

Safety Bundles and Maternal Mortality: Do lack of safety bundles increase the risk of mortality in black mothers compared to white mothers?

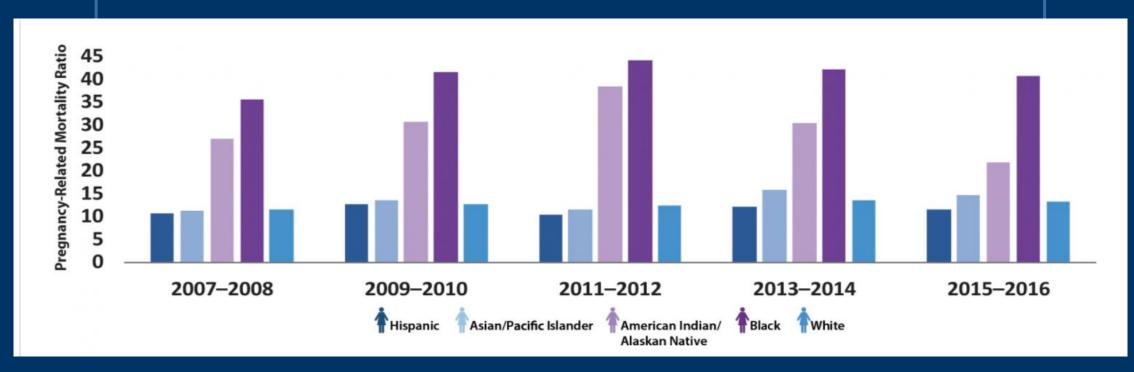
Claire Jennings-Bledsoe, Jocelyn Ramirez, Marina Reichelderfer, Irene Turner, Rahwa Weldeselase

BACKGROUND

CDC reports there are 42.2 deaths amongst black women compared to 13.0 deaths amongst white women per 100,000 live births. Black women are 3-4 times more likely to die in a pregnancy related death in the US regardless of age, level of education, or social status.

RESEARCH EVIDENCE SUMMARY

- Studies suggest leading cause of these deaths are due to hemorrhage, HTN and embolism.
- White women are more likely to deliver in low-morbidity hospitals: 65% of white v 23% black deliveries
- Racial and ethnic disparities play an important role in maternal and perinatal health outcomes.
- Patient-provider communication significantly predicted prenatal care satisfaction, key component in building a strong provider-patient relationship
- Alliance for Innovation on Maternal Health
 Program has created safety bundles that are
 clear-cut, evidence-based practices that improve
 patient outcomes.



Center for Disease Control, 2020

IMPLICATIONS

- Research findings indicate a need for maternal mortality programs to be tailored to black women
- Effective interventions exist, but there needs to be federal and state support for widespread impact



RECOMMENDATIONS

- Telehealth discussions among women and maternal fetal specialist reduced preterm labor from 18.5% to 8%. These sessions can serve as a way to promote healthy behaviors, educate women on prenatal care, unplanned pregnancies, & risk factors for complicated delivery. This new adoption has potential to improve maternal outcomes.
- The World Health Organization Safe Childbirth Checklist is a 26 item list that is meant to be tailored according to target population. Studies showed improved preeclampsia and maternal infection management.
- Address structural racism, implicit bias, improve staff training,

POTENTIAL BARRIERS

- Barriers vary from facility to facility
- Various human and systemic factors limit the implementation of safety bundles
- Human factors:
 - Hesitancy to change approach for treating patients
 - Patients lack access to basic medical care
 - Implicit bias
- Systemic Factors
 - Funding
 - Allocation of budget and resources to safety bundle implementation

CONCLUSION

- Intrapartum and postpartum deaths can be reduced significantly with proper training and the use and implementation of safety bundles
- Barriers may slow the process of change
- Implementing bundles as a standard of practice can greatly help address gaps in medicine and decrease maternal mortality