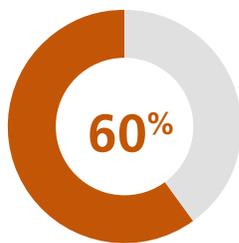




# Tackling racial disparities in maternal care

# Risks facing pregnant people offer one of the starkest illustrations of disparities in health equity.

The U.S. maternal mortality rate, defined as death within six weeks of giving birth, is worse than in any other industrialized nation.<sup>1</sup>



About 60% of pregnancy-related deaths may be preventable, and patients of color face the greatest risk of complications and mortality.<sup>2</sup>

The pregnancy-related mortality rate among Black mothers is 42.8 per 100,000 live births. For American Indians and Alaskan Natives, the rate is to 32.5. Among white non-Hispanics, the rate is 14.2.<sup>3</sup>

At Optum, we're assembling all our resources to support better outcomes for birthing people and babies. That includes data collection and analysis, innovative care approaches, scaling best practices and more. We're using every tool in our toolkit to make sure birthing people and babies — particularly those at greatest risk — have what they need to thrive.

We're also collaborating and partnering with grassroots organizations run by people who come from the communities they serve. They intimately understand the challenges and nuances impacting maternal health.

Maternal health is a crisis that continues to worsen and has some of the worst disparities. It is the issue that shows the intersection of racial and gender inequities in our society.

— Janice Huckaby, MD  
chief medical officer of  
Maternal Child Health at  
UnitedHealth Group

1. Declercq E, Zephyrin L. [Maternal mortality in the United States: A primer](#). The Commonwealth Fund. Issue brief and report. Dec. 16, 2020.
2. CDC. [Pregnancy-related deaths: Saving women's lives before, during and after delivery](#). Last reviewed May 7, 2019.
3. Petersen EE, Davis NL, Goodman D et al. [Vital Signs: Pregnancy-related deaths. United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017](#). CDC MMWR. May 10, 2019.

## Here are a few ways Optum is supporting the health of pregnant people and babies:



**Pregnancy.org**, a no-cost Optum maternal online community forum, features clinically based maternal health and lifestyle information. The website provides support especially to low-income people and people of color, who face greater risks of pregnancy-related morbidity and mortality.



**Hypertension** is one of the three main causes of poor maternal outcomes. Two Optum Care practices are running a pilot to engage in remote monitoring of hypertension in pregnant patients. Blood pressure cuffs are used in combination with a tablet or smartphone to monitor blood pressure readings, which are also shared with the patient's care team. This remote monitoring and care can help ensure their hypertension doesn't escalate.



**Cardiomyopathy**, or inflammation of the heart muscle, is another leading cause of maternal morbidity. It's one of the factors most resistant to prediction and intervention. We're working with external partners to develop a data-based clinical model to pioneer effective prevention of cardiomyopathy in pregnant patients.

# We've also allocated nearly \$2 million to five infant and maternal health organizations led by people who come from the communities they serve.

This work centers mostly people from diverse backgrounds. "These organizations are doing the work, they have relationships in place, and they've gotten proven outcomes to demonstrate their impact," says Callie Chamberlain, social responsibility leader at Optum.

Here's how Optum is supporting and amplifying their work:

- **Community of Hope (COH)** operates maternal health-focused community centers, including the only freestanding, no-cost birthing center in Washington, D.C. Optum helps COH obtain sustainable funding beyond grants so it can expand and strengthen the support it provides to pregnant people.
- In partnership with **Wake Forest Baptist Health** in North Carolina, Optum is developing an assessment tool to be used in clinics and upon hospital admission. The tool helps identify pregnant people suffering from intimate-partner violence.
- Optum is partnering with maternal health collective **Cradle Cincinnati** to help it scale and spread its infant mortality reduction strategy. It has successfully reduced rates of preterm birth (one of the leading causes of infant death) in the communities it serves by 24%.
- **Ladies of Hope Ministries (LOHM)** in New York is partnering with Mama Glow, a doula support program, to offer training, certification and birth support for current and formerly incarcerated pregnant people. With support from Optum, LOHM and Mama Glow will recruit, train, certify and support up to 50 doulas across the country. The doulas will provide prenatal and birth support and postpartum care to incarcerated pregnant people.
- Optum is providing volunteers to recruit and conduct interviews as part of quantitative research by the **Center for Maternal Health Equity** at Morehouse College in Atlanta. This research will lead to better understanding of severe maternal morbidity among women of color.



This is a multifaceted problem that's not going to have one easy solution. Nor is one organization, however well-intentioned, going to be able to move the needle by themselves. We're seeing a thirst for collaboration that will only amplify in the days to come.

— **Janice Huckaby, MD**  
chief medical officer of  
Maternal Child Health at  
UnitedHealth Group

This spirit of partnership has extended to our five grant partners. They're already forming new connections among themselves and making plans for future collaboration. "This is one of the benefits of Optum being a convener and connector," says Chamberlain.

The Optum Office of Social Responsibility notes that this model of transformative grant making marks a departure from previous approaches. In the past, large organizations partner only with other large organizations. Instead, Optum is finding ways to support the powerful work happening within, by and for the communities that have been most negatively impacted by the structural inequalities that lead to disparities.

Leading with compassion also means being proactive about listening to and learning from our grassroots partners. At the same time, we provide them with pro bono advising services on aspects of their work where we can be helpful.

Each of the grantees is assigned an executive sponsor at Optum, who pulls insights from our partners into our internal strategy. How can their work inform Optum on populations with whom we haven't historically had relationships or access? And how can we leverage our extensive resources, networks and expertise to continue to advance and amplify their work?

Together with our local communities, we can build a support system, expand access and tailor care to the unique needs of all mothers.



This crisis is so dynamic, and it's going to require new partnerships and levels of trust and collaboration. We're really modeling that and pioneering this new way of working together by listening, being humble and amplifying things that are proven to work.

— Callie Chamberlain  
social responsibility  
leader at Optum.

To learn more about how Optum is addressing health equity, visit [optum.com/healthequity](https://www.optum.com/healthequity)



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