand the normal amount of time each day it takes their baby to get to 10 movements each day.

I can just use a Doppler device to monitor my baby's well-being.

- **False**. A change of the baby's heartbeat is one of the last things that occurs when a baby is in distress. A change in a baby's movement may indicate potential problems before actual changes in the heart rate are detected. Expectant parents should only use a Doppler device under the guidance of a healthcare provider.

Common Myths

If baby isn't moving, I should drink cold water or eat something sugary to get baby moving.

- **False**. Research has moved away from the idea that sugary drinks and the like are a good way to get baby to move. Kick counts are best monitored WITHOUT interventions like juice, candy, etc. If baby isn't moving like normal, parents should speak up to their provider right away.

Babies kick less near the end of pregnancy.

- **NO**! Babies don’t run out of room at the end of pregnancy. The types of movements may change (more jabs, fewer rolls), but babies should move up to and even during labor. If an expectant parent is monitoring their baby’s movements at the same time each day, it should take about the same amount of time to feel 10 movements.

Triage doesn’t need any Count the Kicks education.

- **False**. L&D Triage is the perfect place to have this information. Posters, brochures and discharge papers all should be used when someone comes in for ANYTHING and is sent home.

Count the Kicks · HEALTHY birthDAY IMPROVING BIRTH OUTCOMES · The Harkin Institute

APRIL 2022
STILLBIRTH IN THE U.S REPORT

The Link Between Stillbirth & Maternal Mortality and Morbidity: Firsthand Accounts from American Women

CountTheKicks.org

Overview

America is seen as a leading developed country in almost all aspects, including our medical and technology sectors. Billions of dollars are spent each year on health care innovation; yet the rate of maternal morbidity is higher than other well-resourced developed countries[1] and stillbirth rates remain high compared to other developed countries.[2]

Some attention and effort is given to researching stillbirth trends and identifying strategies to change the stagnant reduction in stillbirth rates; however, less research and attention is given to maternal outcomes for expectant parents who experience a stillbirth. According to one study, **more than 15% of maternal deaths within 42 days of delivery occur in women who experienced a stillbirth.**[3,4,5] This isn't surprising when examining the risk factors associated with stillbirth, the demographics of women who experience the highest rates of stillbirth, and the current approaches to preventing and treating expectant parents who experience or are at risk of experiencing stillbirth.

Author:
Dr. Lyndi Buckingham-Schutt

Design & Layout
Anh Nguyen

Count the Kicks

Stillbirth & Maternal Mortality and Morbidity are Intrinsically Connected!

Educational Material

- Promo Posters in English and Spanish
- How To Posters in English and Spanish
- App Card Reminders
- Brochures
- FREE in partnered states!
- www.countthekicks.org

CE Training: 1.5 CEs

The purpose of this educational activity is to train healthcare professionals how to talk to their patients about fetal monitoring and using best practices to track fetal monitoring. By using an evidence-based and non-invasive tool, providers can help prevent stillbirths.

This LOW-COST Training can be accessed at:

https://cme.dmu.edu/SaveBabies#group-tabs-node-course-default1

Count the Kicks

Next Steps:

- **Download the app**
  - Practice, Practice, Practice!
- **Make sure to share this information with others.**
- **Order material**
  - Tip: Designate someone to oversee ordering material
    - www.CountTheKicks.org
  - **Take the low-cost online CE training:**
    - https://cme.dmu.edu/SaveBabies#group-tabs-node-course-default1
- **Advocacy – Maternal & Child Health Stillbirth Prevention Act of 2022**
  - https://healthybirthday.org/advocacy/

Count the Kicks®

Let’s save babies together!

Connect with me @

Moody.Stephaney@HealthyBirthDay.Org

Count the Kicks

MENTAL HEALTH, PMAD & TRAUMA-INFORMED CARE

BY: LAKEETA WATTS, EXECUTIVE DIRECTOR, FULL SPECTRUM DOULA, LACTATION SPECIALIST

HOW DOES PREGNANCY AFFECT MENTAL HEALTH?

- Risk Factors
- Why screening is important

PMAD(PERINATAL/POSTPARTUM MOOD & ANXIETY DISORDER

- Baby blues Vs PMADS
- Reducing PMAD RISK
- Support

TRAUMA INFORMED CARE

- Pregnancy
- Birth
- Postpartum

TAKE CARE OF YOU!

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262-424-6218

BLACK WOMEN AND MATERNAL HEALTH DISPARITIES: ADDRESSING THE ROLE OF RACISM

Presented by:

Dr. Ndidiamaka Amutah-Onukagha, PhD, MPH, CHES

Julia A. Okoro Professor of Black Maternal Health

The State of Black Maternal Health In The U.S

MercyOne: Count the Kicks

April 12th, 2022

Tufts School of Medicine

MOTHER LAB

Presentation Outline

- Health Equity Defined
- Historical Context- Racism and Maternal Health Outcomes
- Present Day Issues- Medical Mistrust, Abuse, & Training
- Implications for the Future
- Maternal Outcomes for Translational Health Equity Research **(M.O.T.H.E.R Lab)**
- Q & A

Tufts School of Medicine

BLACK WOMEN AND MATERNAL HEALTH DISPARITIES: ADDRESSING THE ROLE OF RACISM

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MOTHER LAB

INTRODUCTION

- Historical and current context of how racism exacerbates adverse maternal health outcomes

- Impact the history of abuse and medical mistrust has created current context surrounding Black Maternal Health

- Understand the purpose of the research conducted at **MOTHER lab** and our goals in addressing the healthcare inequities Black mothers face by researching and implementing strategies to dismantle healthcare systems that perpetuate racism towards Black women who give birth while producing programs focused on maternal health, maternal support and reproductive justice

- Understand how systematic racism and healthcare infrastructure contributes to the disparities in maternal healthcare for Black women and mothers.

Historical Context

HISTORICAL CONTEXT: RACISM AND GYNECOLOGY

- Creating an early version of the speculum, J. Marion Sims is credited with the current procedure to repair vesicovaginal fistulas, a postpartum condition where urine leaks through the vagina.

- To gather this knowledge, he'd operate upwards of 20 times on a single Black woman patient, who'd be on all fours (*Bettina Judd, PhD Assistant Professor at the University of Washington*)

- Some of Sims' supporters say the women were in extreme pain and wanted the procedures. But Judd disagreed with this justification, explaining that the enslaved women didn't have the option to say no

- Still today, despite these horrific procedures, Dr. J. Marion Sims, is referred to as the Father of Modern Gynecology

J. Marion Sims

HISTORICAL CONTEXT: RACISM AND GYNECOLOGY

- **1930:** The beginning of the Eugenics Movement which included ”The Negro Project of 1939”
- **1980:** The “welfare queen” and “crack baby” messaging surrounding Black mothers and their children
- **Picture references**: Fannie Lou Hamer is credited with coining the phrase “Mississippi Appendectomy” as a euphemism for the involuntary or uninformed sterilization of Black women **who were deemed unfit to reproduce,** common in the South in the 1960s

