Safety Action Series

Racial Disparities in Maternal Health: Leveraging the Postpartum Period to Find Solutions
Speakers

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Birth/Reproductive Justice & Equity Advocate
Disclosures

- Dr. Bower has no real or perceived conflicts of interest.

- Dr. Ogunwole has no real or perceived conflicts of interest.

- Ms. Williams-Muhammad would like to disclose her affiliation with the Black Mammas Matter Alliance (National Collaborator- Policy Working group)
Objectives

➢ Explore racial disparities in maternal health under a quality and safety lens

➢ Review evidence for mechanisms perpetuating racial disparities in maternal health for African American women

➢ Discuss the postpartum period as a point of intervention to reduce racial disparities in maternal health outcomes
IOM Domains of Quality Care

Forgotten Aim
Readiness

Every health system
- Establish systems to accurately document self-identified race, ethnicity, and primary language.
- Provide system-wide staff education and training on how to ask demographic intake questions.
- Ensure that patients understand why race, ethnicity, and language data are being collected.
- Ensure that race, ethnicity, and language data are accessible in the electronic medical record.
- Evaluate non-English language proficiency (e.g., Spanish proficiency) for providers who communicate with patients in languages other than English.
- Educate all staff (e.g., inpatient, outpatient, community-based) on interpreter services available within the healthcare system.
- Provide staff-wide education on: Peripartum racial and ethnic disparities and their root causes.
- Best practices for shared decision making.
- Engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams.

Recognition

Every patient, family, and staff member
- Provide staff-wide education on implicit bias.
- Provide convenient access to health records without delay (paper or electronic), at minimal to no fee to the maternal patient, in a clear and simple format that summarizes information most pertinent to perinatal care and wellness.
- Establish a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect.

Response

Every clinical encounter
- Engage in best practices for shared decision making.
- Ensure a timely and tailored response to each report of inequity or disrespect.
- Address reproductive life plan and contraceptive options not only during or immediately after pregnancy, but at regular intervals throughout a woman’s reproductive life.
- Establish discharge navigation and coordination systems post childbirth to ensure that women have appropriate follow-up care and understand when it is necessary to return to their health care provider.
- Provide discharge instructions that include information about what danger or warning signs to look out for, whom to call, and where to go if they have a question or concern.
- Design discharge materials that meet patients’ health literacy, language, and cultural needs.

Reporting & Systems Learning

Every clinical unit
- Build a culture of equity, including systems for reporting, response, and learning similar to ongoing efforts in safety culture.
- Develop a disparities dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership.
- Implement quality improvement projects that target disparities in healthcare access, treatment, and outcomes.
- Consider the role of race, ethnicity, language, poverty, literacy, and other social determinants of health, including racism at the interpersonal and system-level when conducting multidisciplinary reviews of severe maternal morbidity, mortality, and other clinically important metrics.
- Add as a checkbox on the review sheet: Did race/ethnicity (i.e., implicit bias), language barrier, or specific social determinants of health contribute to the morbidity (yes/no/maybe)? And if so, are there systemic changes that could be implemented that could alter the outcome?
Racial Disparities in Maternal Health
Disparities in Mortality

- Minorities represent half of all US births
- Disproportionate burden of mortality faced by racial minorities
- African American women are 3 to 4 times more likely to die as a complication of pregnancy

Creanga. J of Women's Hlth; 2014
Disparities in Morbidity

- Maternal morbidity can lead to severe long term health consequences
- Profound racial disparities exist for maternal morbidity and severe maternal morbidity
- African American women have the highest rates for 22 of 25 severe morbidity indicators used by the Center for Disease Control

Trends and Disparities in Delivery Hospitalizations Involving Severe Maternal Morbidity, 2006-2015 (HCUP, AHRQ)
Causes of Pregnancy related Deaths by Race Ethnicity

Figure 5. Leading Underlying Causes of Pregnancy-Related Deaths, by Race-Ethnicity

Colorado 2008—2012
Delaware 2009—2015
Georgia 2012—2014
Hawaii 2015
Illinois 2015
North Carolina 2014—2015
Ohio 2008—2015
South Carolina 2014—2017
Utah 2014
Racial Disparities in Maternal Health

**FIGURE 1.** Conceptual model. DM indicates diabetes; HTN, hypertension.

Howell. Clin Obstet Gynecol; 2018
Every clinical unit

- Build a culture of equity, including systems for reporting, response, and learning similar to ongoing efforts in safety culture.
- Develop a disparities dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership.
- Implement quality improvement projects that target disparities in healthcare access, treatment, and outcomes.
Postpartum Period
Colorado 2008—2012
Delaware 2009—2015
Georgia 2012—2014
Hawaii 2015
Illinois 2015
North Carolina 2014—2015
Ohio 2008—2015
South Carolina 2014—2017
Utah 2014
ACOG COMMITTEE OPINION

Number 736 • May 2018

(Replaces Committee Opinion Number 666, June 2016)

Presidential Task Force on Redefining the Postpartum Visit
Committee on Obstetric Practice

The Academy of Breastfeeding Medicine, the American College of Nurse-Midwives, the National Association of Nurse Practitioners in Women’s Health, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal–Fetal Medicine endorse this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists’ Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice in collaboration with task force members Alison Stuebe, MD, MSc; Tamika Auguste, MD; and Martha Gulati, MD, MS.

