



Defining Birth Equity in Kansas

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Defining Birth Equity in Kansas

Abstract

Background: While some health outcomes improve in the United States, racial and ethnic disparities in pregnancy-related outcomes persist. In the United States and Kansas, Black women are three times more likely to die from a pregnancy-related complication than white women.

Description: The Kansas Birth Equity Network (KBEN), is an initiative developed to address racial disparities in maternal and child health outcomes. We used a community-centered approach to collect stakeholder perceptions of birth equity and develop a case definition of birth equity.

Methods: An open-ended online survey was designed to collect stakeholders' definition of birth equity, their organization's birth equity missions, and future aspirations of birth equity in Kansas. The survey was administered via REDCap and 35 members of KBEN were invited to participate. Common themes were identified, and a case definition was developed.

Results: Guided by the health equity framework, three major themes were identified: *elimination of birth disparities*, *reimagining systems of power*, and *assurance of optimal outcomes*. A case definition of birth equity as "the assurance of equitable care through creating a system that eliminates health inequities and values parents and community stakeholders" was created and adopted.

Conclusion: Guided by stakeholder perceptions of birth equity and the health equity framework, we achieved consensus that birth equity requires a focus on reimagining systems of power and centering the experiences of Black parents and families.

Keywords

Birth Equity; Maternal and Infant Health; Maternal and Child Health; Kansas Birth Equity Network; Birth Equity Case Definition

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ABSTRACT

Background: While some health outcomes improve in the United States, racial and ethnic disparities in pregnancy-related outcomes persist. In the United States and Kansas, Black women are three times more likely to die from a pregnancy-related complication than white women.

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INTRODUCTION

While some health outcomes improve in the United States, racial and ethnic disparities in pregnancy-related outcomes persist (National Academies of Sciences & Medicine, 2017). The maternal mortality rate in the U.S. is 17.4 maternal deaths per 100,000 live births (National Center for Health Statistics, 2021) and 700 women die every year from preventable pregnancy or childbirth complications (Centers for Disease Control and Prevention, 2019). Black women are three times more likely to die from a pregnancy-related complication than white women (Division of Reproductive Health, 2020). In Kansas, Black women are more than three times as likely to die of pregnancy-related complications compared to White women. Black women in Kansas (20%) are also more likely to receive inadequate prenatal care compared to white women (8.3%) (Kansas Department of Health and Environment, 2019).

The Kansas Birth Equity Network (KBEN) was developed to improve Black paternal, maternal, and infant health in Kansas (Kansas Birth Equity Network, 2021; Smith et al., 2022). Using the health equity framework, the organization's mission and goals aligned with birth equity, stakeholder definitions of birth equity, and their aspirations for birth equity in Kansas were collected and analyzed to establish shared goals and develop a case definition.

Health Equity Framework

The health equity framework illustrates the various interactions between people and their environments. We use the health equity framework to inform a case definition of birth equity and define themes to ensure that the various factors implicated in birth inequity are addressed in defining and working towards birth equity. The health equity framework illustrates the interactions between four spheres of influence – *systems of power*, *physiological pathways*, *individual factors*, and *relationships and networks* (Peterson et al., 2021).

Systems of power describe processes and systems that create the conditions for health equity. *Physiological pathways* describe physical, or cognitive functions that can improve or worsen health equity based on the environment (Peterson et al., 2021) such as an individual's capacity to engage and build trust. *Individual Factors* describe behaviors, attitudes, and skills that can improve or worsen a person or a community's health such as the attitude towards birth equity. *Relationships and networks* describe support systems that can influence health outcomes (Peterson et al., 2021).

In this article, we discuss the four spheres of influence in the Health Equity Framework and their representation in stakeholder perceptions of birth equity. *Systems of power to reimagining systems of power*, physiological pathways such as *elimination of birth disparities* and *assurance of optimal outcomes*, individual factors such as provider attitudes towards birth equity and relationships and networks such as community support for moms and birthing persons.

METHODS

The Kansas Birth Equity Network team developed a three-question open-ended online survey designed to collect stakeholders' perceptions of the definition of birth equity, the difference between birth equity and birth equality, and perceptions of what birth equity in the state of Kansas should look like (Table 1).

Table 1: Birth Equity Definition Survey Questions

Open-Ended Survey Questions
Define birth equity in your own words. (For example, what does birth equity mean to you?)
What is the difference between birth equity and birth equality?
What would you like birth equity to look like in Kansas or what is missing?

