
ADVANCING MATERNAL & INFANT HEALTH THROUGH THE LENS OF HEALTH EQUITY

2021 TEXAS COLLABORATIVE FOR HEALTHY MOTHERS AND BABIES SUMMIT

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Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

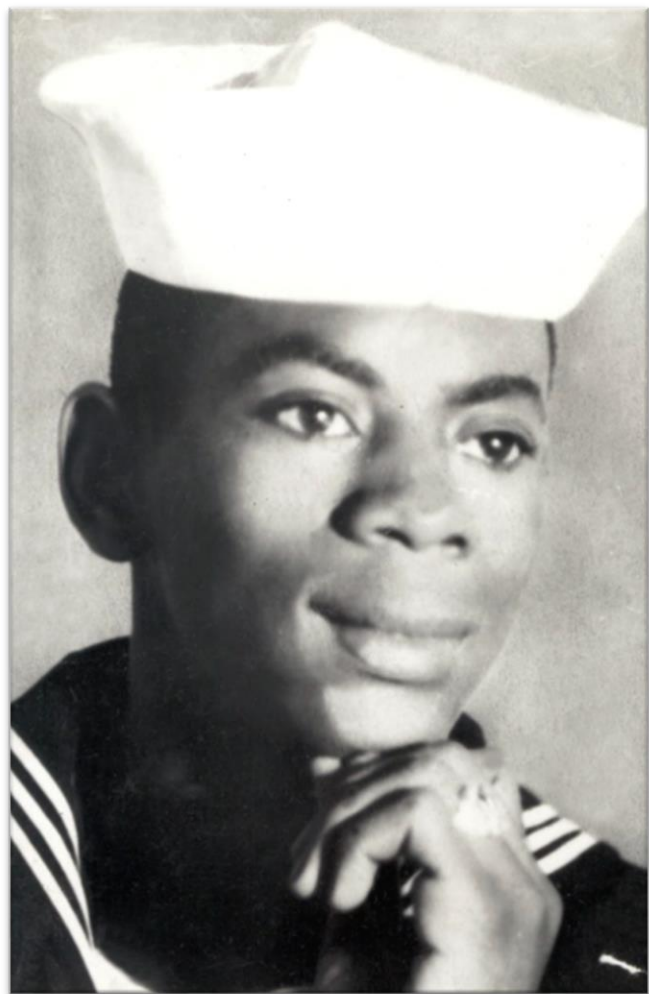
Division of Reproductive Health



Disclosures

