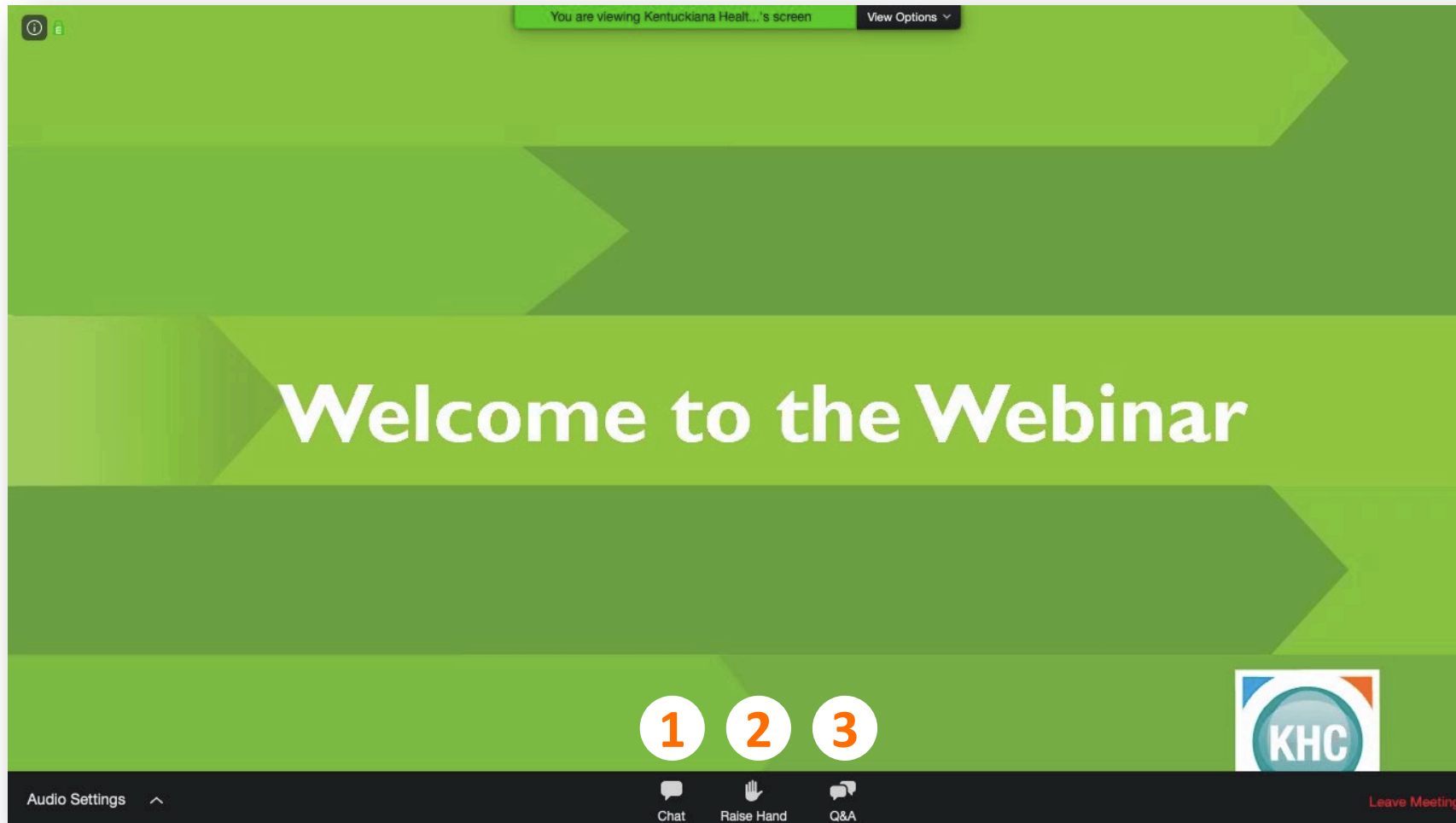


# Using the Zoom Platform



- 1** Select "Chat" to send a message to other attendees.
- 2** Select "Raise Hand" to be unmuted and ask a speaker a question.
- 3** Select "Q&A" to type a question and submit it to the host and speaker.

# Achieving Equity in Black Maternal Health

**Tuesday, August 30, 2022 | 3:30pm-5pm**

Part of *Bridging the Gap from Healthcare Disparities to Anti-Racist Clinical Encounters*, a healthcare equity learning series



**Welcome**

**Natalie Middaugh**

Director, Programs and Health Strategies  
Kentuckiana Health Collaborative

# SOCIAL MEDIA

**Twitter:** @KHCollaborative

**LinkedIn:** [www.linkedin.com/company/  
Kentuckiana-Health-Collaborative](http://www.linkedin.com/company/Kentuckiana-Health-Collaborative)

**Facebook:** [www.facebook.com/Kentuckiana  
HealthCollaborative](http://www.facebook.com/KentuckianaHealthCollaborative)

#KHC



# THANK YOU TO OUR SPONSOR





**Moderator**

**Melissa Eggen**

*Senior Policy Analyst  
Commonwealth  
Institute of Kentucky*



**Tyndal Jones**

*Medical Director  
Elevance Health*



**Meka Kpoh**

*Executive Director and  
Founder  
Black Birth Justice*



**Jan Rogers**

*Maternal Child Health  
Coordinator  
Center for Health Equity at  
Louisville Metro Department  
of Public Health and Wellness*



**Edward Miller**

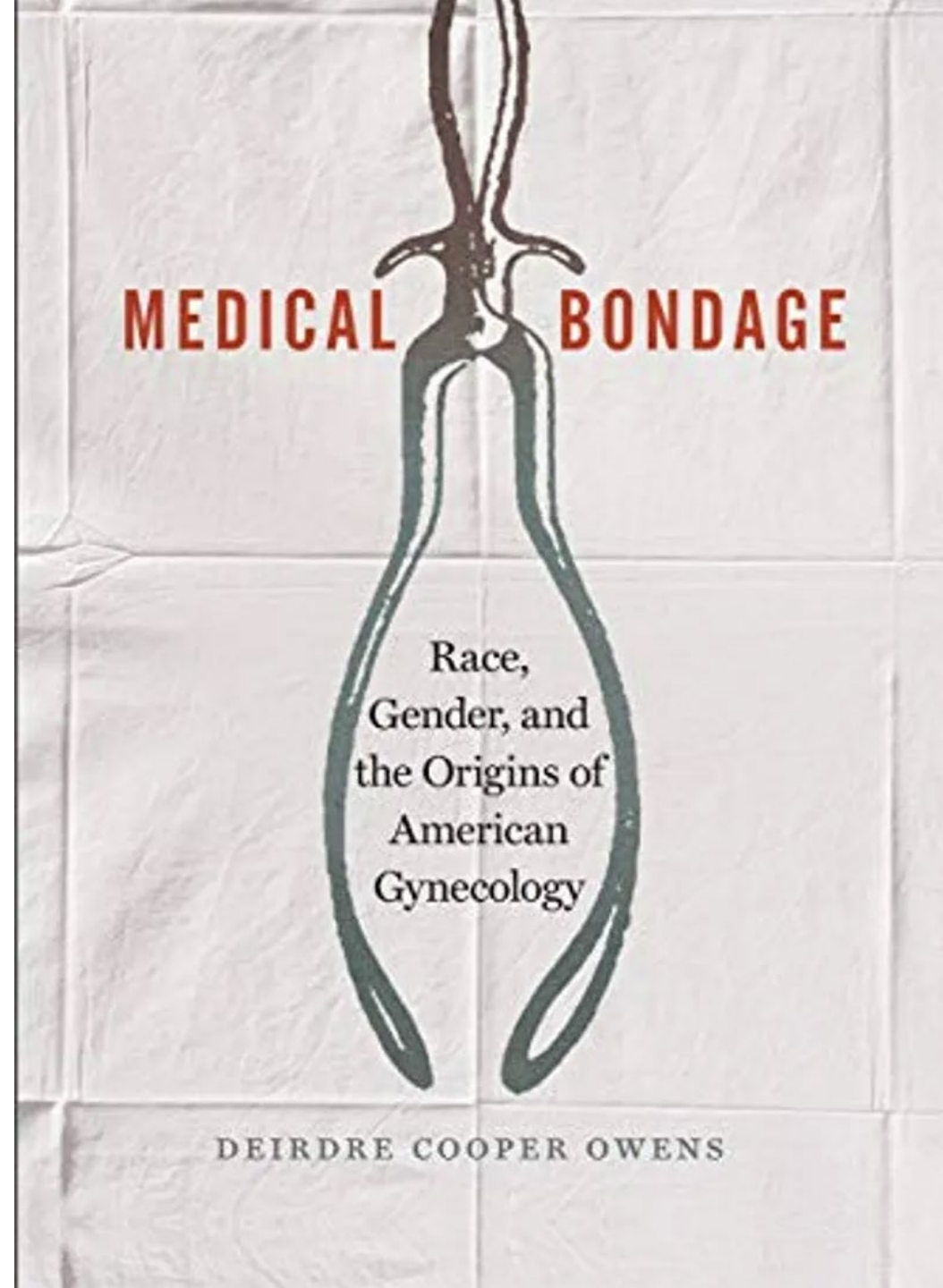
*Division Director of Maternal  
Fetal Medicine  
University of Louisville Health*

