The National Perinatal Association Position Statement and Conference on Perinatal Health Care Access and Disparities

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The National Perinatal Association (NPA) is an interdisciplinary organization that strives to be a leading voice for perinatal care in the United States. Our diverse membership is comprised of healthcare providers, parents & caregivers, educators, and service providers, all driven by their desire to give voice to and support babies and families at risk across the country.

Members of the NPA write a regular peer-reviewed column in Neonatology Today.

Access to quality health care and improving health disparities for vulnerable populations in the United States has become a public health priority. Amongst the most vulnerable populations are pregnant individuals, their infants, and families. This vulnerability is compounded further when race, socioeconomic status, gender identity and the presence of pre-existing conditions are taken into account.

The National Perinatal Association (NPA), in collaboration with the California Perinatal Quality Care Collaborative, the National Association of Perinatal Social Workers, Preemie Parent Alliance, Connect2NICU and Hand to Hold, has developed a position paper addressing the topic of healthcare access and disparities that will serve as the catalyst for ongoing patient advocacy, beginning at ***NPA's 2019 Conference: Improving Access to Perinatal Care: Confronting Disparities and Inequities in Maternal-Infant Health*** being held April 3-5 in Providence, Rhode Island. What follows is a working summary of the NPA Disparity Workgroup's Position Paper that will be officially released at the Annual Conference.

Health care inequities have been defined by the Association of State and Territorial Health Officials (ASTHO) as "Differences in health outcomes which are . . . unnecessary and avoidable . . unfair and unjust." (1) The impact of health care access and disparities in the perinatal period has been highlighted in the literature over the last ten years. Research has clearly demonstrated higher rates of maternal and infant mortality in African American, Latina, and Native American families. (2) In addition, poverty, rural residence, and substance use increase risks for poor outcomes. (3,4) The variables that have been noted include systemic health care barriers for access to care (i.e., transportation, employment, and clinics too far away); clinician bias and cultural ignorance; and language barriers that impact family-clinician communication. (1,5)

African-American population: women have three to four times higher rates of maternal mortality than white women. Their infants are twice as likely to die in the first year of life. (6)In addition, African-American women are more likely to experience pregnancy complications such as hypertension, gestational diabetes, and obesity, with these conditions being more severe in black women than white women 2. African American women have lower rates of initial breastfeeding and/or continuing breastfeeding to six months of age. (6)

Latina population: Latina women have higher rates of congenital abnormalities in their infants than other women. This may be related to low intake of folic acid in this population. (2) They are at higher risk of developing gestational diabetes, and their infants are at higher risk for being born preterm or ill, requiring NICU hospitalization. (1,7) Latina women breastfeed at a higher rate than any other group, including white women. (1)

Asian population: Asian women may have a higher rate of gestational hypertension, especially women from the Philippines and Samoa. They are also at higher risk of developing gestational diabetes. (2)

Native American population: Native American women and Alaskan Native American women are at higher risk of gestational diabetes and often receive late prenatal care that impacts maternal and infant outcomes. (2) Low socioeconomic status and rural residence appear to be significant risk factors for these women. (3)

"Substance Use: Pregnant individuals' use of illicit substances is a health care epidemic in the United States. Neonates exposed to substances is high with more than 400,000 infants exposed to alcohol or illicit drugs in utero each year. "

Additionally, there are intersecting psychosocial circumstances and family structures that make individuals vulnerable to health disparities such as:

Rural Residence: Women who reside in rural areas of the United States are at higher risk for preterm labor and preterm birth. Late prenatal care rates were higher and lower socioeconomic status, lack of health insurance and higher rates of unplanned pregnancy were all risk factors for this population, for all groups including white women. (3)

