Supporting Healthy and Joyful Black Births

Presentation by Priya Batra, MD, MS

L.A. Care Health Equity Conference

Directly Provided CME/CE Activity by L.A. Care Health Plan

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Introductions

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Financial Disclosures

The following CME planners and faculty do not have relevant financial relationships with ineligible companies in the past 24 months:

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Ineligible Companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial support was not received for this CME/CE activity.

Learning Objectives

At the completion of the continuing education activity, learners can:

- Convey birth outcome disparities experiences by Black birthing parents and infants.
- Specify at least two (2) leading causes of maternal and infant deaths in California.
- Describe at least two (2) different forms of racism and proposed mechanisms by which they impact birth outcomes.
- Identify at least two (2) publicly available resources to connect their expecting Black clients/patients to County Public Health Programs for support.

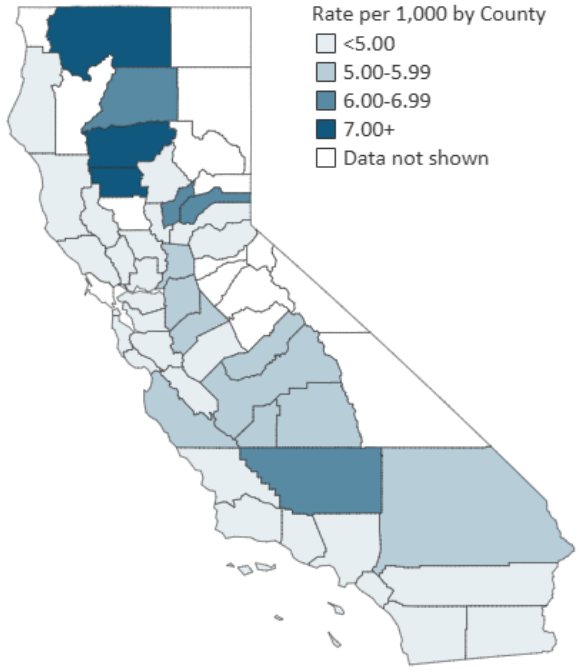
Framing: Healthy and Joyful Black Births

- Our North Star
- Build upon strengths and winning strategies we are already seeing in the community!
- Keep this goal in mind as we review challenging data and history!
- Identify opportunities to make concrete positive changes within your span of control!

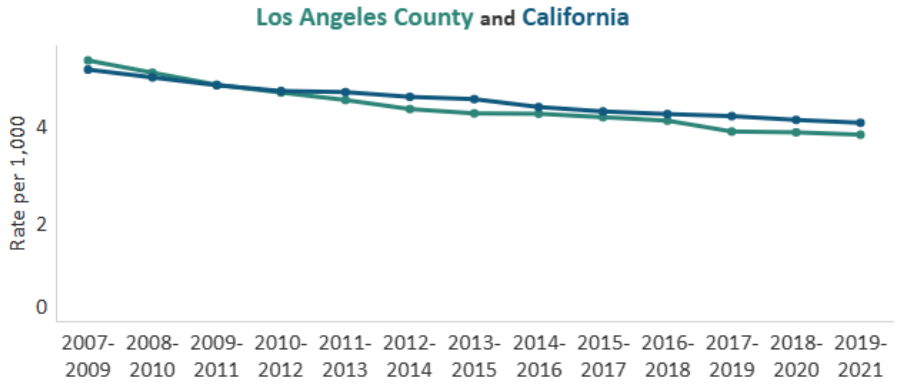
Data: Birth Outcome Disparities – Los Angeles County

Infant Mortality: Los Angeles County in Context

Los Angeles County	California	Healthy People 2030 Target
3.85	**4.10**	**5.00**
Infant Mortality Rate 2019-2021	Infant Mortality Rate 2019-2021	Infant Mortality Rate

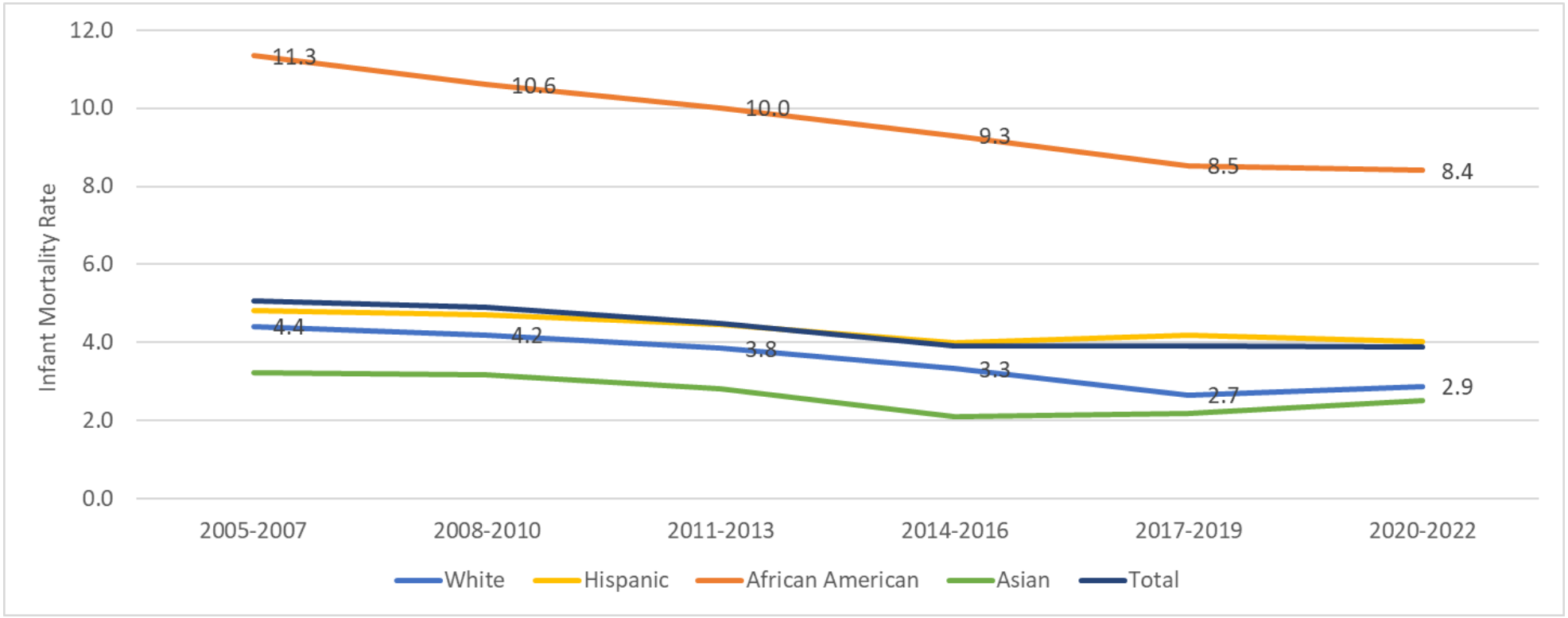


Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is an important indicator of the overall health of a community because it is associated with many factors, including access to quality medical care, health status, and general living conditions. California has one of the lowest infant mortality rates in the nation. However, significant racial-ethnic, geographic, and sociodemographic disparities persist throughout the state. Reducing infant deaths is a complex problem, requiring wide-ranging approaches and cross-sector collaborations. Leading causes of infant death include birth defects, preterm birth, low birthweight (LBW), and sudden unexplained infant death (SUID).



