



New Mexico Birth Equity Collaborative Legislative Brief

February 2020

Introduction

The New Mexico Birth Equity Collaborative (NMBEC), and the New Mexico Department of Health (NMDOH) present this Legislative Brief to provide context for the proposed funding for New Mexico Birth Equity Collaborative and to present an overview of Black Maternal and Infant Health in the state of New Mexico. Our goal is to decrease birth inequity in our state, through honest conversations with providers, partner agencies, and the communities most at risk, and to design and implement related policy changes and practice improvements. We do this to advance health equity in New Mexico and to meet Healthy People 2020 goals.

New Mexico Department of Health

The New Mexico Department of Health (NMDOH) is one of the executive branch agencies of the State of New Mexico. Our mission is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico. The Department consists of eight (8) Divisions which include the Public Health Division, Epidemiology & Response Division, Scientific Laboratory Division, Developmental Disabilities Supports Division, Division of Health Improvement (Health Facility & Certification), Administrative Services Division, Office of Facilities Management, and Medical Cannabis Division.

The Department provides a statewide system of Health Promotion and Community Health Improvement, Chronic Disease Prevention, Infectious Disease Prevention, Injury Prevention and other Public Health services. Prevention and early intervention strategies are implemented through the Department's local Public Health Offices and contracts with community providers.

The health care system is strengthened through Department activities including contracted Primary and Rural Health care services, school-based health centers, Emergency Medical Services, Scientific Laboratory services, Vital Records and Health Statistics.

NMBEC Partners

NMBEC is an intersectional, inter-ethnic and interdisciplinary group of stakeholders who have coalesced to address the alarming health disparities in infant and maternal mortality among African Americans in New Mexico. NMBEC partners include:

Black Health New Mexico*New Mexico Department of Health, Family Health Bureau*New Mexico March of Dimes*University of New Mexico Health Sciences Center, Office of Community Health* The New Mexico Breastfeeding Task Force* Nandi Andrea Hill LM, CPM, National Association to Advance Black Birth * Tamara Joy Gardner, MSN, CNM, University of New Mexico Dept. of OB/GYN, Midwifery Division* Yvette-Kaufman Bell, Founder A Paradigm Shift Empowerment Coaching* Allison Chamberlin, MPH, CLC *Angelique Steadman, Ember Birth and Postpartum Services*Toyese Oyeyemi, MPH, Public Health Practitioner*Javier Rios, MA, 14+ years Health Equity work in New Mexico* LaKiesha Cotton Santa Fe NAACP Executive Secretary, Health Committee member*Donyelle Miller, IBCLC, MSN, CNM

African American Maternal and Infant Health in New Mexico

In New Mexico, Black infants are more likely to die in their first year of life than white infants. They are more likely to be born pre-term and low birthweight, even though their mothers access prenatal care at a rate similar as the majority of New Mexicans. Black maternal mortality also requires serious consideration and attention as emerging data indicate that Black women have the second highest rate of maternal mortality in the state. There are currently no Indigenous or African American people serving on the NMDOH Maternal Mortality Review Committee (MMRC), although these groups are most affected by maternal and infant death. NMBEC seeks to diversify participation on this committee through MMRC training, community leadership development, and community led policy shifts.

Black Women and Infants Suffer Worse Outcomes National Disparities in Maternal and Infant Health

Over the past three decades, maternal mortality among American women has risen despite advances in medical technology and increased spending on health care. Between 1987 and 2016, the maternal mortality ratio increased steadily from 7.2 deaths per 100,000 live births to 16.9 deaths per 100,000 live births – more than doubling.ⁱ

