

STRATEGIC PLAN 2020-25

Overview: Midterm Goal 7

All mothers are served by trusted, unbiased, high-quality infant and maternal health care.



Context: Strategic Plan 2020-2025

In October 2020, the Health Foundation for Western and Central New York announced a new vision statement and strategic plan that will guide the work of the Health Foundation through 2025. An extensive planning process that began in 2019 has resulted in a new organizational vision statement, as well as three long-term goals and corresponding mid-term goals to pursue that vision. **Our new vision is a healthy central and western New York where racial and socioeconomic equity are prioritized so all people can reach their full potential and achieve equitable health outcomes.**

The Health Foundation's mission will continue to be improving the health and health care of the people and communities of western and central New York. The plan also reaffirmed the Health Foundation's commitment to young children impacted by poverty; older adults; and the community-based organizations that serve them.

Our new vision will be pursued through a set of long- and mid-term goals. This playbook provides an overview of why we chose a specific goal, and how we plan to pursue it.

Midterm Goal 7: All mothers are served by trusted, unbiased, high-quality infant and maternal health care.

There is a maternal health crisis in America. Black women are dying, and nearly dying, during pregnancy at rates that far exceed those of any other racial or ethnic group in the United States, and the United States as a whole has the highest maternal mortality rate of any high-income developed country. There are many reasons for these disparities, but chief among them is bias—implicit and explicit—within the healthcare system and resulting lack of trust by Black women. Eliminating the disparities in maternal mortality will require eliminating bias, building trusted connections between mothers and the healthcare system, and increasing access to high quality maternal and infant care.

The Health Foundation for Western and Central New York has supported work on maternal health for many years with a general focus on *ensuring healthy pregnancies and birth outcomes*. As a result of our strategic planning in 2019-2020, the Health Foundation will be sharpening its focus and emphasizing the importance of **equity in birth outcomes** in recognition that the lack of equitable care has contributed to severe disparities in maternal mortality and morbidity experienced by Black women in America.

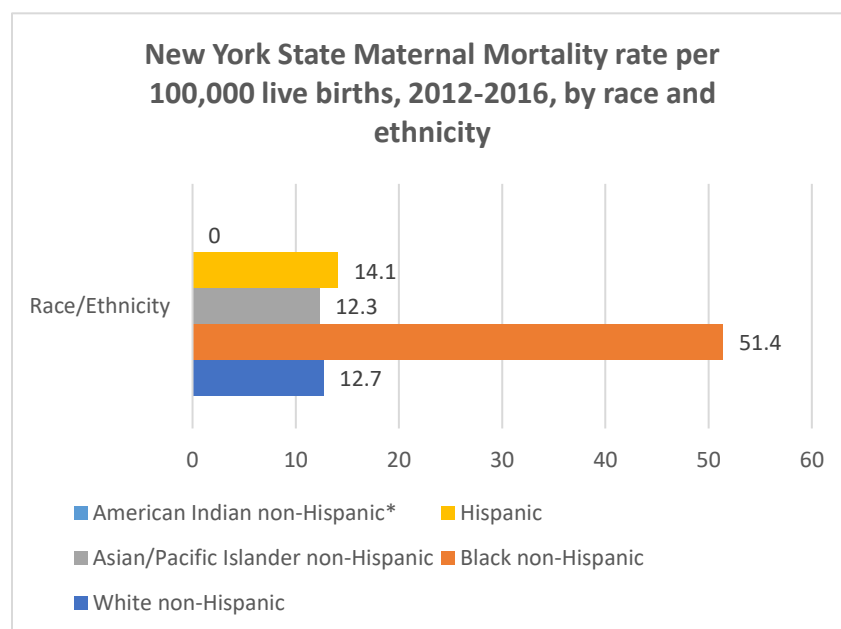
BACKGROUND

Maternal Mortality: Across the country, the rates of severe maternal mortality and morbidity have risen across all racial and ethnic groups between 2006 and 2015. Even allowing for improved and standardized reporting, there is clearly a maternal health crisis in the United States. Women die, and nearly die, in childbirth at rates that are more than double other high-income developed countries. In 2018, the nationwide maternal mortality in the United States

was 17.4 per 100,000 live births, while Canada's was 8.6 and New Zealand had just 1.7 instances of maternal mortality for every 100,000 live births. More grim is the fact that severe maternal morbidity—life-threatening pregnancy or birth complications—are 100 times more common than maternal mortality. Maternal morbidity can include a broad range of conditions, and is used to refer to “near miss” conditions that are life-threatening if not immediately treated in a hospital. One of the most common examples is preeclampsia, which is hypertension in women with previously normal blood pressure. Women with preeclampsia are at increased risk of chronic high blood pressure, diabetes, heart disease, kidney disease, and even impaired memory for years after pregnancy. Other examples include hemorrhaging before or after delivery, which can result in permanent organ damage if it is not addressed immediately, and sepsis, which can occur during and after pregnancy.