# The Historical Roots of Inequities

- 1808—Congress banned the importation of African-born slaves into the United States
- Emergence of the medicalization of obstetrics and gynecology
- Some of the most remarkable medical techniques were occurring in the Southern United States

# The Roots of Racism in Modern Obstetrics and Gynecology

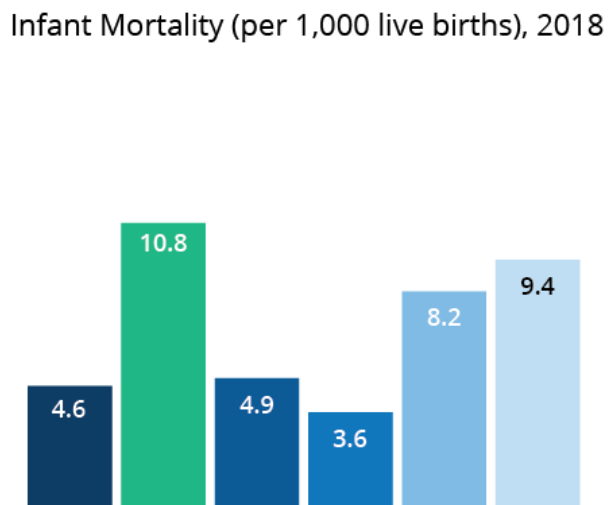
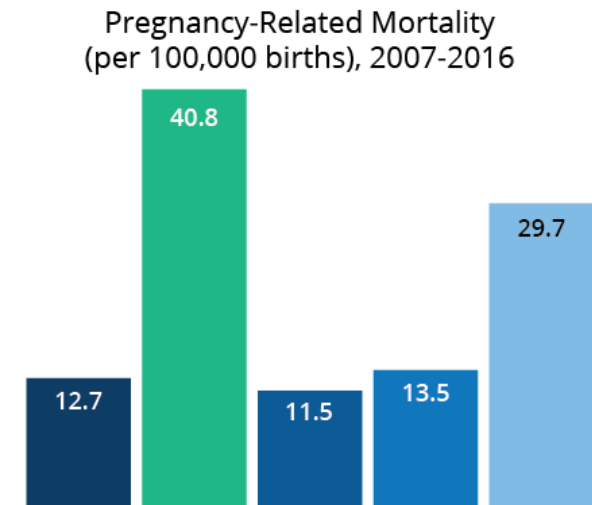
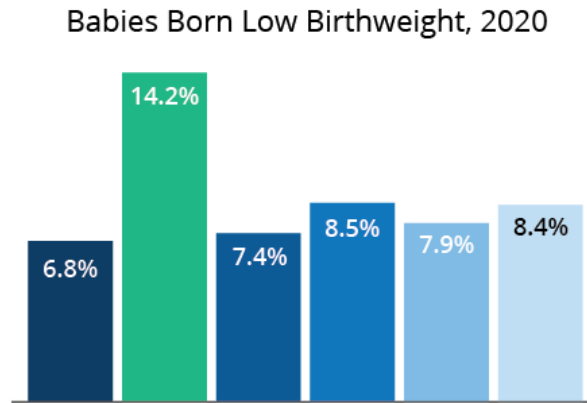
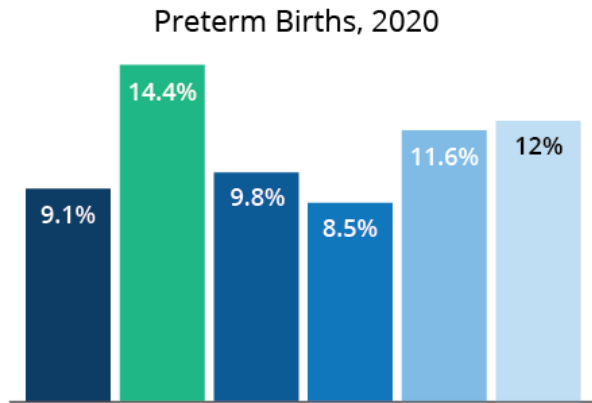
- J. Marion Sims “the father of American gynecology”
- Ephraim McDowell
- Francois Marie Prevost





# A Look at Key Maternal and Infant Health Disparities Among Black People

● White ● Black ● Hispanic ● Asian ● AIAN ● NHOPI



- U.S. has the highest rate of maternal mortality in the developed world
- Nationally, Black women are **three to four times** more likely to die from a pregnancy-related complication as compared to white women

NOTE: AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander.

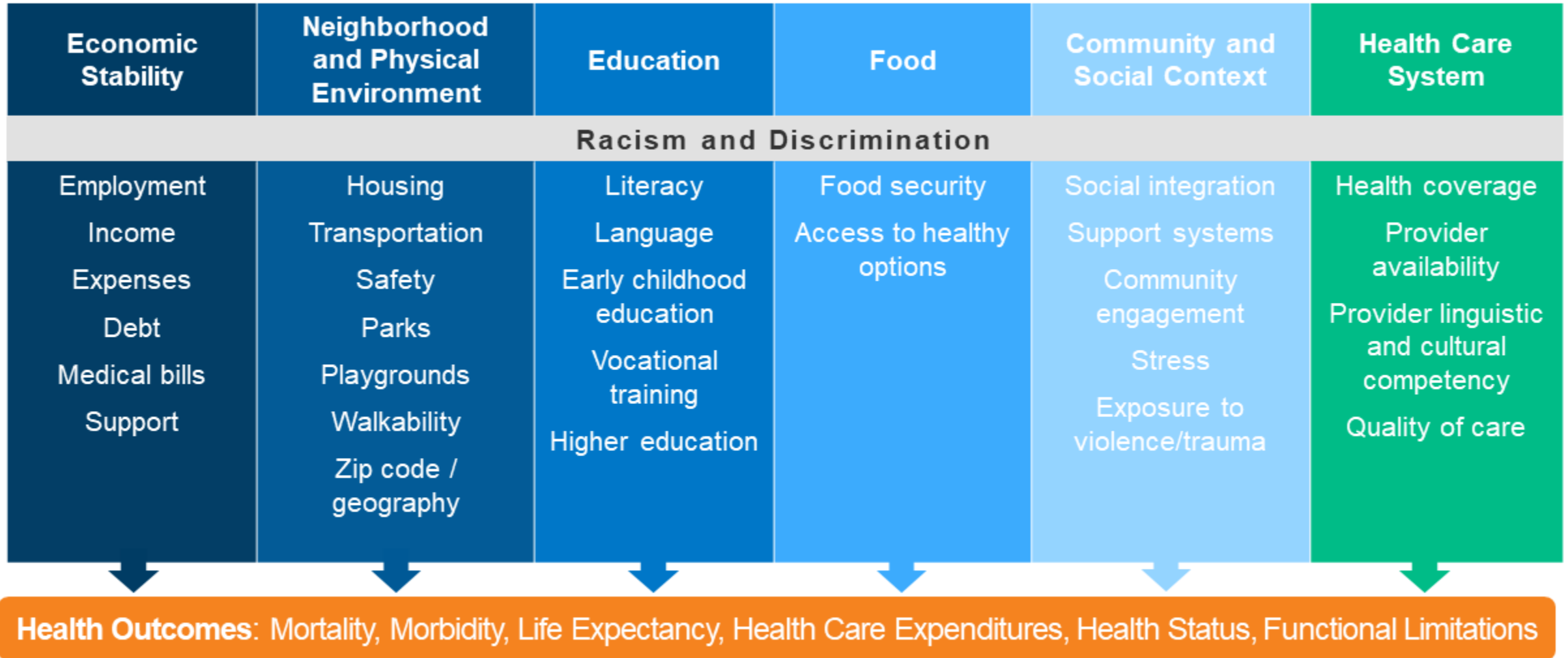
SOURCE: Original source information and data available at [www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-health-status-outcomes-and-behaviors/](http://www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-health-status-outcomes-and-behaviors/)



# Disparate Outcomes

- Black people more likely to have cesareans than white people---even when they are considered low-risk
- Black people are more likely to deliver at hospitals that have lower quality outcomes for moms and babies

# Social and Economic Factors Drive Health Outcomes



Source: Kaiser Family Foundation.

<https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>



# But there is hope

- The Kentucky Maternal Mortality Review Committee deemed 91% of all maternal deaths in Kentucky to be preventable
- Midwifery Learning Collaborative
- Kentucky Perinatal Quality Collaborative
- Maternal Mortality Review Committee
- Postpartum Medicaid extended to 12 months
- And more!

