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HOUSE OF REPRESENTATIVES
COMMONWEALTH *of* PENNSYLVANIA

House Democratic Policy Committee Hearing

Vision for Black Maternal Health: From Reality into Policy

Thursday, April 11, 2023 | 12:00 p.m.

Representative Gina Curry

OPENING REMARKS
12:00 p.m. Rep. Gina Curry (D-Delaware)

PANEL ONE
12:05 p.m. Dr. Sharee Livingston, Founder, OBGYN
Patients R Waiting, UPMC Lititz

Q & A with Legislators

PANEL TWO
12:30 p.m. Jada Shirriel, Chief Executive Officer
Healthy Start, Inc. Pittsburgh

Q & A with Legislators

CLOSING REMARKS
12:55 p.m. Rep. Gina Curry (D-Delaware)

Remarks and Testimony can be found by scanning the QR Code below:

Black Maternal Health Hearing
House Democratic Policy Committee
April 13, 2023

On behalf of UPMC, I would like to thank the House Democratic Policy Committee and its Chairs for allowing me to speak at today's hearing on Black maternal health.

I am honored to join you in discussing this important topic.

My name is Dr. Sharee Livingston, and I am the chair of obstetrics and gynecology at UPMC Lititz in Lancaster County, PA. I also serve as a Founding Board Member of Patients R Waiting and Co-founded the group's Diversifying Doulas Initiative, which I will discuss at length in my testimony.

Held annually on April 11-17, Black Maternal Health Week provides a time for individuals and organizations across the country to deepen conversations around Black Maternal Health and amplify community-driven policy, research, and care solutions for our state and country.

It is critical that we prioritize safer care for birthing people and focus on solutions to the current maternal health crisis, with particular focus on Black maternal health.

Among resource-rich nations, the United States is the least safe country in which to have a baby[1]. Within the U.S., Pennsylvania ranks 26th among states with the highest maternal mortality rates[2].

According to data from 2022, the PA maternal mortality rate is 18.6/100K live births. By comparison, California's rate is 10/100K live births. Our PA rate is higher than the Healthy People 2030 goal of 15.7/100K[3].

Across the state, the pregnancy associated maternal mortality rate for Black birthing people was twice as high as their white counterparts. While Black people accounted for 14% of live births in a 2013-2018 analysis, Black birthing people accounted for 23% of deaths during the same time[4].

Created in 2018 in accordance with Act 24, the PA Maternal Mortality Review Committee (MMRC) was designed to identify, review, recommend, and prevent pregnancy associated deaths[5].

According to the MMRC, 92% of cases reviewed in 2022 were deemed preventable[5]. This means there was at least some chance of the death being averted by one or more reasonable changes to patient, family, provider, facility, system and/or community factors.

Now that you know these unacceptable statistics, allow me to dive into solutions that the Pennsylvania legislature could and should act on.

First solution: Support Doulas

A doula is a person who provides emotional, informational, and physical support before, during, and after pregnancy and childbirth. Since they are not medical professionals, they cannot deliver babies, provide medical care, or administer pain medication. However, their time, attention, and techniques serve as a highly valuable addition to the OB/GYN team; doulas mitigate, intercept, and run interference for their clients by effectively communicating with the health care providers.

For over 10 years, UPMC and UPMC Health Plan have supported doulas, and UPMC has clinically integrated doulas into patient care through our Birth Circles Doula program, which helps women who plan to deliver at UPMC Magee-Women's Hospital at every stage of pregnancy.

Regardless of race or insurance, for every 100 deliveries under doula care, UPMC has come to expect 3-4 less preterm births, 5-7 more postpartum office visits, 7-11 more patients exclusively breastfeeding at discharge, and 13-24 more vaginal births after cesareans[6].

When asked how helpful doulas were during pregnancy, 82% of patients said they were helpful or very helpful, and when asked how helpful they were during the birthing experience, 85% of patients said helpful or very helpful[6].

Throughout my medical career, I have proudly worked alongside doulas and midwives inside and outside of the hospital setting; I can say with confidence and certainty that they have helped me provide safe care to birthing people in Lancaster County.

In 2017, a study was published where researchers examined the use of continuous support for women during childbirth. They combined the results of 26 trials that included nearly 16,000 women[7].

The overall findings indicated that women who received continuous support during labor, such as the support provided by doulas, were more likely to have spontaneous vaginal births and less likely to need pain medication, vacuum or forceps-assisted

births, Cesareans, or epidurals. They also experienced shorter labor times, were less likely to have negative feelings about childbirth, and were more likely to have newborns with high Apgar scores at birth; the higher the score, the better the baby is doing[7].

