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### On a Mission to Mend: A Look at Maternal Health Disparities

Announcer:

Welcome to *Perspectives with the AMA* on ReachMD, produced in partnership with the American Medical Association. Here's your host, Dr. Jennifer Caudle.

Dr. Caudle:

As we know, there's inherent risk associated with pregnancy. But for some patient populations, that risk is disproportionately higher. In fact, the CDC states that the mortality rate due to pregnancy related complications is three times higher in Black women compared to white women. This disparity has led many organizations to take action, which is why today we'll be exploring one such initiative from the American Medical Association.

*This is Perspectives with the AMA* on ReachMD. I'm your host Dr. Jennifer Caudle, and joining me to discuss how we can improve maternal health is Jennifer Brown, senior legislative and regulatory attorney at the American Medical Association. Ms. Brown, welcome to the program.

Ms. Brown:

Thank you so much for having me.

Dr. Caudle:

So to start us off, studies show that Black women are three to four times more likely to die from pregnancy-related causes than their white female counterparts. Can you tell us a little bit more about the current state of maternal health in the United States?

Ms. Brown:

Yes, the U.S. has the highest maternal mortality rate among developed countries. I would like to note that although I use the term woman/women during our time together, I recognize that not all pregnant individuals identify as female. You are correct, Black women are three to four times more likely to die from pregnancy-related causes than white women. This increasing rate of maternal mortality disproportionately harms our country's Black communities, and is extremely concerning, and it exists at the intersection of racial and gender discrimination. American Indian and Alaskan Natives are also impacted. This population is two to three times more likely to die from pregnancy-related causes than white women. And we know that Medicaid plays a key role in providing maternity-related services for pregnant women, paying for slightly less than half of all births nationally in 2018. Medicaid covered a greater share of births among Black women and American Indian and Alaskan Natives.

Unfortunately, Medicaid coverage typically ends after about 60 days postpartum. The AMA has been vocal in urging Congress to extend Medicaid coverage to 12 months postpartum. We also know that there are a multitude of considerations necessary to address this epidemic, including a lack of insurance, inadequate coverage prior to during and after pregnancy, OB unit closures in many rural and urban communities, and a lack of interprofessional teams trained in best practices.

In addition, long-standing public policies, laws, and racism that produce inequities in the social determinants of health, such as education, employment, housing, and transportation, extreme stress exacerbated by discrimination that can result in hypertension and heart disease and gestational diabetes during pregnancy are all contributing factors. Black

Dr. Caudle:

Thank you for that. And with those challenges in mind, can you share with us what the American Medical Association is doing to address these disparities in maternal health?

Ms. Brown:

Sure, as I noted, the AMA has been vocal in our support of the extension of Medicaid coverage to 12 months postpartum. We support bills such as The MOMMA Act, which further this effort. But we've also supported several other pieces of federal legislation to improve maternal health outcomes, such as the Connected Maternal Online Monitoring Act or the Connected MOM Act.

The Connected MOM Act, which would require the Centers for Medicare and Medicaid Services, CMS, to send a report to Congress that identifies barriers to coverage of remote physiologic devices under state Medicaid programs to improve maternal and child health outcomes for pregnant and postpartum women.

We also support a bill called Protecting Moms Who Served Act. The Protecting Moms Who Served Act would require the Department of Veterans Affairs to implement the Maternity care coordination program with community maternity care providers who have the necessary training to address the unique needs of pregnant and postpartum veterans. We also support the Maternal Health Quality Improvement Act. This legislation would provide grants to identify, develop, and disseminate best practices to improve maternal healthcare quality and outcomes.

In addition, this summer, the AMA joined other healthcare organizations to urge members of Congress that as they develop the appropriations legislation for FY 2022, to prioritize the highest possible funding level for certain programs that seek to prevent maternal deaths, eliminate inequities in maternal health outcomes, and improve maternal health overall. The AMA supports efforts designed to integrate training in social determinants of health and cultural competence across the undergraduate medical school curriculum to ensure that medical students are prepared to provide patients with safe, high-quality, and patient-centered care.

In 2013, the AMA launched the Accelerating Change in Medical Education Initiative. Today, a 37-member consortium, which represents almost one-fifth of allopathic and osteopathic medical schools is delivering forward-thinking educational experiences to approximately 19,000 medical students, students who will provide care to a potential 33 million patients annually.

