Reducing Race-Based Disparities in Maternity: A Call to Action

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Emory Decatur Hospital

Objectives

- Review history of maternal mortality
- Share current morbidity & mortality data
- Discuss the role of the nurse in maternal mortality
- Celebrate successful quality initiatives
- Change the trajectory of maternal mortality

Perspective

History of Maternal Mortality

- It was the physician Ignaz Semmelweis who first noticed the link between hygiene and the survival of mothers in the middle of the 19th century. He urged his colleagues to wash their hands with chlorinated lime solutions but was ignored.
- The germ theory of disease was not yet known and therefore he could not explain why there should be a link between hygiene and the survival of women during childbirth.
- The rejection by the medical community of the time turned Semmelweis bitter and every conversation he had revolved around childbed fever. He was eventually committed to an mental asylum where he died a miserable death.
- He was never to see how right he was and never knew how many mother's lives he saved!

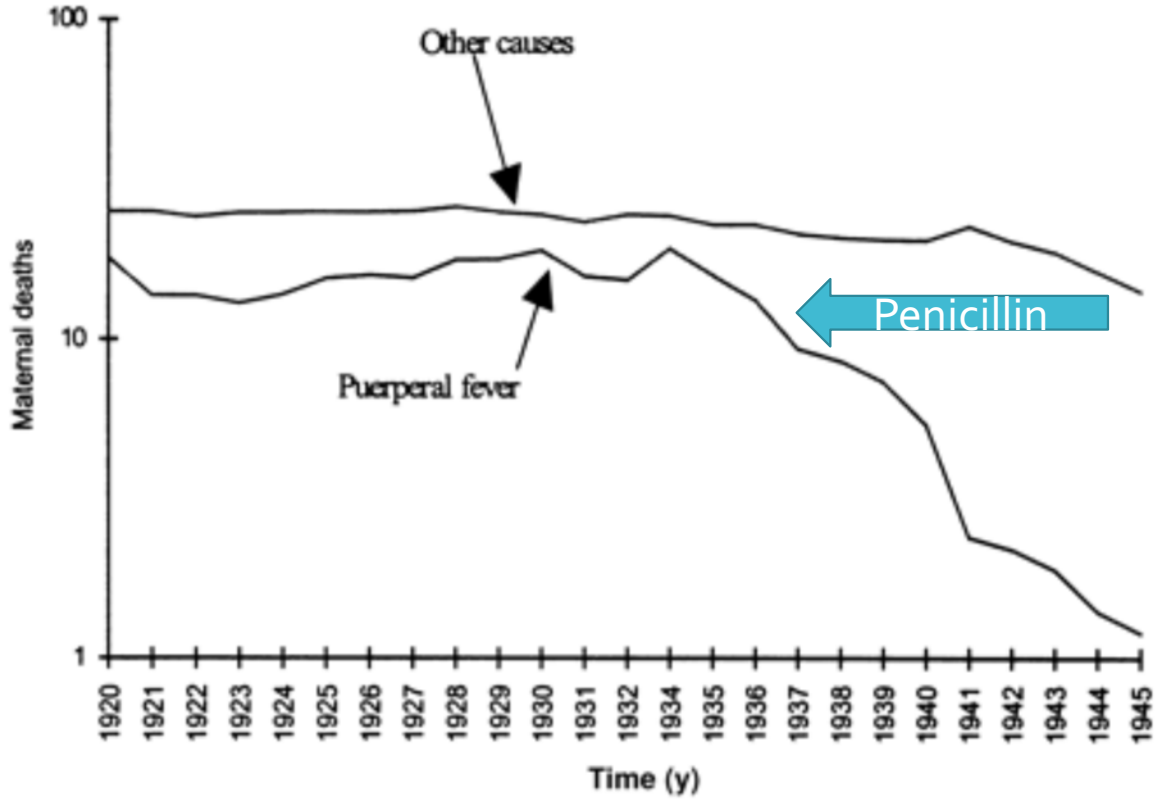
History of Maternal Mortality

- The New York Maternal Mortality Study was funded by the Commonwealth Fund and conducted by the New York Academy of Medicine from 1930 to 1932
- The study found that home births attended to by midwives during this time actually had the lowest maternal death rate and that approximately two-thirds of the maternal deaths that occurred in hospital were preventable.
- These results were evident despite the fact that maternal death was attributed to a midwife if she had attended to the patient at all, including in the event that the patient was later brought to the hospital and a physician became involved.

Causes of Maternal Death

1872–1876 (*n* = 23051)[1]

Puerperal fever :	55.5
Hemorrhage[2:]	21.0
Puerperal convulsions :	11.6
Miscarriage and abortion:	4.0
Puerperal mania:	2.5
Phlegmasia dolens[3] :	2.0
Retained placenta :	1.5
Extrauterine foetation	0.2
Other:	0.8


100
10
1
Maternal deaths
Other causes
Puerperal fever
Penicillin
1920
1921
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1945
Time (y)

Code of Ethics for Nurse

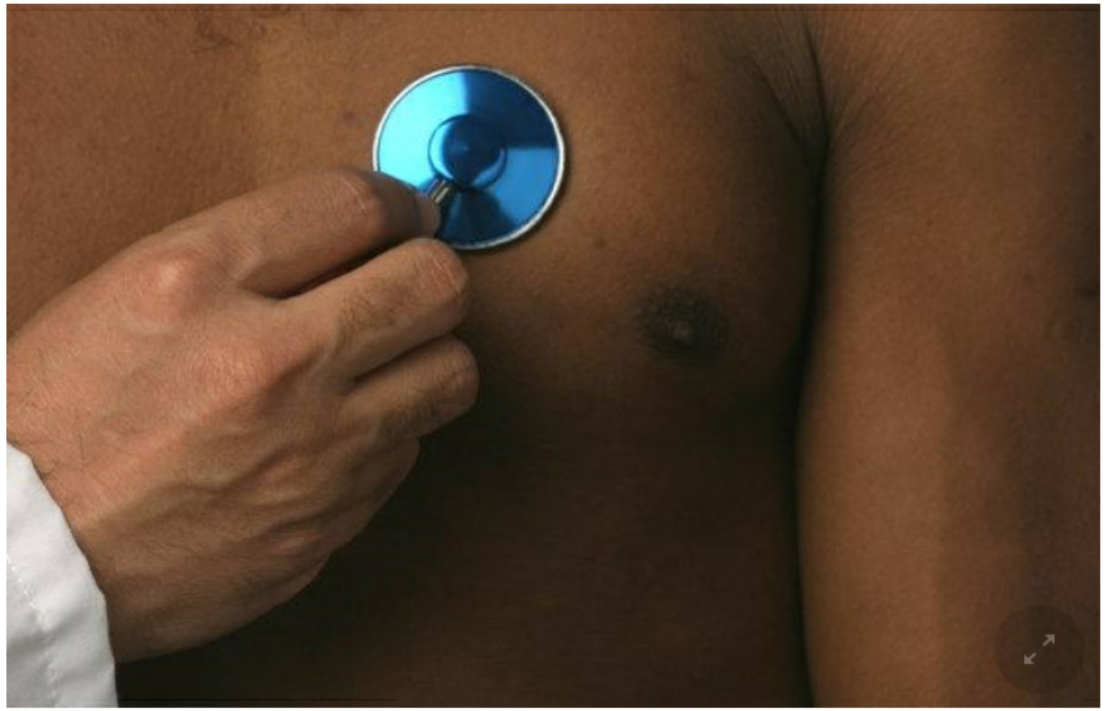
The nurse practices with compassion and respect for the inherent dignity, worth and unique attributes of **every person**.

