Advancing Cultural Rigor in Hospital Births and Perinatal Quality Improvement:

The SACRED Birth Movement

Karen A. Scott, MD, MPH, FACOG

DISCLOSURE STATEMENT

- The following personal financial relationships with commercial interests relevant to this presentation that existed during the past 12 months:
  - < Maternal Care Quality Improvement Expert Black Mamas Matter Alliance Merck for Mothers Safer Childbirth Cities (KA Scott)>
- I offer one set of perspectives and a few possibilities to reimagine research, policy, service provision, and education

POSITIONALITY – KAREN A. SCOTT, MD, MPH, FACOG

- I am a Southern born and raised Black woman from East Nashville before gentrification.
- I am grateful for the gift of a formal liberal arts education from 5th grade until completion of medical school.
- I am a lifelong learner. This is the way.
- I identify as a proud **Reproductive Justice Avenger,** Wakanda Healer, Yoda Follower, Kare Bear Hugger, Crunk Public Health Scholar, Applied Epidemiologist, and Health Systems Transformer.
- I am celebrating my 19th year Anniversary as a Community-Based trained and serving OBGYN.
- My main purpose is to advance **Cultural Rigor through the operationalization of Black Feminism, Reproductive Justice, and Research Justice** in participatory Quality Improvement (QI) science, practice, research and interprofessional education & training.

LEARNING OBJECTIVES

At the end of the presentation, the participant will be able to:

- Explain the limitations in closing the perinatal death gap between Black mothers and birthing people and other racial/ethnic groups
- Utilize three theoretical frameworks to re-imagine the unique lived experiences of Black women and people in society and in hospital births.
- Explain the value of Black birthing narratives and community wisdom in measure development, QI, and hospital performance evaluation, with an emphasis on the participatory Patient-Reported Measure of OBstetric racism©, also known as the PREM-OB Scale™

OUR VISION:
SACRED BIRTH FOR BLACK MOTHERS & BIRTHING PEOPLE

Sacred birth is a radical attitude towards **human births**, specifically **Blackness, Black bodies, and Black births**, that regards all birth activities as fundamentally normal, healthy, spiritual, familial, magical, transformative, erotic, communal, emancipatory, and power-activating.

Sacred birth encourages diverse and inclusive birth pleasure, practices, care, spaces, options, partners, communities, and experiences.

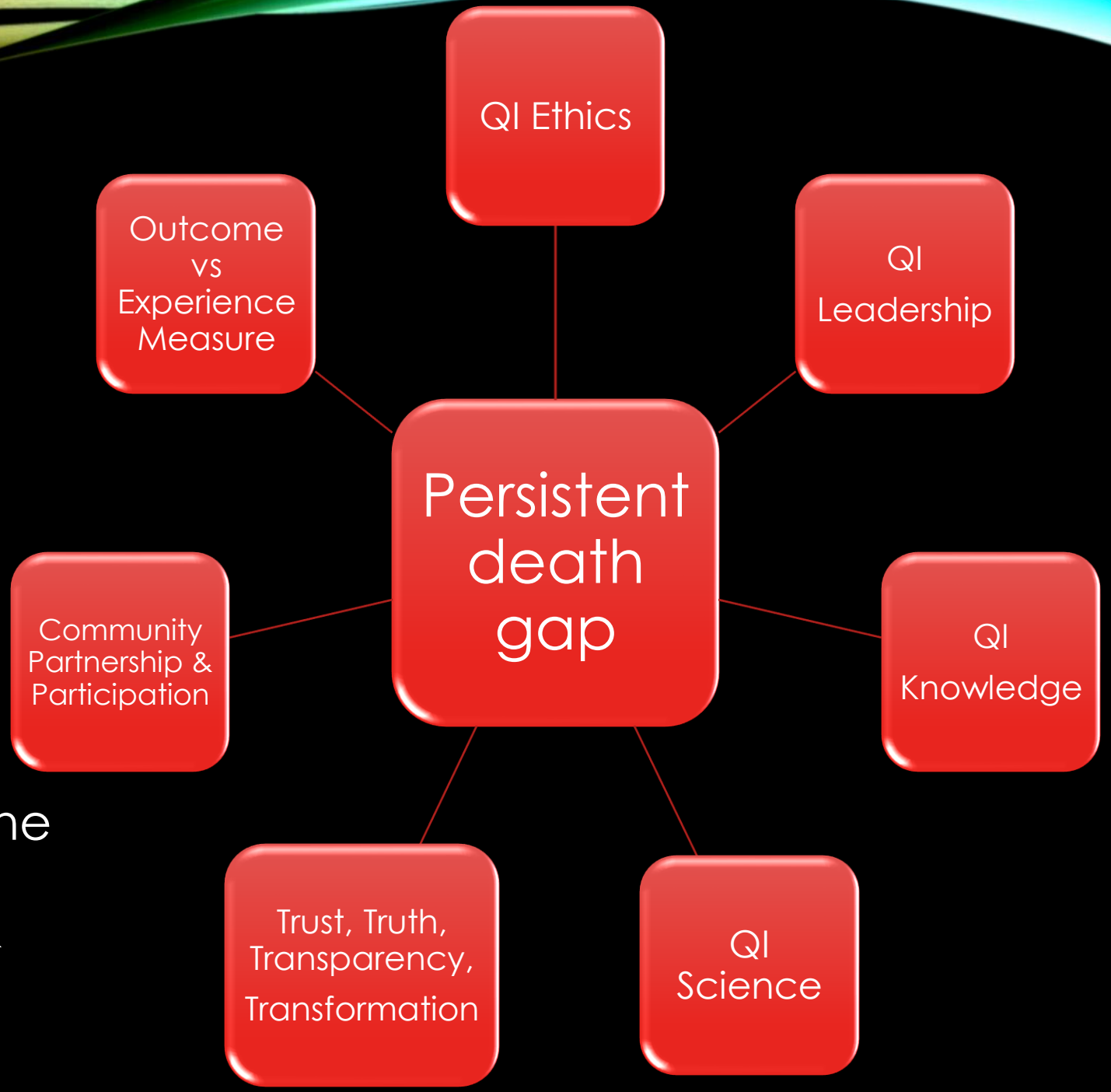
The sacred birth movement advocates for safer, respectful, dignified, high quality "participatory" birth care, conditions, experiences, and outcomes, and improved workforce diversification, development, sustainability, and restoration of Black Midwifery care and Black Doula support models as part of its campaign.

Adaptation of Sex Positivity by Karen A. Scott, MD, MPH, ,FACOG on April11,2018
Gabosch, Allena (2008-02-26). "A Sex Positive Renaissance". Retrieved 2014-09-12. Revissed

OUR TRUTHS

- We believe, trust, value, and adore Black people, women, & mothers.
- Black people, women, and mothers are worthy.
- We protect, prioritize, cite, and amplify Black women's/people's voices, intellectual thoughts, lived experiences, and political activism.
- We activate and advance the power and potential, not pathology, of Black people, women, and mothers and our given and chosen kin

What are the contributing factors & actors in maintaining the persistent death gap between Black mothers/birthing people & other racial/ethnic groups?



Mary Ann Liebert, Inc. publishers
Celebrating 40 Years

Health Equity, Vol. 4, No. 1 | Perspective |

First, Do No Harm: Why Philanthropy Needs to Re-Examine Its Role in Reproductive Equity and Racial Justice

Karen A. Scott✉, Stephanie Bray, and Monica R. McLemore

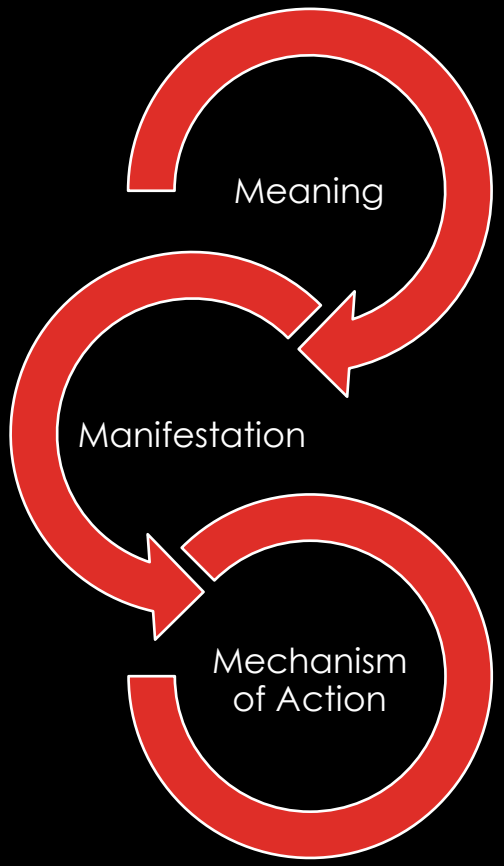
Published Online: 12 Mar 2020
https://doi.org/10.1089/heq.2019.0094

white urgency

white expediency

CONSEQUENCES OF PHILANTHROPIC REDLINING IN PERINATAL QUALITY IMPROVEMENT

REPRODUCTIVE AND PERINATAL APARTHEID IN THE U.S.



- Population control programs, practices, and policies
- Criminalization of sex, reproduction and motherhood/parenthood
- Rapid termination of parental rights for those deemed "unfit" by the state
- Environmental degradation with infertility, miscarriages, and other adverse health outcomes
- Access to non-medicalized birthing options, attendants, and support persons
- Structural stigmatization of Mothers at the Margins
- Differential access to Assisted Reproductive Technology
- Resistance to expanding definitions of partnering and parenting options and configurations
- Maternity/Parental leave & affordable childcare
- Stable housing and incomes
- Safe, affordable, and sustainable neighborhoods: clean air, water, food, & shelter
- State sanctioned policy brutality and murders

Transforming Anthropology / Volume 13, Issue 2

Resistance and Resilience: The Sojourner Syndrome and the Social Context of Reproduction in Cenral Harlem

Leith Mullings

First published: 07 January 2008
https://doi.org/10.1525/tran.2005.13.2.79
Citations: 44

Leith Mullings

Resistance and Resilience: The Sojourner Syndrome and the Social Context of Reproduction in Central Harlem

This article explores the consequences of class exploitation, racial discrimination, and gender subordination—as expressed in environmental racism, employment insecurity, and problematic housing conditions—on the health and well-being of working-class and middle-stratum women in Harlem. It argues that an intersectional approach, examining the simultaneous interaction of race, class, and gender, tells us more about racial disparities than do explanatory paradigms of biological race or lifestyle choices. African American women address difficult conditions through the development of women-centered support groups, as well as other forms of resistance. The Sojourner Syndrome, an interpretive framework that speaks to the historical dialectic of oppression, resilience, and resistance, is proposed as an approach to understanding infant mortality and other health issues.

