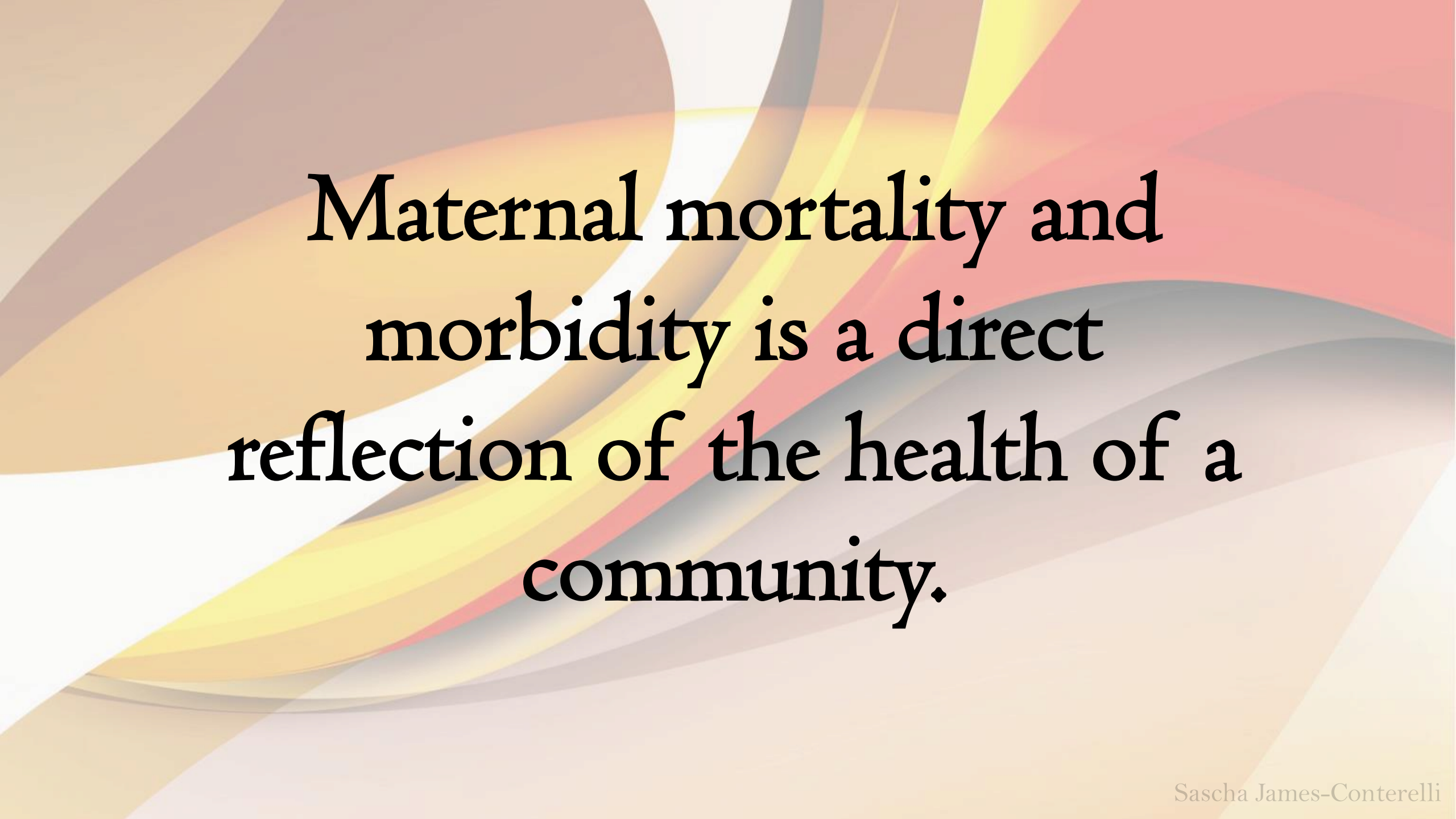




ADDRESSING MATERNAL MORTALITY AND RACIAL DISPARITIES IN AN URBAN HEALTHCARE SETTING

Sascha James-Conterelli, DNP, CNM, FACNM



**Maternal mortality and
morbidity is a direct
reflection of the health of a
community.**

GLOBAL MATERNAL MORTALITY RATES

US ranks *60th* in the world behind all other developed nations in maternal mortality

Rate: 28 deaths per 100,000

Maternal Deaths per 100,000 live births:

