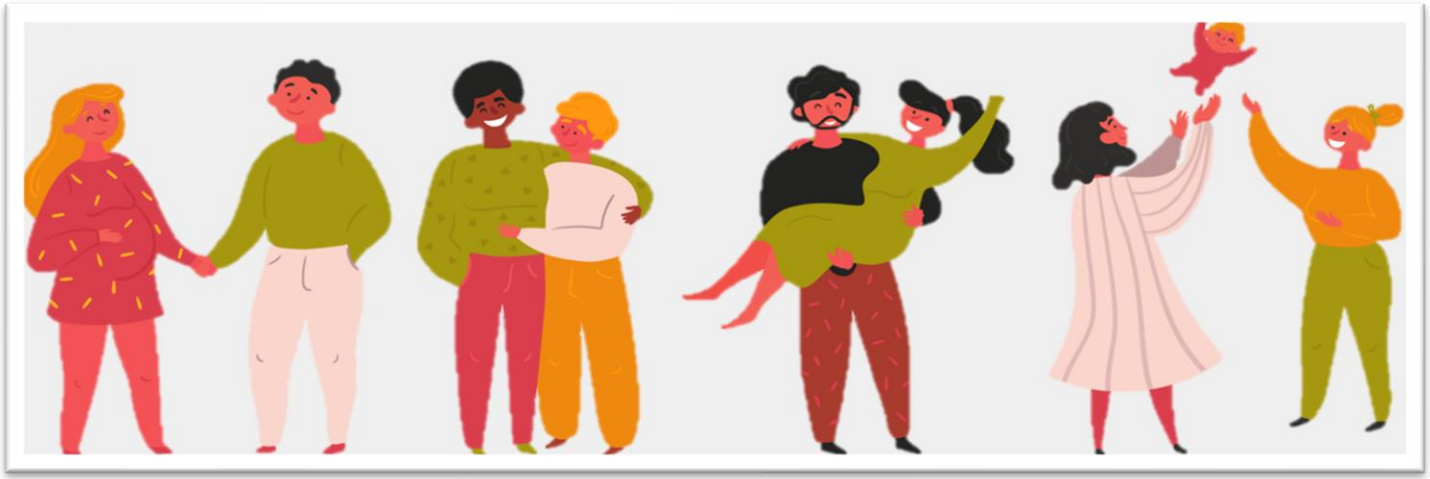
The Impact of Racism in Healthcare and the Perinatal Period Webinar Series – Part II



Moderator

Debbie Young, MSL, LCCE, CLC, ICCE

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To ask a question related to the webinar, please type it in the chat box. We will try to leave time to answer questions at the end of the webinar.

This webinar comes with a certificate of attendance. Some organizations will allow you to use it for an alternative CEU. Please check with your organization.

Copy of slides can be acquired on the sidebar, will be sent to you in follow-up email, or get them from https://injoyhealtheducation.com/free-webinars/ after the webinar is posted

Our Presenters

Vita Malama, MA is a certified birth doula and trained Survivors of Trauma consultant. She is passionate about women's and maternal wellness. Vita received MA from The Chicago School of Professional Psychology, exploring organizational human performance. She combines her love for maternal health, childbirth education and birth coaching with psychology to provide a holistic approach to birth preparation and childbirth recovery.

Vita desires to increase positive birth experiences and postpartum recovery outcomes by strengthening childbirth literacy and empowering families. She is the author of the Birthing Insights® maternal assessment, a survey tool designed to measure birth readiness and pregnancy related risk factors. The tool is intended to strengthen continuity of care postpartum and provide increased transparency for timely interventions.

Heather Thompson, MS, PhD, is a molecular and cellular biologist, clinical researcher, birthworker, and queer parent with non-binary gender. Heather uses she/her pronouns and has worked on issues related to reproductive health for more than 25 years, advocating for equity, access and autonomy in childbirth. From 2010-2017 she was the Director of Research at a community birth center in Colorado, advocating for midwives and community birth through data generation, analysis and dissemination. Currently she is the Deputy Director of Elephant Circle, a birth justice organization, doing work that allows her to combine her background in birth access and equity with science and community organizing. She is passionate about supporting the family unit and helping families navigate their own journey, particularly as it relates to maternity care, birth choices, and legal cannabis. Born and raised in Colorado, Heather enjoys being outside around a campfire with her partner, two kids and larger community.

