



# brown Births MATTER



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# About Me:

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# Learning objectives

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By the end of this presentation, attendees will:

1. Outline the history of health disparities and maternal mortality in women of color
1. Describe the physical, financial and sociocultural barriers to women of color accessing birth center care
1. Discuss implications of culturally competent care to midwifery and health professional practice



# CONTENT OUTLINE



01

## The Issue

Health disparities among women of color

02

## The Solution

Birth centers as a plausible solution to BIPOC maternal mortality

03

## The Bridge

Addressing WOC barriers to accessing birth center care

04

## Implications

Clinical implications for providers to increase the number of WOC at birth centers

# Maternal mortality

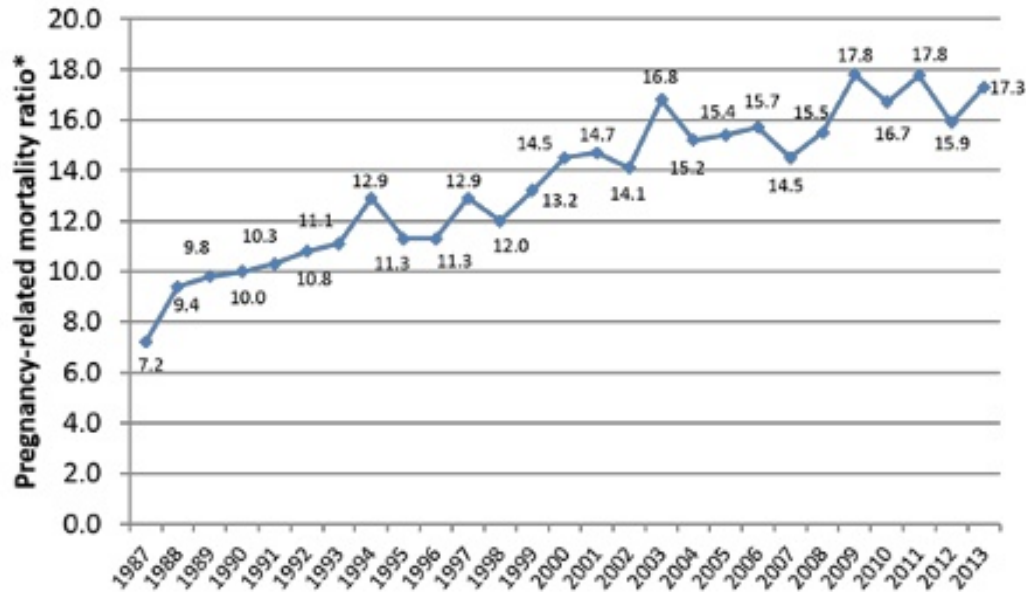
“No woman should die while giving life.”

- UN Secretary-General Ban Ki-Moon



# The u.s. Maternal mortality crisis

## Pregnancy Related Mortality, U.S., 1987-2013



\*Note: Number of pregnancy-related deaths per 100,000 live births per year.

**Source: CDC.** Pregnancy  
Mortality Surveillance  
System

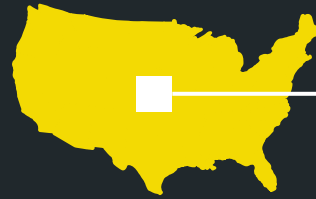
<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

