MATERNAL HEALTH OUTCOMES IN DC:

Why are Black Women Dying from Pregnancy-Related Complications in Wards 7 & 8?

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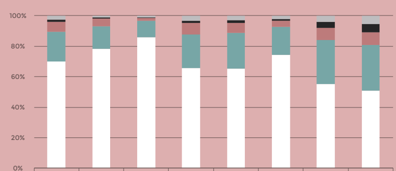
OUR MOTIVATION

- The US ranks 60th in **maternal mortality rate** out of 187 ranked nations**, placing well behind other developed nations**[1]. Unlike other countries, the American mortality rate has increased over the past 10 years[2] even though **3 in 5** pregnancy-related deaths in the USA are **preventable**[3].
- The DC maternal mortality rate is still almost **2 times** the national rate[4] despite dramatic improvements since 2014.[5] Within DC, Wards 7 and 8 experience the highest rates of women delaying prenatal care, smoking during pregnancy, preterm births, low birth weights, and infant mortality.[6]

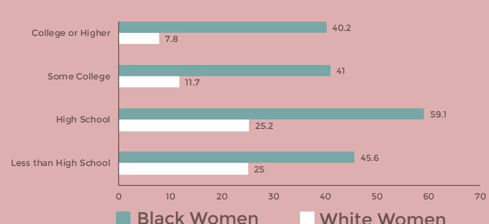
Percentage of D.C. Women Who Initiated Prenatal Care by Ward and Trimester, 2015-2016 [25]



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Unknown	2.57%	1.15%	0.98%	3.10%	2.99%	2.29%	4.16%	5.29%
No Prenatal Care	1.42%	0.74%	0.33%	1.66%	1.79%	1.09%	3.89%	5.58%
3rd Trimester	6.50%	4.83%	2.08%	7.53%	6.57%	3.78%	7.97%	8.30%
2nd Trimester	19.33%	15.06%	10.68%	22.13%	23.35%	18.47%	28.72%	30.06%
1st Trimester	70.19%	78.23%	85.93%	65.58%	65.31%	74.37%	55.27%	50.77%

- Nationally, African-American women are **3.3 times** more likely to die in childbirth than white women.[7] Between 2013-2017, **95%** of pregnancy related deaths in DC were African American[8] despite only comprising 44.53% of the population.[9]
- This is a failure across government sectors and **political**, **managerial**, **legal**, and **fiscal** spheres. Our devaluation of women's health and black communities is shameful.
- Maternal health outcomes are directly correlated with the availability of healthcare and other adjacent policy issues.
- Perinatal deaths and near-deaths are expensive for individuals and our health system. Preventative care would be more effective and cost-effective.
- Healthy mothers and babies make our communities stronger now and for our future.

Pregnancy-Related Mortality Rates in the USA per 100,000 Live Births, 2007-2016 [23]



METHODOLOGY

- Using online sources, we researched and analyzed academic articles, government publications, datasets, and public policy recommendations.
- Between February 23 - March 31, 2020, we reached out to over **60** stakeholders in the field of maternal health, including federal administrators, local government officials, local and national nonprofit actors, academics, medical professionals, and advocates. The timing of the **COVID-19 pandemic** greatly affected our low response rate; only **10** individuals replied affirmatively, leading to **8 semi-structured phone interviews**:

- **Liz Borkowski,** Managing Editor of *Women's Health Issues*
- **Jazmine Brazier,** Youth Services Coordinator of Healthy Babies Project
- **Dr. Siobhan Burke,** Discipline Director of OB/GYN at Unity Health Care
- **Amy Haddad,** Director of Public Policy and Government Affairs at Association of Maternal and Child Health Programs (AMCHP)
- **Kacie McLaughlin,** Public Health Analyst at Maternal and Child Health Bureau (MCHB)
- **Destiny Sharp,** Economic Justice Organizer at Spaces in Action
- **Dr. Anita Thurakal,** Division Chief for Perinatal and Infant Health at DC Health Department
- **Kristina Wint,** Program Manager for Women and Infant Health at Association of Maternal and Child Health Programs (AMCHP)

CAUSES

Policy

- In DC, Medicaid only pays for health services up to 60 days postpartum and 1-2 visits.
- In DC, inequitable resource distribution, limited number of health systems funded, and delayed passing of key legislation.[10]

Socioeconomics

- Nearly **97%** of DC residents have health insurance[11]; free preventative healthcare services are **underutilized**.
- There is insufficient research into social determinants of accessing preventative care in DC.
- Socioeconomics indirectly affect maternal health outcomes through housing insecurity, lack of mental health resources, and certain health conditions.

