

National Conference of State Legislatures: Maternal & Child Health Kick Off Meeting

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No Disclosures

Objectives

After this session the participant will:

- Discuss the current status and historical significance contributing to maternal and neonatal deaths with a focus on black mothers and babies
- Understand the identified root causes of maternal and neonatal deaths
- Discuss legislative options that would result in positive measurable outcomes

Why America's Black Mothers and Babies Are in a Life-or-Death Crisis

The answer to the disparity in death rates has everything to do with the lived experience of being a black woman in America.

By LINDA VILLAROSA APRIL 11, 2018

Where We Are

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U.S. Maternal Mortality Crisis Hits Black Women Hardest

May 23, 2022, at 8:06 a.m.

RACE AND CULTURE

'You can't find the milk' | Black mothers hit hardest by nationwide baby formula shortage

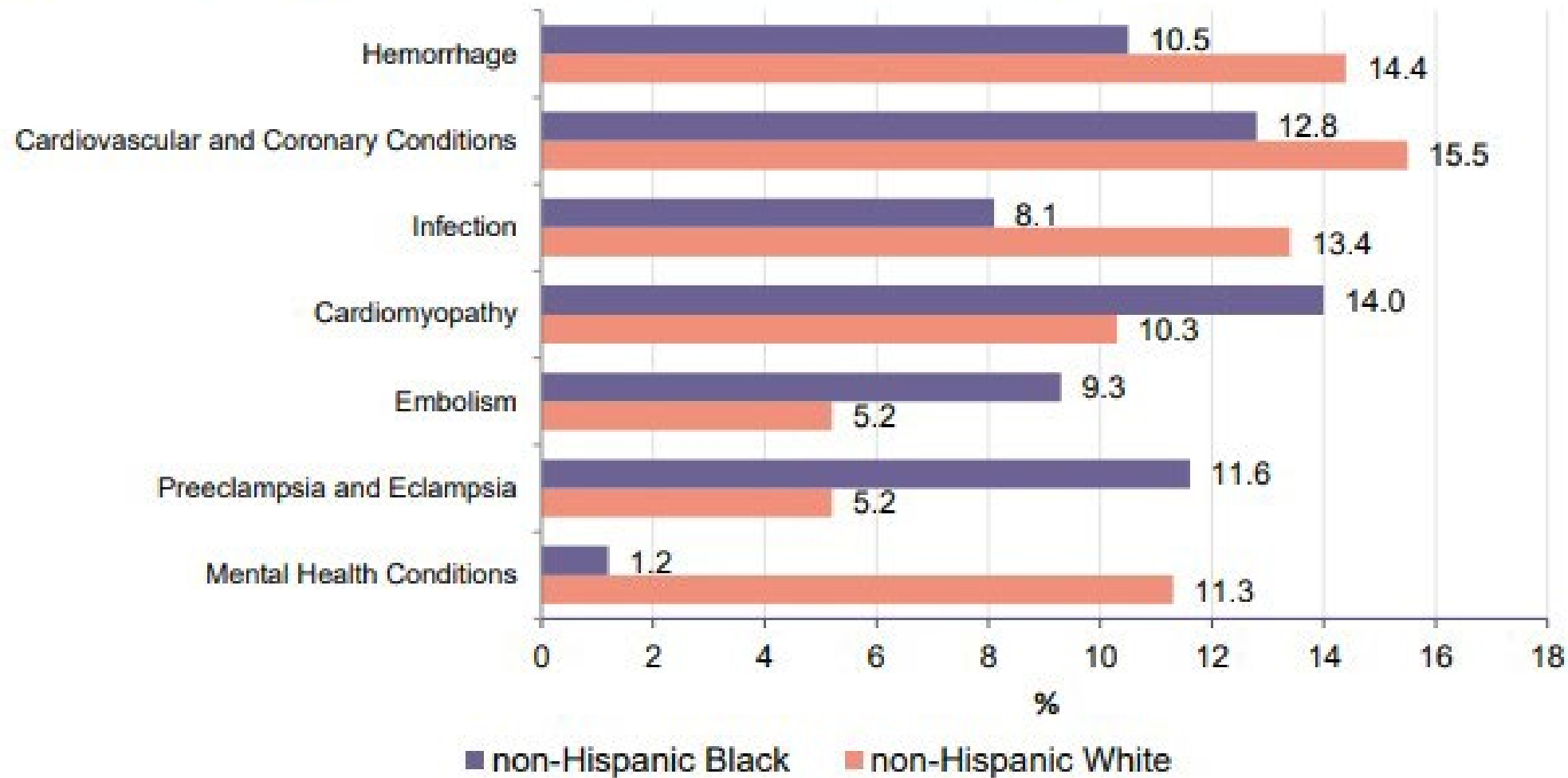
'Black babies are dying at a higher rate': Public health leaders concerned about rising number of deaths