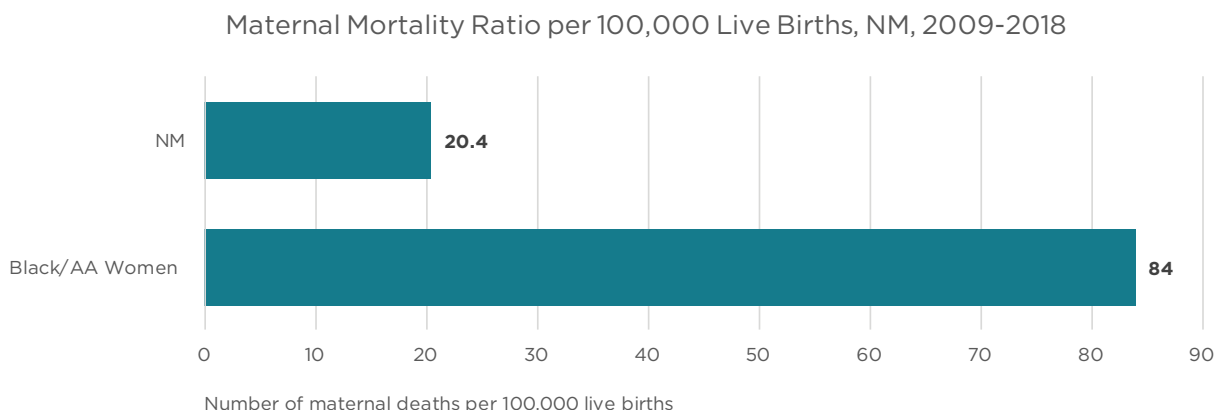
Not all Americans are affected equally – racial differences in maternal mortality have grown over the past three decades as well. Nationally, Black women are approximately three times more likely to die from pregnancy-related causes than white women.ⁱⁱ While Black people make up only 13% of the United States population, they represent nearly 50% of maternal mortality cases.ⁱⁱⁱ Black women are also two times more likely to experience severe maternal morbidities – life-threatening complications such as septicemia, shock, requiring a blood transfusion or hysterectomy, and blood clots among other conditions.^{iv}

Black infants are two to three times more likely to die in their first year of life than white infants.^v The top three medical causes of infant mortality are preterm birth and low birthweight, congenital malformations, and maternal complications.^{vi} Black women are significantly more likely than white women to have a preterm or low (or very low) birthweight infant.^{vii}

New Mexico Data Reflects National Trends

New Mexico's Maternal Mortality Ratio (MMR) is 28 deaths per 100,000 live births – higher than the US average.^{viii} MMR is defined as the number of maternal deaths (deaths during pregnancy or within 42 days after end of pregnancy) in a time period per 100,000 live births in the same time period. Between 2009 and 2018 the Maternal Mortality Ratio for Black women in New Mexico was 84 deaths per 100,000 live births compared to 20.4 deaths per 100,000 live births in New Mexico. This number of observed deaths in Black women is 4.12 times higher than the expected based on the MMR in New Mexico.^{ix}

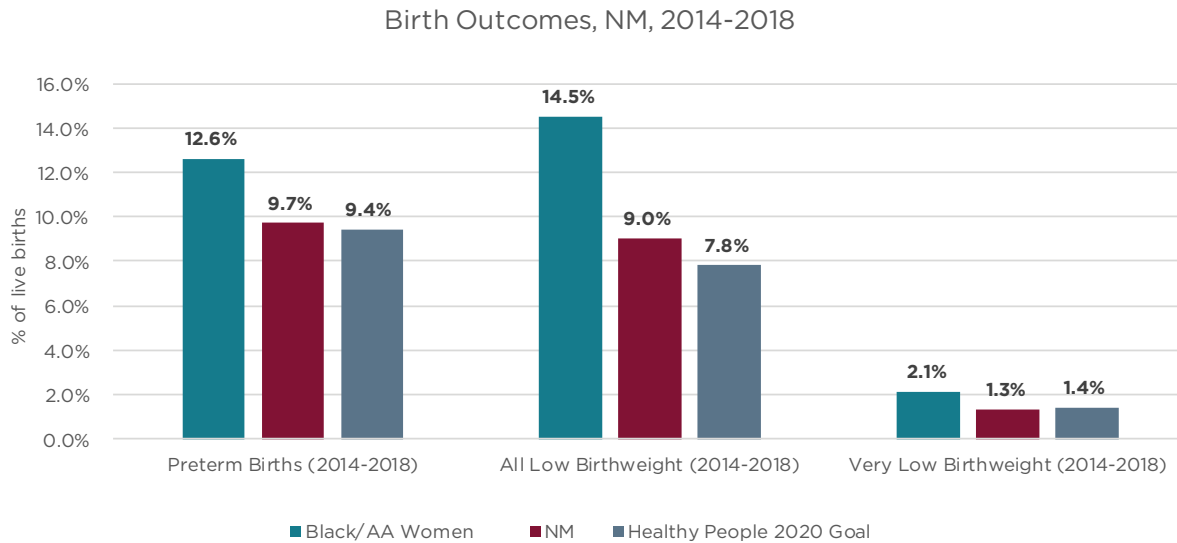
Table 1 –Maternal Mortality Ratio in New Mexico



Between 2012-2018 the infant mortality rate for African Americans in New Mexico was 10.9 per 1,000 live births, a rate 88% higher than the NM rate of 5.8 deaths per 1,000 live births for all New Mexico residents.^x