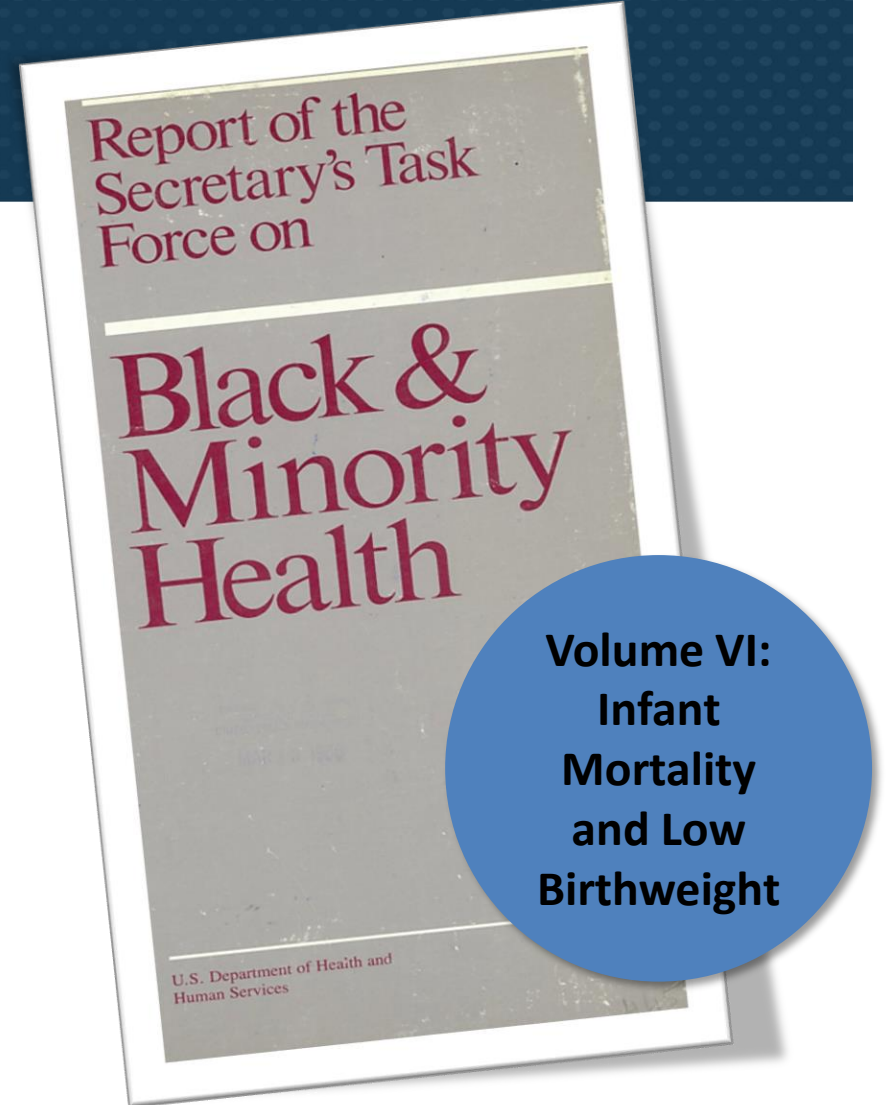
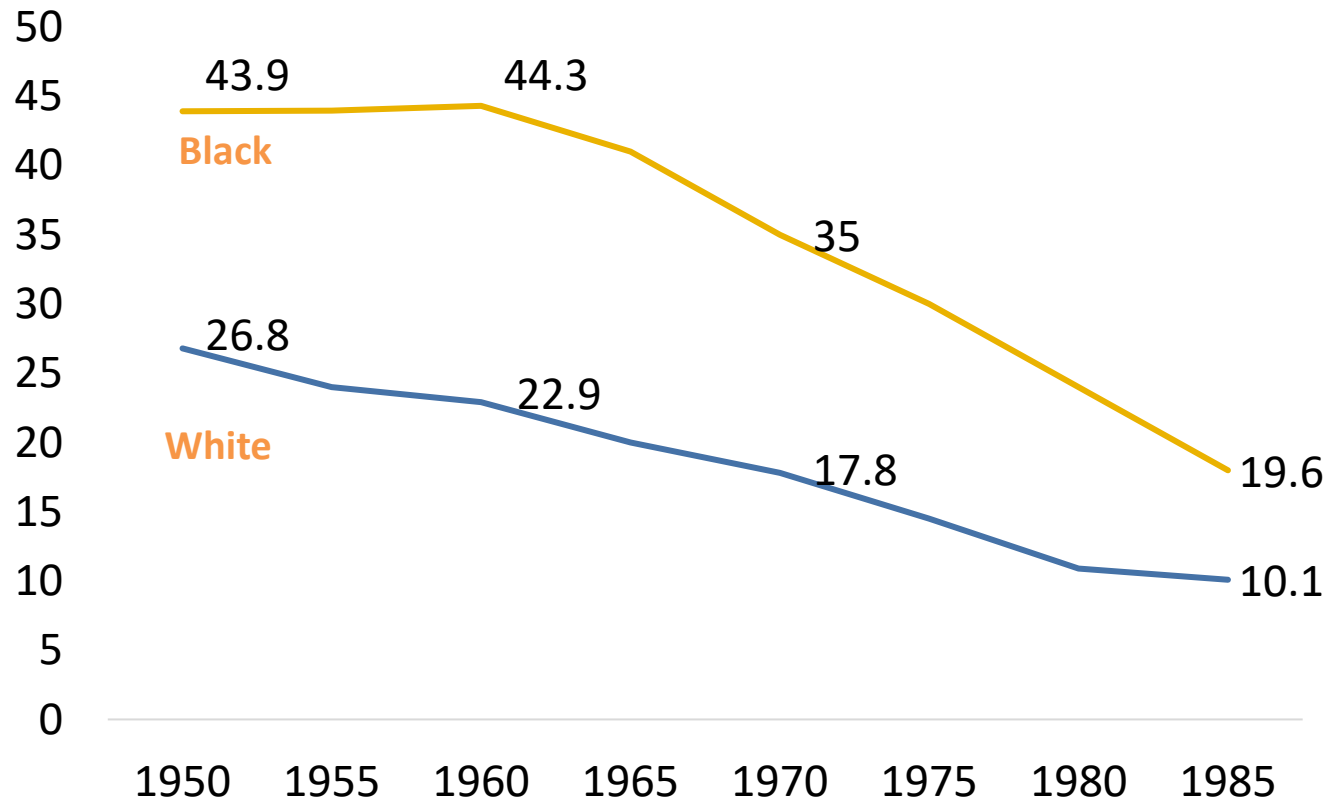
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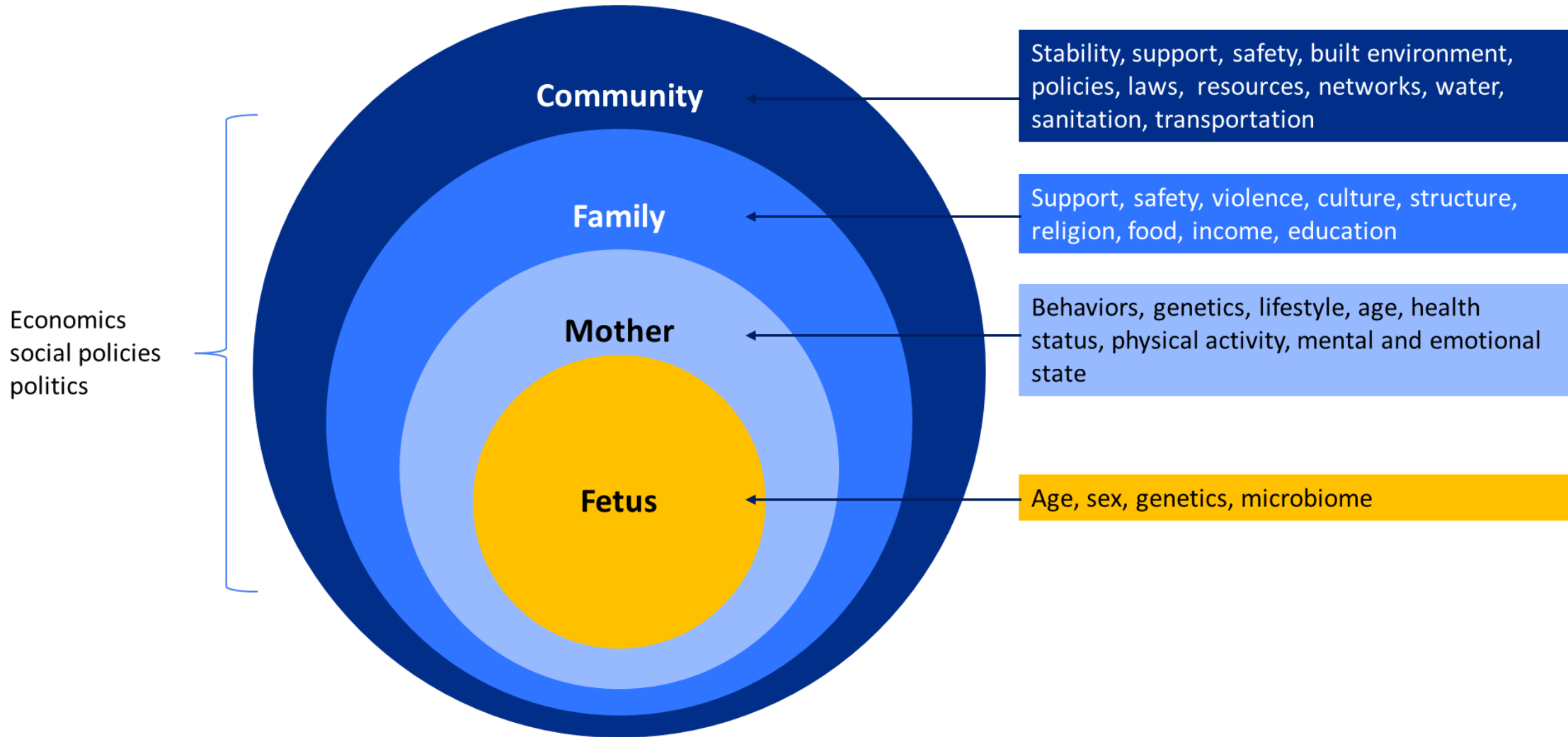