THE IMPACT OF RACISM IN HEALTHCARE AND THE PERINATAL PERIOD – PART II

OVERVIEW

01 | Racism in Healthcare

02 | Disparities and Inequities

03 | Treatment & Biological Weathering

04 | Factors Influencing the Maternal & Perinatal Healthcare Experience

05 | An Exercise in Navigating Racism in Healthcare

SESSION OBJECTIVES

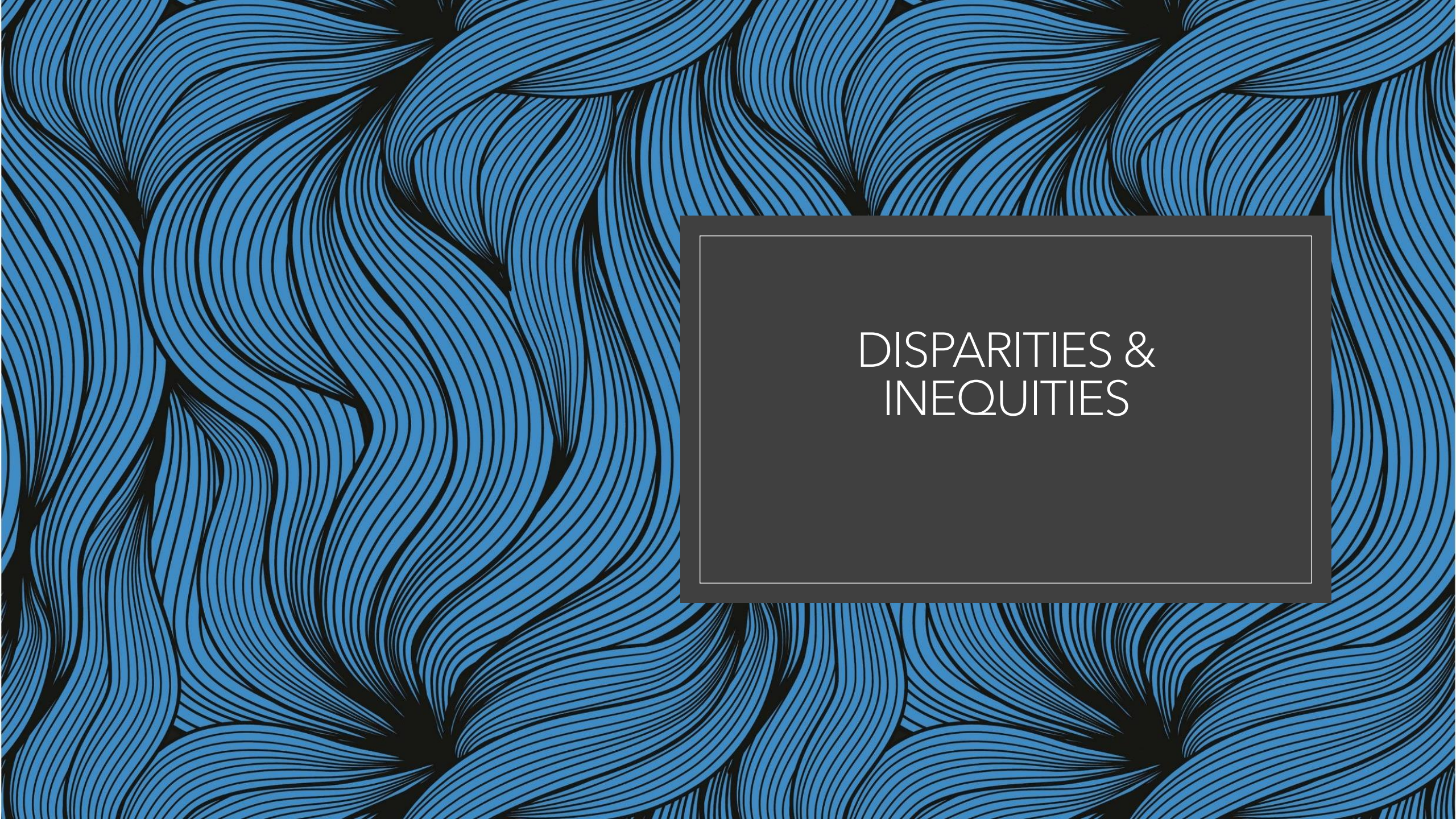
- Understand root causes of health inequity and how health inequity differs from health disparity
- Identify common acts of negative healthcare treatment that could be racially motivated
- Identify factors that could influence the maternal & perinatal health experience
- Think critically about the client maternal & perinatal experience and understand how biases can shape the support provided to clients
- Apply practices within your scope to mitigate harm or violence during the maternal and perinatal timeframe

Racism in Healthcare

racism
rac·ism
noun /rā-ˌsi-zəm/

A system of advantage based on race and supported by cultural and institutional structures, policies and practices that create and sustain advantages for the dominant white group while systematically harming other racial groups.
This relative advantage for whites and harm for people of color is supported by the actions of individuals, cultural norms and values, and the institutional structures and practices of society.

Racism = Power + Racial Prejudice


DISPARITIES &
INEQUITIES

Health Disparities Vs. Inequities

Inequities is a more specific term than health disparities, which may not relate to systemic injustice

HEALTH INEQUITY ARISES FROM ROOT CAUSES THAT COULD BE ORGANIZED IN TWO CLUSTERS:

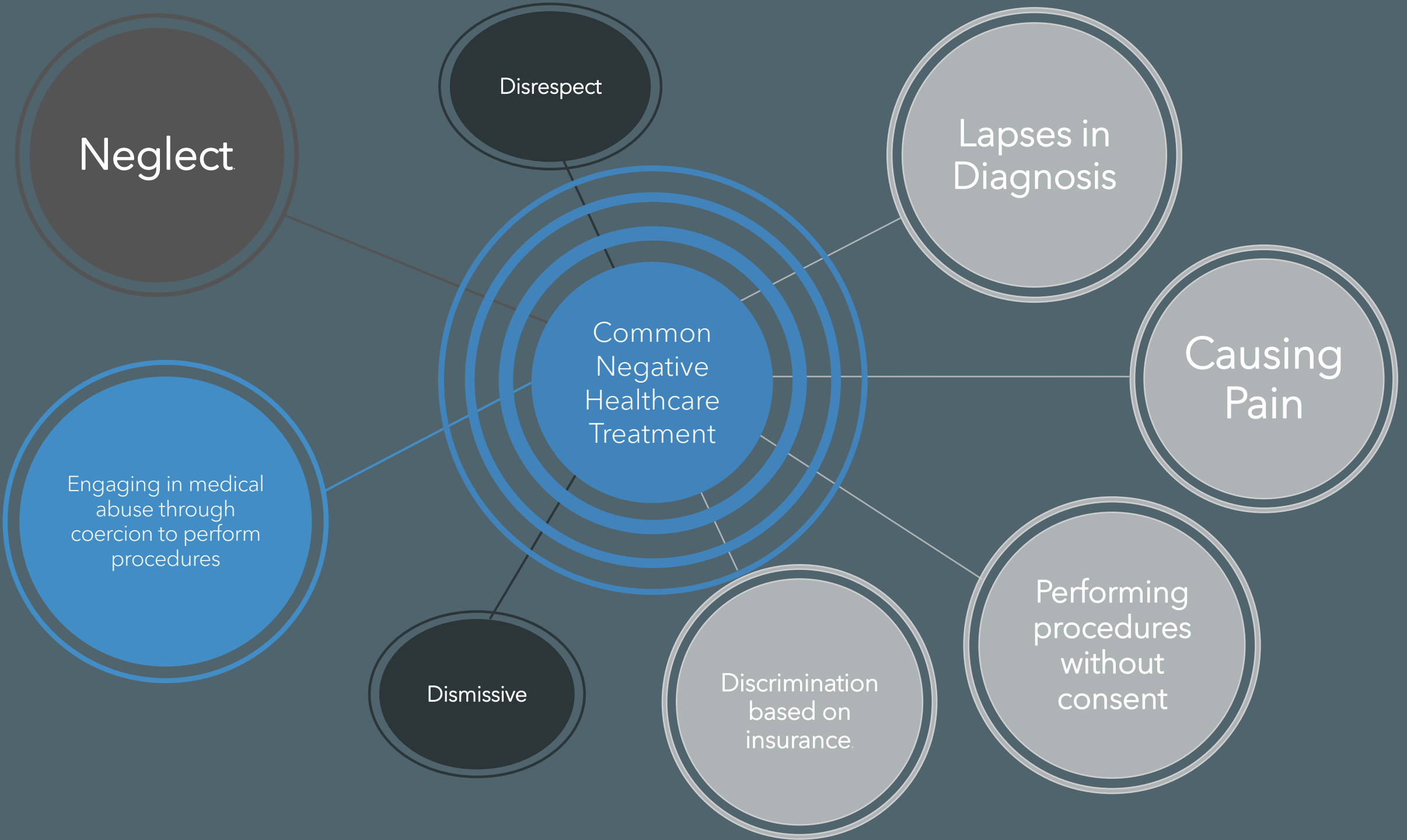
1) **Intrapersonal, interpersonal, institutional, and systemic mechanisms** (also referred to as structural inequities) that organize the distribution of power and resources differentially across lines of race, gender, class, sexual orientation, gender expression, and other dimensions of individual and group identity.

