

WHY IS RACE CONCORDANT CARE CENTRAL TO ADDRESSING MATERNAL MORTALITY

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RACE CONCORDANT CARE AND MATERNAL MORTALITY

Maternal mortality is a key indicator of health inequity which is impacted by social determinants of health more than health behaviors and clinical care

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY

**A National Survey Of The Experiences Of Care During
And After Pregnancy and Childbirth In The US**

<https://www.birthplacelab.org/wpcontent/uploads/2019/03/GVTMExecSummary.pdf>

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 1)

Women Interviewed: 2700

Demographics:

All 50 states are represented but the largest proportion were from New York State (29%); California (8%), Washington (5%), and Texas (4%).

Most were born in the US (90%), spoke English at home,
80% had completed post-secondary education.

One third reported family incomes less than \$50,000 per year.

15 % self-identified as Black, 10 % as Hispanic, 5% as Asian, 3% as Indigenous and 66% as white.

The majority (56%) were between the ages of 31 and 39 when they gave birth.

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 2)

71% received prenatal care from midwives, 26% obstetricians, 2% family physicians.

Fewer women of color had prenatal care by midwives (55% Black vs 76% white).

Half gave birth in their homes or a freestanding birth center, and half in a hospital.

Fewer women of color (30% Black vs 55% white) had a planned community birth.

Close to 14 % of women had a Cesarean birth, with variation by race (19% Black vs 12% white).

Half of women paid for maternity care via private insurance, and 14% had some coverage from Medicaid/CHIP.

<https://www.birthplacelab.org/wpcontent/uploads/2019/03/GVTMExecSummary.pdf>

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 3)

What Was Important To Them During Maternity And Newborn Care

Having a Trusting Relationship With Their Care Provider.

Having a Doctor or Midwife Who Is a Good Match For What They Value and Want For Pregnancy and Birth Care.

Not Being Separated From Baby After Birth.

Having Enough Time To Ask Questions,

Discuss Options For Care.

Having Support People of Their Choice Present For Labor and Birth.

Knowing The Midwife/Doctor Who Will Care For Them During Birth.

Choice of Birth Place (Home, Birth Center or Hospital) and Leading Decisions About Pregnancy, Birth and Baby Care.

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 4)

Inequitable Access To High Quality Maternity Care

Two Thirds of Women Reported That Midwives Were Most Directly Involved in Their Prenatal Care. Women of color Were Less Likely To Report Having Access To Midwifery Care Compared To White Women. Black Women Were Least Likely To Access Midwifery Care.

Women of Color Were Less Likely To Receive Continuity of Care and Less Likely To Have The Doctor or Midwife Who Provided The Majority of Prenatal Care Attend Their Birth.

Most Black Women Reported it Was Very Important or Important To Them To Have Continuity of Care (i.e. only one doctor or midwife throughout pregnancy and birth), Yet They Were The Least Likely To Report Continuity of Care.

<https://www.birthplacelab.org/wpcontent/uploads/2019/03/GVTMExecSummary.pdf>

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 5)

Inequitable Access To High Quality Maternity Care

Black Women Were The Most Likely To Report That They Wanted To Lead Decisions Around Their Pregnancy, Birth and Baby Care, yet They Reported The Lowest Scores For Autonomy in Decision-Making and Had The Least Access To Models of Care That Support Decision-Making.

95% of Black Women Said it Was Important or Very Important To Them To Have Enough Time To Ask Questions and Discuss Options For Care, yet They Were The Most Likely To Have Very Short Prenatal Appointments (10-15 minutes), On Average

<https://www.birthplacelab.org/wpcontent/uploads/2019/03/GVTMExecSummary.pdf>

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 6)

Access To Preferred Care

46% of Black women, 25% of Indigenous women, 25% of Latina women, 13% of Asian women and 9% of white women agreed or strongly agreed with the following statement:

‘Finding a midwife or doctor who shared my heritage, race, ethnic or cultural background was important to me.

<https://www.birthplacelab.org/wpcontent/uploads/2019/03/GVTMExecSummary.pdf>

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 7)

Access To Preferred Care

Of the women who said it was important to them to find a health care provider from their heritage, race, ethnic or cultural background, 69% of Black women, 49% of Latina women and 4% of white women reported having had difficulty locating a doctor or midwife from their heritage, race, or cultural background.

