

Registration is now open for the virtual conference scheduled for September 22-23, 2020.

Streaming live on September 22-23. Recordings available until December 31, 2020.

If you previously registered for the in-person conference, you will need to re-register for the virtual conference.

Moms • Babies • Families • Health Equity • Birth Disparities • Clinical • Community

United Way Fights for Health Equity for Black Moms and Babies

Bianca wasn't going to take any chances with her health or the lives of her babies. Nothing was going to discourage her from seeing the doctor she trusted through her three pregnancies. Not even when the administrators in that obstetrician's very office tried to persuade her not to return.

Bianca Nash-Miot, a 30-year-old Black resident of Covert, and her husband Samuel are today raising two happy, healthy children - Solene, 3, and Samuel, 2 - but it was a scary, heartbreaking journey getting their family to this point because Bianca's first pregnancy ended in miscarriage and her second pregnancy almost did too.



Bianca's obstetrician is highly regarded and sought after by pregnant women in the area, and that's who Bianca went to when she first became pregnant. Bianca did not have health insurance because she worked for a small family-owned business that was not required to offer insurance to its workers since it employed fewer than 50. At her first few appointments, Bianca paid in cash. "During each encounter I had with the manager of the billing department, she suggested I apply for Medicaid. I explained to her that I did not meet the income requirements for it, and she explained to me that I would likely not be able to keep paying out of pocket for all of my visits. She further explained that if I did get Medicaid, I would no longer be able to come there because they do not accept Medicaid," Bianca says. "She insisted I'd be happy somewhere else, but this made me feel very sad and lost."

It's common for physicians to only accept certain health insurance, and few providers accept Medicaid, because the amount that Medicaid pays for services is well below what private insurance pays. But, without knowing anything about Bianca's financial situation, the manager was making assumptions and trying to influence her to make a health choice she didn't want to make. Bianca could only surmise that the manager's actions were due to racial prejudice.

Once it became clear that Bianca's pregnancy was no longer viable, the manager's constant insistence that Bianca go elsewhere was even more difficult for her to take, she says. "No mother should be told to leave an O.B.'s office due to something as outside of her control as insurance reimbursement rates," Bianca says. But at that point, Bianca had such a strong connection with her doctor, she didn't want to go elsewhere, and she returned there during her second pregnancy. This time she had Blue Cross Blue Shield health insurance.

"I was not hounded by the billing manager as much the second time, but she still insisted that I should apply for Medicaid as secondary insurance because my primary would not pay for everything and I would have co-payments," Bianca says. "And she kept reminding me they did not accept Medicaid."

At 28-weeks gestation, Bianca again had a pregnancy in jeopardy, but her obstetrician got her through the crisis-physically and mentally-and after two terrifying hospitalizations, Bianca's daughter was born full-term. "This was the first time I understood what an advocate was and what it meant to have an advocate," she says of her doctor, who took her and her symptoms seriously when other hospital staff were dismissive. Her doctor also helped her with lactation problems while nursing her new baby and pregnant for the third time, enabling her to breastfeed exclusively until her daughter was eight months old.



During her third pregnancy, the billing manager still insisted that Bianca apply for Medicaid and go elsewhere. "At this point, I was upset and tired of being made to feel like I didn't belong there, and I felt like her comments were racially based and it was time to take action," Bianca says. So she told her doctor what was happening. Bianca doesn't know who said what to whom, but the billing manager apologized immediately after that. "I was signed up for Medicaid as a secondary insurance and it was no longer an issue from that point on," she says. It was only then that she was informed that women who are uninsured or underinsured automatically qualify for Medicaid when they become pregnant. She remained a patient of her doctor, and her son was born healthy and full-term.

Bianca was inspired by her challenges to start a breastfeeding support group in her area, and she is becoming a doula and lactation consultant to help other women like her. "Advocates are so necessary, because there are huge disparities in the healthcare community" when it comes to race, she says. "This needs to change."



Bianca's stress during her pregnancies was needlessly and unfairly exacerbated by racial bias in the healthcare system, a widespread problem that <u>United Way of Southwest Michigan</u> is helping to address. UWSM's 2020 priorities include ensuring more moms and babies have positive health outcomes regardless of the color of their skin or where they live, and it supports funding for <u>Healthy Moms</u>, <u>Healthy Babies</u>, a statewide effort in Michigan, that specifically reaches new moms of color.

