wellness

Denise Evans

Facilitator, Public Health Educator &
Truth Racial Healing Circles Lead
Trainer & Practitioner

Consult Me, LLC

Healthy Start Consumer Convening
Hosted by the Healthy Start TA & Support Center at NICHQ

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Wellness Moment

ANCESTORS & BREATH

Ancestral Mathematics

In order to be born, you needed:

- 2 parents
- 4 grand parents
- 8 great-grandparents
- 16 second great-grandparents
- 32 third great-grandparents
- 64 forth great-grandparents
- 128 fifth great-grandparents
- 256 sixth great-grandparents
- 512 seventh great-grandparents
- 1,024 eighth great-grandparents
- 2,048 ninth great-grandparents

Ancestral Mathematics

For you to be born today from 12 previous generations, you needed a total of 4,094 ancestors over the last 400 years.

Think for a moment…

- How many struggles?
- How many battles?
- How many difficulties?
- How much sadness?
- How much happiness?
- How many love stories?
- How many expressions of hope for the future?

Learning to Breathe

Slow Down

Healthy Start Consumer Convening

Day 2: Thursday, May 25

from 8:45 am-5:00 pm

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Morning Community Circle

Kenn L. Harris

Healthy Start TA & Support Center (TASC)

Healthy Start Consumer Convening
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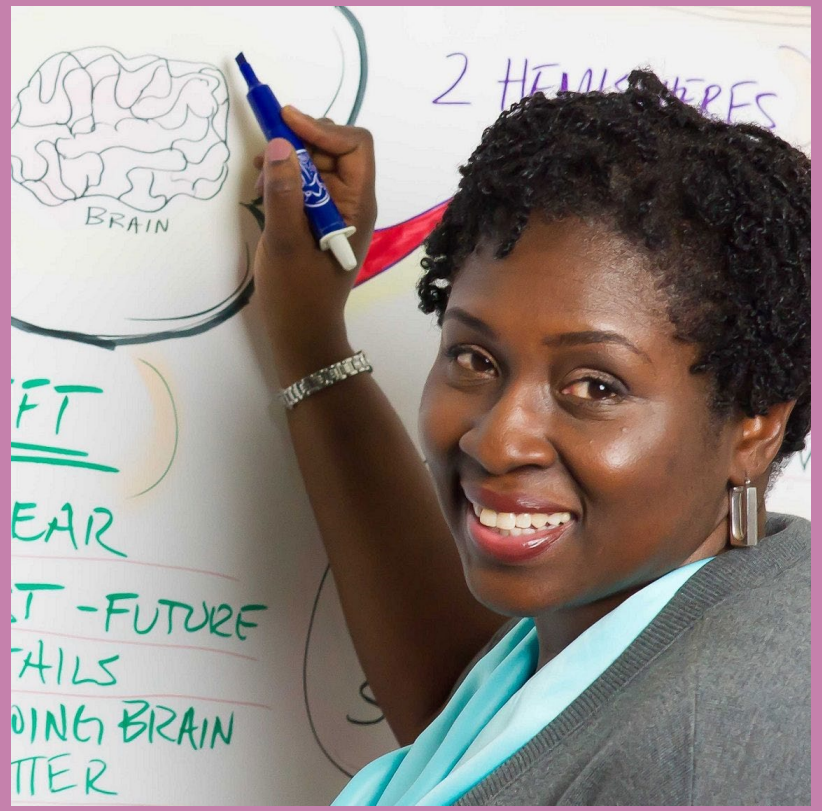
HEALTHY start TA & SUPPORT CENTER

Welcome!

- **Please feel free to:**
  - View the agenda in your folder.
  - Review the nearby lunch options in your folder and place an order for delivery or pickup in advance.
    - Visa gift cards to cover meal expenses are distributed at registration.
  - Take a photo with the photographer!
- **Please also note:**
  - The bathrooms are located outside the ballroom to the left.
  - We will have the following breaks:
    - Quick break from 10:45-11:00 am
    - Lunch break from 12:30-1:30 pm
    - Quick break from 3:00-3:30 pm
  - Coffee and tea will be available in the hall during the quick breaks.
  - The TASC team is here to provide support or answer any questions during the meeting.

See in Colors



Lisa Nelson,
Founder and Creative Director at See in Colors

Sunny Belbenkacem
Graphic Recorder at See in Colors

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Plenary Session #1 from *9:00-10:45 am*	
Telling Our Stories	**Tamela Milan-Alexander** **Dakisha Mitchell** **Amanda Henley** *Healthy Start TA & Support Center (TASC)*
Inequity and Inequality: Understanding the State of Maternal & Child Health in the United States	**Dr. Divya Mallampati** *University of California, San Francisco*
Division of Healthy Start & Perinatal Services (DHSPS) Presentation	**Kristal Dail** *DHSPS*
Break from 10:45-11:00 am	
Concurrent Skill-building Session #1 ***11:00 am-12:30 pm***	**Brenda Reyes** *HealthConnect One* **Dr. Linda Henderson-Smith** *ATC Consulting* **Dr. Magda Peck** *MP3 Health* **Stephanye Clarke** *SistaCare*
Lunch & Engagement Activities ***12:30-1:30 pm***	

Plenary Session #2 ***1:30-3:00 pm***	
Naming, Recognizing, and Reporting Obstetric Racism During Childbirth Hospitalization: Consumer Advice for Black Birthing Communities ***1:30-2:30 pm***	**Dr. Karen Scott** *Birthing Cultural Rigor*
Break from *3:00-3:30 pm*	
Concurrent Skill-building Session #2 ***3:30-5:00 pm***	Same as morning
Adjourn at 5:00 pm	

Telling Our Stories

Tamela Milan-Alexander

Dakisha Mitchell

Amanda Henley

TASC Faculty Planning Committee

Healthy Start Consumer Convening
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HEALTHY start TA & SUPPORT CENTER

Inequity and Inequality: Understanding the State of Maternal & Child Health in the United States

Dr. Divya Mallampati

University of California, San Francisco

Healthy Start Consumer Convening
Hosted by the Healthy Start TA & Support Center at NICHQ

HRSA Maternal & Child Health | NICHQ National Institute for Children's Health Quality | HEALTHY start TA & SUPPORT CENTER

Maternal and Child Health in the United States: 4 Key Messages for Advocates

Divya Mallampati, MD, MPH
Division of Maternal Fetal Medicine
Department of Obstetrics, Gynecology, and Reproductive Science
University of California, San Francisco
May 25, 2023

Rural Hospitals Are Shuttering Their Maternity Units

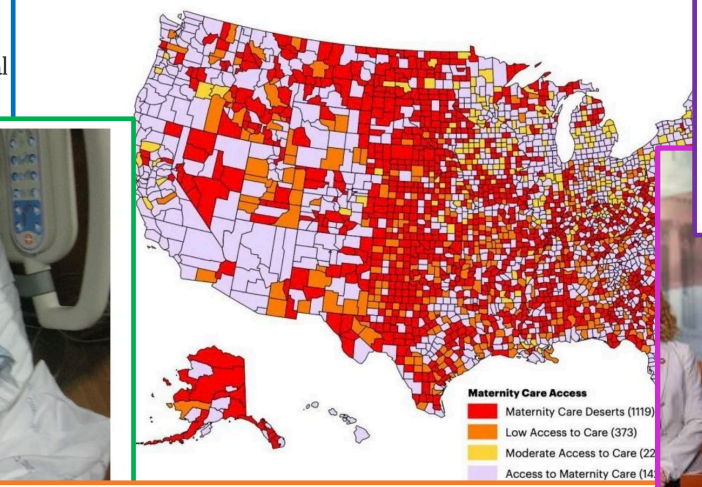
Citing costs, many hospitals are closing labor and delivery wards, expanding so-called maternity care deserts.

The New York Times

Deaths Among Pregnant Women and New Mothers Rose Sharply During Pandemic

The fatalities, occurring disproportionately among Native American and Black women, were linked not just to medical complications but also to homicides and accidents.

'I Don't Want to Die': Fighting Maternal Mortality Among Black Women



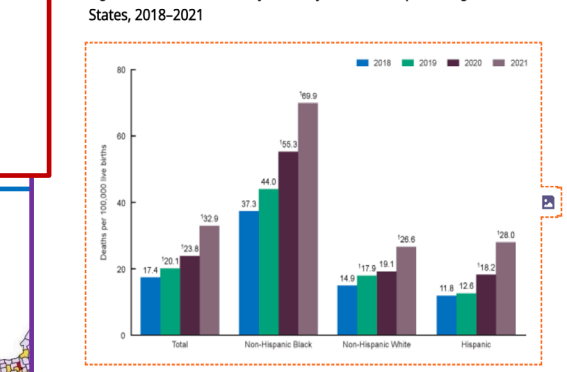


Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2021

[1]Statistically significant increase from previous year ($p < 0.05$).
NOTE: Race groups are single race.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

up first · PUBLIC HEALTH · LISTEN & FOLLOW

Maternal deaths in the U.S. spiked in 2021, CDC reports

March 16, 2023 · 12:02 AM ET
Heard on Morning Edition
By Selena Simmons-Duffin, Carmel Wroth

The Last Person You'd Expect To Die

The U.S. has the worst rate of maternal deaths in th
700 to 900 deaths each year are preventable, inclu
Bloomstein.

TheUpshot

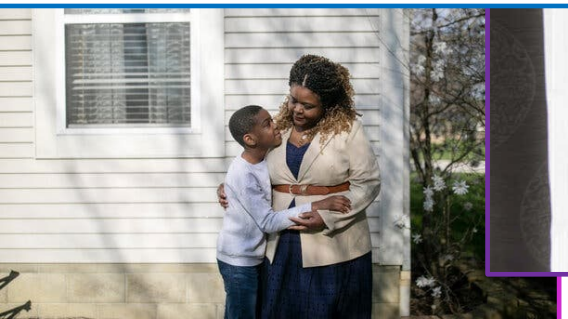
Childbirth Is Deadlier for Black Families Even When They're Rich, Expansive Study Finds

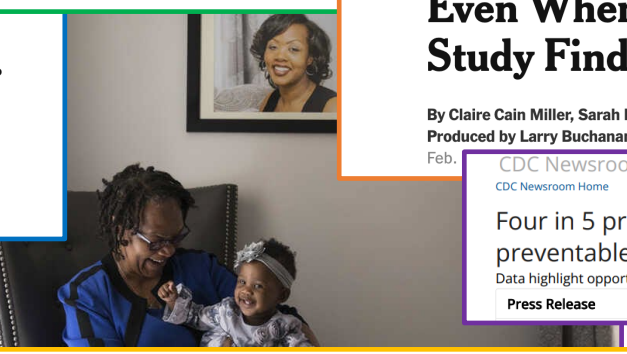
By Claire Cain Miller, Sarah Kliff and Larry Buchanan
Produced by Larry Buchanan and Shannon Lin
Feb.

TheUpshot

Unwanted Epidurals, Untreated Pain: Black Women Tell Their Birth Stories

Regardless of income or education, Black mothers have worse birth outcomes.





CDC Newsroom
CDC Newsroom Home

Four in 5 pregnancy-related deaths in the U.S. are preventable

Data highlight opportunities to better protect moms

Press Release

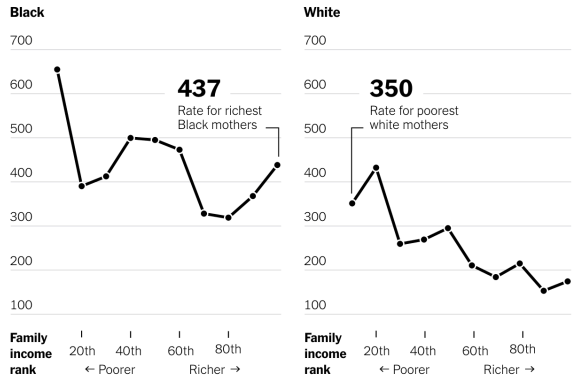
NATIONAL

Millions of Americans are losing access to maternal care. Here's what can be done

October 12, 2022 · 9:37 AM ET
By Rachel Treisman

The richest Black women have **infant mor**
at about the same level as the poorest wh

Infant deaths per 100,000 for mothers who are ..



Positionality

Cis-gendered South Asian immigrant woman

Have not been a birthing person

Physician and public health professional

Background in Anthropology

Worked in several low -income countries and in the United States, at both public and private institutions

Definitions

Maternal mortality or **pregnancy-related death** is the death of someone during pregnancy or within one year of the end of pregnancy

Infant mortality is the death of an infant within one year of life

Definitions

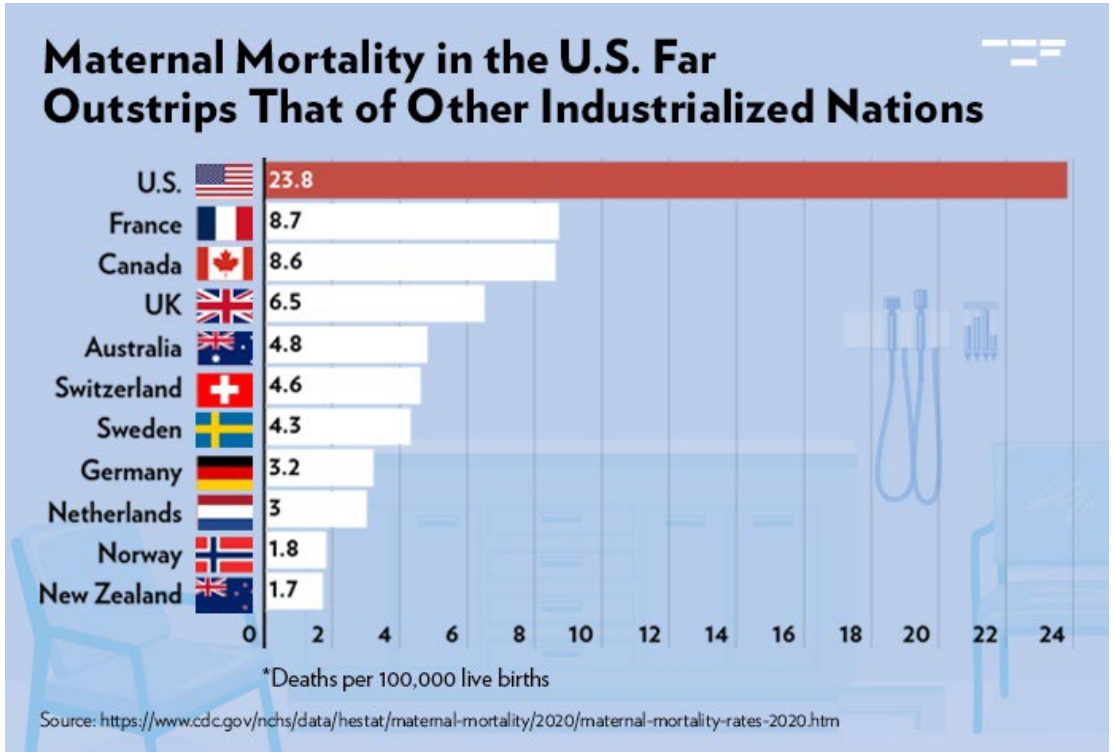
Maternal morbidity is any health condition that has a negative impact on a person's well-being or functioning

Severe Maternal Morbidity (SMM) is an unexpected outcome of labor and delivery that results in significant short- or long-term consequences to a person's health

1. Acute myocardial infarction	**12. Pulmonary edema / Acute heart failure**
2. Aneurysm*	**13. Severe anesthesia complications**
3. Acute renal failure	**14. Sepsis**
4. Adult respiratory distress syndrome	**15. Shock**
5. Amniotic fluid embolism	**16. Sickle cell disease with crisis**
6. Cardiac arrest/ventricular fibrillation*	**17. Air and thrombotic embolism**
7. Conversion of cardiac rhythm	**18. Blood products transfusion**
8. Disseminated intravascular coagulation	**19. Hysterectomy**
9. Eclampsia	**20. Temporary tracheostomy***
10. Heart failure/arrest during surgery or procedure	**21.Ventilation**
11. Puerperal cerebrovascular disorders	

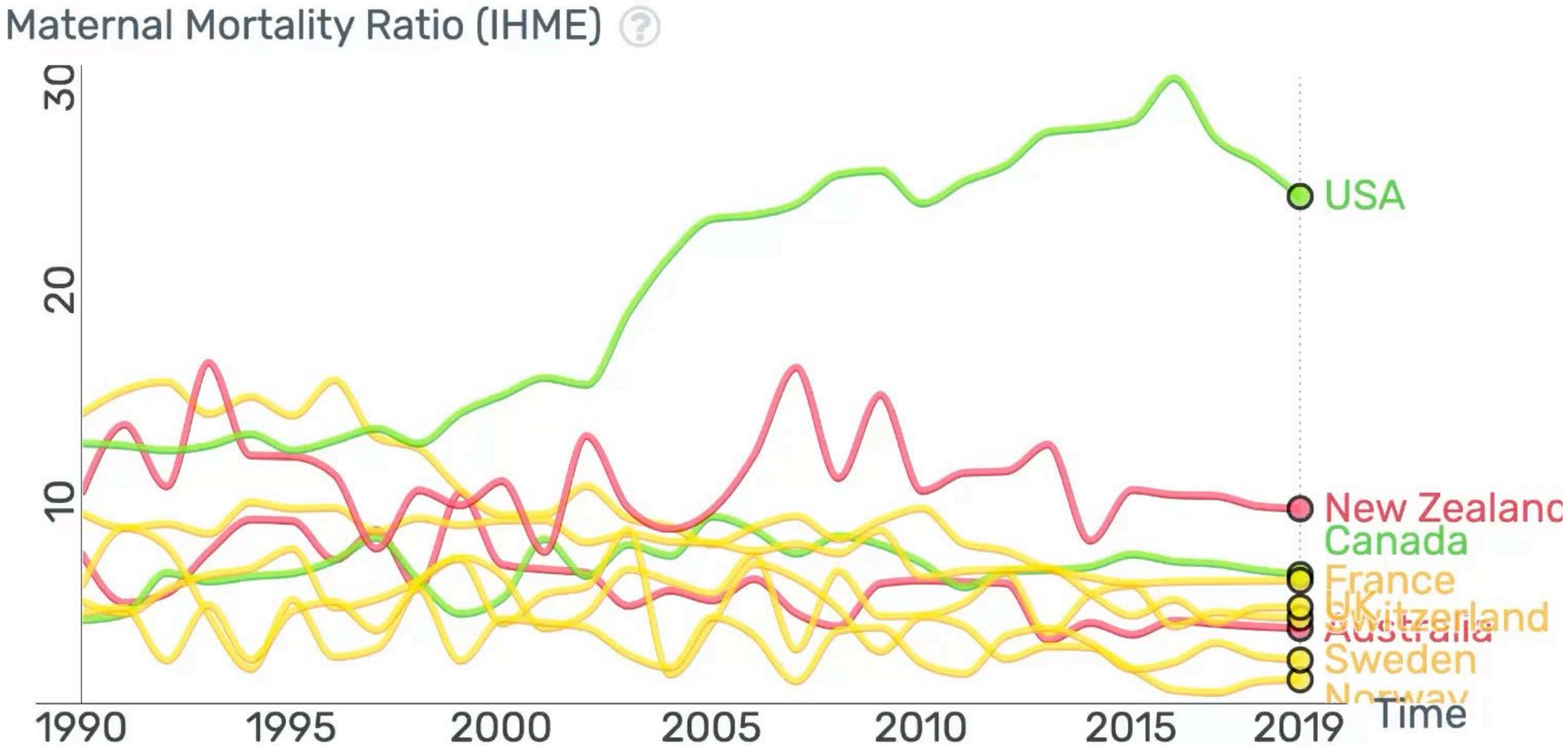
1. Trends in maternal and child health reflect unacceptable outcomes

Maternal Mortality



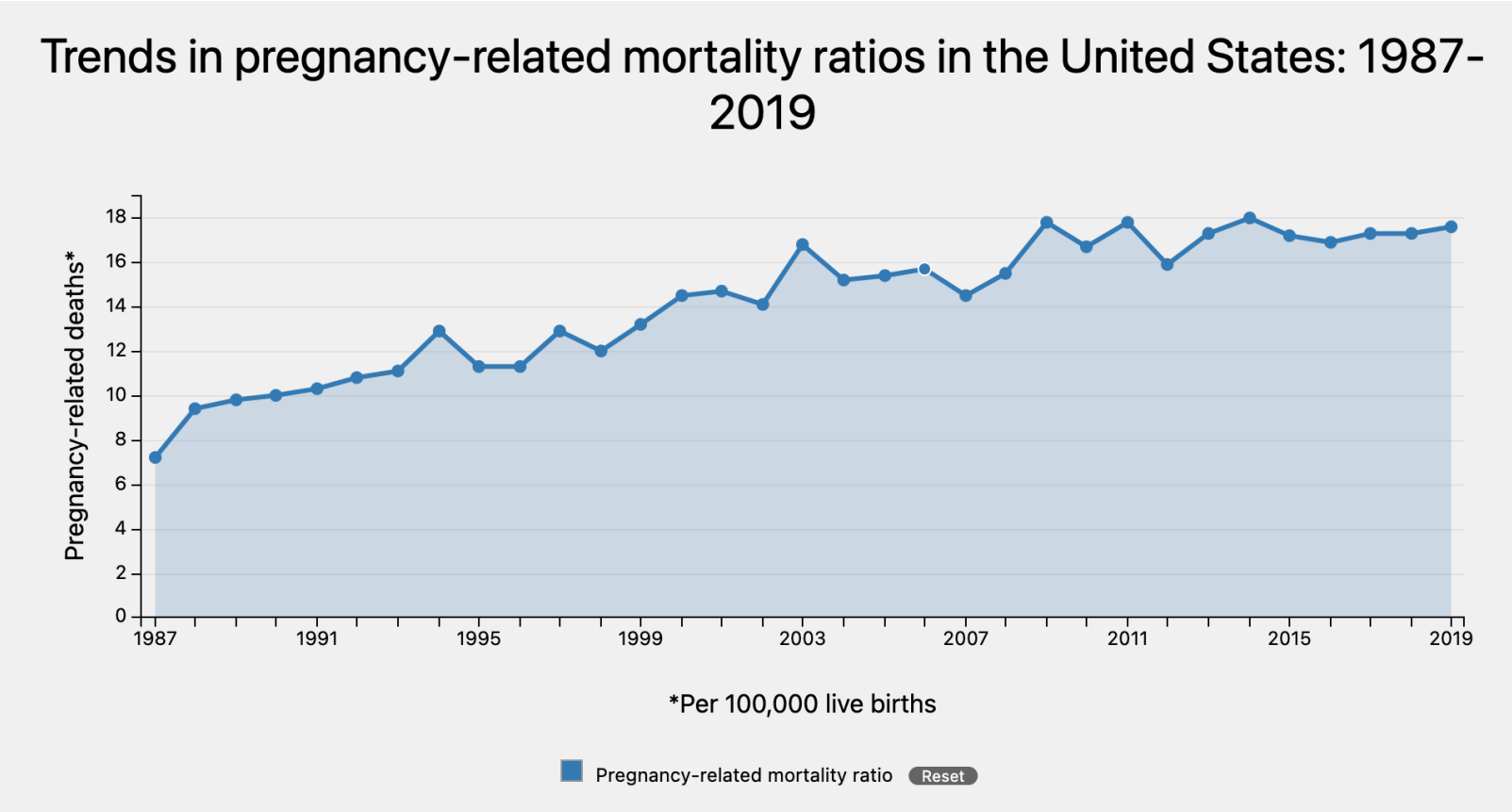
- The United States has the highest maternal mortality as compared to other high-income countries
- Our rate is over three times higher than our comparable counterparts

Ref: The Century Foundation 2022



Ref: Gapminder 2023

Maternal Mortality over time

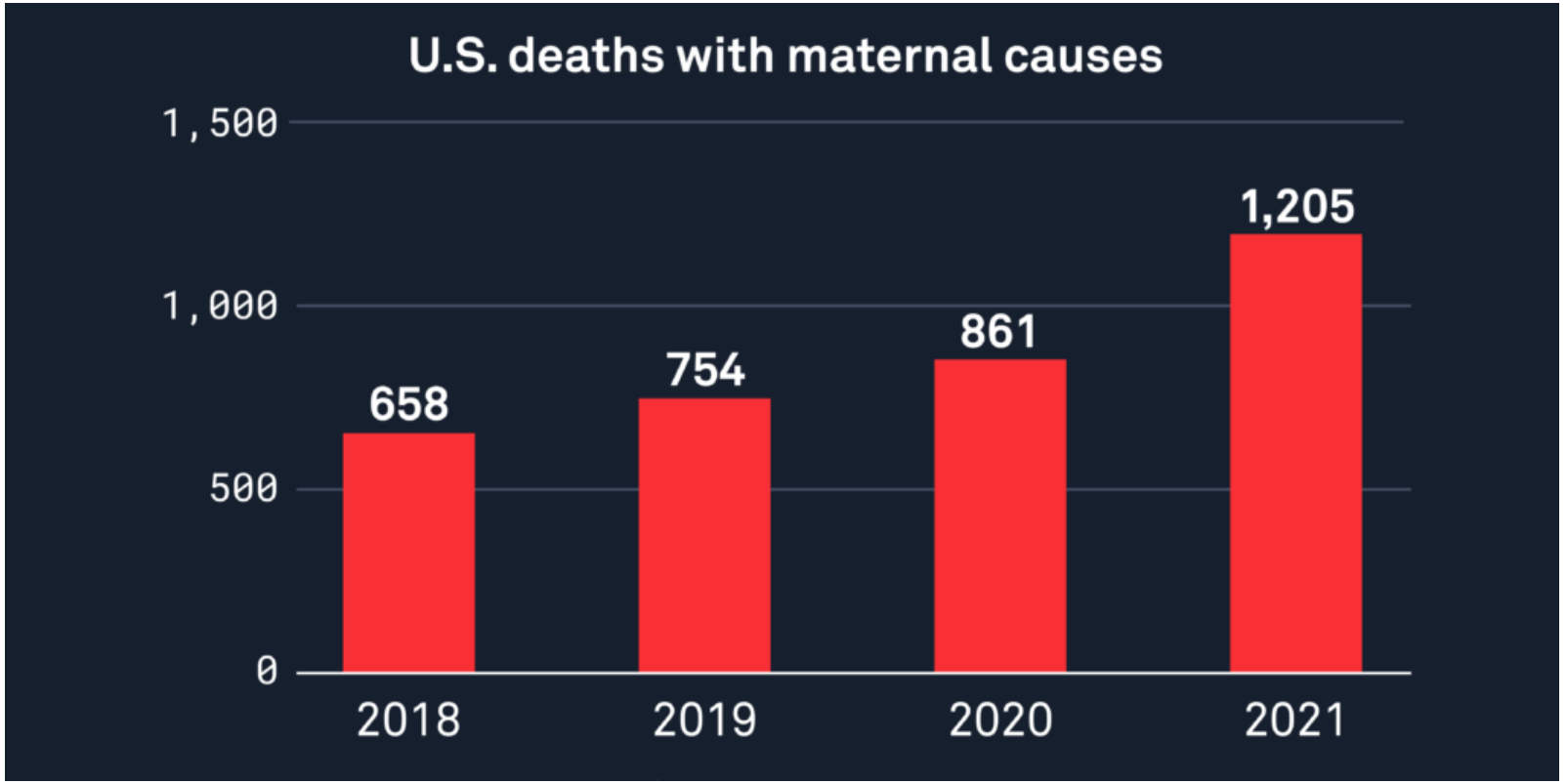


Ref: CDC 2023

Maternal Mortality over time

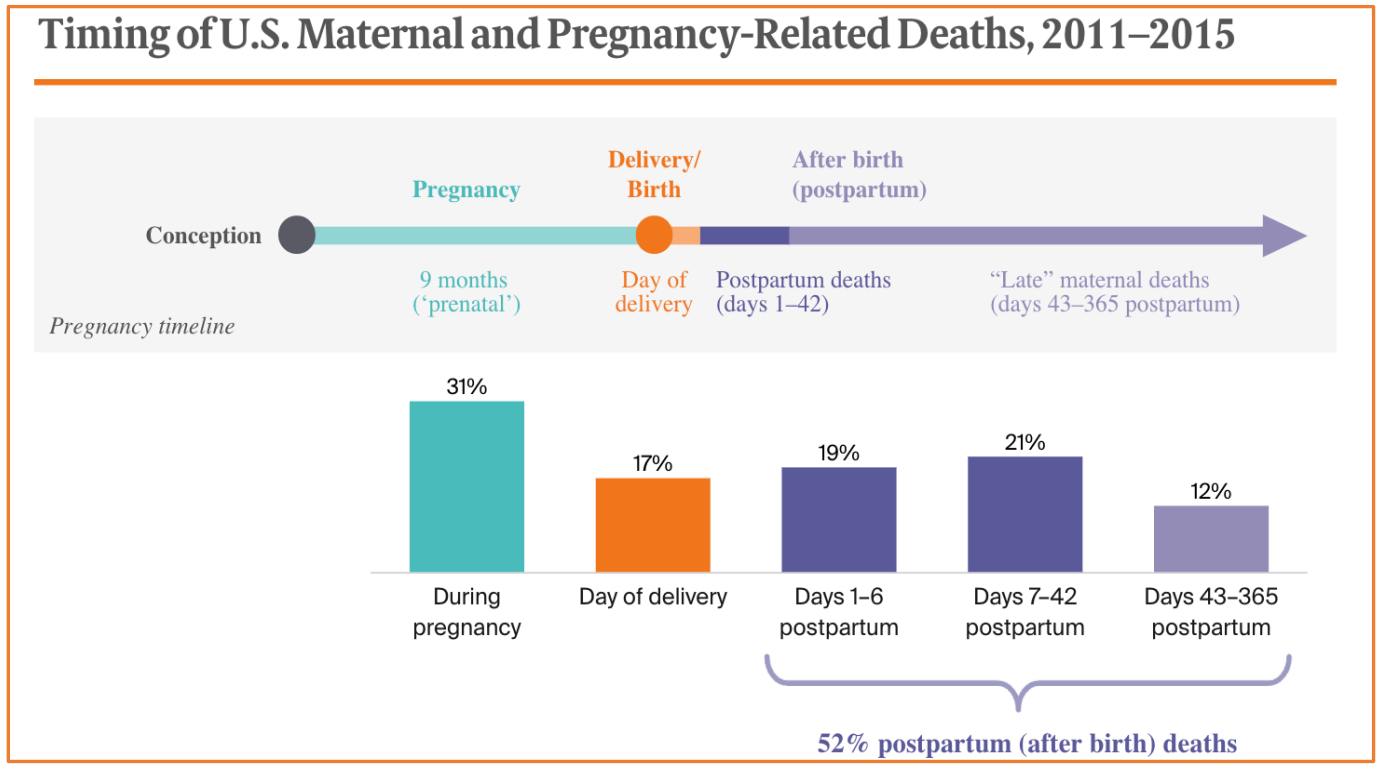
Pregnancy-related mortality rates
(per 100,000 live births)

