

# MOMS – *PROJECT* ECHO HEALTH EQUITY IN PREGNANCY

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# OVERVIEW

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- **Learning Objectives**

1. Describe health equity and health equality in pregnant women.
2. Recognize disparities in health outcomes for women of diverse backgrounds.
3. Identify opportunities to improve access to equitable care.

# DEFINED

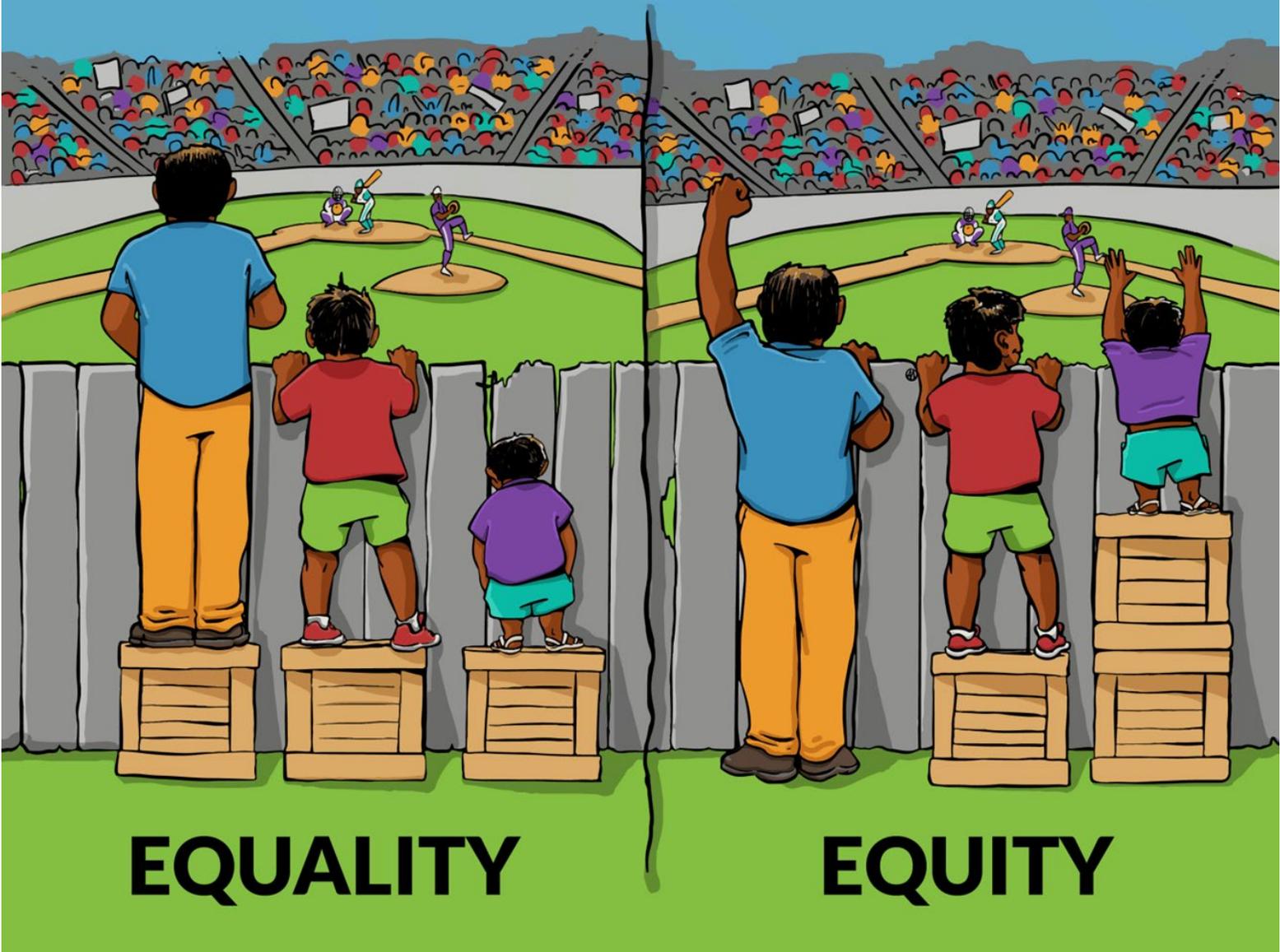
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## **EQUITY**

**Giving people what they need to reach their best health – Equity examines each case and applies the appropriate solution for each case.**

## **EQUALITY**

**Applying the same solution to different cases**



**EQUALITY**

**EQUITY**

# MATERNAL MORTALITY IN PREGNANCY

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According to: Wanda Barfield, MD, MPH, RADM USPHS  
Director of the Division of Reproductive Health, Centers for Disease Control and Prevention

- 50,000 women in the United States experience severe pregnancy-related complications and 700 women die. American Indian/Alaska Native, and Black women are two to three times more likely to die of pregnancy-related causes than white women.
- A number of factors contribute to the maternal mortality rate among Black and American Indian/Alaska Native women. Structural racism and implicit bias can play a role in the disparity.

