

Addressing Pregnancy-Related Mortality

Webinar Summary and Call to Action



Webinar Focus

The Partners for Advancing Health Equity Collaborative hosted the webinar, *Next Steps in Addressing Pregnancy-Related Mortality* on May 23, 2022. Panelists engaged in discussions about reproductive health rights, racial/ethnic inequities among women and birthing people, and solutions to help reduce mortality rates and inequities that exist in reproductive health care. This report provides a synthesis of key takeaways, solutions, and action steps identified from the webinar.

Webinar Voices

- › **Marian Jarlenski**, Associate Director, [Center for Innovative Research on Gender Health Equity, Pitt Public Health](#)
- › **Shayai Lucero**, Board President, [Changing Women Initiative](#)
- › **Meshawn Siddiq (Tarver)**, Senior Program Manager, [Maternal and Child Health Institute of Women & Ethnic Studies](#)
- › **Maeve Wallace**, Assistant Professor, [Tulane School of Public Health & Tropical Medicine](#)
- › **Caryn Bell**, PhD, Associate Director P4HE, [Tulane School of Public Health & Tropical Medicine](#)

Key Resources

- [Take Collective Action](#)
- [Utilize Proven Practices](#)
- [Address Oppression of Women and Birthing People](#)
- [Strengthen and Expand Policy](#)

Your Voice

P4HE values collaboration. If there is a resource on this topic that you would like to share with us, provide it [here](#).

Key Takeaways

Reproductive health rights are under attack with grave implications for health equity. The looming rollback of the right to abortion will adversely affect access to healthcare and the opportunity for health equity for birthing people and their families across the U.S. Addressing pregnancy-related mortality requires collaboration and support from everyone working to improve the delivery and culture of health care for women and birthing people. Collective action will need to be taken among politicians, researchers, advocacy groups, and health care providers to create and sustain improved health equity for all women and birthing people.

Call To Action



“We have to come together and determine what contributions we can make for equity. For those who are researchers, we can make research contributions. For those of us who are educators, we can teach. For those of us who provide care, we can keep doing that. Now is the time for us to come together for collective action to work toward better healthy equity.”

Marian Jarlenski, PhD, Associate Director of the Center for Innovative Research on Gender Health Equity, University of Pittsburgh School of Public Health

Below we’ve summarized immediate steps to be taken to address pregnancy-related mortality.

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Take Collective Action

- › Understand partners' skills and strengths in addressing the inequities in health care and collaborate to implement strategic plans
- › Encourage evolution of the care setting culture, leaving space for women to personalize their birthing experience. This calls for integrating informal caregivers and legislation that includes doulas, midwives, and others in the care setting

Utilize Proven Practices

- › Act now to yield improvements within reproductive health care and create long-lasting structural change with proven, successful practices and research used in local communities

Address Oppression of Women and Birthing People

- › Provide training for racial and gender equity to ensure that all healthcare collaborators and providers provide adequate and high-quality pregnancy related care and to eliminate racism, misogyny, and sexism

Strengthen and Expand Policy

- › Sit down and discuss inequities with politicians, administrators, and health care providers to support practices that work and propose policy solutions that protects the health of women and birthing people (i.e., mental health services, care coordination)

› Enhance understanding of racial/ethnic inequities of pregnancy-related mortality.

Enhancing understanding includes acknowledging structural biases in health care as barriers to health equity. Inequalities among Black women, native women, and birthing people of color are caused from structural biases in health care. These biases, along with racism, accessibility, legislation, and lack of humility in medical practices are all barriers to addressing pregnancy-related mortality. Institutions and systems may be slow to change but change equity can still occur if all experts and collaborators including those with lived experience – work together.



“Forcing these [women and birthing people] to continue to carry an unwanted pregnancy to term really forces them to endanger their own lives by... and we know that people with the least institutional power and limited access to resources are going to be both less able to obtain an abortion in a restrictive climate and are more likely to suffer health consequences during pregnancy. Both of these outcomes arise from the same sort of sources of oppression.” Maeve Wallace, Assistant Professor, Tulane School of Public Health & Tropical Medicine

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> Develop solutions that will reduce pregnancy-related mortality rates and address inequities.