2) **Unequal allocation of power and resources**—including goods, services, and societal attention—which manifests itself in unequal social, economic, and environmental conditions, also called the determinants of health.

Health inequities are the result of more than individual choice or random occurrence. They are the result of the historic and ongoing interplay of inequitable structures, policies, and norms that shape lives. Interventions targeting the above factors hold the greatest promise for promoting health equity.

From: *Communities in Action: Pathways to Health Equity* (National Academy of Sciences)

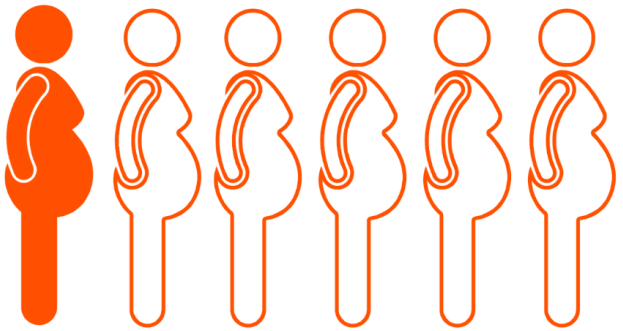
POLL



Source: Obstetric Racism: The Racial Politics of Pregnancy, Labor, and Birthing

Black Infant & Maternal Health: Experiences of Racism

Source: Obstetric Racism: The Racial Politics of Pregnancy, Labor, and Birthing



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

UBC birth place lab

TOP 4 TYPES

