

Denise Pines Short Biography, August 2023

CEO, author, speaker, filmmaker and health advocate, Pines is a media pioneer, awardwinning marketer, serial entrepreneur, and community health advocate. She served more than 14 years as a creative consultant for talk television and radio shows (PBS/NPR) and 11 social justice documentaries. As co-founder of Women in the Room Productions, she is committed to diversity in front and behind the screen. Pines work includes thought-provoking documentaries and engaging live programs for PBS, including the award-winning "Birthing Justice", "PUSHOUT: The Criminalization of Black Girls in Schools" the "Fight for \$15" and its impact on small business, "Too Important to Fail" the school-to-prison pipeline, the plight of New Orleans's residents on the fifth anniversary of Hurricane Katrina (directed by Academy Award winner Jonathan Demme) and a "one-night-only" Prince concert at the Conga Room in Los Angeles. Upcoming films include the story of Black Panther costume designer Ruth E. Carter and "Shattering the Silence" about menopause as a public health crisis. Pines is the immediate past president of the Medical Board of California and sits on the board of the Federation of State Medical Boards and the Osteopathic Medical Board of California. Medical Board of California August 25, 2023

The State of BLACK MATERNAL HEALTH in the U.S.

Denise Pines Birthing Justice

BRD-11A-2

What is Maternal Mortality?



The death of a women during pregnancy, at delivery, or soon after delivery.

> BRD-11A-**3** (Declercq, Zephyrin, 2020)

What is a Health Disparity?



Maternal Mortality Facts

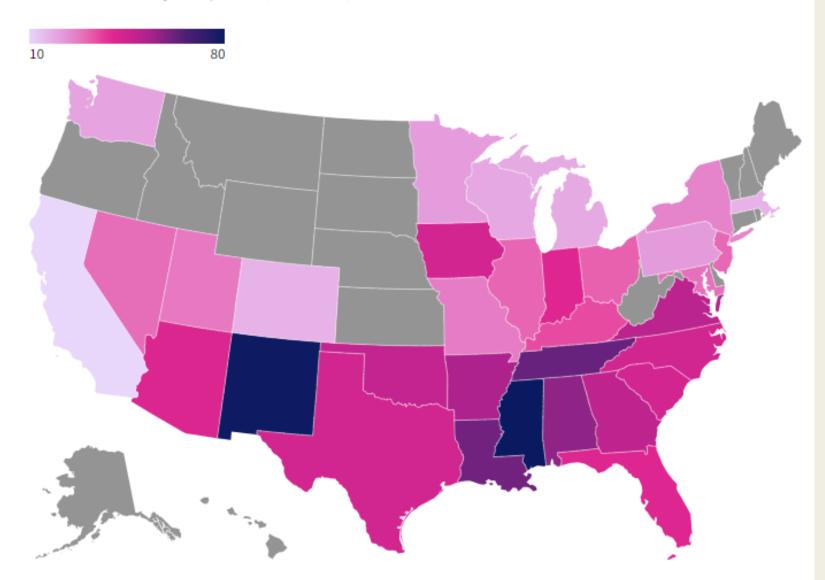
US ranks 47th in the world behind all other developed nations in maternal mortality

California ranks 2nd among 50 states with a rate of 9.7



Mississippi had the highest maternal mortality rate, while California had the Agenda Item 11A

Maternal mortality rate per 100,000 births, 2021



CDC hides maternal death counts below 9 for confidentiality, which is why some states are grayed out. Source: <u>Centers for Disease Control and Prevention • Get the data • Download image • Download SVG</u>

Black Maternal Mortality

U.S. Black Wonley (Non-Hispanic)

U.S. Women (All)