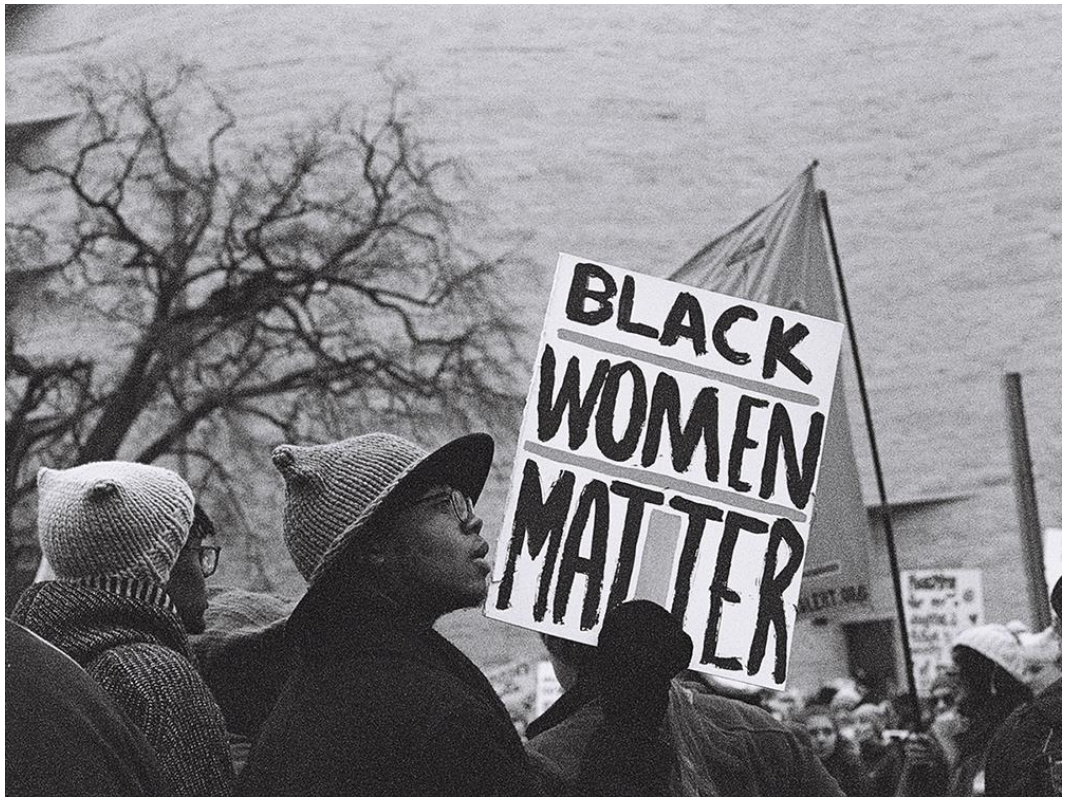
The Reality of Racism Throughout the Lifespan

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



Maternal Health Data

Latest Maternal Mortality Data
Source: CDC

In 2020:

- **861 women** were identified as having died of maternal causes in the United States, compared with **754 women** in 2019.
- The maternal mortality rate for 2020 was 23.8 deaths per 100,000 live births compared with a rate of 20.1 in 2019
- The maternal mortality rate for **non-Hispanic Black women** was **55.3 deaths per 100,000** live births, **2.9 times** the rate for **non-Hispanic White women.**

Rates increased with maternal age.

- Rates in 2020 were **13.8 deaths per 100,000** live births for women under age 25, **22.8** for those aged 25–39, and **107.9** for those aged 40 and over.
- The rate for women aged 40 and over was **7.8 times higher than the rate for women under age 25**. Differences in the rates between age groups were statistically significant. Among age groups, the increase in the rates between 2019 and 2020 for women aged 25–39 and 40 and over were statistically significant.

Additionally, COVID-19 has increased direct and indirect health risks the COVID-19 pandemic has posed for pregnant women.

FIGURE 4

Severe Maternal Morbidity (SMM) Rate by Race/Ethnicity, 2017

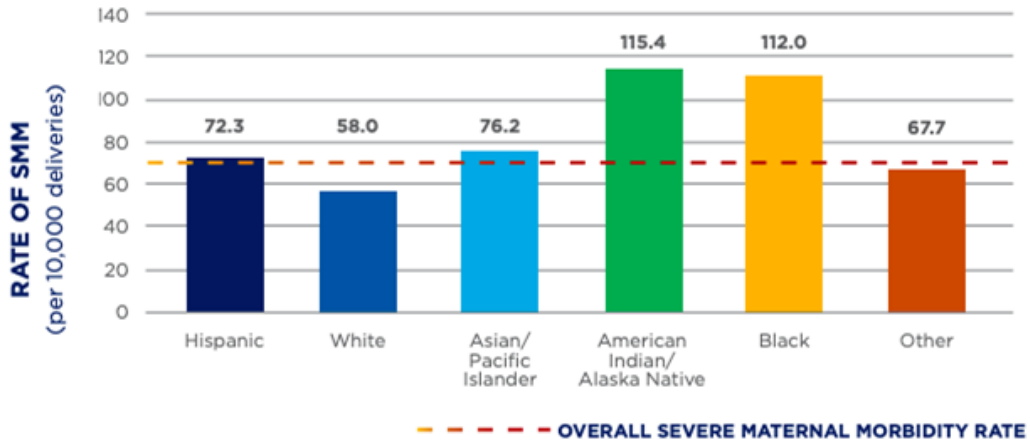
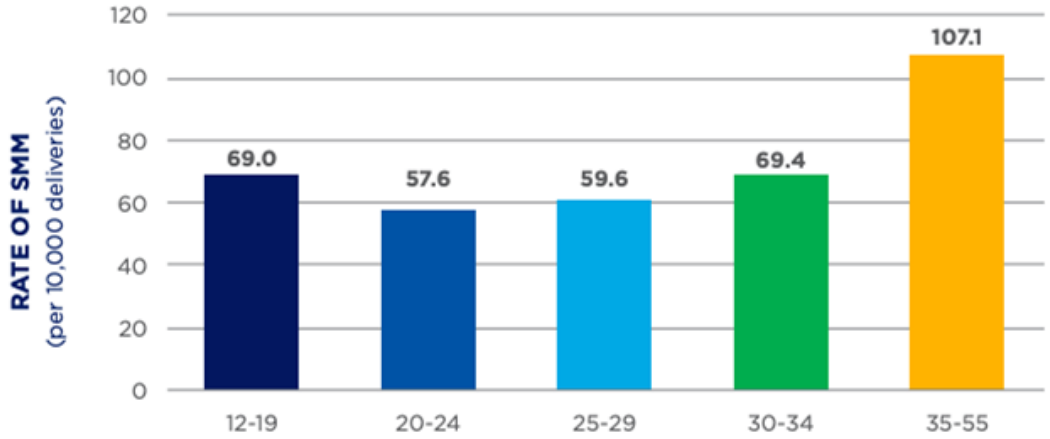


FIGURE 8

Severe maternal morbidity (SMM) rate by age, 2017



COVID-19 and Maternal Health Outcomes

The Covid-19 Pandemic has posed direct and indirect health risks for pregnant women. The points below are just a few of many ways to which COVID-19 has impacted maternal and perinatal health:

- **Halting of Birth Related Services**
  - Allocation of hospital costs and resources
  - Prioritizing the intake of people experiencing COVID-19 symptoms
  - In-person prenatal appointments have been shifted to a virtual setting
  - No chronic disease prevention and management in maternal health care, linking management of health complications to their impact on pregnancy to common chronic diseases including obesity, diabetes, hypertension, and cardiac disease due to COVID-19 focus.
- **Implementation of restrictive protocols**
  - Limited number of Labor support persons
  - No rooming-in with newborns, no immediate skin-to-skin contact, and challenges with breastfeeding
- **Mental Health Resources and Attention**
  - Potential Stressors the pandemic introduces include income security, food insecurity, loneliness, and fear of contraction
  - The lack of support provided to women experiencing postpartum symptoms.
- **Structural Racism**
  - Symptoms Black mothers face are undermined and disregarded
  - Lack of access to quality maternal care and culturally responsive staff such community-based doulas, perinatal community health workers, and other peer support service providers
  - Insurance coverage (Medicaid and private insurance) failing to cover pregnancy related services such as