OF MISTREATMENT DURING CHILDBIRTH BY HEALTH CARE PROVIDERS

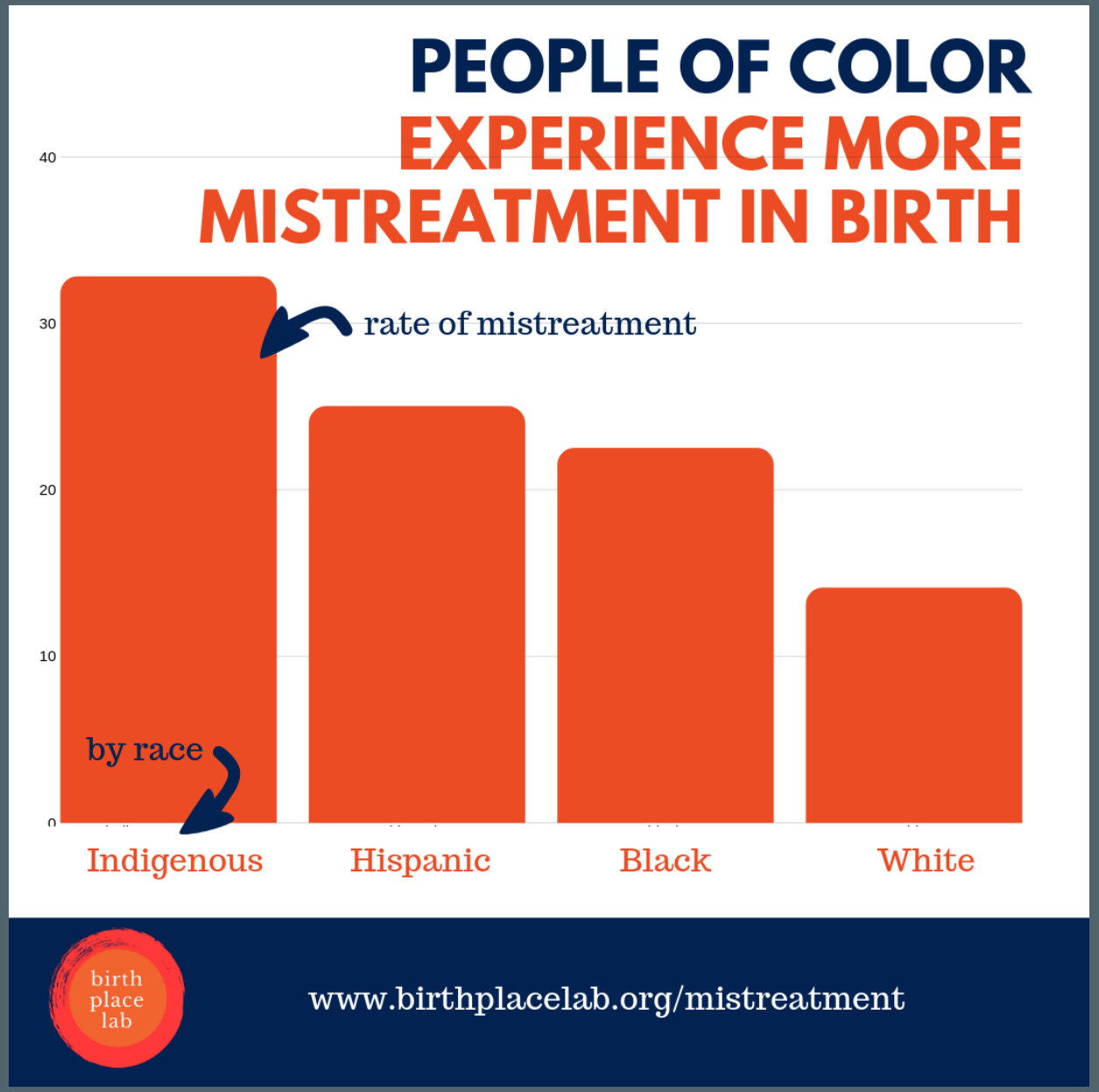
Being shouted at or scolding

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

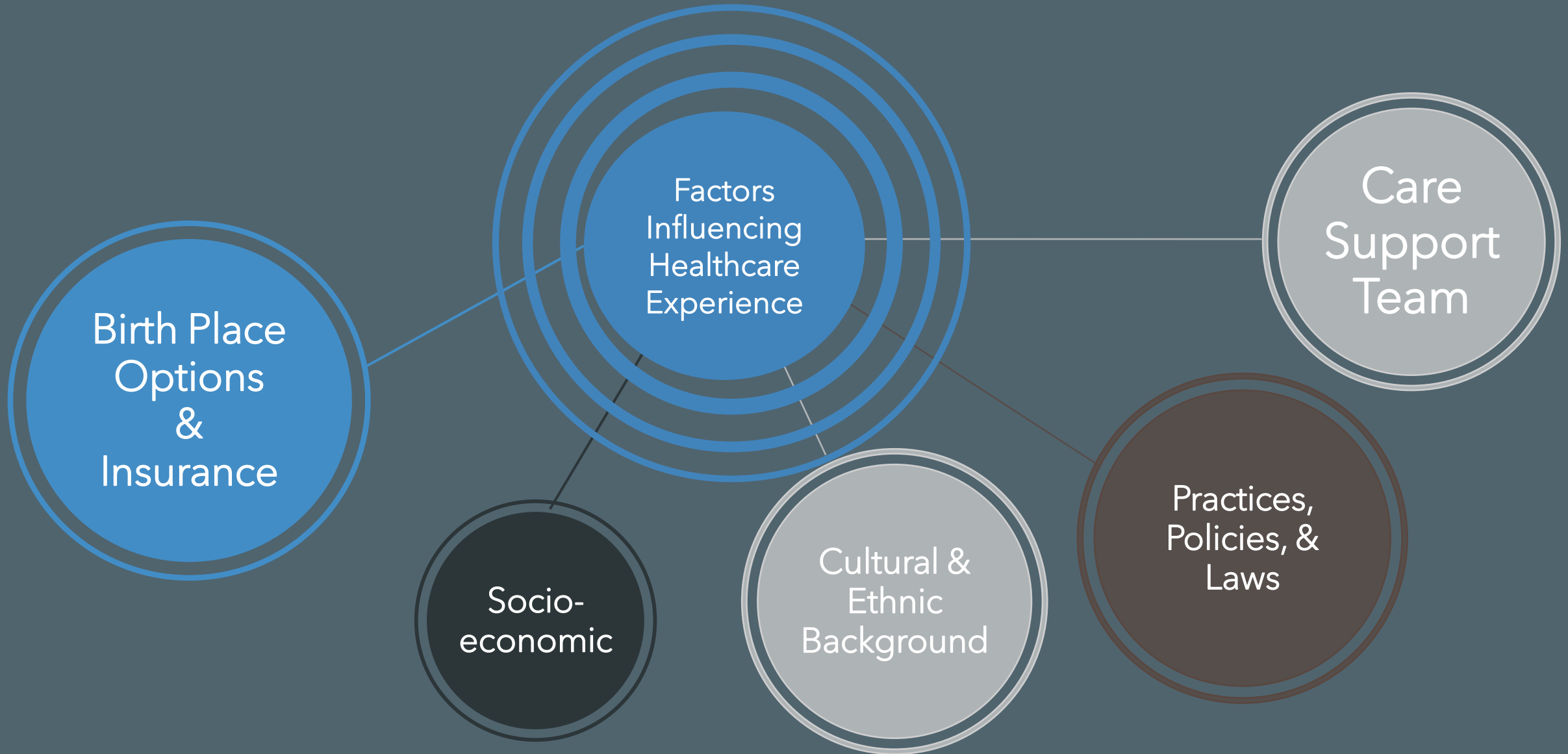


TREATMENT & BIOLOGICAL WEATHERING

Racism has biologic effects: Weathering and being the "only"

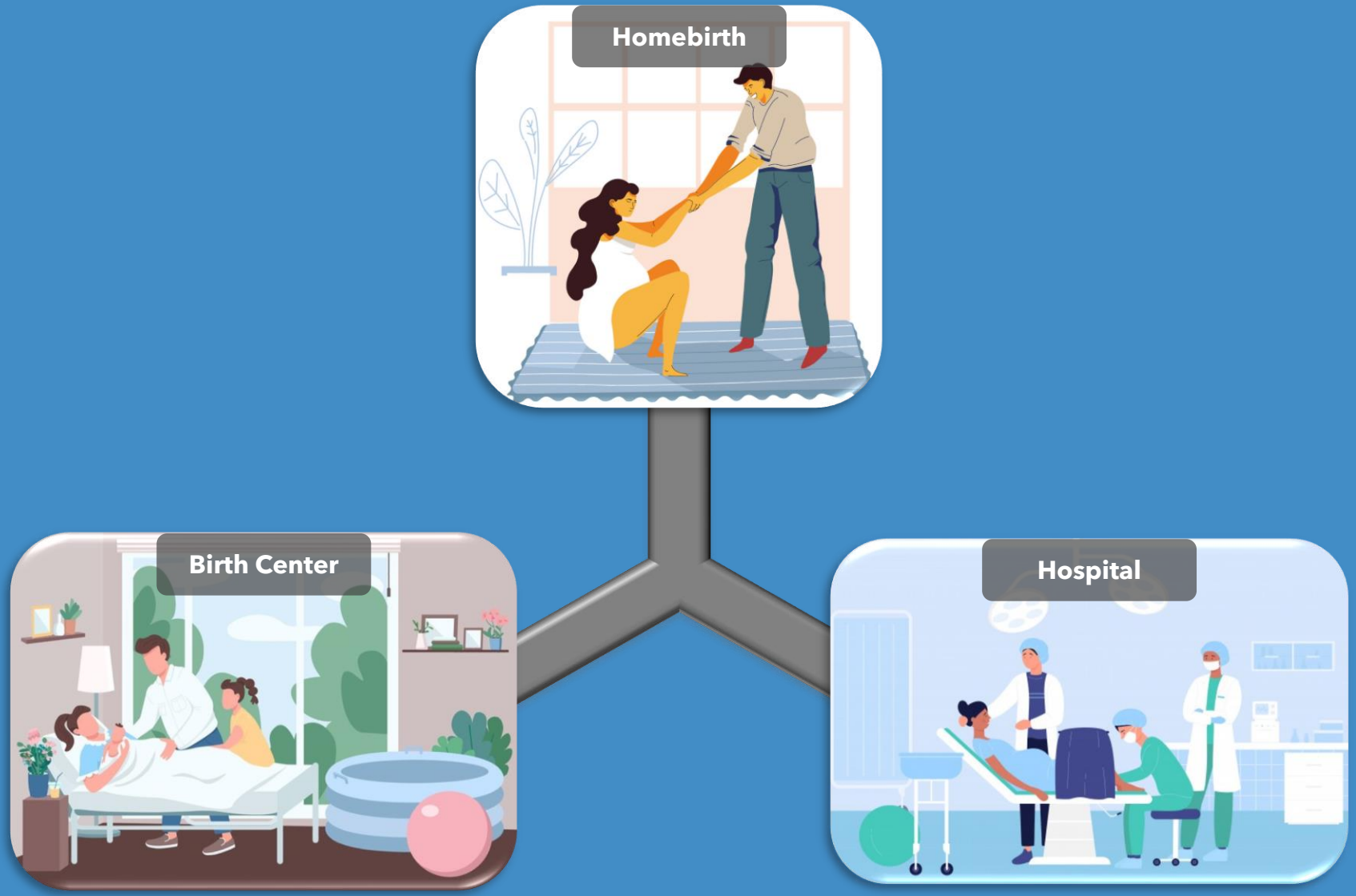
- The experience of racism increases stress hormones in the hypothalamic-pituitary-adrenal axis
- This leads to cellular aging, also called weathering (Geronimus, 1992)
- "….the majority of Black participants had intermediate (35%) or high (41%) cumulative stress exposure." (using serum cortisol levels) *Sugila et al., 2010*
- Neurobiologic evidence shows us that there needs to be at least two other folks who look like us for there to be no adverse neurologic effect of being the "only."
- Increased wealth and education can lead to increased exposure to racism, which is part of why these factors do not protect against preterm birth or infant mortality.

