Birth Equity Training

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Meet Serena Williams

The ultrasound revealed nothing, so they sent her for the CT, and sure enough, several small blood clots had settled in her lungs. Minutes later she was on the drip. She said, “listen to Dr. Williams!”

Meet Dr. Chanieece Wallace, MD, a fourth-year pediatric chief resident

She died in October 2020 of pregnancy complications

Meet Dr. Shalon Irving, PhD: She went to the doctor/ER 3 times

Her last attempt to seek care, a nurse practitioner sent her home and said, “There is nothing, we can do you have to give it more time? She got 5 more hours that day and 4 days on life support
Women Health: The Historical Perspective

Production and Economics during slavery
- Black women bodies were used to increase production and economic gain.

Racism in Obstetrics and Gynecology
- Medical **Super bodies**-Father of Gynecology-John Marion Sims
- Black women are more hypersexual or lascivious, black women don't experience pain, black women are immodest

Hysterectomies
- By age 35, Black women are also two to three times to have their uterus removed, peak ages 18 and 44.

Control Through Reproduction
- The political game on women’s rights and their bodies-reproductive injustices
The Disparities

Kansas Infant Mortality Disparities

- Kansas Infants: 5.3
- Black Infants: 10.7
- White Infants: 4.1

Kansas Maternal Mortality
(Deaths per 100,000 live births)

- Black: 69.8
- White: 22.4

AHR, 2019
Finding the Root of Inequities

- Black mothers who are college educated fare worse than women of all other races who never finished high school.
- Obese women of all races have better birth outcomes than black women who are of normal weight.
- Black women in the wealthiest neighborhoods do worse than White, Hispanic, and Asian mothers in the poorest ones.
- Black women who initiated prenatal care in the first trimester still have higher rates of infant mortality than non-Hispanic white women with late to no prenatal care.
Defining Birth Equity for Kansas

• Birth equity shifts from blaming women for poor health outcomes to system-level accountability for programs/policies.
Mission
To use a community centered approach to create solutions that improve Black maternal, paternal, and infant health in Kansas through training, research, healthcare, and advocacy.

Vision

• KBEN Vision: Every Black mom, dad, and infant receive quality and intentional prenatal, neonatal, and postpartum care in the state of Kansas.

• CD366 Vision: *Every Black birthing person, dad, and baby celebrates the baby’s first birthday.*
Purpose

1. Provide an overview of health inequities in Kansas and actions to create health equity.

2. Provide an understanding of the various social and economic factors that contribute to Black maternal and infant health.

3. Provide the opportunity to learn about birth equity through amplifying Black voices, advocates, and providers.
Birth Equity Curriculum

- The Need for Birth Equity
- Community Engagement
- The Uncomfortable Truth of Bias
- The Black Postpartum Experience
- Respectful Maternal Care
What can you expect to Unlearn?

Black women absolutely do not experience racism
We can determine the value of Black bodies
Black women need to be taught how to take care of their children
Black-led organizations should not be at the forefront of this work
Black fathers are absent.
The Approach to Terminology: SA, Birth Equity

<table>
<thead>
<tr>
<th>Scientific Term/Other Terms</th>
<th>Meaning</th>
<th>Equitable Choice</th>
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</thead>
<tbody>
<tr>
<td>Non-compliant</td>
<td>No choice in the care/decision making</td>
<td>Low Patient Activation</td>
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<tr>
<td>Vulnerable/Marginalized</td>
<td>No Value to society</td>
<td>Low Societal Support</td>
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<tr>
<td>Uneducated</td>
<td>De-valued/Lack of knowledge to care for self and child</td>
<td>Learning communities</td>
</tr>
<tr>
<td>Those people</td>
<td>No value/less than</td>
<td>No replacement</td>
</tr>
<tr>
<td>Low-income</td>
<td>Unworthy of equitable care</td>
<td>Underprivileged/Non-privileged individuals</td>
</tr>
<tr>
<td>Single-Parents</td>
<td>No fathers/partners</td>
<td>Partnerships/Solo</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td>Racism</td>
</tr>
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Content & Timeline

- Five Modules
  - Short surveys at the end of each module
- Time to complete:
  - May 2022 – September 30, 2022
- Check Ins:
  - June
  - July

<table>
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<tr>
<th>Module</th>
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<td>1</td>
<td>Introduction</td>
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<td>2</td>
<td>The Need for Birth Equity</td>
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<td>3</td>
<td>Community Engagement</td>
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<td>4</td>
<td>The Uncomfortable Truth of Bias</td>
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<tr>
<td>5</td>
<td>The Black Postpartum Experience</td>
</tr>
<tr>
<td>6</td>
<td>Respectful Maternal Care</td>
</tr>
</tbody>
</table>
Next steps

• You will receive an email with a temporary password & link.
• You will create a new password when you first log in.
• Access Link: https://bb.kumc.edu

Expect:
• Email reminders & progress check ins
Accessing the curriculum
Accessing the curriculum

• When you log in, you will see this screen.
• Click on “Courses” on the left column.
Accessing the curriculum

Click on “Kansas Birth Equity Network Curriculum” to access the curriculum.
Accessing the curriculum

- You can access each module here.
Accessing the curriculum

• Click into a module to see the contents:
• videos,
• slides, &
• a brief survey at the end of each module.
Questions?

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OLUOMA OBI (RESEARCH ASSOCIATE):
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• Joia Adele Crear-Perry, MD, FACOG, created the term birth equity and is the Founder and President of the National Birth Equity Collaborative.


• Native American women also experience particularly high rates of maternal and infant mortality, though disparities are deepest for Black women. Racial disparities in birth outcomes are discussed in more detail at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm and https://www.cdc.gov/nchs/data/databriefs/db74.pdf, as well as by MacDorman et al (2016), referenced below.

Learn More
Our Team:
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