It is worth noting that the researchers in this study also wanted to determine if the type of support that the woman received made a difference. For example, did it matter if the person chose a midwife, doula, or partner for continuous support?

For women with doulas, there was a 39% decrease in the risk of Cesarean compared to 25% for women with other kinds of support. Women with doulas also had the highest increase in the likelihood of a spontaneous vaginal birth. These findings are further proof that doula support leads to positive health outcomes[7].

In July 2020, I Co-founded the Diversifying Doulas Initiative (DDI) to help mitigate any worsening gaps in maternal health disparities during COVID-19.

Our mission is to decrease maternal mortality and morbidity in birthing people of color through increasing the number of Black and Brown doulas and providing fully subsidized doula care for pregnant people of color in Lancaster County and beyond.

To date, DDI has trained 28 doulas of color in Lancaster County, representing a 2,700% increase, and provided 230 birthing people of color with fully subsidized doula care.

In under three years, DDI has improved maternal health outcomes in pregnant people of color. Our patient surveys indicate 100% satisfaction with doula care received and 100% of respondents reported feelings of fear or anxiety prior to delivery, which was relieved by support from their doulas. 71.2% of our clients delivered vaginally and 92% thought having a lactation support person of color impacted their decision to breastfeed.

In this legislative session, UPMC will be strongly supporting efforts to extend Medicaid coverage to doulas throughout Pennsylvania. By expanding access to doulas, maternal health outcomes will be improved, and racial disparities reduced.

Second Solution: Prioritize Health Equity

It is important to center Black birthing people this week and throughout the year. This belief is why I helped to create UPMC's Health Equity Now (HEN) committee, which is working to decrease maternal morbidity and mortality in women of color, racially/ethnically diverse populations, and vulnerable communities receiving care in the UPMC system.

More than 50 internal and external individuals make up UPMC HEN, and our group has three primary areas of focus: 1) People- focusing on the patient, morbidity and mortality data, and health outcomes; 2) Processes- examining the day-to-day practices on our labor and delivery units to improve safety for pregnant patients, and 3) Policy-

promoting legislation that supports overall health and well-being of pregnant patients; this would include support for doulas.

I would strongly encourage other organizations and institutions that are interested in examining and addressing challenges around Black maternal health to create their own health equity committee.

Third Solution: Diversify Medicine and the Perinatal Workforce

According to the US Census Bureau, the number of US physicians and surgeons who identify as Black has remained stagnant at 5% over 40 years. Additionally, of the 36% of doctors who identify as female, 2% are Black females[8]. We must increase the pipeline of minority students who are entering the field of medicine. This requires a multifactorial approach where we increase the number of diverse students entering the pipeline at earlier stages, supporting them once they are in the pipeline, and working with medical institutions to eliminate outdated policies. Patients R Waiting is tirelessly working to eliminate health disparities by increasing diversity in medicine.

So why should this matter to you…..Everyone has a mother, and when moms die, it has a ripple effect and lasting impact on children, support people, families, communities, and the entire human race.

When the most vulnerable birthing people are centered, then all birthing people can enjoy the safety and beauty of childbirth.

Thank you again for allowing UPMC to provide testimony on this critical topic. We welcome the opportunity to act as your resource and partner.

References

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Good afternoon and thank you for the opportunity to provide testimony during today's House Democratic Policy Committee Hearing. Thank you Policy Chair Bizzaro, Rep. Curry, Rep. Daley, Rep. Bullock, Rep. Mayes and Members of the House of Representatives. I applaud your vision for eradicating Black maternal health disparities.

I identify as a Black woman, a mother, a sister, a wife and I bring all of those identities to my work as Chief Executive Officer of a premier community-based public health organization in Allegheny County called Healthy Start. Our mission is to improve maternal and child health and to reduce poor birth outcomes and infant mortality. For over 30 years we have focused on supporting Black women, birthing people and families in a county where the infant morality rate for Black babies is 3 to 4 times that of white babies and where Black women earn a little over 50 cent on the dollar a white man earns. The data bears 101 other ways that Black women in Allegheny County are marginalized. Pittsburgh has been named—formally or informally depending on who you ask—one of the worst cities in the nation for Black women.

I am here today by way of direct invitation from Rep. Mayes. We have followed each other's careers for over a decade and share much of the same passion for our community. Due to personal commitments—family, work, I was unable to travel to Harrisburg today and called on a colleague and sister who I know has a fierce passion for community, and who has her own compelling story as a mother and advocate, to provide testimony today in my stead. It is so important that we have a village—we all like to promote that saying. And still I had to show up because politics got in the way. With deep gratitude for everyone who made sure that we have an opportunity to center the voices of Black women on today, it does not go unnoticed that someone else's priorities has shaped—or limited—my choices. You see, one of the underpinning of our maternal health crisis is that Black women have very little respite—even during Black Maternal Health Week. Very little respite from micro-aggressions, very little respite from medical neglect, very little respite from being not seen and not heard, and very little respite from America's racism. And frankly, too often politics gets in the way of our wellness.