Finland-3

Sweden-4

Australia- 6.8

Ireland- 8

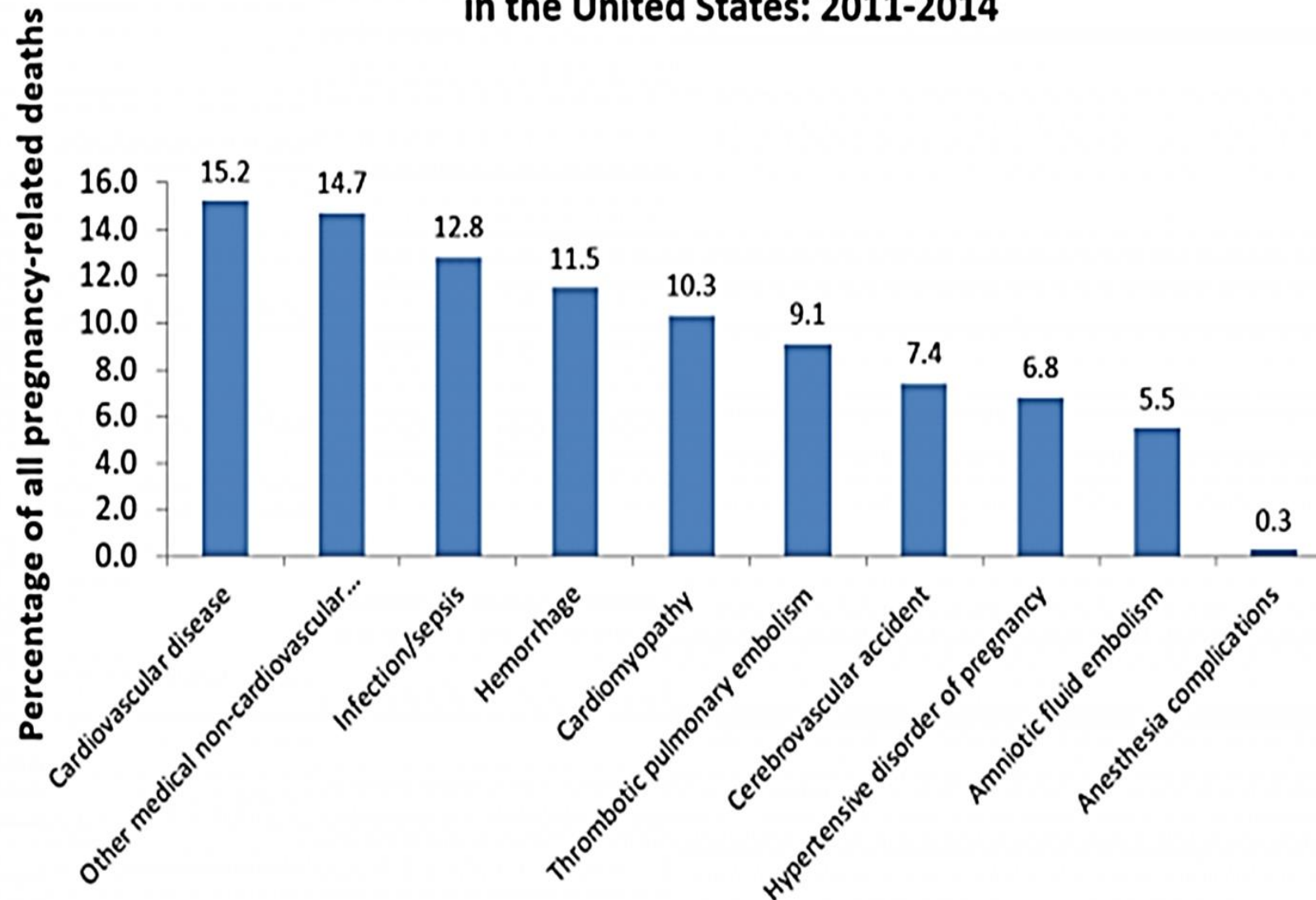
United Kingdom- 9

GOALS

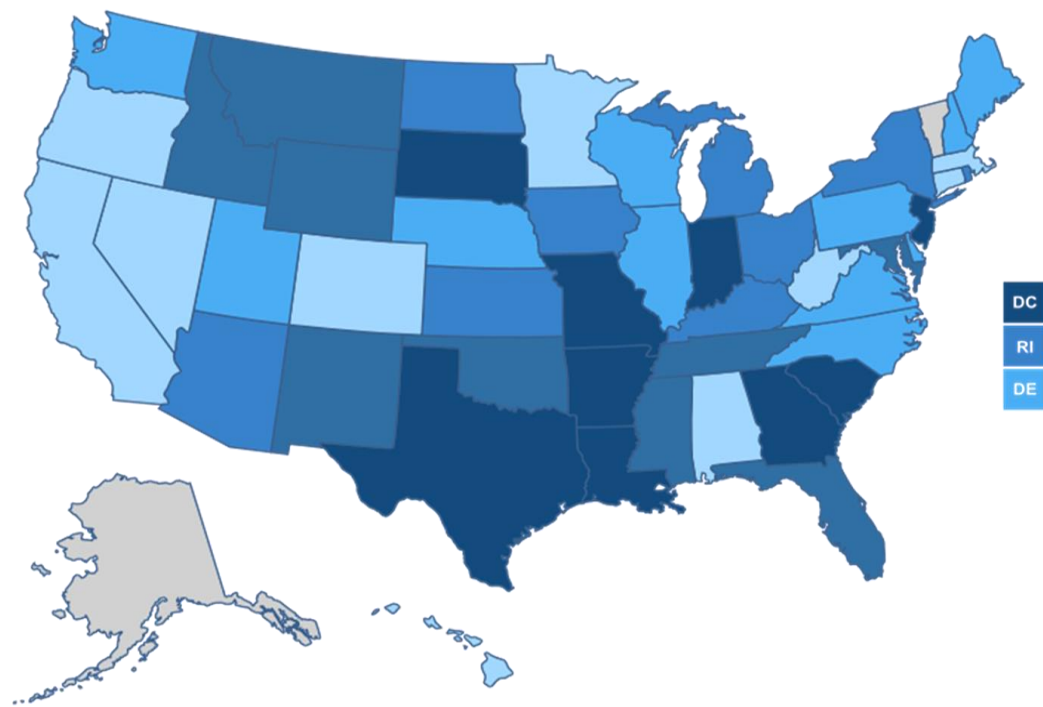
World Health Organization Goal: Between 2016 and 2030, as part of the Sustainable Development Goals, the target is to reduce the global maternal mortality ratio to less than 70 deaths per 100,000 live births.

Healthy People 2020 Goal: Reduce maternal mortality to less than 11.4 per every 100,000 live births

Causes of pregnancy-related death in the United States: 2011-2014



Note: The cause of death is unknown for 6.5% of all pregnancy-related deaths.