Optimizing Postpartum Care
<table>
<thead>
<tr>
<th>Postpartum Process</th>
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<tbody>
<tr>
<td><strong>Primary maternal care provider</strong> assumes responsibility for woman’s care through the comprehensive postpartum visit</td>
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<tr>
<td><strong>Contact with all women</strong> within first 3 weeks</td>
<td><strong>Ongoing follow-up as needed</strong> 3–12 weeks</td>
</tr>
<tr>
<td>BP check 3–10 days</td>
<td>High risk f/u 1–3 weeks</td>
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<tr>
<th>Wks</th>
<th>0</th>
<th>1</th>
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<table>
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<tr>
<th>6-Week Visit</th>
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<tbody>
<tr>
<td><strong>Traditional period of rest and recuperation from birth</strong> 0–6 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>6-week visit</strong></td>
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**Figure 1** Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists’ Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to a postpartum process (top). Abbreviations: BP, blood pressure; f/u, follow-up.
Immediate Postpartum Period:
Home Visiting Programs
# Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Program</th>
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</thead>
<tbody>
<tr>
<td>ABC (Attachment &amp; Biobehavioral Catch-Up Intervention)</td>
<td>Maternal Early Childhood Sustained Home Visiting Program</td>
<td>Family Spirit</td>
</tr>
<tr>
<td>Child FIRST</td>
<td>Early Intervention Program for Adolescent Mothers</td>
<td>Play &amp; Learning Strategies – Infant</td>
</tr>
<tr>
<td>Healthy Families America</td>
<td>Minding the Baby</td>
<td>HANDS (Health Access Nurturing Development Services Program)</td>
</tr>
<tr>
<td>Durham Connects/Family Connects</td>
<td>Nurse-Family Partnership</td>
<td>Safe Care Augmented</td>
</tr>
<tr>
<td>Home Instruction for Parents of Preschool Youngsters</td>
<td>Family Check-Up for Children</td>
<td>Healthy Beginnings</td>
</tr>
<tr>
<td>Early Head Start – Home Based</td>
<td>Parents as Teachers</td>
<td></td>
</tr>
</tbody>
</table>

MIECHV Program Services

For pregnant women & children birth to 5:

• Education/support of health promoting practices (e.g. - breastfeeding, infant care, child development, positive parenting, family planning)
• Support of maternal-infant bonding & attachment
• Enhancement of social support systems
• Assistance with goal setting, education, employment & child care
• Linkage to community resources
MIECHV Program Evidence

- Improve maternal and newborn health
- Reduce child injuries, abuse, and neglect
- Improve school readiness and achievement
- Reduce domestic violence
- Improve family economic self-sufficiency
- Improve coordination and referral for community resources and supports

1Home Visiting Evidence of Effectiveness (HomVEE), https://homvee.acf.hhs.gov/
Benefits, Challenges, and Opportunities

**Benefits**
- Prioritize provision of services to families living in at-risk communities
- 2-5 years postpartum

**Challenges**
- Integration of home visiting into health care system

**Opportunities**
- Become familiar with home visiting programs in your service area
- Learn referral process, make referrals, consider strategies for ‘warm hand offs’
Immediate Postpartum Period: Doula Services with Reproductive Justice Presentation
\textbf{HEALTH BENEFITS}\footnote{\textsuperscript{2,3}}

High-quality research supports the benefits of doula care:

The 2013 Cochrane systematic review analyzed 22 studies of more than 15,000 women to identify benefits of continuous labor support by a doula.\footnote{\textsuperscript{2}}

A review of 41 birth practices in the \textit{American Journal of Obstetrics and Gynecology} in 2008 concluded that doula support was among the most effective of all those reviewed – 1 of only 3 to receive an "A" grade.\footnote{\textsuperscript{4}}

- 9\% drop in use of pain medication
- 31\% less use of Pitocin
- 34\% fewer negative birth experiences
- 40 minutes shorter labor
- 12\% more spontaneous vaginal births
- Higher Apgar scores
- Increased breastfeeding with prenatal and postpartum doula care
- 28\% fewer cesareans

\textit{‘d}u\text{ː}la/ \textit{noun}

1. a woman who gives support, help and advice to another woman during pregnancy and during and after the birth.
2. a Greek word meaning ‘woman who helps women’.
Mainstream Doula vs. Community Doula

.....The “community doula” model of care goes beyond the industry standard

**MAINSTREAM DOULA MODEL**
- Two visits during the prenatal period
- Attendance at birth
- Two postpartum visits

**COMMUNITY DOULA MODEL**
- Support to birthing families in ALL areas of their lives
- Impact not only birth outcome but also stability (therefore health) of the family
Domains of Postpartum Doula Care

- Emotional Support
- Physical Comfort
- Self-Care
- Infant Care
- Information
- Advocacy & Referral
- Partner/Father Support
- Support Mother and Father/Partner with Infant Care
- Support Mother and Father/Partner with Siblings Care
- Household Organization

McComish et. al. JOGNN; 2009
H.O.M.E.

