Addressing the Maternal Mortality Crisis and How Community Organizations Can Play a Key Role

January 24, 2024

12pm – 1:30pm

Welcome & Goals

Ashwini Lakshmanan, MD, MS, MPH, FAAP

Associate Professor, Department of Health Systems Science, Kaiser Permanente Bernard J. Tyson School of Medicine

Courtney Breault, MSN, RN, CPHQ

Associate Director of Quality at California Perinatal Quality Care Collaborative (CPQCC)

Webinar Objectives

1. Understand California's maternal mortality data and CMQCC's perinatal equity projects.
2. Provide a space to support listening to families to better understand the family & patient perspective and learn about patient & family advocacy.
3. Increase knowledge around determinants of health inequities in maternal health.
4. Explore the role of community organizations in connecting families.

Agenda

TIME	TOPIC	SPEAKER
12pm - 12:05pm	Welcome and Intros	Ashwini Lakshmanan, MD, MPH & Courtney Breault, MSN, RN, CPHQ
12:05pm - 12:20pm	California maternal mortality data and a brief glimpse into CMQCC's perinatal equity projects	Amanda P. Williams, MD, MPH, FACOG
12:20pm - 12:35pm	Family & patient perspective and touch on patient advocacy.	Mia Malcolm
12:35pm - 12:50pm	Determinants of health inequities focusing on maternal health. The role of racism in health policy development, health system design, and health care outcomes.	Alecia McGregor, PhD
12:50pm - 1:05pm	The role of community organizations and importance of connections.	Valencia Walker, MD, MPH
1:05pm - 1:25pm	Q&A Panel	ALL SPEAKERS
1:25pm - 1:30pm	Wrap up and closing	Ashwini Lakshmanan, MD, MPH & Courtney Breault, MSN, RN, CPHQ

Speakers

Amanda P. Williams, MD, MPH, FACOG
Clinical Innovation Advisor, CMQCC

Mia Malcolm
Program Manager for Patient Family Centered Care & DEIB Advisor, St. Louis Children's Hospital

Alecia McGregor, PhD
Assistant Professor of Health Policy and Politics Health Policy and Management, Harvard University

Valencia P. Walker, MD, MPH
Vice Dean for Health Equity and Inclusion,
Geisinger Commonwealth School of Medicine

Continuing Education (CE) Credit for RNs

Perinatal Advisory Council:
Leadership, Advocacy and Consultation

- CE credits have been approved for the **live attendance of today's session for RNs**
- The Perinatal Advisory Council: Leadership, Advocacy and Consultation (PAC/LAC) is an approved provider by the California Board of Registered Nursing Provider CEP 5862
- Please contact Courtney Breault (courtney@cpqcc.org) regarding any questions related to the RN-CE credits, grievances, or in order to request accommodations for disabilities

STEP ONE

SIGN IN

Please chat in your name to sign into today's session

STEP TWO

EVALUATION

A QR code and link will be provided at the end of the live session

California Maternal Morbidity and Mortality Through an Equity Lens

Amanda Williams, MD, MPH, FACOG
Clinical Innovation Advisor
California Maternal Quality Care Collaborative
Adjunct clinical associate professor
Department of Obstetrics and Gynecology
Stanford University School of Medicine

Disclosures

- Medical Director, Mahmee
  - *venture backed, tech-enabled pregnancy and postpartum wrap around services company aimed at elevating maternal health equity and supplementing traditional perinatal care*
- Clinical Advisor, RiskLD
  - *obstetric alerts and decision support software*

PROPUBLICA Graphics & Data Newsletters About

Racial Justice Health Care Politics Immigration More...

Summer Fundraiser Deadline: Friday. Donate Now.

LOST MOTHERS

Maternal Care and Preventable Deaths

The U.S. has the highest rate of deaths related to pregnancy and childbirth in the developed world. Half of the deaths are preventable, victimizing women from a variety of races, backgrounds, educations and income levels.

FEATURED

We're Investigating How Insurance Gaps Endanger Mothers. This Is Why.

Women are getting kicked off Medicaid quickly after giving birth or aren't qualifying for care to begin with.

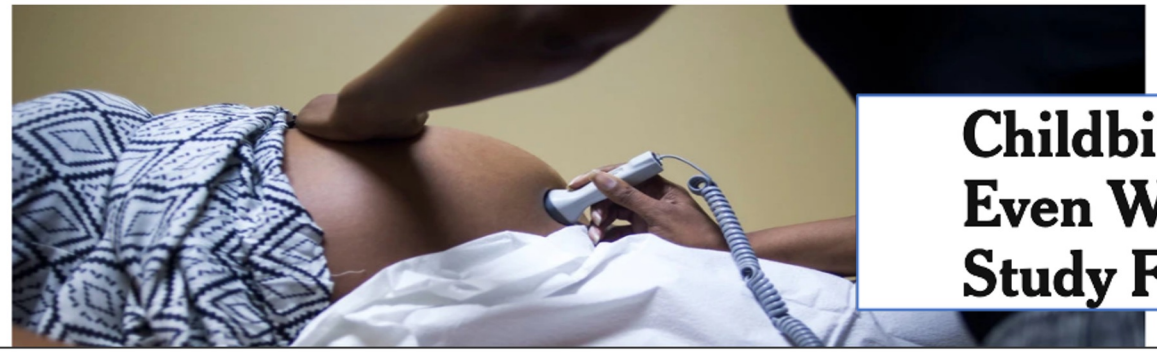
by Nina Martin, ProPublica, and Julia Belluz, Vox, April 25, 2019, 5 a.m. EDT

Nothing Protects Black Women

The New York Times

Huge Racial Disparities Found in Deaths Linked to Pregnancy

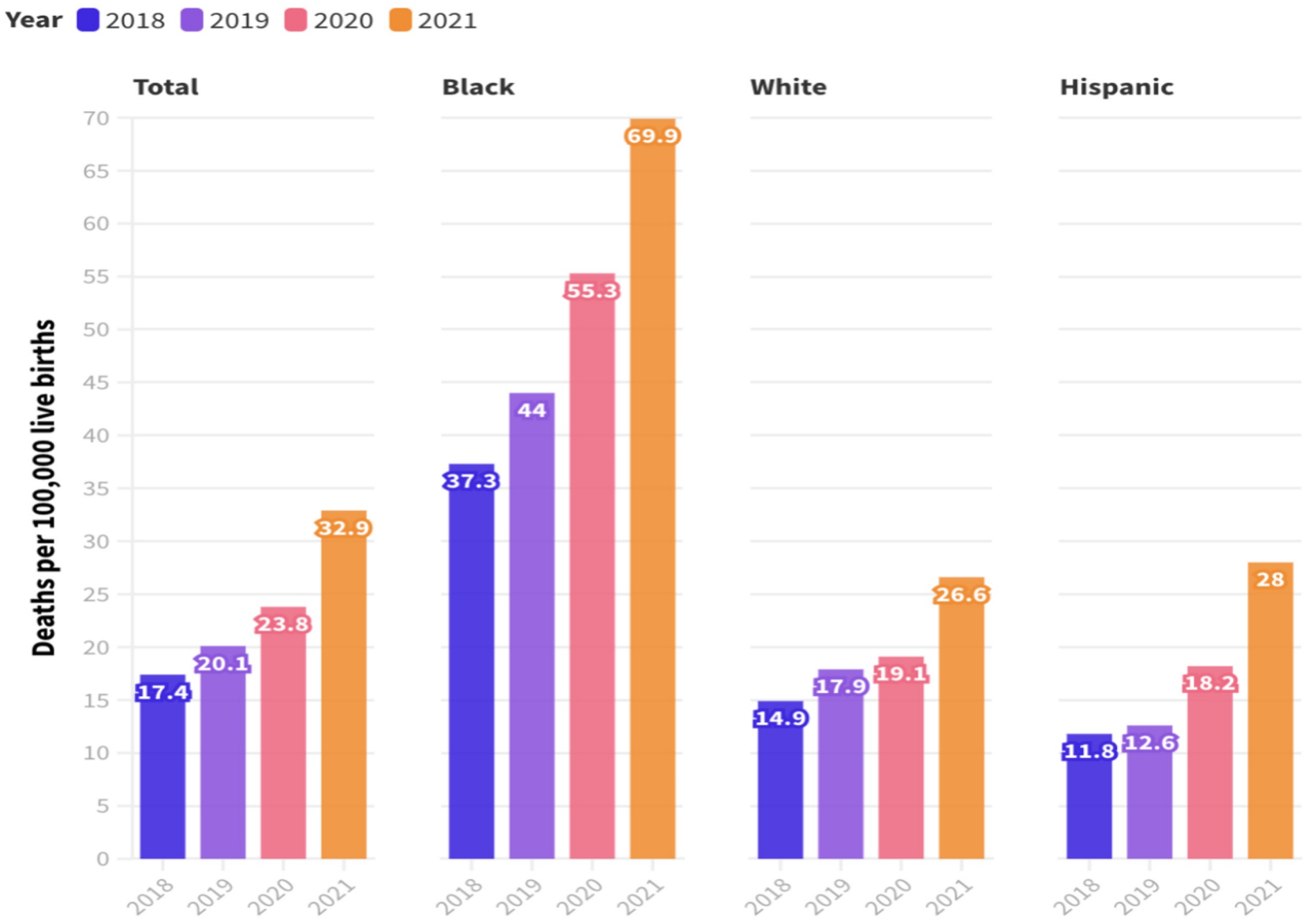
African-American, Native American and Alaska Native women are about three times more likely to die from causes related to pregnancy, compared to white women in the United States.



Childbirth Is Deadlier for Black Families Even When They're Rich, Expansive Study Finds

U.S. Maternal Mortality Rates by Race and Ethnicity, 2018-2021

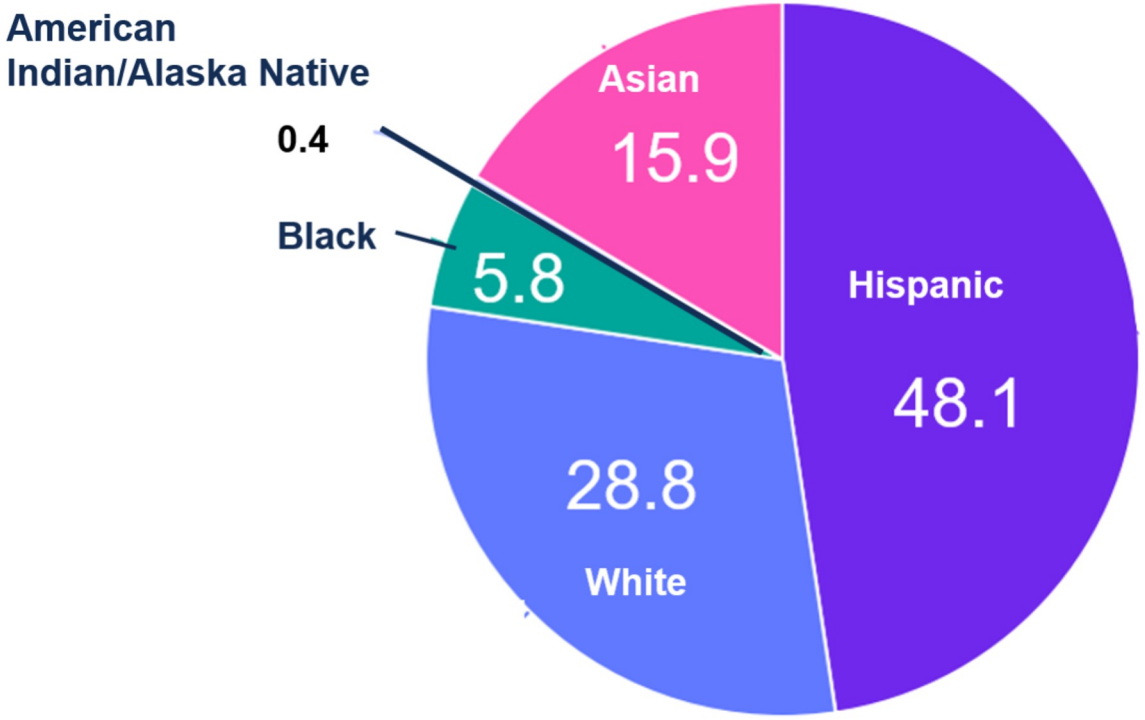
CMQCC



Source: National Center for Health Statistics, National Vital Statistics System, Mortality • Visualization: E. Otwell, D.L. Hoyert/Division of Vital Statistics/National Center for Health Statistics

California: Births by race/ethnicity 2018-2020

2020 Total California Births: 420,259



1 in 8 US Births are in CA

MARCH OF DIMES

All race categories exclude Hispanics. Percentages will not total 100 percent since missing ethnicity data are not shown.