# RACial gaps in maternal mortality

In 2018, the U.S. maternal mortality rate was

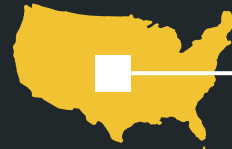
17.4

deaths per 100,000 live births



37.1 Black people

Per 100,000 live births



14.7 White people

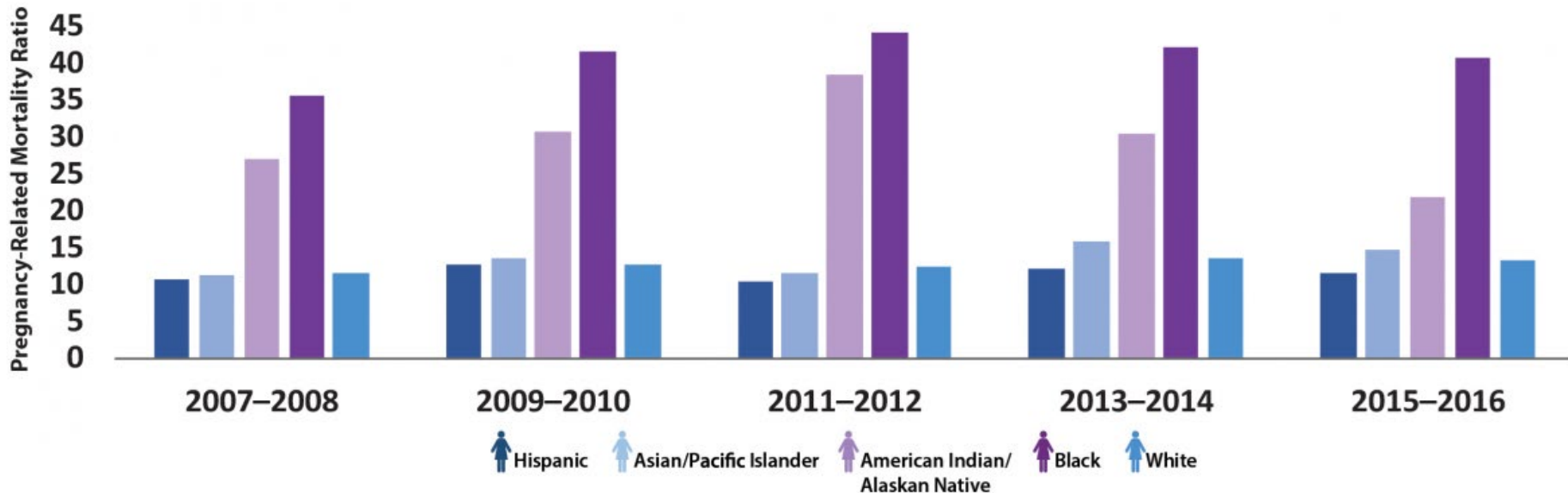
Per 100,000 live births



11.8 Hispanic people

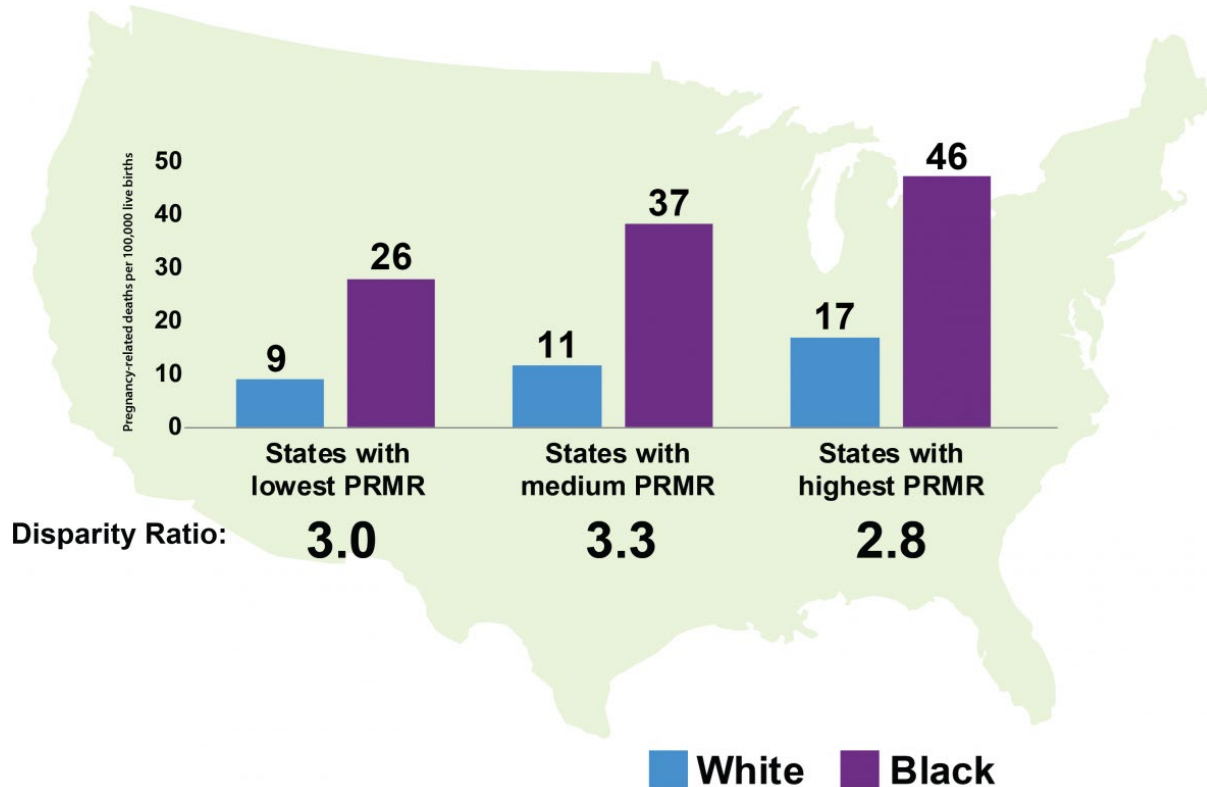
Per 100,000 live births

# Maternal mortality over time

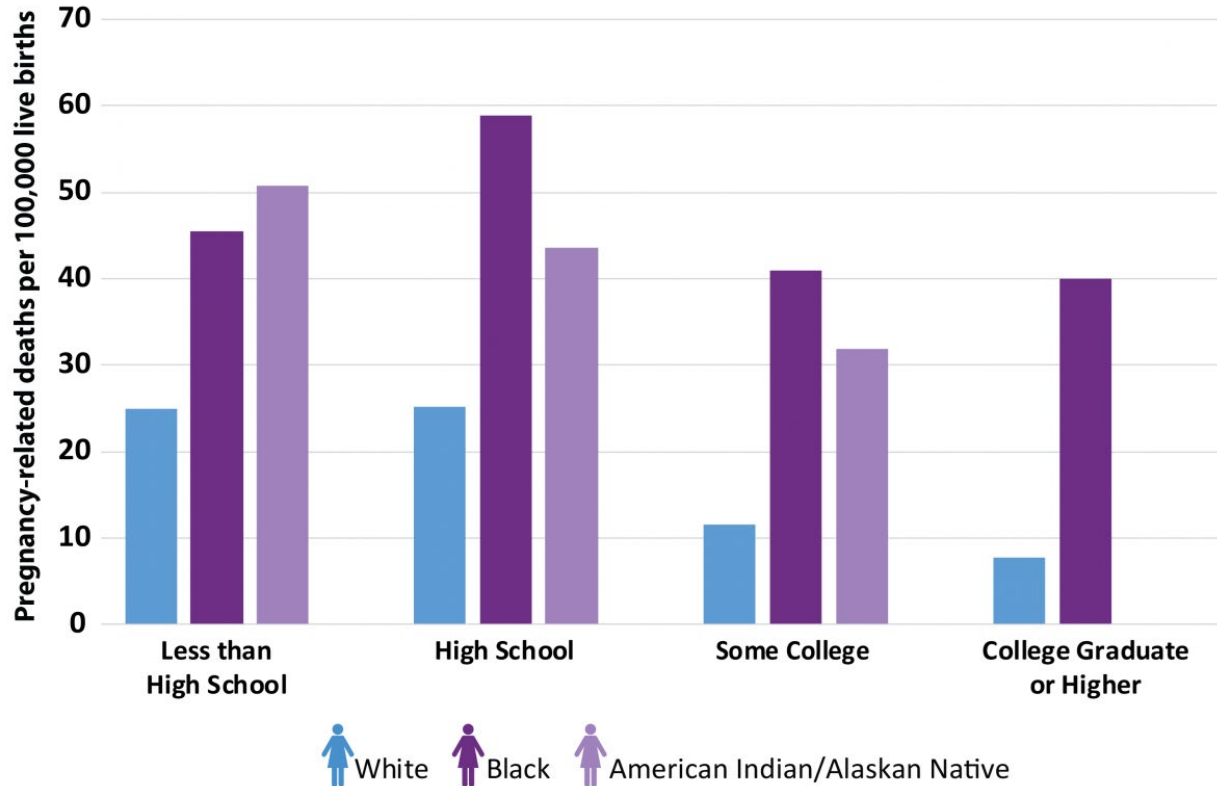




# Maternal mortality by location



# Maternal mortality by education





# Reproductive Racial disparities



## Prenatal Care

In 2017, Black mothers were 2.3x more likely to receive late or no prenatal care

## Maternal Death

Black women are 3-4x more likely to experience a pregnancy-related death.

## Infant Deaths

Black infants are 2.3x more likely to die than White infants

## Maternity Care

Black serving hospitals are less likely to provide quality care





# 3.8X

More Black infants more likely to die  
from low birth weight complications  
than White infants

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# 2x

Black infants had over twice the  
Sudden Infant Death Syndrome  
mortality rate as White persons

# Reproductive racial disparities



## Unplanned Pregnancy

Black women experience higher rates of unintended pregnancies than all other racial groups



## Contraception

Many Black women lack access to contraception counseling and care



# Black Persons:

- Experience physical weathering
- Report discrimination by health providers



(National Partnership for Women and Families, 2018)

“You can’t educate your way out of this problem. You can’t health-care-access your way out of this problem. There’s something inherently wrong with the system that’s not valuing the lives of black women equally to white women.”