## ANNUAL REPORT 2021

Public Health Maternal Mortality Review

A report of data from years 2013-2019



Kentucky Department for Public Health  
Division of Maternal and Child Health



# Legislative Actions in Kentucky

- Kentucky extended postpartum Medicaid coverage to one-year in April 2022
- Other proposed legislation:
  - HB 37: Implicit bias training for all perinatal care providers
  - SB 95: Requires health care providers to provide information re: postpartum depression to birthing moms and families; invite mothers to complete postpartum depression assessment tool
  - HB 39: Medicaid coverage for doula services
  - HB 268: Freestanding birth centers

# References and Further Reading

- Owens, D.C. (2017). [Medical Bondage: Race, Gender, and the Origins of American Gynecology](#). University of Georgia Press.
- Eschner, K. (December 19, 2017). [This American Doctor Pioneered Abdominal Surgery by Operating on Enslaved Women](#). Smithsonian Magazine.
- [Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present](#).
- Kentucky Department for Public Health. [Public Health Maternal Mortality Review: 2013-2019](#).
- Commonwealth Institute of Kentucky. [Issue Brief: Maternal Mortality in Kentucky](#).

# Black Birth Justice



# Our Mission

Our mission at Black Birth Justice is advocating for maternal health rights and providing superior support for postpartum persons. Our vision is to combat the Maternal and Infant mortality rate . Our focus is to protect the birthing people of the Black community with integrity, compassion and boldness.





# My Story

Since 2016, I have been a community birthworker and reproductive justice advocate. Additionally, I am a wife and mother of four boys and student midwife. My journey to birth work started at my own birth. My mother was only 12 years old when she conceived me and she often tells the story of her birth highlighting how transformative it was for her. Growing up, I would light up hearing my mother tell the story of my birth. I grew interested in the physiology of pregnancy and decided to become a trained doula.

After 6 years of supporting births in my community, I decided I wanted to not only become a health care professional, but I wanted to create an organization that created healthier perinatal outcomes. Black Birth Justice was founded in February of 2021 during the COVID-19 pandemic.



# What does Postpartum Doula Support look like?

Postpartum doula support looks like a new mother smiling with pride as she figures out how to latch her baby without any pain. After hours of being up with the baby and struggling to get an adequate latch, her doula helps her figure out how to latch.

Postpartum doula support looks like feeding the mother nutritious and healing foods rich in iron and protein.

It looks like a new father getting basic CPR lessons to ease his anxiety. It looks like skin to skin with mom and baby while the doulas educate the family on nutrition, sleep safety and sibling adjustments.

During visits, the mother gets a chance to eat, relax and ask any questions she may have about her postpartum process and her newborn.



# Postpartum Care

Postpartum care is a service provided to individuals in the postpartum period, to help with postpartum recuperation and restoration. Maternal care doesn't end with birth; in many ways, it begins there. For women's health providers, one area gaining more attention is postpartum care. This so-called "fourth trimester" is critical to the overall health of women and newborns.



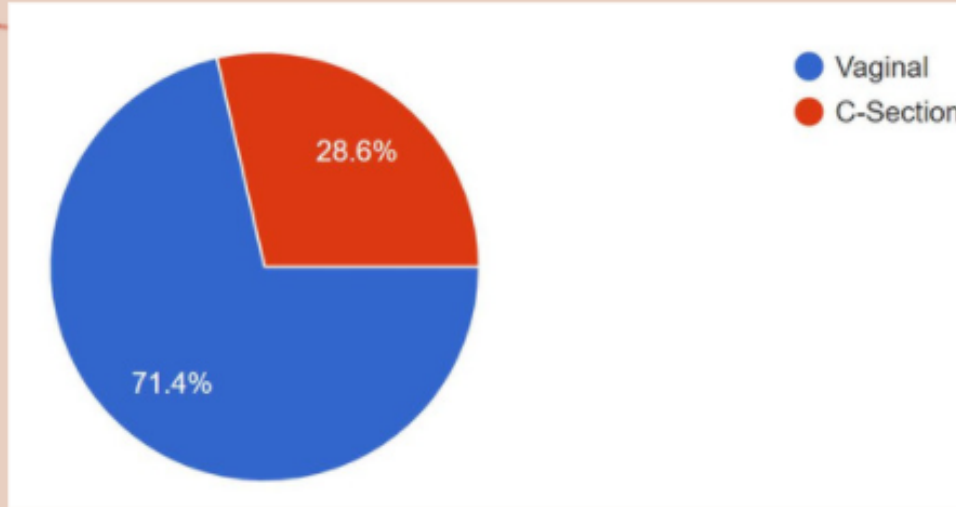
## **Transforming Postpartum**

**Transforming Postpartum is a project that intends to change the narrative of postpartum for the families in our community. We aim to transform perinatal health outcomes in underserved Louisville communities by providing dynamic postpartum care.**

- This project timeline is from November 2021-November 2022 and to date we have served 20 families with an average of 5 families a month.**
- For this project we are confident we will exceed our expectation of serving 50 families.**
- In November and December 2021 we had a free postpartum doula training where we certified 12 postpartum doulas total. We trained 11 additional doulas outside of the project window which is 23 in total.**
- Currently we have two paid postpartum doulas and 4 additional volunteer doulas for backup. We expect the need for more paid doulas to increase as our organization grows.**

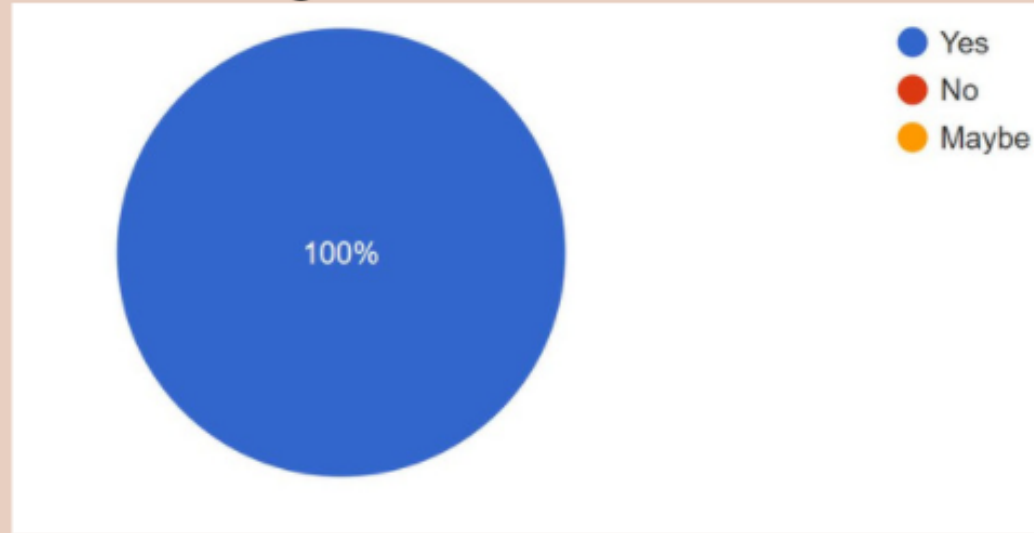
# Our Statistics

Planning a vaginal or C-section Delivery?



MAJORITY OF OUR CLIENTS PLANNED FOR A VAGINAL BIRTH AND SOME PLANNED ON A C-SECTION. POSTPARTUM CARE IS ALWAYS CUSTOMIZED FOR EACH CLIENT.

Planning to Breastfeed?



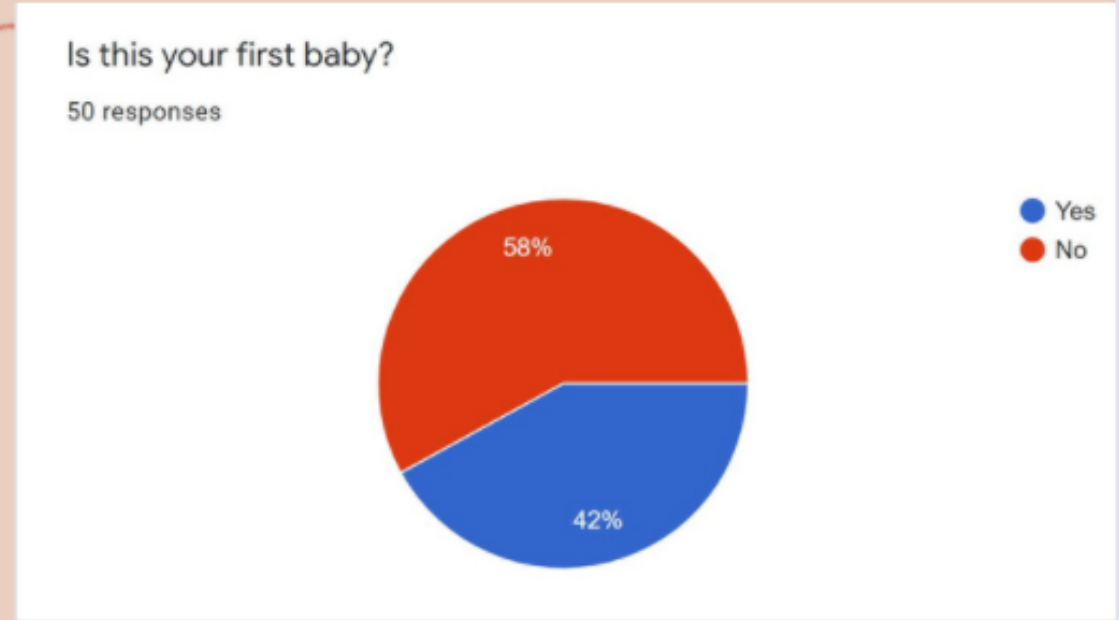
100% of our clients planned to breastfeed. At this time only about 75% are still breastfeeding which indicates the need for more education and support.



