



# Integrated Care for High Risk Pregnancies

Culturally Appropriate Paraprofessional and Case Management Services are Integral to Prenatal and Postpartum African American Maternal and Child Health Care.

## The Opportunity

Minnesota leads the nation in many aspects of health care. We are involved in innovative research and responsible for cutting edge medical inventions. Even with our many health care assets, too many of Minnesota's African American women, like those in the rest of the nation, are 3-4 times as likely to die from pregnancy-related causes as their white counterparts and their infants are more than twice as likely to die as white infants. Minnesota has excellent birth outcomes overall, with among the lowest rates nationally for prematurity, low birth weight, and infant mortality. However, Minnesota has some of the nation's highest disparities for these outcomes for African Americans and American Indians, in comparison to whites. If we want solutions, it is very important to listen to the needs of communities and join forces to develop policies to make health care for pregnant African American women work better.

## Who We Are

Serving a critical community within Ramsey and Hennepin Counties, we are a voice for prenatal and postpartum African American maternal and child health for the Minnesota Department of Human Services Integrated Care for High Risk Pregnancies (ICHRP) Initiative. We are implementing a culturally appropriate prenatal and postpartum maternal and child health care model and offering training and technical assistance related to our model to launch other initiatives and advance existing health care organizations.

## 2019 Policy Platform

A BILL THAT WILL:

- 1.1. Support stand-alone Integrated Care for High Risk Pregnancies (ICHRP) work (currently funded by Minnesota Department of Human Services/DHS), through multiple community-driven partnerships in Hennepin and Ramsey Counties.
- 1.2. Focus on long-term strategies (including changes in law, policies, and systems) to define and implement Medicaid funding for the core paraprofessional and case management services that are integral to the ICHRP operating model.
- 1.3. Expand access to care for high risk pregnant African Americans, expecting fathers, and their families.
- 1.4. Drive systemic change in clinical settings.
- 1.5. Advance other upstream initiatives aimed at eradicating African American pregnancy disparities.
- 1.6. Advocate for the expansion of efficient and effective services that respond to African American pregnancy disparities in Hennepin and Ramsey counties.

## High Risk Pregnancy Facts

From April 11, 2018 *New York Times* Article "Why America's Black Mothers and Babies Are in a Life-or-Death Crisis:"

**Black infants are more than twice as likely to die as white infants.** (11.3/1,000 black babies and 4.9/1,000 white babies) This is a wider disparity than in 1850—15 years before the end of slavery when most black women were considered chattel.

**Black women are 3-4 times as likely to die from pregnancy-related causes as their white counterparts.**

**The crisis of maternal death and near-death persists for black women across class lines.** Infants born to college-educated black parents were twice as likely to die as infants born to similarly educated white parents.

**Theory of "weathering:"** Toxic stress triggers the premature deterioration of the bodies of African-American women because of repeated exposure to a climate of discrimination and insults. The weathering of the mother's body could lead to poor pregnancy outcomes, including the death of her infant. —Dr. Arline Geronimus

**Cesarean sections were 40% more likely among black women compared with white women.**

**Few in the field now dispute that the black-white disparity in the deaths of babies is related not to the genetics of race but to the lived experience of race in this country.**

**Black women were less likely to drink and smoke during pregnancy** and even when they have access to prenatal care, their babies were often born small.

**One in 5 black and Hispanic women reported poor treatment from hospital staff** because of race, ethnicity, cultural background or language compared with 8% of white mothers.

**Babies born to new immigrants from impoverished West African nations weighed more than their black American-born counterparts** and were similar in size to white babies.

**Women who received the continuous support that doulas provide were 39% less likely to have C-sections** and tended to have babies who were healthier at birth.

*Also reported on CNN, NBC News, NPR, and PBS NewsHour*

"It is hard for American health care professionals to get their heads around that when you have an organized community-based team that connects technical clinical issues with a deep, embedded set of relationships, you can make real breakthroughs." —DR. PRABHJOT SINGH

"The prospect of motherhood should be a source of JOY for black women, as it is for others, without the FEAR that their race will threaten their life." —NEW YORK TIMES

## Contact Us

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