Deaths per 100,000 live births

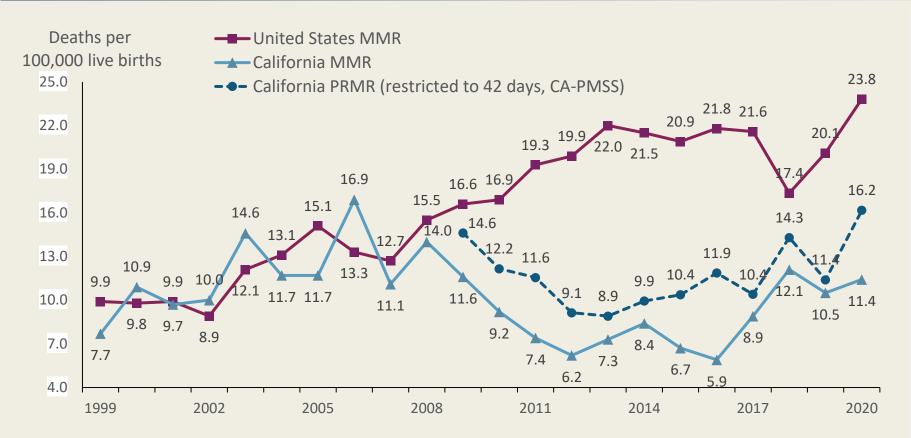
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2020

2019

2021

Agenda Item 11A Maternal Mortality Ratio in U.S. and California 1999-2020



MMR is based on death certificate data alone.

Missing or inaccurate information about

- Pregnancy status
- When the death occurred
- Causes of death

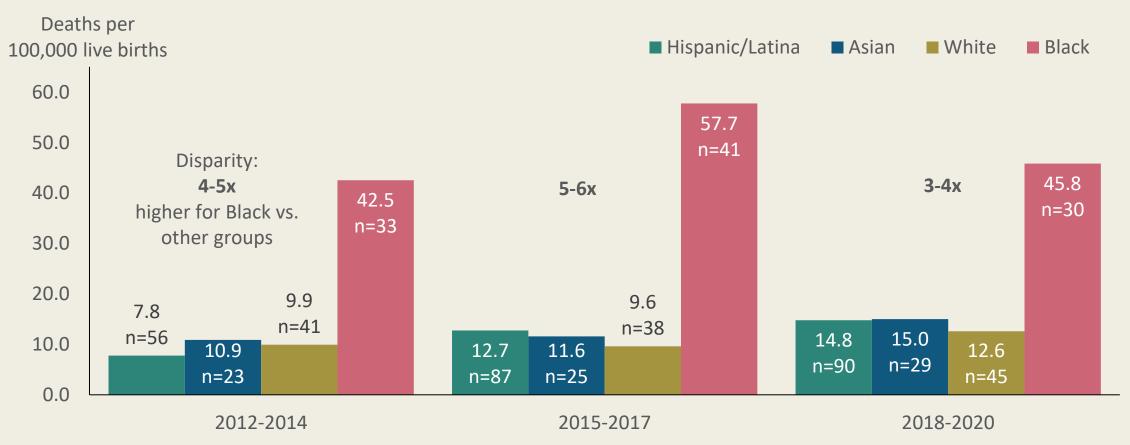
Leads to missed maternal deaths that occurred up to 42 days after pregnancy ended.

CA-PMSS identified more deaths in the same time frame.

Maternal mortality ratio (MMR) = Number of maternal deaths per 100,000 live births, up to 42 days after the end of pregnancy. Maternal deaths in California were identified using ICD-10 cause of death classification for obstetric deaths (codes A34, O00-O95, O98-O99) from the California death certificate data (1999-2013) and the California pregnancy status errata file (2014-2020). Data on U.S. maternal deaths are published by the National Center for Health Statistics and found in the CDC WONDER Database for years 1999 or later (accessed at http://wonder.cdc.gov on March 22, 2023).