20 years ago, I gave birth to my first son, with two more to follow, via what's known as emergency cesarean. I had no health issues, was a graduate student at Carnegie Mellon University, had a supportive partner who is now my husband, and strong family support. But I was young, Black and unmarried. I was straddling a world of world-class education and WIC and the welfare line. While I was fighting to be seen as an emerging professional, little did I know that, statistically speaking, that was what could kill me. I knew that WIC and the welfare line were temporary, but being a Black woman who would have to always justify my right to BE is a lifetime commitment. And as I've been pulled into my professional journey at Healthy Start, I've watched the story unfold as our broader society and the media have taken a keen interest in the Black maternal health crisis over the past seven years or so. But despite all that we continue to learn about this issue, still in 2023, according to the CDC, Black women are three times more likely to die from a pregnancy-related cause than white women, while 84% of maternal deaths in the US are classified as preventable. My question is, when will our actions catch up with our words?

BMHW, Founded by Black Mamas Matter Alliance, is a week of awareness, activism, and community-building aimed at amplifying the voices of Black Mamas, and centering the values and traditions of the reproductive and birth justice movements. BMHW23 is, above all, a week dedicated to educating and advocating for Black Mamas.

This year's theme, "Our Bodies Belong to Us: Restoring Black Autonomy and Joy," which speaks to our strength, power and resilience, and our unassailable right to live freely, safely, and joyfully. This shouldn't be our wish; it is our human right. At Healthy Start we serve birthing people holistically with doula supports, mental health services, home visitors, community health works, fatherhood staff and other public health practitioners. For many of our participants, their starting point is from a place of trauma.

- The Black women I serve daily desire to have healthy pregnancies and delivery without fear of harm from hospital staff.
- The Black women I serve daily desire to be respected in their ability to make choices for themselves and their families without increased risk of criminalization.
- The Black women I serve daily desire to have choice and autonomy over when and how they build their families.
- The Black women I serve daily desire to hold employment that is meaningful, gainful, will allow them to sustain quality of life and will allow them to navigate parenting and other personal commitments.
- The Black women I serve daily desire to have choice of how they feed their families.
- The Black women I serve daily desire care, respect and precision in their medical care.
- The Black women I serve daily desire to live in livable communities with infrastructure that promotes health and safety.

The Black women I serve daily want the same things you would want for yourselves, and you would want for your loved ones. Too many women and birthing people are subject to lack of protections or policies that are harmful and oppressive. We cannot ignore when policy is harmful and rooted in racism—and how this disenfranchises our collective ability to be human together. Dr. Camara Jones, my favorite doctor and scholar, provides the following definition of racism: "A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call 'race') that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities and saps the strength of the whole society through the waste of human resources."

I challenge you to think about where this characterization of racism resonates with you and your work, and where we need to see policy that how leading with our own limited perspective can be harmful and oppressive. I've had to do the same in my journey to serve my community.

Medicaid expansion has been a win, but we need more. Many of the women we serve at Healthy Start have chronic health conditions that can be exacerbated by any lapse in insurance coverage. Centering Pregnancy is a prenatal care model that addresses social determinants of health coupled with clinical care in a group setting. We need more of that! Everyone should have the support they need during pregnancy and delivery and doula coverage through Medicaid does just that. These are life saving and life sustaining choices. We also know that economic factors, housing policies and access to mental health supports all affect maternal health outcomes. Increasing the minimum wage and passing the Family Care Act support family wellness and maternal health. Legislation potential to drive systemic change in Pennsylvania.

Our most vulnerable community members and families are counting on us. As a nation, as a Commonwealth, we are only as strong as those of us who are most in need. If we are truly here to serve, it is in all of our best interest to stem the preventable deaths of Black women and babies. Thank you.

House Democratic Policy Committee Policy Hearing Testimony
Joanne Craig
April 13, 2023

Good afternoon, members of the House Democratic Policy Committee and Chairman Ryan Bizzarro, Members of the Pennsylvania Commission for Women, the PA Legislative Black Caucus - Joint Committee on Women & Girls of Color and the Women's Health Caucus. A special thank you to Representative Curry for including me in today's important hearing. My name is Joanne Craig, I am submitting this testimony representing The Foundation for Delaware County, in my role as the Foundation's Chief Impact Officer. The Foundation for Delaware County is a community foundation formed in 2016 upon the sale of the former nonprofit Crozer Keystone Health System. The health system was sold to a for-profit entity requiring the dissolution of the assets of the health system's two hospital-based foundations. The former health system's board wisely decided to reinvest the proceeds in Delaware County and launched the community foundation. The Foundation for Delaware County is one of 780 community foundations across the country.