<https://www.birthplacelab.org/wpcontent/uploads/2019/03/GVTMExecSummary.pdf>

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 8)

Community Birth

More Than 90% of Women Who Planned a Community Birth Reported Wanting:
Control Over Their Childbirth Experiences.

A Comfortable, Peaceful Environment, Low Intervention Options For Care.

To Avoid Disturbance of Their Labor or Having To Fight For Their Desired Birthing Experience.

To Avoid A Cesarean Section.

Safety, Confidence in My Own Body.

To Avoid Separation From My Baby.

To Avoid Hospital Policies, Procedures and Time Limits.

<https://www.birthplacelab.org/wpcontent/uploads/2019/03/GVTMExecSummary.pdf>

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 9)

Disparities In Mistreatment During Pregnancy And Birth

One In Six Women Reported One or More Types of Mistreatment.

Most Common:

9% Healthcare Providers Shouting and Scolding Them.

8% Threatening To Withhold Treatment or To Force Them To Accept Treatment They Did Not Want.

Physical Abuse and Personal Information Being Shared Without Consent Were Reported By Few Women.

<https://www.birthplacelab.org/wpcontent/uploads/2019/03/GVTMExecSummary.pdf>

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 10)

Disparities In Mistreatment During Pregnancy And Birth

34% Indigenous Women Were Most Likely To Report Experiencing At Least One Form of Mistreatment By Healthcare Providers, Followed by Latina (25%) and Black Women (23%). 14% Women Who Identified As White Were Least Likely To Report Experiencing Any of The Mistreatment Indicators.

Differences in Mistreatment By Race Were Pronounced For Some Indicators.

For Example, Twice as Many Hispanic and Indigenous Women as Compared To White Women Reported That Health Care Providers Shouted At or Scolded Them.

Black, Indigenous, Latina and Asian Women Were Twice as Likely as White Women To Report That a Health Care Provider Ignored Them, Refused Their Request For Help, or Failed to Respond to Requests for Help In a Reasonable Amount of Time.

<https://www.birthplacelab.org/wpcontent/uploads/2019/03/GVTMExecSummary.pdf>

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 11)

Disparities In Mistreatment During Pregnancy And Birth

Over 90% Reported That They Declined Care At Some Point During Their Labor/Birth Because They “Thought It Was Not Necessary.”

One Third Who Had an Episiotomy Were Not Asked By Care Providers What They Wanted Before The Procedure Was Done. Black and Asian Women Were Most Likely To Report Not Being Consulted Before An Episiotomy.

5% Black vs 2% White Women Were More Likely To Report That Their Care Providers Performed The Procedure Anyway, Against Their Will. 86% White Women vs 78% Black Women Were More Likely To Report That Their Care Provider Accepted Their Decision To Decline Care.

<https://www.birthplacelab.org/wpcontent/uploads/2019/03/GVTMExecSummary.pdf>

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 12)

Privacy, Dignity, And Respect

Care In Community Settings and By Midwives Was Associated With Greater Respect, Privacy, and Dignity. Women of Color Reported Lower Overall Rates of Respect, Privacy and Dignity, Compared to White Women.

Indigenous Women Were Most Likely To Report Poor Respect, Dignity and Privacy.

<https://www.birthplacelab.org/wpcontent/uploads/2019/03/GVTMExecSummary.pdf>

GIVING VOICE TO MOTHERS COMMUNITY LED RESEARCH STUDY (CONT. 13)

Pressure To Have or To Avoid Interventions

Women Were Asked If they Experienced Pressure To Have Or To Avoid Interventions, Tests or Procedures From Healthcare Providers. The Most Common Procedures Women Felt Pressured Into Were:

Continuous Fetal Monitoring (24%), Medications To Start or Speed Up Labor (13%), a Cesarean (11%) and an epidural (7%).

Women of color were more likely to report feeling pressured into all of the interventions and procedures, compared to white women.

