The Intersection of Reproductive Healthcare and COVID 19

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“And because the midwives feared God, he gave them families of their own.” Exodus 1:21 NIV
Objectives

At the close of this presentation, attendees will garner an understanding of:

• The history of Reproductive Healthcare in America
• The conundrum of Black Reproductive Healthcare
• The weight of COVID-19 on Black Reproductive Healthcare
Reproductive Healthcare: THE TIMELINE

1662

partus sequitur ventrem

1807–1808

Britain and the United States banned the transatlantic slave trade in 1807–1808.

1845–1849

The sacrifices of the “pioneers.”

1920–1980’s

Eugenics movement and the Mississippi Appendectomy.

2020

COVID.
Health Disparity by Education

[Graph showing health disparity by education level and race/ethnicity.]

https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm?s_cid=mm6835a3_w#T1_down
Understanding the Causes of Health Disparities

Patient-Level Factors

- patient preferences, attitudes, and adherence to treatment plans
- frequency of certain genetic variations (e.g., sickle cell disease)
- physical activity and dietary practices

Health Care System-Level Factors

- health care is driven by market forces (poor access to uninsured or underinsured)
- varying geographic availability of health care institutions

Practitioner-Level Factors

- stereotyping and implicit bias on the part of health care providers
- subtle ambiguities in practitioners’ and patients’ interpretations of medical information because of cultural and language differences
- Culturally derived mistrust of the health care system
THE BIG PICTURE

- Black women are more than twice as likely to live in poverty as White women
  - a quarter of all adult Black women live below the federal poverty threshold
  - Across the South, the proportion of Black women living in poverty is even higher.

- The Great Recession (2007-2009) has further stressed low and middle income families
  - the median household income is still 6.5% lower than it was before the recession began
  - Unemployment is twice as high for Black women compared to White women

- Fully employed Black women earn an average of 63 cents for every dollar paid to White men

- Thus, the same communities that are experiencing some of the highest rates of maternal mortality and morbidity are also those struggling with low, unequal, or stagnant wages, unemployment and underemployment, home foreclosures, a lack of health insurance, and reductions to safety net programs
ACA: The Reality

- Women of color are still more likely than White women to lack health insurance
  - Nine out of ten people who fall into the coverage gap live in the South
  - Less likely to have a usual primary care provider
  - Lack of access to family planning services and regular primary care
  - More likely to experience an unintended pregnancy
  - Less likely to get recommended care for disease prevention and management
COVID-19 effect on sexual and reproductive health in low- and middle-income countries

A 10% drop in reproductive health care due to COVID-19 equals:

- 49 million more women with unmet need for modern contraception
- 15 million more unintended pregnancies
- 168,000 more newborn deaths
- 28,000 more maternal deaths
- 3 million more unsafe abortions

https://gu.tt/COVID19LMICs
The COVID effect on Partner Relationships and Sexual and Reproductive Health

- Social distancing requirements may place patients at higher risk for intimate partner violence and mental health concerns.
- Threaten continued access to contraception and abortion services.
- Affect pre-pregnancy planning.
- Interrupt routine screening for breast and cervical cancer.
- Delay non-emergency reproductive health procedures.
- Increase risk of sexually transmitted infection acquisition and decrease access to treatment.
- Exacerbate already underlying racial and minority disparities in care and health outcomes.
- Development of Erectile Dysfunction in hospitalized survivors.
COVID and Erectile Dysfunction
The COVID effect on pregnant people

Pregnant people who have COVID-19 and show symptoms are more likely than nonpregnant people with COVID-19 and symptoms to need care in an intensive care unit (ICU), to need a ventilator (for breathing support), or to die from the illness.

Pregnant people with some health conditions, such as obesity and gestational diabetes, may have an even higher risk of severe illness, similar to nonpregnant people with these conditions.

Pregnant people who are Black or Hispanic have a higher rate of illness and death from COVID-19 than other pregnant people, but not because of biology. Black and Hispanic people are more likely to face social, health, and economic inequities that put them at greater risk of illness.
The COVID Effect on birthing

- Researchers have found
  - A few cases of COVID-19 that may have passed to a fetus during pregnancy, but this seems to be rare.
  - There may be an increased risk of preterm birth and stillbirth for women with COVID-19.
    - Babies with underlying medical conditions and babies born premature (earlier than 37 weeks) might be at higher risk of severe illness from COVID-19.
  - Breast milk is not likely to spread the virus to babies.
  - Mothers with COVID antibodies have passed it in in breastmilk
  - Most babies who test positive for COVID-19 have mild or no symptoms

[Sources: cdc.gov]
Expert Recommendations

• A shared decision-making model should be used when considering vaccination

• Pregnant women may choose to get a COVID-19 vaccine

• ACOG recommends that breastfeeding women get a COVID-19 vaccine

• If you are planning or trying to get pregnant, you are strongly encouraged to get a COVID-19 vaccine
  • If you become pregnant after the first dose, you should receive the second dose
Vaccine Registry for Pregnant people (V-safe)

- Measuring adverse outcomes in pregnant people:

<table>
<thead>
<tr>
<th>Miscarriage</th>
<th>Gestational diabetes</th>
<th>Congenital anomalies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stillbirth</td>
<td>Preterm birth</td>
<td>Neonatal death</td>
</tr>
<tr>
<td>Pre-eclampsia</td>
<td>Small for gestational age</td>
<td></td>
</tr>
</tbody>
</table>

- There has been NO differences when comparing vaccinated pregnant people in the registry with baseline adverse pregnancy outcomes
What questions do you have for us?