MATERNAL HEALTH LEADERS SYMPOSIUM

Identifying Evidence-Based Solutions for
Reducing Maternal & Infant Mortality & Morbidity

Symposium Overview & Lessons Learned

October 8, 2018
Pittsburgh, PA

WHAMglobal
WOMEN'S HEALTH ACTIVIST MOVEMENT

JEWISH HEALTHCARE FOUNDATION

THE MATERNAL MORTALITY
RATE IN THE U.S. IS NEARLY
3x
HIGHER
THAN IN ANY OTHER
DEVELOPED COUNTRY

We created the Women's Health Activist Movement Global (WHAMglobal) to rally support for women's unmet health needs. Fortuitously, our timing allowed us to ride the wave of activism following the 2016 presidential election. However, we wanted to move beyond marching.

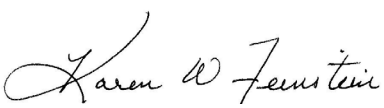
For 25 years, the Jewish Healthcare Foundation, WHAMglobal's parent organization, has united a region around women's heart health and breast cancer awareness; HPV vaccinations; post-partum depression; violence against women; and a satisfying, supported aging for older women. In 2016, WHAMglobal sought a Big Idea, a focus for its energy and activism. We challenged local organizations to pitch their top idea for improving women's health, and formally engaged the broader community to select a problem around which to unite. The winner: improving birth outcomes for vulnerable women, including immigrants and refugees.

WHAMglobal found its direction: to lower the high maternal mortality rate in the U.S., which is three times higher than in any other peer nation. And, while other countries around the world are reducing maternal mortality, and making significant reductions in infant mortality, our rates continue to climb.

WHAMglobal aims to identify the root causes of maternal and infant mortality; study high-quality maternal care models from around the world; champion policy, practice and payment reforms; and form a strong network of women's health advocates.

On October 8, we hosted a Maternal Health Leaders Symposium at the Westin Convention Center in Downtown Pittsburgh. Nearly 130 local, national, and international leaders gathered to identify cutting-edge research and evidence-based programs that address the causes and conditions related to maternal and infant mortality, and identify action strategies.

This report provides an overview of the day, including panel takeaways, and action steps identified by the multidisciplinary groups of experts and attendees.



Karen Wolk Feinstein, PhD

Debra L. Caplan, MPA

KAREN WOLK FEINSTEIN, PhD
Founder of WHAMglobal,
President & CEO,
Jewish Healthcare Foundation

DEBRA L. CAPLAN, MPA
Chair of WHAMglobal Board
Vice Chair, Jewish Healthcare
Foundation Board

AGENDA

8:30-8:45am **WELCOME**

Karen Wolk Feinstein, PhD, Founder of WHAMglobal; President and CEO of Jewish Healthcare Foundation

8:45-10:00am SESSION 1: **Research to Action: Addressing Maternal Mortality**

Moderator: **Jeannette South-Paul**, MD, Andrew W. Mathieson UPMC Professor and Chair, Department of Family Medicine, University of Pittsburgh School of Medicine

Ginger Breedlove, PhD, CNM, APRN, FACNM, President and Founder, March for Moms, Inc.

Renee Montagne, Special Correspondent and Host, NPR Morning Edition

Yoel Sadovsky, MD, Executive Director, Magee-Womens Research Institute

10:00-10:15am **BREAK**

10:15-11:30am **INTRODUCTORY REMARKS**

Debra Caplan, MPA, Chair of WHAMglobal Board; Vice Chair of Jewish Healthcare Foundation Board

SESSION 2: **Addressing Infant Mortality Through Evidence-Based Interventions**

Moderator: **Susan Dentzer**, President and CEO, Network for Excellence in Health Innovation (NEHI)

Ryan Adcock, MPA, Executive Director, Cradle Cincinnati

Rachel Berger, MD, MPH, Chief, Child Advocacy Center Child Protection Team, Pittsburgh Child Advocacy Center, UPMC Children's Hospital of Pittsburgh

Tausi Suedi, MPH, Cofounder, CEO, Senior Technical Advisor, Childbirth Survival International