A Shocking Statistic

Infant Deaths per 1,000 Live Births



THE CIRCLE OF INFLUENCES



Health Disparities

Health Disparity =df. A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage

Factors that contribute to disparities:

- Healthcare access and quality
- Education access and quality
- Social and community context
- Economic stability
- Neighborhood and built environment



Disparities in Reproductive Health

Teen birth rates for Hispanic, Black, Hawaiian or other Pacific Islander teens were more than **two times** higher than the rate for white teens.

Inequities increase by age and are present at all education levels.



In 2018, the rate of preterm birth among Black women was about **50 percent higher** than among white women.

American Indian, Alaska Native, and Black women are **two to three times** more likely to die of pregnancy-related causes than white women.

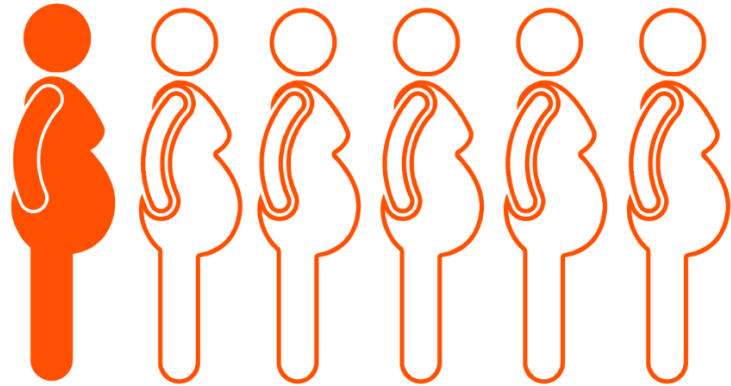
FACTORS IMPACTING DISPARITIES IN MATERNAL AND INFANT HEALTH

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Variation in Quality of Care

- Hospital quality may be a critical lever for improving outcomes
- Nearly half of maternal mortality and severe events are preventable
- Data have demonstrated that both *within-hospital* and *between-hospital* disparities exist for severe maternal morbidity.
 - Black women deliver in lower quality hospitals than whites
 - Quality of care received by women during childbirth differs by race and ethnicity within individual hospitals