Understanding Factors that Influence the Maternal & Perinatal Healthcare Experience



FACTORS INFLUENCING THE MATERNAL & PERINATAL HEALTHCARE EXPERIENCE

Birth Options



Care Support Team

Midwife

Doula/ Lactation Specialist

Medical Doctor

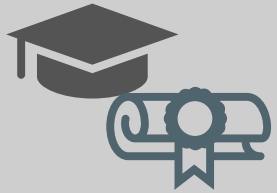
Nurse

Surgeon

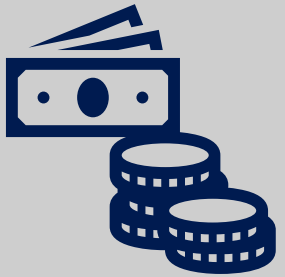
Socio-economic Dynamics

Housing

Health of
client/mother/baby



Education



Income

Practices, Policies, and Laws

Institutional
(e.g. medical facilities, educational)

Federal

Local

Cultural & Ethnic Background

BIRTH RIGHTS

A resource for everyday people to defend human rights during labor and birth

BIRTH RIGHTS BAR ASSOCIATION

National Advocates for Pregnant Women

National Advocates for Pregnant Women (NAPW) and **Birth Rights Bar Association (BRBA)** created this resource with the goal of affirming and advocating for the human rights of pregnant people in the United States, as well as to provide some concrete tools for pregnant people, doulas, partners, family members, and friends. This resource was inspired by our work with countless pregnant women, doulas, and other folks offering support to birthing people who had either experienced or witnessed violations during childbirth. Many folks have reached out to us for more information about their rights or the rights of their clients during childbirth, and we have heard resounding feedback from people calling for more advocacy tools both to identify these rights and promote their observance, as well as more accessible information about avenues to address harm after it has occurred.

Barriers Faced by Pregnant and Laboring People

AN EXERCISE IN NAVIGATING RACISM IN HEALTHCARE

How would you respond?

Following is an activity that will walk you through various scenarios. Reflecting on the information in this learning session, consider how history, biases and dominant systems influence individual healthcare experiences.

We examine various forms of healthcare discrimination within the client profiles. We will apply the five common factors that could impact your client's healthcare experience and may also influence how you support your client.

The goal is to identify the racially charged dynamics in the scenarios and think about how you would prepare and respond in the circumstances.

POLL

Client Profile

I'm Kelly, and I have had a hard time getting to my appointments from my high school.

I'm Luz, and had gestational diabetes with my last pregnancy. I want to birth at a birth center.

I'm Stella, and I am having my first baby at 41. English is a second language. I have Medicaid.

I'm Kai, and I am looking for chest feeding support.

I'm Jessica, and every time I have my appointment, I am asked if I smoke marijuana.

Who is part of your client's care support team?

