

Workshop on Innovative Models of Care for Reducing Inequities in Maternal Health

A National Institute of Nursing Research Workshop

September 29, 2020

OVERVIEW

On September 29, 2020, the National Institute of Nursing Research (NINR), together with the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), National Institute on Minority Health and Health Disparities (NIMHD), National Institutes of Health (NIH) Office of Research on Women's Health (ORWH), and NIH Tribal Health Research Office, convened a Workshop on the "Innovative Models of Care for Reducing Inequities in Maternal Health." The Workshop explored how nurses, midwives, and birth companions can improve maternal and infant health for women in U.S. communities affected by racial discrimination, socioeconomic inequities and other system level factors that contribute to maternal health inequities. The viewing audience was more than 500 people.

An archived recording of the workshop is available at <https://videocast.nih.gov/watch=38172>.

Key Points

- Research is needed that focuses on understanding the structural inequalities and system level factors affecting childbearing women in health disparity communities, including policies that result in decreased access to healthcare, lower quality care, and disparate outcomes.
- Successful, innovative programs that are using person-centered, team-based approaches must be made sustainable and scalable.
- Respectful incorporation of community-generated knowledge and community members into models of care and maternal health research teams is important.
- The needs of pregnant women are met by respecting, listening to, and supporting them, as well as communities and the healthcare workforce.
- A team-based approach that involves midwives, doulas, or community health workers (CHWs) provides valuable person-centered care that results in positive maternal and infant outcomes, especially during the COVID-19 pandemic.

In the discussion sessions, participants shared lessons learned and identified research opportunities to improve maternal healthcare in underserved communities.

Opening Remarks

Dr. Shannon N. Zenk welcomed participants, sponsors, and speakers. She emphasized the vital role of nurses and midwives in healthcare and described NINR-led research initiatives. **Dr. Diana Bianchi** discussed the recent NICHD-sponsored National Academies of Sciences, Engineering & Medicine Birth Settings in America report, and highlighted NICHD's efforts to learn how pregnant women are coping with the pandemic. **Dr. Dorothy Fink** outlined how the Office of the Assistant Secretary for Health, Office on Women's Health is addressing maternal and infant health disparities, describing multiple programs aiming to improve maternal and infant health and address inequities.

Keynote Session

Dr. Janine Austin Clayton described IMPROVE, an NIH initiative aiming to address the leading causes of maternal morbidity and mortality, and highlighted the disproportionate impact of COVID-19 on

minority communities. **Dr. Haywood Brown** outlined the factors contributing to health and healthcare inequities and the impact of COVID-19 on women's and maternal health. **Dr. Melissa Cheyney** discussed the connection between the Birth Settings in America study findings and innovative models of care for reducing inequities in maternal health.

Session I. Effects of Care Setting and Provider Type on Pregnant Families: Clinical Outcomes and Respectful Care

Dr. Kimberly Gregory described the link between women's predisposing conditions, values, preferences, and patient-reported outcomes in maternal health.

Dr. Saraswathi Vedam presented participatory action research designed to understand a person's experience of pregnancy and birth care and how to measure quality of care, particularly in Black, Indigenous, and People-of-Color (BIPOC) communities and among women planning community birth.

Dr. Eugene Declercq presented research from several large-scale data collections capturing childbearing women's experiences, outcomes, and views.

Discussants and participants agreed that healthcare must be restructured to focus on the needs of mothers, incorporating features from midwifery care, including creating an environment where the mother can lead the discussion with the care provider, having providers from the same race/ethnicity as the mother, and decreased medicalization. Systems that achieve safety, quality, and equality must be rewarded. Research strategies and metrics are needed to explore the experiences of mothers, especially those in marginalized communities.

Session II. Integrated, Person-Centered Care: Building Systems that Facilitate Inter-Professional Collaboration

Dr. Monica Webb Hooper discussed the mission and efforts of NIMHD to realize an America in which all populations have equal opportunity to live long, healthy, and productive lives.

Ms. Rachael Willard-Grace defined the factors driving the shift to team-based care within primary care and shared findings from a study of a health coaching model involving medical assistants as part of a primary care team.

Dr. Julia Phillippi shared findings from the Collaborative Clinic, a team-based consultation model for women in midwifery care that underscores the value of provider collaboration.

Dr. Sindhu Srinivas described Safe Start, a community health worker program designed to improve outcomes for pregnant women with chronic health conditions through comprehensive and integrated care.

Discussants agreed that social support is effective and beneficial during pregnancy. Pregnant women need person-centered, collaborative, team-based care. Psychosocial interventions by doulas, midwives, and CHWs across the risk continuum are valuable.

Session III. Asking the Right Questions: Bridging Grassroots Organizations and Researchers for Maximum Impact

Ms. Robyn D'Oria discussed the Healthy Women Healthy Families program and the positive impact maternity-specific CHWs are having in New Jersey communities.

Dr. Patrisia Gonzales discussed the research efforts and challenges of Indigenous midwives to revitalize and reclaim birth using Indigenous knowledge and healing systems.

Dr. Pandora Hardtman explained challenges encountered by the Black and Brown midwife workforce, emphasizing recruitment, retention, and regulation of the midwives.

Discussants spoke about the importance of integrating community perspectives on issues such as recognizing indigenous birthing knowledge/traditions and the incorporation of midwives and doulas into healthcare and research teams in order to meet pregnant women's needs, while recognizing that communities are heterogeneous. Solutions may lie in both communities and the healthcare workforce. Numerous questions and comments from the meeting audience focused on issues including the challenges in widespread implementation of approaches shown to be successful on a small scale including the use of midwives for uncomplicated births, the need for professional, racial and ethnic diversification of the healthcare workforce, and policy issues such as insurance reimbursement.

Closing Remarks

Dr. Melissa Cheyney thanked presenters, discussants, and participants. She encouraged everyone to work alongside one another within the current healthcare and funding systems.