Iowa Specific Data

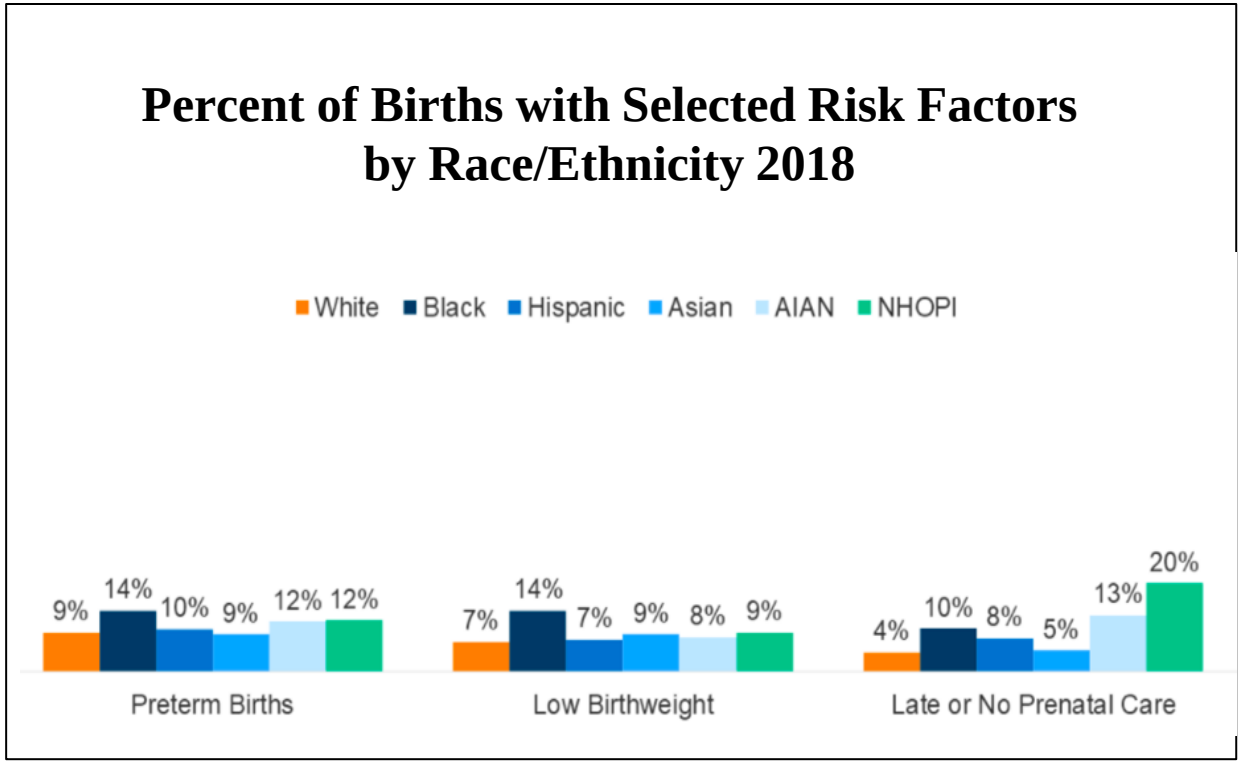
Iowa Maternal Mortality Rate Overview

Iowa's pregnancy-related maternal mortality was reported to be **9.4 deaths per 100,000 livebirths overall** in 2021.

- Regarding racial and ethnic identity, the maternal mortality rate for Black birthing parents is 36.9 per 100,000 live births, 6 for White birthing parents, 9.7 for Hispanic birthing parents and 23.5 for Asian/Pacific Islander birthing parents.

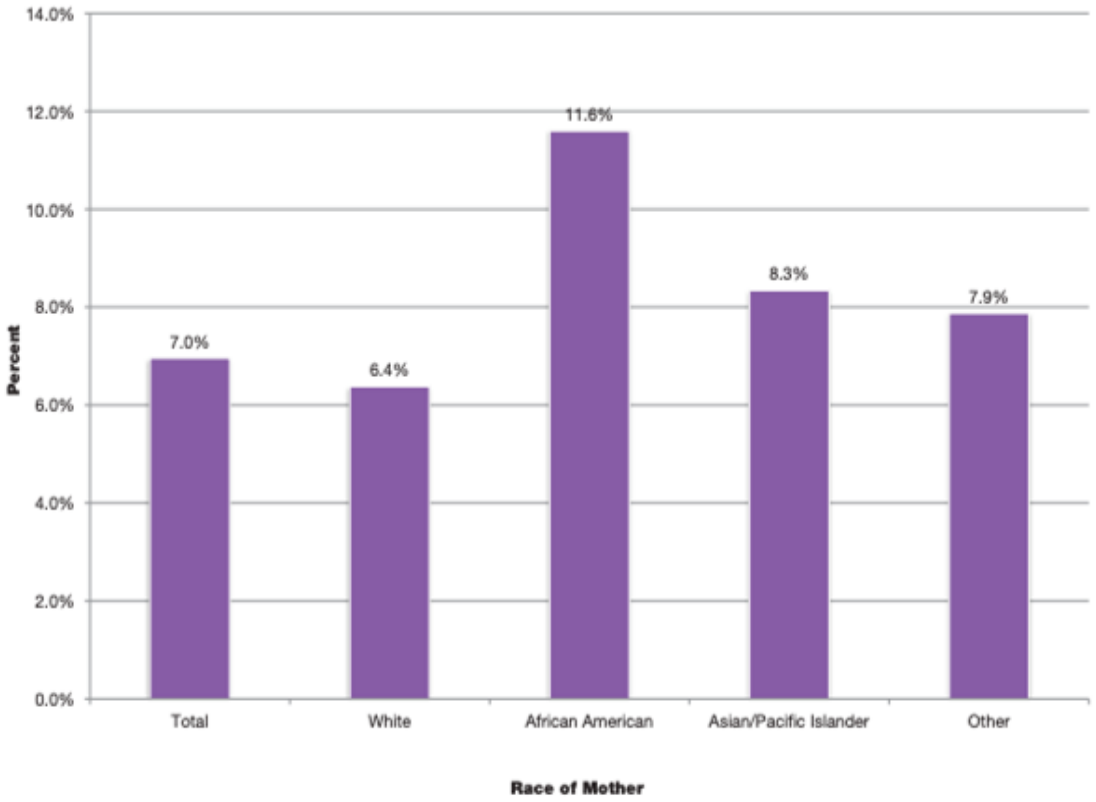
From this data, Black birthing parents in Iowa are **about 4 times** more likely to die during or shortly after childbirth than White birthing parents.

Additionally, Maternal Mortality Rates were influenced by selected risk factors such as preterm births, low birthweight, and the lack of prenatal care resources.

