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LOCAL PERSPECTIVE. NATIONAL IMPACT. EQUITABLE OUTCOMES.

# Birthing Equitable Communities Summit Proceedings Report

# Introduction

March of Dimes hosted the Mom and Baby Action Network (M-BAN) Summit (the Summit): *Igniting Impact Together: Birthing Equitable Communities*, from October 24 – 25, 2022 in Atlanta, Georgia at the Omni Atlanta Hotel, CNN Center. The national Summit was designed to convene birth equity champions, community partners, philanthropists, and advocates to learn, celebrate, be inspired, and act to advance health equity in maternal and infant health. Attendees worked collaboratively to identify solutions to address and improve systems that exacerbate inequities in maternal and infant health (MIH) outcomes and how these solutions could lead to more equitable outcomes.

Table 1 displays the Summit attendees, which included 308 in-person community and peer partner organizations, 149 virtual attendees, over 100 philanthropic representatives joining the Birth Equity Funders Summit, which was held in conjunction with the M-BAN Summit, and more than 100 speakers,

poster presenters, workshop facilitators, and moderators. Through outreach initiatives organized during this Summit, over 200 families within the Atlanta metropolitan area were served by the Goodr Pop-up Food Market. M-BAN also extended their impact on families by giving participants the opportunity to write notes of encouragement to neonatal intensive care unit (NICU) families, and by donating event centerpieces that were creatively made of baby onesies and washcloths.

Of the Summit participants who completed the evaluation survey, 20% had also attended the 2021 Virtual M-BAN Summit, with more than 246 new attendees joining the 2022 Summit. M-BAN was proud to offer 22 scholarships to community members to join and share their valuable lived experience and perspectives, further enriching the peer-to-peer learning experience that unfolded at the Summit.

**Table 1. 2022 M-BAN Summit Attendees**

<b>Attendee</b>	<b>Total</b>
In-person	308
Virtual	149
Philanthropic representatives/Birth Equity Funders Summit attendees	100+
Speakers, poster presenters, workshop facilitators, and moderators	100+

This proceedings report provides an overview of the Summit’s content based on the five key strategies in the [National Equity Framework](#), and key takeaways from strategic workshop discussions and feedback from attendees. The Summit included 13 concurrent sessions and eight skills-based workshops with over 49 presentations, four off-site community learning opportunities, and wellness and networking opportunities, including a facilitated sound bowl meditation, a community dance performance, abundant nourishment and refreshments, and a networking reception featuring comedian and “accidental activist” Angelina Spicer. Attendees also had the opportunity to obtain up to 6.75 continuing education units/continuing medical education credits. A complete list of summit presentations and presenters can be found in the **Appendix**.

March of Dimes is grateful for the generous funding support and thought partnership from the Centers for Disease Control and Prevention (CDC) Division of Reproductive Health, which made the Summit possible and provided valuable technical assistance during the planning process. We’d also like to thank and acknowledge the additional funding partners

that helped alleviate the cost of participation for M-BAN Summit participants. These partners include: W.K. Kellogg Foundation, March of Dimes, AMCHP Innovation Hub, Morehouse School of Medicine Center for Maternal Health Equity, Nurturely, CareSource, Johnson & Johnson, BabyLiveAdvice.com, Better Starts for All, Humana Foundation, The Honest Company, Elevance Health Foundation.

Finally, March of Dimes was pleased to co-host the Birth Equity Funders Summit in conjunction with the M-BAN Summit. We’re grateful for the partnership and support of W.K. Kellogg Foundation, bi3, Grantmakers in Health, CHAP, Boldly Go Philanthropy, Ms. Foundation, Pritzker Children’s Initiative, and Funders for Birth Equity and Justice.

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# Background

In 2016, March of Dimes launched its Prematurity Collaborative to engage a broad cross section of national experts to address persistent and widening racial disparities in preterm birth by achieving equity and demonstrated improvements in preterm birth. M-BAN evolved from the Prematurity Collaborative to continue the work of advancing the implementation of policies, strategies, and services to improve equity and outcomes for maternal and infant health. M-BAN is a national action-oriented coalition of cross-sector partners leading broad changes in policy, research, funding, and systems to address inequities in maternal and infant health. March of Dimes serves as the backbone organization for M-BAN, providing technical assistance, guidance, training, tools, resources, and communication platforms to effectively connect partners and accelerate collective action.

M-BAN aims to mobilize partners at the national and community level to improve the health of families to ensure that “all people are healthy before, during, and after pregnancy, and if they give birth, they have healthy outcomes.”

This work is guided by five key strategies in the [National Equity Framework](#):

- **Increasing access to high-quality healthcare** by improving gaps in access to care for moms, babies, and families.
  - **Promoting environmental justice** by addressing toxic exposures and climate change threats to create a healthy tomorrow for families.
  - **Advancing economic opportunity** through disrupting lifelong economic insecurity and growing economic mobility to improve the health of moms, babies, and families.
  - **Building safe and connected communities** by addressing facets of community life and support systems that impact the health of families.
- These five strategies were the foundation of the Summit and helped guide key discussions, strategize insightful solutions, and map out next steps to advancing maternal and infant health equity nationally. This report highlights the meaningful presentations, working sessions, off-site events, networking opportunities, strategies, and action that took place at the Summit that will contribute to accelerating investments and aligning resources, partners, and efforts needed to improve equitable health outcomes for moms and babies.



# Summary highlights

The M-BAN Summit provided maternal and child health stakeholders the opportunity to learn from keynote speakers, expert panelists, community partner visits, and volunteer field work. Subject matter experts and community leaders shared the programs, policies, and systems solutions they're implementing to advance equity in MIH in the U.S. The presentations covered the five key strategies of the National Equity Framework with a specific focus on work being done in communities with proven results that could be amplified and/or replicated to improve MIH equity. The insight provided at the Summit and outlined within this report proves that there can be positive changes to equitable maternal health outcomes through collaborative approaches, addressing social determinant of health factors, collective impact, the sharing of best and emerging practices, and continuous education.

The M-BAN Summit was a hybrid event hosting both in-person and virtual attendees, which included approximately 850 live virtual session engagement hours during the event, increased engagement on March of Dimes' social media channels, and the Collective Impact and M-BAN Summit websites. There was also an increase in new M-BAN memberships following the close of the Summit.

The Summit content came to life through a graphic sketch artist from [The Sketch Effect](#) who created live drawings that documented key information from sessions throughout the Summit. These graphic notes

provided a unique and creative alternative form of engagement throughout the event and were highly interactive and enjoyed by participants. The Summit also included a networking reception and poster presentation emceed by comedian and "accidental activist" Angelina Spicer who spoke to the group about her own experience with maternal mental health and the importance of maternal mental healthcare. Participating professionals were provided the opportunity to receive a maximum of 6.75 continuing education units or continuing medical education by participating in various Summit sessions.

During the closing Plenary session, attendees were polled using Mentimeter asking what they felt most equipped to tackle after participating in the Summit. Responses included participants stating they felt most ready to work on strategies and solutions to increase access to high quality healthcare and build safe and connected communities. They also shared feeling inspired, energized, connected, encouraged, engaged, validated, challenged, seen, ready, and empowered as a result of their M-BAN Summit participation. The Summit not only focused on getting to the root of the issues in the MIH field, but in-person attendees also had the opportunity to experience self-care and wellness through sound bowl meditation sessions, a networking reception to interact with other participants in a one-on-one setting, a touching dance performance, and an overall safe space to share stories and be inspired through the atmosphere at the Summit.



# Event content overview

The M-BAN Summit utilized the five strategies in the National Equity Framework as a guide, with presentations and discussion groups focused on directly addressing work being done within the MIH field influencing each of these areas. The presentations touched on various topics that fit within each of the five strategies, with discussions on how to address these areas with maternal and child health practitioners, in legislature and policy, and through financial and community supports and resources. Cross-cutting themes were woven into the Summit, highlighting important concepts and practices that can contribute to accelerating progress when it comes to achieving equity in MIH. For example, during the Summit's opening session, March of Dimes leadership showcased an example of how the private sector

can become part of the solution, particularly when addressing the complex root causes of inequities impacting moms and babies ([see this video](#) featuring Honest Co. lead toxicologist and M-BAN member, Heather McKenney).

The M-BAN Summit worked with community and peer partner organizations to identify aligned ways to continue to combat the systematic issues within the maternal and child healthcare systems to accelerate equitable improvements to quality of healthcare and resources for all women. The content overview section of this report provides a summary of highlighted information from various sessions conducted throughout the Summit.



# Dismantling Racism and Addressing Unequal Treatment

M-BAN's [Dismantling Racism and Addressing Unequal Treatment](#) strategy aims to transform the systems and policies that exacerbate health disparities for moms and babies. Through this key strategy from the National Equity Framework, the goal is to eliminate the widening health equity gap through acknowledging and dismantling structural racism, and addressing interpersonal racism, bias, and stigma that directly and negatively affect the health of moms, babies, and families. The Summit held sessions focused on the following three areas in which the working group will act:

- Advocating for policies that will transform systems that contribute to creating health inequities.
- Promoting processes that increase antiracist workplaces, organizations, and leadership.
- Identifying and developing best practices for data collection and program implementation.

## **Contextualized Stress: Uncovering the Effects of Gendered Racism and Resilience for Black Maternal Health Outcomes in Atlanta and Beyond**

The M-BAN Summit had several presentations centered around work being done to dismantle racism and address unequal treatment. A presentation by Dr. Fleda Mask-Jackson of Majaica, LLC, focusing on contextualized stress and uncovering the effects of gendered racism and resilience for Black maternal health outcomes in Atlanta, identified that chronic and acute stress were the causes of adverse birth outcomes. Black women are three times more likely to die from pregnancy-related complications and Black babies are twice as likely to die before their first birthday making it important to understand how chronic stress affects Black women's health and ultimately the health of their babies. Through several presentations that focused on dismantling racism and

addressing unequal treatment, presenters spotlighted the need to combat structural racism through the implementation of antiracism strategies and holding practitioners accountable within the system of care; ensuring equity is the result of policy and practice implementation; increasing Medicaid access within states legislation; and continuing legislation such as the Black Maternal Momnibus Act.