11:30-11:45am **BREAK**

11:45-12:15pm **LUNCH**

12:15-1:45pm SESSION 3: **All About the Bundle: Transforming Maternity Care Through Innovative Payment Reform**

Moderator: **David Kelley**, MD, MPA, Chief Medical Officer, Office of Medical Assistance Programs, Pennsylvania Department of Human Services

John B. Bulger, DO, MBA, Chief Medical Officer, Geisinger Health Plan

Robert Edwards, MD, Chair and Professor of Obstetrics, Gynecology & Reproductive Services, University of Pittsburgh School of Medicine, UPMC

Eric Lantzman, MD, OB/GYN, Allegheny Women's Health, Co-Director of Division of Family Planning and Ryan Program, Allegheny Health Network

Jessica Schwartz, MHA, Episodes Strategy Manager, TennCare

John Sullivan, MD, Senior VP and Chief Medical Officer, St. Clair Hospital

1:45-2:10pm **BREAK**

2:10-3:20pm SESSION 4: **National and Global Best Practices for Improving Quality of Maternity Care Utilizing a Patient-Centered Approach**

Moderator: **Jennifer Moore**, PhD, RN, Executive Director, Institute for Medicaid Innovation

Liz DeMaere, BN, RN, LCCE, President, Lamaze International

Christine Morton, PhD, Research Sociologist, California Maternal Quality Care Collaborative

Saraswathi Vedam, RM, FACNM, MSN, Sci D(hc) Associate Professor, University of British Columbia

3:30-4:45pm **BREAKOUT SESSIONS: What's Next and Where Do We Go From Here?**

1. **Workforce and Practice:** How do we develop and support a workforce that can accomplish the ideal vision of maternity care?

Facilitated by:

Joanne Conroy, MD, Chief Executive Officer and President, Dartmouth-Hitchcock and Dartmouth-Hitchcock Health

Elisabeth Erekson, MD, MPH, Interim Chair, Department of Obstetrics and Gynecology, Dartmouth-Hitchcock

2. **Delivery and Practice Design:** How do we begin to identify what services are available and how people access them? How do we ensure people who are eligible for services receive them?

Facilitated by:

Stacy Beck, MD, Assistant Professor, Department of Obstetrics, Gynecology, and Reproductive Sciences, Maternal Fetal Medicine, University of Pittsburgh, UPMC Magee-Womens Hospital

Hyagriv N. Simhan, MD, MS, Executive Vice Chair, Obstetrical Services Professor, Department of Obstetrics, Gynecology, and Reproductive Sciences, Division of Maternal Fetal Medicine University of Pittsburgh School of Medicine Director, Patient Care Delivery Innovation and Technology, UPMC

3. Patient Engagement: Optimizing Communication, Education, and Media Campaigns: How do we make the most of patient education and deepen people's understanding of their rights and potential warning signs?

Facilitated by:

Naima Black, CLC, North Philadelphia Breastfeeding & Community Doula Program, Maternity Care Coalition

Stephanie Glover, MPA, Senior Health Policy Analyst, National Partnership for Women & Families

Tamar Krishnamurti, PhD, Assistant Professor General Internal Medicine, University of Pittsburgh School of Medicine

4:45pm-5:00pm **CLOSING REMARKS AND REFLECTIONS**

Karen Wolk Feinstein, PhD

"Each time a woman stands up for herself,
without knowing it possibly, without claiming it,
she stands up for all women."
— Maya Angelou