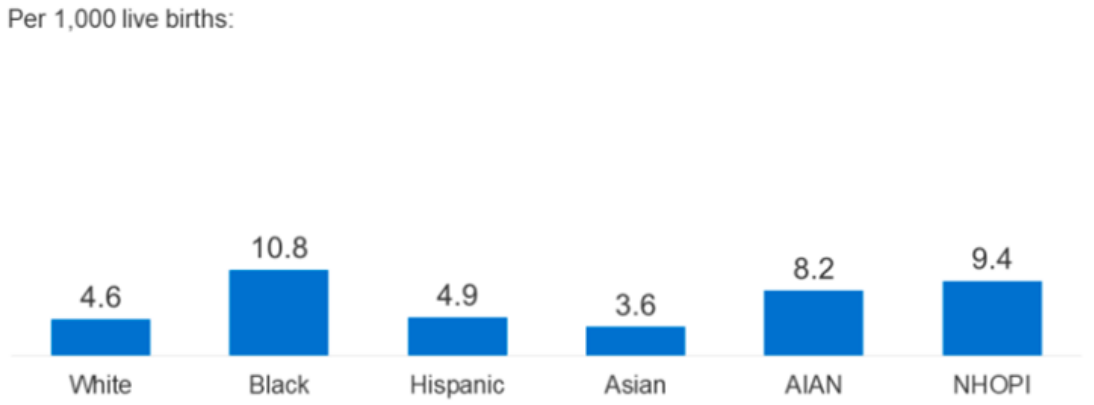


Iowa Infant Mortality Rates

Low Birth Weight Live Births by Race, 2020



Infant Mortality Rate by Maternal Race/Ethnicity, 2018

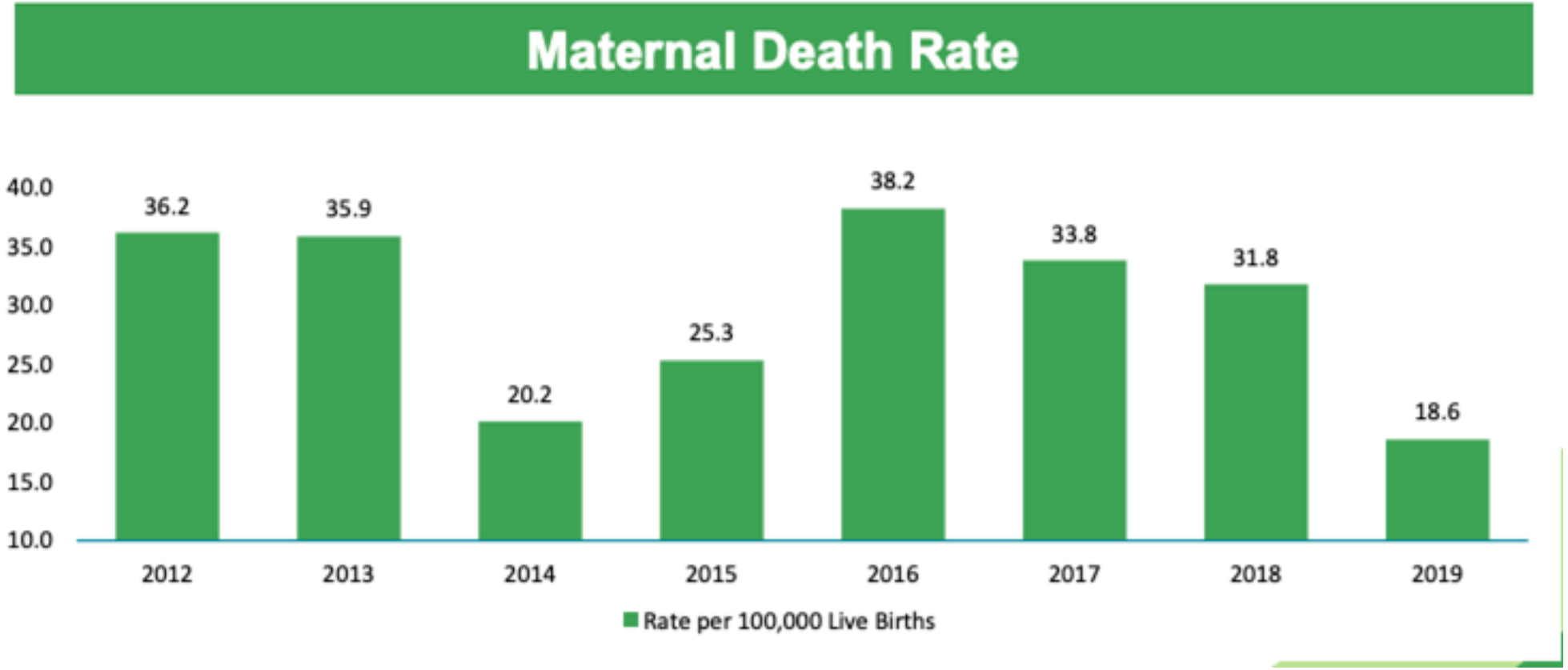


NOTE: AIAN refers to American Indian and Alaska Native people. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Linked Birth/Infant Death Records, 2018, WONDER Online Database.

KFF

Iowa Maternal Death Rate (2012-2019)



Note: Non-Hispanic Blacks and Hispanics comprise only 11% of Iowa's total population, yet they are disproportionately affected by disease states and social factors that negatively impact health outcomes.

Iowa Maternal Mortality Rates

Severe Maternal Morbidity Rates per 10,000 Delivery Hospitalizations by Race and Ethnicity, 2018-2020

COMPLICATION	BLACK MOTHERS	HISPANIC MOTHERS	WHITE MOTHERS
HEMORRHAGE	21.7	17.7	19.6
RESPIRATORY	10.2	20.1	6.5
CARDIAC	10.2	5.9	4.6
RENAL FAILURE	29.4	5.9	14
SEPSIS	7.7	4.7	3.6
OBSTETRICAL	12.8	16.6	8.4
OTHER	3.8	3.5	1.9

Iowa Maternal Mortality Rates

In a recent Iowa's Maternal Mortality Review Committee Report (2021). 39 deaths were reviewed by the Iowa Medical Society to observe the trends regarding maternal mortality. The results were as followed:

- The leading causes of the pregnancy related deaths were **cardiac-associated** and **hemorrhage**.
  - Other causes causes of pregnancy-related deaths were **preeclampsia/Eclampsia**, **hemorrhage** and **suicide**.

According to the report, the timing of the deaths related to the pregnancy:

- None of the pregnancy-related deaths occurred during pregnancy
- 75% were within 42 days of the end of the pregnancy
- 25% within 43 days to 1 year of the end of the pregnancy
- Note: 81% of the studied deaths were **preventable**

2021 Maternal Mortality Review Committee Results – Summary Table:

Categories of Maternal Deaths	Preventable	Not Preventable	Undetermined
Pregnancy-Related	• Eclampsia-leading cause • Post-partum hemorrhage • Suicide		
Pregnancy-Associated but NOT related	• Blunt force trauma from motor vehicle crashes- leading cause • Drug overdose • Pneumonia • Cerebral artery hemorrhage, endocarditis related to IV drug use	• Blunt force trauma from motor vehicle crashes	
Pregnancy-Associated but Unable to Determine Pregnancy Relatedness	• Suicide • Cardiac Arrhythmia caused by cardiomegaly left ventricular hypertrophy • Homicide (Domestic violence)		• Cardiac Arrest

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

MOTHER Lab:
Maternal Outcomes for Translational Health Equity Research

MOTHER Lab is a new, mixed methods multi-disciplinary research lab encompassing a diverse group of students and professionals.

