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Practice Summary & Implementation Guidance

Maternal Experience Survey (MES)

Developed by the NAACP Atlantic City Black Infant and Maternal Mortality (BIMM) task force and the Prematurity Prevention Initiative (PPI), a program of Family Health Initiatives (FHI), the Maternal Experience Survey (MES) is a community tool designed to improve care and reduce childbirth related disparities for Black birthing in a safe manner embedded with identity

Cutting-Edge | Emerging | Promising | Best

Location	Topic Area	Setting
New Jersey	Access to Health Care/Insurance; Family/Youth Engagement; Health Equity; Health Screening/Promotion; Mental Health/Substance Use; Injury Prevention/Hospitalization; Preconception/Reproductive Health; Service Coordination/Integration	Community; Rural; Urban; Religious Establishment; School-based; Clinical; Workplace; Home-based

Population Focus	NPM	Date Added
Perinatal/Infant Health; Women's/Maternal Health; Families/Consumers; Health Care Providers; Cross-Cutting/Systems Building	NPM 2: Low-Risk Cesarean Delivery; NPM 3: Risk-Appropriate Prenatal Care; NPM 4: Breastfeeding; NPM 5: Safe Sleep	January 2022

Contact Information

Christine Ivery, MPH, CHES; Prematurity Prevention Initiative (PPI); Family Health Initiatives (FHI); Southern New Jersey Perinatal Cooperative (SNJPC); (609) 206-8206; civery@fhiworks.org
Kerry Millen, MSW; Prematurity Prevention Initiative (PPI); Family Health Initiatives (FHI); Southern New Jersey Perinatal Cooperative (SNJPC); 856-889-2860; kmillen@fhiworks.org

Section 1: Practice Summary

PRACTICE DESCRIPTION

Women of Color (WOC) face life-threatening complications and deaths during pregnancy or after giving birth. Compared to their white counterparts, Black mothers in New Jersey are seven times more likely to die as a result of pregnancy-related complications[1], and Black babies are three times more likely to die before their first birthday.[2] Many of these complications and deaths are preventable. Birthing people in New Jersey are at a heightened risk of poor maternal and birth outcomes including maternal mortality, infant mortality, prematurity, and pregnancy and postpartum complications.

The Maternal Experience Survey (MES) is a community tool designed to improve care and reduce childbirth-related disparities for Women of Color (WOC). Developed by the NAACP Atlantic City Black Infant and Maternal Mortality (BIMM) task force and the Prematurity Prevention Initiative, this tool allows birthing people to share their experience in a safe manner embedded with identity acceptance and respect. The MES relies on Black mothers' critical personal feedback to improve healthcare delivery.

The NAACP Atlantic City Black Infant and Maternal Mortality (BIMM) task force is committed to mitigating disparities that impact birthing People of Color and their families. The task force has a diverse membership of legislators, health professionals, educators, faith-based leaders, community members, and many others that seek change in their communities and state at large. The purpose of the taskforce is to build a community-level action response to the social and birthing injustices in New Jersey.

CORE COMPONENTS & PRACTICE ACTIVITES

Women of Color (WOC) face life-threatening complications and deaths during pregnancy or after giving birth. Compared to their white counterparts, Black mothers in New Jersey are seven times more likely to die as a result of pregnancy-related complications , and Black babies are three times more likely to die before their first birthday. Many of these complications and deaths are preventable. Birthing people in New Jersey are at a heightened risk of poor maternal and birth

[1] Hogan, V. K., Lee, E., Asare, L. A., Banks, B., Benitez Delgado, L. E., Bingham, D., Brooks, P. E, Culhane, J., Lallo, M., Nieves, E., Rowley, D. L., Karimi-Taleghani, P. H., Whitaker, S., Williams, T. D. & Madden-Wilson, J. The Nurture NJ 2021 Strategic Plan. The State of New Jersey, Trenton, NJ, 2021. https://nurturenj.nj.gov/wp-content/uploads/2021/01/20210120-Nurture-NJ-Strategic-Plan.pdf

[2] New Jersey Birth and Death Certificate Database. Office of Vital Statistics and Registry, New Jersey Department of Health (NJ DOH). Data last updated by NJSHAD Sep 21, 2021. Data retrieved on Nov 1, 2021 from NJ SHAD. https://www-doh.state.nj.us/doh-shad/query/result/infantfetal/Infant/InfMortRate.html

outcomes including maternal mortality, infant mortality, prematurity, and pregnancy and postpartum complications.