20 **23** **32**



Ref: PBS 2023, CDC 2023

The Timing of Maternal Mortality



- Over 50% of maternal deaths occur in the first year postpartum!
- It is estimated that 4 of 5 deaths are preventable

Ref: Commonwealth Fund 2020

Causes of Maternal Mortality

The leading causes of death in the United States are:

- Cardiovascular disease
- Infection
- Cardiomyopathy
- Hemorrhage
- Embolism (ie blood clot)
- Hypertensive disorders of pregnancy

Ref: CDC 2023

Causes of Maternal Mortality

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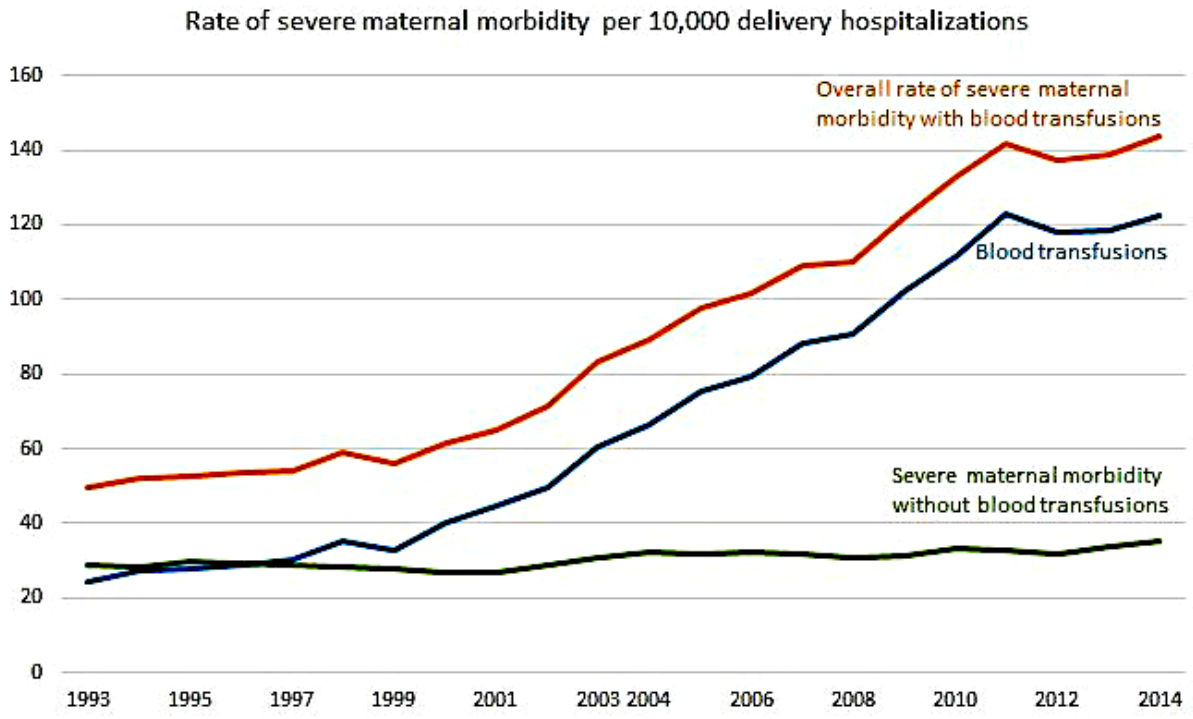
Ref: CDC 2023

Severe Maternal Morbidity

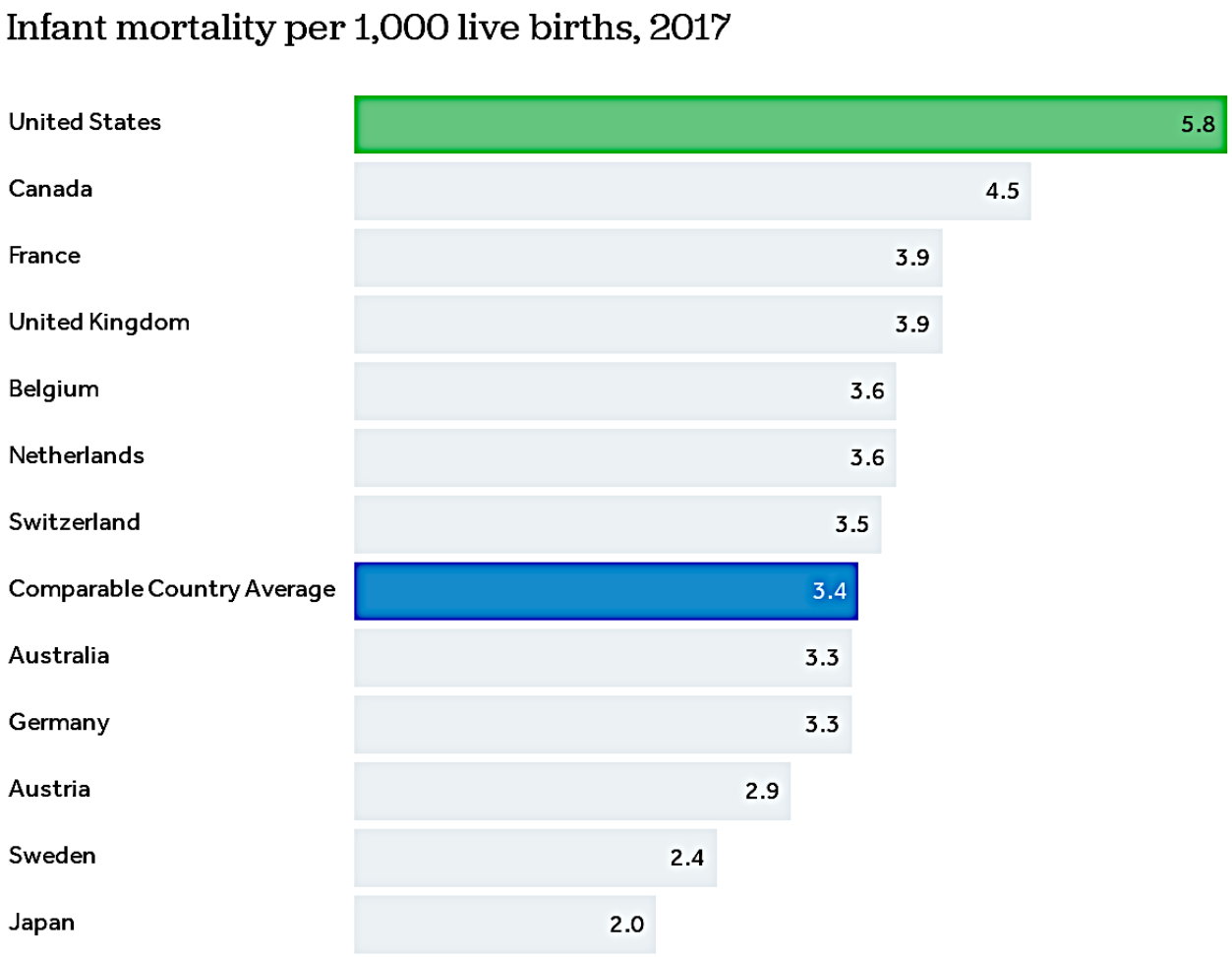


- Severe maternal morbidity or “near miss events” have been on the rise in the last two decades

Ref: CDC 2021

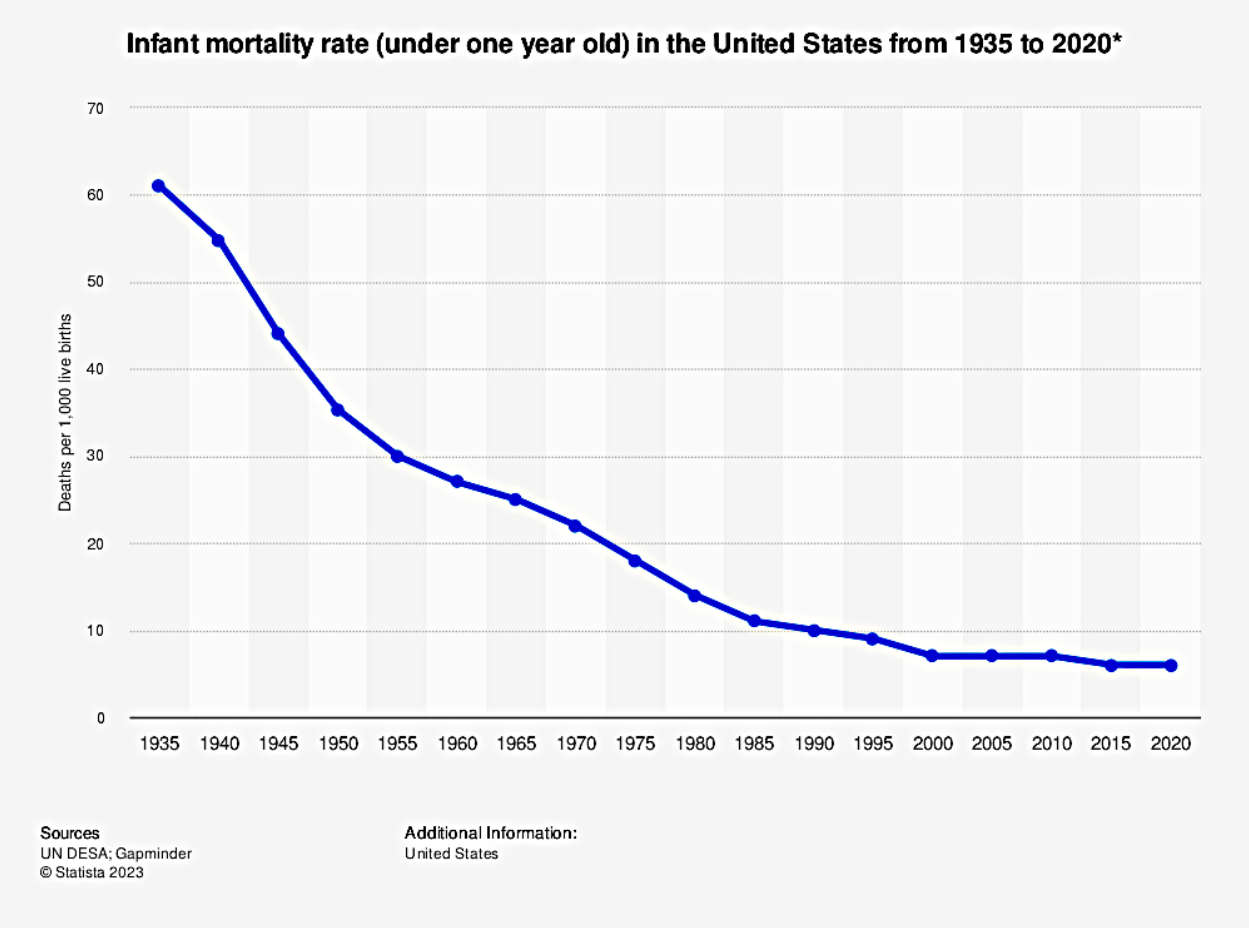
Neonatal and Infant Mortality

- Of high-income countries, the United States has the highest infant mortality rate



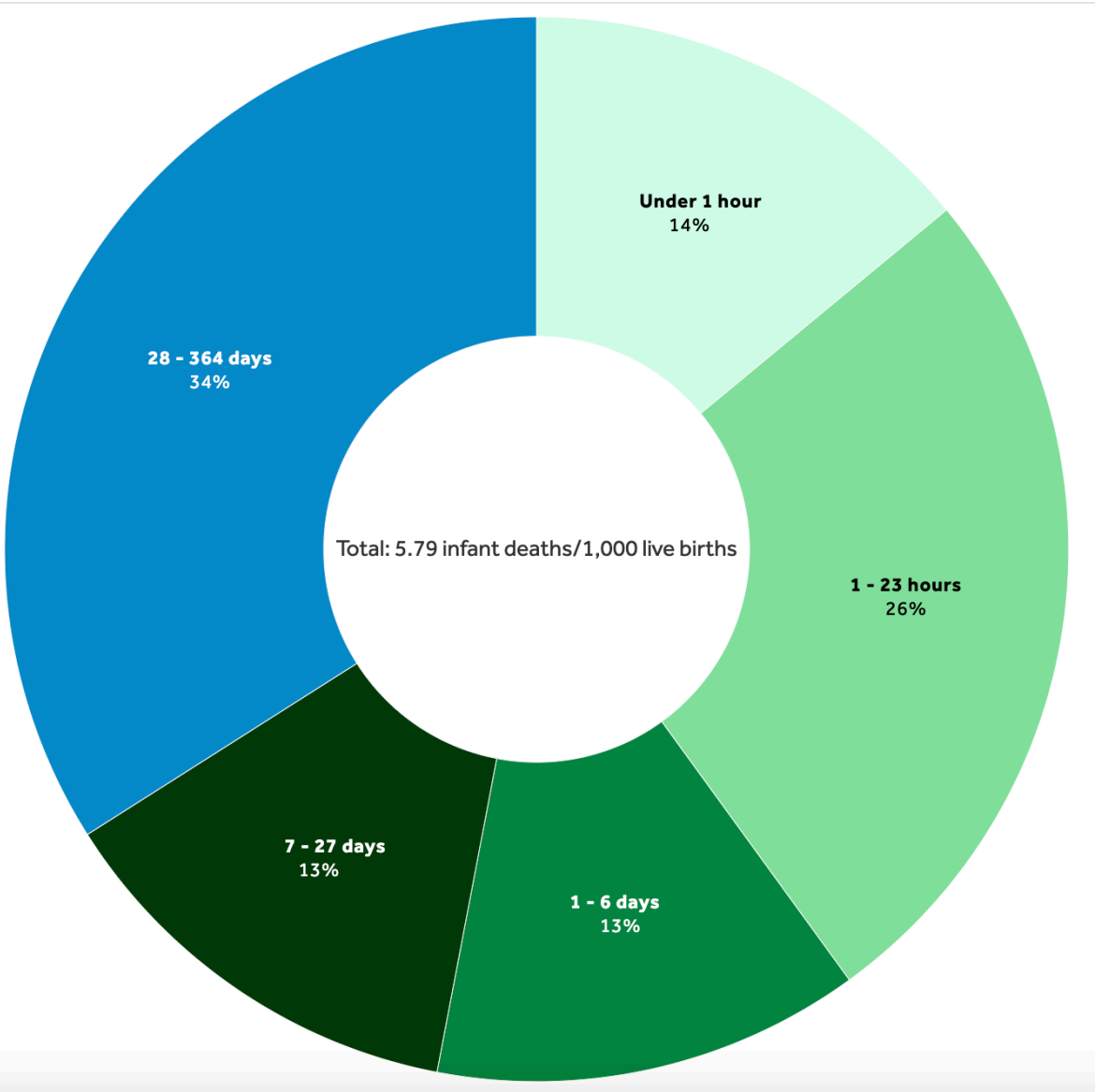
Neonatal and Infant Mortality

- While infant mortality rates have decreased over the last 90 years, there is more to be done



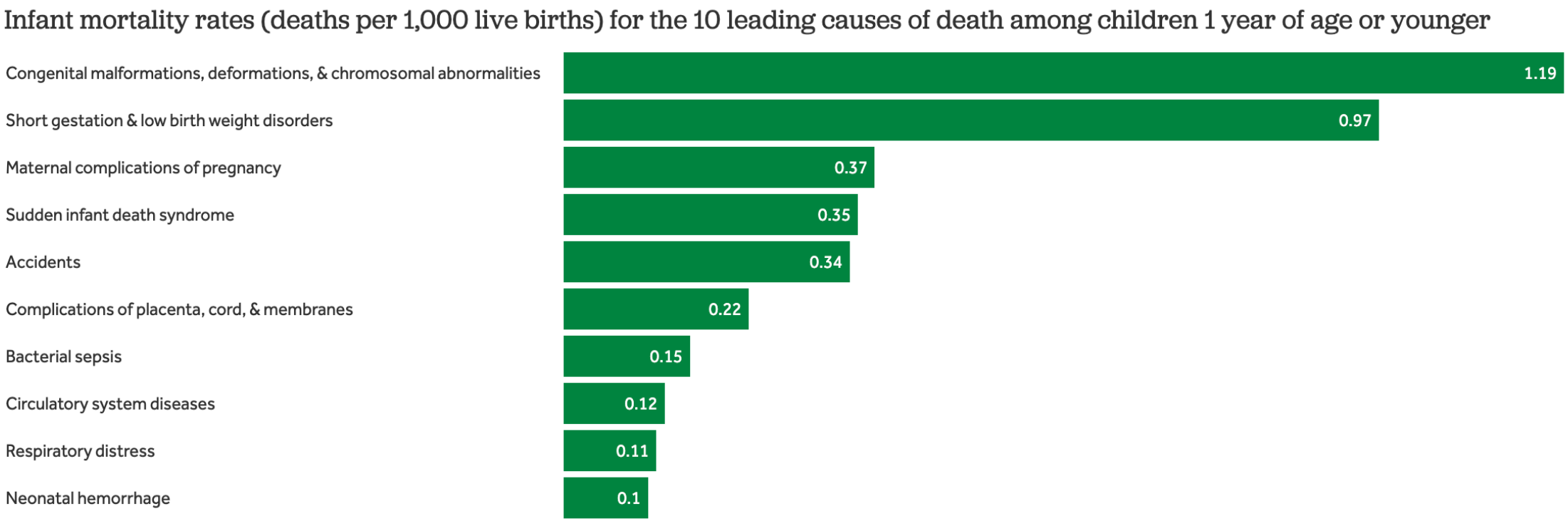
Neonatal and Infant Mortality

- Of 1000 live births, 5-6 infants will not live to see their 1st birthday
- The majority if these infants will die within the first month of life



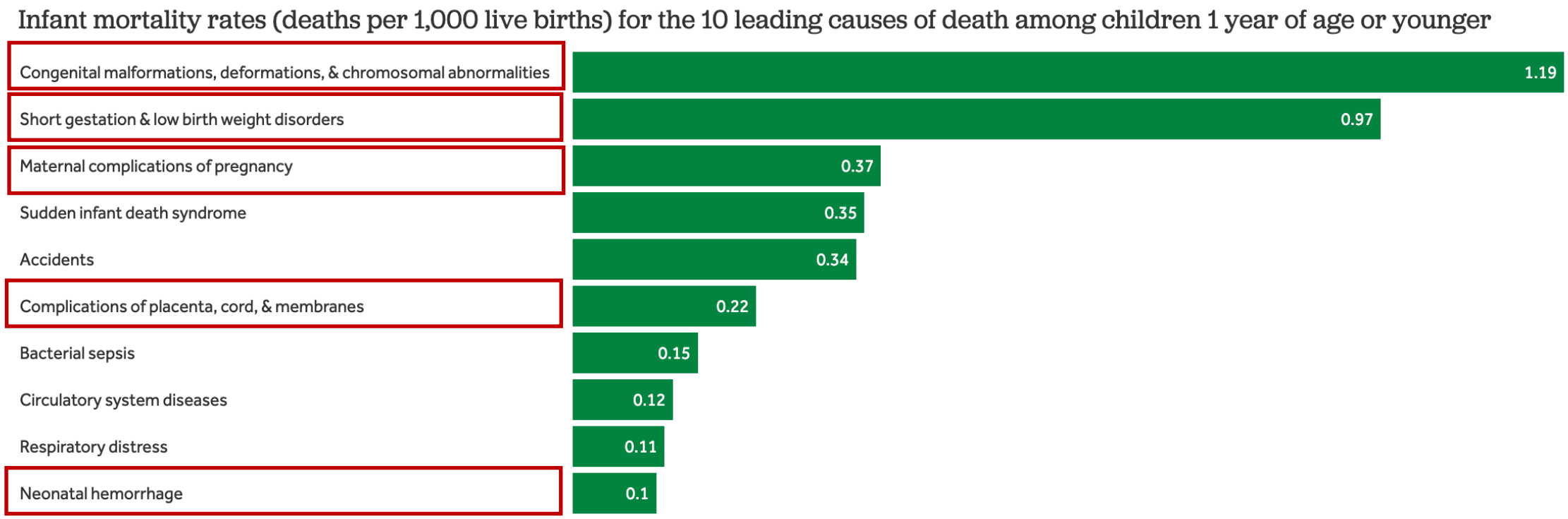
2. Maternal and child health are inextricably linked

Causes of Infant Mortality



Ref: KFF, CDC 2019

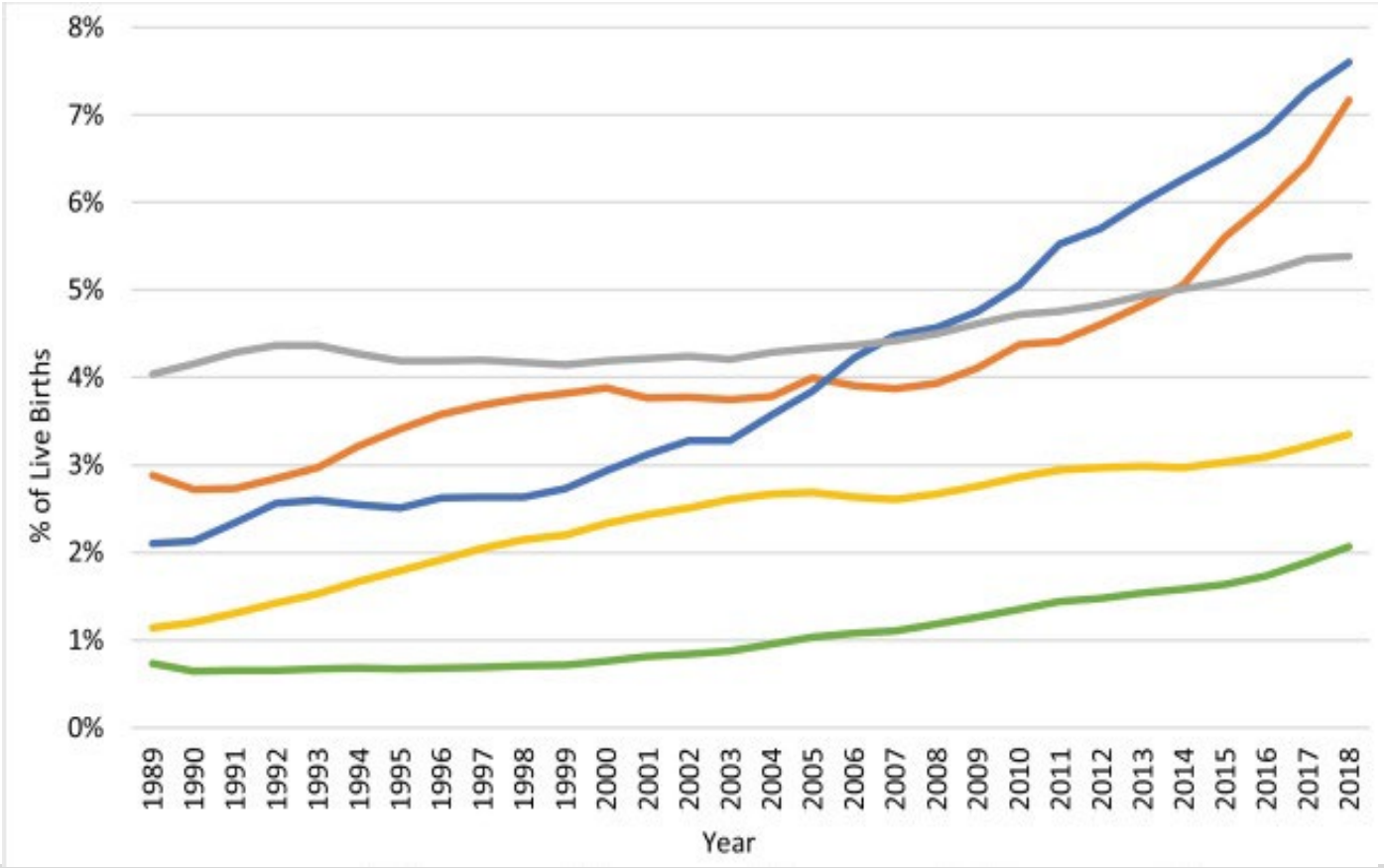
Causes of Infant Mortality



Ref: KFF, CDC 2019

The health of a birthing person directly affects neonatal and infant health

Maternal Morbidity



Hypertensive Disorders of Pregnancy

Chronic Hypertension

Diabetes Mellitus

Age >40

Grand Multiparity

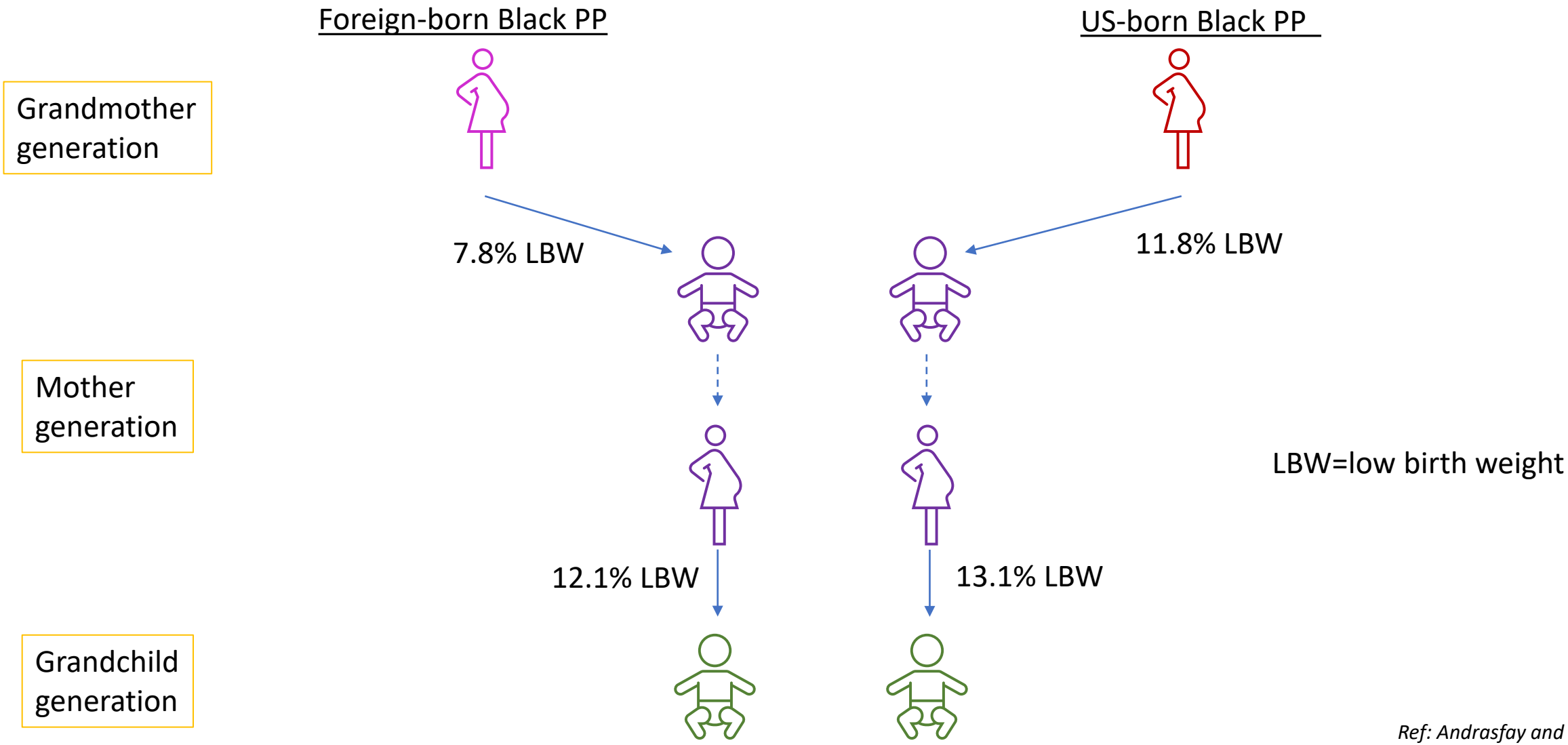
Maternal mental health and infant health

