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Navigating Black Maternal Health

Black women die from pregnancy complications two to three times more than their White and Hispanic counterparts, according to a January 30, 2020, Centers for Disease Control and Prevention (CDC) report containing national data on maternal deaths in the United States. In an effort to raise awareness, the MFP recently interviewed MFP doctoral Fellow Agnes White, MSN, RN-BC, and share with you a Commentary based on a personal experience, reprinted with permission from a Facebook post, by ANA's Chief Operations Officer Gregory Dyson.

source: https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf



Agnes D. White , MSN, RN-BC

What is your background and/ or personal connection to the Black Maternal Health field?

I am a nurse with over 30 years of experience in patient care, education, and patient advocacy. I have spent more than 15 years at the bedside caring for women in the Maternal Health population. This direct care provided me with firsthand knowledge of different perceptions, stigma, and compliance rates among other ongoing issues in Black Maternal Health. In 2001, I became a Certified Perinatal Nurse by the American Nurses Credentialing Center (ANCC) and have become a nurse educator for the past 15 years. This experience

has afforded me the opportunity to help educate and bring awareness to our community on Black Maternal Health.

What do you believe is the intersection between Black Maternal Health and psychiatric mental health?

The connection between Black Maternal Health and Psychiatric Mental Health is very important. Based on my experience, the care and treatment of psychiatric mental health concerns of childbearing aged women has not been fully explored in comparison to other health issues. Healthcare providers and caregivers may have a biased or judgmental attitude toward the care of the Black Maternal population who have mental health challenges. Their mental status may or may not be taken seriously. For example, Postpartum Depression is seen in 1 out of 7 women after the birth of a child (Kaiser Health News, 2019). Women may be ordered treatments

with medication, therapy sessions, or provided resources. As with any diagnosis, having a stable support system is also important to help in the ongoing changes that may occur. These interventions are significant, but may not be routinely seen in the Black Maternal population. The concept of some Maternal health experts has recognized that some black women choose to struggle on their own rather than seek out help (Kaiser Health News, 2019). To suffer in silence perhaps is one way to put it. This concept can lead to significant racial-ethnic differences in depression-related mental health care after delivery (Kozhimannil,2011). The intersection needs to happen in the form of education with increased awareness on Maternal /Mental Health which will improve Infant's and Mother's Health.

What do you believe needs to be done by health care providers to improve Black Maternal Health outcomes?

Black Maternal Health and Psychiatric Mental Health can be addressed by implementing educational awareness to health providers as well as community educational involvement. Knowledge and education in Postpartum depression, substance use, and many other mental health challenges are needed in Black Maternal Health. These educational topics will help to highlight the health disparities seen in the Black Maternal Health culture, such as low birth weight, birth defects, infant mortality, learning difficulties, behavior concerns and nutritional deficiencies. Awareness will lead to a greater acceptance that could increase compliance and improve Black Maternal /Mental Health outcomes.

References

Kaiser Health News (2019). Black Mothers Get Less Treatment For Postpartum Depression Than Other Moms By Nina Feldman, WHYY and Aneri Pattani, The Philadelphia Inquirer DECEMBER 6, 2019

Kozhimannil, K. B., Trinacty, C. M., Busch, A. B., Huskamp, H. A., & Adams, A. S. (2011). Racial and ethnic disparities in postpartum depression care among low-income women. *Psychiatric services (Washington, D.C.)*, 62(6), 619–625. https://doi.org/10.1176/ps.62.6.pss6206_0619

ANA Chief Operations Officer Personal Commentary



This week marks Black Maternal Health week. I wanted to reflect on this topic in more than 280 characters with you and others and call you to action to make a difference on one of the most critical issues today. The systemic issues of racial disparities and health inequities when it comes to Black Maternal Health are front and center and only more prevalent today when it comes to addressing the COVID 19 pandemic.