Racial Maternal Health Disparities Apparent in Hypertension, Preeclampsia

The researchers found Black and AI/AN birthing people were more likely to experience hypertension leading to preeclampsia, fueling the nation's racial maternal health disparities.

Leading Causes of Black Maternal Morbidity/Mortality

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



Leading Causes of Infant Death by Race: 2018

Infant deaths and mortality rates for the top 5 leading causes of death for African Americans, 2018
(Rates per 100,000 live births)

Cause of Death (By rank)	# Black Deaths	Black Death Rate	# White Deaths	White Death Rate	Black / White Ratio
(1) Low-Birthweight	1,366	247.5	1,215	62.1	4.0
(2) Congenital Malformations	866	156.9	2,178	111.3	1.4
(3) Maternal Complications	429	77.7	446	22.8	3.4
(4) Sudden infant death syndrome (SIDS)	384	69.6	635	32.5	2.1
(5) Accidents (unintentional injuries)	320	58.0	580	29.7	2.0

(CDC, Infant Mortality Statistics, 2018)

Evidence-Based Options to Reduce Black Maternal & Infant Mortality & Morbidity

Hospitals & Healthcare Systems

- Identify & address unconscious and conscious bias in healthcare
- Standardize coordination of care & response to emergencies
- Improve delivery of quality prenatal & postpartum care
- Implement policies to support the autonomy of mothers & birthing people
- Implement policies to support doulas
- Prioritize understanding & training for referrals for social determinants of health

Healthcare Providers

- Ask questions to better understand patients & what is affecting their lives
- Listen to & believe patients
- Talk to patients and those accompanying them about the urgent maternal warning signs
- Recognize bias in themselves & their teams
- Address any concerns patients may have
- Provide all patients with respectful care
- Support doulas who are there to provide advocacy and support

States & Communities

- Support review of the causes behind every maternal and infant death (MMRC, FIMR, CDR)
- Identify and address social factors influencing maternal and infant health
- Work to connect and communicate to provide wrap-around care and support
- Center the needs and expertise of mothers and parents in decision-making processes

MMRC: Maternal Mortality Review Committee

FIMR: Fetal & Infant Mortality Review

CDR: Child Death Review

BLACK INFANT MORTALITY: FIRST STEPS & BEYOND

- ▶ Fetal deaths are 2 times more likely among Pittsburgh's Black women compared to White women.



**Address
extreme
prematurity**

**Reduce
Racial
Disparities**

**Eliminate
preventable
sleep-related
infant deaths**

**Provide
Fourth Trimester
support**

The Impact of Racism

- Birth Disparities
- Mental Health Problems
- Chronic Exposure to Stress Hormones
- Racial Disparities and Infant Mortality
- Complications of Low Birth Rate
- Perceived Racial Discrimination and Maternal Stress

Assumptions Impact Outcomes

Myth

Reality

Babies are dying due to poor or no prenatal care.

Cuyahoga County has the highest rate of prenatal care in the state and the worst IMR.

Poor Black babies are dying, so poverty must be key.