Raegan McDonald

CMQ Planned Parenthood



# 02 Why birth centers?

A plausible solution to Black  
maternal mortality

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# Birth center characteristics

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- High quality care
- More likely to receive midwifery-led care
- Committed to person and family-centered care
- Childbearing person respected as the primary decision maker
- Lower use of interventions
- More likely to deliver vaginally
- Lower risk of repeat C/S births
- Excellent neonatal outcomes
  - Extremely low stillbirth and neonatal death rates
  - Less risk of neonatal respiratory conditions
- Faster maternal recovery time
- More cost effective than hospital birth

# Birth center characteristics



# Births centers & WOC

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- Non-hispanic Black women and Latinx women had:
  - Lower rates of preterm birth
  - Decreased rates of low birth weight
  - Lower Cesarean delivery rates
  - Higher breastfeeding rates (ever breastfed)

# Birth center patients according to race

## National birth center study II

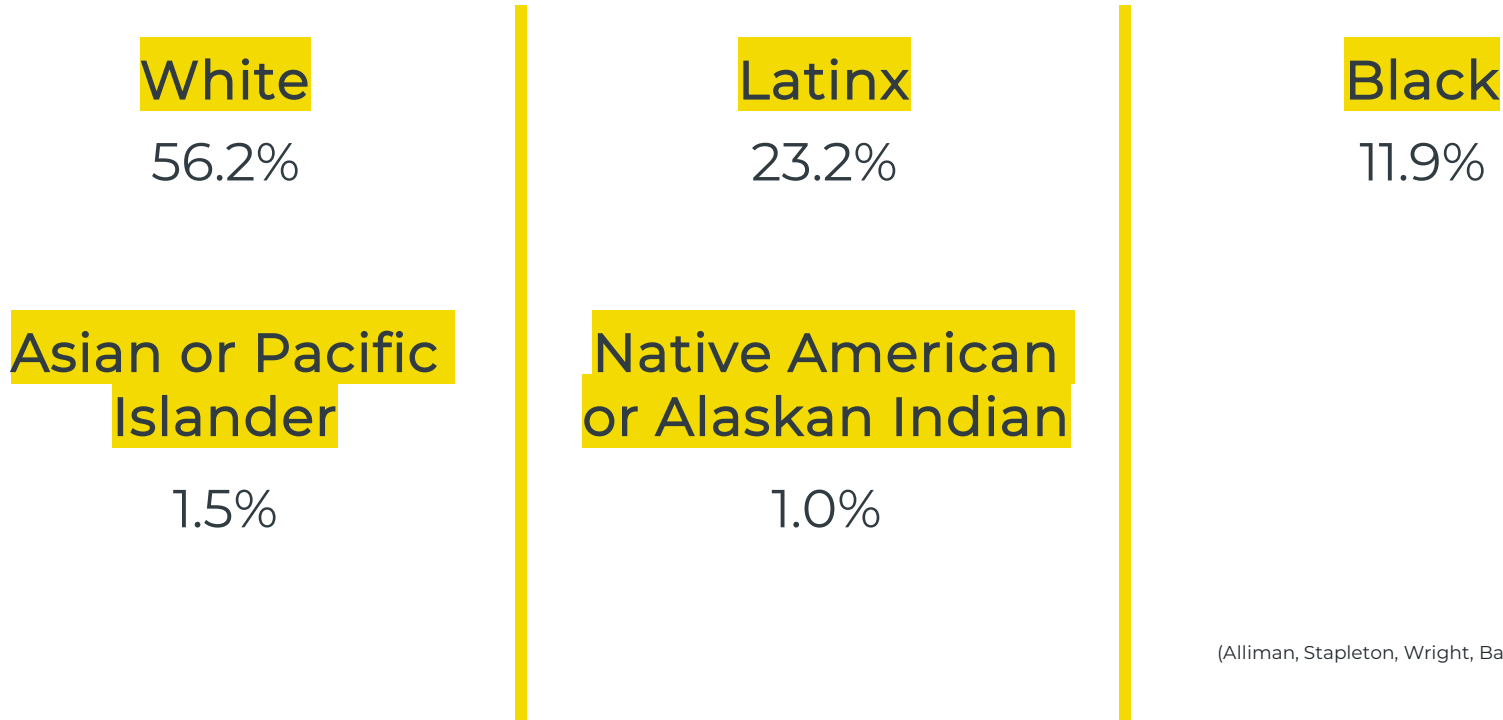


White	75%
Latinx	11%
Black	6%
Asian	2%
Native American	1%



# Racial disparities at birth centers

## AABC Strong start births

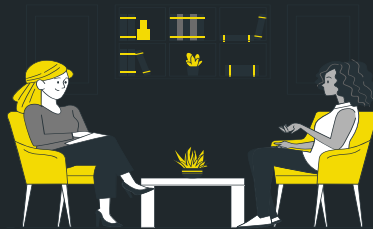


The majority of women  
receiving care in a birth center

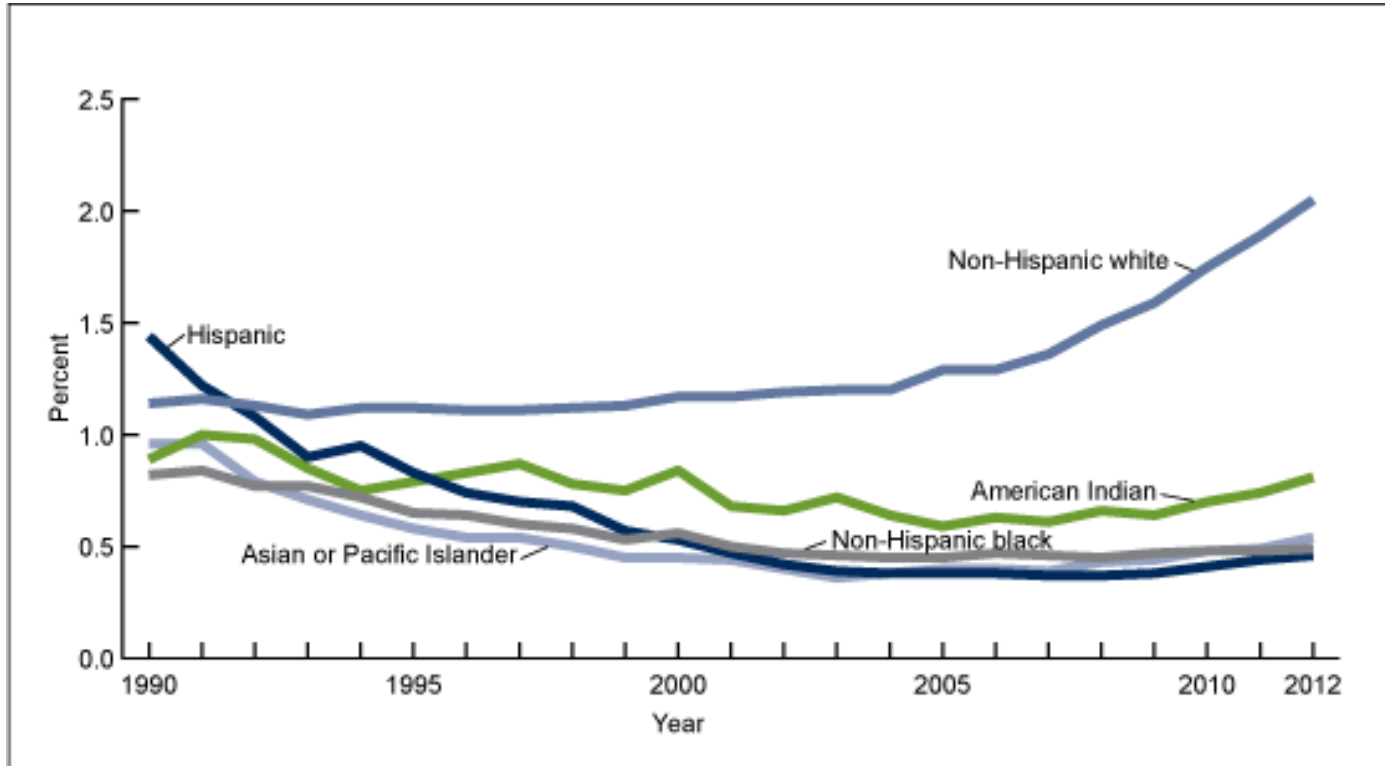
white

identified as White or  
Caucasian.