New York Times

THE NEW HEALTH CARE

Doctors and Racial Bias: Still a Long Way to Go

It would be easy to look at a photo from the 1980s and conclude that things have changed. Many have not.

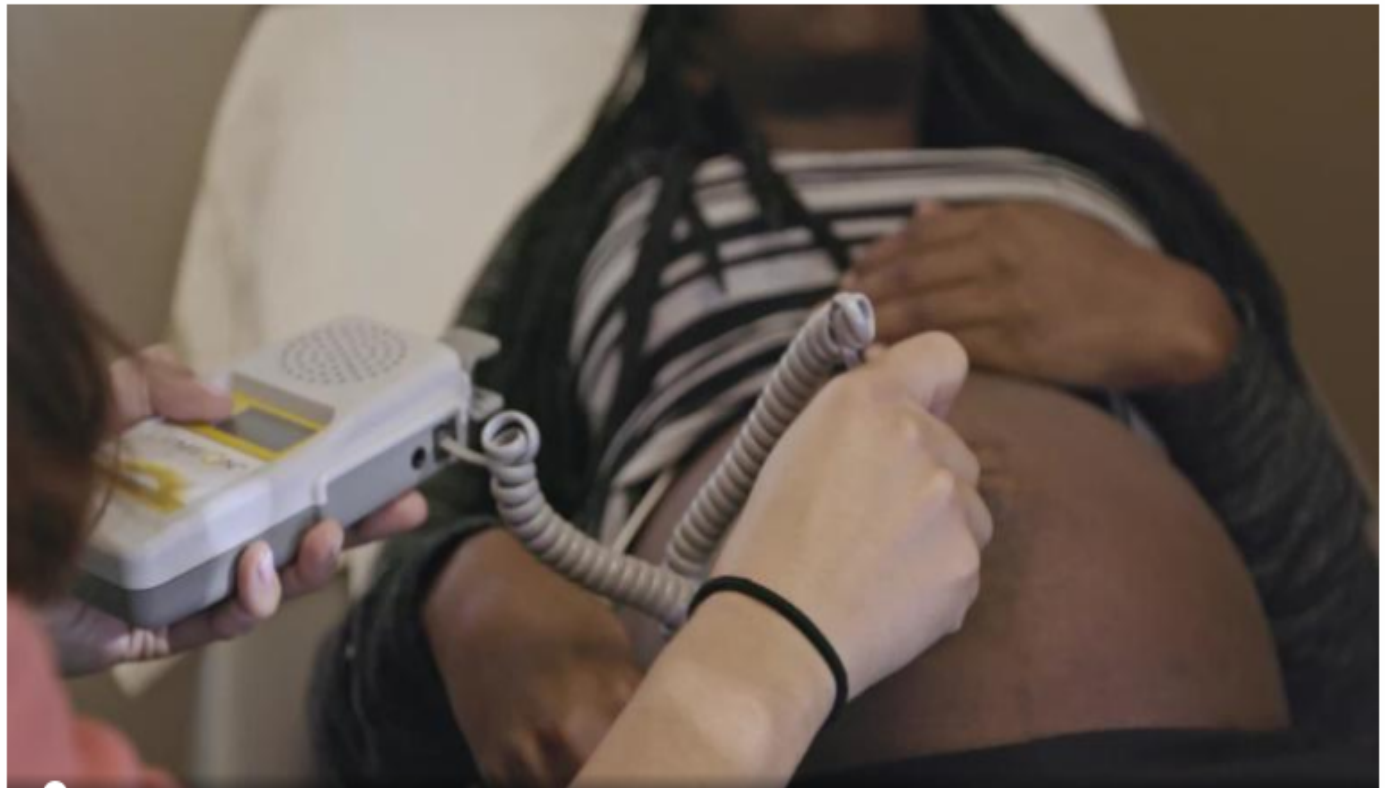


A lot of research shows that African-American patients are treated differently than white patients when it comes to cardiovascular procedures. Tony Cenicola/The New York Tims

Maternal Mortality is the Shame of US Healthcare

By Christy Turlington Burns

Updated 9:41 PM ET, Sat November 18, 2017



Black Mothers Keep Dying After Giving Birth. Shalon Irving's Story Explains Why

December 7, 2017 · 7:51 PM ET

Heard on All Things Considered

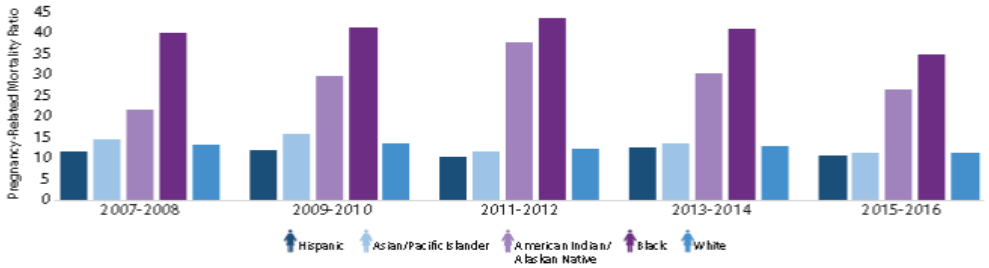
NINA MARTIN, PROPUBLICA

RENEE MONTAGNE

CDC Report

Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016

Data confirms significantly higher pregnancy-related mortality ratios among Black and American Indian/Alaskan Native women. These gaps did not change over time.

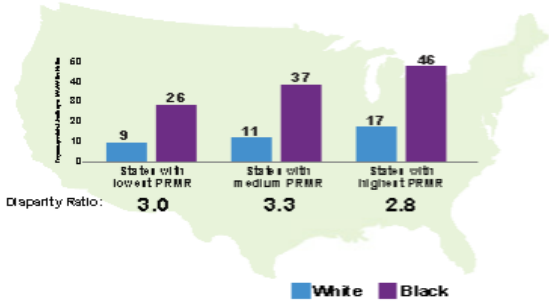


700 About 700 women die each year in the U.S. as a result of pregnancy or its complications.

2-3x American Indian/Alaska Native and Black women are 2 to 3 times as likely to die from a pregnancy-related cause than white women.