KEYWORDS: African Americans, gender, health disparities, intersectionality, infant mortality

Leith Mullings is Presidential Professor of Anthropology at the Graduate Center of the City University of New York. She received her Ph.D. in anthropology from the University of Chicago. Her books include *Therapy, Ideology and Social Change: Mental Healing in Urban Ghana* (1984); *Cities of the United States* (editor, 1987); *On Our Own Terms: Race, Class and Gender in the Lives of African American Women* (1997); *Let Nobody Turn Us Around: Voices of Resistance, Reform and Renewal, An African America Anthology* (2000, coedited with Manning Marable); *Stress and Resilience: The Social Context of Reproduction in Central Harlem* (2001, with Alaka Wali); *Freedom: A Photohistory of the African American Struggle* (2002, with Manning Marable). She has written articles on such subjects as stratification, ethnicity, race, gender, health, globalization, participatory research, and public policy.

In 1993 Professor Mullings was awarded the Chair in American Civilization at the École des Hautes Études en Sciences Sociales in Paris, France, and in 1997 she received the Prize for Distinguished Achievement in the Critical Study of North America from the Society for the Anthropology of North America. She currently serves on the AAA Executive Board.

Sojourner Truth was born into slavery in the area of Ulster County, New York, in the late 1790s. Sold away from her parents and her one remaining sibling at the age of nine, she was enslaved for almost thirty years in extremely difficult conditions before being liberated by the New York State Emancipation Act of 1827. During slavery, she was sexually abused and physically assaulted. Some of her children were sold into bondage. In 1843 she assumed the name Sojourner Truth and began to travel across the country as an abolitionist itinerant preacher, promoting the idea of Black freedom to inspire northern Whites to oppose the legality of slavery. She also worked closely with leading abolitionists and became involved in the early women's rights movement. Her personal story of suffering and her courageous determination to overcome adversity awed and inspired thousands of people. Her name became identified with the strength and resilience of African American women who, like her, have faced numerous obstacles to personal and collective advancement.

The story of Sojourner Truth has become an important symbol of both the constraints and activism characterizing the lives of African American women. It conveys a message about the interaction of race, class, and gender, as well as the dialectic of oppression, resilience, and resistance. Named for Sojourner Truth, the Sojourner Syndrome offers an interpretive framework designed to provide a broader understanding of why African American women and men die younger and, as compared to Whites, have higher rates of morbidity and mortality for most diseases. It incorporates an intersectional approach, which emphasizes the necessity of examining how race, class, and gender operate in the lives of African American women and how they interact to produce health effects.

The intersectional lens refocuses our perspective on health and illness in several important ways. It invites us to understand race, class, and gender as relational concepts: not as attributes of people of color, the dispossessed, or women but as historically created relationships of differential distribution of resources,

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PubMed.gov

Advanced

Obstetric Racism: The Racial Politics of Pregnancy, Labor, and Birthing

Dána-Ain Davis. Med Anthropol. 2019 Oct.

Show details

Cite ...

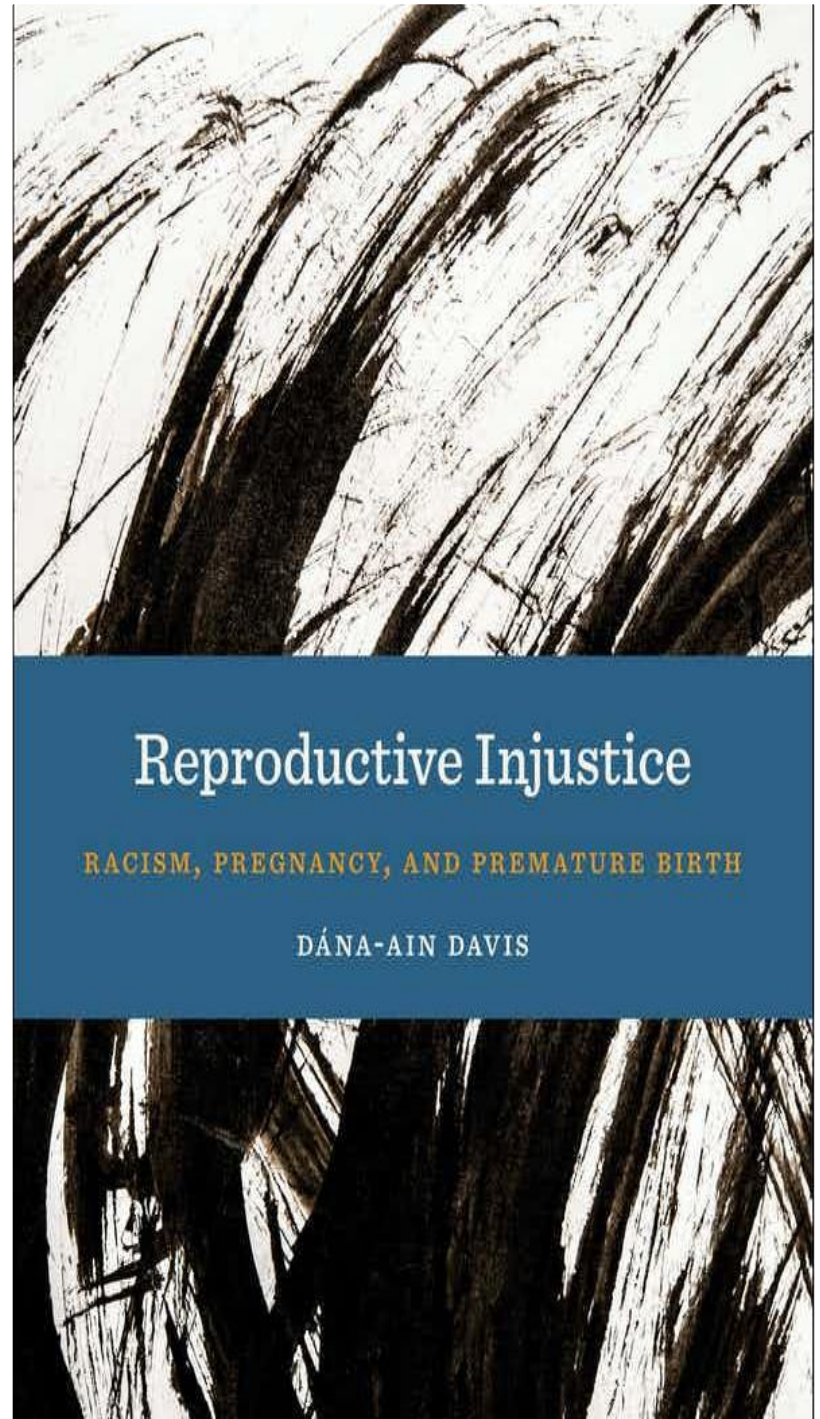
Abstract

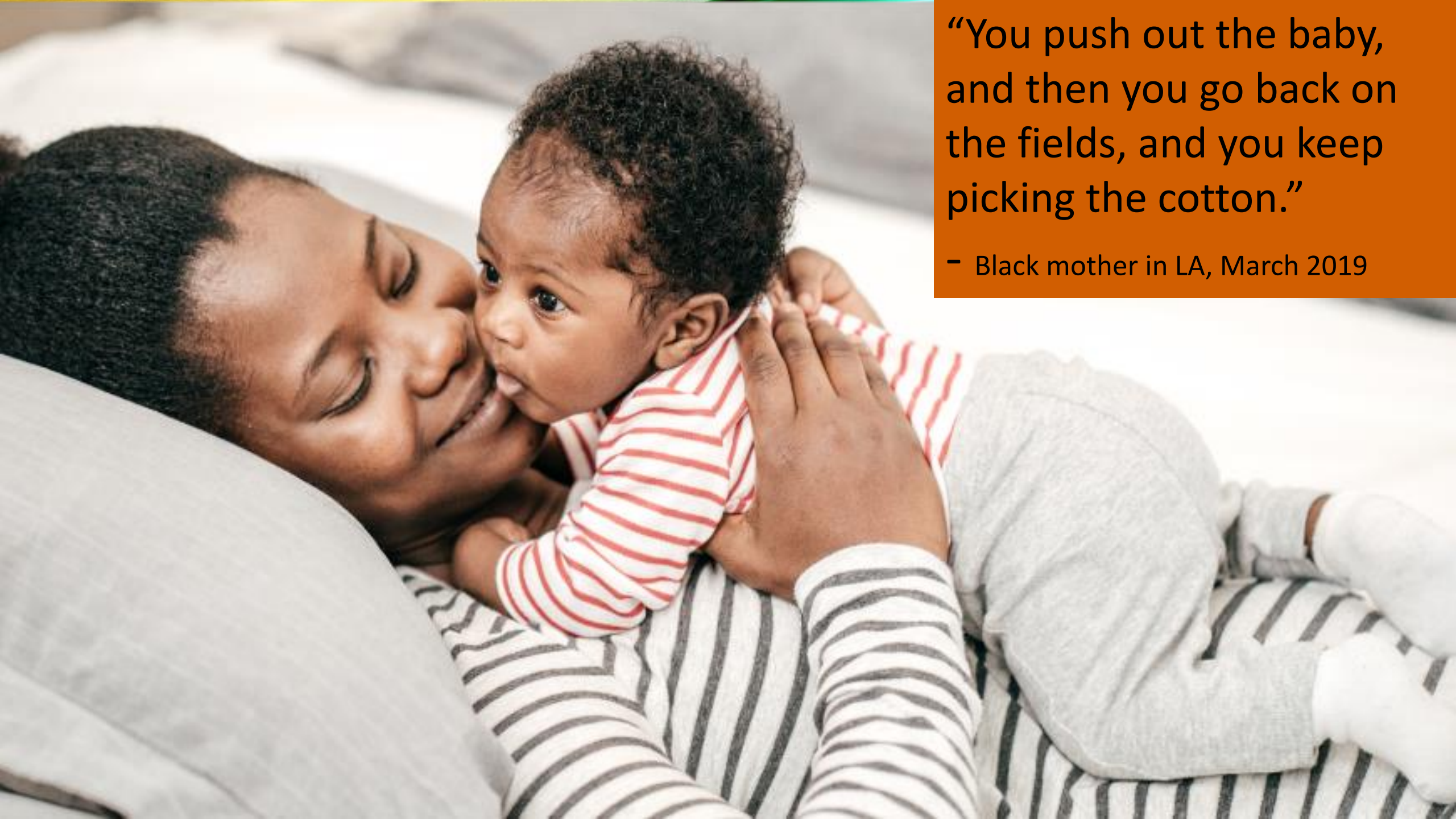
In this article, I analyze the birth stories of Black women living in the United States. Their birth stories describe various forms of racism during medical encounters while they were pregnant or during labor and delivery. In the global women's health arena, the issues raised are viewed as obstetric violence. However, obstetric racism-as both an occurrence and analytic-best captures the particularities of Black women's reproductive care during the pre- and post-natal period. Obstetric racism is a threat to positive birth outcomes. I argue that birth workers including midwives and doulas, mediate obstetric racism and stratified reproductive outcomes.

