



BARRIER TO CHANGE:

Birthing individuals only have access to what their insurance is willing to pay for, setting a standard that doesn't allow choice

This document describes actions from the <u>Birth Equity Action Map</u> that help to shift current system structures thats limit birthing individuals choices, which was identified as a barrier to change using the <u>Iceberg Model of Systems Thinking</u>. Click <u>here</u> to view these actions in the interactive Birth Equity Action Map.

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ACTION	DESCRIPTION	RESPONSIBLE SYSTEM ACTORS
Disseminate health education and birth rights information ³	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
Expand health insurance coverage ^{1,2,3}	Health insurance payers and policymakers should expand coverage based on community-generated needs and evidence-based approaches, including coverage for the full range of contraceptive (e.g., over-the-counter contraception, 12-month supply, etc.), reproductive, and infant-feeding options. Public and private insurance plans should also ensure a robust network of birth justice informed reproductive health, allied health, and perinatal health providers.	Payers, Professional medical associations, Legislators
Expand innovative care models ^{1,4}	Health systems should develop and evaluate innovative care delivery models to expand and improve options for birthing parents and families. Specifically, this can include: • Midwifery-led prenatal care • Group prenatal care options • Telehealth and home monitoring programs. • Establishing Medicaid demonstration projects to test payment models for maternity care • Assessing the impact and opportunity for developing birth centers within the Federally Qualified Health Center model.	Federal agencies, Health systems, Hospitals, Academic institutions, Payers
Fully integrate doulas and midwives into birthing care teams ^{1,3}	Fully integrate doulas and midwives into care teams by assessing and changing policies limiting their involvement, developing strong partnerships between health systems and community-based organizations, and supporting doula/midwife cooperatives and training programs. This must include attention to unintended consequences such as the prioritization of doulas and midwives associated with health systems over community-based doulas.	Community-based organizations, Health systems, Hospitals, Payers, Professional medical associations

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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



