

Take Charge Of Your Health Today. Be Informed. Be Involved.

Black Maternal Health

Black maternal mortality is the higher rate at which Black women die during pregnancy, childbirth, or shortly after giving birth compared to women of other races. The disparity is a major public health issue that happens because of systemic racism and unequal access to (and quality of) healthcare. Education, income, housing, and

discrimination also play a part in the higher rate.

This month's Take Charge of Your Health Today centers on how Pittsburgh's community organizations and academics — including the Urban League of Greater Pittsburgh — are working together to lower it. We asked UL head Carlos Carter to share his insight

on Family Support Centers and their role in addressing this inequity.

Q: Thanks for joining us, Carlos. How is the Urban League working to support the health of mothers and their babies?

Carlos Carter: Family Support Centers, in conjunction with Allegheny County, offer the Hello

Baby program, which is open to all families in the county. Our Family Development Specialists help families take advantage of benefits like social interaction with other parents, recreational activities, educational programming, and essential items such as diapers and formula. That includes transportation if needed.

Our staff also provides follow-up and ongoing support for the Hello Baby Family Check Up and Hello Baby Healthy Start



CARLOS T. CARTER

program. We also act as a gateway to other Family

Support Center services, like food insecurities and workforce development.

Q: Are you seeing changes that give you and your staff hope?

Carlos Carter: Yes! We see families using these programs to get what they need to for a healthy start. The relationships we're building with the community, as we lend our support to the centers, is encouraging. Our goal is to help families feel we're not only fighting for them, but alongside them!

EMBRACE Center awarded \$13 mil to improve Black birthing outcomes

By many standards, the U.S. has the worst record among developed countries in protecting the health of birthing people and their babies during pregnancy, childbirth, and the year after birth.

According to the latest information from the Centers for Disease Control and Prevention (CDC), out of every 100,000 live U.S. births, 50 Black women die from pregnancy-related causes. This is known as "maternal mortality" and it's one of the highest rates for all racial and ethnic groups.

Black women also experience severe maternal complications at a rate that's two times greater than White women.

The same disparity is true for Black babies who have a death rate that's more than two times higher than White babies.

In Allegheny County, the rate of death for Black pregnant people was 91 deaths per 100,000 live births.

To change this inequity and uplift Black birthing people and their children, our region has a strong history of partnership between community and academic organizations. These groups work together in underserved and excluded neighborhoods to improve maternal health outcomes for Black families.

Recently, these local partners got a significant boost — a six-year, \$13

million grant from the National Institute of Health's (NIH) IMPROVE Initiative, which funds projects to address maternal health. (IMPROVE stands for Implementing a Maternal health and PRenancy Outcomes Vision for Everyone.)

The grant was awarded to the University of Pittsburgh Schools of Public Health and Medicine's new Equity in Maternal and Birthing Outcomes and Reproductive Health through Community Engagement Center of Excellence. Known as EMBRACE, the center is one of only a dozen maternal health research centers of excellence nationwide.

EMBRACE is an example of collaboration on a big scale between numerous community groups and academic departments. However, its goal is laser focused: To improve our region's birthing conditions and outcomes by using its strong network of boots-on-the-ground, community-focused programs and partners already in place.

On the community side, EMBRACE includes Healthy Start Pittsburgh, Journey Lighter, the Allegheny County Health Dept., The Midwife Center, the BEST Allegheny Initiative, First Steps and Beyond, Allegheny Reproductive Health Center, the Black Women's Policy Center, and Yogamotif.

On the Pitt side, EM-

BRACE is made up of faculty, staff, and students from the Schools of Public Health, Medicine, and Nursing; the School of Education's Department of Health and Human Development; the Dietrich School of the Arts and Sciences; and the University Center for Social and Urban Research.

The NIH grant will help EMBRACE Center partners better support maternal reproductive health and justice among Black people in our region. Structural and social determinants of health play a role in ensuring health equity and justice including income, access to quality healthcare, and structural racism.

EMBRACE coprincipal investigator Dr. Dara D. Méndez is associate professor of epidemiology and associate director of the Center for Health Equity at Pitt's School of Public Health. She leads EMBRACE along with Dr. Mehret Birru Talabi, assistant professor of medicine, Division of Rheumatology, and Dr. Hyagriv Simhan, professor of obstetrics, gynecology, and reproductive sciences.

"Each component of the EMBRACE center is co-lead by community partners or a community clinician," says Dr. Méndez. "The call that came from the NIH and each component of EMBRACE centers on the expertise of Black leadership and leaders of color — peo-



DR. DARA D. MÉNDEZ (PHOTO BY EMMAL ALIQUIVA)

ple who've been excluded in the past and present," she adds.

"This diverse group of community and academic experts share a vision to advance Black maternal and reproductive health equity and justice," Dr. Méndez continues. "The NIH grant will help us do this by funding our research, training, practice, and policy efforts. This builds upon a long history of local expertise and knowledge in the community and academic settings."

EMBRACE includes a community engagement component, training component and an intervention study.

The Center's first focus is to work with and champion community organizations and leaders to create and implement action plans

that improve the physical and mental health of Black birthing people.

Healthy Start Pittsburgh and CEO Ms. Jada Shirriel serve as the coprincipal investigator of the Community Component along with University of Pittsburgh faculty member Dr. Onome Oghifobibi and University of Illinois at Chicago faculty member Dr. Ashley Hill.

Dr. Méndez is proud of — and firm about — her belief that community-based organizations and leaders can transform and uplift academic research from start to finish. From determining what to study and how to do it, to communicating what researchers have learned, to putting the findings into action, the community's lived experience and expertise is crucial. "It's the best way to transform how we advance the health and wellness of Black communities," she says.