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.**

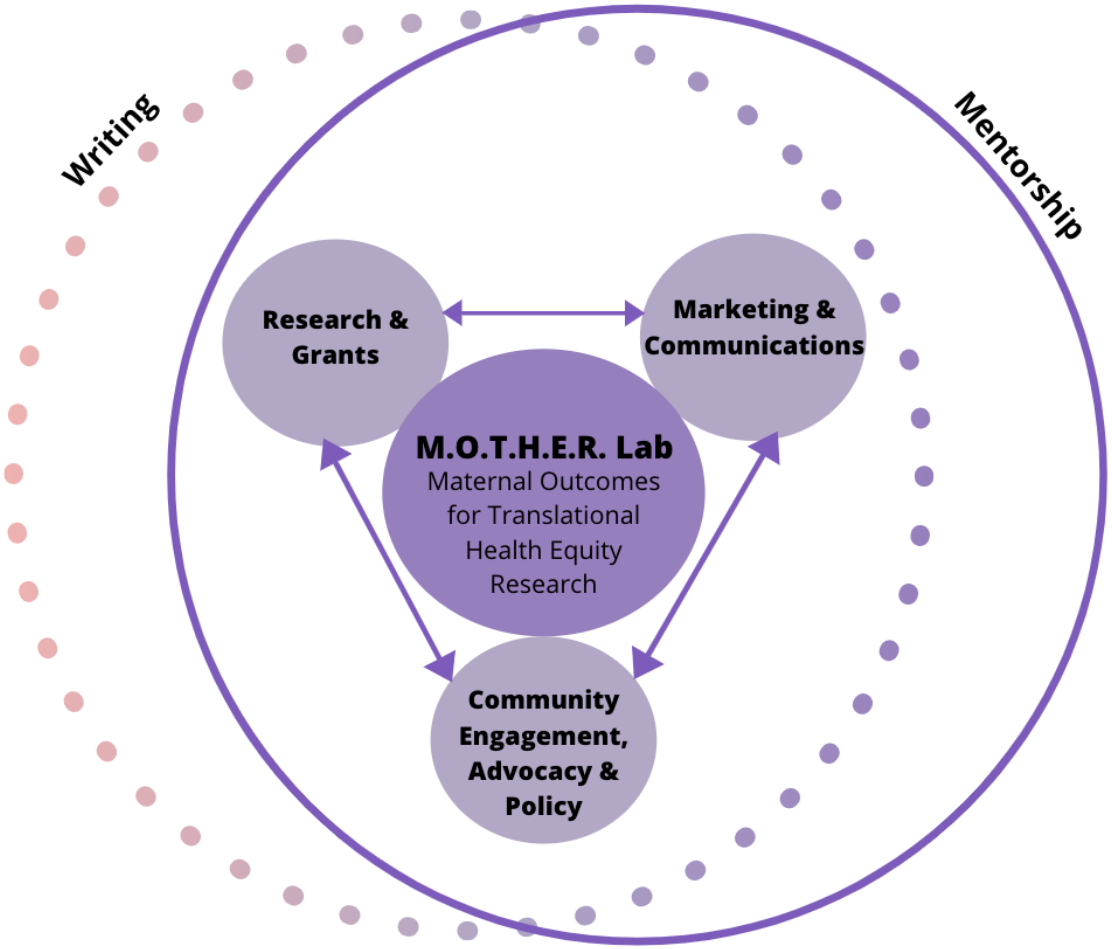
MOTHER Lab Organizational Structure

Three Main Committees:

- Research and Grants
- Community Engagement, Advocacy, and Policy
- Marketing, Communications, and Events

+ Writing Committees

+ Peer support/ Mentoring Committee



MOTHER Lab Goals:

MOTHER Lab Goals:

1. Address maternal and child health inequities for Black women through solution-focused research and policy interventions.

1. Address and advocate for maternal health inequities at both the local and national level.

1. Acquire funding for research, stipends, and lab-related needs.

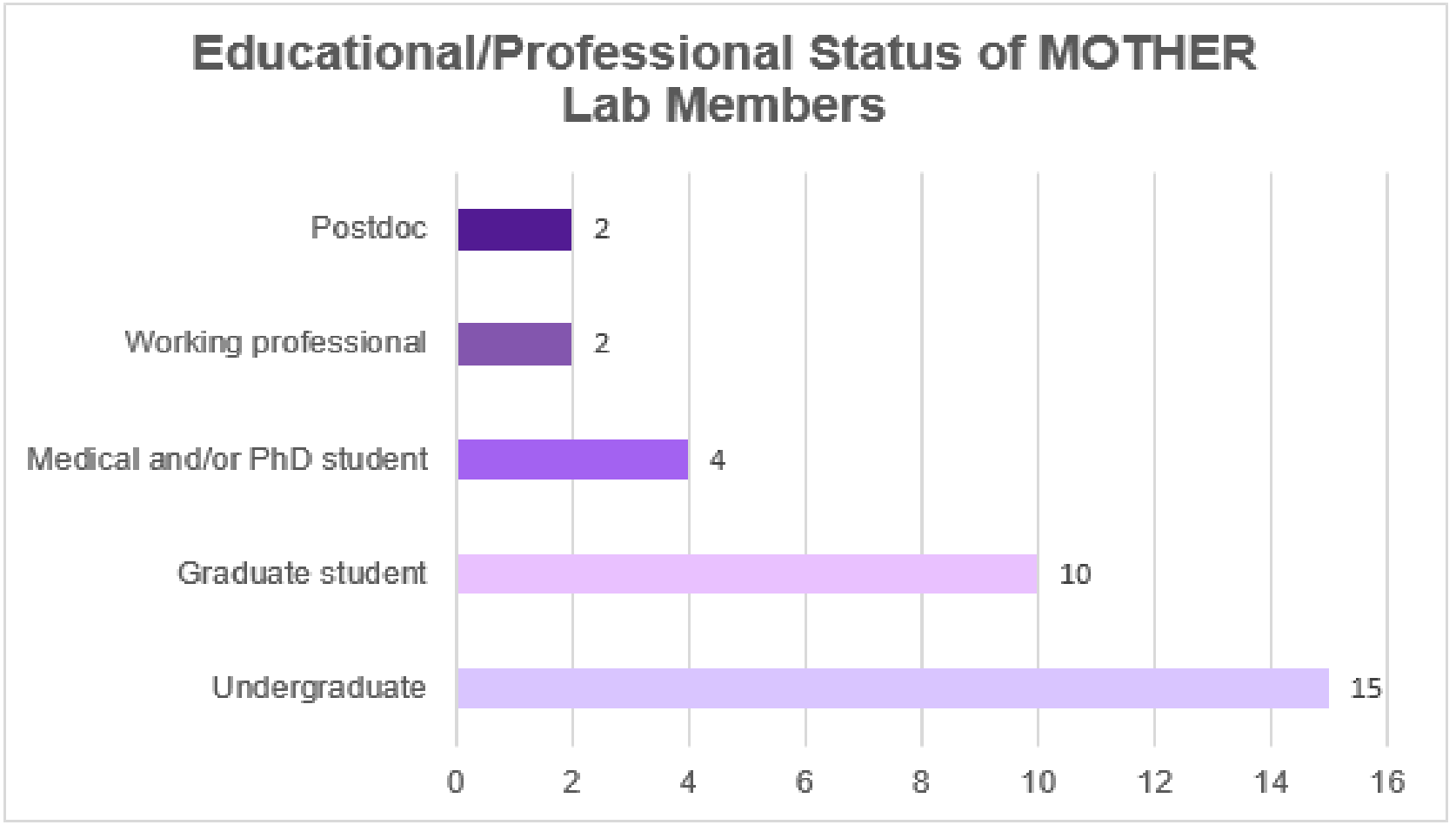
1. Educate our local and national community through webinars, and sharing information via social media.

1. Create strong partnerships and leverage stakeholder relationships to expand MOTHER Lab to become one of the largest Maternal equity labs in the nation.

1. Create and foster a welcoming and inclusive research and professional development environment for people passionate maternal health inequities with a focus on representing minorities.