Source: CDPH - https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Infant-Mortality.aspx

Infant Mortality Rate (infant deaths/1,000 live births) by Mothers' Race/Ethnicity, 3-Year Averages, Los Angeles County 2005-2022

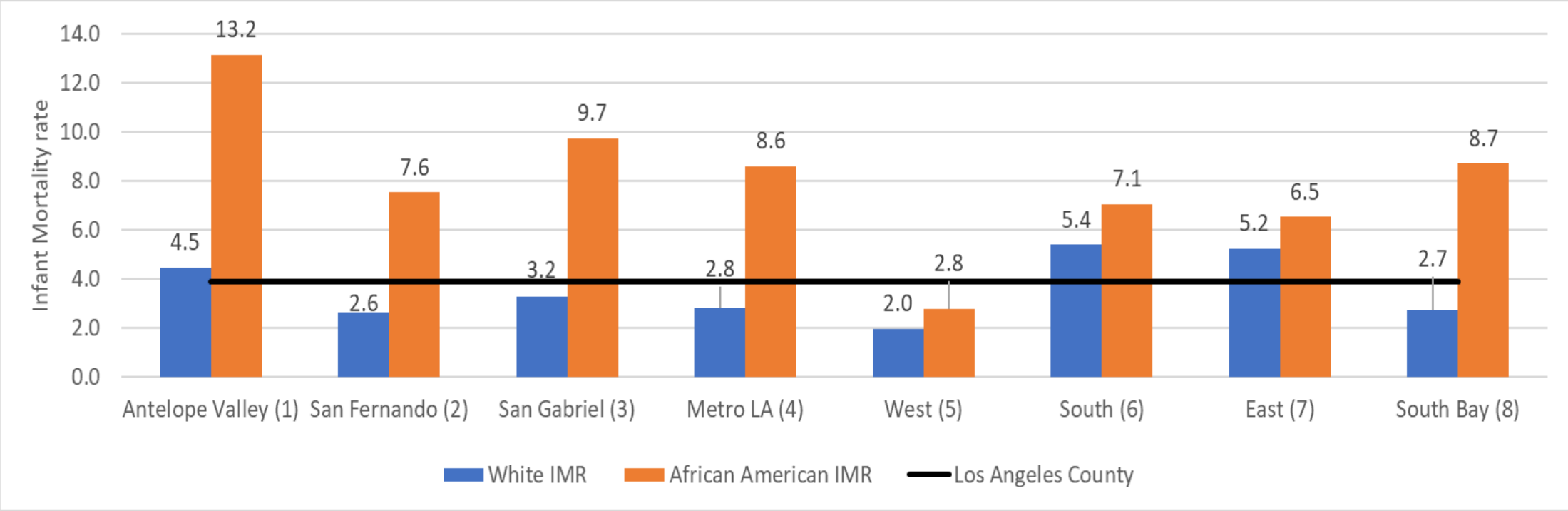


Notes: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Other, and Unknown races due to small cell sizes and unstable estimates. Three-year averages are used to account for random and annual rate fluctuations.
Data Sources: 2005-2017 California Department of Public Health, Birth and Death Statistical Master Files. 2018 -2019 data downloaded from the Vital Record Business Intelligence System (VRBIS). 2020-2022 Annual Birth & Death Data Files, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health.

Infant Mortality Rate (infant deaths/1,000 live births) by Mothers' Race/Ethnicity, 3-Year Averages, Los Angeles County 2005-2022

- Three-year average rates are used to produce a more stable estimate due to the relatively small number of infant deaths by race/ethnicity each year.
- The 2005-2007 Black infant mortality rate was 2.6 times the White infant mortality rate. While infant mortality has decreased over the years the gap between Black and White IMR has not decreased. Looking at the far-right hand side of the slide, the 2020-2022 Black infant mortality rate (8.4) was 2.9 times the White infant mortality rate (2.9).

Infant Mortality Rate (infant deaths/1,000 births) by Mothers' Race and Service Planning Area (SPA), 3-Year Average, Los Angeles County 2020-2022



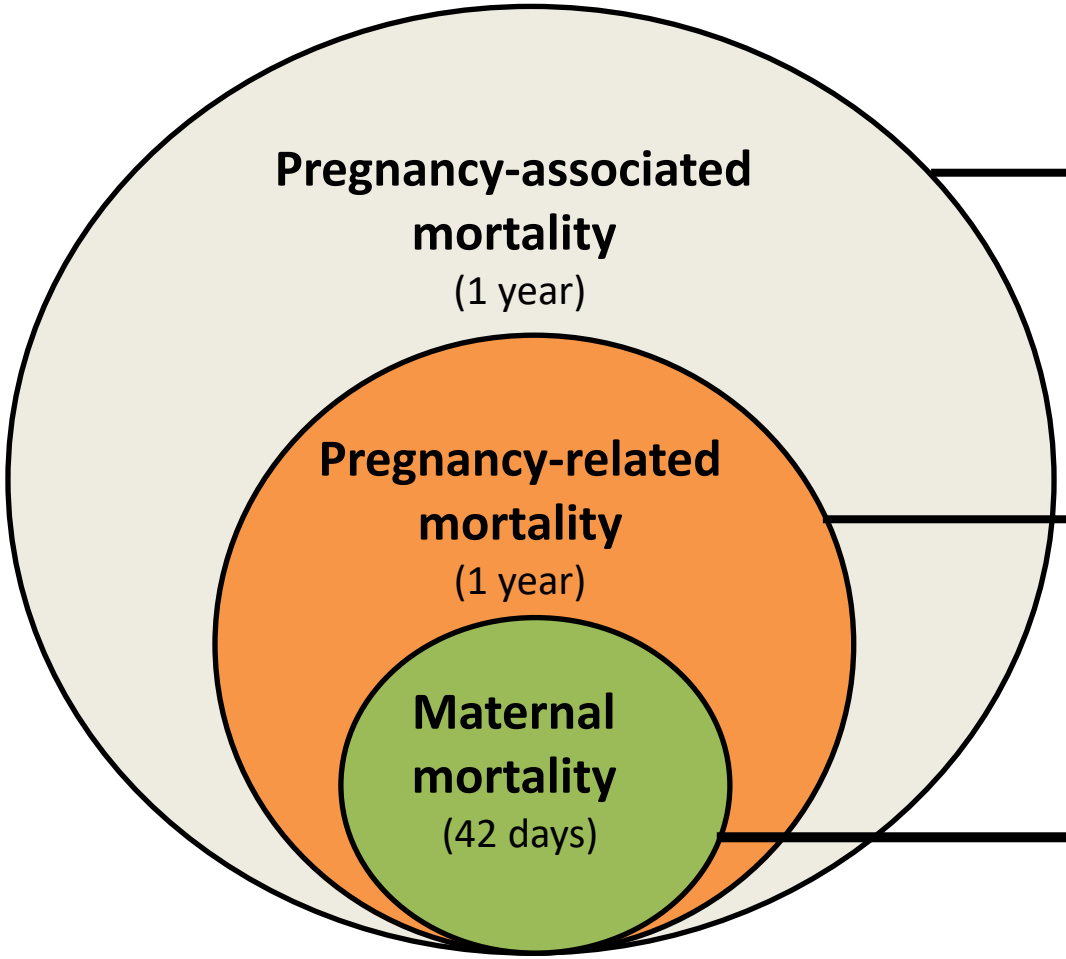
Notes: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for Hispanic, Asian, for American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Other, and Unknown races . Three-year averages used to account for random annual rate fluctuations. SPA designations based on 2020 census data.

Data Source: 2020-2022 Annual Birth & Death Data Files, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health.

Infant Mortality Rate (infant deaths/1,000 births) by Mothers' Race and Service Planning Area (SPA), 3-Year Average, Los Angeles County 2020-2022

- IMR stratified by race and SPA result in smaller groups and wider 95% CL. Caution should be used in interpreting rates as significantly different from one another.
- While the overall gap between Black and White IMR was 2.9 in 2020-2022, the gap varies depending on the SPA that one resides in. For example, in SPA 8 the Black IMR is approximately 3.2 times the White IMR, whereas the Black IMR in SPA 5 is approximately 1.4 times the White IMR.