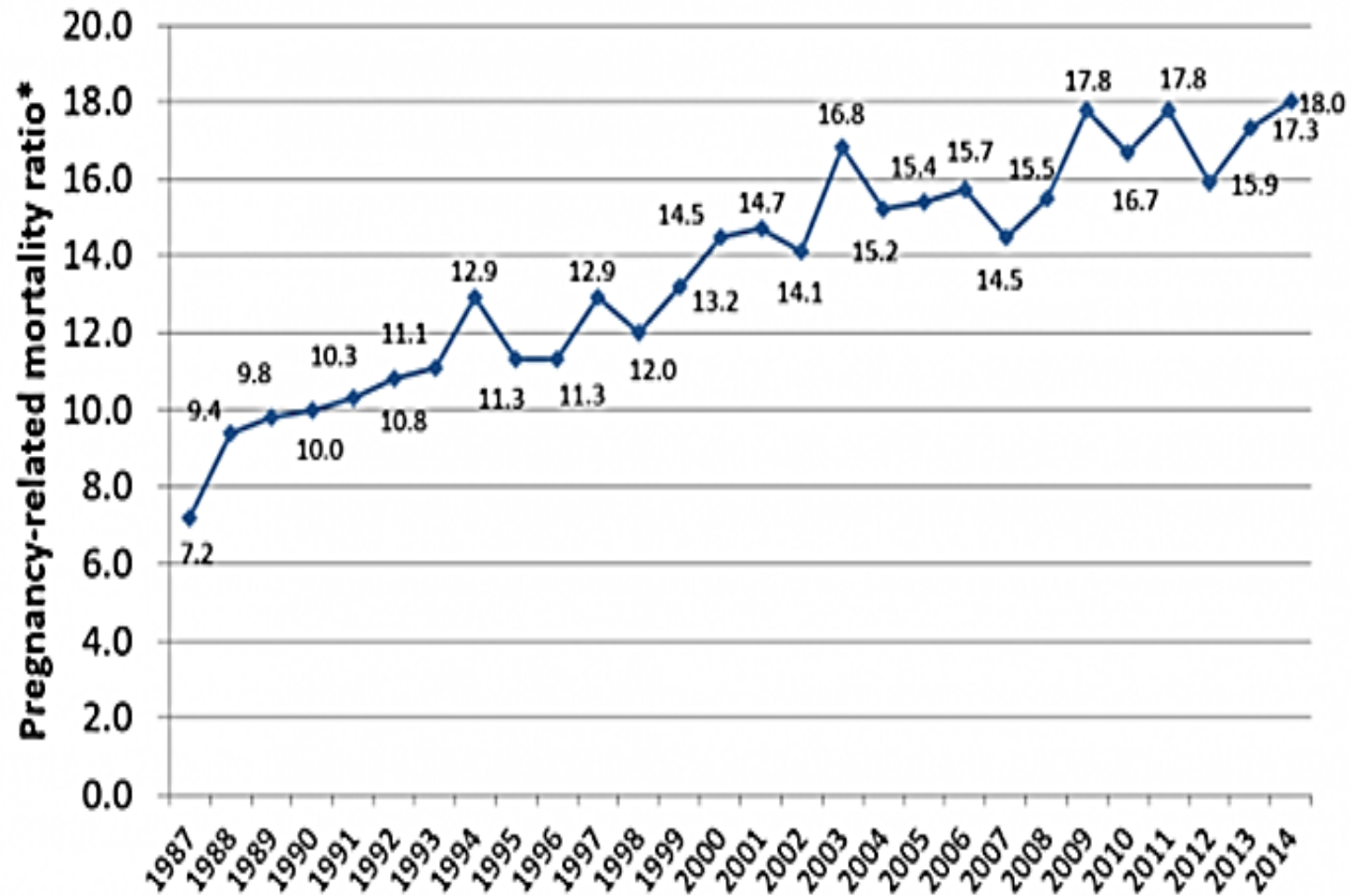


SOURCE:

