# Addressing Inequities in Maternal & Neonatal Health

TCHMB 2020 Summit

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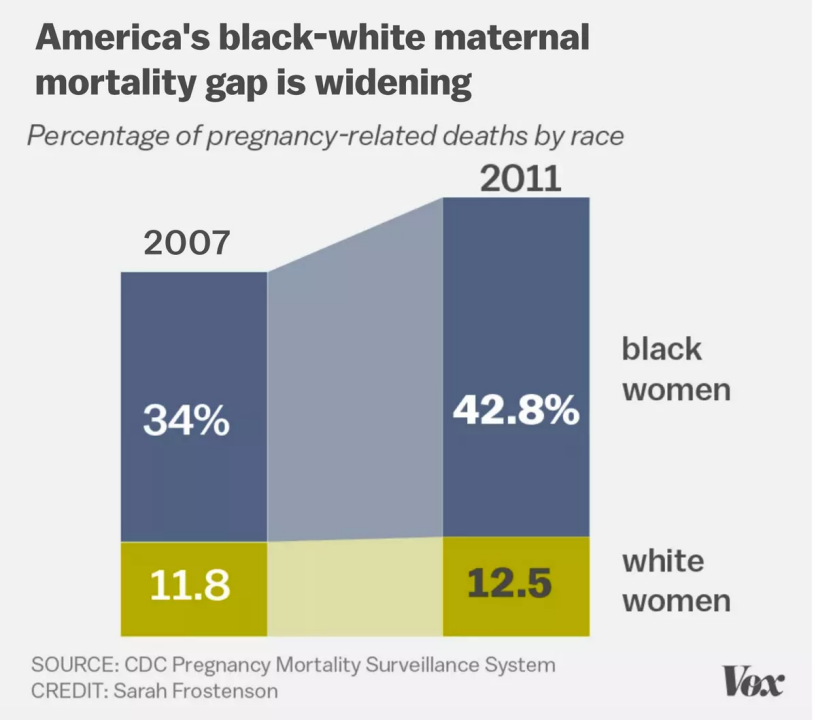
UNIVERSITY OF MINNESOTA

@RRHDR

# Conflicts of Interest

- None

# Racial inequities in maternal health




**CDC data, released May 2019**

**For 2011-2015:**

about 1/3 of deaths (31%) happened **during pregnancy**;
about 1/3 (36%) happened **at delivery or in the week after**; and
about 1/3 (33%) happened **1 week to 1 year postpartum**.

**Black and American Indian/Alaska Native women were about 3 times as likely to die from a pregnancy-related cause as White women.**

# Infant Mortality

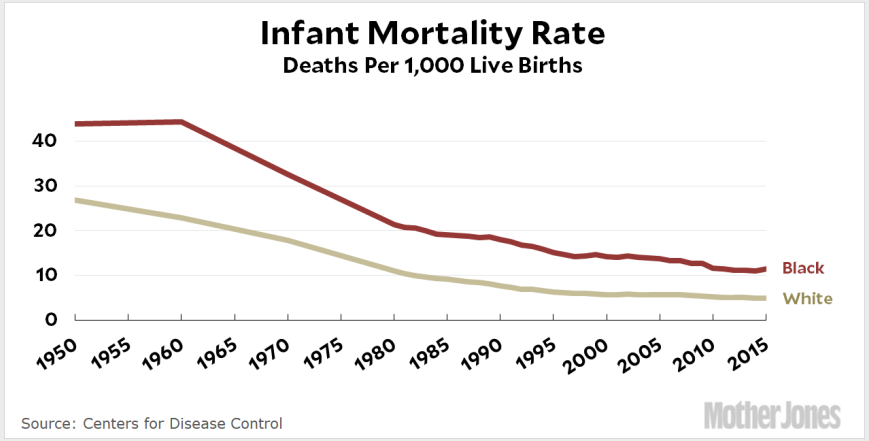
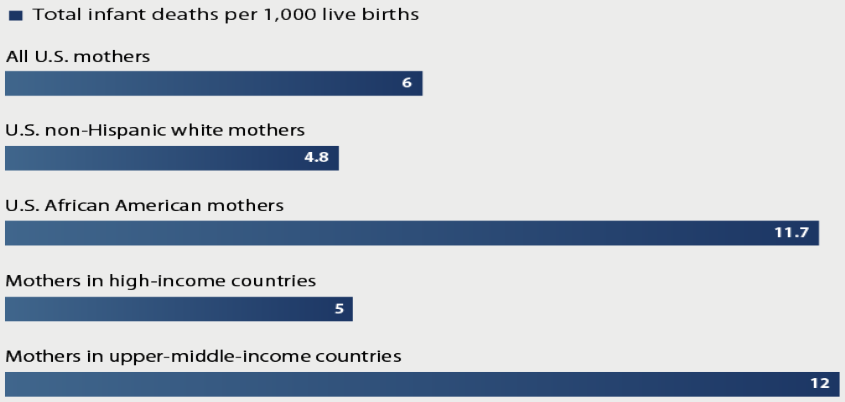