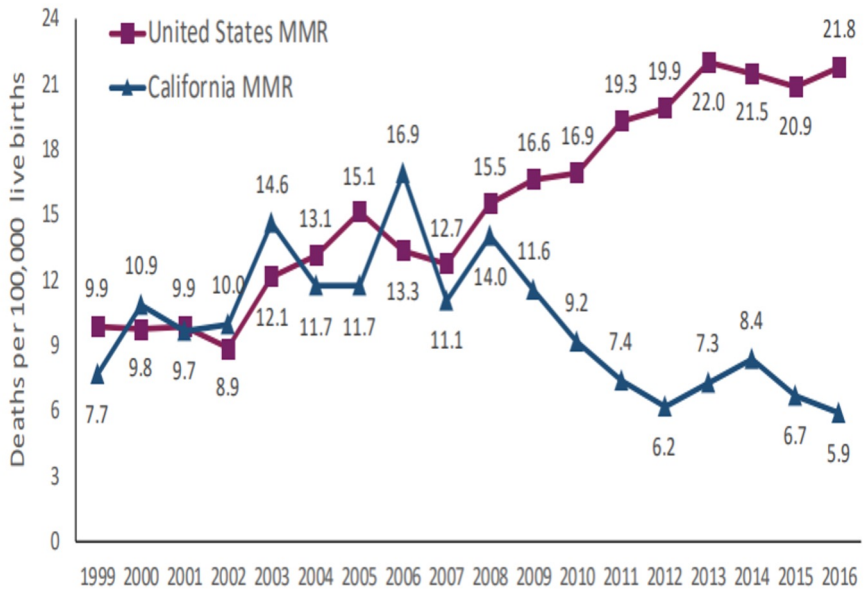
National Center for Health Statistics, final natality data. Retrieved March 29, 2023, from www.marchofdimes.org/peristats.

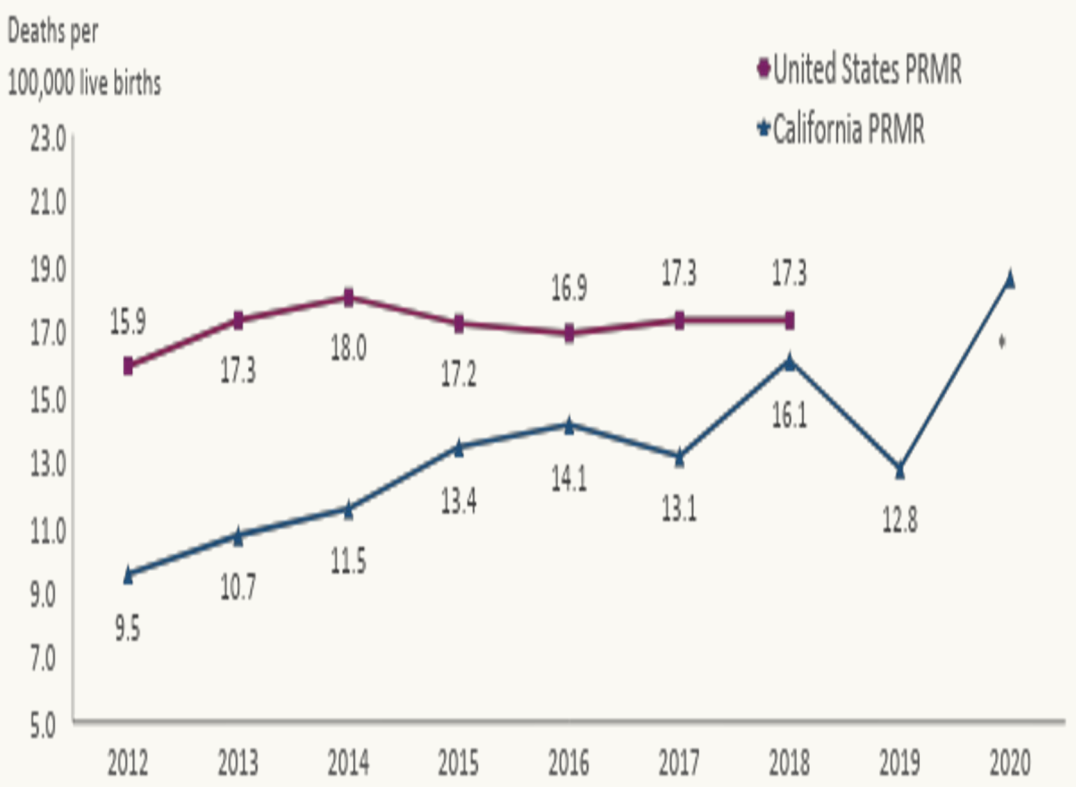
Pregnancy-Related Mortality Ratio in U.S. and California 1999-2020

CA-PMSS 2021

CDPH | mcah

Figure 1: Maternal Mortality Ratio in U.S. and California, 1999-2016





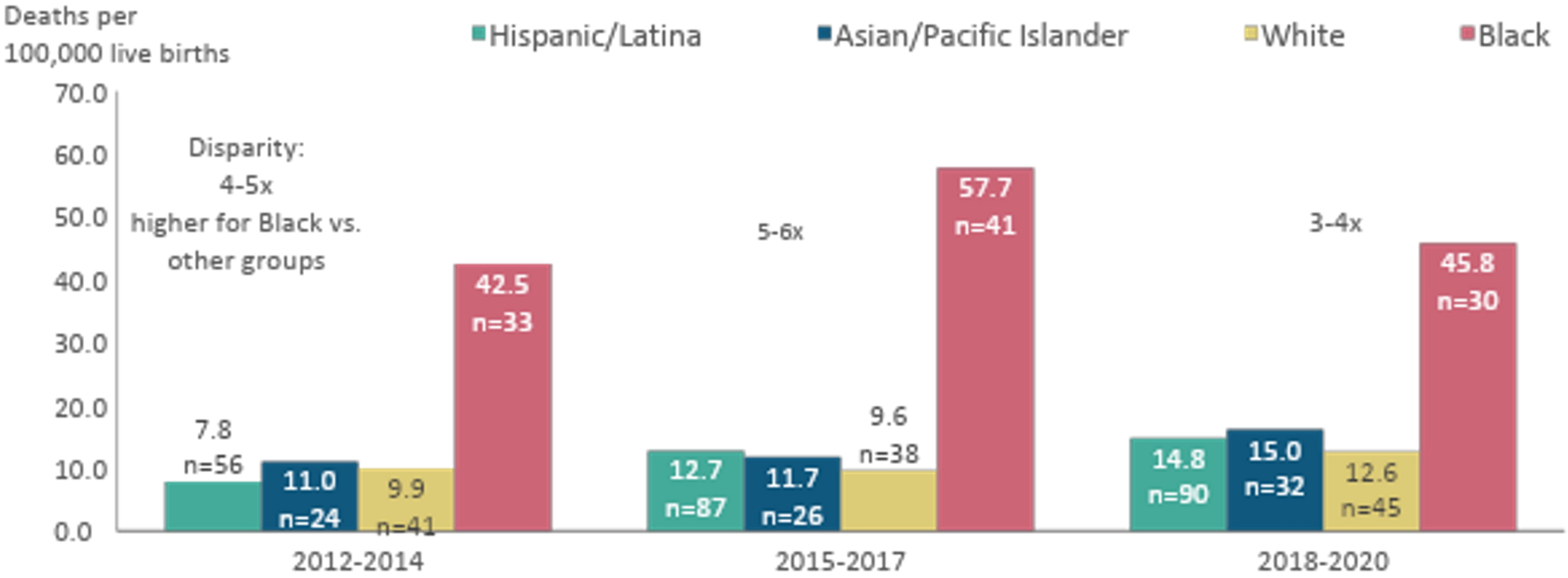
Pregnancy-related mortality ratio (PRMR) = Number of pregnancy-related deaths per 100,000 live births, up to one year after the end of pregnancy. Pregnancy-relatedness determinations were made through a structured expert committee case review process. Data on U.S. PRMR are published by CDC Pregnancy Mortality Surveillance System (accessed at Pregnancy Mortality Surveillance System | Maternal and Infant Health | CDC on February 7, 2023).

* The 2020 PRMR is significantly higher than the PRMRs in 2012 and 2013

cpqcc

Pregnancy-Related Mortality Ratio by Race/Ethnicity

California 2012-2020

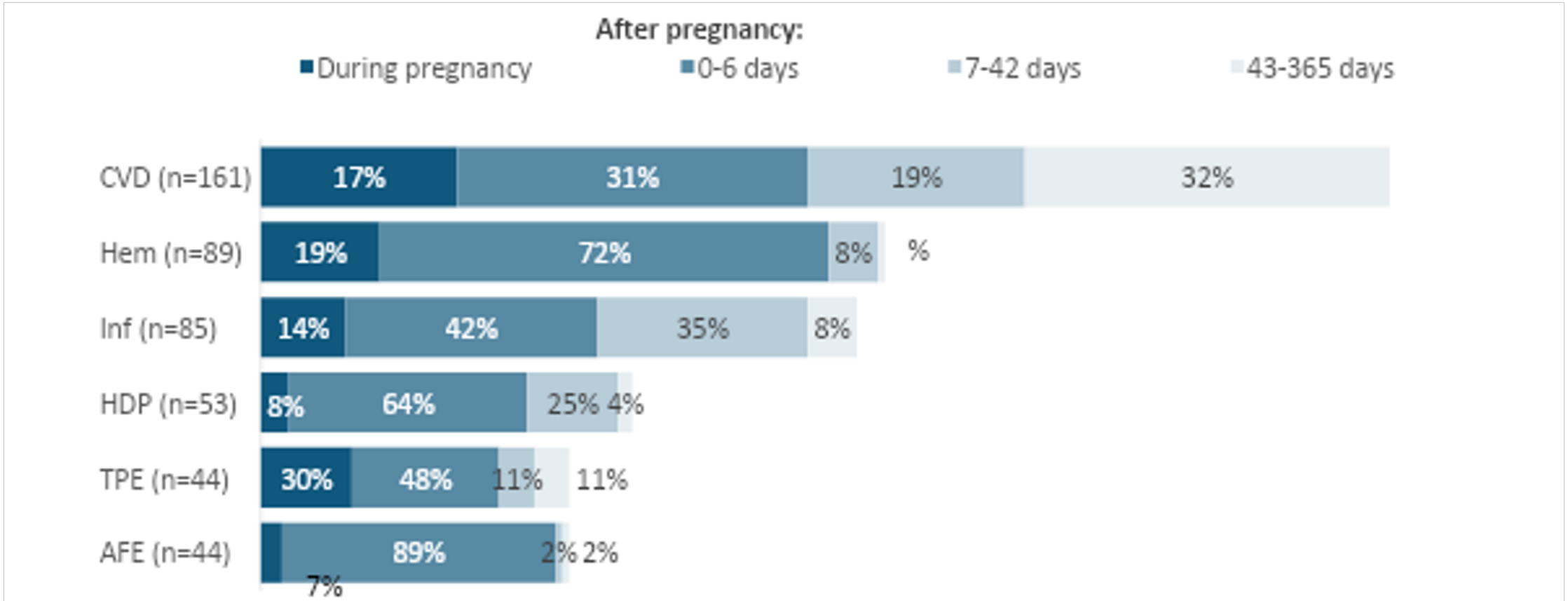


Pregnancy-related mortality ratio (PRMR) = Number of pregnancy-related deaths per 100,000 live births. Pregnancy-related deaths include deaths within a year of pregnancy from causes related to or aggravated by the pregnancy or its management, as determined by expert committee review.