Keywords: Black women; United States; labor and delivery; medical encounters; obstetric racism; pregnancy.

Obstetric racism sits at the intersection of obstetric violence and medical racism. It describes the mechanisms and practices of subordination to which Black women and people's reproduction - including preconception, pregnancy, prenatal, labor, birth, and postpartum care, are subjected that track along histories of anti-Black racism.

Obstetric racism is a threat to positive birth outcomes.





"You push out the baby, and then you go back on the fields, and you keep picking the cotton."

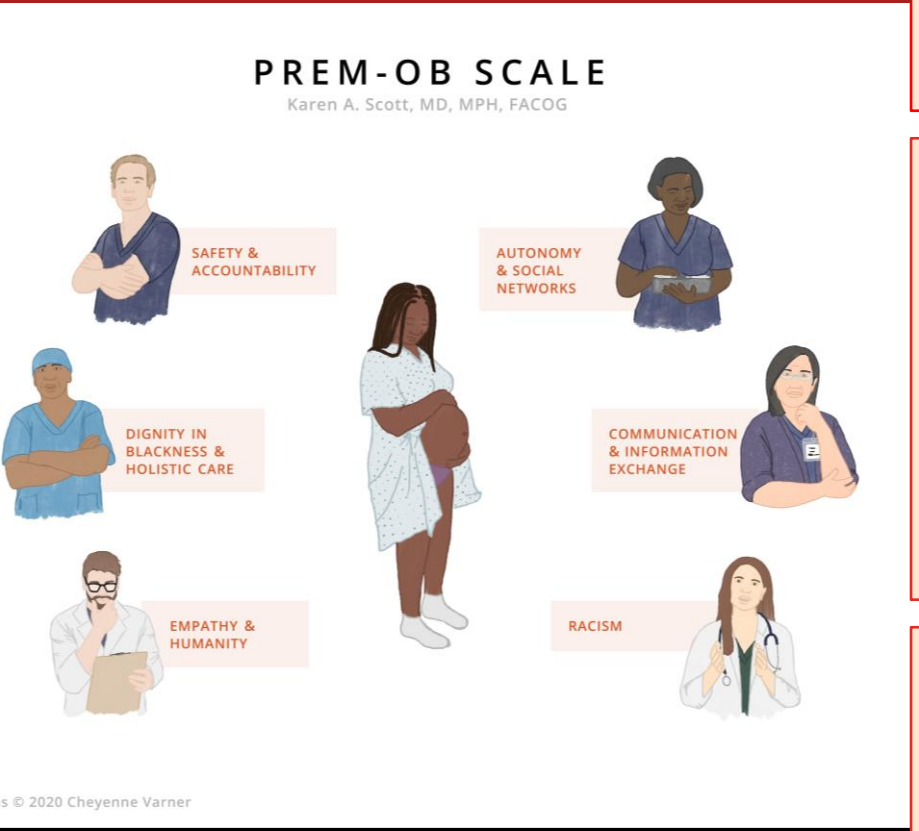
- Black mother in LA, March 2019

“Though he put me back together,
I *still* don’t *feel* WHOLE.”

THE SACRED BIRTH STUDY: VALIDATION OF A PATIENT-REPORTED EXPERIENCE MEASURE OF OBSTETRIC RACISM©, PREM-OB SCALE™

To date, no validated participatory **PREM-OB Scale™** exists that characterizes the "impact" of the quality of hospital-based perinatal care on the patient experience, as defined for, by, and with **Black mothers and birthing people**, in dignified and equitable partnerships with **Black women-led community-based organizations** & **Black women scholars.**

THE SACRED BIRTH STUDY:



@SACRED_PREM_OB
https://sacredbirth.ucsf.edu

Aim 1

- Validate a patient reported experience measure of obstetric racism, the PREM-OB Scale™, through field testing among 1000 Black mothers and birthing people.

Aim 2

- Develop a community centered-people focused hospital-based QI toolkit with Black women-led CBOs.

Aim 3

- Examine the association between the PREM-OB scale™, COVID-19 pandemic hospital responses, and birth outcomes and experiences .

PARTICIPATORY QUALITY IMPROVEMENT RESEARCH (QIR):

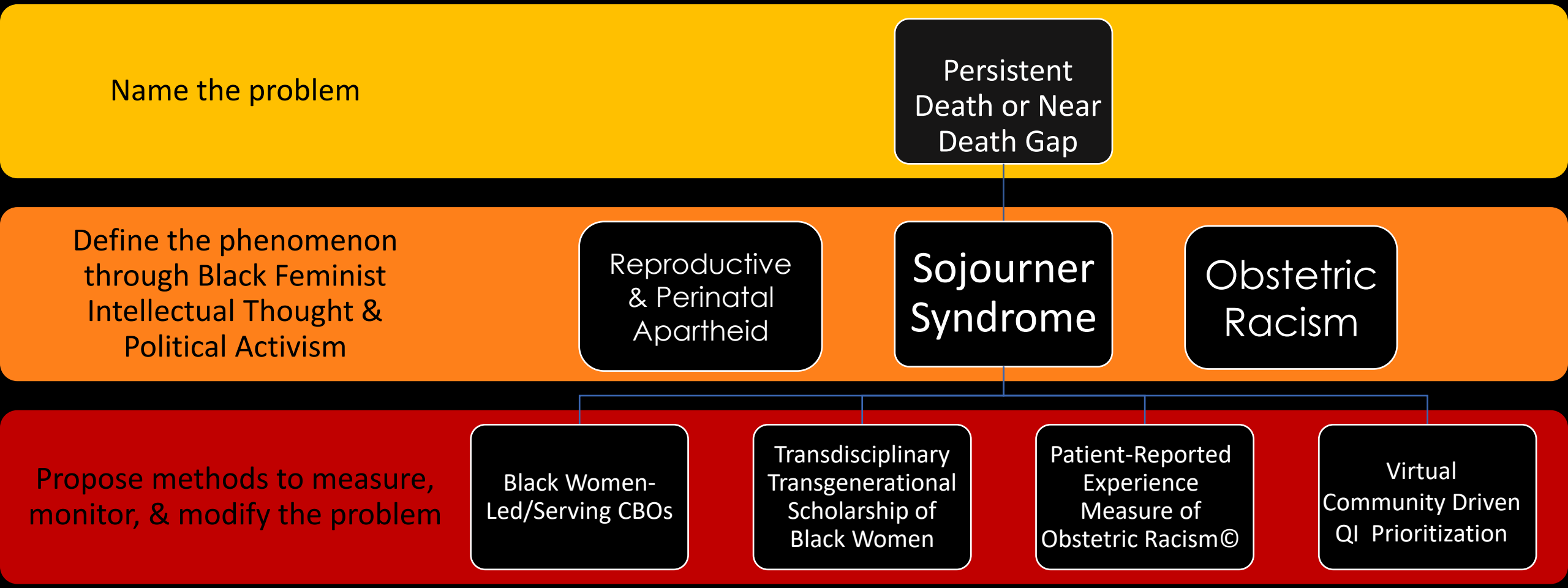
QI Experts
Clinicians
Data Scientists
Hospital Administration

POWER SHIFT

Knowledge Generators, Guardians, & Disseminators

Black mothers & birthing people
Black community leaders
Black women activists
Black women artists
Black women scholars
In Social Sciences & Public Health

PARTICIPATORY QI SCIENCE, PRACTICE, & RESEARCH



TRAUMA INFORMED

POWER ACTIVATING

PLEASURE FOCUSED

SPIRITUAL

RADICAL

LIBERATORY

INCLUSIVE

PARTICIPATORY

OBSTETRIC RACISM IS A <u>THREAT</u> TO SACRED BIRTH.

CULTURAL RIGOR

SCOTT KA, BRAY S, MCLEMORE MR. FIRST, DO NO HARM: WHY PHILANTHROPY NEEDS TO RE-EXAMINE ITS ROLE IN REPRODUCTIVE EQUITY AND RACIAL JUSTICE. *HEALTH EQUITY*. 2020;4:17-22.

SOCIAL MOVEMENT:
Black Feminist Intellectual Thought & Political Activist in Participatory Perinatal QI

ANALYTIC FRAMEWORK:
Reproductive & Perinatal Apartheid, Sojourner Syndrome, Obstetric Racism:

PRAXIS:
Participatory QI Science, Practice , & Research
PREM-OB Scale™, & Community Driven Virtual QI Prioritization Protocol

