

# Advancing Black Maternal Care Through Advocacy and Policy

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# 01

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No formal disclosures.



# About Me





# 02

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“If it’s broke... fix it”

Curricular Reform



# Race-Based Medical Misinformation

Thursday 07/29/2021

Newsletter

Edition: 01

## Enlightening the future of medicine

	Mon 3/29
all day	
9:00 AM	<b>Zoom: Adrenal Dysfunction</b> <input type="checkbox"/> Lecture (4253)
10:00 AM	Due: 4/6/2021 08:00 AM <input type="checkbox"/> <b>Race-Based Medical Misinformation - History's Impact on Today's Medical</b>
11:00 AM	
12:00 PM	
1:00 PM	Due: 5/10/2021 08:00 AM <input type="checkbox"/> LP in Endo/ Repro (2021) Preceptorship (10564)
2:00 PM	<b>Radiology Modules</b> <input type="checkbox"/> <b>LG - SP:</b> <input type="checkbox"/> Hypothyroidism & Sexual Dysfunction; Health Literacy: Universal Precautions & Plain Language; HEENT & ...
3:00 PM	<b>Normal</b> <input type="checkbox"/>
4:00 PM	



THE OHIO STATE UNIVERSITY

**Race-Based Medical Misinformation**  
*History's Impact on Today's Medical Practices*

Hafza Inshaar (M2), Abbie Zewdu (M2), Deborah Fadoju (M2)



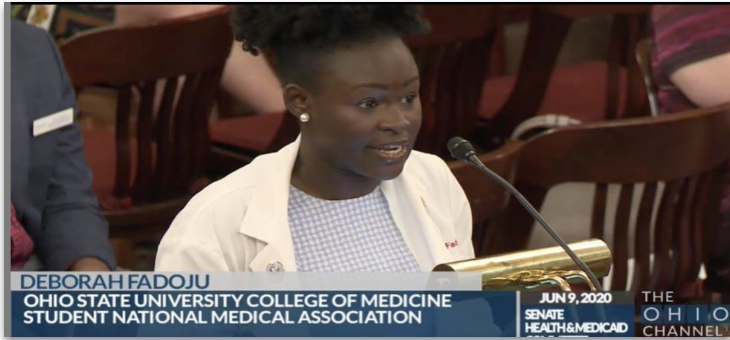
*“Could it be that despite all the years I spent in medical school and residency training acquiring specialized knowledge and practical skills, that this expertise mattered little to my patients' overall health?” - Damon Tweedy, MD*

### Goal

1. Educate peers on the present day impact of race-based medical misinformation
2. Encourage students to challenge race-based medical practices

# Testifying in support of Legislative Policy

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*"A democracy cannot thrive where power remains unchecked and justice is reserved for a select few. Ignoring these cries and failing to respond to this movement is simply not an option – for peace cannot exist where justice is not served." - John Lewis*



## Goal

1. Endorse and amplify systemic change

# Legislative Reform

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THE WHITE HOUSE  
WASHINGTON



# 03

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“...Closed mouths  
don't get fed.”

