



# overview

## Women's Health Overview

### April 11–17 is Black Maternal Health Week

The U.S. News and World Report published data citing a 20% increase in maternal mortality in the United States from 2019 to 2020. This increase in part can be attributed to the COVID-19 pandemic. The United States has nearly double the maternal deaths of other developed nations. However, in this year's data, we are continuing to see a trend in maternal morbidity and mortality that should be considered an absolute crisis. Black women are dying at three to four times higher rates than their white counterparts. In fact, the rate of white maternal mortality did not significantly change when compared to Black and Hispanic women. This further highlights health disparities in pandemic and perinatal health care. When controlled for things like socioeconomic status, education level and other social determinants of health, Black women are still dying at higher rates than their white counterparts.

One leading theory as to why Black women are dying and experiencing more

perinatal morbidity is something called weathering. Weathering is a process by which the chronic stress of racism and inequity can lead to premature aging and worse health outcomes. The toll systemic racism, microaggression, and socioeconomic injustices take on Black, Indigenous and people of color (BIPOC) individuals triggers a "fight or flight" response that can lead to mental health issues, hypertension, heart disease and a myriad of other health concerns. Black women and birthing folks of all socioeconomic status and education levels have experienced some level of weathering, and they bring that to their pregnancies and births. Additionally, Black patients are more likely to report feeling unheard by their obstetric provider, feeling pressured into a cesarean section and feeling they have less autonomy regarding their births. Addressing this crisis starts with recognizing systemic racism, unconscious bias and a very problematic history regarding Black women and birthing folks within the field of obstetrics and gynecology.

see Black Maternal Health pg. 4

### Support Local Organizations

Are you wondering how you can help with Black maternal morbidity and mortality within our community?

Here are three amazing Omaha groups you can support.

**I Be Black Girl** is a collective that creates space for Black women, femmes and girls to access full potential through economic liberation and reproductive freedom. I Be Black Girl also works with various partners across Nebraska to address the inequities, trauma and violence within the maternal health sector with the goal of expanding access to quality and culturally relevant maternal health services for Black women and birthing folks.

**Omaha Better Birth Project's** mission is to decrease inequities in childbirth by providing access to doula services, childbirth education and prenatal/postpartum support for low-income and teen families in the Omaha area. This mission is fulfilled through prenatal and postpartum support for mothers as well as monetary grants provided for childbirth education and doula services.

**Omaha Black Doula Association** provides families with support and education with a mission to decrease maternal morbidity and infant mortality. The association provides advanced training for Black doulas with a focus on mentorship and increased scholarship opportunities, preparing them to assist diverse families.



# From the Chairman

In prior columns, I have discussed the significant health disparities between Caucasian mothers and those of color. This difference is particularly noticeable in Black and Native American women. Both maternal and infant mortality rates are higher in these groups and have been so for years. Several reasons have been given including access to health and systemic racism. Both are within our sphere of influence and desperately need our attention. The article about Black Maternal Health Week by Mary Kinyoun, MD and Calida Gardner, CNM, MSN, will more explicitly outline the problem and hopefully offer some solutions. In our own state of Nebraska, expansion of Medicaid and prolongation of Medicaid eligibility in the postpartum period have great potential to help improve outcomes and are being considered by our legislators.

In this edition of our newsletter, we are delighted to welcome back Heather Ramsey, APRN-CNM, to the department. Heather is a certified nurse-midwife who is committed to providing high-touch and low-intervention care for the laboring woman. It is sometimes difficult to remember that birth is a natural process and can be treated as such in properly screened patients. As a skilled clinician, she will bring a welcomed fresh look to the birthing process.

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**Carl V. Smith, MD, FACOG**

Chairman

Department of Obstetrics and Gynecology

College of Medicine

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# research news

## Long or Irregular Menstrual Cycles Increase Risk for Disease

In 2020 the National Institutes of Health (NIH) announced support for research that explores the premise that fertility status can be a marker for overall health. Chronic conditions such as cancer, diabetes and obesity can impair fertility, however, less is known about the extent to which fertility status can impact or act as a marker for overall health. Data suggest that infertility is not necessarily a unique disease of the reproductive axis but is often physiologically or genetically linked with other diseases and conditions.

Several research studies conducted over the past two decades suggest that women with long or irregular menstrual cycles are at increased risk for insulin resistance, Type 2 diabetes, cardiovascular disease and overall mortality. Obesity can contribute to irregular menstrual cycles and is also associated with these adverse health outcomes, however, prior studies were unable to fully contribute these adverse health outcomes to obesity alone. A normal menstrual cycle occurs at regular intervals that will typically range from 21 to 35 days in length. Thus, long menstrual cycles are those cycles greater than 35 days and irregular menstrual cycles occur at varying lengths, or not at all.

In the March 2022 issue of *The Journal of Clinical Endocrinology & Metabolism*, researchers report that women with long or irregular periods may also be at risk for nonalcoholic fatty liver disease (NAFLD). Nonalcoholic fatty liver disease is the most common chronic liver disease worldwide and can progress to liver cirrhosis and liver carcinoma and is associated with higher risks of premature mortality. The researchers studied a data set of 72,092 women under 40 years old. About 28% of these women had long or irregular menstrual cycles and 7% had NAFLD at baseline. During follow-up, an additional 9% of women were found to have NAFLD and this was associated with having long or irregular menstrual cycles. The researchers concluded that there was a 22% increased risk of NAFLD in those with long or irregular cycles.