CDPH | mcah

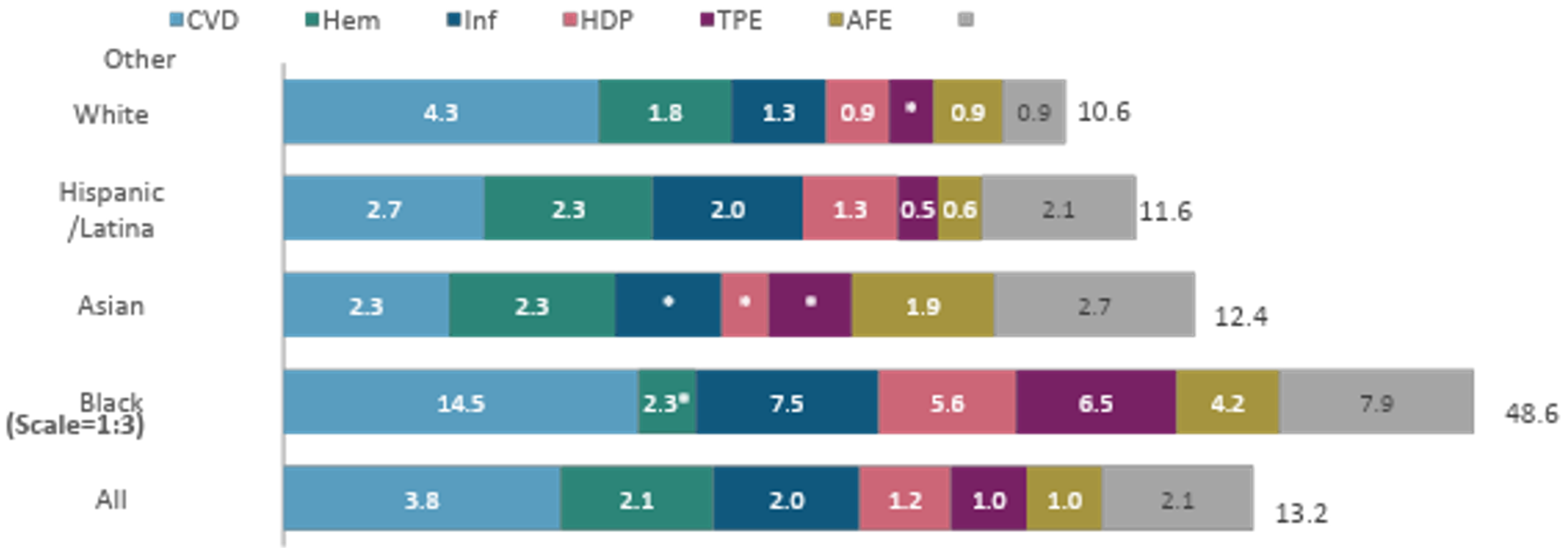
cpqcc

Pregnancy-Related Deaths by Cause and Timing to Death
California 2012-2020 (N=564)



Pregnancy-related deaths include deaths within a year of pregnancy from causes related to or aggravated by the pregnancy or its management, as determined by expert committee review. Abbreviations: CVD = Cardiovascular disease; Hem = Hemorrhage; Inf = Sepsis or infection; HDP = Hypertensive disorders of pregnancy; TPE = Thrombotic pulmonary embolism; ; AFE = Amniotic fluid embolism. *Note: Deaths not shown in the above figure were from cerebrovascular accidents (26), anesthesia (10), other medical causes (78) and undetermined (4).*

Pregnancy-Related Mortality Ratio by Race/Ethnicity and Cause - California 2012-2020 (N=564)



Pregnancy-related mortality ratio (PRMR) = Number of pregnancy-related deaths per 100,000 live births. Pregnancy-related deaths include deaths within a year of pregnancy from causes related to or aggravated by the pregnancy or its management, as determined by expert committee review. Abbreviations: CVD = Cardiovascular disease; Hem = Hemorrhage; Inf = Sepsis or infection; HDP = Hypertensive disorders of pregnancy; TPE = Thrombotic pulmonary embolism; AFE = Amniotic fluid embolism. PRMRs of American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Multiple-race and other races are not shown due to small counts

* Unstable ratio; n<10

Comprehensive Approach to Addressing Disparities

CMQCC Initiatives & Projects in Partnership

Anemia

Community Birth Partnership

- Team-Based Care
- Midwife Integration
- Partnering with Doulas
- Improving Transfer of Care

Preeclampsia: Low-Dose Aspirin Campaign

CA Department of Public Health Pregnancy-Associated Review Committee

Sepsis

Post Partum Re-design

Pilot Birth Equity Initiative Tools Used By Five Pilot Hospitals

Move Beyond Implicit Bias Training

- Hospital Action Guide for Respectful and Equity Centered Care

Instill accountability

- Sharing "Commitment to Safe and Equitable Care"
- Collection of patient narratives/stories

Practice Active Listening

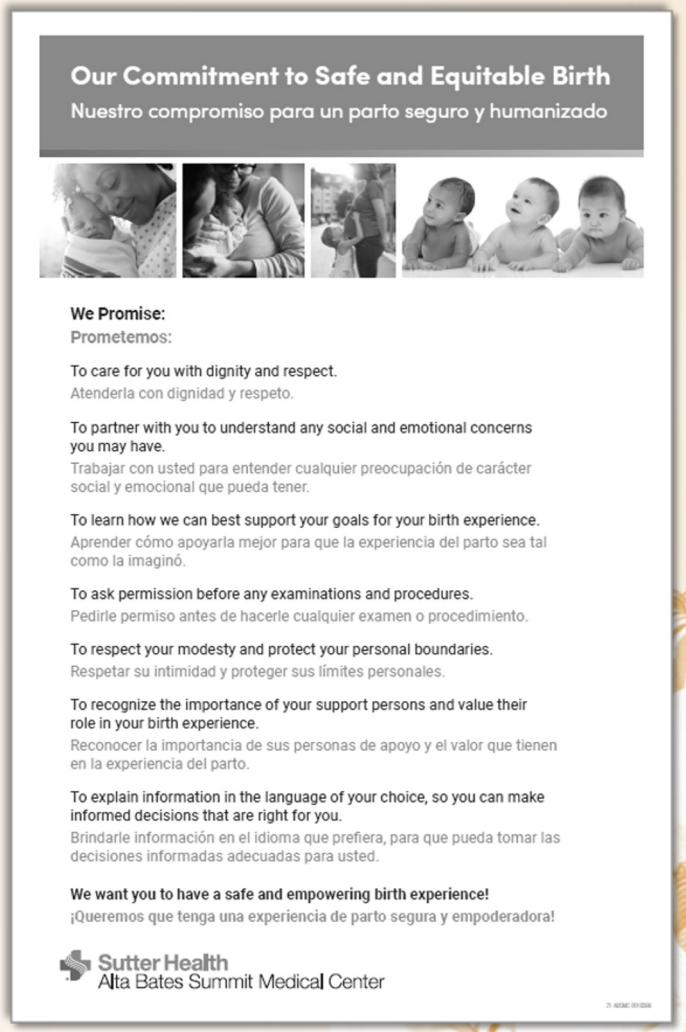
- CDC Hear HER Campaign

Use Data to Drive Change

- Stratify outcomes by race/ethnicity (CMQCC Maternal Data Center)

Change Unit Culture

- Culture of equity survey
- Address microaggressions



Our Commitment to Safe and Equitable Birth

Nuestro compromiso para un parto seguro y humanizado

We Promise:

Prometemos:

To care for you with dignity and respect.
Atenderla con dignidad y respeto.

To partner with you to understand any social and emotional concerns you may have.
Trabajar con usted para entender cualquier preocupación de carácter social y emocional que pueda tener.

To learn how we can best support your goals for your birth experience.
Aprender cómo apoyarla mejor para que la experiencia del parto sea tal como la imaginó.

To ask permission before any examinations and procedures.
Pedirle permiso antes de hacerle cualquier examen o procedimiento.

To respect your modesty and protect your personal boundaries.
Respetar su intimidad y proteger sus límites personales.

To recognize the importance of your support persons and value their role in your birth experience.
Reconocer la importancia de sus personas de apoyo y el valor que tienen en la experiencia del parto.

To explain information in the language of your choice, so you can make informed decisions that are right for you.
Brindarle información en el idioma que prefiera, para que pueda tomar las decisiones informadas adecuadas para usted.

We want you to have a safe and empowering birth experience!
¡Queremos que tenga una experiencia de parto segura y empoderadora!

Sutter Health
Alta Bates Summit Medical Center

New maternal health **equity** tools for CMQCC California member hospitals

CMQCC

Equity Tool - Hospital Action Guide for Respectful and Equity-Centered Obstetric Care

Launched July 2023

- ✓ **Resources and tools to guide to get started or continue equity-centered care.**

- ✓ **Modules will include resources for:**
  - ✓ **Understanding the Need for Birth Equity**
  - ✓ **Identify Opportunities for Collecting and Sharing Stratified Data and Patient Experience and Outcomes**
  - ✓ **Examine Current Equity Practices**
  - ✓ **Leverage Patient Care Process and Outcome Data to Address Obstetric Disparities**
  - ✓ **Create a Culture of Respectful Care**
  - ✓ **Build Partnerships with the Community**

Equity Tool - CMQCC Learning Initiative for Supporting Vaginal Birth with an Equity Lens

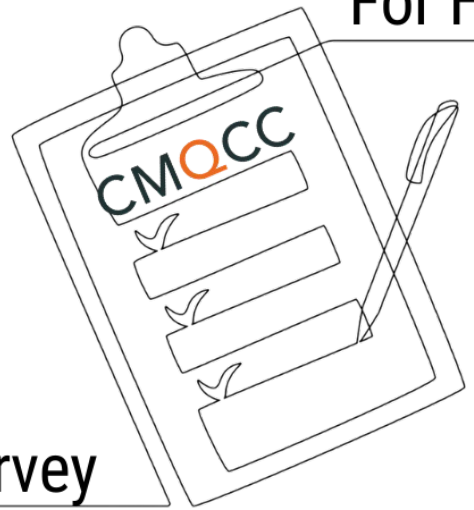
Launched May 2023

- ✓ **Reduce disparities in NTSV Cesarean rates through a renewed focus on NTSV structure/process metrics and introducing equity-based concepts and tools.**
- ✓ **Plan: Conduct Learning Initiative rounds for 18 months staggering new rounds every 9 months with 2 cohorts in each round.**
- ✓ **Curriculum to follow CMQCC Hospital Action Guide**
- ✓ **CDC grant funded initiative for 5 years beginning September 30, 2022 – 2027**

Equity Tool - Culture of Equity Survey

Launched October 2023

For Hospital Teams



Culture of Equity Survey

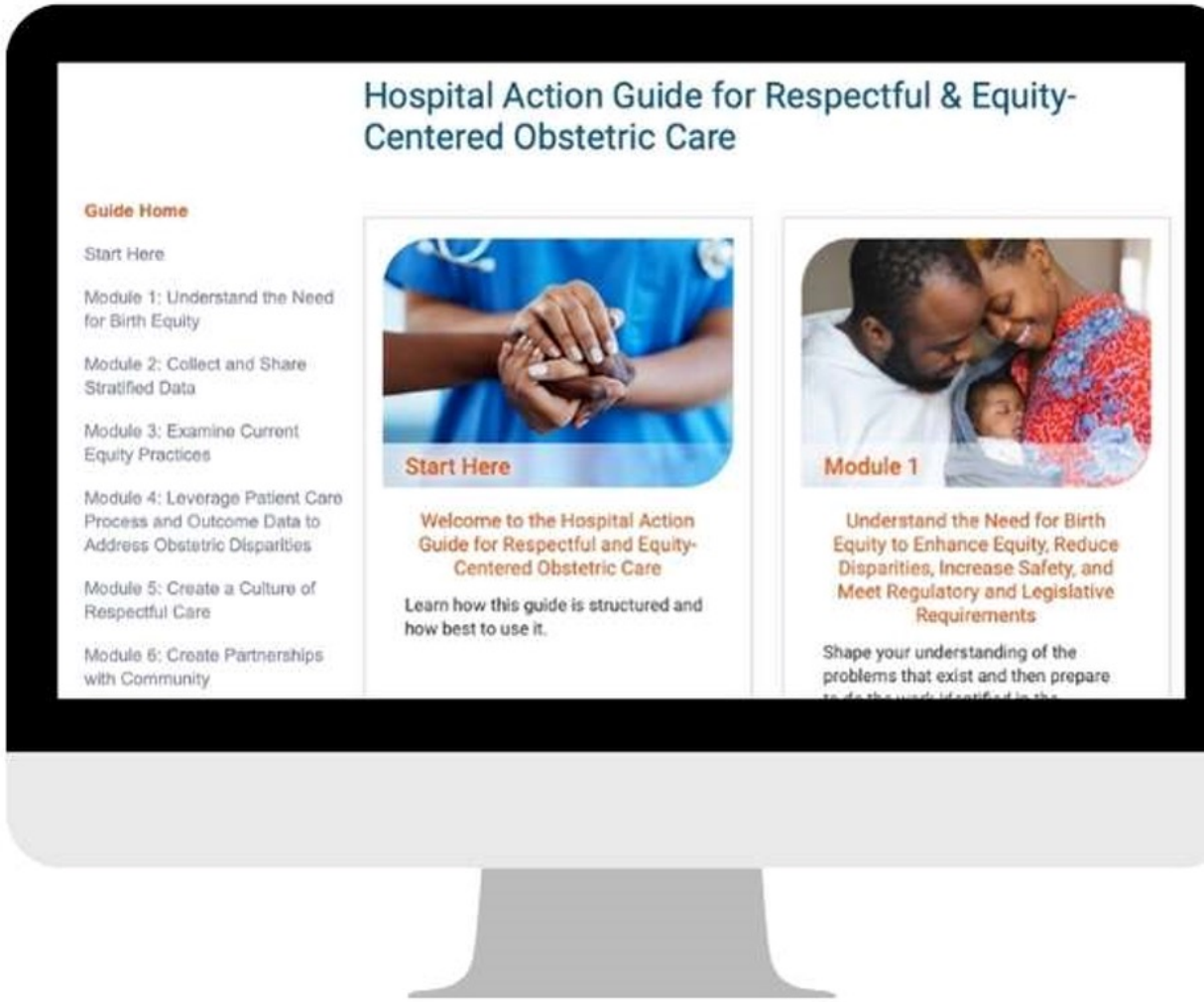
- ✓ **Designed to be administered to units to understand team members' perspectives on equity**