## **Maternal Mortality Near Miss Events: Opportunities for Action**

Another key presentation addressing racism and unequal treatment during the Summit was *Maternal Mortality Near Miss Events: Opportunities for Action* presented by Dr. Natalie Hernandez and Kaitlyn Hernandez-Spalding. Severe maternal morbidity (SMM) is defined as a woman who nearly died but survived a complication that occurred during pregnancy, childbirth, or within 42 days of termination of pregnancy. The rate of SMM has increased by 75% over the years, with the incidence of SMM being two- to three-fold higher among Black women compared to non-Hispanic White women. Based on these facts, Morehouse School of Medicine, Center for Maternal Health Equity partnered with Optum to conduct a study to codify birthing experiences from people of color and communicate them as data points that influence clinical practice, policy, and healthcare strategies.

Dr. Natalie Hernandez and Kaitlyn Hernandez-Spalding stated they used narrative-based medicine (NBM) storytelling to interview women and allow them to tell their stories. The preliminary findings identified the following and as outlined in **Figure 1**.

- Many participants felt their concerns are not heard or taken seriously.
- Many participants experienced discrimination due to their type of health insurance.

- Many participants did not feel informed about pregnancy-related complications or symptoms to look out for.
- Experience has a large impact on the decision to have children in the future for multiple participants.
- Multiple participants indicated that their mental health has been affected due to maternal near miss experiences.

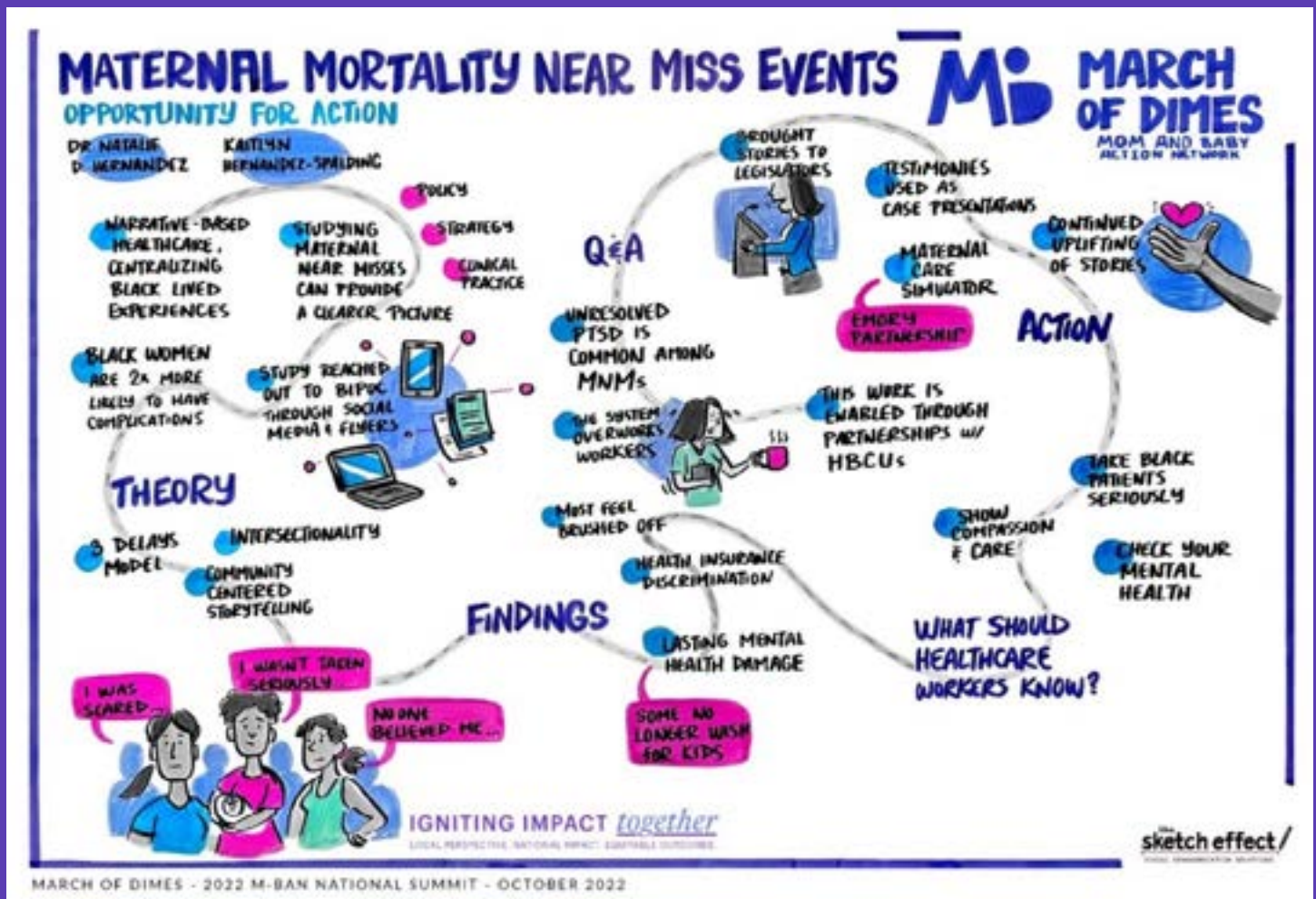


Figure 1. Maternal Mortality Near Miss sketch



## Empowered voices and power sharing to address the maternal health crisis

The National Birth Equity Collaborative (NBEC) presented on *Addressing the Black Maternal Health Crisis through Respectful Maternity Care*. Presenters Zainab Jah and Afua Nyame-Mireku introduced the Cycle to Respectful Care Framework (see **Figure 2** below), a theoretical framework based on the birth experiences of Black pregnant people, and created to inform the ways hospitals and health systems achieve birth equity. NBEC implemented the Respectful Maternity Care (RMC) Initiative, which bridges community assets to hospital care by centering the cultural, biopsychosocial, and holistic needs of Black moms to reduce disparities in clinical and patient-reported experience measure outcomes for all pregnant people. The initiative consisted of seven focus groups and one individual interview held in seven cities across the U.S. The participants represented

numerous communities across country and had a range of socioeconomic backgrounds. The initiative’s research team identified three frameworks 1) cultural humility, 2) reproductive justice, and 3) research justice to guide the approach for participant recruitment, facilitation, development of the facilitator guide, analysis of the findings, and framework development. The result of the initiative was the Cycle to Respectful Care Framework which was published in 2021 and a Patient Reported Experience Measure (PREM) tool was developed by Johns Hopkins University for use in quality improvement and identifying education opportunities for providers. Piloting of the PREM tool began in 2022 at health/hospital system site locations in Maryland, Illinois, Missouri, and Oklahoma to test and validate the tool and work with local community partners to launch local campaigns for RMC, facilitate RMC trainings, and engage local CBOs. Through the RMC, providers are trained and socialized to practice in ways that do not perpetuate racial biases.



Figure 2. Cycle to Respectful Care, <https://birthequity.org/wp-content/uploads/2021/09/ijerph-18-04933-v2-1.pdf>

During this session, the Association for Maternal and Child Health Programs (AMCHP) presented their Healthy Beginnings with Title V: Advancing Anti-racism in Preterm Birth Prevention Program and its current impact. The program includes an 18-month learning and practice cohort supporting six teams comprised of state Title V/Maternal and Child Health agencies and community-based organizations. AMCHP supports these state teams to: 1) build transformational partnerships; 2) identify and intervene in policies and programs that perpetuate racism through inequities in funding; and 3) encourage investment in and sustainability of community solutions that protect birth outcomes among Black, Indigenous, Hispanic, Asian, Pacific Islander, and other pregnant people of color. The strategies included:

- Using data to ensure perinatal and social determinants data are inclusive, relevant, and accessible to stakeholders.
- Funding to cover the costs of necessary supports to prevent preterm birth (clinical and non-clinical—the comprehensive perinatal workforce) with public and private funds (governmental and insurance) and restructure Title V funding requirements to support community-based organizations and interdisciplinary perinatal providers with an anti-racist, equity-centered, reproductive justice framework.
- Cross-cutting data and funding by investing in comprehensive perinatal data systems for states and community-based organizations.

On behalf of AMCHP, Mikayla Frye and Shanel Tage presented their preliminary findings:

1. Desire for sustainable opportunities like Healthy Beginnings
2. Relationships and interactions between Title V and partner CBO effect collaboration in the cohort
3. Spectrum of needs to grow states' anti-racist and health equity capacity

## **Community Partnership and Storytelling for Social Changes & Improved Outcomes**

This session featured presenters discussing how community partnership and storytelling can lead to more equitable and improved outcomes. Alison Jacobson with First Candle discussed how the Let's Talk community partnership program seeks to improve safe sleep and breastfeeding to improve infant mortality rates and racial inequities. The program is led by trusted community members supporting education and offering risk-mitigating strategies. Trained community facilitators are paid a stipend and include doulas, lactation consultants, dads, grandparents, and church leaders. The program has been piloted in Harlem and will expand to Georgia and Michigan this year.

The session continued highlighting the importance of community voice as Dr. Meena Ramakrishnan and Lisa Klein shared their findings and recommendations from using a process of classifying qualitative themes from Fetal and Infant Mortality Review (FIMR) and Maternal Mortality Reviews (MMR) and identifying similarities in Delaware.

