





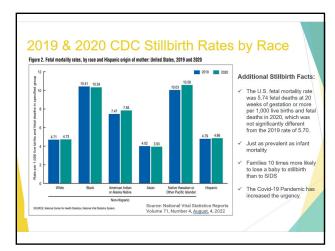
Presenters Dr. Tiffany Taft Full Spectrum Doula & Maternal/Fetal Wellness Advocate Chief Wellness Officer and Founder of Sacred Soul Wellness Count the Kicks Ambassador montgomery.ambassador@countthekicks.org Dr. Melodie A. Jones, D.M.D Board of Dental Examiners of Alabama mjones6256@charter.net Megan Aucutt Program Director, Healthy Birth Day, Inc. — Aucutt.Megan@healthybirthd ay.org

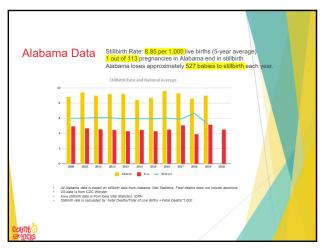
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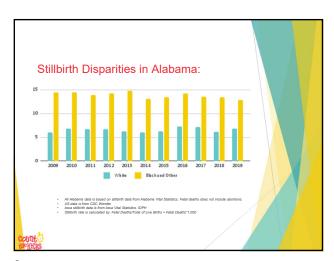
Overview of the Link Between Stillbirth & Maternal Mortality and Morbidity Understand the importance of integrating equity and inclusion into your workflow and learning the difference between cultural competency and cultural humility Discuss innovative strategies that can be used to reduce Stillbirth & Maternal Mortality and Morbidity in dental settings Learn how to download and use the Count the Kicks app Learn how to have a kick-counting conversation with expectant patients Learn how to incorporate Count the Ficks into the clinic workflow and documentation Review testimonies from expectant parents and learn how the Count the Kicks tools and resources help save their babies

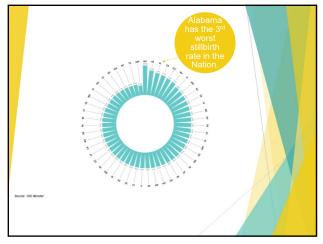
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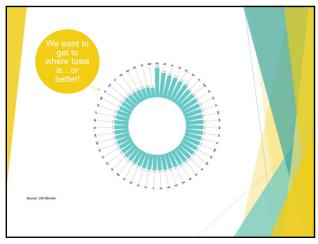
Definitions and Facts Miscarriage: a miscarriage is usually defined as loss of a baby before the 20th week of pregnancy. Stillbirth: a stillbirth is loss of a baby after 20 weeks of pregnancy. ► Stillbirth is further classified as either early, late, or term. ► An early stillbirth is a fetal death occurring between 20 and 27 completed weeks of pregnancy. ► A late stillbirth occurs between 28 and 36 completed pregnancy weeks. ► A term stillbirth occurs between 37 or more completed pregnancy weeks. ► On average 23,500 babbies are born still ever year in the US. ► Infant Mortality: death of an infant before his or her first birthday. ► On average around 22,000 infants die every year in the US. ► https://www.cdc.gov/ncbddd/stillbirth/facts.html