Midwife

Doula/ Lactation Specialist

Medical Doctor

Nurse

Surgeon

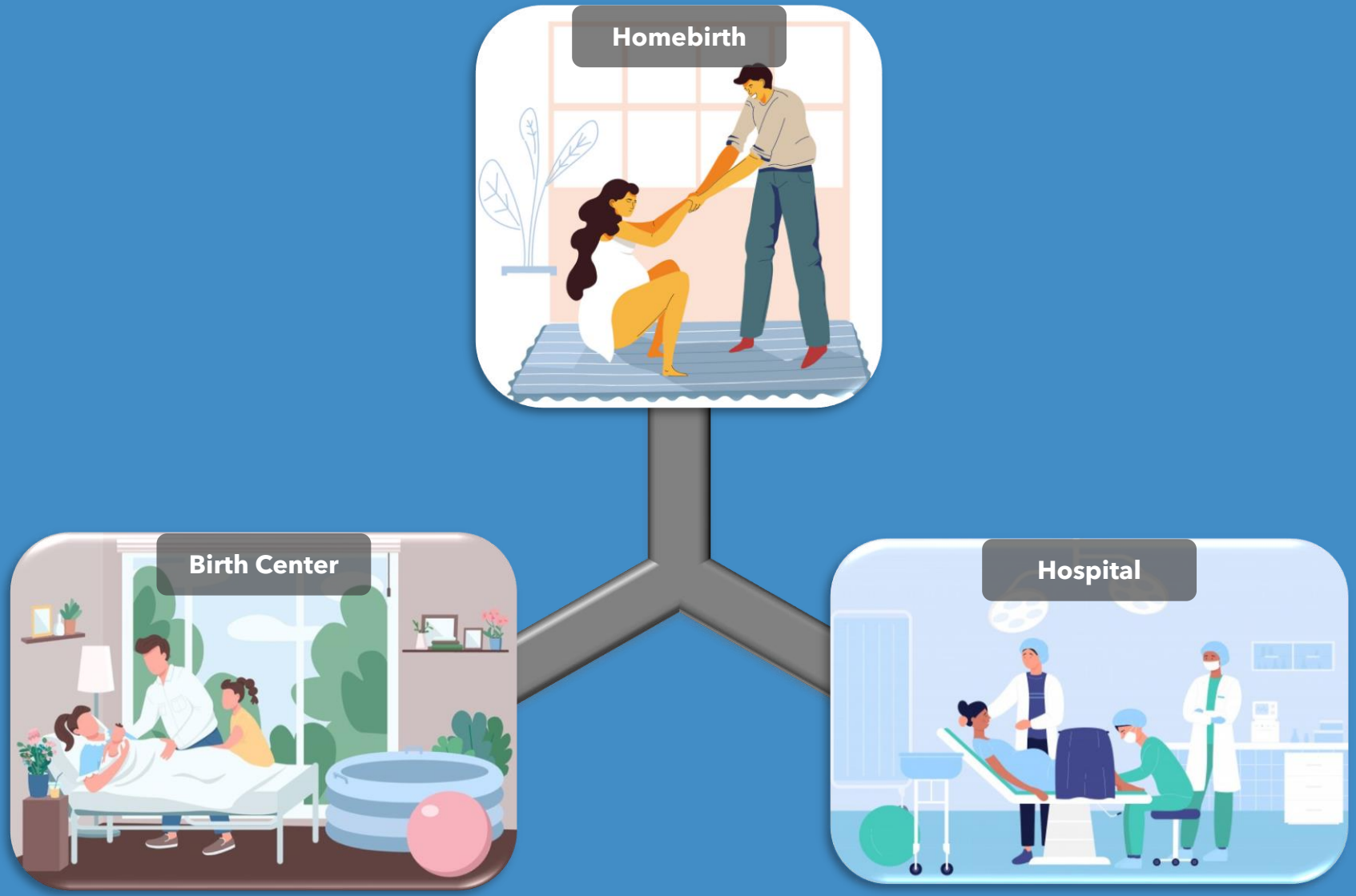
I am so confused by my prenatal care. I'm told I have a team, but no one seems to be paying attention to me. I also feel like I am talked down to when I arrive for my appointments, but I take the bus. I try to send emails, but I never get a response.

Kelly

I chose to go with a midwife because I heard so many positive stories about the "special" care they give. Unfortunately, that has not been my experience. She seems so stuck up—like she is the only one good enough for nice things. She is very surprised I live in a particular neighborhood. She asks more questions about where I live and how I got there than about my health, and I have had some concerns about my shortness of breathe. I asked her why she keeps asking me about marijuana and she told me it was because I told her I was smoking at one point. But I also told her I stopped once I found out I was pregnant.

Jessica

What are your client's birth options?



The Birth

I've always wanted to give birth at birth center and I did! About a few months later I felt like I was not myself. I reached out for support, but I will not have my appointment for three weeks. My doctor says I should call back in two weeks. I wonder if I will ever feel like myself again.

Luz

I was worried about being older and having a baby so I felt safer having my baby at the hospital. During labor and delivery I felt there was something wrong. There was blood, I questioned it, but my concern was dismissed. I was told everything was fine. The next thing I knew I was delivering by emergency. My baby did not make it and I almost didn't as well.

Stella

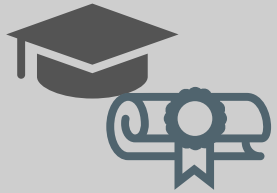
I planned for a home birth, but after high blood pressure complications I had a cesarean birth at the hospital. The experience was horrifying. The staff was not supportive of my partner and I and would not include my partners name on the birth certificate. Right know I just want to focus on feeding my baby.

Kai

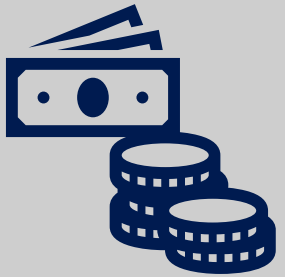
What are the socio-economic dynamics that can influence your client's care?

Housing

Health of client/mother/baby



Education



Income

English is not my first language, but I do have an advanced degree. All throughout my pregnancy I was learning about the risk of women having babies at my age. I spoke to my doctor and even brought information to my appointment to review with my doctor. If only my doctor supported me instead of telling me every week my baby's heartbeat was "strong". My sister came all the way from our home country only to be devastated by something that could have been prevented.

Stella

My family was in the process of eviction and during the move I began feeling intense pain. With my parents and boyfriend present, I delivered a 25 week old baby. I later hemorrhaged and a health provider entered me without letting me know what was happening. I never saw or held my baby, but was asked if I wanted the hospital to take care of the remains and what birth control I was considering.

Kelly

Obtaining affordable chest feeding support has been a challenge. Even with my job loss, we do not meet the income requirements for WIC. It is also hard to find support and classes specific to my chest feeding needs. When speaking to a referred "specialist" mine and my partners goals seem to be totally disregarded.

Kai

What practices, policies, and laws impacts your client's care?

Institutional
(e.g. medical facilities, educational)

Federal

Local

I have received a diagnosis and taking medication, but I feel like things are getting worse. I have a constant fear that something bad is going to happen to my baby and spend a lot of extra time going over things to make sure everything is "safe". I am supposed to start work next week and I just don't see how I can do that, but I need my insurance. I talked to my doctor and was told that the language included on my FMLA form indicates more therapy would be appropriate rather than extending the leave. I just need more time.

Luz

I gave birth 10 weeks early and it was a nightmare. I was hoping my assigned midwife would not be on call when I went into labor, but that was not the case. My midwife did not get to me for hours into my labor. Fentanyl was recommended to help "take the edge off", but I was only given half. It was like they were treating me like I had super powers or something. My baby was admitted to the NICU and this was a whole other challenge I was not prepared for.

Jessica

How can cultural/ethnic background influence your client's healthcare experience?

I remember leaving the hospital and never getting any follow-up.

It is hard enough coming to grips that I need help. Now I can't get the help.

I can't believe that this happened to me in America. Does this happen to everyone on Medicaid?

Comprehensive and inclusive care should be available to all.

I wish I had been taken seriously when I brought up concerns. This can't happen to everyone.

Wrap Up

Did you notice any common themes, and what were they?

