

# Maternal Health Alliance: Compendium of Resources



*Healthy People, Healthy Communities and a Healthy Nation for All*

## Overview

This document serves as an organized listing of resources and will illustrate the process The Communities Improving Maternal Health Alliance (The Alliance) used to gather actionable recommendations, also known as promising practices, for the purpose of sharing and collaborating. These recommendations have come from members of the community that have working knowledge and/or lived experience within the Maternal Health field. The members represent community organizations, Tribal organizations, Government, Private Sector, and Maternal Health subject matter experts.

The Communities Improving Maternal Health Alliance conducted a series of three workshops, which served as a platform for Alliance members to discuss health care practices that have made a positive impact within their maternal health community. These practices were shared with the intention that they be replicated by other organizations facing similar challenges. The workshop discussions not only highlighted what has worked well, but also pointed out lessons learned and recommendations for future implementation. The Alliance was supported by an Advisory Board, consisting of eight subject matter experts working in the space of maternal health, especially those living in rural areas and minoritized individuals. Advisory board members provided guidance to the Alliance in achieving its objective and served as a resource to Alliance members and the planning committee.

The Alliance provided the option of uploading detailed information about programs, funding streams and programmatic resource requirements onto an online platform called Box.com. This platform provides storage for uploaded documents, where they can be shared and used for collaboration.

The Alliance Planning Team formed a sub-workgroup, called the Promising Practices Team (PPT). This team was responsible for moderating the workshop discussions, reviewing the workshop transcripts, and analyzing other programmatic details provided by Alliance members. The PPT analyzed the resulting materials and discerned promising practices from the rich materials and discussion provided by Alliance members. These findings have been synthesized and are provided within this Compendium of Resources.

Please see the *How to Use This Tool* section for information on how to leverage this Compendium in other contexts.

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# The Communities Improving Maternal Health Alliance

## BACKGROUND

Despite our scientific knowledge of effective interventions to support healthy birthing people and babies, there are still disparities in the pregnancy outcomes of Black and American Indian/ Alaska Native (AI/AN) birthing people. Data from CDC show that AI/AN and Black women have 2-3 times the pregnancy-related death rates of White women. Research from UAMS shows that communities in "The Delta," counties along the Mississippi River in Arkansas, Kentucky, Louisiana, Missouri, Mississippi and Tennessee have worse maternal outcomes than other areas.<sup>1</sup>

The Delta communities have a history of slavery, segregation, and redlining. They also face social factors that affect health, like poverty. These inequities shape exposures, vulnerability, and health consequences.<sup>2</sup> Furthermore, the data on maternal health show serious negative health effects in terms of disparities in pregnancy-related deaths.<sup>3</sup> To improve interactions between patients and providers, we need to address bias and racism in healthcare and communities. Addressing bias and racism is likely to result in better health outcomes as well.<sup>4</sup> To address bias and racism in our communities, we must support programs that foster social resilience in addition to quality healthcare access.<sup>5</sup>

The Delta is in the US HHS/Office of the Assistant Secretary for Health Regions (OASH) 4, 6 and 7. In spring 2022, these offices collaborated with US HHS/Health Resources and Services Administration (HRSA) regional offices, the Arkansas Minority Health Commission, and the Arkansas Department of Health. They organized a two-day meeting to address the harmful effects of implicit bias and structural racism related to maternal health outcomes in the Mississippi River Delta (AR, KY, LA, MO, MS, and TN) by identifying community-led strategies and interventions aimed at improving maternal and birthing outcomes, developing recommendations for how various organizations and government can work together to effect change, and promoting culturally and linguistically appropriate services. The audience consisted of healthcare professionals, community organizations, and others who support birthing individuals and their children. Based on feedback from community organizations and other partners, there was a need to build partnership to address maternal health issues throughout regions 4, 6 and 7. As a result, the group decided to expand its reach to include all the states in the three HHS Regions instead of limiting the scope to the Delta area.

The group discussed ways to prevent serious complications and deaths among Black and AI/AN birthing people. The meeting used everyone's knowledge to address disparities in maternal health and improve collaboration as well as resource sharing. This discussion ultimately led to the creation of this document.

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<sup>1</sup> Smith, B. L., Sandlin, A. T., Bird, T. M., Steelman, S. C., & Magann, E. F. (2015). Maternal mortality in the Delta region of the United States. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 44(s1), S66-S67.

<sup>2</sup> Perez-Stable, E. J., & Hooper, M. W. (2021). Acknowledgment of the Legacy of Racism and Discrimination. *Ethnicity & Disease*, 31(Suppl 1), 289.

<sup>3</sup> Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022. DOI: 10.15620/cdc:113967.

<sup>4</sup> Petersen, E. E., Davis, N. L., Goodman, D., Cox, S., Syverson, C., Seed, K., ... & Barfield, W. (2019). Racial/ethnic disparities in pregnancy-related deaths—United States, 2007–2016. *Morbidity and Mortality Weekly Report*, 68(35), 762.

<sup>5</sup> Ibid.

After the successful initial meeting, the partners realized the importance of ongoing collaboration. They decided to launch the Communities Improving Maternal Health Alliance. The Alliance planned to collaborate for one year with five objectives:

1. Build a network to address maternal health disparities at the community level.
2. Share information about strategies partners are using in local contexts.
3. Identify challenges and barriers to the implementation of existing evidence-informed interventions.
4. Look for ways to increase the use of effective methods to improve the health of mothers.
5. Find ways to encourage culturally sensitive care in different healthcare environments. This collection is a result of the Alliance's combined efforts.

## **PURPOSE**

The Alliance aimed to improve maternal health outcomes in US HHS Regions 4, 6 & 7 by decreasing health disparities. Regions 4, 6, & 7 include: Alabama, Arkansas, Florida, Georgia, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and 83 federally recognized tribal nations. The Alliance focused particularly on outcomes for those living in rural areas and people from racial and ethnic minority groups facing health disparities including, African Americans, American Indian/Alaska Natives (AI/AN), and Pacific Islanders. Black and AI/AN birthing people are two to three times more likely to die from a pregnancy-related cause than White women. Multiple factors contribute to these disparities, such as access to quality healthcare, disparities in health status including chronic conditions, structural racism, and implicit bias. Moreover, social determinants of health prevent many people from racial and ethnic minority groups from having fair opportunities for reaching optimal economic, physical, and emotional health.

## **COLLABORATION**

In partnership with the Office of the Assistant Secretary for Health (OASH), the Health Resources and Services Administration (HRSA) Office of Intergovernmental and External Affairs (HRSA IEA), and the Arkansas Minority Health Commission (AMHC), and with leadership from the Advisory Board, The Alliance created measures and goals to support efforts to improve equity in maternal health. Alliance members used the measures and goals to guide their work to improve equity in maternal health and report on their progress and activities. The group members submitted information about their activities in the maternal health space. If you would like to join The Alliance, you can still do so [HERE](#).