Disparities Across the Nation

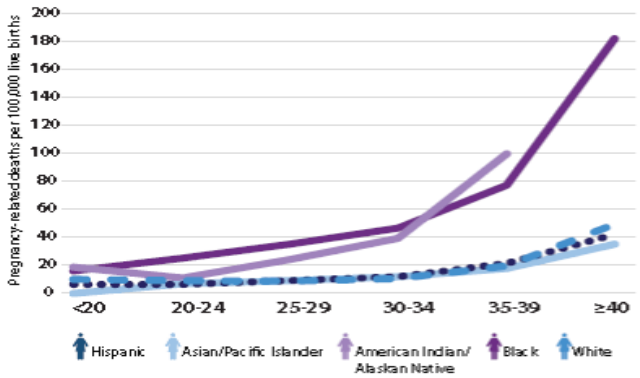
State Pregnancy-Related Mortality Ratios (PRMR) were placed equally into three groups (high, medium, low) and the PRMR was further calculated by race/ethnicity for each group. Even in states with the lowest PRMR, the PRMR for black women was about 3 times as high as the PRMR for white women.



CDC Report

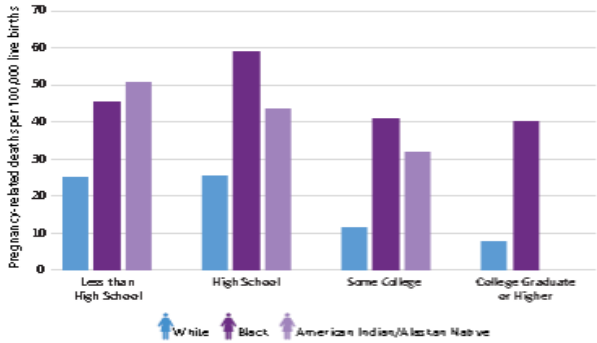
Disparities by Age

Inequities increase by age, with the disparity for black and AI/AN women older than 30 years four to five times that of their white counterparts. For example, the disparity ratio for black women compared to white women ranged from 1.5 among the <20 years age group to 4.3 for the 30–34 years age group.



Disparities by Education Level

The PRMR for black women with at least a college degree was 5 times higher than white women with a similar education.

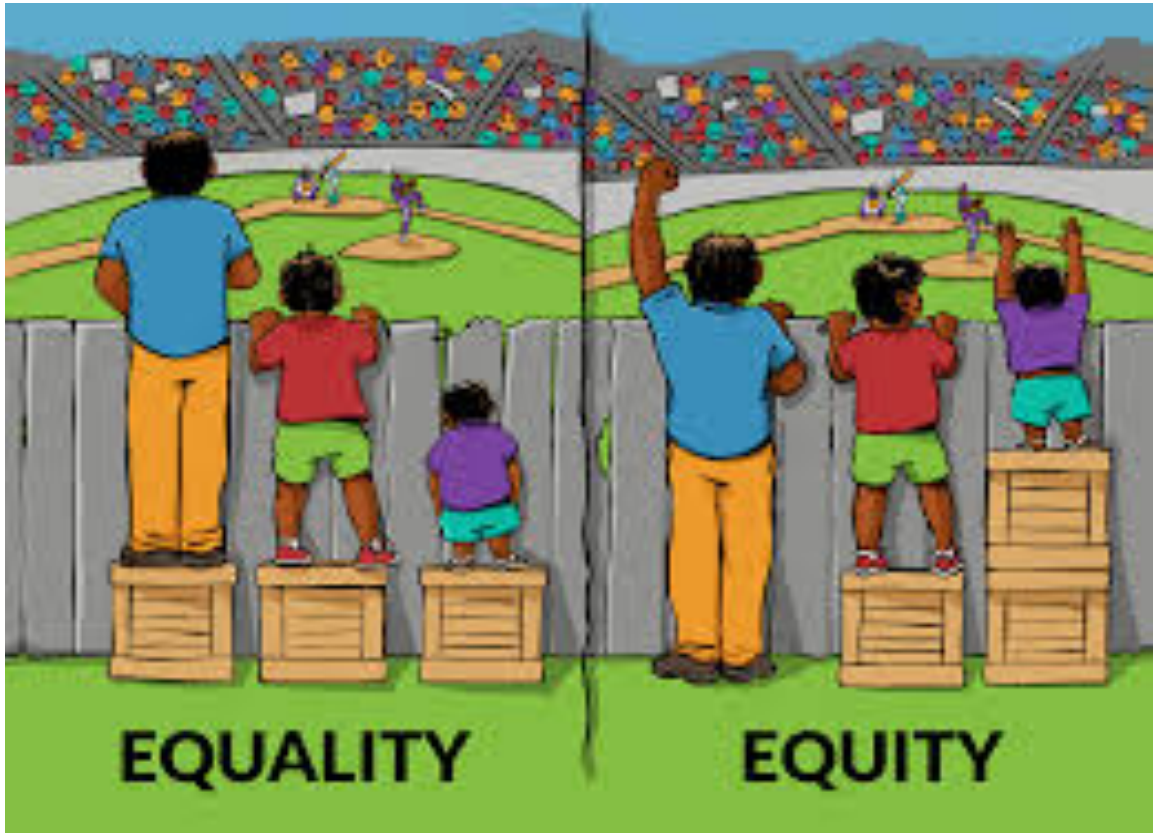


For More information

For more information on CDC's activities to better understand and prevent pregnancy-related deaths, please visit
wwww.cdc.gov/reproductivehealth/pregnancy-related-mortality/index.html.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Equality & Equity



http://interactioninstitute.org/illustrating-equality-vs-equity/

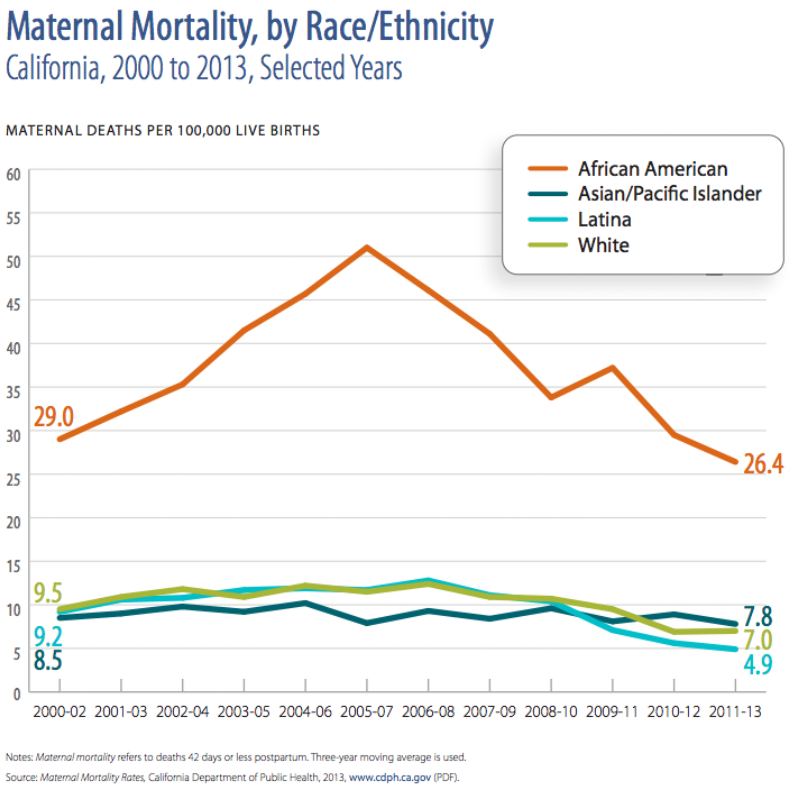
CMQCC
California Maternal
Quality Care Collaborative