Fetal and Infant Mortality Review Committees and Maternal Mortality Review Committees are important for states to understand the driving factors surrounding deaths within maternal and child health. A FIMR is a community-focused, action-oriented fatality review process to examine fetal and infant deaths. The committee consists of a multidisciplinary team that reviews de-identified and confidential data. The committee is a Continuous Quality Improvement (CQI) mechanism for systems that serve birthing families and infants. An MMR Committee conducts in-depth, multidisciplinary reviews to identify priorities for preventing maternal deaths and opportunities to improve the maternal and child healthcare system. Both committees examine significant health, social, economic, cultural, and safety and education systems' factors associated with maternal, fetal, and infant mortality through review of individual cases; use findings to highlight inequities in pregnancy and infant health outcomes; and recommend improvements for care at the individual, provider, and system levels with the potential for reducing or preventing future events. Joint reviews and annual meetings with both

committees from states will allow for better reviews of findings to identify areas of intersectionality. In this effort in Delaware, common themes emerged and were presented to FIMR and MMR committees to prioritize opportunities that have the potential to improve outcomes and equity. They have achieved several positive outcomes including:

- Educational video series development
- Completion of gap analysis regarding recommendations from the Black Mamas Matter Alliance report on MMR committees
- Educational patient/provider flyers and posters describing maternal warning signs and actions
- Supported doula and community health worker legislature
- Supported Medicaid coverage extension

Finally, Rosemary Fournier with the National Center for Death Review shared about how FIMR is exploring how to adapt, apply, and integrate the science and best practices of storytelling into the existing process. Two cohorts of community partners from 10 FIMR sites have participated in a National FIMR Storytelling Collaborative. Augmenting local storytelling capacity and strategic use of stories has helped FIMR teams shift conversations about recommended solutions from personal responsibility and individual behaviors toward upstream services and systems improvements. This presentation described the ways that stories can become additional tools for humanizing data, changing stuck narratives, and influencing decision makers and public opinion. Evaluation findings on cohort two will also be presented. When MCH practitioners, policymakers, and partners develop shared appreciation, appetite, and aptitude for storytelling, they can become more effective in changing hearts and minds and translating data into action for greater health and equity.

The hoped-for outcomes at the conclusion of the work are:

- Leadership development and cross cutting skills building/collaboration cross fatality reviews—FIMR will use stories to inform and influence policy and practice
- Fetal, infant, child, and maternal health will be improved
- Health disparities in fetal, infant, child, and maternal mortality will be reduced

### **Dismantling Racism and Unequal Treatment facilitated discussion**

The Summit held a Dismantling Racism and Unequal Treatment facilitated discussion led by Jonathan Webb and Kaprice Welsh, co-chairs of this strategy workgroup. The session allowed participants to further discuss strategies to implement diversity, equity, and inclusion (DEI) policies and protocols in systems of care tied to performance metrics and compliance actions, increasing patient satisfaction surveys that ask the right questions to collect meaningful data, increasing the reporting of data to communities, and garnering national support and funding. The group discussed the need for organizations to have a more targeted approach to anti-racist interventions that holds practitioners accountable and utilizing multiple leadership champions within the organization to keep the organizations' culture of anti-racism at the forefront of its core values and will provide sustainability of an anti-racist culture. Engaging with community stakeholders, social justice groups, and being transparent with data and not extracting information also helps to build trust within communities. The group also discussed the need for amplifying voices on a national level and for better race and ethnicity data to be collected from states and reported to the CDC. The group discussed next steps for M-BAN projects and solution opportunities that could be focused, for example, on the amplification, expansion, and spread of evidence-based scales and/or tools, such as the PREM-OB scale.

# Increasing Access to High Quality Healthcare

M-BAN's [Increasing Access to High-Quality Healthcare](#) strategy focuses on improving gaps in access to care for moms, babies, and families. To curb the rising rates of maternal morbidity and mortality and poor infant health outcomes, pregnant people must have access to high-quality healthcare throughout their lives. This working group advances solutions to address the shortage of maternity care providers and facilities, issues tied to healthcare insurance coverage and affordability, provider bias and access to culturally congruent care, and gaps in quality of healthcare.

Within the maternal health space, women receive care primarily from midwives, nurses, OB-GYN doctors, and family medicine physicians, with ancillary support from doulas, lactation counselors, and community health workers. The M-BAN Summit took the time to address strategies to increase equitable access to high-quality healthcare, including ensuring that maternal health practitioners are equipped with training and tools needed to address implicit biases and racism in its various forms. The working group has committed to taking the following actions to increase access to high-quality healthcare, and the Summit ensured sessions were included to highlight work being done in each of these areas:

- Advocating for policies to increase equitable access to risk appropriate birthing options.
- Supporting programs that aim to increase racial diversity in the healthcare workforce.
- Identifying and developing best practices for implicit bias and stigma training for providers and support staff, while also supporting organizations as they examine and alter their own policies and structures that inadvertently perpetuate inequitable care.

## Equitable integration of midwifery-led care to improve maternal and infant health

Dr. Eugene Declercq from Boston University moderated a panel presentation and discussion focused on the expansion of midwifery care as a strategy to accelerate equitable birth outcomes. Drs. Mimi Niles and Saraswathi Vedam from The Birth Place Lab conducted a presentation on the *Impact of institutional settings on the model of midwifery: Impact on quality and equity*. In this presentation, they focused on the benefits of midwives within the maternal health system of care, pointing out that within the U.S., midwives attend about 10-12% of all births. With the presence of midwives at births the following was found:

- An increase in positive childbirth experiences
- Women are less likely to experience mistreatment
- Fewer unnecessary medical interventions
- Greater overall satisfaction with care
- Higher likelihood of breastfeeding
- Lower costs of care

However, the presenters stated midwifery care does differ by community versus hospital setting, outlining that institutional settings may have an impact on the ability of midwives to operationalize their care model due to institutional priorities and constraints that limit the implementation of midwifery care principles such as autonomy, decision-making support, respect, and optimal treatment. The need for facilities to implement more person-centered care will allow for more midwifery principles to be adopted and the flexibility to ensure the midwifery framework is provided to all women.

Dr. Jennifer Moore and Nicole White also led a presentation on *Midwifery-Led Care to Improve Birth Equity: A National Medicaid Multi-Partner Learning Collaborative* during this session. The presenters highlight the value of midwifery-led models of care and the value it brings to the quality of care, provider-patient satisfaction rates, clinician burnout and retention, and its cost-effectiveness. An evaluation of midwifery-led birth centers for pregnant and birthing people found a decrease in Cesarean birth rates, low birthweight rates, preterm birth rates, and costs. The National Medicaid and Midwifery Learning Collaborative was developed to improve access and coverage to the evidence-based, high-value midwifery-led model of care for the Medicaid population. The collaboration is the first of its kind in the nation bringing together different partners under this shared aim.

During this session, Dr. Jordana Frost also presented on *Federally Qualified Health Centers (FQHCs)-based midwifery-led birth centers as an innovative response to disparities in maternal morbidity and birth outcomes: an embedded-unit case study*. Dr. Frost highlighted that midwifery-led birth center care for moms with low-risk pregnancies has been associated with:

- Positive patient care experiences and satisfaction with childbirth
- Reduced intrapartum care interventions without increased risks
- Associated cost-effectiveness

The freestanding birth center (FSBC) model was discussed in [this study](#) as a potential innovative solution to the inadequate and costly U.S. maternity care system, with a 154% increase of births in FSBC's from 2004-2020. FQHCs are seen as laboratories of innovation, crafting place-based solutions that link public health and high-quality clinical care.

**Figure 3** highlights some key dynamic underlying collaborative efforts among FSBCs and FQHCs. FSBC care as a mitigating force provides relationships that are developed and built with increasing trust between patient and provider and staff, with a focus on ensuring that the client owns a strong sense of power and control over her own care, body, and experience.

It also provides pregnant and birthing people with judgement-free wrap-around services aimed at meeting the psychosocial needs they may be grappling with (i.e., housing, nutrition, mental health). Careful integration of FSBCs into healthcare systems such as FQHCs may contribute to the broad and equitable scale-up of this underutilized model of care across the U.S. Additional deliberate processes and strategies are needed to ensure equitable uptake and sustainability of FSBCs.

### **Quality improvement to address MIH disparities**

During this credentialed session, Lisa Kane Low, Jessica Souva, Althea Bourdeau, and Elizabeth Langen with the Obstetrics Initiative (OBI) presented "Clinical Workflows to Facilitate Equitable Maternity Care Through Quality Improvement Initiatives." The OBI is a state-wide data-driven quality improvement project comprised of 75 Michigan maternity hospitals leading statewide collaboration to create optimal maternity care experiences for all Michigan families. The OBI quality collaborative has developed a multifaceted approach to assessing maternity care with an equity lens. They assess unit culture using a validated tool to address the context of care. In 2022, they piloted Patient Reported Experience Measures in five hospitals with collaborative-wide implementation planned in 2023. The multipronged approach to assess birth equity has provided early lessons such as Black pregnant women people have a higher Cesarean birth rate, severe maternal morbidity rate, and severe neonatal morbidity rate than White women. The labor culture survey revealed discordances between nurses and physicians on evidence-based practices. Finally, they identified a need for data on patient experiences. They concluded that to improve equity in birth outcomes we must scrutinize our quality improvement efforts through multiple mechanisms of assessment including the patient voice.

OBI also presented on their efforts to design quality improvement projects with patient-centered huddles integrated into clinical workflows supporting transformation of healthcare systems to be more equitable and inclusive. They shared about the importance of shared decision making and sought to identify disparities in shared decision across the

collaborative. They also operationalized a large-scale roll out of patient-centered huddles via Team Birth or as a component of fetal heart rate assessment algorithms. OBI found that in 2020, the rate of shared decision making (SDM) documented was 16.8% higher for White patients than for Black patients. In 2021, the difference decreased to 13% but remained statistically significant. In 2021, 12 hospitals initiated the Team Birth approach to communication on Labor and delivery. After implementation, Black patients' odds of having SDM compared to White patients was 0.61 (95% CI 0.52 - 0.71) at hospitals participating in the Team Birth QI initiative, compared to 0.52 (95% CI 0.48 - 0.57) at sites not instituting Team Birth. Their work concluded that incorporating patient-centered huddles into clinical workflows can help to equitably institute shared decision making.

