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Practice Summary & Implementation Guidance

Stillbirth Prevention and Pregnancy Safety Education and Training Model: Workforce Training

The PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model is a workforce education initiative designed to improve pregnancy outcomes through evidence-based stillbirth prevention education, pregnancy safety communication, and pregnancy-after-loss support training.

Cutting-Edge | Emerging | Promising | Best

Location	Topic Area	Setting
National	Access to Quality Healthcare; Birth Outcomes; Primary & Preventative Care; Workforce Development	Clinical

Population Focus	Date Added
Infant; Medical & Public Health Professionals	Spring 2026

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Section 1: Practice Summary

PRACTICE DESCRIPTION

The PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model is a workforce and community education practice designed to improve pregnancy outcomes by expanding access to evidence-based stillbirth prevention education and strengthening provider capacity to support families walking through pregnancy after loss.

Stillbirth remains a significant public health issue in the United States, affecting approximately 1 in 175 pregnancies each year and disproportionately impacting communities facing barriers to high quality maternal care. Research suggests that a meaningful proportion of stillbirths may be preventable through increased awareness of pregnancy warning signs, risk-reduction strategies, and timely clinical response. Despite this, many pregnant women report receiving limited information during prenatal care about fetal movement awareness, pregnancy warning signs and other evidence-based safety practices that would prompt a pregnant individual to seek care. Additionally, healthcare providers often report limited formal training in both stillbirth prevention education and the specialized care required for patients who are pregnant after a previous loss.

The need for this practice was identified through a combination of lived experience, engagement with bereaved families, collaboration with maternal health professionals, and review of emerging research on stillbirth prevention and pregnancy safety. Community members, clinicians, and public health partners consistently identified gaps in provider training, patient education, and consistent messaging around pregnancy safety and pregnancy after loss.

The key populations impacted by this practice include pregnant women and families, individuals who are pregnant after experiencing stillbirth, and the healthcare and community workforce that supports them. This includes obstetric providers, maternal-fetal medicine doctors, midwives, nurses, doulas, childbirth educators, community health workers, and other maternal health professionals and providers.

The PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model seeks to accomplish three primary goals. First, it equips healthcare professionals and community birth workers with evidence-informed training on stillbirth prevention strategies and respectful, trauma-informed care for families navigating pregnancy after loss. Second, it supports healthcare professionals and community birth workers in communicating clear, actionable pregnancy safety information to pregnant women and families. Third, it promotes consistent communication between patients and providers about pregnancy warning signs and when to seek care.

The model primarily focuses on workforce education and training for maternal health professionals and community birth workers. Trainings are designed to strengthen provider knowledge of stillbirth prevention strategies, pregnancy warning signs, trauma-informed communication, and pregnancy-after-loss care. These activities are designed to strengthen the maternal health workforce and support more consistent communication about pregnancy safety. This practice is grounded in principles of health wellness, trauma-informed care, and patient- centered communication. By improving access to pregnancy safety education and strengthening provider capacity to support patients navigating complex pregnancies, the PUSH Pregnancy Safety Education and Training Model works to address gaps in maternal health information and contribute to improved pregnancy outcomes.

CORE COMPONENTS & PRACTICE ACTIVITES

The PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model includes several core components that work together to improve access to evidence-based stillbirth prevention education and strengthen provider capacity to support families during pregnancy, including pregnancies after loss.

First, the practice delivers structured training programs for healthcare professionals and community birth workers, including obstetric providers, maternal-fetal medicine doctors, midwives, nurses, doulas, childbirth educators, community health workers, and other maternal health professionals and providers, focused on stillbirth prevention strategies, pregnancy warning signs, fetal movement awareness, and trauma informed care for patients pregnant after a previous loss.

Second, the model develops evidence-informed educational materials and implementation resources that support healthcare professionals and community birth workers in communicating pregnancy safety information consistently and effectively.

Finally, the model incorporates feedback and evaluation mechanisms, including participant feedback from trainings and community engagement activities, to continuously refine educational content and improve implementation.

Together, these components work to strengthen the maternal health workforce, increase pregnancy safety awareness, and promote earlier recognition of potential complications.