What did you not see?

Additional points to consider:

1. What assumptions are you making about the clients in the scenarios?
2. What background/experiences do you bring to the scenarios?
3. What challenges might you face in these scenarios as a community birthworker?
4. What resources are you aware of that could help support you in these types of situations?

POLL

Advocacy & Allyship

EDUCATE YOURSELF: Invest in continuous education on this topic

empower: Learn to hold space along side your client

- Inform clients of color about comprehensive options—they can't ask if they don't know
- Provide/direct to written material that will help inform clients and increase confidence to take action
- Know common perinatal/maternal comorbidities and challenges clients may face to help navigate

advocate: Connect with advocacy organizations (e.g. Birthrightsbar.org) to gain comprehensive understanding of rights during pregnancy and promote compliance

STAND. SPEAK. ACT.

BIRTH RIGHTS

A resource for everyday people to defend human rights during labor and birth

BIRTH RIGHTS BAR ASSOCIATION

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I HAVE THE RIGHT TO...

Developed by Demetra Seriki, CPM and China Tolliver


RESOURCES

BIRTH RIGHTS

A resource for everyday people to defend human rights during labor and birth

BIRTH RIGHTS BAR ASSOCIATION

National Advocates for Pregnant Women

Physical abuse

- Being beaten, slapped, kicked or pinched during delivery
- Being physically restrained to the bed or gagged during delivery
- Aggressive physical contact
- Refusal to provide anesthesia for an episiotomy

Sexual abuse

- Sexual abuse, rape
- Inappropriate sexual contact
- Being touched without consent during labor or delivery in a way that triggers feelings from previous sexual abuse or rape

Verbal abuse

- Harsh or rude language
- Judgmental or accusatory comments
- Threats of withholding treatment or poor outcomes
- Blaming for poor outcomes
- Being shouted at or scolded by health care providers
- Threats to force you to accept treatment you did not want

Stigma and discrimination

- Being treated unfairly based on race, heritage or ethnic group
- Held back from discussing concerns because of feeling discriminated against
- Held back from discussing concerns or asking questions because the provider used language you did not understand
- Discrimination based on ethnicity/race/religion
- Discrimination based on age
- Discrimination based on socioeconomic status
- Discrimination based on HIV status

Failure to meet professional standards of care

- Private or personal information shared without your consent
- Being uncovered or having people in the delivery room without your consent
- Not being asked before procedures are done
- Not being given information about procedures or options
- Not being given enough time to consider options
- Lack of informed consent process
- Breaches of confidentiality
- Painful vaginal exams
- Refusal to provide pain relief
- Performance of unconsented surgical operations
- Neglect, abandonment, or long delays
- Skilled attendant absent at time of delivery
- Being ignored, refused requests for help, failure to respond for requests in a reasonable time
- Being pushed to accept options the health care provider wants

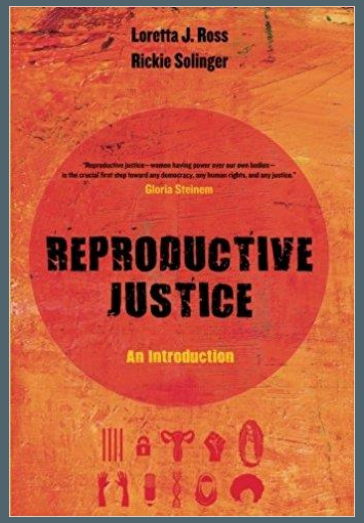
Poor rapport between women and providers

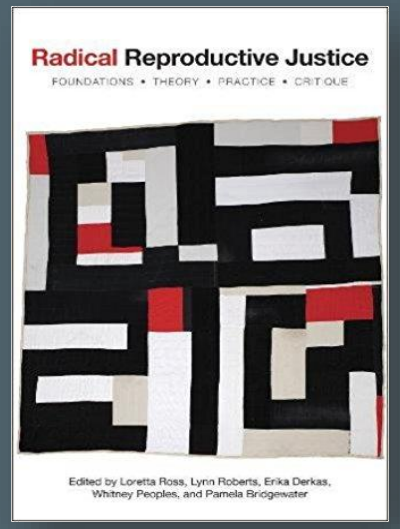
- Poor communication
- Held back from asking questions or discussing concerns due to disagreement with providers or fear
- Dismissal of concerns
- Language and interpretation issues
- Poor staff attitudes
- Lack of supportive care from health workers
- Denial or lack of birth companions
- Being treated as passive participants during childbirth
- Denial of food, fluids or mobility
- Lack of respect for preferred birth positions
- Denial of traditional practices
- Objectification
- Detainment in facilities

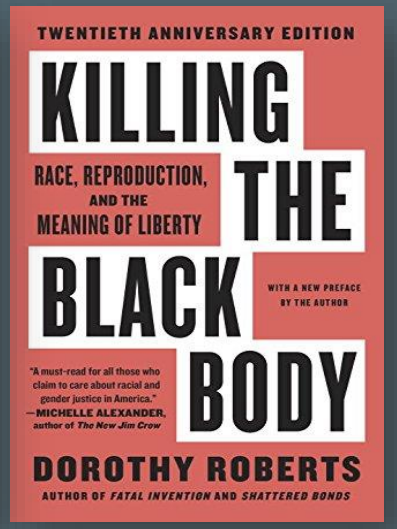
Health system conditions and constraints

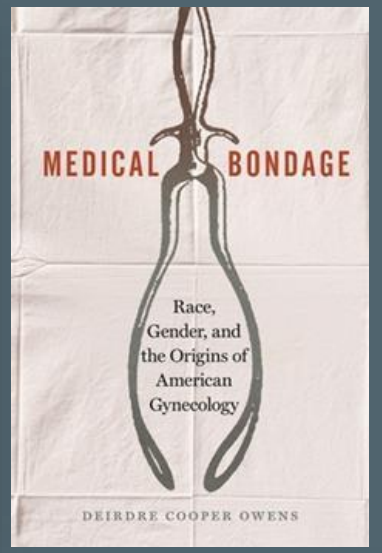
- Physical condition of facilities
- Staffing constraints
- Staffing shortages
- Supply constraints
- Lack of privacy
- Lack of redress
- Bribery and extortion
- Unclear fee structures
- Unreasonable requests by health workers

