

Trends in Maternal Health “Bright Spots”

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Black women face discrimination and stressors during the prenatal, delivery, and postpartum periods that lead them to experience the [highest rates of maternal mortality](#) and [health complications](#) in the U.S. Increased awareness of these racial disparities has prompted many states and organizations to implement programs to improve maternal health outcomes for Black women. This snapshot summarizes trends in innovations to improve the maternal health ecosystem, and highlights a selection of “bright spots” at the state and local level and in the private sector.¹ While not an exhaustive list, each of these “bright spots” are promising programs and practices that are improving outcomes for Black women and generating positive change in the maternal health ecosystem. From our review of innovative initiatives happening across the country, several trends stood out:

- Maternal health community-based organizations are identifying diverse and creative funding streams for sustainable funding for their programs and services;
- Maternity care models are including equity as an explicit goal;
- States and community-based organizations are building capacity and cultural responsiveness in maternal mental health care; and
- The private sector is using virtual care to expand access to maternal health care and services.

Maternal health community-based organizations are identifying diverse and creative funding streams for sustainable funding for their programs and services.

Community-based organizations (CBOs) and community-based perinatal health workers (i.e. those who serve pregnant people, including doulas, midwives, nurses, and care coordinators) have an intimate understanding of their communities’ and clients’ needs to offer culturally responsive



person- and family-centered services. Black women [benefit from these community-based services](#), which lead to [better care, experiences, and outcomes](#), but the maternal health CBOs and providers providing these services often face limited funding and resources, as well as administrative hurdles to access them. To address this challenge, maternal health CBOs and providers are identifying diverse and creative funding streams to help them achieve sustainable funding and expand their services.

¹ The bright spots identified are by no means exhaustive. There are many organizations and programs that are improving maternal health, and this snapshot is only able to highlight a sample of them.

Problem: Limited funding and funding streams impact maternal health CBOs' ability to expand their work and reach more people.

Solution: CBOs are identifying diverse and creative funding streams, and have partnered with private and public entities to expand their services.

- ★ [Everyday Miracles](#), a CBO in Minneapolis, MN, partnered with [HealthPartners](#), a healthcare system in Minneapolis, to [offer doulas and other services](#) to HealthPartners members with Medicaid or MinnesotaCare. HealthPartners accelerated the timeline for paying claims, paid a higher payment rate than the state minimum, and provided grant funds to train more doulas of color, all of which enhanced Everyday Miracles' ability to increase the number of doulas serving families.
- ★ CareFirst BlueCross BlueShield's [grantmaking efforts have supported various local organizations](#) in the DC, Maryland, and Northern Virginia area to improve maternal health. For example, [Mamatoto Village](#), a CBO in Washington, DC, received funding to provide home visits and breastfeeding consultative services.

Problem: Many insurers and health plans do not cover doula services, making them unaffordable and inaccessible to pregnant women.

Solution: A growing number of states are reimbursing doulas under their [Medicaid program](#), and an increasing number of employers are offering doula coverage as part of their health benefits.

- ★ [Rhode Island](#) is the first state to mandate both public and private health plans to cover doula services and reimburses [up to \\$1,500 per pregnancy](#), one of the highest rates set by states in the country.
- ★ [CVS Health](#) covers doula services up to \$1,200 per year for eligible full-time employees.
- ★ [Walmart](#) expanded its doula benefit, which covers up to \$1,000 for doula services during pregnancy, to cover its employees [nationwide](#) after initially [piloting the program](#) in four states.

Problem: Complex administration and billing requirements are barriers to reimbursement for perinatal health workers.

Solution: Perinatal health workers are forming networks and cooperatives that provide infrastructure and support.

- ★ [Birth Center Equity](#) gathers and distributes information about and for BIPOC-led birth centers, conducting the first-ever survey of their strengths and needs. It supports a network of birth centers through raising and distributing funds, consulting, and technical support. It has supported over 25 birth centers nationally and enabled many to open or stay open.

Maternity care models are including equity as an explicit goal.

Overall improvements to maternal health care quality will improve outcomes across the continuum, but may not necessarily narrow racial disparities. [Interventions that target racial and ethnic disparities in maternal health](#) and have an explicit equity goal can have a greater impact in reducing Black-white disparities in maternal health.

Problem: Some quality improvement initiatives in hospitals and health care systems have improved their overall maternal outcomes, but have not narrowed racial disparities.

Solution: Hospitals and health systems are incorporating equitable outcomes for Black women as an explicit program goal.