Maternal and postpartum sepsis is one of the leading causes of maternal mortality and morbidity. It is extremely lethal and is responsible for about 13 percent of maternal deaths in the United States. It can be difficult to detect immediately post-birth, as the symptoms can be masked by the typical post-childbirth symptoms, such as rapid heartbeat, rapid breathing, and increased body temperature. For mothers who survive, about 50 percent develop post-sepsis symptoms, which can include sleep problems, fatigue, muscle weakness, PTSD, disabling pain, and reduced organ function.

Disparities in Mortality and Morbidity: Black women are at *significantly* higher risk for maternal mortality and morbidity, relative to other racial and ethnic groups. This disparity is persistent regardless of age, prior health status, education, access to healthcare, and income. Women like Serena Williams and Olympian Allyson Felix have called for greater attention to this issue, sharing their own experiences as Black women and professional athletes with excellent access to high quality medical care who still nearly died as a result of their pregnancies.



*not enough data to be reported for American Indian non-Hispanic population

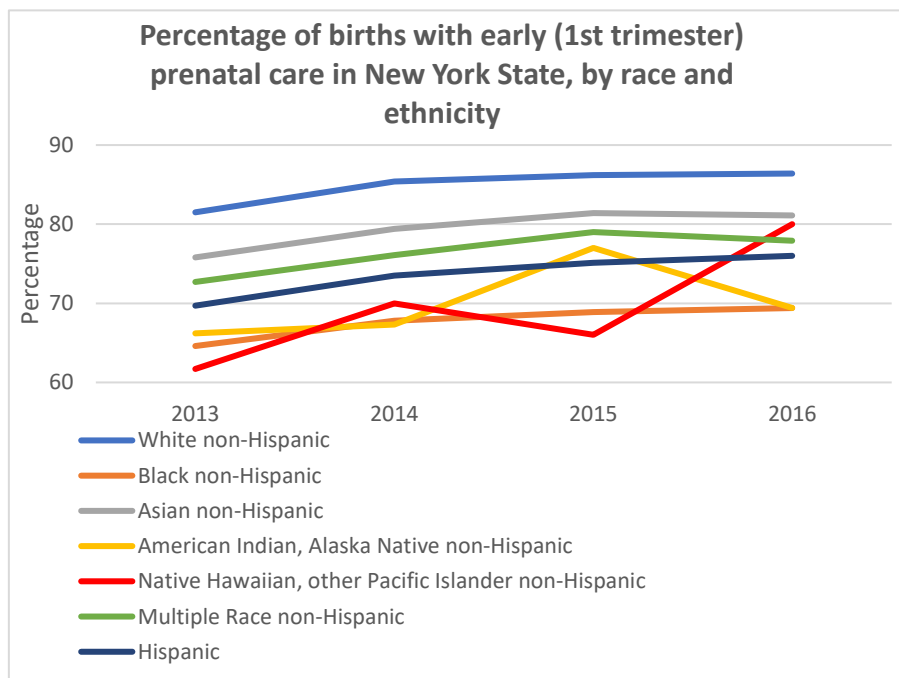
Extensive research, including a New York State Task Force, has focused on *why* this disparity persists across socioeconomic and health categories. Many health disparities disappear when income, education and access to care are statistically controlled for, but not maternal mortality, and not for Black women.

In New York, the rate of maternal mortality for Black women is *three times higher than any other racial or ethnic group*. This

speaks to the systemic issues that continue to drive these disparities. There are a host of contributing factors including: implicit and explicit bias from health care providers, gaps in provider knowledge, widespread mistrust in the health system by Black women as a result of historic and personal trauma, pre-existing maternal health issues, lack of preventive care, and inadequate prenatal care. In addition, there are a host of factors related to the social determinants of health that come into play. For example, Black women may have to work more physically stressful and demanding jobs during pregnancy, have more difficulty attending prenatal appointments, have inadequate support following delivery and insufficient recovery time. These are all distinct risk factors correlated with racial and economic disparities that increase the risk of severe maternal morbidity and mortality.