- ✓ **Survey captures perspectives on and experiences with:**
  - ✓ **Bias**
  - ✓ **Comfort addressing bias, racism, and disrespectful care**
  - ✓ **Healthcare team members' behaviors toward patients and other staff members**
  - ✓ **Shared decision-making with patients**
  - ✓ **Experience with microaggressions, bias, and racism**
  - ✓ **Organizational structure that supports respectful and equity-centered care**

New Equity Tool

Now Available to California Hospitals

CMQCC



Module Overview

Start Here

Welcome to the Hospital Action Guide for Respectful and Equity-Centered Obstetric Care

Learn how this guide is structured and how best to use it.

Module 1

Understand the Need for Birth Equity to Enhance Equity, Reduce Disparities, Increase Safety, and Meet Regulatory and Legislative Requirements

Shape your understanding of the problems that exist and then prepare to do the work identified in the following modules.

Module 2

Identify Opportunities for Collecting and Sharing Stratified Data on Patient Experience and Outcomes

Learn how both quantitative and qualitative data play a role in your quality improvement efforts.

Module 3

Examine Current Equity Practices to Implement Informed and Meaningful Action

Address policies, procedures and practices that can foster respectful care.

Module 4

Leverage Patient Care Process and Outcome Data to Address Obstetric Disparities

Connect Your Data to the Work

Module 5

Create a Culture of Respectful Care

Commit to Respectful, Equitable and Safe Care

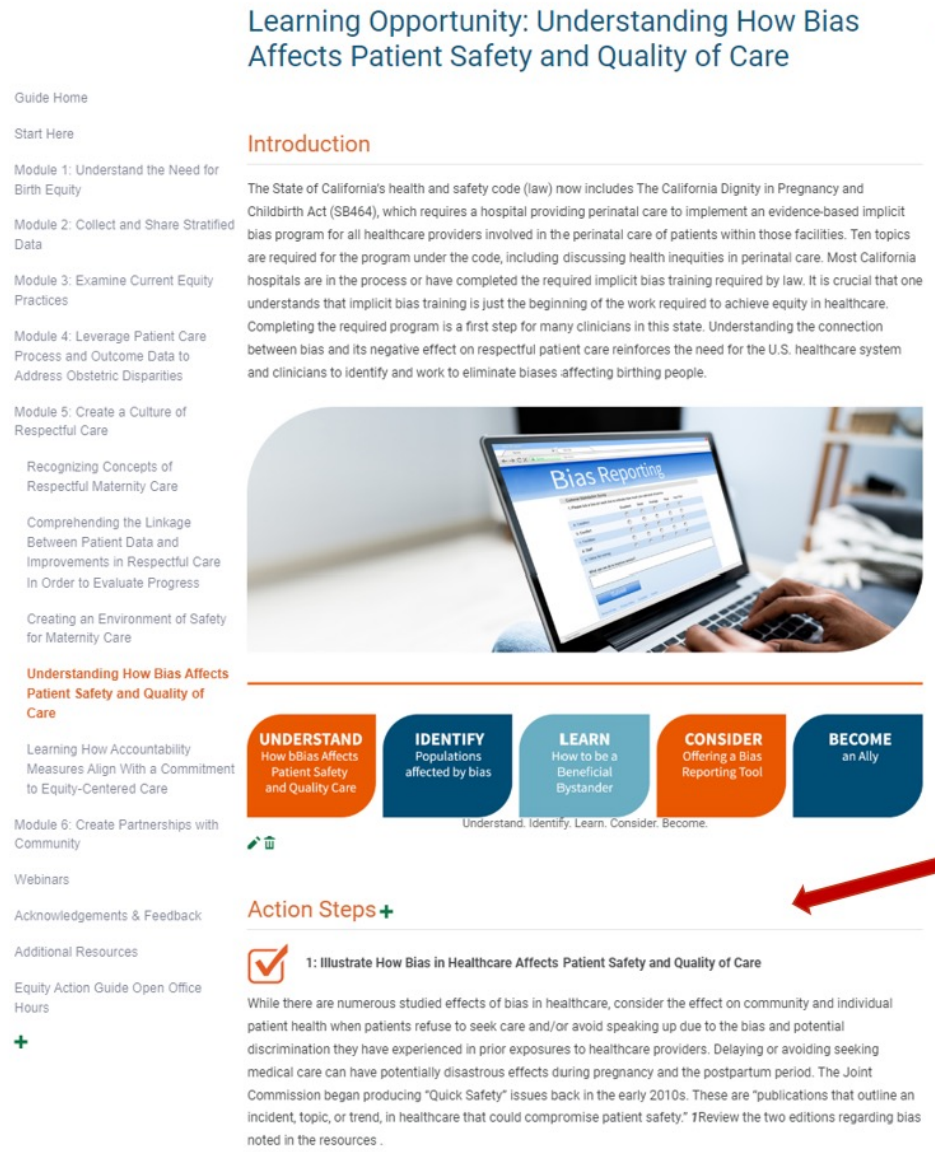
Module 6

Integrating Community Collaboration in Quality Care Initiatives

Tools and examples for creating and sustaining meaningful engagement.

Learning Opportunities & Action Steps

Module 5: Create a Culture of Respectful Care



Guide Home

Start Here

Module 1: Understand the Need for Birth Equity

Module 2: Collect and Share Stratified Data

Module 3: Examine Current Equity Practices

Module 4: Leverage Patient Care Process and Outcome Data to Address Obstetric Disparities

Module 5: Create a Culture of Respectful Care

- Recognizing Concepts of Respectful Maternity Care
- Comprehending the Linkage Between Patient Data and Improvements in Respectful Care In Order to Evaluate Progress
- Creating an Environment of Safety for Maternity Care
- **Understanding How Bias Affects Patient Safety and Quality of Care**
- Learning How Accountability Measures Align With a Commitment to Equity-Centered Care

Module 6: Create Partnerships with Community

Webinars

Acknowledgements & Feedback

Additional Resources

Equity Action Guide Open Office Hours

+

Learning Opportunity: Understanding How Bias Affects Patient Safety and Quality of Care

Introduction

The State of California's health and safety code (law) now includes The California Dignity in Pregnancy and Childbirth Act (SB464), which requires a hospital providing perinatal care to implement an evidence-based implicit bias program for all healthcare providers involved in the perinatal care of patients within those facilities. Ten topics are required for the program under the code, including discussing health inequities in perinatal care. Most California hospitals are in the process or have completed the required implicit bias training required by law. It is crucial that one understands that implicit bias training is just the beginning of the work required to achieve equity in healthcare. Completing the required program is a first step for many clinicians in this state. Understanding the connection between bias and its negative effect on respectful patient care reinforces the need for the U.S. healthcare system and clinicians to identify and work to eliminate biases affecting birthing people.

Understand. Identify. Learn. Consider. Become.

Action Steps +

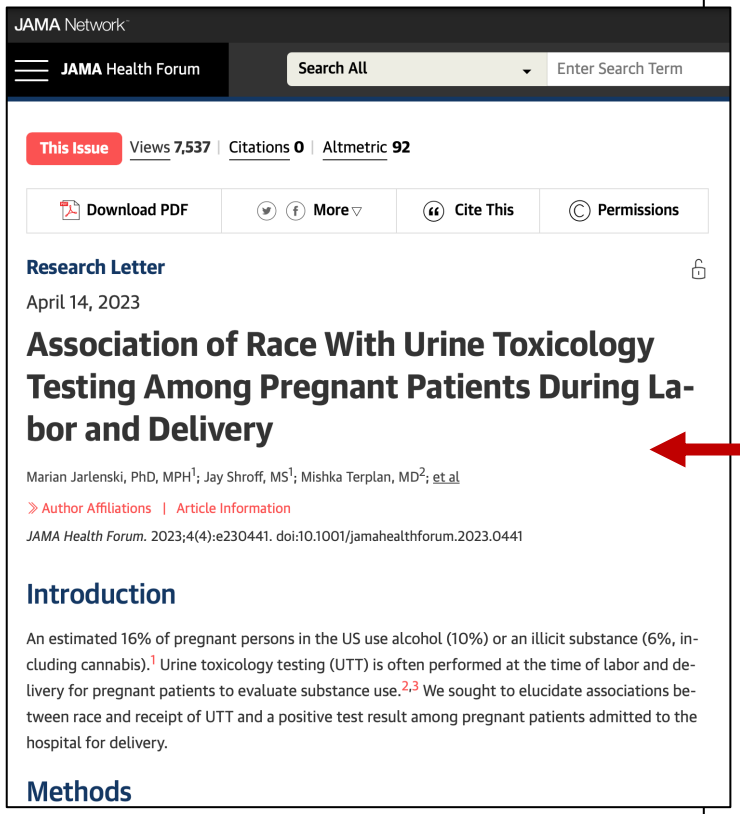
1: Illustrate How Bias in Healthcare Affects Patient Safety and Quality of Care

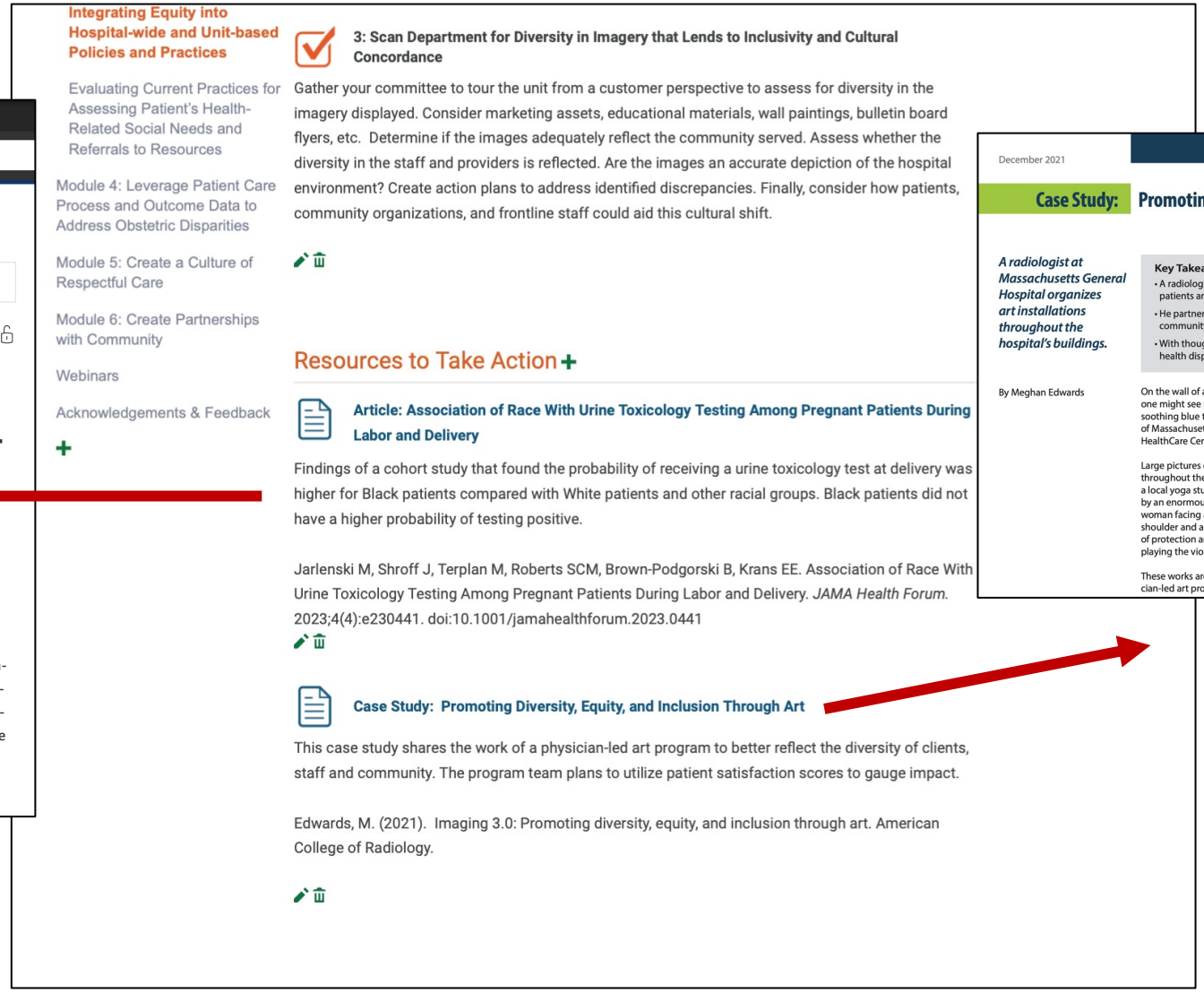
While there are numerous studied effects of bias in healthcare, consider the effect on community and individual patient health when patients refuse to seek care and/or avoid speaking up due to the bias and potential discrimination they have experienced in prior exposures to healthcare providers. Delaying or avoiding seeking medical care can have potentially disastrous effects during pregnancy and the postpartum period. The Joint Commission began producing "Quick Safety" issues back in the early 2010s. These are "publications that outline an incident, topic, or trend, in healthcare that could compromise patient safety." †Review the two editions regarding bias noted in the resources .