Another study published in the February 2022 issue of *Human Reproduction* reported a risk of cancer in women with irregular and long menstrual cycles throughout the reproductive lifespan. Previous studies suggested a lower risk of pre-menopausal breast cancer and an increased risk of endometrial cancer. This study followed 78,943 pre-menopausal women without a cancer history who

reported the length and regularity of their menstrual cycles at different ages (14 to 17, 18 to 22 and 29 to 46 years). A cancer diagnosis was confirmed through medical record review and classified as obesity-related or nonobesity-related. Women with irregular or long menstrual cycles in mid-adulthood had a 23% higher risk of developing cancer, especially obesity-related cancers, which was not limited to gynecological cancers. The risk was strongest for endometrial cancer.

These reports indicate that fertility status can be a marker for overall health and the long-term health consequences of long or irregular cycles are expanding to include NAFLD and obesity-related cancers. We know menstrual irregularities can impact the lives of our patients quite significantly and it is important to discuss menstrual irregularities with your provider. Lifestyle modification is a component of the standard of care for these conditions; hence, patients at risk may benefit from the assessment of identifiable risk factors for early intervention before progression to adverse outcomes.

**Contributed by John S. Davis, PhD and  
Melissa Mathes, MD**  
UNMC Department of OB-GYN

The Black maternal health crisis can leave patients and providers feeling overwhelmed, scared and hopeless. Here in Omaha, LaKaija Johnson and her colleagues at I Be Black Girl (IBBG) are hoping to shift the narrative both by being experts in the public health data surrounding Black maternal health and bringing the lived experience of Black women/birthing folks together to make meaningful change. I Be Black Girl is a community collective founded by Ashlei Spivey that works to allow “Black women, femmes and girls to access their full potential through economic liberation and reproductive freedom.” Johnson works specifically as the birth equity manager of IBBG. IBBG is run by Black women in the community and has a youth advisory committee called “Black Girls Lead” made up of Black women ages 14 to 19.

Within the Omaha community, IBBG works with hospitals to provide education regarding the Black birthing experience, helps provide frameworks for respectful patient care specifically for Black patients and helps to connect Black patients with doula services. I Be Black Girl also serves as an intermediary and advocate for Black maternal health by working with the Department of Health and Human Services, supporting legislation to improve Black obstetric outcomes, contributing to groups like the Nebraska Perinatal Quality Improvement Collaborative and many other local initiatives. Additionally, IBBG works with the American Civil Liberties Union of Nebraska and Black and Pink of Omaha to help provide anti-racist education to the community. As far as IBBG’s involvement with advocacy, Johnson likes the saying “Nothing about us, without us, ” which highlights the importance of their group having a say in policies that will affect their community.

Johnson and IBBG’s birth justice work also supports other programs in the community as well, including the Omaha Better Birth Project and the Omaha Black Doula Association. The Omaha Better Birth Project works to decrease inequities in perinatal care by providing grants for doula services and childbirth classes. The Omaha Black Doula Association works not only to educate and train Black doulas but to help Black birthing folks obtain doula services. I Be Black Girl sponsored Nebraska’s first Black Maternal Health Week with online seminars and education in October 2021 and will be held again in April. To participate in these events, go to [IBeBlackGirl.com](http://IBeBlackGirl.com) and join their mailing list for more information.

Johnson states there are many ways to help support IBBG and Black maternal health in our community. One of the most helpful things is donating to I Be Black Girl, the Omaha Black Doula Association, the Omaha Better Birth Project and similar organizations so they can help provide services to this community. IBBG also has drives for different supplies for new mothers and infants. Johnson urges people to vote for leaders who support the health of Black birthing folks. Write letters in support of legislation that benefits this community. Finally, be an ally and work to educate yourself on the crisis of Black birth injustice. Work to be anti-racist, correcting misconceptions, and speak out against anti-Black rhetoric. I Be Black Girl and other groups are working hard to help bring equity to Black birth and we are so lucky to have them in the Omaha community.

Contributed by **Calida Gardner, CNM, MSN** and **Mary Kinyoun, MD**  
*UNMC Department of OB-GYN*



#### *Mission Statement*

The mission of the Olson Center for Women's Health is to provide a national comprehensive health science center at the University of Nebraska Medical Center (UNMC). Based in the Department of Obstetrics and Gynecology, the center enables UNMC to make distinctive strides in education, research and service through innovative approaches to women's health issues.

#### *Want More Information?*

Visit our website: **[OlsonCenter.com](http://OlsonCenter.com)**

Learn more about our health care providers, services and programs available at the Olson Center for Women's Health. Our website also offers women's health information. Here are a few topics:

- Breastfeeding
- Breast health and disease
- Cardiovascular health
- Gastrointestinal health
- Gynecologic health
- Incontinence
- Reproductive endocrinology/infertility
- Pregnancy
- Wellness
- Incontinence

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# Can I Birth My Baby Naturally?

