

A FREE GUIDE

An Introduction to Black Maternal Health for Occupational Therapists

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ABOUT THE AUTHOR

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Diamond Rashad

04-09

LISTENING

We're acknowledging the history, the statistics, and the needs of the community.

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CONNECTING

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A key factor to addressing this disparity is community. What professionals and community members can we collaborate with?

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CONCLUSION

Here's where we bring it all together, with community resources, training considerations, and citations/sources.





Terms to Know:

- Health: “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity” (WHO as cited in AOTA, 2020).
- Well-being: “a general term encompassing the total universe of human life domains, including physical, mental, and social aspects, that make up what can be called a ‘good life’” (AOTA, 2020).
- Doulas: facilitate positive communication between the birthing person and their care providers by helping people articulate their questions, preferences and values. Doulas are trained to provide non-clinical emotional, physical and informational support for people before, during, and after labor and birth. Birth doulas provide hands-on comfort measures and share resources and information about labor and birth.
- Birthing persons: gender-neutral reproductive health language, as not all parents that give birth identify as a mother or a woman.

Questions?

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Knowing the History

Black women have been subjected to difficult and unsafe work throughout their pregnancies and without accommodations, nursing and caring for white children, forced separations from their own children, and sexual and obstetric violence, among other injustices.



The brutal experiments that claimed "pioneers" of gynecology carried out on Anarcha, Lucy, Betsy, and other enslaved women whose names are lost to history, resulted in gynecology advances and the emergence of stereotypes of Black women naturally possessing high pain tolerance.

This stereotyping may contribute to why Black women are less likely to receive epidural analgesia in labor or receive inpatient opioids postpartum, even controlling for pain levels or discomfort. (Green et al., 2020).



In the century after slavery, Black women had a significantly higher workforce participation rate than white women. In the two decades following emancipation, Black women living in Southern cities participated in the wage labor force on average three times more than did White women, and married Black women averaged almost six times the labor market participation rate of married White women (Minoff, 2020).



Knowing the History

The granny midwives were well respected Black women from the South who provided care to poor and rural women during pregnancy and labor at a time when hospitals were not accessible to them. They were family counselors, breastfeeding consultants, postpartum doulas, nutritionists, and advocates. Their skills and knowledge were invaluable and laid the foundation for modern day midwifery.



Beginning in the early 1800s new legislation regulated the practice of midwifery and required medical training and licensing. The grannies who could not or would not comply with state law, went from being well respect to persecuted and were forced out of practice, resulting in birth injustices.



Despite the medical health care system's efforts to eliminate Black midwives from the bedside of pregnant women, it did not improve outcomes and in fact had astronomical impacts on Black women.



Knowing the History

Black physicians and community members have led the resistance against racism and have advocated for the fair treatment of Black patients. Black physicians are more likely to treat Black patients and are more knowledgeable about health disparities that affect Black populations.

Having a Black rather than White physician may also reduce mortality among Black infants.

Additionally, despite this progress it is not solely on black healthcare professionals to address these racialized disparities in perinatal and infant health. (Green , 2021).



The Issue At Hand

Black women are three to four times more likely to die from pregnancy-related conditions such as cardiac issues and hemorrhage and to bear the brunt of serious complications as well. That risk is equally shared by all black women regardless of income, education or geographical location.



Most studies have shown to date that about half of significant maternal morbidity cases and maternal fatalities are preventable, rendering healthcare efficiency a crucial tool to tackle racial and ethnic inequalities in their incidence (Oribhabor et al., 2020).



Multi-level contextual factors induce detrimental psychological, health, and behavioral responses among black women & birthing persons and contribute to poor maternal health outcomes through multiple mechanisms.

Chronic exposure to unique stressors related to pervasive gendered racism may contribute to diminished mental well-being/coping behaviors and to elevated risk for maternal morbidity & mortality risks.



Listen to Black Women

A multitude of factors plausibly play a role in the receipt and timing of adequate prenatal care, including but not limited to the high cost of care, insurance availability, commuting challenges, and lack of culturally competent care.

