



The Intersection of Reproductive Healthcare and COVID 19

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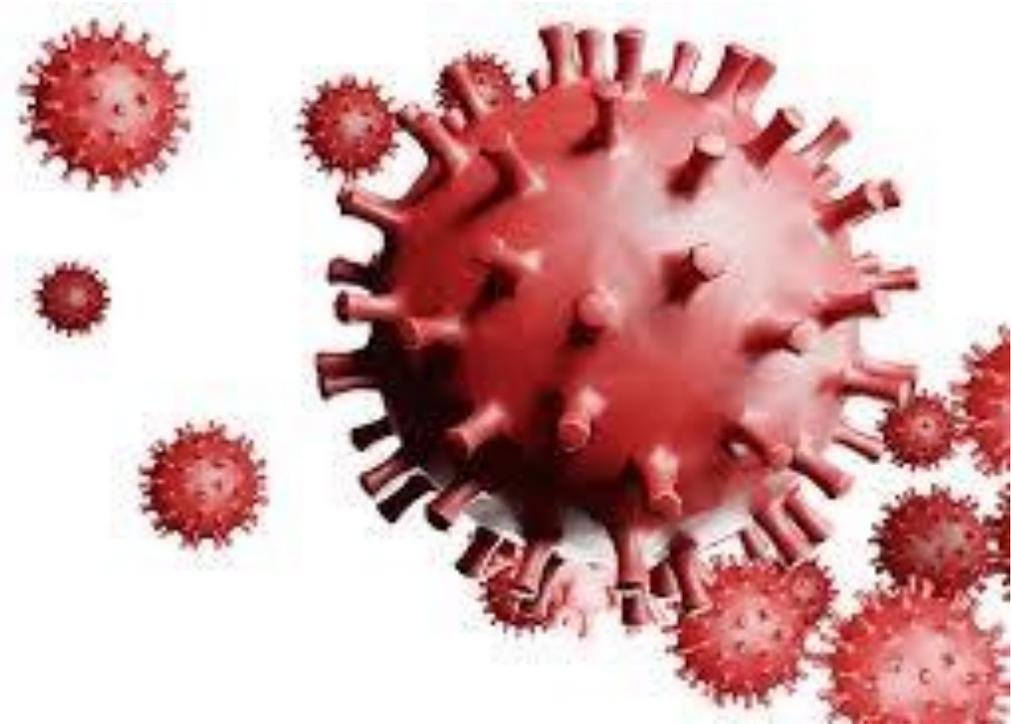
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“And because the midwives feared God, he gave them families of their own.” Exodus 1:21 NIV