Our vast knowledge of the county allows us to offer top rate philanthropic services that help donors – individuals, families, and businesses – support the causes important to them, including everything from health to affordable housing to food security to providing funds for the arts and improving the environment. We partner with others to lead initiatives and programs that address the issues and challenges faced by Delaware County and its people.

Through smart philanthropy and informed decision-making, we invest with confidence in truly effective nonprofit organizations that align with our mission of improving the well-being of the county's diverse residents. The Foundation has a broad reach in the Delaware County community; we make grants to nonprofits working to address the social and environmental determinants of health, we inspire and facilitate philanthropy and it's reach in Delco. We convene and connect stakeholders around issues that matter and expand channels of community engagement. The Foundation is unique in the community foundation space as we also run public health programs with a maternal, child, and family health focus.
While the Foundation is relatively new (celebrating its seventh anniversary at the beginning of July) our public health programs and many of our staff have been doing this work for decades. Each year these programs collectively serve 10,000 women, children, and families.

The Foundation's public health programs were the outward facing public health resources of the Crozer--Keystone Health System. When the health system was sold and became a for-profit health system, the programs transitioned to their new home at the Foundation because the now for-profit health system could not legally maintain the program grants. These programs include the WIC program serving Delaware County for more than 45 years, the federally funded Healthy Start project (25 years) serving the City of Chester, state funded Nurse-Family Partnership Program, (15 years)– Healthy Start and Nurse-Family Partnership are two home-visiting programs that serve birthing individuals and families in the perinatal period across Delaware County. We also have a Health Resource Center at Chester High School that provides much needed adolescent sexuality education, counseling and connection to resources.

House Democratic Policy Committee Policy Hearing Testimony
Joanne Craig
April 13, 2023

As Chief Impact Officer, my work in the Foundation focuses on information gathering, listening, and learning, connecting, convening, and advocacy. I am one of the Foundation's executives. I lead strategic planning, partnership development and collaborative efforts to offer services and resources to improve access to benefits, care, and services.

Our focus is – and has always been – Delaware County families, especially in communities that have seen decades of disinvestment and where barriers to care and distrust in many systems are, and have always been, significant.

We are here today to talk about Black Maternal Mortality during Black Maternal Health Week because of the alarming rise of maternal deaths in Pennsylvania, which recent data shows has been exacerbated by the pandemic; amidst growing cases of clear neglect in care in hospital systems immediately after labor and delivery.

- According to the Centers for Disease Control and Prevention, approximately 700 women die each year in the United States because of pregnancy or delivery complications. Almost two-thirds of pregnancy-related deaths are preventable (Source: CDC)
- In 2020, Black women were most disproportionately affected with a mortality rate of 55.3 deaths per 100,000 live births, compared to 19.1 deaths per 100,000 live births, and 18.2 deaths per 100,000 live births for White and Hispanic women, respectively (Source: CDC).
- In 2020, the maternal mortality rate for Black women was 3 times the rate for White women in the United States. Multiple factors contribute to these disparities, such as lower quality healthcare, structural racism, and implicit bias from healthcare providers, and underlying chronic conditions. (Source: CDC)
- The U.S. has an infant mortality rate of 5.4 per 1000 live births in 2020, with a health disparity among Black babies at a rate of 10.6 deaths per 1,000 live births in 2019. (Source: CDC)
- Black mothers are more likely to suffer from PMADs (Perinatal Mood and Anxiety Disorders) like postpartum depression, in silence and without clinical help. (Source: NCBI)
- In Pennsylvania, Pregnancy-Associated deaths have increased 21% over a 5--year period, Black, non-Hispanic women account for 23% of those deaths. During that same time--period, Black, non-Hispanic women in the state only accounted for 14% of births. In Delaware County, we know that Black infants are dying at rates much higher than Pennsylvania rates and several times the national rates. We need better access to data to truly understand the impact of maternal deaths and morbidity in our county, but we know these rates often track together.

The driver of the racial disparity in infant deaths lies in the maternal health and prematurity category; babies born too early and too small to survive. In a Foundation sponsored study, the data showed that deaths of infants born to mothers in Upper Darby and Chester accounted for 40% of the total deaths, despite -two municipalities making up only about a quarter of Delaware County's total births. This data was from when all county's hospitals were open and functioning, when women had places close by to deliver in both of those communities, and Neonatal ICUs were open in both those communities to care for medically fragile infants.