The survey was administered through REDCap, a secure data collection software (Harris et al., 2019; Harris et al., 2009) and thirty-five stakeholders were invited to participate. Stakeholders were active members of the Kansas Birth Equity Network and included Black parents and community members, employees of organizations focused on maternal and child health, healthcare providers, doulas, and members of faith-based organizations. This study was approved by the human subjects committee of the lead author's institution.

The thirty-five stakeholders were invited to participate in the online survey during monthly network meetings and through weekly email communication from April 2021 and June 2021.

The research team collected seventeen unique survey responses for a 48% (n=17) response rate. Guided by the health equity framework, two investigators conducted a content analysis and coded the responses independently. The investigators came to a consensus around codes and conducted a joint thematic analysis to identify three emerging themes - *elimination of birth disparities*, *reimagining systems of power*, and *assurance of optimal outcomes*. All authors arrived at a consensus regarding the themes that emerged and developed a case definition of birth equity.

RESULTS

Nineteen survey responses were collected, two responses were duplicates and were eliminated from analysis, leaving seventeen unique survey responses. Content data analysis revealed three emerging themes: *elimination of birth disparities*, *reimagining systems of power*, and *assurance of optimal outcomes* (Table 2).

Elimination of Birth Disparities

Stakeholders described eliminating birth disparities as a vital component of birth equity. Stakeholders stated the need to address birth disparities by race: "*Birth equity to me would mean that there are no longer disparities in infant and maternal mortality based on race*", by income: "*...no matter how much money I have*" and by geographic location: "*...no matter where I am from.*"

A stakeholder emphasized this, stating "*birth equity is mothers, fathers, families, and communities of all racial and ethnic groups enjoying healthy outcomes for pregnancy, birth, and positive equitable care, and unbiased treatment.*"

Reimagining Systems of Power

Stakeholder responses described the mechanisms needed to eliminate birth disparities. They identified equitable resource distribution and addressing racism as components of birth equity. One stakeholder stated, "[Birth equity is] *providing resources to pregnant women and their families to ensure the best possible birth outcome, reducing maternal and infant mortality, and addressing racism in obstetrics and postpartum care.*" Another stakeholder emphasized the importance of equitable systems, stating, "*Birth equity means putting in place systems that give all patients access to the same high-quality outcomes, not just access to the same systems.*"

Stakeholders also noted the various factors impacting birth equity from a systems perspective. One stakeholder emphasized this, stating there should be “*community support in the postpartum period and wrap-around services to help new moms/families navigate all the stresses and challenges [of the birthing experience].*” This stakeholder also noted employment concerns should be addressed, stating, “*It goes beyond the policy issue of "paid family leave". If we want birth equity in Kansas, and some pregnant people choose to work, no matter the type of job or its pay, no one should have the added stress of worrying if their job will still be there.*” While another stakeholder stated, “*we should eliminate the current barriers that prevent healthy birth outcome and survival of infants born to families of color.*”

Assurance of Optimal Outcomes

Stakeholders noted when birth equity is achieved, optimal birthing outcomes become the norm. One stakeholder summarized this, stating, “*Black mothers can expect healthy optimal outcomes throughout their pregnancy for themselves and their babies. Families and communities can celebrate healthy outcomes and enjoy a realistic expectation of longevity for moms and babies.*” Another stakeholder echoed this, stating, “*Every pregnant person and family has the opportunity, full support, and financial support to have the pregnancy, birth, and postpartum experience that they want to have. Their child is brought into the world safely, healthy, and loved and the pregnant person is supported, believed, and listened to every step of the way.*”

Case Definition of Birth Equity

After conducting a thematic analysis on survey responses, a case definition for birth equity was developed and adopted. Birth equity is defined as the assurance of equitable care through creating a system that eliminates health inequities and values parents and community stakeholders.