The Giving Voices to Mothers Study



**1 IN 6 WOMEN
EXPERIENCE MISTREATMENT
DURING
CHILDBIRTH**

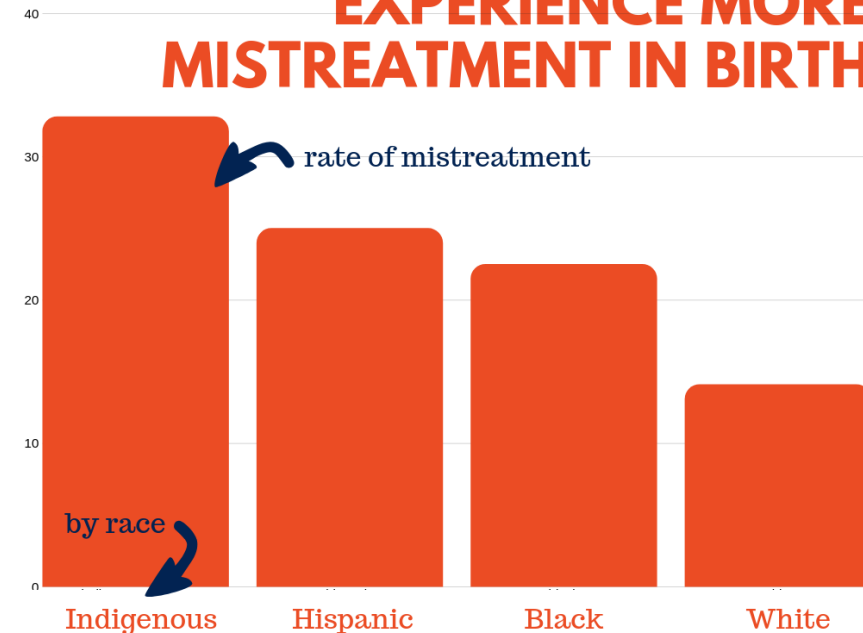
MOST COMMON:

- 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

PEOPLE OF COLOR EXPERIENCE MORE MISTREATMENT IN BIRTH



www.birthplacelab.org/mistreatment

CHRONIC CONDITIONS AFFECTING WOMEN OF REPRODUCTIVE AGE



Diabetes



Heart Disease



**Mental Health
&
Opioid Abuse**

COVID-19 AND PREGNANCY

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Investigating the Impact of COVID-19 During Pregnancy

Pregnancy and Infant Linked Outcomes Team (PILOT)

- Better understand the epidemiology of COVID-19 among pregnant women and infants
- Coordinate work across agency on COVID-19 during pregnancy
- Inform clinical guidance for obstetric and infant settings



To learn more about what CDC is doing to respond to COVID-19, visit: [CDC in Action](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19/what-cdc-is-doing.html)

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COVID-19 & Pregnancy

- Physiologic changes of pregnancy might increase the risk of severe illness
- Pregnant women **ARE** at increased risk for severe illness from COVID-19
- Severe disease has been associated with other viral respiratory infections during pregnancy
- Pregnant women with COVID-19 might have an increased risk of adverse pregnancy outcomes, such as preterm birth
- Hispanic and non-Hispanic Black pregnant women appear to be disproportionately affected by COVID-19 infection during pregnancy.



For more information, visit:
[If You Are Pregnant, Breastfeeding, or Caring for Young Children | COVID-19 | CDC](#)

¹Ramsey PS et al. Pneumonia in pregnancy. *Obstet Gynecol Clin North Am* 2001

²Galang RR et al. Severe coronavirus infections in pregnancy: A systematic review [online ahead of print, 2020 Jun 16]. *Obstet Gynecol*. 2020

³Mosby LG et al. 2009 pandemic influenza A (H1N1) in pregnancy: a systematic review of the literature. *Am J Obstet Gynecol* 2011

COVID-19 Vaccine & Pregnancy

- At this time, healthcare personnel are among the first to receive the vaccine
- Healthcare personnel who are pregnant may choose to be vaccinated
- Data about safety of COVID-19 vaccines for people who are pregnant is currently limited

For all vaccine recipients, regardless of age or pregnancy status -

- Some side effects post vaccination are expected, particularly after the 2nd dose
- All vaccine recipients should continue to follow guidelines to prevent spread of COVID-19

A conversation between pregnant patients and their healthcare provider can help inform their decision. Considerations:

- **Likelihood of exposure to SARS-CoV-2**
- **Risks of COVID-19 to them and potential risk to fetus**
- **What is known about the vaccine**