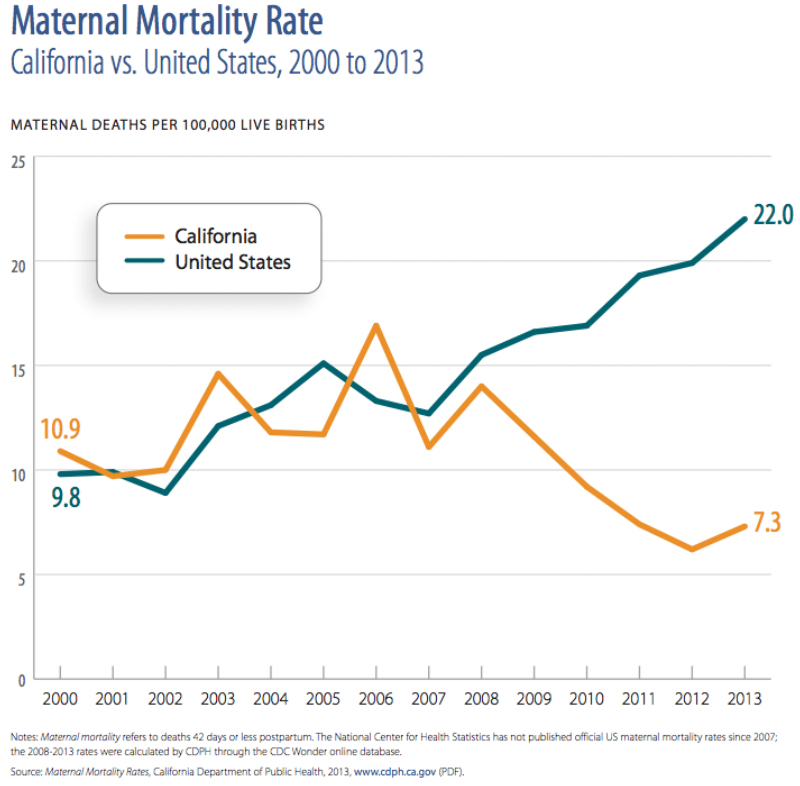
Our mission is to end preventable morbidity, mortality and racial disparities in California maternity care

Maternal Mortality Rate

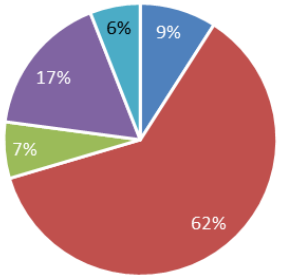
Maternal Mortality Rate, California and United States; 1999-2013