Core Components & Practice Activities		
Workforce Training	Deliver professional education sessions on stillbirth prevention and pregnancy after loss care	Trainings are delivered to obstetric providers, maternal-fetal medicine doctors, midwives, nurses, doulas, childbirth educators, community health workers, and other maternal health professionals and providers through webinars, conference presentations, and continuing education programs. Curriculum focuses on evidence-based stillbirth reduction strategies, fetal movement awareness, patient-provider communication, and trauma-informed care for families navigating pregnancy after loss.

Feedback & Evaluation	Collect participant feedback and post-training evaluation data	Participant surveys and qualitative feedback are used to assess training effectiveness and guide ongoing curriculum refinement and implementation improvements.

COMMUNITY WELLNESS

The PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model contributes to community wellbeing by addressing barriers to pregnancy safety information, improving provider capacity to respond to patient concerns, and strengthening communication between pregnant women and healthcare professionals.

One of the most significant barriers identified through community engagement and maternal health research is the lack of consistent, evidence-based education about pregnancy warning signs and stillbirth prevention strategies. Many report receiving limited information during prenatal care about changes in fetal movement, symptoms that require medical attention, or how to advocate for care when they feel something may be wrong. This information gap can delay care-seeking and contribute to preventable adverse outcomes.

The PUSH model works to reduce these barriers by equipping healthcare providers and community birth workers with training that strengthens their ability to communicate pregnancy safety information clearly and consistently. By expanding workforce knowledge and confidence in discussing stillbirth prevention and pregnancy warning signs, the practice helps normalize conversations about pregnancy safety within clinical and community settings. Trainings also emphasize trauma-informed communication and respectful engagement with patients, particularly those navigating pregnancy after a previous loss.

In addition to workforce training, the practice contributes to community wellbeing by supporting healthcare professionals and community birth workers in communicating clear, actionable pregnancy safety information to pregnant women and families. These efforts aim to strengthen patient-provider communication and empower pregnant individuals to seek medical evaluation when concerns arise.

Evaluation data demonstrate growing engagement with the practice across both professional and community audiences. Training programs have reached healthcare professionals and community birth workers across multiple settings, including clinical providers, doulas, and maternal health advocates. Participant feedback consistently indicates increased knowledge of stillbirth prevention strategies and greater confidence in discussing pregnancy safety with patients. Educational outreach efforts and workforce partnerships have expanded the reach of pregnancy safety information through community collaboration and digital learning platforms, increasing access to evidence-based information for families.

Together, these activities support community wellbeing by strengthening the maternal health workforce, improving access to pregnancy safety information, and promoting more responsive communication between patients and healthcare providers. By addressing information barriers and supporting access to maternal health education, the PUSH model contributes to a broader culture of pregnancy safety and prevention.

EVIDENCE OF EFFECTIVENESS

Evaluation findings from the PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model demonstrate improvements in participant knowledge, confidence in communicating pregnancy safety information, and expanded access to stillbirth prevention education.

Training participation data indicate growing engagement among maternal health professionals and community birth workers seeking education on stillbirth prevention and pregnancy after loss care. To date, PUSH trainings have reached over 370 healthcare professionals and community birth workers, including medical providers, nurses, doulas, and community health workers. Participants rated the training an average of 9.5 out of 10, with approximately 87% rating the training a 9 or 10. Qualitative feedback indicates that participants found the training applicable to clinical care, childbirth education, and community-based support. One participant shared, *"I do plan to implement changes in my practice based on the information presented."*

Participants in the training programs consistently report increased understanding of evidence-based stillbirth prevention strategies, pregnancy warning signs, and trauma-informed communication approaches for families navigating pregnancy after loss.

Post-training surveys indicate that participants experience meaningful increases in confidence discussing pregnancy safety topics with patients and clients. Many participants report that the training provides practical guidance on how to communicate about fetal movement awareness, respond to patient concerns about potential complications, and support patients who may be experiencing anxiety during pregnancies following loss. These findings suggest that the trainings are strengthening the capacity of the maternal health workforce to engage in proactive conversations about pregnancy safety.

Healthcare providers, doulas, and community birth workers frequently report that the training fills a gap in their professional education, particularly in relation to stillbirth prevention and supporting families during pregnancy after loss. Participants have also reported incorporating the information learned in the training into their clinical practice, childbirth education classes, and community-based work with pregnant families.

Together, these evaluation findings demonstrate that the PUSH model is strengthening workforce knowledge, improving confidence in pregnancy safety communication, and expanding access to evidence-based stillbirth prevention education for both professionals and the communities they serve.

Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

The PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model relies on collaboration between healthcare professionals, community birth workers, advocacy organizations, and individuals with lived experience. These partnerships help ensure that training content remains evidence-informed, trauma-informed, and responsive to the needs of the maternal health communities served.

Partn Collaborator	How are involved in making hr	How are you partnering with his group?	Does this collaborator hav lived experience/come fro a community impacted b	
Parents who have experienced stillbirth or pregnancy loss	Parents share their experiences navigating pregnancy loss and pregnancy after loss, which informs the development of training curriculum and patient education materials. Their perspectives help shape trauma-informed communication practices included in the trainings.	Parents provide feedback on educational materials, participate in conversations about messaging and communication strategies, and inform program design through lived experience insights.	Yes, parents who have experienced stillbirth or pregnancy loss bring lived experience navigating pregnancy complications, healthcare systems, and bereavement.	
Obstetric healthcare providers (OB/GYNs, MFMs, nurses, midwives)	Providers contribute clinical expertise related to pregnancy safety, stillbirth prevention strategies, and patient provider communication. Their feedback informs the accuracy and practicality of training content.	Providers participate in training programs, professional education initiatives, and provide feedback on curriculum and implementation.	Providers work directly with pregnant patients and regularly care for individuals experiencing pregnancy complications, pregnancy after loss, and stillbirth.	

Doulas and community birth workers	Community birth workers help identify gaps in pregnancy education and provide feedback on how safety information can be shared in culturally responsive and accessible ways.	Doulas and community health workers participate in trainings and assist with disseminating pregnancy safety education within their communities.	Many community birth workers serve populations experiencing barriers to maternal health care and provide insight into the needs of the communities most impacted by maternal health disparities.
Maternal health advocacy organizations	Advocacy partners collaborate on stillbirth prevention initiatives and help disseminate education campaigns and training opportunities.	Partnerships include collaboration on awareness campaigns, conferences, and maternal health initiatives focused on pregnancy safety.	Many advocacy organizations represent families impacted by stillbirth and work directly with communities seeking improved maternal health outcomes.
Maternal and child health professionals	Public health professionals contribute expertise related to maternal health trends, prevention strategies, and health equity considerations.	Collaboration occurs through professional networks, conferences, and knowledge exchange related to maternal health initiatives and prevention education.	Public health professionals work with communities experiencing maternal health disparities and contribute insight into limitations affecting maternal outcomes.

REPLICATION

The PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model was designed to be adaptable across a variety of maternal health settings and professional audiences. Trainings are delivered through a virtual learning platform using Thinkific and include recorded educational modules, downloadable resources, and live Zoom-based question-and-answer sessions that allow participants to engage directly with training facilitators and subject matter experts. In-person training opportunities may also be provided depending on organizational needs and capacity.

Since the model focuses on workforce education and communication strategies, the practice can be implemented within healthcare systems, nonprofit organizations, academic settings, professional associations, and community-based maternal health initiatives. Organizations may utilize individual or group-based training access through the Thinkific platform, including additional training licenses for staff and partner organizations. The training maintains standardized core content related to stillbirth prevention, pregnancy warning signs,

trauma-informed communication, and pregnancy-after-loss care, while live discussions and in-person trainings allow for audience-specific engagement and application.

Implementation experiences have demonstrated the importance of tailoring examples, discussion content, and case studies to the specific audience participating in the training. Clinical providers, nurses, doulas, and community health workers may engage with pregnancy safety information differently depending on their role within maternal healthcare systems. Flexible delivery formats, including asynchronous virtual learning, live discussion opportunities, and adaptable educational materials, have supported implementation across diverse professional settings.

As the model continues to expand, PUSH plans to strengthen replication efforts through additional implementation guidance, standardized evaluation tools, and expanded partnership opportunities with maternal health organizations and healthcare systems interested in integrating stillbirth prevention education into existing workforce development initiatives.

INTERNAL CAPACITY

Implementation of the PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model is supported through the PUSH director team, including public health and mental health professionals with expertise in maternal health, trauma-informed care, stillbirth prevention, and pregnancy-after-loss support. The director team oversees curriculum development, training implementation, participant engagement, continuing education coordination, evaluation activities, and ongoing quality improvement efforts.