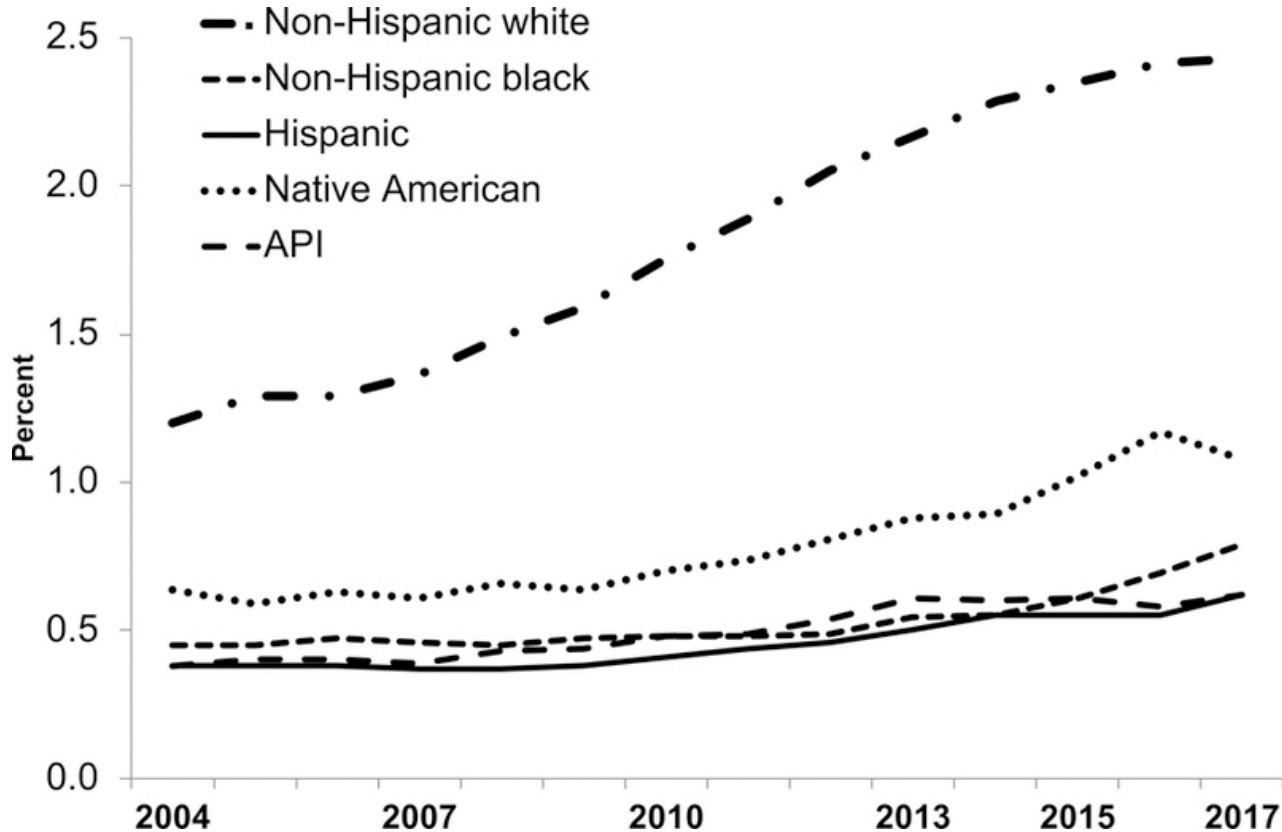
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# Percentage of births occurring at hospital, by race and Hispanic origin of mother: United States, 1990-2012



# Percentage of births occurring out of hospital by race and Hispanic origin of mother: United States, 2004-2017



API = Asian or Pacific Islander



# 03 What barriers exist?

Why Black birthing people  
are not traditionally at birth  
centers

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Access to care

# number of birth centers nationwide

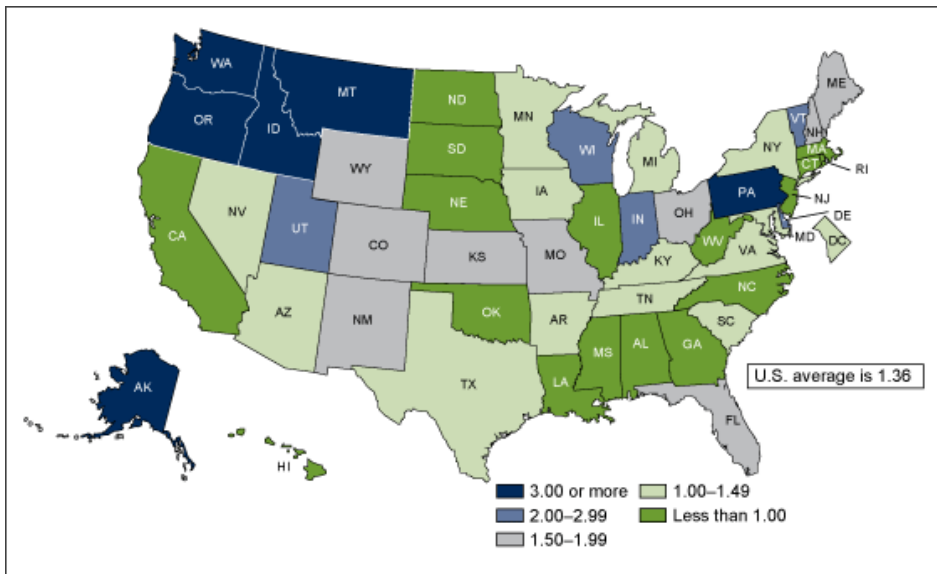


**310 birth centers**

80 CABC Accredited

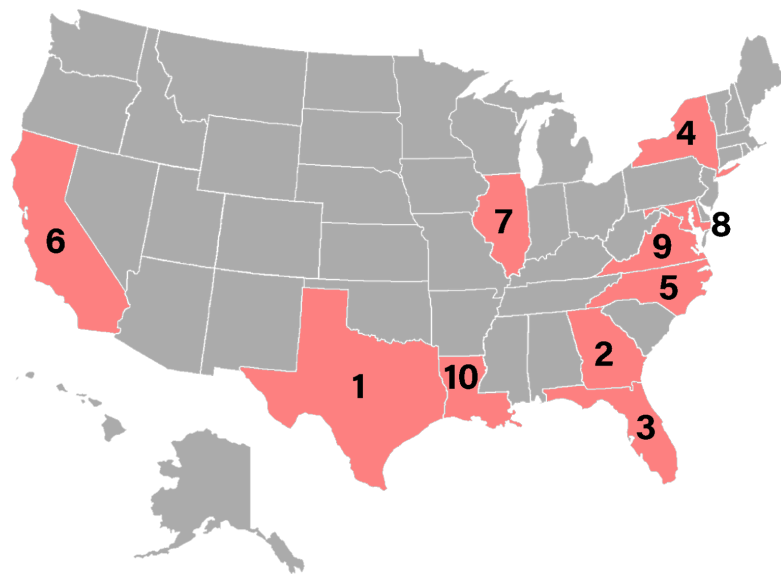
# Community birth and communities of color