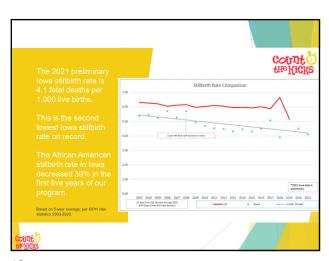


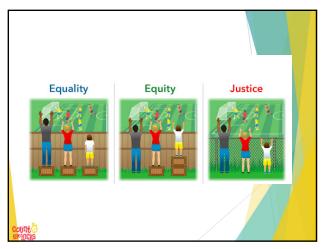






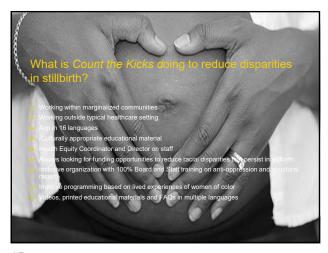


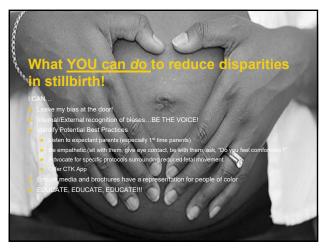


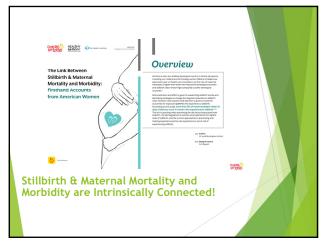


Racial Disparities Why are there such large disparities for stillbirth? • Research shows that there are a lot of contributing factors to the racial health disparities in stillbirth. • Research shows that there are a lot of contributing factors to the racial health disparities in stillbirth. • Research spoint to the following as causes for the disparities: • Systemic Racism. • Toxic Stress, Research shows that years of being treated unequally and/or unfairly — essentially being an African American woman in a systemically unjust society — and all that comes with it — have led to real and pervasive health issues for Black women. • Epigenetics – Physiological variations that are caused by external or environmental factors that switch genes on and off and affect how cells read genes instead of being caused by changes in the DNA sequence. • Predisposition to certain conditions that may lead to stilibirth like gestational diabetes, preeclampsia or high blood pressure, which all are linked to maternal stress. Experts say Black women are less likely than other races to receive early treatment for these conditions. • Access to healthcare. • Socioeconomic barriers. • Research shows education is NOT a determining factor. A college-educated Black woman is still more likely to lose her baby than a high school educated white woman.

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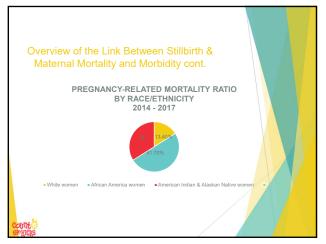


Overview of the Link Between Stillbirth & Maternal Mortality and Morbidity America is seen as a leading developed country in almost all aspects; yet the rate of maternal morbidity is higher than other well-resourced developed countries Maternal morbidity describes any short- or long-term health problems that result from being pregnant and giving birth Some attention and effort is given to researching stillbirth trends and identifying strategies to change the stagnant reduction in stillbirth However, less research and attention is given to maternal outcomes for expectant parents who experience a stillbirth. According to one study, more than 15% of maternal deaths within 42 days of delivery occur in women who experienced a stillbirth.

Overview of the Link Between Stillbirth & Maternal Mortality and Morbidity cont.

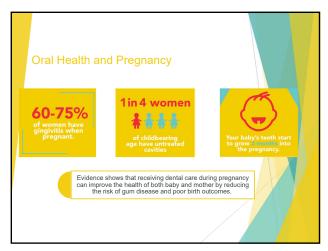
- Not surprising when examining the risk factors associated with stillbirth, the demographics of women who experience the highest rates of stillbirth matters!
- ➤ Those demographics includes women who experience racism, parity (number of previous pregnancies), advanced maternal age, pre-existing diabetes and hypertension, gestational diabetes, preeclampsia, lack of private insurance, and less than a college education.

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A Baby During Pregnancy is Just Like All of Us.

- ▶ When we are not feeling well, we change our activity level. We may lay in bed instead of exercising or doing our daily actives - we slow down.
- Baby's movements may become weaker during a time of distress.
- ▶ When a baby is not feeling well, they natural preserve blood flow to vital organs such as the brain and heart to conserve energy and self protect.

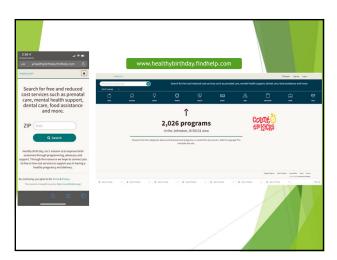
Why does a babies movement change when they are in distress?

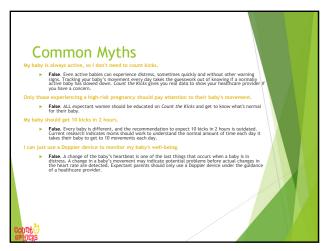
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How to Incorporate Count the Kicks into the clinic workflow and chart documentation process

• Add a question – as Simple as that!

• Have you heard about Count the Kicks?

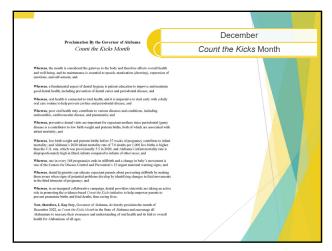
• Yes or No

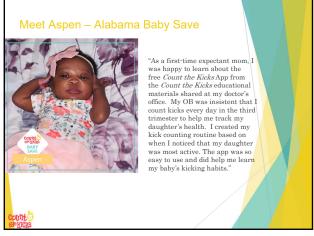
• If YES – Great! What do you know about Count the Kicks? Let's take a few moments to talk through this kick counting app. When you are in your 3rd trimester make sure to use it daily

• Encourage patient to talk to their OBGYN/MIDWIFE/Primary Care about it

• If NO – No worries, I would love to tell you more about it –

• When you enter your 3rd trimester it's important to not just take care of your teeth but also to count your baby somewements. Starting at 28 weeks you can download this FREE app and start tracking how long it takes your baby to move daily. Here is a brochure with more information. I highly recommend talking to your Provider about it.





Stillbirth remains a significant public health crisis in the United States. Approximately 23,500 babies are stillborn in the United States each year. Identifying and providing appropriate interventions for pregnant people is critical to potentially improving the outcomes for their babies and for themselves. Fetal movement monitoring is one evidence-based intervention that may lead to better outcomes.