In addition to economic and practical barriers such as transportation, implicit and explicit bias in the health care system make it difficult for Black women to trust their providers. The New York State Task Force conducted listening sessions across the state with Black women talking about their experiences during pregnancy and delivery. Every single woman had stories of bias and discrimination that negatively impacted their birth experiences. One woman talked about how her husband was away on a business trip and a nurse assumed the father of her child was in prison; multiple women talked about how receptionists always assumed they were single mothers without asking. These constant experiences of discrimination and bias do not simply reduce trust, they create an environment of toxic stress which increases cortisol and other stress hormones. High cortisol and other stress hormones throughout pregnancy predict worse birth outcomes for both moms and babies.

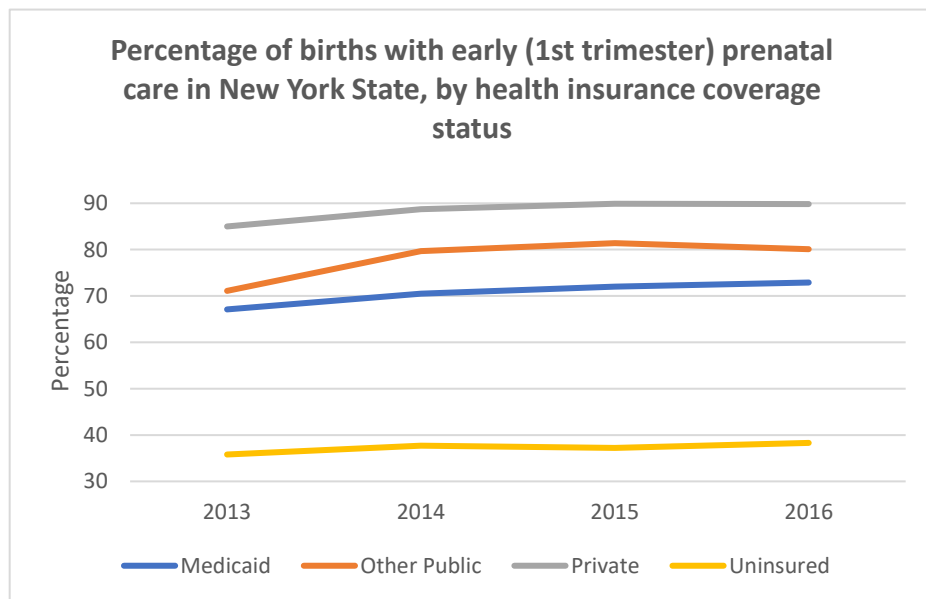
Additional risk factors for severe maternal morbidity include age (both the youngest and oldest age groups) and socioeconomic factors such as education and income. The socioeconomic factors are also closely related to the likelihood of accessing prenatal care which can reduce the likelihood of maternal mortality or morbidity and identify potential problems earlier.



Prenatal Care: Prenatal care is one of the most effective tools for improving birth outcomes for moms and babies. Early prenatal care can detect and mitigate the impact of significant pre-existing health conditions, such as diabetes, and can provide support to address behavioral risk factors such as substance use.

While Black, Hispanic, and Native American women

are all at risk for late entry into prenatal care, Black women alone are at significantly higher risk for maternal death, which suggests that increasing rates of prenatal care among Black women will be insufficient to reduce the disparities in maternal mortality. In New York, about 85 percent of white non-Hispanic women receive first trimester prenatal care, compared to 69 percent of Black women.



Insurance coverage is an even stronger predictor of not receiving early prenatal care than race or ethnicity. Nearly 90 percent of women with private insurance receive first trimester prenatal care, compared to 72.9 percent of women on Medicaid and ***just 38 percent of women without insurance.***

As stated before, early prenatal care is one of the strongest predictors of healthy birth outcomes for mothers and babies. Early prenatal care reduces the risk of preterm and low-birthweight babies, and when mothers do not receive adequate prenatal care, they are more likely to have preterm and low birthweight babies. Babies who are born prematurely and/or are low birthweight are at higher risk for developmental delays and lifelong physical and mental health challenges.

WHAT THE FOUNDATION HAS DONE TO DATE TO ADDRESS THIS GOAL

Innovative Pilots: The Health Foundation began its exploration of maternal health under its 2014-2019 strategic plan and supported a number of innovative pilots during that time period. Two noteworthy pilots include Project WHEN and the Priscilla Project. Project WHEN was a project run by Center for Court Innovation to provide support to court-involved, low-income women who were pregnant or parenting a child under the age of one. The navigator connected women to timely prenatal care, served as a care coordinator and provided education around pregnancy and parenting. The Priscilla Project was a highly successful pilot program run by Jericho Road to provide culturally matched doulas and mentors to refugee women experiencing their first pregnancy in the United States. This program has been sustained and expanded following the grant period and has been shown to reduce rates of C-section deliveries and increase breastfeeding initiation.

