

## Emerging Research in Preterm Birth

*Tuesday, February 4, 2020*

Connect **via telephone**: Dial 1-888-450-5996

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Please contact Bejan Foretia at

[bforetia@amchp.org](mailto:bforetia@amchp.org)



# Brief Notes about Technology

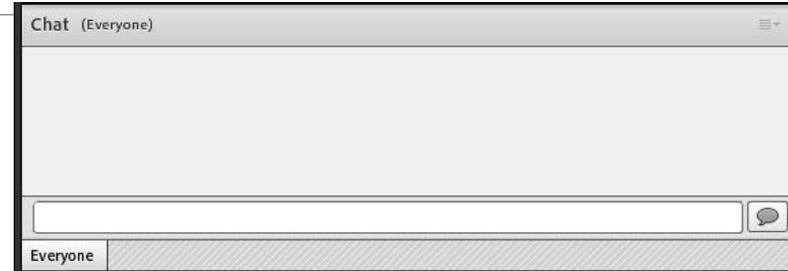


Mute your line by using the mute function on your phone or by using \*6 to mute/un-mute

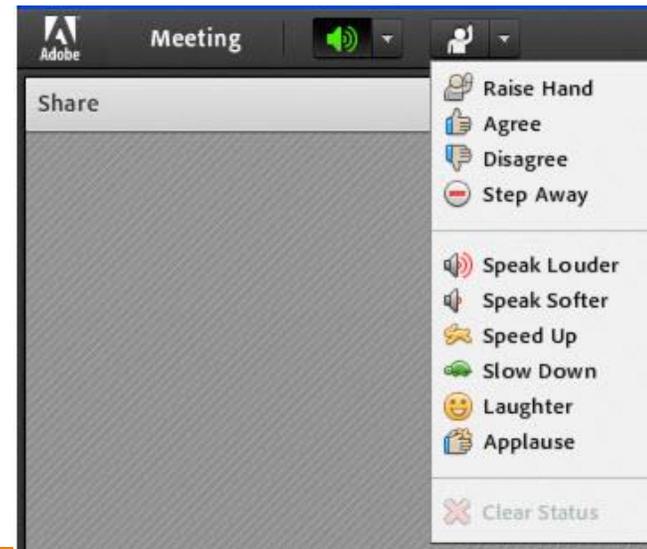
## Asking a Question

You can type your questions into the chat box (shown right)

Raise your hand. Using the icon at the top of your screen (example shown right)



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# Brief Notes about Technology



## Downloading Files

1.

Files	
Name	Size
Participant Homework.docx	1019 KB

2.

Upload File... Download File(s)

Chat (Everyone) 2.

3.

Save to My Computer  
**Participant Homew...**

[Click to Download](#)

4.

Save to My Computer  
**Participant Homew...**

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## Brief Notes about Technology

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Today's webinar will be recorded.

The recording will be distributed via email, with the session slides, within 48 hours of the event.

Please complete the evaluation included at the end of the webinar and in the email with the recording and session slides.

## Learning Objectives

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Gain a deeper understanding of the existing and ongoing research about the causes for and impacts of toxic stress and resilience on preterm birth

Engage in a discussion about the typical approach to researching preterm birth and the need to explore root causes



# Featuring

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**Monica McLemore, RN, MPH, PHD, FAAN**

Associate Professor, Family Health Care Nursing Department

Research Scientist, Advancing New Standards in Reproductive Health (ANSIRH)

University of California, San Francisco

Advisory Committee, Black Mamas Matter Alliance

# Racism as a Root Cause for Preterm Birth: Considerations for Achieving Reproductive Health Equity

MONICA R. MCLEMORE PHD, MPH, RN

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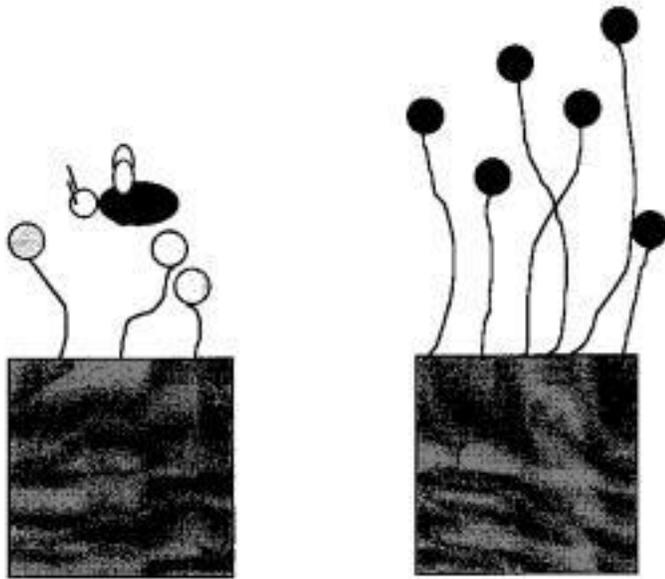
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Definitions – What do we mean when we say  
racism?

# Levels of Racism: A Theoretic Framework and a Gardener's Tale (Jones, C. 2000)

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## Internalized racism

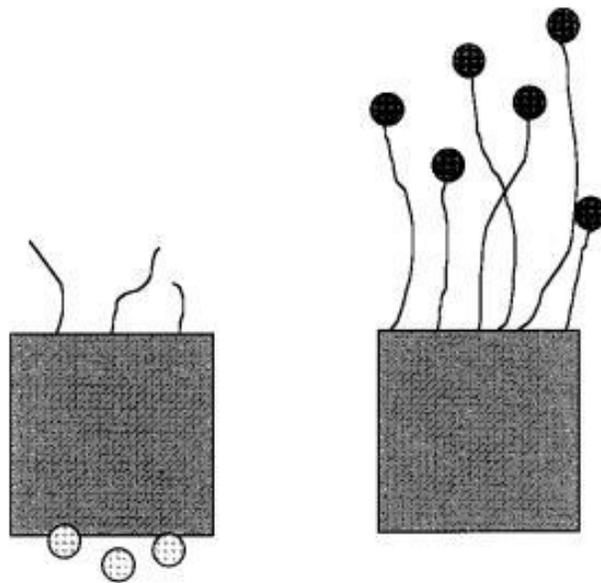


- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

# Levels of Racism: A Theoretic Framework and a Gardener's Tale (Jones, C. 2000)

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## Personally mediated racism