In 2015, 50% of African American babies who died from prematurity and birth defects were on Medicaid and 50% on private insurance.

Babies who are dying are born to teen moms and/or
Moms who abuse drugs and alcohol.

In the past 10 years, less than 4% of all infant deaths were born to teen moms and/or moms with addiction or mental health issues.

Obstetric Racial Bias

Legislative Policy Options

**Continuous, Supportive Required Education for
providers and trainees**

Pre-Term Births

Black Preterm Births in Pittsburgh

Black women/birthing people in Pittsburgh begin prenatal care earlier than in similar cities and have lower rates of gestational diabetes, but the Black maternal mortality rate is 97% higher.

Black infants in the city die at 2x the rate of White infants, and the leading cause is preterm birth.

These disparities are not due to socioeconomic status or educational differences.³



13.4%

Population of Black people in Pittsburgh.²

14.5%

Black Preterm Births in Allegheny County, PA (2019)¹

79.9%

Population of White people in Pittsburgh.²

8.8%

White Preterm Births in Allegheny County, PA (2019)¹

Medical and Societal Costs of Preterm Black Births in Allegheny County, PA

Direct Medical Costs

The average medical cost of a preterm birth in PA is \$76,700. Multiply that by the total number of Black births (2,545) in Allegheny County, and the difference between the Black Preterm birth rate & White Preterm birth rate (5.6%) to arrive at \$11 million in potential medical cost savings by improving outcomes.

\$76,700

Average Medical Cost of a Preterm Birth in PA⁴

\$11 Million

Potential Medical Cost Savings by Improving Outcomes

2,545

Total Black Births in Allegheny County, PA¹

~5.6%

Reduction in Black Preterm Birth Rate to White Preterm Rate¹

\$453,000

Incremental Direct and Indirect Societal Cost of a Preterm Birth⁵

\$65 Million

Potential Societal Savings by Improving Outcomes

Direct and Indirect Societal Costs

The incremental direct and indirect societal cost of a preterm birth is \$453,000 (national average). Multiply that by the total number of Black births in Allegheny County (2,545), and the difference between the Black Preterm birth rate & White Preterm birth rate (5.6%) to arrive at \$65 million in potential societal savings by improving outcomes.