The Baltimore Community Doula program has blended these domains into:

H.O.M.E
Doula and Midwives of Color Are The Key to Reproductive and Birth Justice

How New York Hopes to Tackle Maternal Mortality With Medicaid and Doulas

Change is Coming: Black #Midwives & #Doulas are stepping up in response to Black #Maternaldeaths. lat.ms/2y5ADGV

Every Black Woman Deserves a Doula

@bkwomenshealth

Slide 27
Postpartum Doula

- Having a doula provides the birthing person with the opportunity to ask questions
- Actively plan and have a say in care and the type of care
- Impact on the overall health in the postpartum and beyond
Late Postpartum Period: Chronic Disease Prevention and Cardiovascular Health
Society of Maternal Fetal Medicine White Paper: Pregnancy as a Window into Future Health

- One mechanism for improving CVD mortality would be to improve awareness and prevention strategies

- Pregnancy is one time that women are very likely to access healthcare system

- Pregnancy and postpartum = opportunity to identify risk factors for future cardiovascular and overall health

- Pregnancy is a stress test: presumably those with medically complicated pregnancies fail the stress test and show us they have underlying CVD

- Even though there is a clear link between these complications and CVD; many women are not aware, and no national guidelines about future screening
### Table 1. Suggested Components of the Postpartum Care Plan*  

<table>
<thead>
<tr>
<th>Element</th>
<th>Components</th>
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<tbody>
<tr>
<td>Care team</td>
<td>Name, phone number, and office or clinic address for each member of care team</td>
</tr>
<tr>
<td>Postpartum visits</td>
<td>Time, date, and location for postpartum visit(s); phone number to call to schedule or reschedule appointments</td>
</tr>
<tr>
<td>Infant feeding plan</td>
<td>Intended method of infant feeding, resources for community support (eg, WIC, Lactation Warm Lines, Mothers’ groups), return-to-work resources</td>
</tr>
</tbody>
</table>
| Reproductive life plan and commensurate contraception | Desired number of children and timing of next pregnancy  
Method of contraception, instructions for when to initiate, effectiveness, potential adverse effects, and care team member to contact with questions |
| Pregnancy complications                      | Pregnancy complications and recommended follow-up or test results (eg, glucose screening for gestational diabetes, blood pressure check for gestational hypertension), as well as risk reduction recommendations for any future pregnancies |
| Adverse pregnancy outcomes associated with ASCVD | Adverse pregnancy outcomes associated with ASCVD will need baseline ASCVD risk assessment, as well as discussion of need for ongoing annual assessment and need for ASCVD prevention over lifetime. |
| Mental health                                | Anticipatory guidance regarding signs and symptoms of perinatal depression or anxiety; management recommendations for women with anxiety, depression, or other psychiatric issues identified during pregnancy or in the postpartum period |
| Postpartum problems                          | Recommendations for management of postpartum problems (ie, pelvic floor exercises for stress urinary incontinence, water-based lubricant for dyspareunia) |
| Chronic health conditions                    | Treatment plan for ongoing physical and mental health conditions and the care team member responsible for follow-up |

Abbreviations: ASCVD, atherosclerotic cardiovascular disease; WIC, Special Supplemental Nutrition Program for Women, Infants, and Children.  
*A Postpartum Care Plan Template is available as part of the ACOG Pregnancy Record.*
Promising Models

The Maternal Health Clinic: A New Window of Opportunity for Early Heart Disease Risk Screening and Intervention for Women with Pregnancy Complications

Graeme N. Smith, MD, PhD, FRCSC, Jessica Pudwell, MPH, Michelle Roddy, RN, BScN
Department of Obstetrics and Gynecology, Kingston General Hospital, Queen’s University, Kingston ON
Barriers: Transitions of Care and Handoffs
Barriers: Healthcare Access

- Women of color are more likely to be uninsured or have Medicaid coverage
- Although there is guaranteed healthcare coverage during pregnancy; women lose coverage 60 days after delivery

RESEARCH ARTICLE

Women In The United States Experience High Rates Of Coverage ‘Churn’ In Months Before And After Childbirth

Jamie R. Daw¹, Laura A. Hatfield², Katherine Swartz³, and Benjamin D. Sommers⁴
Where to Begin?
As we think about which policies need to be supported—which ones will address disparities?
Things Can Vary by State

- In Texas, most maternal deaths occur more than 42 days postpartum.
- The majority of maternal deaths in 2012 were to women enrolled in the Medicaid program at the time of delivery.
Stratify Data for Most at Risk Groups
Q&A Session

Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
Next Safety Action Series

A Look at the Current State of Provider Well-Being and Its Effect on Patient-Centered Care

April 18
11:30 a.m. Eastern Time

Linda Drozdowicz, MD
Fellow, Child & Adolescent Psychiatry
Yale Child Study Center

Robert Krause, DNP, APRN-BC
Lecturer,
Yale University School of Nursing

Click to Register