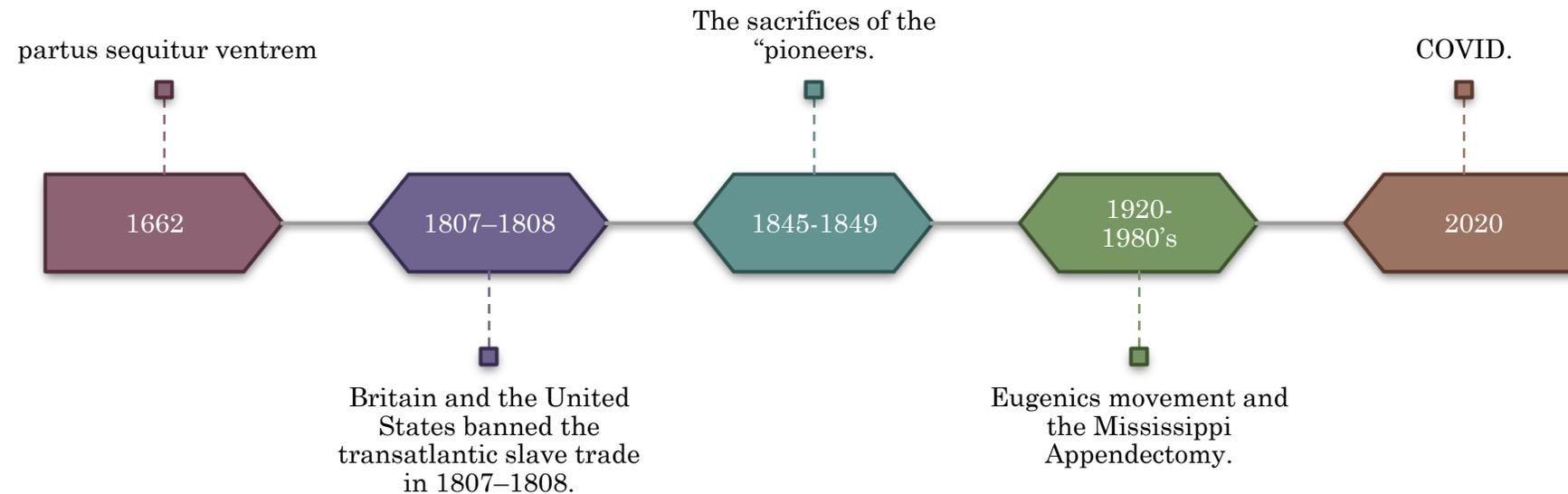
Objectives

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

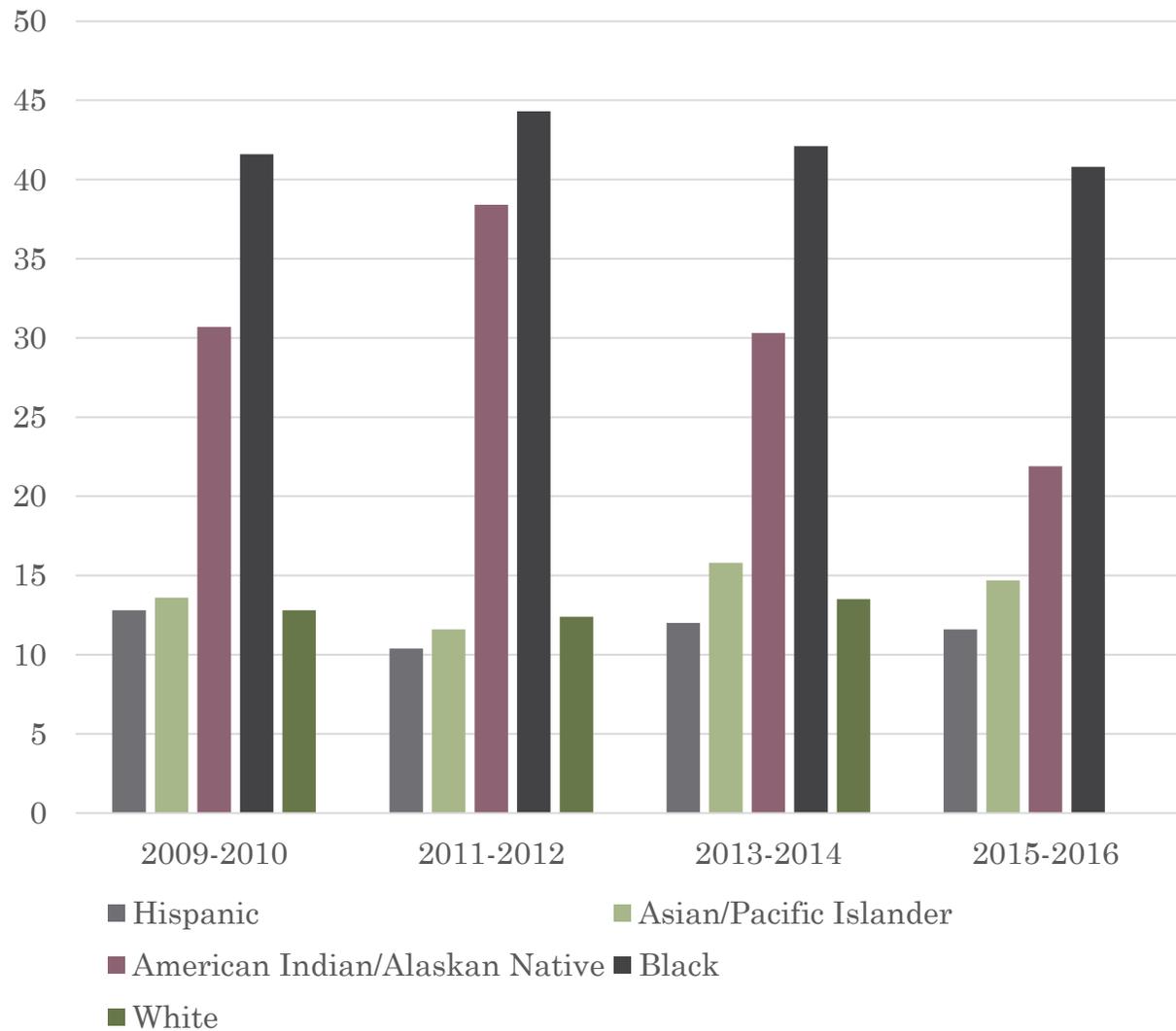
- The history of Reproductive Healthcare in America
- The conundrum of Black Reproductive Healthcare
- The weight of COVID -19 on Black Reproductive Healthcare



