AMCHP ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS | UNC GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

SYSTEM ACTOR:

Legislators

This document describes actions from the Birth Equity Action Map that legislators can take to advance birth equity, as well as potential partners and the barriers to change each action addresses. We define legislators as elected representatives at any level of government (federal, state, local) who create, amend, and oversee the implementation of laws and policies. **Click here to explore these legislator actions in the interactive Birth Equity Action Map.**

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Advance policies to support families' basic needs[1,2,3,4]	Educate/advocate for and advance policies at the state and federal level to protect and provide for basic human needs such as food, shelter, and childcare. Apply Black feminist praxes and Indigenous knowledge to policy and program development, implementation, and analysis at every level of government. Specifically, advance policies including: ▪ Raising the minimum wage ▪ Federal laws for paid family leave, paid sick leave ▪ Increasing EBT/WIC allocation and benefit period ▪ Increasing the supply of affordable housing ▪ Enacting progressive policies to support families basic needs at the state and local level ▪ Enacting the Black Maternal Health Momnibus Act. Center and defer to Black-led and centered, community-based organizations in implementing and evaluating Momnibus policies and programs. ▪ Offering evening and weekend appointments. ▪ Offering telehealth visits, in-home visits, mobile clinics, and other options for expanding access to care. ▪ Co-locating laboratory, imaging, mental and behavioral health, and other services to facilitate one-stop prenatal and postpartum visits. ▪ Ensuring the accessibility of exam rooms and other service areas. ▪ Making translators available and ensure signage and websites are available in priority languages. ▪ Removing work requirements ▪ Expanding Child Tax Credit ▪ Ensuring affordable and accessible childcare ▪ Targeting resources to families living in climate-affected areas	Federal agencies, Health systems, Birth equity advocates, State and local health agencies	System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Build local coalitions[1,3,4]	Build local coalitions to expand collective capacity to advance birth equity. Specifically, this might look like: ▪ Sharing resources and strategies among organizations for collective impact ▪ Investing in the development of cultural humility and empathy among coalition members ▪ Changing the traditional hierarchies to share power with community organizations, members, and patient representatives	Community-based organizations, Health systems, Hospitals, Birth equity advocates, State and local health agencies	Mental Model: Resistance to collaboration across sectors
Collaborate across silos to provide continuous care[1,2,3,4]	Commit to ongoing communication and collaboration among healthcare providers and birth workers to eliminate silos, strengthen the continuum of care while implementing evidence-based practices, and ensure warm handoffs across transitions (e.g., from pregnancy to postpartum). Specifically, this can look like: ▪ Provide postpartum services for at least 12 months ▪ Optimize the current two postpartum visits recommended by the American College of Obstetricians and Gynecologists ▪ Report the nationally endorsed Contraceptive Care-Postpartum performance measure ▪ Provide affordable and accessible childcare during perinatal appointments ▪ Provide mobile health services to families in rural areas ▪ Collaborate across health systems and payers to align and expand covered services	Hospitals, Health systems	System Structure: Health insurance and payment systems create and maintain inequitable access to health care and holistic perinatal care
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	System Structure: Birthing individuals only have access to what their insurance is willing to pay for, setting a standard that doesn't allow choice

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Expand maternal mental and behavioral health care[1,3]	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: ▪ 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 and 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 and postpartum people ▪ Expand access to peer support services for pregnant and 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 and change state policies to ensure birthing people are offered non-punitive, evidence-based support for substance use disorders, 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	Community-based organizations, Federal agencies, Private funders, Health systems, Payers, State and local health agencies	System Structure: Health insurance and payment systems create and maintain inequitable access to health care and holistic perinatal care Mental Model: The devaluing of women and childbirth and intense focus on the newborn Mental Model: Lack of appreciation for interconnected nature of maternal health, behavioral health, and health insurance policies

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Improve care for people in the justice- and immigration-system[1]	Advocate, build coalitions, and pass policies at the federal, state, and local level to ensure the delivery of equitable, trauma-informed, patient-centered care for justice- and immigration-system involved individuals and families. Specifically, this might look like: ▪ Establish federal guidelines for trauma-informed care in correctional and detention facilities ▪ Guarantee access to respectful, comprehensive, and quality maternal, sexual, behavioral, and reproductive healthcare, including abortion care, in correctional and detention facilities and hold staff accountable for denial of care, sexual and gender-based violence, and other human rights abuses ▪ Establish provider exchange service programs to increase access to perinatal health workers like doulas, counseling, reentry assistance, and maternal-infant bonding opportunities ▪ Mandate access to menstruation products and contraception ▪ Eliminate the use of protective restraints for pregnant incarcerated persons ▪ Explore alternative placement and secure housing options for incarcerated persons during the perinatal period ▪ Establish correctional policies that support family video conferencing, parenting resources, family visitation, and overnight visiting	Federal agencies, Health systems, Professional medical associations, State and local health agencies	System Structure: Criminalization of abortion care and non-hospital based birthing options Mental Model: Persistent implicit bias among providers and lack of empathy towards pregnant people with systematically marginalized identities Mental Model: Resistance to embracing a transformative mindset
Increase diverse labor and delivery care access[1,3,4]	Collaborate and innovate to increase access to diverse labor and delivery care (including birth centers) and connections/referrals between labor and delivery and other health care (e.g., emergency departments) and social services (e.g., transportation) to improve patient care and outcomes.	Health systems	System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports System Structure: When referrals are made within clinical systems, there is no coordinated feedback structure to ensure services are received Mental Model: Belief among decision makers that it is not critical to invest in workforce, anti-racism, or service gaps

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Promote cross-sector dialogue[1,3,4]	Promote high-level dialogues across sectors at the community, state, and national levels to discuss critical sector impacts on maternal health and through this grow buy-in and inform action to increase collective impact.	Community-based organizations, National non-profits, Federal agencies, Private funders, Health systems, Hospitals, State and local health agencies	Mental Model: Resistance to public health, anti-racism, women's rights, and disability justice efforts Mental Model: Resistance to collaboration across sectors
Recruit, train, and support diverse provider workforce[2,3,5]	Recruit, train, and support a diverse community-based birthing provider workforce, including doulas, midwives, lactation consultants, and perinatal mental health specialists. This might include developing interdisciplinary clinical training models and empowering clients and community members to join the birth equity ecosystem through scholarship opportunities, training, and hiring.	Community-based organizations, Private funders, Hospitals, Medical and health education programs, Health systems	System Structure: Lack of support for diverse birthing workforce
Reimagine and invest in housing programs[1]	Invest in innovative programs and partnerships that facilitate Black women and birthing people's access to housing and financial resources, including through housing cooperatives, community land trusts, managed care organizations, Section 1115 waivers, guaranteed income programs, and other methods. Include multigenerational families, families with multiple dependents, and other non-traditional family structures in these innovations.	Community-based organizations, Federal agencies, Private funders, Payers, State and local health agencies	System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports
Strengthen facility and provider accountability for patient rights[3,4]	Assess and strengthen health system and hospital policies and insurance policies to ensure facility and provider accountability to patient rights and birthing autonomy. 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.	Hospitals, Payers, Health systems	System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports System Structure: Hospital performance data lacks disaggregation and structural measures Mental Model: Persistent implicit bias among providers and lack of empathy towards pregnant people with systemically marginalized identities Mental Model: The devaluing of women and childbirth and intense focus on the newborn

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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