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Core Components & Practice Activities

Core Component	Activities	Operational Details
Foster Partnerships	Develop and maintain partnerships	Identify and cultivate partnerships with key stakeholders interested in mitigating the crisis of Black Infant and Maternal mortality in their community.
Community Outreach	Effectively engage birthing people, health care practitioners and facilities, and communities in New Jersey	Engage communities through outreach on social media channels, in-person events, virtual presentations, websites, launches, community success centers, community health workers, providers, media campaigns and toolkits. Provide supportive virtual series and events such as *Why are Black Mothers and Babies Dying*? And *Getting to the Root: How to End the Crisis of Black Infant and Maternal Mortality* presented by PPI and the NAACP BIMM taskforce.

Community Building and Empowerment	Facilitating safe environments for community members to share their stories in culture and respect	Produce an environment centered on Black birthing people experiences, while establishing a connection between participants. Parents are empowered to share their stories to produce actionable change.
Data Equity and Sharing	Develop best practices to share de-identified stories and data with a variety of stakeholders	Collaborate to develop front-end statements for consumers regarding confidentiality and data sharing. Identify data needs and data sharing practices for key stakeholders including community members and representatives, hospital and hospital system representatives, and maternal and child health professionals across the state. Deidentify, process, and analyze survey data. Develop reports based on stakeholder level to share survey responses.

HEALTH EQUITY

This innovative tool assembles the prenatal and postpartum experiences of Black birthing people in New Jersey to advance awareness around implicit and explicit bias as well as health and racial equity.

The Maternal Experience Survey (MES) disrupts barriers by amplifying the voices and perspectives of Black women and birthing people while safely sharing these stories with healthcare systems. Historic injustices involving treatment without consent, the mindset that Black people do not feel pain, unconscious bias, and unwanted procedures transcend to the manifestation of systemic racism that is present in many health systems today. Implicit bias, known as an attitude, that impacts understanding, action, and decisions in an unconscious manner[3], can negatively influence the way birthing people of color access care. The MES not only imparts critical experiential data to maternal child health professionals, but the tool also provides a level of accountability as well.

[3] American College of Obstetricians and Gynecologists (ACOG). (2022). *Our Commitment to Changing the Culture of Medicine and Eliminating Racial Disparities in Women's Health Outcomes.* ACOG: The American College of Obstetricians and Gynecologists. https://www.acog.org/about/our-commitment-to-changing-the-culture-of-medicine-and-eliminating-racial-disparities-in-womens-health-outcomes

PPI and the NAACP BIMM Taskforce were intentional with building and maintaining partnerships with community leaders to ensure accuracy in representation. To ensure diverse involvement, PPI corresponds with healthcare professionals, elected officials, educators, faith-based organization leaders, community organization leaders, PanHellenic sorority and fraternity members, and community members and leaders. The MES was reviewed by stakeholder teams, informed by literature and past research studies, such as *Listening to Mothers* (California Healthcare Foundation, 2018), and PPI held 2 focus groups that provided feedback from New Jersey mothers.

As a quality improvement process, the MES was revised with inclusivity considerations. To meet parents where they are the survey was separated into two breakouts: 1) Currently Pregnant- Participants share in their prenatal stage 2) Recently Gave Birth- Participants can share in their postpartum stage. A third survey option, the Full MES, gives participants opportunities to share their entire pregnancy and birthing experience. Birthing people who experienced termination, miscarriage, or stillbirth are also encouraged to share their stories. To fulfill the need of a large Spanish speaking population all survey options are available in Spanish. MES was also reviewed for gender-inclusive language and health literacy considerations.