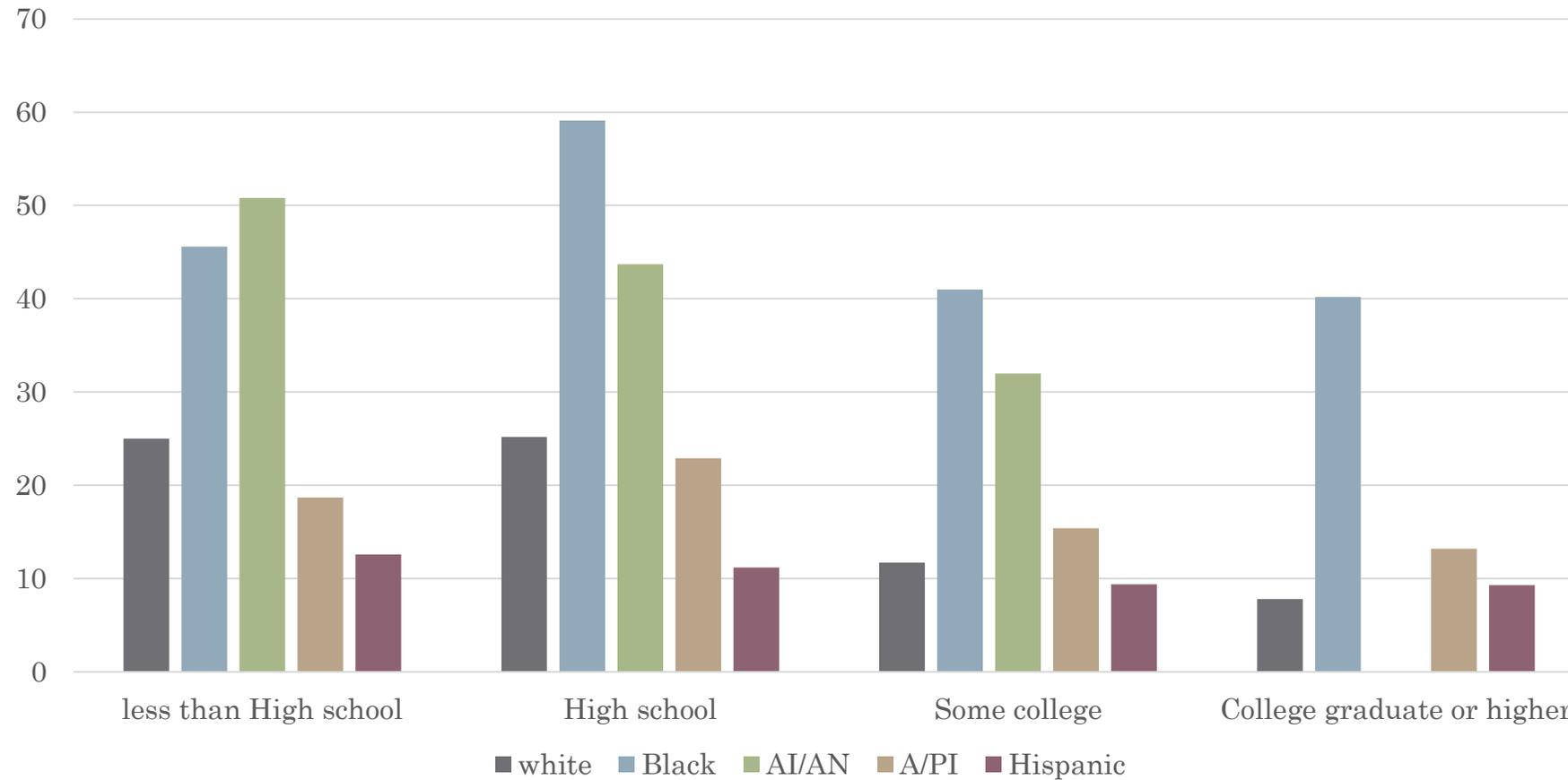
Reproductive Healthcare: THE TIMELINE