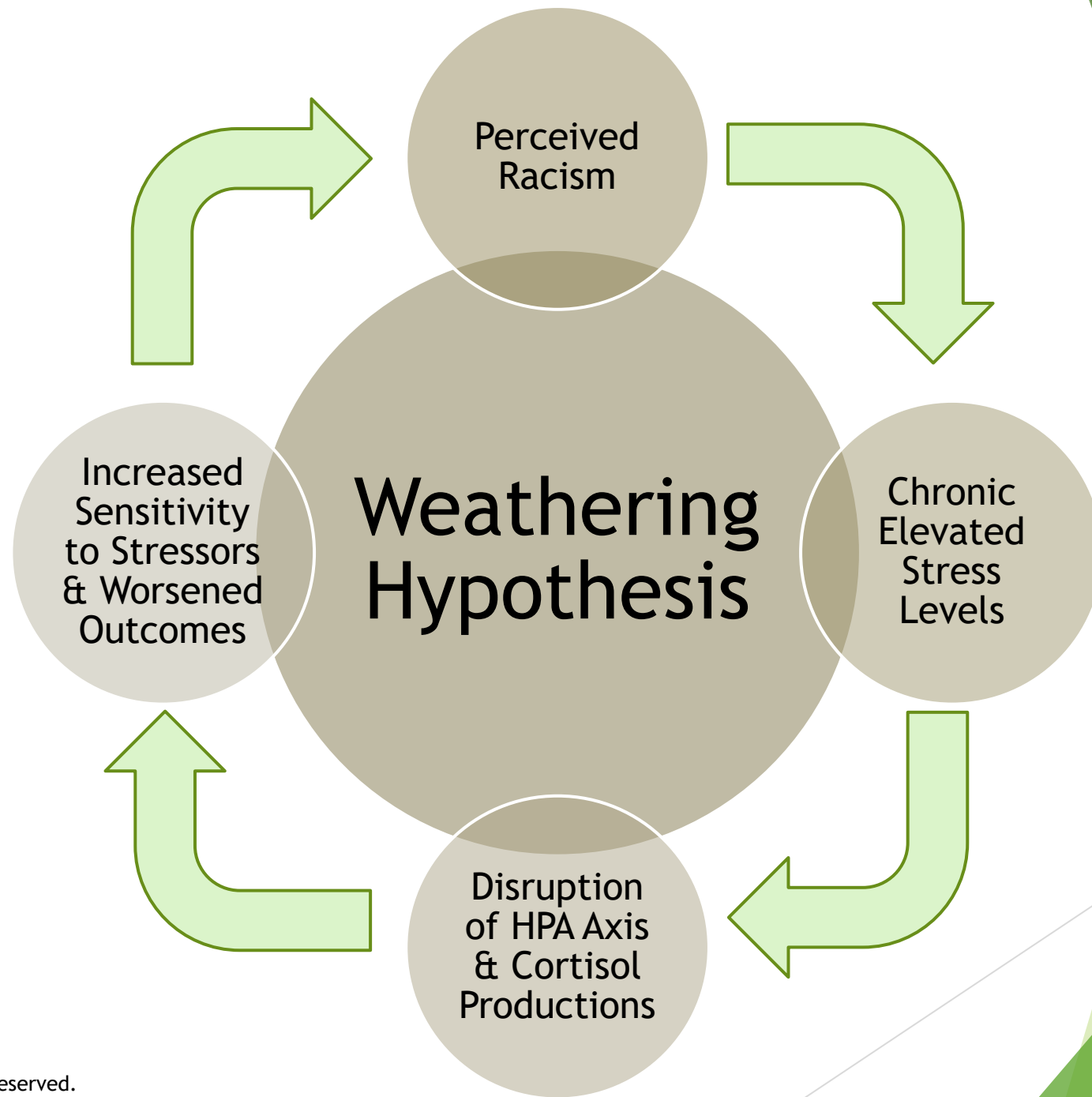
1. PA Dept. of Health: FDDIE

2. U.S. Census Bureau: Allegheny County