Measuring Maternal Deaths



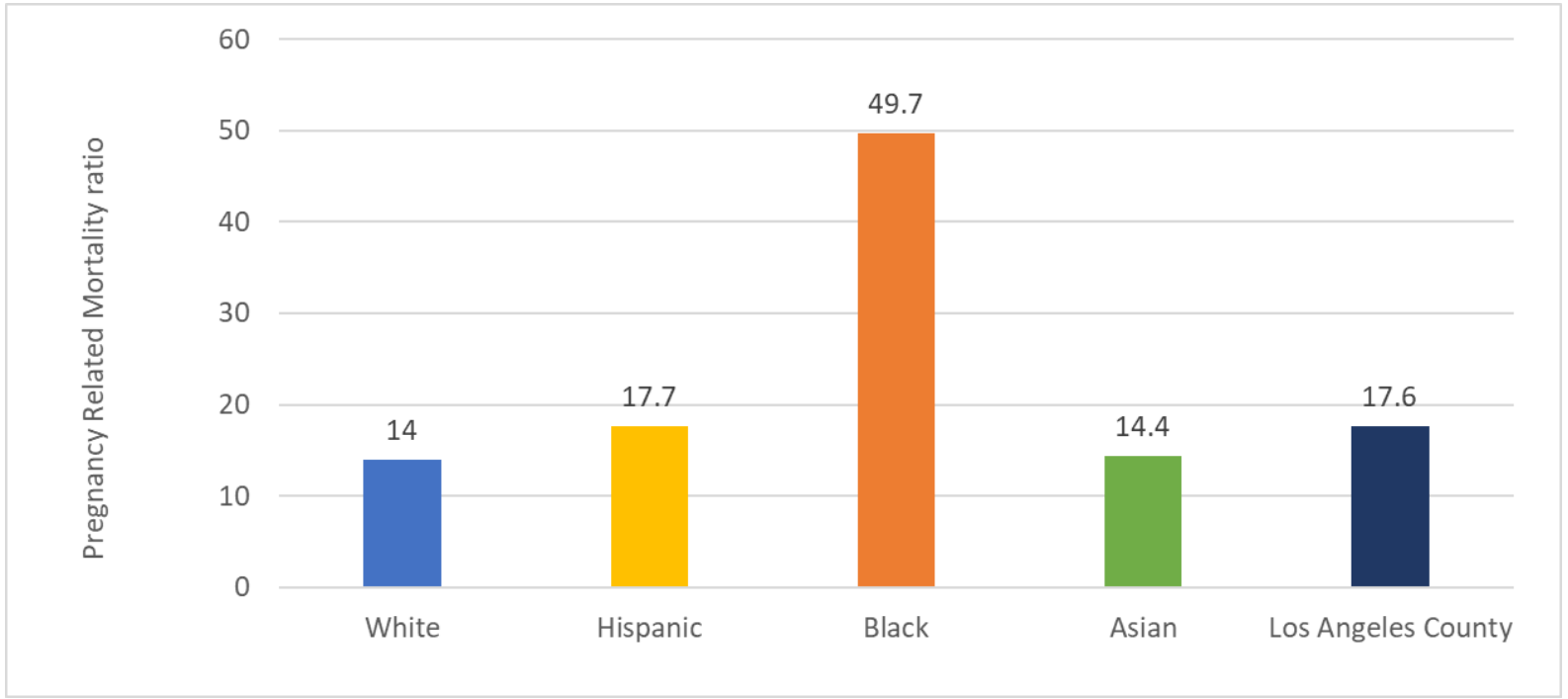
Pregnancy-associated mortality:
Deaths due to any cause during pregnancy and up to one year after pregnancy (includes deaths not related to pregnancy)

Pregnancy-related mortality:
Pregnancy-related deaths include deaths within a year of pregnancy from causes related to or aggravated by the pregnancy or its management, as determined by expert committee review

Maternal mortality:
Deaths during pregnancy and up to 42 days after pregnancy that are related to pregnancy

How California is Tracking Maternal Deaths: Pregnancy Mortality Surveillance System (CA-PMSS). California Department of Public Health; Maternal, Child and Adolescent Health Division. 2022. www.cdph.ca.gov/pmss

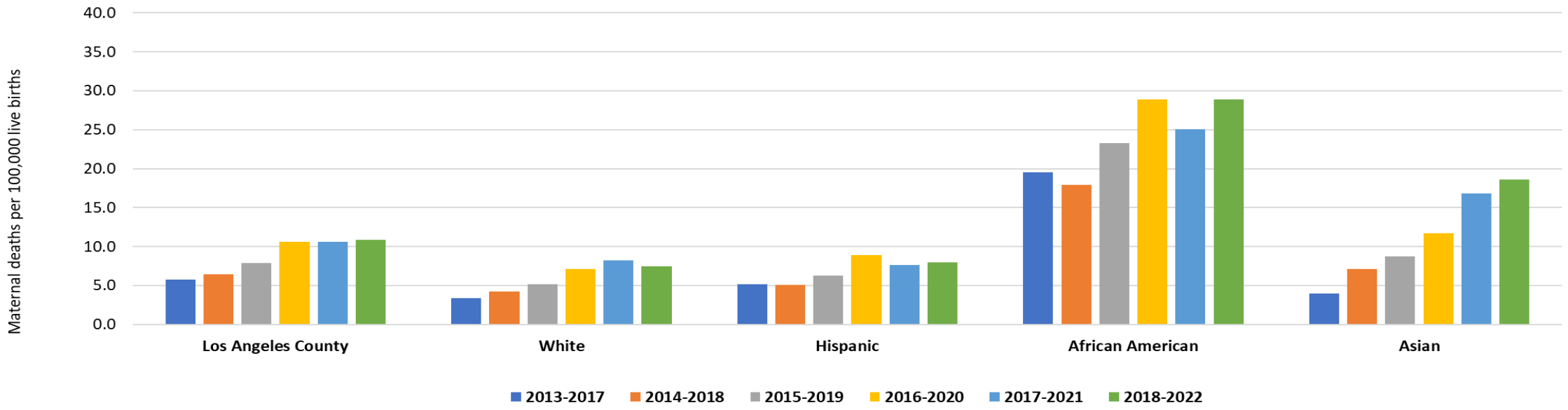
Pregnancy-Related Mortality Ratio (deaths/100,000 live births) by Mothers' Race/Ethnicity, California 2019 – 2021*



In California, from 2019-2021, the pregnancy-related mortality ratio for Black women (49.7) was 3.6 times the ratio for White women (14.0).

Source: https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Pregnancy-Related-Mortality.aspx
Notes: Los Angeles County pregnancy related mortality ratio calculated using data from 2017-2021

Maternal Mortality Ratio by Race/Ethnicity, Los Angeles County, 5-Year Moving Averages, 2013-2022



Note: Maternal deaths included to calculate MMR are defined by WHO as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes". Included in these deaths are ICD–10 codes A34, O00–O95, and O98–O99. Data not shown for American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Other and Unknown races due to small cell sizes and unstable estimates.
Data sources: California Department of Public Health (CDPH), Birth Statistical Master File, 2013 – 2017 & California Integrated Vital Records System, 2018-2019.
California Department of Public Health Death Statistical Master Files, 2013 & California Integrated Vital Records System, 2014-2019
2020-2022 Annual Birth & Death Data Files, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health.
More information on MMR and other measures of maternal death are available at https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Health-Topics/Maternal-Mortality.aspx

Maternal Mortality Ratio (maternal deaths/100,000 live births) by Mothers' Race/Ethnicity, 5-year moving averages, Los Angeles County 2013-2022

- The Healthy People 2030 goal is to reduce the maternal mortality ratio to no more than 15.7 per 100,000 live births.
- Black women over the period of 2018-2022 had a maternal mortality ratio of 28.9, which was 3.9 times the maternal mortality ratio of White women (7.5) and 1.8 times the HP2030 goal.