# 2021 End of Year Stats

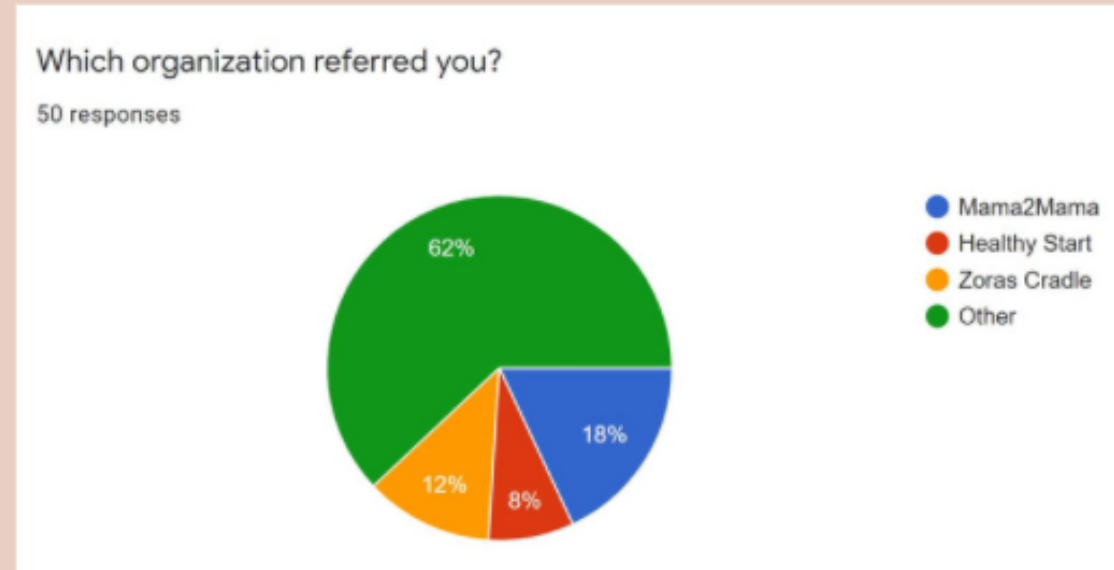
# More Statistics

Is This Your First Baby?



WE REALIZED THAT MANY OF OUR CLIENTS WERE NEW PARENTS. WE REALIZED QUICKLY THAT THE NEED FOR PARENTING CLASSES IS IMPERATIVE.

Referring Organizations



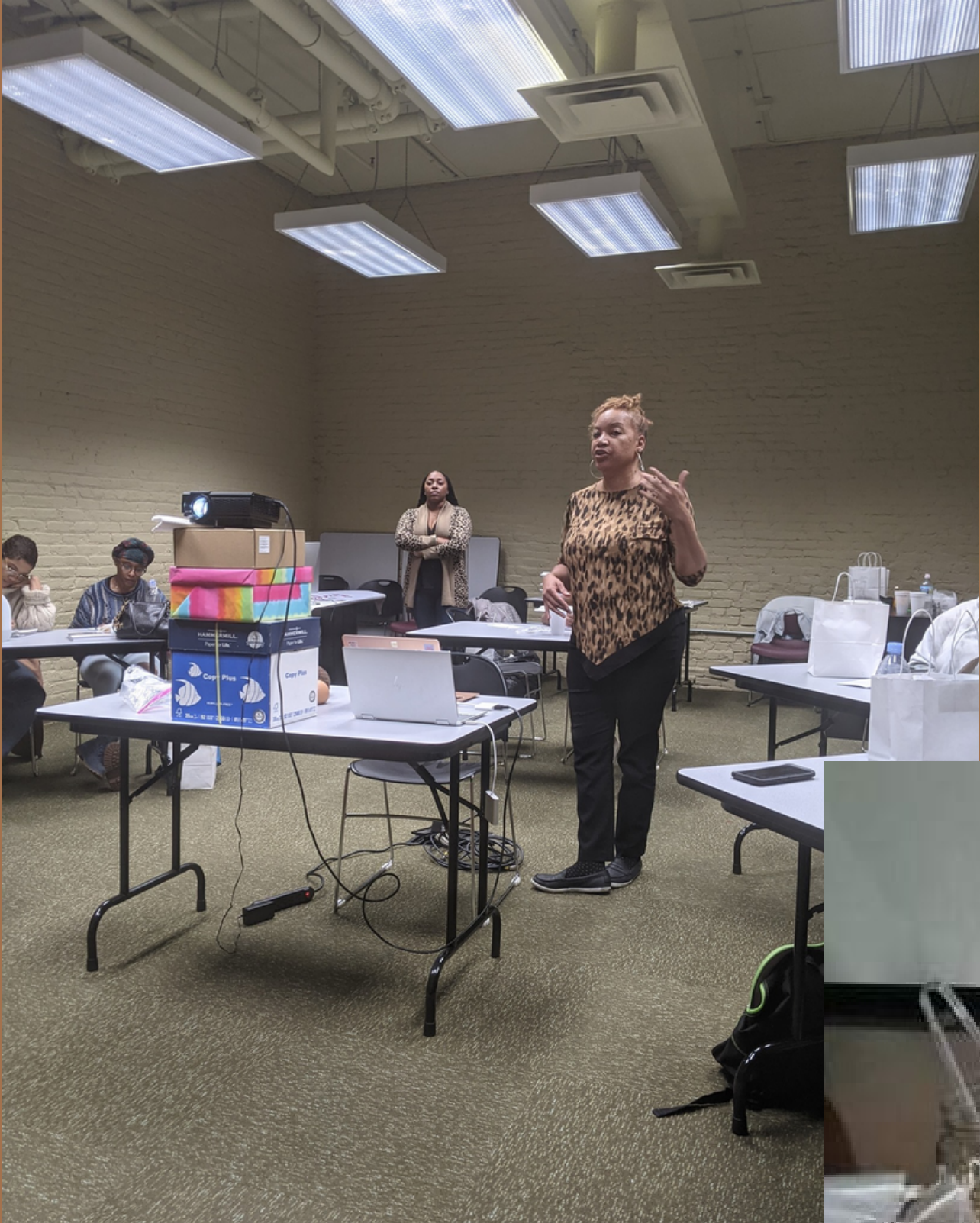
We want to say thank you to our community partners for the referrals !



# Free Postpartum Doula Training



# Postpartum Doula Training !



On September 11th 2021 Black Birth Justice celebrated the grand opening of their Postpartum Health Hub. Here we can provide accessible postpartum doula support to our community. Our hub is in shively on the bus route which makes it accessible for families that lack transportation. The hub offers a safe space for support for families that do not have adequate housing for home visits.







*It takes a village to  
raise a child.*

*But...*

*It takes a village to  
raise a mother too.*

# Black Birth Justice Giving Tuesday Testimonial



*My postpartum period was rough in the beginning due to the trouble I had obtaining my medicine. My doula was able to give me useful alternatives that helped me mentally and physically recover smoothly. I was given things for self care and good health so that i could be healthy and active for my baby. My doula brought me warm, nutritious food and a nursing bra that I needed really badly. I had such a positive experience with Black Birth Justice and I have already recommended the program to multiple women I know.*

**-ALANIS**

"The care I received from my doulas at Black Birth Justice was patient, kind and heartwarming. They fed me, helped me with breastfeeding and taught me how to store breast milk. When I needed someone to talk to, they were just a phone call away which was really helpful during the pandemic."  
-Sondra, 2021

Humana  
Foundation



**BIG THANKS TO THE  
HUMANA FOUNDATION FOR  
OUR GRANT AWARD!**

**\$75,000**

**THIS AWARD WILL HELP US  
TRANSFORM POSTPARTUM IN  
OUR COMMUNITY!**

[www.blackbirthjustice.org](http://www.blackbirthjustice.org)

# Representation Matters





The world is a magical place  
with birthing families are  
supported and safe



62% of Maternal Deaths occur during the postpartum period. (CDC, 2019)

You will directly change that statistic with your support !