FIGURE 2

## Infant mortality rates in select countries and the United States




Sources: Sherry L. Murphy and others, "Deaths: Final Data for 2015" (Atlanta: Centers for Disease Control and Prevention, 2017), available at https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_06.pdf; The World Bank, "Mortality rate, infant (per 1,000 live births)," available at https://data.worldbank.org/indicator/SP.DYN.IMRT.IN-?end=2015&start=2013 (last accessed January 2018).

CAP

# Maternal Mortality

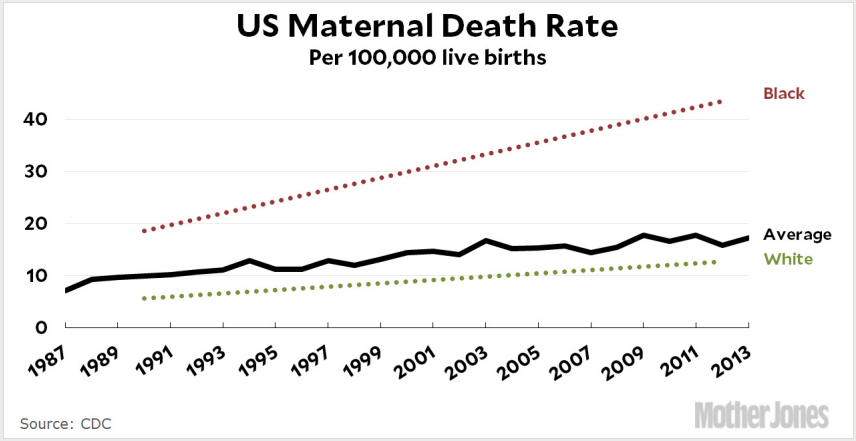
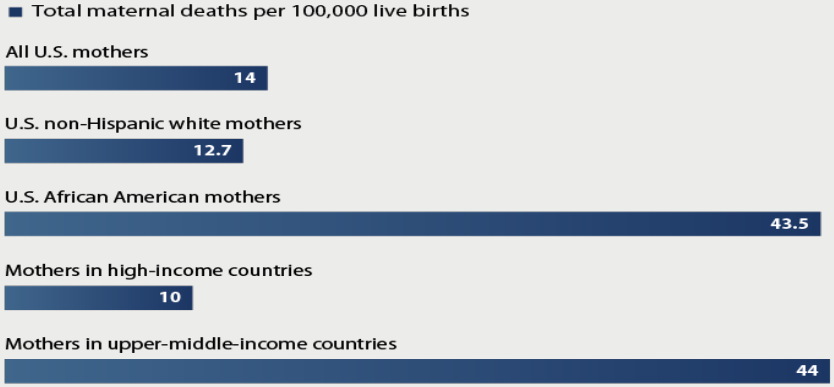