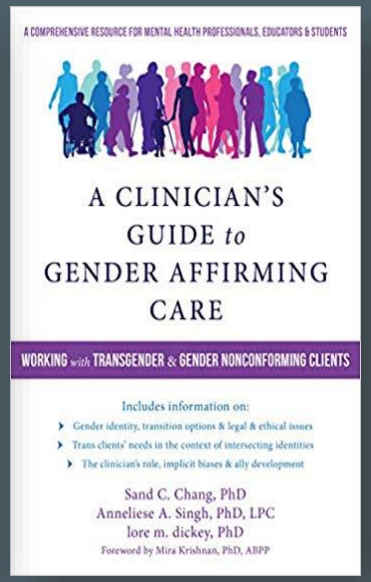
Don’t Stop Here…Keep Going

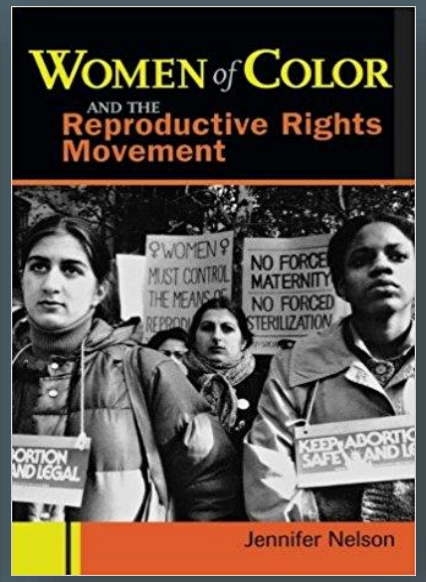


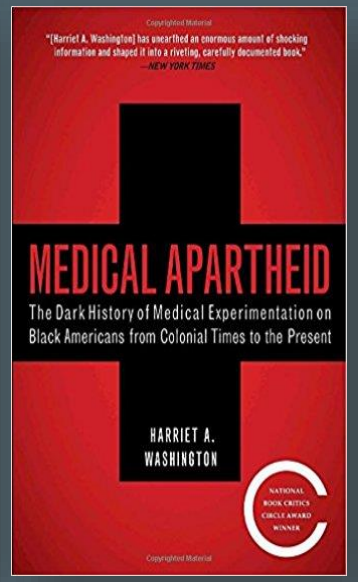


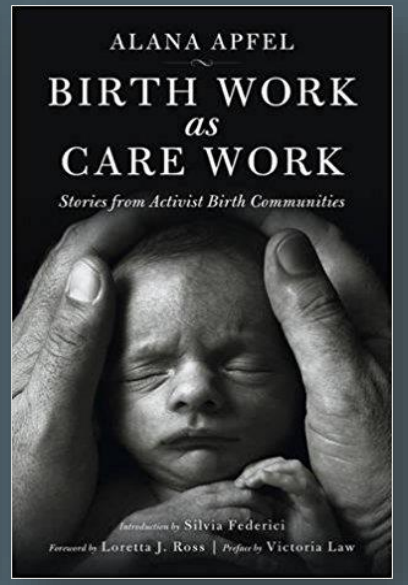


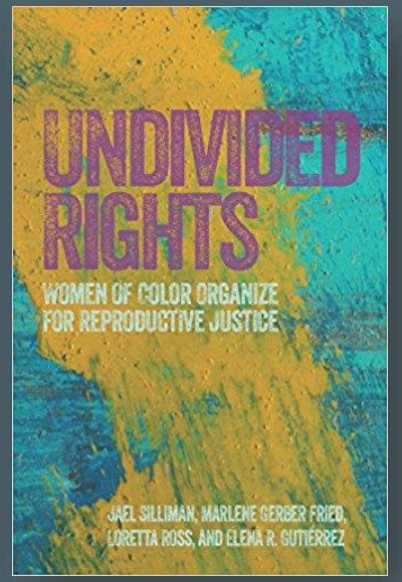












Follow Black & Indigenous Women

Jennie Joseph

Commonsense Childbirth
because every woman deserves a healthy baby

Marinah Farrell
Nicolle Gonzales

CHANGING WOMAN INITIATIVE

Shafia Monroe

Shafia Monroe consulting Birthing CHANGE

Hakima Tafunzi Payne

UZAZI VILLAGE

Jessica Roach

ROOTT
Restoring Our Own Through Transformation

Monica McLemore

Connect with Organizations Supporting People of Color & Inclusion

Sister Reach

National Black Midwives Alliance – Legacy • Power • Voice

Sister Song
Women of Color Reproductive Justice Collective

NATIONAL ASSOCIATION TO ADVANCE BLACK BIRTH

SACRED Birth During COVID19

The SACRED Birth Study is designed for, by, and with Black mothers and Black birthing people to share information about their patient experiences in hospital settings during labor, birth, and postpartum in six key areas:

Safety, ***A***utonomy, **C**ommunication, **R**acism, **E**mpathy, and **D**ignity.

Sacredbirth.ucsf.edu

Breastfeeding Advocacy

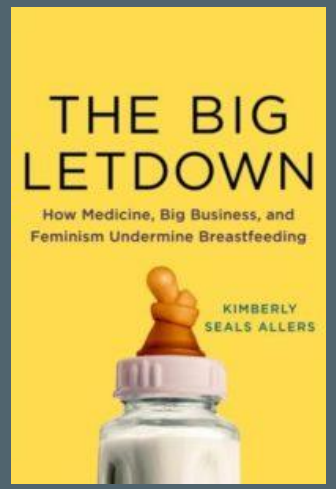
Kimarie Bugg

ROSE
Reaching Our Sisters Everywhere

Also Reaching Our Brothers Everywhere (ROBE)

Oregon Inter-Tribal Breastfeeding Coalition

Kimberly Sears Allers



CO Local BIPOC Lead Advocacy Organizations

Soul 2 Soul SISTERS®

a mothers choice

the elephant circle

The Center for African American Health
Empowering the Community to Live Well!

Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)

FAMILIES FORWARD RESOURCE CENTER

For more information, please visit us at ElephantCircle.net

elephantcircle@gmail.com

720.504.8206

Educator Resources at InJoyHealthEducation.com

InJoy supports your teaching needs with up-to-date and free resources.

- Product guides and handouts to enhance your curriculum
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Hereby states that

_____

Completed the webinar program:

The Impact of Racism In Healthcare & the Perinatal Period: Part 2

Facilitated by Heather Thompson & Vita Malama

on 1/27/2021 .

This webinar was the equivalent of 60 minutes of education.

Debbie Young

Debbie Young, MSL, ICCE, LCCE, CLC