

TOOLKIT FOR PUSH MATERNAL HEALTH CAMPAIGN OCTOBER 2021

- UPLIFTING OPTIMAL MATERNAL HEALTH OUTCOMES
- REMEMBERING PREGNANCY & INFANT LOSS
- ADVOCATING IMPLICIT BIAS TRAINING MANDATE



Toolkit Components

- 1 Introduction
- 2 How you can help handout
- 3 Policy (fact sheet & brief)
- 4 Responsive reading litany & scriptural reflections
- 5 Film discussion suggestions
- 6 Action guides for prayer vigil & Wave of Light remembrance
- 7 Social media & digital actions



Introduction

According to the World Health Organization, maternal mortality declined more than 40% worldwide between 1900 and 2014. During that same period, U.S. maternal mortality rates increased by approximately 26%. The U.S. is the only high resource nation with a consistently rising rate despite spending more money per capita on maternal health than any other country in the world. In Virginia, the maternal mortality rate for Black women are three to four times more than white women.

In 2019, the Virginia Interfaith Center for Public Policy launched the PUSH maternal health campaign to help achieve the goal of eliminating racial disparities in maternal mortality that was set that year by the Northam Administration. Over the past two years, the campaign has evolved into a coalition of nearly 20 organizations that are committed to advocating for equity in maternal health.

In the absence of risk factors such as age over 35 years, lack of health insurance, inadequate or no prenatal care, and less than high school education, Black mothers are experiencing higher rates of pregnancy associated deaths (PADs). Increasing evidence indicates that racism across multiple levels of the U.S. health system—not race—is a key cause of these disparities in maternal mortality.

It is widely accepted and understood that we all have biases that affect our thoughts and actions when interacting with others. The challenge of mitigating the harm of implicit biases caused by these interactions is that they exist and emerge unconsciously. When racial implicit biases manifest in health care settings, it sets in motion a series of life-or-death consequences that do not exist in other sectors of society. The alarming racial disparities in pregnancy associated deaths demand that we push implicit bias out from the maternal health care for Black women. The PUSH campaign centers on maternal health and extends to all health care.

VICPP has called for a continuing education requirement of implicit bias/cultural competency training for all professionals licensed by the Virginia Board of Medicine. Such a mandate is not new to the Board of Medicine or Virginia's policy. In 2016, facing the opioid crisis, the General Assembly passed a mandate for continuing education on controlled substances. In 2021, the General Assembly passed a bill that requires every person seeking initial or renewal licensure, and currently licensed by the Board of Education to complete cultural competency training.

This toolkit provides facts, information, resources, and suggestions to help you get involved in the campaign effort as an individual, an organization, a congregation, or social action group. Visit our website's health equity page at www.virginiainterfaithcenter.org/health-equity to access a link to an online portal for downloadable versions of campaign resources. If you are interested in your organization or group joining the PUSH Coalition, email VICPP Health Equity Program Manager Dora Muhammad at dora@virginiainterfaithcenter.org.

We cannot stop implicit bias, but we can push it out of the decision-making process in health care settings. We can push it out to the forefront of training and dialogue. Join the Virginia Interfaith Center for Public Policy in the 2021-2022 campaign to **#PUSHbiasout**.

Nine Things You Can Do to Support the #PUSHbias Maternal Health Campaign

- 1. Share resources to educate others about the issue.** Print copies of VICPP's fact sheet, bulletin insert, or this handout, and leave in a high visibility location (library, a place of business, house of worship, bulletin board). Like and share graphics on VICPP's social media platforms: [@vainterfaith](#) on Facebook, Twitter, and Instagram.
- 2. Read responsive reading during a meeting or gathering.** Provide the litany to the event host and ask them to add to the agenda or program to help raise awareness.
- 3. Host a film discussion on the U.S. maternal mortality crisis.** Films are a creative way to help people understand the issue and get them talking about it in a comfortable environment. Talking among peers about the issue is a first step to becoming comfortable talking with stakeholders and policymakers about the issue. Film suggestions are available in the campaign toolkit.
- 4. Light a candle and reflect** with song, scripture readings, or silence in your home in remembrance of pregnancy or infant loss as part of the International Wave of Light on October 15th at 7pm. Refer to the campaign toolkit for details.
- 5. Organize a small prayer vigil.** Gather with five to 10 people outside the entrance of a health care entity (local hospital, clinic, health center). Invite men and women who may know a woman who has died in a pregnancy-related cause or who has lost a pregnancy or infant; as well as advocates, health care professionals, or others who care about the birth outcomes of Black women and their babies. Use VICPP action guide to design your program.
- 6. Perform an act of kindness in memory of a baby gone too soon.** Volunteer at a family shelter. Donate to a children ward. Plant a fall garden with blooms for the spring.
- 7. Get 10 friends to sign VICPP petition** in support of a mandate of implicit bias/cultural competency training for all professionals licensed by the Virginia Board of Medicine. Visit www.tinyurl.com/PUSHbiasout
- 8. Write a letter to the editor of your local newspaper.** You can share your personal experience with maternal or infant mortality and loss or other personal reasons why your support the campaign.
- 9. Join VICPP advocacy email list.** Stay up-to-date with the campaign. Sign up here: www.virginiainterfaithcenter.org/get-involved/volunteer.