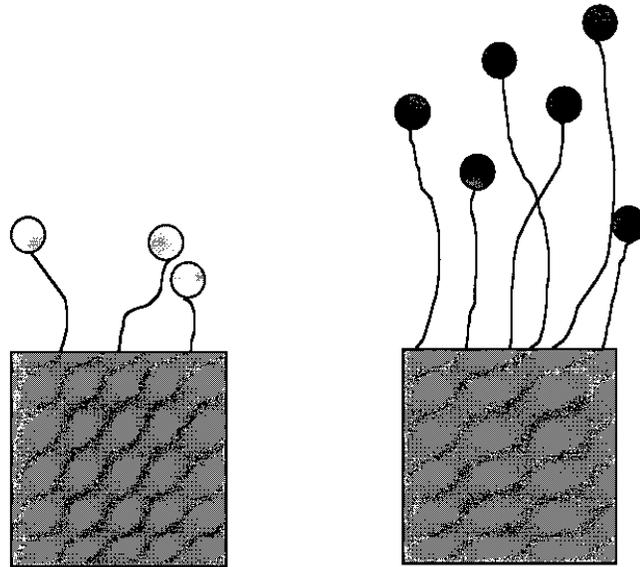


- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

# Levels of Racism: A Theoretic Framework and a Gardener's Tale (Jones, C. 2000)

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## Institutionalized racism



- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

# Structural Racism – Chambers, BD et. al., 2019

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Systematic laws and processes used to differentiate access to services, goods, and opportunities in society by racial groups.

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# Important Considerations for How Racism is Associated Maternal Morbidity and Mortality

# Near Misses

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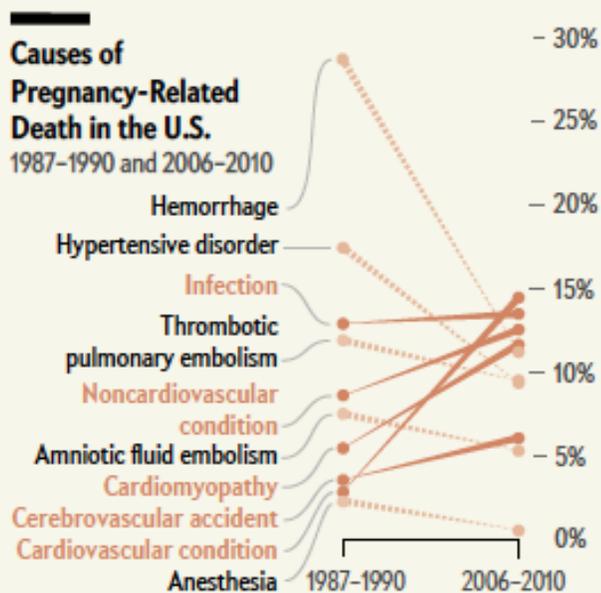


- ❖ If you are less inclined to believe someone, you are disadvantaged in symptom recognition and signs of deterioration
- ❖ If you are in conflict with others around the birthing person (family, doulas, physicians, nurses, other members of clinical team) you are distracted

# Preventable Maternal Mortality

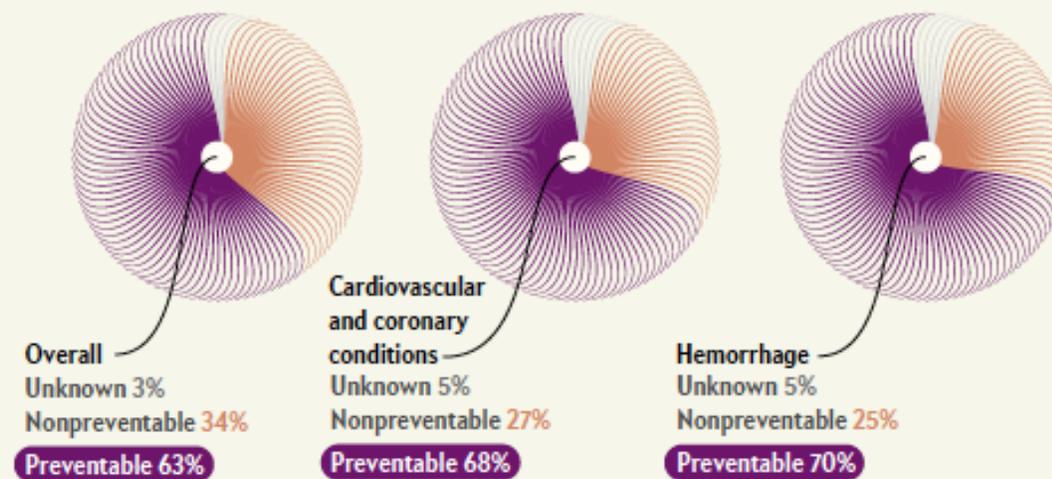
Pregnancy exacerbates existing clinical conditions such as cardiovascular disease (including high blood pressure), enlarged heart and an irregular heartbeat. Black women are more likely to have these conditions before, during and after pregnancy. Chronic, toxic stress—the way that experiences of discrimination are embodied—has been shown to make these conditions worse. But in the U.K., for example, there were only two deaths from preeclampsia and eclampsia over a three-year period,

according to a 2018 study, suggesting deaths from these hypertensive disorders of pregnancy are highly preventable. Life-threatening heavy bleeding, or hemorrhage, is also one of the major risk factors for death and is easily preventable. One way this can be done is to develop checklists that document bleeding over time and interventions to address it: these checklists must be accessible to all members of a health care team.



There have been significant reductions in pregnancy-related deaths in hypertensive disorders and hemorrhage.

**Distribution of Preventability among Pregnancy-Related Deaths**  
Per a 2018 report including data from nine states, spanning 2008-2017



About a third of all maternal deaths are considered to be nonpreventable. But the most common conditions associated with maternal mortality, such as heart disease and hemorrhage, can be better

# Maternal Mortality

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## How to Reduce Maternal Mortality

To prevent women from dying in childbirth, the first step is to stop blaming them

TEXT BY MONICA R. McLEMORE, GRAPHICS BY VALENTINA D'EFILIPPO

The shameful secret is out: Although the number of women who die in childbirth globally has fallen in recent decades, the rates in the U.S. have gone up. Since 1987 maternal mortality has doubled in the U.S. Now approximately 800 maternal deaths occur every year. One of the most striking takeaways from examining the data is racial disparity: Black women are three to four times

**Monica R. McLemore** is an assistant professor in the family health care nursing department and a clinician-scientist at Advancing New Standards in Reproductive Health at the University of California, San Francisco. She maintains a clinical practice at Zuckerberg San Francisco General.