VISION:
#SACREDBirth Movement to **#EndObstericRacism** in Hospital Settings

The Arc of Cultural Rigor

Reproductive & Perinatal Apartheid

Black Feminist Praxis

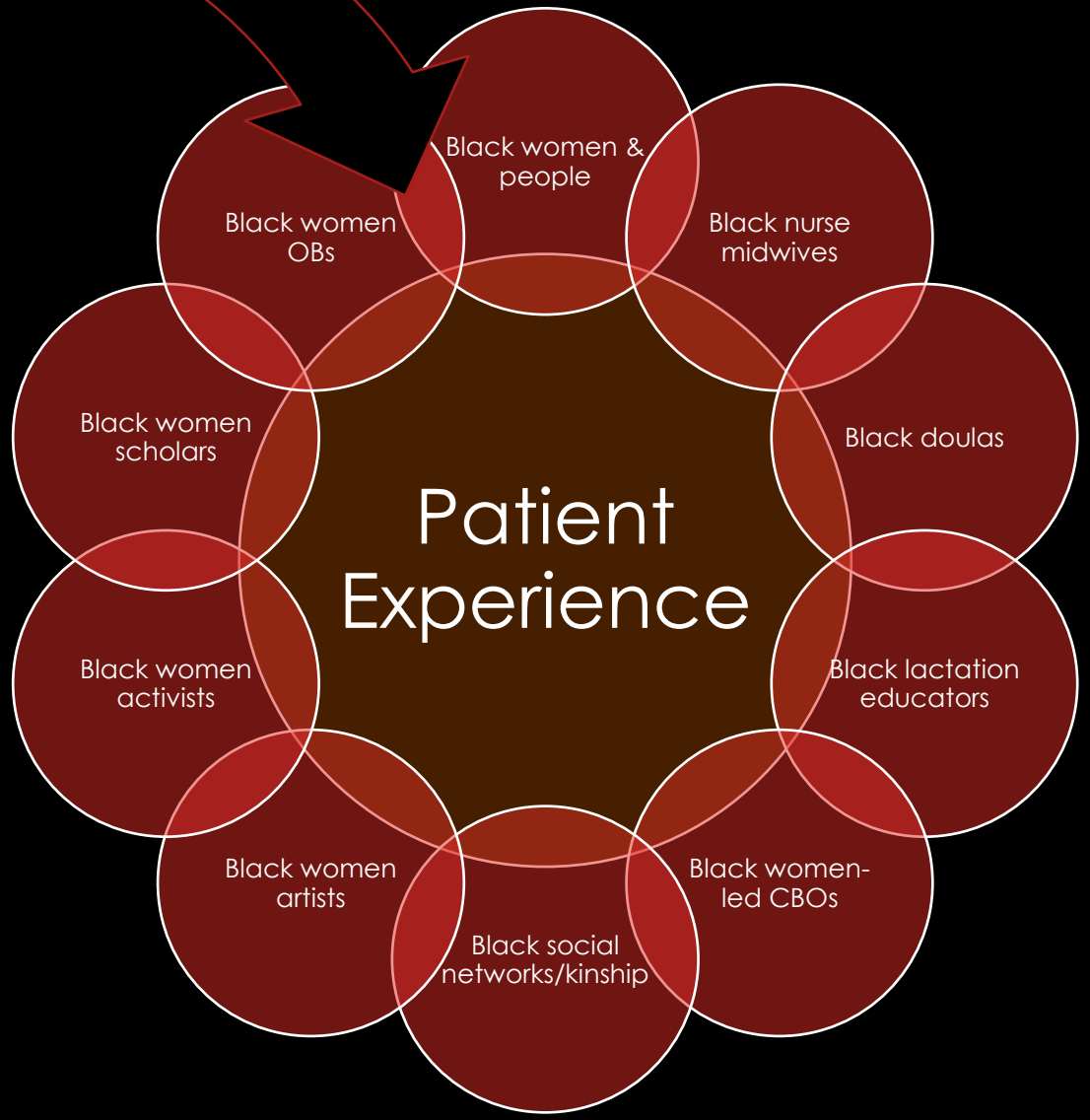
Reproductive Justice

Research Justice

Persistent gap in perinatal death & near death

Sojourner Syndrome

Obstetric Racism



Advancing Cultural Rigor in Perinatal QI Science, Practice, & Research

American Anthropologist / Early View

COMMENTARY

Obstetric Racism: Naming and Identifying a Way Out of Black Women's Adverse Medical Experiences

Karen A. Scott ✉, Dána-Ain Davis ✉

First published: 14 March 2021
https://doi.org/10.1111/aman.13559

Feminist Anthropology / Early View

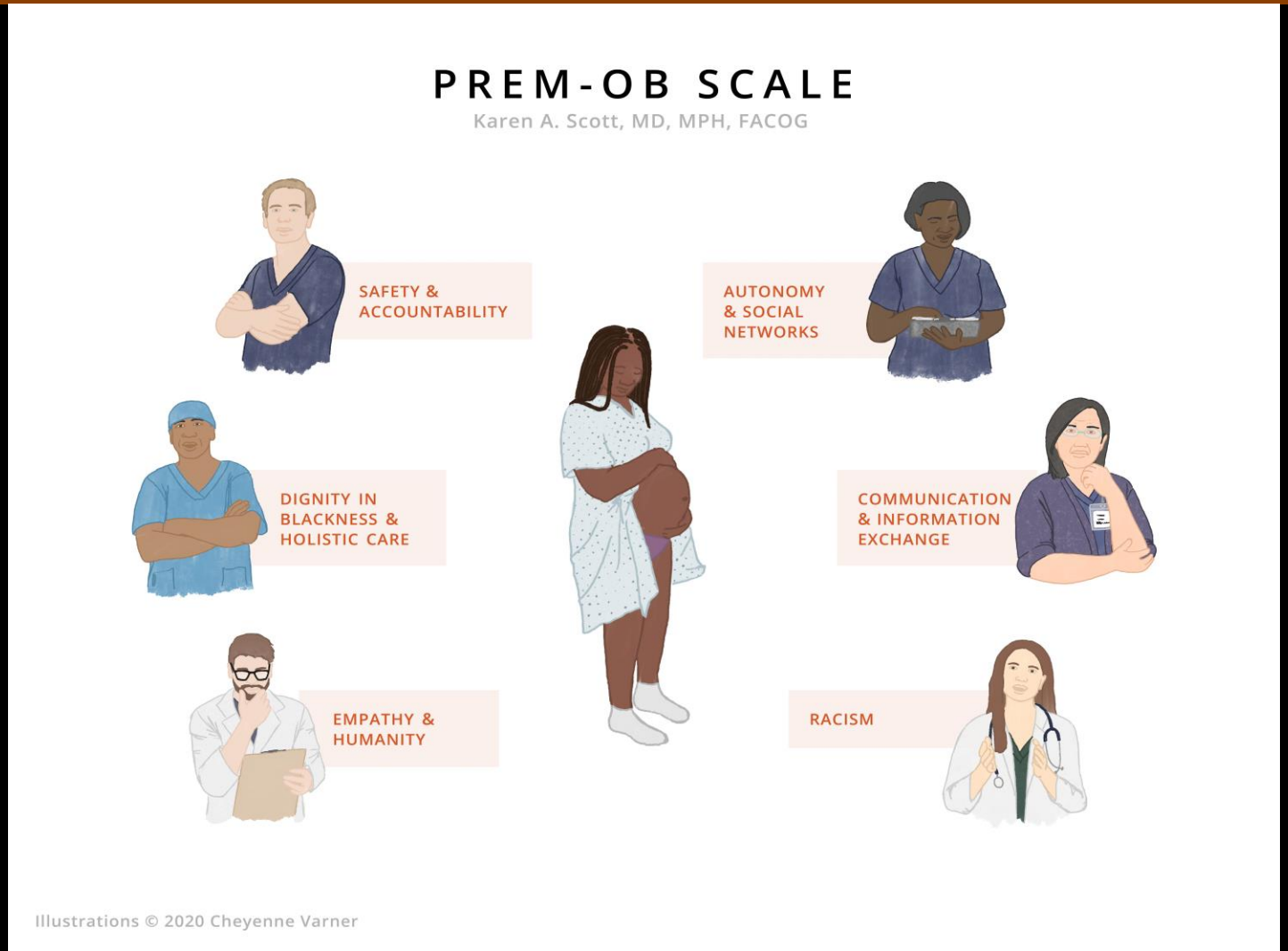
Situating Research

The Rise of Black Feminist Intellectual Thought and Political Activism in Perinatal Quality Improvement: A Righteous Rage about Racism, Resistance, Resilience, and Rigor

Karen A. Scott

First published: 11 April 2021
https://doi.org/10.1002/fea2.12045

The SACRED Birth Study
Patient Reported Experience Measure of Obstetric Racism©
PREM-OB Scale™:
Meanings, Measures, and Narratives



SAFETY & ACCOUNTABILITY

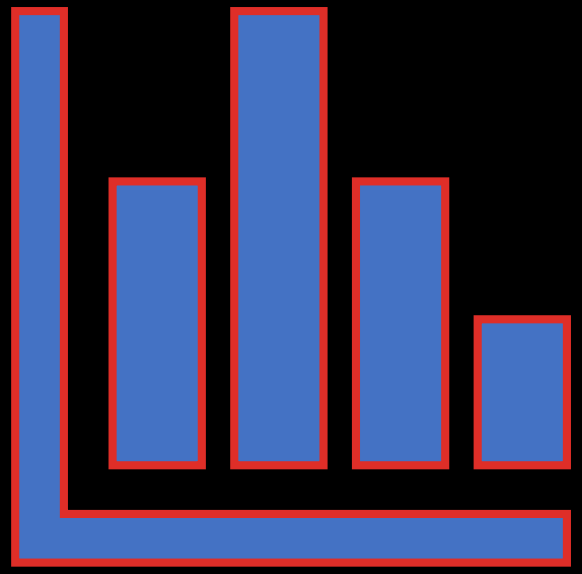
Black Birthing Narrative

27yo Black, Jamaican-born heterosexual women, married, earned a doctorate/medical/law degree, with full-time employment and an annual household income of $200,000 or more, diagnosed with severe preeclampsia with a term vaginal birth.

"I felt like my birthing experience was akin to the stories that many black women recount. I was in the hospital for two and a half days in labor. I only had one black nurse. That was the only time that I felt like someone actually listened to me and cared about my experience.

I was left alone for hours, and later found out that this was unacceptable action by the doctors. Their actions lead to both myself and my baby becoming ill, what was almost a still birth, a stay in the NICU where my baby had to be "cooled" to slow down his brain activity in order to prevent further brain damage. This all occurred because I was left to naturally have a baby that was far too big, when I should have had a c-section. The doctors left me to tend to someone else and seemed to have forgotten. They never came back, not until things were at a dangerous point.

This was a horrible first birthing experience and because of this I do not think I want to have anymore children. I do not know if it is worth the risk of my life and the life of my future child."



PRELIMINARY SACRED BIRTH FINDINGS

SACRED Birth in the Time of COVID-19

Examining Safety, Autonomy & Kinship, Communication, Racism, Empathy, & Dignity in Blackness during hospital births in 2020 during COVID-19 Pandemic

California Health Care Foundation

TARA HEALTH FOUNDATION

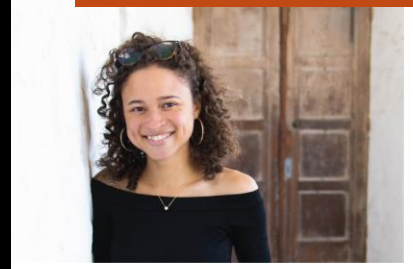
Anonymous donor

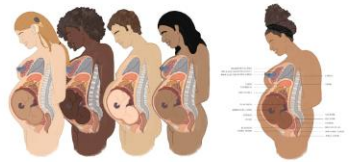
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT
WWW.CABWHP.ORG

14 Black women-led Community Based Organizations

Danielle Reid, MBA, Executive Director, DR & Associates
Marketing & Communications Lead