We can anticipate that both infant deaths and maternal deaths will increase in Delaware County, not only because of a birthing hospital (and another emergency room~~?~~) closed leaving close to 1,000 families scrambling to find a new place to deliver and navigating travel, but because other hospitals aren't equipped for increased numbers and to care for the cultural and linguistic diversity of patients coming.

What can you do to help?

Pennsylvania needs maternal health hubs.

Pennsylvania needs more community-based supportive services such as home visiting programs, slots, more community health workers and home visitors and adequate funding to support this service delivery. Ideally, funding will be increased significantly so that clinical care can be layered into these settings to bridge the catastrophic access gaps that are widening with the closing of hospitals and birthing facilities. Increasing integrated access to midwife services is one way to approach the need for community-centered clinical care for families.

Pennsylvania needs more Black-led Doula care.

Pennsylvania needs more resources to directly connect providers with community-based supportive services to surround Black and all pregnant people and Mamas with desired care. Last year, the Foundation launched a pilot doula initiative in the City of Chester and is now providing labor support to birthing individuals at area hospitals in conjunction with their home visiting services. For Chester residents, the Foundation has also developed a Clinical Maternal Mortality Program that formally connects the local Federally Qualified Health Center ChesPenn Health Services with our Healthy Start and Nurse-Family Partnership (NFP) programs. Patients at high risk for maternal mortality seen at ChesPenn are also enrolled with Healthy Start and NFP. This trio of services (clinical provider and community-based supportive services) work together with the patient to deliver healthcare, case management, connection to resources, education and other services. Additionally, ChesPenn clinical staff meet monthly with the Foundation's Healthy Start/NFP staff to share information (with the patient's permission), identify needs met, successes, concerns and challenges.

The public health programs and services at The Foundation for Delaware County are part of the model for solutions that can be replicated to address the high and disparate rates of Black Maternal Mortality and Infant Mortality. Our programs support more than 500 families each year with case management services, education and connection to resources through a Community Health Worker model, and personal care nurses visiting families in their homes or in the places that they are most comfortable. These services are free. The programs also offer civil legal assistance focused on the Social Determinants of Health including housing, utility assistance and benefits access through our Medical-Legal Partnership program, in-house behavioral health services through our Moving Beyond Depression program and counseling services, and specialized services to women with substance use disorders and a Chester-based doula initiative. In 2021, the Foundation launched HOPE, our Housing Opportunities Program for Equity, focused on expanding our housing access and housing stability supports. In addition to participants enrolled in the above noted services our WIC program provides nutritional counseling, education, breastfeeding support, and cash benefits to supplement nutrition for nearly 9,000 expecting and parenting families in Delaware County.

But we only can serve a percentage of the families in need in the county because of funding and staff capacity.

Healthy Start often uses the tagline "Standing in the Gap" this is a space many of us speaking to you today see this work in – a gap that unfortunately keeps widening. When we talk about racial disparities in infant and maternal health, we need to be clear that structural inequities, systemic racism and biases underlay these disparities. To quote Dr. Joia Crear Perry formerly President of the National Birth Equity Collaborative; *"racism, not race, causes health disparities."* Our work as a community is to mitigate toxic stressors for individual families and collectively dismantle those structural pieces that are contributing to poor health and build new pathways to good health.

You've heard today from many of us who are working in spaces adjacent to traditional healthcare facilities; we need your help. Yes, we need more support and funding to support this work, we have effective and well-established programs in Delaware County that are doing amazing work. We need alignment and help with coordination to ensure pregnant people and families find and link in a meaningful way to the resources that exist. We need adequate, and fair reimbursement and/or support for doulas. Doula services, especially community-based programs led by Black women who understand *exactly* the support that other Black women need, should be protected and promoted as a critical and independent service for families as they give birth and bring home babies. But we also need safe, respectful, and accessible places for women to be clinically cared for and for babies to be birthed in.

Thank you for your time today, we look forward to partnering, delivering services, and doing the work. We appreciate the opportunity to be heard and the focus and advocacy on Black Maternal Health in Pennsylvania.

https://delcofoundation.org/community-programs/our-initiatives/prenatal-periods-of-risk

Black Maternal Health Week 2023 Policy Hearing Testimony

Submitted by: Ashley Comans, Healthy Start, Inc. Media & Gov't Relations Manager | Moms Rising PA Parent Power Campaign Director

I'd like the start by thanking Chairman Bizarro, Rep. Curry, Rep. Daley, Rep. Bullock, Rep. Mayes, and all the Members of the House of Representatives.

In the United States, maternal mortality rates among Black women are disproportionately high. While complex factors such as access to healthcare and socioeconomic status influence maternal health outcomes, the ways in which physicians interact with pregnant Black women needs to be addressed.