> *"It's hard to repair 100 years of harmful decisions with 5 years of positive ones."*
> *- Kristina Wint, AMCHP*

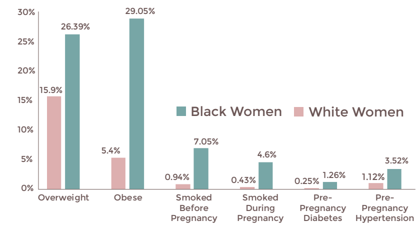
Infrastructure

- There is currently **nowhere to give birth in Wards 7 & 8** since United Medical Center's obstetrics unit closed in 2017 due to **malpractice** and **low revenue**. Women must travel to Maryland or across the river to safely deliver their babies, but some women reportedly still continue to give birth in UMC's ER despite a lack of proper equipment there.[12]
- From 2016 to 2017, UMC was operated by **Veritas**, a 2-year old private consulting firm with no hospital management experience through **a no-bid contract.**[13] It delivered only 10% of the additional revenue it had promised the city[14] and faced numerous allegations of unethical administrative mismanagement.[15]
- UMC is scheduled to be closed by 2023; the replacement hospital's future is uncertain due to ongoing contract disputes between DC City Council and GWU Hospital.[16]
- Historical community disinvestment means a lack of grocery stores, public transportation, safe housing, affordable childcare, and job opportunities.

Race and History

- Many black women **do not trust** medical institutions due to a long history of mistreatment toward African-Americans.
- Black women frequently experience **disrespect, procedures without consent, rough handling, and dismissiveness toward pain** from doctors. Various studies have indicated **implicit racial bias** among medical professionals. [17]
- An increasingly accepted theory is that black women disproportionately experience **"weathering"** and "toxic stress" due to systemic racism. The influx of certain hormones in response to stress makes black women "age prematurely."[18]
- Women of color nationally and in DC are disproportionately more likely to experience preexisting health conditions, lower socioeconomic status, and discrimination, all of which negatively affect maternal health outcomes.[19]

Percentage of Women Who Gave Birth in DC by Race and Health Condition, 2015-2016 [24]



CURRENT EFFORTS

Government

- Federally, Maternal and Child Health Bureau provides **$6 billion** in maternal health grants to states and DC.
- **"Momnibus"** introduced in House on March 9th, 2020. It proposes investment, research, and promotion of multifarious cross-sectoral projects that contribute to maternal health outcomes, such as reliable transportation access, affordable housing, and substance abuse treatment.[20]
- Locally, DC established a Maternal Mortality Review Committee by law in 2018 to investigate maternal health outcomes.[21]
- DC has hosted an annual Maternal and Infant Health Summit since 2018.
- Toll-free hotlines assisting eligible pregnant women and children apply for Medicaid services.[22]

Nonprofit

- Local nonprofits **Mamatoto Village**, **Community of Hope**, and **Healthy Babies Project** provide holistic, community-based maternal health services in Wards 7 & 8 using providers representative of the neighborhoods they serve.
- Numerous national organizations advocate for expanded federal funding and for public awareness of reproductive and racial justice.

RECOMMENDATIONS

Fiscal Recommendations

- Extend the length of **Medicaid coverage** from 60 days postpartum to 12 months postpartum.
- Broaden **eligible reimbursements** covered by Medicaid dollars, including midwives and doulas.
- Increase Medicaid **base payments** for obstetric services so hospitals serving the underprivileged do not operate at a substantial loss.
- Invest in creating **wrap-around services** and **referral networks** between DC nonprofit and medical providers.

Managerial Recommendations

- Recruit, hire, and retain additional street-level bureaucrats representative of the community, including **outreach workers**, **doulas**, and **midwives**.
- Encourage hospital administrators to implement holistic care, including **screenings**, **"centering" programs**, and **wrap-around services.**
- Encourage **implicit bias training** for medical providers in partnership with medical community and local community partners.
- Partner with local community-based organizations for outreach, engagement, and recruitment, including nonprofits, churches, and hair salons.

Legal Recommendations

- Federally, sign into law all nine bills included in the **"Momnibus"** package.
- Locally, pass the DC Council's **Perinatal Health Worker Training Access Act of 2019** and the **Maternal Health Care Improvement and Expansion Act of 2019.**

Political Recommendations

- Finish negotiations with GWUH to construct the East End Hospital.
- Conduct constituent research into DC's **"social determinants"** that prevent women from accessing services such as housing quality, transportation access, and food deserts.
- Raise public awareness about the importance of women's health, the value of preventative care via health centers, and availability of health services.

REFERENCES

1 WHO, 2019
2 WHO, 2019
3 Petersen et al, 2019
4 America's Health Rankings, 2018
5 Our Healthy DC, 2020
6 DC DOH, 2018
7 Petersen et al, 2019
8 Our Healthy DC, 2020
9 US Census Bureau, 2019
10 MCHB, 2019
11 Berchick, 2019
12 Chason, 2018
13 Simmons-Duffin, 2017
14 Jamison, 2017b
15 Jamison, 2017a
16 Gilgore, 2018
17 Hoffman et al, 2016
18 Tanis et al, 2019
19 DC Department of Health, 2018
20 Black Maternal Health Caucus, 2020
21 DC Council, 2018
22 HRSA, 2019
23 Petersen et al, 2019
24 DC DOH, 2018
25 DC DOH, 2018