Maternal Disparities by Payer

Disparities by Health Insurance

Medi-Cal & Trends in 2018-2020

The disparity in the rate of pregnancy-related deaths for birthing people with Medi-Cal health coverage and those with private health insurance widened in 2018–2020.

The rate for birthing people with Medi-Cal health coverage was 21.5 deaths per 100,000 live births in 2018–2020:

- 2.7 times higher than the rate of 7.8 deaths per 100,000 live births for birthing people with private insurance

In 2015–2017, the rate of pregnancy-related deaths was 1.7 times higher for birthing people with Medi-Cal health coverage

2.7x

HIGHER

rate of pregnancy-related deaths with Medi-Cal health coverage

One Response: [DHCS Birthing Care Pathway]

Source: CDPH- https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Health-Topics/Pregnancy-Related-Mortality.aspx

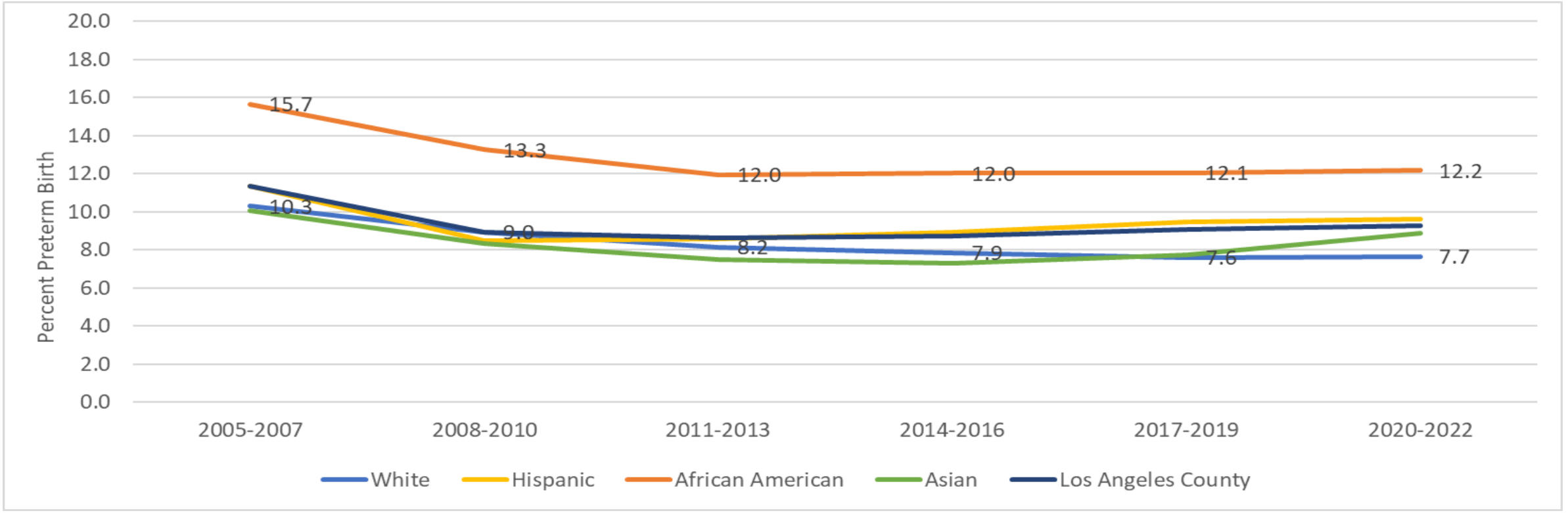
Causes of Infant and Maternal Death

Leading causes of infant mortality

- More than 20,500 infants died in the United States in 2022. The five leading causes of infant death in 2022 were:
  - Birth defects
  - Preterm birth and low birth weight
  - Sudden infant death syndrome (SIDS)
  - Unintentional injuries (e.g., motor vehicle collisions)
  - Maternal pregnancy complications

Source: CDC - https://www.cdc.gov/maternal-infant-health/infant-mortality/index.html

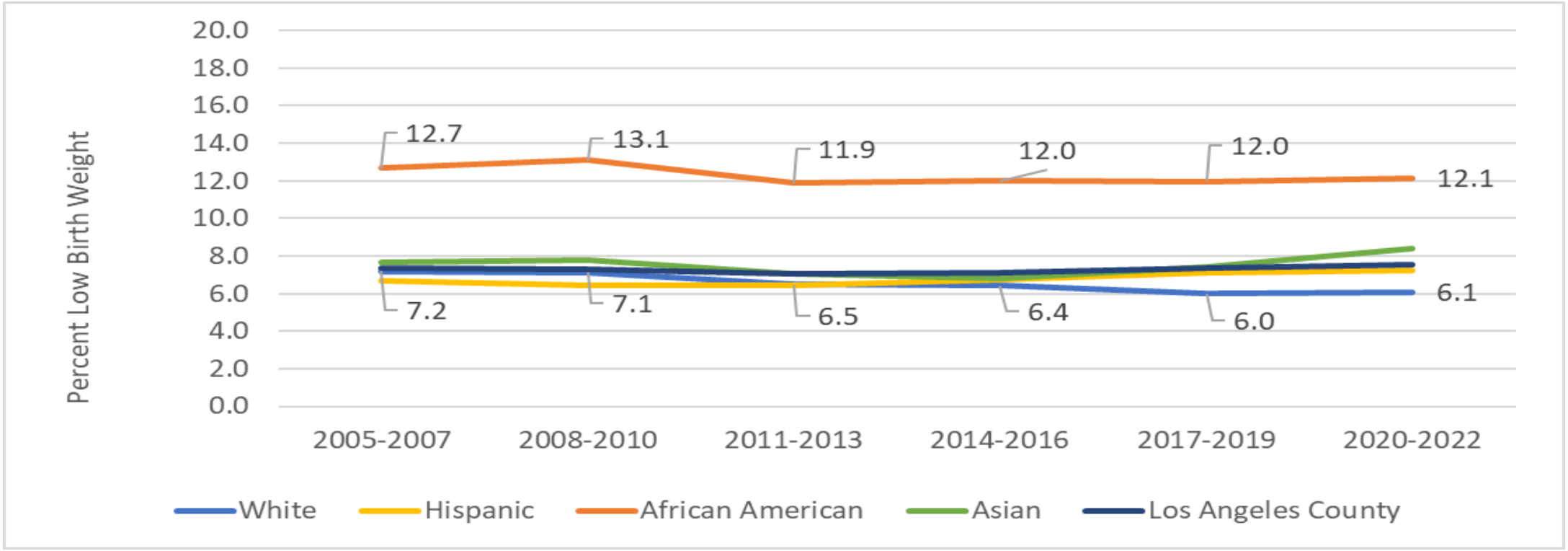
Percent Preterm Births (<37 weeks) by Mothers' Race, 3-Year Averages, Los Angeles County 2005-2022



Notes: Preterm births are births occurring before 37 weeks gestation. Gestational age calculated based on first date of last menstrual period for 2005-2007 and based on obstetrical estimation for 2008-2022. Data not shown for American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Other, and Unknown races due to small cell sizes and unstable estimates. Three-year averages used to account for random annual rate fluctuations.