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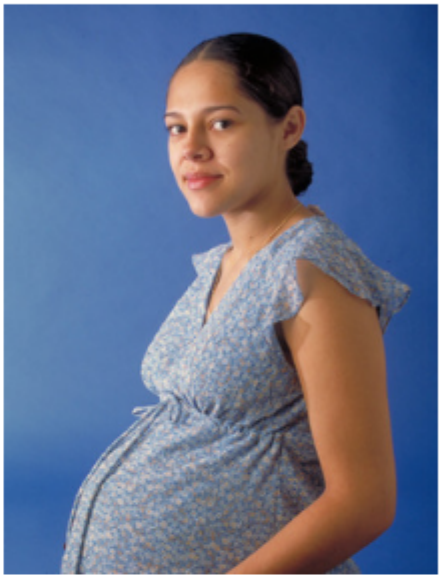

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demic in the United States. Neonates exposed to substances is high with more than 400,000 infants exposed to alcohol or illicit drugs in utero each year. Maternal morbidity with pain management, poor prenatal care, and poor nutrition impact the outcome of the infant including low birth weight, neonatal opioid withdrawal syndrome and extended hospitalization. Black, Latina and Native American women are identified at higher rates than whites, though it is well known that there is no statistical difference in substance use rates across all racial and ethnic groups. (8,9)

Non-traditional Families: Lesbian, bi-sexual and transgender pregnant individuals experience a lack of understanding on the part of clinicians regarding their needs and concerns. Systematic barriers include heterosexism, restrictive labor room guidelines and gender bias. This is even more significant for black, Latina and other vulnerable groups. The birth experiences are traumatic and maternal, and infant outcomes can be impacted. (6)

Based on the workgroup's literature review, expertise and lived experiences, the National Perinatal Association recommends addressing the issues of perinatal health care access and disparities by acknowledging their existence. ASTHO defines health equity as "The attainment of the highest level for all people" 1. National awareness of the barriers to health equity has been identified. (1-9)

These include:

- Language, non-English speakers
- Cultural expectations around pregnancy and birth
- Transportation
- Lack of or inadequate health insurance
- Low socioeconomic status
- Lack of local health care providers
- A limited number of clinicians who are racially and ethnically diverse
- Inherent bias in clinicians regarding racial, ethnic, substance use and non-traditional families
- Poorly educated providers on the needs and concerns of all pregnant individuals and their families
- Pregnant individuals' fears of judgmental and uncaring clinicians and resulting criminal and civil child welfare consequences related to their birthing and life decisions.

Education of clinicians is of the highest priority in this process. Inherent bias and systemic protocols both impact the ability of clinicians to care for all families equally. Conferences, position papers, and self-awareness training can all support this goal. Clinicians may be uncomfortable in addressing their inherent bias and resist attendance at such activities. Like all areas of competency, this should be mandatory training. Racial and ethnic diverse clinicians must be increased. Education and training support financially can assist with this process.

Involvement and engagement of vulnerable populations in research and policy making are of the highest priority in this process. Many of the problems now encountered by people of color results from a long history of exploitation, discrimination or disenfranchisement in research and policymaking.

Lack of health care insurance and access to qualified clinicians must be addressed through government policy makers and agencies. Education of legislators and executives at the local, state and national level is essential for dealing with this major barrier.

Health care systems must make non-English speaking families a priority in their care model. Full-time, 24/7 translation services must be developed that acknowledges all languages in the community and provides translators in the appropriate dialects. All written and social media materials must also be available in the languages of the community.

"The National Perinatal Association is committed to integrating diverse voices, educating providers and patients and advocating for policy changes that will advance the national discussion on perinatal health care access and disparities."

It is incumbent upon policy makers, legislators, clinicians and families, and advocates to collaborate in developing solutions to support health equity in perinatal care.

The National Perinatal Association is committed to integrating diverse voices, educating providers and patients and advocating for

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policy changes that will advance the national discussion on perinatal health care access and disparities. Public health priorities can only be addressed and resolved when all stakeholders are brought together. The goal should be not only to include providers, families and family advocates, but to also bring national policymakers to the table. We hope you can join us in Rhode Island, April 3rd-5th for NPA's 40th Annual Conference and help us advance and enrich our multidisciplinary effort to address such an important topic.

For conference information and registration: http://www.national-perinatal.org/2019conference

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