## CALL TO ACTION:

1. Educate yourself on the perinatal health disparities for African American and POC families.
2. Support organizations that offer birth and postpartum support to marginalized communities by donating.
3. Volunteer your time and skills to organizations and committees.
4. VOTE! We need councilmen and senators whose goals support reducing the maternal health rate.



Thank You



BLACK BIRTH JUSTICE



@BLACK\_BIRTH\_JUSTICE





# Achieving Equity in Black Maternal Health

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Edward Miller MD

Maternal Fetal Medicine

Chief Diversity Officer

University of Louisville Health





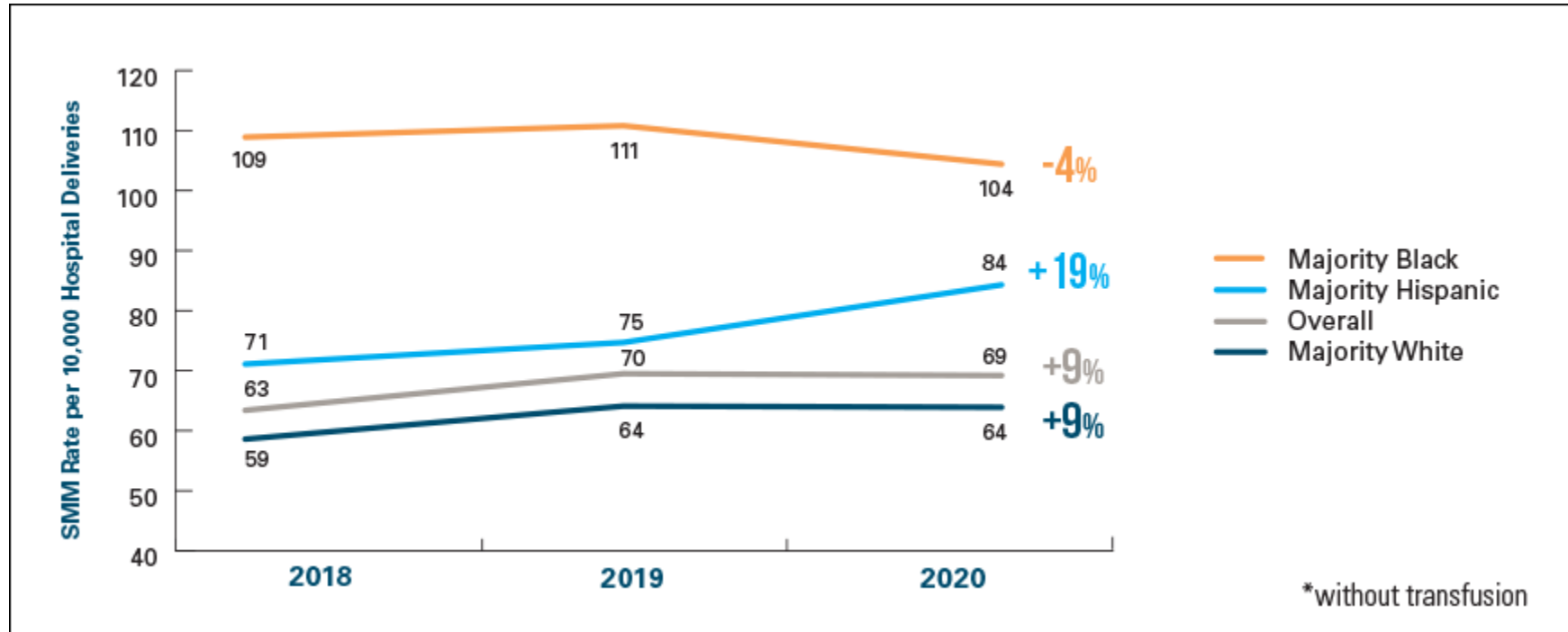
## Disclosures

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I have no conflicts of interests to disclose



# Pregnancy carries more risk for black women



Cardiac Disease	14.4x
Bleeding Disorders	9.7x
Preeclampsia with Severe Features	7.7x
Current Birth Preterm	5.9x
Placental Abruption	5.0x
Asthma	4.1x
Gastrointestinal Disease	3.3x
Multiple Pregnancy	3.2x

Chronic Hypertension	3.1x
Preexisting Diabetes	3.0x
Anemia	2.7x
Delivery BMI $\geq 40$	2.0x
Age $>35$ at Delivery	1.7x
Preeclampsia without Severe Features or Gestational Hypertension	1.6x
Prior Cesarean Birth	1.5x

**LOST MOTHERS**

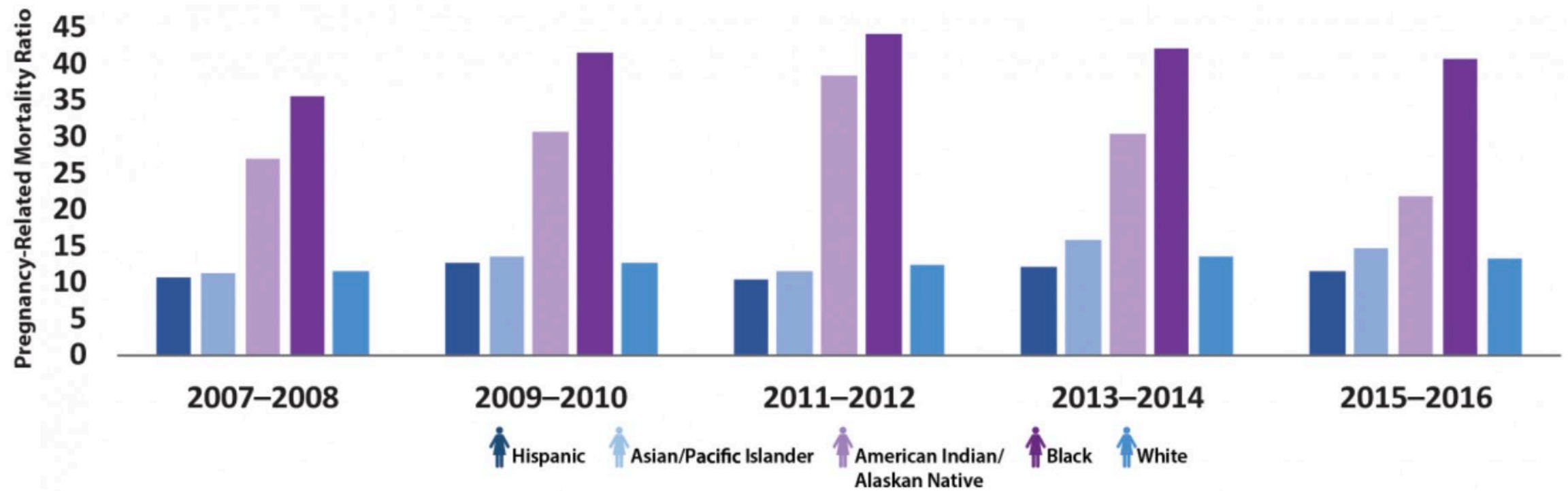
# Nothing Protects Black Women From Dying in Pregnancy and Childbirth