In 2019, the AMA announced its Reimagining Residency Initiative designed to transform residency training to best address the workforce needs of our current and future healthcare system. Many of the applications to the GME initiative have included health system science training in their proposals. And all undergraduate medical education and GME partners in the consortium participated in the series in the fall of 2020, titled: Combating Structural Racism in UME and GME, which addressed the pressing need to eradicate racial essentialism in medical education, to create more inclusive training environments and to strive for educational equity in our profession.

For practicing physicians, the AMA launched STEPS Forward, an interactive practice transformation series offering innovative strategies that will allow physicians and their staffs to thrive in the evolving healthcare environment by working smarter, but not harder. This series includes a continuing medical education module on addressing social determinants of health beyond the clinic walls. This module helps physicians identify how to best understand the needs of their community, define a plan to begin addressing social determinants of health, and explains the tools available.

And finally, the AMA, along with the Coalition of National Physician Organizations and healthcare experts launched a campaign called Release the Pressure with *Essence* magazine, the nation's leading lifestyle magazine brand for Black women aimed at partnering with Black women to improve their heart health and be part of a movement for healthy blood pressure. This is extremely important because the prevalence of high blood pressure among Black adults in the U.S. is among the highest in the world. But the prevalence of high blood pressure in Black women is nearly 40 percent higher than white women in the U.S. Two of the leading causes of pregnancy-related deaths are heart conditions and stroke, which caused more than one in three deaths. Through Release the Pressure, the AMA is also working with GirlTrek and their one million members to support Black woman's health.

Dr. Caudle:

For those of you who are just tuning in, you're listening to *Perspectives with the AMA* on ReachMD. I'm your host Dr. Jennifer Caudle, and today I'm speaking with Jennifer Brown, about the American Medical Association's advocacy to address maternal mortality and morbidity and improve maternal health. So, Ms. Brown, the AMA has established a Center for Health Equity. How is the center working to tackle this important issue?

Ms. Brown:

The center is working to tackle maternal health and maternal mortality. To improve health equity, the AMA's strategic and focused approach includes a multi-pronged, multi-year investment, strategic partnerships, and advocacy. The goal of the center is to champion health equity and promote greater diversity within the medical workforce.

To further this important work, the Center for Health Equity has been instrumental in initiating the AMA's new path forward on health equity. As part of this effort, the AMA and the center are partnering with local stakeholders in Chicago, where the AMA is headquartered, to confront social determinants of health on the city's West Side. The AMA has made a two-million-dollar investment in

a Chicago-based collaborative West Side United, that is working to promote health and well-being for a portion of the city where life expectancy is far below the national average.

Finally, the center is also a member of the COVID-19 Infant and Young Child Feeding Constellation Advisory Council organized by the United States Breastfeeding Coalition. The constellation serves as a bidirectional learning forum and centralized advocacy hub for the First Food field, working through an equity lens to support and coordinate the response to the challenges posed by COVID-19 across the U.S.

Dr. Caudle:

And before we close, Ms. Brown, do you have any final takeaways for our listeners?

Ms. Brown:

This issue is critically important to our nation. But I also want you to know that it's very important to me personally. I have two young sons, and both pregnancies were high risk, resulting in two emergency C-sections. With my first pregnancy, my son was in the NICU for six weeks. During the second pregnancy, my son and I almost died during childbirth. So, I understand what's at stake. And I'm very proud to be a member of the AMA's Advocacy Team advocating to address this important issue and seek solutions. We will not stop, we will continue advocating on this important issue on Capitol Hill, we will continue advocating on this issue at the White House and with our federal agencies, as well as at the state level. We will continue to work with our stakeholders and other partners who care about this important work to further the cause and improve maternal health across the nation.

Dr. Caudle:

Well, based on our discussion today, it's clear there's a lot of work left to do to improve maternal health. I'd like to thank my guest, Jennifer Brown, for sharing her insights on this very important topic. Ms. Brown, it was great having you on the program.

Ms. Brown:

Thank you so much.

Announcer:

This was *Perspectives with the AMA* on ReachMD, produced in partnership with the American Medical Association. To access other episodes in this series, visit [reachmd.com/AMA](https://reachmd.com/AMA) where you can Be Part of the Knowledge.