WOMEN OF COLOR OFTEN PREFER PROVIDERS WHO ARE RACIALLY AND ETHNICALLY CONCORDANT WITH THEMSELVES

Race concordant providers frequently reside in the same community and possess shared experiences of daily life, language, values, customs, mores and cultural norms.

Among clients who could choose their providers, there was a preference for race concordance.

The IOM (2004) and the Sullivan Report (2004) state that upon graduation, professionals of color consistently return to work and serve in their communities.

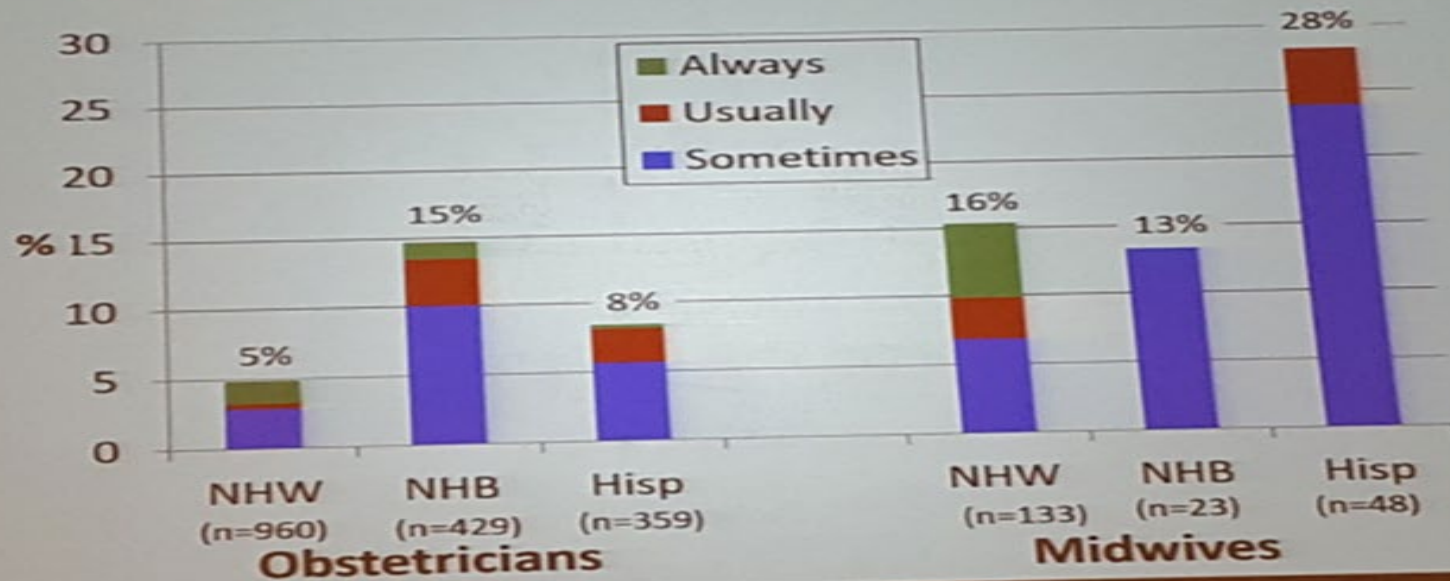
This factor facilitated increased adherence with appointments and treatment plans. Patients reported feeling more connected and comfortable, respected and trusted, and had more confidence in these providers. They also had the highest level of satisfaction with these providers.

Remained in the health care system.

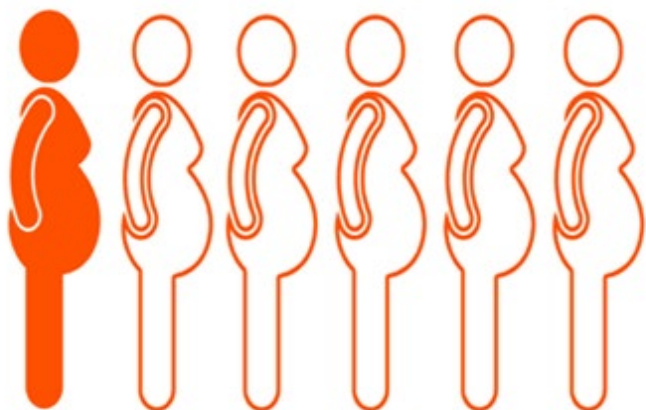
<https://www.birthplacelab.org/wpcontent/uploads/2019/03/GVTMExecSummary.pdf>

MOTHER'S REPORTS OF DISRESPECTFUL CARE

During your recent hospital stay when you had your baby, how often were you treated poorly because of your race, ethnicity, cultural background or language?



