



# The Face of Black Maternal Health

Presented by:



# HERstory

- Launch in November 2017
- We envision a world where Black women and girls can access their full potential to authentically, be.
- **our work**
  - advocacy
  - convening
  - organizing and coalition building
  - leadership exploration
  - collective investments and resource redistribution
- **our partner** Women's Fund of Omaha



I BE BLACK GIRL  
*Respect  
our  
Womb!*  
NEBRASKA BL

I BE  BLACK GIRL



**JESSICA  
EHULE  
CityMatCH**





# Socioecological Model



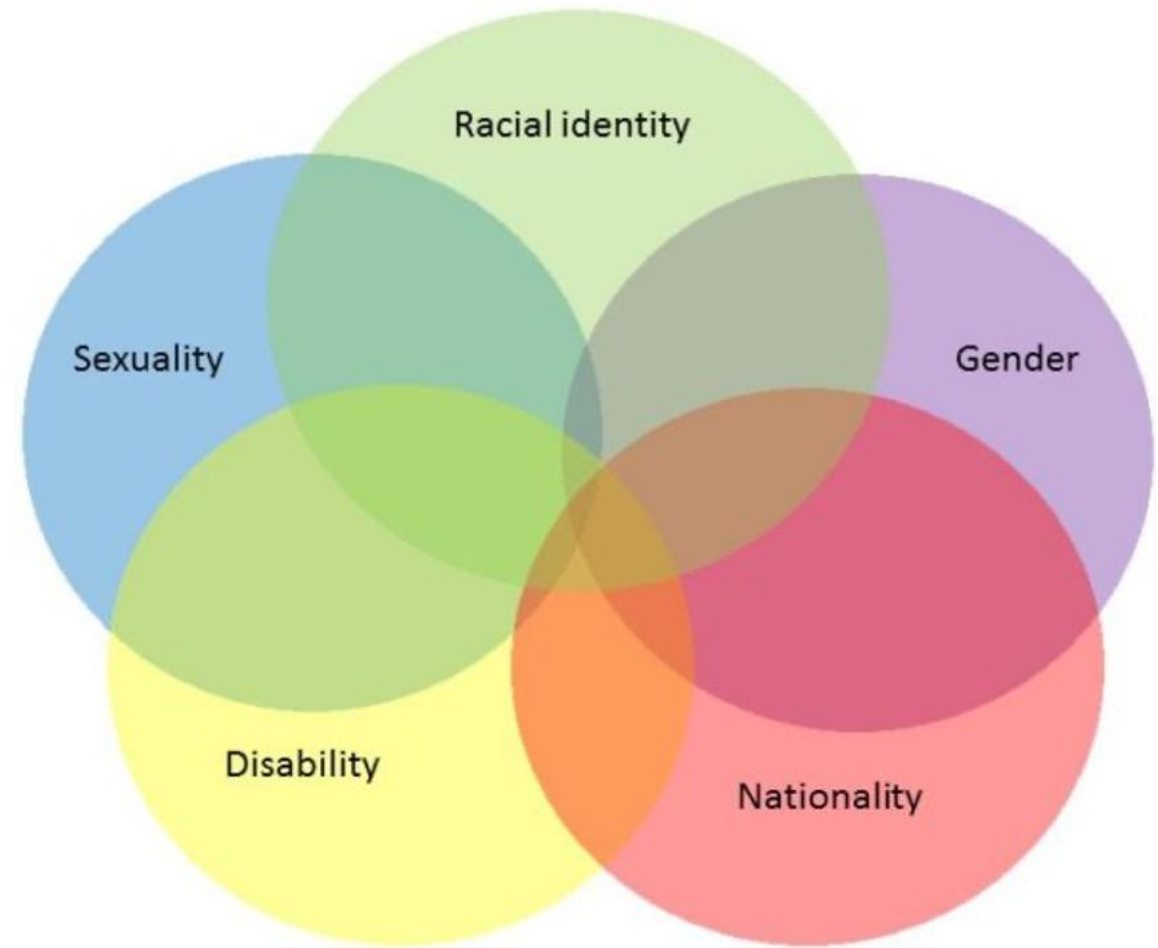
# Social Determinants of Health



# Intersectionality

A term coined by professor Kimberlé Crenshaw in 1989, intersectionality is a framework for understanding how aspects of a person's identity combine to create access to opportunities or exposure to discrimination throughout life.

We do not experience life in separate buckets. Our experiences are a result of the intersection of our political and social identities, and one cannot be separated from another.



# U.S. Maternal & Child Health Data Story

# Maternal Mortality in the US

Maternal Mortality is defined by the WHO as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy from any cause related to or aggravated by the pregnancy or its management





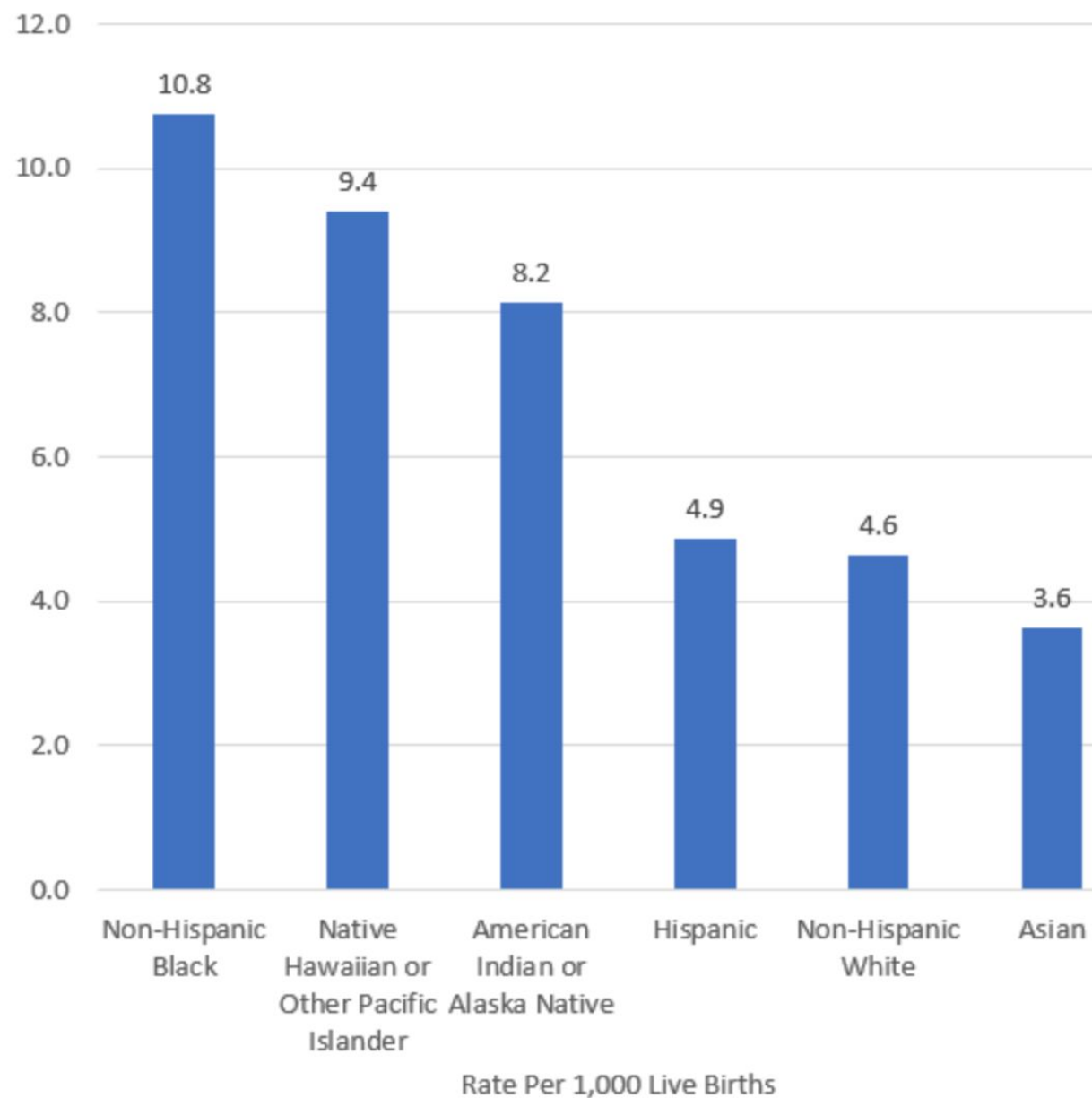
According to the CDC, the 2019 maternal mortality rate in the US is 20.1, significantly higher than the 2018 rate of 17.4.

When disaggregated by race, the maternal mortality rate for Black women is 2.5 times higher than White women.

The difference is often greater when we review data at the state and local level.



# Infant Mortality Rates by Race and Ethnicity, 2018



The Black infant mortality rate is 10.7, compared to the White infant mortality rate of 5.4.



**Why do we have such stark  
disparities in the United  
States?**









# Goal: Achieving Health and Racial Equity

## Equality

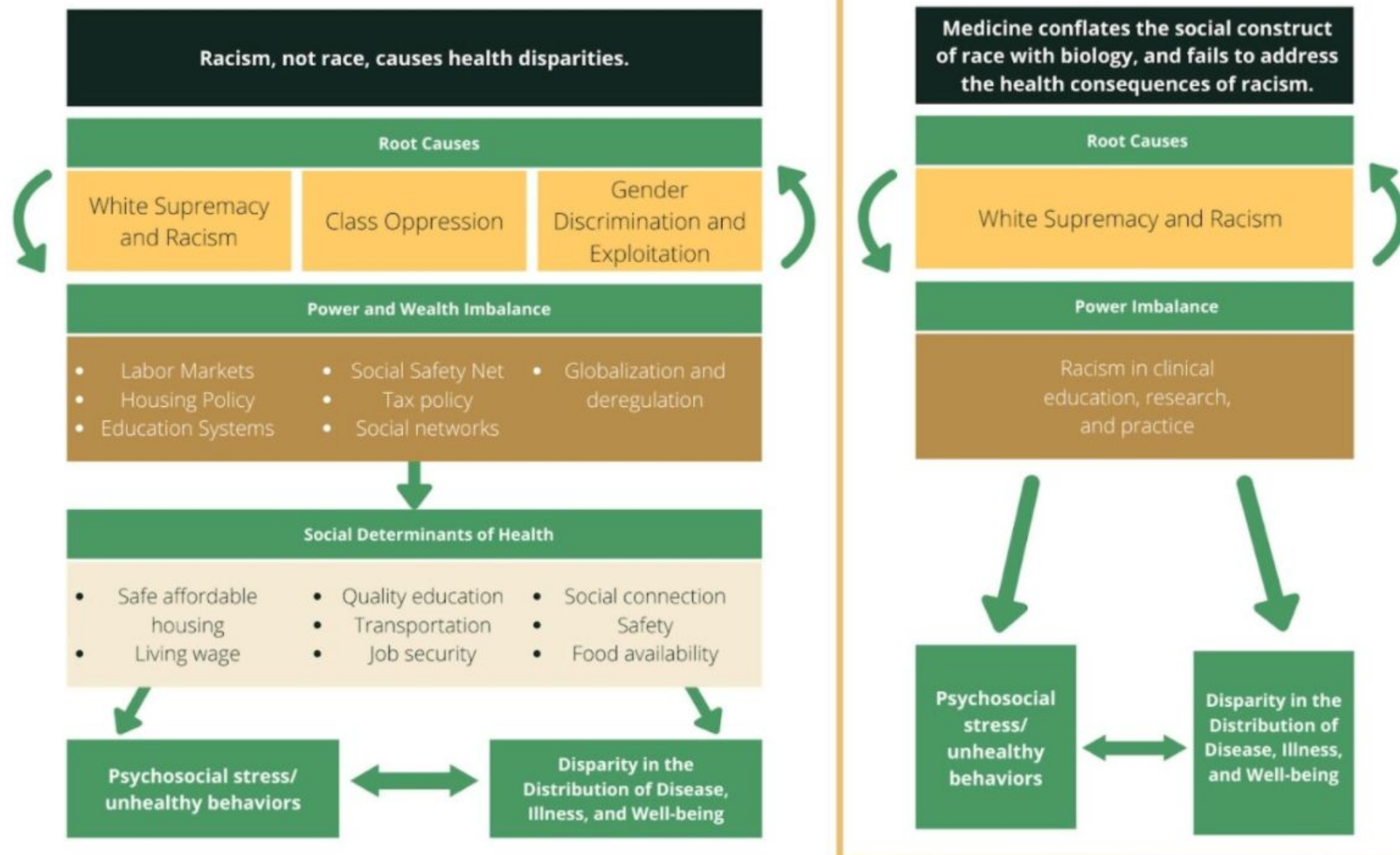


## Equity



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**Racism is a risk  
factor, NOT Race**



Source: Graphic adapted by Dr. Joia Crear-Perry, originally from *Tackling Health Inequities through Public Health Practice*, by R. Hofrichter and R. Bhatia

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SKIN DEEP:  
THE SCIENCE  
OF RACE

DAWN OF  
THE WHITE  
MINORITY

US AND THEM:  
WHY WE  
DIVIDE

DRIVING  
WHILE  
BLACK

SPECIAL ISSUE

NATIONAL  
GEOGRAPHIC

# Black and White

These twin sisters make us rethink  
everything we know about race

APRIL 2018

WHAT'S YOUR STORY? #IDefineMe



## A TAXONOMY OF TRANSITIONS

racial / ethnic  
self-identification  
in chicago  
in the year 2010

white ■  
black ■  
asian ■  
hispanic ■  
other ■

the black lines show  
chicago's official  
community areas.

each dot represents  
twenty-five people.  
here, hispanic is  
exclusive of other  
categories.

block-level data  
from the U.S. census.

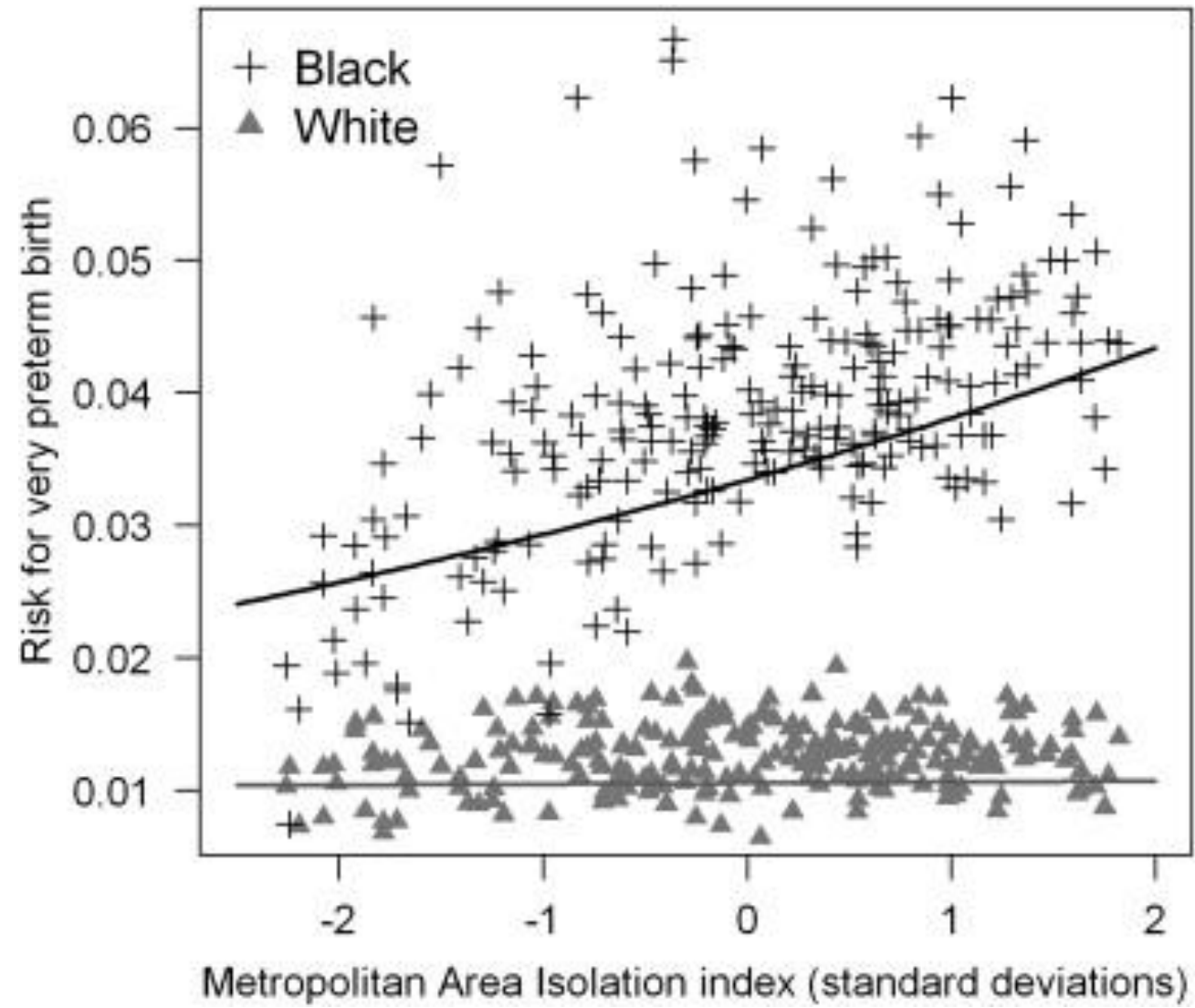
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# Does segregation predict birth outcomes?

