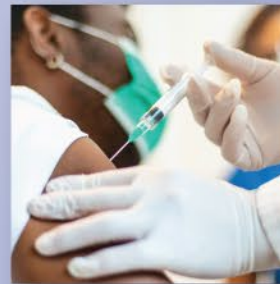



Pathways to Equitable Maternal Health: Policy, Research, and Community-Based Solutions





Cheryl G. Franklin, MD, MPH
Natalie Hernandez, PhD, MPH
Kaitlyn Hernandez-Spalding, MPH

Morehouse School of Medicine





AGENDA

- Overview of the Center for Maternal Health Equity
- Georgia Implementing a PRegnancy Outcomes Vision for Everyone (IMPROVE) Project
- "Maternal Near Miss" Study





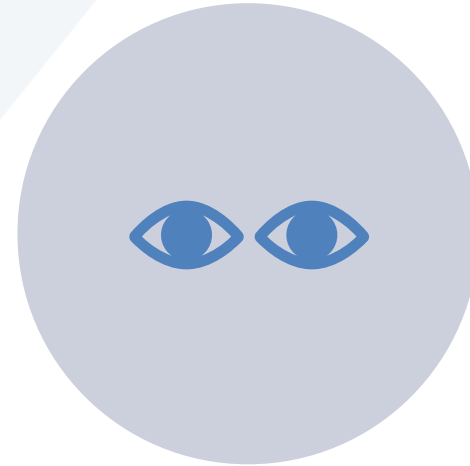
Morehouse School of Medicine
Center for Maternal Health Equity

MOREHOUSE
SCHOOL OF MEDICINE

Mission and Vision



MISSION: TO PURSUE EQUITY IN MATERNAL HEALTH BY REDUCING MATERNAL MORBIDITY AND MORTALITY LOCALLY, NATIONALLY, AND GLOBALLY



VISION: TO END HEALTH INEQUITIES IN WOMEN'S HEALTH ACROSS THE LIFESPAN.





Center for Maternal Health Equity

Research

Translational Research
Development and Testing of Interventions

Community

Capacity Building and Technical Assistance
Information Resource Hub
Advocacy and Policy

Training

Team-Based Training
Train the Trainer
Interprofessional Training



Georgia **I**mplementing a
Pregnancy **O**utcomes **V**ision for
Everyone (IMPROVE)

Georgia IMPROVE on Maternal Health,
Structural Racism and Discrimination (SRD),
and Covid-19



Multi-sectoral, multi-level assessment of factors that exacerbate (or ameliorate) the overall impact of the COVID-19 pandemic (1 of 2)

- **Community Survey:**
- Collected 286/300 surveys; rural 20%, urban 80%, 82% AA; 80% employed; 49% private insurance.
 - Survey Barriers: Data Integrity/Bots
- >50% -- “somewhat” to “not well supported” by their perinatal provider
- 41% reported that support received from perinatal provider worsened due to the pandemic
- 81% of PP participants reported pregnancy-related morbidities
- 60% report that their stress levels or mental health worsened due to COVID D/T health concerns, financial concerns, and impact of COVID on child(ren)
- Perceived Racism, Discrimination, or Bias based on insurance type (38%), ability to pay (43%), how well they spoke English (45%)

MOREHOUSE | Center for Maternal Health Equity
SCHOOL OF MEDICINE

YOUR VOICE IS NEEDED

JOIN A GA IMPROVE CONVERSATION ABOUT THE OVERALL IMPACT OF THE COVID-19 PANDEMIC ON BLACK/AFRICAN AMERICAN AND LATINX PREGNANT AND POSTPARTUM WOMEN. WE ALSO WANT TO LEARN ABOUT ANY BIASES AND UNFAIR TREATMENT EXPERIENCED IN YOUR HEALTH CARE VISITS DURING AND/OR AFTER YOUR PREGNANCY.

ARE YOU PREGNANT OR LESS THAN 18 MONTHS POSTPARTUM?
DO YOU IDENTIFY AS BLACK/AFRICAN AMERICAN OR LATINX?
DO YOU LIVE IN GEORGIA?

SCAN THE QR CODE OR GO TO THE PROVIDED LINK TO REGISTER! ALL SELECTED PARTICIPANTS WILL RECEIVE A \$50 GIFT CARD!