V-safe & Pregnancy

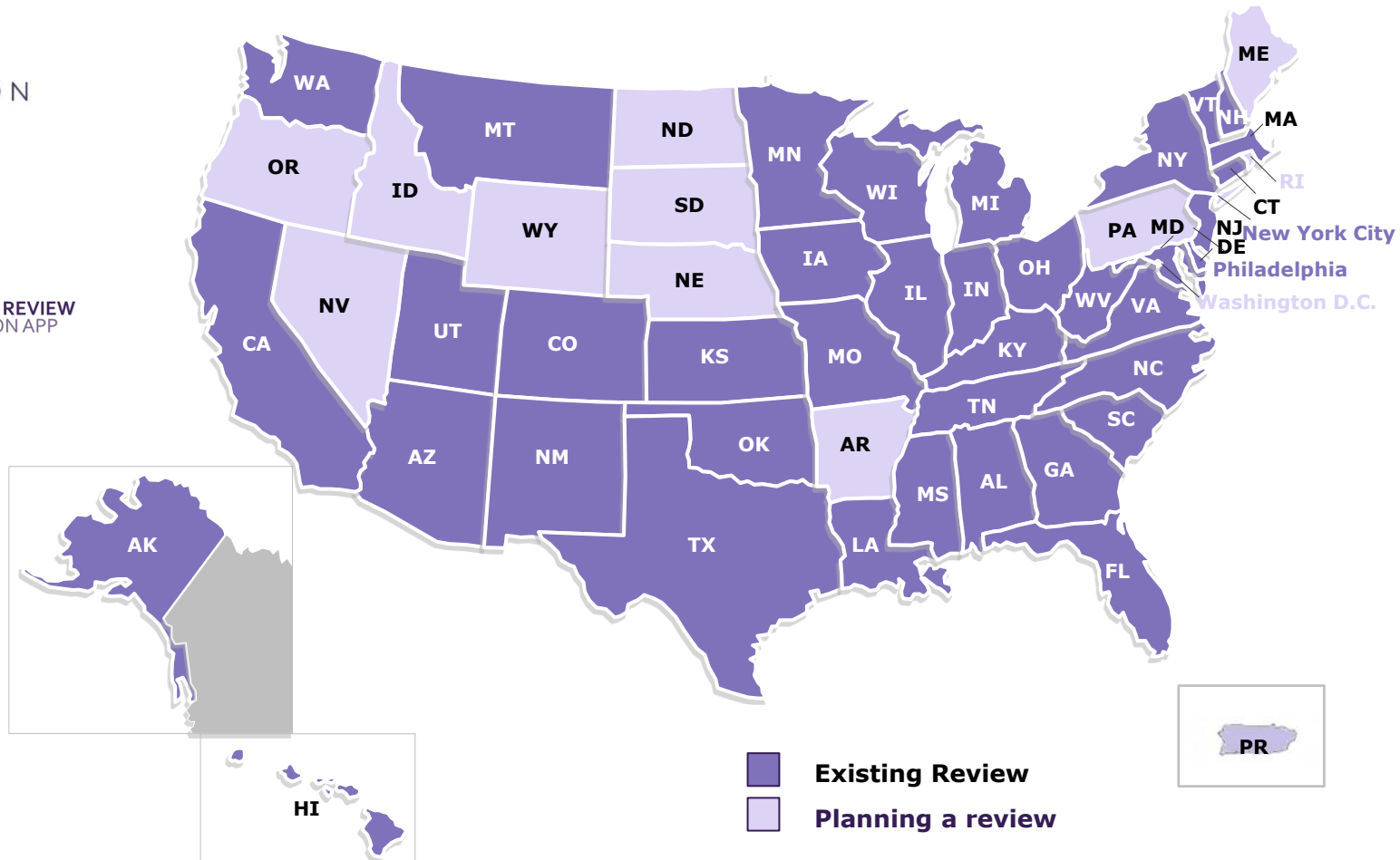
- Smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after receiving a COVID-19 vaccination
- Additional follow-up with patients who received the vaccine during pregnancy or within 30 days of becoming pregnant
 - 2-3 calls during pregnancy and postpartum
- Goal: Monitor safety of COVID-19 vaccines in near real-time, including any impact on pregnancy



