

## ***Mothers Rising Home Visiting Program***

### ***An Innovation Station Cutting-Edge Practice***

**Purpose:** This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

### **Section I: Practice Overview**

<b>Location:</b>	Washington DC	<b>Title V/MCH Block Grant Measures Addressed</b>
<b>Category:</b>	Cutting-Edge	NPM 2: Low-Risk Cesarean Delivery NPM 3: Risk Appropriate Perinatal Care NPM 4: Breastfeeding NPM 5: Safe Sleep
<b>Date Submitted:</b>	5/2020	

#### **Practice Description**

The Mothers Rising Home Visiting program (MRHV) integrates social and health intervention methods employing social proximity, cultural congruence, MV Perinatal Health Worker training, and a 3-generation approach to yield improved perinatal outcomes and social conditions for black women, creating stability for the family unit, and improving trajectories for multiple generations and the greater community.

#### **Purpose**

The MRHV program is an innovative perinatal health support system developed for women of color by women of color using evidence-based screening tools, service models, and interventions. MRHV program approach to perinatal care is holistic, community-centered, and relationship-based. The program’s home visiting model provides prenatal support with a three-generational focus to expectant mothers. Holistic support means that the primary focus is not merely on childbirth; Mothers Rising offers its culturally specific, nonjudgmental services that take into account each pregnant persons personal narrative and offers individualized care guided and co-created by the mother for twelve weeks postpartum to ensure that both the pregnant person and the child have successful postpartum outcomes. This model uses team-based community health worker interventions to reduce barriers to wellness such as chronic stress, which stems from a lack of social and financial resources for many program participants. Reducing chronic stress from socio-economic burdens and providing counseling and health education improves pregnancy outcomes for pregnant people with pre-existing conditions. MRHV builds a psychosocial support system, resulting in more positive perinatal and social outcomes for its participants.

MRHV primarily supports Black birthing people who reside in the District of Columbia, primarily Ward 7 and Ward 8, as well as Prince George's County, MD which is an area juxtaposed by historical resilience, generational residents, and complex social determinants of health. There are no birthing facilities or hospitals east of the river, which is where many of our clients reside, requiring them to make a trek across the city to receive prenatal and postpartum care. 100% of pregnant people in this program are Medicaid eligible; 77% are below the poverty line, and 35% have inadequate housing.

### **Practice Foundation**

MV theory of change is grounded in social proximity to the population served, a 3-generations approach, cultural congruence, and training. Social proximity overstates the importance of shared lived experiences, family dynamics, and geographic location, necessary to facilitate trust in order to make the transition to parenthood one that is empowering and rooted in nurture, nonjudgmental support, advocacy and evidence-based information.

Shared culture denotes employing a model of cultural humility and congruence. Perinatal Health Workers (PHW's) are residents of the patient's community, and are trained, certified and empowered to deliver culturally specific care in a variety of settings.

The 3-generations is a holistic approach to improving health of the not just the mother baby dyad reflected in 2-gen approaches, but considering the previous and preceding generation. It is an upstream solution that recognizes the impacts of racism on the multigenerational transmission of health, well-being, parenting behaviors, and wealth. It emphasizes the need to consider the intersection of social and structural determinants to facilitate a progression of the family towards wellness as a biological and social norm. For those who exist on the margins, the approach reflects the need to look back to create stability for the pregnant person's support system [grandparents] to facilitate a move for the entire family unit towards breaking the cycles of generational poverty.

The Perinatal Health Worker Training (PHWT) prepares individuals to serve within their own communities. Through comprehensive and structured training paired with practical experience, PHWT seeks to increase the number of highly skilled and culturally congruent people of color employed in public health and human service professions. Individuals receiving training through the PHWT program are uniquely positioned to serve the perinatal community in a myriad of capacities including direct perinatal care and support, advocacy and policy engagement, and entry level social work and public health careers. This training meets the need of a variety of workplace settings and professional types, from entry level paraprofessionals, to midwives and nurses.

### **Core Components**

The goal of MRHV is to improve perinatal outcomes and social conditions for Black pregnant people. This is accomplished by delivering perinatal support in the way of education; support during labor, postpartum, and lactation; and health and wellness coaching alongside interventions to assist in the improvement of social determinants of health through a 3-generation approach. All of these services are delivered by a team of perinatal health workers who are culturally reflective of the community served and have completed a specialized perinatal health worker training. All activities are closely monitored and analyzed by program

management through the use of a portably accessible electronic records system.

### Practice Activities

For more information on this program's staffing plan and specific practice activities, please contact the MRHV program directly at [aza@mamatotovillage.org](mailto:aza@mamatotovillage.org).

### Evidence of Effectiveness (e.g. Evaluation Data)

N/A

### Replication

N/A

## Section II: Practice Implementation

For more information about how to implement this practice, please contact the MRHV program directly at [aza@mamatotovillage.org](mailto:aza@mamatotovillage.org).

### Next Steps

The MRHV program is currently evaluating their model with the goal of being an evidenced-based home visiting model.

#### Practice Contact Information

*For more information about this practice, please contact:*

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