DEMOGRAPHICS OF MOTHER LAB MEMBERS BY EDUCATION/PROFESSIONAL STATUS

N=34



DEMOGRAPHICS OF MOTHER LAB MEMBERS BY RACE

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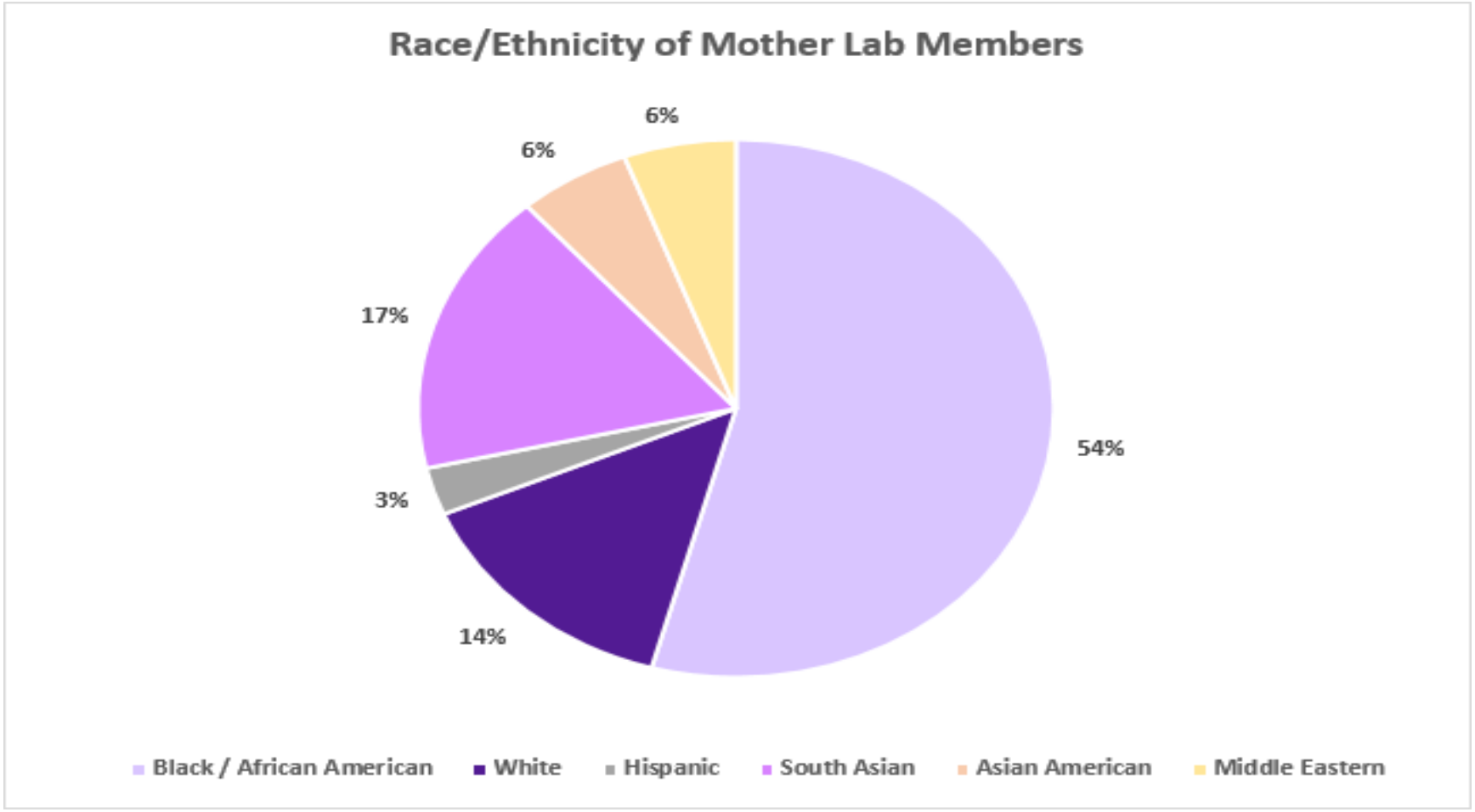
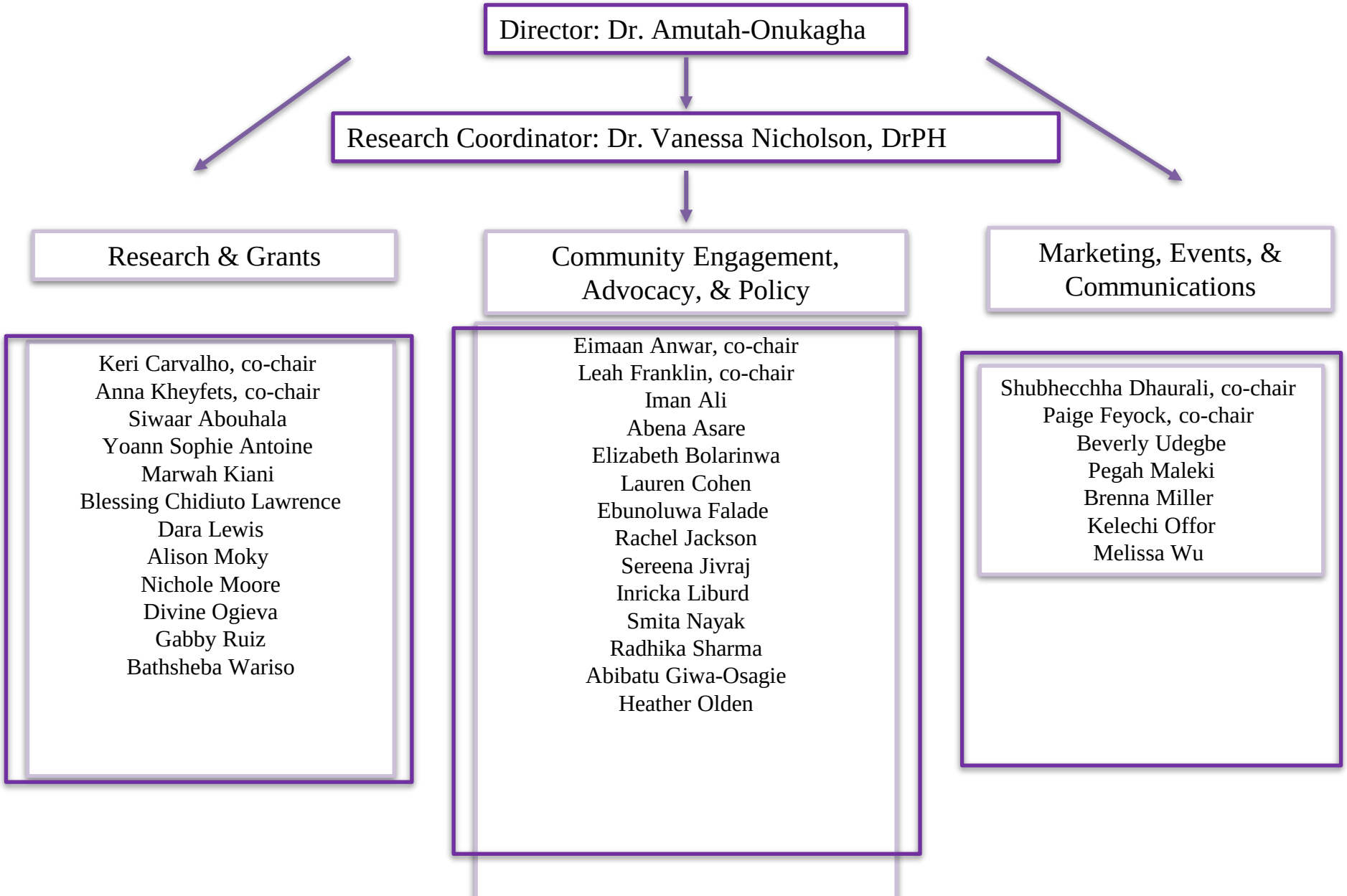


ORGANIZATIONAL STRUCTURE OF MOTHER LAB



Contact Us

Find out more at: motherlab.org

Follow us on social media!

Twitter: @MOTHERLAB20
Instagram: @mother_lab
Facebook: Mother Lab
linktr.ee/motherlab

Questions?
Email us at info@motherlab.org

Tufts School of Medicine

Presenter Contact Information

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Infant Mortality Rate & Prevention Methods

By: Kay'La Mumford, Executive Director, Doula Educator, Full Spectrum Doula, CHW

Birthembrace.org

Birthembracecommunities@gmail.com

What is Infant Mortality?

- Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births.

Birthembracecommunities@gmail.com

Black Infant Mortality in the U.S.

The infant mortality rate for black babies in the U.S. is 10.8% (10.8 out of 1000 live births)

Compared to an infant mortality rate of 4.6% for white babies born in America.

Black infants are observed to have about 2.1 times the infant mortality rate of White infants.

Black infants are 3.8 times more likely to die from low-birth-weight complications

In the US, the five leading causes of infant mortality include low birth weight (LBW), birth defects, maternal peripartum complications, accidental and nonaccidental injuries, and sudden infant death syndrome (SIDS).

Birthembracecommunities@gmail.com

Systemic Racism

The Gap between Healthy Outcomes & Birth Disparities

Social determinants of health

- Quality health care
- Nutrition
- Environment
- Economic ability
- Trust
- Education

Systemic Racism

- *is a form of racism that is embedded in the laws and regulations of a society or an organization. It manifests as discrimination in areas such as criminal justice, employment, housing, health care, education, and political representation.*

Birthembracecommunities@gmail.com

Birthing Change

Birth Equity

The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.