• CDC, National Vital Statistics System

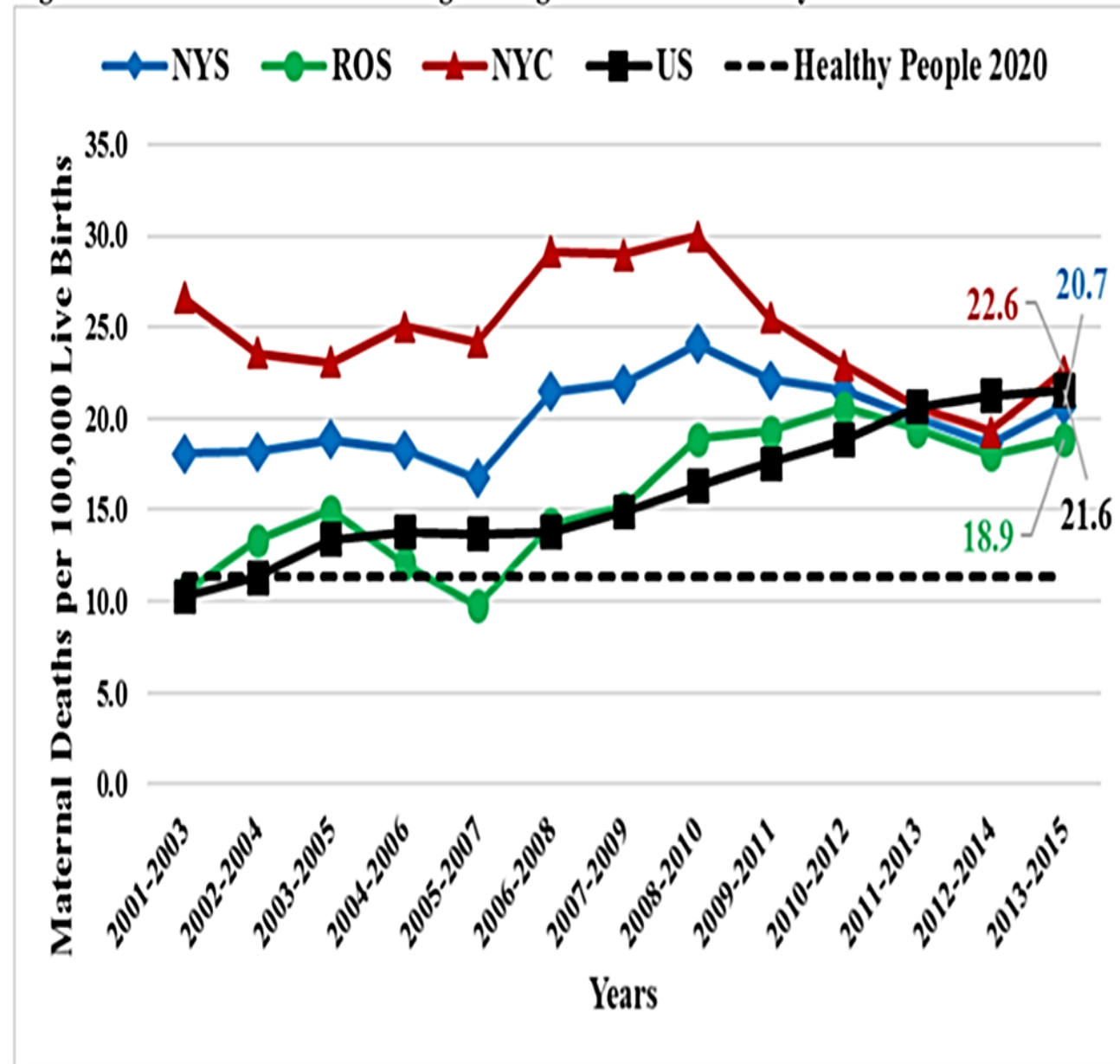
Sascha James-Contarelli

Trends in pregnancy-related mortality in the United States: 1987–2014



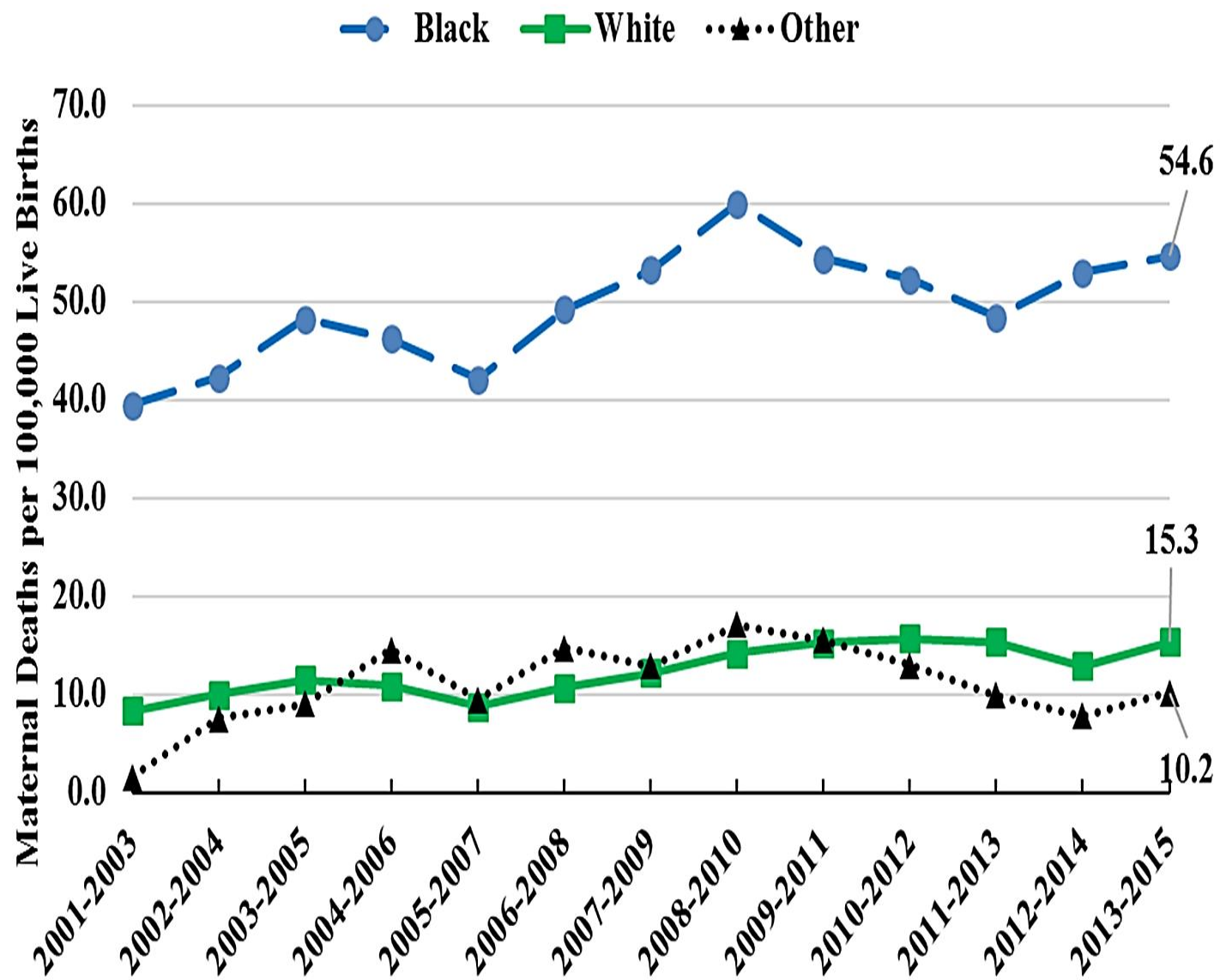
*Note: Number of pregnancy-related deaths per 100,000 live births per year.

Figure 1a. NYS Three-Year Rolling Average Maternal Mortality Rate



Source: NYS Vital Statistics, CDC Wonder Database

Figure 1b. NYS Three-Year Rolling Average Maternal Mortality Rate by Race



Source: NYS Vital Statistics

Pregnancy-related deaths, N=62	Count	Percent
Age at death in years		
<20	1	1.6
20-24	8	12.9
25-29	13	21.0
30-34	17	27.4
35-39	14	22.6
40+	9	14.5
Employment		
Unemployed	16	25.8
Employed	28	45.2
Unknown	18	29.0
Occupation		
Unemployed	18	29.0
Service/Housekeeper/Childcare	9	14.5
Professional/Management	7	11.3
Homemaker	6	9.7
Other	5	8.2
Sales/Administrative support	4	6.5
Student	2	3.2
Unknown	11	17.7
Education		
8 th grade or less	9	14.5
9 th -12 th grade, no diploma	8	12.9
High school graduate or GED	18	29.0
Some college credit, but no degree	5	8.1
Associate degree	2	3.2
Bachelor degree	8	12.9
Master degree	3	4.8
Doctorate/professional degree	2	3.2
Unknown	7	11.3
Health insurance		
Medicaid	42	67.7
Private insurance	14	22.6
CHAMPUS/TRICARE	1	1.6
Self pay	1	1.6
Unknown	4	6.5

Source: NYS MMR

WHAT WE FOUND

What ***WE*** have
DONE is NOT
working!