- Babies of pregnant and birthing people with mental health and mood disorders might be at a higher risk of
  - Preterm birth
  - Infant mortality
  - Sudden infant death syndrome

Intergenerational Change in Birthweight

Effects of Foreign-born Status and Race/Ethnicity

Theresa Andrasfay,[a] and Noreen Goldman[a]



Ref: Andrasfay and Goldman 2020

The physical, mental, and social health of a birthing person directly affects neonatal and infant health

3. Disparities in maternal and infant health are **inequities**

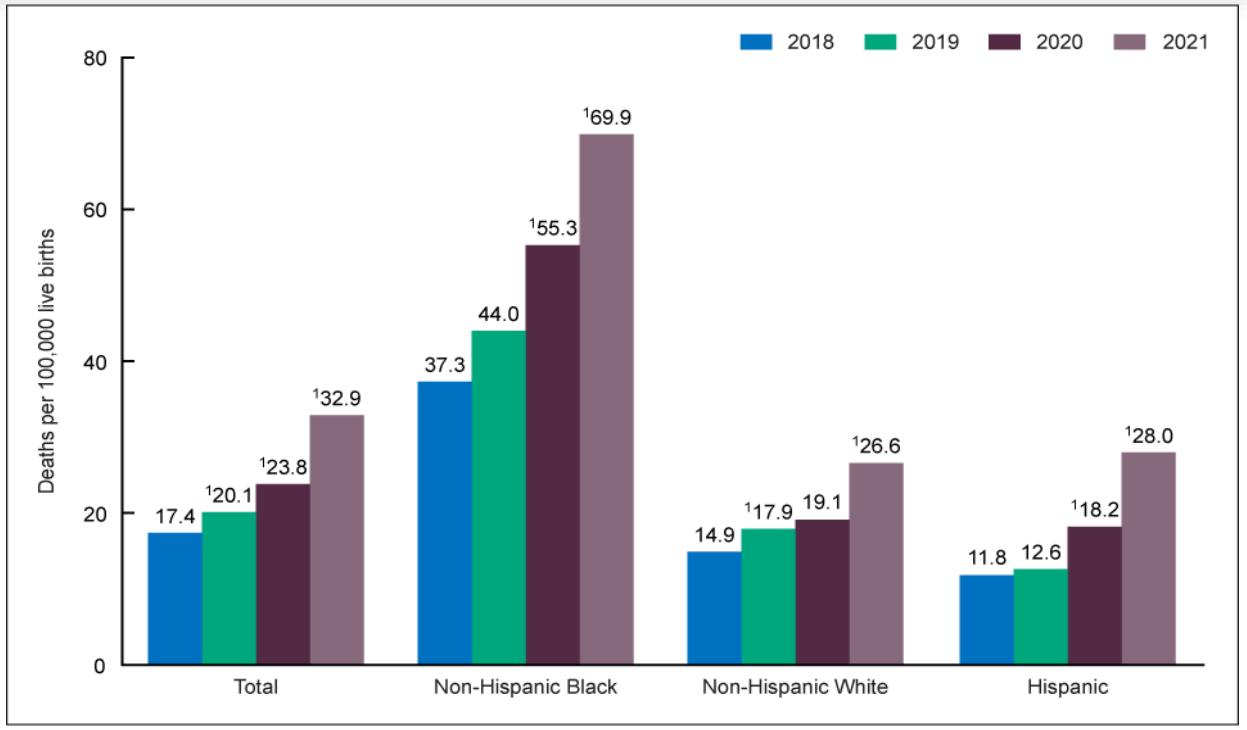
Inequities in MCH

Inequities in maternal and child health tell a story of

racism, colonization, structural violence, and historical and systemic marginalization

Inequities in Maternal Mortality

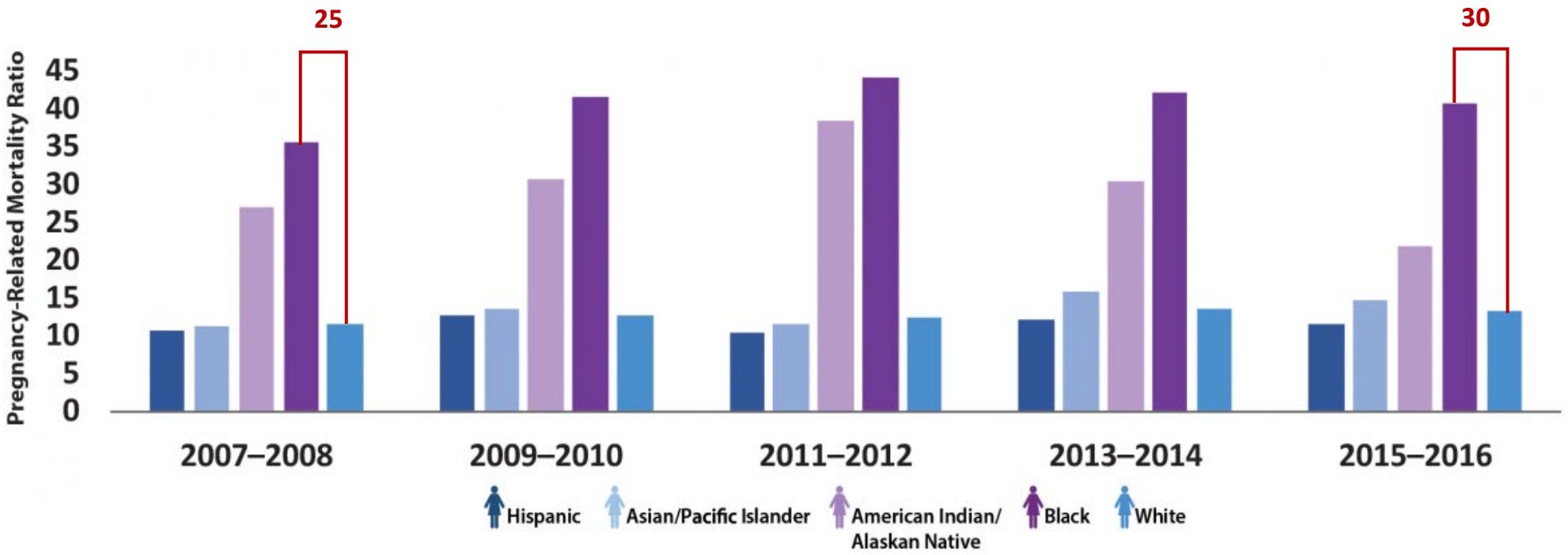
- Black birthing people are three times more likely to die from pregnancy-related or associated causes than their white counterparts
- American Indian/Alaskan Native people are two times as likely to die then their white counterparts



[1]Statistically significant increase from previous year ($p < 0.05$).
NOTE: Race groups are single race.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

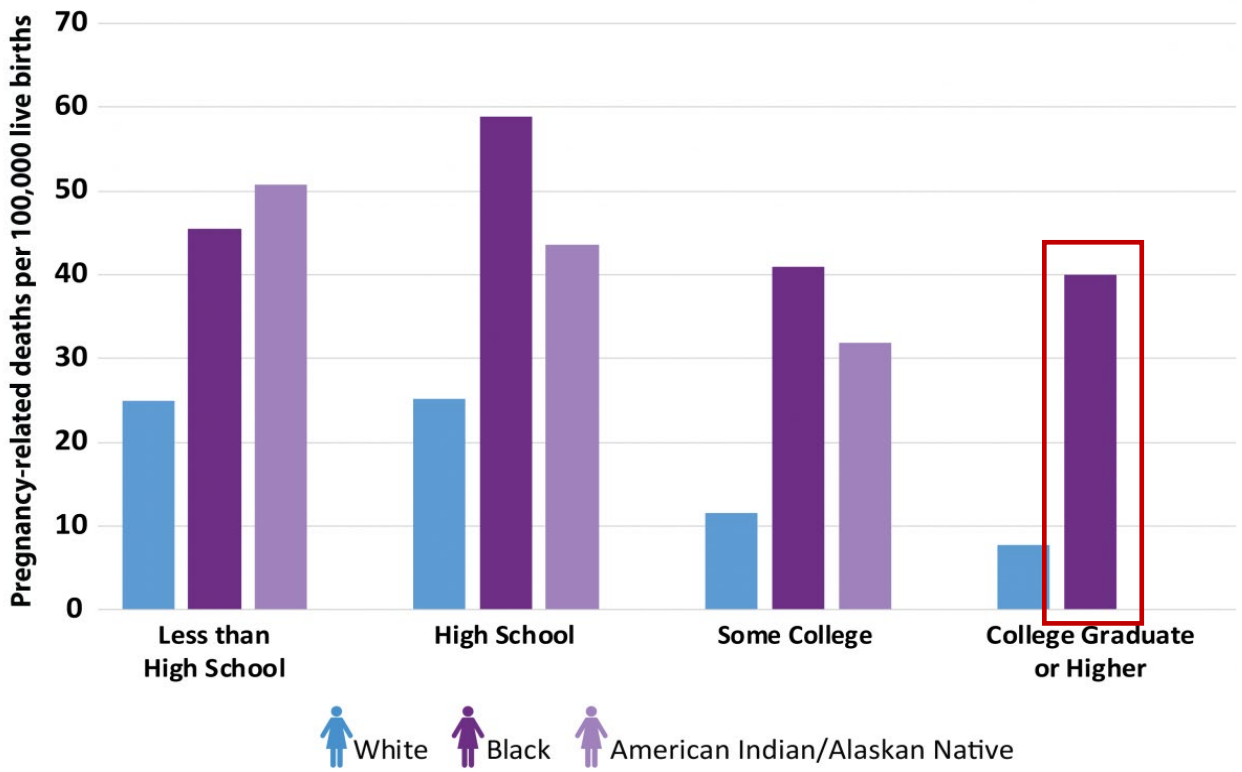
Ref: CDC 2023

Inequities in Maternal Mortality



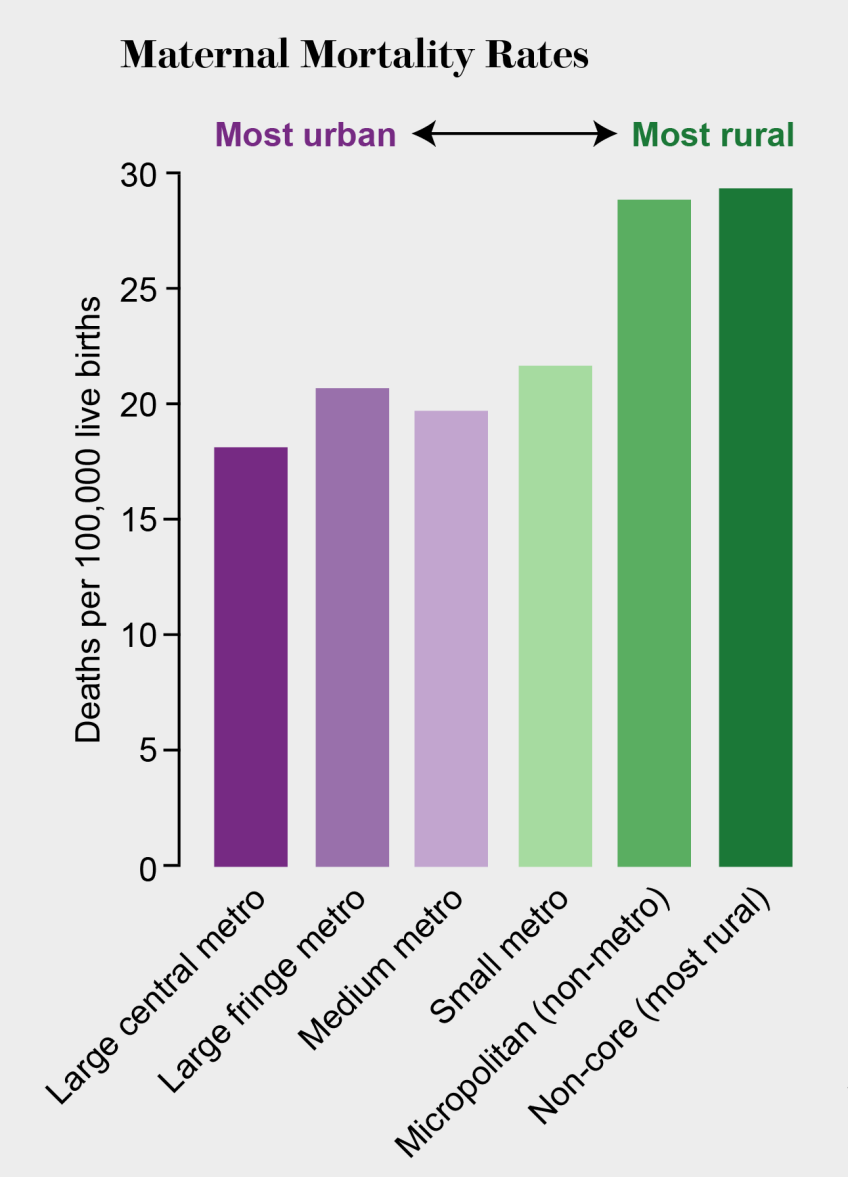
Ref: CDC 2022

Inequities in Maternal Mortality



- Black pregnant people with a college degree or more have a higher pregnancy-related mortality rate than their white counterparts at any level of education
- The disparity among mortality rates seems to increase with increasing educational attainment

Ref: CDC 2022



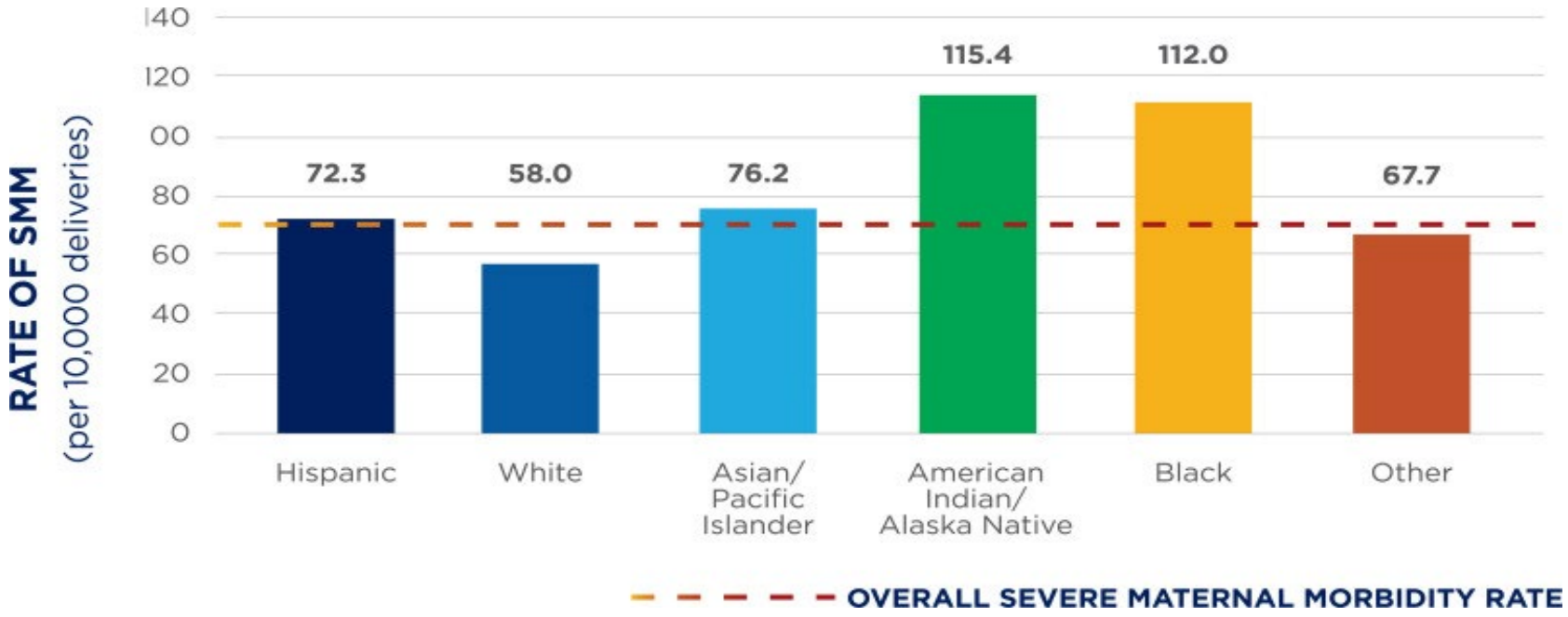
Inequities in Maternal Mortality

- Rural pregnant people are more likely to experience maternal mortality as compared to those in urban and semi-urban areas
- There are an increasing number of maternity care deserts in the country

Ref: Scientific American 2017

Inequities in Severe Maternal Morbidity

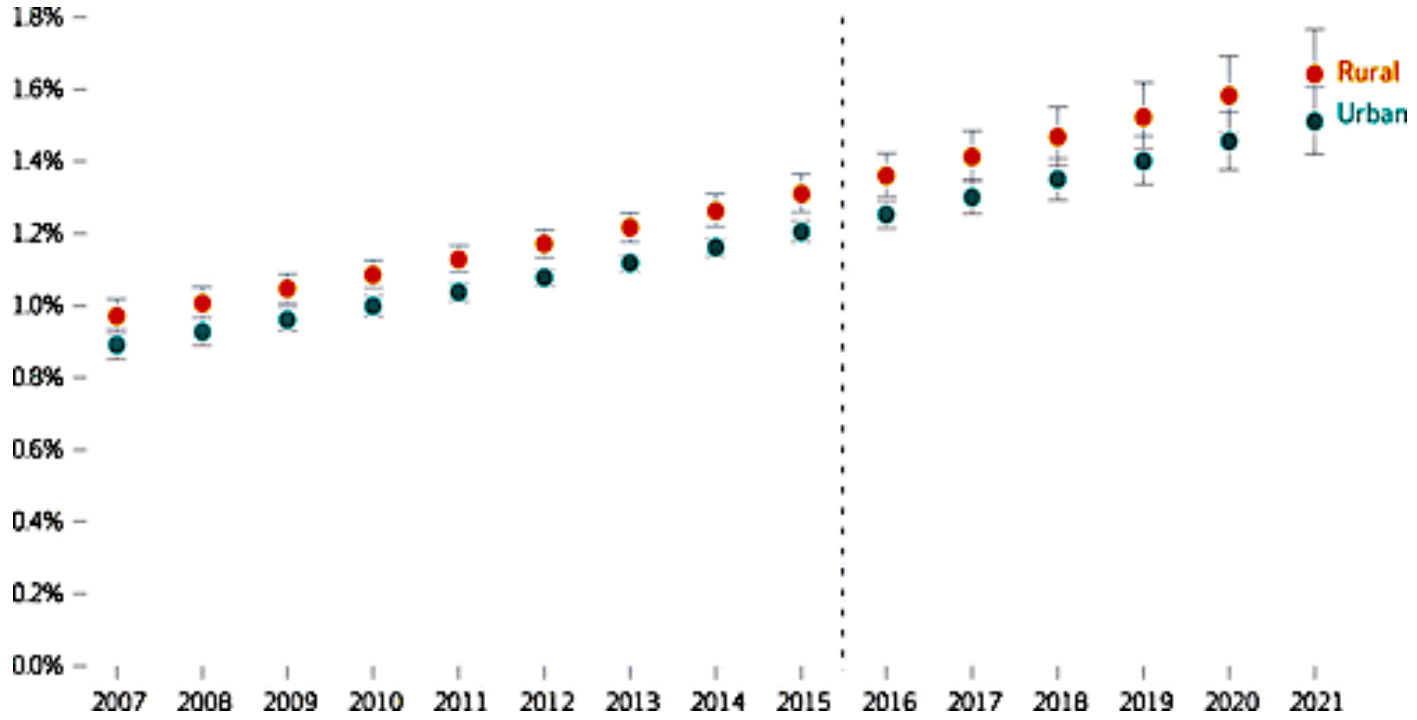
Non-white birthing people are more likely to experience severe morbidity than their white counterparts



Ref: Office of the Surgeon General 2017

Disparities in Severe Maternal Morbidity

Probability of SMM and MM Rates Among Rural and Urban birthing people



Ref: Kozhimannil et al 2019

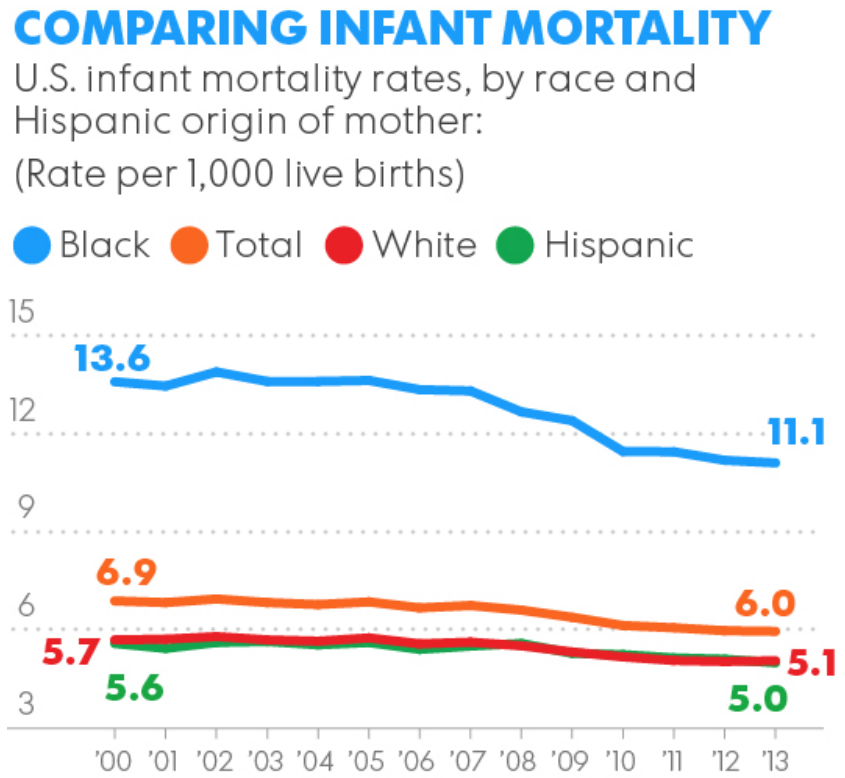
Pregnancy is a window into our future

- Particular conditions in pregnancy can both worsen existing disease and predict our risk of disease in the future

- Disparities in outcomes exist across the entire spectrum of a life course → what we do in pregnancy matters in ameliorating or exacerbating those outcomes

Inequities in Infant Mortality

- Black babies have up to 2.5 times the risk of dying in infancy
- Preterm birth and low birth weight are experienced more by black and AI/AN pregnant people