Black women in New Mexico are also more likely to give birth to a preterm infant (born at <37 weeks gestation). Between 2011 and 2018, the preterm birth rate for African American women in New Mexico has averaged 12.95%, 30% higher than the proportion of preterm births in New Mexico as a whole which was 9.58% in the same time period.^{xi}

Table 2 – Birth Outcomes in New Mexico



Black infants had a very low birthweight rate (<1500 grams) 62% higher than NM as a whole between 2014-2018.^{xii} These data indicate significant racial disparities, considering that Black women access prenatal care at similar rates (62.6% of black women received prenatal care in the first trimester vs. 64.4% for all of New Mexico) and timing in pregnancy as other New Mexico women.^{xiii} These data reinforce the narrative that Black women and infants experience worse health outcomes compared to others not due to a lack of availability or quantity of healthcare, but instead due to healthcare systems needing further support in understanding and empathizing with the experience of Black birthing people, and the weathering effect on Black bodies.

Racial Inequity Contributes to Black Maternal and Infant Mortality

Black women remain more likely to die from pregnancy-related causes and to experience severe maternal morbidities than white women even when factors such as education, income, and geography are accounted for.^{xiv} To explain this phenomenon, scholars and experts have pointed to inequities and stressors that are unique to the Black experience in the United States. The “weathering hypothesis” – first proposed by Arline Geronimus in 1992 – asserts that the health of Blacks begins to deteriorate earlier than counterparts of other races because of cumulative socioeconomic disadvantages.^{xv} Since then, other researchers have also shared how chronic exposure to stress and trauma becomes physically

toxic to the human body and how racism is linked to poor physical and mental health outcomes.^{xvi} Beyond causing harmful stress responses, racism blocks access to the resources that people need to be healthy and have a good quality of life (structural racism) and informs how people treat and interact with one another (interpersonal racism).

Maternal stress from structural racism and interpersonal racism also affects infant birth outcomes and is associated with infant mortality.^{xvii} For example, reductions in racial inequity in education were associated with a ten percent reduction in infant mortality.^{xviii} Perceived racial discrimination is associated with pre-term birth, low birthweight, and very low birthweight infants. Research has found that experiences of

interpersonal racism within a year prior to delivery are associated with pre-term birth.^{xix} Perceived racial discrimination is also associated with pre-term birth among low-income mothers.^{xx} Researchers have also identified a connection between chronic exposure to racial discrimination and very low birthweight infants among African Americans.^{xxi}

Cost of Racial Inequity

New Mexico incurs an average annual cost of \$2.8 million associated with NICU admissions for very low birthweight infants born to Black women, alone. For every infant for which low birth weight (<2500 grams) is averted, there is a savings of \$27,200. The average cost for each very low birthweight infant (<1500 grams) in the NICU is \$280,811. We estimate an annual savings of \$792,847 if Black women were to experience the same low birth-weight prevalence as non-Hispanic white women.^{xxii}

New Mexico Takes Action

In 2014, Senate Bill 69 - African American Infant Mortality Pilot Program - passed unanimously. SB69 was the first legislative attempt to address the longstanding public health problems of excessive pre-term birth, infant mortality, and adverse maternal health outcomes among Black people in New Mexico. It was also one of the only pieces of legislation specifically written to address African American health in New Mexico.

In the same year, the Senate Finance Committee released Senate Bill 313 which included a general fund appropriation from Governor Susana Martinez to OAAA to fund the “African American Infant Mortality Pilot Project” in the amount of \$50,000. This funding was used to begin raising awareness of Black maternal and infant mortality in New Mexico and to reintroduce CenteringPregnancy, a group prenatal care model that has been proven to increase patient satisfaction, reduce premature birth rates and, subsequently, reduce infant mortality to our state.

The New Mexico Birth Equity Collaborative Leads the Response

The New Mexico Birth Equity Collaborative (NMBEC) is an initiative of Black Health New Mexico – the only non-profit in New Mexico that focuses on addressing Black physical health disparities. NMBEC was formed as a follow up to

the “African American Infant Mortality Pilot Project,” which was conducted by the Office of African American Affairs (OAAA) from June 2014 to June 2016 under director Yvette Kaufman Bell and pilot project director Sunshine Muse.

Qualitative data produced from the 2014-2016 pilot indicated the need for greater patient information and education regarding prenatal care and birthing options; patient and provider education about how stress affects pregnancy and how stressors can be managed; and better provider training and education, especially as it relates to how bias affects patient-provider interactions.

