



# Advancing NIH Research on the Health of Women: A 2021 Conference

## Opportunities for Research to Reduce Disparities in Maternal Morbidity and Mortality

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While not all people who can be pregnant or give birth identify as being a “woman,” I use the term “women” instead of “people” or “persons” as an intentional device to highlight the vulnerability of people who society typically identifies as being female. This is not intended to exclude or silence those who do not identify as female, but to draw attention to the ways pregnant or postpartum people are discriminated against because of their female gender assignment at birth.

# “Thinking Out of the Box”

- No single clinical intervention has substantially reduced maternal health disparities
- Health during pregnancy and postpartum is not an isolated event
  - Health is more social/environmental than clinical
- Need “***Paradigm Shifts***” in how we deliver care in a respectful manner that establishes trust and engagement
- Health begins and ends in the community in which women reside

# Chronic Diseases During Pregnancy

- Chronic diseases = health conditions that require ongoing medical attention or limit activities of daily living
- Certain chronic conditions can increase the risk of pregnancy complications and maternal death
  - Obesity
  - Hypertension
  - Diabetes
- These conditions do not occur in isolation but are co-mingled with life experiences, SDOH, pregnancy and postpartum

<https://www.cdc.gov/chronicdisease/about/index.htm>

<https://www.cdc.gov/chronicdisease/resources/publications/aag/maternal.htm>

# Underlying Causes of Pregnancy-Related Deaths Varies by Race/Ethnicity in Illinois

- Overall leading cause of maternal death was due to mental/behavioral health issues
- Black women were **almost 3 times** as likely as White women to die from a pregnancy-related cause
- Black women had the highest rates of SMM, with **rates twice as high** as white women
- Black women were more likely to die from a pregnancy-related **medical condition** including conditions as preexisting chronic disease, hemorrhage and hypertension
- White women were more likely to die from a pregnancy-related **mental health condition** than from a medical condition including suicides and drug overdoses that were pregnancy-related
- But if we only focused on the leading cause of mortality, we might increase racial disparities

# Social Determinants of Health in Pregnancy-Related Deaths

- Of women who died from pregnancy-related causes:
  - 33% experienced **traumatic stress**
    - Traumatic stressors were present in **63% of pregnancy-related mental health condition deaths**
  - 76% experienced **financial stress**
- High prevalence of these stressors highlights the importance of:
  - Evaluating and addressing women's trauma history
  - Improving social services available to families in need including stable housing

# How Can Research Address Racial Inequity?

We Need to Think Creatively: What Are the New Ideas?

# Impact of our Maternity System on Black Maternal Health

- Research consistently shows higher exposures to structural racism is associated with adverse maternal and birth outcomes among Black women
- Among pregnant Black women, 54% to 78% report experiencing racial discrimination
- In the US, structural racism has historically been used to advantage white people over Black people through the implementation of discriminatory practices including slavery, Jim Crow, redlining, mass incarceration, lack of intergenerational wealth— all of which has limited access to quality housing, education, employment, generational wealth, and marginalization in health care
- **This structural racism explains why Black patients lack trust in the healthcare system, leading to low patient engagement and attendance in care**

Chambers BD, et al. Exposures to structural racism and racial discrimination among pregnant and early post-partum Black women living in Oakland, California. *Stress Heal*. 2020;

Bailey ZD, et al. Structural racism and health inequities in the USA: evidence and interventions. *Lancet*. 2017;

Mehra R, et al. Racial residential segregation and adverse birth outcomes: A systematic review and meta-analysis. *Soc Sci Med*. 2017;

Ncube CN, et al. Association of neighborhood context with offspring risk of preterm birth and low birthweight: A systematic review and meta-analysis of population-based studies. *Soc Sci Med*. 2016.



# Black Midwives for Black Women: A Systems Change

- PCORI funded study to address racial inequities
- Culture change – meeting women where they're at as opposed to wanting compliance
- Generational racism impacts trust and engagement with the health care system
- Currently, there is no model of maternity care centered on what Black women need and inclusive of broad structural changes
- **Melanated Group Midwifery Care (MGMC)** fills this gap because it is responsive to Black women
- MGMC is culturally-adapted and patient-centered program of care

# Melanated Midwives



## Mission

Melanated Midwives mission is to diversify the midwifery profession and empower Black birth parents with resources and tools to successfully navigate their prenatal and postpartum care.

## Vision

Melanated Midwives is actively engaged in addressing the maternity health care desert and Black Maternal mortality and morbidity rates on the Southside of Chicago by bringing together Black mothers, pregnant people, politicians, public health workers and community activists.

## Insight

The unique and highly valued expertise, insight and collaboration of these community members are crucial to building sustainable and scalable community-based models of maternity care for and by Black people.

# MGMC Strategies

- Racial concordance between providers and Black patients increases engagement in healthcare, earns patient trust, increases satisfaction, and halves the racial disparity in neonatal mortality
- Group healthcare is structured to disrupt power hierarchies, uses interactive learning, and builds social support and community. It is associated with better attendance, mental well-being, satisfaction, prematurity, and breastfeeding with stronger results for Black women
- Care Coordination, extensive and active referral and follow-up improves perinatal outcomes, management of obstetric complications and leads to effective patient engagement and activation
- In-home, postpartum doula support decreases postpartum depression, increases breastfeeding and improves bonding and maternal sense of control of complications

# Research that Promotes Structural Change

- Race is NOT a biological construct but has biological effects: Being Black is not the problem
- Stop talking about Race in research: Talk about Racism
- Focus on changing policies, systems, and environment as opposed to changing people
  - Illinois became the first state to extend continuous eligibility for full Medicaid benefits through 12 months postpartum
  - But what is the impact of this change? We need research to evaluate policy change
- NIH should partner with other federal agencies
- Partner with communities/Bridging academic with non-academic
- Telling the whole story/ Focus on health equity



➤ **Thank You!**  
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