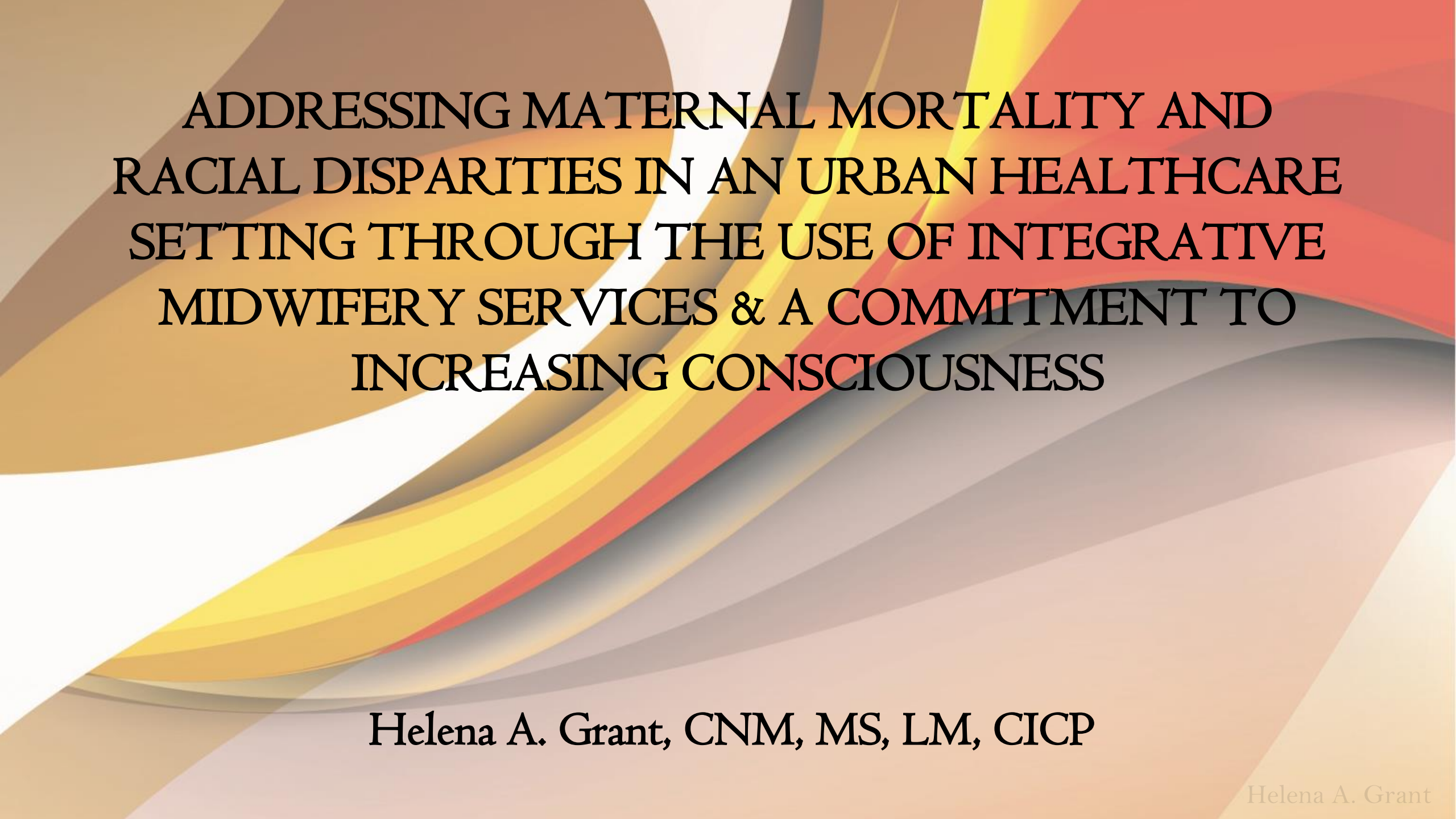
NYS MATERNAL MORTALITY AND RACIAL DISPARITIES TASK FORCE

- March 2018
- Diverse co-chairs
- Diverse stakeholder representation

PUBLIC LISTENING SESSIONS

- Across the State
- Generalized themes
 - Overall disrespect
 - Unheard
 - Little to no Options
 - Diversity in providers/location
 - Providers not connected to needs of community

Exemplar Practice



ADDRESSING MATERNAL MORTALITY AND RACIAL DISPARITIES IN AN URBAN HEALTHCARE SETTING THROUGH THE USE OF INTEGRATIVE MIDWIFERY SERVICES & A COMMITMENT TO INCREASING CONSCIOUSNESS

Helena A. Grant, CNM, MS, LM, CICP

MIDWIVES HAVE EXISTED SINCE THE DAYS OF ANCIENT

Exodus 1:15-21

¹⁵ The king of Egypt said to the Hebrew midwives, whose names were Shiphrah and Puah, ¹⁶ “When you are helping the Hebrew women during childbirth on the delivery stool, if you see that the baby is a boy, kill him; but if it is a girl, let her live.” ¹⁷ The midwives, however, feared God and did not do what the king of Egypt had told them to do; they let the boys live. ¹⁸ Then the king of Egypt summoned the midwives and asked them, “Why have you done this? Why have you let the boys live?”

¹⁹ The midwives answered Pharaoh, “Hebrew women are not like Egyptian women; they are vigorous and give birth before the midwives arrive.”

²⁰ So God was kind to the midwives and the people increased and became even more numerous. ²¹ And because the midwives feared God, he gave them families of their own.