Pregnancy-Related Mortality Ratio by Race/Ethnicity

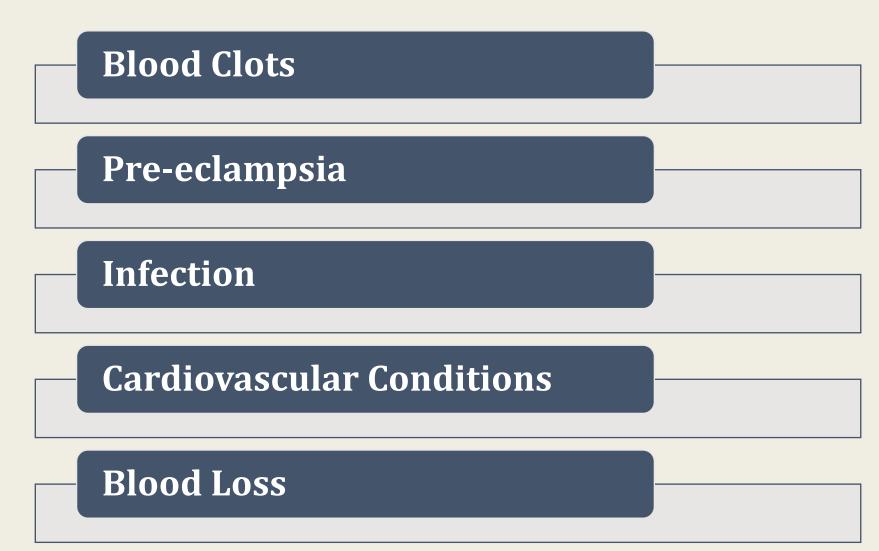
California 2012-2020 (N=564)



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Pregnancy-related mortality ratio (PRMR) = Number of pregnancy-related deaths per 100,000 live births. Pregnancy-related deaths include deaths within a year of pregnancy from causes related to or aggravated by the pregnancy or its management, as determined by expert committee review. PRMRs for American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Multiple-race and other races are not shown due to small commendation.

Causes of Maternal Death





https://www.nytimes.com/artic le/preeclampsia-symptomsguide.html

5

Attitudes by Health Care Professional



Research has shown that implicit bias can cause doctors to spend less time with Black patients:

- Receiving less effective care
- More likely to underestimate the pain of their Black patients-dismissing their complaints
- Wealth and economic status makes no difference

While pregnant, Serena Williams complained about trouble breathing.

She had to continuously pressure her health care providers to perform tests after dismissing her claims.

Providers chalked it up to medication, making her "confused".

With persistence she eventually convinced them to do a CT scan and an accurate diagnosis with BRD-11A-**11** (Kowalczyk, 2017)