BIPOC are [two to three times more likely](#) to experience pregnancy-related mortality than white women and birthing-people. Training for racial equity learning is one step to eliminate [implicit bias and structural racism in the health care system](#). Solutions should also look to the knowledge of various cultures to find areas to improve health care practices. Culturally humble reproductive and pregnancy care can be provided through centering cultural practices and wisdom, such as Indigenous wisdom, in discussions about pregnancy-related mortality.



“The indigenous people [and] their stories often are not included in [conversations about health equity] because we are a minority in a minority our stories are never told are rarely told and it’s always something that we struggle with,” Shayai Lucero, Board President, Changing

Women Initiative



> Engage policy makers to address policy issues and expand Medicaid and access to abortions.

Take collective action by being informed on current research and on [reproductive rights and the policies that affect those rights](#), embracing creative thinking, and working for change. This includes changing broader [public health policies](#) such as Medicaid expansion, affordable birth control, supporting child tax credits, paid parental leave and family benefits. Reach out to your local representatives and start discussions around inequities in health care and in policies. Work to put forward solutions that protect the health of women and birthing people such as mental health

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services and care coordination. This is particularly relevant given changes, such as in Texas that now refuses to release maternal mortality data after their anti-abortion trigger law took effect.



“If we listen to the research that’s out there, we know what needs to be done. We just have to collaborate together and provide resources that we know are working... We know that diversifying the birthing community is working... We need senators to sit down with the Black midwives, researchers, and other advocates... so that we can collectively work on a strategic plan and implement it in the years to come.”

Meeshawn Siddiq, Senior Program Manager, Institute of Women & Ethnic Studies

Unsafe abortions are one of the [leading causes of pregnancy-related mortality](#). The complexity of barriers to reducing pregnancy related mortality, particularly regarding accessibility to care and safe abortions, reaches far beyond laws and geography. Accessibility may encompass financial, religious, cultural, and interpersonal influences.

Barriers that Contribute to Pregnancy-Related Mortality



State of the Science

Reproductive Justice Framework.

This framework holds that people with the least institutional power are also the least likely to have access to resources and obtain an abortion in a restrictive climate and are more likely to suffer health consequences in pregnancy. [The Reproductive Justice Framework](#) identifies barriers to addressing pregnancy-related mortality by calling out downstream effects of legislation and

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consequences of our judicial system. It also brings about solutions by bringing together reproductive justice advocates to guide future actions.



“Some blame the mothers’ behaviors for these tragic deaths and are focused on individual level interventions. It is clear that institutional structural and policy level factors impact pregnancy-related mortality.” Caryn Bell, PhD, Associate Director P4HE, Tulane School of Public Health & Tropical Medicine School of Public Health & Tropical Medicine

Legislation impacts pregnancy-related mortality.

The recent overturning of Roe v. Wade and immediate response by state legislators to increase restrictions on women’s rights to make fundamental decisions about their own bodies makes the concept of rooting reproductive health in justice even more critical. These egregious nation-wide restrictions call further upon the importance of convening stakeholders to press for legislation. Research seeking to [estimate the potential death-toll](#) related to such legislation highlights a potential increase in pregnancy-related mortality.



“Abortion restriction policies and policies that limit bodily autonomy are failures to trust women, to listen to women. And I want to say explicitly Black women, and other women of color, who overwhelmingly bear the burden of both maternal mortality and maternal homicide in this country,” Maeve Wallace, Assistant Professor, Tulane School of Public Health & Tropical Medicine School of Public Health & Tropical Medicine

About P4HE

The P4HE Collaborative harmonizes goals, advances learning, and facilitates collaboration to improve health equity. It is led by the Tulane University School of Public Health and Tropical Medicine and is part of the Tulane Institute for Innovations in Health Equity. Support for this program is provided by ICF. Funding is provided by a grant from the Robert Wood Johnson Foundation.



Foster
the co-creation and spread of knowledge.



Sharpen
our research tools to focus on solutions; facts and stories.



Disrupt
traditional research approaches.



Harmonize
our voices.



Challenge
the status quo.



Shine
light on practices that are indefensible, irrational and inconsistent.

To learn more about these issues, or Partners for Health Equity’s calls to action, a resource library including a full recording of this, and all previous P4HE Webinars, can be found on the P4HE [website](#).