EXPERIENCE OF MISTREATMENT DURING CHILDBIRTH



**1 IN 6 WOMEN
EXPERIENCE MISTREATMENT
DURING
CHILDBIRTH
MOST COMMON:**

- Being shouted at or scolded by a health care provider
- Health care providers ignoring women, refusing their request for help, or failing to respond to requests for help in a reasonable amount of time

TOP 4 TYPES OF MISTREATMENT DURING CHILDBIRTH BY HEALTH CARE PROVIDERS

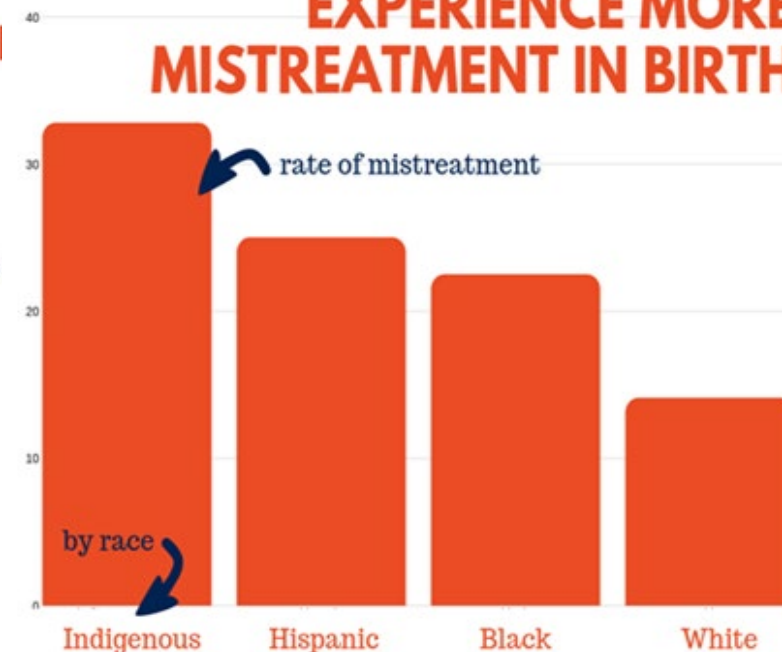
Being shouted at or scolding

Ignoring women, **refusing their request for help**, or failing to respond to requests for help in a reasonable amount of time

Violation of physical privacy

Threatening to withhold treatment or forcing them to accept treatment they did not want