UNIVERSAL NAMES FOR MIDWIFE BECAUSE EVERY CULTURE OF THE WORLD HAD MIDWIVES

French

“Sage-Femme”
Wise Woman

Dutch

“*Verliskundige*”
*Skilled in the Art
of Releasing*

Spanish

“Partera”
“Matrona”
“Comadrona”

Danish

“*Jordemoder*”
Earth Mother

English

“mid-wif”

To assist women in child birth
To assist in bringing into being

ETYMOLOGY OF THE WORD OBSTETRICS

Its Latin source *obstetrīx*, "a midwife," is formed from the verb *obstāre*, "to stand in front of," and the feminine suffix *-trīx*; the *obstetrīx* would thus literally stand in front of the baby as it was being born.

SO WHAT HAPPENED?

Most nations and people of the world NEVER displaced or replaced the Midwife. She is STILL Honored for her role in society today- even in countries that are industrialized and modernized like the United States of America.

And so we ASK...

How did America become SO Disconnected from the History that the rest of the world Embraced as their Respective Cultural inheritances to give BIRTH to the next generation of humanity?

THE 6 PRONGS OF CURRENT AND HISTORICAL CULTURAL AND SOCIO-MEDICAL JEOPARDY

White
Patriarchy

White
Matriarchy

Racism

Capitalism

Medical
Apartheid

The
Colonized
Mind

NURSE MIDWIFERY IN THE U.S. WAS ONCE ONLY FOR WHITE WOMEN

Midwifery is re-established as Nurse-Midwifery in the 1930s with a continued philosophy of medical apartheid against women of color.

White public health nurses, joined white doctors' campaign to eliminate traditional Immigrant, Native and African American Midwives, who later became known as Grand Midwives.

These women were NO LONGER allowed to care for their communities without harassment, constant threats of legal action, and even physical violence. Moreover, their livelihoods destroyed and a cultural tradition decimated.

FAST FORWARD...

In the 1970s, things begin to shift – more midwives of color become educated and today's modern day Midwife is authorized to practice in the State of New York as a:

Certified Nurse Midwife (CNM)

Certified Nurse Midwives (CNMs) are registered nurses who have graduated from accredited nurse-midwifery education programs. They pass a national certification exam and can be licensed in all 50 states.

Certified Midwives (CM)

Certified Midwives (CMs) enter midwifery with a science background. They graduate from accredited midwifery education programs and take the same national certification exams as CNMs

MIDWIFERY MODEL OF CARE

PREGNANCY IS NOT MERELY CLINICAL

Hallmarks include:

- Woman- and family-centered, individualized care
- Evidence-based practices
- Shared decision-making and respectful treatment
- A preventative and comprehensive view of health and wellbeing that includes health promotion, counseling, services, and support
- Relationship-based care
- Meeting the needs of vulnerable populations
- A collaborative health care team model
- Approaching pregnancy and birth as healthy, normal life events and seeking to support the physiologic processes of labor, childbirth, and breast-feeding
- Reserving interventions for circumstances where they have been demonstrated to provide a benefit which may reduce avoidable complications and chronic conditions

BUT IS THIS MODEL ENOUGH?

The question becomes, as in all medical professions, does it emphasize socio-cultural or psychosoulspiritual consciousness?

Women in historically marginalized communities report that having health care providers available who reflect their identity is of great importance to them, and research has documented that patients who view their provider as similar to themselves report higher ratings of trust, satisfaction, and uptake of provider recommendations.

The cultural humility and hopeful competency required for effective communication, understanding, and trust can be more readily developed by clinicians from (or with deep familiarity with) a given community.

MATERNAL MORTALITY AND MORBIDITY

Women in the US, including New York State (NYS), experience significantly worse outcomes than their counterparts in other wealthy countries on a number of maternal and newborn health measures. Women of color face even greater risks regardless of their level of income. New York City (NYC) has seen rising rates of severe maternal complications, and disparities in pregnancy-related deaths between African American women and white women are widening.

- Black women are more likely to experience preterm birth and neonatal and maternal mortality.
- Disparities affect women of color at all income levels.
- Puerto Ricans and non-Hispanic blacks in NYC experience infant mortality rates two and three times the rate for non-Hispanic whites.
- For over 60 years, black women in the US have been 3 to 4 times as likely to experience a maternal death as white women.
- The current rate is 8 times more likely to die from a pregnancy related complication, down from 12 times – **This is STILL TOO HIGH!!**