FIGURE 1

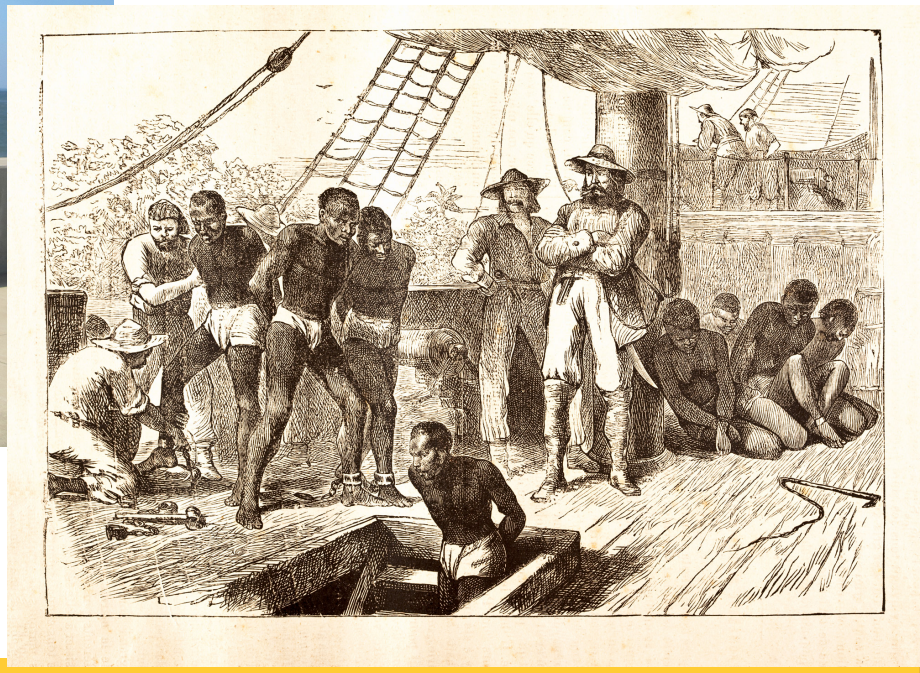
## Maternal mortality rates in select countries and the United States



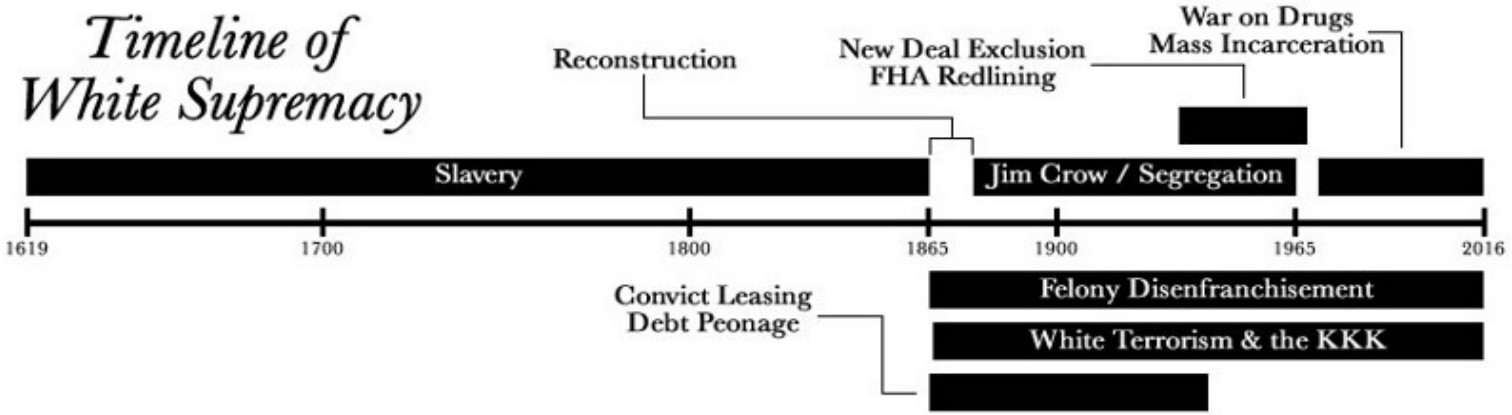

Sources: Centers for Disease Control and Prevention, "Pregnancy Mortality Surveillance System," 2011–2013 data, available at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html (last accessed January 2018); The World Bank, "Maternal mortality ratio (modeled estimate, per 100,000 live births)," 2011–2013 data, available at https://data.worldbank.org/indicator/SH.STA.MMRT?end=2013&start=2011&year_high_desc=false (last accessed January 2018).