PEOPLE OF COLOR EXPERIENCE MORE MISTREATMENT IN BIRTH



www.birthplacelab.org/mistreatment



www.birthplacelab.org/mistreatment



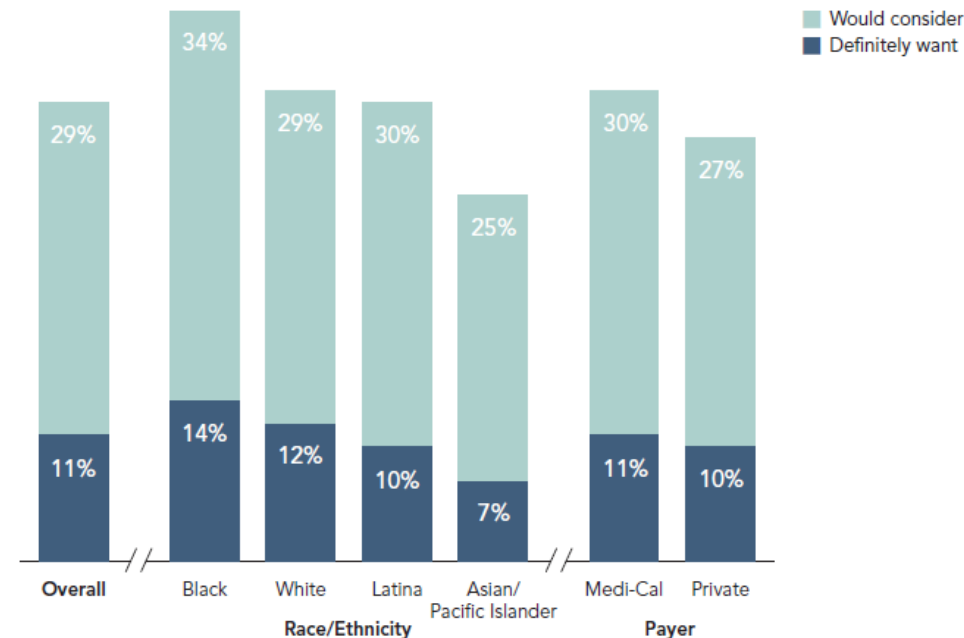
www.birthplacelab.org/mistreatment

FUTURE INTEREST IN BIRTH CENTER USE

Future Interest in Birth Center Use by Race/Ethnicity and Payer, California, 2016

BASE: ALL WOMEN WHO ANSWERED THIS QUESTION (n = 2,482)

If you have a future pregnancy, how open would you be to giving birth in a birth center that is separate from a hospital (with hospital care, if needed)?



Notes: "Would definitely not want this" and "not sure" not shown. Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. Not all eligible respondents answered each item. $p < .01$ for differences by race/ethnicity and by payer.

Sources: *Listening to Mothers in California* (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018; California Department of Health Care Services MIS/DSS Data Warehouse; Natality public-use data 2007–16 in CDC WONDER database, Centers for Disease Control and Prevention, February 2018, accessed March 6, 2018, wonder.cdc.gov.

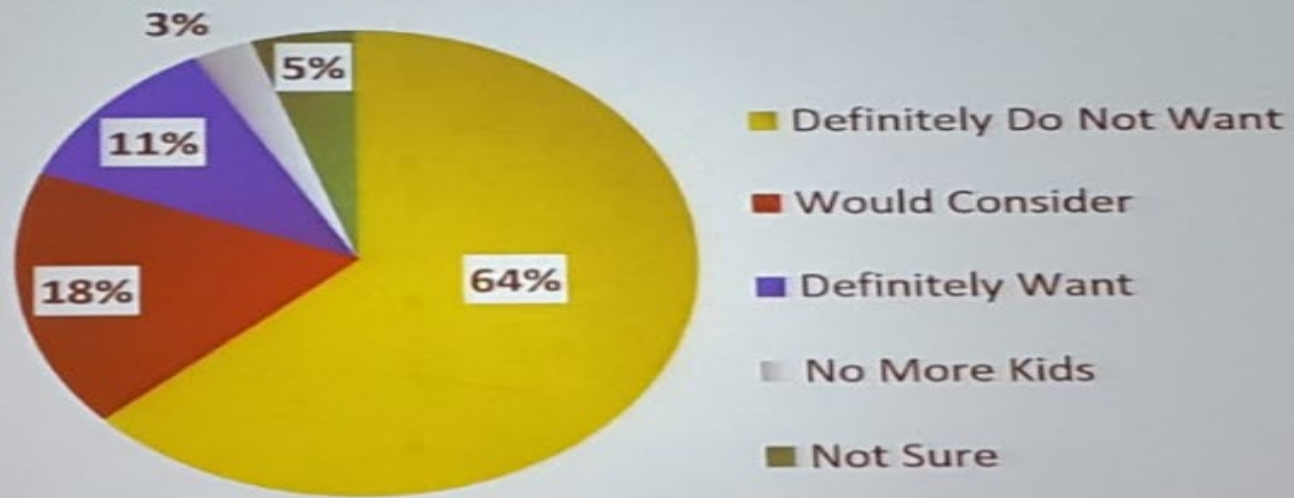
Care Team and Place of Birth

In 2016, less than one percent (0.3%) of California women gave birth in a free-standing birth center (not shown). While all survey respondents had hospital births,* 11% would definitely want a birth center birth for a future pregnancy, and an additional 29% would consider it. Black women expressed the greatest interest in giving birth at a birth center, and women with Medi-Cal were more interested than women with private insurance.