Percentage of births occurring out-of-hospital, by state: United States, 2012




(CDC, 2014)

Top 10 states with the largest Black population

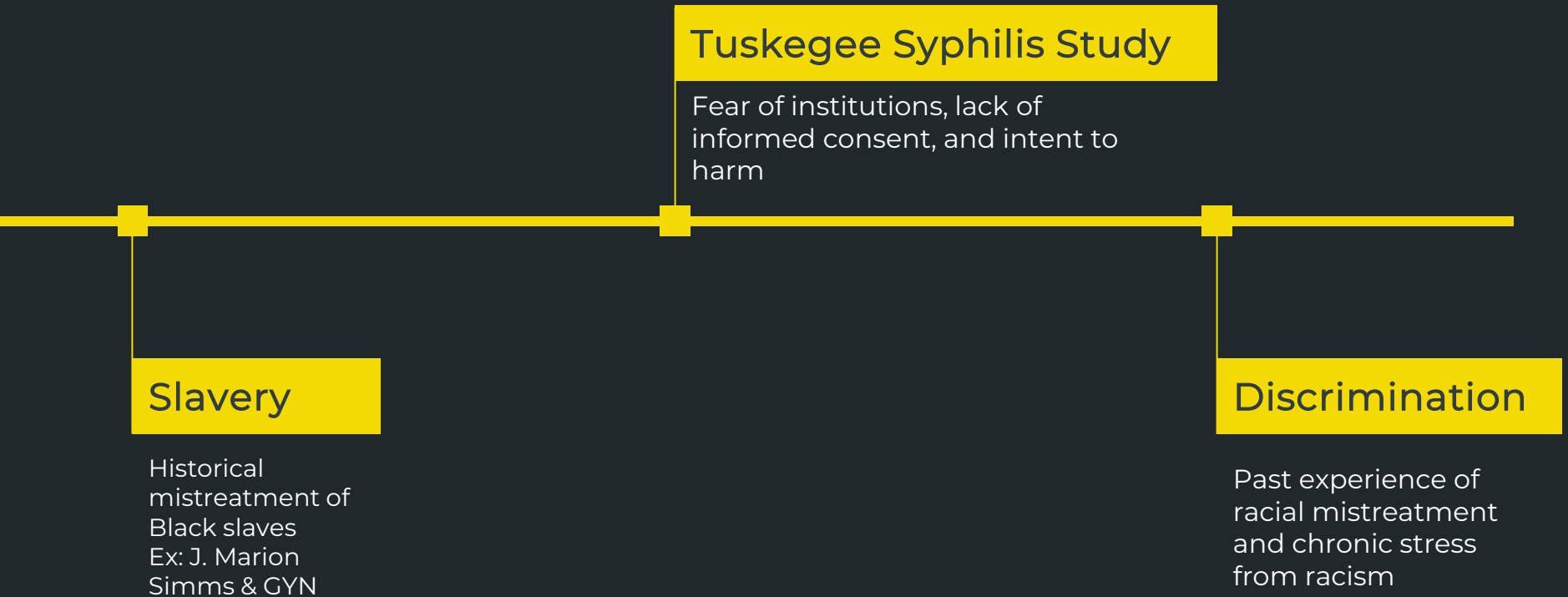


(OMH, 2019)



# Sociocultural factors

# Medical mistrust timeline



# Black voices unheard



Concerns go dismissed.

- Serena Williams
- Shalon Irving

“The common thread is that when black women expressed concern about their symptoms, clinicians were more delayed and seemed to believe them less . . . There is a very fine line between clinical intuition and unconscious bias.”