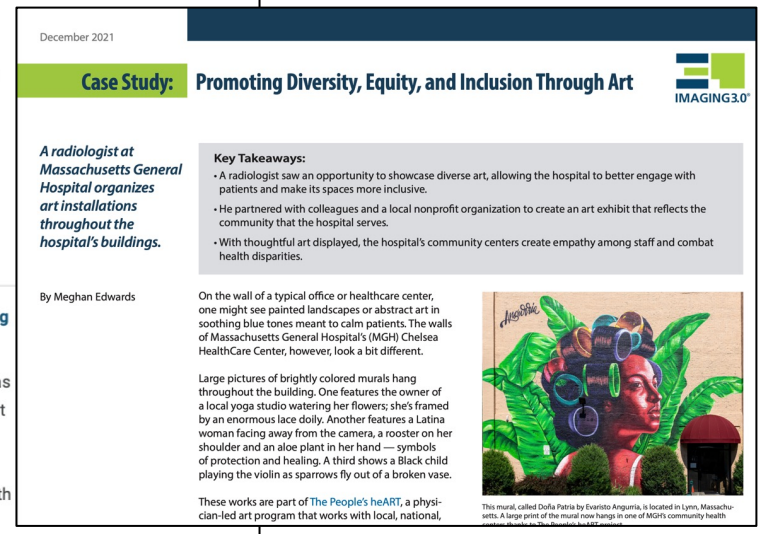
Learning Opportunity: Understanding How Bias Affects Patient Safety and Quality of Care

Action Step 1: Illustrate How Bias in Healthcare Affects Patient Safety and Quality of Care

Resources to Take Action







Optimization

- Based on feedback
- More patient voices & stories
- New resources identified in the learning initiative
- Usage data
- New learnings
- General content improvement

Additional Support

CMQCC Equity Hospital Action Guide Open Office Hours for California Hospitals

Clinical team members will host monthly office hours to support California hospitals as they engage with the *Hospital Action Guide for Respectful & Equity-Centered Obstetric Care*

SCAN ME

Office Hours will be the first Wednesday of the month, 1- 2 p.m.

Register today by scanning the QR or using the link:

https://tinyurl.com/equityofficehours

CMQCC
California Maternal
Quality Care Collaborative

Copy URL

Low Dose Aspirin Campaign Webinar Series - Discussing Risk Respectfully
Recorded Webinar(link is external) and slide set
Presented by: Amanda Williams, MD, MPH; Melinda Kent, MSN-Ed, RNC-OB, C-EFM, C-ONQS; Lindsay du Plessis, DrPH, MPH; Emily McCormick, MPH, RNC-MNN, C-ONQS, IBCLC, CMQCC. 12/7/23

Let's Talk Perinatal Equity Webinar Series for California Hospitals
November Topic: Patient Experience Baseline Assessments & Respectful Care
Recorded Webinar(link is external) and slide set
Presented by: Kim Gregory, MD, MPH; Sharilyn Kelly, DNP, MSN/MSHA, RN, NE-BC, C-ONQS, RNC-OB; Terri Deeds, RN, MSN, NE-BC, C-CONQS; Amanda Williams, MD, MPH, FACOG; Christa Sakowski, MSN, RN, C-ONQS, C-EFM, CLE. 11/15/23

The Role of Community Birth in Improving Outcomes: Insights, Strategies, & Tools for an Integrated Care Continuum
Recorded Webinar(link is external) and slide set
Presented by Facilitator: Holly Smith, MPH, CNM, FACNM. Presenters: Silke Akerson, MPH, CPM, LDM, Blair Dudley, MPH. Panelists: Melissa Denmark, LM, CPM, Kimberly Durdin, LM, CPM, IBCLC, and Madeleine Wisner, LM, RM, IBCLC. 10/25/23

Partnering with Doulas to improve Perinatal Outcomes
Recorded Webinar(link is external) and **slide set**
Presented by Holly Smith, CNM, MPH, FACNM; Michelle Sanders, CD, CLEC; Ann Fulcher, CD, CLE: 8/30/2023

Let's Talk Perinatal Equity Webinar Series for California Hospitals
August Topic: Tools to Get Started
Recorded Webinar(link is external) and **slide set**
Presented by Terri Deeds, RN, MSN, NE-BC, C-CONQS; Amanda Williams, MD, MPH, FACOG; Kendra L. Smith, Ph.D., MPH; and Christa Sakowski, MSN, RN, C-ONQS, C-EFM, CLE: 8/24/2023

Tackling the midwife question: What is midwifery integration and why is it important for moms and birthing people in California? Webinar(link is external) and slide set
Presented by Holly Smith, CNM, MPH, FACNM, Sue Baelen, LM, CPM, Eva Goodfriend-Reaño, CNM, WHNP, IBCLC, Mimi Niles, PhD, MPH, CNM/LM; 5/9/2023.

Let's Talk Perinatal Equity and Moving Beyond Implicit Bias Training
May Topic: CMQCC's equity-centered initiatives
Recorded Webinar(link is external) and slide set
Presented by Christina Oldini, RN, MBA, CPHQ; Amanda Williams, MD, MPH, FACOG; Kendra L. Smith, Ph.D., MPH; Rev. Dr. Candace Kelly, D.Min., M.Div., BCC, GC-C; Leslie Kowalewski; 5/2/2023

Thank You!

We Look Forward to Your Questions & Feedback

CMQCC

California Maternal
Quality Care Collaborative

Follow us!

Facebook | Instagram | X | LinkedIn

Family & patient perspective and touch on patient advocacy

Mia Malcolm

Racial Inequities in Maternal Health Outcomes: The Role of the OB Closures

Alecia J. McGregor, Ph.D

CPQCC Conversation Circle

January 24, 2024

Motivation

- The U.S. is in a maternal health crisis
  - Staggering racial inequities
  - Rising mortality & morbidity

- Widespread loss of obstetric units across U.S.

- CDC, 2022: Over 80% of pregnancy related deaths are preventable

Alarming loss of OB units nationwide

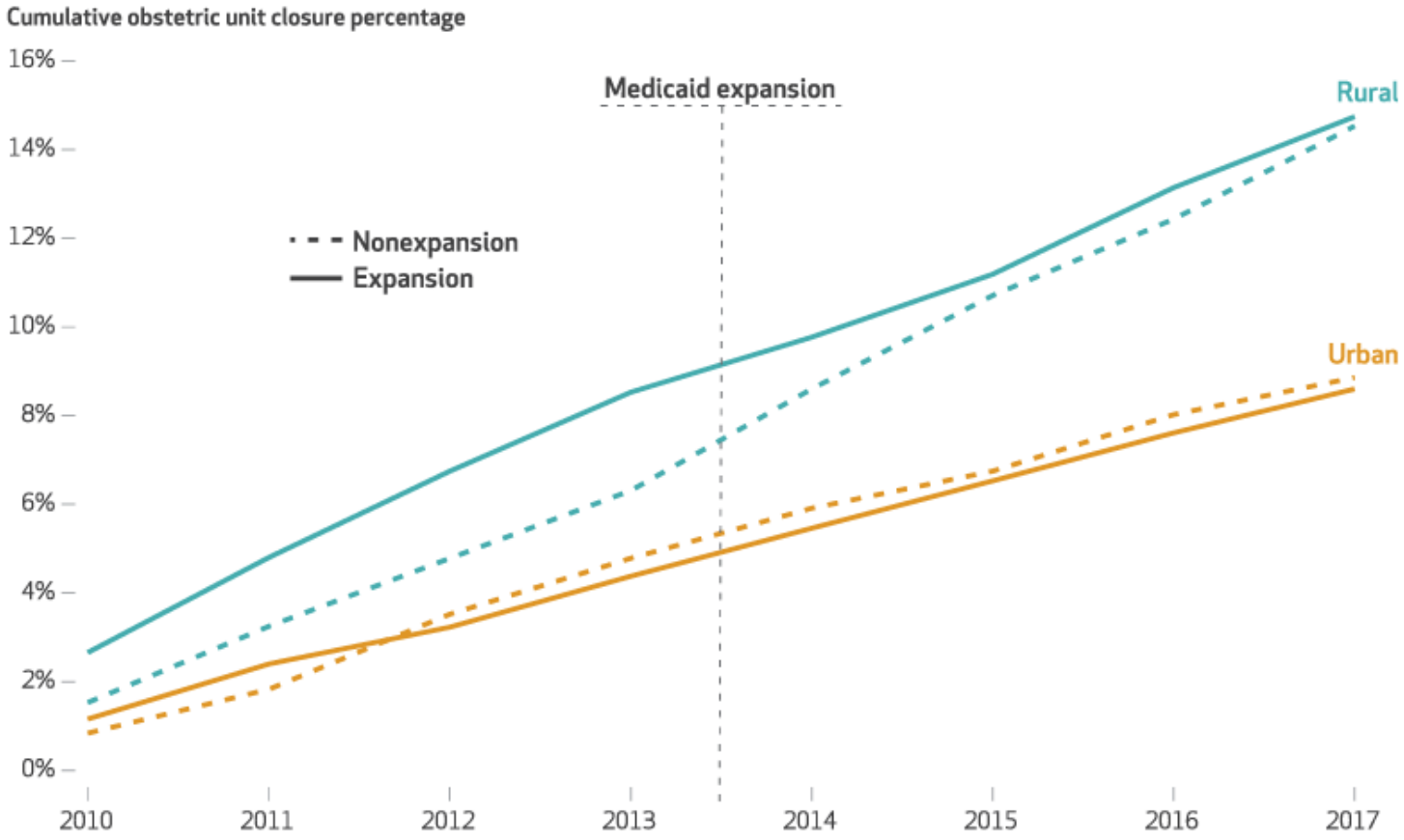
Between 2002 and 2013, more than 10% of all hospital OB Units closed (Hung 2017)

Via full closure of hospital, or closure of the OB department only.

Urban and rural communities affected

EXHIBIT 3

Unadjusted trends in rural and urban obstetric unit closure, by Medicaid expansion status, 2010–17



SOURCE Authors' analysis of data from the American Hospital Association, the Centers for Medicare and Medicaid Services, and the Census Bureau. **NOTES** $n = 23{,}338$. Sample includes obstetric hospitals, defined as hospitals providing obstetric services in at least one preexpansion year. Rural and urban groups are based on county-level designations from the Office of Management and Budget.