*Survey was limited to women who gave birth in a hospital.

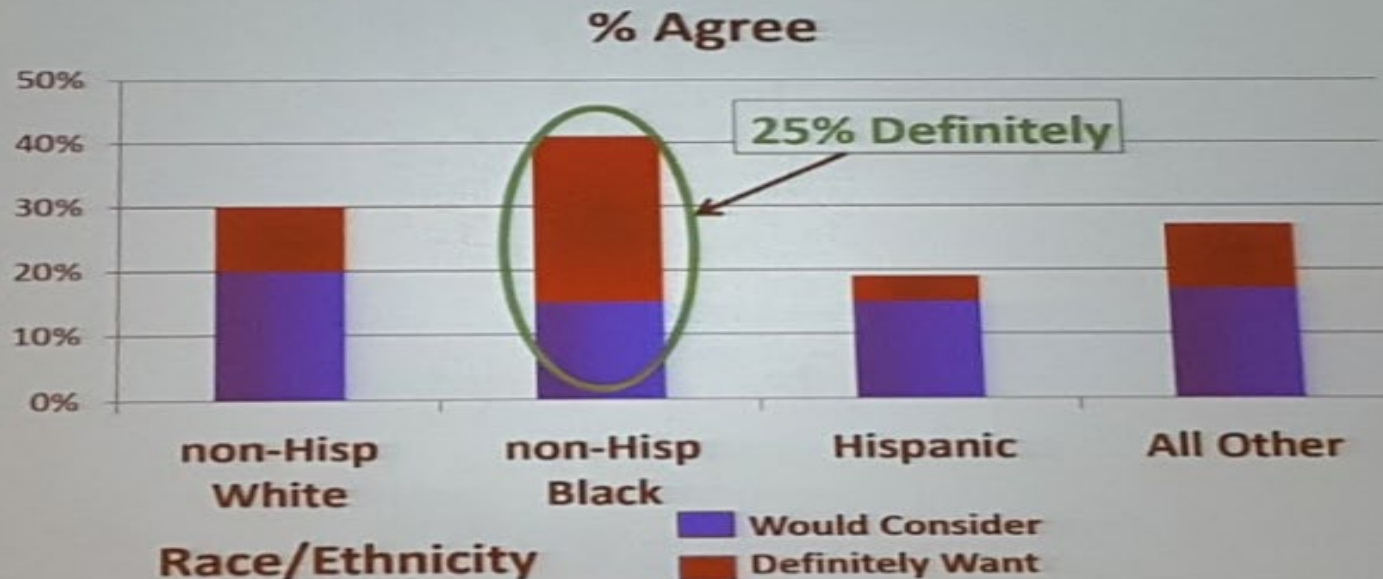
FUTURE INTEREST IN HOME BIRTH

*For any future births, how open would you be to giving birth at **home**?*



FUTURE INTEREST IN HOME BIRTH (CONTINUED)

For any future births, how open would you be to giving birth at home?

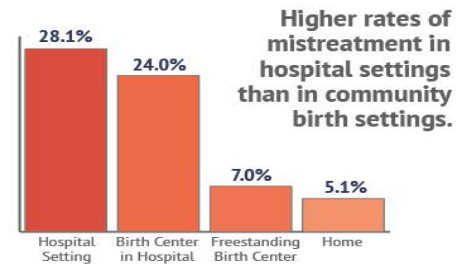


IMPACT OF PLACE OF BIRTH ON MISTREATMENT

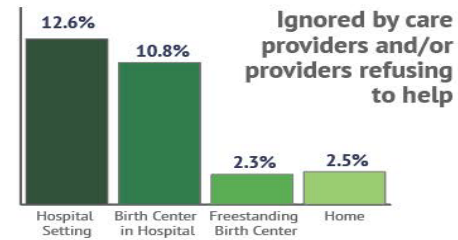
Impact of Place of Birth on Mistreatment

Global health experts agree that how people are treated during childbirth can affect the health and well-being of mother, child, and family. How does the place of birth – hospital or community – affect rates of mistreatment?