My personal story, after three years of marriage, my husband and I became expecting parents in the fall of 2019. I had an OBGYN I'd been seeing since 2017, decent private health insurance coverage, a supportive village, and a basic amount of knowledge about being a pregnant person. In hindsight I went into this pregnancy blinded about how bad the disparities are for women like me. I had a birth plan and I communicated it with my husband, my mom, and my OBGYN. We were a team. There was a slight worry that my daughter may have ingested her meconium so there was a group of doctors ready to take her to the NICU if necessary. I successfully delivered my daughter, she came out perfect, and was not in need of NICU care. We immediately did skin to skin and then she latched immediately, and all was well.

Next thing we learn, news hot off the press from the Pgh TribLive, Fourth of July fireworks came early for 40 Pittsburgh area families.

The staff at West Penn Hospital delivered 40 babies in 36 hours — a West Penn Hospital record. My family was a part of this number. A total of 26 newborns were delivered in 24 hours between midnight on July 3 and midnight on July 4, breaking the previous record of 22.

We learned of this news after being situated in our room post-delivery and our family and friends seeing the news and curious if we were one of those included. Yes, we were. Listen to that, 40 births. Now I don't have the data for the other families and how their outcomes looked, but for me, I didn't even realize the intense pressure the staff at the hospital was under during my labor. This seemed to be a well-oiled machine.

As I shared the story of my first birth, were you waiting for a negative experience? Did you anticipate another sad story that too many moms who look like me face? I can only thank my God for sparing me and having a team of folks who wanted the best for me. Because according to the data there was a high chance my story could have been different.

As a first-time mom, I was honestly surprised at how smooth everything went. You hear horror stories because too often women and birthing people aren't listened to. All I could think about was how this type of experience is the way it should be. My experience should be the norm, but unfortunately it is not.

I think to myself. Was it my private health insurance? Was it my mother being a healthcare professional herself? Was it my capability to advocate for myself? Was it my husband asking questions and making sure he understood what was going on? Or was I fortunate to have a birth team who was truly in it to

give the best care to me and my family during my 15 hours of labor and delivery? I'd like to believe it's the latter.

But still, to this day, after having two children and a great birthing experience, I ask myself, why was I so fortunate?

In May 2021 I joined the team at Healthy Start. Prior to my start, I was beginning to learn more about the crisis of maternal mortality after the death of a birthing mother and their baby hit close to home. I learned the most chilling data surrounding Black women/birthing folks and the disparities in birthing children between Black and white women and birthing folks. It was where I recognized again how fortunate I was in my experience giving birth to my daughter pre-pandemic and the support I had in place. Again, something I believed was normal. I'll even take it back to 1999, when as a 12-year-old girl, I watched my mom carry my little brother in what is known clinically as a geriatric pregnancy. What I noticed was there seemed to be a focus on her safety carrying my brother at her age, and she safely delivered him and then nursed him for 3 months before she had to return to work as a nurse. For me and my lived experiences, there wasn't a reason why this wasn't the norm. Until I truly looked at the data and heard numerous stories from black women whose experiences birthing their children was the scariest moments in their lives. Some were real life nightmares.

At the end of the Summer of 2021 my husband and I conceived our 2nd child. This time I was just as excited to have another child but my awareness of the outcomes for women like me was now like a burden I had to carry and push through. I had a fear about my outcomes that I didn't have the first time around.

It's like, in addition to all the other conversations Black families must have at their dinner table, we now have to have "the talk" with our children/families about the dangers of birthing while Black.

BMHW, Founded by Black Mamas Matter Alliance, is a week of awareness, activism, and community-building aimed at amplifying the voices of Black Mamas, and centering the values and traditions of the reproductive and birth justice movements. BMHW23 is, above all, a week dedicated to educating and advocating for Black Mamas.

This year's theme, "Our Bodies Belong to Us: Restoring Black Autonomy and Joy," which speaks to our strength, power and resilience, and our unassailable right to live freely, safely, and joyfully. This shouldn't be our wish; it is our human right.

Despite starting prenatal care earlier than Black women in similar cities and having lower rates of gestational diabetes, hypertension and infection, Black women's maternal mortality is higher in Pittsburgh than 97 percent of similar cities. But my city touts it's the most livable city, right? Not for people who look like me.

The inequality between White and Black maternal mortality rates in Pittsburgh is greater than the inequality between White and Black maternal mortality rates in 84 percent of similar cities.

Compared to White mothers, Black mothers are 3 times more likely to give birth to extremely low weight babies.

Let me be clear, no one should die from a preventable death due to giving birth to new life. To know biases and racism plays a huge factor in this data is appalling.