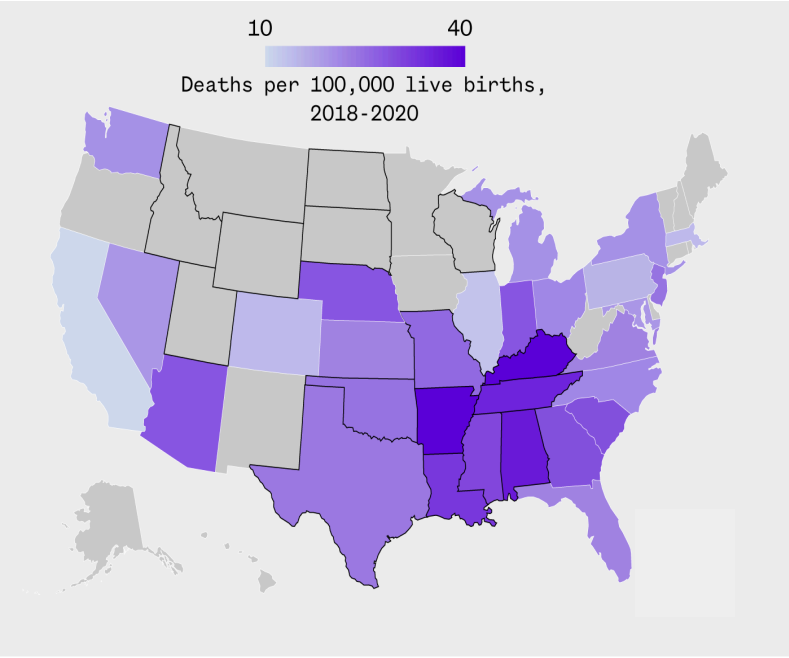


Ref: USA Today 2016

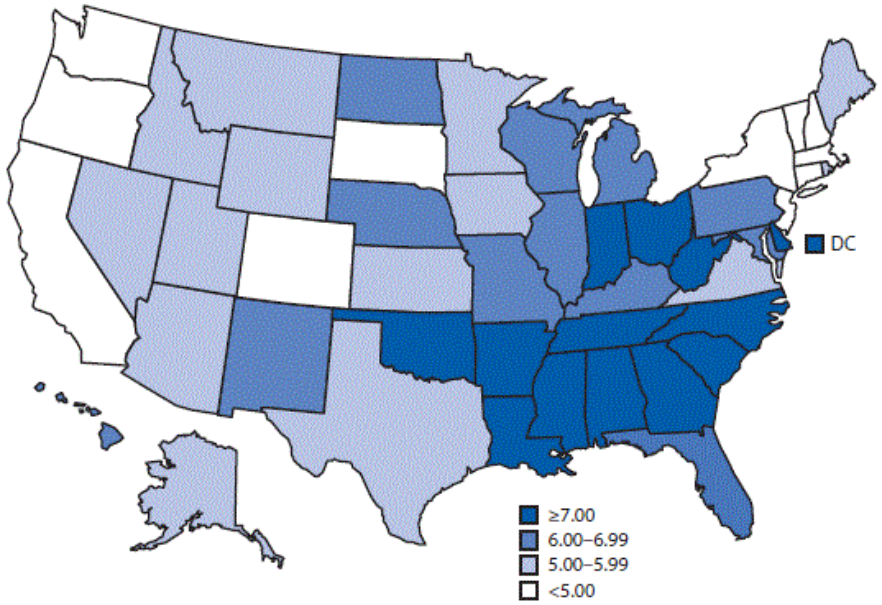
4. The current state of health policy (and politics) will have implications for maternal and child health

Outcomes are drawn by state lines…

Maternal Mortality Rate

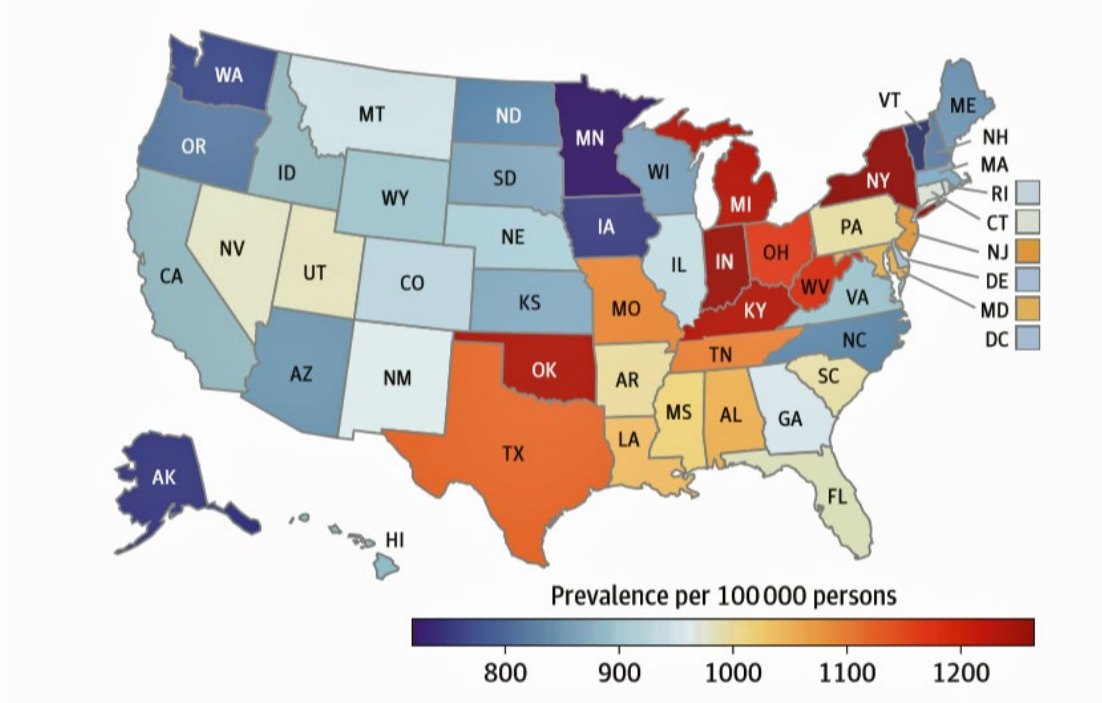


Infant Mortality Rate

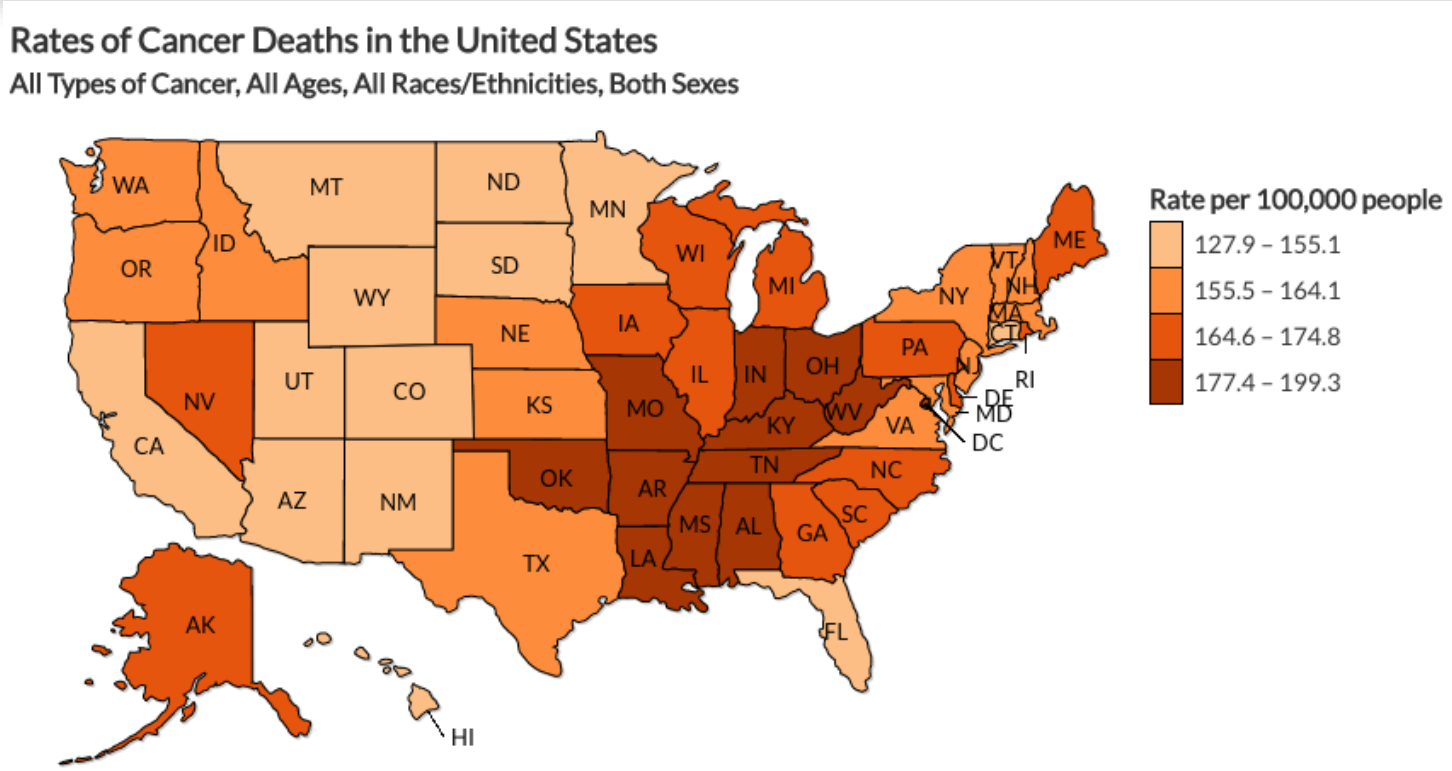


Outcomes are drawn by state lines…

Heart Failure Prevalence

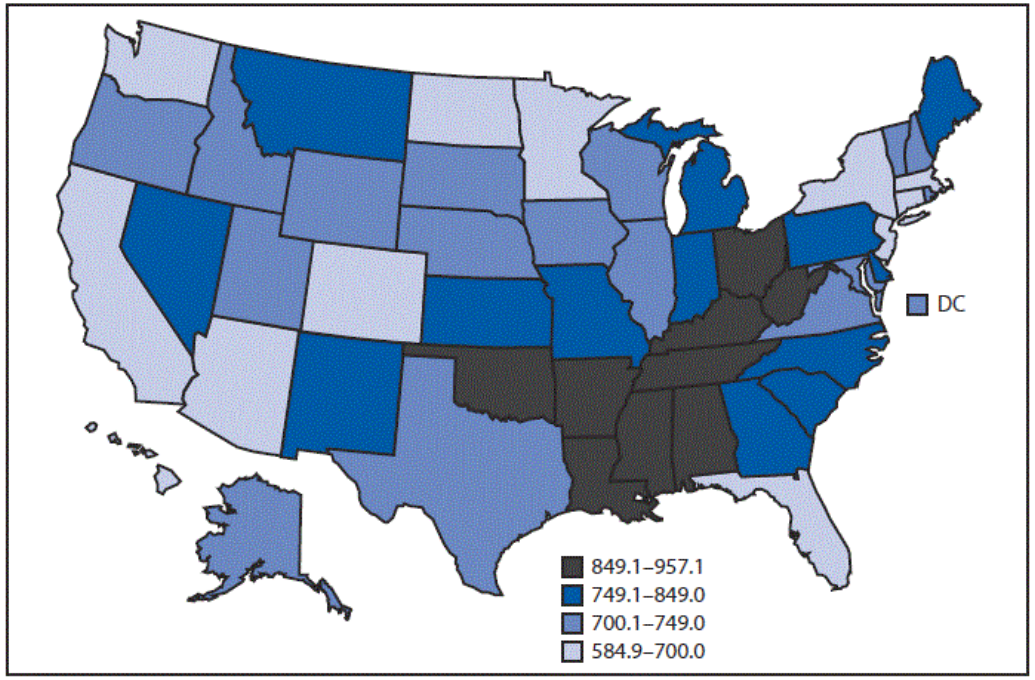


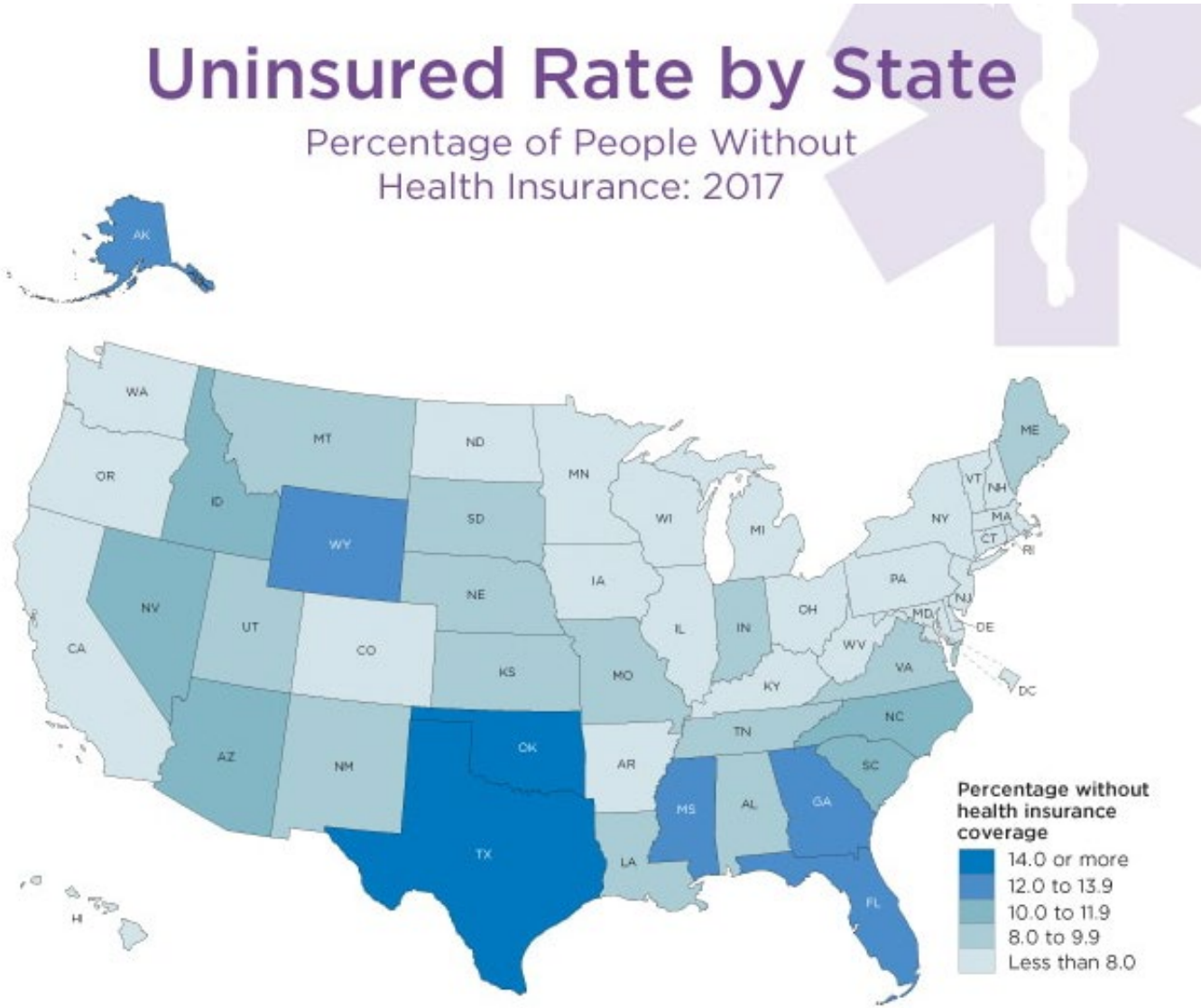
Outcomes are drawn by state lines…



Outcomes are drawn by state lines…

Age-adjusted Death Rate



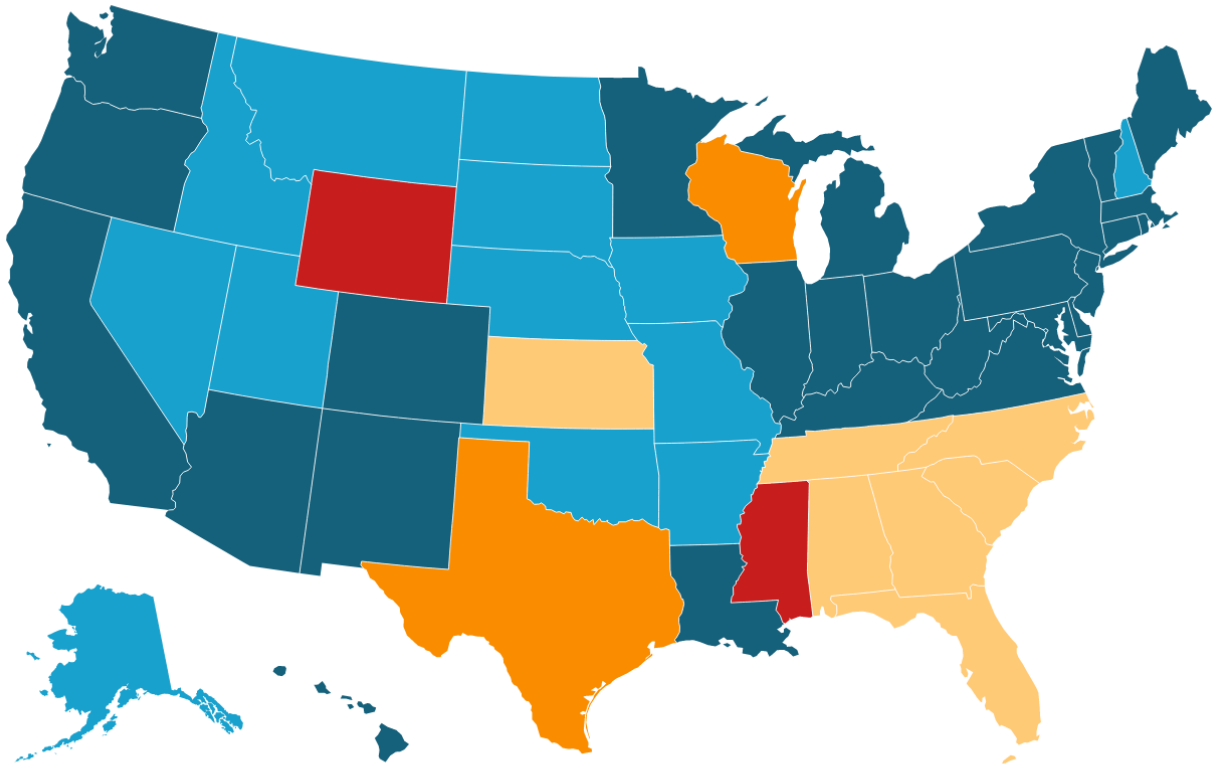


Outcomes are drawn by state lines…

Medicaid expansion & postpartum Medicaid extension

Thirty-four states are extending pregnancy Medicaid coverage from 60 days to 12 months postpartum. Of the 11 states that have not expanded Medicaid, Mississippi and Wyoming are the only two that have not acted to extend postpartum coverage. Texas has proposed a six-month extension and Wisconsin a 90-day extension.

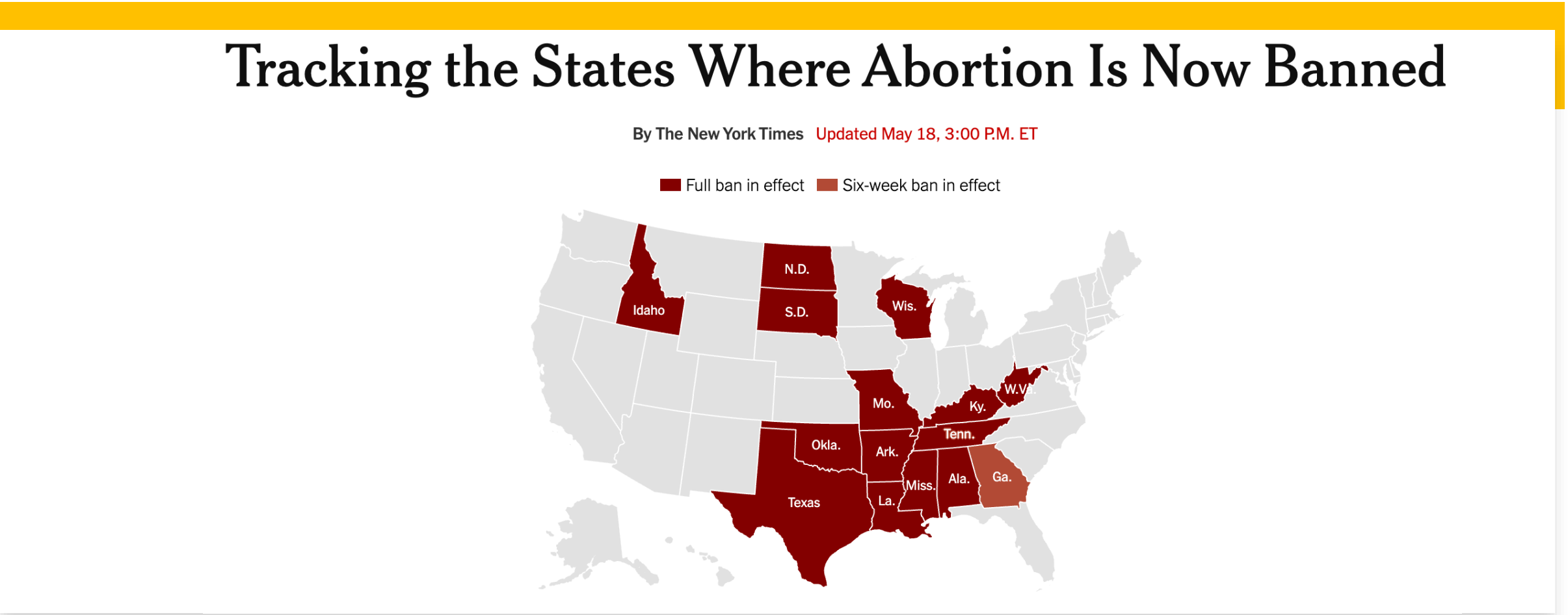
Medicaid expanded; 12-month postpartum extension planned or implemented
Medicaid expanded; no postpartum extension
No Medicaid expansion; 12-month postpartum extension planned or implemented
No Medicaid expansion; no postpartum extension
No Medicaid expansion; shorter postpartum extension proposed



Map: Isabelle Taft • Source: KFF • Created with Datawrapper

Outcomes are drawn by state lines…

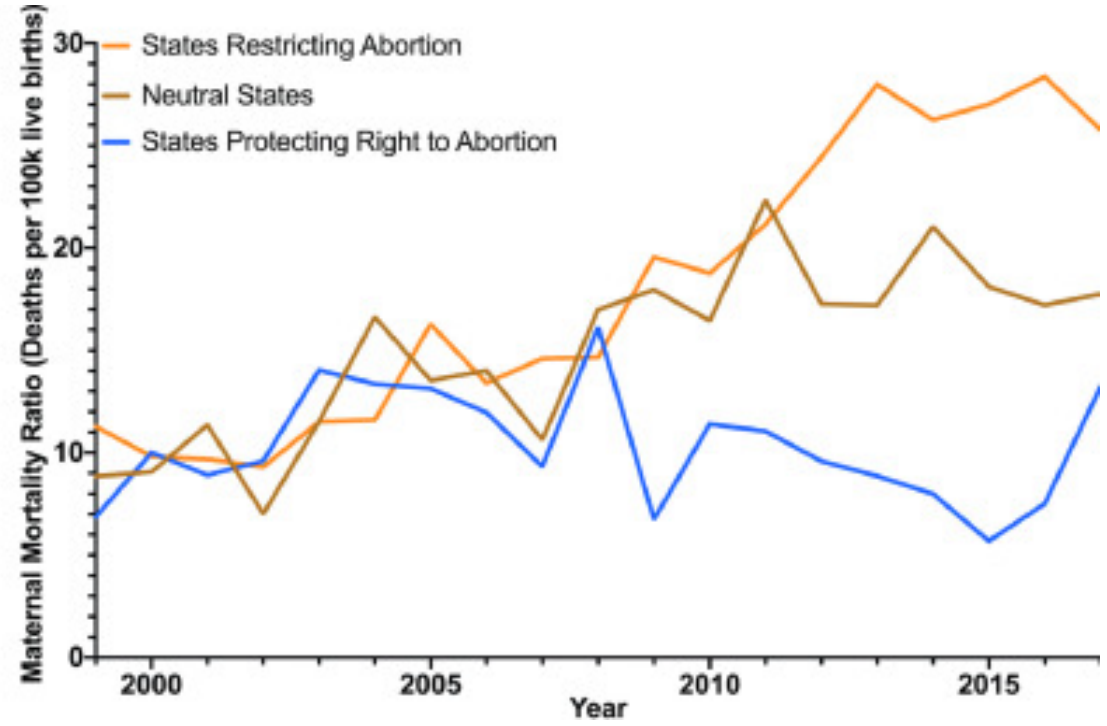
Abortion policy is maternal health policy



Ref: NYT 2023

Abortion policy is maternal health policy

States with restrictive abortion policies have higher maternal mortality rates



Ref: Addante et al 2021

POLITICS

Abortion laws triggered dozens of health complications, new report says

The research is an effort to capture an expansive picture of how health care has been affected by abortion bans

Abortion policy is maternal and child health policy

Ref: Washington Post 2023

A final thought …

Questions? Thoughts?

DHS
Pre nat

Kristal Dail

Healthy Start Consumer Convening
Hosted by the Healthy Start TA & Support Center at NICHQ

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

HRSA
Health Resources & Services Administration

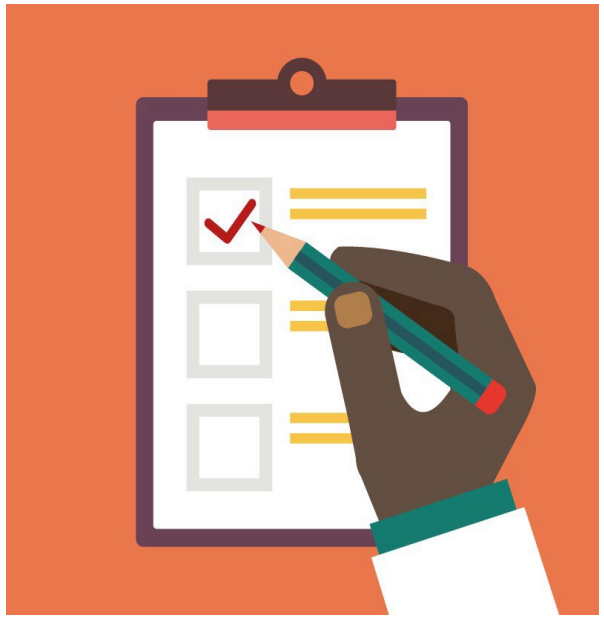
Division of Healthy Start & Perinatal Services

Consumer Convening

Kristal Dail, MPH
Public Health Analyst
Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People

Agenda



- Healthy Start Overview
- Healthy Start Program Model
- Program Services
- Doula Success Stories

Healthy Start Overview

WHAT

Healthy Start is a federally funded, **community driven program** dedicated to reducing disparities in maternal and infant health.