- ★ [California's Maternal Quality Care Collaborative](#) (CMQCC) has reduced maternal mortality rates across all racial and ethnic groups, but the [gap between Black and white mothers remained the same](#) from 1999-2013. In efforts to address the persistent gap, CMQCC launched the [California Birth Equity Collaborative](#) to focus on equity and formalize an action plan to address the racial disparity, among other [perinatal equity initiatives](#).
- ★ Penn Medicine Department of Obstetrics and Gynecology adopted the [goal of reducing maternal morbidity and mortality among Black women](#) across the system's five maternity units in Philadelphia, PA. The department created a quality metric based on major factors contributing to maternal morbidity, and also tied a portion of senior leaders' compensation to the metric. Severe complications in Black women [declined by 29%](#) in one year.
- ★ Northwell Health's Center for Maternal Health in New York [focuses on Black maternal health](#) and uses a multifaceted approach to address pregnancy-related health risks that disproportionately affect Black women. Its Maternal Outcomes (MOMs) Navigation program has [reduced hospitalizations](#) caused by pregnancy-related problems by 47% among participating women, and by 69% among participating Black women.

Problem: Several models of care that are being increasingly adopted, such as group care and medical home models, [have not narrowed racial disparities or lack evaluations showing their impact on racial disparities](#).

Solution: Adapt and enhance existing models of care to better serve Black communities.

- ★ [Women-Inspired Neighborhood \(WIN\) Network: Detroit](#) enhanced the [Centering Pregnancy model](#) of group prenatal care by pairing Community Health Workers (CHW) and Certified Midwives as co-facilitators and adding CHW support services to focus on social determinants of health. The program targets Black women and has [improved birth outcomes](#).

States and community-based organizations are building capacity and cultural responsiveness in maternal mental health care.

Black women are at [increased risk for maternal mental health conditions](#) such as postpartum depression but are often [not diagnosed or treated](#). Provider bias, lack of cultural understanding, and limited capacity can cause [providers to overlook Black maternal mental health symptoms](#). [Barriers](#) like stigma and mistrust, historical trauma, logistical barriers, and more prevent Black women from seeking mental health treatment. To address these barriers, states and organizations are stepping in to support both providers and pregnant women.

Problem: Providers often do not have the training needed to identify maternal mental health concerns.

Solution: States are offering maternal mental health consultations and training for providers.

- ★ Massachusetts created the [Massachusetts Child Psychiatry Access Program \(MCPAP\) for Moms](#) to build the capacity of providers to prevent, identify, and manage mental health concerns. MCPAP for Moms provides training and education for providers and staff on maternal mental health, real-time psychiatric consultations, and linkages with community-based mental health resources. At least 25 states and organizations are implementing or developing similar perinatal psychiatry access programs to leverage limited psychiatric resources, like [Georgia's Perinatal Psychiatry, Education, Access, and Community Engagement \(PEACE\) for Moms](#).

Problem: [Culturally responsive](#) mental health support is not easily accessible for pregnant women.

Solution: Community-based organizations are offering models of mental health services that directly address their community's unique needs.

- ★ [Shades of Blue Project](#) in Houston, TX is focused on improving maternal mental outcomes for Black and brown women, and offers [online support groups](#) for Black women and [I.N.S.P.I.R.E. method training](#) for doulas, midwives, and other providers to provide compassionate care for women of color.
- ★ [Oshun Family Center](#) in Philadelphia, PA provides a culturally- and racially-concordant, community-based, perinatal wellness program to Black families. The center [provides a comprehensive evaluation](#) with a psychotherapist and offers 12 free therapy sessions if it is determined the mother could use psychological support.



The private sector is using virtual care to expand access to maternal health care and services.

Virtual care has the [potential to improve maternal health](#) and help people overcome barriers to care by reducing the need to travel, connecting patients to maternal health specialists, enabling communication with providers, encouraging postpartum visits, providing access to lactation support, and more. However, virtual care needs to be implemented thoughtfully with an eye towards [promoting maternal health equity](#) or risk exacerbating existing inequities.

Problem: People of color face [increased barriers to care](#), which impacts their ability to access comprehensive maternity care.

Solution: The private sector is using virtual care tools to reduce barriers and increase access to comprehensive maternity care, which can help reduce maternal health disparities.

- ★ [Maven Clinic](#) is a virtual clinic for women and families that works with employers and health plans to provide access to different care providers, including OB/GYNs, midwives, doulas, and more. Maven's [research](#) found that Black members were [more likely to seek virtual care](#) than white members, over a third of Black members had an appointment with a doula.
- ★ [BabyScripts](#) is a virtual platform and app that offers comprehensive maternity care and remote patient monitoring. The app provides access to the person's care team, pregnancy education, risk assessments, and more. Babyscripts [improved postpartum attendance rates](#) and [eliminated racial disparities observed in office blood pressure collection](#) between white and Black patients for postpartum hypertension.

Problem: [Racial concordance with providers](#) is a potential strategy to improve the pregnancy experience and outcomes for Black women, but Black women experience difficulties finding providers who look like them.

Solution: Technology is connecting Black women and women of color to culturally sensitive and/or racially concordant care.

- ★ [Health in Her HUE](#) is a digital platform that connects Black women and women of color to culturally sensitive healthcare providers, evidence-based health content, and community support with free and paid membership options.
- ★ [Irth](#) is a "Yelp-like" hospital review app that provides prenatal, birthing, postpartum, and pediatric reviews from Black and brown women. Irth also [partners with hospitals](#) to provide Black and brown patient data and identify gaps in bias-free patient care.

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