## **ALLIANCE MEMBERSHIP**

Membership in The Alliance is open to anyone working in or committed to improving maternal health outcomes in OASH/HRSA Regions 4, 6, & 7, while prioritizing health equity and eliminating health disparities. Members must be strong supporters of The Alliance's purpose and objectives. Members should also be engaged with the group to share their programmatic successes so they may be replicated by others.

The Alliance met quarterly during Fiscal Year 2023. Members were requested to attend three out of four quarterly meetings and at least one of the three workshops conducted. Moving forward the Alliance members are working within their regions to continue to work toward the above objectives.

# Promising Practices Identification

## PROMISING PRACTICES TEAM

The Promising Practices Team (PPT) was responsible for collecting and summarizing promising practices from all members of the Alliance and the sub-workgroups. They consulted with the Advisory Board, the Planning Committee, and other experts to do so.

## DEFINING AND ORGANIZING PROMISING PRACTICES

HRSA Health Center Program’s Site Visit Protocol was the model for the definition that the Alliance adopted. This definition was tailored to the community setting. The resulting definition is below.

“Promising practice” refers to a policy, program or practice that leads to or has the potential to improve outcomes or increase efficiency. Outcomes and efficiency measures for the identified practices were defined by the organization (state, local, territorial, community based, tribal or other) that implemented the practice. Promising practices identified were researched and categorized according to the Continuum of Evidence Framework from The National Center for Education in Maternal and Child Health as being supported by mixed evidence, emerging evidence or expert opinion.

**TABLE 1: CONTINUUM OF EVIDENCE FRAMEWORK**

Rating	Explanation
<i>Scientifically Rigorous</i>	Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.
<i>Moderate Evidence</i>	Strategies with this rating are likely to work. These strategies have been tested more than once and results trend positive overall; however, further research is needed to confirm effects.
<i>Expert Opinion</i>	Strategies with this rating are recommended by credible, impartial experts and are consistent with accepted theoretical frameworks. Further research is needed to confirm effects.
<i>Emerging Evidence</i>	Strategies with this rating typically “trend positive” and have good potential to work. They often have limited research documenting effects and need further research to confirm effects.
<i>Mixed Evidence</i>	Strategies with this rating have been tested more than once and results sometimes trend positive and sometimes show little effect; further research is needed to confirm effects.
<i>Evidence Against</i>	Strategies with this rating are not good investments. These strategies have been tested in many robust studies, are not effective, and sometimes produce harmful results.

## PROCESS

The PPT conducted three workshops over the course of 2023. The goal of these workshops was to convene Alliance members to share strategies that could be replicated in other settings. Members shared their successes as well as their challenges and advice for other organizations that may be interested in doing similar work. Workshops resulted in over 200 pages of transcripts that the PPT reviewed to identify common themes.<sup>6</sup> This document is the resultant compendium of curated quotes by theme from our Alliance membership.

The PPT used the above definition to identify promising practices shared in the workshop transcripts and document submissions from Alliance Members. A standardized Facilitation Guide was used to guide discussions (See Appendix 2).

The PPT did not identify any practices that were shown to have evidence against implementation but would have excluded any such practices from this Compendium. The Alliance did not focus on collecting and highlighting evidence-based strategies, as those are already well-understood.

Once promising practices were identified, they were categorized by theme. Themes were identified in emergent reading of the transcripts and other materials provided by Alliance members. The team categorized promising practices to make this document easy to navigate; however, it must be acknowledged that certain items may fit into multiple themes. Next, the PPT categorized each submission based on the level of evidence available for each practice. This was accomplished using the definitions and categories in Table 1 developed by The National Center for Education in Maternal and Child Health. MCH Evidence briefs were referenced to provide the evidence to support each categorization.

It should be noted that Alliance members had multiple options to submit material, resources, and feedback. The primary method of submission was orally during one of the three available workshops in a virtual group setting, in which feedback was reviewed and synthesized. Members were also welcomed to submit written documentation and the information received in writing was also included in the review.

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<sup>6</sup> Transcripts were automatically computer generated and some words may have been left out or there may have been errors in transcription. The team has made every attempt to correct any transcript errors.



# How to Use This Tool

The intended audience of this document is any organization or individual who is interested in learning about strategies to promote maternal health in their organization or practice. This document is intended to be used by organizations to replicate or build on the work shared.

The Compendium is organized into three themes and sub-themes to organize the promising practices. For more information on a specific promising practice, please reach out to the organization referenced. Appendix 1 includes the contact information for all the organizations and individuals quoted.

Please note that the evidence-base cited and the level of evidence indicated are not intended as an evaluation of any individual organization or program. Rather, this document provides a citation to guide the reader to the existing evidence base for the specific strategy mentioned. The intention is to provide readers replicating a promising practice with easy access to the existing knowledge about function and efficacy of that strategy.

Each promising practice in this compendium is listed and categorized as follows:

**Theme** ..... One of three broad categories of work identified.

**SUB-THEME** ..... Sub-category that provides more specificity within the broader theme.

**Strategy Table** ..... Contact, organization, location and available evidence support.

**Quote** ..... Description provided by an Alliance Member that explains the strategy.

**Summary of Existing Evidence** .... Link to a summary of the evidence for each promising practice strategy from a research institution such as Robert Wood Johnson and MCH Evidence.



## Theme 1: Community Engagement

Many of the submissions highlight the importance of engaging with the community in myriad ways to help develop initiatives that are specifically driven by the community.

### 1.1 COMMUNITY DRIVEN INITIATIVES

Strategy	Contributor	Location	Category
Early Childhood Home Visiting	Samantha Price, My Health My Resources of Tarrant County <a href="https://www.mhmrarrant.org/">https://www.mhmrarrant.org/</a>	Tarrant County, TX	Moderate Evidence
<p><b>“I’m a program director for the healthcare early childhood, with My Health My Resources (MHMR) of Tarrant County, and we have nurse home visiting. We go send registered nurses out at three weeks postpartum. But any time after two weeks that nurse is available to them (the postpartum person) for questions concerns after their discharge from the hospital, and typically until about six weeks post. We go out and see them in their home, and... our nurses had moms who were showing symptoms of blood clots, and one that had a stroke that she just educated on what to do for herself. She was given those warning signs and was able to advocate for herself... One of the things that we found that’s helped with our providers in the hospitals is just showing them how we can help lessen that load for them of where they’re not getting those calls, you know, for non-emergent, or we can answer those questions, and just talking to those providers and presenting it to them. And this is what we can do to support you versus hey? We’re not trying to steal your clientele. We’re trying to help.”</b></p>			