According to a retrospective/prospective cohort study, 40% of participating subjects reported communication difficulties while one quarter reported bias during intrapartum hospital stay [17]. Nonwhite race/ethnic background was connected to almost three times greater likelihood of prejudice owing to color, dialect, or culture (Oribhabor et al., 2020).

Previous listening sessions revealed that, too often, Black pregnant and postpartum workers are faced with the impossible choice between maintaining their health or supporting themselves and their families due to the lack of pregnancy accommodations. (Centering the Experiences of Black Mamas in the Workplace, BMMA & A Better Balance).





OCCUPATIONAL JUSTICE

STANDING IN THE GAP



By obtaining the necessary skills and competencies in maternal health, occupational therapists can be equipped to collaborate and play an important role in addressing racialized disparities in perinatal health care and providing the necessary support to positively affect their health outcomes and the well-being.

STEP 1

Connecting to OTPF-4

Occupational therapy practice emphasizes the occupational nature of humans and the importance of occupational identity (Unruh, 2004) to healthful, productive, and satisfying living (AOTA, 2020).

Occupations occur in contexts and are influenced by the interplay among performance patterns, performance skills, and client factors. Thus, practitioners are concerned not only with occupations but also with the variety of factors and environmental contexts that disrupt or empower those occupations and influence clients' engagement and participation in positive health promoting occupations. (AOTA, 2020).



Occupational therapy practitioners recognize areas of occupational injustice and work to support policies, actions, and laws that allow people to engage in occupations that provide purpose and meaning in their lives. By understanding and addressing the specific justice issues in contexts such as an individual's home, a group's shared job site, or a population's community center, practitioners promote occupational therapy outcomes that address empowerment and self advocacy.





STEP 2

Perinatal Occupations Impacted by Racialized Disparities

- Social & Emotional Health Promotion
- Symptom and condition management
- Home Establishment & Management
- Child-rearing
- Communication with the health care system
- Co-occupations with infant



Rest

Restorative Rest: Identifying the need to relax and engaging in quiet and effortless actions that interrupt physical and mental activity (Nurit & Michal, 2003, p. 227); reducing involvement in taxing physical, mental, or social activities, resulting in a relaxed state; engaging in relaxation or other endeavors that restore energy and calm and renew interest in engagement.



STEP 3

Models & Measuring Outcomes

- Multidimensional Scale of Perceived Social Support
- Goal Attainment Scale (GAS)
- Kielhofner's Model of Human Occupation (MOHO)



Another evidence-based model that draws on cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT) is Reach Out, Stand Strong: Essentials for New Mothers. Group sessions covered include stress management, social support systems development, role transitions, and handling interpersonal conflicts that frequently surround childbirth. (Sponseller, Fern Silverman, Pamela Roberts, 2021)



Stress model & Weathering: Advocating for protective variables for black birthing persons with "social support, personal mastery, self-esteem, psychological well-being, and coping skills". (Grossman, 1991)



POWER IN COLLABORATION



STAYING INFORMED

It takes community for birth justice.



What Birth Justice ISN'T

What Birth Justice ISN'T: "The political advances made by natural birth movement in legalizing midwifery, as well as the development of doulas, lactation consultants, childbirth education classes and other improvements for childbearing individuals, do not challenge the entrenched inequalities rooted in the commercialization of healthcare and the rise of the medical industrial complex."

This movement was able to appeal to legislators by aligning itself with motherhood and consumerism rather than advocating for safe, empowering perinatal care as a human right for all regardless of pay. (State of Birth Justice, 2022).

The goal should not be to have effective community strategies (traditional midwifery, doula care, etc) adapted into a medical model. The medical system is the issue.





Community & Collaboration

A major goal is increased access to community and black systems of care.

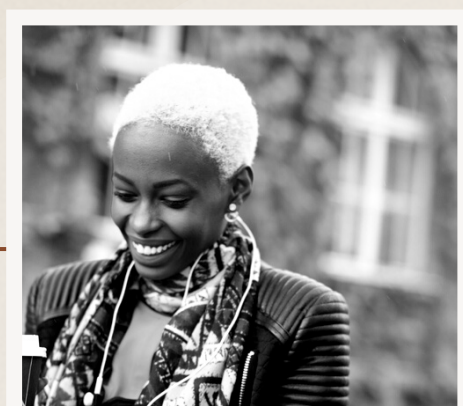
Therapy practitioners can connect with herbalists, spiritual leaders, lactation consultants, midwives, birth and postpartum doulas, childbirth educators, OBGYNs, prenatal yoga and exercise instructors, chiropractors, non-profit groups, WIC offices, and more!