Table 2: Major Themes and Stakeholder Quotes

Major Theme	Stakeholder Quote
Elimination of Birth Disparities	Birth equity to me would mean that there are no longer disparities in infant and maternal mortality based on race
	Birth equity is mothers, fathers, families, and communities of all racial and ethnic groups enjoying healthy outcomes for pregnancy, birth, and positive equitable care, and unbiased treatment.
	To me, birth equity is being able to have a healthy pregnancy and give birth to a healthy baby no matter what I look like, no matter where I am from and no matter how much money I have.
Reimagining Systems of Power	Providing resources to pregnant women and their families to ensure the best possible birth outcome, reducing maternal and infant mortality, and addressing racism in obstetrics and postpartum care.
	Birth equity means putting in place systems that give all patients access to the same high-quality outcomes, not just access to the same systems.
	Community support in the postpartum period and wrap-around services to help new moms/families navigate all the stresses and challenges [of the birthing experience].
	If we want birth equity in Kansas, and some pregnant people choose to work, no matter the type of job or its pay, no one should have the added stress of worrying if their job will still be there.
	We should eliminate the current barriers that prevent healthy birth outcome and survival of infants born to families of color.
Assurance of Optimal Outcomes	Black mothers can expect healthy optimal outcomes throughout their pregnancy for themselves and their babies. Families and communities can celebrate healthy outcomes and enjoy a realistic expectation of longevity for moms and babies.
	Every pregnant person and family has the opportunity, full support, and financial support to have the pregnancy, birth, and postpartum experience that they want to have. Their child is brought into the world safely, healthy, and loved and the pregnant person is supported, believed, and listened to every step of the way.

DISCUSSION

We used the emerging themes from KBEN stakeholders' birth equity survey to develop and adopt a case definition. The emerging themes were centered on eliminating birth disparities and changing systems of power to address inequitable access to resources. In addressing inequitable systems of power, stakeholders described the need to ensure access to necessary resources and noted the impact of structural racism and interpersonal bias in obstetric care (Davis, 2019; Scott et al., 2019).

Stakeholders identified the characteristics of a future where birth equity had been achieved stating that every pregnant person should expect *optimal outcomes* and have the support needed to have the pregnancy, birthing, and postpartum experience they desire. In doing so, stakeholders highlighted a grounding principle of reproductive justice – the right to determine the optimal conditions for pregnancy, birth, and postpartum (Julian et al., 2020).

Similar studies have also found Black women are concerned with having adequate access to resources during the prenatal period. Mehra et al. (2020) found that racialized discrimination towards Black pregnant women influenced their access to health care and social services. Black women reported being ignored and having negative assumptions made of them in health care and social services settings (Mehra et al., 2020). These findings show that access to resources for Black women and communities is moderated by racialized and gendered discrimination. These findings also highlight stakeholder responses of *reimagining systems of power* and *elimination of birth disparities* as a vital component of achieving birth equity.

The KBEN birth equity case definition is *the assurance of equitable care through creating a system that eliminates health inequities and values parents and community stakeholders*. Also, stakeholders in our study confirmed *elimination of birth disparities* is key to improving optimal conditions and to achieving birth equity. The findings are similar to the National Birth Equity Collaborative definition of birth equity as “the assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort” (National Birth Equity Collaborative, 2022).

Stakeholders' responses to achieve birth equity can be further understood using the health equity framework. The framework defines health equity similarly to birth equity as having the personal agency and fair access to resources and opportunities needed to achieve the best possible physical, emotional, and social well-being (Peterson et al., 2021). The interactions between systems of power, interpersonal relationships, physiological pathways, and individual factors shape the birth experiences of Black women. To ensure that these interactions are captured, we utilized stakeholder input and the health equity framework to develop consensus around the inaugural Kansas Birth Equity Network case definition for birth equity as the assurance of equitable care through creating a system that eliminates health inequities and values parents and community stakeholders.

Our study adds to the growing literature on birth equity for Black women by providing a case definition from engaged stakeholders' perspectives. The case definition includes a state's vision of birth equity and centers the Black and diverse stakeholder's voices and experiences.

The first limitation of this study is the small sample size - the result of a purposeful sample of KBEN stakeholders (n=35). The second limitation is the limited number of survey questions. Despite the limitations, the results were relative to the existing literature on birth equity and health equity (Mehra et al., 2020; National Birth Equity Collaborative, 2022; Peterson et al., 2021).

CONCLUSION

This study highlights maternal and child health stakeholder perceptions of birth equity. Guided by this stakeholder perception of birth equity and the health equity framework, we developed and adopted a case definition for birth equity as “the assurance of equitable care through creating a system that eliminates health inequities and values parents and community stakeholders”. This definition aligned with the existing definition of birth equity as “the assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort” (National Birth Equity Collaborative, 2022). However, the case definition centers the voices and experiences of Black communities and parents to envision and create birth equity. KBEN Stakeholders have identified that achieving birth equity in Kansas requires reimagining systems of power, eliminating health disparities, and assurance of optimal outcomes.

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