These include a lack of data; not educating patients about signs

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Loss of obstetric services, decreased  
abortion & contraception access in  
the United States

# Hospital Closures (aka divestment of public health infrastructure)

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“In addition, we discovered that some communities, particularly those in rural areas with a higher percentage of black residents and lower incomes, were more vulnerable to losing or not having OB services. The groups that already suffer the worst health burdens were most likely to lose hospital-based obstetric care,” Kozhimannil explains.



Katy Kozhimannil

## Risks of closing rural OB services

“The problem of OB services closing in rural communities has been a glacial movement for decades,” says Brock Slabach, NRHA senior vice president for member services. “Over time we’ve seen the disintegration of rural hospital maternity programs due to a number of factors. At NRHA, we wanted to look closely at this issue and better understand the effects on women in rural areas. The

# Abortion Restrictions (disjointed care, stigma, withholding of information)

Laws that limit trained clinicians from providing care, such as the ones in Maine and Montana and 32 other states, are medically unnecessary and have no basis in science. Certified nurse-midwives, nurse practitioners, and physician assistants have the skills and training to provide safe and legal abortions and should not be prohibited from providing critical health care services to patients.

**elite daily**



**Can Only Physicians Provide Abortions? In Certain States, Laws Restrict Care**

BY [DR. MONICA R. MCLEMORE](#) | JULY 14 2018 | 

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# Misinformation

# Crisis Pregnancy Centers and Title X

Reproaction

Nov. 4



## The Fake Clinic Database

We maintain a comprehensive list of every anti-abortion fake clinic in the country.

[learn more](#)

*We're just getting started!*  
**REPROACTION  
IS TAKING ON  
CRISIS  
PREGNANCY  
CENTERS**

JOIN US IN THE FIGHT!  
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Reproaction

# Inaccurate Info and Decreased Access



LOST MOTHERS



## Trusted Health Sites Spread Myths About a Deadly Pregnancy Complication

From the Mayo Clinic to Harvard, sources don't always get the facts right about preeclampsia. Reached by ProPublica, some are making needed corrections.

by Nina Martin, Aug. 14, 10:36 a.m. EDT



# So What?

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## Near Misses

- Mother Blame: Older, Sicker, Fatter

## Decreased Access

- Comprehensive Birth and Abortion Services and Contraception

## Focused on the Wrong Things

- Race as a Risk Factor
- Opposed to Overexposure to racism

## Misinformation

- Websites, Health Professions Schools, Funders

# Structural Racism allows for all of this to occur

PUBLIC HEALTH HAS A HUGE RESPONSIBILITY NOT TO CONTRIBUTE  
TO THIS! AND WE CAN MAKE A DIFFERENCE IF WE CHOOSE TO.

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So How Can We Make This All Different?

# Reproductive Rights, Health and Justice

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**Reproductive Rights**

**Reproductive Health**

**Reproductive Justice**

**Distinct Entities that are conflated in spoken and written language**

# Tenets of Reproductive Justice

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RJ is simultaneously a theory, practice, strategy, and public health praxis that is grounded in four principles. Simply put, RJ posits that

Every person has the right to decide if and when to become pregnant and to determine the conditions under which they will birth.

Every person has the right to decide they will not become pregnant or have a baby and options for preventing or ending pregnancy are accessible and available.

Every person has the right parent children they already have with dignity and has the necessary social supports in safe environments and health communities without fear of violence from individuals or the government.

Every person have the right to disassociate sex from reproduction and that health sexuality and pleasure are essential components to whole and full human life.

# Black Futures Lab and the Black Census Project

Takeaway #1:

Get familiar with the priorities of those  
we serve

# Black Census

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- ❖ Respondents Aged 18 to 99 years old
- ❖ Median Age of Respondents: 38 (Median Age of US Black Population: 43)
- ❖ 60% identify as Women
- ❖ 15% LGBTQI – other: gender non-conforming, different for sexual orientation
- ❖ Highly educated: 1/5 have a degree higher than Bachelor's degree

**Fig 1. Black Census Respondents by Electoral Engagement**

Only 16 percent of Black Census respondents report not voting in 2016 and having no other involvement in electoral-engagement activities.