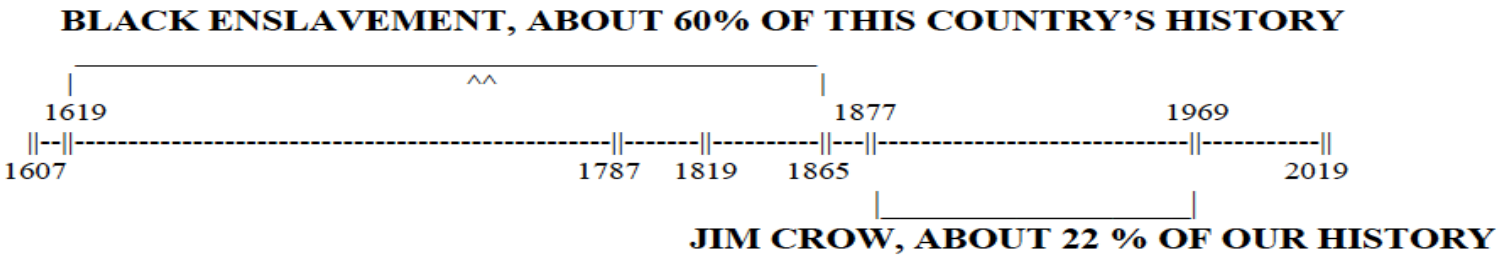
CAP

# 400 Years of Inequality

# White supremacy shaped America



## The dominant belief in medicine…
## Race is a biological Fact

- Humans can be divided into biologically distinct groups, which we call races
- External differences are signs of important underlying biological differences
- Underlying biological differences explain differences in group outcomes and behaviors



Cunningham, B. A. (2014). Race: a starting place. Virtual Mentor, 16(6), 472-478. doi: 10.1001/virtualmentor.2014.16.06.msoc1-1406

## More Accurate
## RACE is a Social FACT

- RACE IS NOT A THING THAT PEOPLE ARE OR HAVE.
- RACE IS AN ACTION.
- RACE IS SOMETHING WE DO.
- RACE is a way to define in-groups vs. out-groups, us vs. them.
  - Group membership shapes our experiences and access to opportunities, including:
    - education, employment, living conditions, neighborhood resources, social networks, HEALTH!