Maternal Mortality Rate California

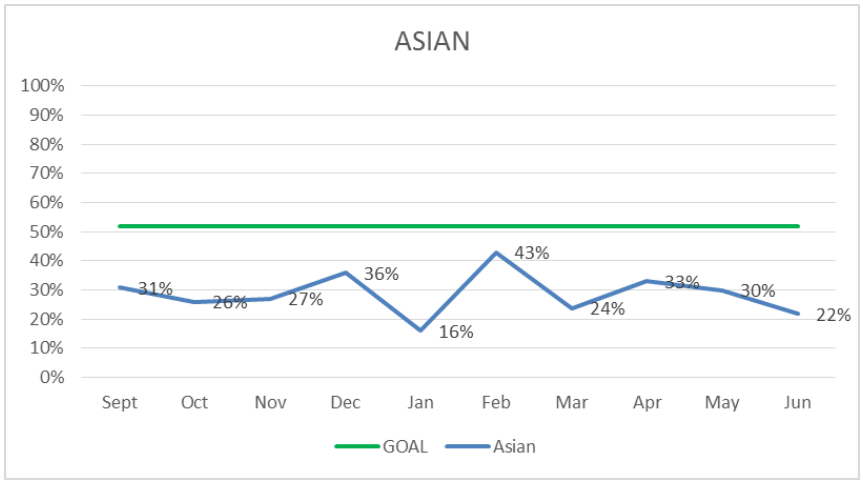


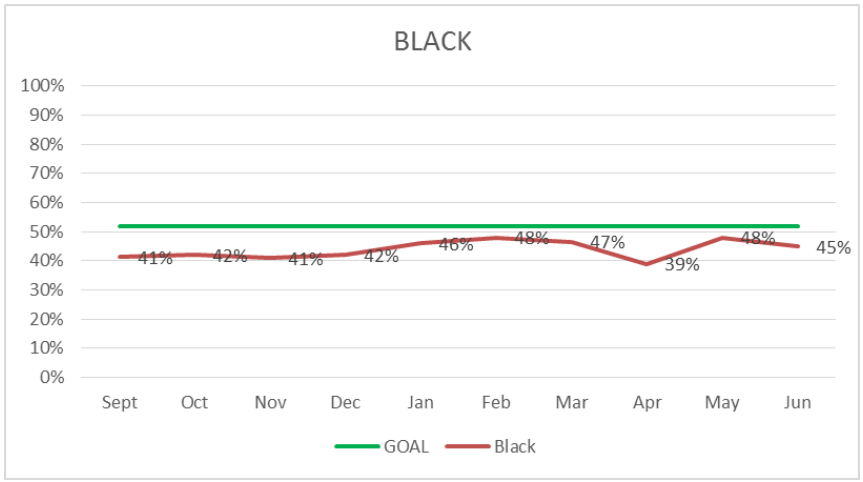


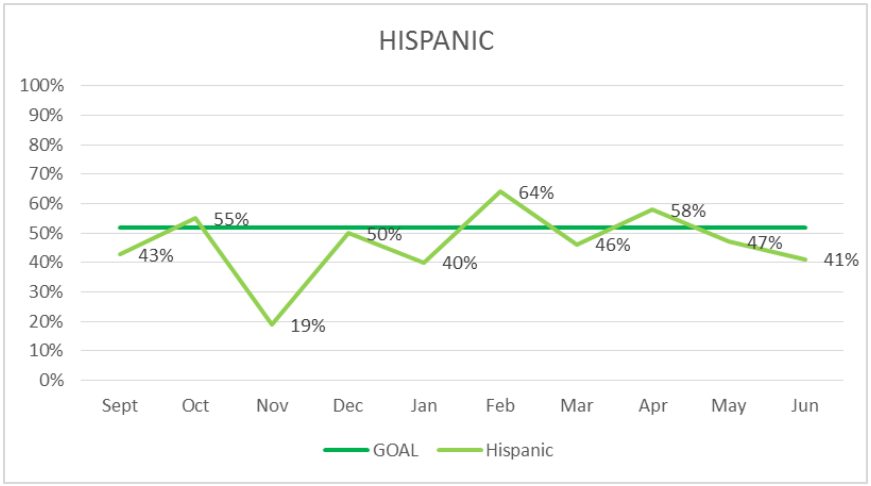
PATIENT POPULATION

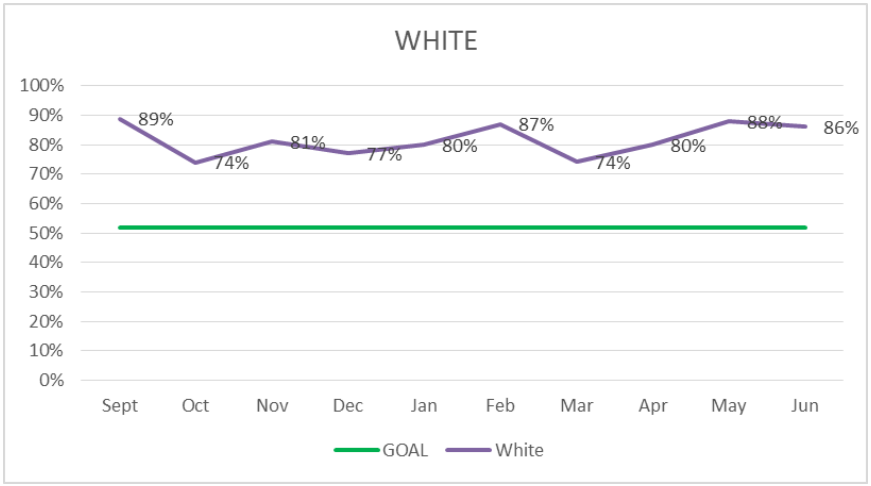


EXCLUSIVE BREASTFEEDING RATE BY RACE (FY 2019)









Breastfeeding Rates

Table 1. Non-Hispanic Black Breastfeeding Behaviors, 2009 Births Compared to 2015 Births

Breastfeeding Behavior	NH Black 2009 (%)	NH Black 2015 (%)	Difference 2009-2015 N (%)	HP2020 Objective (%)	Difference HP2020-2015 N (%)
Breastfeeding Initiation	60.7	69.4	+8.7 (14.3)	≥81.9*	−12.5 (15.3)
Breastfeeding to 6 months	33.4	44.7	+11.3 (33.8)	≥60.6	−15.9 (26.2)
Breastfeeding to 12 months	15.9	24.0	+8.1 (50.9)	≥34.1*	−10.1 (29.6)
Exclusive Breastfeeding to 3 months	24.2	36.0	+11.8 (48.8)	≥46.2*	−10.2 (22.1)
Exclusive Breastfeeding to 6 months	10.7	17.2	+6.5 (60.7)	≥25.5	−8.3 (32.5)

Source: CDC National Immunization Survey

*U.S. National rate met Healthy People 2020 Objective goal

"Was [child] ever breastfed or fed breastmilk?"

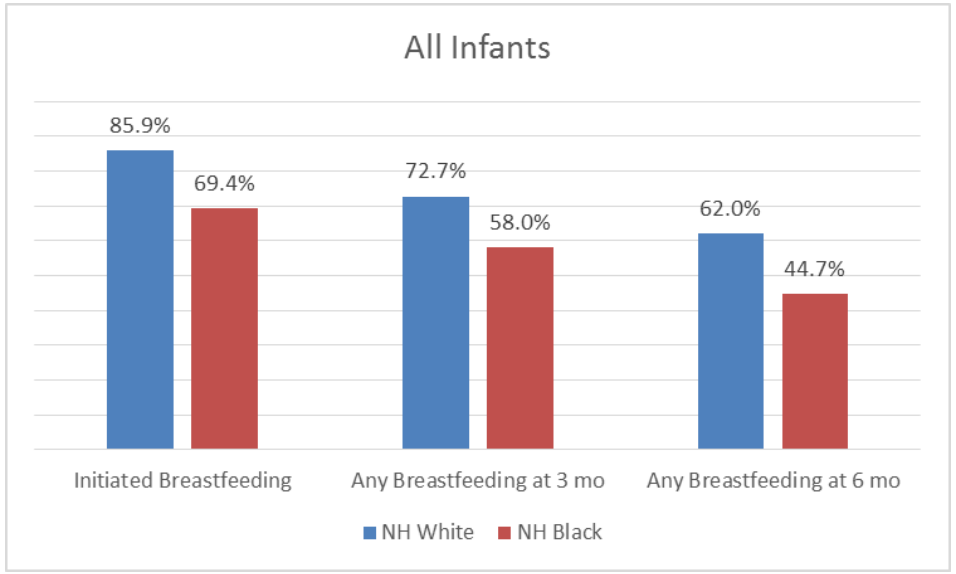
Emory Decatur Hospital	
Race	**BF Initiation**
Asian	81.8% (n=11)
Black	94.7% (n=114)
Hispanic	93.9% (n=10)
White	96.0% (n=25)
Overall	93.9% (n=165)

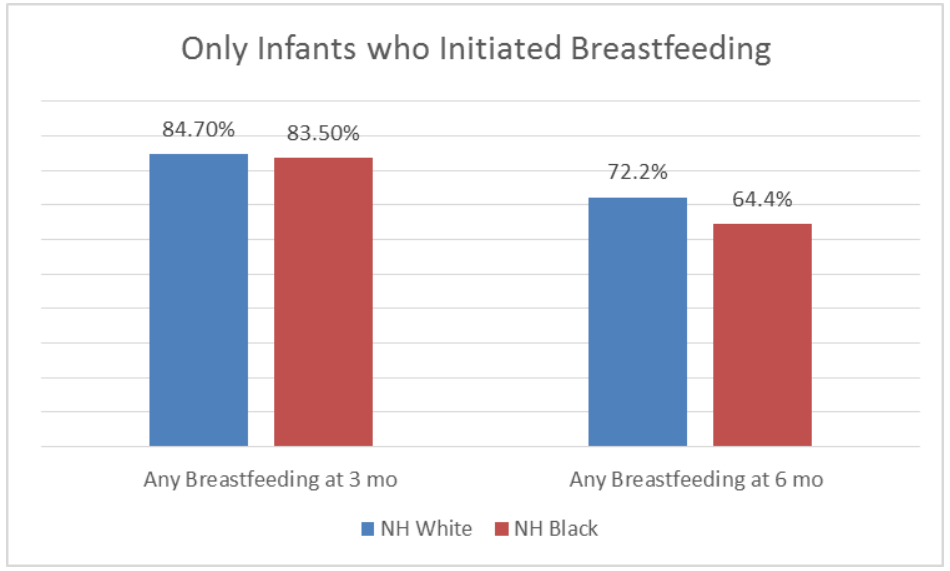
68% of Black patients were still breastfeeding at discharge

EMORY HEALTHCARE

Why Initiation Matters:

CDC Study Shows Initiation of Breastfeeding may Reduce Disparities in Duration





Data from: TABLE 2. Breastfeeding initiation and duration at ages 3 and 6 months among non-Hispanic black and non-Hispanic white infants born in 2015 — National Immunization Survey-Child, United States, 2016–2017†;*

Beauregard JL, Hamner HC, Chen J, Avila-Rodriguez W, Elam-Evans LD, Perrine CG. Racial Disparities in Breastfeeding Initiation and Duration Among U.S. Infants Born in 2015. MMWR Morb Mortal Wkly Rep 2019;68:745–748. DOI: http://dx.doi.org/10.15585/mmwr.mm6834a3

"Mothers, the newborn and children represent the wellbeing of a society and its potential future. Their health needs cannot be left unmet without harming the whole of society."