Strategy	Contributor	Location	Category
Breastfeeding Promotion Programs	Andrea Serrano Program Director, Reaching Our Sisters Everywhere (ROSE) <a href="https://breastfeedingrose.org/">https://breastfeedingrose.org/</a>	Atlanta, GA	Moderate Evidence
<p><b>“Things that we’re doing in our organization that we feel have shown success are our community-based breastfeeding peer counselor trainings, and it’s not just the fact that the training is occurring but also how we conduct the training. Our model isn’t necessarily to just inundate with information when we’re doing the trainings, but to also create a space for stories sharing of experience, being able to maybe heal through its individual’s own experience.”</b></p>			

Strategy	Contributor	Location	Category
Community Engagement	Angela G. Program Manager, Pediatric Medicine, Meharry Medical College <a href="https://home.mmc.edu/">https://home.mmc.edu/</a>	Nashville, TN	Emerging Evidence
Social Connectedness			Moderate Evidence
<p>“Meeting them where they’re at and being creative to bring people in. So, for an example, we have groups on Saturdays where we have providers check on them (the postpartum person) and the baby, and we have education. But Saturdays is their day, their family day. If they are working all week, the last thing they want to do is wake up at ten o’clock to come out, especially on the winter day. Just being able to think of really innovative and incredible ways to encourage participation such as a date night where moms and dads tend to come out. We start dinner, in a nice restaurant atmosphere, and during the dinner, we can present our education materials. We can kind of touch basis about mom and pregnancy, and on top of that be able to operate.”</p>			

Strategy	Contributor	Location	Category
Social Connectedness	Andrea Serrano Program Director, ROSE Atlanta, Georgia <a href="https://breastfeedingrose.org/">https://breastfeedingrose.org/</a>	Atlanta, GA	Moderate Evidence
<p>“I just want to second Angela [G.]’s Lived Experience Advisory group and [the importance of] compensation for Lived Experience Advisory Groups. ROSE uses the Lived Experience Advisory Group approach in both our organization programs and subcontracts... That is of major importance for how ROSE does our work as well.”</p>			

Strategy	Contributor	Location	Category
Breastfeeding Promotion Programs	New Mexico Breastfeeding Taskforce <a href="https://breastfeedingnm.org/">https://breastfeedingnm.org/</a>	Albuquerque, NM	Moderate Evidence
<p>“Whenever we are talking about program development, we need to include the voices of those we intend to serve. Our land was always loved by our Indigenous brothers and sisters and we work with several community organizations to continue to support families and wellness. Many of our collaborations are decades in the making and we center building partnerships, cultivating trusting relationships and ensuring that our goals are community led. We have many examples of these partnerships: for instance, our collaboration with several of the IHS Hospitals across our state and the BFHI (Baby Friendly Hospital Initiative). In our area, all of the IHS facilities are required to hold the Baby Friendly USA designation status. As a coalition, we have been able to support facilities in many different ways. We offer supplies, lactation education, and breastfeeding resources. We provide scholarships to cover staff training, drop off books and breast models and send calendars or art prints- because that is what they asked of us.</p> <p>“This is what we need for our community.” It has taken a long time, years of that partnership coming together in a way that is community driven. If you can [come together], and you can be intentional about it and mean it, and you do it for a long time, that relationship will be sustainable.”</p>			

**Lessons learned- "It is being okay with folks not showing up at first. This can be difficult to come to terms with. You put the energy and time to create a resource or program and it feels empty. So, for example, when we first started our Lactation Circle (support group), it was unattended for the most part, you know. It was just us looking at each other. One of the things that we had to really work and push to do is, to tap into our community and we quickly realized that it was our other lactation care providers who were undernourished and needed a space to learn and connect, so we shifted and started offering special guest speakers and we talked about herbs and infant massage and hand expression. We go where the families are, it means not only going to the health fairs, but going to the local child-care centers, the doctors offices, workplaces and outreach events."**

### **Summary of Available Evidence for Community Driven Initiatives**

- 1 Breastfeeding Promotion Programs. What Works for Health: Strategies. Last Updated: Jan 10, 2018. Accessed: Oct. 30, 2023. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/breastfeeding-promotion-programs>
- 2 Community Engagement: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: July, 2022. <https://www.mchevidence.org/documents/briefs/TA-Brief-Community-Engagement.pdf>
- 3 County Health Rankings and Roadmaps. Early childhood home visiting programs, What Works for Health: Strategies. Last Updated: Feb 14, 2018. Accessed: Oct. 30, 2023. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/early-childhood-home-visiting-programs>
- 4 Social Connectedness: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: June 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Social-Connectedness.pdf>

## 1.2 PEER SUPPORT

Strategy	Contributor	Location	Category
<b>Build Trust and Work Collaboratively</b>	Zenobia Harris, DNP Executive Director, Arkansas Birthing Project <a href="https://www.arkansasbirthingproject.org/">https://www.arkansasbirthingproject.org/</a>	Little Rock, AR	Emerging Evidence
<b>Social Connectedness</b>			Moderate Evidence
<b>Trauma Informed Care</b>			Expert Opinion
<p><b>“Certainly, there's a role for everyone in this space, I think as well as Community Health Workers, but also, I think, local community people who want to make a difference, particularly in areas in communities like we have in Arkansas which are very rural, and there aren't a lot of resources available. It makes a huge difference when someone else is in the room with the women when they're seeking care or receiving instructions or information or expressing their concerns. You know, having that extra ear there, that extra tongue there to speak on their behalf makes a huge difference in terms of helping them to be recognized and seen.</b></p> <p><b>It's a skill that I think we need to share more and more with whomever is advocating on behalf of our clients or our people that we're supporting, because, as I think often, what I hear is that people don't feel recognized. They don't feel heard, they don't feel seen, and unfortunately, they're not sometimes even allowed to ask questions about the things that are happening to them in the spaces that they must occupy when they seek services, so that in turn, of course, continues to create a lot of distrust in the [healthcare] system. That's unfortunate because I think overall, there are lots of benefits in being in the system, but also, unfortunately, many of our clients feel like there are a lot of disadvantages, and so we need to address that. I think we've got to come out of our silos. We've got to have more collaborative partnerships among a variety of caregivers, instead of just focusing on those that have gone through the University systems.”</b></p> <p><b>“In 2019, we created a trauma-informed care program where we recognize trauma in our patients lives. Through the last four years some of the outcomes of our work, as we've seen um. Some improved patient health outcomes with diabetes.”</b></p>			