The practice is currently delivered through the Thinkific virtual learning platform and supported through Zoom-based discussion and question-and-answer sessions. Administrative support is needed to coordinate participant registration, distribute training access, manage continuing education documentation, and support communication with participating organizations and learners.

Successful implementation also benefits from collaboration with healthcare professionals, community birth workers, maternal health organizations, and individuals with lived experience who contribute feedback related to training relevance, accessibility, and implementation needs. Organizations seeking to implement the practice on a broader scale may benefit from existing workforce education infrastructure and organizational support for continuing professional education.

PRACTICE TIMELINE

Since the PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model can be implemented across a variety of maternal health settings and professional audiences, implementation timelines may vary depending on organizational structure, workforce size, and preferred training format. Organizations implementing the practice may require time to identify training participants, establish internal education goals, coordinate continuing education requirements, and determine how the training will be integrated into existing workforce development activities.

The practice is currently delivered through the Thinkific virtual learning platform and includes asynchronous educational modules, downloadable resources, and live Zoom-based discussion and question-and-answer

sessions. Organizations utilizing practice-wide licensing models may require additional time to coordinate participant access, distribute training licenses, and schedule optional live discussion sessions or in-person training opportunities.

Implementation may also vary depending on the professional audiences participating in the training, including physicians, nurses, mental health professionals, doulas, childbirth educators, and community health workers. Organizations may choose to implement the trainings as part of onboarding, continuing education, conference programming, or broader workforce development initiatives. Ongoing implementation activities include participant evaluation, curriculum refinement, and incorporation of participant feedback to support continuous quality improvement.

Identify the professional audiences participating in the training, determine organizational training goals, select implementation format (individual enrollment, organizational licensing, virtual, or in-person), and coordinate participant access to the Thinkific platform and continuing education requirements if applicable. Organizations should also identify internal staff or leadership who will support participant engagement and implementation.	2–6 weeks depending on organizational size and implementation scope	Participating organization leadership and designated training coordinators

Activity Description	Time Needed	Responsible Party

Launch training modules through the Thinkific platform, coordinate live Zoom-based discussion and question-and-answer sessions if utilized, monitor participant engagement, and distribute post-training evaluation surveys.	1-3 months	Participating organization leadership, training coordinators, and participating learners
Organizations review participant feedback and evaluation data, identify opportunities for ongoing workforce education, and integrate pregnancy safety education into existing maternal health education initiatives where appropriate.	Ongoing	Participating organization leadership, workforce education staff
PUSH continues to support curriculum refinement, evaluation review, ongoing licensing coordination, and partnership collaboration as implementation expands.	Ongoing	PUSH Director team
Organizations may also integrate the training into onboarding, continuing education, or broader	Ongoing	Participating organization leadership

workforce development activities.		

PRACTICE COST

Implementation costs for the PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model may vary depending on organizational size, number of participants, preferred implementation format, and whether organizations utilize individual enrollment or broader licensing options. Primary implementation costs are associated with training access, which includes continuing education accreditation costs.

Additional costs for optional in-person training delivery and facilitation support may apply depending on organizational location, participant size, and implementation needs. Because implementation structures may vary across healthcare systems, nonprofit organizations, and community-based maternal health settings, overall costs may differ by organization and training model utilized.

**For more information on practice startup costs and licensing structures please contact PUSH directly.*

Budget			
Activity/Item	**Brief D :cription**	**Quantity**	**Total**
Training Access & Licensing (Live Zoom Discussion & Implementation Support included)	Access to asynchronous workforce training modules delivered through the Thinkific platform, including continuing education accreditation where applicable (Optional Zoom facilitated discussion sessions and implementation guidance provided by PUSH Directors)	Variable based on organizational needs **Total Amount:**	Variable **Variable on organization size**

LESSONS LEARNED

Several important lessons have emerged through the implementation of the PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model that may be useful for others seeking to replicate this approach.

One key lesson is that many healthcare professionals receive limited formal education on stillbirth prevention and pregnancy-after-loss care during their clinical training. As a result, providers often express strong interest in additional training once opportunities become available. Providing accessible, evidence-informed education can significantly increase provider awareness of evidence-based pregnancy safety strategies and improve confidence in discussing pregnancy safety topics with patients.