Carroll, C., Interrante, J. D., Daw, J. R., & Kozhimannil, K. B. (2022). Association Between Medicaid Expansion And Closure Of Hospital-Based Obstetric Services: *Health Affairs*, *41*(4), 531-539.

In California, trend is accelerating…

Since 2012, at least 46 maternity wards have closed in California (CalMatters, 2023)

27 of the closures occurred in the last three years

CA has seen a 21.7% decrease in the number of birthing hospitals between 2020 and 2019 (March of Dimes, 2023).

Health

As California maternity wards close, preterm birth rate rises

By Katie Hyson / Racial Justice and Social Equity Reporter
Contributors: Carlos Castillo / Video Journalist
Published August 14, 2023 at 5:57 PM PDT

Why are maternity wards closing?

OB units more vulnerable to closure due to:

- High costs
  - *High equipment and staffing costs*
  - *Malpractice insurance costs for OB-GYNs*
    - Lower volume of OB-GYNs
- Lower reimbursement rates
  - *Face a wide spectrum of payers, including Medicaid and uninsured patients*
- Declining birth volume and staff recruitment issues

Illustration: Annelise Capossela/Axios

What are the implications?

- **Prolonged travel time**
  - Delays at the time of delivery, and for pre-natal and postpartum care
- **Added burden for remaining OB Units**
  - Sharp increases in delivery volume
- **Greater risks for complications**
  - Especially for high-risk pregnancies
  - Time- sensitive outcomes
- **Worse health outcomes**
- **Higher costs for patients, families & the health care system**

Racial inequities & OB Closure

Likelihood of OB Unit loss

- Counties with a greater % of Black women of reproductive age have higher odds of losing OB care than their white counterparts (Hung et al 2017)

Outcomes

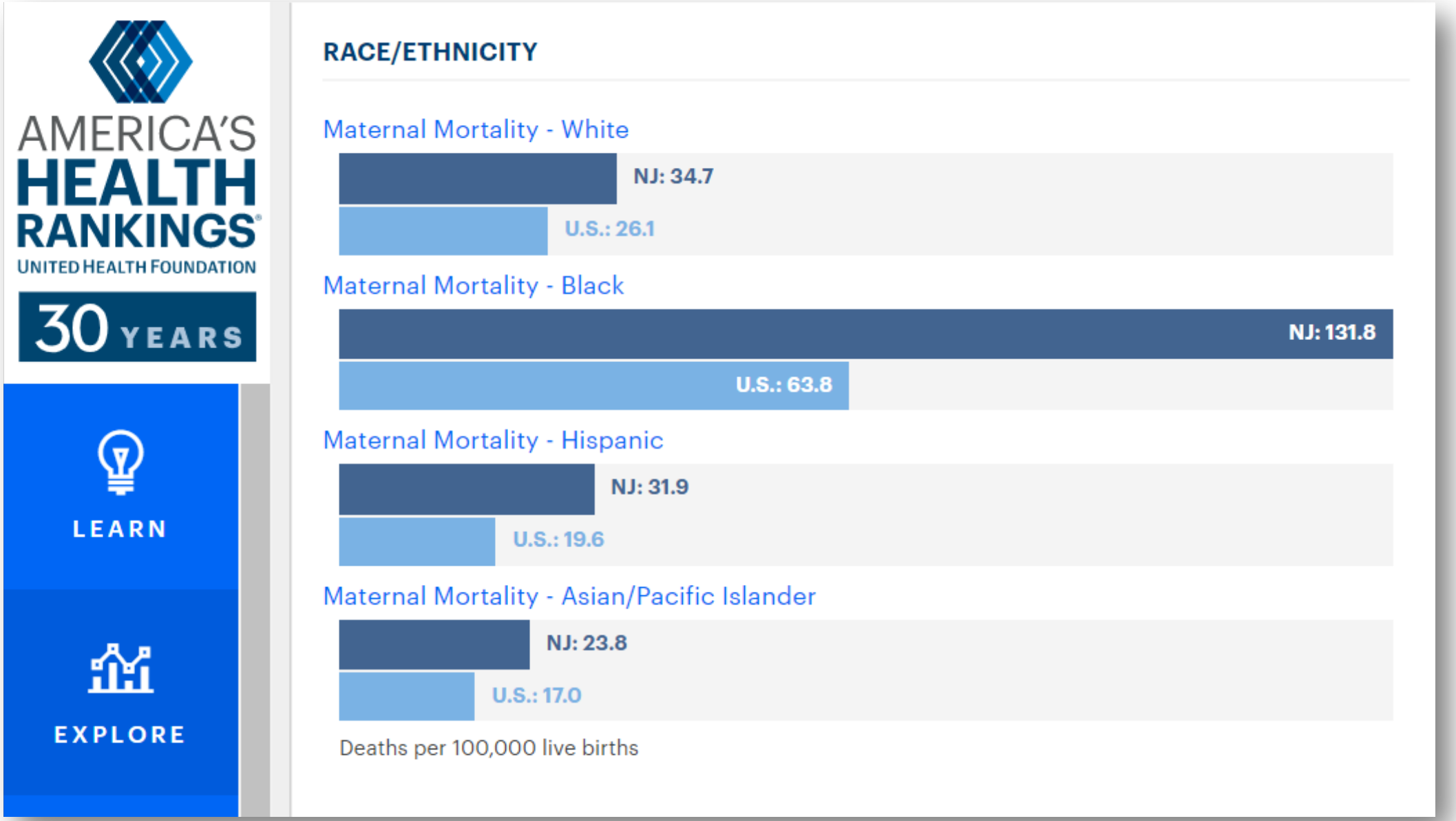
- Adverse infant health outcomes among Black women (VLBW, Low APGAR score) (Chatterji 2023)

Outcomes & Quality of Care

- Remaining OBs saw a spike in birth volumes and a shift in patient mix (Lorch 2014)
- Perinatal and neonatal outcomes worsened in the immediate aftermath of closures in PA county (Lorch 2013)

New Jersey

- Between 1992 and 2014, 26 acute care hospitals closed in the state of New Jersey
- No remaining maternity wards in Trenton, NJ
- Striking levels of economic inequality and stark patterns of racial residential segregation
- Relatively wealthy – among top ten states in per capita income
- Among the worst ranked states when it comes to maternal health outcomes

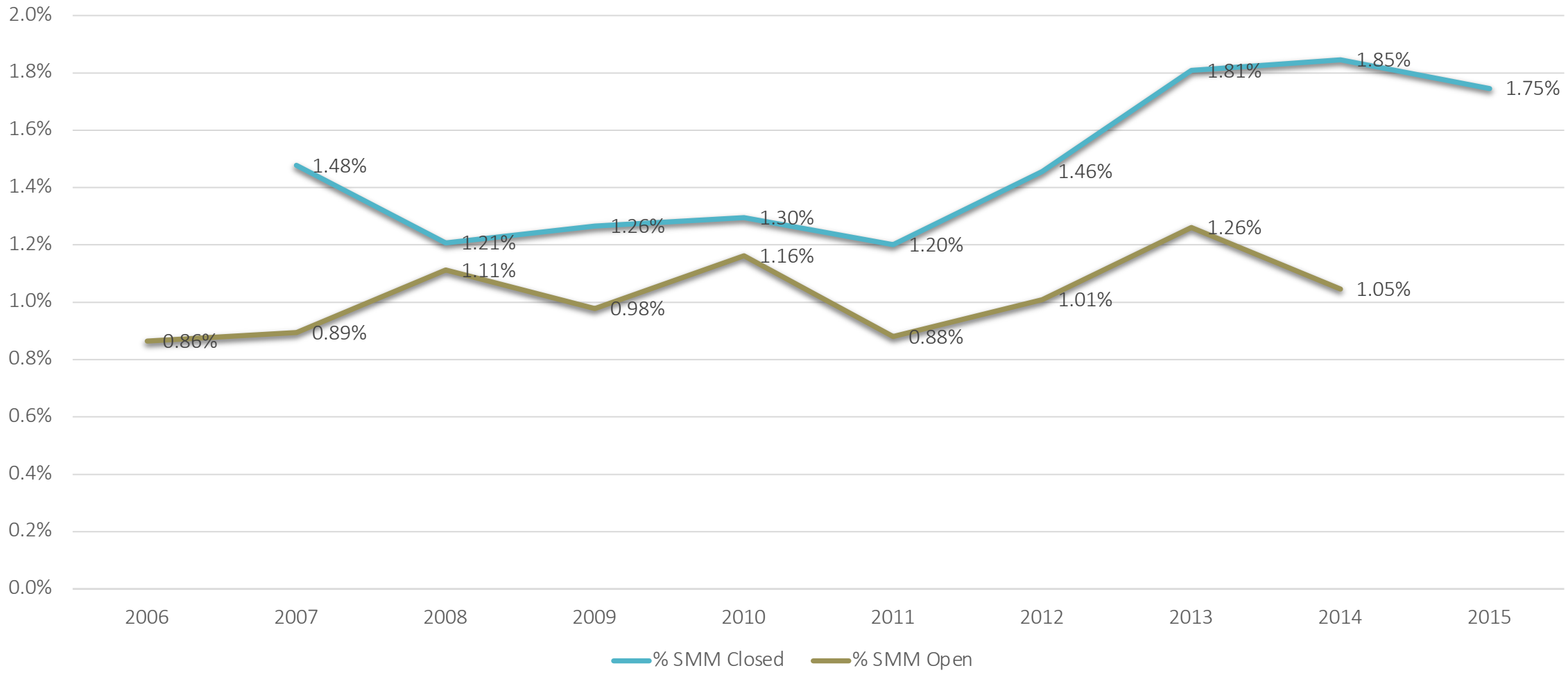


Data Source & Year(s): CDC WONDER Online Database, Mortality files, 2013-2017
Source: www.americashealthrankings.org

Findings: OB closures & SMM in NJ

- The loss of closest OB is significantly associated with patient SMM.
- SMM rates explained by hospital level characteristics (Black-serving OB)
- SMM increasing between 2006 and 2015
  - a low of .9% to a high of 1.75%
- Black - White gap in SMM is persistent
  - Hispanic- White gap emerges

%SMM in Deliveries Pre-Closure and Post-Closure of Nearest OB Unit, 2006 - 2015



Washington, DC

- *4 out of 9 - Maternity wards have closed in the last two decades.*
- *Leaving the only hospital obstetric units in NW- the most affluent section of the District.*
- *White households in DC have a net worth that is 81 times greater than Black households*

Washington, DC

Washington, DC's maternal mortality rate (36/100,000 births in 2018) is almost twice the national rate (20.7)

Black people made up 90% of all pregnancy related deaths between 2014 and 2018 (DC Maternal Mortality Review Committee, 2022).