Causes of the Health Disparity in Maternal Mortality

Socioeconomic Status

Implicit Racial Bias

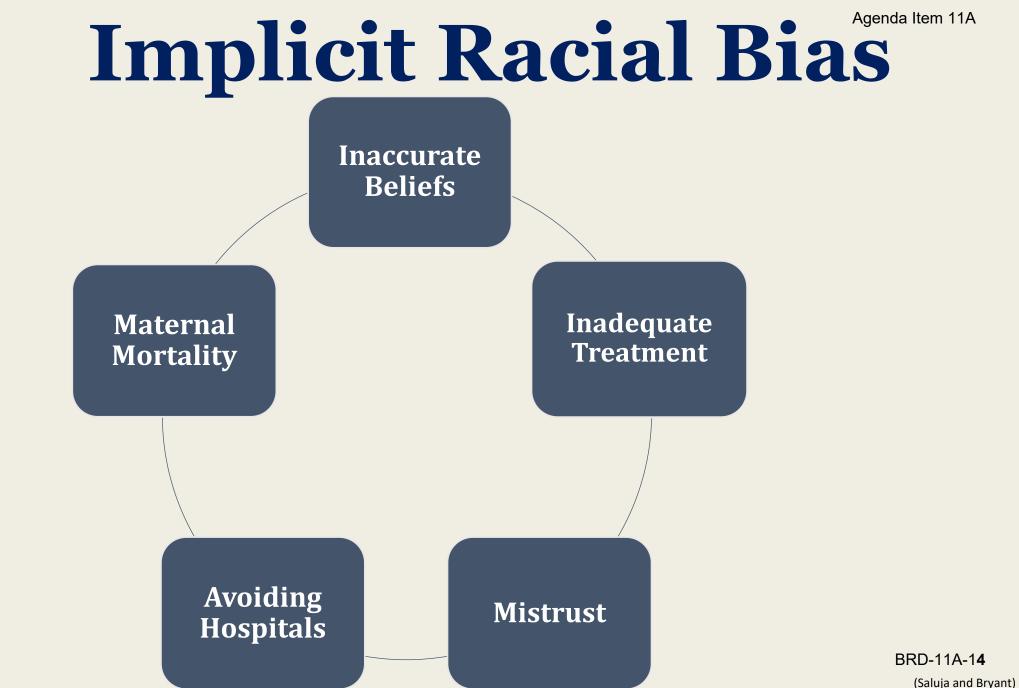


Underlying Chronic Conditions

BRD-11A-12 "Why Are Black Women at Such High Risk of Dying from Pregnancy Complications? | American Heart Association"

Social Determinants of Health





Factors that prevent most Black women from receiving care;



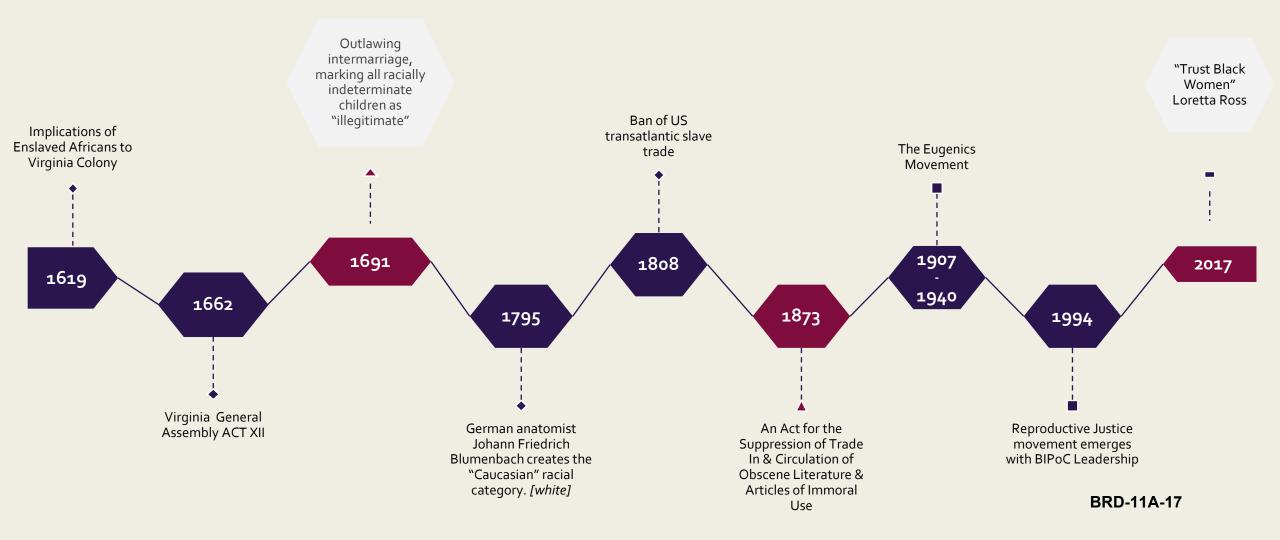
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Underlying Automatic Chronic Conditions



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Timeline of the Black Experience



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Birthing Equity Change

The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a



sustained effort.

What can we do about it? Agenda litem 11A

Expand and maintain access to healthcare coverage Recognizing unconscious bias Discuss & formalize relationship between low income and higher resources Address social factors

> BRD-11A-19 (Centers for Disease Control and Prevention) 14

In conclusion....

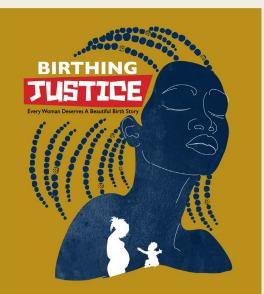
Black Women are Disproportionately Affected by Maternal Mortality

Socioeconomic Contributions

The Effects of Racial Bias

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BIRTHINGJUSTICE.COM

Thank You!



The Collaborative for Equity & Justice

Questions

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Black pregnant woman holding a flower in her hand. Flat style vector illustration

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