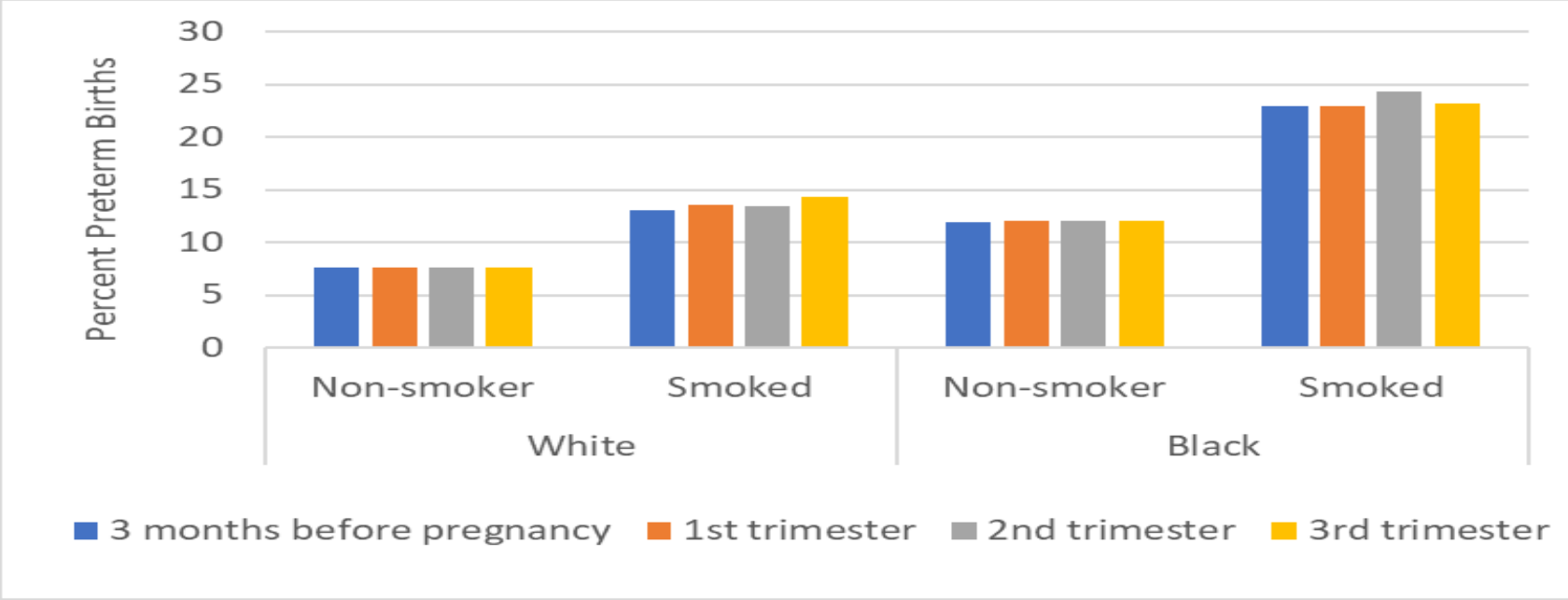
Data Sources: 2005-2017 California Department of Public Health, Birth Statistical Master Files. 2018 -2019 data downloaded from the Vital Record Business Intelligence System (VRBIS). 2020-2022 Annual Birth Data Files, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health.

Percent Low Birth Weight Births (<2500 grams) by Mothers' Race, 3-Year Averages, Los Angeles County 2005-2022



Notes: Low birth weight defined as birth weight below 2500 grams. Data not shown for American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Other, and Unknown races due to small cell sizes and unstable estimates. Three-year averages used to account for random annual rate fluctuations.
Data Source: 2005-2017 California Department of Public Health, Birth Statistical Master Files. 2018-2019 birth records downloaded from the Vital Record Business Intelligence System (VRBIS). 2020-2022 Annual Birth Data Files, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health.

Percent Preterm Births (<37 weeks) by Mothers' Race and Smoking Status, 3-Year Averages, Los Angeles County 2020-2022

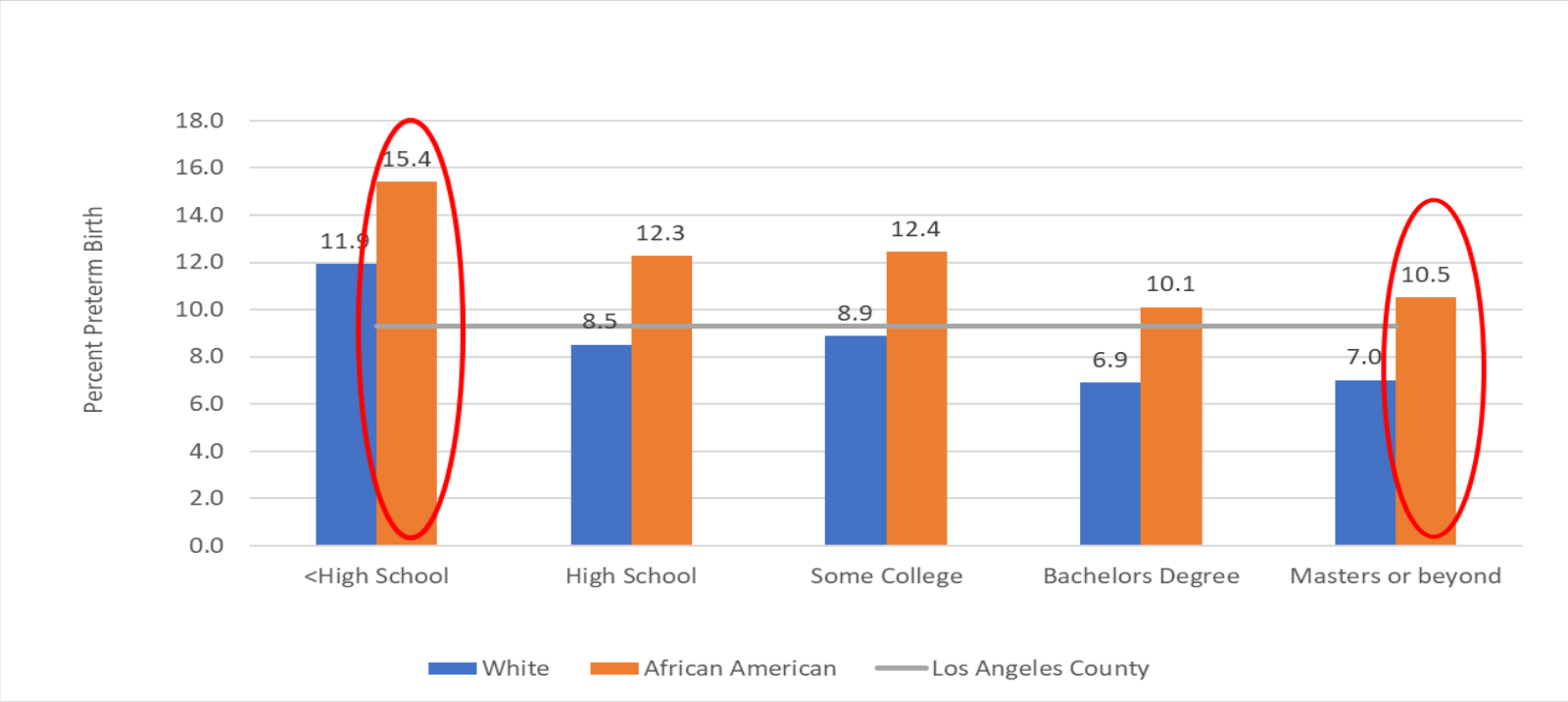


Notes: Preterm births are births occurring before 37 weeks gestation. Gestational age calculated based on obstetrical estimation. Data not shown for American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Other, and Unknown races due to small cell sizes and unstable estimates.
Data Sources: 2020-2022 Annual Birth Data Files, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health.

Percent Preterm Births (<37 weeks) by Mothers' Race and Smoking History, 3-Year Averages, Los Angeles County 2020-2022

- Preterm birth rates stratified by race and smoking history may result in smaller groups and a wider 95%CL. Caution should be used in interpreting rates as significantly different from one another.
- While smoking raises the risk of preterm birth in both White and Black birthing people, the risk of preterm birth among Black non-smokers is nearly equivalent to the risk of preterm birth among White birthing people who smoke throughout pregnancy, again suggesting an effect described as “weathering.”

Percent Preterm Births (<37 weeks) by Mothers' Race and Education, 3-Year Averages, Los Angeles County 2020-2022



*Education attainment at time of delivery

Notes: Preterm births are births occurring before 37 weeks gestation. Gestational age calculated based on obstetrical estimation. Data not shown for American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Other, and Unknown races due to small cell sizes and unstable estimates.