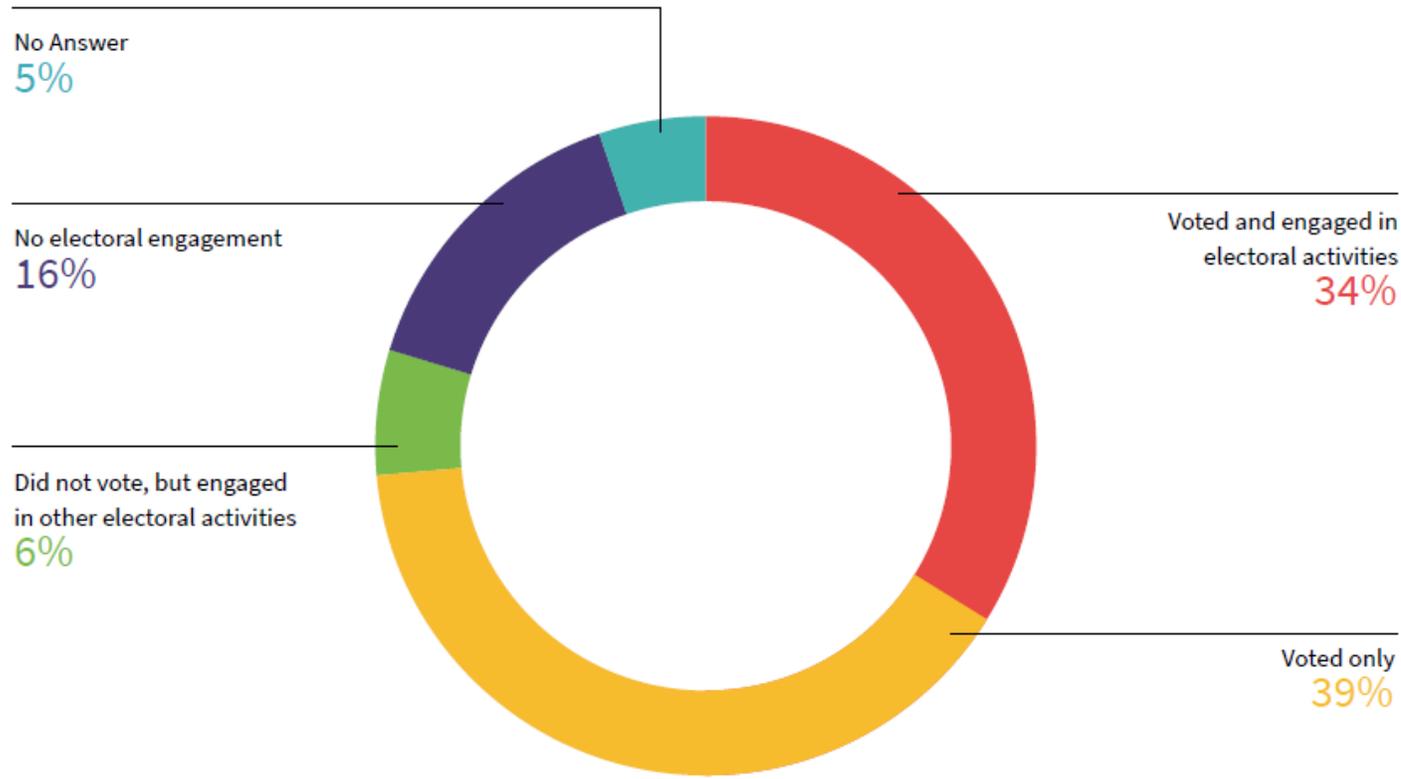


Fig 3. The Most Pressing Economic Problems in Black Communities

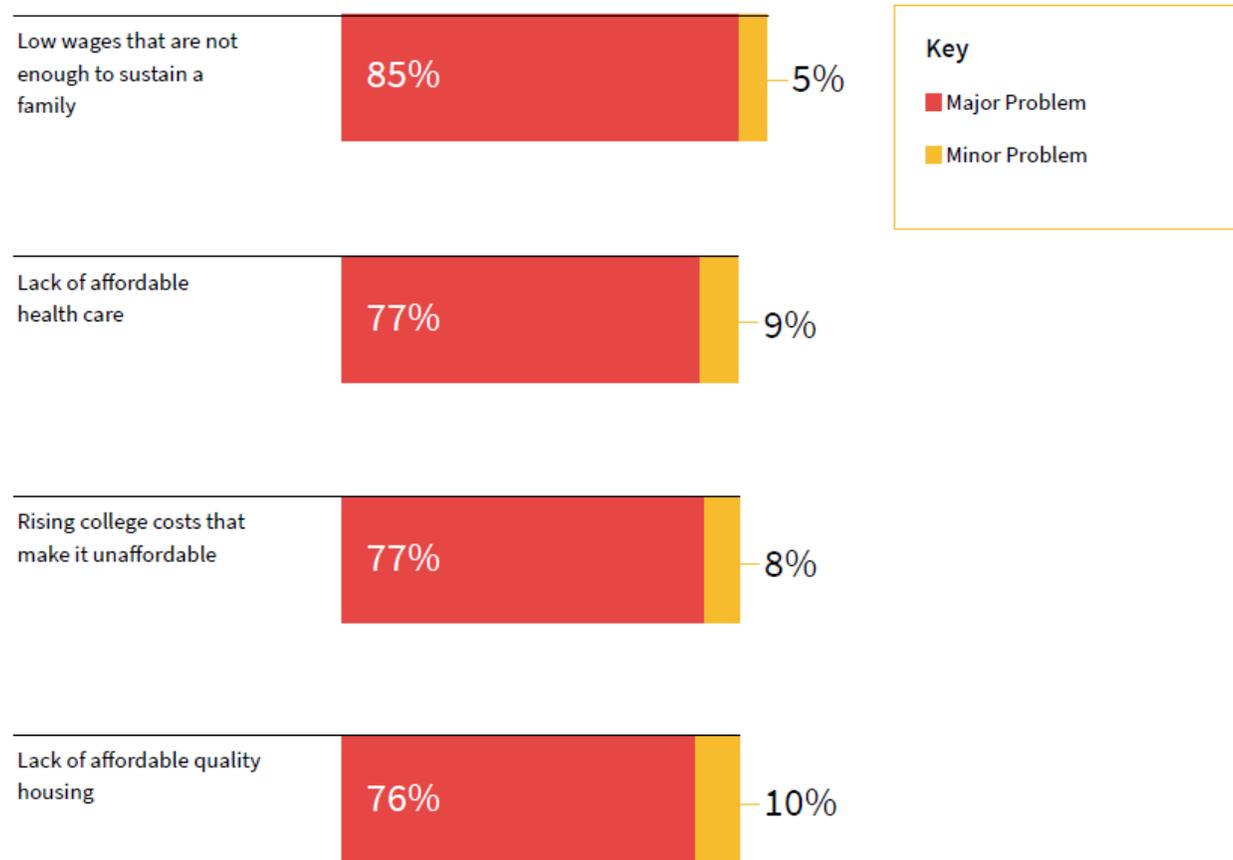
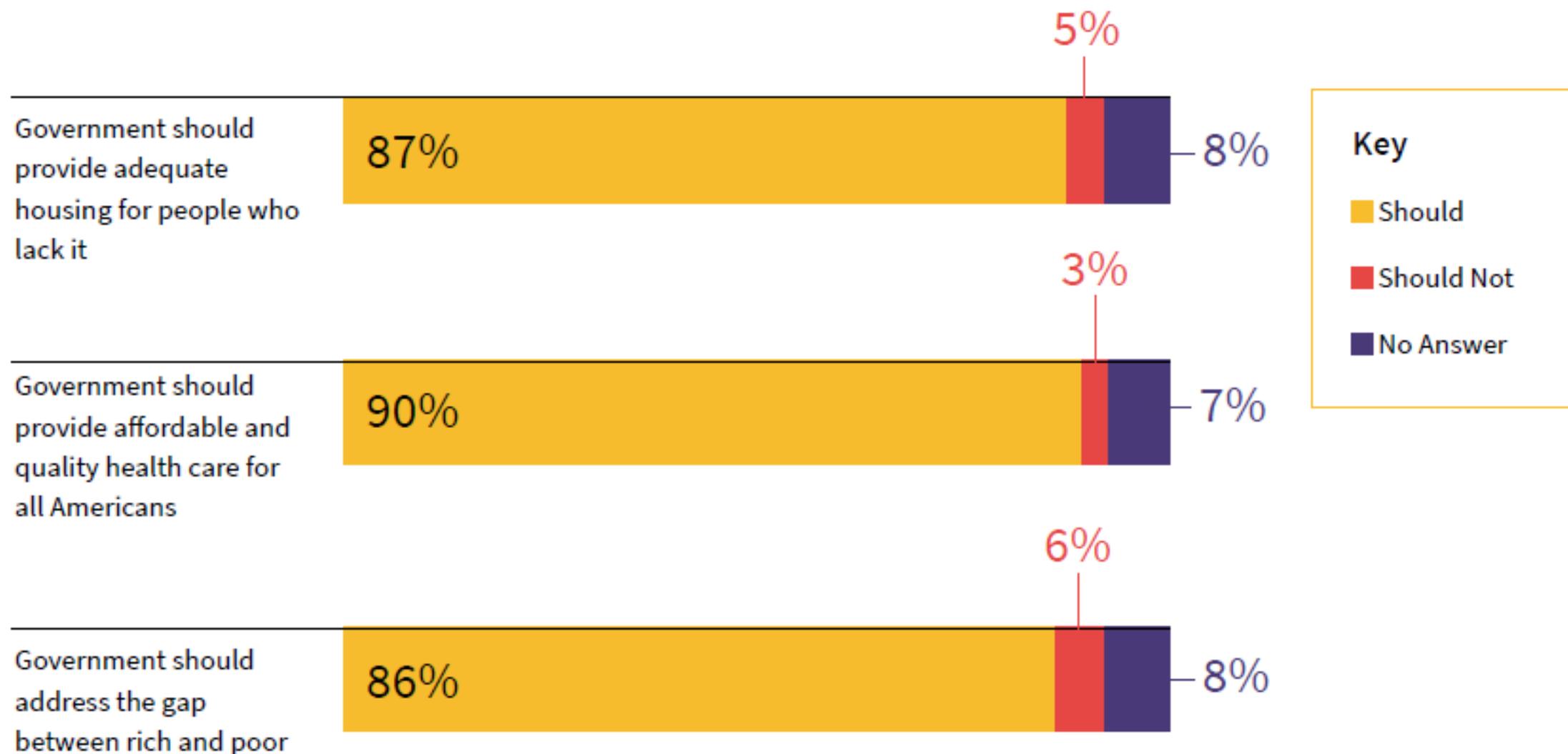