Approximately 73% of U.S. women giving birth use an epidural (an injection of medication given to provide temporary or prolonged relief) for pain relief. However, more and more women are inquiring about giving birth “naturally.” Natural birth typically refers to having a vaginal birth without pain medication or routine interventions. Stated reasons that women have given for natural birth include the avoidance of risks associated with epidural, increased autonomy, increased feelings of empowerment and some simply want to see what their bodies can do. Current medical evidence shows that women who birth naturally typically do not push as long in labor, have a higher spontaneous birth rate, recover more quickly after birth and avoid potential side effects from the epidural including low blood pressure, headaches and fever. If you have had a healthy pregnancy and have had no complications, you are likely a good candidate to attempt a natural childbirth. Unmedicated births aren’t right for everyone though. If you have a heart condition, preeclampsia, twins or a baby in the breech position you may benefit from an epidural or spinal anesthetic. If you choose unmedicated childbirth, it’s important to prepare your mind and body for the experience. It can be difficult, but there are strategies to reshape how you think about pain, its management and your birth experience.

**1. Choose the right provider.** Select a health care provider who is on-board with a natural birth, has experience working with a doula, understands birthing plans and has a low rate of cesarean births. Look for a location where staff actively work with parents to ensure their birth goes according to their plans.

**2. Exercise.** You will increase your chances for natural birth by being physically fit. You should work out regularly with 30 minutes of active movement five to six days a week. Flexibility will help you when it comes time to push. Aim for 30 minutes of prenatal yoga one or two days a week.

**3. Take a natural birth class.** Women who attend birthing classes are more likely to have a vaginal birth. Natural birth classes such as Bradley and hypnobirthing teach strategies to cope with labor pain. They also give you realistic expectations and instill confidence.

**4. Hire a doula.** A doula can give guidance, encouragement and reassurance during the birthing process, and can also act as an advocate for you. According to a 2017 Cochrane review, mothers who received continuous labor support from a partner, midwife or doula were more likely to give birth

vaginally, less likely to need forceps or a cesarean section, had faster labors and were more satisfied with their births.

**5. Write a birth plan.** A birth plan is a document that outlines your labor and delivery preferences. Women who go into labor with a birth plan are 10% more likely to have a vaginal delivery. Discuss your birth plan with your health care provider early to ensure that your wishes can be honored by your health care team.

**6. Spend early labor at home.** If you want an unmedicated natural birth and a lower cesarean section rate, practice patience and stay home for the early part of labor. Most low-risk women are safe spending early labor at home. Keep yourself relaxed, hydrated, rested and nourished. Plan on labor being a marathon, not a sprint. Active labor begins when the cervix is dilated to about 6 centimeters. Call your provider to determine when to come in.

**7. Learn to face contractions.** One of the secrets to an unmedicated birth is being able to relax in response to pain. Fear increases tension which increases pain. If you can stay somewhat relaxed in the face of strong contractions, you’ll have less resistance to opening up for the baby to come out. Rhythmic breathing, meditation, self-hypnosis, and other relaxation techniques are excellent tools for all stages of labor.

**8. Take advantage of pain management techniques.**

There are plenty of techniques that can help you manage pain without the use of drugs. Consider utilizing some or all of these:

- Water therapy
- Massage
- Acupressure
- Birthing ball
- Relaxation/meditation/hypnosis
- Move around, walk, pace, squat, rock, sway, dance
- Warm compresses
- Breathing techniques
- Essential oils/ aromatherapy
- Music
- Nitrous oxide

In conclusion, natural birth has many rewards. Most women can do it if they choose to. However, birth can be unpredictable and pain relief and cesarean sections are sometimes necessary. To discuss your options further, please visit with one of our midwives or obstetricians. Call 402.559.4500.

Contributed by **Heather Ramsey, DNP, APRN-CNM**  
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### The Olson Center for Women's Health

#### Welcomes Back Heather Ramsey, DNP, APRN-CNM



We are pleased to announce that **Heather Ramsey** has re-joined our midwife team at Nebraska Medicine and the University of Nebraska Medical Center (UNMC). Dr. Ramsey, who holds a Doctorate of Nursing Practice, comes to us from CHI Immanuel in Omaha, Nebraska, and is a noted regional expert in natural childbirth. She was a staff midwife with UNMC and Nebraska Medicine from 1996 to 2011 before entering private practice.

During her 26 years as a midwife, she has been very involved in building and maintaining low-risk birth centers, impacting community health policy, promoting the midwifery model of care, as well as being active in teaching students in a variety of disciplines. She is passionate about patient advocacy, cultural competence, patient-directed care planning, physiologic birth, breastfeeding and evidence-based care.

Heather has performed approximately 4,000 deliveries in her career, so we are very fortunate to have her at Nebraska Medical Center. She joins our excellent team midwives, which now numbers six. All our midwives are board-certified by the American Midwifery Certification Board. They work independently but have the backing of our obstetricians and perinatologists, who are present at all times on the labor deck.

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