

**MCH TITLE V
Disrupting Maternal Disparities
Project Proposal 8/18/2021**

APPENDIX 1: <u>Anti-Racist Strategies in Maternal and Child Health</u>	
<p>The AMCHP Title V RFA “Healthy Beginnings with Title V: Advancing Anti-Racism in Preterm Birth Prevention” released May 4, 2021. (1)</p>	<p><u>Anti-Racist Strategies for Preterm Birth Prevention:</u></p> <ol style="list-style-type: none"> 1. Assure perinatal and social needs data accurately tell of the disparate circumstances and consequences experienced by a with poor birth outcomes. 2. Invest in comprehensive perinatal data systems for states and community-based organizations. 3. Direct funding to entities supporting community-based organizations and interdisciplinary providers led by and centered to serve those disproportionately affected by health burdens and disadvantage. 4. Cover the costs necessary to meet the social and support needs of those at risk for preterm birth.
<p>Zero to Three’s State of Babies Yearbook 2021, entitled, “Racism Creates Inequities in Maternal and Child Health, even Before Birth,” dated May 2021. (2)</p>	<p><u>Recommendations for Policymakers and Practitioners to Promote Equity and Improve Maternal and Child Health</u></p> <ol style="list-style-type: none"> 1. Increase support and access to culturally sensitive, promising practice models, such as midwifery care, group prenatal care, doula care, and breastfeeding support. 2. Expand Medicaid coverage through the first year postpartum. 3. Remove administrative and other barriers to support participation in WIC. 4. Expand Access to Paid Family Leave.
<p>American Academy of Pediatrics Policy Statement dated August 2019, entitled, “The Impact of Racism on Child and Adolescent Health.” (3)</p>	<p><u>Influence the practice of providers to:</u></p> <ol style="list-style-type: none"> 1. Create culturally safe medical homes. 2. Assess patients for stressors and social determinants of health often associated with equity, and connect families with resources. Increase screening for mental health issues. 3. Infuse cultural diversity into early literacy promotion programs. 4. Train office staff in culturally- and linguistically-appropriate services (CLAS) standards. 5. Advocate for policies and programs to diversify the health care workforce. 6. Engage in systems-level equity efforts to improve educational opportunities for disadvantaged children, partner with community-level equity efforts with cross-sector partners, advocate for alternative strategies to incarceration for nonviolent youth offenders
<p>Star Legacy Foundation’s “Anti-Racist Prenatal and Postnatal Care Preferences.”(4)</p>	<p><u>Honor and serve the voice and experience of women who are pregnant and giving birth.</u></p> <p><u>Train providers</u> to support Black, Brown, and Native women with safe spaces, support services, and respect, in pregnancy, labor and birth, and during the postpartum period.</p> <p>Provide all women and their birth partners with information, close monitoring, active listening, respect for culture, adequate pain management, allowing women to choose their own laboring positions,</p>

	always asking for and respecting consent, being available for questions and concerns.
Association of Women’s Health, Obstetrics, and Neonatal Nurses (AWHONN) Position Statement: Racism and Bias in Maternity Care Settings (June 1, 2021). (5)	<p><u>Nurses’ Call to Action:</u></p> <ul style="list-style-type: none"> • Learn about role and impact of racism and ways to overcome its effects on provision of care. Demonstrate cultural competency in listening and communicating effectively with patients. • Communicate using tools and approaches that have been evaluated as effective in reflecting and being understood by the patient population served. • Advocate for change, with accountability measures built in. <p><u>Policy Recommendations:</u></p> <ul style="list-style-type: none"> • Provide funding to fully integrate anti-racism, bias, and cultural competency training into clinical training. Develop policy to require such training of existing professionals. • Expand equitable access to models of care that provide the most optimal outcomes: community-based programs, doulas, midwives. • Support research efforts to examine the role and impact of racial bias in health care. • Assure Medicaid benefits cover the full first year after birth, and mental health care throughout pregnancy and postpartum.
The Surgeon General’s Call to Action to Improve Maternal Health (6)	<ul style="list-style-type: none"> • Recognize and address factors that are associated with overall health and well-being, including those related to social determinants of health. • Understand that maternal health disparities exist in the U.S., including geographic, racial and ethnic disparities, and work to address them. • Work collaboratively to recognize the unique needs of women with disabilities and include this population of women in existing efforts to reduce maternal health disparities.
<p><i>Resource Citations (retrieved 6/8/2021):</i></p> <ol style="list-style-type: none"> 1) AMCHP Paper: http://www.amchp.org/programsandtopics/womens-health/Focus%20Areas/infantmortality/Documents/Request%20for%20Applications-Healthy%20Beginnings%20Learning%20and%20Practice%20Cohort.pdf 2) Zero to Three Paper: https://www.childtrends.org/wp-content/uploads/2021/04/ZTRacismInequitiesMaternalChildHealth_ChildTrends_May2021-1.pdf 3) AAP paper: https://pediatrics.aappublications.org/content/pediatrics/144/2/e20191765.full.pdf 4) Star Legacy Foundation, Anti-Racist Prenatal and Postnatal Care Preferences: https://starlegacyfoundation.org/wp-content/uploads/LOOM_Antiracist_Birth_Preferences_Neutral.01.pdf 5) AWHONN position statement on Racism and Bias in Maternity Care Settings (retrieved 8/11/21): https://www.ioqnn.org/article/S0884-2175(21)00096-4/pdf 6) The Surgeon General’s Call to Action to Improve Maternal Health: https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf 	