PREMATURE DELIVERY & LOW BIRTH WEIGHT ARE CONSISTENTLY ASSOCIATED WITH POVERTY WHICH EFFECTS

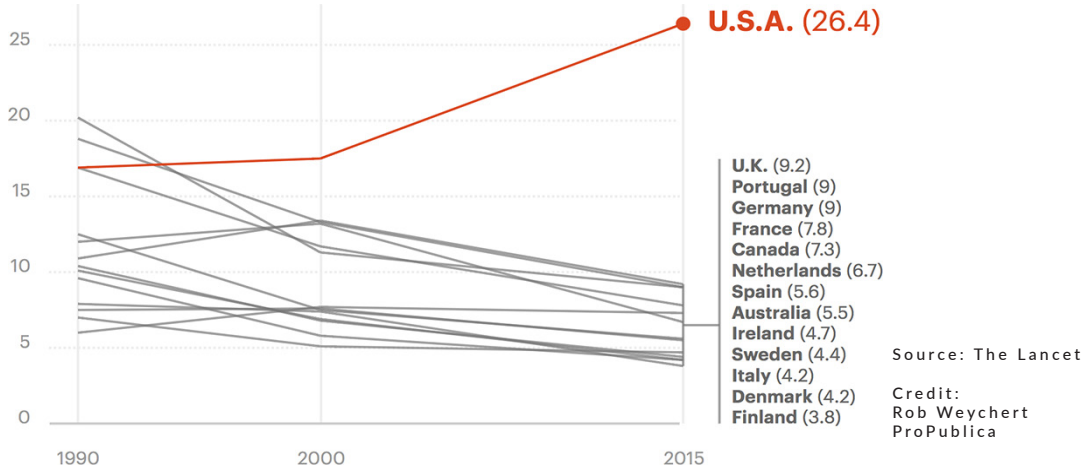
OVER

20%

OF U.S. CHILDREN

WHY WE GATHERED

Despite its economic, technological, and clinical prowess, the United States is the most dangerous place to give birth in the developed world, and among the most dangerous in which to raise a newborn. The maternal mortality rate in the U.S. is nearly **three times** higher than in any similar country (approximately 26 deaths per 100,000 live births, according to a 2015 study in The Lancet; see below). And, while other countries around the world are reducing maternal mortality, the rate in the U.S. keeps climbing. Many of those deaths—60%, according to the Centers for Disease Control and Prevention (CDC)—are preventable. **Annually, another 50,000 mothers suffer severe complications or life-threatening injuries while giving birth**, according to the CDC. Babies are also in peril, with the U.S. ranking 33rd in infant mortality (5.9 deaths per 1,000 live births) among countries studied by the Organisation for Economic Co-operation and Development.



Disparities in Pennsylvania and Allegheny County

Pennsylvania currently ranks **17th** in terms of the lowest maternal mortality rates in the U.S., and 26th for infant mortality. In Allegheny County, there is a maternal mortality rate of 34 per 100,000 live births. **As is true with national trends, the rate of black women dying in Allegheny County is 3.7 times higher than white women** (87.6 per 100,000 for black women compared to 23.9 for white women). The disparities in accessing maternal and child health care in Pittsburgh are alarming. In a 2016 report, the Pennsylvania Department of Health reported that black women in Pittsburgh were more likely to:

- **Experience low birth weight** (13.7% compared to 9.4% reported on all races);
- **Not access prenatal care in the first trimester** (14.2% compared to 12% reported on all races);
- **Give birth under the age of 18** (3.7% compared to 1.6% reported on all races);
- **Smoke during pregnancy** (14.3% compared to 11.7% reported on all races), and;
- **Not breastfeed** (37.8% compared to 23.7% reported on all races).

The Allegheny County Health Department conducted a Community Health Assessment in 2015 and found that as a whole, 88.7% of pregnant women in Allegheny County received first trimester prenatal care. However, portions of the county had significantly lower proportions, with two municipalities having only 66.7% of women receiving first trimester care.

Pictured from L to R: Jeannette South-Paul, MD; Yoel Sadovsky, MD; Ginger Breedlove, PhD, CNM, APRN, FACNM; and Renee Montagne

Session One

Addressing Maternal Mortality: From Research to Action

Jeannette South-Paul, MD, chair of the department of family medicine at the University of Pittsburgh School of Medicine, moderated a panel on translating research into action to lower maternal mortality that featured **Ginger Breedlove, PhD, CNM, APRN, FACNM**, principal consultant for Grow Midwives, past president of the American College of Nurse-Midwives, and founder of March for Moms; **Renee Montagne**, a special correspondent and host for NPR news who spearheaded the NPR/ProPublica investigative series on maternal mortality called "Lost Mothers;" and **Yoel Sadovsky, MD**, executive director of the Magee-Womens Research Institute (MWRI), which is the largest research institute in the U.S. devoted exclusively to women's health.