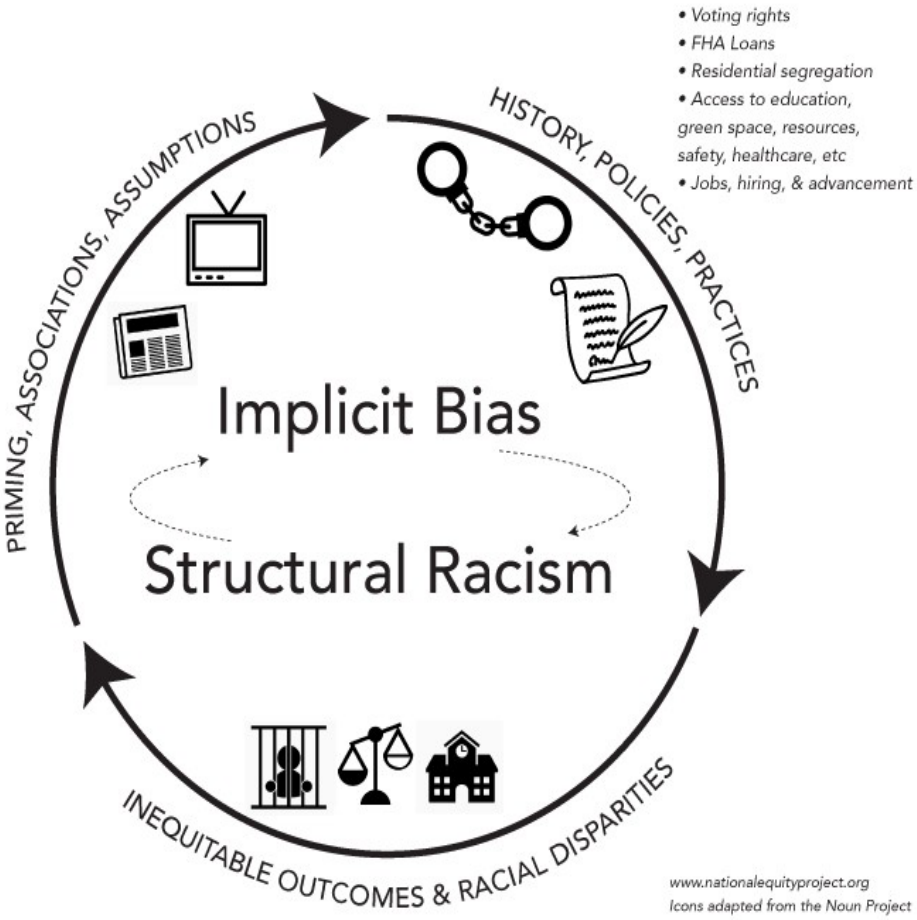


Markus, H., & Moya, P. (2010). *Doing race : 21 essays for the 21st century*. New York: W.W. Norton & Company.

# Root Cause?

"Race Isn't a Risk Factor in Maternal & Infant Health, Racism Is."

-Dr. Joia Crear-Perry


PRIMING, ASSOCIATIONS, ASSUMPTIONS
HISTORY, POLICIES, PRACTICES
Implicit Bias
Structural Racism
INEQUITABLE OUTCOMES & RACIAL DISPARITIES
• Voting rights
• FHA Loans
• Residential segregation
• Access to education, green space, resources, safety, healthcare, etc
• Jobs, hiring, & advancement
www.nationalequityproject.org
Icons adapted from the Noun Project


This is NOT about one man. This is about STRUCTURAL Racism in a country built on BLACK SLAVERY
TURN UP

# Giving Voices to Mothers

- One in six women (17.3%) reported experiencing one or more types of mistreatment such as: loss of autonomy; being shouted at, scolded, or threatened; and being ignored, refused, or receiving no response to requests for help.
- Rates of mistreatment for women of color were consistently higher even when examining interactions between race and other maternal characteristics.
- For example, 27.2% of women of color with low SES reported any mistreatment versus 18.7% of white women with low SES.
- Regardless of maternal race, having a partner who was Black also increased reported mistreatment.