REACH

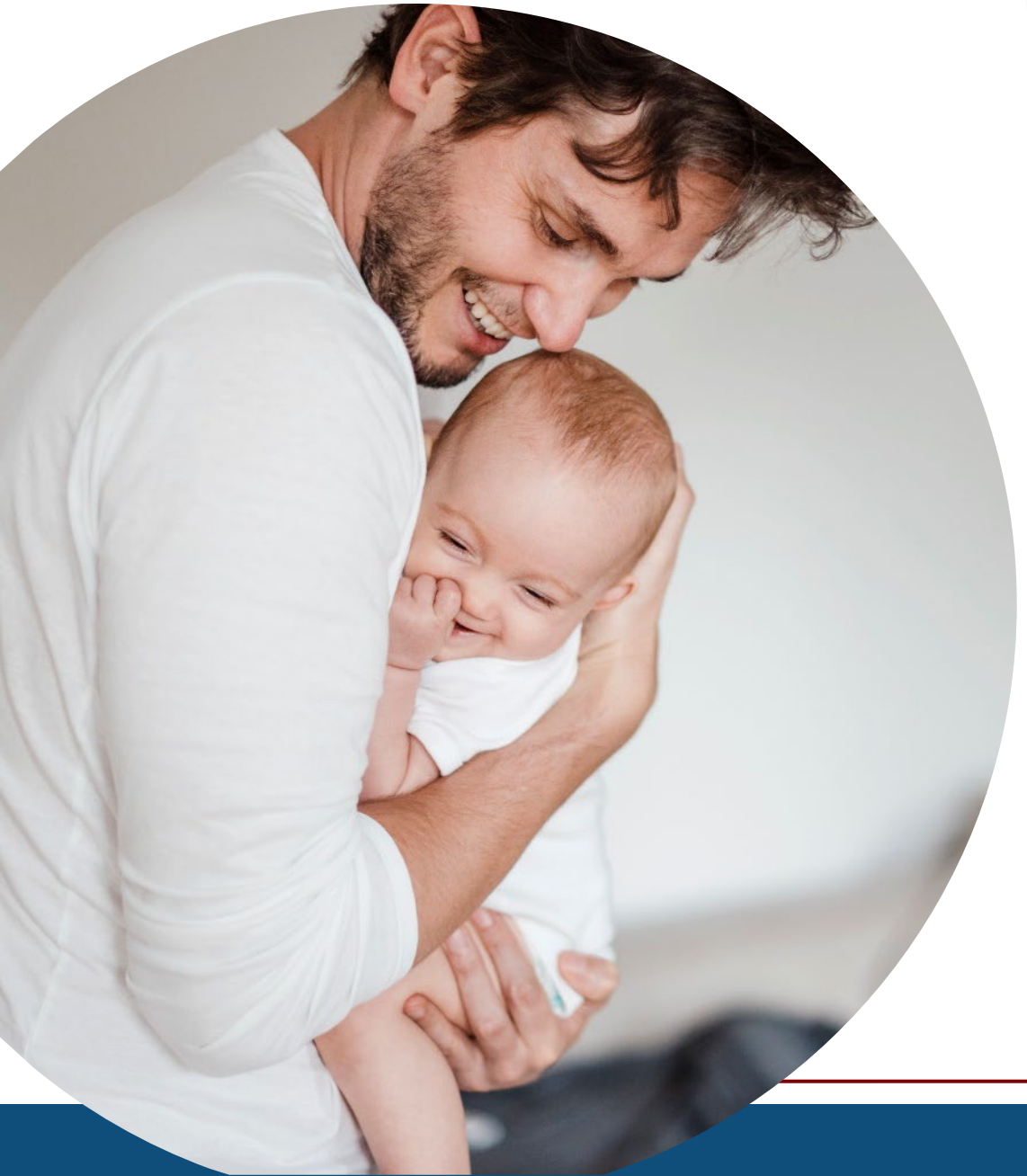
As of 2021, HRSA awarded over **$100 million to 101 Healthy Start Award Recipients** in 35 states, the District of Columbia, and Puerto Rico.

PURPOSE

Improve health outcomes before, during and after pregnancy, and **reduce racial/ethnic differences** and rates of infant death and adverse perinatal outcomes.

WHERE

Healthy Start works in communities with **infant mortality rates at least 1.5 times the national average**, and high rates of low birth weight, preterm birth, and maternal mortality.



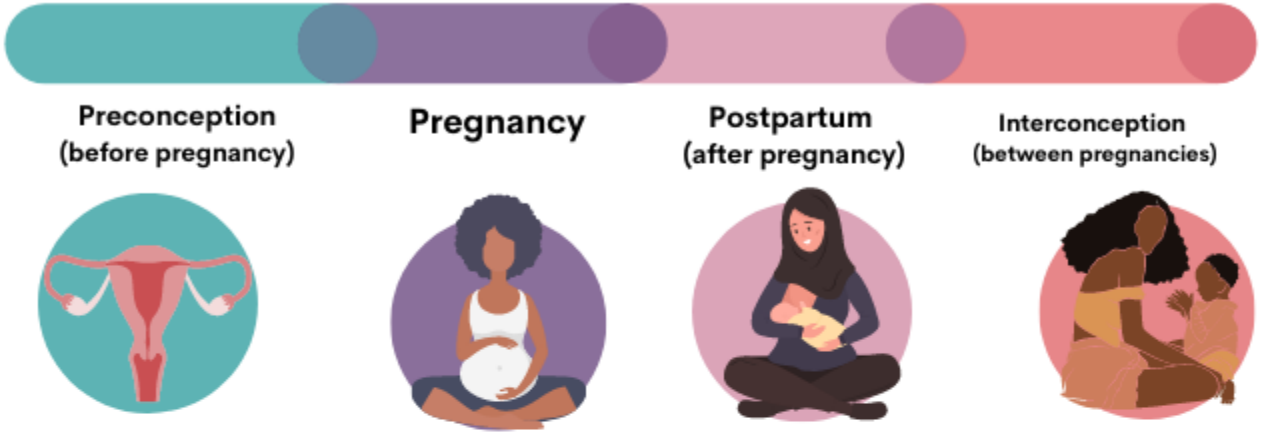
Healthy Start Program Model

HRSA Maternal & Child Health

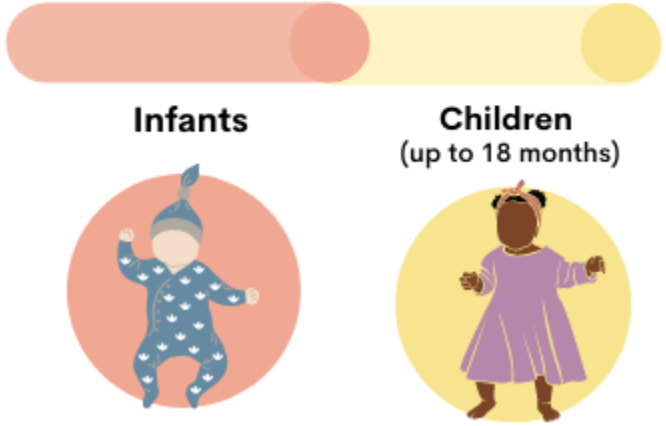
Current Healthy Start Core Elements

Who We Serve

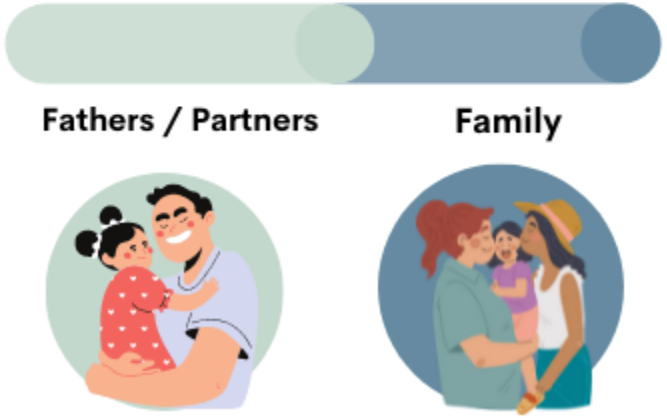
Birthing People



Infants & Children



Fathers, Partners & Family



Healthy Start Program Services

- Home visiting (in-person & virtual)
- Health insurance enrollment assistance
- Care coordination
- Health education
- Parenting education
- Family planning
- Father/Partner engagement
- Doula support*
- Breastfeeding support
- Nutrition counseling*
- Childbirth education
- Transportation service*

*select program sites only

HRSA Maternal & Child Health

National Maternal Mental Health Hotline

Are you a new parent - or about to be - and feeling sad, worried, overwhelmed, or concerned that you aren't good enough?

For emotional support and resources

CALL OR TEXT 1-833-TLC-MAMA (1-833-852-6262)

Free – Confidential – 24/7

60+ Languages

HRSA Maternal & Child Health

Healthy Start
Community-Based Doula Supplements

- **Purpose:** To increase the availability of doula services in Healthy Start service areas
- **Funding:** $3.125 Million
- 44 Healthy Start grantees

HRSA Maternal & Child Health

Black Maternal Health Week 2023

HRSA is proud to highlight the contributions of HRSA award recipients who create better health outcomes for Black women before, during, and after pregnancy.
#BMHW2023 #HRSAhelpsmoms
#TheDoulaDifference

HRSA Maternal & Child Health

Doulas make the difference

Breanna & Ms. Linda share their story.

Contact Information

Kristal Dail

Public Health Analyst, Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Email: kdail@hrsa.gov

Web: mchb.hrsa.gov

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

 Sign up for the HRSA eNews

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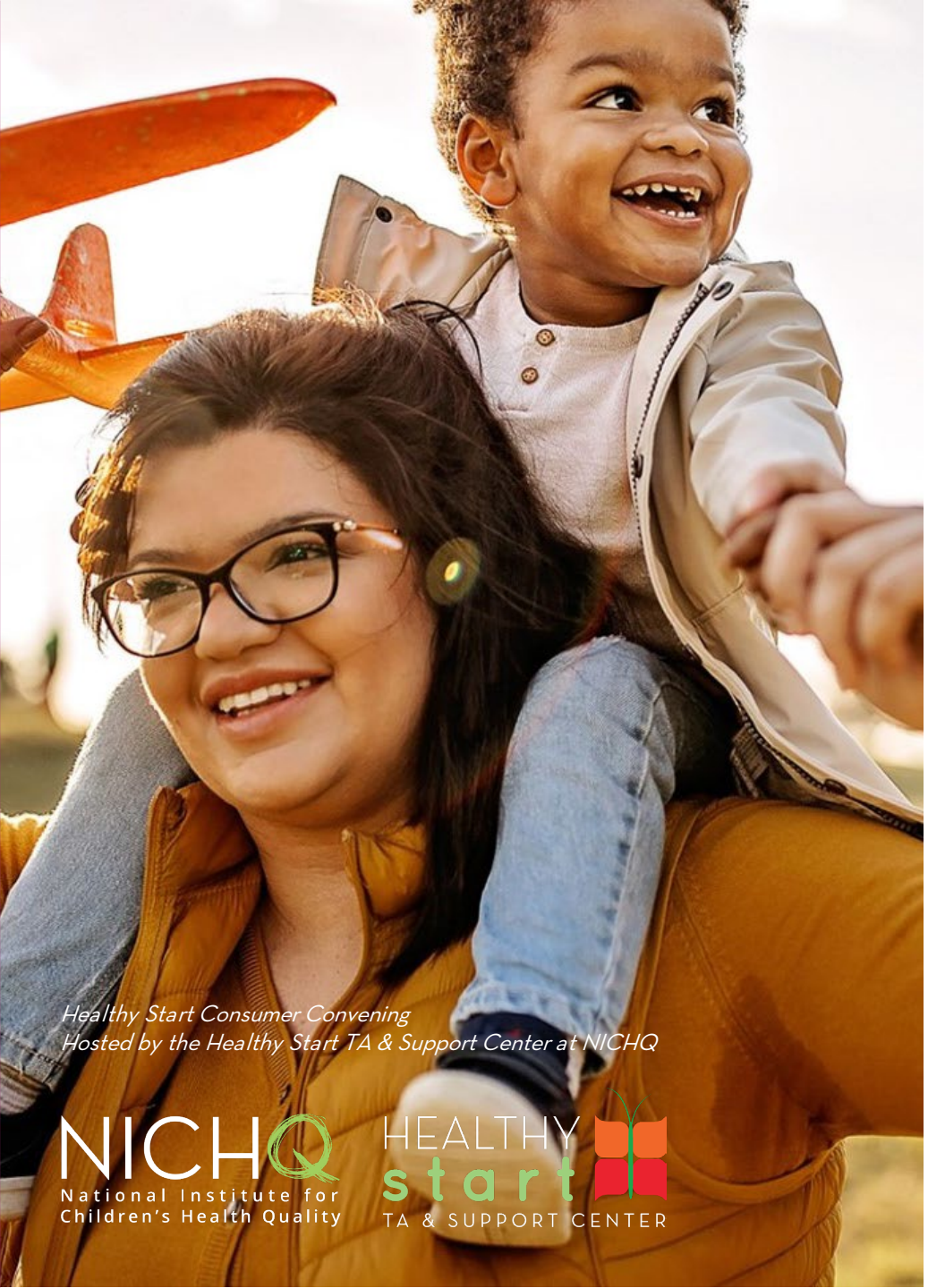

Skill-Building Topics

- **Birth & Racial Equity Advocate** *with Brenda Reyes*
- **Putting Your Mask on First** *with Dr. Linda Henderson-Smith*
- **Powerful Stories, More Powerful Storytelling** *with Dr. Magda Peck*
- **My Story, My Way** *with Stephanye Clarke*

Here's the plan...

- **4 Topics to select from**
- **3 Chances to attend**
  Session #1 – Thursday @ 11 am
  Session #2 – Thursday @ 3:30 pm
  Session #3 – Friday @ 10:30 am
- **20 Participants per room**
- **No Bad Choices**

Quick Break

Healthy Start Consumer Convening
Hosted by the Healthy Start TA & Support Center at NICHQ

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Naming, Recognizing, and Reporting Obstetric Racism During Childbirth Hospitalization: Consumer Advice for Black Birthing Communities

Dr. Karen Scott

Birthing Cultural Rigor

Healthy Start Consumer Convening
Hosted by the Healthy Start TA & Support Center at NICHQ

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Building Consumer Acts of Resistance: Dismantling Harm "Anti-Black Gendered Racism in Childbirth Hospitalization" & Reclaiming Our Power and Healing

Karen A. Scott, MD, MPH, FACOG
Chief Black Feminist Physician Scientist
Founding CEO & Owner
BCR Gen Info: info@birthingculturalrigor.org
Website: https://www.birthingculturalrigor.com/
Twitter: @RJEpiOBWaarrior @CulturalRigor

Birthing Cultural Rigor

POSITIONALITY – KAREN A. SCOTT, MD, MPH, FACOG

- Southern Black woman from East Nashville before gentrification.
- Daughter of Edith W. Floyd (TN) & the late John Henry Scott, Sr (SC)
- Gratitude: the gift of a formal liberal arts education from 5th grade until completion of medical school.
- Lifelong learner: *This is the way*.
- **Proud Black Feminist, Reproductive Justice Avenger, Wakanda Healer, Yoda Follower, Kare Bear Hugger, Public Health OBGYN, Applied Epidemiologist, And Health Systems Disruptor/Transformer & Architect**
- 21st year anniversary as a community-based trained and serving OBGYN.
- My purpose: To advance **Cultural Rigor through the operationalization of Black Feminism, Reproductive Justice, and Research Justice** in participatory quality improvement and implementation science, practice, and research, and interprofessional education & training

Childbirth Hospitalization: Outcomes As Performance Measures of Quality & Safety

A Black mother and child

Birthing Cultural Rigo

- Full Term Pregnancy
- Absence of Medical Conditions/Co-morbidities
- Optimal Prenatal Care Utilization
- Vaginal Birth with a small laceration with repair
- Normal weight infant
- Healthy infant, no need for NICU care/admission
- Infant latched well to breast/chest/body

"High performing, high quality, and safe" birthing hospital

Is this a SAFE or UNSAFE Black Birth?

"Though he put me back together, I *still* don't *feel* WHOLE."

Childbirth Hospitalization: Outcomes As Performance Measures of Quality & Safety

A Black mother and child

Birthing Cultural Rigo

"Though he put me back together, I ***still*** don't ***feel*** WHOLE."

Is this a SAFE or UNSAFE Black Birth?

Tradition (System Intention)	Reality (Community impact)	Recommendation (Innovation & Disruption)
Outcome measures evaluate hospital performance	Outcome measures evaluate the performance of Black bodies in birth	Experience measures evaluate hospital treatment of Black mothers & birthing people

Article Text | Article menu

Editorial

Emotional safety *is* patient safety

PDF

FREE

Audrey Lyndon [1], Dána-Ain Davis [2], Anjana E Sharma [3], Karen A Scott [4]

Correspondence to Dr Audrey Lyndon, Rory Meyers College of Nursing, New York University, New York, NY 10010, USA; Audrey.Lyndon@nyu.edu

BMJ Quality & Safety @BMJ_Qual_Saf · 3d

Harm is harm. Emotional safety is patient safety. @audreylyndon, @drdanaaindavis, @AJSharmaMD & @RJEpiOBWarrior justify a new patient safety paradigm, using obstetric racism as an exemplar.

qualitysafety.bmj.com
Emotional safety is patient safety

Birthing Cultural Rigor

We need NEW ways of defining and measuring patient safety

"Feeling safe" as defined through patient experience vs "being safe" as defined by clinical outcomes selected by quality experts and health plans

Power differences and dynamics → degrading patient experiences of care as valid patient safety measures.

Minimizes patient experiences as "fake truth", not related to patient safety

Health systems and health insurance plans elevate "being safe" over "feeling safe"

Birthing Cultural Rigor

BMJ Quality & Safety

Home / Online First

Article Text

Article menu

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We need NEW ways of defining and measuring patient safety

"Feeling safe" as defined through patient experience vs "being safe" as defined by clinical outcomes selected by quality experts and health plans

"Being safe" means we limit the meaning and measure of safety as the absence of physical harm → fails to capture harm as violations of social, cultural, emotional, and psychological safety

Birthing Cultural Rigor

BMJ Quality & Safety

Article Text | Article menu

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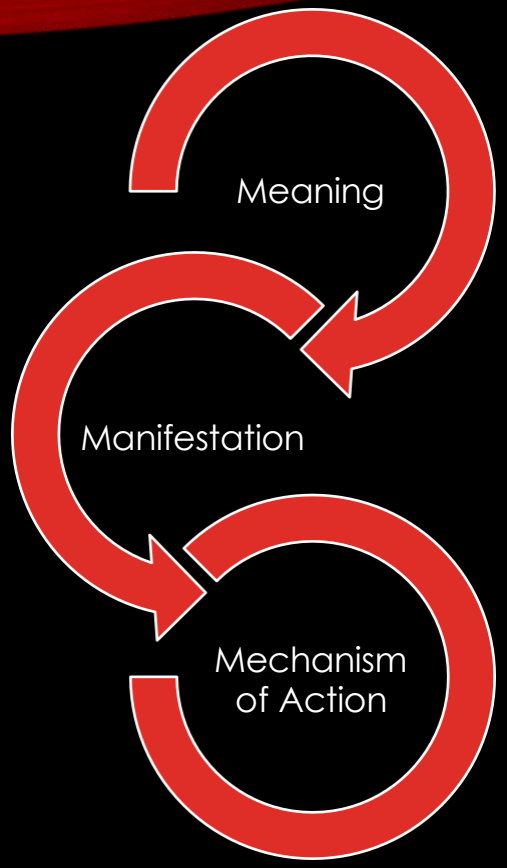
Reproductive and Perinatal Apartheid In The U.S.



- Population control programs, practices, and policies
- Criminalization of sex, reproduction and motherhood/parenthood
- Rapid termination of parental rights for those deemed "unfit" by the state
- Environmental degradation with infertility, miscarriages, and other adverse health outcomes
- Access to choose from all available birthing spaces, attendants, positions, practices & support persons
- Structural stigmatization of Mothers/Fathers/Parents at the Margins
- Differential access to Assisted Reproductive Technology
- Resistance to expanding definitions of partnering and parenting options and configurations
- Maternity/Paternal/Parental leave & affordable childcare
- Stable housing and wages
- Safe, affordable, and sustainable neighborhoods: clean air, water, food, shelter, and recreation/leisure/play
- State sanctioned policy brutality and murders

BCR
Birthing Cultural Rigor

Scott 2021

Context: We limit patient safety meanings and measures to clinical outcomes only AND then we study outcomes data by race.

Result: We see NO difference in outcomes based on race

Conclusion: Racial disparities or racial inequities do NOT exist.
Right? Maybe? Nope.

Birthing Cultural Rigor

"We must call out the lie in QI: The absence of perinatal pathology is the presence of perinatal equity.

Karen A. Scott, MD, MPH, FACOG

Chief Black Feminist Physician Scientist, Founding CEO, & Owner, Birthing Cultural Rigor, LLC

Birthing Cultural Rigor

Karen A. Scott, MD, MPH, FACOG

Birthing Cultural Rigor

"Just because you don't see the pathology that you define doesn't mean someone's not being hurt or harmed," said Scott, who created an instrument to measure Black patients' experiences of obstetric racism, capturing what she describes as the misalignment between hospital intentions of providing safe and high-quality care and patients' actual experiences. "

- Washington Post, August 9, 2022

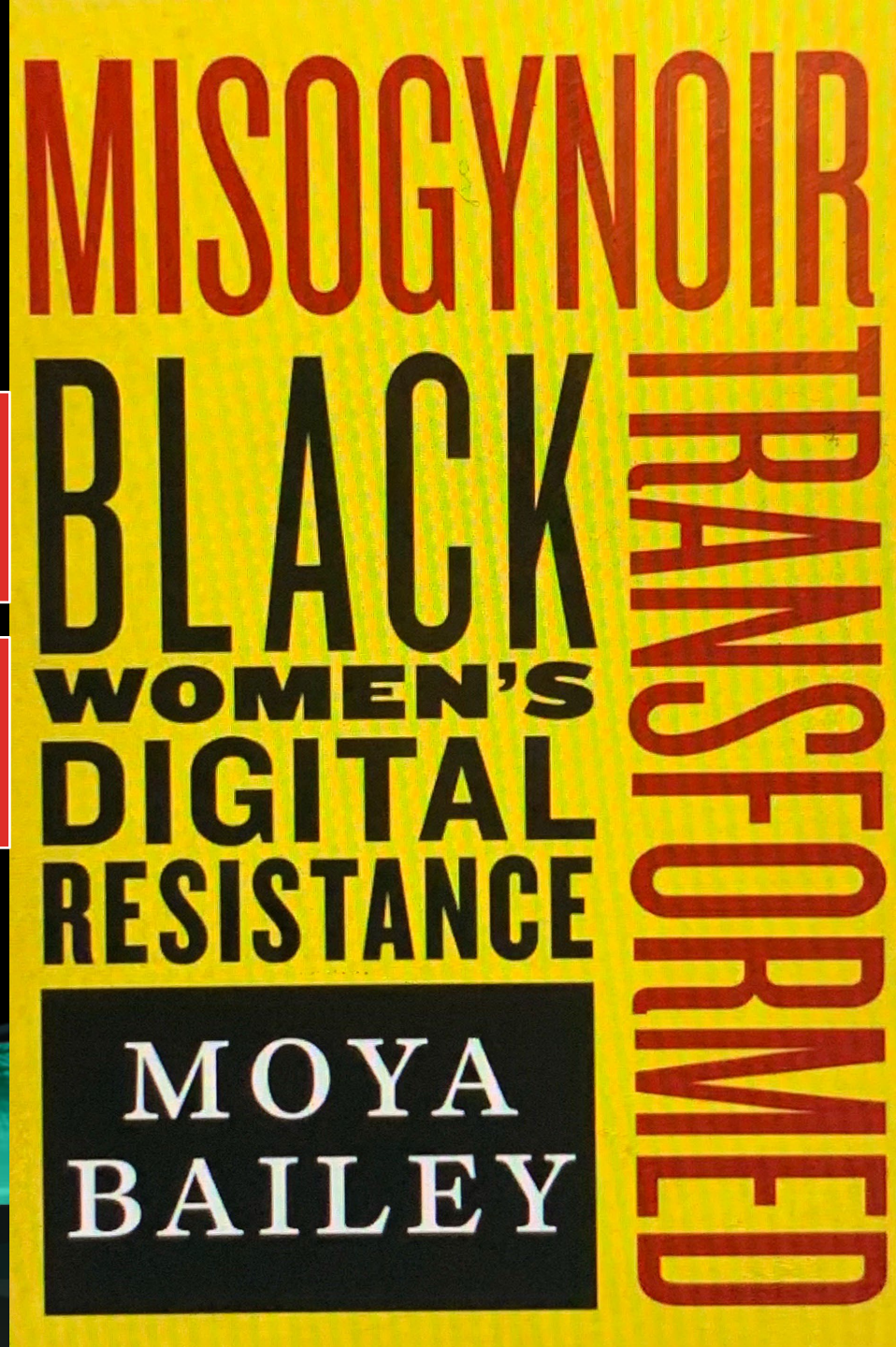
www.birthingculturalrigor.com

Birthing Cultural Rigor

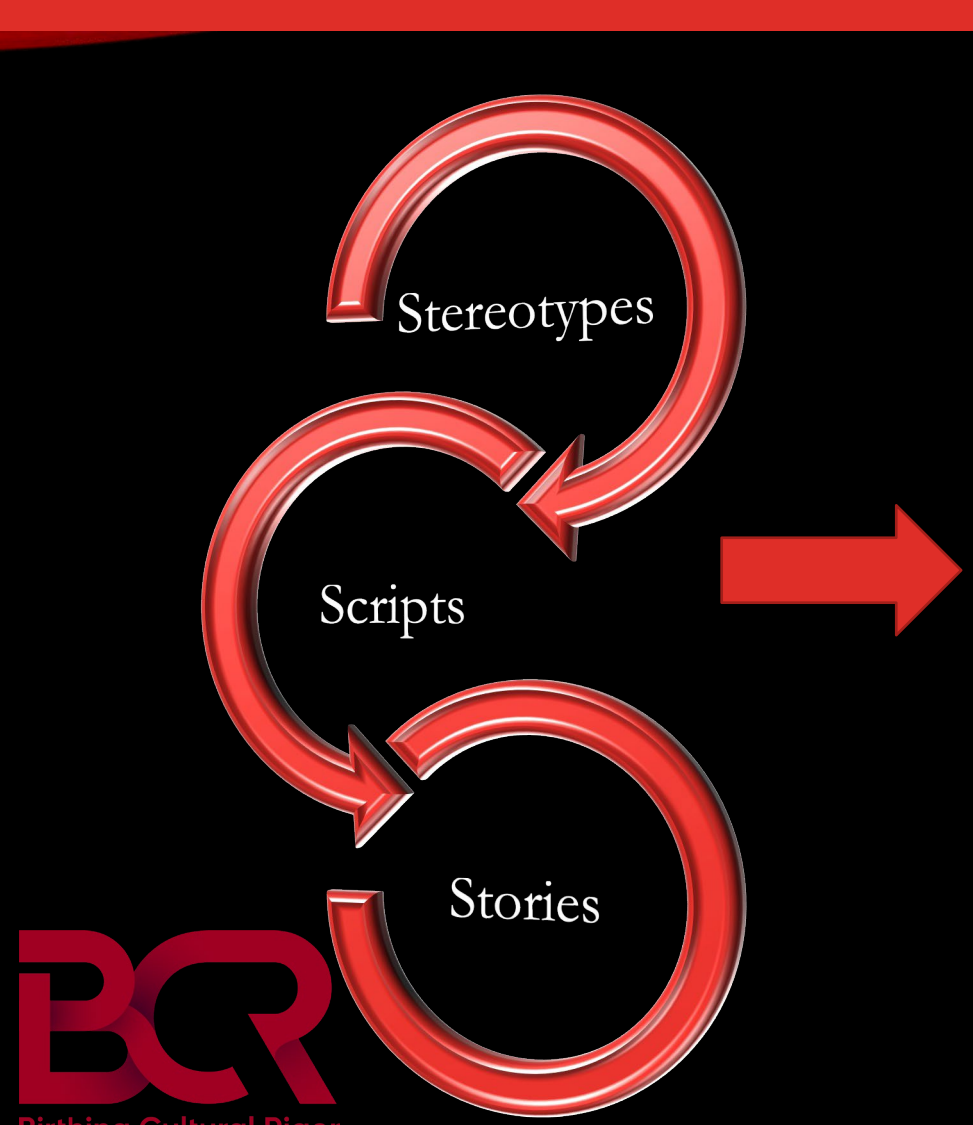
"The Ways Anti-Black Racism And Anti-Black Sexism(Misogynistic) Representation Shape Broader Ideas About Black Women, Particularly In Visual Culture And Digital Spaces."