LEARN

THE FACTS

The Problem: Negative, biased attitudes of health care providers toward people of color result in assumptions about their treatment adherence and risky health behaviors, minimizing or dismissing their concerns, and approaching them with condescending or dominant tones. When manifested in health care settings, implicit bias contributes to disparities, poor birth outcomes, and life or death consequences. Black women in Virginia are dying at rates three to four times more than white women, and Black infants are dying before their first birthday two times more than other babies. Black college-educated women have worse maternal health outcomes than white women without high school degrees. The disparity between Black and white maternal health outcomes cannot be explained by income or education. The disparity is caused by racism and implicit bias.

The Solution: Virginia must **mandate implicit bias/cultural competency training** for all health care professional licensed by the Virginia Board of Medicine (VBM). In 2021 alone, six state medical boards have added such a requirement, bringing the national total to 13. According to the Federation of State Medical Boards, eight other states are reviewing proposals. More than 200 governmental bodies and private institutions, including Virginia, have declared **racism a public health crisis**.

The Cost: There are **no fiscal implications**. VBM provides information to its licensees on existing free and paid training opportunities to meet its current mandate for the opioid Continuing Education requirement enacted by the GA in 2016. This proposed mandate would follow that precedent.

The Benefits: A mandate for implicit bias and cultural competency training would be a key action for the Commonwealth of Virginia to meet its goal of **eliminating racial disparities in maternal and infant health outcomes by 2025**. It addresses a critical barrier to quality maternal care and enables providers to offer patient-centered care. VBM would meet this historic moment to affirm the dignity of care for all patients.

VICPP POLICY BRIEF

“Coordination of Care: Cultural Competency & Implicit Bias Training” issued November 2020

Virginia’s Maternal Mortality Review Team published recommendations in August 2019 to address the results of its review of cases of pregnancy associated deaths (PADs). More white women died because there are more white women than Black in Virginia, but the maternal mortality rate for Black women was significantly higher. In its 2019 report, the Maternal Mortality Review Team highlighted the following provider-related factors as the most prevalent contributors to mortality amongst all PADs (51%): delay in or lack of diagnosis, treatment or follow-up, and failure to refer or seek consultation.

The Maternal Mortality Review Team’s recommendations included training to improve clinical standards (screening, management, treatment, intervention, referral) for all health care providers licensed by the Board of Medicine and all providers of care to women of childbearing age should be required to receive and maintain. Improving clinical standards should contribute to better overall health outcomes for Black mothers. However, as evidenced by the comprehensive clinical overhaul that the State of California completed to address maternal mortality, clinical interventions and changes may reduce the total number of deaths **but not the disparity** between the mortality percentage rates of Black women and their counterparts.

Eliminating disparities that are resulting in Black women dying three to four times more than their counterparts requires addressing cultural competency and implicit bias in health care settings. The following are several biases that research has linked to health care disparities for Black patients and that cultural competency and implicit bias training for health care providers will work to end.

- a. **Adultification:** Studies show that starting as early as age five, Black girls are seen to need less protection, need less nurturing, need less support, need less comfort, and are more independent than white girls. These perceptions contribute to stereotyping and dismissal of Black adult patients experiencing pain and symptoms at a clinical setting.
- b. **Superhumanization:** Some white people associate magical powers (i.e. ghost, spirit, paranormal) with Black people and therefore do not think that they experience pain. Again, studies have shown this to be a problem among healthcare providers.
- c. **Scarcity:** The perception of the scarcity of resources (real or manipulated) leads to increased discrimination, as evidenced by data showing that faces of mixed-race individuals were seen as Black significant enough to affect the distribution of resources to them. These disparities of allocation widen during economic stress. The data illustrates the socioeconomic context of disparities as relates to clinical treatment.

REFERENCES

Virginia Maternal Mortality Review Team Report, “Chronic Disease in Virginia Pregnancy Associated Deaths, 1999-2012: Need for Coordinated Care,” August 2019.