Additionally, Dr. Beth McGovern and Molly Grinstead with March of Dimes presented the Maternal HealthCARE QI project. March of Dimes, the National Birth Equity Collaborative, and the U.S. Department of Health and Human Services convened a group of three dozen individual expert consultants to inform the design of a quality improvement intervention to be tested during a pilot in several participating maternity care hospitals serving high proportions of Black patients. The group has been named the Black Maternal Health Stakeholder Group (BMHSG), which

meets on an ongoing basis twice-per year to provide guidance and accountability to the partnership. On March 19, 2021, BMHSG met to identify and discuss key drivers and solutions to the disparity gap in maternal health outcomes, including high SMM rates among Black women. The following are the what BMHSG identified as the drivers of the Black-White disparity in SMM:

- Racism (structural and interpersonal)
- Lack of shared decision-making and community oversight
- Need for data transparency as a mode of accountability, action, and financial alignment
- Leadership and systems issues
- A siloed approach to labor management and labor support as the standard of care

The solutions to close the Black-White gap in maternal health outcomes identified by this group included normalizing person-centered, respectful care for all; using a team-based approach to care with respect to all members of the birthing team; and making data more transparent and stratifying data by race and ethnicity.



This session also highlighted the work of The Association of Women’s Health, Obstetrics & Neonatal Nurses (AWHONN), *Taking Steps on the C.A.R.E. P.A.A.T.T.H to Impact Respectful Maternal Care*. Rose L. Horton and Shawana Burnette shared about AWHONN’s work that assembled a group of nursing leaders and scientist to create a framework, evidence-based practice guidelines and a toolkit for Respectful Maternity Care. This work brings awareness to inequitable practices in maternity and provides healthcare communities with education and resources to implement the necessary changes to improve outcomes for all pregnant women. These efforts take into consideration the patient and provider’s conscious and unconscious bias that influence interactions and care outcomes. It encourages a blended space to incorporate awareness, acceptance, mutual respect, shared decision making, autonomy, dignity, and respect. AWHONN’s challenged listeners and learners to evaluate their environments of care and boldly implement efforts to promote care that is safe, where patients are informed and free from harm.

### **Access to Quality Healthcare Facilitated discussion**

During the Access to Quality Healthcare facilitated discussion at the Summit, approximately 20-30 participants gathered to discuss the future of healthcare quality and access and what can be done as a community to strengthen maternal and infant health outcomes.

This discussion focused on the following questions:

1. What needs to change at the community level to bring about health equity in access to quality maternal and infant healthcare?
2. What are your recommendations on how to implement these changes?
3. What resources do you have, or will you need to support these changes?

4. How are the following factors impacting access to quality healthcare for moms and babies? How can this group better address these challenges in our work?
  - COVID’s immediate and long-term impact
  - Inflation and socioeconomic shifts
  - Maternal and Infant Health national focus and resources
  - Workforce development of competent and diverse teams

Due to time limitations, not all questions listed above were answered. Overall, this engaging conversation solicited the following feedback from participants:

1. Clear definitions of access and quality are needed so organizations and hospital entities clearly understand what’s needed for their communities to not only survive but thrive.
2. Investment in community doulas (understanding they’re a piece of the puzzle, not the sole solution).
3. Investment from funding and philanthropic sources (beyond financial, invest in what works for specific communities).
4. Communication amongst community organizations (in the community, doesn’t necessarily mean for the community).
5. Sustainability efforts.
6. Clear collaboration between larger organizations to allocate and utilize resources more appropriately.
7. Increasing competent and diverse care that reflects the community demographics.

# Promoting Environmental Justice

M-BAN's [Promoting Environmental Justice](#) strategy is focused on addressing toxic exposures and climate change threats to create a healthy tomorrow for families. A key driver in the result of birth outcomes is the environment in which a person lives in and/or spends most of their time. Built environments, transportation and infrastructure, water, sewage and waste, emergency management operations during natural disasters—all play a factor in maternal and child health outcomes. The M-BAN Summit elevated current interventions implemented by partners to address the issues surrounding environmental justice and key strategies for solutions to the problems.

The impact of natural disasters, such as wildfires, hurricanes, and other climate issues, can have direct and indirect effects on pregnant people, babies, and families. Wildfire exposure is a growing threat to maternal and newborn health and wellbeing. Wildfires can impact prenatal health, leading to higher rates of low birthweight, preterm birth, small for gestational age, and large for gestational age. Children are affected through upper and lower respiratory health issues, asthma, obesity, carcinogenic, cognitive, and behavioral health issues.

Creating a safe community where families can thrive requires communities to acknowledge and address the harmful impact of climate change and environmental health threats through programs, education, research, and advocacy. This working group is taking the following actions to promote environmental justice and key sessions were held at the Summit to highlight strategies to further make improvements:

- Promoting consumer and provider education on environmental threats to maternal and infant health.
- Creating topic briefs and supporting resources that bridge the gap between environmental health experts and MIH experts, researchers, and birth workers.

- Advancing policies that support the inclusion of reproductive health in environmental health initiatives, planning, and funding.
- Supporting review and expansion of workplace accommodations for pregnant people.
- Promoting data collection on birth outcomes to help identify major environmental hazards.

## **Environmental Justice: Interventions to address maternal and infant health equity**

Elle Ford from March of Dimes presented on the Wildfire Harm Mitigation Pilot Program in Fruitvale and Oakland, California. This program is a partnership between March of Dimes and the Native American Health Center to implement programs that provide culturally tailored educational content, training on harm mitigation strategies, and health protecting materials and tools. The program focused on assessing the ease of implementation, evaluating the content to ensure there was understanding of the needs of the population, delivering to BIPOC pregnant people most vulnerable to health harms, evaluating the cost and time of rollout of the program, assessing future goals and possibilities, and ensuring inclusiveness of the populations needs, fears, and goals for their own health. The program served 84 individuals, and 16 presentations were conducted, and 11 kits distributed. The pilot resulted in positive feedback from patients and staff and has future next steps of expanding.

Presenter Emily Little, Nurturely CEO and president, also led a presentation on *Lactation Equity as a Climate Mitigation & Resilience Strategy* during this session. The Center for Climate and Energy Solutions defines climate resilience as “the ability to anticipate, prepare for, and respond to hazardous events, trends, or disturbances related to climate. Improving climate resilience involves assessing how climate change will create new, or alter current, climate-related risks, and taking steps to better cope with these risks.” Nearly 95% of infant and child deaths in climate emergencies or natural disasters result from diarrhea due to



contaminated water and unsanitary environments. Climate resilience allows for low risk of death/illness and positive health and development trajectory despite adversity. Lactation accounts for steady nutrition in disasters, no dependence on water, adaptable to environments, and no dependence on supply; however, lactation access is a racial justice issue. Currently in the U. S., Black infants are nine times more likely to be offered formula, half as likely to be breastfed at 3 and 6 months, and are at increased risk for preterm birth and/or NICU stay. Formula dependence necessitates access to clean water, reliable formula supplies, and cleaning/warming infrastructure, which contributes to a lack of climate resilience. Access to prevention, preparedness, and recovery assistance is shaped by systemic and environmental racism. To address these issues and account for climate resilience, there needs to be a development of shared solutions to prioritize Black and Brown pregnant and lactating people, focus on systemic approaches to lactation equity, and seek out cross-sector conversations and partnerships.

### Environmental justice facilitated discussion

The Summit also included an Environmental Justice facilitated discussion led by M-BAN’s Environmental Justice Workgroup Co-Chairs Skye Wheeler and Sue Kendig. M-BAN staff member Kasey Rivas gave an overview of M-BAN’s Environmental Justice work over the past year and the goals of the workgroup in developing a foundational report. The discussion included a wide range of attendees from current M-BAN Environmental Justice Work group members to interested birth equity funders, public health professionals, and newly engaged environmental justice and climate justice advocates. The group focused on a discussion centered around the current Environmental Justice Report in development— *Healthy Environment for a Healthy Life: Promoting Environmental Justice for Equitable Birth Outcomes*. The group was asked the following questions listed below with key takeaways:

<b>Table 2. Environmental Justice workgroup feedback</b>	
Question 1: How can we best disseminate these briefs and recommendations?	
<ul style="list-style-type: none"> <li>• Identify local organizations working with birthing-aged people—email a brief one-pager with a call to action</li> <li>• Outreach to: National member associations and organizations, policy and advocacy allies, funders/philanthropists, and community-based organizations working in environmental justice</li> <li>• Create a social media toolkit</li> <li>• Share through learning opportunities: Focused webinars for MCH funders, environmental health funders, energy companies</li> <li>• Identify major companies making claims to support environmental health/justice and connect to amplify</li> <li>• Public accountability project tied to recommendations from the briefs</li> <li>• Provide trainings/technical assistance for Policymakers and Advocates and for birth workers</li> <li>• Share through Newsletters, Listservs, Speaker’s Bureau, PSA campaigns, Radio, Newspaper/Magazine</li> <li>• Tailor Brief 1-pagers/overviews based on workgroup member’s existing relationships with funders for targeted outreach</li> </ul>	
Question 2: How can we support implementation of these recommendations in policy and practice?	
<ul style="list-style-type: none"> <li>• Inviting EJ/RJ related speakers to MCH Coalitions, Associations, Conferences to continue to bridge and build the connection and relationship between Environmental Health threats and MIH equity</li> <li>• Mainstage presentations – CityMatch, AMCHP, BMMA, APHA and other convenings</li> <li>• Engage the Advisory Committee on Infant and Maternal Mortality (ACIMM)</li> </ul>	

- Create Call to Action through Advocacy Center to ask organizations, individuals to contact their legislators in support of the briefs and recommendations
- Champion a state level EJ/RJ joint position statement (engage local partners to do the same at the city level)
- Engage with corporations around their practices to strongly encourage uptake of recommendations such as use of safe ingredients

Question 3: What can be done to support communities and individuals in understanding and addressing these recommendations?