Pilot recommendations included:

- Targeted education of medical providers and community stakeholders as well as partner organizations on the prevalence of this issue and the importance of addressing provider bias in reducing perceived and actual racism
- Stronger focus on mothers who have lost infants to better assess the factors and conditions surrounding the health and well-being of infants who died before their first birthday and that of their mothers, particularly those who identify as Black/African American
- More extensive outreach and marketing of information to the larger African American community
- A continued partnership with the New Mexico Department of Health
- A new relationship with New Mexico Bureau of Vital Records to access vital information that is not available through IBIS
- Policy change in the PRAMS (Pregnancy Risk Assessment and Monitoring System), to include more representation from the most vulnerable populations affected by these issues.
- A full exploration into the impact of breastfeeding on low birthweight babies and ways to increase breastfeeding support and prenatal education as an infant mortality prevention measure.

Since 2017, NMBEC stakeholders have taken steps to act on these recommendations, developing and strengthening partnerships with organizations including the March of Dimes and CityMatCH, a national membership organization of city and county health departments' maternal and child health (MCH) programs and leaders representing urban communities in the United States. *CityMatCH's mission is to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities.* Much of this work was done on a volunteer basis.

In 2018, NMBEC was awarded a Con Alma Foundation Executive Director's Discretionary Grant. Over the course of this grant, NMBEC was able to coalesce and define the statewide work of stakeholders committed to outreach, planning, and programming that centers and listens to the expertise and experiences of Black women and childbearing people to address the maternal and infant health crisis in New Mexico and across the United States.

NMBEC has continuously worked to build and sustain partnerships among direct service and care providers, administrators, public health workers, and people of diverse cultural and ethnic backgrounds committed to addressing this issue. While many of these partnerships were already in place, regular meetings and collaboration have helped strengthen stakeholder relationships and deepened their understanding of challenges and solutions. The result is a strong interagency collaborative that will prioritize the development of a training for New Mexico healthcare providers and a series of programming initiatives co-designed by community members and providers.

There is no other initiative in the state working in this way – specifically, with an equity focus, led by and centering the expertise and experiences of Black women to help train providers and connect providers and community members into care partnerships that improve birth outcomes for New Mexico. NMBEC is also working to increase the participation and leadership of Black and Indigenous/Native American women on the state Maternal Mortality Review Committee (MMRC).

Funding a Better Future for New Mexico

In 2020, NMBEC is beginning work to complete a health impact assessment; create marketing and community outreach tools; and develop health literacy tools for providers and patients alike. Through the health impact assessment, community members, providers, and advocates will work to develop shared language and health literacy tools, which will inform a provider training and education initiative. This initiative will engage hospital and clinic administrators in partnership with the communities most impacted by maternal and child health birth inequities. This process will assist providers to become uncommonly attuned to the specific needs of African American and minority childbearing persons. The co-creation process and subsequent provider education and training program will:

- Increase patient information and education within our state regarding certain prenatal care and birthing options;

- Increase provider and patient understanding of, and ability to, address stress factors during pregnancy;
- Enhance their knowledge of the greater allostatic load and risk of adverse maternal and infant health outcomes for Black women and childbearing persons;
- Increase their awareness of racial bias and willingness to reduce its effects and;
- Improve their knowledge of protective factors, birth equity practices, and cultural congruence and awareness.

NMBEC is currently funded by the New Mexico Health Equity Partnership and NMDOH to oversee and advance this work but, to-date, only \$60,000 have been made available. Additional financial resources are needed to facilitate a collaborative process that involves and centers community voices, identifies language for improved health literacy for providers and patients alike, and generates highly impactful training, education, and outreach components. Adequate funding will help ensure this work continues to contribute to better maternal and infant health outcomes for the people of New Mexico.

Conclusion

The work of the New Mexico Birth Equity Collaborative is an important contribution to improving public health in our state. Since 2014, this work has been championed by advocates, providers and public health workers committed to improving birth outcomes for all moms and babies, with special attention to Black child bearing people and infants who data show are most impacted. The small population of Black people in New Mexico does not mitigate the need for culturally congruent intervention and health care provision, nor does it provide for protective factors that might result in better birth outcomes.

When this work began in 2014, there was very little local awareness in the Black community or New Mexico at large, of the grave inequities at hand. Today, the New Mexico Birth Equity Collaborative and the New Mexico Department of Health function with a shared commitment to applying equity principles to all interventions that seek to address policies and practices to improve MCH outcomes in New Mexico by ensuring that they include the voices, experiences and expertise of black women and childbearing persons. Together we work to create a time wherein birth outcomes in New Mexico no longer mirror national trends in racialized health disparities.

