

ACTIONS TO ADDRESS SPECIFIC BARRIERS TO CHANGE

BARRIER TO CHANGE:

→ The devaluing of women and childbirth and intense focus on the newborn

This document describes actions from the [Birth Equity Action Map](#) that can shift mental models related to the devaluing of women and childbirth, which was identified as a barrier to change using the [Iceberg Model of Systems Thinking](#). Click [here](#) to view these actions in the interactive Birth Equity Action Map.



ACTION



DESCRIPTION



RESPONSIBLE SYSTEM ACTORS

Disseminate health education and birth rights information³

Develop and disseminate culturally relevant health education resources, including on birth choices and rights, acknowledging current system flaws, and suggested strategies for resiliency while pursuing community-driven systems change. Specifically, this might look like:

- Disseminating birth rights information to families and communities
- Assuring providers are knowledgeable on and held accountable to state-level and facility-level policies regarding patient rights

State and local health agencies, Community-based organizations, National non-profits, Health systems, Hospitals, Birth equity advocates

ACTION	DESCRIPTION	RESPONSIBLE SYSTEM ACTORS
<p>Expand maternal mental and behavioral health care^{1,3}</p>	<p>Expand culturally competent maternal mental and behavioral health care to support families impacted by substance use disorders and mental illness. Specifically, this might look like:</p> <ul style="list-style-type: none"> • Address and strengthen systems for people with mental health challenges and/or substance use disorders, recognizing the unique needs of each and that care only partially overlaps • Invest in community-based programs that provide mental and behavioral health treatment and support to birthing people with maternal mental health conditions or substance use disorder, including: group prenatal and postpartum care models; collaborative maternity care models; initiatives to address stigma and raise awareness about warning signs for maternal mental and behavioral health conditions; programs at freestanding birth centers; suicide prevention programs; and harm reduction services. • Fill gaps in mental and behavioral health care provision by providing postpartum services and mental health care training and support to fathers, partners, and family members, incorporating screenings for postpartum depression into baby well-visits, and other methods. • Increase access to maternal mental health services by increasing the number of mental health providers participating in Medicaid & other public and private insurance programs, increasing reimbursement rates, and covering nontraditional, alternative behavioral health therapies such as meditation or art therapy. • Ensure and destigmatize access to medications for opioid use disorder (MOUD) for pregnant & postpartum people • Expand access to peer support services for pregnant & postpartum people with substance use disorders • Enact policies to increase access to harm reduction services, including syringe exchange services and naloxone distribution • Implement targeted provider training that addresses stereotyping, implicit bias, social determinants of health, and shared decision making for pregnant and parenting people with mental health and substance use challenges • Assess & change state policies to ensure birthing people are offered non-punitive, evidence-based support for SUDs, rather than approaches that punish or criminalize people for seeking treatment • Implement the Perinatal Mental Health Conditions and Care for Pregnant and Postpartum People with Substance Use Disorder AIM Patient Safety Bundles 	<p>State and local health agencies, Community-based organizations, Federal agencies, Private funders, Health systems, Payers, Legislators</p>
<p>Strengthen facility and provider accountability for patient rights^{3,4}</p>	<p>Assess and strengthen health system and hospital policies and insurance policies to ensure facility and provider accountability to patient rights and birthing autonomy.</p> <p>This could include implementing a consistent, streamlined process for accessing financial assistance or charitable care, within and outside the provider institution, that is not punitive or predicated on the existence of medical debt.</p>	<p>Health systems, Hospitals, Payers, Legislators</p>

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Sources

Actions were synthesized from a two-part Systems Mapping to Advance Birth Equity workshop with 48 diverse actors representing federal, state, local, community, and family birth equity partners as well as the following recommended recent sources that have called for specific actions to advance birth equity.

1. Black Mamas Matter Alliance (2023). Black Mamas Matter: In Policy and Practice: A policy agenda for the Black maternal health, rights, and justice movement.
2. Institute for Medicaid Innovation (2023). Innovation in Perinatal and Child Health in Medicaid.
3. National Birth Equity Systems Mapping Workshop (2023). AMCHP Virtual Workshop, May and June 2023.
4. National Partnership for Women and Families (2023). Raising the Bar for Maternal Health Equity and Excellence.
5. New Jersey Health Care Quality Institute and The Burke Foundation (2022). Delivering Better Care: Midwifery Practice in New Jersey.

Participating Organizations (in the workshop or feedback sessions)

- Alliance for Early Success
- Birthing Cultural Rigor, LLC
- BirthMatters
- Black Mamas ATX
- CityMatCH
- Family Solutions: A Program of the SC Office of Rural Health
- Funders for Birth Justice and Equity
- Georgetown University Center for Children and Families
- Giving Austin Labor Support
- Greater Newark Health Care Coalition
- Hand to Hold
- Healthy Mothers, Healthy Babies Coalition of Georgia
- HRSA's Maternal and Child Health Bureau
- Institute for Women and Ethnic Studies
- Intermountain Health RMOMS Program
- Mama Sana Vibrant Woman
- Mamatoto Village
- March of Dimes
- Maternal Health Equity Collaborative
- Maternal Mental Health Leadership Alliance
- Merck for Mothers
- Minnesota Indian Women's Resource Center
- National Healthy Start Association
- National Institute of Children's Health Quality
- National Partnership for Women & Families
- Our Journ3i
- Philadelphia Department of Public Health
- Preeclampsia Foundation
- Rhode Island Department of Health
- Sedgwick County Health Department
- St. Joseph County Department of Health
- Starting Out Right
- The BEE Collective
- The Reilly Group
- Trenton Health Team
- The U.S. Department of Agriculture
- U.S. Department of Labor
- Utah Pacific Islander Health Coalition
- University of Washington's Parent-Child Assistance Program