- Training/education and tangible resources for birth worker/community health worker/providers, health Departments, CBO's
- Identify CBO's with vested interest and engage them around their existing work
- Support organizations broadly
- Fund what works
- Identify who's already doing the work, add environmental health pieces where it's missing from existing work
- Include environmental health in funding request for proposals
- Bring funders and local initiatives together
- Focus on prevention, systems change
- Local advocacy - leverage partners, volunteers in the movement
- Engage with the faith sector, corporations



# Advancing Economic Opportunity

M-BAN's [Advancing Economic Opportunity](#) strategy focuses on disrupting lifelong economic insecurity to improve the health of moms, babies, and families. To improve birth outcomes, communities must further economic security by supporting families with programs and policies that increase access to living wages and workforce development, quality housing and education, childcare, and beyond. The M-BAN Summit convened partners working to address economic security for individuals and their families, elevating the need for sustainable maternal and child health funding opportunities that provide equitable access to relevant resources, policies, and programs across the U.S. Families often must make difficult decisions about whether to pay bills or buy groceries to feed their families. Economic security leads to better access to food, transportation, necessities like diapers, better environments, and overall improvements in health outcomes in the MIH field. The future working group will support the following actions and the Summit hosted key sessions with presenters that addressed topics from each of these areas:

- Advocating for funding and programs that increase access to safe and affordable quality housing.
- Supporting increased access to quality affordable childcare, free preschool, and pre-kindergarten.
- Supporting community workforce development.
- Identifying and implementing programs to bring fresh and affordable foods to communities.
- Promoting the scale-up of novel systems approaches to help disrupt lifelong economic insecurity (i.e., universal basic income and baby bonds).

## Advancing equity through economic security

Kameron Dawson with A Better Balance provided a presentation on their efforts to push forward legislation in this field as it relates to the MIH space. In December 2022, Congress passed the Pregnant

Workers Fairness Act (PWFA) as part of the FY 2023 omnibus spending package and President Biden signed it into law on December 29, 2022, marking a historic civil rights victory. The PWFA provides stronger protections for pregnant workers in need of workplace accommodations regardless of whether they have a disability. The Act requires employers to give reasonable, temporary working accommodations that do not impose an undue hardship on either the pregnant employee or the employer. Through the Paid Family and Medical Leave Laws, 11 states have passed laws providing pay to workers taking time off to bond with a new child, care for a seriously ill loved one, or recover from one's own serious health condition. When a new child arrives or serious illness strikes, parents often need time off from work. But for many Americans, it's not that simple. The U.S. is one of the only countries that does not guarantee paid family and medical leave. Far too many Americans are forced to sacrifice their savings, or lose jobs altogether, when they need time to care for themselves or their families. A Better Balance is advancing paid leave laws at the federal and state levels around the country so that all workers can savor the joys and weather the inevitable crises that life delivers without worrying about how to pay the bills. In 2020, with the help of A Better Balance, Congress enacted the Families First Coronavirus Response Act, which extended paid leave for the first time in our nation's history to many workers with caregiving needs amidst the COVID-19 crisis. In 2021, President Biden proposed the American Families Plan, incorporating key elements of A Better Balance's model for an inclusive paid leave program and marking the first time a president has put out a comprehensive proposal for a paid family and medical leave program.

Dr. Shira Markoff with Prosperity Now presented on *Baby Bonds – Advancing Racial Wealth Equity* during this session. The presentation focused on the racial economic inequities and the income and wealth gaps within the U.S. Baby Bonds are significant monetary investments made by the government on behalf of children shortly after birth to be used for future wealth-building. This antiracist initiative is designed to narrow the racial wealth divide by providing the largest

investment to children from the lowest wealth households that are disproportionately Black, Latinx, or Native American. Baby Bonds work in the following layers:

1. Invest: The government makes a substantial deposit for each child, with the largest endowments for children from households with the lowest wealth.
2. Grow: Funds are invested by the government on children's behalf in order to grow appreciably.
3. Generate wealth: At adulthood, recipients use funds to acquire assets that generate wealth and economic security.

Shira highlighted a 2019 study by Naomi Zwede, titled [Universal Baby Bonds Reduce Black-White Wealth Inequality, Progressively Raise Net Worth of all Young Adults](#), that spotlights the potential impact of Baby Bonds. If a national Baby Bonds program had been started in mid-1990s (benefiting people 18-25 years-old in 2015):

- Children from households with wealth among the bottom 20% would have accumulated, on average, about \$45,000;
- Children from households in the top 20% would have accumulated just under \$10,000; and
- The wealth gap would have decreased from White households having about 15.9 times the wealth of Black households to having only 1.4 times the wealth of Black households (among participating households).

A federal proposal, the American Opportunity Accounts Act, backed by Senator Cory Booker and Representative Ayanna Pressley, would help all families build wealth in a progressive manner. At birth, every child in the U.S. would receive a \$1,000 seed deposit. Every year, up until the child turns 18, the accounts would be boosted through additional investments by the government of up to \$2,000, with children from lower-income households receiving the most. Managed by the Treasury Dept. and achieving about 3% annual returns, account funds can be accessed by participants

starting on their 18th birthday to pursue wealth building opportunities, including higher education and homeownership. Legislation has been passed for Baby Bonds in Connecticut, District of Columbia, and California.

### **Guaranteed Basic Income Workshop**

Renee Peterkin conducted a presentation on Guaranteed Basic Income titled *In Her Hands: Rooted in communities, growing bold ideas for change*. *In Her Hands (IHH)* provides \$13.5 million in guaranteed income to Black women in Georgia—making it one of the largest guaranteed income programs in the country.

Guaranteed Basic Income is:

- A cash payment provided on a regular basis to members of a community with no strings attached and no work requirements.
- It's intended to create an income floor below which no one can fall.
- Guaranteed Income ensures that those with the greatest need are prioritized for assistance.

Why cash?

- Cash is flexible and supports various stabilizing and beneficial outcomes.
- Cash provides individuals with agency and a way of addressing the needs they experience as most pressing in their lives.

IHH goals are to 1) support Black women experiencing financial insecurity in Georgia; and 2) generate insights to promote more racially equitable and just policies and economic frameworks. IHH has launched three sites in Georgia, becoming one of the only programs in the U.S. to span urban, rural, and suburban locations. Community members informed nearly all aspects of the IHH program from the duration of the program, monthly amount, and payment groups. The Georgia Resilience and Opportunity Fund (GRO) considered

four strategies to mitigate the loss of public benefits for IHH participants:

1. Design of the In Her Hands Program
  - a. Amount of \$850 per month
  - b. Duration of 24 month
2. Structuring the payments as gifts under IRS guidelines
  - c. "Charitable activities" by 501(c)(3)s are excluded from the recipient's income calculation
3. Informed consent
  - d. Enrollment counseling (FRBA Dashboard)
  - e. Offboarding counseling
4. Seeking waivers to exclude the GI payments from income
  - f. Constantly changing, GRO is continuing to seek waivers

GRO structured the cash disbursements as a gift under IRS guidelines. Direct cash assistance to needy individuals that's considered "charitable activity" is excluded from the recipients' federal taxable income as a gift under Section 102 of the Code. Direct cash assistance to low-income individuals (or those who otherwise are in needy circumstances such that they cannot afford the necessities of life) is charitable within the meaning of Section 501(c)(3) of the Code. "Low-income" is generally viewed under federal tax law as having income at or below 80 percent of the area's median income. GRO's tax exempt status and charitable activity protects the payments from income tax, not the amount provided each year. Exclusion from federal income tax calculations guards protects benefits provided through the tax code (CTC, ACA, etc.). Social safety net is a financially unstable place for most families. For every step a family takes into economic security they are thrust back. This disincentivizes people from making the best choices and limits potential.

Ellie Terry of the Federal Reserve Bank of Atlanta also provided a presentation during this session on *Benefits Counseling in Guaranteed Income Settings: A free (and amazing) tool*. A goal of Guaranteed Income (GI)

programs is to increase financial resources that will, theoretically, stabilize households, but a barrier to increasing financial resources through receipt of GI is that participants may lose government assistance as a result. This happens because many safety net programs phase-out or end suddenly as income increases and counting GI as income may trigger a partial or complete loss of a family's public assistance receipt. This presents an information problem due to participants and GI program designers not knowing what government programs are affected by the receipt of GI. A Policy Rules Database was developed as a solution. It's a repository allowing for a variety of research on public assistance programs and tax policies, including the modeling of benefits cliffs on career pathways. The public assistance programs and tax credits that support workforce participation in the U.S. are made up of a patchwork of policies, implemented and administered at the federal, state, and local levels. These programs are designed separately from each other, and with their own unique structures and terminology. The primary purpose of the Policy Rules Database is to simplify the interpretation of all programs by creating a common structure and a common terminology. The Policy Rules Database culls eligibility information into one simple-to-use database that describes policy rules in plain English and boils the complex program design down to a common set of logical or numeric fields. Using the policy rules database, the [guaranteed income dashboard](#) was developed. The dashboard is going to show which programs are affected by GI, and calculate the net value of GI, after loss of government assistance is considered. There are three main use cases for the dashboard:

1. It can be used with prospective participants to help them identify the extent to which program loss may occur so that they can make an informed decision about participating in the program.
2. The dashboard can also be used as an information tool to explain the importance of benefit loss waivers with local, state, and federal policy makers.
3. Last, it can be used to inform program design, and in particular, help identify which programs one may want to connect to a hold harmless fund.

# Building Safe and Connected Communities

M-BAN's [Building Safe and Connected Communities](#) strategy is focused on addressing the facets of community life and support systems that impact the health of families. Investing in communities with quality infrastructure and community-driven public services can improve health. This future working group will take the following actions to help build safe and connected communities and addressed several of these topics in various sessions throughout the Summit:

- Promoting investment in communities and revitalization programs.
- Advocating for doula and community health worker training and reimbursement.
- Supporting and implementing shared green space in communities and community gardens.
- Identifying and implementing technology solutions to connect pregnant and postpartum people through shared online supportive communities.