N'Kyenge Ayanna Brown,MFA
Curator





CHEYENNE VARNER
professional doula, graphic designer
founder + owner of

The Educated Birth
www.theeducatedbirth.com
@TheEducatedBirth

Everyday Birth Magazine
www.everydaybirth.com
@EverydayBirth

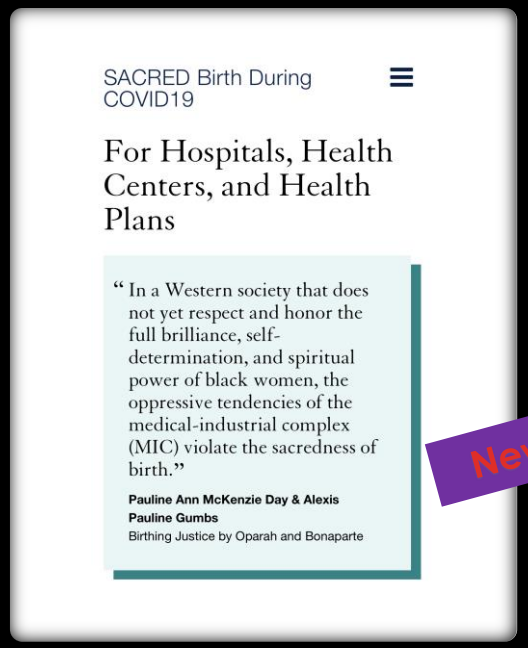
EMAIL
hello@cheyennevarner.com

QUALITY IMPROVEMENT INNOVATIONS

THE VIRTUAL QUALITY IMPROVEMENT PRIORITIZATION BY AFFECTED COMMUNITIES (**V-QPAC**) PROTOCOL

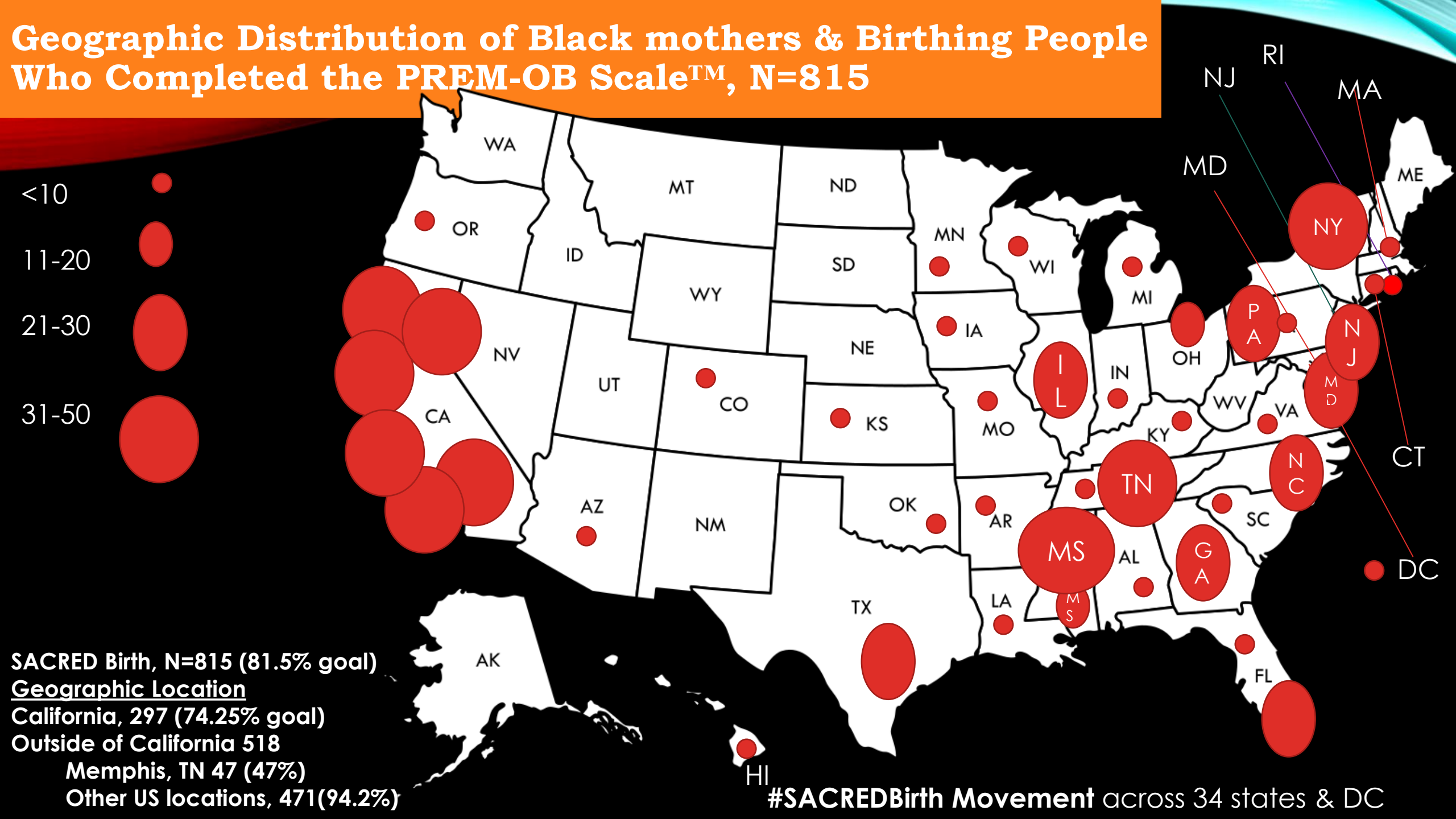
PREM-OB Scale™ Domains	Perinatal QI Priorities and Mitigations
Safety & Accountability	Shame, Stigma, Love, Grace, and Dignity: Birthing While Black
	Patient/Community Feedback in EHR Language and Patient Handoff
Autonomy & Social Capital/Kinship	Black Birthing Rights in Hospital Settings
	Black Women's/People's Autonomy: Asset vs Threat
Communication & Information Exchange	Pre-Escalation Steps Prior to Calling Hospital Security
	Use of Mediation with a Professional and Community Representative External to Hospital
Racism	Redesign and expansion of care team
	Anti-Racism Community Advisory & Accountability Board/Taskforce
Empathy & Humanity	Human Resources Accountability Metric: What is your Why? and Empathy-specific Competency Based Screening/Interviews
	SACRED Birth Assessment/Checklist for Black People Focused Care
Dignity in Blackness & Holistic Care	Explicit Informed Consent/Refusal for Every Cervical Exam
	Racial Equity Caucus for Restoration of Dignity in Blackness for patients, community, clinicians, staff, and physicians with hospital privileges

17 hospitals, 2 health centers, 2 health plans, 1 national community partner



SACRED BIRTH "Referral" PARTNERS

Geographic Distribution of Black mothers & Birthing People Who Completed the PREM-OB Scale™, N=815



SACRED Birth, N=815 (81.5% goal)

<u>Geographic Location</u>

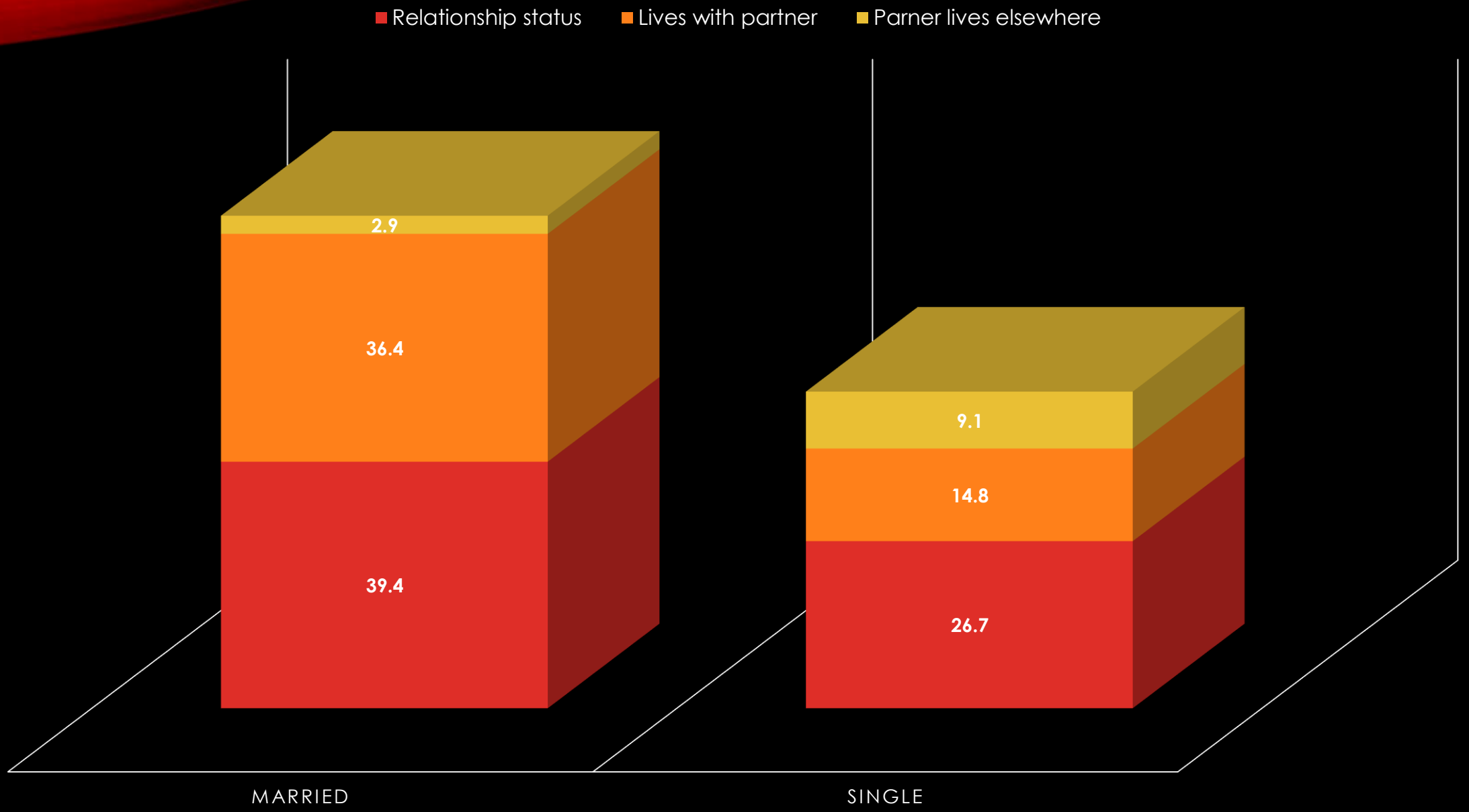
California, 297 (74.25% goal)