### Summary of Available Evidence for Peer Support

- 1 Ashby, B. D., Ehmer, A. C., & Scott, S. M. (2019). Trauma-informed care in a patient-centered medical home for adolescent mothers and their children. *Psychological services*, 16(1), 67. [DOI: 10.1037/ser0000315](https://doi.org/10.1037/ser0000315)
- 2 Family, Youth and Community Engagement in all Maternal Child Health (MCH)/ Children and Youth with Special Health Care Needs (CYSHCN) Programs using the Community. MCH Innovations Database: Practice Summary & Implementation Guidance. Last Updated: 2021. Accessed: Oct. 30, 2023. [https://amchp.org/wp-content/uploads/2021/05/Community-Engagement-Tool\\_Practice-Handout-Emerging-2.pdf](https://amchp.org/wp-content/uploads/2021/05/Community-Engagement-Tool_Practice-Handout-Emerging-2.pdf)
- 3 Lathrop, B. (2013). A systematic review comparing group prenatal care to traditional prenatal care. *Nursing for women's health*, 17(2), 118-130. <https://doi.org/10.1111/1751-486X.12020>
- 4 Social Connectedness: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: June, 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Social-Connectedness.pdf>

### 1.3 TRUSTED MESSENGERS

Strategy	Contributor	Location	Category
Community Engagement	Angela G. Program Manager, Pediatric Medicine, Meharry Medical College <a href="https://home.mmc.edu/">https://home.mmc.edu/</a>	Nashville, TN	Emerging Evidence
<p><b>“We did a community education campaign, and we incorporated the community in the process. We had two initiatives. We had one initiative called the leading ladies, and basically the leading ladies were first ladies of our area churches, and their job was to identify those pregnant moms in the church and kind of wrapped their arms around them. In the community, you know our churches are our forefront. The goal was to have the leading lady to kind of take that initiative and push policies within their churches. In a couple of churches, they opened up places for breastfeeding specifically for lactation rooms in the churches that came from that initiative.”</b></p>			

Strategy	Contributor	Location	Category
Rural Transportation Services	Katrina Keough, MPA, Project Director, Upper Peninsula Health Care Solutions <a href="https://www.uphcs.org/">https://www.uphcs.org/</a>	Marquette, MI	Expert Opinion
<p><b>“Oftentimes, the Community Health Workers (CHW) will have conversations in the car during transports, and similar to how a child would open up in the car, the person that they are transporting will as well. As they open up during the ride, the CHWs who have been trained in motivational interviewing and Adverse Childhood Experiences (ACEs), have a better understanding of how trauma-informed care plays a big piece in the success. They help them talk through the issue by saying things like you are worthy and you are making strides just by being in this car to go and use some of your benefits. They are able to talk to them about the harm reduction piece and acknowledge what they felt they would like to and connect that with what is going on in their day immediately. That is not something that you can necessarily put in an Electronic Medical Record (EMR), or just check off a box.”</b></p>			

#### Summary of Available Evidence for Trusted Messengers

- 1 Association of Maternal and Child Health Programs; Georgia Health Policy Center. 2020. Promoting Access to Care for Women of Reproductive Age with Mental Health and Substance Use Disorders in Rural Communities. Washington, DC: Association of Maternal and Child Health Programs. Accessed: Oct. 30, 2023. <https://amchp.org/resources/promoting-access-to-care-for-women-of-reproductive-age-with-mental-health-and-substance-use-disorders-in-rural-communities/>
- 2 Community Engagement: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: July 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Community-Engagement.pdf>

## 1.4 WORKFORCE DEVELOPMENT AND SUSTAINABILITY

Strategy	Contributor	Location	Category
Insurance Reimbursement for Doulas	Zenobia Harris, DNP, Executive Director, Arkansas Birthing Project <a href="https://www.arkansasbirthingproject.org/">https://www.arkansasbirthingproject.org/</a>	Little Rock, AR	Mixed Evidence
<p><b>“What I’m seeing is that there are some barriers as far as doulas of color being able to receive the reimbursements that are needed. If there are more resources, I don't think that they're well known and there are some issues with Doulas being able to get the reimbursement that they need to be able to provide a service.”</b></p>			

Strategy	Contributor	Location	Category
Patient Navigators	Rebecca Burger, BSN, CLC, System Care Coordinator, RMOMS HRSA Grant, Bootheel Perinatal Network <a href="https://bootheelperinatalnetwork.com/">https://bootheelperinatalnetwork.com/</a>	Dexter, MO	Moderate Evidence
Social Connectedness			Moderate Evidence
<p><b>“We are proving intensive navigation or care coordination for our pregnant mothers. When we compared the pregnant mothers at the clinic that met with me and enrolled into our care coordination with the other mothers, what we saw was a 7% increase in deliveries of a healthy birth weight, we have seen a 2% increase in term deliveries and a decrease in the number of days spent in the NICU if they enrolled and participated in our integrative model by over 2 days, so for moms that were participating in our program, the average length of stay was 6.5 days and if they did not participate in our program the average length of NICU stay was 8.67 days. By allowing moms a place to tell their story and connecting them to wrap around services in our community.”</b></p>			

Strategy	Contributor	Location	Category
<b>Recruitment and Retention Strategies to Build and Support a Diverse Workforce</b>	Tammy L Thomas, PhD, MSW, MPH, Assistant Professor, Director of Undergraduate Programs, University of New Mexico Health Sciences <a href="https://hsc.unm.edu/directory/tomas-tammy.html">https://hsc.unm.edu/directory/tomas-tammy.html</a>	Albuquerque, NM	Emerging Evidence
<p><b>“I wanted to share from a non-clinical perspective. We just started a Maternal and Child Health Training Program here at the University [University of New Mexico] and there hasn’t been one in our state at all. Like for many of you, the Maternal and Child Health staff at our Department of Health are all getting ready to retire, which is terrifying. They hold a lot of knowledge and have done a lot of great work in communities, and they are concerned about who is going to take over for them. Many of our community organizations are requesting some formalized training for folks working with moms, children, and families. So, we just started this program, and we are excited to provide education and support for those folks who are doing just some incredible work. Just another way to create positive change in the community.”</b></p>			

Strategy	Contributor	Location	Category
<b>Community Doulas</b>	Jacquelyn Dalton, MPH, CPH Director, Health Equity Community Collaborative & Health Leads <a href="https://healthleadsusa.org/initiatives/maternal-and-child-care/">https://healthleadsusa.org/initiatives/maternal-and-child-care/</a>	New York, NY	Emerging Evidence
<b>Insurance Reimbursement for Doulas</b>			Mixed Evidence
<p><b>“I’m at Health Leads, which is a national organization that focuses on health equity work, and one of our projects is based in New York, increasing access to doula care. Although New York’s Medicaid landscape is different compared to where I live in Tennessee, advocating to increase access to doulas for women at risk of experiencing the negative fetal/maternal health outcomes that we are seeing is one thing that I think (we could do), despite the Medicaid landscape. If we know that women at risk would benefit, why not get ahead of it and maybe, as a preventative measure, provide reimbursement for women who are most at-risk and unable to afford or access doula care? Another thing that our maternal health project is also doing in New York is establishing a living wage standard for doulas. I think that’s important because I know some doulas are not receiving the reimbursement they need to have a sustainable career in that field. Making doula care accessible for the women who we know are most at-risk is going to be essential in all of the states experiencing the most negative (maternal and fetal health) outcomes right now.”</b></p>			



