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Statement to the National Academies Committee on Clinical Preventive Services for Addressing Cardiovascular Disease Risk to Reduce Pregnancy-Related Deaths Among Women

Angela D. Aina, DrPH*c*, MPH
Co-Founder & Executive Director, BMMA, Inc.

Ayanna Robinson, PhD, MPH
Director of Research & Evaluation, BMMA, Inc.
reseval@bmmainc.org

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ABOUT BMMA

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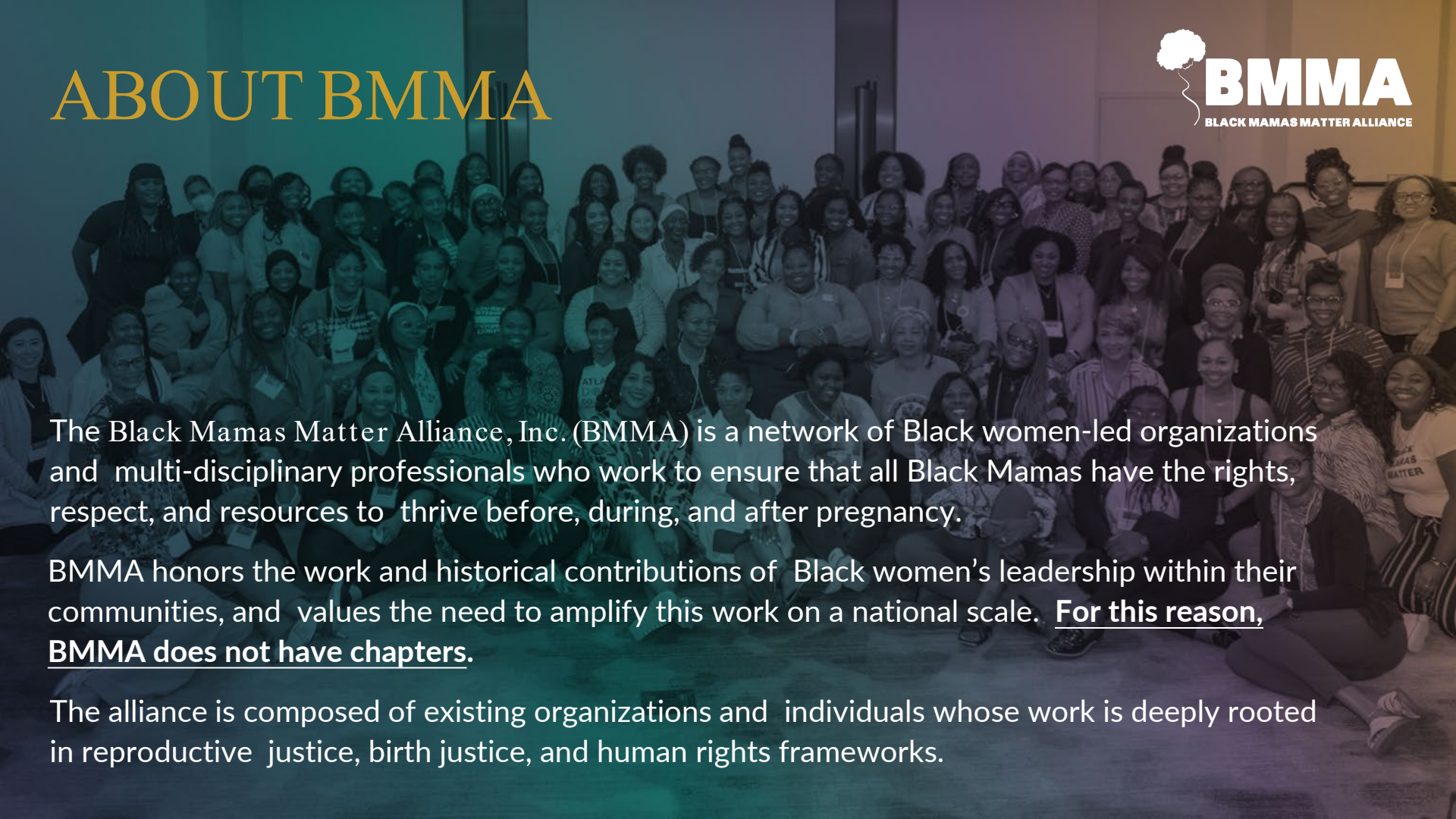

The Black Mamas Matter Alliance, Inc. (BMMA) is a network of Black women-led organizations and multi-disciplinary professionals who work to ensure that all Black Mamas have the rights, respect, and resources to thrive before, during, and after pregnancy.

BMMA honors the work and historical contributions of Black women's leadership within their communities, and values the need to amplify this work on a national scale. **For this reason, BMMA does not have chapters.**

The alliance is composed of existing organizations and individuals whose work is deeply rooted in reproductive justice, birth justice, and human rights frameworks.

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BMMA functions as the premier **Black Maternal Health Professional Organization** focused on building the skills, convening, and mobilizing the global Black perinatal, maternal, and reproductive health Workforce to END maternal mortality through the following goals:

CHANGE POLICY

Introduce and advance policy grounded in the human rights framework that addresses Black maternal health inequity and improves Black maternal health outcomes.

CULTIVATE RESEARCH

Leverage the talent and knowledge that exists in Black communities and cultivate innovative research methods to inform the policy agenda to improve Black maternal health.

ADVANCE CARE FOR BLACK MAMAS

Explore, introduce, and enhance holistic and comprehensive approaches to Black mamas' care.