Outside of California 518

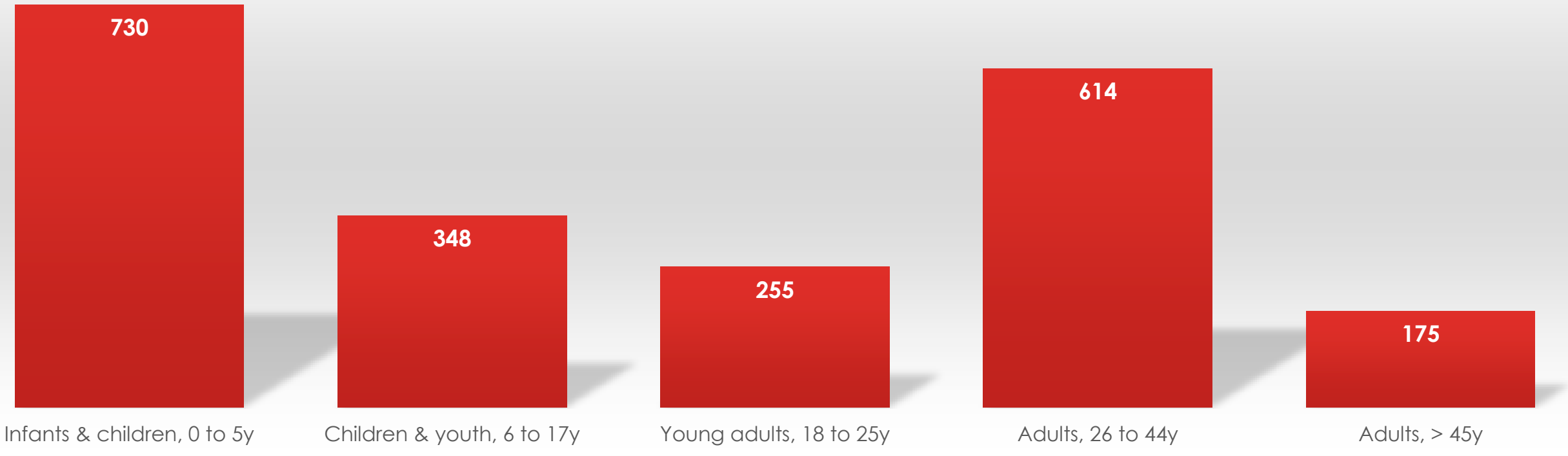
- Memphis, TN 47 (47%)
- Other US locations, 471(94.2%)

#SACREDBirth Movement across 34 states & DC

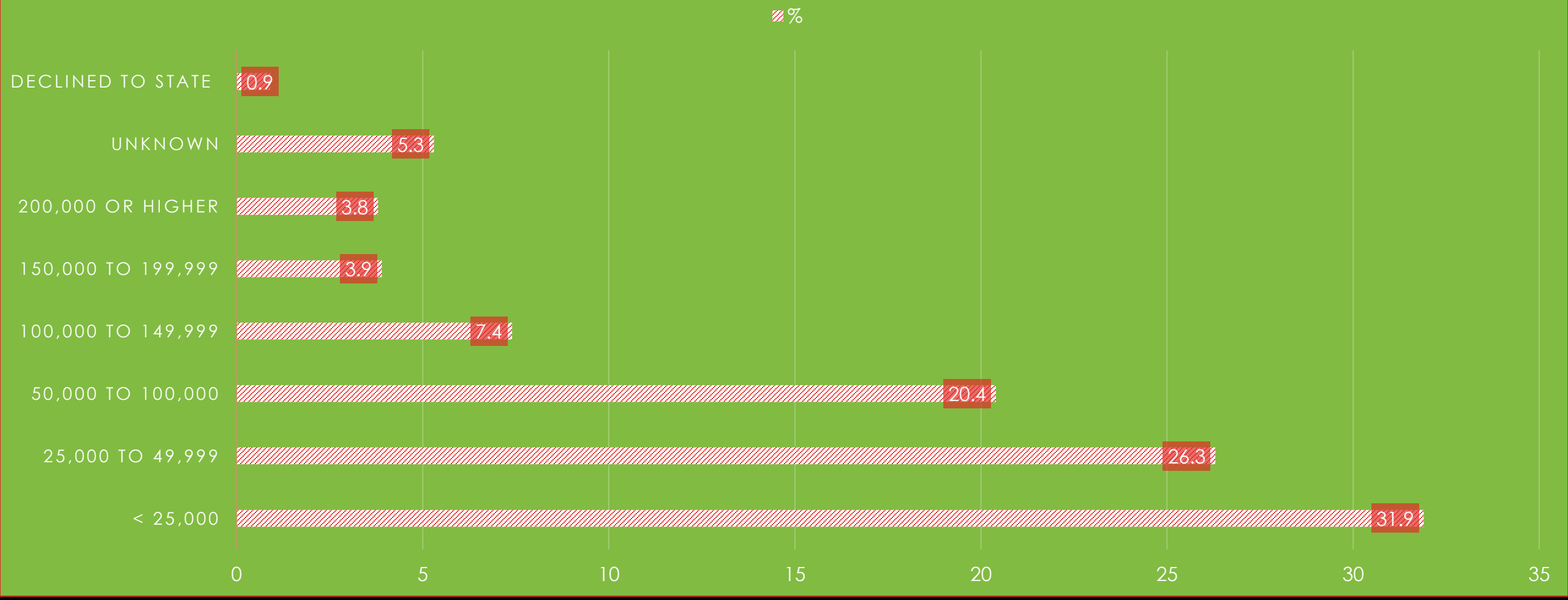
RELATIONSHIP & COHABITATION STATUS, N=812



Household Composition of Black Mothers & Birthing People



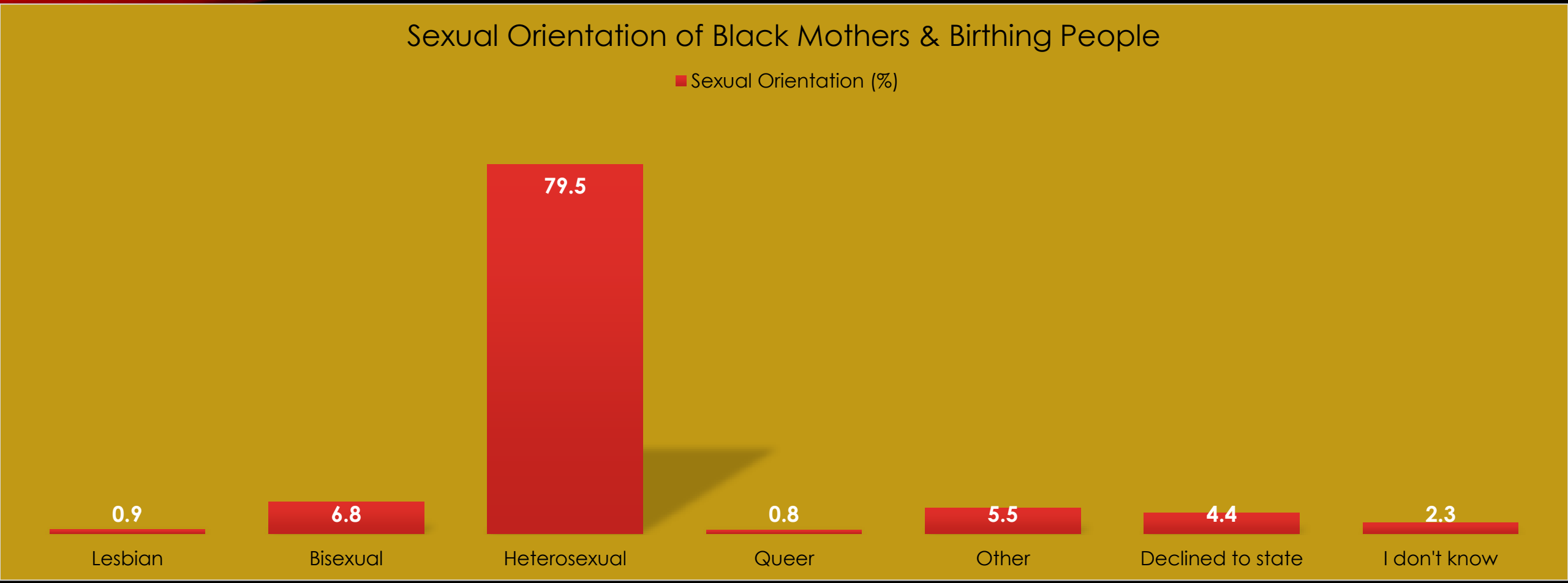
TOTAL HOUSEHOLD INCOME BEFORE TAXES/DEDUCTIONS ($USD), N=813



Context: Inequitable economic return on investment for Black women's education & occupation (Mullings 2005)

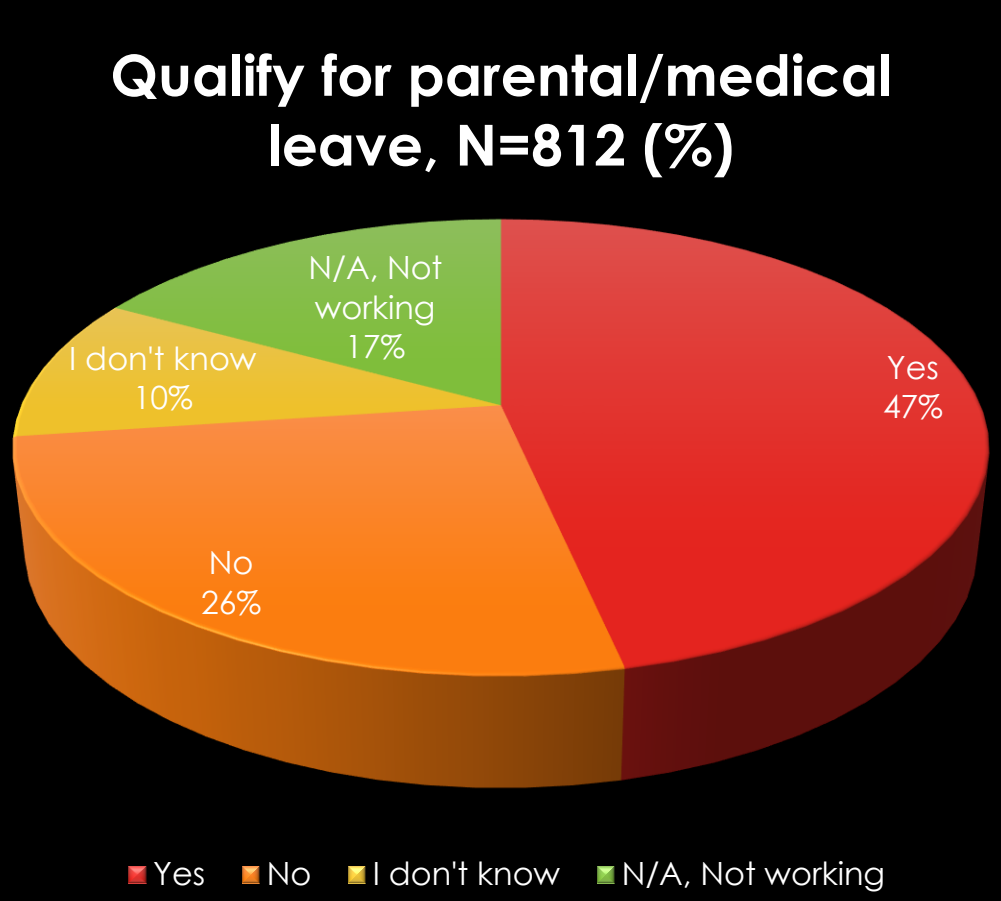
- 1 in 33 married, living w/partner, 1 in 4 single, 1 in 6 single, living w/partner
- ~ 1 in 4 with a bachelor's and 1 in 6 with a master's degree
- ~ 1 in 2 work 40 or more hours per week
- ~ 1 in 3 household income <$25k, 1 in 2 household income <$50k