The second focus of EMBRACE is to create and offer training and development on the causes of Black birthing inequalities. This includes topics like anti-oppression and reproductive health and justice. Researchers, maternal healthcare providers and workers, and other individuals (whose work focuses on maternal and child health) will receive the training.

The coprincipal investigators of the training component are Ms. Ngozi Tibbs,

expert trainer in maternal and reproductive health equity and justice owner of Journey Lighter and Pitt Public Health faculty member Dr. Cathy Haggerty.

Finally, EMBRACE will work to further develop intervention research through a program called IMPLICIT. IMPLICIT is an existing model that provides care during pregnancy, as well as screening and support for birthing people after delivery during their infant's well-child visits.

For EMBRACE, the team will refine and develop a community-informed model of fourth trimester care at several UPMC Family Medicine clinics. "The fourth trimester happens in the weeks following a birth," says Dr. Méndez. "During that time, individuals are less likely to get the support and care they need and can experience poor physical and mental health outcomes."

Coprincipal investigators of the fourth trimester care intervention are Drs. Stacy Bartlett and Cynthia Salter in Pitt Medicine and Public Health, respectively.

Dr. Méndez continues, "The EMBRACE Center will allow us to create and implement interventions that will uplift Black maternal and infant health in our region and the health of the communities where Black families live, work, play, and age."

Doula care helps pregnant women navigate a safe and empowering birth

In the U.S. where the maternal mortality rate is the highest of any developed country, interest in doula care is on the rise. A doula (pronounced DOO-lah) is a trained expert who gives emotional, physical, and informational support to mothers before a baby is born, during labor and delivery, and after the birth (postpartum).

Unlike doctors or midwives, doulas focus on a mother's well-being by offering personalized care and comfort. By walking with families thru the birthing process — and offering postpartum help — doulas make the transition to parenthood safer, smoother and more affirming. Indeed, according to the National Health

Law Program, doulas improve health outcomes and reduce racial disparities, including Black maternal mortality rates.

Some doulas focus on specific areas, such as postpartum care, sibling support for older sisters and brothers, and bereavement support after a miscarriage, stillbirth, or abortion. Other doulas, like Kenisha Wilson, a community health worker (CHW) and certified doula at AHN, cover the full spectrum of pregnancy.

"Doulas tailor care to the specific pregnant person and family," Kenisha explains. "Each person's birth preferences are as unique as the individual. As doulas, what we hold true for everyone is an



KENISHA WILSON

emphasis on the birthing person's well-being."

Fundamentally, birth preferences (often called a birth plan) include how a woman envisions labor and delivery taking place. "Does the mother want low light, essential

oils, and affirmation while she's laboring?" Kenisha explains. "Does she want to labor in a warm shower with music playing? When is the best time to get an epidural? Will gentle massage help her relax? Does she want me to coach her partner or attend to an older sibling who's present? In the delivery room, I serve as the mom's environment control."

If the idea of having someone other than family in the delivery room doesn't appeal to you, doulas offer other services. "For example, during pregnancy, doulas can help women understand their bodies, including hormone changes," says Kenisha. "They can suggest ideas for dealing with morning

sickness and fatigue.

"After delivery, doulas can help with breast feeding and newborn care, offer tips for sibling adjustment, schedule appointments, and provide light in-home housekeeping and meals that allow a new mom to rest," she adds.

Doula care is covered by some health insurance, including Medicaid in Pennsylvania. In Kenisha's case, doula care is offered by AHN as part of its pregnancy and newborn services. Other hospitals, including UPMC, offer similar resources. "Independent doulas are available as well, and some offer payment on a sliding scale based on income," Kenisha notes. Scholar-

ships and grants may also cover costs.

Kenisha encourages pregnant women — especially women who live in underserved communities — to talk to a doula and learn more about the process. "Women can never have too many people advocating for their health and well-being," she says, "especially during such a life-changing event."

For more information about finding a doula, talk with your healthcare provider or visit master-softmaternity.com. State requirements for doula training/certification can be found on the Doula Law Project website.

Healthy Start battles inequities and transforms health outcomes for birthing people and their babies

In 1991, healthcare providers in the U.S. didn't understand why certain areas of the country were experiencing more and more infant mortality and low birthweight babies.

However, what they did know was these things were happening to minority women and low-income White women the most.

To help figure out why — and stop the upswing — the United States Health

Resources and Services Administration founded a national program called Healthy Start, which included 15 national sites — including one in Allegheny County.

Today, Healthy Start serves about 104 projects in 39 states, Washington, D.C. and Puerto Rico — and Healthy Start Pittsburgh has become a regional powerhouse for marginalized people.

The organization supports women, children, fathers, families, and neighborhoods thru community-based programming, systems coordination, advocacy, research, and training for Allegheny and Westmoreland counties.

The goal is to make sure all families have access to affordable, quality care that improves maternal and child health outcomes

and quality of life — at no charge.

The Healthy Start Pittsburgh team is made up of experts in areas that support birthing people and their babies. These people include health counselors, lactation support specialists, Lamaze teachers, Doulas, nurses, mental health experts, researchers, and public health advocates and workers.

The team works with

residents, medical providers, social service agencies, businesses, and faith-based organizations, like churches, temples, and mosques. They focus on three areas.

The first area is to positively impact health behaviors and experiences of pregnant people who are at an increased risk for poor birth outcomes.

The second area centers on improving birth outcomes, such as reducing the

rate of premature and low birthweight births.

The third area spotlights working as a team to make improvements in how healthcare providers organize and deliver services — ideally in a transformative way.

For more information about all that Healthy Start Pittsburgh offers to Black families, visit healthystartpittsburgh.org or call 1-412-247-4009.