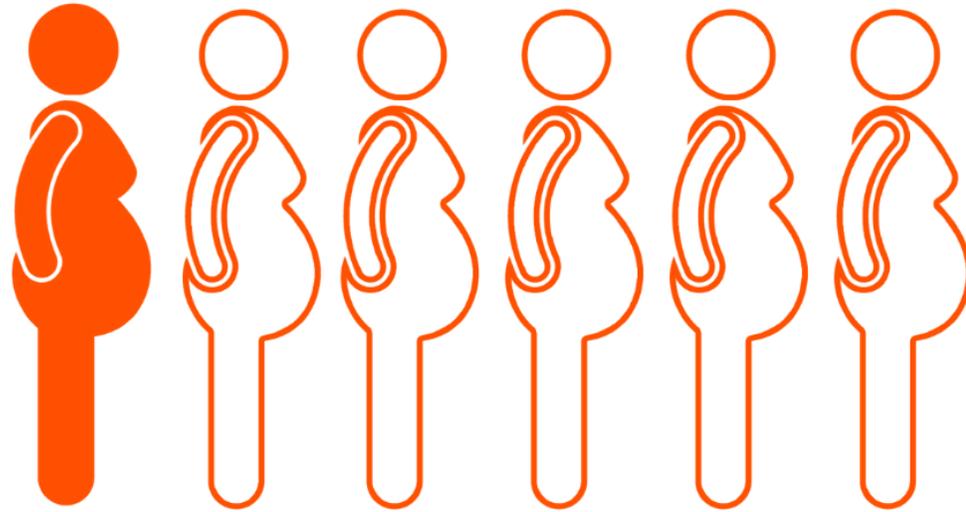
Fig 5. Support for a Government Role in Solving Economic Problems



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# Birth Place Lab

Takeaway #2:  
Own that we are part of the problem.



**1 IN 6 WOMEN  
EXPERIENCE MISTREATMENT  
DURING  
CHILDBIRTH  
MOST COMMON:**

- Being shouted at or scolded by a health care provider
- Health care providers ignoring women, refusing their request for help, or failing to respond to requests for help in a reasonable amount of time



[www.birthplacelab.org/mistreatment](http://www.birthplacelab.org/mistreatment)

# TOP 4 TYPES

## OF MISTREATMENT DURING CHILDBIRTH BY HEALTH CARE PROVIDERS

**Being shouted at** or scolding

Ignoring women, **refusing their request for help**, or failing to respond to requests for help in a reasonable amount of time

