Emerging Research in Preterm Birth
Tuesday, February 4, 2020

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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.

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Learning Objectives

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

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
Definitions – What do we mean when we say racism?
Levels of Racism: A Theoretic Framework and a Gardener’s Tale (Jones, C. 2000)

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)

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)

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

Systematic laws and processes used to differentiate access to services, goods, and opportunities in society by racial groups.
Important Considerations for How Racism is Associated Maternal Morbidity and Mortality
Near Misses

❖ 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 healthcare team.

![Graph showing causes of pregnancy-related death and distribution of preventability among pregnancy-related deaths.](image-url)
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 more likely to die in childbirth than white women.

**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...
Loss of obstetric services, decreased abortion & contraception access in the United States
Hospital Closures (aka divestment of public health infrastructure)

“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.

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.

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

BY DR. MONICA R. MCLEMORE | JULY 14, 2018 |
Misinformation
Crisis Pregnancy Centers and Title X

The Fake Clinic Database

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

learn more

REPROACTION IS TAKING ON CRISIS PREGNANCY CENTERS

JOIN US IN THE FIGHT! LEARN MORE AT:
WWW.REPROACTION.ORG
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?

Near Misses
- Mother Blame: Older, Sicker, Fatter

Focused on the Wrong Things
- Race as a Risk Factor
- Opposed to Overexposure to racism

Decreased Access
- Comprehensive Birth and Abortion Services and Contraception

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.
So How Can We Make This All Different?
Reproductive Rights, Health and Justice

Reproductive Rights
Reproductive Health
Reproductive Justice

Distinct Entities that are conflated in spoken and written language
Tenets of Reproductive Justice

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

- 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.

- No Answer: 5%
- No electoral engagement: 16%
- Did not vote, but engaged in other electoral activities: 6%
- Voted and engaged in electoral activities: 34%
- Voted only: 39%

5 More Black than Blue: Politics and Power in the 2019 Black Census | Black Futures Lab
Fig 3. The Most Pressing Economic Problems in Black Communities

- Low wages that are not enough to sustain a family: 85% (Major Problem), 5% (Minor Problem)
- Lack of affordable health care: 77% (Major Problem), 9% (Minor Problem)
- Rising college costs that make it unaffordable: 77% (Major Problem), 8% (Minor Problem)
- Lack of affordable quality housing: 76% (Major Problem), 10% (Minor Problem)
Fig 5. Support for a Government Role in Solving Economic Problems

- Government should provide adequate housing for people who lack it: 87% willing, 8% undecided, 5% not willing.
- Government should provide affordable and quality health care for all Americans: 90% willing, 7% undecided, 3% not willing.
- Government should address the gap between rich and poor: 86% willing, 8% undecided, 6% not willing.
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
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
PEOPLE OF COLOR EXPERIENCE MORE MISTREATMENT IN BIRTH

Rate of mistreatment by race:

- Indigenous
- Hispanic
- Black
- White

www.birthplacelab.org/mistreatment
Black Mamas Matter Alliance

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

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Emancipatory Research Methods

Fig. 1. Conceptual framework for information packaging.
A Transdisciplinary Conceptual Framework of Contextualized Resilience for Reducing Adverse Birth Outcomes

Tijen Sumbul, Solaire Spellen, and Monica R. McLemore

Abstract
Resilience Redefined
Closing Thoughts

❖ 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

Instagram, Facebook and Twitter: @mclemoremr
Thank you!
Coming next...

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

Please take a few moments to provide feedback:

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