EVIDENCE OF EFFECTIVENESS

The MES has shown success regarding outreach and engagement. In 2021, PPI and BIMM taskforces strategically launched the survey in Atlantic (January 2021), Essex (August 2021), and Camden (December 2021) counties. MES launches have gained the support of maternal health organizations, state representatives, and community organizations. The survey has been featured in media outlets such as the *New Jersey Front Runner* and radio station WEHA 88.7/100.3 FM of Atlantic County. In each launch county, PPI has gathered leaders and providers of health systems, legislators, maternal child health professionals, and community organizations to amplify efforts around the survey. In October 2021, 391 birthing people in Atlantic County, NJ were sent information on the MES through a HIPAA-compliant text messages: 66 in Spanish, and 325 in English.

As of February 15, 2022, complete responses to all survey breakouts (n=77) have increased significantly since February 28, 2021 (n=5). 68% of completed responses (n=53) have come from respondents who reside in counties where the MES has officially launched (Atlantic, Camden, and Essex counties). While the survey has launched in three counties to date, residents from all New Jersey counties are able to complete the MES. Respondents' counties of residence include 17 of 21 New Jersey counties as of February 15, 2022. In March 2021, a Spanish version of the survey was made available, and in May 2021, surveys were broken out for respondents who were in their prenatal stage or had just given birth. These breakouts were also made available in Spanish. To date, there have been 77 complete responses. The MES has been shared in various approaches. In 2021, 2,000 MES survey flyers were distributed to parents. The MES marketing has been displayed in virtual toolkits, websites, social media outreach, mass emails and text messaging, community health worker client-based incentive programs, presentations, and in-person events.

In addition to produced deliverables, PPI and the BIMM task force have held several virtual webinars in the last year that discuss prevention of preterm birth, reducing risk factors leading to Black maternal and infant mortality, and overall awareness for populations disproportionately affected by MCH disparities. In the fall of 2020, PPI and the BIMM task force held two webinars, 1. *Getting to the Root: How to Address and End the Crisis of Black Infant and Maternal Mortality* and 2. *Why Are Black Mothers and Babies Dying*: A 3-part series". The taskforce held three MES launch events in 2021 for Atlantic, Essex, Camden Counties. In addition to the two launches, First Lady Tammy Murphy, Advocates for Children of New Jersey (ACNJ), and PPI jointly hosted, *Focusing on Black Maternal Health: Roadmap to Launching the Maternal Experience Survey*. In September 2021, the Essex County BIMM task force hosted its second edition of "*Why are Black Mothers and Babies Dying*?" with keynote speaker, Dr. Joia Crear Perry and keynote speaker Dr. Rachel Hardeman presented, *Getting to the Root of Black Reproductive Health Inequities and Strategies for Sustainable Change* an Atlantic County BIMM taskforce event.

Statewide policy has begun to shift as parties prioritize amplifying Black women's voices to improve health care. Since the MES launch, policy in New Jersey has expanded postpartum Medicaid coverage, offered Community Home Visiting for all mothers, required implicit bias training for all staff that work in the maternal-child health sector, and extended comprehensive & adequate prenatal care.

Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

Key outreach successes toward MES completions consist of collaborative efforts among key partners and stakeholders. The survey has been able to widen its reach with the help of Community Health Workers, birth workers, nurses, hospital staff, healthcare providers and practitioners, elected officials, business owners, educators, and community leaders.

As the MES launches in New Jersey counties, advisory board members are identified to support outreach and advisement strategies. MES advisory boards include members of the NAACP, hospital and health systems, maternal health organizations, elected officials, grassroot organizations, and community members. Advisory board members meet quarterly to amplify efforts of the survey. [Figure 1]

Practice Collaborators and Partners		
Partner/Collaborator	**How are they involved in decision-making throughout practice processes?**	**Does this stakeholder have lived experience/come from a community impacted by the practice?**
NAACP BIMM Taskforce	To collaborate and gain insight from a diverse group in relation to Black maternal and child health issues.	Yes, this organization has collective community and political experience of seeking equity for People of Color (POC).
Hospital and Hospital System Representatives, Providers and Practitioners	Ensure healthcare staff are included in MES discussions to in turn assist in procedure and system implementation at a hospital and healthcare delivery level.	Yes, healthcare practitioners and staff work closely with the survey's target participants. It is pertinent to include all maternal and child health staff in discussions around birth outcomes improvement.
Community Members, Community Organizations, and Community Representatives such as Doulas	To gain perspectives from community stakeholders that survey advance strategies and intended outcomes.	Yes, this population can speak directly to maternal events and needs for change in their communities through experience.

