AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 221
(A-22)

Introduced by: Women Physicians Section

Subject: Strategies to Mitigate Racial and Ethnic Disparities in Maternal and Fetal Morbidity and Mortality at the Grassroots Level

Referred to: Reference Committee B

Whereas, The United States has the highest maternal and infant mortality rates among comparable developed countries, specifically in survival rates of African American mothers and their infants, [1,2]and the rates for maternal mortality and severe maternal morbidity are about three times higher for women who received C-sections versus vaginal deliveries,[3] and academic consensus recommend an urgency in implementation and tracking of remedial actions;[1,2] and

Whereas, In the United States, Black women are more likely to receive C-sections when compared to other women of color groups and white women, when adjusted for variables, even among low-risk cohorts; [3,4,5] and

Whereas, Mothers who were Medicaid recipients and received prenatal education and childbirth support from trained doulas had lower odds of Cesarean sections and preterm births compared to mothers who did not receive doula services;[6] and

Whereas, Improving access to care, inclusivity of people of color, health prevention, affordable healthcare and insurance coverage, tracking of quality outcome measures linked to provider incentives are methods suited for eliminating racial disparities;[5,6,7,8,9] and

Whereas, Eliminating barriers to training and licensure of a workforce pipeline inclusive of doulas, midwives,[6,10] and family physicians[11,12,13] who provide maternity services made available in rural and urban areas to supplement support to women can potentially reduce C-section rates that put women and infants at risk;[10,11,12,13] therefore, be it

RESOLVED, That our American Medical Association advocate for institutional and departmental policies that promote awareness and transparency in defining the criteria for identifying and mitigating gaps in health equity in Maternal Fetal outcome measures affecting racial and minority U.S. population (Directive to Take Action); and be it further

RESOLVED, That our AMA engage with relevant stakeholders to initiate a similar awareness campaign for public health education and health prevention at the grassroots level in the communities, and advocate Medicaid and affordable insurance coverage for ancillary support services. (Directive to Take Action)

Fiscal Note: Not yet determined

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References:
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13. Young, Richard A. "Maternity care services provided by family physicians in rural hospitals." *The Journal of the American Board of Family Medicine* 30, no. 1 (2017): 71-77.

RELEVANT AMA POLICY

Disparities in Maternal Mortality D-420.993

Our AMA: (1) will ask the Commission to End Health Care **Disparities** to evaluate the issue of health **disparities in maternal mortality** and offer recommendations to address existing **disparities in** the rates of **maternal mortality in** the United States; (2) will work with the CDC, HHS, state and county health departments to decrease **maternal mortality** rates **in** the US; (3) encourages and promotes to all state and county health departments to develop, implement, and sustain a **maternal mortality** surveillance system that centers around health equity; and (4) will work with stakeholders to encourage research on identifying barriers and developing strategies toward the implementation of evidence-based practices to prevent disease conditions that contribute to poor obstetric outcomes, **maternal** morbidity and **maternal mortality in** racial and ethnic minorities.
CSAPH Rep. 3, A-09 Appended: Res. 403, A-11 Appended: Res. 417, A-18 Reaffirmed: Res. 229, A-21 Modified: Joint CMS/CSAPH Rep. 1, I-21

Reducing Inequities and Improving Access to Insurance for Maternal Health Care H-185.917
1. Our AMA acknowledges that structural racism and bias negatively impact the ability to provide optimal health care, including maternity care, for people of color.
2. Our AMA encourages physicians to raise awareness among colleagues, residents and fellows, staff, and hospital administrators about the prevalence of racial and ethnic inequities and the effect on health outcomes, work to eliminate these inequities, and promote an environment of trust.
3. Our AMA encourages physicians to pursue educational opportunities focused on embedding equitable, patient-centered care for patients who are pregnant and/or within 12 months postpartum into their clinical practices and encourages physician leaders of health care teams to support similar appropriate professional education for all members of their teams.
4. Our AMA will continue to monitor and promote ongoing research regarding the impacts of societal (e.g., racism or unaffordable health insurance), geographical, facility-level (e.g., hospital quality), clinician-level (e.g., implicit bias), and patient-level (e.g., comorbidities, chronic stress

or lack of transportation) barriers to optimal care that contribute to adverse and disparate maternal health outcomes, as well as research testing the effectiveness of interventions to address each of these barriers.
5. Our AMA will promote the adoption of federal standards for clinician collection of patient-identified race and ethnicity information in clinical and administrative data to better identify inequities. The federal data collection standards should be: (a) informed by research (including real-world testing of technical standards and standardized definitions of race and ethnicity terms to ensure that the data collected accurately reflect diverse populations and highlight, rather than obscure, critical distinctions that may exist within broad racial or ethnic categories), (b) carefully crafted in conjunction with clinician and patient input to protect patient privacy and provide non-discrimination protections, and (c) lead to the dissemination of best practices to guide respectful and non-coercive collection of accurate, standardized data relevant to maternal health outcomes.
6. Our AMA supports the development of a standardized definition of maternal mortality and the allocation of resources to states and Tribes to collect and analyze maternal mortality data (i.e., Maternal Mortality Review Committees and vital statistics) to enable stakeholders to better understand the underlying causes of maternal deaths and to inform evidence-based policies to improve maternal health outcomes and promote health equity.
7. Our AMA encourages hospitals, health systems, and state medical associations and national medical specialty societies to collaborate with non-clinical community organizations with close ties to minoritized and other at-risk populations to identify opportunities to best support pregnant persons and new families.
8. Our AMA encourages the development and funding of resources and outreach initiatives to help pregnant individuals, their families, their communities, and their workplaces to recognize the value of comprehensive prepregnancy, prenatal, peripartum, and postpartum care. These resources and initiatives should encourage patients to pursue both physical and behavioral health care, strive to reduce barriers to pursuing care, and highlight care that is available at little or no cost to the patient.
9. Our AMA supports adequate payment from all payers for the full spectrum of evidence-based prepregnancy, prenatal, peripartum, and postpartum physical and behavioral health care.
10. Our AMA encourages hospitals, health systems, and states to participate in maternal safety and quality improvement initiatives such as the Alliance for Innovation on Maternal Health program and state perinatal quality collaboratives.
11. Our AMA will advocate for increased access to risk-appropriate care by encouraging hospitals, health systems, and states to adopt verified, evidence-based levels of maternal care.
Citation: Joint CMS/CSAPH Rep. 1, I-21