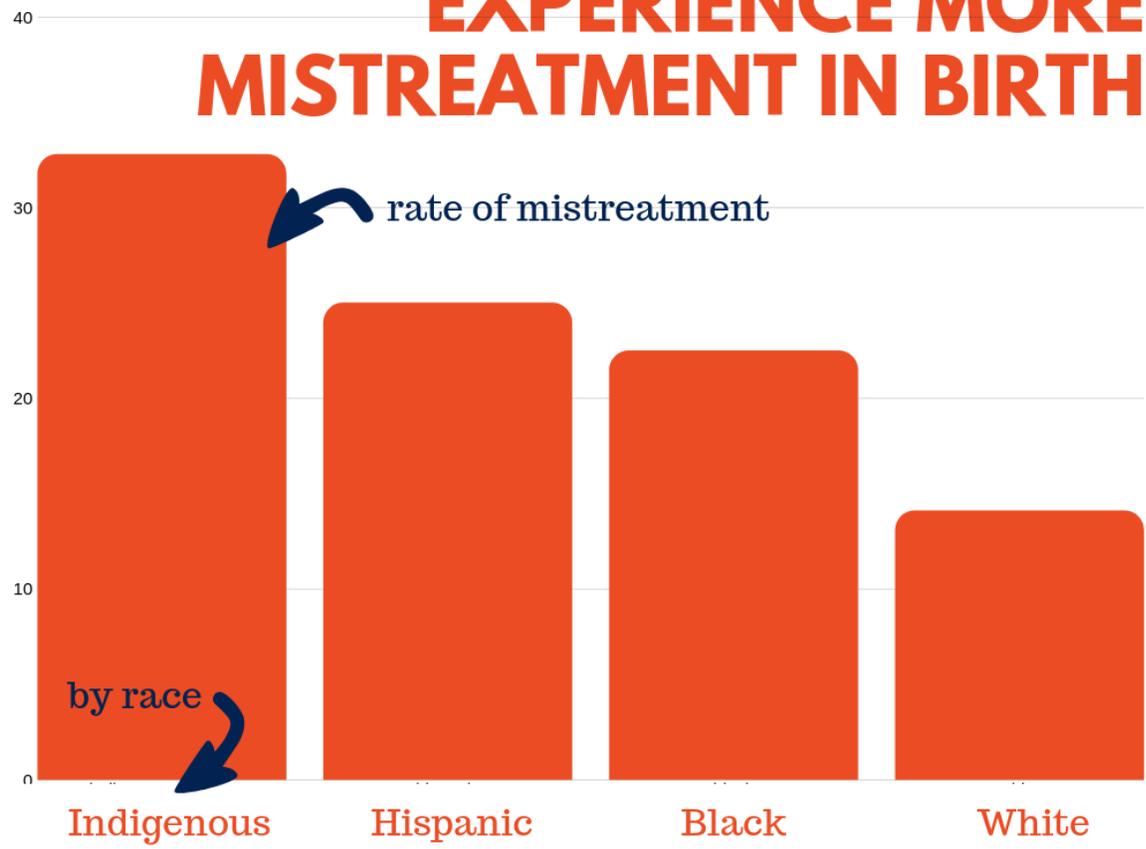
**Violation of physical privacy**

**Threatening to withhold treatment** or forcing them to accept treatment they did not want



[www.birthplacelab.org/mistreatment](http://www.birthplacelab.org/mistreatment)

# PEOPLE OF COLOR EXPERIENCE MORE MISTREATMENT IN BIRTH



 [www.birthplacelab.org/mistreatment](http://www.birthplacelab.org/mistreatment)

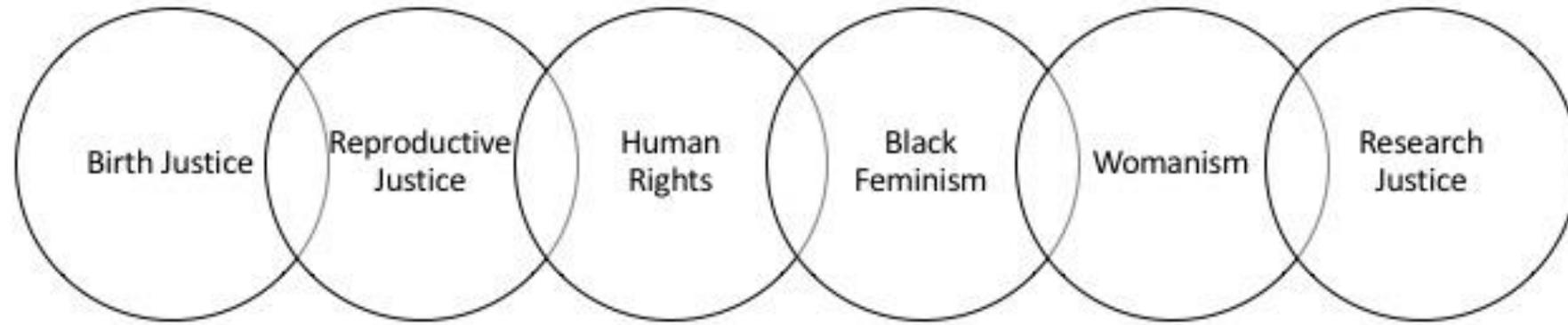
# Black Mamas Matter Alliance

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## Takeaway #3:

This Will All Be Different and WE will  
make it so

# Figure 1. Black Mamas Matter Alliance – Research Working Group Conceptual Framework



# Emancipatory Community Engagement

The screenshot shows the Jove website interface. At the top, there is a search bar with the text "Search 10,990 video articles" and a "LOG IN" button. Below the search bar is a navigation menu with links for "BIOPHARMA NEW", "ABOUT JOVE", "FOR LIBRARIANS", "PUBLISH", "VIDEO JOURNAL", and "SCIENCE EDUCATION". A secondary navigation bar contains tabs for "ABSTRACT", "INTRODUCTION", "PROTOCOL", "RESULTS", "DISCUSSION", "MATERIALS", "REFERENCES", and "DOWNLOADS".

The main content area features a "BEHAVIOR" category tag. The article title is "A Novel Method for Involving Women of Color at High Risk for Preterm Birth in Research Priority Setting". The authors listed are Linda S. Franck<sup>1,2</sup>, Monica R. McLemore<sup>1,2</sup>, Norlissa Cooper<sup>1</sup>, Baylee De Castro<sup>3</sup>, Anastasia Y. Gordon<sup>4</sup>, Schyneida Williams<sup>5</sup>, Shanell Williams<sup>2</sup>, and Larry Rand<sup>2,3</sup>. The affiliations are: <sup>1</sup>School of Nursing, University of California, San Francisco; <sup>2</sup>UCSF California Preterm Birth Initiative, University of California, San Francisco; <sup>3</sup>School of Medicine, University of California, San Francisco; <sup>4</sup>San Francisco Black Infant Health Program; <sup>5</sup>Homeless Prenatal Program, San Francisco, CA.

Below the article information, there are buttons for "CITE THIS" and "SHARE". A video player is embedded, showing a woman with braided hair writing in a notebook. A play button is visible in the center of the video frame.

To the right of the video player, there is a "CHAPTERS" section with the following list:

- 0:05 Title
- 1:27 Session 1: Generating Research Questions
- 4:59 Session 2: Prioritizing Research Questions and Topics
- 12:10 Representative Results: Priority Research Questions and Topics
- 13:27 Conclusion

A note above the chapters section states "THIS CONTENT IS OPEN ACCESS."



