

AMEF Sponsors a Local Medical School Student's Infant Mortality Pilot Program

Medical school student Emily Cronin has made it her mission to help change the “appalling and unacceptable” high infant mortality (IM) rate among African Americans; her pilot program at the Greenleaf Family Center in Akron has been a step in that direction. The Academy of Medicine Education Foundation (AMEF) was a sponsor of this project.

Ms. Cronin recently provided a report on the program, as it ended in May, and her findings. She is a third-year student at Ohio University Heritage College of Osteopathic Medicine in Cleveland and a pre-resident at Cleveland Clinic Akron General (CCAG).

To first establish her community project, Ms. Cronin said she had to choose a population. During her research, she found that, in Ohio, per 1,000 live births during 2015 – 2019, the IM was two times higher among African American babies compared with white babies. The IM rate in Summit County, where Akron and Greenleaf are located, is 6.2% - 7.3%. (See sidebar to learn more about what is being done in Ohio to combat the troubling issue of maternal mortality.)

She reached out to Greenleaf to discuss their Moms & Babies First program, which pairs Black moms with community health workers to help them find care, support and resources to encourage healthy pregnancies and deliveries. She said CCAG has been involved with Greenleaf but not necessarily the Moms & Babies First program, so she wanted to develop and grow that relationship.

The pilot was set up as a group education program for pregnant moms, with four sessions held at Greenleaf every Monday in April 2022. Group leaders were tasked

with creating the interactive group education sessions, so that the moms could create a network among themselves to share their experiences. Incentives were provided to encourage involvement at each session, and Ms. Cronin said this is where the funding from AMEF and others was so important.

The first session covered nutrition and healthy eating. Incentives included a crockpot and cookbook, kitchen utensils, bus passes, and healthy snacks. The second covered baby safety and labor and delivery. Incentives for this session included a pack-n-play, fitted sheets, pacifiers, and a \$200 Walmart gift card. Due to staff health concerns, the third and fourth sessions were combined and covered safety in the home and self-care. Incentives included childproofing locks, laundry detergent, gloves and buckets, and cleaners. The moms then requested a final “fun” session, which was scheduled to take place in May (around press time), and incentives were to include a prenatal yoga session and an informative discussion on doulas. Incentives would be a \$100 GetGo gift card, \$100 prenatal massage gift card, and a hospital/diaper bag.

Last semester, Ms. Cronin had created an AIMS statement, which, in part, said that through a survey tool before and after the group education program, their goal was to



Emily Cronin (right) stands with Michelle Watkins (left), the director of the Moms & Babies First program at Greenleaf Family Center.



The pregnant moms practice self-care in an art class during one session.

decrease maternal stress by 50% by the completion of the program in May 2022. And, it was their goal to maintain at least 75% attendance rate by the end of the program through the use of incentives.

Their findings indicated that 80% of the moms felt the program helped decrease maternal stress (30% more than the goal), and the attendance rate through incentives was more than 75% (at 233%). The number of participants for each session increased over time.

Ms. Cronin said prematurity is the biggest cost associated with delivery in the United States—the average cost for one baby is \$144,692. That amounts to \$26.2 billion to the U.S. health care costs per year. If the incidences of premature babies are decreased, through programs such as the one at Greenleaf, it would have a huge impact on health care costs.

She said next steps include meeting with the Greenleaf team to discuss the program outcomes and future plans. From the moms in this program, it was learned that their main concern was they want to be heard and listened to when discussing concerns with medical providers. Cronin added that physicians need to prioritize addressing any fears or questions patients may have, because “if you don’t, no one else will, and that could change their care plan and outcomes.” ■



Much-needed items were provided as incentives for the moms in the program.

Maternal Mortality Causes and Solutions

By Anna Ruzicka, Health Policy Fellow

The United States has the highest rate of maternal mortality (or death while pregnant or within 42 days after pregnancy), compared with other high-income countries, at **23.8 deaths per 100,000 live births (1)**. Race is one critical component, as the maternal mortality rate for Black women in the U.S. is more than twice as high as the rate for white women, at **55.3 deaths per 100,000 live births (2)**.

This racial disparity is prevalent in Ohio as well, where Black women are **2.2 times more likely** than white women to die from pregnancy-related causes. Urban and Appalachian counties in Ohio have the highest rates of maternal morbidity (or complications during or after labor and delivery) at 78.2, and 65.3. complications per 10,000 delivery hospitalizations, respectively (4). Within both these areas, Black non-Hispanic mothers have the highest rates of severe maternal morbidity.

The Health Policy Institute of Ohio (HPIO) cites implicit bias, provider shortages, and poor transportation access as key contributors to these high rates of maternal mortality and morbidity (5). Racism and discrimination in particular lead to toxic stress in women of color, which can cause chronic diseases like cardiovascular disease and hypertension, which then, in turn, create higher-risk pregnancies. Action must be taken to reduce rates of maternal mortality and morbidity in Ohio, particularly for populations of color who are disproportionately affected by these outcomes. Some efforts are already underway, especially related to post-natal care for Ohioans who have recently given birth. On April 1, the Ohio Department of Medicaid expanded coverage of post-partum care for mothers from 60 days after delivery to one year.

For more information and resources, visit www.healthpolicyohio.org. ■

1. Gunja, M. Z., Seervai, S., Zephyrin, L., & Williams II, R. D. (2022, April 5). Health and Health Care for Women of Reproductive Age. *The Commonwealth Fund*. <https://doi.org/10.26099/4pph-j894>.
2. Ibid.
3. Policy Institute of Ohio. (2022, May 6). *Ohio health policy news*. <https://www.healthpolicyohio.org/racial-and-geographic-disparities-in-maternal-morbidity-and-mortality/>
4. Ibid.
5. Ibid.