Lee Jong-Wook Director General World Health Organization (2005)

Rule #1: Our lives are safe.

- We live free of fear, intimidation and violence at home, at work and in our neighborhoods – no matter where we're from, who we love or how we i

Rule #2: Our bodies are respected.

- The health care system takes our needs seriously, from treatment to research to women making decisions about if and when to start a family.

Rule #3: Our work is valued.

- We are paid equally for our work and get promoted equally too. The jobs primarily done by women – from teaching to caregiving – are valued and supported. All women can retire with dignity and enjoy the life they worked hard for.

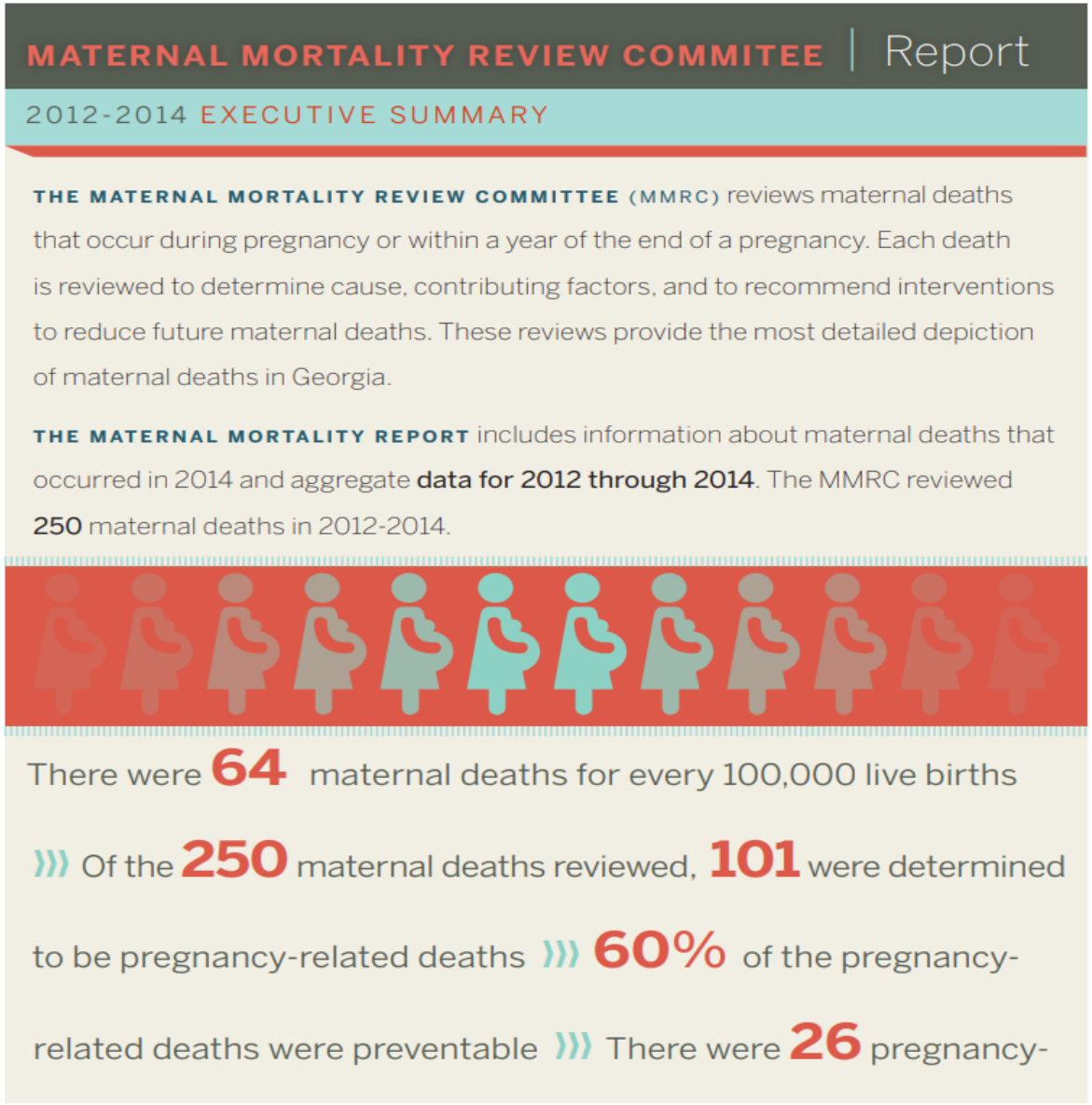
Rule #4: Our families are supported.

- We are no longer forced to make impossible and unfair choices between family and work. Providing the best care for our families, from infancy to old age, is possible and affordable for all of us.

Rule #5: Our government represents us.

- From the school board to the White House, women are represented. The right to vote is protected and promoted, all voters have access to the polls and every vote is counted.

Georgia Maternal Mortality Report



MATERNAL MORTALITY REVIEW COMMITEE | Report

2012-2014 EXECUTIVE SUMMARY

THE MATERNAL MORTALITY REVIEW COMMITTEE (MMRC) reviews maternal deaths that occur during pregnancy or within a year of the end of a pregnancy. Each death is reviewed to determine cause, contributing factors, and to recommend interventions to reduce future maternal deaths. These reviews provide the most detailed depiction of maternal deaths in Georgia.

THE MATERNAL MORTALITY REPORT includes information about maternal deaths that occurred in 2014 and aggregate **data for 2012 through 2014**. The MMRC reviewed **250** maternal deaths in 2012-2014.

There were **64** maternal deaths for every 100,000 live births

Of the **250** maternal deaths reviewed, **101** were determined to be pregnancy-related deaths **60%** of the pregnancy-related deaths were preventable There were **26** pregnancy-

Georgia Maternal Mortality Report

QUESTION 1 | Was the Death Pregnancy-Related?