Another important lesson is that effective stillbirth prevention education must include both clinical knowledge and communication strategies. Providers frequently report uncertainty about how to discuss sensitive topics such as fetal movement monitoring, risk factors, or pregnancy after loss without causing unnecessary anxiety for patients. Trainings that include communication guidance and patient-centered language help providers navigate these conversations more effectively.

We have also learned that engaging a broad maternal health workforce including doulas, childbirth educators, nurses, midwives, and physicians strengthens the impact of prevention efforts. Community-based birth workers often have trusted relationships with families and can reinforce pregnancy safety information outside of clinical settings.

One challenge encountered during implementation is that healthcare systems can vary significantly in their readiness to adopt new educational initiatives. Competing priorities, limited time for training, and varying levels of institutional support can affect participation. To address this, PUSH has prioritized flexible training formats, including virtual sessions and adaptable materials that can be integrated into existing professional development opportunities.

Overall, our experience suggests that stillbirth prevention education is most effective when it combines evidence-based information, practical communication strategies, and collaboration across both clinical and community-based maternal health professionals.

NEXT STEPS

PUSH plans to continue expanding the Stillbirth Prevention and Pregnancy Safety Education and Training Model in order to reach a broader maternal health workforce and strengthen stillbirth prevention efforts across multiple settings. Future expansion will focus on increasing access to training for healthcare professionals, including nurses, midwives, physicians, doulas, childbirth educators, and community health workers who support pregnant individuals and families.

One area of growth includes strengthening partnerships with hospitals, health systems, and community based maternal health organizations to integrate stillbirth prevention education into existing professional development and training opportunities. Expanding access to these trainings will help ensure that providers across different care settings have access to evidence-informed information about pregnancy safety, risk awareness, and pregnancy-after-loss care.

PUSH also plans to continue strengthening workforce education efforts related to stillbirth prevention, pregnancy safety communication, and pregnancy-after-loss care through collaboration with maternal health organizations, healthcare systems, and community-based maternal health professionals.

In addition, PUSH aims to strengthen evaluation and data collection efforts to better document the impact of these trainings on provider knowledge, clinical practice, and patient education. Improved evaluation will support future replication of this model in additional communities and help inform ongoing efforts to improve pregnancy safety education nationwide. Future evaluation efforts may also explore provider practice changes and patient-reported experiences related to pregnancy safety communication following workforce training implementation.

Through continued collaboration with healthcare professionals, community birth workers, and maternal health organizations, PUSH intends to expand the reach and impact of this training model as part of broader efforts to improve maternal and infant health outcomes.

Future improvements to the PUSH Pregnancy Stillbirth Prevention and Pregnancy Safety Education and Training Model will focus on strengthening evaluation, expanding accessibility, and refining training materials to support broader adoption.

One priority is developing a more structured evaluation framework to better measure changes in participant knowledge, confidence, and clinical practice following training. This will include expanding the use of standardized pre- and post-training assessments and systematically documenting participant feedback to guide ongoing curriculum improvements.

PUSH also plans to expand training delivery options to increase accessibility for maternal health professionals working in a variety of settings. This may include developing additional virtual and asynchronous learning opportunities so that providers, doulas, and community birth workers can engage with the training regardless of geographic location or scheduling constraints.

Another planned improvement is the continued refinement of training materials to reflect emerging research and evolving best practices related to stillbirth prevention, pregnancy safety, and pregnancy-after loss care. As new evidence becomes available, the curriculum will be updated to ensure that educational content remains current and evidence informed.

Finally, PUSH hopes to strengthen partnerships with hospitals, community-based organizations, and maternal health initiatives to support broader implementation of the training model. These collaborations will help integrate stillbirth prevention education into existing maternal health programs and professional development opportunities.

These improvements will help ensure that the PUSH model continues to evolve and remains responsive to the needs of maternal health professionals and the communities they serve.

RESOURCES PROVIDED

- Thinkific-based asynchronous workforce training modules related to stillbirth prevention and pregnancy-after-loss care
- Live Zoom-based discussion and implementation support sessions available upon request

- Downloadable educational resources and implementation materials for participating organizations and learners
- Continuing education accreditation for eligible healthcare professionals, including physicians, nurses, and mental health professionals
- Participant evaluation tools and post-training feedback collection processes used to support continuous quality improvement
- Additional information regarding training access, organizational licensing, and implementation support available through PUSH for Empowered Pregnancy