

SYSTEM ACTOR:

Professional Medical Associations

This document describes actions from the [Birth Equity Action Map](#) that professional medical associations can take to advance birth equity, as well as potential partners and the barriers to change each action addresses. We define professional medical associations as organizations that represent the interests of medical professionals within specific specialties or the broader medical community. These associations play a central role in advancing the profession, setting standards of care, advocating for members, and contributing to the ongoing education and training of health care practitioners. **Click [here](#) to explore these professional medical association actions in the interactive Birth Equity Action Map.**



ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
<p>Combat bias through training, education, and policy^{3,4}</p>	<p>Combat bias through workforce training, education, and hospital-level policy change. Specifically, this might look like:</p> <ul style="list-style-type: none"> • Updating nursing and medical school curriculum • Offering trainings (in medical schools and to current providers) that focus on protecting birthing parent autonomy, addressing racial biases, and promoting respectful maternity care 	<p>Health systems, Hospitals, State and local health agencies, Medical and health education programs</p>	<p>System Structure: Lack of support for diverse birthing workforce</p> <p>Mental Model: Persistent implicit bias among providers and lack of empathy towards pregnant people with systemically marginalized identities</p>
<p>Develop messaging that creates buy-in and empathy^{1,3,5}</p>	<p>Develop messaging (eg. social media, mass communications, organization-level) that humanizes and grows empathy for the birthing experience while also sharing evidence for different methods of giving birth and different provider types. Specifically, this might look like developing and testing targeted messaging to create buy-in across groups for equity strategies (including respectful maternity care) or disseminating information on the benefits of different provider types (e.g., midwifery). This should include attention to the political climate and intentionality regarding compelling language use.</p>	<p>National non-profits, Federal agencies, State and local health agencies</p>	<p>Mental Model: The belief that pregnancy is an illness, rather than a celebration or ceremony</p> <p>Mental Model: Resistance to including doulas and midwives in care teams</p>



ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Expand health insurance coverage ^{1,2,3}	<p>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.</p> <p>Public and private insurance plans should also ensure a robust network of birth justice informed reproductive health, allied health, and perinatal health providers.</p>	Payers, State and local health agencies, Legislators	System Structure: Birthing individuals only have access to what their insurance is willing to pay for, setting a standard that doesn't allow choice
Fully integrate doulas and midwives into birthing care teams ^{1,3}	<p>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.</p> <p>This must include attention to unintended consequences such as the prioritization of doulas and midwives associated with health systems over community-based doulas.</p>	Community-based organizations, Health systems, Hospitals, Payers, State and local health agencies	<p>System Structure: Lack of support for diverse birthing workforce</p> <p>System Structure: Birthing individuals only have access to what their insurance is willing to pay for, setting a standard that doesn't allow choice</p> <p>Mental Model: Resistance to including doulas and midwives in care teams</p>
Generate and disseminate evidence-based approaches ³	<p>Generate and disseminate evidence-based approaches to advance birth equity, including community-generated best practices. Specifically, this might look like:</p> <ul style="list-style-type: none"> • Create accessible forums to share evidence-based, community-generated approaches • Support connections between funders and community-generated best practices and innovators • Provide training and support (e.g., technical assistance, micro-grants to support staff time, etc.) to community-based organizations on documentation, scale-up, and dissemination of evidence-based approaches (as desired) 	National non-profits, Community-based organizations, Academic institutions, State and local health agencies	Mental Model: Practice and research focus on the problem and not the solution

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
<p>Grow public awareness of factors impacting birth equity^{3,4}</p>	<p>Influential thought leaders and organizations should develop social media, mass communication content, and other strategies to grow public and cross-system (eg. among all other relevant organizations and providers) appreciation of the interconnected nature of maternal health, behavioral health, and health insurance policies along with their joint influence on birth equity. Specifically, this might include:</p> <ul style="list-style-type: none"> Partnering with local media to raise awareness and create urgency around areas of needed systems change Focusing on informing and influencing youth mental models in partnership with schools, youth-led organizations, etc. 	<p>Community-based organizations, National non-profits, Federal agencies, Health systems, Birth equity advocates, Academic institutions, State and local health agencies</p>	<p>Mental Model: Lack of appreciation for interconnected nature of maternal health, behavioral health, and health insurance policies</p>
<p>Implement and strengthen team-based care approaches^{3,4}</p>	<p>Implement and strengthen team-based care approaches in order to provide cohesive, collaborative care to birthing people and their families. This should include OBGYNs, doulas, midwives, mental health professionals, pediatricians, community health workers, community nurses, home visitors, etc.</p>	<p>Health systems, Hospitals, Payers, State and local health agencies</p>	<p>System Structure: Lack of support for diverse birthing workforce</p> <p>Mental Model: Resistance to collaboration across sectors</p>
<p>Improve care for people in the justice- and immigration-system¹</p>	<p>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:</p> <ul style="list-style-type: none"> 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 	<p>Federal agencies, Health systems, State and local health agencies, Legislators</p>	<p>System Structure: Criminalization of abortion care and non-hospital based birthing options</p> <p>Mental Model: Persistent implicit bias among providers and lack of empathy towards pregnant people with systematically marginalized identities</p> <p>Mental Model: Resistance to embracing a transformative mindset</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