## Summary of Available Evidence for Workforce Development and Sustainability

- 1 Bakst, C. Moore, J.E., George, K.E. & Shea, K. Community-Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicaid. May 2020. Accessed Oct. 30, 2023. [https://medicaidinnovation.org/wp-content/uploads/2022/09/2020-IMI-Community\\_Based\\_Maternal\\_Support\\_Services-Report.pdf](https://medicaidinnovation.org/wp-content/uploads/2022/09/2020-IMI-Community_Based_Maternal_Support_Services-Report.pdf)
- 2 Patient Navigators. What Works for Health: Strategies. Last Updated: Jun 2, 2016. Accessed: Oct. 30, 2023. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/patient-navigators>
- 3 Recruitment and Retention Strategies to Build and Support a Diverse Workforce: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: June, 2022. Accessed Oct. 31, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Equitable-Recruitment-Retention.pdf>
- 4 Social Connectedness: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: June, 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Social-Connectedness.pdf>

## Theme 2: Culturally and Linguistically Appropriate Services

Effective communication can play a major role in creating positive healthcare outcomes. It allows patients to better understand their health care issue which could enable them to embrace proactive health and wellness strategies recommended by the provider. Effective communication can also be used to relay complex health issues that may be hard to understand. Effective communication is bidirectional and empowers the patient to make informed decisions.

### 2.1 CULTURALLY APPROPRIATE CARE

Strategy	Contributor	Location	Category
Culturally Adapted Health Care	Dr. Allison Huebert, Chair of the Department of Obstetrics and Gynecology, Claremore Indian Hospital <a href="https://www.ihs.gov/oklahomacity/healthcarefacilities/claremore/">https://www.ihs.gov/oklahomacity/healthcarefacilities/claremore/</a>	Claremore, OK	Moderate Evidence
Social Connectedness			Moderate Evidence
Trauma Informed Care			Expert Opinion
Collaboration			Expert Opinion
<p>“One of the great successes for Native American health care, and I think this will be demonstrated across ethnic minorities and racial minorities, is centering pregnancy. I don't know if anyone's spoken of that, it's patient-centered care in a group setting and it has great cultural applicability to our Native American patients. It also really encourages parenting and decision making early in their process and empowers patients to speak up. And it's also part of a system where all members of the team are heard and seen. I think the centering program itself emphasizes that. I also think the teamwork approach for you incorporates midwives, OB nurses, and position providers, each working together with respect for each other, but keeping the patient at the center, and that that comes from centering, but it's reinforced in other ways.”</p>			
<p>“[We all remember] the recent death of an athlete to maternal hypertension disorder, and I think the details are still coming out, maybe in the Trusted and medical system...it's interesting that parallels with our institution's renewed emphasis on hypertension and pregnancy in general, not just fourth trimester, but throughout... I think that's a huge topic that we're going to have to address more aggressively and more thoroughly... I work at a clinic, we're an Indian Hospital, an IHS facility in Oklahoma and I'm in the position of chair of the department. I think it's a topic we're going to have to work on well outside of our discipline and our communities where we've seen too many cases of this. We heard from Dr. Shalon's mom when we met in Dallas, and it's been moving, and yet it feels like we still have not made as much progress as we wanted to. I think, in community engagement, right now we're working with our partners, and making sure that they're part of the frontline team of early recognition and early intervention for those moms who present with hypertensive issues at any point in pregnancy or postpartum.”</p>			
<p>“I'm having a conversation about trauma informed care, but it's probably a document that I generated for our department recently on trauma in Native Americans...It's quite relevant, especially in gynecology. But, in any aspect of medicine there must be trust, and how you treat patients, and how you approach the care of [patients] is something we bring to our department meetings now. We started out with patient care, and we moved to patient</p>			

advocacy. And now we're into trauma informed care. That's part of our monthly meetings, just to make sure that those elements are covered as critically as our things like hypertension.”

“The other thing I would say to make them (AIM Safety Bundles) less scary is taking a multidisciplinary approach. That's helpful in maintaining safety standards. Get input from pharmacists, from er doctors, from hospitalists in the case of sepsis. Don't be afraid to reach outside of your department and get your experts at the table for collaboration. And of course, that includes nurse midwifery. Whatever levels of care you have at your facility, bring all those voices to the table.”

Strategy	Contributor	Location	Category
<b>Culturally Adapted Health Care</b>	Carlins Jerry, Marshallese Resource and Educational Center (MREC), Program Director, Marshallese Educational Initiative <a href="https://www.mei.ngo/">https://www.mei.ngo/</a>	Springdale, AR	Moderate Evidence

“Our mission is to raise awareness about the culture and history and the language and the relationship that we have (with the U.S.). I think, just being here and having that support, having a place that is just Marshallese where our community can come in, tell their stories, or what is happening. What are the barriers and challenges? And how can we help them along the way? So, I think just being here and having an organization here that other States can look up to and have a support. And I guess questions. I think that is one thing that I'd like to say I'm proud of, because nobody knows about our relationship with the U.S. And so it's kind of hard to have a lot of rights and know what you can do and cannot do. And so I think, just being an organization that can help them (Marshallese people) with challenges and barriers and navigate how to live in the U.S.”

Strategy	Contributor	Location	Category
<b>Social Connectedness</b>	Jackie Leung, Executive Director, Micronesian Islander Community <a href="https://www.micoregon.org/">https://www.micoregon.org/</a>	Salem, OR	Moderate Evidence

“Healthcare providers began reaching out to us and asking for assistance. But the assistance ended up being - give us a lecture about what's happening in the community, and then we never hear from them again. We had that happen twice, and after the second time we ended up responding back to those different groups - from the same entity, explaining that we've been asked several times to do this presentation, but it's like the same presentation but to different groups of people. Would it make more sense, either do a recording, or have more of a partnership versus just us coming and doing a random talk that you might need for like only an hour, as like a continuing education thing? Can we make it more meaningful? And there was interest at the time to expand upon it. I think it kind of came down to more capacity on their end versus ours. And so, I would say, what not to do is [don't be] the organization that just wants to help and do more of like the actual partnership versus I only come when you need me to.”