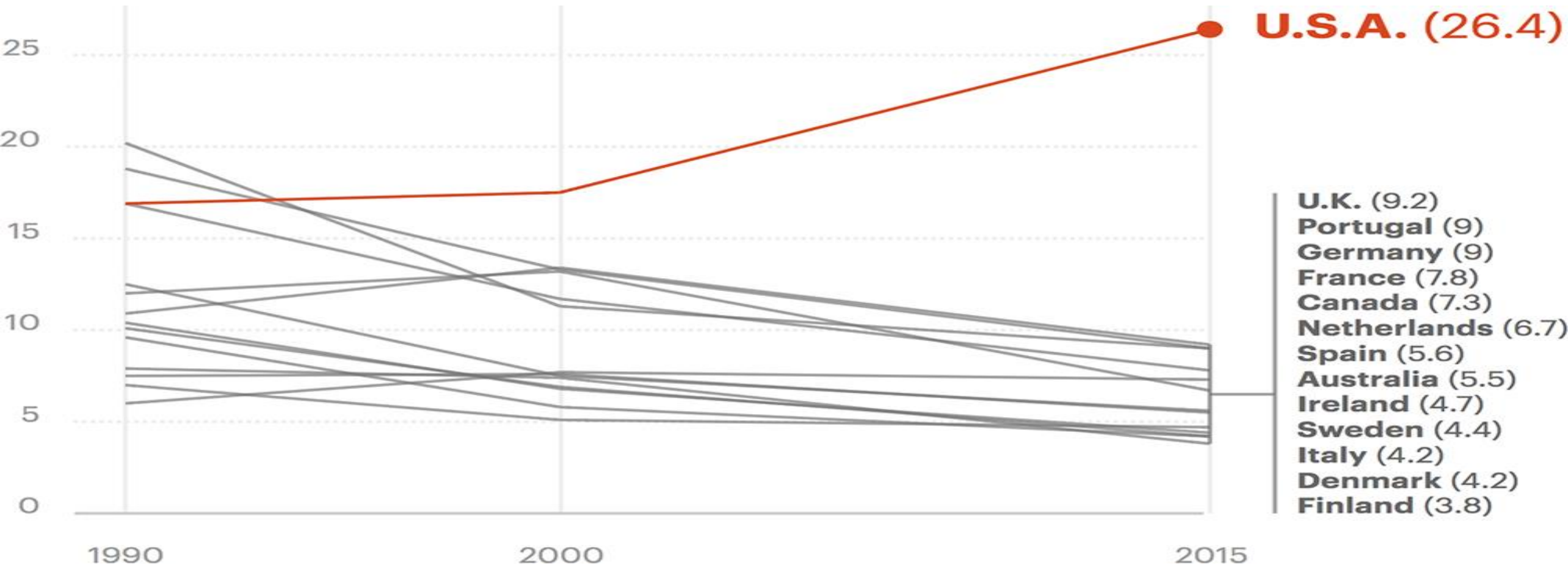
MATERNAL MORTALITY AND MORBIDITY

U.S. ranks last among developed countries. Maternal deaths are considered a bellwether indicator of how well maternity care systems function overall. The US maternal mortality ratio is 26.4 deaths per 100,000 live births -

- nearly 3 times the rate in the United Kingdom (9.2)
 - 3 1/2 times that of Canada (7.3)
 - 4 1/2 times that of Spain (4.7)
-
- Life-threatening complications of pregnancy and birth in NYC rose 28% between 2008 and 2012, affecting 250 of every 10,000 births in 2012.
 - The US is the only developed country where the maternal mortality ratio increased between 1990 and 2015.

MATERNAL MORTALITY RATES

Per 100,000 live births



MIDWIFERY IN EUROPE

- Every year in the UK, more than half of babies are delivered with the guidance of a midwife.
- Midwives in France participate in 99.5% of all births. Midwifery care is multidisciplinary. Pediatricians, anesthetists, psychologists, obstetrician-gynecologists and midwives all work together in a team.
- In Scandinavian countries, it's more like three quarters, similar to the rate in France. In fact, in these and many other countries, midwives take part in almost all deliveries, as they also assist OB-GYNs in more complicated cases.
- Today in Sweden midwives are women's first choice of caregiver during pregnancy and childbirth. If complications occur, midwives work in teams with obstetricians and together they provide the care that gives the country one of the lowest maternal- and neonatal mortality rates in the world.

WOODHULL HOSPITAL

Woodhull Hospital is in the Northern part of Brooklyn, NY serving the communities of Bushwick, Bedford-Stuyvesant, Williamsburg, and Greenpoint.

The following demographic factors exist within segmented parts of the communities:

- Patients with Medicaid 80.2% - 4th highest in NYC
- Below poverty level 32.5% - 5th highest in NYC
- Non US citizen 19.9%
- Greater than 25-years-old with less than HS education 37.2%- 5th highest in NYC
- Population speaking English “less than well” 32.2% - 7th highest in NYC
- Jail rate per 100,000- 2,129 - 3rd highest in NYC (*BedStuy)
- Living with a disability - 10.6% - 14th highest in NYC

QUESTIONS TO CONSIDER

????

What happens in a modern day practice when Midwives are allowed to practice within a supportive hospital environment?

Can the European statistics be brought to New York City in a practice that serves Black and Latina women who live in a constant state of racialization and within the demographic statistics presented on the previous slide?

INTEGRATIVE PRACTICES AT WOODHULL HOSPITAL: THE EFFECT OF MIDWIFERY

Let's look at the NUMBERS of some clinical indicators of wholistic birth care and would be morbidity – which unfortunately at times also correlate to incidences of mortality...

Even when ALL providers do not represent the cultures of the clients being served.

Birth Outcomes	2015 Response	2015 Rate	2016 Response	2016 Rate	2017 Response	2017 Rate	2018 Rate
Total N of VB	1231	70.80%	1096	70.00%	1057	73.50%	1071/70.9%
Total N of Births	1738		1565		1438		1510
Spontaneous Births	1209	69.60%	1087	69.50%	1046	72.70%	1061/70.3%
Total Number of Multiple Births	2	0.10%	21	1.30%	9	0.60%	
Total VBACS attempted			71		101		94
Successful VBAC Rate			45	63.40%	81	80.20%	69/73.4%
Assisted Delivery Rate	22	1.30%	9	0.60%	11	0.80%	10/0.7%
Primary CS Rate	264	15.20%	240	15.30%	191	13.30%	225/14.9%
Repeat Cesarean Rate	243	14.00%	229	14.60%	190	13.20%	214/14.2%
Total Cesarean Rate	507	29.20%	469	30.00%	381	26.50%	439/29.1%
Rate of women who sustained a postpartum hemorrhage	76	4.40%					
Perineal Outcomes	2015 Response	2015 Rate	2016 Response	2016 Rate	2017 Response	2017 Rate	
Intact Perineums	768	62.40%					553/51.6%
Episiotomies	69	5.60%			23	2.20%	15/1.4%
3rd or 4th Degree Laceration	11	0.90%			1	0.10%	1/0.1%
Total number of births attended by midwives in the practice	1166	1166	1024	1024	973	973	Helena A. Grant 1010

MY HOPE: TOTAL INTEGRATION OF MIDWIFERY IN THE UNITED STATES HOSPITAL SYSTEM

Midwife
Middle
Restorer of Balance within
the Obstetric space

But Hope is Never Enough...

WHAT DOES A MOVEMENT TOWARDS CONSCIOUSNESS MEANS?

Acceptance that...