Legislative Advocacy



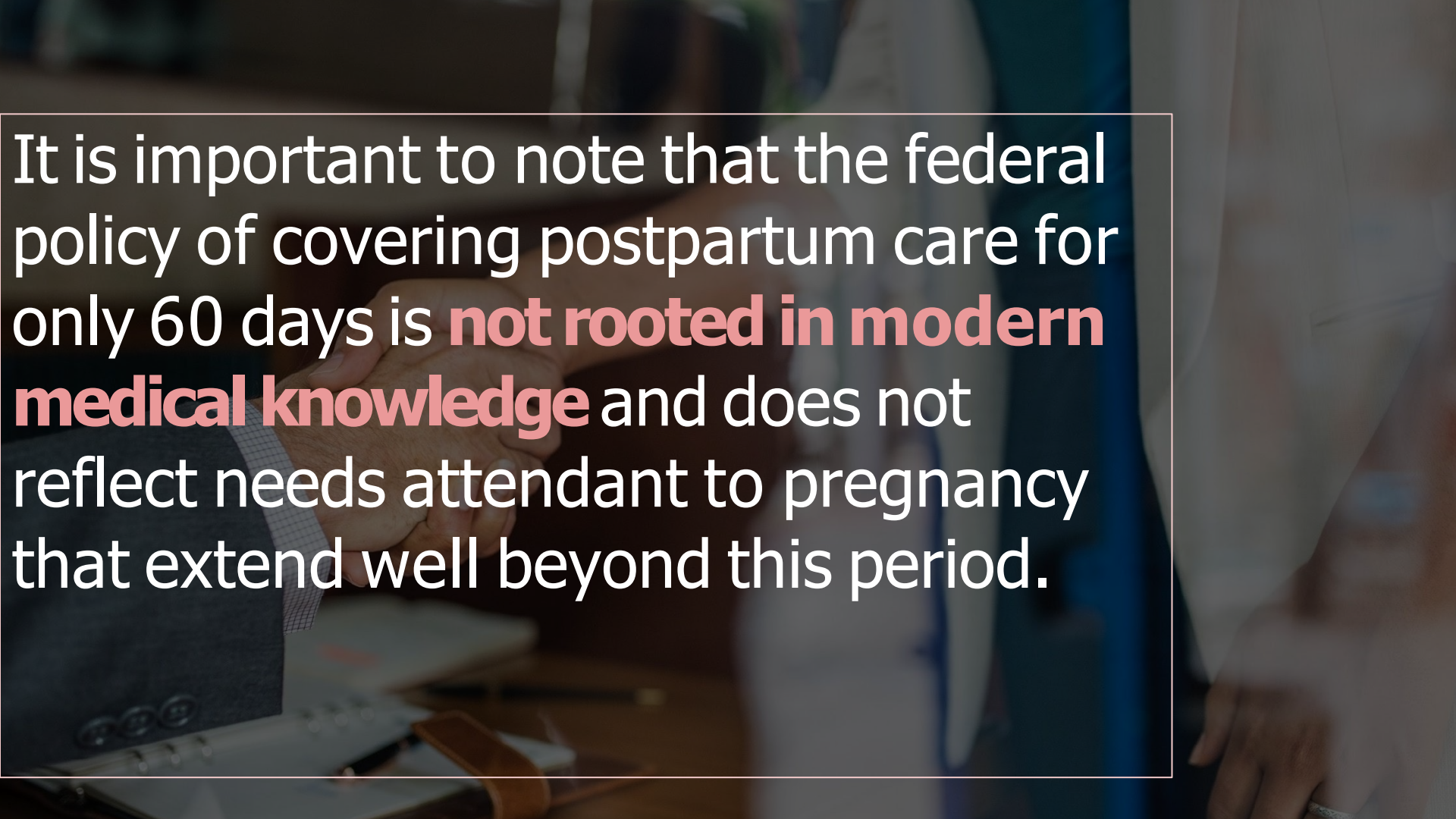


**Medicaid pays for more than 40% of US births and 65% of births to Black women.**

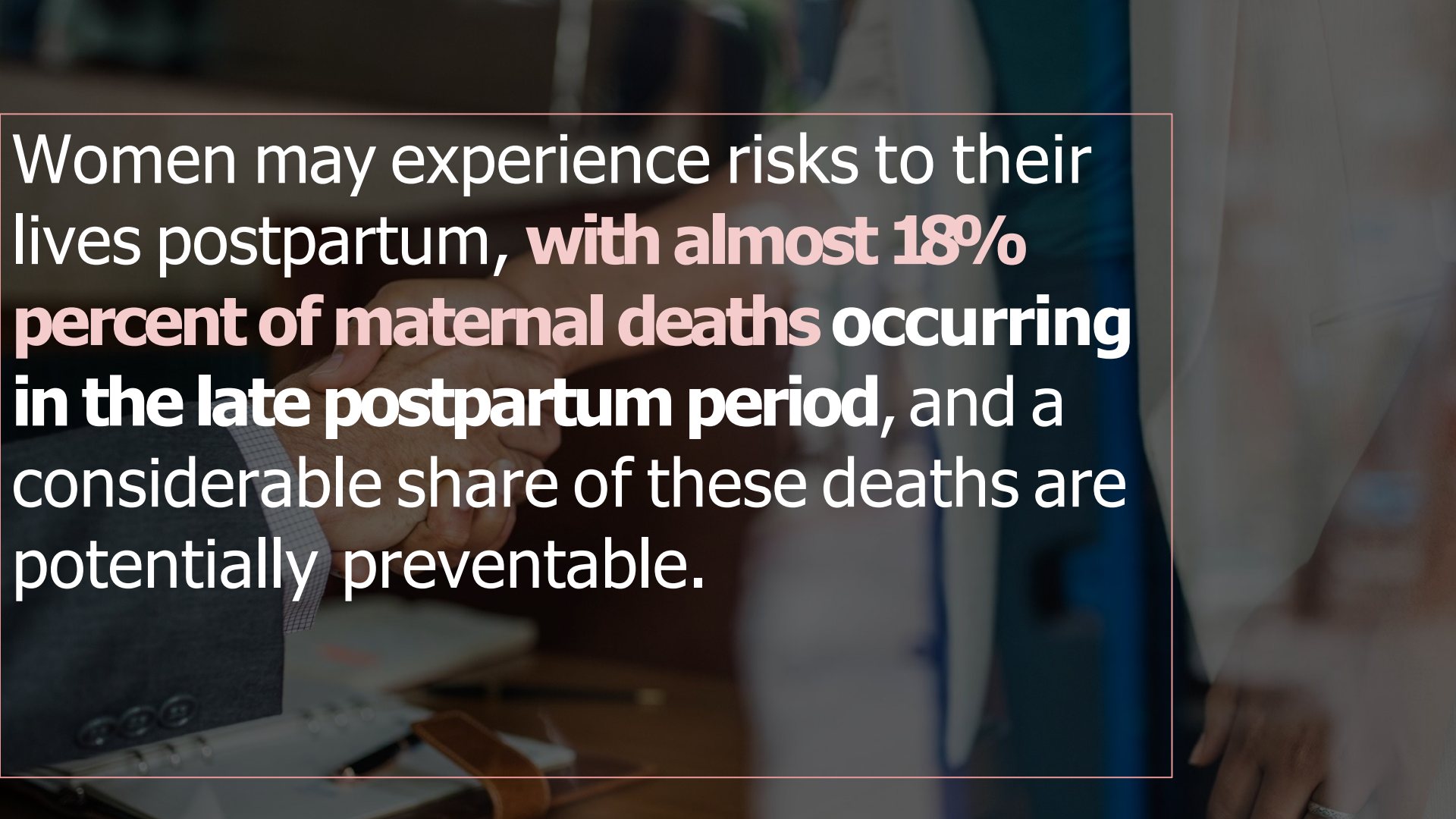
The United States remains one of 13 countries where maternal mortality and morbidity rates are worse today than they were 25 years ago. Rates are significantly increased for Black women.



Postpartum care is critical to monitoring health after pregnancy as well as to addressing other health care needs. However, under current law, coverage for those enrolled in Medicaid by virtue of their pregnancy ends after 60 days postpartum. Many of these women are not eligible under another Medicaid pathway.