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

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

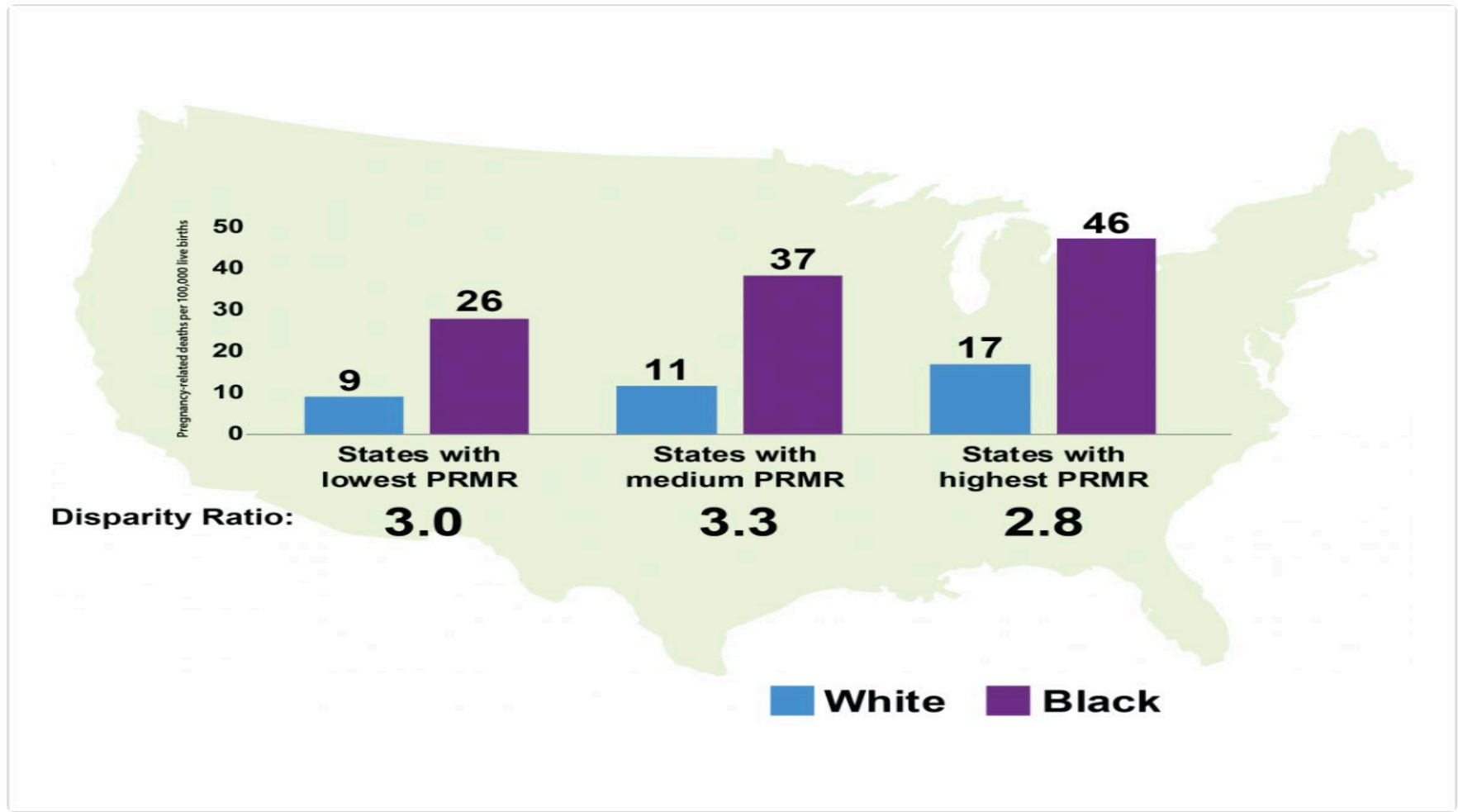
Maternal Mortality

Data confirms significantly higher pregnancy-related mortality ratios among Black and American Indian/Alaskan Native women. These gaps did not change over time.

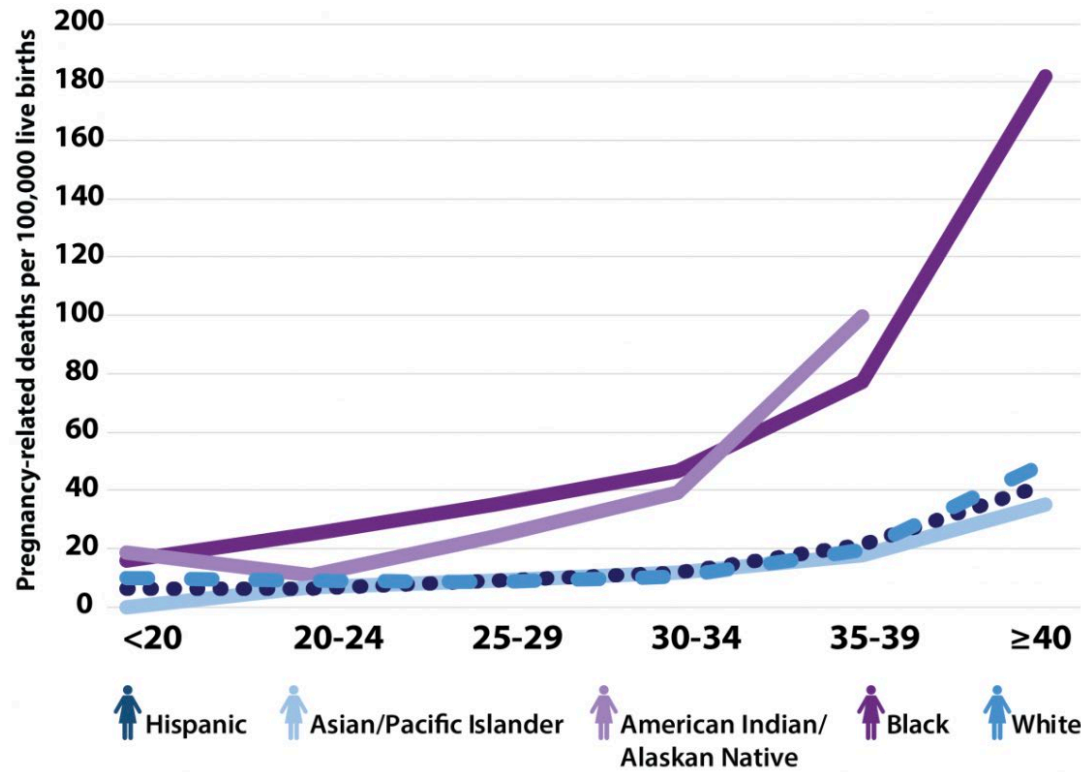


<https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>

# Disparities Across the Nation



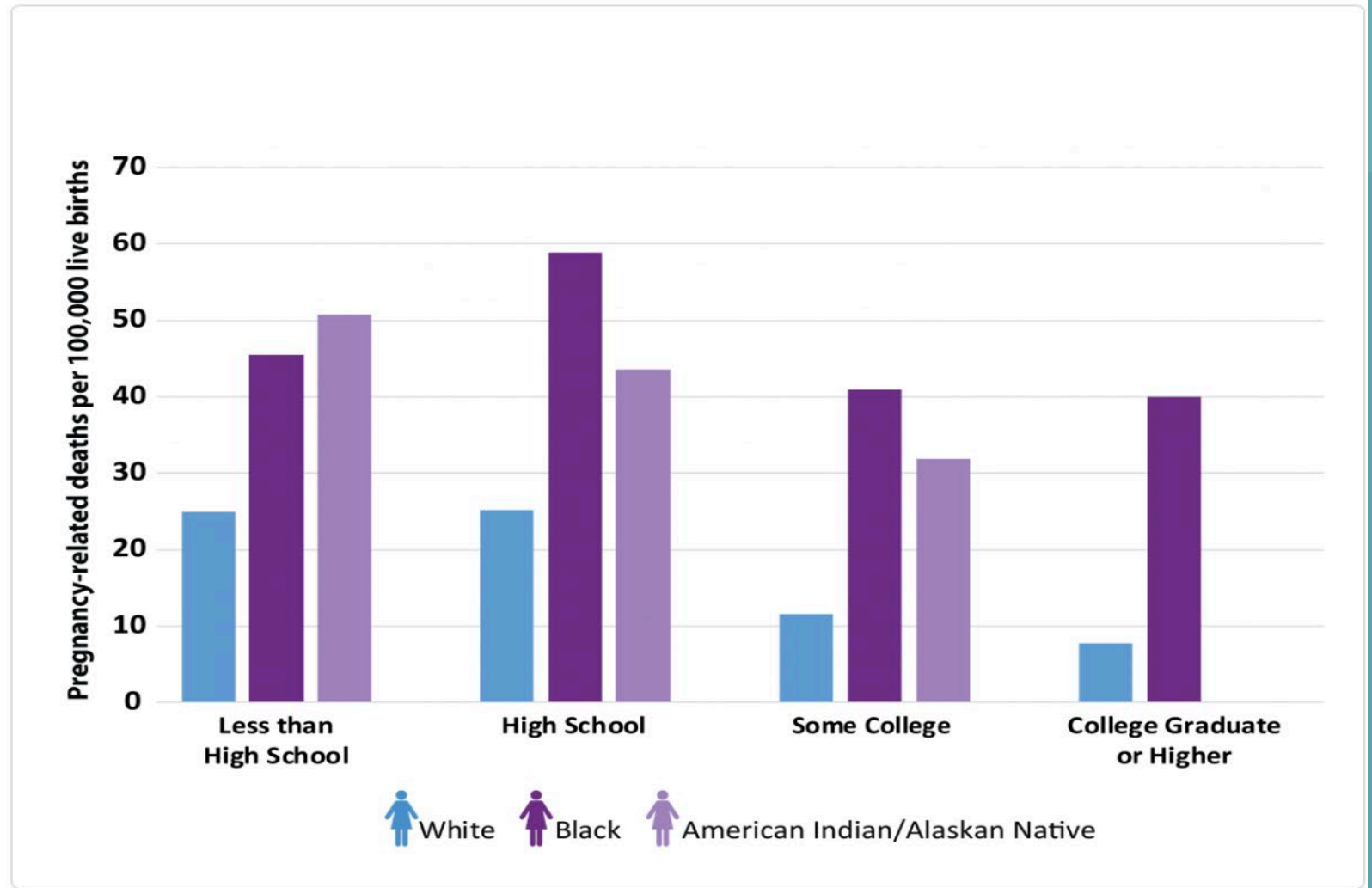
# Disparities By Age



# Disparities By Education Level



The PRMR for black women with at least a college degree was 5 times as high as white women with a similar education.