REPLICATION

The MES has demonstrated success in implementation across the state of New Jersey. The prioritization of the survey launch plan was dependent on the counties with the highest statewide rates of preterm birth, Black infant mortality, Black maternal mortality, and high rates of chronic disease prevalence [Figure 3; Figure 4; Figure 5]. In preparation for distribution planning, communities acknowledged the importance of cultivating equitable approaches to engaging Black birthing people. Considerations discussed included region-specific outreach, language, health literacy, and inclusivity.

New Jersey is composed of various rural, urban, & suburban communities, where differences are reflected geographically at large. In addition, maternal child health data might appear similar in certain counties, however the needs, community strengths and assets, and determinants may vary.

Disparities are also apparent when comparing municipality-level data to county-level data in certain counties and municipalities, which led to a multi-layered data-driven approach to survey planning.

To better reach New Jersey's large number of Spanish speaking residents, it was pertinent to replicate the survey, marketing materials, and media outreach in Spanish. In consideration for reading level, standards of an 8th grade reading level were applied throughout the survey. An inclusive language expert reviewed the MES for representation of inclusion and diverse language. New Jersey community health workers, doulas and home visiting programs played a vital role in reviewing and refining the MES as well as sharing the survey with clients through established relationships.

MES replication efforts were consistent in the criteria areas of implementing virtual launch information sessions and the development of county level advisory boards. Advisory board members participated as key stakeholders of MES information sharing as well as provided expertise in best outreach methods for their counties. Advisory board members received a letter of commitment and a template of initiation timeline and plans within each county.

INTERNAL CAPACITY

To carry out implementation of the MES, a team consisting of a project lead, data analyst, health educator and lead community stakeholders were needed [Figure 1]. In addition to this core committee, the development of the survey was supported by the NAACP BIMM task force.

The framework for each organization's practice implementation may vary based on each community's individual strengths, needs, and resources. Types of personnel needed to implement and support practice included:

Project Lead (1)

- Oversaw the development and maintenance of partnerships with individuals, community organizations, and stakeholders
- Managed inter-organizational collaborative taskforces and sub-committees to build the MES
- Provided feedback and evaluation throughout the survey draft and revision process through feedback from community partners and stakeholders
- Co-facilitated focus groups and collaboration to qualitatively analyze the data from birthing people to inform the implementation of the community-based survey tool
- Provided insight and expertise; lead cross-functional teams to collaborate and accomplish community-driven goals

Data Analyst (1)

- Gathered evidence and research from field and community to inform developments for best practices for a community-centered, data-driven tool
- Revised survey drafts via community-driven feedback to collaborate and set MES apart as an accessible, inclusive, responsive survey experience embedded with safety, empowerment, and respect
- Maintained, analyzed, aggregated, and reported data to a variety of stakeholders

Health Educator (1)

- Assisted with the inter-organizational collaborative taskforce and sub-committees to build the MES and maintained relationships with community and taskforce partners.
- Provided feedback throughout the survey draft and revision process through community partners and stakeholders perspectives
- Co-facilitated focus groups and collaborated to qualitatively analyze data from focus groups to inform implementation of the community-based survey tool

Lead Community Stakeholder (2)

- Community resident, key stakeholder, and civil rights advocate in MES community, who has driven the focus to mitigate Black Infant and Maternal Mortality, statewide, nationally, and globally.
- Assisted with the inter-organizational collaborative taskforce and sub-committees to build the MES by helping to seek feedback from individuals, community partners, and stakeholders.
- Supported creative, community-based outreach efforts to reach Black birthing people and community stakeholders via position of leadership within the community

PRACTICE TIMELINE

Please refer to the 2021 implementation timeline [Figure 2] in the appendix for an indication of practice activities that demonstrate general MES execution, data sharing, and outreach strategies. For additional information please contact Kerry Millen or Christine Ivery at ppi@fhiworks,org.