THE DISTRIBUTION OF PREGNANCY-RELATED DEATHS BY TIMING OF DEATH IN RELATION TO PREGNANCY, GEORGIA, 2012-2014

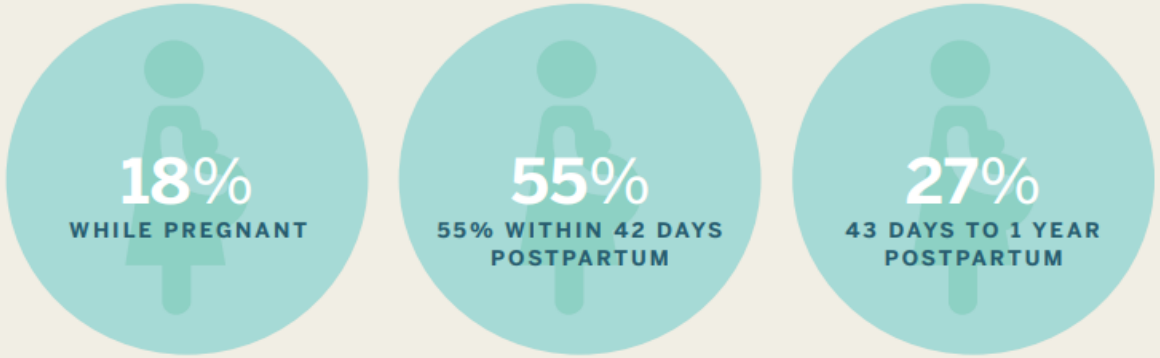
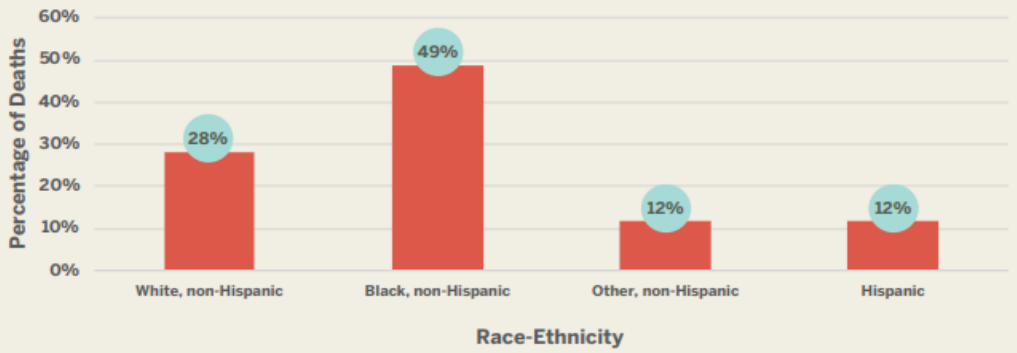


FIGURE 5 | Distribution of Pregnancy-Related Deaths by Race-Ethnicity, Georgia, 2014 (N= 43)



Georgia Maternal Mortality Report

QUESTION 1 | Was the Death Pregnancy-Related?

PREGNANCY-RELATED MATERNAL MORTALITY RATIO BY RACE (PER 100,000 LIVE BIRTHS), GEORGIA, 2012-2014

White, Non-Hispanic: **14.3** deaths PER 100,000 LIVE BIRTHS

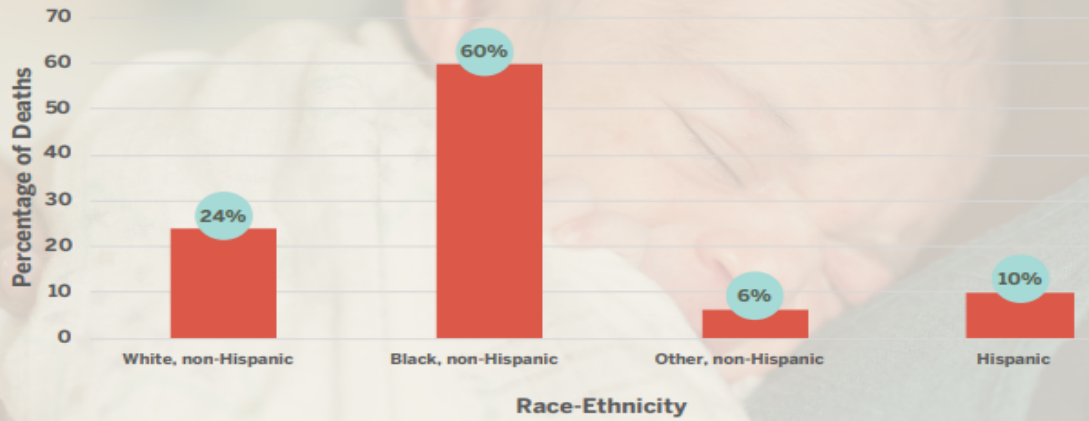
Black, Non-Hispanic: **47.0** deaths PER 100,000 LIVE BIRTHS

MATERNAL MORTALITY RATIO BY RACE FORMULA:

Maternal deaths for specific race (2012-2014) *100,000 = Maternal Mortality Ratio by Race (per 100,000 births), Georgia, 2012-2014, Live births for specific race (2012-2014)

Between 2012-2014, Black non-Hispanic women were about **3.3 times more likely** to die due to pregnancy-related complications than White, non-Hispanic women.

FIGURE 6 | Percentage of Pregnancy-Related Deaths by Race-Ethnicity, Georgia, 2012-2014 (N= 100*)



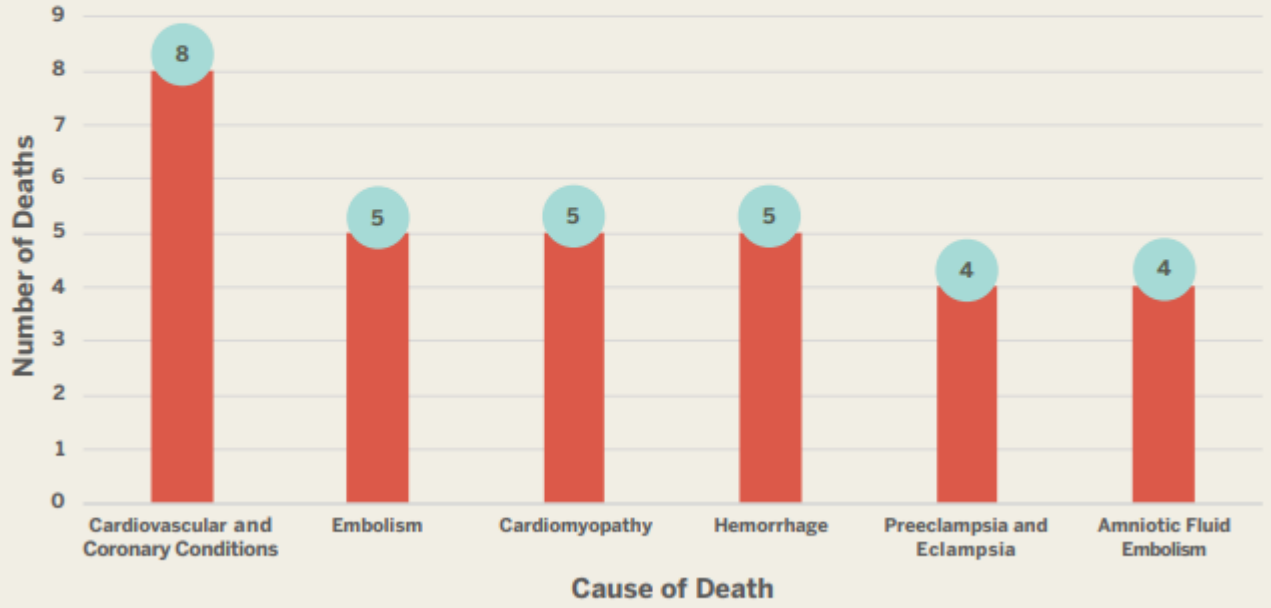
*Race-ethnicity was unknown for one (1%) maternal death in 2012.

