Reducing Disparities in Maternal Health

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Background
Significant racial disparities exist in obstetric care. Black women in the state of Illinois are three-times more likely to die from obstetric complications than white women. The cesarean section rates of Black women are higher than that of white women in the U.S. and across the Advocate Aurora Health (AAH) system. The risk of maternal mortality for Black women has remained higher for the past 8 decades. For many Black women, when a provider’s initial reaction isn’t to take their pain or symptoms seriously, they don’t get the care they need. NPR and ProPublica collected over 200 stories of Black women who shared those feelings of being dismissed, devalued, and disrespected by health care provider.

Local Problem
The Cesarean Section rates for Black women across the Advocate Aurora Health system are 4.8% higher than for white women. Black women make up 69% of the births at Advocate Trinity Hospital, the highest percentage across the AAH system. Patient satisfaction rounds have revealed stories of Black women who have not felt respected and heard by the healthcare team. We have an opportunity and an obligation to reduce these disparities.

Methods
Our hospital has implemented 90% of the key strategies, setting expectations for safe, respectful maternal care. Education on implicit bias has been completed by all OB team members. During rounding, patients report that nurses and physicians listen carefully to them. In 2021 our system had an NTSV rate of 24.72%. Our hospital achieved a rate of 22.28%, exceeding the Leapfrog target rate of <23.90% from Healthy People 2020. As of June 2022, our NTSV rate for Black women is 19.4%, which is much lower than our system average of 27%.

Findings / Results
- Our hospital has implemented 90% of the key strategies, setting expectations for safe, respectful maternal care. Education on implicit bias has been completed by all OB team members.
- During rounding, patients report that nurses and physicians listen carefully to them. In 2021 our system had an NTSV rate of 24.72%. Our hospital achieved a rate of 22.28%, exceeding the Leapfrog target rate of <23.90% from Healthy People 2020. As of June 2022, our NTSV rate for Black women is 19.4%, which is much lower than our system average of 27%.

Conclusions
Through our quality work with ILPQC and our birth equity team, we have implemented 90% of the key strategies, setting expectations for our patients and OB team for safe, respectful maternal care. Education on implicit bias has been taken by 100% of OB team members. Education is ongoing for RNs, physicians, and OB staff on birth equity, cultural competency, OB emergencies, breastfeeding, ancillary services, and improved communication skills between nurses, providers, and patients/families. We received a $10,000 March of Dimes grant to provide multidisciplinary implicit bias training. During patient satisfaction rounding, more patients report that nurses and physicians listen carefully to them. We are decreasing our Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Section rates, including for black women. In 2021 the AAH system started collecting NTSV data by race and ethnicity. Trinity was already exceeding the overall Leapfrog target rate of <23.90% from Healthy People 2020. Our baseline NTSV rate for black women in 2021 was 23.1%. By June of 2022, this rate was reduced to 19.4%.

Implications for Practice
The strategies implemented at Advocate Trinity Hospital can reduce the significant racial disparities for obstetric patients. This effort can be sustained by continued work by the Birth Equity team and a willingness to address racial and social inequities. Education of team members and patients will be ongoing to ensure the change in culture is maintained. Patients will be consistently surveyed and involved in these efforts to ensure they are being heard and treated without bias.

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