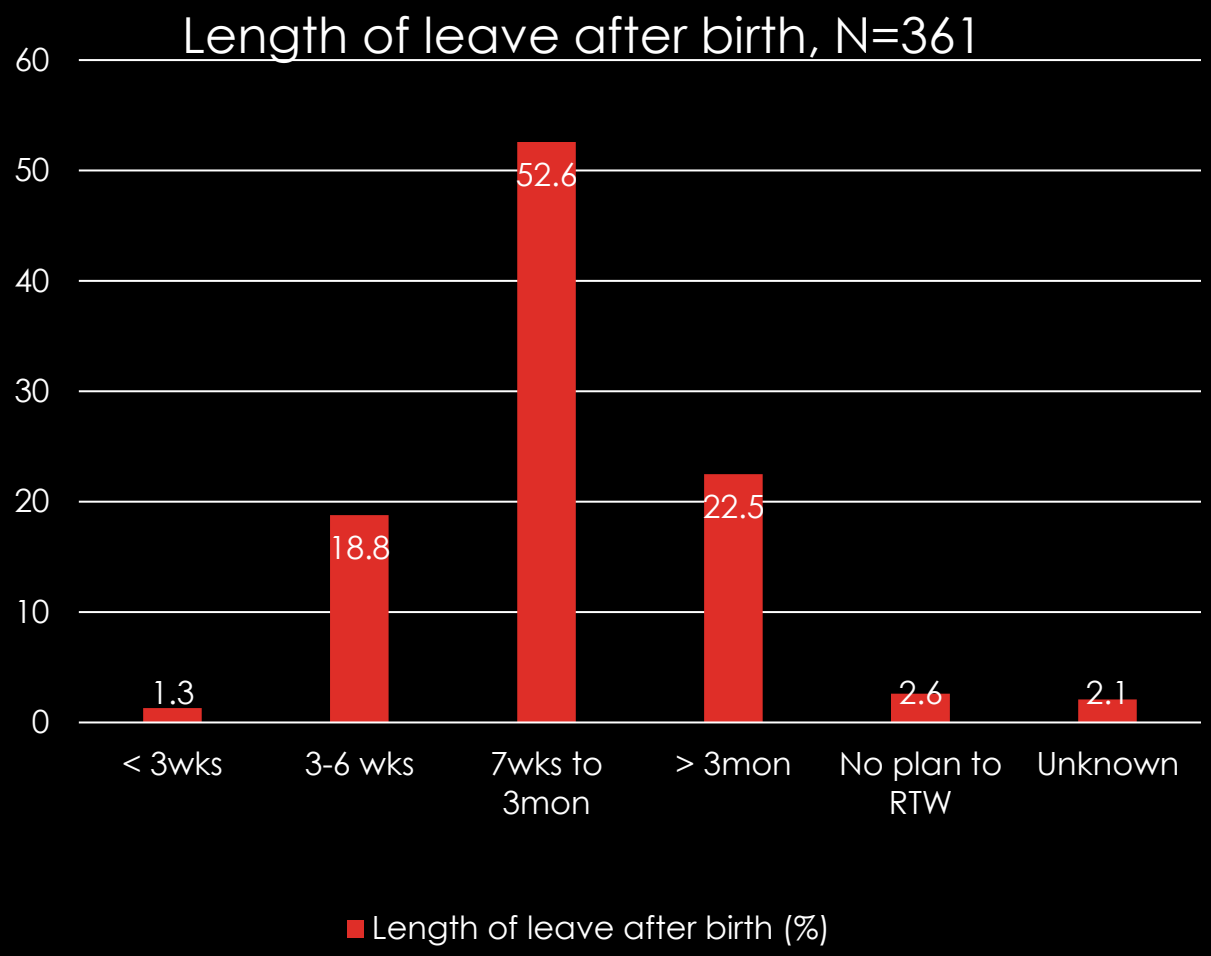
NATIONAL DATA, N=815



Women, 99.4%
Man 0.1%
Gender queer 0.2%
Gender nonconforming/Non-Binary 0.1%

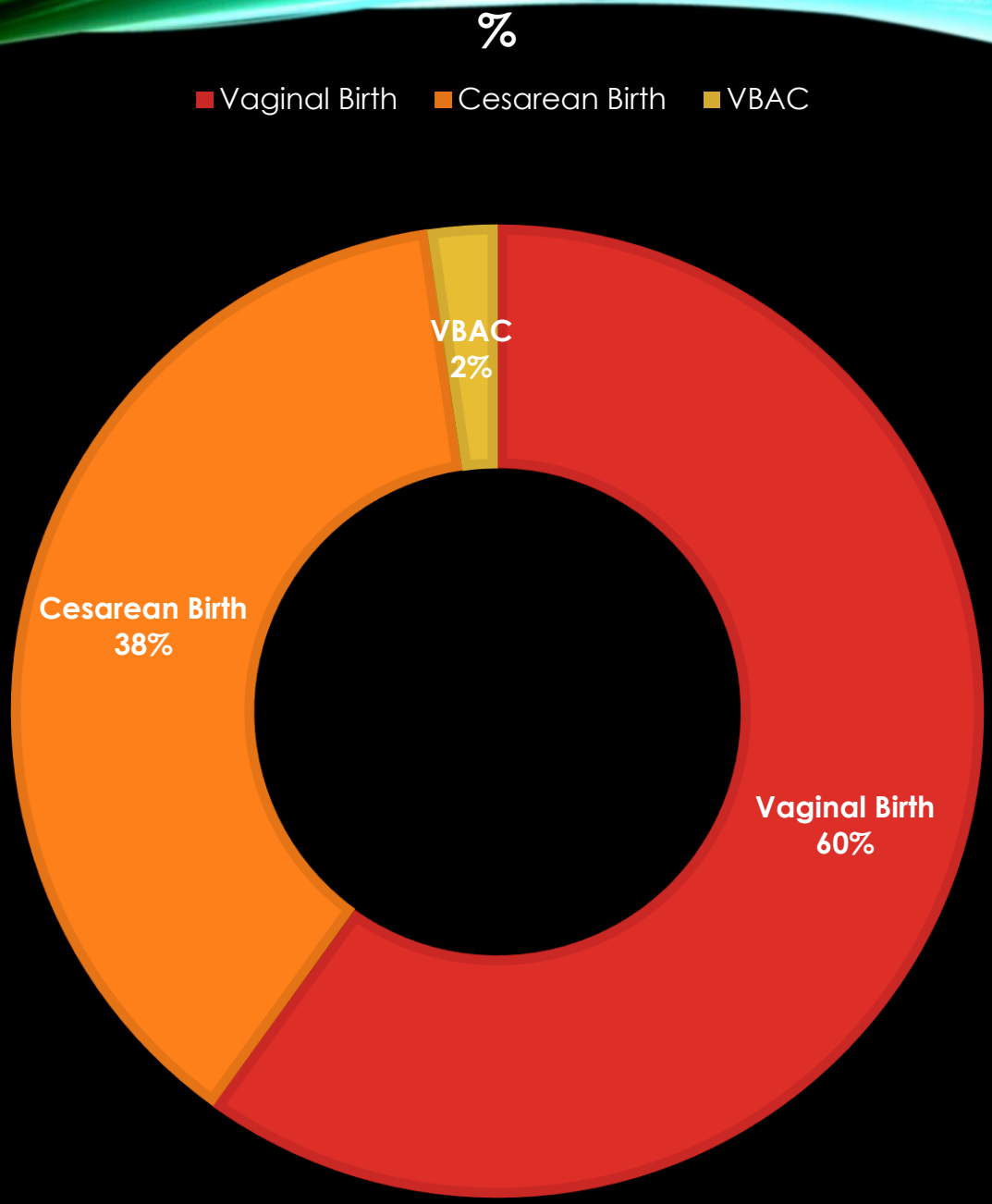
NATIONAL DATA, N=815



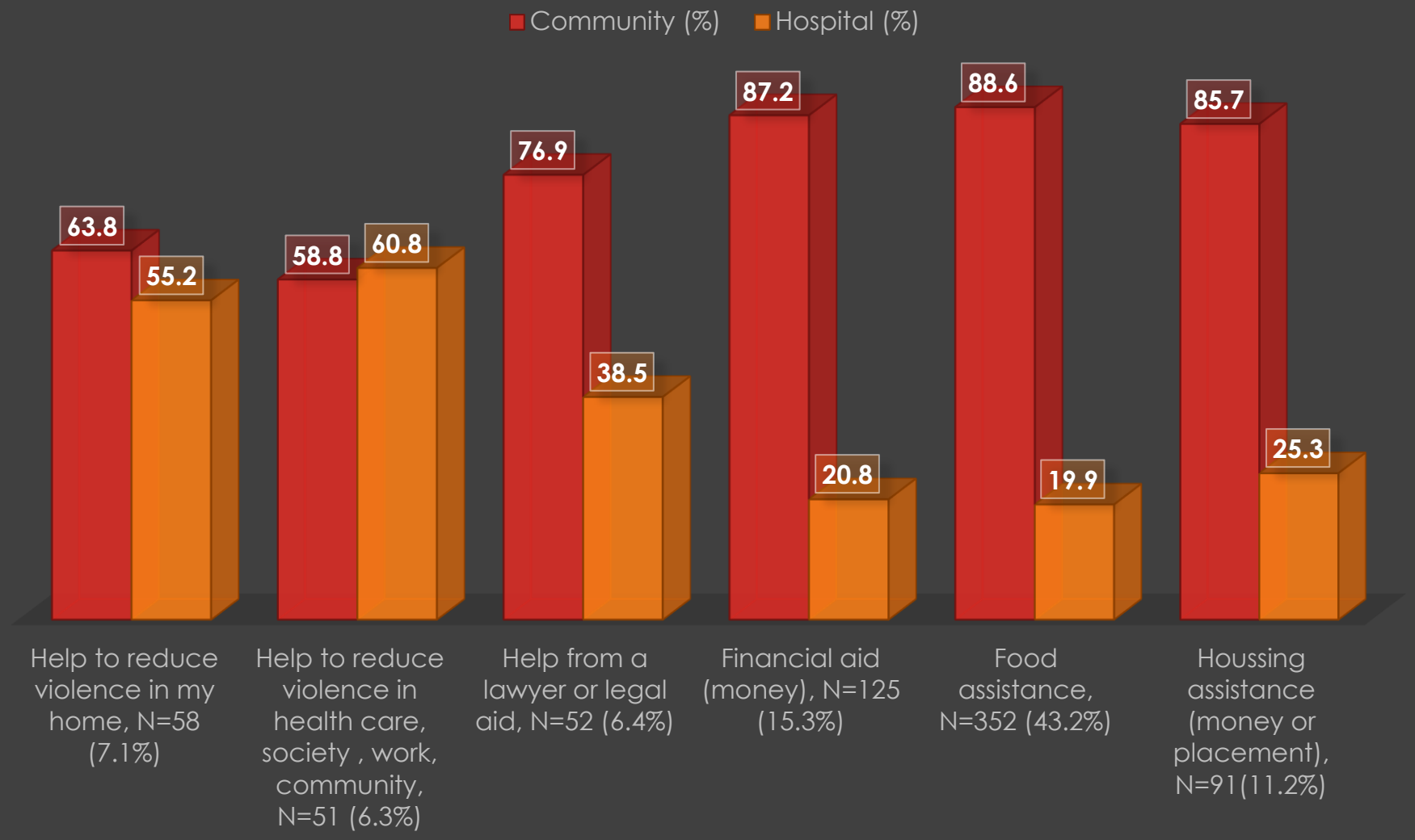


NATIONAL DATA
Birth Type, N=812

- Previous cesarean birth, N=53
- VBAC Success rate: 19 of 53 (35.8%)