About the Organizations



The New Mexico Department of Health (NMDOH) is one of the executive branch agencies of the State of New Mexico. Our mission is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico. The Department provides a statewide system of Health Promotion and Community Health Improvement, Chronic Disease Prevention, Infectious Disease Prevention, Injury Prevention and other Public Health services. <https://www.nmhealth.org/>



The New Mexico Birth Equity Collaborative (NMBEC) was founded to raise awareness and build coalition within the Black community, our partner communities, and among the providers and public health officials who care for and serve moms and families. It is the only interdisciplinary and inter-ethnic initiative in the state of New Mexico committed to addressing disparate Black infant and maternal health outcomes. <https://www.Blackhealthnewmexico.com/>

References

- ⁱ US Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. Available at: <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm#when>
- ⁱⁱ Hoyert DL, Miniño AM. Maternal mortality in the United States: Changes in coding, publication, and data release, 2018. National Vital Statistics Reports; vol 69 no 2. Hyattsville, MD: National Center for Health Statistics. 2020.
- ⁱⁱⁱ Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Available at: http://reviewtoaction.org/Report_from_Nine_MMRCs
- ^{iv} Creanga AA et al. Racial and ethnic disparities in severe maternal morbidity: a multistate analysis, 2008-2010. *Am J Obstet Gynecol*. 2014;210(5):435.e1-8.
- ^v CDC 2019. Infant Mortality Statistics from the 2017 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports. Table 2.
- ^{vi} CDC 2019. Infant Mortality Statistics from the 2017 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports. Table 5.
- ^{vii} Martin JA et al. Births: Final data for 2018. National Vital Statistics Reports; vol 68, no 13. Hyattsville, MD: National Center for Health Statistics. 2019.
- ^{viii} New Mexico Selected Health Statistics Annual Report 2017. Available at: <https://nmhealth.org/data/view/vital/2208/>
- ^{ix} New Mexico Death Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health. Retrieved on 12/19/2019 from the Bureau of Vital Records.
- ^x New Mexico Death Certificate Database, Office of Vital Records and Health Statistics, New Mexico Department of Health. Retrieved on 1/30/2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>
- ^{xi} Social Determinants of Health, Preterm Births. Retrieved on 1/30/2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>.
- ^{xii} Social Determinants of Health, Low Birthweights. Retrieved on 1/30/2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>.
- ^{xiii} Social Determinants of Health, Prenatal Care. Retrieved on 1/30/2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>.
- ^{xiv} New York City Department of Health and Mental Hygiene (2016). Severe Maternal Morbidity in New York City, 2008-2012. New York, NY.
- ^{xv} Geronimus AT. The weathering hypothesis and the health of African American women and infants: evidence and speculations. *Ethn Dis*. 1992 Summer;2(3):207-21.
- ^{xvi} Williams DR. Miles to Go Before We Sleep: Racial Inequities in Health. *J Health Soc Behav*. 2012; 53(3): 279-295. Jackson FM. Race, Stress, and Social Support: Addressing the Crisis in Black Infant Mortality. 2007. Joint Center for Political and Economic Studies.
- ^{xvii} Jackson FM. Race, Stress, and Social Support: Addressing the Crisis in Black Infant Mortality. 2007. Joint Center for Political and Economic Studies.
- ^{xviii} Wallace M et al. Separate and unequal: Structural racism and infant mortality in the US. *Health & Place*. 2017;45:140-144.
- ^{xix} Bower KM et al. Experiences of Racism and Preterm Birth: Findings from a Pregnancy Risk Assessment Monitoring System, 2004 through 2012. *Women's Health Issues*. 2018;28(6):495-501.
- ^{xx} Collins JW et al. Low-Income African American Mothers' Perception of Exposure to Racial Discrimination and Infant Birth Weight. *Epidemiology*. 2000;11(3):337-339.
- ^{xxi} Collins JW et al. Very Low Birthweight in African American Infants: The Role of Maternal Exposure to Interpersonal Racial Discrimination. *Am J Public Health*. 2004;94:2132-2138.
- ^{xxii} Kozhimannil et al, Modeling the cost effectiveness of doula care associated with reductions in preterm birth and cesarean delivery. *Birth*, 43(1), 20-27. doi: 10.1111/birt.12218
- ^{xxiii} Ickovics JR, Kershaw TS, Westdahl C, et al. Group Prenatal Care and Perinatal Outcomes: A Randomized Controlled Trial. *Obstet Gynecol*. 2007;110(2, Part 1):330-339.