# Declined care and discrimination during the childbirth hospitalization



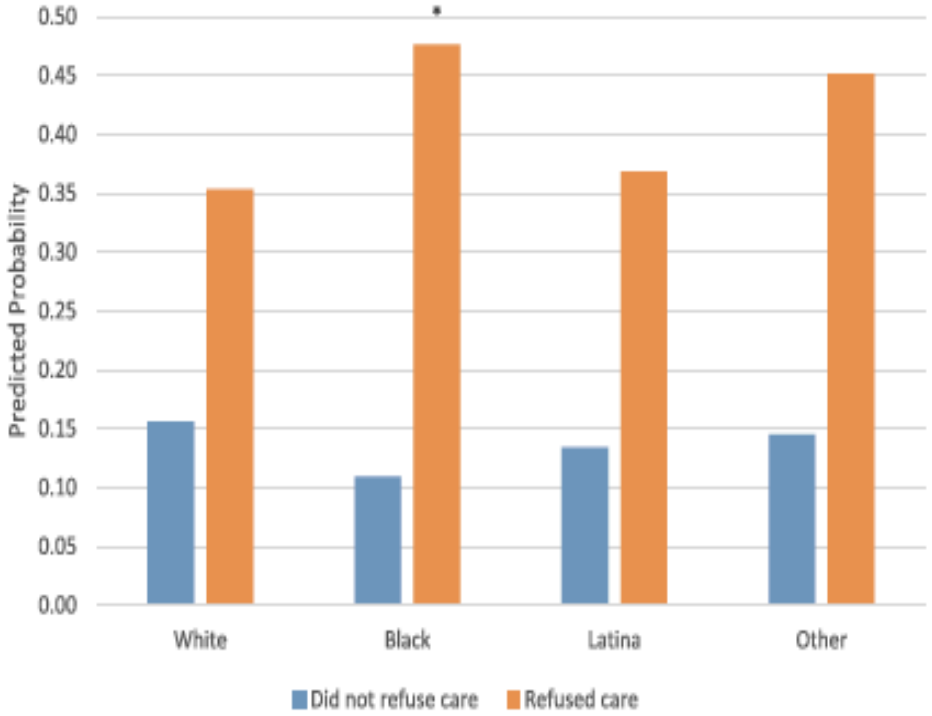



**Fig. 1.** Predicted probability of perceived discrimination based on difference of opinion by declining care and race/ethnicity. * indicates significantly different from White.

*"Racial identity and experiences of racism influence the care Black birthing people desire—this suggests that meaningful care for this population needs to incorporate not only a relationship–centered care approach, but also anti–racism–based approaches that focus specifically on the experiences of Black parenthood."*

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COMMENTARY

WILEY

## Applying a critical race lens to relationship-centered care in pregnancy and childbirth: An antidote to structural racism

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Achieving racial equity in childbirth care is critical to the health and well-being of our nation. Black infants are more than twice as likely as White infants to die before reaching their first birthday, and Black individuals who experience reproduction are 3-4 times more likely to experience a complication or death related to childbirth.[1] These inequities are one clear manifestation of structural racism—a form of racism that lacks an identifiable perpetrator but is instead the codification and legalization of society's unequal allocation of resources and opportunity based on an established racial hierarchy.[2,3] Clinical care during pregnancy and childbirth is an important determinant of perinatal-infant outcomes; however, for Black birthing people, care in the medical context does not consistently meet their clinical needs.[4] In addition, racial discrimination and experiences of interpersonal racism such as implicit racial bias and microaggressions during clinical encounters create disproportionate barriers to high-quality, respectful, patient-centered care experienced by Black people.[5-8] Perinatal care, as currently designed and delivered in most settings in the United States, has proven woefully inadequate for addressing structural and interpersonal racism in the day-to-day experiences of Black birthing people and in their encounters with the health care system.[9-11] Health care services that are grounded in relationships that acknowledge dynamics of power and that foster mutual respect may help shift pernicious patterns of racial inequity in perinatal care and childbirth.

The patient-clinician relationship is central to achieving high-quality perinatal care. Indeed, relationships provide the context for many important functions and activities in health care.[12] Relationship-centered care—a theoretical concept introduced in 2006 by Beach and colleagues, can be defined as care in which all participants appreciate the importance of their relationships with one another.[12] To date, few scholars have explored this concept, and despite a considerable body of relationship-centered care literature devoted to prenatal and perinatal care, there is very little written about what constitutes relationship-centered care specifically for Black birthing people.[13] Racial identity and experiences of racism influence the care Black birthing people desire—this suggests that meaningful care for this population needs to incorporate not only a relationship-centered care approach, but also anti-racism–based theoretical approaches that focus specifically on the experiences of Black parenthood.[10,14]

This call to action describes Beach and colleague's four principles of relationship-centered care through a critical race lens in the context of pregnancy and childbirth care. Taken together, the two concepts—relationship-centered care and critical race theory—have the potential to powerfully reduce racism's impact on childbirth outcomes for Black birthing individuals, infants, and families.

### 1 | A CRITICAL RACE LENS

To improve clinician-patient interactions for those at greatest risk for adverse maternal and infant outcomes, a critical race framework must undergird relationship-centered care processes. Critical race theory recognizes that racism is ingrained in American society and identifies that American

  



Hardeman, Karbeah, Kozhiammnil 2020. Birth

The NEW ENGLAND JOURNAL of MEDICINE

Perspective

DECEMBER 1, 2016

## Structural Racism and Supporting Black Lives — The Role of Health Professionals

Rachel R. Hardeman, Ph.D., M.P.H., Eduardo M. Medina, M.D., M.P.H., and Katy B. Kozhimannil, Ph.D., M.P.A.