CDC'S INITIATIVES TO IMPROVE MATERNAL AND INFANT HEALTH

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Maternal Mortality Review Committees



- Existing Review
- Planning a review

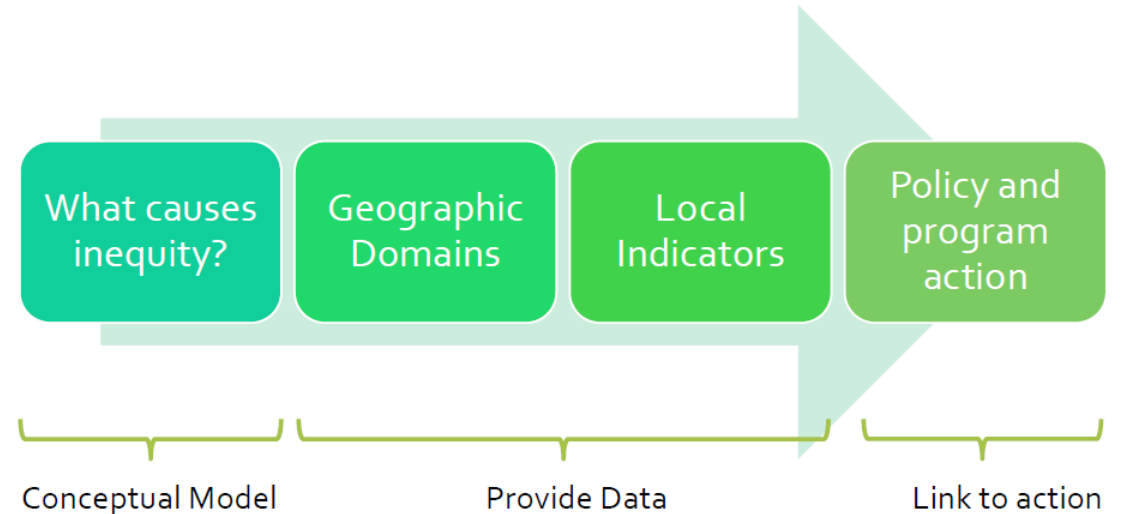
Incorporating Social Determinants of Health into MMRC Process:

Community Vital Signs

- Bring community context into MMRC reviews of deaths

Documenting Discrimination and Racism

- MMRIA now allows MMRCs to document **discrimination, structural racism, and interpersonal racism** based on standard definitions
- **37 MMRCs** can currently use both geocoding in their review processes and document discrimination and racism as contributing factors



ENHANCED DATA FROM PRAMS



- A questionnaire supplement on prescription opioid use during pregnancy was used by states in 2019 and initial findings released in July 2020
- A COVID-19 questionnaire supplement
- Plans underway to enhance PRAMS data collection and data dissemination related to SDOH



Improving the Quality of Care: Supporting Perinatal Quality Collaboratives (PQCs)

- CDC funds 13 state PQCs; multidisciplinary teams that are working to improve measurable outcomes for maternal health by
 - Advancing evidence-informed clinical practices using QI
 - Reducing variation and optimizing resources to improve care and outcomes



Mapping Risk Appropriate Care: CDC's LOCATe

- CDC worked with ACOG, SMFM, and AAP to develop LOCATe to support states in reviewing and strengthening their systems of care
- Helps states map and develop coordinated regional systems to help ensure that high risk pregnant women and infants receive care at a facility that is best prepared to meet their health needs
- Works to ensure that women get the right care at the right time to improve outcomes