FOR ANY QUESTIONS PLEASE CONTACT: BRITNEY NEWTON AT BNEWTON@MSM.EDU



Multi-sectoral, multi-level assessment of factors that exacerbate (or ameliorate) the overall impact of the COVID-19 pandemic (2 of 2)

- **Focus Group Discussions:**
 - 25 participants
 - The experience of COVID increased anxiety, depression, and feelings of being overwhelmed and stressed; reduced social support
- **Key Informant Interviews:**
 - 14 KIIs
 - Interviewees represent 8 different community sectors:
 - parent, faith, non-profit, state agency, law enforcement, research, healthcare, BH professionals, & early care & learning

MOREHOUSE SCHOOL OF MEDICINE | Center for Maternal Health Equity

YOUR VOICE IS NEEDED

JOIN A FOCUS GROUP TO IMPROVE CONVERSATION ABOUT THE OVERALL IMPACT OF THE COVID-19 PANDEMIC ON BLACK/AFRICAN AMERICAN AND LATINX PREGNANT AND POSTPARTUM WOMEN. WE ALSO WANT TO LEARN ABOUT ANY BIASES AND UNFAIR TREATMENT EXPERIENCED IN YOUR HEALTH CARE VISITS DURING AND/OR AFTER YOUR PREGNANCY.

ARE YOU PREGNANT OR LESS THAN 18 MONTHS POSTPARTUM?
DO YOU IDENTIFY AS BLACK/AFRICAN AMERICAN OR LATINX?
DO YOU LIVE IN GEORGIA?



[HTTPS://BIT.LY/CMHEFG](https://bit.ly/cmhefg)

SCAN THE QR CODE OR GO TO THE PROVIDED LINK TO REGISTER! ALL SELECTED PARTICIPANTS WILL RECEIVE A \$50 GIFT CARD!

FOR ANY QUESTIONS PLEASE CONTACT: BRITTNEY NEWTON AT BNEWTON@MSM.EDU



Measure the burden on Black mothers of the chronic stress of dual pandemics – SRD and COVID 19.

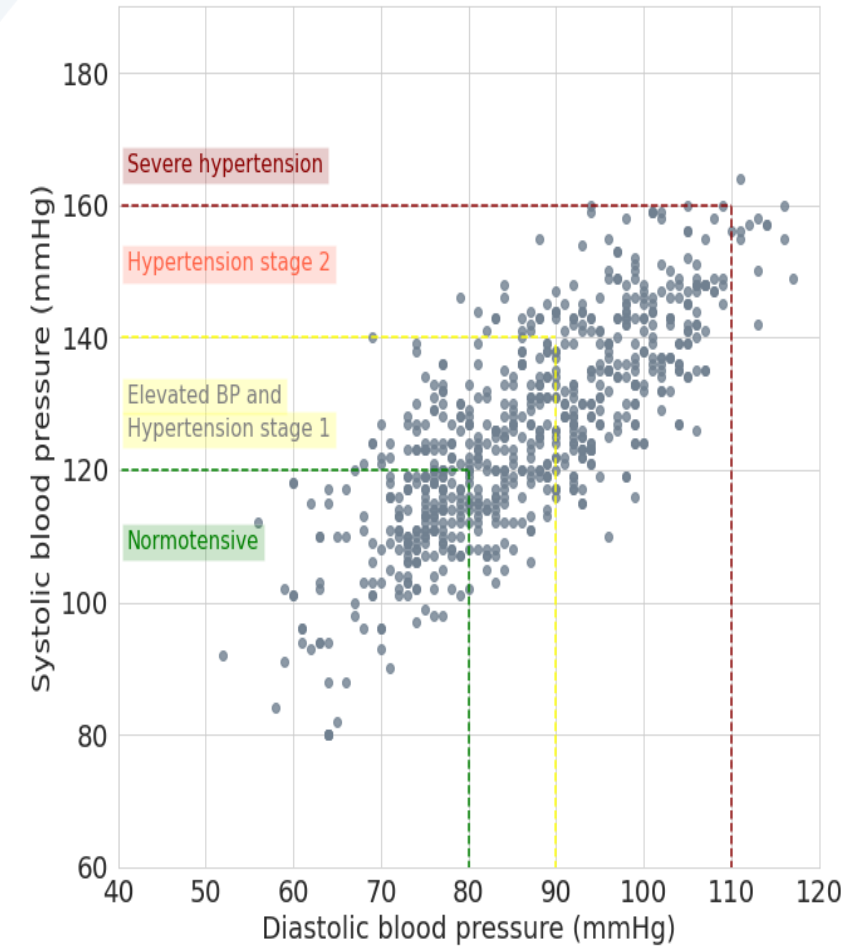
Goals --> Surveys: 200; Stress arm w Hair/Saliva/Stress Tests: 40; Tech Arm w Social Media Dumps: 40