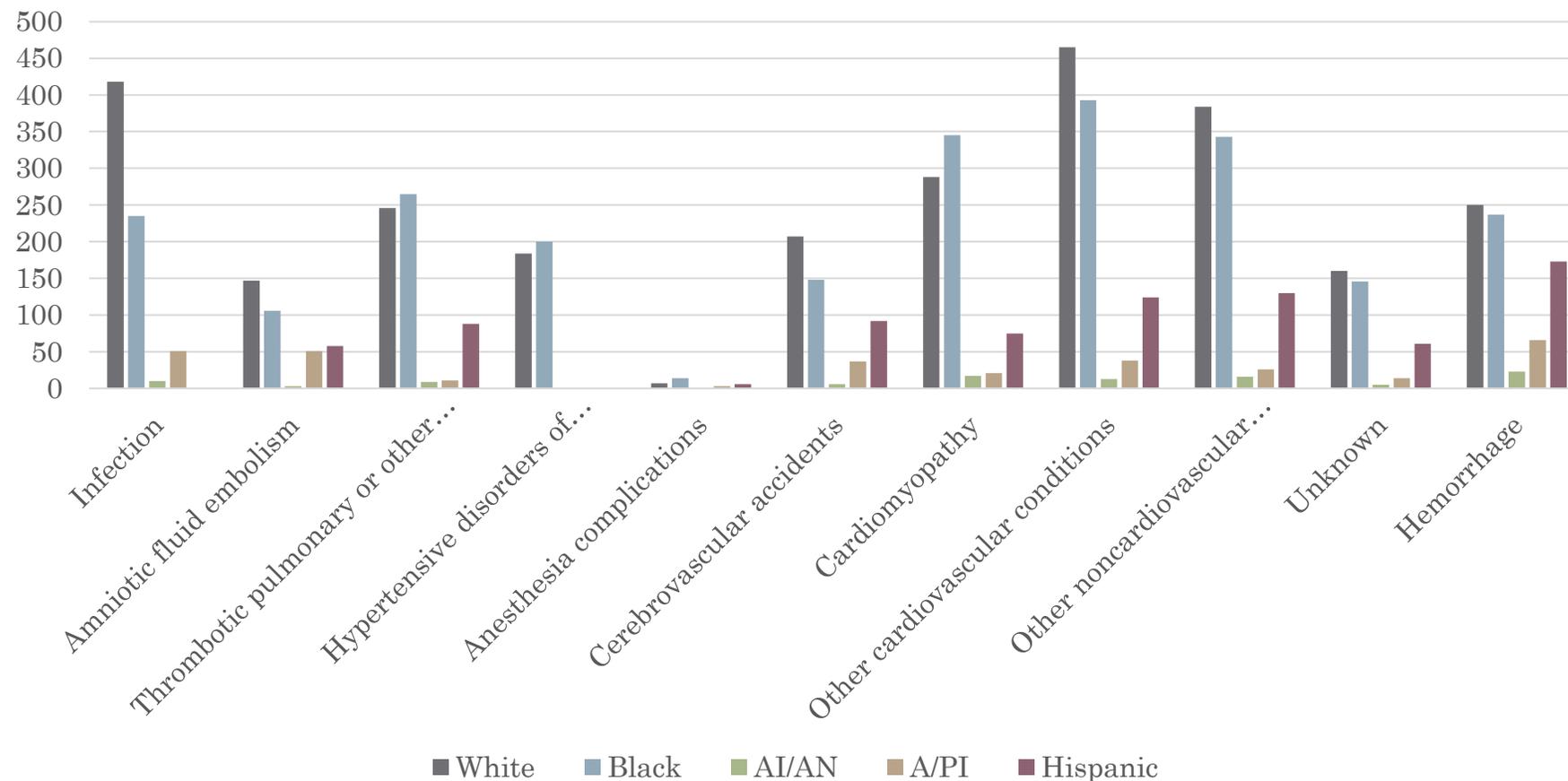
Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016