Georgetown Law Center, “Girlhood Interrupted: The Erasure of Black Girl Childhood” report, 2017

Northwestern University (Illinois) and University of Virginia (Charlottesville) “A Superhumanization Bias in Whites’ Perceptions of Blacks” research article, October 2014

FILMS FOR DISCUSSION

Giving Birth in America series (Every Mother Counts)

No Woman, No Cry (Christy Turlington)

When The Bough Breaks (PBS Unnatural Causes series)

The AMERICAN Dream (Paulo Patruno)

Sister (Brenda Davis)

PRAY

RESPONSIVE READING LITANY

Leader: We are gathered to celebrate the lives of women and infants passed away in a pregnancy associated death. We celebrate the expectation of the mothers for the new life that they nurtured, though not seen by us, is seen and known by the Divine. We celebrate the courage of the women who began a journey of pregnancy but are not here today to enjoy motherhood.

All: We are called to honor the grief of the loved ones who now carry their memory.

Leader: We stand together in front of this building established to care for the health of those who enter it, so that we may demonstrate that pregnant Black women in Virginia face life-or-death consequences when they are behind these walls in need of care. Black women die at a rate three to four times than white women in Virginia. Black infants die before their first birthday two times more than other babies.

All: We seek to raise awareness of the crisis of preventable pregnancy associated deaths.

Leader: We recognize that racism lies at the root of the disparities in maternal and infant mortality. Black mothers are dying at higher rates regardless of age, income, education, and insurance coverage. According to Virginia's Maternal Mortality Review Team, the most prevalent contributors to mortality are a delay in or lack of diagnosis, treatment or follow-up, and failure to refer or seek consultation – which are all provider-related factors.

All: We know that studies have shown a significant correlation between the level of implicit bias held by a clinician and the quality of care that clinician provides.

Leader: We commit our hands and hearts to push for an implicit bias and cultural competency training requirement for all professionals licensed by the Virginia Board of Medicine. Strong evidence indicates that these trainings are effective in improving the knowledge, understanding, and skills for treating patients from culturally diverse backgrounds.

All: We advocate the impact of these trainings are a basis for better patient care and health outcomes.

Leader: We ask a blessing of healing for bereaved families and a blessing of united purpose for all those who care to achieve healthy pregnancies, safe deliveries, and supportive postpartum for Black mothers.

All: Let us go forth encouraged to amplify equity in all health care settings in our community. Amen.

SCRIPTURES FOR READING AND REFLECTION

Buddhist

"Just as with her own life, a mother shields from hurt her own son, her only child, let all-embracing thoughts for all beings be yours." - Karaniya Metta Sutta, verse 7

Christian

"A woman, when she is in labor, has pain because her hour has come; but as soon as she has given birth to the child, she no longer remembers the anguish, for joy that a human being has been born into the world." - John 16:21

Hindu

"We are born in the world of nature; our second birth is into the world of spirit." - Bhagavad Gita

Jewish

"Rachel began to give birth and had great difficulty. And as she was having great difficulty in childbirth, the midwife said to her, 'Don't despair...'" - Genesis 35:16-17

Muslim

"Heaven lies under the feet of your mother." – Prophet Muhammad

Sikh

"In the mother's womb, life was enshrined and cherished. You were blessed with body and soul." - Guru Granth Sahib, p. 1004

SILENCE & SOUND

"Precious Lord, Take My Hand" was written by Thomas Dorsey, known as the father of Black Gospel, after his wife and infant son died of childbirth complications. You can play this during your moments of reflection as a group or individual, or find other songs that speak to healing, inner strength, and the courage to move forward. It is also appropriate to pause in silence.

ACT

JOIN THE INTERNATIONAL WAVE OF LIGHT

Since 1988, October 15th has been observed as Pregnancy & Infant Loss Remembrance Day. The International Wave of Light is a global observance of this remembrance. To join the observance, you simply light a candle at 7pm your local time and leave it burning for at least one hour, creating a continuous “wave of light” across all time zones covering the entire globe. This can be done individually or in a group, at home or in a communal space, if you or someone you care about has lost a child to stillbirth, miscarriage, SIDS, or any other cause at any point during pregnancy or infancy.

While demonstrating support to families who have suffered this tragic loss, VICPP also aims to promote awareness of the public health crisis of Black maternal mortality in Virginia. By empowering the public to advocate, Virginians can reduce the incidence of these tragedies and preventable deaths that may be linked to some health care providers’ implicit bias and lack of cultural competency.