The commonwealth of Pennsylvania can and should do better when it comes to ensuring a safe experience when bringing new life into the world. Like, the extension of Medicaid coverage for moms and birthing folks postpartum up to 12 months and payments for doula coverage through Medicaid. These are lifesaving choices for those who are most vulnerable to having negative experiences in the hospital. This type of legislation is a start, but we know there's more that can be done. What other ways are we envisioning policies that will support families we serve? Increasing the minimum wage, passing the Family Care Act, and like the theme for Black Maternal Health Week this year, ensuring we have bodily autonomy and the freedom to make the decisions which serves the needs of an individual and their families. When it comes to our bodies, it should remain a woman or birthing persons choice on how to make the best decisions. Abortion access is health care and family planning should be a family's personal choice on what that looks like.

I'll finish with some facts I learned while at the National Healthy Start Conference last month.

Black women are 4x more likely to die from pregnancy or childbirth complications than white women: 42.8% of Black women per 100,000 live births, as opposed to 12.5% of white women and 17.3% of women of other races.

You would be gravely mistaken to believe that you can earn your way out or learn your way out of the experiences of being Black in this country. The average household income of Black women who experienced severer maternal morbidity and mortality is $123,750.00.

Lastly, 84% of maternal deaths in the US are classified as preventable. That should make every single one of us want to do more for those who are the catalyst to bringing new human life into this world. It should be a celebration, not a death wish.

Pennsylvania, it's time we take every opportunity to ensure we are preventing the deaths of Black women and babies simply wanting to create new life. It is our human right.

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Comments Submitted in Response to the April 13, 2023 Hearing on Black Maternal Health

Policy Chair Bizarro, Rep. Curry, Rep. Daley, Rep. Bullock, Rep. Mayes and Members of the House of Delegates:

We are faculty and researchers at the University of Pittsburgh School of Public Health who investigate pregnancy and parenting health outcomes among Black populations. We do not speak on behalf of our employer but our written testimony is based on our expertise in public health, equity and policy. We appreciate the opportunity to contribute to this hearing by providing information summarizing the state of the scientific evidence about the causes of longstanding racial health inequities and promising directions that you, as policymakers, may consider to advance the health of the communities and constituents that you represent. The Reproductive Justice (RJ) movement encompasses 3 broad components: 1) the ability to be pregnant; 2) the ability to prevent or end an unwanted pregnancy; and 3) the ability to parent children, free from coercion and in an environment that is supportive of such reproductive health actions.[1] Our remarks are grounded in reproductive justice a movement founded by Black women. We also uplift the work of New Voices for Reproductive Justice, founded in Pittsburgh, PA, which has been leading critical efforts across the Commonwealth.

The maternal mortality crisis among Black populations

Racial inequities in severe maternal morbidity and mortality continue to increase and constitute a national public health crisis.[2-4] The rate of maternal mortality in the United States far exceeds that of comparable high-resource nations,[5] and Black people have approximately 3-fold higher rate of pregnancy-related mortality compared to white people. The most recent data demonstrate an alarming widening of this racial inequity from 2018-2020,[6] with a Black mortality rate of 55.3 per 100,000 in 2020 compared to a white mortality rate of 19.1 per 100,000. Rates of severe maternal morbidity (SMM), which encompasses life-threatening conditions during pregnancy and postpartum, have increased by nearly 200% in the past 20 years,[3,4,7,8] and significant racial inequities exist in SMM as well.[2,9,10]

In Pennsylvania, Black birthing people experience 14% of births yet 23% of pregnancy-associated deaths.[11] In Allegheny County specifically-- the region of focus for the EMBRACE Center of Excellence-- *Black birthing people are more likely to die in pregnancy than their peers in 97% of other cities,[12] and three times more likely to die in pregnancy than are White people based on data from 2015 (source: Allegheny County Health Dept).* Also, the Healthy People 2030 goals have a target of reducing maternal deaths to 17.5 deaths/100,000 lives births and in severe maternal complications.