Health Disparity by Education



Cause-specific pregnancy-related mortality, by race/ethnicity — Pregnancy Mortality Surveillance System, United States, 2007–2016



Understanding the Causes of Health Disparities

Patient-Level Factors

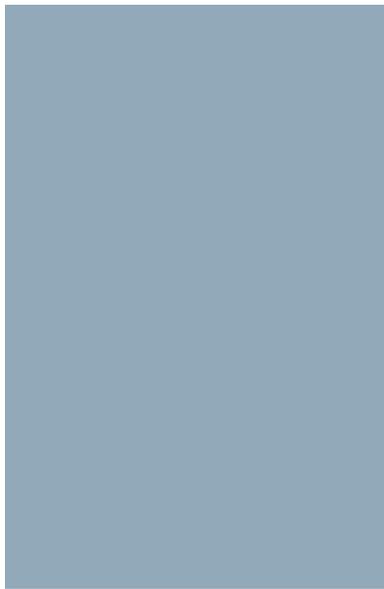
- patient preferences, attitudes, and adherence to treatment plans
- frequency of certain genetic variations (eg, sickle cell disease)
- physical activity and dietary practices

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

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

COVID-19
effect on
sexual and
reproductive
health in low-
and middle-
income
countries

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,

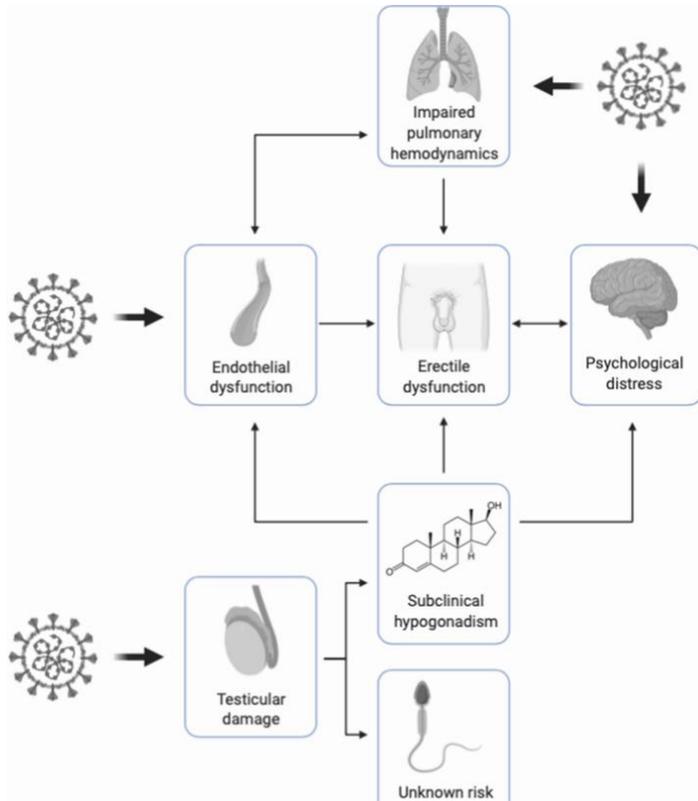
Interrupt routine screening for breast and cervical cancer,