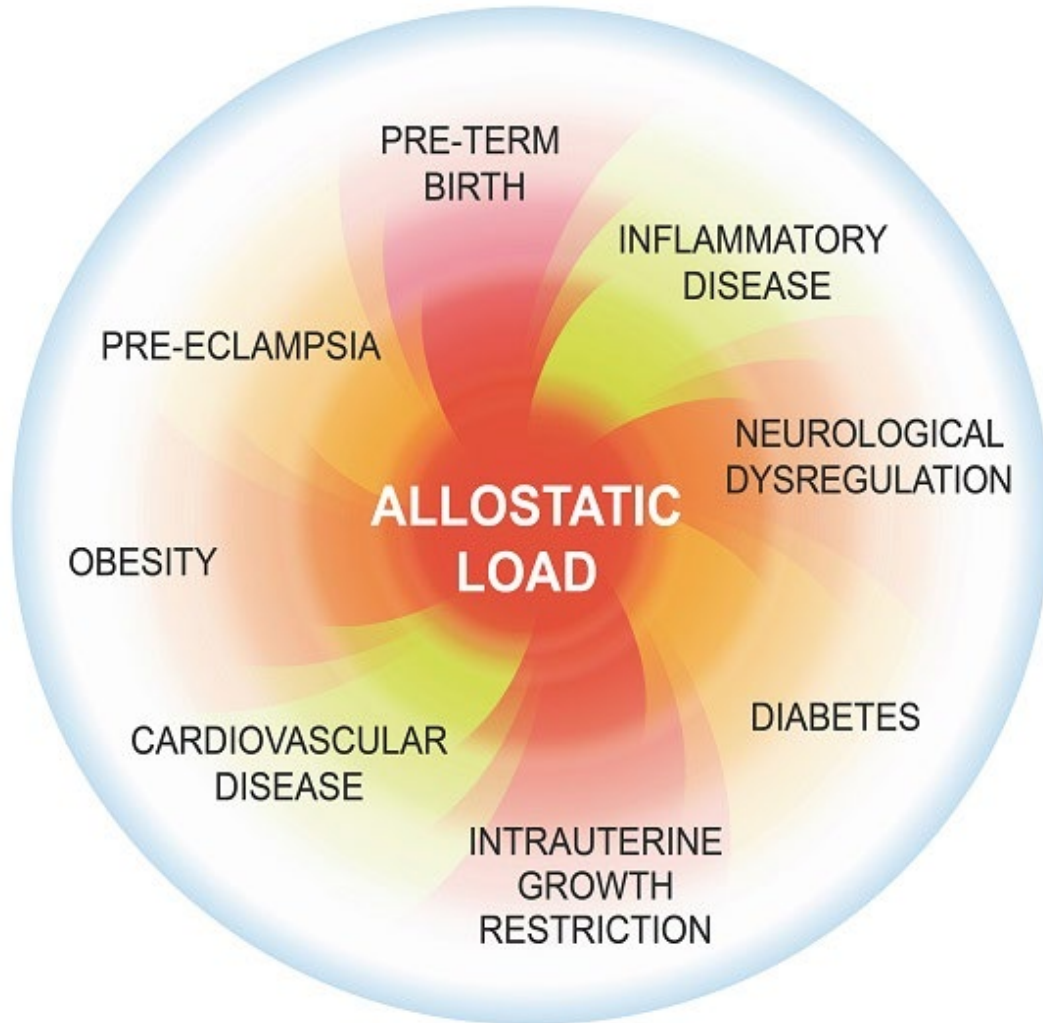
3. Pittsburgh Gender Equity Commission Report, 2019