HELP AND HEALTH CARE SEEKING BEHAVIOR TRENDS, N= 815



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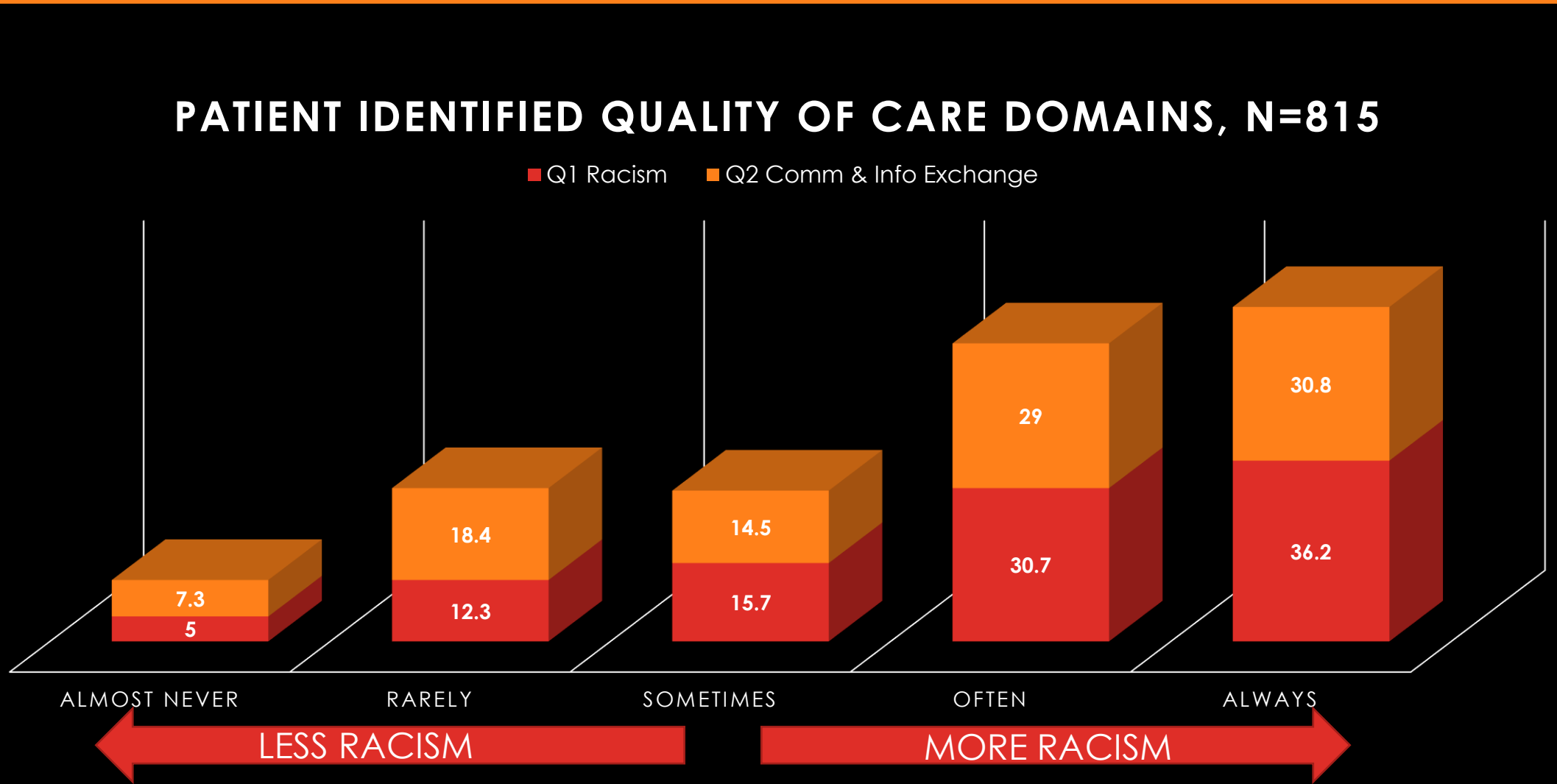
PATIENT REPORTED EXPERIENCES OF OBSTETRIC RACISM©, PREM-OB SCALE™

Q1. I wished I had more information and support about lactation, breastfeeding, or chestfeeding that was specific to Black mothers and birthing people.

Q2. I wished the hospital provided more information about possible complications during labor, birth, and postpartum (i.e. changes in blood pressure, blood loss, infection, postpartum depression, etc).

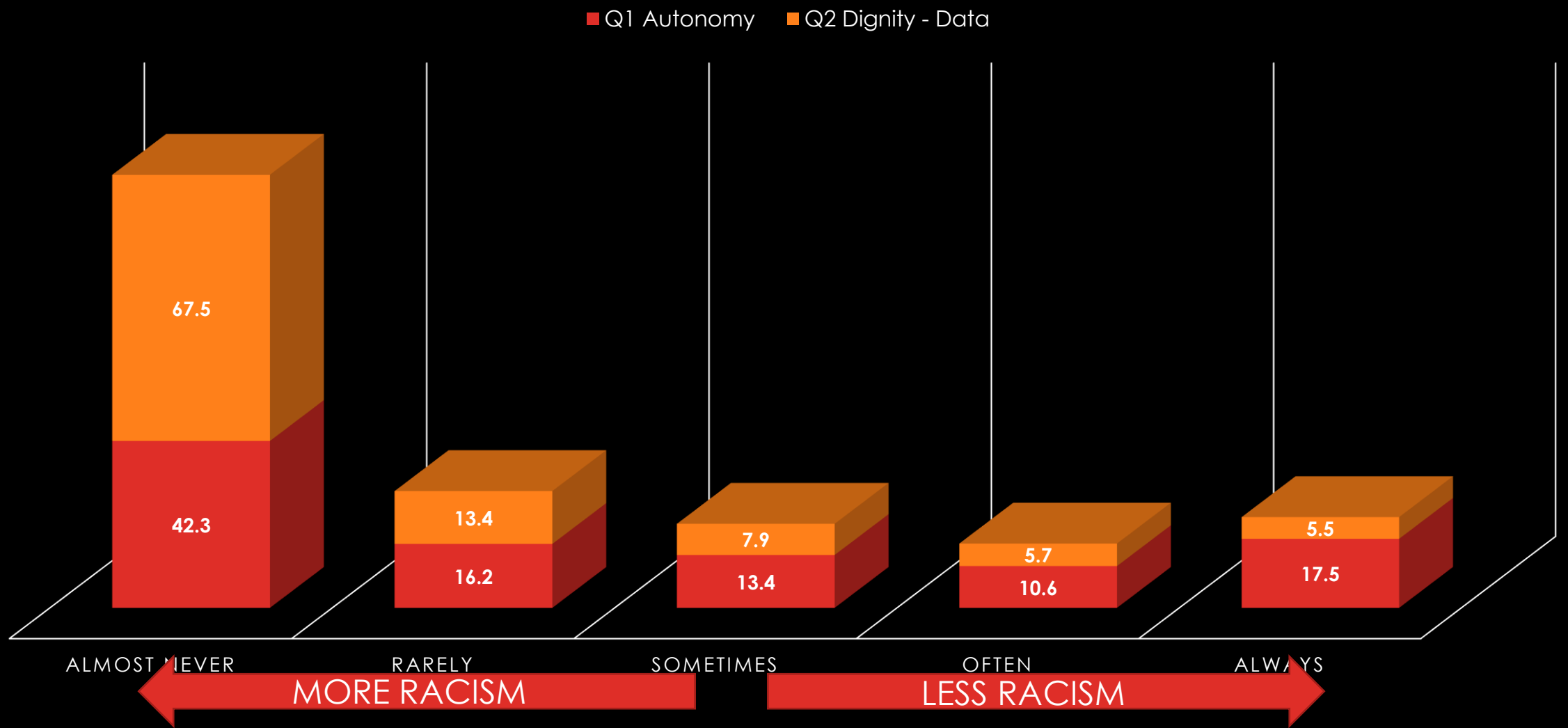


PATIENT REPORTED EXPERIENCES OF OBSTETRIC RACISM©,PREM-OB SCALE™

Q1. The hospital made sure I understood the information shared with me by asking me to repeat back or write down what I heard.

Q2. The hospital shared their data on birth outcomes and reassured me about hospital-wide efforts to address racism in obstetric care.

PATIENT IDENTIFIED QUALITY OF CARE DOMAINS, N=815



2021-2025 VISION & BEYOND:

Advancing the **#SACREDBirth QI Movement** to **#EndObstetricRacism** through **#HumanCenteredDesign** approaches, grounded in **#CulturalRigor**, focusing on the South and Midwest (**Where the Data Reside….Follow the Data)**

360º Cultural Shifts™: Community-Staff-Nurse-Physician Supervisors & Champions

Large group trainings
Small group coaching sessions
Illustrated Clinical Narratives
Animated Video Clinical Narratives
Effective Clinical Practice Techniques
Mixed Methods Assessment & Evaluation

Building Hospital and Community Capacity & Capability of **#DiagnosingNDismantlingObstetricRacism** through a two-step process, using the first & only validated short & long form PREM-OB Scale™

Visit https://sacredbirth.ucsf.edu/hospitals-health-centers-and-health-plans for more information about the SACRED Birth QI Implementation & Scale-Up Program.

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THANK YOU!

QUESTIONS & COMMENTS…

EMAIL: KAREN.SCOTT2@UCSF.EDU OR SACREDBIRTH@UCSF.EDU

@RJEPIOBWARRIOR

@SACRED_PREM_OB

HTTPS://SACREDBIRTH.UCSF.EDU