Anarcha










Justice for  
Elaine Riddick

---





# The Plight of Black Women Today

---



## How the System Set's up our Black Women

- Victim Blaming
- Ward Culture
- Not believing Black Women
- Diversity in Medicine

**BMMA**  
BLACK MAMAS MATTER ALLIANCE

“ **DOCTORS AREN'T LISTENING TO US**  
THERE'S A LOT OF PRE-JUDGING...  
THAT DEFINITELY GOES ON. AND  
IT NEEDS TO BE ADDRESSED. ”

**Serena Williams**

**#BLACKMAMASMATTER**  
**#BMHW18**

BLACK MATERNAL HEALTH WEEK  
**BMHW**  
APRIL 21-27 2018



# The Stress of Blackness

---



# What are we Doing at UofL Health?



Thank  
You

A decorative graphic featuring the words "Thank You" in a dark blue, elegant cursive font. The text is centered on a white background and is surrounded by a cluster of gold teardrop-shaped elements and small four-pointed stars. The teardrops vary in size and are scattered around the text, creating a celebratory and warm atmosphere. The stars are also scattered, adding to the festive feel. The overall composition is balanced and visually appealing.



# MATERNAL CHILD HEALTH OUTCOMES

Center for Health Equity  
Jan Rogers



DEPARTMENT OF  
PUBLIC HEALTH  
AND WELLNESS

# OVERVIEW

1. Disproportionality in outcomes experienced based on race.
2. Severity of poor outcomes experienced within the US.
3. Evidence Based Recommendations

# GLOBAL MATERNAL MORTALITY RANKING

Go to [CIA.gov](https://www.cia.gov)

**THE WORLD FACTBOOK** [Countries](#) [Maps](#) [References](#)

125	<a href="#"><u>Moldova</u></a>	19	2017 est.
126	<a href="#"><u>Oman</u></a>	19	2017 est.
127	<a href="#"><u>Romania</u></a>	19	2017 est.
128	<a href="#"><u>Ukraine</u></a>	19	2017 est.
129	<a href="#"><u>United States</u></a>	19	2017 est.
130	<a href="#"><u>Russia</u></a>	17	2017 est.
131	<a href="#"><u>Saudi Arabia</u></a>	17	2017 est.
132	<a href="#"><u>Tajikistan</u></a>	17	2017 est.
133	<a href="#"><u>Turkey</u></a>	17	2017 est.

The Maternal mortality rate (MMR) is the annual number of female deaths per 100,000 live births from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes).

# GLOBAL INFANT MORTALITY RANKING

WorldAtlas	CONTINENTS	COUNTRIES	WORLD	EDUCATION	SOCIAL SCIENCE
162		Chile	6.6		
163		Saint Pierre and Miquelon	6.5		
164		Puerto Rico	6.4		
165		Qatar	6.2		
166		Cayman Islands	5.9		
167		Gibraltar	5.9		
168		Serbia	5.8		
169		United States	5.8		
170		Bosnia and Herzegovina	5.5		
171		Faroe Islands	5.4		
172		Latvia	5.2		
173		New Caledonia	5.2		
174		Slovakia	5.1		

Global Infant Mortality gives the number of deaths of infants under one year old in a given year per 1,000 live births in the same year. This rate is often used as an indicator of the level of health in a country.

Region	2000	2015
Global	12.1%	21.1%
West and Central Africa	3%	4.1%
Eastern and Southern Africa	4.6%	6.2%
Middle East and North Africa	19%	29.6%
South Asia	7.2%	18.1%
East Asia and Pacific	13.4%	28.8%
Latin America and Caribbean	32.3%	44.3%
Eastern Europe and Central Asia	11.9%	27.3%
North America	24.3%	32%
Western Europe	19.6%	26.9%

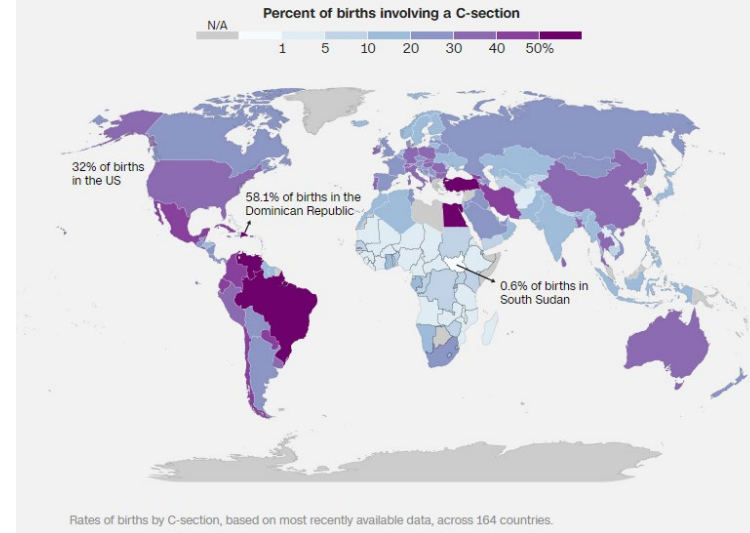
Rates of births by C-section in 2015, stratified by region

Source: The Lancet, "Global epidemiology of use of and disparities in caesarean sections", October 2018

Graphic: Will Houp, CNN



The countries with the highest and lowest C-section rates



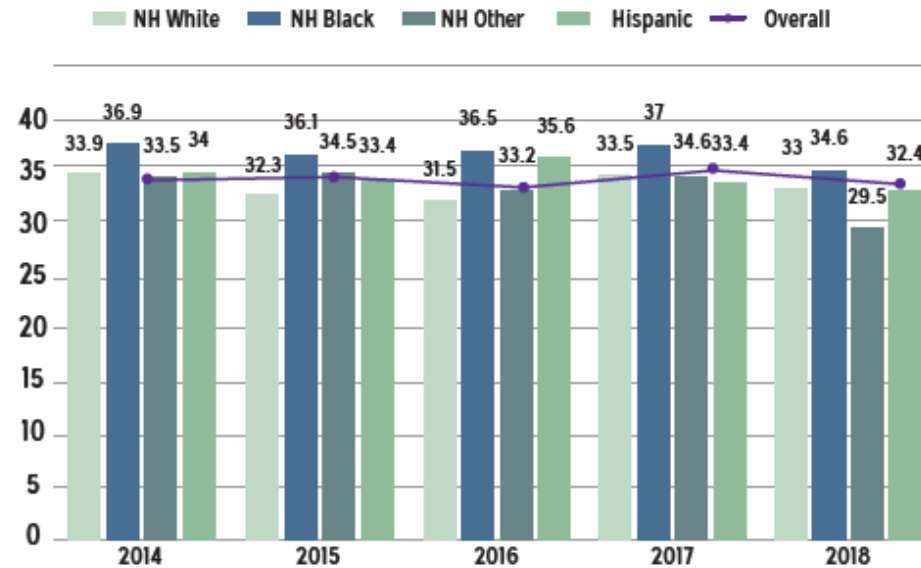
Rates of births by C-section in 2015, stratified by region

# GLOBAL C-SECTION RATES

# PERCENTAGE C-SECTIONS IN LOUISVILLE

Method of delivery: In 2018, 65% of births were spontaneous, 33% were a result of a cesarean section and the remaining 2% were from other methods of delivery. Between years 2014-2018, the cesarean delivery trend has remained constant at an average of 32.5%, compared to a lower national rate of 31.9% in 2018 (4).

Percentage of C-Sections as Method of delivery, Louisville



# MATERNAL MORTALITY-- KENTUCKY

## **MATERNAL MORTALITY IN KENTUCKY**

In 2018, Kentucky's maternal mortality rate was 40.8 per 100,000 live births. This is significantly higher than the national rate of 17.4.<sup>22</sup>

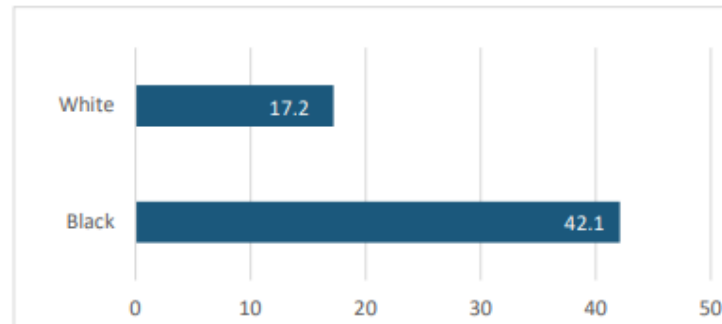
The Kentucky Maternal Mortality Review Committee (MMRC) meets regularly to review causes of maternal deaths in the Commonwealth and make recommendations to improve the system of care for pregnant and postpartum women. The MMRC uses an expanded definition of maternal mortality in their review (Table 1) to include any female between the ages of 15-55 that was pregnant within one year prior to death or pregnant at death and died from any cause.