PRACTICE COST

The budget below represents the allotment of funds estimated for one year implementation of the MES. For more information in regards to the survey practice cost, please contact ppi@fhiworks.org.

[Budget below does not include compensation personnel time to complete projects]

Budget			
Activity/Item	**Brief Description**	**Quantity**	**Total**
Survey flyers and marketing materials, media	To market the survey through various avenues, about $4,000 is suggested for	Marketing Materials: $1,500	$4,000 per year

campaign, and incentives,	engagement marketing. This allotment may vary with designated audiences, number and number of incentives, and outreach strategies. *This budget reflects the recommended budgeting needed to obtain 100 survey completions per year.*	Media Campaign (social media posts, advertisements, emails, publications): $1,000 Incentives (may vary with the amount and number of incentives distributed): $1,500	
Technology tools including survey platform	Approximately $2,000-$3,000 should be budgeted to begin thinking about survey platforms & technology tools	A typical survey platform will likely cost somewhere around $75 per user per month, based on specific organizational needs, capacities, etc.	Range of $2,000-$3,000 per year
		Total Amount:	**$6,000- $7,000 annually**

LESSONS LEARNED

The MES development team has learned to develop a survey tool that provides a safe, respectful atmosphere for respondents and shares stories in equitable ways that empower change. Through the implementation process the MES development team learned how to balance collaborative work within the community with strategies that empower the strengths of various stakeholders involved. Many lessons have been discovered that determine how the development team strategizes in the future for outreach, community engagement, implementation, and reporting practices.

Challenges surround an ongoing commitment to growth, quality improvement, and learning, as we develop best practices for a community-based story-sharing survey. Challenges represent areas of growth as the development team works within communities to develop a meaningful survey tool that empowers respondents. The team continues to work collaboratively improve inclusive language within the survey tools, outreach practices, and reports for various reading levels, and preferred languages. An additional area of growth has been in cultivating equitable data sharing practices as we

learn to develop reports and methods of sharing stories that are inclusive, comprehensive, and empowering.

Knowing what we know now, the MES development team considers expanding outreach practices regionally, by grouping counties together. However, it was a vital component of the process to begin launching the surveys in the counties in which PPI was already engaged with the community and partners. The nature of this process was to learn and grow with the communities as the survey was developed, and therefore, the procedure has been focused on growth and improvement throughout. The development team learned much from community focus groups and pilot testing groups, which affected the development of survey language, outreach practices, and the overall respondents' experiences with the survey tool. The feedback from community members, community representatives, and in the collaborative committees that plan community engagement and survey implementation continues to be an essential tool to growth and improvement.

NEXT STEPS

PPI plans to expand the MES through targeting marketing promotion, a statewide survey rollout, expanding survey language availability, and building relationships through advisory boards and stakeholder meetings. To inform internal and external partners and stakeholders on the progress of the MES, PPI develops quarterly reports to share the number of responses, demographics of respondents, information on survey implementation, outreach, and community engagement. The 2021 MES implementation report with comprehensive data and engagement strategies can be found here. The NAACP BIMM task force and PPI will continue to jointly hold webinars and events that support the MES and increase awareness of preterm birth, Black maternal and infant mortality, and risk factor prevention.

To develop a more inclusive survey and eliminate language barriers, PPI plans to expand survey offerings. Potential regional expansions will be made to connect parents to the survey in New Jersey. A continuous quality improvement focus is necessary to maintain equitable data sharing practices such as reporting to share stories and lived experiences in ways that empower change.