## **A Collaborative Approach to Expanding Doula Services and Address Health Disparities**

Doula support for birthing people is one of the services that increases a mom's chances of experiencing a positive outcome at birth. Doulas are trained support professionals and advocates for women before, during, and after giving birth who help clients navigate not just their pregnancy but also the maternal and child health system of care. Presenters Tiffany Bellfield El-Amin and Lauren Buchwald presented on *A Collaborative Approach to Expanding Doula Services and Addressing Health Disparities* that addressed how doula services can provide:

- Emotional and physical supports
- A collaborative approach rather than individual disciplines

- Access to quality maternal care
- Help with lowering the risk for preterm birth
- Access to support through connected communities

Humana partnered with the nonprofit Floating Lotus Doula Services to link doula services to provide a patient-centered care approach to communities and learn what works well within the model. Humana has a Mom's First program that provides care management services to its members. Nurses and social workers are integrated within the program to offer holistic care to all their members up to one year postpartum. The program's in-person support is through in-home visitations and works with community doulas to provide the member with a care team approach. To break down barriers within their system of care, the doulas act as an integral part of the care team acting as a safety net and making direct referrals to ensure successful connections and outcomes.

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- A collaborative approach rather than individual disciplines
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visitations and works with community doulas to provide the member with a care team approach. To break down barriers within their system of care, the doulas act as an integral part of the care team acting as a safety net and making direct referrals to ensure successful connections and outcomes.

### **A Doula's Impact: Engaging and Strengthening Community**

This session highlighted presentations from BirthMatters' Molly Chappell-McPhail and Eboni Williams, G.R.O.W. Doula's Andrea Berry and Bridgette Jeger, and the NYC HoPE Doula Program's Chanel Porchia-Albert and Kanwal L. Haq. This session covered the ways these organizations are providing culturally responsive care to their community members while also offering career pathways for community health workers and community-based doulas.

The support and continuity of care through community-based doulas at the time of labor and delivery allows for moms to better cope with the physical and mental demands of giving birth. Community-based doulas can connect with the moms they support due to their lived experiences and connection to the community. They can connect with medical staff, including doctors, midwives, and nurses, and be an advocate for moms through their work to address maternal health inequities and help create positive childbirth experiences and work towards improved birth and infant health outcomes. The G.R.O.W. doula program has shown improved outcomes such as:

- Lower preterm birth rates of program participants compared to the county and state
- Decreased cesarean section rates
- Fewer low birthweight infants
- Lower racial disparities (preterm birth rates, breastfeeding initiation)

Community-based doulas provide long-term support services by supporting moms from early pregnancy and continuing until six months postpartum. Additional

Black and Brown pregnant people need doula support and services. However, systemic barriers keep individuals from obtaining doula support and services such as:

- Lack of diverse doula workforce with shared life experiences with clients, which can affect client engagement or use of doulas, clients experiencing biases, and a lack of community buy-in.
- Lack of acceptance to doula work within communities subjected to systemic abuses, which affects the appearance that doula services are not wanted, utilization rates and birth outcomes, and the support of hospital systems and insurance companies in implementing and/or accepting doula care.
- Lack of hospital and provider buy-in that affects the treatment of doulas within the hospital systems, doula access to hospitals to serve clients, and the client experience.

Funding for community-based doulas differs through a variety of funding streams, such as grant funding from funders investing in organizations that pay community-based doulas for the services, and some states offer doula reimbursement that covers the cost of community-based doulas.

Finally, the HoPE Doula Program (Helping Promote birth Equity) shared about the importance of their community advisory board (CAB), which leads the design, development, and evaluation planning for the program, ensuring local community needs are understood and met. The CAB includes over 110 members from the Queens community comprised of birthing/postpartum individuals, local community-based organizations, doulas, leadership from Ancient Song Doula Services and Caribbean Women's Health Association, local hospital staff, NYC Department of Health, and funders. This community-based approach to program development and implementation allows for cultivation of genuine and reciprocal partnerships that result in a program built for and by the community.

## Reclaiming Rest and Fostering Resilience

Latham Thomas, founder of Mama Glow, conducted a two-part workshop at the Summit focused on supporting birthworkers. The first presentation focused on *Birthworker Burnout: Exploring the Integrative Approaches to Nurturing a Healthy Doula Workforce* and the follow-up session provided space for birthworkers to “Reclaim Rest and Fostering Resilience.” With a nationwide imperative to expand the doula workforce, there was ample discussion around reimbursement, increasing access to education, and deploying programs to ensure more pregnant people have access to doula support. Doulas are taking care of individuals and families when they are most vulnerable, but who takes care of the doulas? Birthworkers are suffering from emotional exhaustion, overwork, and burnout. According to the World Health Organization, burnout is a syndrome resulting from workplace stress that’s not been successfully managed. It’s characterized by three dimensions: feelings of energy depletion or exhaustion, increased mental distance from one’s job or feelings of negativism or cynicism related to one’s job, and reduced professional efficacy. There are many factors that exacerbate the challenges birthworkers face. Latham explored some of the structural gaps and leaned into solutions grounded in fostering mental/emotional wellbeing. The workshop addressed:

- The structural barriers that exacerbate stress and lead to burnout
- The scope of doula work and the client centric approach to care
- The factors that drive birth workers to leave the workforce
- The problem with payment and current doula reimbursement models
- A new care paradigm that centers wellbeing and affirms our birthworkers
- Mindfulness and stress management techniques

The second workshop by Latham Thomas focused on *Reclaiming Rest & Fostering Resilience: Self-care*

*strategies for Birthworkers*. Emphasizing the U.S. is in the midst of a mental health crisis and care providers who have served as front-line workers have been pushed to the brink of physical and emotional exhaustion. Latham pointed out that the current care model in place does not support the needs of birth workers and many birth practitioners are leaving the workforce. Expanding on the first session Latham walked participants through hands-on techniques and tools to help support practitioner self-care and foster resilience. The workshop explored:

- How chronic stress and trauma impact the body and mind
- Mindfulness and stress management techniques
- Emotional self-regulation tools
- Partner work and paired sharing
- Somatic tools and sound healing

## Supporting Indigenous Birth Workers and First Foods for Equitable Outcomes

The First Nations Development Institute (FNDI) presented on Supporting Indigenous Birth Workers and First Foods for Equitable Outcomes. FNDI launched a program to support community-led projects to support the nutrition of young Indigenous birthing families through traditional first foods. FNDI’s Indigenous partners consist of a network of doulas, midwives, and family and food cultural stewards and agents of change. Their organizations and collectives grow, harvest, cook, and eat foods relevant to their birthing, maternal communities and region. Direct services include Indigenous nutrition education, first foods for babies, language revitalization, and resources for equitable birthing and positive health outcomes. However, presenters pointed out several roadblocks for Indigenous midwives, such as, incompatible laws and policies varying from state to state, providers unfamiliar with Indigenous maternity care, and flexibility of hospital policies and procedures.



## **Innovative Equity: Teen Pregnancy and Incarcerated Birth**

Laura Pederson presented on *Equitable Outcomes for Pregnant Adolescents Make an Impact!* She's the co-author of *Starting Out Right: Positive Strategies to Guide Adolescents through Healthy Pregnancy and Child Birth*. Pregnant adolescents are at high risk during their pregnancy and due to their adolescent brain pregnancy health education must be tailored to their specific learning needs. The development of Starting Out Right (SOR) provides 18 hours of pregnancy health education for adolescents in their pregnancy and childbirth journey.

SOR highlights the following best practices:

- Concrete learning related to the real world
- Consistent class times with reminders/support
- Multisensory learning: one focus at a time
- Safe environment/comfort level of youth
- Group and individual sessions
- Clear and unhurried facilitation
- Use “engage” to help youth make connections
- Use “focus” to help youth zero in on a topic
- Use “closure” to help youth apply knowledge
- Revisit/repetition of information
- Ongoing one-on-one support
- Use of incentives

The activities focus on a healthy pregnancy class series, childbirth education class series, case management, support groups, and special events. The outcomes for pregnant adolescents include improved overall well-being, the development of self-sufficiency, reduce rapid repeat pregnancy and sexually transmitted infections, increase breastfeeding,

and build confidence in the ability to give birth and care for their newborn.

During this session, the Ostara Initiative also presented on *Innovative Equity: Prison Doulas* highlighting that 73% of women in state prisons have at least one mental health diagnosis. It's estimated that 58,000 pregnant women are admitted to jails and prisons each year in the United States. These women are disproportionately Black and Indigenous. Women have been the fastest growing population in prison, an almost 800% increase between 1978 and 2018. In 2020, one million women were arrested, the majority of which were younger than 45 years old, moms, and primary caregivers to young children. Their idea is to create access to evidence-based resources for pregnant and parenting people during incarceration, to help people return to community, reunify with families, and end cycles of incarceration and pain.

Their ambitions are to:

1. Develop population-specific mental health resources that are:
  - a. Cost-effective
  - b. Evidence-based
  - c. Trauma-informed
  - d. Accessible
2. Pilot and refine professional and para-professional resources within the criminal legal system.
3. Demonstrate improved outcomes via rigorous data collection and analysis.
4. Reduce human rights violations in the form of insufficient medical attention.

The Ostara Initiative's program has been able to successfully reduce reincarceration rates and new crimes, improve well-being of clients through self-reports, improve access to care, increase utilization of care, and improve birth and mental health outcomes. Their goals are to: increase the number of people that have access to psychotherapy, doula care, peer support, mental health support groups, and wellness workshops; increase mental health literacy among facility staff and volunteers by offering training,

resources, and consultation; and develop collaborative legislation and institutional policies that advance health and justice. Through values-driven operations such as healing, listening, trauma-informed, equitable, accountable, transparent, and patient-outcome focused care their system consists of the following process:

1. Each environment is unique.
2. Begins with assessment of site-specific needs through listening to clients.
3. Pilot programming based on unique needs of facility (pregnancy, parenting, postpartum) from core programming offerings (doula care, groups, 1:1, lactation, and workshops).
4. Assess effectiveness through on-going data collection and evaluation targeting, 1) improved client well-being, and 2) increased family and community connections.
5. Iterate, improve, expand access.