“We held a series pre-COVID, a series of leadership trainings to train people who identified as either parents or caregivers to be the ambassadors and so we did more of a “conversations

meeting” in terms of what were their experiences with prenatal care? And what are they seeing within the community? It was a research-oriented research base too. We had partnered at that time with the with the University under a research neuroscientist at Washington State University to be able to design this, and those individuals who graduated from the program had the knowledge and skill set so that when they encounter people to be able to provide information to them. Our goal is to start that up again at this point by the end of this year, with the new cohort, and for this summer, but broader because we only worked one city this past time. The goal now is to do a hybrid version where it will reach anybody here in Oregon.”

### Summary of Available Evidence for Culturally Appropriate Care

- 1 Ashby, B.D., Ehmer, A.C., & Scott, S.M. (2019). Trauma-informed care in a patient-centered medical home for adolescent mothers and their children. *Psychological services*, 16(1), 67. DOI: [10.1037/ser0000315](https://doi.org/10.1037/ser0000315)
- 2 Association of Maternal & Child Health Programs (AMCHP). Collaboration Science Tip Sheets: Overview of Collaboration Science Frameworks. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/AMCHP-Collaboration-Measurement-Tipsheets-Combined.pdf>
- 3 Cultural Competency/Humility: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: July, 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Cultural-Humility.pdf>
- 4 Social Connectedness: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: June, 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Social-Connectedness.pdf>

## 2.2 PATIENT VOICE IN CLINICAL CONTEXTS

Strategy	Contributor	Location	Category
<b>Build Trust and Work Collaboratively</b>	Wanda Irving, Co-Founder Dr. Shalon's Maternal Action Project <a href="https://www.drshalonmap.org/">https://www.drshalonmap.org/</a>	Atlanta, GA	Emerging Evidence
<p>"The maternal mortality <a href="#">public health crisis</a> in America is growing at an <a href="#">endemic rate</a>. Each year almost 1,000 women die from pregnancy or childbirth-related complications, with over 80% of those deaths being preventable. In 2017, <a href="#">LCDR Shalon Irving</a>, a fierce champion of health equity for women of color and an officer in the U.S. Public Health Service, was one of those deaths. The bitter irony is that she died from the same inequities she fought so hard to eradicate. If she had been able to connect with other women who had experienced her same complications, her outcome would have been different. <a href="#">Dr Shalon Maternal Action Project</a> (DSMAP) was founded in 2020 to carry on Dr. Shalon's legacy by providing women with the education, empowerment and community support needed to safely navigate the inequities in maternal care. The mission of DSMAP is to increase awareness of the Black maternal health crisis, and to develop and promote community-based, action-driven strategies that improve reproductive health outcomes and recognize the human-centered value of Black birthing people and families. Since our inception, DSMAP has built strategic partnerships and created, amplified, or sustained a collective impact agenda through advocacy. Our "Believe Her" app, launched in 2021 with the goal of providing a peer-to-peer, safe platform for women to interact with other mothers and share like experiences, find resources and connect with the doula community. The app is available in 54 languages, removing a major communication barrier."</p>			

Strategy	Contributor	Location	Category
<b>Build Trust and Work Collaboratively</b>	Angela G., Program Manager, Pediatric Medicine, Meharry Medical College <a href="https://home.mmc.edu/">https://home.mmc.edu/</a>	Nashville, TN	Emerging Evidence
<p>"You know you meet people, but you've got to get to know those people. You've got to develop a relationship with people in order for them to want to continue to support you is what we found, and I was not real good at that beginning. I miss that, and so I'm learning from that, and I try to spend more time going back donors and just having a coffee with them, just uh, you know, just updating them, just dropping by whenever I can uh to try to keep a relationship, and I think that's important. It also helps to spread the word about your program when those independent donors give, because they can say, "Hey, I gave you this program.""</p>			

Strategy	Contributor	Location	Category
<b>Build Trust and Work Collaboratively</b>	Dr. Margaret Taylor Executive Director, A Step Ahead West Tennessee <a href="https://www.asafwesttn.org/">https://www.asafwesttn.org/</a>	Jackson, TN	Emerging Evidence

**“The lesson I have learned is that we can’t go into a situation, thinking we know what is best for someone else. I’ve found that I have a better outcome when I bring the people we serve around the table and have them buy into the process versus just telling them what they need. Unfortunately, we have learned this the hard way, thinking people needed extra services because these services have worked for others and it’s what we offer. Everyone is different with different circumstances and needs. It is imperative to have representation around the table in developing and implementing any programs for those you will serve.”**

## **Summary of Available Evidence for Patient Voice in Clinical Contexts**

- 1 Ashby, B.D., Ehmer, A.C., & Scott, S.M. (2019). Trauma-informed care in a patient-centered medical home for adolescent mothers and their children. *Psychological services*, 16(1), 67. DOI: [10.1037/ser0000315](https://doi.org/10.1037/ser0000315)
- 2 Association of Maternal & Child Health Programs (AMCHP). Collaboration Science Tip Sheets: Overview of Collaboration Science Frameworks. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/AMCHP-Collaboration-Measurement-Tipsheets-Combined.pdf>
- 3 Bakst, C. Moore, J.E., George, K.E. & Shea, K. Community-Based Maternal Support Services: The Role of Doula and Community Health Workers in Medicaid. May 2020. Accessed Oct. 30, 2023. [https://medicaidinnovation.org/wp-content/uploads/2022/09/2020-IMI-Community\\_Based\\_Maternal\\_Support\\_Services-Report.pdf](https://medicaidinnovation.org/wp-content/uploads/2022/09/2020-IMI-Community_Based_Maternal_Support_Services-Report.pdf)
- 4 Cultural Competency/Humility: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: July, 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Cultural-Humility.pdf>
- 5 Patient Navigators. What Works for Health: Strategies. Last Updated: Jun 2, 2016. Accessed: Oct. 30, 2023. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/patient-navigators>
- 6 Social Connectedness: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: June, 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Social-Connectedness.pdf>

## 2.3 COORDINATED CARE

Strategy	Contributor	Location	Category
Care Coordination	Dr. Margaret Taylor Executive Director, A Step Ahead West Tennessee <a href="https://www.asafwesttn.org/">https://www.asafwesttn.org/</a>	Jackson, TN	Moderate Evidence
<p><b>“One thing I have learned in offering the services we offer is to NEVER tell anyone they are doing something wrong when it comes to their bodies and their health. You must affirm you heard and understood what they said. Then try to provide the information that would help them see that there may be a better way to do something, but you never embarrass anyone by telling them they’re doing something wrong. I’ve seen it happen, and that person that was sharing, withdrew and did not participate in anything else.”</b></p>			