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## Social Science & Medicine

journal homepage: [www.elsevier.com/locate/socscimed](http://www.elsevier.com/locate/socscimed)



### Health care experiences of pregnant, birthing and postnatal women of color at risk for preterm birth



Monica R. McLemore<sup>a,\*</sup>, Molly R. Altman<sup>b</sup>, Norlissa Cooper<sup>c</sup>, Shanell Williams<sup>b</sup>, Larry Rand<sup>d</sup>, Linda Franck<sup>e</sup>

<sup>a</sup> Family Health Care Nursing Department, University of California, 2 Koret Way, N431H, San Francisco, CA, 94143, United States

<sup>b</sup> UCSF Preterm Birth Initiative, 3333 California Street, Suite 285, San Francisco, CA, 94118, United States

<sup>c</sup> Department of Social and Behavioral Sciences, Health Policy, University of California, 3333 California Street, San Francisco, CA, 94118, United States

<sup>d</sup> Marc and Lynne Benioff Endowed Chair in Maternal Fetal Medicine, Director of Perinatal Services, Fetal Treatment Center, University of California, Dept. of Ob/Gyn and Surgery, Divisions of Perinatology and Pediatric Surgery, 550 16th Street, Box #0132, San Francisco, CA, 94143-0132, United States

<sup>e</sup> Department of Family Health Care Nursing, Jack and Elaine Koehn Endowed Chair in Pediatric Nursing, University of California, 2 Koret Way, N411F, Box 0606, San Francisco, CA, 94143, United States

# Emancipatory Research Methods

M.R. Altman, et al.

Social Science & Medicine 238 (2019) 112491

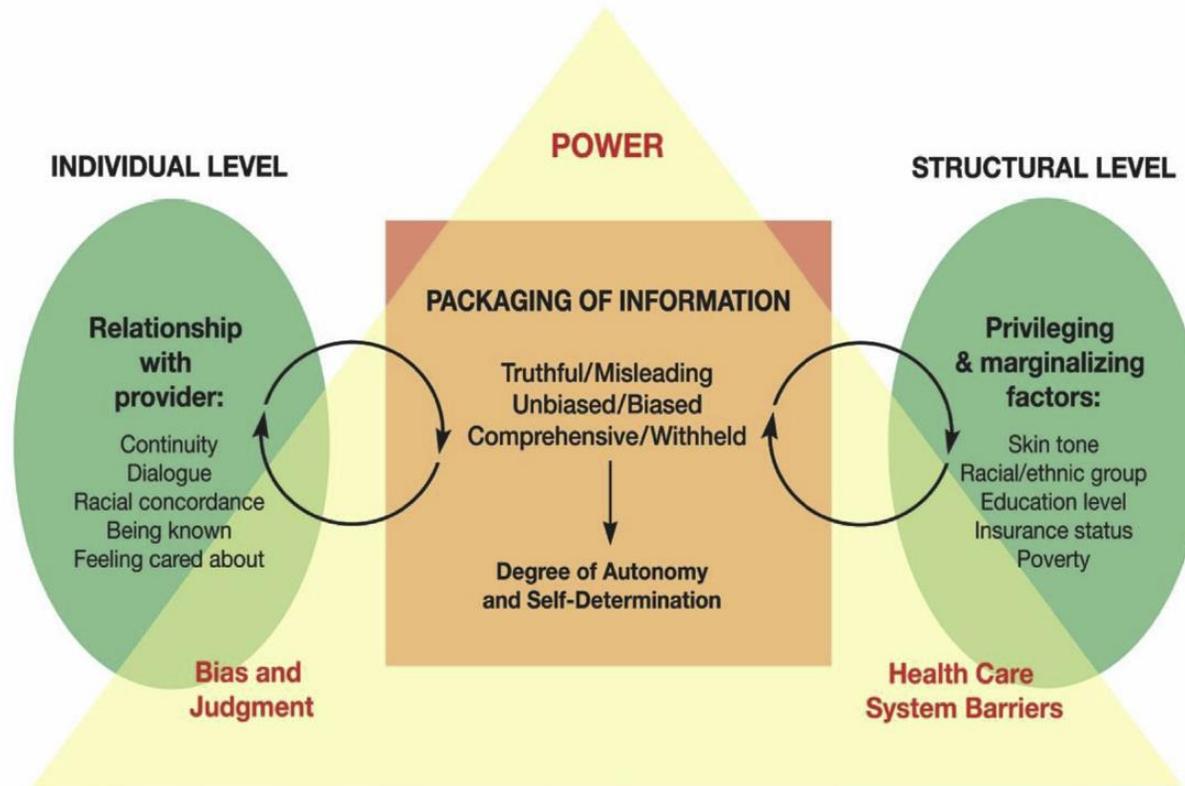


Fig. 1. Conceptual framework for information packaging.

# Resilience Redefined

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*Research Article*

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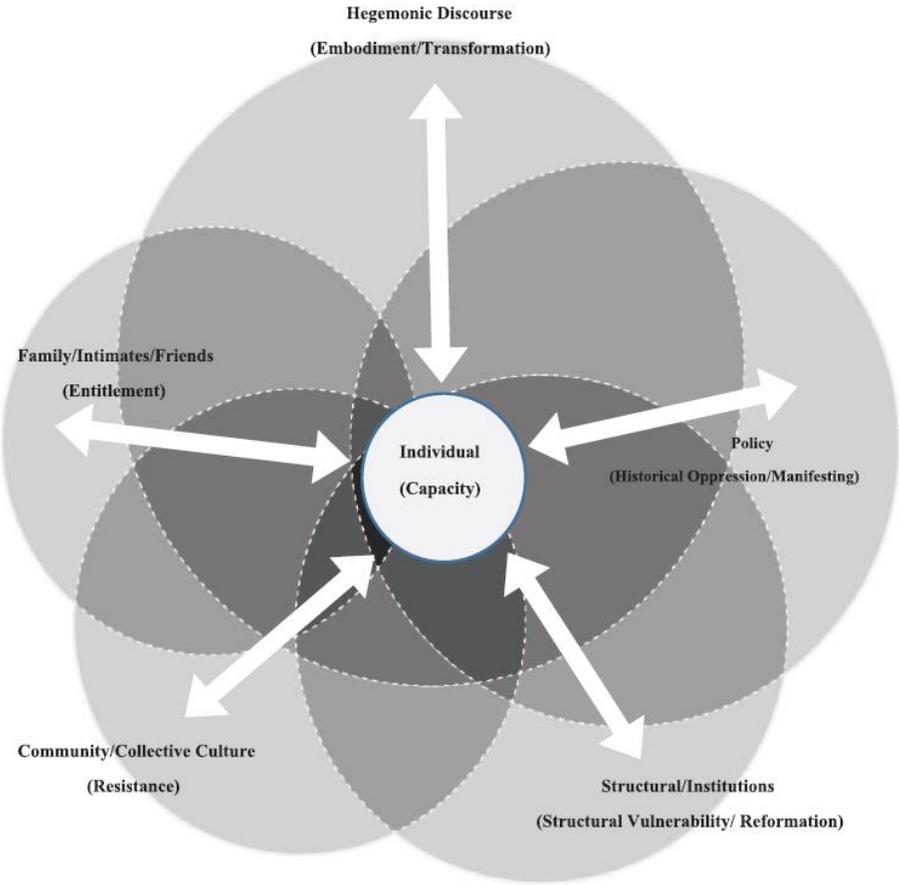
## **A Transdisciplinary Conceptual Framework of Contextualized Resilience for Reducing Adverse Birth Outcomes**