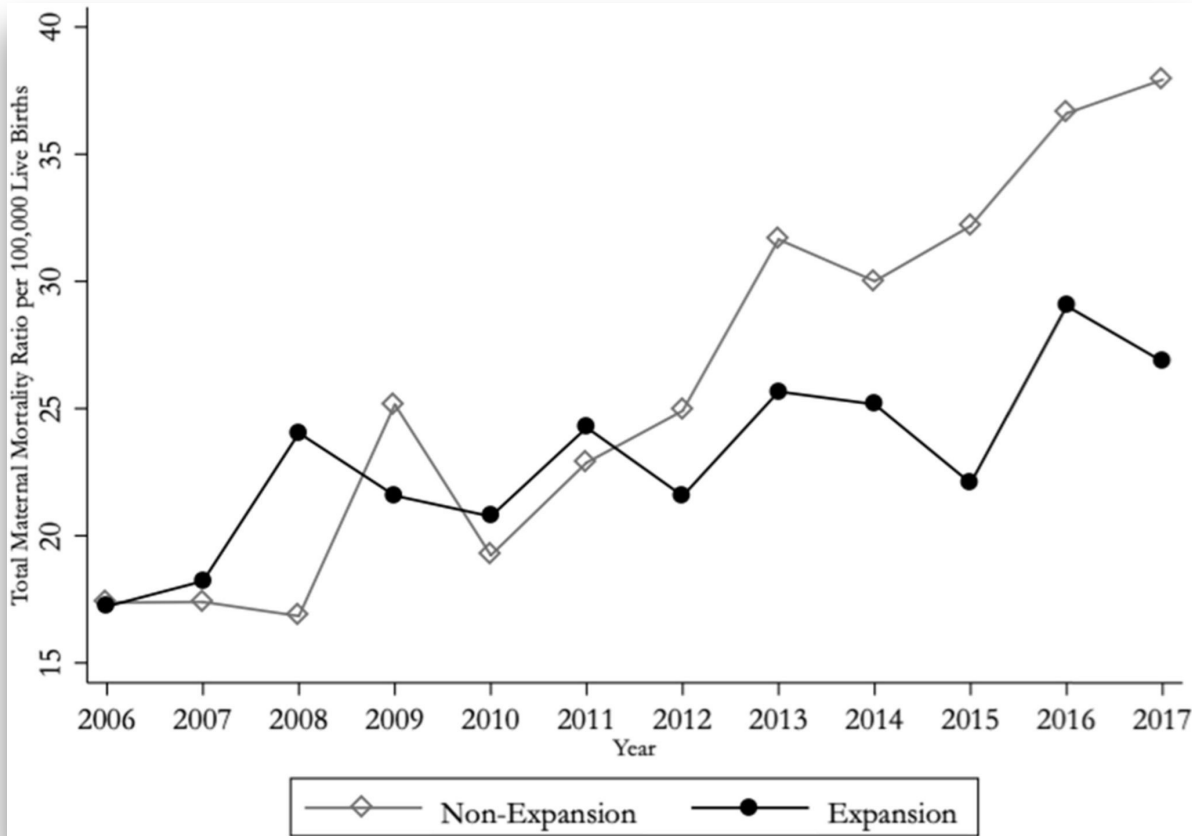


It is important to note that the federal policy of covering postpartum care for only 60 days is **not rooted in modern medical knowledge** and does not reflect needs attendant to pregnancy that extend well beyond this period.



Women may experience risks to their lives postpartum, **with almost 18% percent of maternal deaths occurring in the late postpartum period**, and a considerable share of these deaths are potentially preventable.

# Medicaid Expansion vs Not Medicaid Expansion



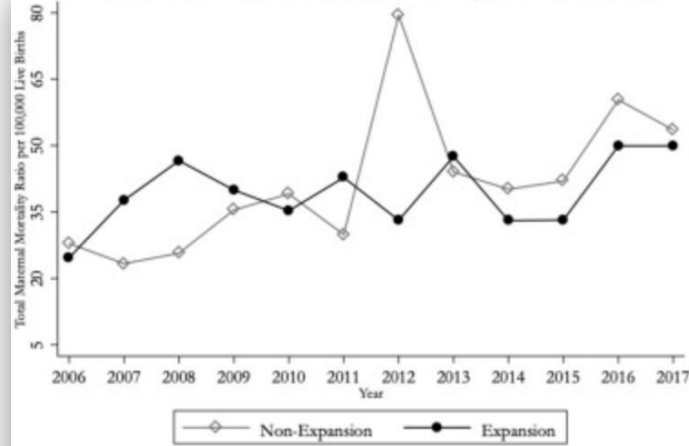
Although maternal mortality overall continues to increase in the United States, the maternal mortality ratio among Medicaid expansion states has increased much less compared with nonexpansion states.