Strategy	Contributor	Location	Category
Monitoring Fetal Movement	Christine Tucker Healthy Birth Day, Inc. <a href="https://healthybirthday.org/">https://healthybirthday.org/</a>	Des Moines, IA	Emerging Evidence
<p><b>"Our organization’s main focus is educating parents on fetal movement monitoring in the third trimester so they know their baseline, and if they notice a change they can reach out to a medical provider to get further testing done to make sure baby and parent are doing okay. The way that we’ve made our program so successful has been through our app and educational materials. We have a free app, it doesn’t have pop-ups or ads, and it's simple to use so that people can understand it easily. The app is translated into sixteen languages with more on the way to make it accessible so information can get out there to more communities. We also have movement monitoring bracelets and paper charts to make sure that parents with less access to technology or internet are also able to keep track of their baby’s movements. Connecting with medical providers, birthworkers, and community-based organizations is also a priority of ours because it can take a village to prevent stillbirth and help a parent feel supported and validated. "</b></p>			

Strategy	Contributor	Location	Category
Continuous Support (antenatal, birth and postpartum)	Sacnite Blanco Pregnant and Parenting Intervention Program Director, Behavioral Health Solutions of South Texas <a href="https://www.bhsst.org/">https://www.bhsst.org/</a>	Harlingen, TX	Moderate Evidence
<p><b>“We’re a pregnancy and parenting intervention program. A lot of the times, even if the mom does have some concerns that she is bringing up to her doctor, whether it be pre- or post-natal, [she] was voicing some concerns that were ignored by her doctor... But, I think being with them step-by-step every time that they go to the appointment is really helpful, because a lot of the times when they are voicing their concerns, there’s just nothing, or they’re being brushed off. I see this a lot with clients that have Medicaid, or that are in CHIP, or that their kids that are on benefits. Their doctors are kind of writing them off. Just being there to advocate for them or holding the holding space for them to advocate for themselves has been something that has been successful.”</b></p>			



Strategy	Contributor	Location	Category
Continuous Support	Paige Y. Jackson, VP of Clinical Services, Compliance and Privacy Officer <a href="https://www.abidewomen.org/">https://www.abidewomen.org/</a> <a href="https://commonsensechildbirth.org/the-jj-way/">https://commonsensechildbirth.org/the-jj-way/</a>	Dallas, TX	Moderate Evidence
Culturally Adapted Health Care			Moderate Evidence
Social Connectedness			Moderate Evidence
<p><b>“Abide Women’s Health Services exists to improve birth outcomes in communities with the lowest quality of care. Abide is an accredited Easy Access™ Clinic in sunny South Dallas serving families during the pregnancy and postpartum periods. The Easy Access™ accreditation comes via the JJ Way Model™. The key components in the model are prenatal bonding through respect, support, education, encouragement and empowerment.”</b></p>			

Strategy	Contributor	Location	Category
Trauma Informed Care	Aimee Rachel, Trauma Informed Care Coordinator, Texas Association of Community Health Centers <a href="https://www.tachc.org/">https://www.tachc.org/</a> <a href="https://www.tachc.org/">https://www.tachc.org/</a>	Denton, TX	Expert Opinion
<p><b>“Childbirth is an intense and transformative experience that can vary widely for different individuals. While it's often a joyous and momentous occasion, some people may experience trauma during childbirth. This can be due to various factors, such as complications during labor, unexpected medical interventions, or feelings of loss of control. It's important to acknowledge that each person's experience is unique, and providing a supportive and empathetic environment is essential. Pre and post birth trauma is a real and valid experience, and creating awareness and understanding can contribute to better support for individuals who have gone through it. We have created a program that recognizes safety, historical, cultural, and gender factors, and collaboration We train our health centers to listen to and see each person as an individual and to think about the trauma people are coming into our exam rooms with while trying to minimize any trauma we could unintentionally cause. We also want to empower staff and patients to let them have a voice in the planning process as we work to support the entire team. We would love to share our trauma informed care model with you to support the work you are already doing.”</b></p>			

### Summary of Available Evidence for Coordinated Care

1. Ashby, B.D., Ehmer, A.C., & Scott, S.M. (2019). Trauma-informed care in a patient-centered medical home for adolescent mothers and their children. *Psychological services*, 16(1), 67. DOI: [10.1037/ser0000315](https://doi.org/10.1037/ser0000315)
2. Care Coordination: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: July, 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Care-Coordination.pdf>
3. Cultural Competency/Humility: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: July, 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Cultural-Humility.pdf>

4. Hodnett, E. D., Gates, S., Hofmeyr, G. J., & Sakala, C. (2013). Continuous support for women during childbirth. Cochrane database of systematic reviews, (7). [DOI: 10.1002/14651858.CD003766.pub5](https://doi.org/10.1002/14651858.CD003766.pub5)
5. Mangesi, L., Hofmeyr, G. J., Smith, V., & Smyth, R. M. (2015). Fetal movement counting for assessment of fetal wellbeing. Cochrane Database of Systematic Reviews, (10). [DOI: 10.1002/14651858.CD004909.pub3](https://doi.org/10.1002/14651858.CD004909.pub3)
6. Social Connectedness: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: June, 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Social-Connectedness.pdf>

## Theme 3: Leveraging Partnerships

Many of the participating Communities Improving Maternal Health Alliance Members have formed non-traditional partnerships with other organizations. Leveraging partnerships, especially ones that are unique in nature, can further elevate maternal health work.

Strategy	Contributor	Location	Category
<b>Patient Navigators</b>	Katrina Keough, MPA, Project Director, Upper Peninsula Health Care Solutions <a href="https://www.uphcs.org/">https://www.uphcs.org/</a>	Marquette, MI	Moderate Evidence
<p><b>“Building partnerships is vital to the work that we're trying to do within a community... We are now starting to connect with for-profit organizations, and we're being invited to some of these companies to have these in-person meetings with their employees to share our personal stories. There are many of our staff that have some type of lived experience, whether directly or indirectly, related to the work that we're doing... Something led us here.</b></p> <p><b>For many of us, we've been working at this for years, and we sometimes forget that there is a world out there who may not know what is happening, and for me, I had a recent meeting, and I briefly mentioned, “and you know what's happening in maternal health.” I remember one of the members in that meeting saying, “No, I don't.” So, sometimes we have to get out of that mindset that everyone knows what's going on, and seek that opportunity to share what is happening... [We are] trying to connect with some of these for-profit companies, and we're going to there. Whether it's during some of their company events, where me and other members of my team were speaking about our experiences, and what led us to do what we're doing.</b></p> <p><b>At the same time, we're building awareness, not only about our organization, but about other organizations that are working to address some of these issues in maternal health...You never know where these connections may lead to.”</b></p>			

Strategy	Contributor	Location	Category
<b>Patient Navigators</b>	Jacqueline McLeeland, CEO and Founder, PUSH Birth Partners <a href="https://www.pushbirthpartners.org/">https://www.pushbirthpartners.org/</a>	Houston, TX	Moderate Evidence
<b>Build Trust and Work Collaboratively</b>			Emerging Evidence
<p><b>“The mission of PUSH is to provide a trusted partnership and support system for women, moms, and families through all phases of pregnancy, including pre-conception and post-partum. Our program is built on the foundation of Community Health Workers with continued growth as an integrated approach to care. This consists of CHWs, doulas, midwives, and public health practitioners working collaboratively with clinical and medical providers. One of the challenges that we have experienced is connecting with the hospital system. As we know, the work that we do, no single community-based organization can do it alone. This is why we partner with other advocates and organizations.</b></p> <p><b>I've conducted research prior to us really making an effort to work with the hospital system to address a lot of the mistrust, and for us to really get to the bottom of this, we really need physicians and hospitals to listen and be willing to work together. And I think for me, that's</b></p>			

one of the primary challenges and issues that I want to address. I had a meeting with a business consultant the other day, and he said, “The hospitals see you as a competitor.” We’re not trying to compete, we’re trying to do the right thing to address these issues, especially within certain communities that are highly impacted.”