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

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

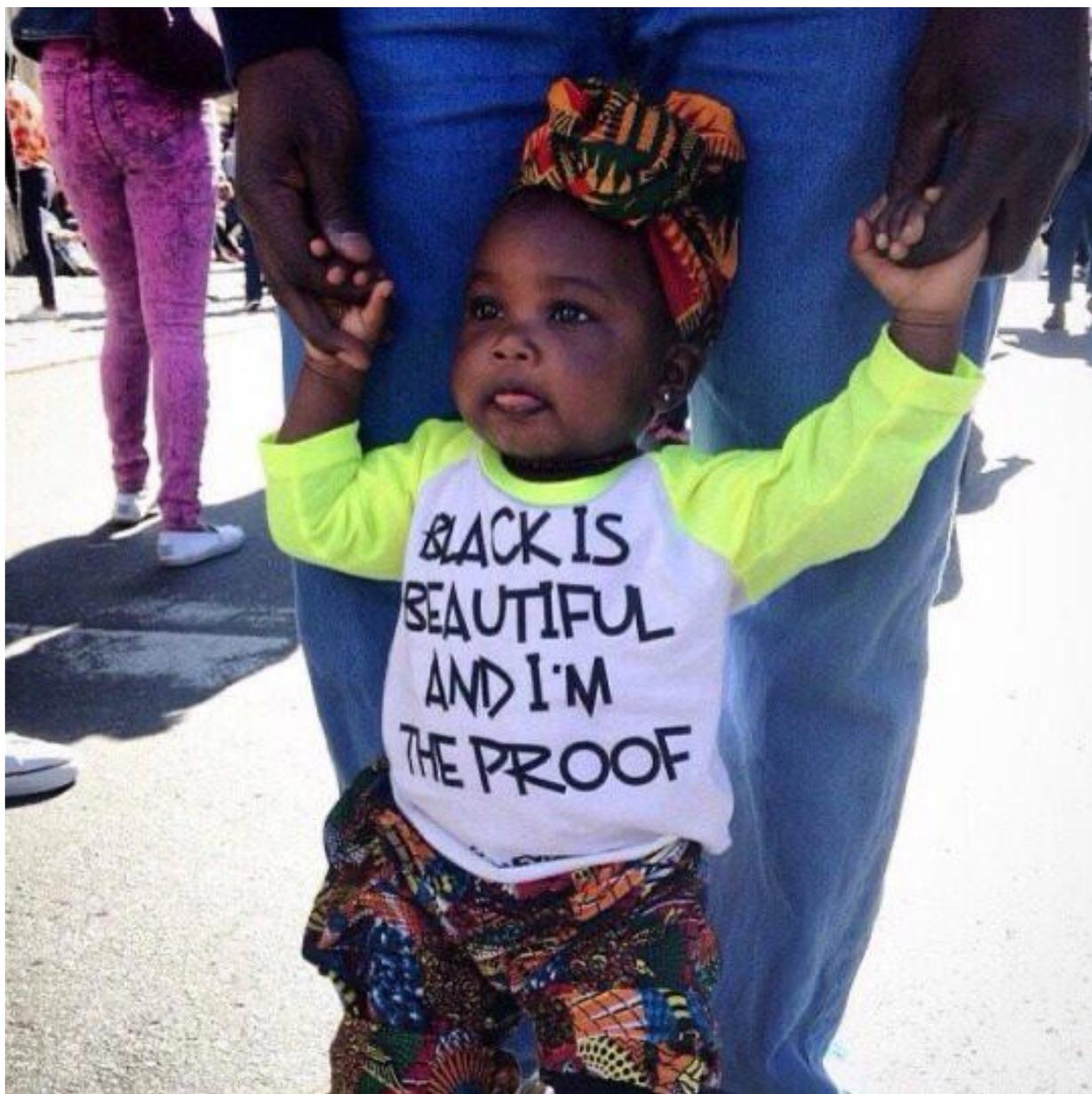


Vaccine Registry for Pregnant people (V-safe)

- Measuring adverse outcomes in pregnant people:

Miscarriage	Gestational diabetes	Congenital anomalies
Stillbirth	Preterm birth	Neonatal death
Pre-eclampsia	Small for gestational age	

- 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?