Innovative Equity: Prison Doulas

# Cross-cutting themes

Throughout the Summit there were several sessions with presentations that cut across multiple strategies addressing several different topics. This section of the report highlights a few of the sessions that addressed cross-cutting themes applicable to more than one of the five key strategies from the National Equity Framework.

## **Leveraging Public-Private Funding to Accelerate Birth Equity**

The Birth Equity Imperative hosted a plenary session at the M-BAN Summit on *Leveraging Public-Private Funding to Accelerate Birth Equity*, also displayed in **Figure 3** below, the panel included Danielle Lovell Jones (Afton Bloom), Atiya Weiss (The Burke Foundation), Lisa Asare (New Jersey Department of Human Services), Cecile Edwards (New Jersey Birth Equity Funders), and Raquel Mazon Jeffers (Community Health Acceleration Partnership). The session focused on New Jersey’s momentum for birth equity and how multi-stakeholder partners used their energy to focus on equity and improving outcomes through grassroots movement, state leadership, community actions, and philanthropic support. New Jersey was able to gain policy wins aided by funder collaboration through advocating for policy changes within the state. New Jersey’s Governor and First Lady highly supported the momentum of birth equity in the state by adopting it as a policy priority and mobilizing a “whole of government” approach to encourage cross-agency investments and alignment. New Jersey’s Fiscal Year 2023 budget increased to \$58 million from the \$30.5 million allocated in Fiscal Year 2022. From 2018 to 2022, the state worked to establish the NJ Maternal Data Center and expanded the NJ Maternity Care Collaborative, launched initiatives to improve Medicaid efforts, increased funding for family planning, expanded access to birthing workforces (i.e., doulas and community health workers), published an annual report card of hospital maternity care, expanded Medicaid expansion for doula services received by the state, and enacted a universal home-visitation program for new parents, regardless of their income level or insurance coverage.

## **Weaving a Tapestry of Birth Equity**

Dr. Terri Major-Kincade, MD, MPH, FAAP Physician, Speaker, Health Equity expert, author and parent advocate concluded the Summit with an inspiring presentation, “Weaving a Tapestry of Birth Equity” in which she beautifully connected all of the threads presented during the event. As a physician, advocate, and long-time March of Dimes advocate, she reminded us of the importance of several key takeaways as we continue to advance our important work to eliminate disparities in MIH:

- Challenge the status quo
- Center joy
- Amplify BIPOC and community voices
- De-colonize data
- Prioritize systems approaches to improving outcomes
- Normalize mental health
- Promote the power of advocacy
- Celebrate moving the needle

March of Dimes would like to extend its gratitude to Dr. Major-Kincade for being a long-time volunteer, physician leader, and champion for NICU families, patient-centered care, and equitable birth outcomes.

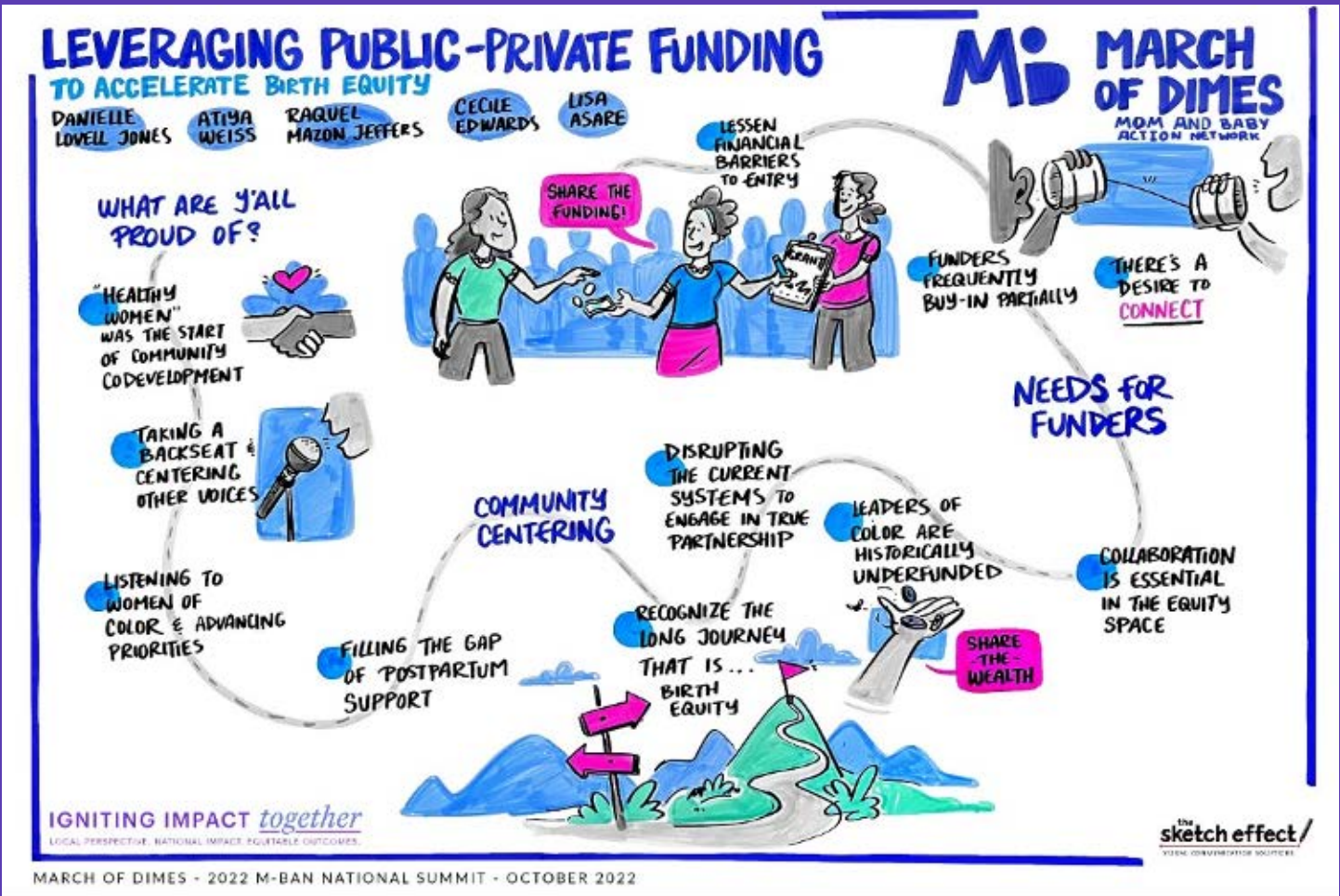


Figure 4. Leveraging public-private funding sketch



# Off-site community learning opportunities

The Summit provided in-person participants with the opportunity to participate in off-site learning with community-based organizations in the metro Atlanta area. Participants were able to see logistics and operations of a food distribution organization, a breastfeeding support organization, and a family health and service center. Off-site community learning opportunities were offered on Day 1 and Day 2 of the Summit. The community-based organizations that hosted the community learning opportunities were:

## **Goodr - Fulfillment and Distribution Centers**

Goodr believes that hunger isn't a scarcity issue. It's a matter of logistics. Goodr was founded on the simple yet powerful idea that we need to feed more and waste less. What started as a local initiative to feed people experiencing food insecurity in Atlanta has grown into a national network with long-lasting impact. On Day 1 of the Summit, participants of this community-based learning opportunity got a behind the scenes look at what it's like for this social impact company to disrupt the food supply ecosystem at the Goodr fulfillment center. During this experience participants worked together to organize and package shelf stable foods to be distributed alongside fresh products to 200 Atlanta families during the M-BAN Summit. On Day 2 of the Summit, the participants received a look at a Goodr grocery distribution. Set in what has been described as a block party atmosphere that focuses on the dignity of the shopper, participants worked together to distribute shelf stable foods alongside fresh products to 200 Atlanta families.

## **Reaching Our Sisters Everywhere (ROSE)**

Reaching Our Sisters Everywhere (ROSE) Inc. was founded to address breastfeeding disparities for communities of color. As a national expert, and in partnership with communities, R.O.S.E. builds equity in maternal and child health through culturally competent training, education, advocacy, and support. During this

community-based learning experience, participants were able to explore policies as structural elements in complex systems that promote or inhibit improved maternal health outcomes. Working alongside R.O.S.E.'s leaders in maternal and infant health advocacy, participants received the opportunity to identify policy engagement roles and opportunities within their own communities.

## **Center for Black Women's Wellness**

The Center for Black Women's Wellness (CBWW) is a premier, community-based, family service center committed to improving the health and well-being of underserved Black women and their families. This community-based learning experience included a deep dive into some of CBWW's flagship programming, including the Atlanta Healthy Start program and Fatherhood Initiative. Participants had the opportunity to tour the incredible safety net clinic and patronize graduates of the Center's Women's Economic Self Sufficiency Program during an exclusive business expo.

## **Birth Equity Funders Summit**

The Birth Equity Funders Summit was also held at the Omni Atlanta Hotel at the CNN Center following the M-BAN Summit, included approximately 100 philanthropic foundations, including W.K. Kellogg Foundation, the Ms. Foundation, Robert Wood Johnson Foundation, Community Health Acceleration Partnership, and Grantmakers in Health.

Members of philanthropic foundations continued their learning by engaging with each other and invited representatives from community-based organizations leading birth equity work in the field. Invited speakers and subject matter experts included, among others, representatives from National Birth Equity Collaborative (NBEC), Mamatoto Village, Narrative Nation, Commonsense Childbirth, Health Connect One,

Cradle Cincinnati, bi3, Groundswell, Pritzker Children's Initiative, W.K. Kellogg Foundation, Community Acceleration Health Partnership, and HRSA Maternal and Child Health Bureau.

The topic of trust-based philanthropy was central to discussions highlighting the opportunity that funders have to become stronger co-creators and partners, as well as to increase support for general operating expenses that provide more stability to organizations in need of steadier and more reliable funding that goes beyond project-based funding, and that also support workforce wellness, professional development, and capacity building.