Structural factors contributing to adverse outcomes in the healthcare system

Disparate outcomes in maternal morbidity and mortality are driven by social and structural factors, including medical racism and racialized policymaking decisions.[13,14] Racial inequities in morbidity and mortality are rooted in a long history of oppression that reinforce traditional power structures, discriminatory beliefs, and distribution of resources.[15,16] In 1927, the U.S. Supreme Court permitted states to forcibly sterilize people with disabilities or who were otherwise deemed “unfit” for reproduction, resulting in at least 70,000 forced sterilizations in

the 20th century.[17] In the latter half of the 20th century, Black, Indigenous, and Latin low-income people, particularly women, experienced high rates of forced sterilization relative to women of other races as part of "poverty prevention" efforts.[18,19] Today, this history manifests in quality of healthcare that is inequitable across racial and socioeconomic lines.[20] This history also manifests in multiple ways in our contemporary setting and in Allegheny County, PA[21] including: 1) inequitable treatment and access to high-quality clinical and social services care; 2) inequitable distribution of resources to communities; 3) inequitable distribution of power, policies and decision-making processes. *Due to the complex intersections of structural and social determinants of health (e.g., access to quality healthcare, limited access to healthy food options, structural racism), Black birthing people enter pregnancy with a disproportionate burden of chronic medical illnesses that contribute to SMM* and are more likely than other populations to experience potentially avoidable pregnancy complications.[22,23]

Inequitable delivery of healthcare services have been documented related to the major conditions underlying pregnancy-related mortality through the first year postpartum – namely, cardiovascular disease, mental health conditions, and substance use disorders.[24] Relative to White patients, Black patients are less likely to access care to address hypertensive disorders in pregnancy,[25] less likely access care for postpartum depression,[26] and less likely to access treatment for opioid use disorder in the postpartum period.[27]

Policy as a structural intervention

The policies and practices that continue to drive inequities in power and privilege are fundamental in understanding and eliminating maternal health inequities. Dr. Joia Crear Perry, Founder and Executive Director of the National Birth Equity Collaborative says "Racial disparities in health exist not because Black people are broken, or genetically inferior, or

make poor choices, but because policy continually tries to break us." The application of health policies to address racism could be guided by the Racial Equity for Assessing Health Policy (REAP) Framework. The REAP Framework was developed based on the intersectionality of racial and social class equity, with relevant applications to health and healthcare policy. REAP constructs include disproportionality (i.e., the way policies differentially allocate benefits and burdens based on race or ethnicity), decentralization (i.e., the level of government through which a policy is implemented), and voice (i.e., "the ability of communities of color to shape the policy environment"). Finally, policies should be in alignment with the Black Mamas Matter policy agenda which include applying an intersectional lens, centering those most impacted, and particularly holding existing systems accountable including healthcare and social service systems.

Specific policies

Investment in community-engaged interventions: We applaud efforts by policymakers in Pennsylvania to extend postpartum Medicaid coverage for the full 12 months after delivery. However, having insurance does not, by itself, address the longstanding challenges that result in an inequitable burden of disease among Black parents. In order to realize the benefits of this policy change, policymakers should regularly engage Black and Brown communities and community-based organizations to understand what kind of interventions can improve the various systems of care (healthcare, social services). We also applaud efforts to provide additional birthing supports such as Medicaid reimbursement for doula care and implore the Commonwealth to continue development of supporting the full spectrum of care before, during and after pregnancy.

Healthcare policies to end segregated clinics: Large academic medical centers often perpetuate medical racism by providing separate OB/GYN clinics to Medicaid patients who

are disproportionately Black and Brown and often face long waiting room times and are served by less experienced clinicians in a "resident clinic" vs those with private insurance served by an "attending clinic".[28] Healthcare policies related to reimbursement of these facilities should no longer permit this segregation.

Data: How does the Commonwealth conceptualize, measure and collect data on race, ethnicity, or racism? How are these data used to make policy decisions? We suggest harnessing ongoing health equity efforts that are already underway in the Departments of Health and Human Services to clarify these questions and disseminate this information broadly to the public and specifically to communities of color in order to receive feedback.

Abortion care: A 2018 report by the National Academy of Medicine found "the clinical evidence clearly shows that legal abortions in the United States…are safe and effective."[29] The report also concluded that having an abortion does *not* increase the future risk of infertility, preterm birth, hypertensive disorders, or breast cancer.[29] Pre-*Dobbs* state abortion restrictions have been associated between a 2% and 12% increase in maternal mortality,[30] and a lack of state Medicaid coverage of medically necessary abortion care increases the risk of severe maternal morbidity by 15%.[31] Pennsylvania abortion policies, such as the Abortion Control Act, should be revisited in light of extant and emerging scientific evidence.

Parenting: The 2021 federal advanced child tax credit, which was in place for only 6 months, reduced the number of U.S. children living in poverty by 40%.[32] Pennsylvania recently adopted a new state child tax credit program that is modeled on the federal program, set to take effect in 2023. We suggest that every effort be made to ensure that eligible parents of color realize the financial benefit of this new program to maximize the public health impact.

Taken together, we urge policymakers to consider the existing scientific evidence, the lived experiences of residents across the Commonwealth and principles of Reproductive Justice in developing policy, initiatives and investing resources to addressing the long-standing racial inequities in maternal health and improving Black maternal health.

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