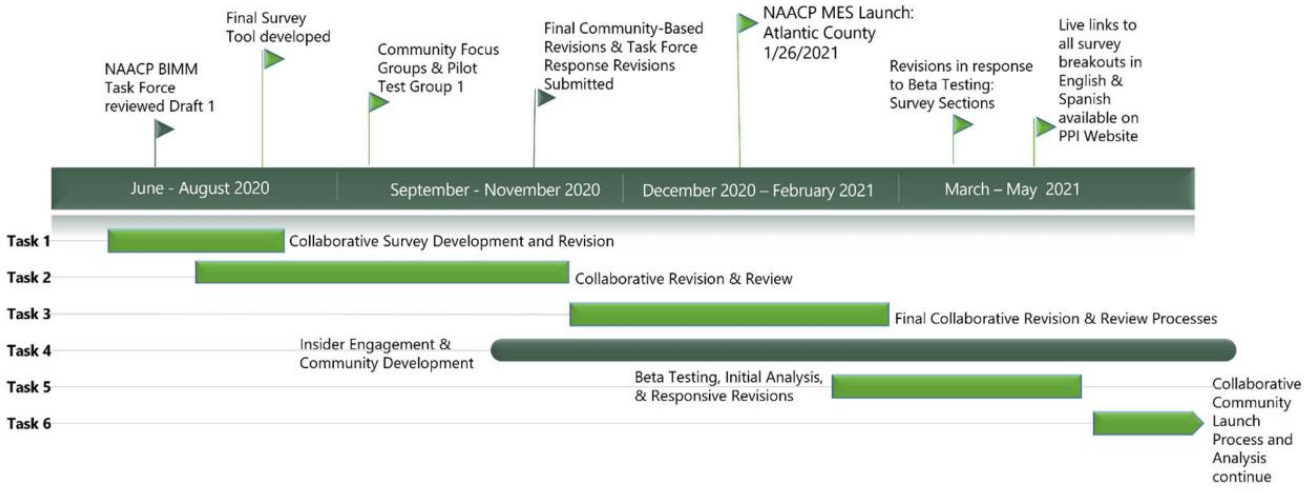
RESOURCES PROVIDED

- Link to 2021 Implementation Report: https://www.njpreterm.org/mesreport
- Link to browse the MES: https://bit.ly/MESBrowseSurvey
- Link to MES Camden County Launch (12/21): https://youtu.be/Qjhat_IyOhs
- Link to MES Overview: https://www.youtube.com/watch?v=qJOU-bxnlvM