Data Sources: 2020-2022 Annual Birth Data Files, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health.

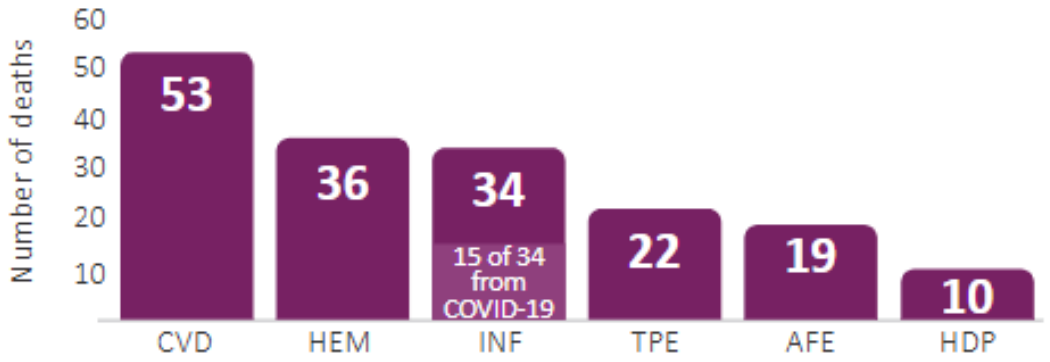
Percent Preterm Births (<37 weeks) by Mothers' Race and Education, 3-Year Averages, Los Angeles County 2020-2022

- Preterm birth rates stratified by race and education may result in smaller groups and a wider 95%CL. Caution should be used in interpreting rates as significantly different from one another.
- The data show that greater maternal education is associated with decreases in the risk of preterm birth. However, Black women with a Master’s Degree or beyond have nearly the same risk of preterm birth as White women with less than a high school education.

California Leading Causes of Maternal Mortality: 2018-2020

Leading Causes in 2018-2020

The leading causes of pregnancy-related mortality were cardiovascular disease (CVD), hemorrhage (HEM), infection (INF), thrombotic pulmonary embolism (TPE), amniotic fluid embolism (AFE), and hypertensive disorders of pregnancy (HDP).

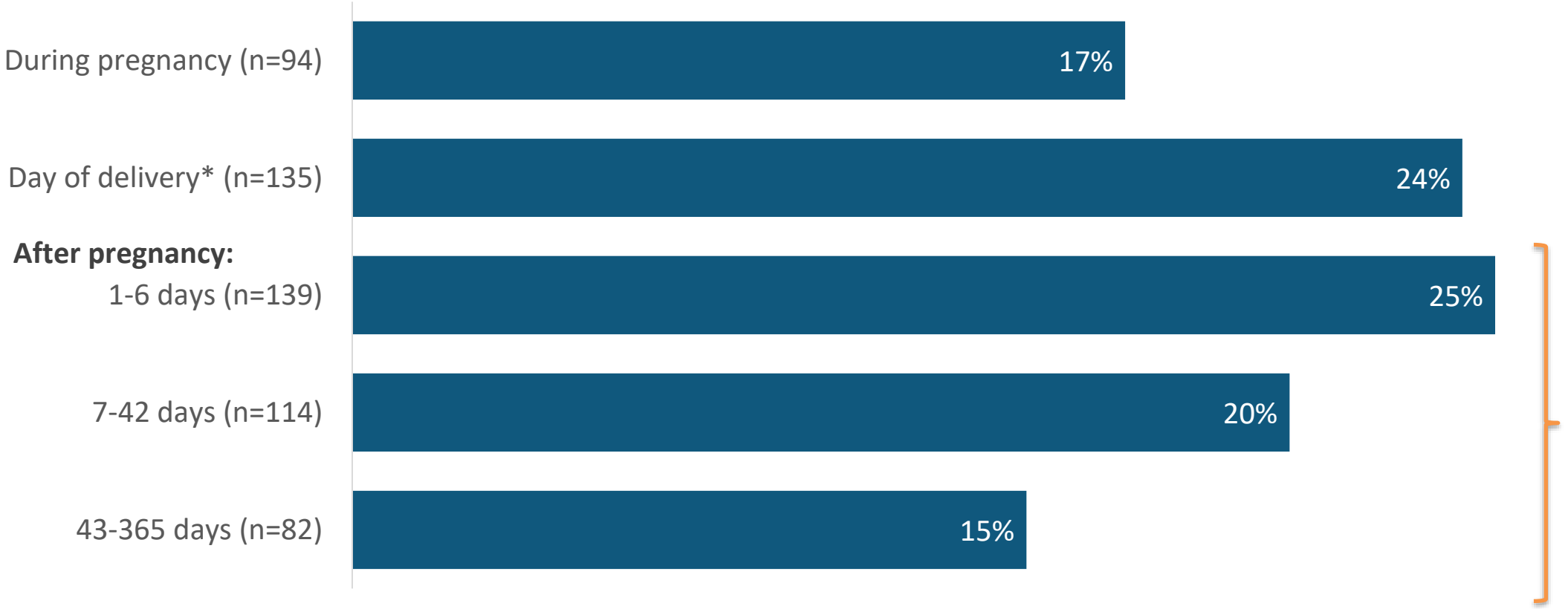


Cardiovascular Disease

current leading cause of pregnancy-related deaths

Source: CDPH- https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Health-Topics/Pregnancy-Related-Mortality.aspx

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



Pregnancy-related deaths include deaths within a year of pregnancy from causes related to or aggravated by the pregnancy or its management, as determined by expert committee review.

*"delivery" refers to live births and other pregnancy outcomes resulting in fetal deaths.

Source: CDPH - https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/CA-PMSS.aspx

The Role of Racism

The Perception	The Facts
Socioeconomic status Does a higher level of poverty among Black women explain the difference?	We know that a secure job, a safe home and healthy food all contribute to health. And when you look at White mothers alone or Black mothers alone, better off moms have healthier babies. Los Angeles County data tell us that Black women who have private insurance, which means they are employed, have worse outcomes than White women who receive public insurance.
Mother's education Could the gap in LA County be due to a lower average education level among black women?	All over the world, women's education is associated with healthier births. White and Black women who are well educated do have an advantage over those of the same race with less education. But County data show that better educated Black mothers have worse birth outcomes than White women who did not complete high school!
Mom's behavior Could it be that Black women engage in riskier behavior than white women?	That's not what the data tell us. While Black and White women tend to engage in different kinds of risky behavior, risk-taking seems to be evenly divided. For example, White women drink alcohol more than black women, while Black women in LA County smoke more than Whites during pregnancy. But the more fundamental point is that risk-taking doesn't explain the gap. Black moms in LA County who do not smoke have worse outcomes than White women who do
Access to health care Perhaps the fact that Black women are less likely to have private insurance, or a car means they are less able to get to prenatal care than whites?	Once again, this is a real concern, but it doesn't explain the inequality we see in birth outcomes. Data show that Black women who had adequate care had worse outcomes than White women who did not.

What explains these outcomes? Common explanations don't hold up!