Source: [Hear Her: Addressing Health Inequities Among Pregnant Women | CDC](#)

# PREGNANCY IN DIVERSE POPULATIONS

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Other factors that may impact maternal health outcomes of racial and ethnic minority women:

- Health care access
- Healthcare settings providing care
- Community resources
- Implicit bias

[Source: NIH to fund research of racial disparities in pregnancy-related complications and deaths | National Institutes of Health \(NIH\)](#)

# HEALTH EQUITY IN PREGNANCY

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Healthcare access for diverse populations in rural communities;

- Insurance – IHS (payor of last resort), many tribal members do not have private insurance.
- Location – rural communities – patients may need to travel distances for referrals to specialists or for follow-up appointments.
- Medical personnel (maternal healthcare) – shortages in rural communities
- Economic resources – transportation



# SUD/MH IN PREGNANCY

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## Substance Use

- Access to counseling, treatment
- Criminalized if reported
- Lack of family support

## Mental Health

- Diagnosis pre-pregnancy
- Diagnosis during pregnancy
- Depression – pre/post

# SUD/MH IN PREGNANCY

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## Substance Use – possible causes

- Abusive/unhealthy relationship
- Lack of emotional support
- Lack of social support
- Chronic stress
- Housing issues

## Mental Health – possible causes

- Unplanned pregnancy
- Financial distress
- Partner – abusive, unsupportive
- Stop using psychiatric meds
- Trauma experienced from a previous pregnancy/delivery

# TRAUMA INFORMED CARE

SHIFTS THE FOCUS FROM “WHAT’S WRONG WITH YOU” TO  
“WHAT HAPPENED TO YOU”

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## TYPES OF TRAUMA

- Unexpected losses
- Tragic events
- Chronic Illness diagnosis
- Physical/sexual assaults

## SYMPTOMS OF TRAUMA

- Substance Use Disorder
- Mental Illnesses (Anxiety, Depression)
- Physical health disorders

# HEALTH EQUITY IN PREGNANCY

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## Racial Bias – Implicit Bias

- ❖ Women of color treated differently
- ❖ Lack of cultural understanding affects prenatal care



# **STRATEGIES FOR IMPROVING MATERNAL HEALTH**

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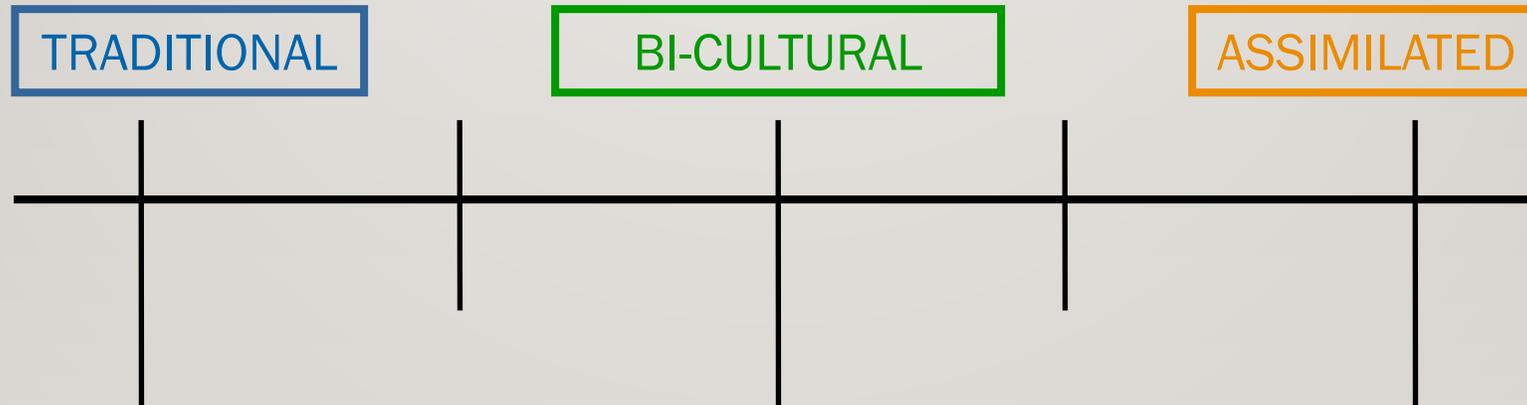
# STRATEGIES FOR IMPROVING MATERNAL HEALTH

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Ai/AN specific:

- Improve communication barriers
- Increase/enhance cultural awareness among providers
- Improve continuity of providers
- Transportation and financial support resources

# Understanding the Native Experience



# PROTOCOLS DO'S AND DON'TS

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## Traditional healing practices

- Birthing Ceremony (Welcoming)
- How to care for umbilical cord
- Piercing ears – within 1<sup>st</sup> 3 months
- Grief practices - loss of baby or mother



# PROTOCOLS DO'S AND DON'TS

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## Communication

- Rude to talk in a loud voice; Patients are listening even if they seem quiet or inattentive.
- Asking questions; allow time for response from patient (traditional or bi-cultural)
- Culturally sensitivity to gender protocols when speaking to women/men. (woman to woman/ man to man).
- Personal space; sit next to patient (preferable)

# PROTOCOL-CONTINUED

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## **Assessments that have sensitive questions:**

- Allow patient to read through questionnaire first to prepare to answer (more sensitive questions; ex: STD, Hepatitis C, HIV)
- Ask if more comfortable with a family member or support person be with them. (ex. Language, belief system, values)
- Guide conversation: Adults; explain how and why collecting data and reassure patient will have access to the test results.
- Youth: Confidentiality issues explain process for consent and release of information forms.