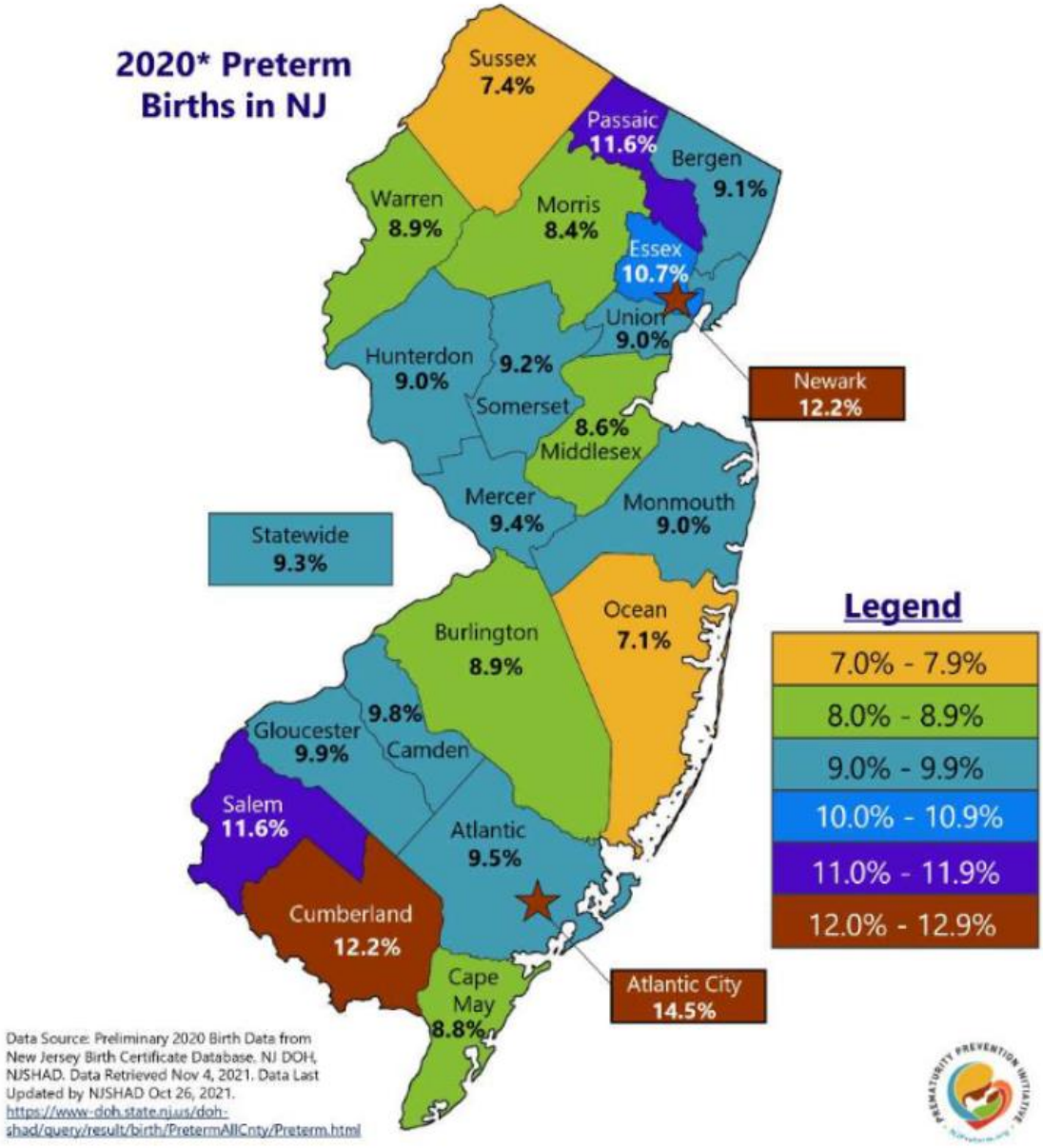
APPENDIX

- **Figure 1: County MES Committee Membership Diagram**

- **Figure 2: 2021 Implementation Timeline**



- **Figure 3: 2020 Preliminary Preterm Birth Rates: NJ Counties & Focus Municipalities**