Emerging Science Suggests a Pathway

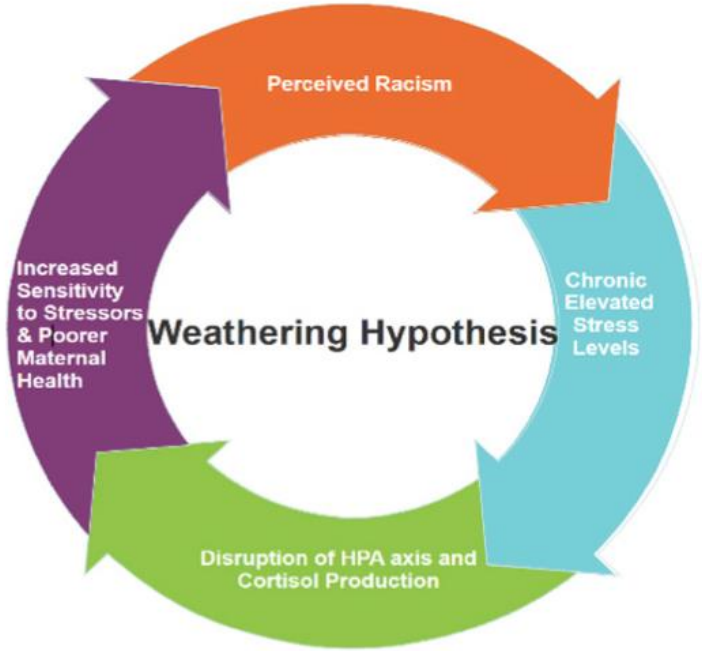


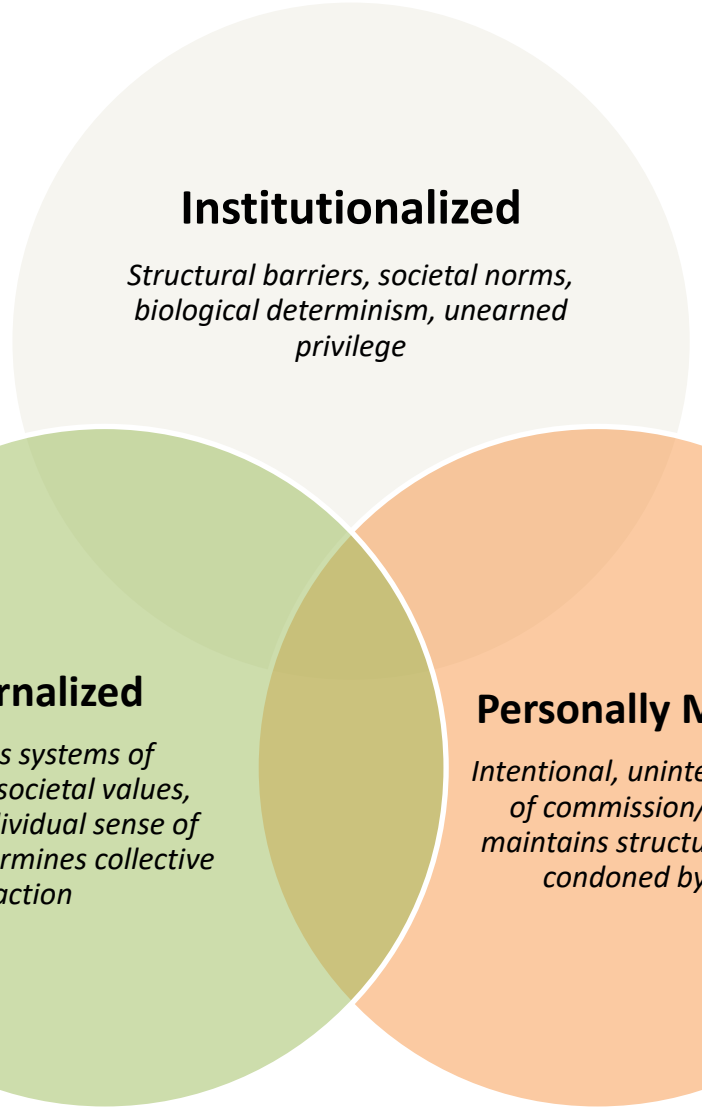
Figure 2: The Weathering hypothesis and accumulation of allostatic load in response to experiences of racism.

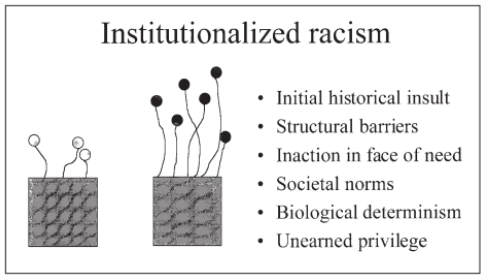
Impacts: Mother and Baby

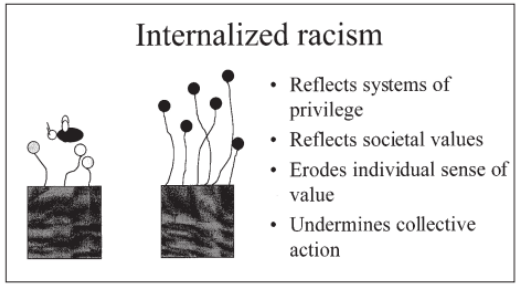
- Difficulty conceiving, miscarriage
- Preterm birth
- Longer labor
- Low birthweight
- Childhood cognitive and emotional development

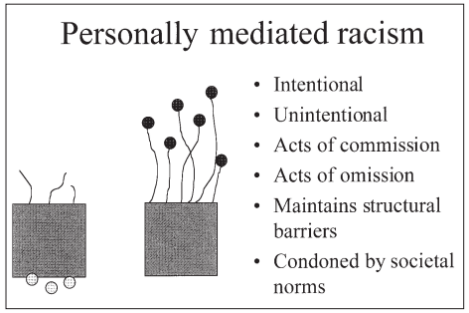
Source: Chambers, B.D., Erausquin, J.T., Tanner, A.E., Nichols, T.R. and Brown-Jeffy, S., 2018. Testing the association between traditional and novel indicators of county-level structural racism and birth outcomes among Black and White women. Journal of racial and ethnic health disparities, 5(5), pp.966-977.

Levels of Racism









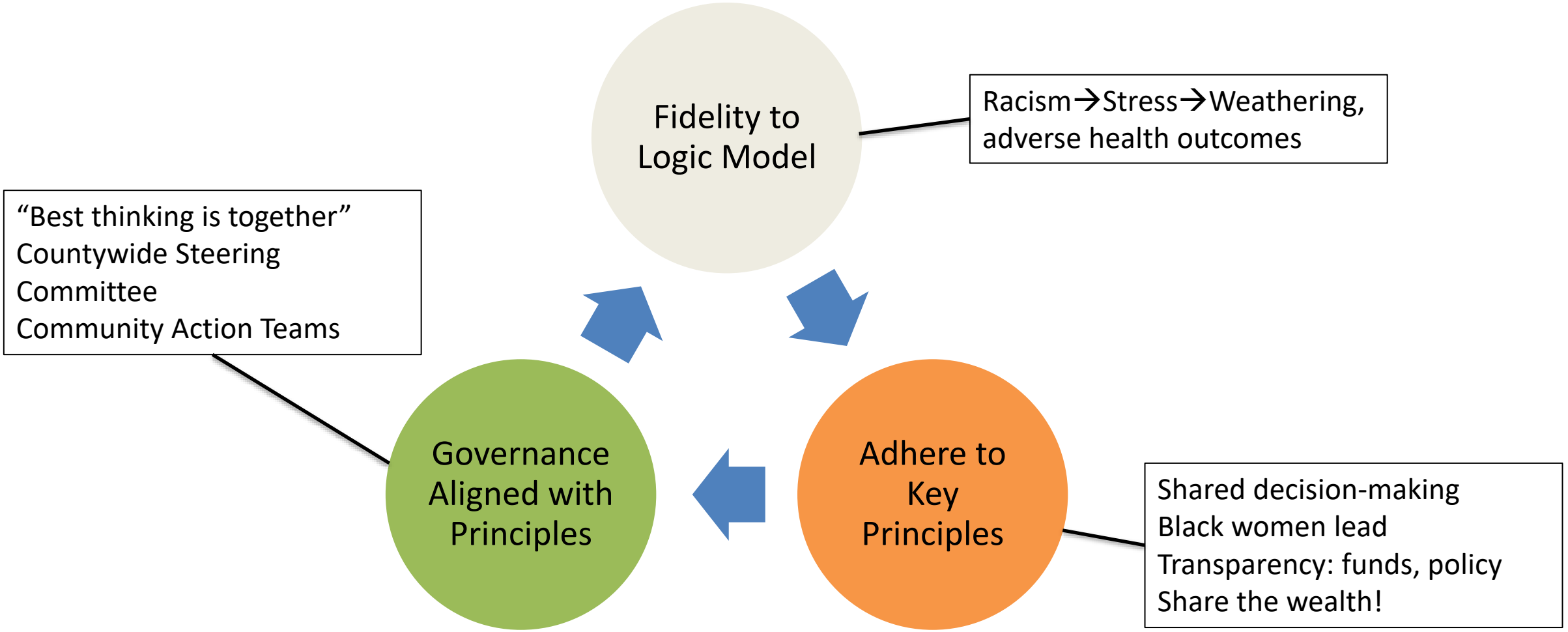
Source: Jones, CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. AJPH, 2000, 90(8): 1212-5.