- Screener: 192 responses
- Surveys Completed: 21
- Social media data and Superwoman Schema survey responses: 7
 - 21 – 37 yo.
 - 5 with college education or higher.
 - 6 with 2 or more pregnancies.
 - high expression of positive sentiments vs. negative ones.,
 - few expressions of stress were observed although participants (5) expressed feeling stressed very often or fairly often.
 - most participants express high adherence to SWS, with only one participant expressing moderate adherence.



Smartphone-Based Application for Monitoring of Patient Blood Pressure and Related Outcomes to Avoid Preventable Delays in Healthcare During the Postpartum Period (1 of 2)

- App adapted for electronic engagement, education, two-way communication/reporting of symptoms / BPs and survey data collection. **suitable for general use** and can provide **actionable information**
 - 98/100 recruited; 81 submitted data
 - 2 AMC and 9 community practice sites engaged
 - 776 blood pressure images submitted; 93% validated
 - 21/44 reported 140-159/90-109-range BPs; 3 recorded severe-range ($\geq 160/110$) BPs, which reliably triggered 17 alerts.



Smartphone-Based Application for Monitoring of Patient Blood Pressure and Related Outcomes to Avoid Preventable Delays in Healthcare During the Postpartum Period (2 of 2)

- The auto-transcription of the systolic & diastolic BP performed with accuracies well within the FDA requirement of 5 mmHg.
 - 29 symptoms of severe hypertension triggered alerts for clinical review.
 - 651 surveys completed ; “Mood Swipe” (emoji mood-based survey) most frequently
 - For 32 participants with both EPDS and BP data, we found that *higher* self-reported EPDS scores were significantly associated with *lower BP*