Future research on these disparities could focus on strategies for:

- Reducing racial/ethnic inequalities in pregnancy-related deaths
- Improving access to high-quality preconception, maternity, and postpartum care for black women
- Education for physicians and healthcare providers in a bid to eliminate implicit biases

Advocacy and legislative efforts for adequate funding, and improvement of healthcare and childcare facilities in low resource areas, and increased birth and postpartum support, including work leave.

All of these can be enforced through the community, healthcare facility, patient, family, physician, and system-level collaboration. (Oribhabor, 2020).





Intervention Examples

- Therapeutic use of occupations and activities
- Interventions to support occupations
- Education
- Training
- Advocacy
- Self-advocacy
- Group intervention
- Virtual interventions.



Nontraditional approaches to stress and anxiety reduction:

- Art-making interventions
- Writing or journaling
- Photography

The therapeutic use of expressive arts by occupational therapists has an extensive history (Mouradian, 2013).

And so much more!





Perinatal Trainings

Training Considerations

Learning Styles

- On Demand or Live Courses?
- Built-in Options for Community & Mentorship is an important consideration. Birthwork is a lot of hands-on experience, there's only so much you read in a book.

Price & Certification Process: Be sure to look up the total cost prior to making the commitment!

Inclusion: Training should consider all birthing parents from a variety of backgrounds and reflect the population that you wish to serve.

Training Areas to Consider:

Perinatal Mental Health

Perinatal Yoga

Lactation

Birth and Postpartum Doula Support





Essential Resources

Story of Granny Midwives: <https://timeline.com/granny-midwives-rural-south-87a27ba13dd1>

Books:

- Killing the Black Body: Race, Reproduction, and the Meaning of Liberty
- Birthing Justice , Oparah, Bonaparte
- Executive Summary & Book:
<https://www.blackwomenbirthingjustice.org/battling-over-birth>

Websites & Organizations:

- <https://www.mothingjustice.org/>
- www.theeducatedbirth.org
- www.blackmamasmatter.org

TOOLKITS

- Advancing Birth Justice
- 21-POINT BLACK MIDWIVES CARE© MODEL
- CENTERING THE EXPERIENCES OF BLACK MAMAS IN THE WORKPLACE:
<https://blackmamasmatter.org/resources/toolkits/>
- [AIM Toolkit](#)



Capstone Resources

OT PERINATAL CAPSTONES (related to Maternal Health Only)

Capstone Example: Lillibridge, K. A., Park, K., & MacDermott, S. (2021, December 9). Exploring Occupational Therapy's Role in Supporting Health and Wellness in the Transition to Motherhood. Poster presented at the Virtual OTD Capstone Symposium, University of St Augustine for Health Sciences. Retrieved from <https://soar.usa.edu/otdcapstonesfall2021/11>

Grabarkewitz, Alana and Swanson, Lydia, "Occupational Gearing For Child Rearing: Occupational Therapy's Role in Helping New Mothers Succeed After Giving Birth" (2020). Occupational Therapy Capstones. 439. <https://commons.und.edu/ot-grad/439>

O'Connor, Sara, "MAMASTE: Exploring the Role of Occupational Therapy in Maternal Health with an Occupation-Based Yoga Program" (2020). Occupational Therapy Capstone Presentations. 19. <https://red.library.usd.edu/ot-capstone/19>



Conclusion

It takes community.

Thank you for taking the time to learn more about barriers in the transition to black parenthood. Roles and routines are essential in our everyday lives, and every individual deserves the right to birth, and transition into postpartum without loss, fear, or trauma. Lets support our black mothers.



WITH HOPE & CONVICTION,
DIAMOND RASHAD



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DATE

INTENTION:

Notes

YOUR THOUGHTS

GOALS

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