## Medicaid Expansion vs. Not Medicaid Expansion Stratified by Race

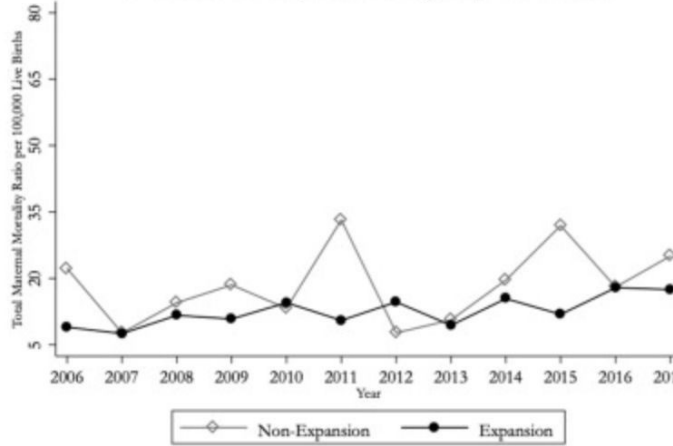
When stratifying by race/ethnicity, The difference was greatest among Black mothers and was also significant for Hispanic mothers

Medicaid expansion is only marginally significant in adjusted models for non-Hispanic White women

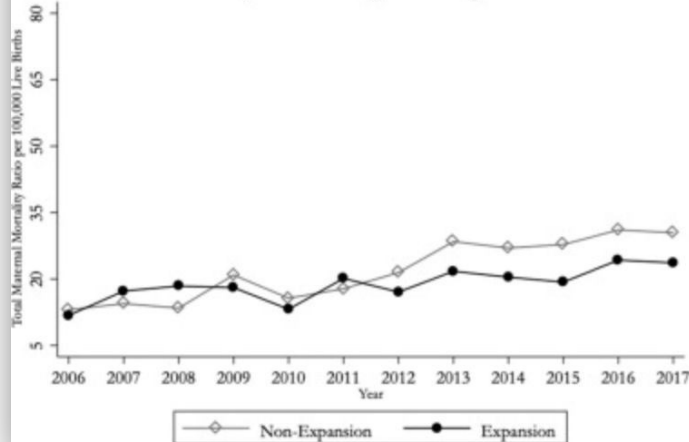
### Maternal Mortality Ratio among Non-Hispanic Black Women



### Maternal Mortality Ratio among Hispanic Women



### Maternal Mortality Ratio among Non-Hispanic White Women



**Table 1 Estimates of the Effects of Medicaid Expansion on the Maternal Mortality Ratio per 100,000 Live Births**

Dependent Variable	Total Maternal Mortality Ratio per 100,000 Live Births	Maternal Mortality Ratio per 100,000 Live Births, Excluding Late
Unadjusted difference-in-differences		
After expansion	-8.41 (2.68)	-7.73 (2.43)
<i>p</i>	.003*	.003*
Adjusted difference-in-differences		
After expansion	-7.01 (2.19)	-6.65 (2.18)
<i>p</i>	.002*	.004*



**TABLE 2. Cause-specific pregnancy-related mortality, by race/ethnicity — Pregnancy Mortality Surveillance System, United States, 2007–2016**