Birthembracecommunities@gmail.com

Birthing Change

- We must represent ourselves and lift our own voices
- More BIPOC providers and healthcare workers
- Spaces like these to educate and inform our communities
- Access
  - Quality healthcare
  - Safe neighborhoods
  - Nutrient rich foods
  - Economic expansion
- Leaders

Birthembracecommunities@gmail.com

The Value of Equity In Birth Education

- Trust and relatability
- Avoid opportunity for ***Implicit Bias- We use the term "implicit bias" to describe when we have attitudes towards people or associate stereotypes with them without our conscious knowledge.***
- Rebuild and empower our communities to remember the strength in themselves to birth healthy babies (We are capable)

Birthembracecommunities@gmail.com

Contact Us

- Kay'La Mumford
- Birthembracecommunities@gmail.com
- birthembrace.org
  - Doula Workshops
  - Birth Education
  - Group Workshops
  - Doula Directory
  - Doula Support

- **To become a sponsor or donate please call or email:**

414-207-2568

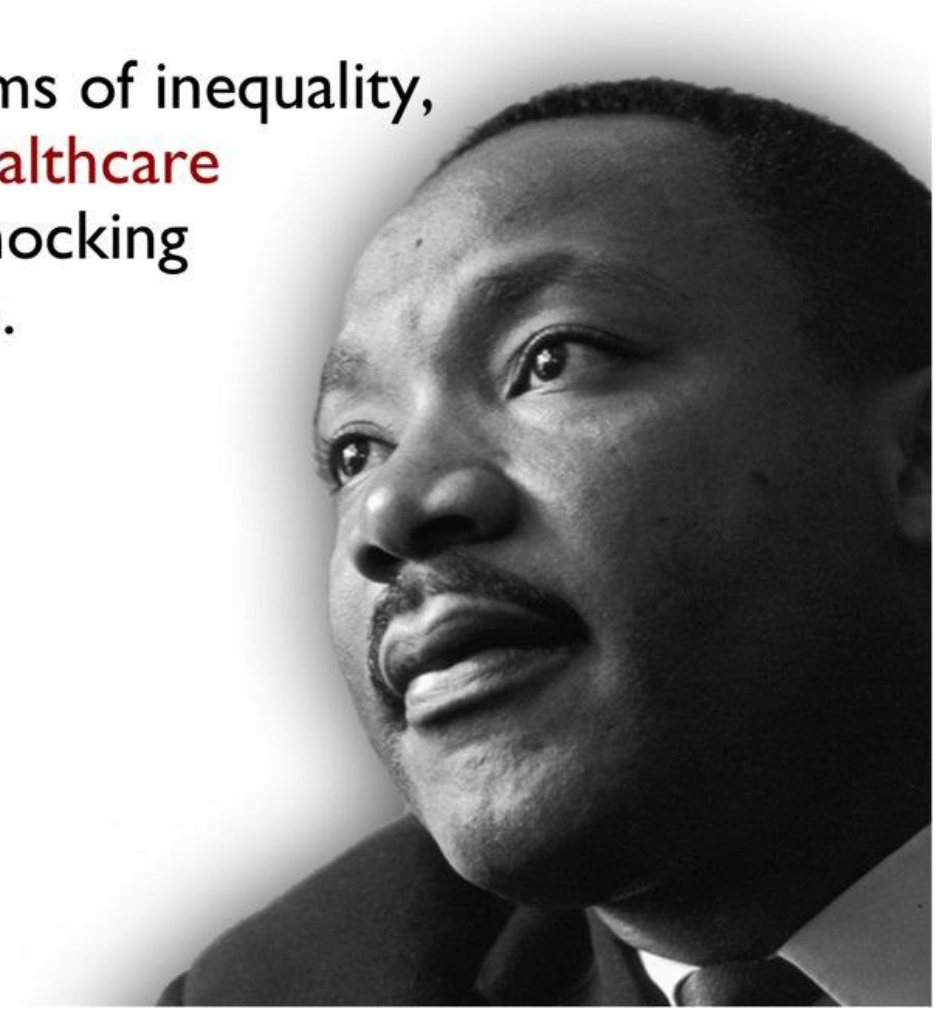
Or

birthembracecommunities@gmail.com

Justice & Today's Health Care System

By: Jacquie Easley-McGhee

Of all the forms of inequality,
injustice in healthcare
is the most shocking
and inhumane.



Dr. Martin Luther King, Jr.
March 25, 1966

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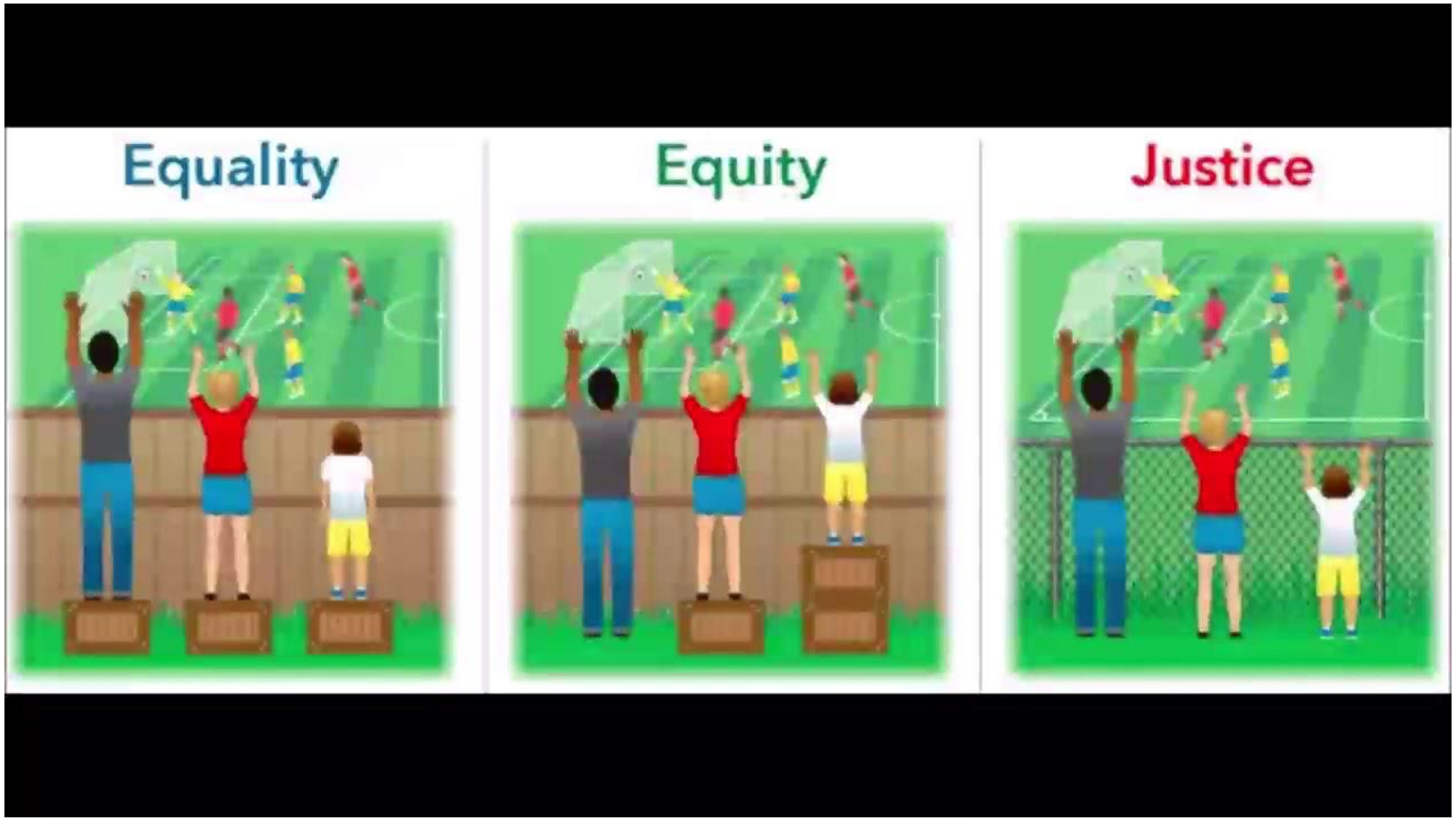
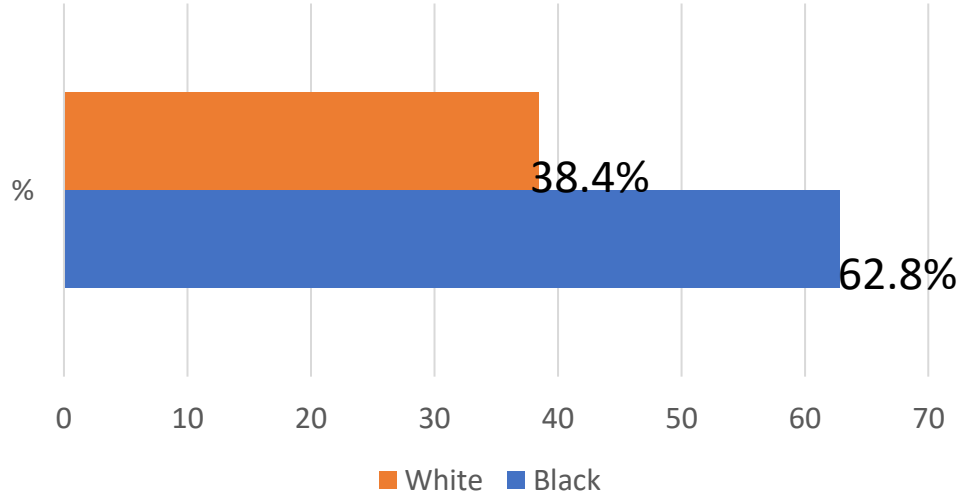
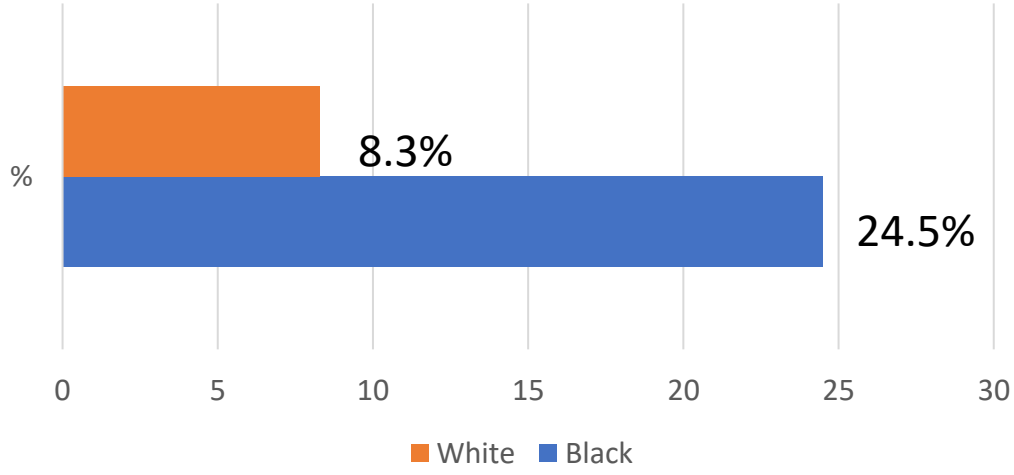