Rate for Black birthing people was 70.9/100,000 compared to national Black MMR rate of 47.2/100,000

DC Hospitals by Ward

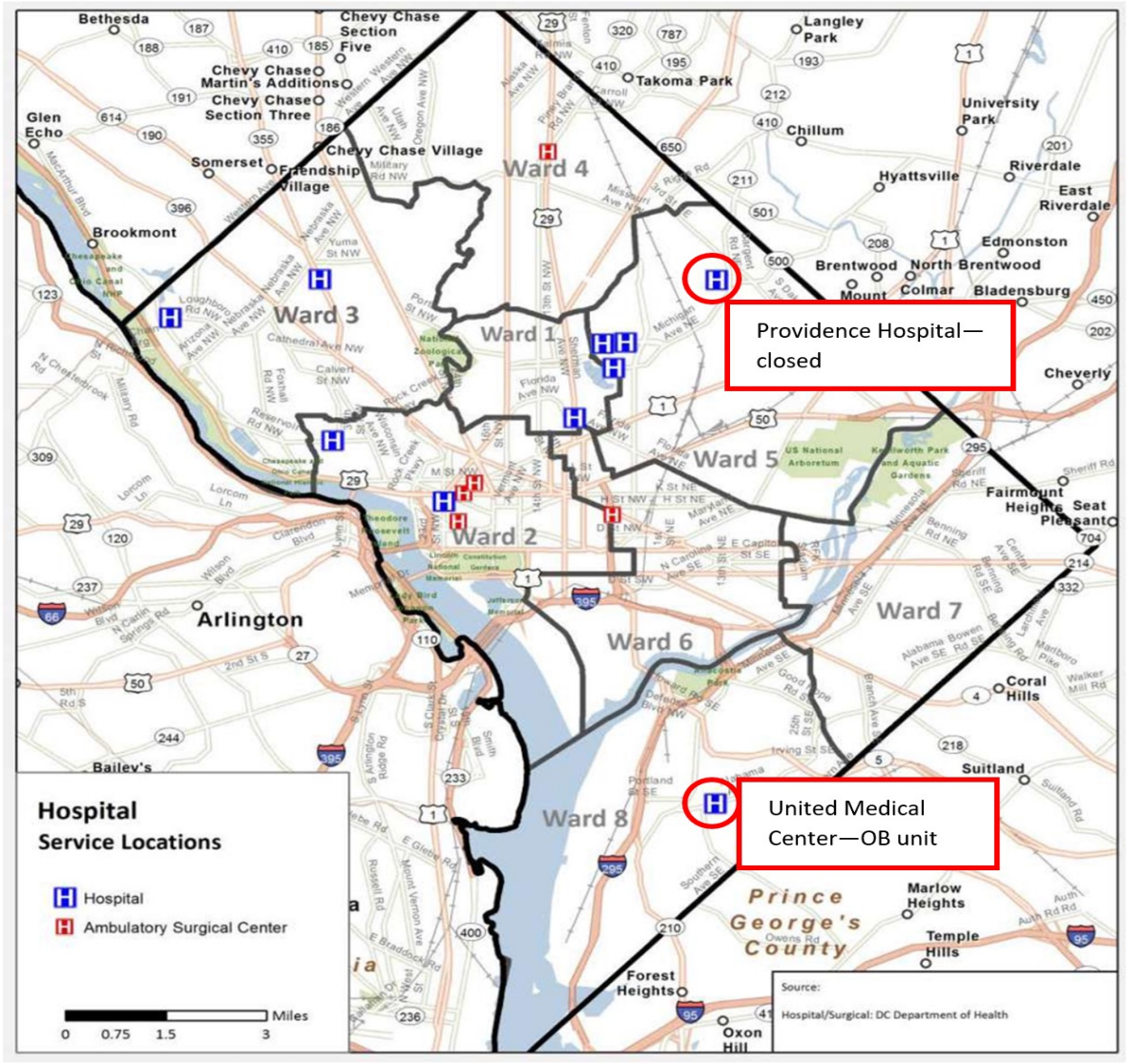
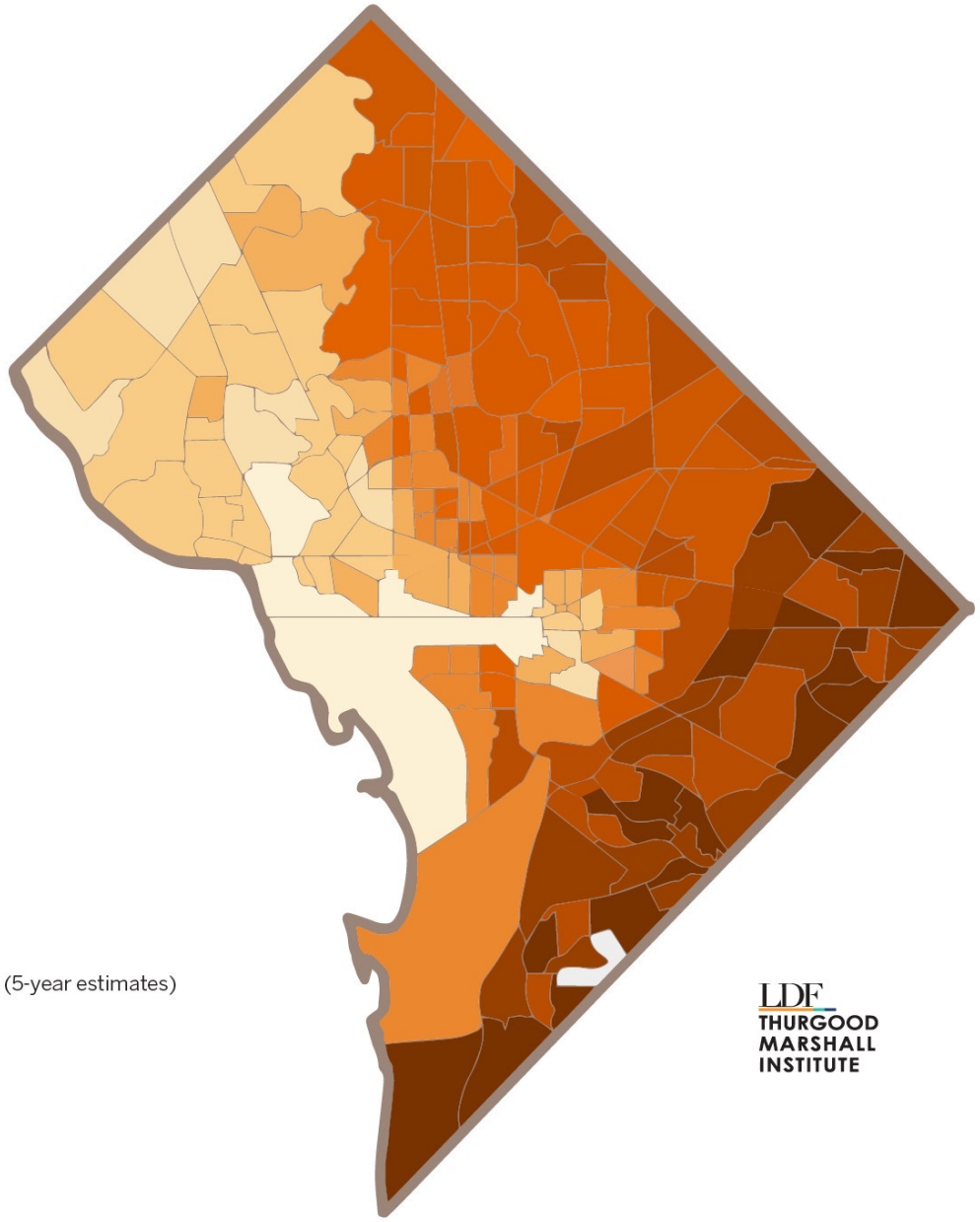


FIGURE 3.

Racial Demographics of Washington, DC, Neighborhoods

Percentage of Black residents by census tract in Washington, DC

- Insufficient data
- < 1%
- 1%-5%
- 5%-10%
- 10%-15%
- 15%-30%
- 30%-40%
- 40%-60%
- 60%-75%
- 75%-90%
- 90%-95%
- > 95%



Source: American Community Survey 2019 (5-year estimates)

LDF THURGOOD MARSHALL INSTITUTE

Emerging themes

Severe Capacity Constraints in DC System: Shortage of OB Beds, Birthing Rooms, and Maternity Care Staff.

Labor & Delivery Departments on Diversion compromising access and safety for birthing patients. Patients arriving via ambulance are more vulnerable.

Fragmentation of Care: Patients report seeing several different providers throughout their pregnancy, compared to pre-COVID experience.

Parking Costs & Availability: reported as major barrier to access at some DC OB hospitals.

Gentrification and Development perceived as driver of closure and hospital openings across DC.

Implications & Lessons Learned

- Broad support for community-based care that consists of a mix of birthing centers and home births (for low-risk candidates) & hospital-care.
- Doula support helpful to navigating constrained system.
- Need to enforce EMTALA laws, to reduce frequency of patients diverted in active labor.
- Financial support for parking and ride share services is a simple and low-cost measure to reduce risk for birthing patients.

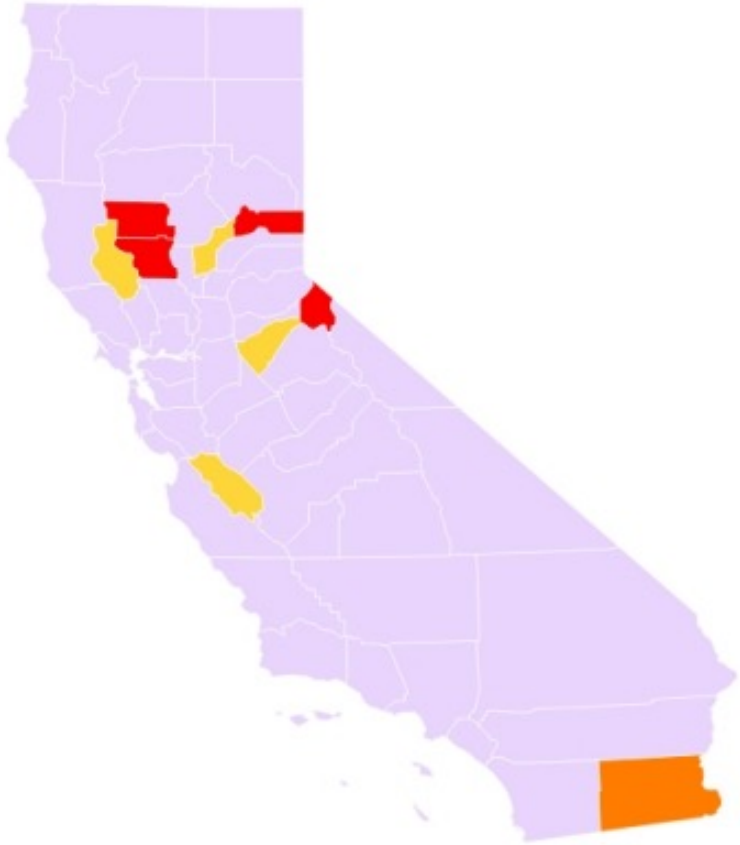
Q & A

Thank You!

amcgregor@hsph.harvard.edu

ACCESS TO MATERNITY CARE IN CALIFORNIA

Access to care during pregnancy and around the time of birth is not consistently available across the country. Hospital closures and a shortage of providers are driving changes in maternity care access, especially within rural areas and among Black, Indigenous, and people of color (BIPOC).[3] The level of maternity care access within each county is classified across California by the availability of birthing facilities, maternity care providers, and the percent of uninsured women (see table). The map shows that in California, 6.9 percent of counties are defined as maternity care deserts compared to 32.6 percent of counties in the U.S. overall.



FINDINGS

- In California, there was a 21.7% decrease in the number of birthing hospitals between 2020 and 2019.
- In California, there were 674 babies born in maternity care deserts, 0.2% of all births.
- 0.6% of babies were born to women who live in rural counties, while 0.4% of maternity care providers practice in rural counties in California.

The role of community organizations and importance of connections

Valencia Walker,

MD, MPH

How Community Organizations Can Play a Key Role

CPQCC IP23 Conversation Circle #3: Addressing the Maternal Mortality Crisis

January 24, 2024

Valencia P. Walker, MD, MPH, FAAP (She/Hers)
President, Board of Directors
Birthing the Magic Collaborative
hello@birthingmagic.org
@DrV_NeoMD