PANEL TAKEAWAYS

• **Maternal mortality is not just about statistics**. Each individual case is a tragedy, and telling the stories of these women and their families is crucial.

• There are issues around data collection attributed to a lack of uniform definitions and death certificates without maternal-related death checkboxes.

• There is a **growing need to reduce severe maternal morbidities** by identifying high-risk mothers before pregnancy. Co-morbidities are on the rise due to reasons including, but not limited to:

- Underlying medical problems (cardiovascular disease, obesity, hypertension, diabetes, infections, sepsis);
- Accessibility to care, especially in rural areas and;
- Increasing age of mothers giving birth, unplanned pregnancies, and women having multiple C-sections.

• Pennsylvania established a **Maternal Mortality Review Committee**, Pennsylvania 2018-Act 24, which has the potential to make an impact. This is a step in the right direction and there is an opportunity to learn from states like California, and implement best practice.

• **Team-based care** is crucial to high-quality, equitable care. There is a need to mainstream the roles of midwives, doulas, and community health workers in maternal and infant care.

• **Implicit bias and racism** are embedded in maternal health care. Raising consumer awareness and providing avenues for training with open dialogue with caregivers are necessary steps to begin to address disparities in care.

"The United States has 35,000 Obstetricians and 10,000 Midwives.

The United Kingdom has 36,000 Midwives and 1,500 Obstetricians"

- Ginger Breedlove, PhD, CNM, APRN, FACNM

Jeannette South-Paul, MD

Andrew W. Mathieson UPMC Professor & Chair, Department of Family Medicine, University of Pittsburgh School of Medicine

Dr. Jeannette E. South-Paul is the Andrew W. Mathieson UPMC Professor and Chair of the Department of Family Medicine at the University of Pittsburgh School of Medicine and UPMC. Dr. South-Paul is responsible for the educational, research and clinical activities of the undergraduate and graduate medical education, faculty practice, and community arms of 3 family medicine residencies and seven ambulatory clinical sites in Allegheny County (Pittsburgh), Pennsylvania, as well as provides the academic leadership for 5 additional UPMC Family Medicine residencies in Mercer, Blair, Lycoming, and Lancaster counties. She is a practicing family physician who includes maternity care, as well as an academician with specific research interests in the areas of cultural competence, maternity care, and health disparities in the community. Dr. South-Paul has served in leadership positions in the Society of Teachers of Family Medicine (STFM), the American Academy of Family Physicians (AAFP), the Association of American Medical Colleges (AAMC), and the Association of Departments of Family Medicine (ADFM) to include President of the Uniformed Services of American Family Physicians (USAFP) and President of the STFM. Dr. South-Paul earned her B.S. degree from the University of Pennsylvania, her M.D. at the University of Pittsburgh School of Medicine and was elected to the Institute of Medicine (now National Academy of Medicine) in 2011. In, 2012, Dr. South-Paul received the Dr. Wangari Maathai Humanitarian Award from Workforce Development Global Alliance (WDGA), a Pittsburgh-based organization that helps disadvantaged youth in the United States and Africa. In 2013, Dr. South-Paul received the University of Pittsburgh 225th Anniversary Chancellor's Medallion. In 2015, Dr. South-Paul was elected to the Gold Humanism Honor Society through the Arnold P. Gold Foundation. Also, in 2015 Dr. South-Paul received the Chapel of Four Chaplains' Legion of Honor Award. In February 2018, Dr. South-Paul received the Allegheny County Medical Society Richard E. Deitrick Humanity in Medicine Award.

Ginger Breedlove, PhD, CNM, APRN, FACNM

President and Founder, March for Moms, Inc.