To be part of the Digital Wave of Light,

1. Take a photo of your candle and post it to Facebook or Twitter at 7pm local time.
2. Name a loved one(s) you are remembering. You may include dates of deaths, if you like.
3. Use the following hashtags:

#waveoflight2021

#waveoflightUSA

#VICPP

#PUSHbiasout

#maternalhealth

PLAN A MATERNAL HEALTH PRAYER VIGIL

What is implicit bias and cultural competency?

Implicit attitudes are thoughts and feelings that often exist outside of conscious awareness, and thus are difficult to consciously acknowledge and control. These attitudes are often automatically activated and can influence human behavior without conscious volition. Cultural competency develops as people become more knowledgeable, aware, and sensitive to other cultures, traditions, beliefs, habits, and language. Operating from the understanding that there is no default culture, health care providers can offer care with a greater commitment to humility, accountability, and lifelong learning.

Purposes of a #PUSHbiasout Prayer Vigil:

- Raise public awareness that maternal care is a life-or-death public health crisis for Black women and infants.
- Foster a space and experience that inspires people to advocate beyond the event
- Generate media coverage about the need to mandate implicit bias/cultural competency training for all licensed health care professionals

What happens? Invite five to 10 people to join you for a prayer vigil outside the entrance of a health care setting (hospital, clinic, health center). The gathering should honor the grief of loss while focusing on the hope for better futures. Invite men and women who may know a woman who has died in a pregnancy-related cause or who has lost a pregnancy or infant. Also invite advocates, health care professionals, and others who care about the birth outcomes of Black women and their babies.

When: Virginia Interfaith Center for Public Policy (VICPP) is asking groups to plan a prayer vigil in October, which is observed as National Pregnancy and Infant Loss Remembrance Month.

Duration: The vigil can be 30 minutes or less. Plan it after a worship service, campus meeting, organizational gathering, or invite people to gather specifically for this action. Observe COVID-19 safety protocols by gathering outdoors, wearing masks, and standing apart from one another.

Visuals: You can create placards displaying a fact contained in this toolkit. Additionally, holding infant toys are a useful visual element to amplify the message and visibility of the vigil.

Program Elements:

- The vigil should begin with an opening litany (responsive reading). You can use the one developed by VICPP or create your own.
- VICPP also offers interfaith scriptures that you can read and then pause for reflection. Consider playing a song during this time to foster a collective sense and focus on healing, resilience, and community.
- Individuals should say the name of women or infants who have died in a pregnancy-related cause to honor and support the bereaved relatives who remember them.
- Invite someone to lead a prayer.
- Take a group picture with the building in the background so it can be clearly identified. Do not block the entryway or obstruct passage of emergency vehicles if you are gathered outside an emergency annex to a hospital.

Advocacy Action: Ask attendees to sign the VICPP online petition to support the mandate. Invite people to pull up the petition on their phones at www.tinyurl.com/PUSHbiasout

Press

Media helps the message reach more people. As you plan your action, plan how you can generate media coverage. Refer to samples of a media advisory and press release in this campaign's toolkit folder. You can:

- Email, mail or deliver a media advisory to local press outlets a few days before the event.
- Take photos of your event and send a press release to the media after the event if the media doesn't come.

- Ask each person who participates to post about the event on social media and include a link to the campaign petition.
- Ask the editorial writers of your local papers to write about the issue.
- Let Dora Muhammad at VICPP know about your planned event, so VICPP can help promote it. Send her photos of your event too at dora@virginiainterfaithcenter.org.

SOCIAL MEDIA & DIGITAL ACTIONS

The social media component of the campaign is primarily aimed to drive people to sign the campaign’s online petition. All graphics will contain the URL to access the petition: www.tinyurl.com/PUSHbiasout

The campaign will be augmented **@vainterfaith** on Facebook, Twitter, and Instagram. Follow VICPP on these three platforms to share, like, and comment on campaign posts. Posts will be made every Monday starting in October thru December. Social media graphics will become available in the toolkit folder each Monday in October for download to post on your social media platforms. Access these folders to select graphics each week in November and December to create your posts. Use the campaign slogan: **“Every woman deserves to give birth and live to tell it with a health baby in her arms.”**

Campaign hashtags to use in social media posts:

#VICPP	#infantmortality
#PUSHcoalition	#birthjustice
#PUSHbiasout	#birthequity
#maternalhealth	#healthequity
#maternalmortality	#HealthCareHope



Blog series

VICPP invites impacted families, faith leaders, advocates, and health care professionals to contribute to a blog series for the campaign. Share the reasons why eliminating racial disparities in maternal mortality is an important issue to you personally. Send submissions of 500 words or less for consideration to dora@virginiainterfaithcenter.org.