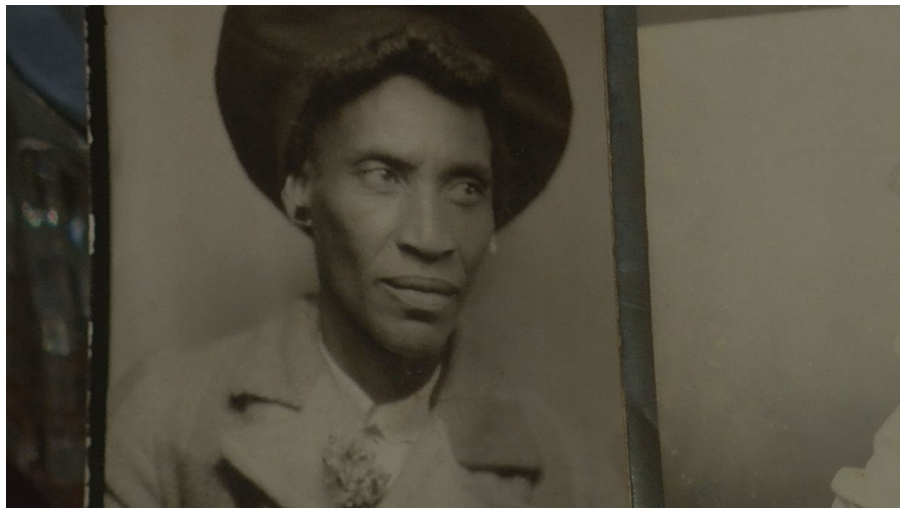
- Neel Shah, OB/GYN

# Increased awareness needed

- Role of midwives
- Medical vs. midwifery presence
  - Mid-1900s >50% black births attended by midwives
  - Almost 90% births MD attendance
  - Slightly >8% births CNM attendance
  - <1% births LM/CPM attendance
- Midwifery-led care at birth centers
- Perception of archaic role
- Effect on birth outcomes



# storytelling of black midwives




Anna B. Turner  
Midwife, VA

- Goal - normalizing midwifery care to BIPOC women
  - Part of cultural heritage
- Black midwives vs. AMA
- Erasing BIPOC midwives from midwifery history

# Lack of midwives of color

- Racial makeup of midwifery providers does not reflect the diversity of the communities midwives serve
- Representation matters - better interpersonal care in race-concordant interactions
- Improved outcomes when black people are cared by black clinicians
- Only 14% of newly certified CNMs identify as MOC
- Only 5% of recertifying CNMs identify as MOC





financial  
factors



# \$0.63

Black women paid \$0.63 for every \$1.00 paid to White men

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# \$21,698

The median wage for Black women is \$20,000 less than the median wage of White men.



# Financial Gaps



Black persons more likely to be uninsured  
Only 87% insured

01

Black persons may not be able to afford cash prices

02

Some commercial insurers may not cover services  
Low Medicaid reimbursement

03

Lack of coverage and private funds result in lower access

04

# 04 Practice implications

What changes can be made?



# Increase midwifery awareness

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- Normalize midwifery care among Black birthing people
  - Promote the contributions of Black midwives to midwifery
  - Increased presence in Black communities
  - Promote via media - especially social media!
    - Forums that include information seeking black communities
  - Midwifery as a solution to aid Black maternal mortality
    - Educate on the positive outcomes
- Build partnerships with Black birth workers and Black maternal advocacy programs

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# Reframe the financial picture

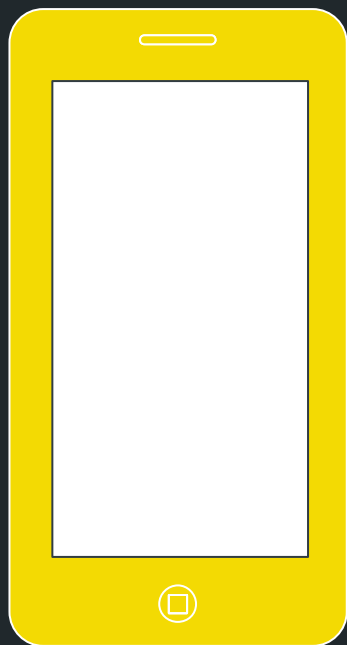


While we may not be able to change third-party reimbursement (right now) . . . .

. . . we can reframe the financial narrative

- Investment
- The total package for the price





## Care coordination

More connections to community programs, social services, WIC, transportation services, lactation and childbirth education.

Possibility of being located in the birth center

# Race-concordant care



- Diverse marketing material
- Intentionality in creating diverse clinicians and staff
- Increased hiring of more Black midwives
  - Avoid hiring practices that inherently exclude Black midwives
  - Recruit from HBCUs
  - Precept Black midwifery students
- Retention of Black midwives
  - MOC in key leadership and decision-making practice roles
  - Culture of inclusion

# Winning community trust

- Continuity of care
- Sincere shared decision making
- Person-centered care
- Cultural sensitivity and competency
- Relationship building and quality time
  - Meaningful connections
  - Out of all the stark differences → celebrate what is common
- Supportive practice structures that reflect the needs and barriers faced by birthing people
  - Reconsider late policies
  - Extended hours



Provider Education:  
Examine Implicit biases

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# THANKS

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