Equality
Equity
Justice

Distrust in Healthcare and Research

- How often, if ever, do you think physicians prescribe medication as a way of experimenting on people without their knowledge or consent (very often, fairly often, or do not know)?



- Do you believe that physicians have ever given you treatment as part of an experiment without your permission (yes or do not know)?



Corbie-Smith G et al. *Arch Intern Med*. 2002;162(21):2458-2463.

Health Disparities and Race in Iowa cont.

Adults who report not having a personal doctor/health care provider

Non-Hispanic White	Non-Hispanic Black	Hispanic
15.1%	31.2%	45.3%

Kaiser Family Foundation. (2019). State health facts. Retrieved March 1, 2020 from https://www.kff.org/state-category/minority-health/

MERCYONE


Tragedy: The Story of Dr. Susan Moore
& Black Medical Disparities
Live Stream Panel Discussion
Date: 1/3/2021
PST 1:30pm, MST 2:30pm, CST 3:30pm, EST 4:30pm
#DrSusanMoore

What does Justice Look like for a Broken Health Care System

1. We need Data Democratization.
   - ❖Ask our public health officials to present data by race and ethnicity

2. We need to increase the pipeline of BIPOC healthcare workforce
   - ❖Support STEM (Science, Technology, Engineering and Math) programs as early as elementary school grade levels.

3. We need healthcare advocates.
   - ❖Elect officials who will maintain affordable insurance coverage to provide access for preventive healthcare for all.

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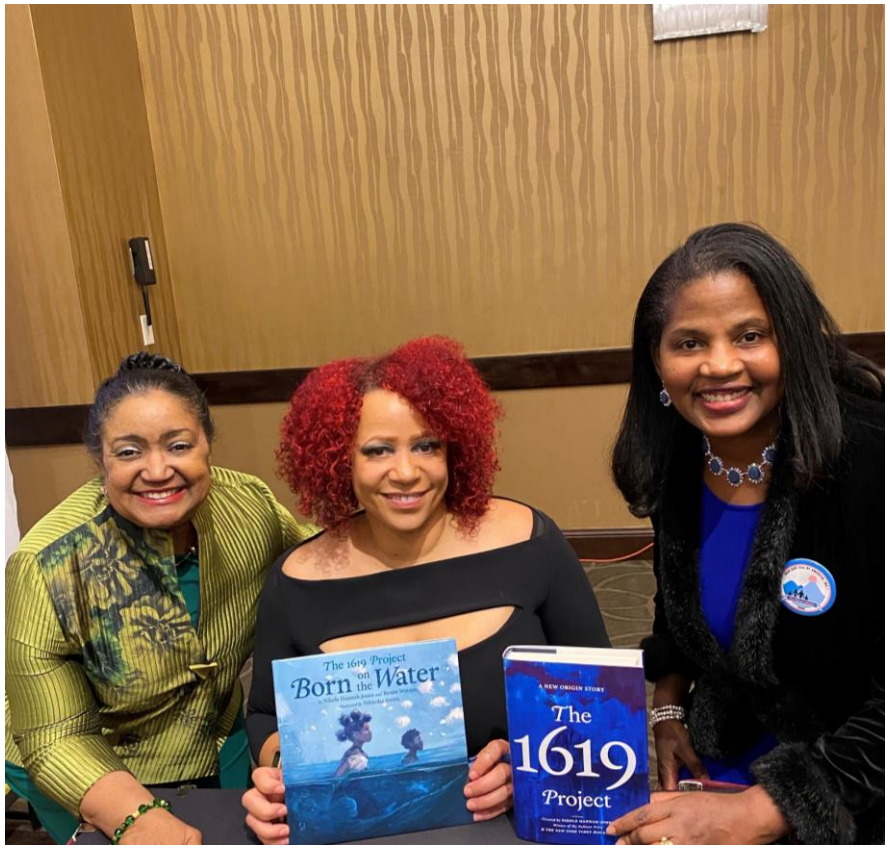
What does Justice Look like for a Broken Health Care System cont.

4. We need healthcare CHAMPIONS
   - ❖Join the CDC, AHA,CHA,APHA,AMA,NMA, ADA, NDA and numerous government bodies who have declared racism a public health crisis

5. Walk the Talk
   - ❖Does your provider practice cultural humility?

THANK YOU!

Jacquie Easley-McGhee
515-643-8238



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The State of BLACK MATERNAL HEALTH in the U.S.

Count the Kicks

April 12
12 PM CST

bit.ly/BMHW_SoBMH

Stephaney Moody
Healthy Birth Day, Inc.

Nneka Hall
Mother IS Supreme

Denise Bolds, MSW
President of DONA

Jacquie Easley McGhee
MercyOne

Kay'La Mumford
Founder of Birth Embrace Communities, Inc.

Lakeeta Watts, CHW
CBS Founder, Executive Director
Essentially Empowered

Dr. Ndidiamaka Amutah-Onukagha
Founder and Director of MOTHER Lab

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MOTHER LAB

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Thanks for joining us today!