

California Leadership Education In Neurodevelopmental and Related Disabilities

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Proposal to Improve Services and Resources Available to Prevent Pregnancy-Associated Mortality Among Women from Minority Backgrounds

Background Information

When compared to other developed countries around the world, the United States fails to meet satisfactory standards to prevent pregnancy related deaths. Specifically, black women, American Indian, and Alaskan Natives experience two to four times greater pregnancy-related deaths than white women and increased comorbidities during pregnancy, highlighting a deficiency in medical services provided to these women and concern for stereotype related gendered racism (Maternal Health Task Force, 2018; Chalhoub & Rimar, 2018; Rosenthal & Lobel, 2018).

According to the California Pregnancy-Associated Mortality Review funded by the California Department of Public Health, cardiovascular disease was the leading cause of pregnancy related deaths in the State of California from 2002-2007. Over 1,000 women died due to a variety of factors including obesity and hypertension, delayed recognition and response to clinical warning signs, and lack of institutional readiness for obstetric emergencies. Almost 40% of the women who died had hypertension noted in their medical record, and 61% of those who died of pregnancy related causes were overweight or obese. It is estimated that 41% of these deaths were preventable (CPAMR, 2018).

African American women die at three-to-four times the rate of women from other racial/ethnicity groups, and eight times the mortality rate when deaths from pregnancy-related cardiovascular disease are considered. Five percent of California's births were to African American mothers but accounted for 21% of pregnancy related deaths. More than two-thirds who died had at least one documented social risk factor (lack of prenatal care, illicit drug use, severe mental illness, homelessness, incarceration, and exposure to violence), which may have contributed to their death (CPAMR, 2018).

Active Legislation Addressing these Disparities

Currently, there are several pieces of legislation that seek to improve access to healthcare services and address the issues mentioned above for women of childbearing age and pregnant women. The Pregnancy Assistance Fund (PAF), a part of the Department of Health and Human Services (HHS), is a competitive grant program that provides funding to states to provide a network of resources for pregnant teens, women, fathers, and their families (Office of Adolescence Health, 2016). In California, two entities are funded by the PAF: The California Department of Public Health, Maternal, Child & Adolescent Health (CDPH/MCAH), and the United Indian Health Services. The goal of both agencies is to increase services for pregnant teens and women to improve mental health and functional ability outcomes throughout pregnancy and include case management services to expecting and parenting women and their children. Through home visiting and group-based curricula, they provide information to women and their families regarding family planning, safe sex, healthy relationships, life planning, and self-efficacy.

Another key piece of legislation is the Affordable Care Act (ACA) and the associated Medicaid expansion. In 2016, the states that had expanded Medicaid saw an increase in prenatal care, an adequate prenatal plan, and a lower rate of preterm birth, which may be due to an increased access to healthcare services (Center for American Progress, 2018).

Other pieces of legislation have focused on provider-based interventions, ensuring that specific steps are taken to ensure adequate screening of pregnant women for mental health problems. Assembly Bill-2193 (Maternal Mental Health) became effective in California on July 1, 2019 (California Legislative Information, 2018). This policy legally obligates healthcare practitioners to provide women, both pre- and postpartum, with a mental health screening and requires health care service plans and health insurers to create maternal mental health programs within the State of California. Another piece of legislation, the Preventing Maternal Deaths Act of 2018, provides grants to states to establish official Maternal Mortality Review Committees to investigate each pregnancy-related or pregnancy-associated death (Beutler & Jamie, 2018).

The above pieces of legislation are critical to improving minority women's access to healthcare services and information, but they do not address provider-related biases concerning the care of pregnant women from minority backgrounds, and this is where further legislation is needed.

Policy Recommendations

- Expand access to healthcare/services covered, mandatory cultural humility trainings for healthcare professionals, increase the number of persons of color working in healthcare, and continue to collect standardized data on maternal mortality in all 50 states.
- Enhance surveillance to identify pregnancy-related deaths in the United States to better understand the causes and related factors. This will provide information to healthcare providers and the general population on the healthcare, economic, social, legal, and cultural barriers and serve as the basis for the development and implementation of recommendations, education, and policy changes in order to prevent further maternal deaths and complications (Amnesty International, 2010).
- Expand funding of the California Maternal Quality Care Collaborative (CMQCC), an organization that aims to eliminate racial disparities and avoidable morbidity in the setting of maternal care in California. CMQCC conducts research studies and creates quality improvement toolkits in an attempt to improve maternal healthcare and reduce racial disparities. Right now CMQCC is only able to collaborate with five hospitals and community stakeholders to develop and test their patient-reported experience metric and collect data. It would be ideal if CMQCC had greater funding to expand the participant population, allowing for a more representative sample for toolkit development. For more information on CMQCC visit their website at the following link: <https://www.cmqcc.org/who-we-are>.
- Include the option of a diversity consultation for health care professionals who feel they need support in understanding/meeting the needs of a diverse range of patients. One example is the Children's Hospital Los Angeles Diversity and Inclusion Committee (<https://www.chla.org/diversity-and-inclusion-committee>). Increasing funding for CMQCC could aid in promoting the use of models such as the Diversity and Inclusion Committee on a large-scale basis, because their toolkit similarly aims to provide guidance to healthcare teams on the topic of diversity and inclusion.