SHIFT CULTURE

Redirect and reframe the conversation on Black maternal health and amplify the voices of Black mamas

Perspectives on two critical questions: identifying gaps in preventive services for cardiovascular disease prevention related to pregnancy, and addressing barriers to care across the pregnancy continuum

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GAPS IN EVIDENCE-BASED CLINICAL PREVENTIVE SERVICES

Critical Gap	Key Points	
Gap 1: Midwifery Care Integration	• Midwifery-led care reduces cesarean births across all analyses (1) • Reduces preterm births, increases prenatal visits for Indigenous women (2) • Prevents stillbirth, preterm birth, reduces interventions (3) • Black midwives comprise <7% of workforce (4) • Gap: No CVD prevention services leveraging midwifery models	
Gap 2: Community Based Preventive Services	• Community-based doulas reduce preterm/low birthweight births (5) • Doulas spend 76 hours vs physicians' 5.75 hours with clients (10)	• Understudied interventions: - Home BP monitoring programs (6) - Doula CVD risk education/screening (7) - Lactation support for postpartum CVD recovery (8) - Culturally responsive nutrition counseling (9)
Gap 3: Culturally Responsive Screening	• Black women experience sustained stress across perinatal period (11,12) • "Weathering" causes premature wear and tear, increases CVD risk (13) • Allostatic load consistently higher in Black women (14) • By age 45: 50% have high allostatic load; by age 64: >80% (15) • High pregnancy allostatic load → CVD risk (16) • Current protocols don't assess weathering/allostatic load (17 • Need research on culturally responsive screening approaches (18)	

TIMING AND IMPLEMENTATION CONSIDERATIONS

Current Gaps in Timing	Midwifery & Community -Based Solutions
• CVD preventive services fail to address optimal timing across reproductive lives (19,20,21) • Pregnancy complications and CVD share risk factors but screening occurs too late (19) • CVD risk assessment needed before pregnancy but poorly integrated with reproductive health care (20,21) • Services poorly integrated with community-based organizations serving Black women (20,21) • 40% miss postpartum visits during optimal 12-week CVD assessment period (26,27) • 18-57% need continued BP medication 6 weeks to 4 months postpartum (28) • Women with pregnancy complications face up to 25-fold higher hypertension risk within first year (29) • Current guidelines inadequately address extended postpartum CVD monitoring (29)	• Midwifery continuity models provide care across pregnancy, birth, and postpartum periods (22) • Create optimal opportunities for CVD risk identification and early intervention (22) • Midwifery continuity reduces preterm birth by 49% and decreases cesarean sections (23,24) • Community-based doula programs provide 76 hours vs physicians' 5.75 hours of support (25) • Enable comprehensive CVD risk education and monitoring (25) • Community-based providers and midwifery models can extend beyond 6-week postpartum (30) • Research on effectiveness for CVD prevention remains limited but promising (30)

BARRIERS TO CARE AND PREVENTION & PROMISING STRATEGIES

Systemic Barriers to Cardiovascular Care	Promising Strategies to Address Barriers
● 55% of Black Americans report pain not taken seriously, having to speak up for proper care (33) ● Cardiovascular symptoms (severe headaches, vision changes, high BP) dismissed as normal pregnancy discomfort (34,35) ● Critical postpartum preeclampsia warning signs often missed (35) ● Only 11% of OB-GYNs are Black, creating cultural barriers to care (36) ● Geographic barriers through maternity care deserts in rural/underserved areas (37) ● Financial barriers: limited insurance coverage, inadequate Medicaid reimbursement (38) ● Fragmented care: 40% miss postpartum visits when CVD complications emerge (39)	● Doula care shows promise: reduces preterm births, cesarean sections, improves satisfaction (40) ● Community-based doula programs report $91 million annual cost savings through avoided complications (41) ● Racial concordance between providers and patients shows potential to improve communication and care quality (42) ● Oregon's comprehensive Medicaid coverage model associated with lowest infant mortality rates (43) ● Policy strategies: expand Medicaid coverage for midwives/doulas at equitable rates (43) ● System interventions: standardize emergency protocols, extend Medicaid to 12 months postpartum (44) ● Black Maternal Health Momnibus provides comprehensive federal policy framework (45) ● More rigorous research needed to evaluate effectiveness for CVD prevention in Black women

RESEARCH CONTRIBUTIONS & OPPORTUNITIES

Community -Based Research Contributions	Opportunities for Committee Recommendations
● Organizations like BMMA demonstrate how community-based entities can contribute to cardiovascular prevention evidence base (46) ● Community-centered research approaches identify critical gaps in cardiovascular care practices among Black midwives (46) ● These organizations possess unique networks with affected communities, midwifery programs, and Black maternal health professionals (47) ● Enable research on intersection of structural racism, allostatic load, and cardiovascular health outcomes during perinatal period (47) ● Exemplify how research enterprises can be diversified beyond traditional academic centers (48)	● Support research investment in community-based cardiovascular preventive services led by organizations with established community networks (49) ● Encourage integration of midwifery care models into clinical preventive service frameworks (*evidence shows 49% reduction in preterm birth*) (50) ● Recommend recognition of structural racism and allostatic load as fundamental factors requiring systematic assessment in CVD prevention protocols (51) ● Promote diversification of research funding to include community-based organizations alongside traditional academic institutions (52) ● These promising strategies require rigorous evaluation to determine effectiveness specifically for CVD prevention among Black women during perinatal period ● Committee recommendations could catalyze much-needed research on preventive services developed in partnership with affected communities (53)


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