Cause of death	Proportionate cause of death by race/ethnicity*					Total deaths
	White	Black	AI/AN	A/PI	Hispanic	
Hemorrhage	250 (9.1)	237 (9.7)	23 (19.7) <sup>†</sup>	66 (19.5) <sup>†</sup>	173 (15.8) <sup>†</sup>	752 (11.1)
Infection	418 (15.2)	235 (9.7) <sup>§</sup>	10 (8.5) <sup>§</sup>	51 (15.0)	183 (16.7)	900 (13.3)
Amniotic fluid embolism	147 (5.3)	106 (4.4)	3 (2.6)	51 (15.0) <sup>†</sup>	58 (5.3)	365 (5.4)
Thrombotic pulmonary or other embolism	246 (8.9)	265 (10.9) <sup>†</sup>	9 (7.7)	11 (3.2) <sup>§</sup>	88 (8.0)	624 (9.2)
Hypertensive disorders of pregnancy	184 (6.7)	200 (8.2) <sup>†</sup>	15 (12.8) <sup>†</sup>	21 (6.2)	106 (9.7) <sup>†</sup>	528 (7.8)
Anesthesia complications	7 (0.3)	14 (0.6)	0 (0.0)	3 (0.9)	6 (0.5)	30 (0.4)
Cerebrovascular accidents	207 (7.5)	148 (6.1) <sup>§</sup>	6 (5.1)	37 (10.9) <sup>†</sup>	92 (8.4)	490 (7.2)
Cardiomyopathy	288 (10.4)	345 (14.2) <sup>†</sup>	17 (14.5)	21 (6.2) <sup>§</sup>	75 (6.8) <sup>§</sup>	748 (11.1)
Other cardiovascular conditions	465 (16.9)	393 (16.2)	13 (11.1)	38 (11.2) <sup>§</sup>	124 (11.3) <sup>§</sup>	1,035 (15.3)
Other noncardiovascular medical conditions	384 (13.9)	343 (14.1)	16 (13.7)	26 (7.7) <sup>§</sup>	130 (11.9)	903 (13.3)
Unknown	160 (5.8)	146 (6.0)	5 (4.3)	14 (4.1)	61 (5.6)	390 (5.8)
<b>Total</b>	<b>2,756</b>	<b>2,432</b>	<b>117</b>	<b>339</b>	<b>1,096</b>	<b>6,765<sup>¶</sup></b>

**Abbreviations:** AI/AN = American Indian/Alaska Native; A/PI = Asian/Pacific Islander.

\* Black, white, AI/AN, and A/PI women were non-Hispanic; Hispanic women could be of any race.

<sup>†</sup> Significantly higher proportion of pregnancy-related deaths compared with that among white women,  $p < 0.05$ .

<sup>§</sup> Significantly lower proportion of pregnancy-related deaths compared with that among white women,  $p < 0.05$ .

<sup>¶</sup> Twenty-five pregnancy-related deaths with unknown race/ethnicity were included in the total but not elsewhere in the table.

# As 2022 Legislative Sessions End, Most States Are Adopting New Option to Extend Medicaid Postpartum Coverage

Meghana Ammula  and Ivette Gomez

Aug 09, 2022



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Earlier this year, a [temporary option to extend Medicaid postpartum coverage](#) from 60 days to 12 months took effect. This option, included in the [American Rescue Plan Act \(ARPA\)](#), is part of a broader federal and state effort to address [racial disparities and improve maternal and infant health outcomes](#).

Medicaid is a key source of coverage for low-income [women](#) in the United States and covers more than [four in ten births nationally](#). Research has documented the importance of having continuous Medicaid coverage following pregnancy to ensure access to needed care during the postpartum period, such as follow up on pregnancy complications, management of chronic health and mental health conditions, and access to family planning services. There has been, however, a history of considerable churning off the program in the postpartum period, especially among women who live in states that have not expanded Medicaid eligibility under the Affordable Care Act (ACA). KFF [research](#) has found four in ten



# 04

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“If you think you are too small to make a difference, you haven’t spent a night with a mosquito”

Patient Advocacy



# Self-Advocacy Education: An Approach to Racial & Ethnic Discrimination in Obstetric Care

Mekonen, H., Fadoju, D., Thomas, N., Dixon, K.

