



A Multifaceted Strategy to Improve Black Maternal Health

Who: Penn Medicine Department of Obstetrics and Gynecology

Where: Greater Philadelphia, PA

What: Within a systemwide program to advance health equity, the Penn Medicine Department of Obstetrics and Gynecology is implementing multifaceted strategies to advance maternal health equity. Within one year, they reduced severe pregnancy complications in Black women by nearly one-third.

WHY: In 2020, as outrage over the police killing of George Floyd sparked worldwide attention on institutional racism, the University of Pennsylvania's health system committed to take anti-racist action and establish a new institutional culture. The need for change was urgent in Philadelphia, where almost one in four residents lives in poverty, and roughly two-thirds are people of color. Moreover, community violence, limited access to fresh food, and other factors associated with worse health outcomes – including childbearing complications – are abundant.

Relative to the national Black maternal health crisis, disparities are more pronounced in Philadelphia, where Black women are four times more likely to die in pregnancy, childbirth, and the first year postpartum than white women. To alter these sobering statistics, Penn Medicine tackled racial disparities in maternal morbidity, declaring maternal health equity a priority for the 2021 fiscal year.

GOAL: The Ob-Gyn Department and Women's Health Service Line developed and implemented Penn Medicine's goal of reducing maternal morbidity and mortality among Black women across the system's five maternity units.

Six Levers to Advance Black Maternal Health Equity

1. Bold leadership
2. Workforce diversity
3. Embedding equity in quality improvement and research
4. Addressing biases
5. Leveraging technology
6. Engaging the community

HOW: The department and service line identified major factors contributing to maternal morbidity and created a composite quality metric. Adding this goal created personal stakes for over 600 senior leaders whose level of compensation – from 10 to 40 percent of it – would depend on their ability to meet team goals. By tying executive salaries to reduction of severe complications related to childbirth, the hospital system signaled its commitment to maternal health equity.

Addressing hemorrhage, a serious complication of childbirth, was a priority. The Penn Medicine team leveraged system-wide partnerships to pool resources and foster structural change. They created a learning collaborative across the system's five maternity units. Monthly meetings covered evidence-based practices, including how to assess hemorrhage risk, measure blood loss, and respond quickly. The ob-gyn staff frequently carry out simulations to respond according to structured protocols when hemorrhage occurs. The team also made progress toward more equitable use of cesarean birth, with staff intentionally applying evidence-based practices and using standardized labor induction guidelines.

RESULTS: After a year of implementing the program, severe pregnancy-related complications in Black women declined by 29 percent.

MORE ON THE MODEL: The team goal was a part of a comprehensive strategy with six major levers the ob-gyn department developed to advance maternal health equity. The first requires bold leadership from the CEO, management, and the ob-gyn department chair to tackle maternal morbidity and mortality among Black women. The approach also includes recruiting and retaining a diverse workforce, embedding equity across quality improvement efforts and a robust research portfolio, implicit bias trainings and mechanisms for reporting bias; innovative technology platforms to improve outcomes and reduce disparities, and engaging the community in quality, safety, and research efforts. Achieving maternity health equity will require sustained commitment to this multipronged strategy.

The Takeaway

With high stakes for executive leaders and comprehensive collaborative approaches to address the causes of maternal mortality, the Penn ob-gyn department's strategy and health equity improvements are a model for other health systems nationwide.