Participants also discussed and strategized on how funders can better align efforts to unlock resources and accelerate birth equity for organizations serving communities across the nation. In particular, they held focused alignment discussion centered on three priority areas: 1) workforce support, 2) impact measurement, and 3) policy alignment.

These discussions also centered the opportunity for funders to innovate within their own organizations and across the philanthropic field, without continuously

demanding innovations from those leading community-based work to improve outcomes. It became evident across both summit meetings that the community-based perinatal and nonprofit workforce is also in great need of safe spaces where people can intentionally pause, feel, rest, connect, and reflect in community. Funders can have a role in supporting trust-based relationships that respect the profound human experience and heart-centered nature of birth equity work, without inadvertently contributing to the collective trauma that community-led organizations often experience.

Going forward, Funders for Birth Justice and Equity made a commitment to continue to lead efforts to cultivate more synergy among funders in service of birth equity and raised the opportunity to further explore if and how they could also align its priorities with the five strategies in the M-BAN National Equity Framework.

A more in-depth report capturing highlights resulting from the Birth Equity Funders Summit is currently in development and will be made available by Afton Bloom.

*With support from the CDC, W.K. Kellogg Foundation, bi3, J.B. and M.K. Pritzker Foundation, and other valuable funding partners, so many incredible colleagues from organizations across the nation came together to help advance our collective cause. We recommitted to our shared vision that 'together we can achieve what we cannot achieve alone'.*

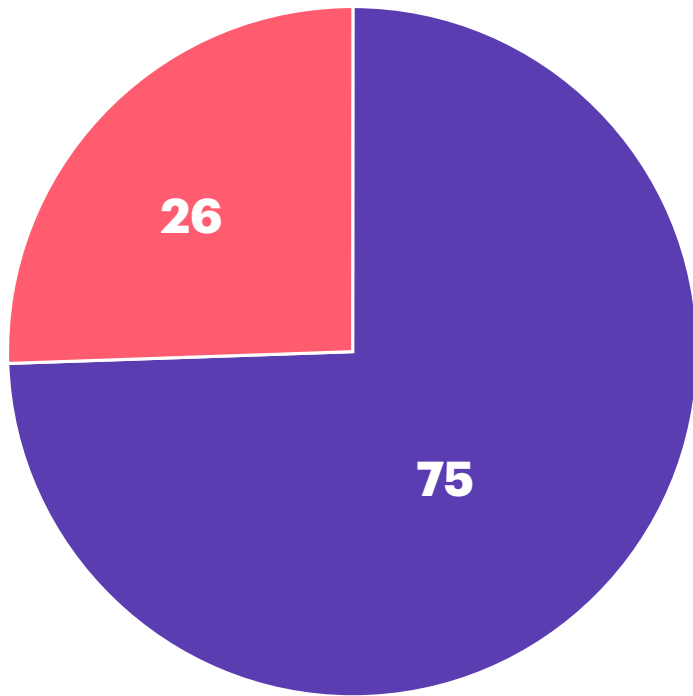
**Dr. Jordana Frost, Director, Strategic Partnerships, M-BAN.**



# Participant Insights

The M-BAN Summit worked to collect participants’ insights throughout the course of the Summit to gather feedback and information pertaining to key topics discussed. A post-Summit survey was disseminated to all 457 participants resulting in a response rate of 23% (107 responses).

Based on overall feedback, Summit participants enjoyed and were energized by the 2022 M-BAN hybrid Summit.



**Figure 5. Post-Summit Survey Response**

**N = 107**

- **26 - Virtual Summit Participants Responses**
- **75 - In-Person Summit Participants Responses**

<b>Table 3. Post-Summit Survey Feedback</b> <b>N = 107</b>	
<b>Post-summit survey response feedback</b>	<b>Participants’ response rate</b>
Summit participants stated featured speakers influenced their decision to attend.	31%
Summit participants whose primary role was as an attendee.	53%

Summit participants that were a speaker, moderator, or presenter.	31%
In-person Summit participants that rated the Summit content selection as satisfactory or excellent.	96%
Summit virtual attendees that rated the Summit content selection as satisfactory or excellent.	84%
Summit participants that enjoyed their Summit off-site learning experience.	100%





# Relevant resulting action commitments

Key takeaways from the M-BAN Summit included the need for policy and legislative actions that further address the disparities within the MIH system of care that will increase equitable MIH outcomes. Equitable resources and statewide funding are needed to address many of the issues outlined within the five strategies, as well as having community and national partners, advocates, and additional educational information on the various topics addressed. Through discussions, presentations, and breakout sessions, the following are some of the key takeaways from Summit sessions:

- Healthcare centers should be: 1) transparent about costs of services and insurance coverage, 2) expand time of operation beyond the traditional business hours, 3) require implicit bias and racial equity and diversity training, and 4) offer more services in Spanish, preferably in person.
- State legislation must be passed to implement certifications standards for doulas. This would allow doulas, who have been shown to improve birth outcomes in moms, to directly provide services covered by Medicaid.
- Build local capacity for trained doulas and birth education.
- Enhance systemic and structural supports for community births.
- Measure what matters to service users and providers.
- Attempt to disentangle the structural/organizational impacts from the providers capacities.
- Integration across settings means midwifery care models are strategically created and sustained in all settings.
- Address the eco-system of barriers that prevent the integration of midwifery care across settings.
- Advocacy for change and increase in awareness of racial bias and the impact of racism on birthers.
- Staff professional development and training.
- Awareness of Medicaid expansion of postpartum services.
- More widespread adoption of the Respectful Maternity Care Framework.
- Include environmental health in funding requests for proposals.
- Increase training and education on environmental justice to ensure connections with MIH initiatives.



# Emerging evaluation data

As part of the M-BAN Summit's conclusion, participants were invited to participate in a live Mentimeter poll to assess participants' thoughts on next steps and ways they could bring action directly to their communities. Participants stated they were most equipped to act on: 1) increasing access to quality healthcare, and 2) building safe and connected communities, followed by 3) dismantling racism and addressing unequal treatment (see Fig. 5).

Participants felt they were most prepared to work on these strategies because they had access to the following resources, tools, information, and partnerships:

- Content experts
- Working groups
- Perinatal Quality Collaboratives
- Existing funding networks and grant programs
- Policy supports and legislative authority
- Healthy birth ambassadors
- Community partners (i.e., Community Based Organizations, Healthy Start Coalitions, etc.) and connections
- Experience and educational background
- Best practices from other states
- National partnerships
- Institutional/organizational commitment at the leadership level
- Capacity building resources
- Collective of perinatal health advocates

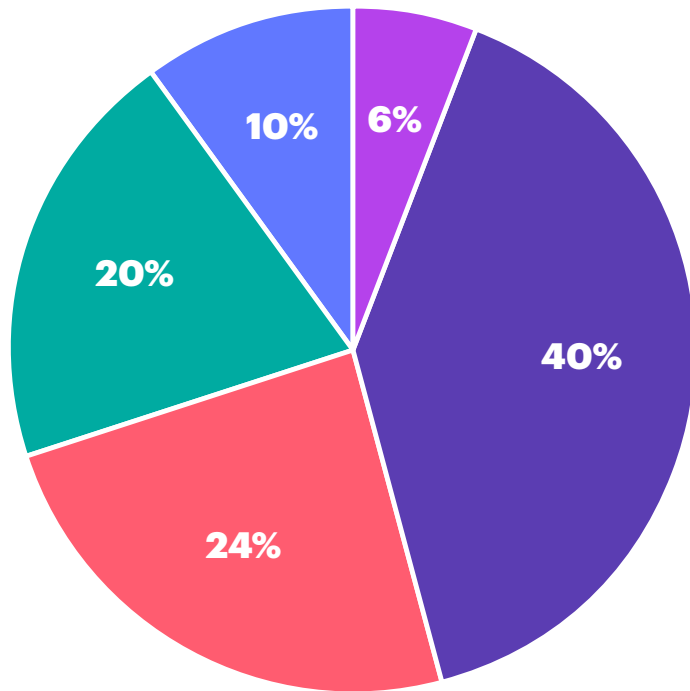
When participants were asked which strategies, they felt they were least equipped to tackle at the moment, "Promote environmental justice" (43%) and "Strengthen economic security" (43%) were both at the top. The following are resources, tools, information, and partnerships participants felt they needed to better prepare them to address the strategies:

- Sustainable funding and new legislative authorities
- Professional development
- More knowledge, additional education needed
- Statewide resources
- Infrastructure to better connect communities to resources and supports
- Advocacy training needed
- More alignment with the direct scope of their organization
- Policy recommendations and changes
- Anti-racist board of directors
- Stronger partners
- Subject matter experts
- Integration of environmental health when discussing MCH
- Environmental health and maternal health framework/tools
- Wealth building information for members of communities

Participants were also asked to share how they felt at the conclusion of the Summit. Participants expressed feeling connected, energized, inspired, challenged,

grateful, empowered, and committed are just a few of the words expressed (see image below) as the Summit provided them with the ability to build and/or

strengthen connections, created a safe space for many, and reenergized many in the MIH field feeling burned out.



**Figure 6. Which of these M-BAN strategies do you feel MOST equipped to take action on within your organization, community, or in partnership with others?**

- Increasing access to high quality healthcare
- Building safe and connected communities
- Dismantling racism and addressing unequal treatment
- Promoting environmental justice
- Strengthening economic security



**Figure 7: Mentimeter Poll – Participant Word Cloud**

# Conclusion

The M-BAN Summit was an overall success, and March of Dimes will continue to collaborate with partners and stakeholders to drive change towards more equitable and positive health outcomes for all moms, babies, and their families. Participants were able to experience various presentations, workgroup sessions, off-site community learning opportunities, self-care and wellness opportunities, a touching dance experience,

and overall inspiration and motivation drawn from valuable interactions with each other. The overall impact of the Summit will drive forth the necessary action needed to implement and drive change in MIH across the U.S. March of Dimes looks forward to continuing to grow and strengthen the national movement that we're building as a convener of M-BAN and along with the many partners across the U.S.