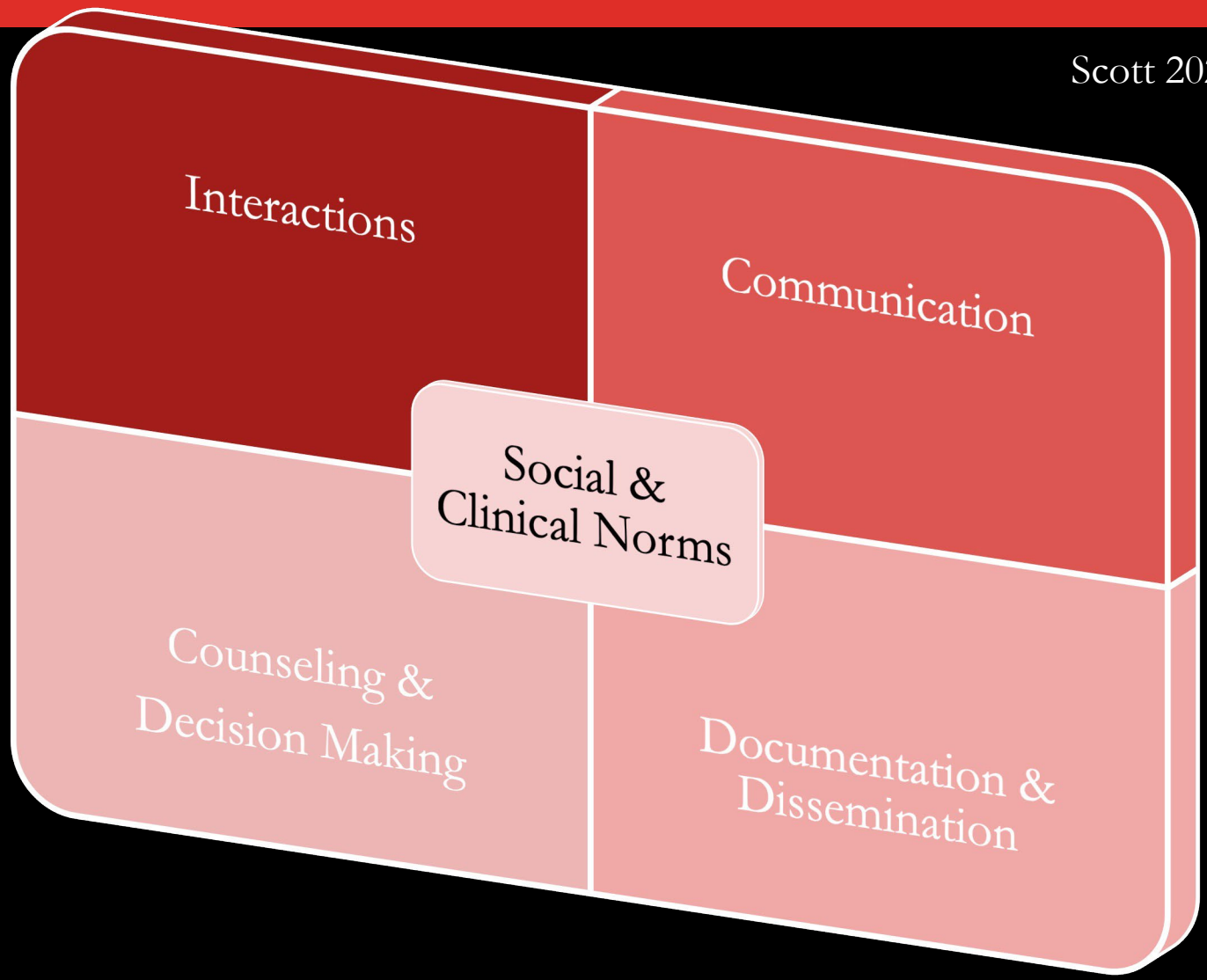
older, fatter, sicker	uglier, undesirable	hypersexual, whore	unfit, untrustworthy, irresponsible
angry, bitter, bossy, b*tch	controlling	lonely, liar, lazy, crazy	drug-seeking, drug user,
	non-compliant, disruptive, hostile	ignorant, irresponsible	

Birthing Cultural Rigor



Consequences of Creating or Sharing Knowledge that is bth Anti-Black Racist AND Anti-Black Sexist: Reproducing Misogynoir





Scott 2021

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Weaponizing medical records to perpetuate harm against Black patients & women: Testimonial Injustice

Study sample: 9, 251 notes written by 165 physicians about 3374 unique patients

Original Research | Published: 22 March 2021

Testimonial Injustice: Linguistic Bias in the Medical Records of Black Patients and Women

Mary Catherine Beach MD, MPH, Somnath Saha MD, MPH ✉, Jenny Park, Janiece Taylor RN, PhD, FAAN, Paul Drew PhD, Eve Plank, Lisa A. Cooper MD, MPH & Brant Chee PhD — Show fewer authors

Journal of General Internal Medicine **36**, 1708–1714 (2021) | Cite this article

- Goal: Name the types of linguistic ("language-producing") systems of communication used by physicians to show that they doubt or disbelieve patient narratives of their lived experiences (testimonial injustice) and then explore racialized and gendered differences in the use of such language.

- Main measures: 3 linguistic features that create doubt or testimonial injustice by using:
  - quotation marks (e.g., has a "reaction to the medication)
  - specific "judgment words" that suggest doubt (e.g. "claims" or "insists")
  - Evidential, a sentence made by physicians in which patients' symptoms or experiences are reported as hearsay

Weaponizing medical records to perpetuate harm against Black patients & women: Testimonial Injustice

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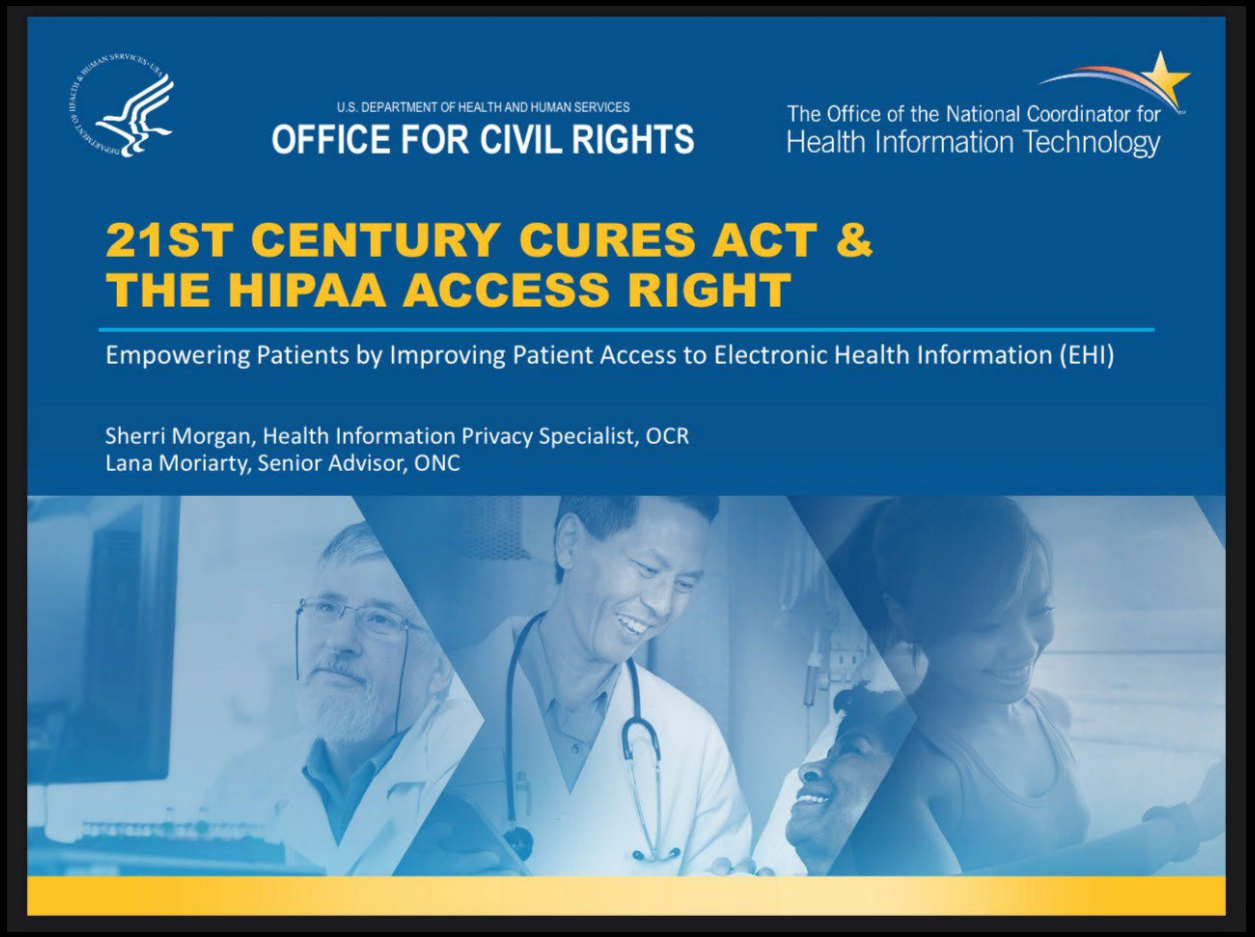
Journal of General Internal Medicine **36**, 1708–1714 (2021) | Cite this article

- Results:
  - Patient characteristics: 74% Black, 58% female
  - Physicians were more likely to write about Black patients, compared to white patients, using:
    - at least one quote
    - At least one judgment
    - More evidentials
    - written about Black patients had
  - No difference notes based on patient sex (female vs. male) for use of judgment or evidentials
  - Physicians were more likely to use at least one quote to show they doubt female patients

Correcting the harms against Black patients & women in medical records: Testimonial Justice



Consumer Act of Resistance:

Always ask for a copy of your electronic and paper medical records after ANY clinical visit or encounter with a health care professional, social worker, health system, or hospital

https://www.healthit.gov/sites/default/files/2018-12/LeveragingHITtoPromotePatientAccess2.pdf

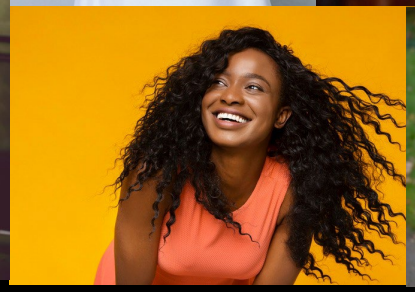
Patients have the right to request and receive an electronic copy of their electronic Protected Health Information (ePHI) (including medical records) and to have the provider electronically transmit PHI to another person or entity










The Issue

Hospitals in the U.S. do **NOT** routinely keep Black women, girls, & gender expansive people and their loved ones *safe* during pregnancy, labor, birth, and postpartum.

Birthing Cultural Rigor

Our Vision of SACRED Birth for Black Mothers & Birthing People:

Sacred birth is a radical attitude towards **human births**, specifically **Blackness, Black bodies, and Black births**, that regards all birth activities as fundamentally normal, healthy, spiritual, familial, magical, transformative, erotic, communal, emancipatory, and power-activating.

Sacred birth encourages diverse and inclusive birth pleasure, practices, care, spaces, options, partners, communities, and experiences.

The sacred birth movement advocates for safer, respectful, dignified, high quality "participatory" birth care, conditions, experiences, and outcomes, and improved workforce diversification, development, sustainability, and restoration of Black Midwifery care and Black Doula support models as part of its campaign.

Birthing Cultural Rigor

Adaptation of Sex Positivity by Karen A. Scott, MD, MPH, ,FACOG on April11,2018
Gabosch, Allena (2008-02-26). "A Sex Positive Renaissance". Retrieved 2014-09-12. Revised

Scott 2018

Our Vision of SACRED Birth for Black Mothers & Birthing People:

Consumer Act of Resistance:

Ask your prenatal health professional and hospital L&D staff/leadership to share their vision of a SACRED Birth for Black Mothers & Birthing People

What truths do they hold about Black bodies, Black Mothers/Parents, Black births, and Black chosen and given families?

What steps are taken to acknowledge, affirm, and amplify the power, potential, promise, and pleasure, not only pathology of laboring, birthing, and living through postpartum?

Scott 2018

Birthing Cultural Rigor

The SACRED Birth Study

Thank you for this meaningful study. Although I was stressed out due to delivering at the peak of covid-19 in NY, I strongly believe that my experiences were better than most other black women delivering at the same time, simply due to my profession as a pediatrician. I was able to call in many of my friends who were black OB/gyn's working in the hospital to oversee my care and they helped me tremendously! It is very unfortunate that my connections and profession afforded me with these opportunities, despite the fact that overall it was quite traumatic due to the pandemic. I pray that the system changes for the better to accommodate all Black birthing bodies so everyone receives similar special care and attention regardless of their career paths and internal connections.

Scott 2021

BCR

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HTTPS://WWW.BIRTHINGCULTURALRIGOR.COM/

The Arc of Cultural Rigor in Perinatal Quality Improvement

Birthing Cultural Rigor

Reproductive & Perinatal Apartheid

Persistent near death and death gap

Sojourner Syndrome

Obstetric Racism

Black Feminist Praxis

Reproductive Justice

Research Justice

Black Birthing Patient Experience

Safety & Accountability

Kinship

Autonomy

Dignity in Blackness & Holistic care

Communication & Information Exchange

Empathy & Humanity

Anti-Racism/ Anti-Misogynoir

Dána-Ain Davis, PhD, MPH

BLACK MATERNAL HEALTH WEEK 2019

#CiteBlackWomen

BLACK MATERNAL HEALTH WEEK

APRIL 11 - 17, 2019

"Obstetric racism is a threat to maternal life and neonatal outcomes. It includes, but is not limited to, critical lapses in diagnosis; being neglectful, dismissive, or disrespectful; causing pain; and engaging in medical abuse through coercion to perform procedures or performing procedures without consent."

DAVIS. D. (2018). OBSTETRIC RACISM: THE RACIAL POLITICS OF PREGNANCY, LABOR, AND BIRTHING. MEDICAL ANTHROPOLOGY, DOI: 10.1080/01459740.2018.1549389

#BMHW19

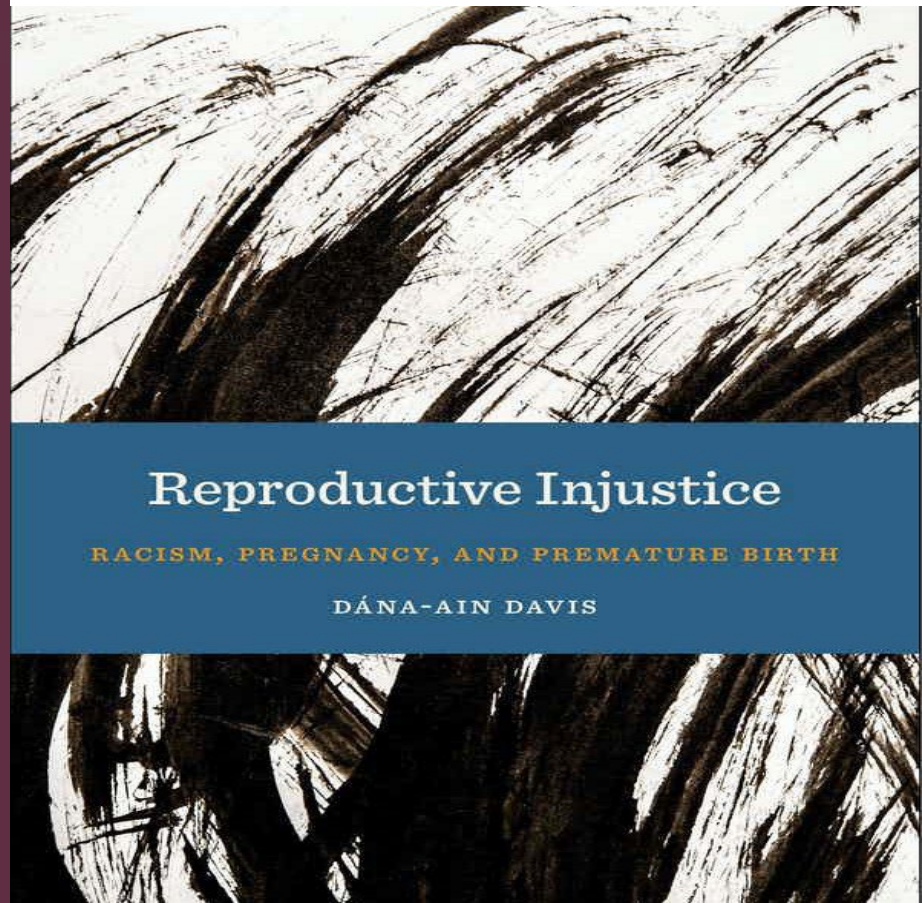
BCR Birthing Cultural Rigor

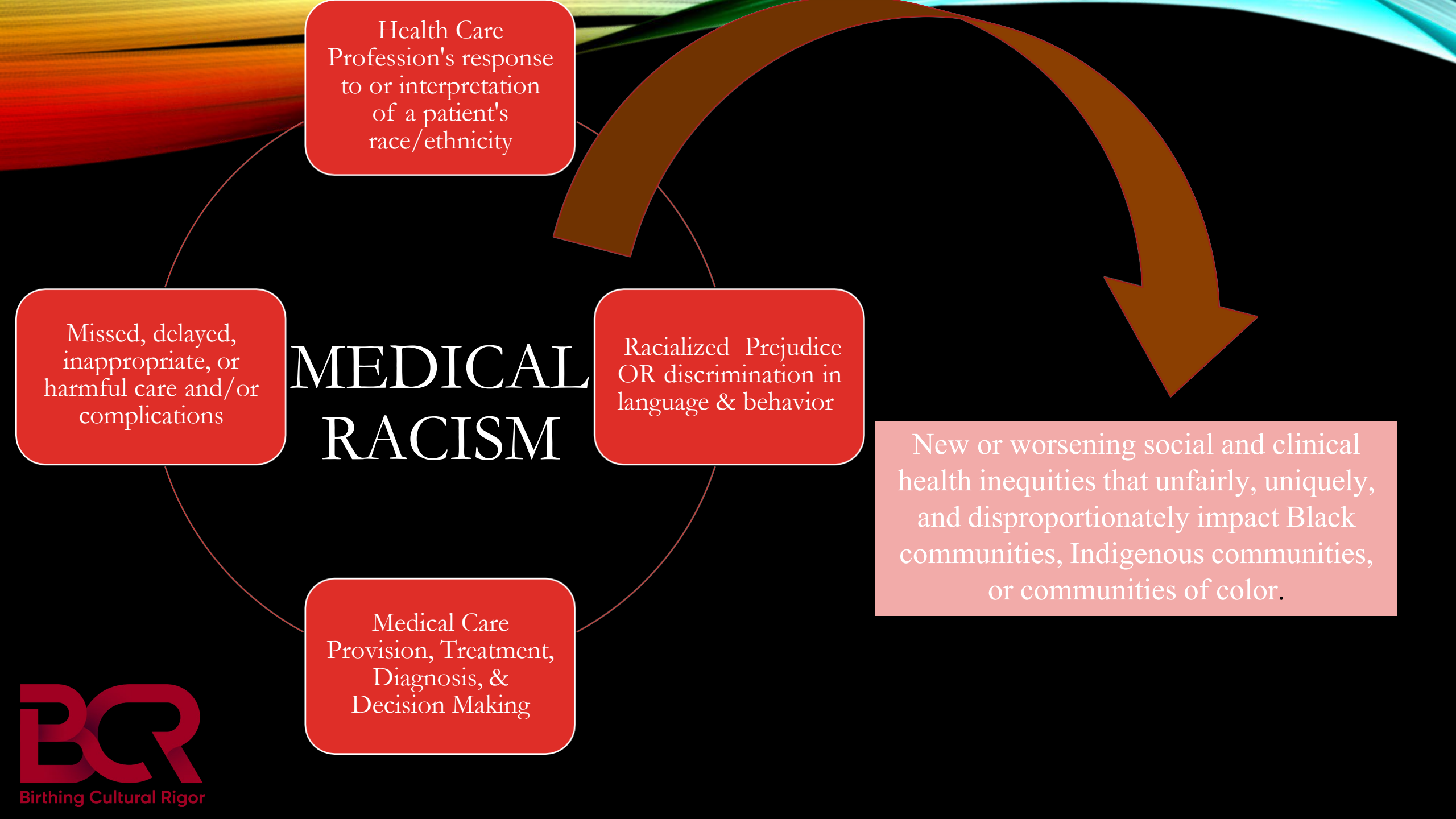
PubMed.gov

Advanced

Obstetric Racism: The Racial Politics of Pregnancy, Labor, and Birthing

Dána-Ain Davis. Med Anthropol. 2019 Oct.




Health Care Profession's response to or interpretation of a patient's race/ethnicity
Racialized Prejudice OR discrimination in language & behavior
Medical Care Provision, Treatment, Diagnosis, & Decision Making
Missed, delayed, inappropriate, or harmful care and/or complications
MEDICAL RACISM
New or worsening social and clinical health inequities that unfairly, uniquely, and disproportionately impact Black communities, Indigenous communities, or communities of color.
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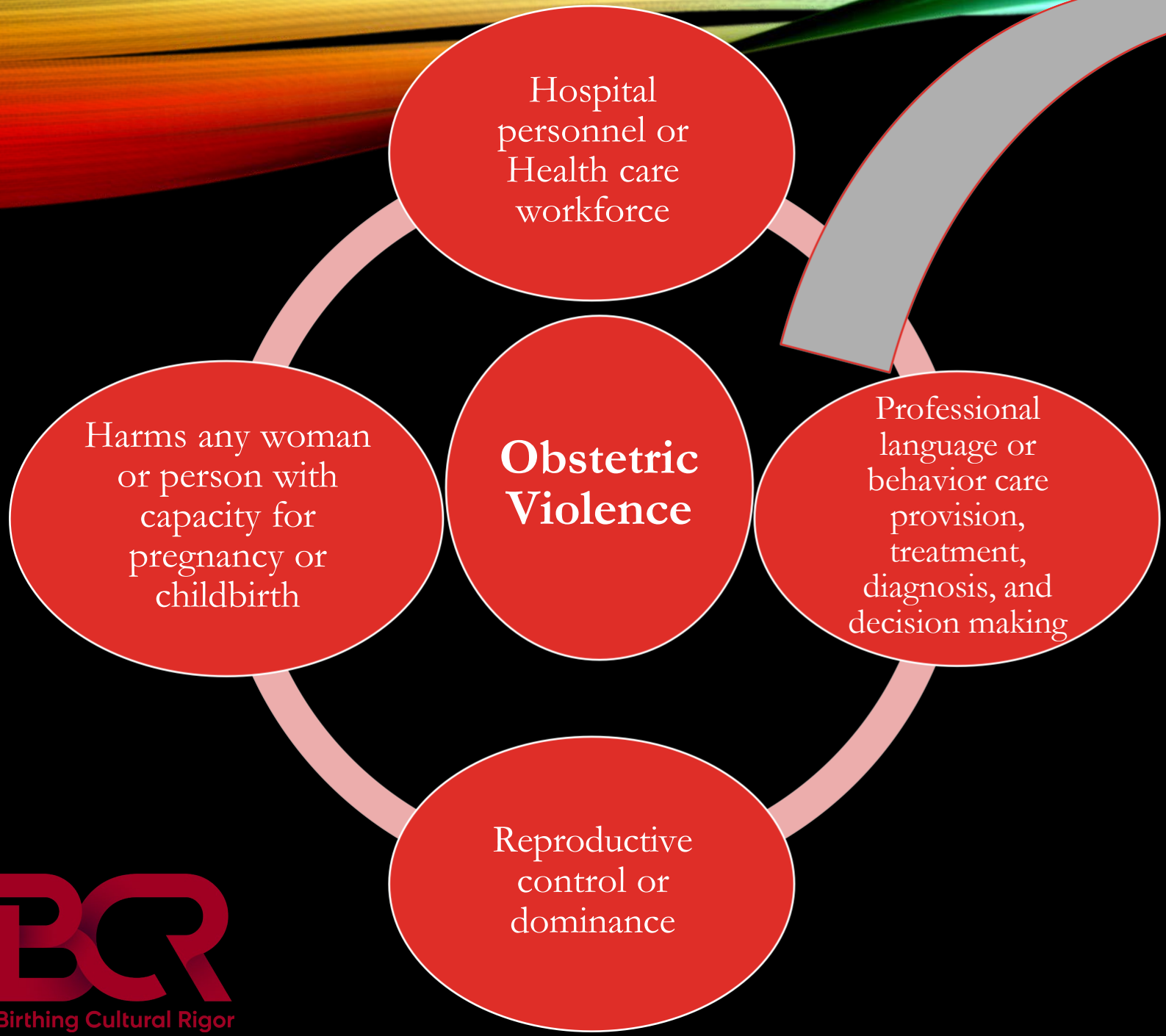


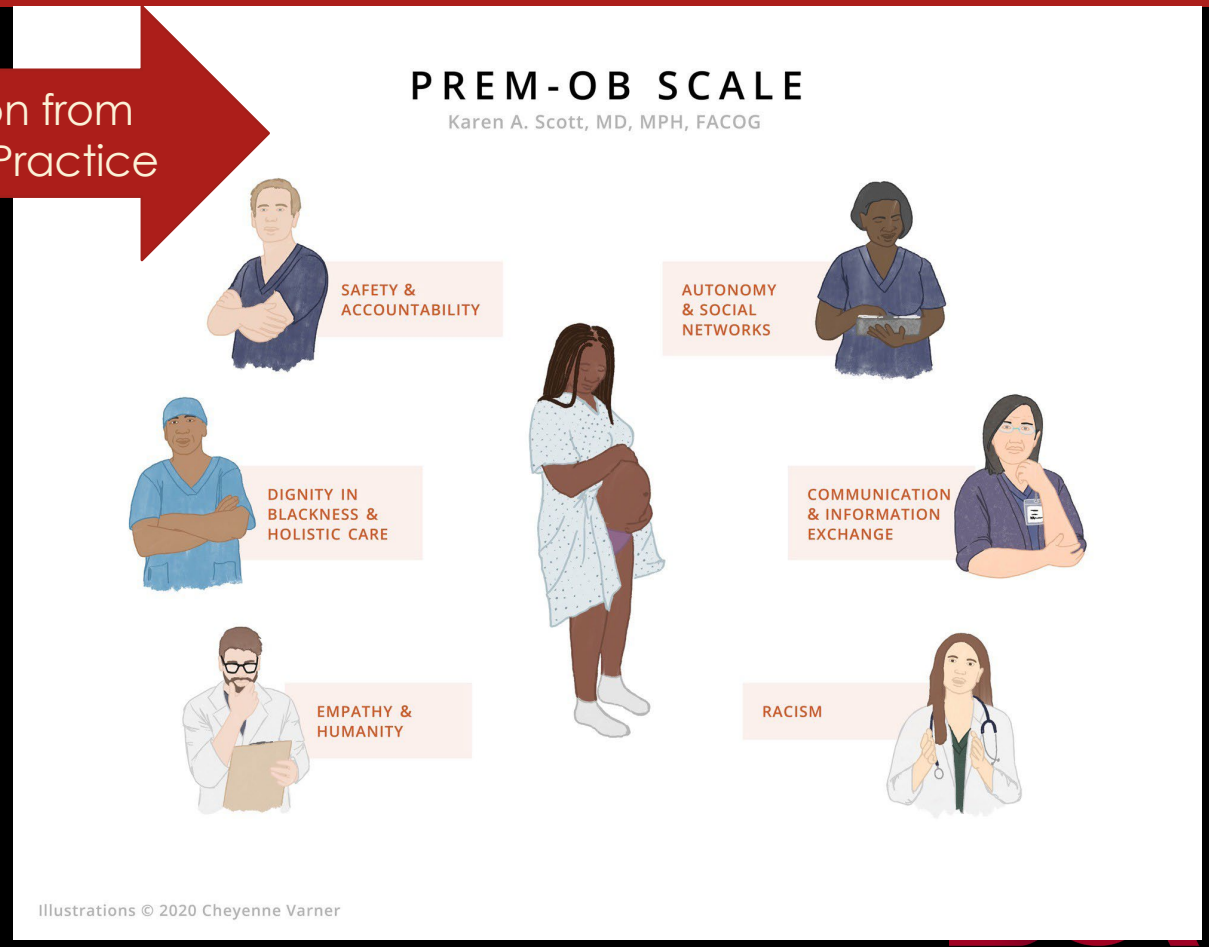
Loss of patient autonomy, safety, and dignity among women or people with capacity for any pregnancy-related experience or condition while seeking help or health care.