**Help prevent
pregnancy-related
deaths.**

HEAR

HEAR HER CONCERNS

PROMOTING HEALTH EQUITY THROUGH QUALITY IMPROVEMENT





Improving the Quality of Care: Supporting Perinatal Quality Collaboratives (PQCs)



NNPQC

National Network of Perinatal Quality Collaboratives

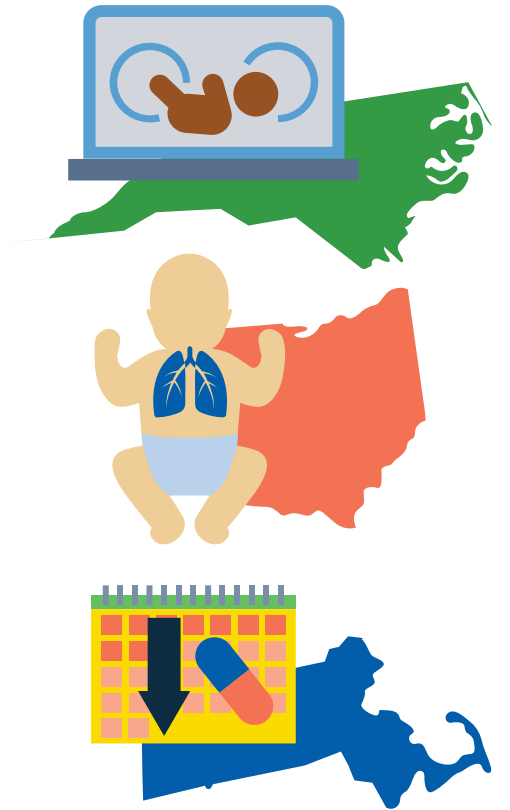
Improving Maternal Health

- **Increased the percentage of patients with severe high blood pressure treated within 60 minutes** from 41% at baseline to 79% in the first year of the project.
- **Increased access of mothers with opioid use disorder to medication-assisted treatment** (11% to 36%) and breastfeeding counseling (51% to 72%) over a 13-month time period.
- **Reduced serious pregnancy complications among women with severe bleeding during pregnancy or delivery**, decreasing rates by 22.7% at baseline to 18.0% in the last half of the 14-month project.



Improving Infant health

- **Reduced central line-associated infections among newborns in neonatal intensive care units by 71%**
- **Improved use of antenatal steroids to accelerate lung maturity for preterm infants and developed a toolkit, with quality improvement interventions to promote reliable systems for appropriate administration of antenatal steroids.**
- **Reduced hospital length of stay and reduced pharmacotherapy for infants with neonatal opioid withdrawal syndrome.**



Fisher, D et al. Pediatrics. Dec 2013; Optimizing Antenatal Use of Steroids to Improve Outcomes for Preterm Infants – A Labor & Delivery Toolkit. OPQC; Wachman EM. et. al. Journal of Perinatology. July 2020.

Texas Collaborative for Healthy Mothers and Babies – 2020 Accomplishments

- **Reference Sheet on Public Healthcare Coverage (PHC) Programs**
- **Health Equity Workgroup**
- **Maternal Early Warning Systems (MEWS)**
- **Texas AIM Severe Hypertension in Pregnancy (HTN) Patient Safety Bundle Learning Collaborative**
- **Neonatal Admission Temperature**
- **Neonatal Transition from NICU**
- **Postpartum Depression (PPD) Screening in the NICU and Referral to Services**

WHAT WE CAN ALL DO TO ADDRESS DISPARITIES

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Physician/Patient racial concordance and disparities in infant mortality



Greenwood, Brad N., et al. "Physician–Patient Racial Concordance and Disparities in Birthing Mortality for Newborns." *Proceedings of the National Academy of Sciences*, vol. 117, no. 35, 2020, pp. 21194–21200., doi:10.1073/pnas.1913405117.

Addressing Disparities in Maternal and Child Health



"Of all the forms of inequality, injustice in health is the most shocking and inhumane."

- Martin Luther King, Jr.



Thank you!

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