# STRATEGIES FOR IMPROVING MATERNAL HEALTH

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- Before pregnancy – links to behavioral, economic, social supports as needed. Engage in these systems before, during, and after pregnancy.
- Certified Nurse Midwives availability – due to shortage of OB-GYN's, Specialist in rural communities.
- Patient-Centered Care – Culturally tailored initiatives: Implementing culturally competent and behavioral-focused home visiting programs. Programs like these are essential to reducing disparities among young American Indian and Alaska Native families by educating them about infant and childcare and healthy eating practices, while also ensuring the family is enrolled in health insurance and food assistance programs.

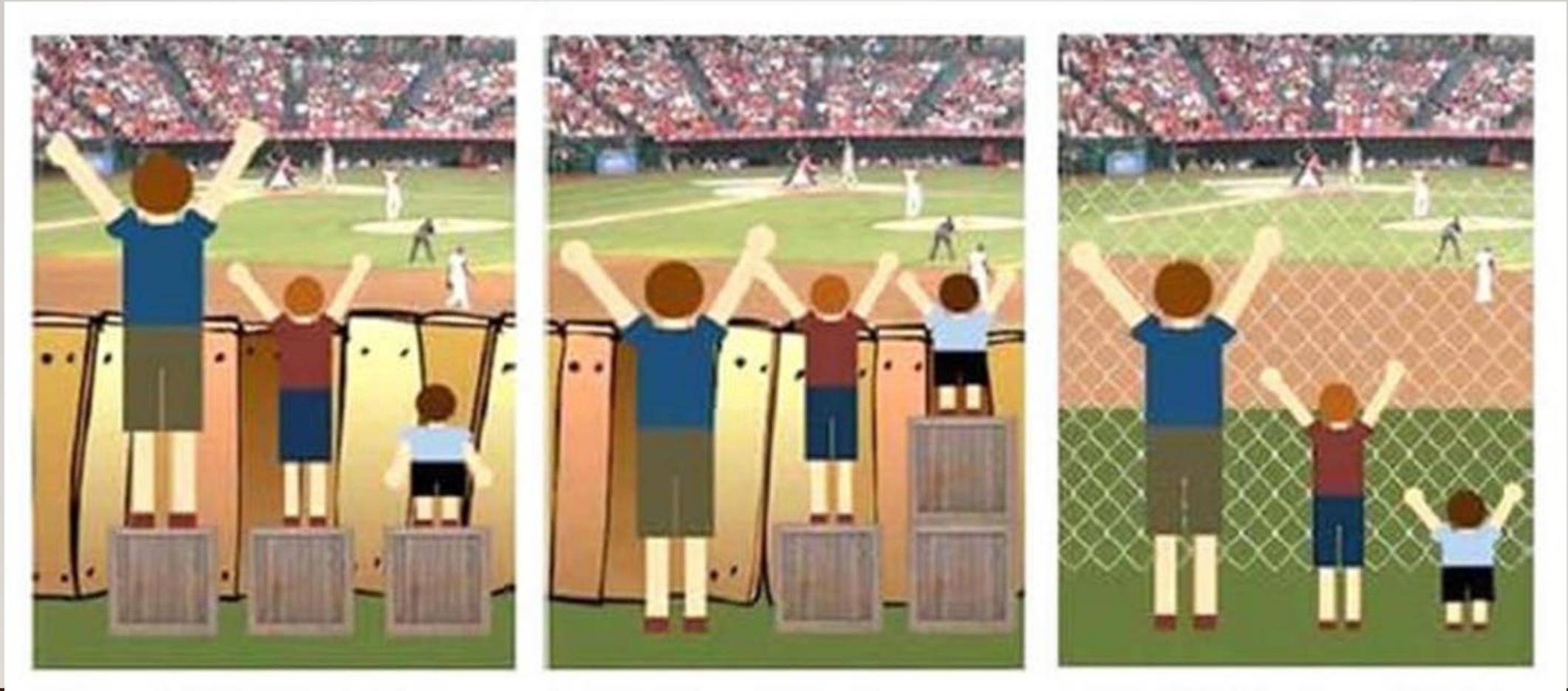
# STRATEGIES FOR IMPROVING MATERNAL HEALTH

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- Integrate behavioral health services into maternal health is essential.
- Leverage additional health and social service providers, such as community health workers (CHW), home visitors, case managers, and social workers, has been successful in screening and linking patients to essential services.
- Peer Recovery Specialists/support

Source:[https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH\\_eng.pdf](https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf)

# Equality, Equity, Systemic Barriers





# QUESTION & ANSWERS

THANK YOU (PILAMAYAYE)

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