Birthing Cultural Rigor

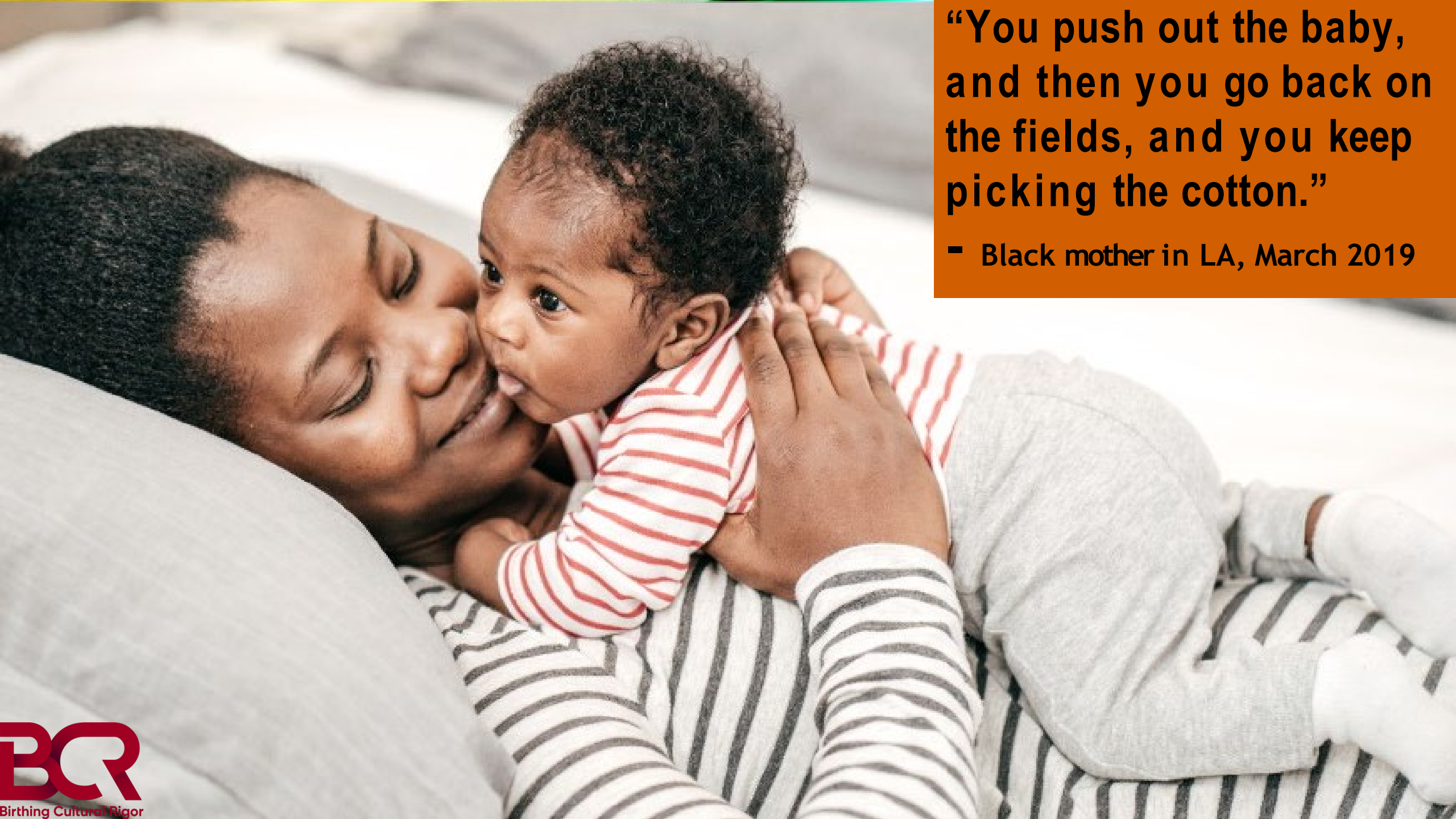
Obstetric Racism = Medical Racism + Obstetric Violence

Framework and event described by Davis 2018 that captures harmful experiences and conditions facilitated by any hospital personnel/health care workforce, that uniquely unfairly harm Black women or people with capacity for pregnancy, birth, and postpartum

Translation from Theory to Practice



Birthing Cultural Rigor


“You push out the baby, and then you go back on the fields, and you keep picking the cotton.”
- Black mother in LA, March 2019
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Wiley Online Library

Birth / Volume 49, Issue 3 / p. 514-525

ORIGINAL ARTICLE | Open Access

Psychometric validation of a patient-reported experience measure of obstetric racism© (The PREM-OB Scale™ suite)

Emily White VanGompel MD, MPH, Jin-Shei Lai PhD, Dána-Ain Davis PhD, Francesca Carlock MPH, Tamentanefer L. Camara MS-HCA, IBCLC, Brianne Taylor, Chakiya Clary AA, Ashlee M. McCorkle-Jamieson MD, Safyer McKenzie-Sampson MSPH, Caryl Gay PhD, Amanda Armijo BA, Lillie Lapeyrolerie BA, Lavisha Singh MPH, Karen A. Scott MD, MPH

First published: 17 March 2022
https://doi.org/10.1111/birt.12622
Citations: 7

Funding information

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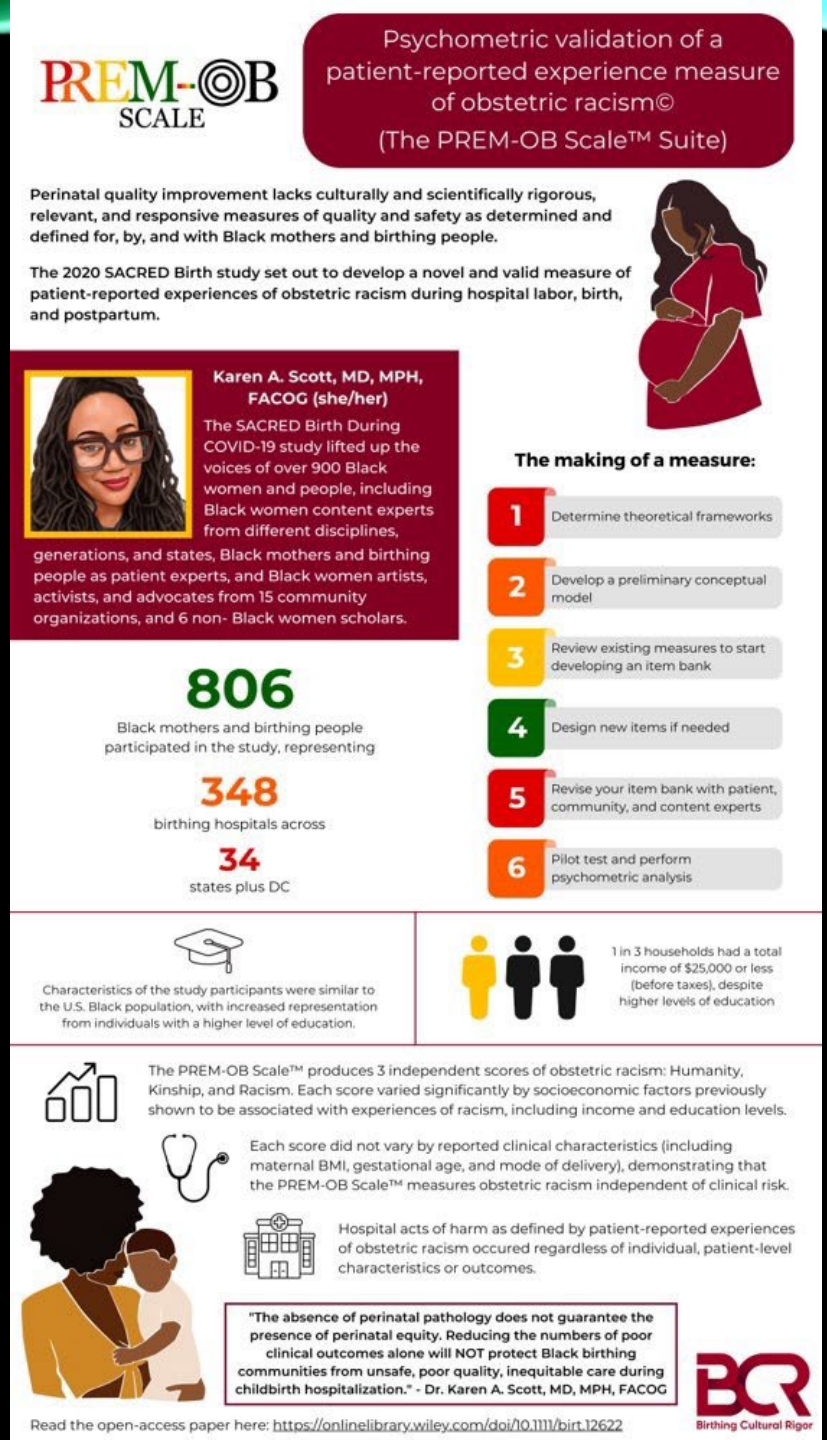
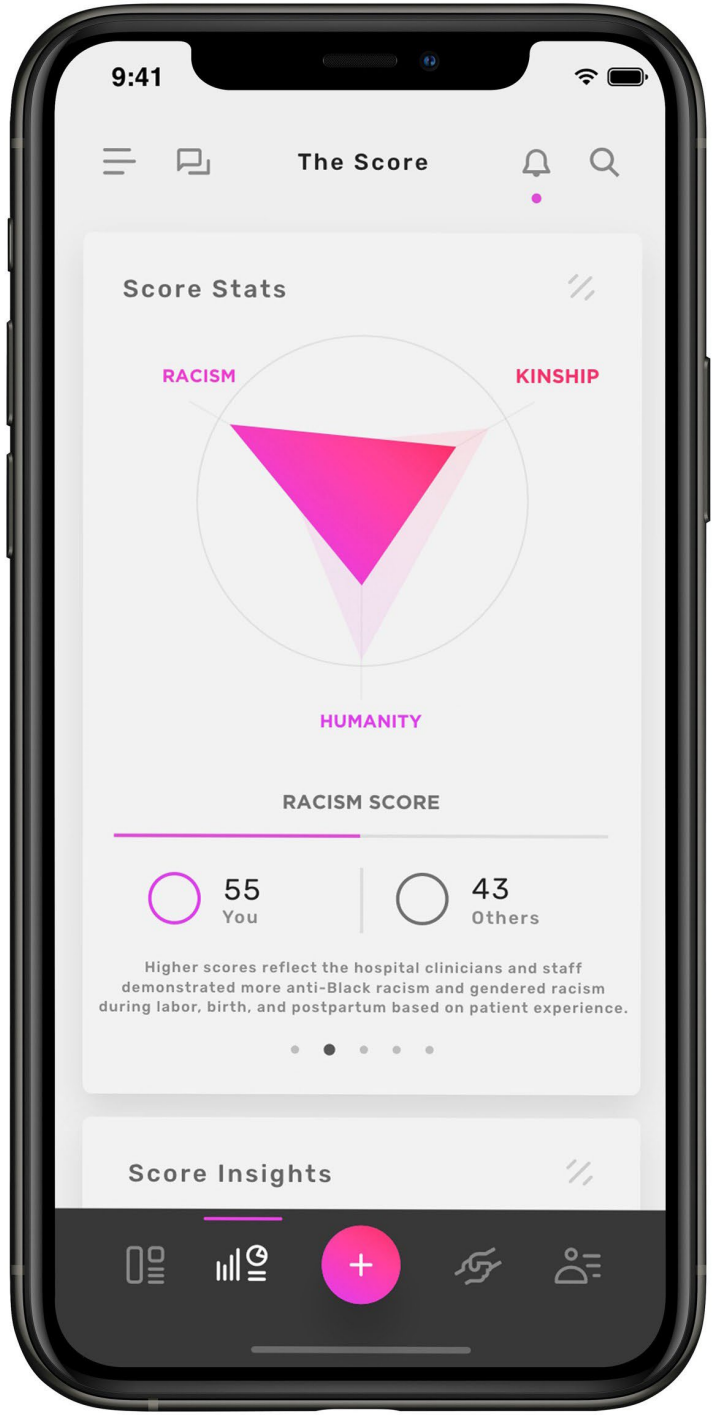


Digital Platform Coming Soon Winter 2023!!

PREM-OB SCALE

U.S. Geographic Locations include
South: AL, GA, KY, MS, NC, TN
Midwest: IN, IL, MI, MN, MO, OH
East Coast: NJ, NY, Washington DC

Humanity	Kinship	Racism
Safety, accountability, autonomy, communication and empathy	Hospital recognition and involvement of social relationship between mothers/birthing people and their child or support	Anti-Black racism and anti-Black gendered racism (misogynoir) in service provision
31 items, 14 items short form	9 items	12 items



The PREM-OB Scale ™ Suite:
An Interpretive Tool for Black Birth Narratives

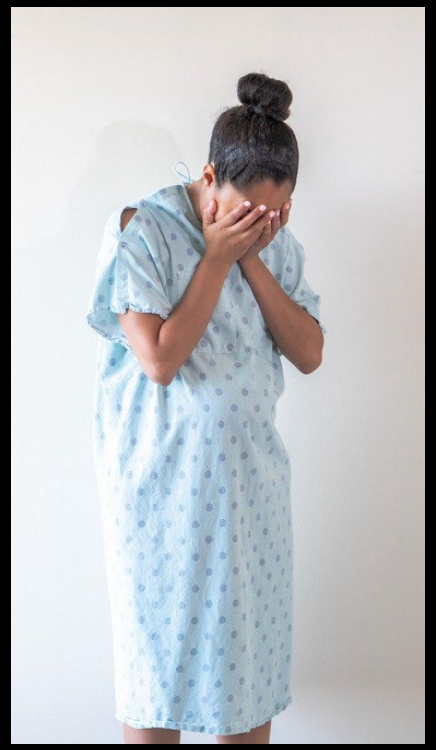
Scott Narrative Data Analytic Method

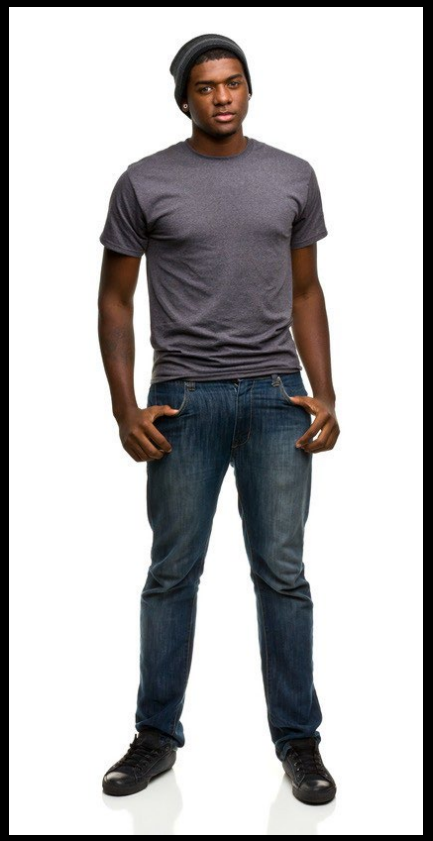
I really appreciated having a black nurse within my labor, birth, postpartum care team. During epidural, a black nurse held my hand during my discomfort. During my postpartum stay another black nurse told me about a financial waiver application for low-income families within Kaiser Permanante Hospital, where if I qualified, I would not have to pay my $1,500 hospital admission bill. She also discussed belly binding as a cultural technique that some WOC do during postpartum care to provide abdominal support and get back into shape.

Birthing Cultural Rigor

The PREM-OB Scale ™ Suite:
Interpretative Tool for Black Birthing Narratives

Scott Narrative Data Analytic Method





Birthing Cultural Rigor

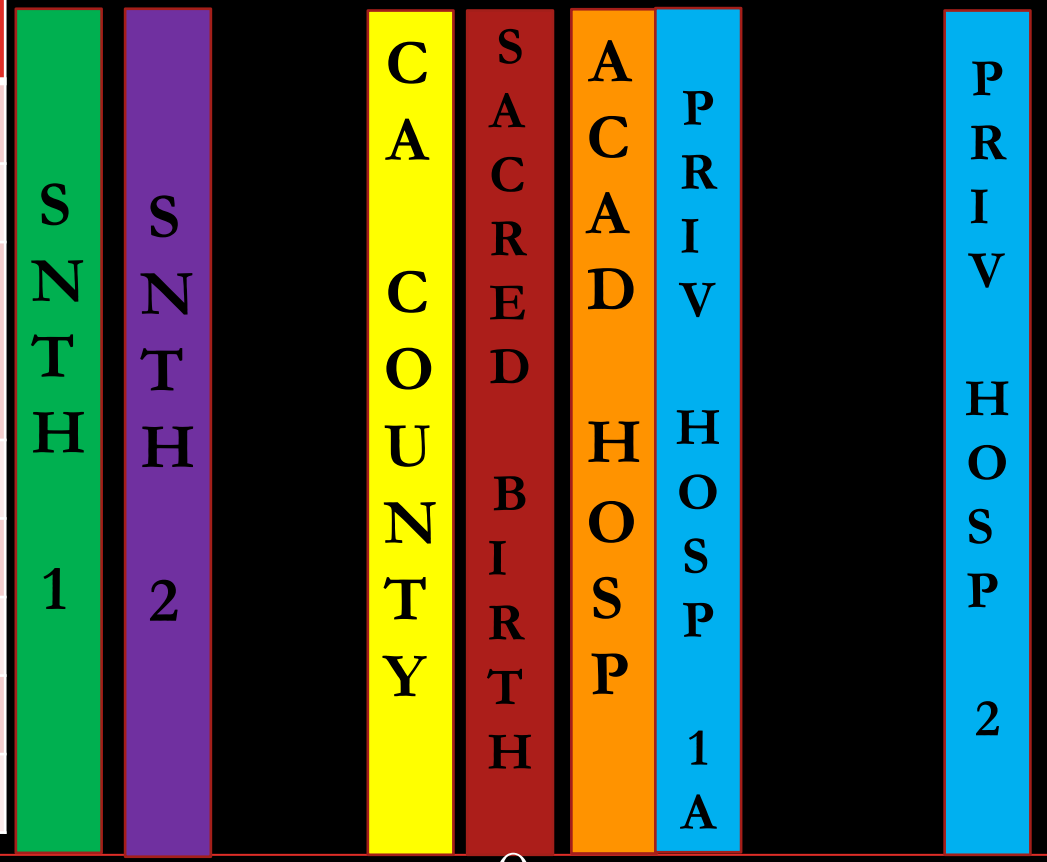
Overall, I felt I had a positive experience however, my husband and I felt "in the dark" at times due to lack of communication regarding our baby while he was in the NICU, we were not permitted to have our doula present due to hospital policy, and as a first-time mom, I would have loved to have more explained to me about what to expect. I was upset because my express wishes regarding feeding my baby were not implemented (he was given formula and a pacifier without my knowledge or permission despite my wishes to breastfeed). My husband was reprimanded when going to get water (I believe because he looked "intimidating" to some hospital staff as a 6"4' black man. We received "rushed" and possibly inaccurate discharge information from a staff member who did not seem engaged.

PREM-OB SCALE™ SUITE: KINSHIP MEASURE

Comparing San Francisco County and Hospital Scores with national data (N=806)

(smaller sample sizes in California)

Hospital	Kinship Score	n
SACRED BIRTH	0	806
CA County	-0.08	51
Safety-Net Teaching Hospital (SNTH) 1	-0.35	24
SNTH 2 (diff city)	-0.25	44
Academic Center	0.05	15
Private Hosp 1A	0.06	4
Private Hosp 2	0.38	7
Private Hosp 1B	0.82	1



Based on these data, identify the BEST performing and WORST performing hospital in mitigating acts of obstetric racism

To the left means "LESS" obstetric racism

To the right means "MORE" obstetric racism

Birthing Cultural Rigor

ANNALS OF FAMILY MEDICINE

Research Article | Original Research

Community Support Persons and Mitigating Obstetric Racism During Childbirth

Elle Lett, Marie-Fatima Hyacinthe, Dána-Ain Davis and Karen A. Scott

The Annals of Family Medicine April 2023, 2958; DOI: https://doi.org/10.1370/afm.2958

Birthing in community with a support person (CSP) who is not affiliated or aligned with hospital significantly **decreased** hospital acts of obstetric racism based on 3 independent scores of humanity, kinship, and racism

The **decrease** in obstetric racism remained significant even after we controlled for the effect of the relationship status of the Black mother/birthing person.

Marriage or partnership among Black mothers/birthing people does not sufficiently mitigate obstetric racism.

Physical presence of a CSP >>> marriage/partnership as a strategy to prevent or limit the harm of obstetric racsm.

Birthing Cultural Rigor

ANNALS OF FAMILY MEDICINE

Research Article | Original Research

Community Support Persons and Mitigating Obstetric Racism During Childbirth

Elle Lett, Marie-Fatima Hyacinthe, Dána-Ain Davis and Karen A. Scott

The Annals of Family Medicine April 2023, 2958; DOI: https://doi.org/10.1370/afm.2958

Physical presence of a CSP >>> marriage or partnership as an evidence-based strategy to prevent or limit the harm of obstetric racism.

Consumer Acts of Resistance:

Build an in-person and virtual ***birth safety*** team of community support persons who are NOT affiliated/aligned with the hospital.
Assign different roles: emotional support, active bystander, notetaker, meal/snack prep, playlist of music and movies/TV shows, aromatherapy & essential oils specialist, posts or shares words of affirmation & whatever you desire & desire.

Birth In Community always!!

BCR
Birthing Cultural Rigor

Consumer Act of Resistance: Demand application of a postpartum care model defined for, by, and with Black women

Clin Obstet Gynecol. 2022 Sep; 65(3): 663–675.
Published online 2022 Jun 21.
doi: 10.1097/GRF.0000000000000729

PMCID: PMC9301983 | PMID: 35723647

Destigmatizing and Democratizing Postpartum Care: A "Black Woman-Person First" Approach

KAREN A. SCOTT, MD, MPH, FACOG* and
DÁNA-AIN DAVIS, MPH, PhD†

Birthing Cultural Rigor

FIGURE 1

Consumer Act of Resistance: File a Complaint of Discrimination during Health Care Provision with the Office of Civil Rights (OCR)

OCR
Office for Civil Rights

- Home
- Programs/Initiatives
- Office Contacts
- Reports & Resources
- News
- About OCR
- Reading Room
- Frequently Asked Questions
- Careers/Internships
- Blog

How to File a Discrimination Complaint with the Office for Civil Rights

PDF (205 KB)

Introduction

Educational institutions have a responsibility to protect every student's right to learn in a safe environment free from unlawful discrimination and to prevent unjust deprivations of that right. The Office for Civil Rights enforces several Federal civil rights laws that prohibit discrimination in programs or activities that receive federal financial assistance from the Department of Education. It is the mission of the Office for Civil Rights is

Who Can File a Discrimination Complaint

Anyone may file a complaint. The person or organization filing the complaint need not be a victim of the alleged discrimination but may complain on behalf of another person or group. A complainant filing on behalf of or pertaining to another person(s) is responsible for securing any necessary written consent from that individual, including when a parent files for a student over the age of 18.

OCR will consider ignoring this 180d limit

Timeliness

A complaint must ordinarily be filed within 180 days of the last act of discrimination. If your complaint involves matters that occurred longer ago than this and you are requesting a waiver, you will be asked to show good cause why you did not file your complaint within the 180-day period.

Explain in your complaint that your legal representative gave you incorrect information

https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

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Consumer Act of Resistance: File a Complaint of Discrimination during Health Care Provision with the Office of Civil Rights (OCR)

BRIEF

Subject: Mobilizing the Office for Civil Rights' Authority to Address Obstetric Violence and Obstetric Racism
To: Pamela Barron, Carla Carter & Audrey Wiggins
From: Indra Lusero, Anna Reed, et. al.
Date: July 25, 2022

Conclusion

Discrimination on the basis of race,[518] color,[519] national origin,[520] sex,[521] age,[522] or disability[523] while participating in any health program or activity, any part of which is receiving federal financial assistance, is prohibited.[524] OCR also has enforcement authority with respect to a vast array of health programs and activities reaching the majority of pregnant people and infants in the United States.[525] This means that any acts of discrimination that are prohibited under Section 1557 may be investigated and addressed by OCR so long as they occur in any of the healthcare settings enumerated. Tragically, such discrimination is deeply entrenched and widespread. The need for systematic accountability is great and OCR is uniquely positioned to address this need. OCR should immediately begin processing complaints and conducting investigations on individual reports of discrimination while also working prevent and to reduce the prevalence of these harms in collaboration with experts in the field, including the following experts. We look forward to partnering with you to eradicate this discrimination.

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https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

Birthing Cultural Rigor

The CATCH Pilot:

Community-led **A**ccountability and **T**ransformation in **C**are experiences and **H**ospital culture

The CATCH Pilot is the first and only community-led childbirth and postpartum quality & patient safety program.

- Developed by Birthing Cultural Rigor, LLC
- Designed to address obstetric racism & advance obstetric patient safety using the PREM-OB Scale™
- Funded by the W.K. Kellogg Foundation with support from NICHQ's Healthy Start TA & Support Center and BCR
- Implemented in select counties throughout Georgia, Michigan, Ohio, and Tennessee*

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*Implementation in Ohio and Tennessee funded solely by Birthing Cultural Rigor, LLC

Leveraging community storytelling through digital surveys as consumer acts of resistance to *shift* the power of who gets to name, define, measure, monitor, and report "anti-Black gendered racism" during care provision for hospital labor, birth, and postpartum for up to one year.

Quality & Patient Safety Professionals

Recognition
Measurement
Monitoring
Evaluation
Reporting
Prevention
Mitigation

P
O
W
E
R

Black Mothers, Black Birthing People & Our Given and Chosen Kin

Birthing Cultural Rigor

Funded by the W.K. KELLOGG FOUNDATION with additional support from NICHQ'S HEALTHY START TA & SUPPORT CENTER and Birthing Cultural Rigor, LLC

PREM-OB SCALE

Postpartum Check-Ins for Up to One Year

Patient, Community & Hospital Reported Experiences of Hospital Acts of Obstetric Racism

Foundational Experiential Learning Modules:
4 – Part Series on Addressing Obstetric Racism In Hospital Settings

The CATCH Pilot:

Community-led **A**ccountability and **T**ransformation in **C**are experiences and **H**ospital culture

Birthing Cultural Rigor

W.K. KELLOGG FOUNDATION

HEALTHY start TA & SUPPORT CENTER

PREM-OB Scale™ Georgia

Join the movement to #EndObstetricRacism!