- This is a **MULTIFACTORAL PROBLEM** that we cannot tackle in a purely clinical form
- We need to realize that the learning we **DESPERATELY NEED** to do, we were **NEVER EDUCATED** to do
- There is a **COLLABORATIVE WORK** that should be undertaken by us **ALL** to become wholistic in our caretaking philosophies and actions
- It **LIES WITHIN US** to actively challenge our belief systems, unpack them, and go on a learning journey that will not only enhance us as caretakers but as human beings

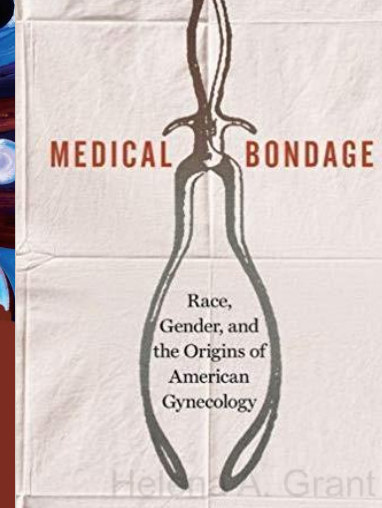
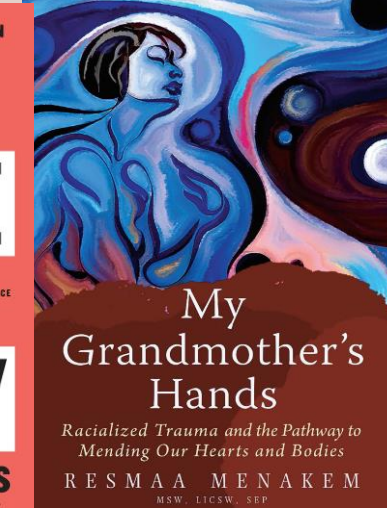
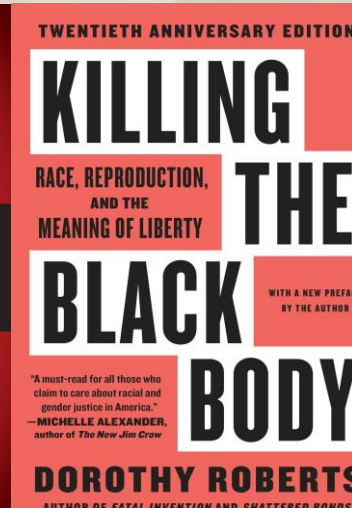
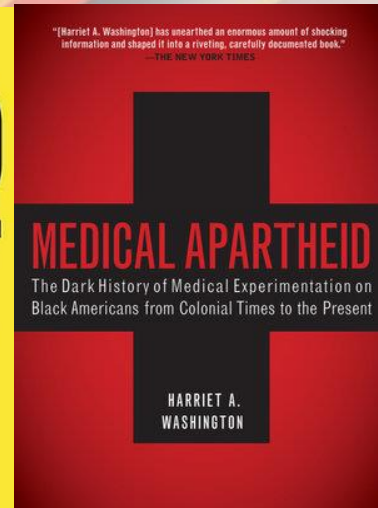
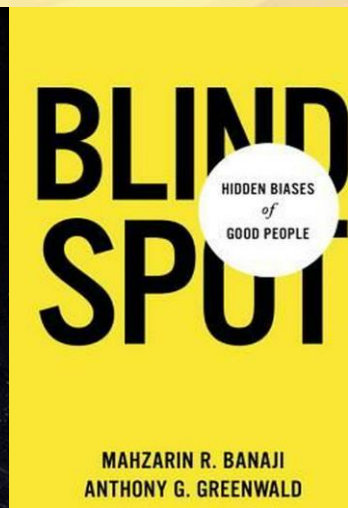
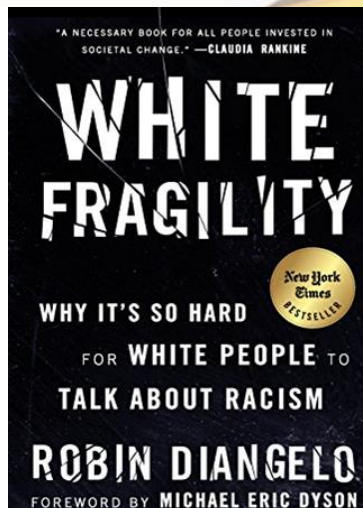
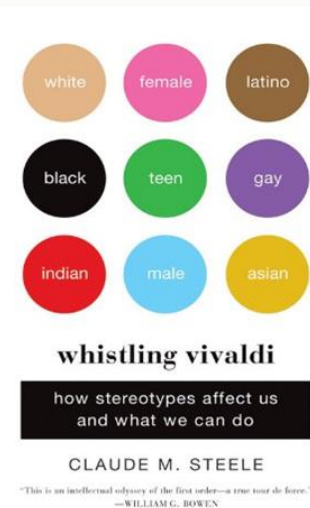
MIDWIFERY AS PART OF AN OBSTETRIC SERVICE COMMITTED TO CONSCIOUSNESS

In a supportive hospital environment, Midwifery becomes synonymous with respectful care. In many ways, because of the infusion of the tenants of Midwifery philosophy, even when not all midwives share the culture of the clients they serve, morbidities decrease and client satisfaction increases. Working along side Midwives, Doctors and Nurses that do hail from those cultures, and alongside humans that are committed to doing personal work to grow in birth and cultural consciousness serves to shift the trajectory of maternal birth experiences even further.

LET'S TALK MORE ABOUT THE MOVEMENT TOWARDS CONSCIOUSNESS

If you are committed to talking care of other humans it is important that you take an [Implicit Bias Test](#).

In addition, it's also important that you read the following texts, particularly those related to the childbearing experiences of Black women. Those who are really serious should undertake the task of decoding and processing with someone trained to help synergize the historical contents with modern day practice.





LET'S WRAP IT UP...

- Listen to women
- Inclusivity in Health Care
- Evidence-based, patient-centered care
- Transparency
- Accountability
- Establishing new learning modalities to truly understand the populations you serve
 - Epigenetics
 - Weathering
- ACCEPT that clinical education is insufficient to combat this crisis!!



MOVING FORWARD

- Severe Maternal Morbidity
- Support Local Efforts
- Increased Education
- Increased Training
- Improved Workforce
- Establishing a commitment to elevate standards that represent being Truly Wholistic