**Tijen Sumbul<sup>1</sup> , Solaire Spellens<sup>2</sup>, and Monica R. McLemore<sup>1</sup>**

**Abstract**

Qualitative Health Research  
1–14  
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DOI: 10.1177/1049732319885369  
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# Resilience Redefined



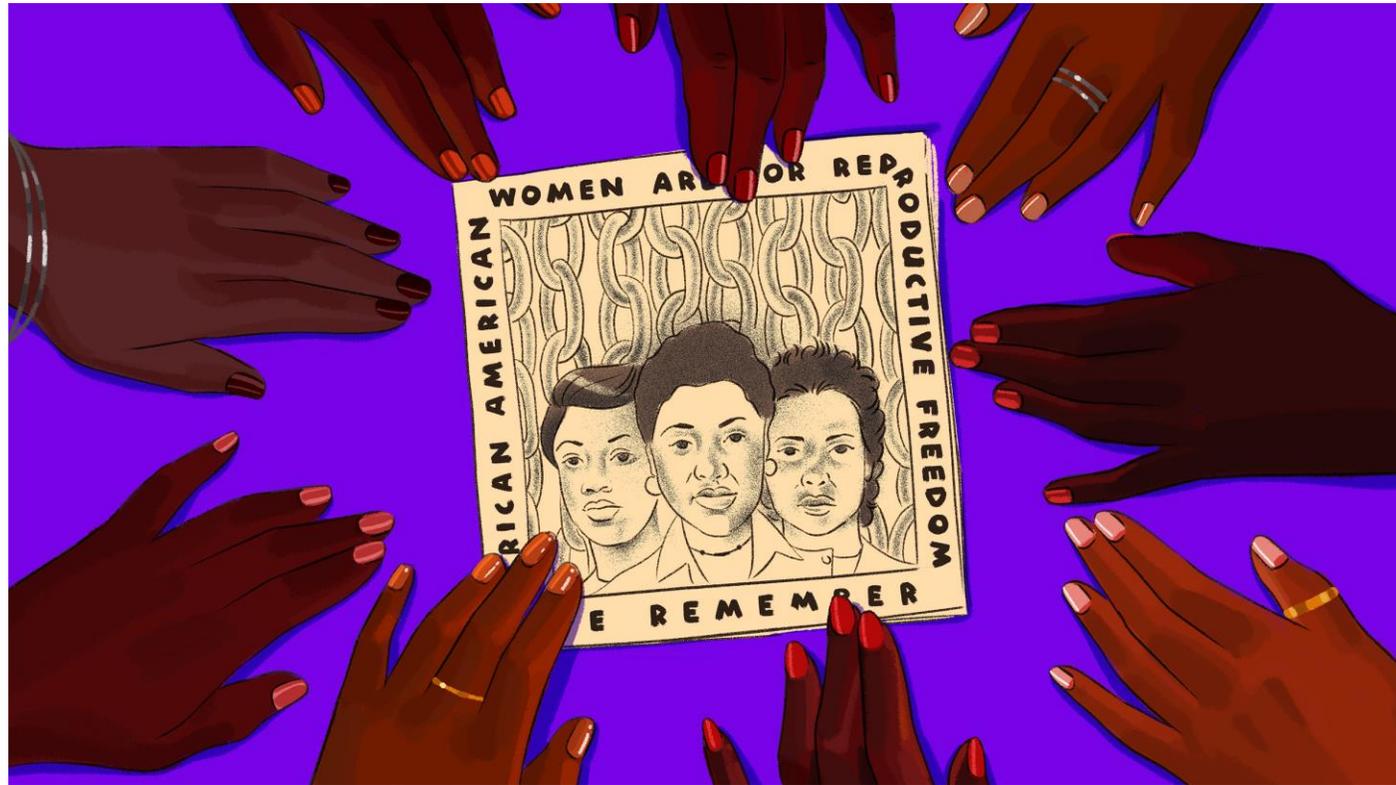
# Closing Thoughts

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- ❖ Policies need to reflect communities we serve including budgetary investments; end the notion of “entitlements”
- ❖ Disrespect, mistrust and abuse are rampant in health services provision;
- ❖ Huge disconnect between what the people we serve **want and need** and what we provide;
- ❖ We need a workforce initiative that isn't just about supply and demand; We need to build representation in clinical spaces focused on team based care, grounded in public health;
- ❖ It Doesn't Have to Be Like this, We can choose differently.

# Questions? Comments? Suggestions? Give Thanks!

Monica R. McLemore – [monica.mclemore@ucsf.edu](mailto:monica.mclemore@ucsf.edu)



Instagram, Facebook and Twitter: @mclemoremr





ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

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Thank you!



# Coming next...

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## **Opportunities in Qualitative and Quantitative Approaches**

This webinar will bring together AMCHP's Associate Director of Epidemiology and Evaluation, **Dr. Cheryl Clark**, and **Alexis Cobbins**, Associate Director of the California Preterm Birth Initiative. Dr. Clark will discuss opportunities to use existing data sources in new ways, including data from the Fetal and Infant Mortality Reviews (FIMRs), the Pregnancy Risk-Assessment Monitoring System (PRAMS), and Infant Mortality data. Ms. Cobbins will present the Research Prioritization by Affected Communities (RPAC) Protocol and discuss the necessity of qualitative research in the preterm birth research sphere.

**When:** Thursday, February 20, 2020 from 2:00-3:00pm EST

**Registration information coming soon!**

# Webinar Evaluation

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Please take a few moments to provide feedback:

**[CLICK HERE FOR WEBINAR EVALUATION](#)**