Logic Model for Response: Intervene at Every Step in the Racism→Stress Pathway

- Reduce the sources of stress
- Help block the pathway from social stress to physiological stress
- Intervene early to reduce the impact of stress on health
- Challenges to implementing this model:
  - Geography: Los Angeles County is larger than 41 states!
  - Diversity: race/ethnicity, income, population density
  - Political complexity: 88 cities, a large unincorporated area

Responses and Resources

Principles of Public Health Birth Equity Programs

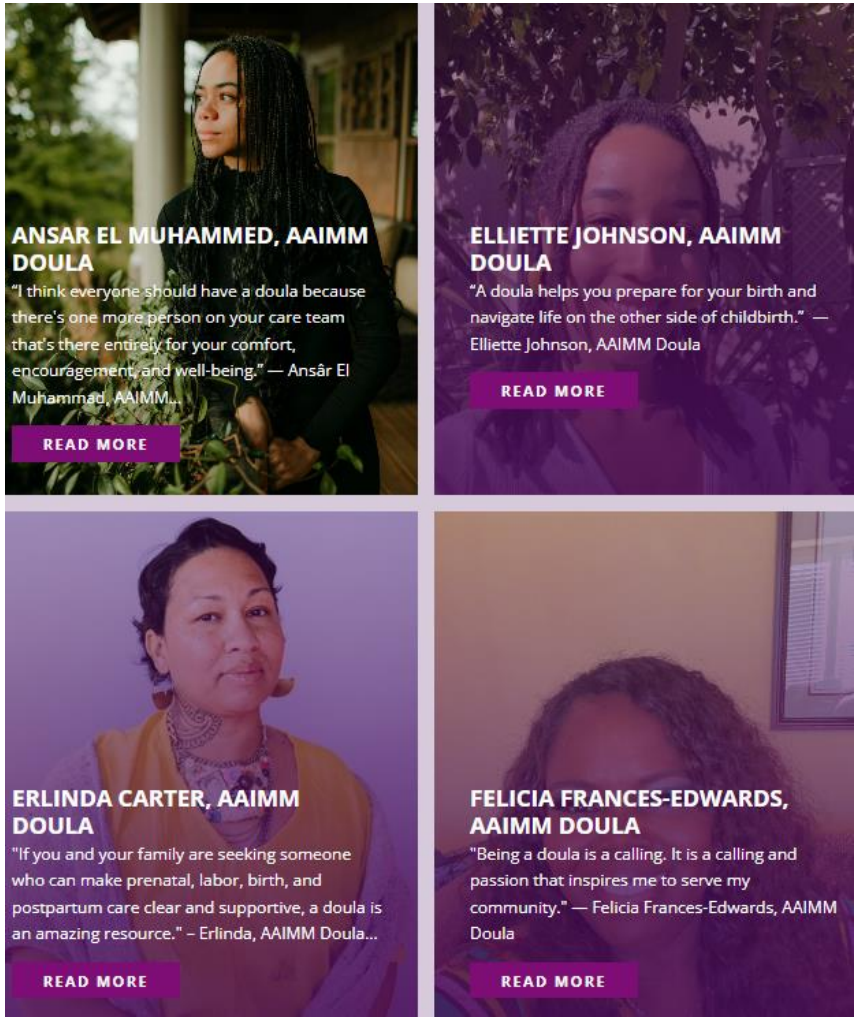


The African American Infant and Maternal Mortality Prevention (AAIMM)

A coalition of County health agencies, First 5 LA, community organizations, mental and health care providers, funders, and community members united to address the unacceptably high rates of Black infant and maternal deaths and ensure healthy and joyous births for Black families in LA County.

AAIMM Doula Program

- 12 experienced, trained Black/African American doulas – serving Black/African American families at no cost
- Prenatal, labor, and postpartum support
- In progress: contracting and building infrastructure to serve as a Medi-Cal doula provider (*covered benefit as of 1/1/23*)
- Referrals (patient or self): AAIMMDoulas@ph.lacounty.gov | (213) 839-6448 | https://www.blackinfantsandfamilies.org/doulas



Black Infant Health Program (BIH), Perinatal Equity Initiative (PEI) Fatherhood Engagement

black infant health

Empowering Pregnant and Mothering African-American Women

- Culturally affirming group sessions, client-centered case management for pregnant/postpartum Black County residents
- Eligibility: Antelope Valley, Long Beach, Pasadena, South Los Angeles, South Bay
- Enroll: https://www.blackinfantsandfamilies.org/bih

- Including fathers in the pregnancy support village and getting them support, as well
- Black Daddy Dialogue sessions
- Expecting Fathers Group
- Led by and for Black dads
- More information: Follow @blackinfantsandfamiliesla, #AAIMM, #BlackDadsMatter, #BlackFatherhood, and #DadsNeedAVillageToo on IG

Home Visitation

- Evidence-based models – longitudinal home/community-based visits from a public health nurse or trained peer; care plans meet a family's health and social needs
  - Nurse Family Partnership
  - Healthy Families America
  - Parents as Teachers
- Positive impacts on postpartum maternal, infant, child development, and family economic outcomes – follow from pregnancy→3-5 years of age
- Find a provider (for client or self): https://edirectory.homevisitingla.org/

Economic Impacts of Racism and Stress – Guaranteed Income Pilot

Institutional Change: Health Systems

- AAIMM clinical thought partner
- Training for maternity care professionals
  - Implicit bias in maternal care
  - Reproductive Justice
  - The role of multidisciplinary teams (midwives, doulas, physicians)
  - Lactation education and service integration
  - https://www.bmhce.org/contact

Frequently Asked Questions (FAQs)

1) How can my pregnant or postpartum patient access doula services covered by Medi-Cal?

o Start with the DHCS Doula Directory. In Los Angeles County, Black/African American clients can contact: AAIMMDoulas@ph.lacounty.gov | (213) 839-6448 | https://www.blackinfantsandfamilies.org/doulas

Frequently Asked Questions (FAQs)

2) What is home visitation and how can I refer my patient to consider this service?

o Home visitation is an evidence-based longitudinal support model for pregnant and parenting individuals. An assigned public health nurse or trained non-licensed home visitor will meet regularly with your patient at home/in the community to coordinate their medical and social needs and provide pregnancy/parenting education. Home visitors can follow families until a child is 3-5 years of age. To find a program, visit: https://www.homevisitingla.org/

Frequently Asked Questions (FAQs)

3) How can my patient learn more about the Abundant Birth Project guaranteed income pilot?

o Patients can see whether they might be eligible and apply at: https://abundantbirthproject.org/ Drawings will go on until May 2025.

4) I want to schedule a training for my clinical staff to support respectful and unbiased care. Are there resources in Los Angeles County for such trainings?

o You can start by scheduling a free consultation with the Black Maternal Health Center of Excellence at: https://www.bmhce.org/contact

Thank you!