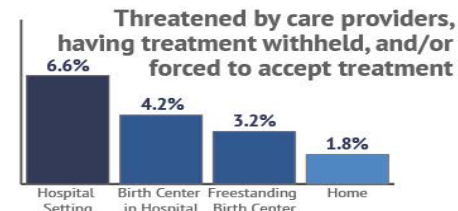
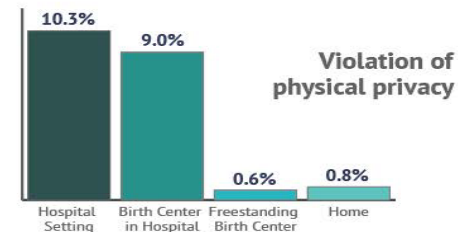
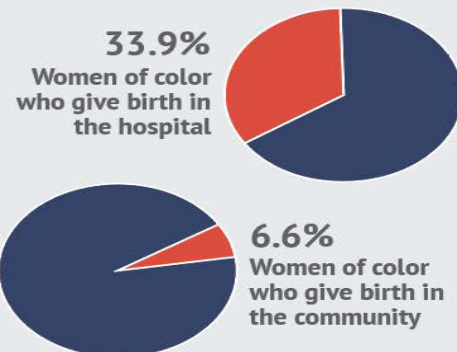
Place of Birth Impacts Rate of Mistreatment



Types of Mistreatment by Place of Birth



Place of Birth Impacts Mistreatment for Women of Color



Find the full study and learn more at www.birthplacelab.org/mistreatment

Vedam, S., Stoll, K., Khemet Taiwo, T., Rubashkin, N., Cheyney, M., Strauss, N. . . & the GVtM-US Steering Council. (2019). "The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States". *Reproductive Health*, 16. DOI: 10.1186/s12978-019-0729-2

AMERICAN COLLEGE OF NURSE MIDWIVES (ACNM) 2021

13,500 Midwives

90 Percent White and Female

Midwives of Color = Black, Latinx, Asian,
Indigenous = 10 Percent Nationally

AMERICAN COLLEGE OF NURSE MIDWIVES (ACNM) 2021 (CONTINUED)

40 ACNM Midwifery Education Programs

87 Percent Midwifery Education Program Directors Are White

Three Midwifery Education Program Directors Midwives Of Color

75 Percent Faculty All White

All New Midwifery Education Programs Are In Predominately White Institutions

Have Not Done The Internal Anti-Racism, Equity Work

DIVERSITY OF MIDWIFERY STUDENTS

Ethnicity/Race	Diversity of Midwifery Student Population in 2018	Diversity of US Population
American Indian/Alaskan Native	0.42%	N/A
Asian	2.44%	5.2%
African American/Black	11.43%	12.6%
Hispanic/Latinx	7.20%	16.9%
Native Hawaiian/Pacific Islander	0.11%	N/A
Caucasian	72.65%	62.0%

Source: AMBC December 31, 2019

PIPELINE CONCERNS

Practitioners

Retention Measures

Educators

Scholars

Researchers: Need To Consciously and Strategically Begin To Collect Data on Outcomes

UIC Researchers Awarded \$7.1M For Black Midwives Program

<https://today.uic.edu/uic-researchers-awarded-9-9m-for-black-midwives-program>

STRATEGIES TO ADDRESS WORKFORCE DIVERSIFICATION

- Federal Legislation Around Workforce Diversification
- Federal Funding Lacks Accountability Metrics:
 - How Many Students of Color Are Enrolled
 - How Many Graduate
 - How Many Pass The Certification Exam
 - How Long To Employment

SUMMARY

Black, Brown and Indigenous Women Reported That The Perinatal Care System Currently Available To Them

Does Not Provide Them Access To Care By The Provider of Their Choice.

The Ideal Perinatal System Would Have:

SUMMARY (CONTINUED)

- More access to care by midwives.
- A midwife or doctor who shares their heritage, race, ethnic or cultural background.
- A provider with whom they can develop a trusting relationship.
- A doctor or midwife who is a good match for what they value and want for pregnancy and birth care.
- Continuity of care throughout pregnancy and birth.
- Shared decision making.
- A pregnancy and birth free of mistreatment.
- A pregnancy and birth characterized by respect, privacy, and dignity.
- A pregnancy free of pressure to accept interventions and procedures.