The COVID-19 crisis has demonstrated the significant health disparities among those living in poverty and in people of color. We need to ensure that moms and babies in these communities are receiving adequate care right from the start to work towards resolving this unnecessary disparity.

The United States has the highest maternal death rate in the developed world, and black women are

three times more likely to die from pregnancy-related causes than white women. Yet, 44% of maternal deaths in Michigan are preventable. <u>Healthy Moms, Healthy Babies</u> seeks to ensure that Michiganders are given the care they need to have a healthy pregnancy, to combat bias against women of color among medical professionals, and to expand support for interventions that are proven to increase health outcomes for women and their children.

Why is this important in Southwest Michigan? In 2017, 41.9% of mothers in Berrien County, 49.4% of mothers in Cass County, and 39.4% of mothers in Van Buren County were receiving less than adequate prenatal care. That year, the rate of all infant deaths per 1,000 live births in Berrien County was 5.2%, but the rate of African American infant deaths was higher, at 7.4% in that county.

United Way's objective is to educate on the importance of adequate prenatal care and significant disparities among those living in poverty and among people of color.

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Author Jennifer Tomshack - Photos by Ashley Tenter

Updated Guidance: American Academy of Pediatrics (AAP) Newborns, Children and Families During COVID-19

<u>Children & Families Involved with the Child Welfare System:</u> caregivers & providers of children in the child welfare system, affirms that a stable home and caregiver are important to nurturing a child's development, and preventing trauma that can affect a child across the lifespan. (7/27/2020)

Newborn Care: Guidance for care when mothers have suspected/confirmed COVID-19:

Precautions for birth attendants, rooming-in, breastfeeding, testing, neonatal intensive care, visitation and hospital discharge. (**Updated** 7/22/2020)

Newborn Screening During the COVID-19 Pandemic: Guidance recommending that pediatricians continue to follow federal and state guidelines on newborn bloodspot screening, newborn hearing screening, and critical congenital heart disease screening. (7/16/2020)

<u>Multisystem Inflammatory Syndrome in Children (MIS-C) Interim Guidance:</u> Clinical guidance (signs, symptoms, diagnosis & management) of MIS-C. (7/13/2020)

Resources & Webinars

Podcast: Pregnancy During the Coronavirus Pandemic: This on-demand episode speaks with a first-time expectant mother about what it's been like to be pregnant during the coronavirus pandemic. University of Michigan, School of Public Health Experts offer insights on the unique challenges the pandemic has had on expectant mothers, and what we can learn to provide better care.

Webinar: Trauma-Informed Care- Addressing Stigma & Bias: Objectives include understanding the roles of stigma, bias and trauma-informed care on inequalities in health care, and understanding how the application of trauma-informed care principles can impact the delivery of health care services.

Tuesday, August 4 from 2:00 PM - 3:30 PM EDT

Collective Impact Post-Pandemic: A Framework for Response, Recovery & Resilience (PAPER):

This paper examines three important stages for leaders to consider when navigating our world post-Pandemic: Respond, Recover and Deepening Resilience Capacity. As we work our way through the Recovery phase, how will these simple rules create a different future for us so that we can transform our communities at the individual and systems level?

National Breastfeeding Month Social Media Toolkit: August is National Breastfeeding Month! Join breastfeeding advocates by celebrating on social media next month to advance advocacy, protection and promotion of breastfeeding to ensure that all families have the opportunity to breastfeed.

Black Mothers' Breastfeeding Association (BMBFA) events for National Breastfeeding Month:

- <u>Virtual Breastfeeding Information Session</u> July 30 @ 5:00 pm 6:00 pm
- Global Big Latch On: Detroit Edition August 1, 2020 @ 10:30am 11:30 am

<u>The Maternal & Infant Health, Health Equity Website</u> contains a compiled list of available trainings, webinars, and resources, intended to provide Maternal & Infant Health programs and partners across Michigan a starting place to address and incorporate health equity into their work.

Thank you for the work that you do each and every day to protect and promote the health of our Michigan moms, babies and families.



Learn more about the

Mother Infant Health & Equity Improvement Plan

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