Georgia Maternal Mortality Report

RESULTS

In **2014**, six leading causes of pregnancy-related death represent **31** (72%) of the **43** deaths. The leading causes were cardiovascular and coronary conditions, embolism,

FIGURE 9 | Leading Causes of Death Among Pregnancy-Related Deaths, Georgia, 2014



Georgia Maternal Mortality Report

QUESTION 3 | Was the Death Preventable?

BACKGROUND

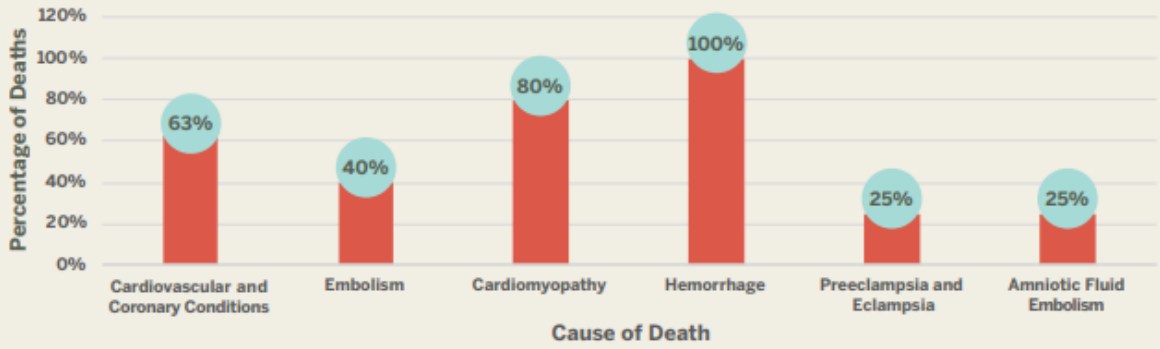
The MMRC makes a determination about preventability for each pregnancy-related death. To determine preventability the MMRC answers the following questions:

1. Was the death preventable?
2. Was there a chance to alter the outcome?

RESULTS

In **2014**, **58%** of pregnancy-related deaths were determined to be preventable. Between **2012-2014**, **61%** of pregnancy-related deaths were determined to be preventable.

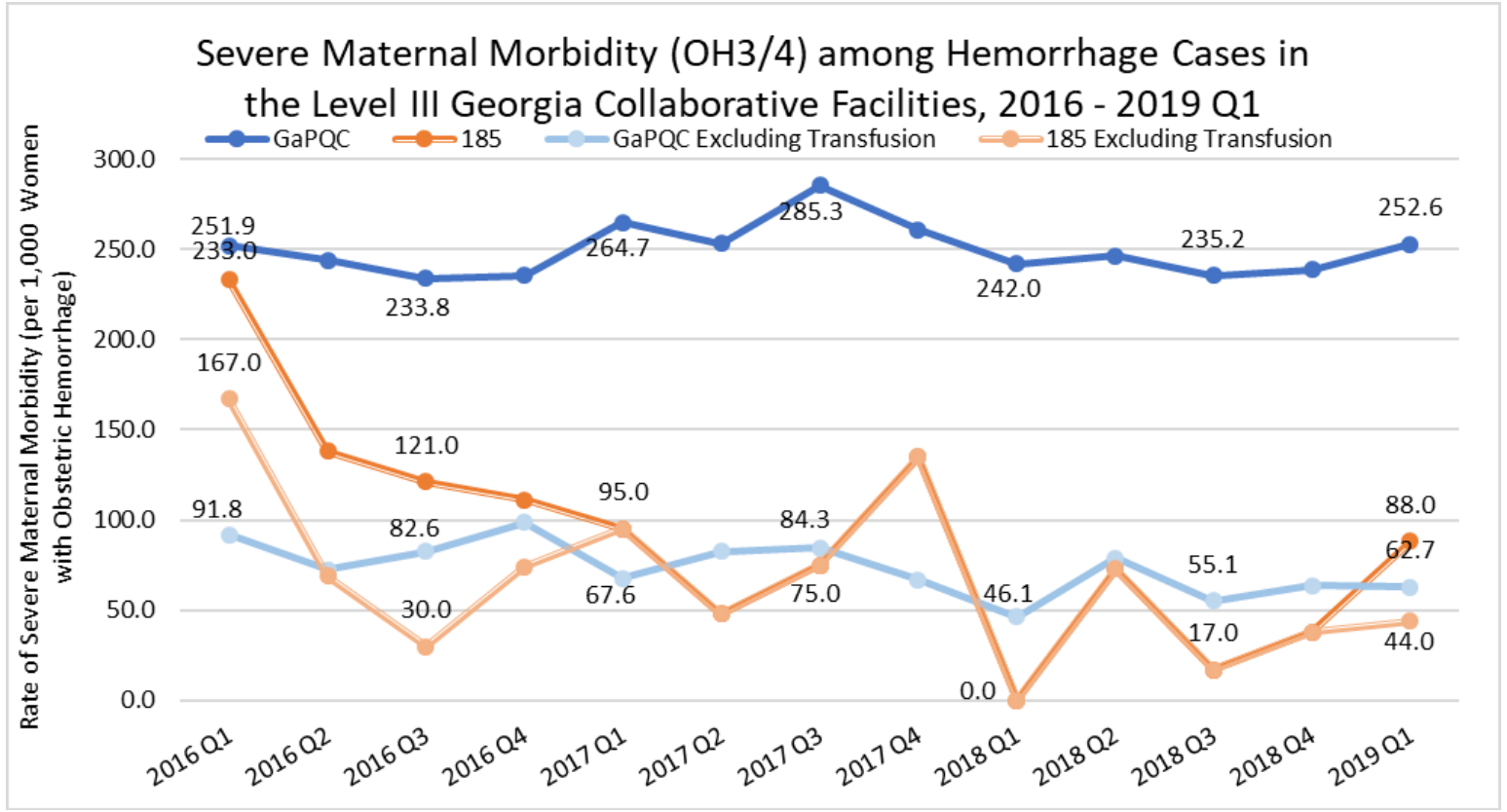
FIGURE 12 | Percentage of Pregnancy-Related Deaths Determined to be Preventable by Leading Cause of Death, Georgia, 2014 (N=31)



#Notonmywatch

Emory Decatur Hospital Captain Quality

Georgia Perinatal Quality Collaborative (GaPQC)



To decrease **Maternal Mortality**, I will:

Commit
to listening to understand and not only to respond.

Commit
to #Speakup for African-American and Black women.

Commit
to working toward health equity.

Commit
to using the Maternal Safety Bundles developed by the Council on Patient Safety in Women's Health Care.

Commit
to completing the self-assessment tool in the Health Disparities bundle to help me identify unconscious biases.

References

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