Exploring Maternal Health Disparities Using Birth Justice Principles: A Case-Based Approach

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Background

- Black, indigenous and people of color (BiPOC) communities bear a disproportionate burden of maternal morbidity and mortality in the United States.
- Birth justice is a community-driven, intersectional movement founded by people of color that advocates for every person's right to have a birth experience that is safe, respectful and culturally appropriate. The birth justice lens offers a patient-centric and justice-based approach to addressing the causes of maternal health disparities that are rooted in bias.
- We created a new component within the OBGYN clerkship curriculum for third year medical students that roots contemporary maternal health disparities in the context of the fraught and racist history of the specialty.

Curriculum Design

- Two hour session incorporated into weekly didactics of Third Year OBGYN clerkship
- Part I: traditional lecture reviewing history of OBGYN through a critical race lens and introduction of birth justice principles
- Part II: Students challenged to apply birth justice principles in structured, small-group discussions of case studies inspired by real patients
- Anonymous pre and post test surveys assessing for knowledge retention and self-assessed ability to engage in conversations about of BiPOC maternal morbidity/mortality

Case 1

JR is a 20yo G3P2002 Black woman who arrives in labor at term. In her previous pregnancy she had an emergency C-section under general anesthesia for non-reassuring fetal heart tones. She is highly motivated to attempt vaginal delivery. She also strongly desires minimal intervention and declines several standard of care interventions. She fires her L&D nurse after repeated attempts to adjust her fetal monitor.

Themes: Birth trauma and trauma informed care, trope of the "Angry Black Woman", trope of the "Uneducated Black Woman", ageism, capitalist and racist drivers of the medicalization of birth, shared decision making

Case 2

PP is a Black woman who is POD#1 from a repeat C-Section. She is receiving the standard post-operative pain control regimen but calls out with 9/10 pain despite having received her scheduled medicine 2 hour ago. The on-call resident was paged 1 hour ago but hasn't come to see the patient yet. In further review of her chart you learn PP has a history of IV drug use and started methadone treatment during her pregnancy.

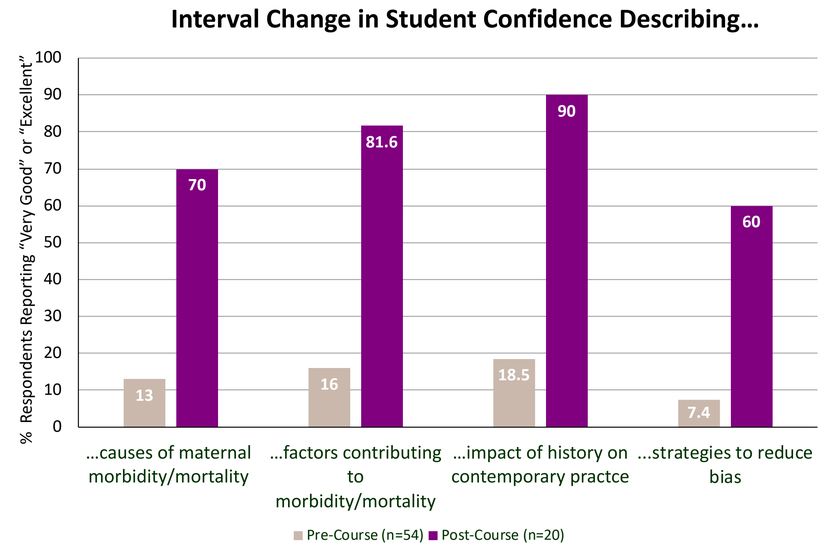
Themes: Racist idea: "Dehumanization of pain", sexist idea :"women exaggerate their symptoms," intersectionality, pain control in patients with opioid use disorder, physician reporting requirements, harm reduction

Case 3

ER is a G2P2002 Hispanic woman PPD#10 from a NSVD complicated by preeclampsia with severe features. She is an undocumented immigrant who arrived from Honduras this year and speaks Spanish as her primary language. She was discharged home with a prescription for nifedipine 90mg and appointments for a blood pressure check in 72 hours and a clinic visit 10 days postpartum. She did not attend the 72 hour blood pressure check but has arrived for the 10 day appointment. Her blood pressure is still high at this visit and she has not picked up any prescriptions from the pharmacy.

Themes: Immigration status and social determinants of health, documentation status and healthy system engagement, health literacy, cultural sensitivity, intersectionality

Results



Discussion

- Medical students act as direct care providers on L&D and their education warrants focused attention addressing maternal health disparities.
- Structured small-group case discussions provide students an opportunity to interact with and apply birth justice principles to realistic clinical scenarios.
- Preliminary data demonstrates significant improvement in student confidence describing causes of and contributing factors to BiPOC maternal morbidity/mortality after completion of lecture and case discussion activity.
- 60% of students reported high level of confidence in ability to describe strategies to reduce bias after the course, but work remains to further improve this outcome.
- Early exposure of trainees to bias-recognition and intervention strategies is crucial to improving relationships between providers and peri-partum persons, and reduces the risk of inflicting further harm against communities most affected by maternal health disparities.