



# How Head Start Services Can Improve Outcomes for Birthing Parents

Maternal deaths are increasing in the United States, but many are preventable. By understanding potentially life-threatening warning signs, we can better support pregnant people in our communities. This resource helps Head Start staff understand health disparities in birth outcomes and take steps to help pregnant and postpartum people achieve healthier and safer pregnancies.

Head Start families may experience health disparities, which are differences in health outcomes based on their race, economic status, or other factors. Health disparities may be the result of not having access to resources, such as healthy, affordable food and access to quality health care. They may also result from having negative experiences with health care providers.

Head Start programs play a central role in communities and in the lives of families and children. Beginning with pregnancy, Head Start services can be an intentional intervention to address health disparities and promote health equity.

One area with significant health disparities is maternal and infant birth outcomes. The United

States has the highest maternal death rates of any wealthy nation in the world. Unfortunately, birthing people of color are most significantly impacted by factors contributing to maternal death rates. American Indian, Alaska Native, and Black women are two to three times more likely than white women to die of pregnancy-related causes. Disparities in maternal and infant mortality are the result of years of inequitable systems and practices that contribute to inadequate outcomes for people of color.

These collective inequalities are often referred to as systemic oppression. When these unfair structures target people of color, it is considered systemic racism. Systemic racism has an outsized impact on maternal health outcomes in the United States.



**Note:** This document uses the terms “birthing parents” and “pregnant and postpartum people” to refer to anyone who gives birth, regardless of their gender identity, which may be female, male, nonbinary, or other. For more information about inclusive language, read [Exploring a Nonbinary Approach to Health](#). The data referenced throughout this resource generally refers to women and may not be inclusive of information on all pregnant or postpartum people.



700

PEOPLE DIE EACH YEAR FROM PREGNANCY-RELATED COMPLICATIONS IN THE U.S.

AMERICAN INDIAN, ALASKA NATIVE, AND BLACK WOMEN ARE APPROXIMATELY

2-3 TIMES

MORE LIKELY THAN WHITE WOMEN TO DIE OF PREGNANCY-RELATED CAUSES.

2/3

OF PREGNANCY-RELATED DEATHS ARE PREVENTABLE.

Receiving pregnancy-related care late in a pregnancy, receiving racially biased care, or not receiving any pregnancy-related care can increase the risk of pregnancy complications.



Black infants are twice as likely as white infants to die before their first birthday.



In a national study of five medical complications that are common causes of maternal death and injury, Black women were two to three times more likely to die than white women who had the same condition.



Black women are 49% more likely than white women to deliver prematurely.



Studies show that having a Black doctor care for Black mothers and babies results in a significant improvement in mortality for Black infants.



Black women with a college degree had worse maternal and infant birth outcomes than white women who never graduated from high school.

Sources: Greenwood, Hardeman, Huang, and Sojourner (2020); Petersen, Davis, Goodman, et al. (2019).

### Racial Bias Plays a Role in Maternal Deaths

Maternal Mortality Review Committees (MMRCs) are multidisciplinary committees in states and cities that perform comprehensive reviews of deaths among birthing parents within a year of the end of a pregnancy.

MMRC members have reported that bias and discrimination play significant roles as contributing factors leading up to maternal deaths.

## Weathering

The cumulative life experiences of racism and sexism have a profound impact on the physical and mental health of Black women and birthing people. This process, known as “weathering,” can lead to premature biological aging, leaving Black birthing people at higher risk for conditions that pose a risk for maternal death, such as preeclampsia, eclampsia, and embolism.



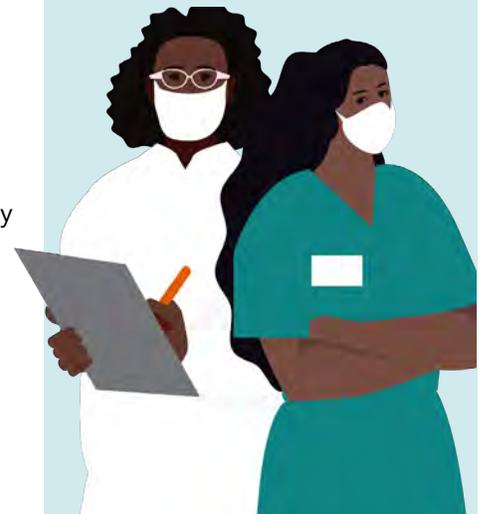
Sources: Geronimus (1992), Fishman (2020)