- Complete The Patient Reported Experience Measure of OBstetric racism© (The PREM-OB Scale™ Suite).
- The PREM-OB Scale™ Suite shows how the hospital team cared for you, your baby, and your support team.
- We will share results with participants, partners, and the public.

WHO CAN PARTICIPATE?

- Black or African-American people age 18 and older,
- who gave birth on or after January 1, 2021,
- in **a birthing hospital located within Bulloch, Clayton, Cobb, Dekalb, Douglas, Fulton, and Toombs counties.**

PARTICIPANTS WILL BE ASKED TO COMPLETE THREE STEPS:

1. online screening
2. video call verification
3. online survey (survey will take approximately one hour)

Complete all three steps by July 31, 2023 and get a $50 electronic gift card.

SIGN UP:

redcap.link/CATCHPilot

Questions? info@birthingculturalrigor.org

BMMA BLACK MAMAS MATTER ALLIANCE

HEALTHY MOTHERS, HEALTHY BABIES Coalition of Georgia

DR. SHIMONI'S MATERNAL ACTION PROJECT

Center for Black Women's Wellness

MOREHOUSE SCHOOL OF MEDICINE | Center for Maternal Health Equity

Consumer Act of Resistance: Join the movement to #EndObstetricRacism

Healthy Start TA & Support will support 500 participants in select counties in MI and GA

Healthy Start Programs in GA:

Bullock
Clayton
Cobb
Dekalb
Douglas
Fulton
Toombs

Birthing Cultural Rigor

The CATCH Pilot:

Birthing Cultural Rigor

Community-led **A**ccountability and **T**ransformation in **C**are experiences and **H**ospital culture

PREM-OB Scale™ Michigan

Join the movement to #EndObstetricRacism!

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- We will share results with participants, partners, and the public.

WHO CAN PARTICIPATE?

- Black or African-American people age 18 and older,
- who gave birth on or after January 1, 2021,
- in **a birthing hospital located within Genessee, Ingham, Kalamazoo, Kent, Macomb, Oakland, Washtenaw, and Wayne counties.**

SIGN UP:

redcap.link/CATCHPilot

PARTICIPANTS WILL BE ASKED TO COMPLETE THREE STEPS:

1. online screening
2. video call verification
3. online survey (survey will take approximately one hour)

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Questions? info@birthingculturalrigor.org

BMMA Black Mamas Matter Alliance · Obstetrics Initiative · Birth Detroit · Healthy Start TA & Support Center · W.K. Kellogg Foundation

Consumer Act of Resistance: Join the movement to #EndObstetricRacism

Healthy Start TA & Support will support 500 participants in select counties in MI and GA

Healthy Start Programs in MI:

Genessee
Ingham
Kalamazoo
Kent
Macomb
Oakland
Washtenaw
Wayne

Birthing Cultural Rigor

The Community-led Accountability and Transformation in Care experiences and Hospital culture (CATCH Pilot)

THE PREM-OB SCALE™ SUITE

PURPOSE:

To name, measure and monitor patterns, predictors, and perspectives of obstetric racism as an adverse event that violates obstetric patient safety during labor, birth, and immediate postpartum.

THE PREM-OB SCALE™ SUITE

The Patient-Reported Experience Measure of Obstetric Racism© (The PREM-OB Scale™ Suite) is the first and only validated quality improvement tool to elicit patient definitions of harm and how harm shows up in hospital language, attitude, or behavior during the provision of care during labor, birth, and immediate postpartum.

Participants will complete screening and consent forms before engaging in LIVE video verification.

Next, participants will complete the online survey.

ANTICIPATED RESULTS

1000 eligible Black mothers and birthing people from selected counties in Georgia, Michigan, Ohio, and Tennessee will share their experiences of obstetric racism and harm during childbirth hospitalization and immediate postpartum.

We will generate scores of humanity, kinship, and racism.

We will characterize the prevalence, patterns, and predictors of obstetric racism as an adverse event and patient safety indicator.

BCR Birthing Cultural Rigor

The Community-led Accountability and Transformation in Care experiences and Hospital culture (CATCH Pilot)

POSTPARTUM CHECK-INS

PURPOSE:

To assess and describe the social, emotional-mental, environmental, and political determinants of Black postpartum health, needs and priorities of Black mothers and birthing people.

To examine the association between patient reported experiences of obstetric racism and postpartum mental health status/conditions over time.

PROCESS

We will collect and analyze data on Black patients' postpartum expectations, needs, and experiences using online surveys, 1:1 serial interviews, and health record data extraction at 1, 3, 6, 9 and 12 months postpartum.

We will assess baseline and subsequent changes in Black postpartum mental health using validated scales for depression and anxiety.

We will implement a care navigation assessment tool designed by Kay Matthews to determine optimal postpartum mental health support and services, and the Scott-Davis 12-Step Black Woman-Person First Approach to optimize quality of postpartum care services, supports, and experiences.

ANTICIPATED RESULTS

40 eligible Black mothers and birthing people from selected counties in Georgia and Michigan will share their expectations, needs, and experiences throughout the first year postpartum.

We will develop a Black feminist toolkit to optimize Black postpartum patient/community abilities and preferences for phone, video, home-based, or center-based care, for the first year postpartum.

BCR Birthing Cultural Rigor

The Community-led Accountability and Transformation in Care experiences and Hospital culture (CATCH Pilot)

FOUNDATIONAL EXPERIENTIAL LEARNING MODULES

PURPOSE:

To assess and build systems capacity of health care, public health, and quality/data professional workforce in recognizing, reporting, and responding to obstetric racism.

PROCESS

We will implement a series of four 90-minute virtual Foundational Experiential Learning Modules (FELMS) to:

assess and transform workforce attitudes, knowledge, and skills...

in the identification, measurement, monitoring, interpretation, and mitigation of acts of obstetric racism...

during interactions, communication, counseling, decision-making, and documentation and dissemination of health care information.

ANTICIPATED RESULTS

400 health care, public health, and quality professionals will demonstrate improved knowledge and skill in recognizing, reporting, and responding to obstetric racism as an adverse event and patient safety indicator.

BCR Birthing Cultural Rigor

Be prepared to complete registration application in ONE sitting, ~20-30 minutes.

You must provide short essay responses and other req'd info.

Participation in OPSS 2023 is by invitation ONLY.

Questions? Concerns?
events@birthingculturalrigor.org

https://www.surveymonkey.com/r/BCROPSSDec2023

An Emancipated Birth is a SACRED BIRTH

TRAUMA INFORMED

PLEASURE FOCUSED

POWER ACTIVATING

SPIRITUAL

RADICAL

LIBERATORY

INCLUSIVE

PARTICIPATORY

OBSTETRIC RACISM VIOLATES THE SANCTITY AND SAFETY OF BIRTH.

BCR
Birthing Cultural Rigor

Birthing Cultural Rigor

THANK YOU! QUESTIONS, REFLECTIONS, & DISCUSSION

BCR Gen INFO: INFO@BirthingCulturalRigor.org

#OPSS2023: Events@birthingculturalrigor.org

Website: https://www.birthingculturalrigor.com/

Twitter: @RJEpiOBWarrior @CulturalRigor

The Glossary: From Community to Clinic

Tamela Milan-Alexander

TASC Faculty Planning Committee

Healthy Start Consumer Convening
Hosted by the Healthy Start TA & Support Center at NICHQ

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Welcome All and Introductions
By Tamela Milan-Alexander
The Glossary: How We Got here

Chicago Collaborative for Maternal Health

EVER THRIVE ILLINOIS
CHAMPIONS FOR HEALTH EQUITY

AllianceChicago

About CCMH

…we envision a Chicago where all people and all communities thrive and partner with intention to improve maternal health

The Chicago Collaborative for Maternal Health (CCMH) is combatting the maternal mortality and morbidity crisis in Chicago by building awareness in communities and government, fostering collaboration among health and social service providers and driving quality of care in ambulatory care settings.

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CHAMPIONS FOR HEALTH EQUITY

EverThrive Illinois' mission is to achieve reproductive justice in the health care ecosystem through community-driven partnership, policy action, and systems change.

OUR VISION

A just and affirming health care ecosystem where individuals, families, and communities can thrive.

OUR VALUES

- Reproductive Justice
- Anti-Racism
- Centering the Most Impacted
- Bold Action and Transformation

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Alliance Chicago

CCMH Overview

- ***Mission:*** The Chicago Collaborative for Maternal Health seeks to combat the maternal mortality and morbidity crisis in Chicago by building awareness in communities and government, fostering collaboration among health and social service providers, and driving quality of care in ambulatory care settings.

- ***Vision:*** The CCMH envisions a Chicago where all people and all communities thrive because healthcare providers, policymakers, community organizations, individuals, and families partner with intention to improve maternal health.

- ***Aims***

  - *Aim 1:* Develop a QI collaborative for ambulatory care providers focused on best practices in maternal health for systems and culture change

  - *Aim 2:* Implement a complementary community engagement effort that informs families and community, social service providers about maternal morbidity and mortality prevention

  - *Aim 3:* Determine and advocate for policy recommendations based on the learnings from Aims 1 and 2

Our Approach

Build	Activate	Learn
Build awareness of maternal mortality and morbidity through FQHC quality improvement, social service provider trainings, and initial community outreach	Activate healthcare providers, social service providers and community-based organizations as part of the solution	Amplify barriers and facilitators to care in neighborhoods to strengthen network of care

Generate community-informed policy agenda

Develop community-responsive health education campaign

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Activating Stakeholders

- **13 FQHCs** in quality improvement
- **91 Social Service Providers** received foundational training on Maternal Mortality and Morbidity
- **320 total surveys and four focus groups completed** aimed at understanding barriers and facilitators to postpartum care and community understanding of maternal mortality.

Chicago Collaborative for Maternal Health

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Aim 2 Methods: Focus Group Qualitative Analysis

- Community based participatory research
- Four focus groups facilitated by community health workers (CHW)
- Participants: Black parenting or pregnant individuals who lived in select neighborhoods in the South and West side of Chicago
- Deductive and inductive coding by paired analyst teams
- Thematic analysis

Aim 2 Methods: Focus Group Qualitative Analysis

- **Objective**: Using focus groups, the pregnancy and postpartum experiences of Black pregnant and parenting people living in economically disadvantaged neighborhoods in Chicago, Illinois.
- **Primary questions**
  - What type of support in the antenatal and postnatal period do women have access to?
  - How do people who are pregnant access healthcare and health information?
  - What are people's perceptions of maternal morbidity and mortality?

Chicago Collaborative for Maternal Health

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Aim 2 Methods: Focus Group Question Guide

Key Questions
Who do you trust when it comes to health information?
Do you have a healthcare provider who you can go to if you have a health issue?
What are some health issues you know that pregnant people in your community face?
How well do you feel people in your community are supported during pregnancy?
How well do you feel people are supported during postpartum (after pregnancy)?
Have you ever heard of maternal mortality? Maternal morbidity?
Do you think this issue is affecting your community? If yes, do you think the community is aware of this issue?

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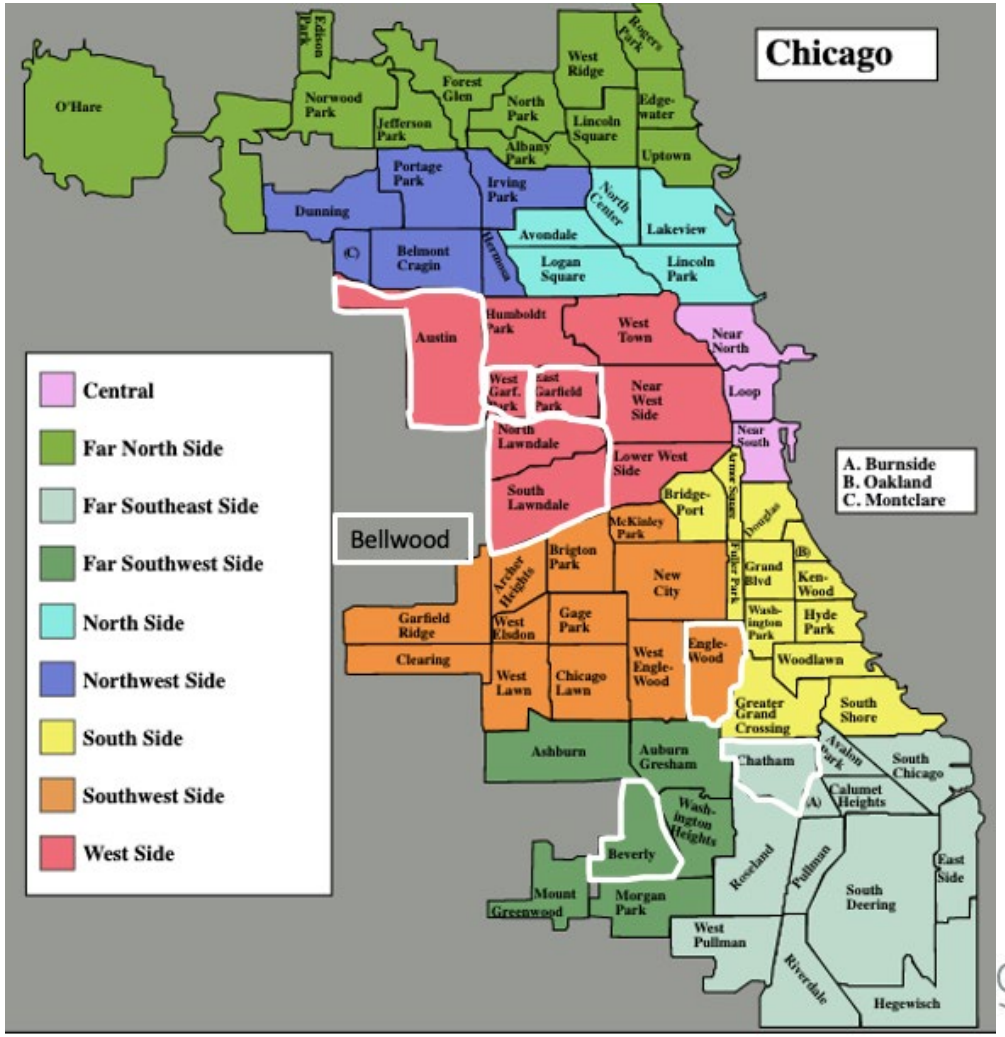
Aim 2 Results: Focus Groups

- 31 participants
- Age range: 23 – 57years old (median=33 years old)
- Self -identified race/ethnicity: African American/Black
- All respondents pregnant or parents
- Neighborhoods
  - Austin
  - West Garfield Park
  - East Garfield Park
  - Lawndale
  - Bellwood
  - Englewood
  - Chatham
  - Beverly



CHAMPIONS FOR HEALTH EQUITY

Chicago Collaborative for Maternal Health

EVERTHRIVE ILLINOIS
CHAMPIONS FOR HEALTH EQUITY

Activating Stakeholders

66%

Reported not hearing about maternal morality before

70%

Reported maternal mortality is not an issue in their community

Survey and Focus Group Aims:

- Understand where members of the community receive health care information
- Barriers and facilitators to postpartum care
- Understanding of maternal mortality and morbidity in their communities

Chicago Collaborative for Maternal Health

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Aim 2 Results: Focus Group Themes

- Need for support outside of medical care
- Sources of health information are varied and not singular
- Need for strengthened connection with medical providers
- Familiarity with the lived experience of the postpartum period and maternal morbidity and mortality, but lack the medical information
- Differences in language and associated gaps in understanding

Aim 2 Results: Focus Group Themes

Theme 3: Need for strengthened connection with medical providers
"They not really seeing what… what part our environment has to play in it. What our, you know, what our **stress levels, what our life at home** has to do with anything. They just basically, um, **diagnosing us off of textbook definitions**. And I feel like that is not, that's not doing us no good."
"But I think that **our healthcare industry isn't designed to care about people**. And I think **when it comes to Black mothers, that's where the least care is given."**

Aim 2 Results: Focus Group Themes (continued)

Theme 4: Familiarity with the lived experience of the postpartum period and maternal morbidity and mortality, but lack the medical information

"…we've seen perfectly healthy, um, **parents or mothers just don't make it out of childbirth**… And I'm still clueless about that. I almost lost my sister and **she was perfectly healthy.** She had a C-section, they were able to bring her back, **but like what happened? Like we just don't know everything."**

Facilitator: "Okay. Um, **when I say postpartum care**, what was the first thing that popped in your mind?"
Speaker: **"Depression"**

Aim 2 Results: Focus Group Themes (continued)

Theme 5: Differences in language and associated gaps in understanding

"We had **these adverse health outcomes**… after we have our children, we liked dang, well, **I had a setback because… they're not putting the medical terms to it."**

Speaker 6: **"I haven't heard of maternal mortality.** I dunno what that is. What is it?"
Speaker 7: **"That doesn't happen often right?** Or does it happen often?"

The Gathering Video

EVERTHRIVE ILLINOIS
CHAMPIONS FOR HEALTH EQUITY

AllianceChicago

EVERTHRIVE ILLINOIS

The Gathering

A COMMUNITY OF SUPPORT FOR YOUR SELF-CARE DURING PREGNANCY AND AFTER HAVING YOUR BABY

Welcome to The Gathering. We are so glad you are here!

Pregnancy, birth, and after birth, and the early years of raising a family can bring incredible joy and memories for a lifetime. These seasons can also be emotional and unpredictable, with more questions than answers, limited help, and most attention going to your little one. As a result, it is typical for everyone involved to be fearful and anxious.

We want you to feel seen, cared for, and supported by joining this community through the following practical tips and simple, actionable steps towards taking care of yourself. At the Gathering, we hope that this season is as memorable and enjoyable as it can be for all involved.

You have a say. Your voice matters.

This can be a tough time. You should not expect to have all the answers, so give yourself permission to reach out for support. Ask questions, voice your concerns, and seek to meet your needs.

- Expressing yourself openly to your family and friends helps them to support you better. Let them know what you need. Delegate to them and let them take care of you. That could be helping you pick your doctor, clinic, or healthcare plan, taking you to your doctor visits, and supporting your choices for self-care.
- When you are having doubts or feeling afraid, spending time with a family member or a friend that has been through pregnancy might give you comfort and peace.
- Knowing where to go in your community for additional support and care can make a huge difference during this time. There might be special events in your neighborhood where you can find other pregnant people and resources to connect with. Seek them out.

EVERTHRIVE ILLINOIS

CAMPAIGN GUIDELINES

EverThrive Illinois is inviting organizations to participate in this important campaign called "The Gathering" to address maternal mortality and morbidity in Black communities. Your organization is an integral part of the success of this campaign, and we hope you can participate and help increase healthy outcomes for Black birthing people in Chicago.

The following information contains simple guidelines and examples for EverThrive Illinois' "The Gathering" campaign. Please refer to them as you develop communications in support of this campaign. The more consistent we can be across our communications, the stronger our message will be, allowing us to cut through the clutter.

Thank you for helping make our maternal health campaign a great success!

THE OVERVIEW

EverThrive Illinois is committed to saving lives as co-lead with Alliance Chicago and our partners through the Chicago Collaborative for Maternal Health (CCMH). Research shows that Black women in Chicago are six times more likely to die while pregnant, having a baby, or in the year after pregnancy than their white counterparts. The vast majority of these deaths are preventable.

We believe that through community-centered education, we can address the root causes of the maternal mortality and morbidity crisis in Chicago, including the systemic racism within the health care ecosystem that breeds mistrust.

THE FRAMEWORK

unication efforts must help people—during and after pregnancy—feel
vidence-based information, practical tips, and simple, actionable steps
orts should help educate and close the gap between pregnant people,
oviders.

rs.
rs and targeted audiences.
-based information on identifying postpartum warning signs contributing
om-made, user-friendly, and interactive landing page, fact sheets, and
pulation can utilize.
ncy and postpartum support need to come from people's own choices,
s.

T & END DATE

END

22 Jul September 30, 2022 Sept Oct

EVERTHRIVE ILLINOIS - THE GATHERING

After You Give Birth

The period after you give birth to your baby is known as the postpartum period or the time after childbirth. You must take care of your body and state of mind, as you may experience many changes after the birth of your baby. During this time, it is very important that you take care of yourself and pay attention to the physical postpartum warning signs so you can prevent any setbacks. These setbacks could be life-threatening, leading to maternal mortality or death.

So pay attention to any physical and emotional issues you are experiencing and talk to someone in your family or circle of friends, and reach out for support. Call your doctor or healthcare clinic if you are experiencing any of the following postpartum symptoms starting up to one year after giving birth.

Physical

- Severe headache.
- Dizziness or fainting.
- Changes in your vision.
- Fever.
- Trouble breathing.
- Overwhelming tiredness.
- Chest pain.
- Severe belly pain.
- Severe nausea and throwing up.
- Severe swelling.
- Heavy bleeding – soaking through one or more pads in an hour.
- Changes in blood pressure.

Mental & Emotional

- Feeling overpowering guilt, sadness, or panic.
- Being afraid of staying alone.
- Crying, anxiety, or worrying a lot.
- Feeling hopeless or like you are not good enough.
- No energy and finding it hard to concentrate or pay attention.
- Weight loss, weight gain, or appetite changes.
- Scary thoughts about hurting yourself or your baby.
- Finding it hard to do everyday chores.

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for Mate

Glossary of Terms

- 22_Everthrive_The-Gathering-Glossary_Final.pdf (everthriveil.org)

AllianceChicago

Key Messages

- You cannot take care of yourself, if you are not well. Real care means increasing awareness about how to take care of yourself after the delivery of a baby
- Maternal mortality refers to the death of a woman from complications of pregnancy. Black women are six times more likely to experience maternal mortality in Chicago
- Know the postpartum warning signs, when to call 911, and how to tell those around you to be an advocate after the birth of a child.
- This is the time to connect to your doctor, clinic or hospital to get access to the healthcare and services you need.

Join the Gathering!

- **You can help amplify the campaign by:**
  - Using the Campaign Guidelines to amplify the campaign on your own social media channels
  - Share information from our most recent email or blog
  - Reach out to Tamela Milan-Alexander, Director of Community Engagement tmilanalexander@everthriveil.org
    - Materials to hand out at health fairs or clinics in our neighborhoods of focus (East and West Garfield Park, Austin, Greater Grand Crossing, Chatham and Englewood)
    - Schedule a short presentation about the campaign at a meeting

EVERTHRIVE ILLINOIS
CHAMPIONS FOR HEALTH EQUITY

AllianceChicago

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Chicago Collaborative for Maternal Health

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CHAMPIONS FOR HEALTH EQUITY

Celebration And Thank You

https://www.youtube.com/watch?v=J9rm_yrKHTQ

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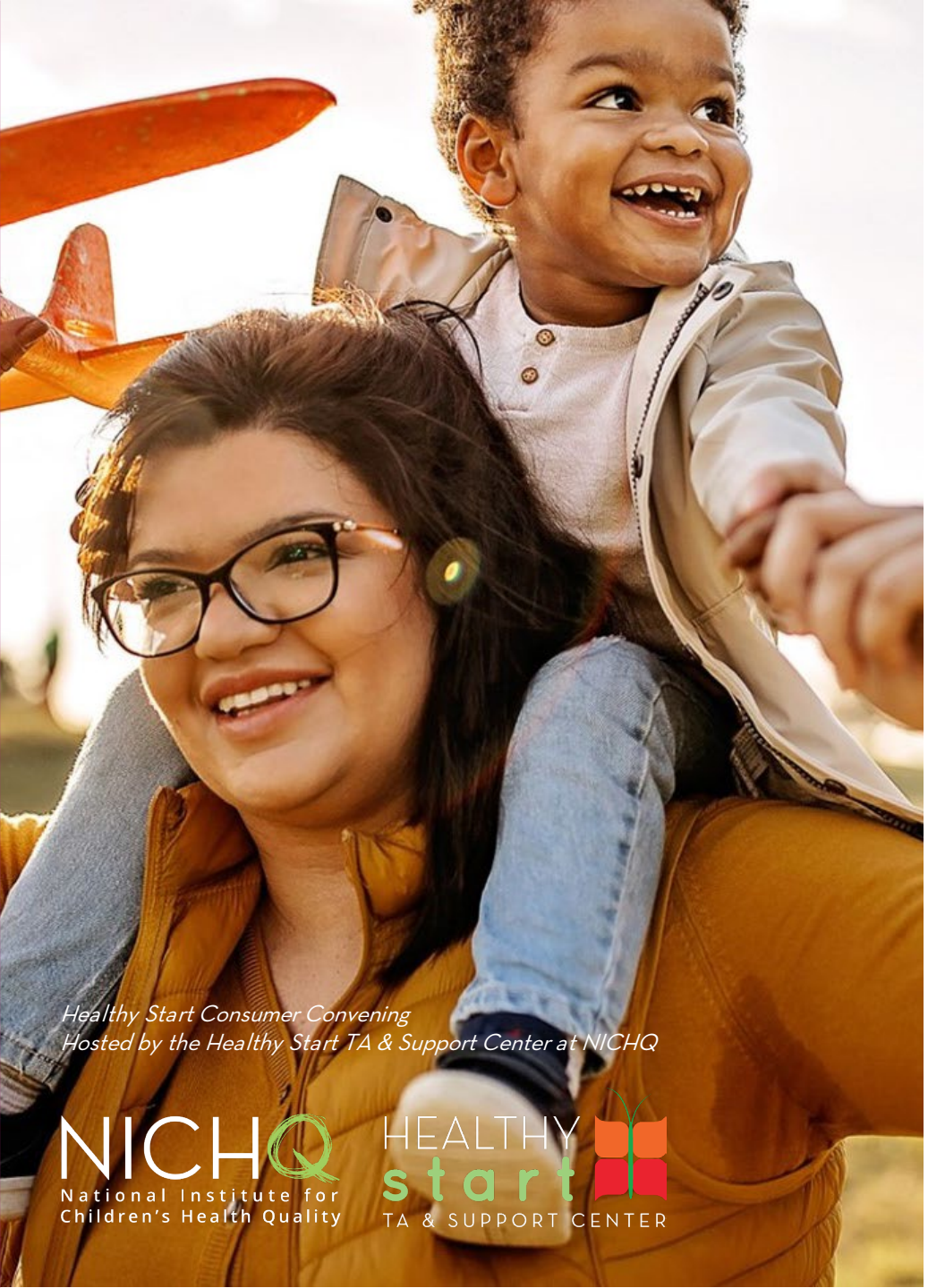

Skill-Building Topics

- **Birth & Racial Equity Advocate** *with Brenda Reyes*
- **Putting Your Mask on First** *with Dr. Linda Henderson-Smith*
- **Powerful Stories, More Powerful Storytelling** *with Dr. Magda Peck*
- **My Story, My Way** *with Stephanye Clarke*

Here's the plan...

- **4 Topics to select from**
- **3 Chances to attend**
  Session #1 – Thursday @ 11 am
  Session #2 – Thursday @ 3:30 pm
  Session #3 – Friday @ 10:30 am
- **20 Participants per room**
- **No Bad Choices**

Get ready for tomorrow!

Healthy Start Consumer Convening
Hosted by the Healthy Start TA & Support Center at NICHQ

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Day 3

- Optional Wellness Activity @ 8:15 am
- Morning Community Circle @ 9 am
- Morning Plenary @ 9:15 am
- Skill-building Session #3 @ 10:30 am
- Lunch @ 12 pm
- Afternoon Plenary @ 1 pm
- Closing Community Circle @ 2 pm

Please take a moment to complete the evaluation for Days 1 & 2!

Scan QR code below:

Or visit link.nichq.org/BostonRMDay2

Quick Break

We will reconvene at 3:30 pm

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Hosted by the Healthy Start TA & Support Center at NICHQ

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER