s Birth Network

Birth Equity Training

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Meet Serena Williams

The ultrasound revealed nothing, so they sent her for the CT, and sure enough, several small blood clots had settled in her lungs. Minutes later she was on the drip. She said, "listen to Dr. Williams!"

Meet Dr. Chaniece Wallace, MD, a fourthyear pediatric chief resident

She died in October 2020 of pregnancy complications

Meet Dr Shalon Irving, PhD: She went to the doctor/ER 3 times

Her last attempt to seek care, a nurse practitioner sent her home and said, "*There is nothing, we can do you have to give it more time? She got 5 more hours that day and 4 days on life support*

Women Health: The Historical Perspective











- Production and Economics during slavery
- Black women
 bodies were
 used to
 increase
 production
 and economic
 gain.

• Medical <u>Super</u> **bodies**-Father of

- **Doules**-Father of Gynecology-**John Marion Sims**
- Black women are more hypersexual or lascivious, black women don't experience pain, black women are immodest

Hysterectomies

• By age 35, Black women are also two to three times to have their uterus removed, peak ages 18 and 44.

Control Through Reproduction

• The political game on women's rights and their bodiesreproductive injustices

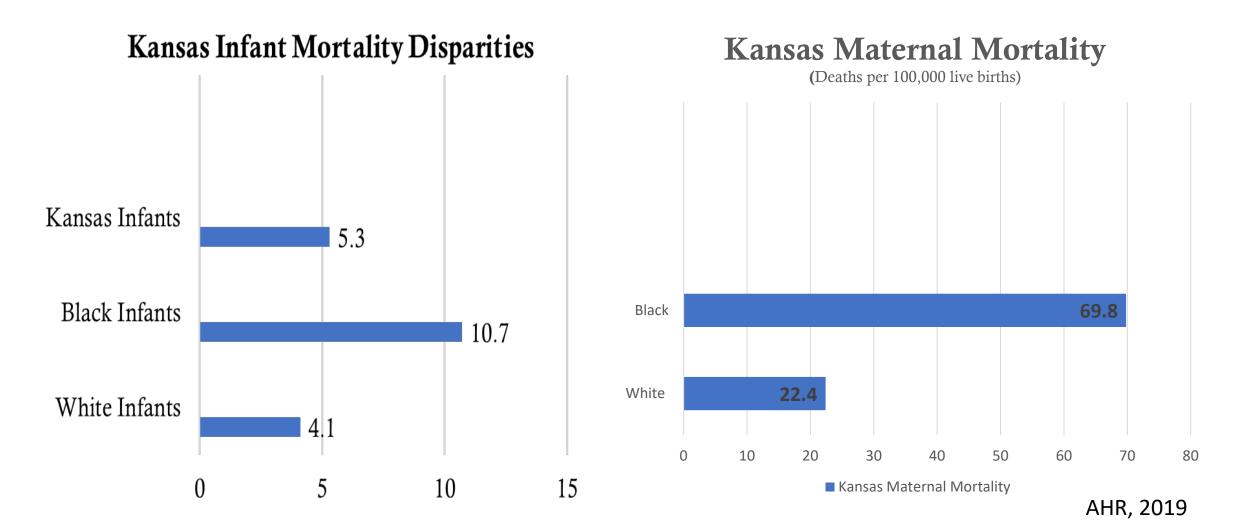




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The Disparities



Finding the Root of Inequities

Black mothers who are college educated fare worse than women of all other races who never finished high school

Obese women of all races have better birth outcomes than black women who are of normal weight Black women in the wealthiest neighborhoods do worse than White, Hispanic, and Asian mothers in the poorest ones

Black women who initiated prenatal care in the first trimester still have higher rates of infant mortality than non-Hispanic white women with late to no prenatal care.

Defining Birth Equity for Kansas

• Birth equity shifts from blaming women for poor health outcomes to system-level accountability for programs/policies.

Mission and Vision

Mission

To use a community centered approach to create solutions that improve Black maternal, paternal, and infant health in Kansas through training, research, healthcare, and advocacy.

Vision

- KBEN Vision : Every Black mom, dad, and infant receive quality and intentional prenatal, neonatal, and postpartum care in the state of Kansas.
- CD366 Vision: Every Black birthing person, dad, and baby celebrates the baby's first birthday.



Purpose

Provide an overview of health inequities in Kansas and actions to create health equity. Provide an understanding of the various social and economic factors that contribute to Black maternal and infant health.

Provide the opportunity to learn about birth equity through amplifying Black voices, advocates, and providers.



Birth Equity Curriculum



The Need for Birth Equity

Community Engagement

The Uncomfortable Truth of Bias

The Black Postpartum Experience

Respectful Maternal Care

What can you expect to Unlearn?

Black women absolutely do not experience racism

We can determine the value of Black bodies

Black women need to be taught how to take care of their children

Black-led organizations should not be at the forefront of this work

Black fathers are absent.

The Approach to Terminology: SA, Birth Equity



Scientific Term/Other Terms	Meaning	Equitable Choice
Non-compliant	No choice in the care/decision making	Low Patient Activation
Vulnerable/Marginalized	No Value to society	Low Societal Support
Uneducated	De-valued/Lack of knowledge to care for self and child	Learning communities
Those people	No value/less than	No replacement
Low-income	Unworthy of equitable care	Underprivilege/Non-privileged individuals
Single-Parents	No fathers/partners	Partnerships/Solo
Race		Racism

Content & Timeline

Module	Title
1	Introduction
2	The Need for Birth Equity
3	Community Engagement
4	The Uncomfortable Truth of Bias
5	The Black Postpartum Experience
6	Respectful Maternal Care

• Five Modules

- Short surveys at the end of each module
- Time to complete:
 - May 2022 September 30, 2022
- Check Ins:
 - June
 - July

Next steps

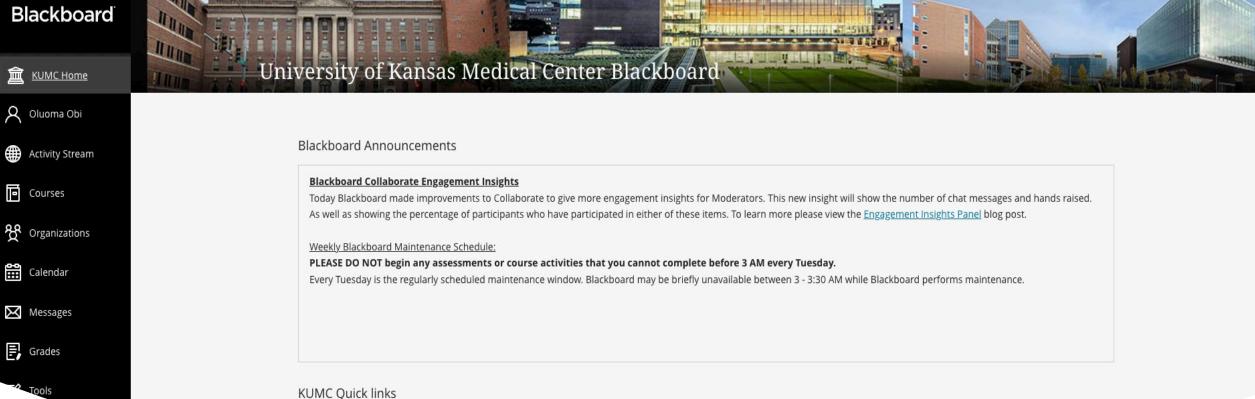
- You will receive an email with a temporary password & link.
- You will create a new password when you first log in.
- Access Link: <u>https://bb.kumc.edu</u>

Expect:

• Email reminders & progress check ins

Accessing the curriculum

Blackboard



Respondus Lockdown Browser	Poll Everywhere Login
Request Form	TLT Services Overview

Accessing the curriculum

- When you log in, you will see this screen.
- Click on "Courses" on the left column.

Accessing the curriculum

Click on "Kansas Birth Equity Network Curriculum" to access the curriculum.

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Accessing the curriculum

• You can access each module here.

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		4. The Uncomfortable Truth of Bias		
		5. The Black Postpartum Experience		
		6. Respectful Maternal Care		
		Congratulations! You have completed the curriculum A+		
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Accessing the curriculum

- Click into a module to see the contents:
- videos,
- slides, &
- a brief survey at the end of each module.

Birth Equity Network Cu	rriculum Course Content 2. The Need for Birth Equity
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e Content	The Need for Birth Equity Slides
	Mothers Matter: Why So Many Black Women Are Dying From Childbirth
	Health Equity and Birth Equity
	Health Equity and Birth Equity Slides At
	Black Women Voices
	Module 2 Survey: Need for Birth Equity Survey Questions

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Questions?





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References

- Joia Adele Crear-Perry, MD, FACOG, created the term birth equity and is the Founder and President of the National Birth Equity Collaborative.
- "Pregnancy-Related Deaths," Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Updated February 26, 2019. Accessed August 27, 2019. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancyrelatedmortality.htm
- New York City Department of Health and Mental Hygiene (2016). Severe Maternal Morbidity in New York City, 2008–2012. New York, NY. https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidityreport-08- 12.pdf
- Native American women also experience particularly high rates of maternal and infant mortality, though disparities are deepest for Black women. Racial disparities in birth outcomes are discussed in more detail at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancyrelatedmortality.htm and https://www.cdc.gov/nchs/data/databriefs/db74.pdf, as well as by MacDorman et al (2016), referenced below.
- MacDorman MF, Declerq E, Cabral H, and Morton C. Is the United States Maternal Mortality Rate Increasing? Disentangling trends from measurement issues Short title: U.S. Maternal Mortality Trends. Obstet Gynecol. 2016;128(3):447–455.

Learn More Our Team: Sharla Smith, PhD, MPH, Founder and Director

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- Visit our website: <u>https://www.kumc.edu/school-of-of-medicine/academics/departments/population-health/research/kansas-birth-equity-network.html</u>

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