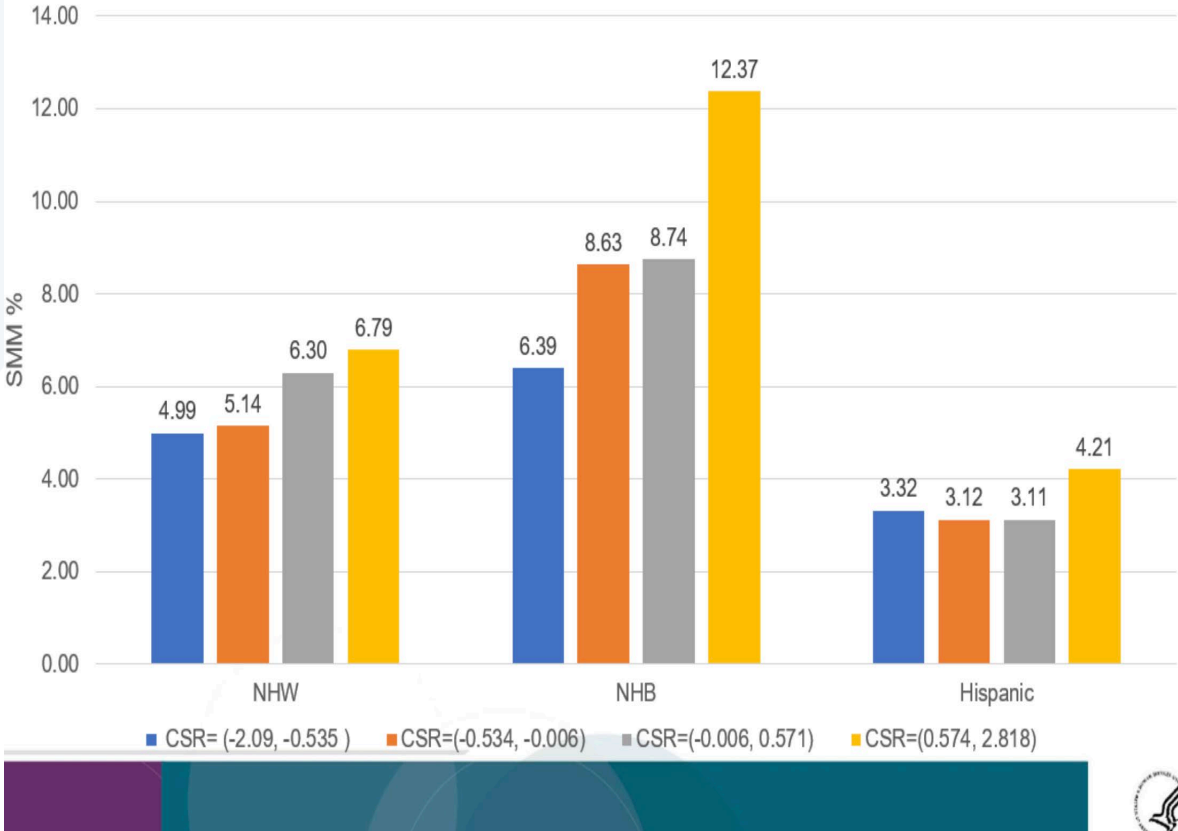


Comparing the Effect of County Structural Racism on Severe Maternal Morbidity in Black, Hispanic, and White Medicaid Enrollees

Highlighted Results

- In NHB Medicaid enrollees, SMM rates increased as CSR increased – 41% (Q2), 56% (Q3), 47% (Q4) more likely to experience SMM compared to NHB Medicaid enrollees living in Q1
- In NHW Medicaid enrollees, SMM rates increased in Q3 and Q4 – 13% (Q3), 19% (Q4) more likely to experience SMM compared to NHW living in Q1
- No CSR/SMM association in Hispanic Medicaid enrollees

Figure 1. Race-specific SMM prevalence by CSR quartile groups



Maternal Near Miss Study



Maternal Near Miss Study (1 of 4)

- A maternal near miss (MNM) refers to a very ill pregnant or delivered birthing person who nearly died but survived a complication during pregnancy, childbirth, or postpartum up to 42 days.
- Severe maternal morbidity (SMM) includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health.
- For every maternal death, it is estimated that 50 to 100 women experience SMM
 - Incidence of SMM is two to three times higher among Black American women compared with non-Hispanic White women



Maternal Near Miss Study (2 of 4)

- The purpose of this study is to codify birthing experiences from persons of color and communicate them as data points that influence clinical practice, policy, and health care strategies.
- Using narrative-based medicine, interviews were designed to explore the birthing persons' stories about their pregnancies and birth experiences.
 - Interview guide was created using the Three Delays Model and the ICHOM Set of Patient-Centered Outcome Measures for Pregnancy and Childbirth.
 - 87 interviews were conducted; 56 were MNM experiences; 31 were SMM experiences



Maternal Near Miss Study (3 of 4)

Which pregnancy-related complication did you experience?	N=92
Severe pre-eclampsia	42 (46.2%)
Severe postpartum hemorrhage	24 (26.4%)
Other	19 (20.9%)
Eclampsia	3 (3.3%)
Ruptured Uterus	2 (2.2%)
Sepsis/severe systemic infection	1 (1.1%)

A small percentage of results may be attributed to duplicate or incomplete forms.



Maternal Near Miss Study (4 of 4)

■ Preliminary findings:

- Dismissal of concerns
- Lack of information/communication from healthcare provider
- Racial and insurance-based discrimination
- Short and long-term physical and mental health effects
- Experience's impact on the decision to have future children

"I didn't feel, and I guess obviously wasn't, believed at all. There was no understanding or concern, or anything like that. It was just all brushed off."

"I think they just had a racial prejudice towards me. I think they felt like I was just being difficult."

"I don't think I'm mentally-- physically maybe I'm healthier today. I could try, but I can't do it mentally. I can't get over it - what I went through."

- Racism, discrimination, and overall quality of care should be considered when investigating contributors to maternal mortality and morbidity rates.