## Tips for Health Managers, Directors, Home-Based Staff, Family Engagement Staff

- Listen to pregnant and postpartum people’s concerns and communicate with families about urgent maternal warning signs.
- Maternal deaths can occur during pregnancy or up to a year after. Ensure people have ongoing health care before, during, and after pregnancy.
- Know and understand what the warning signs are for adverse maternal health outcomes and understand how they differ by race.
- Share resources with pregnant and postpartum people and their loved ones so they have the tools needed to advocate for healthy pregnancy and birth outcomes.
- Support pregnant and postpartum people to ensure they get the medical care they deserve, understanding that often Black communities experience biased care where they are not believed or taken seriously.
- Seek support from the program’s mental health consultant if a birthing parent expresses thoughts about harming themselves or their child.
- Ensure people of color are included in the shaping and delivery of services to pregnant and postpartum families.
- Include obstetricians, midwives, doulas, and other providers on the Policy Council and Health Services Advisory Committee.
- Partner with the Health Services Advisory Committee on messaging and outreach to local health care providers and strengthen referral networks where needed.
- Review feedback from families to find out what is working well and identify opportunities to strengthen linkages and partnerships.

## Head Start Services as a Birth Equity Intervention

Head Start staff have several points of contact with pregnant and postpartum people. In addition to interacting with the pregnant people enrolled in the program, Head Start staff often interact with pregnant and postpartum people who have children enrolled in the program but are themselves not enrolled as participants. Understanding potential warning signs for adverse infant and maternal health conditions can help create a safety net for pregnant and postpartum people.



## URGENT MATERNAL WARNING SIGNS:

IF A PREGNANT OR POSTPARTUM PERSON EXPERIENCES ANY OF THESE WARNING SIGNS, AFFIRM THEIR CONCERNS AND ENSURE THEY GET MEDICAL CARE IMMEDIATELY:

- Severe headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about harming themselves or their baby
- Changes in vision
- Fever of 100.4 degrees or higher
- Extreme swelling of hands or face
- Trouble breathing
- Chest pain or fast-beating heart
- Severe nausea and throwing up (not like morning sickness)
- Severe belly pain that doesn't go away
- Baby's movement stopping or slowing down during pregnancy
- Vaginal bleeding or fluid leaking during pregnancy
- Heavy vaginal bleeding or leaking fluid that smells bad after pregnancy
- Swelling, redness, or pain in the legs
- Overwhelming tiredness

This list is not meant to cover every symptom a pregnant or postpartum person might have. If they feel like something just isn't right, help them connect with a health care provider or seek urgent care.

## HEALTH DISCRIMINATION WARNING SIGNS:

FLAGS TO WATCH OUT FOR WHEN SPEAKING TO A BIRTHING PARENT ABOUT THEIR PROVIDER INTERACTIONS

- Cultural incompetence (lack of translator, lack of diversity in patient education materials)
- Provider not reachable by client
- Negative patient-provider/facility interactions:
  - Stigmatizing language
  - Dismissing concerns
  - Lack of respect and shared decision making
  - Negative assumptions about patient adherence to treatment
  - Inadequate pain management
  - Delay in treatment
  - Lack of follow-up with patient
  - Required labs not ordered or delayed
  - Inadequate discharge planning
  - Inadequate prenatal and postpartum care-coordination.



## Conversation Guide for Birthing Parents and Head Start Staff

Head Start staff can play an important role in listening carefully to concerns expressed by pregnant and postpartum people. If a pregnant person or someone who has recently given birth tells you that their concerns have not been taken seriously, share this conversation guide to help them get the medical attention they need:

I have serious concerns about my pregnancy/how I have been feeling since giving birth. I'm experiencing \_\_\_\_\_.

### SAMPLE QUESTIONS TO ASK:

- What could these symptoms mean?
- I need to speak to someone now. Can someone call me today?
- Is there a test that can rule out a serious problem?
- Should I go to an emergency room?

If a person tells you they still don't feel heard or reports they have had a negative interaction with a health care provider or practice, you can help them find more responsive care.

Here are some things to consider when you help pregnant and postpartum people look for alternate care.

- Do they take the family member's insurance?
- When do they offer appointments?
- What language(s) do staff speak?
- Is their office on a local transportation route?
- Does the practice include doulas or midwives (for a pregnant person)?



## To learn more:

Visit the [Hear Her](#) Campaign from the Centers for Disease Control and Prevention. The Campaign has resources for birthing parents, their family members, and health care providers including printable [warning signs](#) posters in many languages.



## References

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