# MATERNAL MORTALITY (KENTUCKY)

**“Black women in Louisville and Lexington experience high rates of maternal mortality despite the availability of advanced maternal care in urban cores of the state.”**

~Kentucky Maternal Mortality Review Committee Annual Report, 2020

**Figure 5. Maternal Death Rate (per 100,000 births), by Race, Kentucky, 2018**

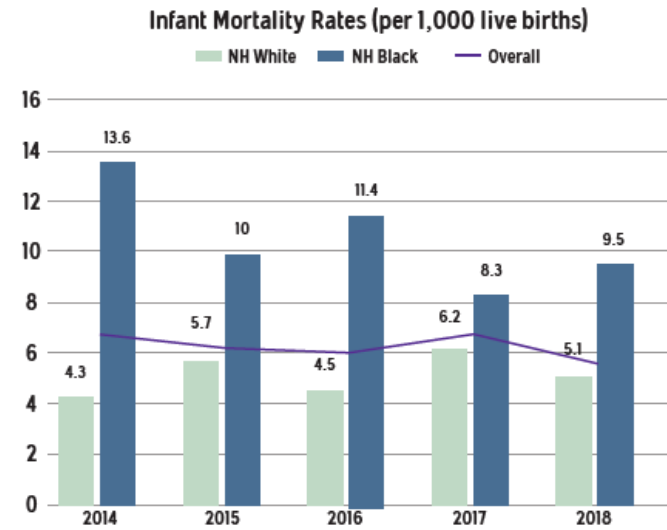


Source: Kentucky Maternal Mortality Review Committee 2020 Annual Report<sup>27</sup>



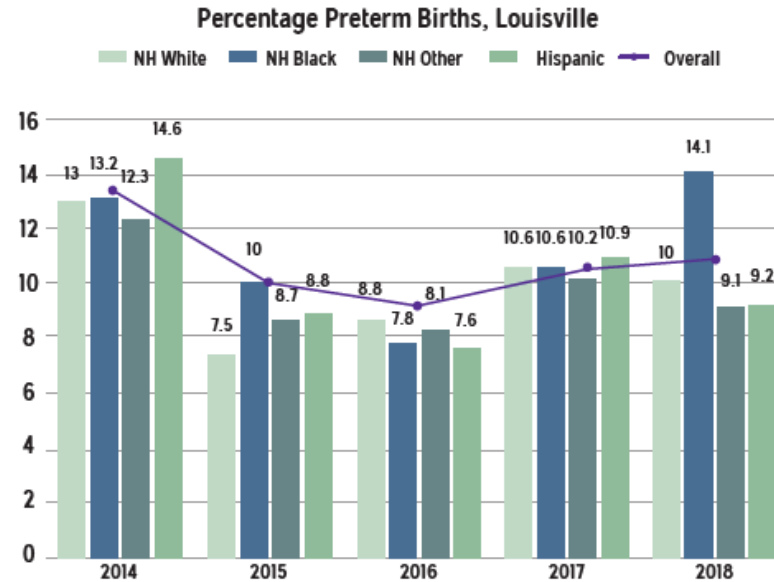
# INFANT MORTALITY RATE (JEFFERSON COUNTY)

**Infant Mortality Rate (IMR):** The number of deaths under one year of age per 1,000 live births is a highly sensitive proxy measure of population health in any geographic area. Between 2014 and 2018, IMR has slightly decreased from 6.7 to 5.6, which is slightly lower than the nation at 5.67 per 1,000 live births—the lowest recorded in US history (5). The racial inequality in IMR between NH White (5.1) and NH Black (9.5) babies continues to persist in 2018 with a five-year (2014-2018) disparity gap averaging 5.4 deaths per 1,000 live births. The other racial and ethnic groups are not represented here due to unreliable rates resulting from a small number of deaths



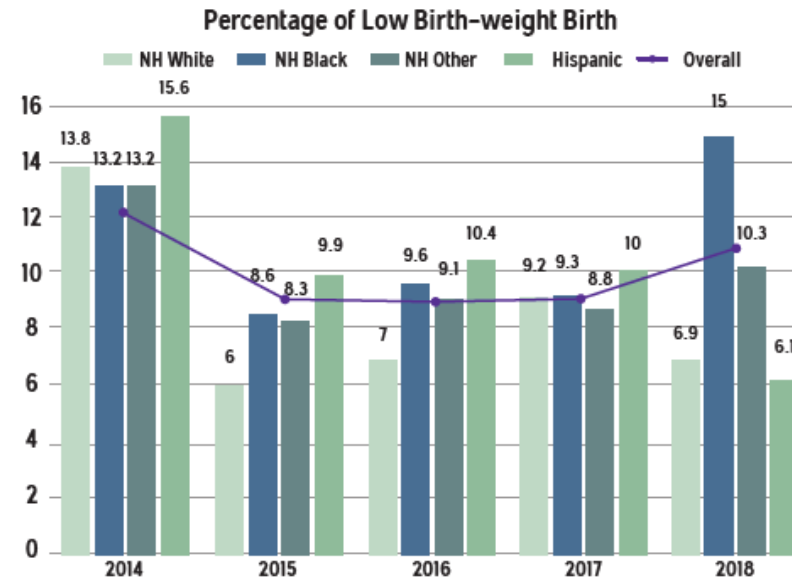
# PERCENTAGE PRETERM BIRTH (JEFFERSON COUNTY)

Period of Gestation (Pre-Term Births): Following the national trends in 2018 (10%), the Jefferson County preterm birth (percentage of births delivered at less than 37 completed weeks of gestation) rate increased 9% in 2017 to 10.9% in 2018. Notably, the percent of preterm birth increased substantially for NH Black women during that time, while it decreased for all other groups.



# PERCENTAGE LOW BIRTH WEIGHT (JEFFERSON CO.)

Low birthweight (LBW): The percentage of infants with low birthweight (infants born weighing less than 2,500 grams) was 9.2% 2018 compared to 12.3% in 2014. Mirroring trends in preterm births, rates of low birthweight for NH White mothers declined while the rates for NH Black mothers increased. The difference in rates between NH White (6.9%), NH Black (15%), and Hispanic (6.1%) births in 2018 continues to be a significant inequality in Jefferson county.





# **HEALTH OUTCOMES**



**HEALTH OUTCOMES**

**ROOT CAUSES**



**HEALTH OUTCOMES**

**ROOT CAUSES**

**SYSTEMS OF POWER**

**HEALTH OUTCOMES**

**ROOT CAUSES**

**SYSTEMS OF POWER**



**PUBLIC POLICY**

*national, state, local law*

Connect with your elected officials!

**COMMUNITY**

*relationships among organizations*

How can we link resources together?

**ORGANIZATIONAL**

*organizations, social institutions*

Change where you work, learn,  
pray, and play.

**INTERPERSONAL**

*family, friends, social networks*

Support each other!

**INDIVIDUAL**

*knowledge, attitudes, skills*

What you can do!

**Best  
Practices...  
Are  
Evidence-  
based!**

---



## **PUBLIC POLICY**

*national, state, local law*

Connect with your elected officials!

Supporting local, state level and national policy and legislation that works to advance health equity within the community and within healthcare.

Examples: **Momnibus Act, House Bill 499, Paid Parental Leave for LMG Employees**

## **COMMUNITY**

*relationships among organizations*

How can we link resources together?

- Join HBL Multisector work
- Invite individuals with lived experience to identify problems and offer solutions
- Work through community-based organizations that are trusted

## **ORGANIZATIONAL**

*organizations, social institutions*

Change where you work, learn, pray, and play.

- Use community feedback to identify gaps in services
- Create access to resources and opportunities
- Handle all individuals compassion

## **INTERPERSONAL**

*family, friends, social networks*

Support each other!

- Connect with culturally relevant family service organizations

## **INDIVIDUAL**

*knowledge, attitudes, skills*

What you can do!

- Familiarize yourself with grassroots orgs

# KEY TAKEAWAYS

- Compared to mothers in other wealthy countries, U.S. birthing individuals have the highest rates of death from pregnancy-related complications.
- Black birthing individuals are three to four times more likely to die from a pregnancy-related complication than white birthing individuals
- Factors that contribute to the inequity of outcomes:
  - Racist systems
  - Inequitable root cause experiences
- We must listen to those with lived experience and include community in decision making processes



## Closing

**Jenny Goins**

President and CEO  
Kentuckiana Health Collaborative

# UPCOMING KHC EVENTS

## *Removing Barriers to Care with Community Health Workers*

KHC Community Health Forum

**September 13, 2022**

<https://khcollaborative.org/event/september-2022-community-health-forum/>

## *Transparency in Hospital-based Healthcare*

KHC Community Health Forum

**December 6, 2022**

<https://khcollaborative.org/event/december-2022-community-health-forum/>



# Achieving Equity in Black Maternal Health

*Thank you for attending!*



Building a Bridge to Better Health, Better Care and Better Value