## INTRODUCTION

- Experiences of discrimination in the healthcare setting are associated with health disparities, delayed seeking of medical care and poor adherence to medical recommendations<sup>1,3,4</sup>
- Patients feeling **confident** in their ability to **self-advocate** with their provider is associated with a significant increase in participation in **healthcare decisions** and **assertiveness in care**<sup>2</sup>

## AIM

- Increase patient **confidence** with self-advocacy in the medical setting
- Serve as an essential step in the development of culturally-informed provider interventions to **mitigate racial disparities** in obstetric medicine

## METHODS

### Phase 1

- Black and Latinx birth givers were recruited from obstetric care centers at The Ohio State University medical center and various sites of community partners
- Validated quantitative surveys paired with qualitative semi-structured group-based interviews

## NEXT STEPS

### Group Interview Quotes

*"It seemed like I was just another patient"*

*"Some of them, outside of their job, they do not care for Black people like me"*

*"...you should feel like you're being heard...they're your healthcare provider... they're supposed to help you and uplift you, not make you feel like a burden on them..."*



### Phase 2

- Community-based educational intervention** that pairs interactive training sessions on self-advocacy in the clinical setting with a **toolkit** of resources and information
- Pre- and post-survey to measure change in participant knowledge and overall comfort with the intervention

## INTENDED OUTCOMES

Provide patients with a resource to **enhance clinical encounters**

### Obstetric Care Self-Advocacy Toolkit

- ✓ patient rights
- ✓ resources
- ✓ powerful phrases

**Empower patients to spark collaborative dialogue with their healthcare providers**



## REFERENCES

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- Gyamfi-Bannerman C, Srinivas SK, Wright JD et al. Postpartum hemorrhage outcomes and race. *Am J Obstet Gynecol*. 2018 Aug; 219(2):185.e1-185.e.10

## ACKNOWLEDGEMENTS

This project is generously funded by the Ohio Department of Health and The Ohio State University College of Nursing

# After a Violation



## GIVE DIRECT FEEDBACK

Address your concerns in detail with your provider. In person, via phone or In written communication

## FILE A FORMAL COMPLAINT

File a formal complaint regarding care and safety to the state medical board or the institution from which you received care

## RESOURCES

# File a Complaint

## State of Ohio Medical Board

Confidential Complaint Hotline

1-833-333-7626

## The Ohio State University

Office of Institutional Equity

614-247-5838

## Mount Carmel

Patient Feedback Hotline

614-234-2777

## Ohio Health

Patient Feedback Hotline

(866) 411-6181

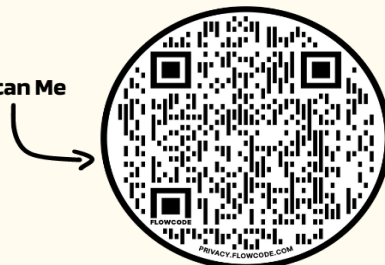
## Ohio Department of Health

Healthcare Facility Complaint Line

1-800-342-0553

## Links to Reporting Forms

Scan Me



# Obstetric Care Self-Advocacy Toolkit



- ✓ patient rights
- ✓ resources
- ✓ powerful phrases

# Know Your Rights



Decide how, where, and with whom you give birth



Participate in decisions about your care



Report concerns about your care and safety



Have your pain assessed, evaluated, treated, and reassessed



... if you feel like your rights are being violated:



- Restate your wishes aloud
- Request a patient advocate/representative or ethics committee member
- Make note of the names and roles of all providers involved
- Take notes about what is happening
- Ask to see what is relevant (ie. test results, ultrasound, fetal heart tracings)
- Ask to have policies explained again, by someone else, or in writing

# Phrases



## Preparation

"Here are a list of questions I've written in preparation for this visit. Is it okay if we go through them one by one?"

## Preferences

"I would like to know all the birth control options I have available to me."

## Process

"Can you walk me through your differential diagnoses for my condition? What tests will you run to rule out other conditions out?"

## Push

"We still haven't talked about my main concern. This is really important to me"

## Plan

At the end of the appointment, summarize what you've learned, and what you understand next steps to be.



# 05

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In what way will you  
make an impact?







THANKS