Strategy	Contributor	Location	Category
Culturally Adapted Health Care	Prinscilla Moore, CPD, CLE, CNPE, Founder, Delighted to Doula Birth Services <a href="https://delightedtodoula.com/">https://delightedtodoula.com/</a> <a href="https://delightedtodoula.org/">https://delightedtodoula.org/</a>	Dallas, TX	Moderate Evidence
Build Trust and Work Collaboratively			Emerging Evidence
Social Connectedness			Moderate Evidence
Trauma Informed Care	Heather Emmanuel Ormand, CEO, Nexus Recovery Center <a href="https://nexusrecovery.org/">https://nexusrecovery.org/</a>  Courtney Polk, MSN, RN, IBCLC, OB Practice Consultant Maternal Child & Women’s Health, AmeriGroup <a href="https://www.myamerigroup.com/tx/get-help/health-wellness/pregnancy-health.html">https://www.myamerigroup.com/tx/get-help/health-wellness/pregnancy-health.html</a>  Paige Jackson, Vice President of Clinical Services, Abide Women’s Health Service <a href="https://www.abidewomen.org/">https://www.abidewomen.org/</a> <a href="https://www.abidewomen.org/">https://www.abidewomen.org/</a>		Expert Opinion
<p>“This multi-sectoral partnership between four organizations including non-profit doula service, a low-cost non-profit clinic, the Medicaid service provider and a substance use treatment center serving women with children provides post-partum doula services to those patients referred by Medicaid, connects them with a quality, culturally appropriate care option, and provides a treatment facility that allows them to remain with their children.”</p>			
<p>“We’re a non-profit arm of a managed care organization. The only managed care organization in our area, and it covers fifteen counties. The fact that we were able to partner with them has opened many, many doors for sustainability, especially when we’re looking at a community health worker model. They’ve agreed, based on the outcomes and the savings to our health systems that they will absorb the community health worker contracts after our funding has lapsed, and it’s kind of twofold for them, and they get credit for a CHW Per x number of members, but also because that CHW doula is housed in a health department. They see a better benefit, and they can better establish some new measures to continue to reach the population.</p> <p>I would really recommend, if you can, partner with a managed care organization in any way.”</p>			

## Summary of Available Evidence for Leveraging Partnerships

1. Ashby, B. D., Ehmer, A. C., & Scott, S. M. (2019). Trauma-informed care in a patient-centered medical home for adolescent mothers and their children. *Psychological services*, 16(1), 67. <https://doi.org/10.1037/ser0000315> Patient Navigators. What Works for Health: Strategies. Last Updated: Jun 2, 2016. Accessed: Oct. 30, 2023. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/patient-navigators>
2. Cultural Competency/Humility: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: July, 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Cultural-Humility.pdf>
3. Family, Youth and Community Engagement in all Maternal Child Health (MCH)/ Children and Youth with Special Health Care Needs (CYSHCN) Programs using the Community. MCH Innovations Database: Practice Summary & Implementation Guidance. Last Updated: 2021. Accessed: Oct. 30, 2023. [https://amchp.org/wp-content/uploads/2021/05/Community-Engagement-Tool\\_Practice-Handout-Emerging-2.pdf](https://amchp.org/wp-content/uploads/2021/05/Community-Engagement-Tool_Practice-Handout-Emerging-2.pdf)
4. Social Connectedness: Technical Assistance Brief. MCH Evidence Tools: Technical Assistance Briefs. Last Updated: June, 2022. Accessed: Oct. 30, 2023. <https://www.mchevidence.org/documents/briefs/TA-Brief-Social-Connectedness.pdf>

## Conclusion

Healthy pregnant people and infants can thrive when State, Local, Territorial, and Tribal organizations come together to collaborate and share Promising Practices. Over the past 2 years, the Communities Improving Maternal Health Alliance has strived to build a community of organizations and people who are working to increase the health and safety of birthing people across Regions 4, 6 and 7. This compendium was designed to bring our partners a resource to learn about and connect with organizations that are engaged in similar work. This document connects the strategies that are being used in the community to applicable evidence and research. Some strategies collected may indicate the need for further evidence.

**Appendix 1** lists all the organizations that are engaged in the Communities Improving Maternal Health Alliance, including the organizations referenced here, as well as relevant contact information to reach out to those organizations. Organizations can be sorted by name, population served, social determinant of health addressed, state, or region.

In conclusion, maternal health outcomes are significantly influenced by social determinants of health, such as access to care, with certain populations experiencing mortality and morbidity at a disproportionate rate. Although Black Americans continue to experience the worst outcomes, Hispanic Americans surpassed their White counterparts in maternal mortality for the first time in 2021, indicating an alarming trend across the United States.<sup>7</sup> These disparities can be addressed by centering community voices when designing interventions, providing culturally appropriate care, and leveraging multisectoral partnerships. By doing so, while exchanging strategies and resources to address common issues across the Regions, all communities have an opportunity to reach their optimal potential and improve the health and well-being of mothers, children, and families.

## Acknowledgements

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**Authors:** LT Monica Geiger, LCDR Amy Eden, Dr. Kevin Greene and Ella Ewart-Pierce.

**Contributors/Editors (in alphabetical order):** CAPT Kimberly Davids, Dr. John Gilford, Dr. Roshunda Ivory, Corstella Johnson, CAPT Mehran Massoudi, Rachel Piotrowski, Sarah Schildecker, and Priya Shah.

**Contributing Organizations:** The authors would like to acknowledge all those organizations that attended and participated in the promising practices workshops, which contributed to the creation of this document.

**Appendix 1:** Communities Improving Maternal Health Alliance Table of Members

**Appendix 2:** Workshop Discussion Questions

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<sup>7</sup> Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023. DOI: <https://dx.doi.org/10.15620/cdc:124678>.