4. America's Health Rankings, PA

5. AME: Economic assessment of neonatal intensive care, 2019



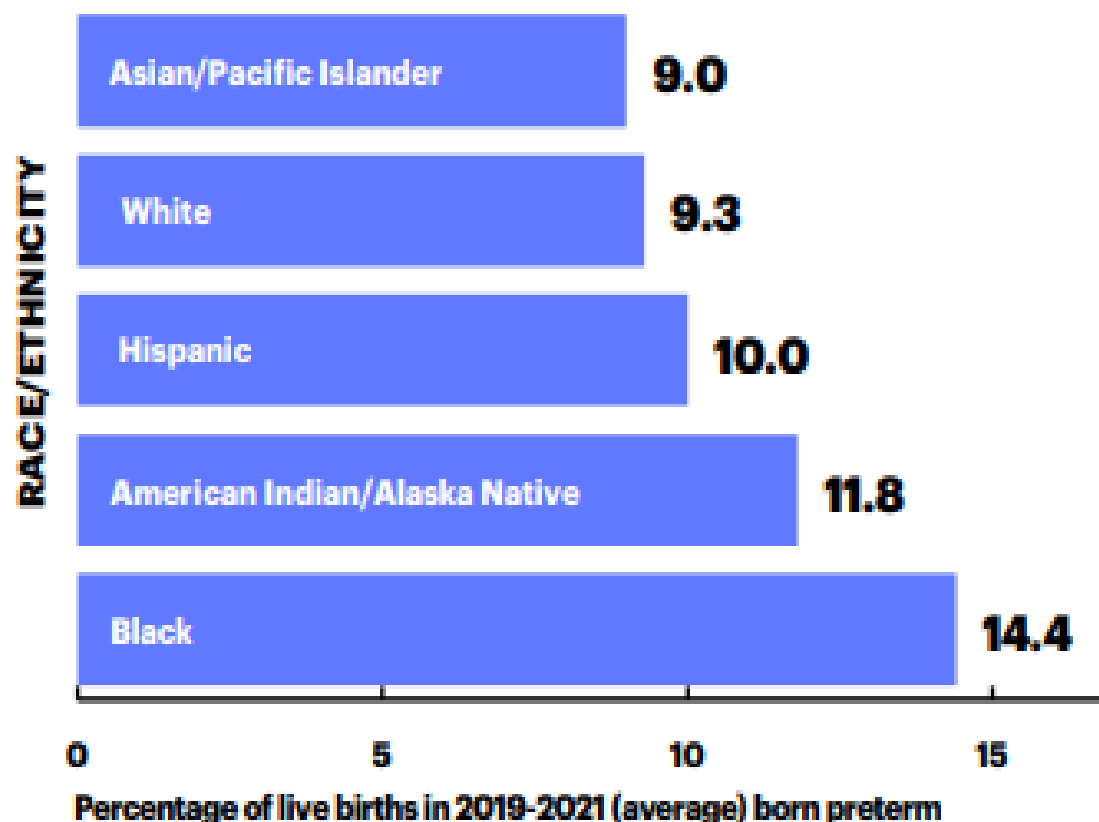
Allostatic Load & Pregnancy



- ▶ Allostasis: bodily systems maintaining stability by adapting to change
- ▶ Allostatic load: wear & tear experienced by the body because of inefficient shutting down/turning on of responses stressors to maintain allostasis
- ▶ Much higher in Black adults & not explained by socioeconomic status or education levels

2022 MARCH OF DIMES REPORT CARD RACE & ETHNICITY IN THE U.S.

Aggregate 2019-2021 preterm birth rates are shown for each of the five bridged racial and ethnic groups. The racial/ethnic group with the highest rate is compared to the combined rate for all other racial/ethnic groups.



In the United States, the preterm birth rate among Black women is 52% higher than the rate among all other women.

DISPARITY RATIO:

1.26

CHANGE FROM BASELINE:

Worsened

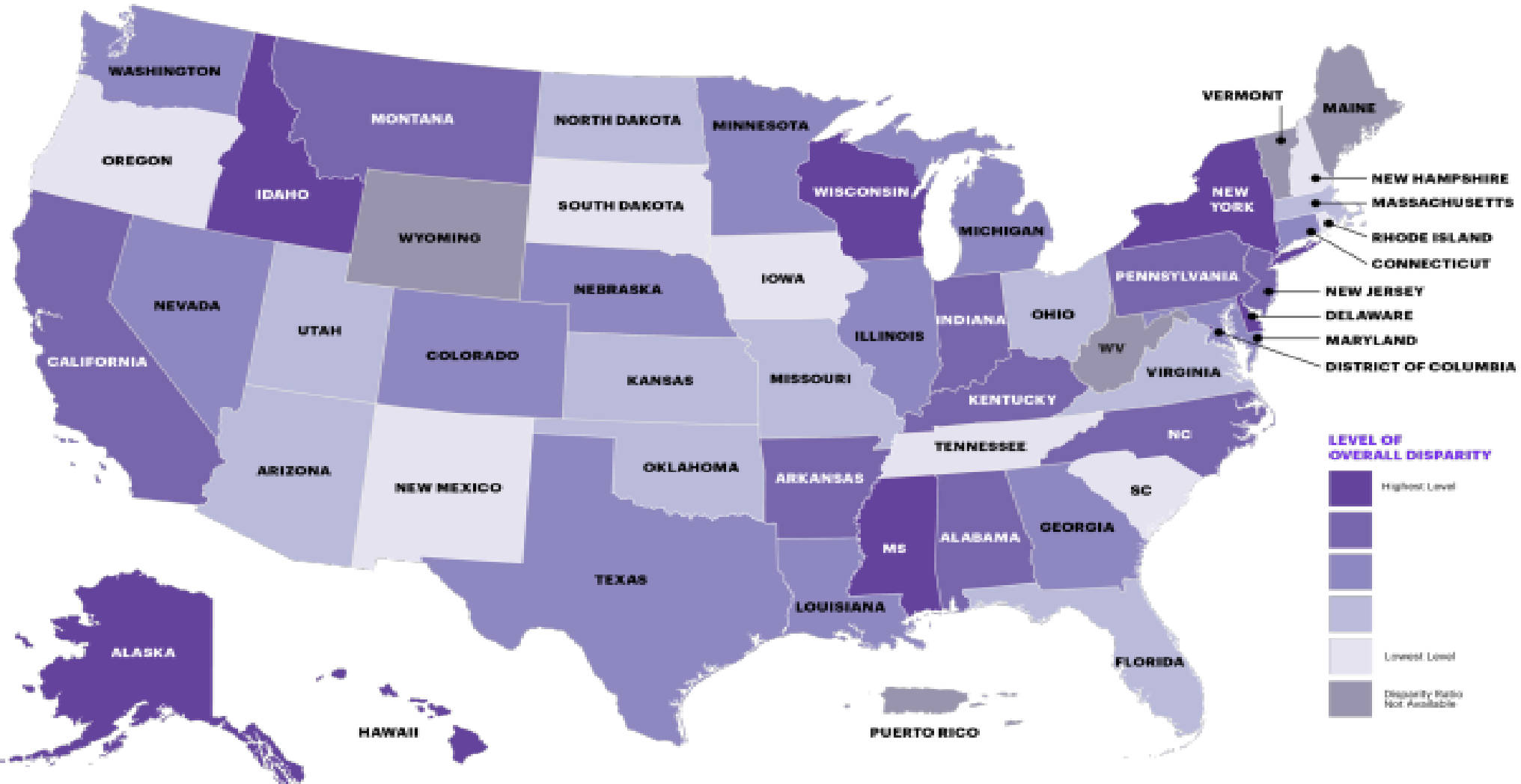
RACE & ETHNICITY DISPARITY BY STATE

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.

U.S. disparity ratio



The U.S. Disparity Ratio has **worsened** from baseline



Pre-Term Births

Legislative Policy Options

- CenteringPregnancy Model
- Affordable Doula Services
- Mental and Behavioral Health Services

The Fourth Trimester: Post-Partum

A providers Lived Experience of Predicted Times of Maternal Deaths

- First day-Hemorrhage
- First week-Hypertension
- First Month-Cardiovascular disease
- First Year-Mental Illness
 1. Suicide accounts for 20% of postpartum deaths
 2. Third cause of pregnancy related deaths

The Fourth Trimester: Post Partum-Clinical Concerns

According to the CDC, from 2011 to 2014 the most common causes of pregnancy-related deaths were:

- Cardiovascular diseases
- Other medical conditions often reflecting pre-existing illnesses
- Infection or sepsis
- Excessive bleeding after giving birth (hemorrhage)
- Cardiomyopathy
- A blockage in one of the pulmonary arteries in the lungs often caused by blood clots that travel to the lungs from the legs (thrombotic pulmonary embolism)
- Stroke
- High blood pressure (hypertensive) disorders of pregnancy
- A rare but serious condition that occurs when amniotic fluid or fetal material, such as fetal cells, enters the mother's bloodstream (amniotic fluid embolism)
- Anesthesia complications

The Fourth Trimester: Post Partum-Other Concerns

- ▶ Postpartum Depression and/or “Baby Blues”
- ▶ Sleep deprivation
- ▶ Breast and breastfeeding problems, such as swollen breasts, mastitis, or clogged milk ducts
- ▶ Digestive and colorectal problems such as incontinence (both urinary and fecal), constipation and hemorrhoids

The Fourth Trimester: Post Partum Legislative Policy Options

- Payment Model Reflecting Quality Care Given
- Affordable Doula Coverage
- Depression Screening
- Fatherhood Initiatives
- Mental Health Services
- Trauma Informed Care
- Visiting Home Health

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