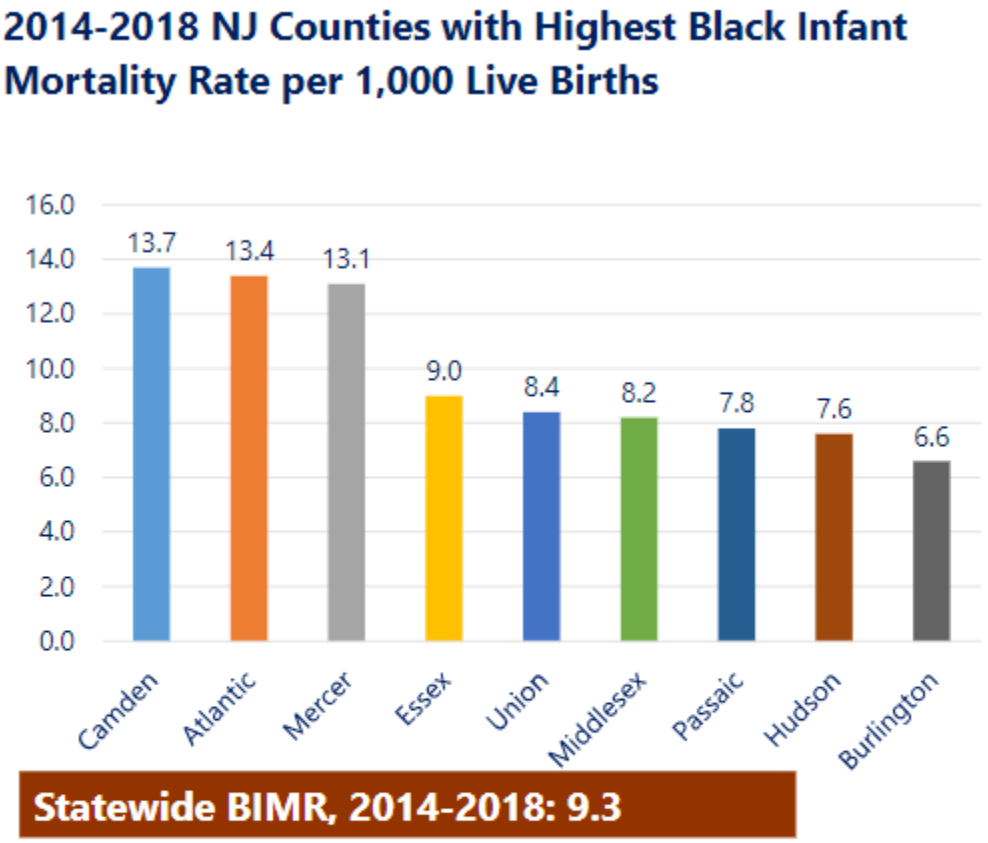


- **Figure 4: Preterm Birth Rates Summary: 2017-2020*: Atlantic and Essex Counties, Atlantic City, Newark, NJ**

%PTB (less than 37 weeks) Comparison Table 2017-2020*	2017	2018	2019	2020*
Statewide				
%PTB, All Races	9.5%	9.5%	9.5%	9.3%
% PTB, Black, non-Hispanic	13.1%	13.5%	13.8%	13.7%
% PTB, Hispanic (of any race)	9.7%	9.8%	9.9%	10.0%
% PTB, White, non-Hispanic	8.3%	8.2%	8.3%	7.7%
Atlantic County				
%PTB, All Races	9.9%	10.3%	9.9%	9.5%
% PTB, Black, non-Hispanic	13.9%	11.0%	11.7%	14.9%
% PTB, Hispanic (of any race)	9.9%	10.5%	9.5%	10.7%
% PTB, White, non-Hispanic	6.7%	9.1%	8.6%	6.7%
Essex County				
%PTB, All Races	10.6%	10.9%	11.1%	10.7%
% PTB, Black, non-Hispanic	13.7%	13.2%	14.2%	13.7%
% PTB, Hispanic (of any race)	9.2%	10.1%	10.2%	8.9%
% PTB, White, non-Hispanic	7.1%	8.3%	7.9%	11.1%
Atlantic City				
%PTB, All Races	12.4%	12.7%	13.0%	14.5%
% PTB, Black, non-Hispanic	15.3%	12.7%	14.1%	16.2%
% PTB, Hispanic (of any race)	9.1%	11.4%	10.5%	14.5%
% PTB, White, non-Hispanic	**	10.6%	13.0%	17.9%
Newark				
%PTB, All Races	12.2%	11.8%	12.7%	12.2%
% PTB, Black, non-Hispanic	14.9%	14.0%	15.1%	15.5%
% PTB, Hispanic (of any race)	9.4%	9.8%	10.9%	8.9%
% PTB, White, non-Hispanic	10.2%	9.4%	11.7%	11.1%

Data Source: Preliminary 2020 Birth Data from New Jersey Birth Certificate Database. Retrieved on Nov 30, 2021. Data Last Updated by NJSHAD Oct 2021 from New Jersey Department of Health, New Jersey State Health Assessment Data website: https://www-doh.state.nj.us/doh-shad/query/result/birth/BirthBirthCnty/Count.html

- **Figure 5: 2014-2018 NJ Counties with Highest Black Infant Mortality Rate**



Data Source: 2014-2018 Death and Birth Data from New Jersey Death and Birth Certificate Database, Office of Vital Statistics and Registry, NJ DOH, New Jersey State Health Assessment (NJSHAD). Data retrieved Feb 19, 2021. Data last updated by NJSHAD Oct 8, 2020.
https://www-doh.state.nj.us/doh-shad/query/result/infantfetal/Infant/InfMortRate.html
Data reflects information available at time in MES 2021 Implementation Timeline when committees planned for potential *future implementation.*