Gregory Dyson

Throughout history the Black matriarch has been idolized symbolically from Harriet Tubman, to Hattie McDaniel, to Cicely Tyson to Rosa Parks and many, many more. Both in history and the arts throughout the world. They have been depicted in ways many times that are less than flattering -- frail, obese with poor eating habits and not healthy. We all have our personal reference points in our lives. The issues

facing Black Maternal Health go beyond what we read in our history books, images on TV or the results of our internet search. They are right here in front of us calling us to take up the mantle. Make a difference. That is not a gender specific role.

Once I was called out for making the statement, “You can only be pregnant for nine months. At some point the baby will be born.” Now that statement was noted for being insensitive and knowing nothing about being pregnant. True on both points. The statement I made was in response to a question on when a project would be completed and implemented. When I look back on that statement now, I look at it differently. Yes, still insensitive. At the end of a pregnancy you have (at least) two lives – the mother and the baby. Sometimes the mother is overlooked or at a minimum not the primary focus point. Case in point when my oldest son was born, he would not latch onto his mother. This threw my wife into long bouts of crying and questioning her fitness as a mother. Going for our one-week well baby check with the pediatrician, we received a diagnosis of “failure to thrive” for our son. This was devastating to us and especially to my wife. She immediately went on a breast pump and for the next few weeks I learned how to feed our son with a syringe. As young parents this was a challenging time but even more so for my wife. She was alone in her feelings with very few resources for her care. How do we prepare mothers for this situation? What are the resources available? My wife had gone to all her pre-natal classes. Took all her vitamins. And we together went to our new parent classes. I considered us fortunate and lucky. Upon the diagnosis of failure to thrive, we were quickly referred to a lactation specialist and things began to turn for the better. Counseling was made available. Clearly, these opportunities are NOT available to everyone. And if you are a person of color or poor --- likely not. Bringing all these resources to bear for new mothers (and fathers) is critical to Black Maternal Health. Childbirth is a gift from God. It is one that brings physical and mental challenges that must be addressed, especially in the Black community.

My mother died at the age of 48 when I was teenager. She was a wife, mother of five (with a set of twins amongst the five), hardworking, high school educated and deeply religious. Long version, short story, she did not take care of herself. She died from complications of cervical cancer. For five years she was in and out of the hospital with various treatments. I was too young to remember all the details. She suffered greatly. As I got older, I read more about the cancer and the cause and learned self-care, preventative care, could have made a difference. In later years, by fate, I met and became friends with the children of my mother’s OB-GYN. While nothing specific about my mother’s illness discussed, I learned the toll this illness had brought to their father with majority of his practice being

Black women with cervical cancer and prognosis terminal. It brought us back to self-care and prevention lacking in the Black community. Over the past few decades, treatments have improved and there more focus on prevention and self-care. How do we address this inequity in the Black community and for the poor where access and resources are not existent?

These are my personal stories on why I think addressing Black Maternal Health issues is critical. Children need their Momma. Not the one in the history book or on TV. They need the live, in color, in person one. No child should grow up without the loving embrace of their mother. It begins at birth with good, safe, accessible healthcare for the mother and throughout her life.

Diabetes, High Blood Pressure and High Cholesterol. These three diseases, preventable and controllable, disproportionately affect Black Women. 64% of Black women are likely to have High Blood Pressure compared to white women at a rate of 52%. Nearly one out of every two Black women have heart disease and only one in three are aware. And 13% Black women are diabetic compared to 4.5% white women. These are daunting statistics for Black Maternal Health and complicate other health conditions from pregnancy to potential virus exposure. I am not giving Black men a pass on these health issues. It is equally poor. This week is Black Maternal Health week and I highlight those issues for this week. I will talk about me and my brothers next time.

To my wife, my three sisters, my aunts, my nieces, my female co-workers, women in general and especially the memory of my mother --- I got this. I am in the struggle to make a difference for positivity in addressing Black Maternal Healthcare issues. I want the images going forward to be positive and healthy Black women. And no more analogies about pregnancy!