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Segregation can signal racism

Interpersonal  
Institutional



Given the same pregnancy complication, Black women are more likely to die.

**TABLE 1—**


**Prevalence and Case-Fatality Rates and Black–White Rate Ratios (With 95% Confidence Intervals [CIs]) for 5 Selected Pregnancy Complications, By Race: United States, 1988–1999**

	Prevalence Rate <sup>a</sup>			Case-Fatality Rate <sup>b</sup>		
	Black	White	Black–White Ratio (95% CI)	Black	White	Black–White Ratio (95% CI)
Preeclampsia	3176	2554	1.2 (0.8, 1.7)	73.5	27.4	2.7 (1.8, 3.6)
Eclampsia	131	83	1.6 (0.9, 2.3)	1536.3	626.2	2.5 (1.4, 3.5)
Abruption	970	895	1.1 (0.7, 1.5)	58.4	21.3	2.8 (1.8, 3.7)
Placenta previa	454	433	1.1 (0.7, 1.4)	40.7	17.3	2.4 (1.5, 3.2)
Postpartum hemorrhage	1428	1890	0.8 (0.5, 1.0)	68.3	21.0	3.3 (2.1, 4.4)

# Likely Factors Explaining Differences in Case Fatality Rates

- Chronic health conditions
- Prenatal care utilization
- Quality of care



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- A healthcare provider, likely a nurse or midwife, is shown in profile on the left, wearing a grey top and a stethoscope, holding a clipboard. She is smiling and looking towards a pregnant woman on the right. The pregnant woman has dark curly hair and is wearing a light green long-sleeved shirt, with her hands resting on her belly. They are in a bright, clinical setting with a white wall and a framed picture in the background.
- **Standardize care across facilities**
  - **Improve access to Level III and Level IV birth centers**
  - **Reduce barriers to prenatal care**
    - **Financially accessible**
    - **Geographically accessible**
    - **Culturally appropriate**
    - **Patient-centered**
  - **Increase number of black obstetricians and midwives**
  - **Implicit bias training**

## **PATIENT SAFETY BUNDLES**



**CHRISTIAN  
MINTER,  
IBBG  
ORGANIZER**



# Reproductive Justice

“The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.” —

SisterSong



# Black Maternal Health Coalition

- Centers and uplifts Black women and birthing folks to improve health outcomes
- Membership is 80% Black women
- Representatives from healthcare systems, state agencies, nonprofits, and community-based programs



# Policy & Advocacy

- Maternal Mortality Review Committee composition & recruitment
- Severe maternal morbidity data collection and dissemination
- Feedback to legislators on bills impacting maternal health





# Nebraska Black Maternal Health Month





Behind the data  
there are many  
stories...





I BE  BLACK GIRL

CALL TO ACTION: Thorough review of internal practices, policies, and procedures.  
Approach all work with a health and racial equity lens.

Questions to ask during this review may include:

- How may my institution be intentionally or unintentionally causing harm to black women and birthing people, and communities of color?
- What opportunities exist for us to serve the community better?
- What support does the organization have from leadership to address issues of health and racial equity.

CALL TO ACTION: Center Black women and birthing folks in the leadership, approaches and solutions.

CALL TO ACTION: Take a holistic approach to funding Black maternal health initiatives. Invest in:

- community-based programs
- solutions that address social factors impacting health
- overall wellbeing
- qualitative research (uplift the lived experience of Black women)

# KEEP IN TOUCH

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