On July 7, 2016, in our Minneapolis community, Philando Castile was shot and killed by a police officer in the presence of his girlfriend and her 4-year-old daughter. Acknowledging

believe that as clinicians and researchers, we wield power, privilege, and responsibility for dismantling structural racism — and we have a few recommendations

1. Learn, understand and accept America's racist roots
2. Understand how racism has shaped the disparities narrative
3. Define and name racism
4. Recognize racism, not just race
5. Center at the margins



Hardeman, R. R., Medina, E. M., & Kozhimannil, K. B. (2016). Structural racism and supporting black lives—the role of health professionals. *New England Journal of Medicine*, *375*(22), 2113-2115.

# Collaborators

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Laura Attanasio PhD

J'Mag Karbeah, MPH

# Resources

- Listen:
  - The Praxis Podcast
- Read:
  - Hardeman, Medina, Kozhimannil. Structural Racism and Supporting Black Lives—The Role of Health Professionals. *NEJM.* 2016
  - Cunningham, B. A. Race: a starting place. *Virtual Mentor*, 16(6), 472-478, 2014
  - Attanasio & Hardeman. *Social Science & Medicine* 232 (2019) 270–277
  - Hardeman, Karbeah, Kozhimannil. Applying a critical race lens to relationship−centered care in pregnancy and childbirth: An antidote to structural racism. *Birth*, 2020.
  - McLemore et al

# Thank You!

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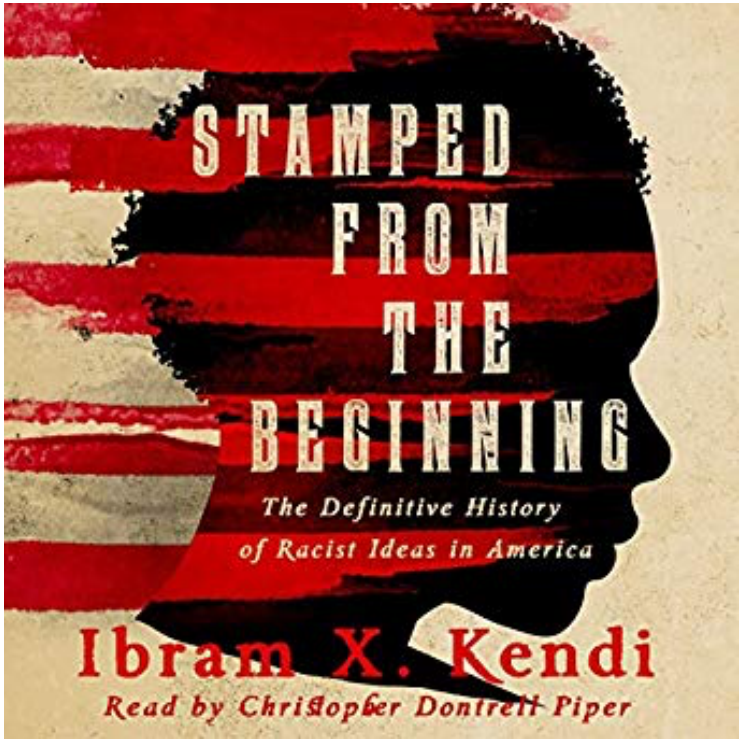
  - NIH, NHLBI Diversity Supplement
  - Minnesota Population Center
  - UMN Office for Vice President of Research

# A History of Racist Ideas




- Discriminatory actions, wrought by self-interest, come first.
- Then racist ideas are developed to justify them, and they spread.
- Racist ideas date back to 15th century
- Multiplied in the colonial era and early slave-holding republic

# Racist Beliefs become Racist Actions


- James Marion Sims is credited as the “father of modern gynecology”
- Sims’ research was conducted on enslaved black women without anesthesia

# Obstetrical Hardiness

- The belief that Black women are relatively unaffected by the expected pains of labor and childbirth.

- After 30 operations on one woman, a 17-year-old enslaved woman named Anarcha who had had a very traumatic labor and delivery, Sims finally “perfected” his method—after four years of experimentation on her