Disclosures

No Disclosures

Birthing the Magic COLLABORATIVE

ADDRESSING DISPARITIES:
THE SCIENCE BEHIND WHAT WE DESERVE

Recent Study: "Communication Barriers in Prenatal Care" for People of Color

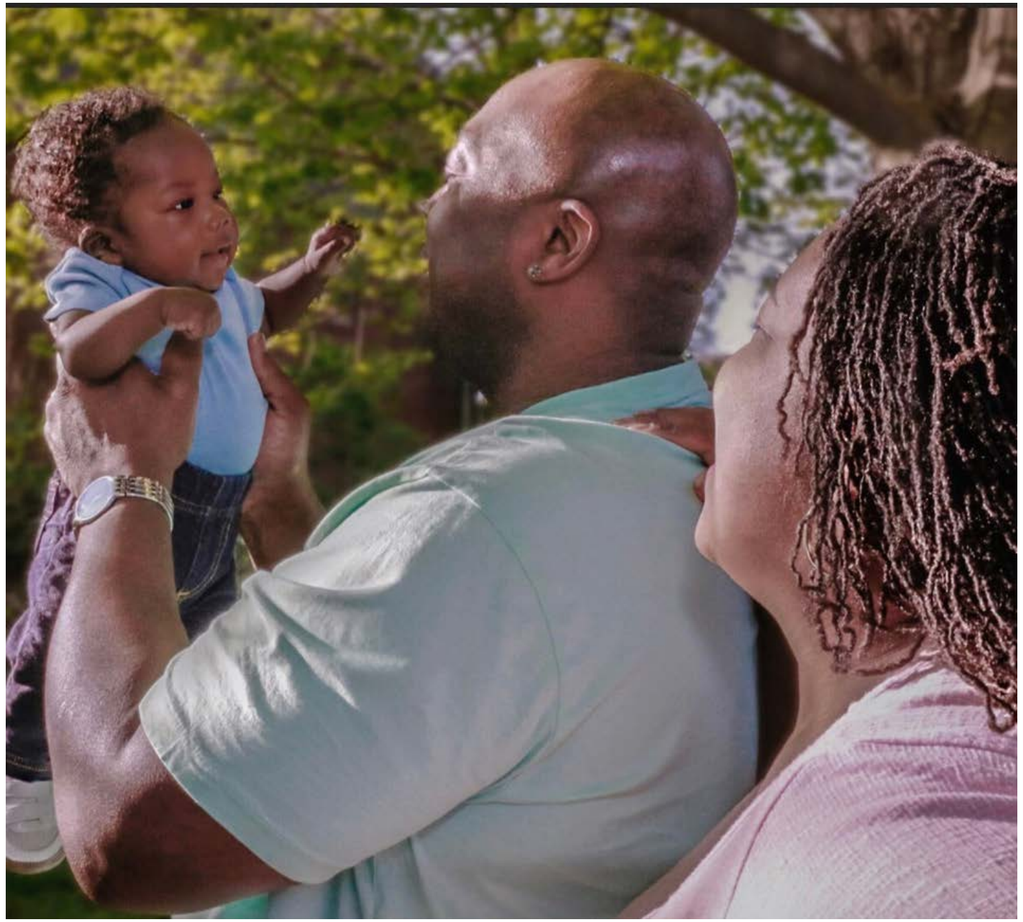
- A dedicated team of researchers conducted a comprehensive analysis
  - Key Themes Identified
    - Racism and Discrimination
    - Unmet Information Needs
- Impact on Communication
  - Discrimination complicates communication, especially for Black birthing people
  - Providers may overlook vital details and fail to address concerns
- Urgent Need for Intervention
  - Study highlights a concerning trend in prenatal care communication
  - Emphasizes the critical role of interventions

Study underscores the significance of proactive initiatives

Communication Between Pregnant People of Color and Prenatal Care Providers in the United States: An Integrative Review
Amy H. Goh CNM, MPhil, Molly R. Altman CNM, PhD, MPH, Lucinda Canty CNM, PhD, Joyce K. Edmonds PhD, MPH, RN

Birthing the Magic COLLABORATIVE


Birthing the Magic
COLLABORATIVE



ABOUT US

Birthing the Magic Collaborative is a culturally attuned and responsive community that provides free virtual education on pregnancy, birth, and infant care.

OUR OBJECTIVE

To empower melanated mamas and those who care for them with comprehensive knowledge within a supportive and inclusive environment.

Our village seeks to integrate education with community support seamlessly.

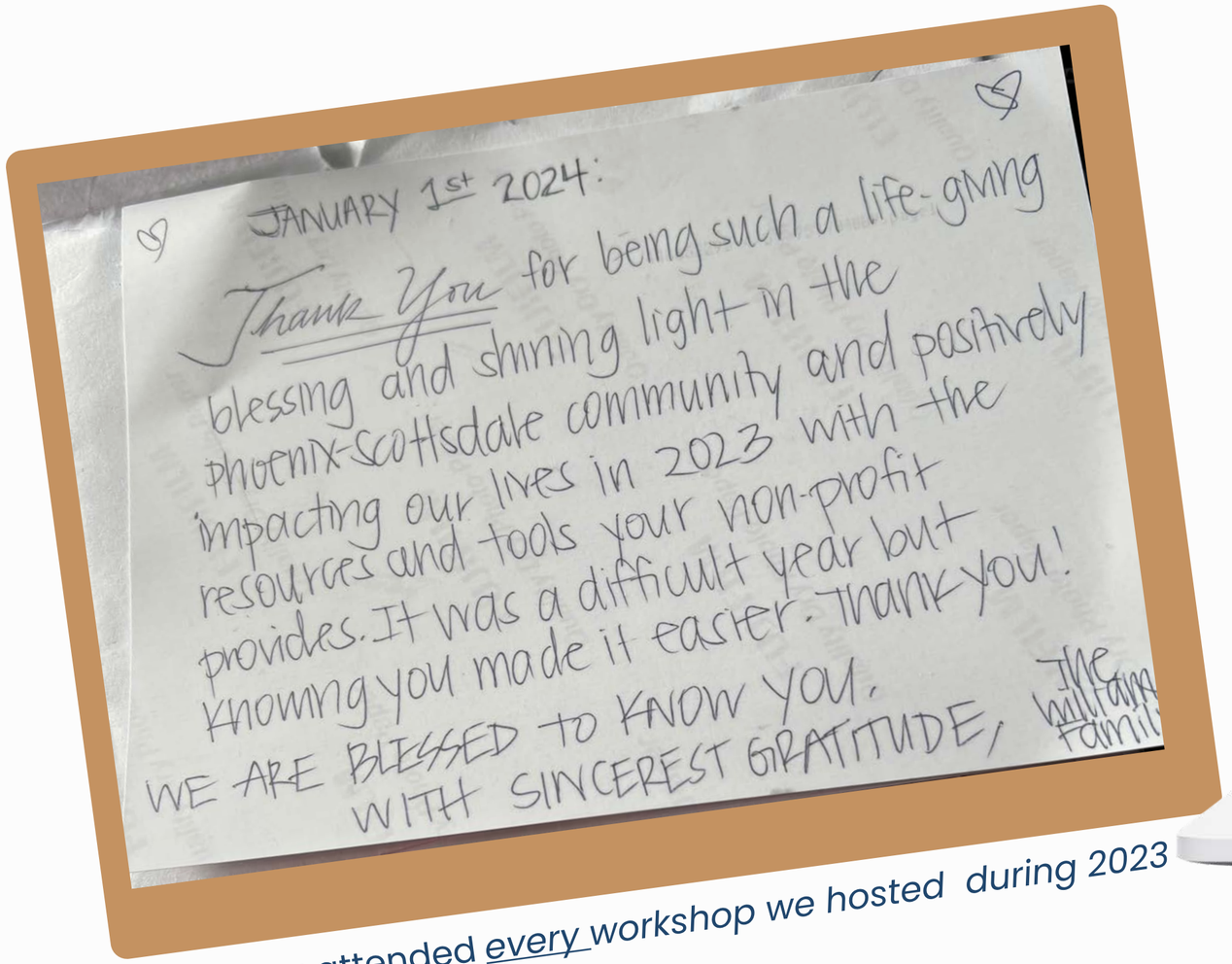
Birthing the Magic COLLABORATIVE

CELEBRATING SUCCESS AND ACKNOWLEDGING CHALLENGES

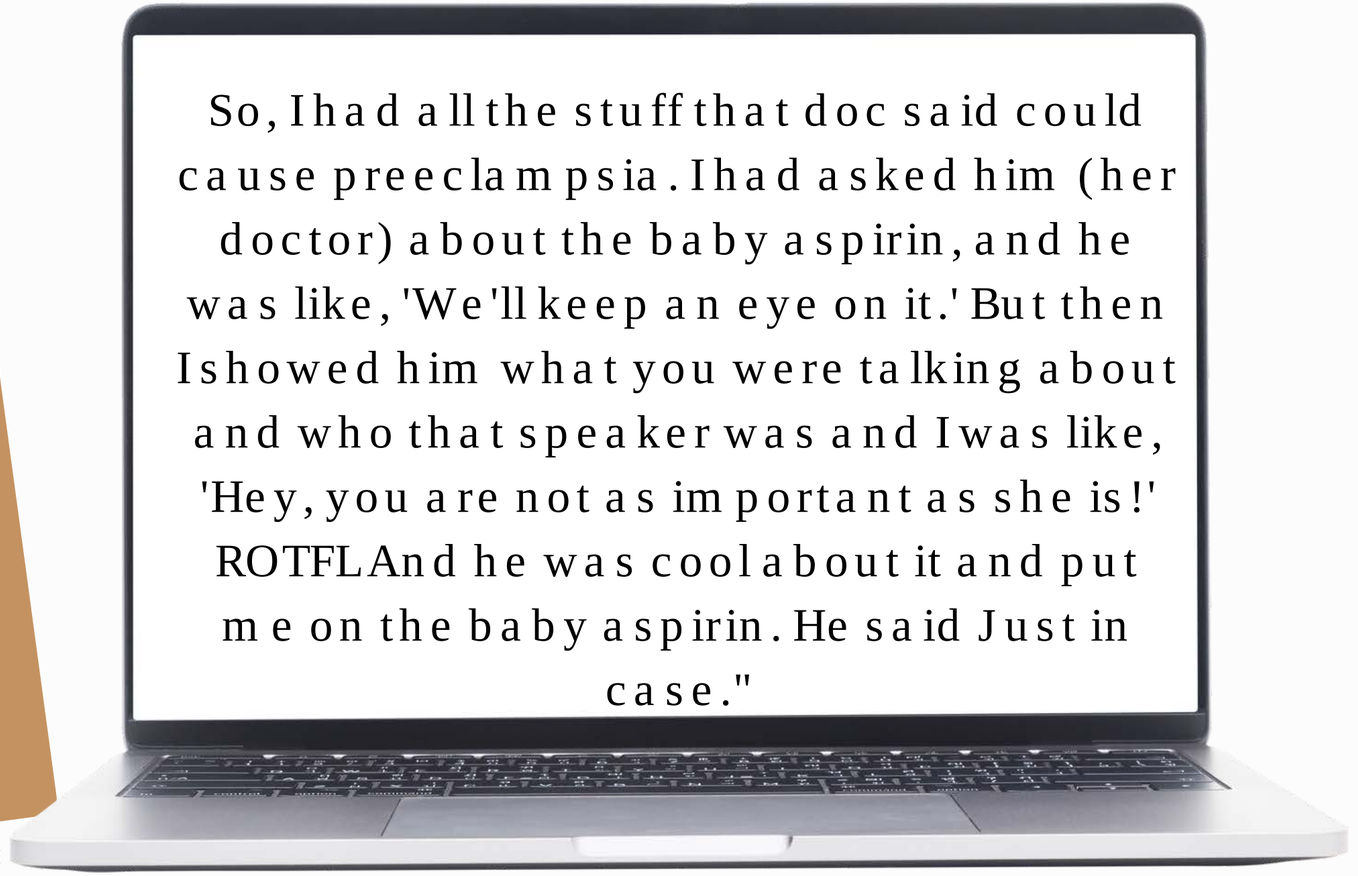
- Celebrating Success and Positive Outcomes:
  - Since our launch nine (9) months ago, we have had over 1100 unique workshop registrations.
    - Most registrants attend at least three (3) workshops
    - On average, approximately 30% of workshop attendees are healthcare providers
    - Registrants hail from all over the United States
  - Effective Learning & Behavior Change:
    - Post-workshop surveys reveal registrants' learning and tangible behavior changes
  - .
- Expertise of Workshop Speakers:
  - Our speakers bring extensive knowledge and experience, holding esteemed positions within their respective professions.
    - Recognized as authorities in their fields, they contribute valuable insights to elevate the quality of our educational content.

Birthing the Magic COLLABORATIVE

VOICES FROM THE COMMUNITY



This mama attended every workshop we hosted during 2023



Hope Is Not A Plan: Preventing Preeclampsia
Workshop held during our virtual Maternal Health Fair
Black Maternal Health Week 2023
Dr. Cynthia Gyamfi-Bannerman
Dr. Valencia P. Walker

ACKNOWLEDGING CHALLENGES

Secure adequate funding for sustaining and expanding our impact.

Growing Awareness

CONTACT US

E-mail Hello@BirthingMagic.org

Website BirthingMagic.org

Phone (602) 345-0716

Birthing the Magic COLLABORATIVE

Birthing the Magic
COLLABORATIVE

Follow Us!

Q&A Panel Discussion

Moderated by:
Valencia P. Walker, MD, MPH
Vice Dean of Health Equity and Inclusion,
Geisinger Commonwealth School of Medicine

CLOSING

Evaluation of Today's Session

- Please fill out an evaluation of today's session
- We'd like to hear feedback from all of you
- **For those requesting RN-CE credit, an evaluation is due by February 15th**
- The Perinatal Advisory Council: Leadership, Advocacy and Consultation (PAC/LAC) is an approved provider by the California Board of Registered Nursing Provider CEP 5862
- Please contact Courtney Breault (courtney@cpqcc.org) with any questions related to the RN-CE credits, grievances, or in order to request accommodations for disabilities

Scan the QR code or click on the link provided in the chat to submit an evaluation of today's session. *Required for RN-CE credit.*