Hot Spots: In addition to supporting the above pilots, the Health Foundation also invested in several “hot spot” grants. These were grants, up to \$50,000, provided to organizations working

to improve birth outcomes in neighborhoods that have high poverty rates and high risk of poor maternal and child health outcomes. These grants were extremely diverse in their focus, but all served high need communities with a focus on improving birth outcomes. Some of the most successful programs were ones that approached their work with a diversity, equity and inclusion lens, such as peer mentorship programs, culturally matched lactation consultants, home visiting programs that offered support during and after pregnancy and bilingual parenting classes tailored for parents of children with development disorders.

Birth Supports: The Health Foundation has supported a significant expansion of midwifery in western New York; over the course of the program 21 midwifery practices served over 30,000 women and had prematurity and low birth rate statistics that were nearly 50% lower than regional and national averages. The Health Foundation support included the creation of the Midwifery Blueprint which has been used as the model for the development of national Best Practices. Currently, the Health Foundation is supporting two doula pilot programs. Cayuga Community Health Network is working to increase access to doulas in rural communities. Despite the COVID-19 pandemic, they have been successful in recruiting and training doulas, have made strong connections with local hospitals and providers, and been able to offer virtual birth supports. In Erie County, the United Way and Erie Niagara Area Health Education Center are partnering to increase community knowledge and understanding of the Medicaid Pilot Project and doula services for Black mothers. They are also continuing to train additional doulas, with a goal of increasing the number of Black women who are doulas, and working to increase health care provider understanding of doula services and the role of doulas in the birthing process.

Evidence-Based Interventions: The Health Foundation's previous work in maternal health also included support of programs that address postpartum needs, and we continue to support a partnership between the United Way of Buffalo & Erie County and March of Dimes to expand their "Interventions to Minimize Preterm & Low Birth Weight Infants through Continuous Improvement Techniques" Project. IMPLICIT is an evidence-based model that screens mothers of children ages 0–2 at well child visits for behavioral risk factors that contribute to maternal mortality and morbidity, as well as preterm and low birthweight babies. By intervening during the inter-pregnancy period, the risk of future maternal mortality and morbidity is lowered and pregnancy outcomes improved.

Advocacy: The Health Foundation has long been an advocate for policies and procedures that support maternal health, including universal health coverage. The Health Foundation also advocated for better reimbursement rates for midwives, supported early efforts to increase access to doula care, and continues to provide support to the Schuyler Center for Advocacy and Analysis to advocate for enhanced screening and treatment of maternal depression.

Strategies Moving Forward

The Health Foundation will continue to support efforts that expand availability of doulas and midwives and will begin to explore the potential of offering targeted quality improvement grants for existing doula and midwifery programs. Along with these efforts, the Health Foundation will meet with stakeholders to identify successful strategies and opportunities to

strengthen efforts to increase access to doulas and midwives. In addition, we will work with community partners to identify and increase access to other birth supports, which could include lactation consultation, mental health support, and other informal community supports.

Moving forward the Foundation intends to work with community members to raise awareness of maternal health and opportunities to improve care, especially for black women. We will share stories of grantee successes and models that improve maternal and infant health outcomes. Additionally, the Health Foundation will continue to support advocacy efforts related to reducing disparities and improving standards of care.

KEY PERSONNEL

[Marnie Annese](#)

[Diane Oyler](#)

[Kerry Jones Waring](#)

Additional Reading:

Maternal Mortality in the United States: A Primer

<https://www.commonwealthfund.org/publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer>

Examining the Black U.S. maternal mortality rate and how to cut it: <https://www.ama-assn.org/delivering-care/population-care/examining-black-us-maternal-mortality-rate-and-how-cut-it>

March of Dimes PeriStats for New York State:

<https://www.marchofdimes.org/peristats/ViewSummary.aspx?reg=36&stop=60>

New York State Maternal and Child Health (MCH) Dashboard:

https://webbi1.health.ny.gov/SASStoredProcess/guest?program=/EBI/PHIG/apps/mch_dashboard/mch_dashboard&p=sh

What Explains the United States' Dismal Maternal Mortality Rates?

<https://www.wilsoncenter.org/event/what-explains-the-united-states-dismal-maternal-mortality-rates>

Maternal Health Task Force: <https://www.mhtf.org/topics/maternal-health-in-the-united-states/>