Dr. Breedlove is a past president of the American College of Nurse-Midwives serving from 2013-2016. In the fall of 2017 Dr. Breedlove formed a consulting company, Grow Midwives, LLC. The aim is to build and facilitate relationships and educate Physicians, Hospitals, and Midwives about best practices in collaborative experiences, so that a variety of care models, in a variety of settings, can be easily adopted by both established Hospitals and independent healthcare providers in the United States. Prior to consulting she was on faculty, combined 17 years, as Professor at Shenandoah University (six years) and program founder of the Graduate Program Midwifery Specialty Track at University of Kansas School of Nursing (ten years). She co-founded the first free-standing birthing center in Kansas in 1979 and established first Midwife service in Greater Kansas City in 1994 as a collaboration with Maternal Fetal Medicine and Neonatologist colleagues. She is recipient of first Irving B. Harris national book award, The Community Based Doula: Supporting families before, during and after childbirth. In the fall of 2016 she co-founded and serves as President of the March for Moms with Dr. Neel Shah, a growing, multi-stakeholder coalition of over 40 partners sharing like-minded urgency to improve the wellbeing of mothers in the US. March for Moms aim is to convene national stakeholders together to speak with a common voice, urging policymakers and other American leaders to help ensure mothers get the support and care they deserve. Work includes organizing two national public demonstration rallies' in Washington, DC with a third rally scheduled for May 11, 2019. This fall Dr. Breedlove is launching a book for first-time parents navigating the first six weeks of pregnancy titled, *Nobody Told Me About That!*

Renee Montagne
NPR Morning Edition

Renee Montagne, one of the best-known names in public radio, is a Special Correspondent and Host for NPR News. Montagne's most recent assignment has been a yearlong collaboration with ProPublica reporter Nina Martin, investigating the alarming rate of maternal mortality in the U.S., as compared to other developed countries. The series, called "Lost Mothers," has won every major award in American journalism, including a Peabody award, a George Polk Award, Harvard's Goldsmith Prize for Investigative Journalism. The series was also named a finalist for a Pulitzer Prize. From 2004 to 2016, Montagne co-hosted NPR's Morning Edition, the most widely heard radio news program in the United States. She also co-hosted All Things Considered with Robert Siegel for two years. After leaving All Things Considered, Montagne traveled to South Africa in early 1990, arriving to report there on the day Nelson Mandela was released from prison. Four years later, she and a small team of NPR reporters were awarded an Alfred I. duPont-Columbia Silver Baton for their coverage of the country's historic elections that elevated Mandela to the Presidency. Since 9/11, Montagne has made ten extended reporting trips to Afghanistan. She has traveled to every major city, from Kabul to Kandahar, to peaceful villages, and to places where conflict raged. She has profiled Afghanistan's presidents and power brokers, but focused on the stories of Afghans at the heart of that complex country: school girls, farmers, mullahs, poll workers, soldiers, midwives, and warlords. Her coverage has been honored by the Overseas Press Club, and, for stories on Afghan women in particular, by the Gracie Awards. One of her most cherished honors dates to her days as a freelance reporter in the '80s, when Montagne was awarded "First Place in Radio" by the National Association of Black Journalists for a series on African American musicians marching to the wars of the 20th century. Montagne graduated Phi Beta Kappa from the University of California, Berkeley. Her career includes teaching broadcast writing at New York University's Graduate Department of Journalism (now the Carter Institute).

Yoel Sadovsky, MD
Executive Director, Magee-Womens Research Institute

As a world-renowned researcher in fetal development, Dr. Sadovsky studies molecular and cellular approaches to decipher mechanisms underlying placental development, differentiation, and response to injury. Yoel Sadovsky received his MD degree from the Hebrew University in 1986, followed by OBGYN residency at Washington University and maternal-fetal medicine and postdoctoral research fellowships at UCSF. He then returned to Washington University and served as Director, Division of Maternal-Fetal Medicine and Ultrasound between 1999-2007. In 2007, he assumed Directorship of Magee-Womens Research Institute at the University of Pittsburgh. In 2014, he was appointed Associate Dean, Women's Health Research and Reproductive Sciences, and in 2015 he was honored by the University as a Distinguished Professor in Obstetrics and Gynecology and Reproductive Sciences. Dr. Sadovsky seeks to decipher placental function and adaptation to injury, focusing on trophoblast-specific long- and microRNAs and their communication among the fetal, placental, and maternal compartments. Dr. Sadovsky has served as a member of the NICHD Advisory Council and currently serves on the NICHD Board of Scientific Directors and the March of Dimes Scientific Advisory Council. He also serves as an Editor for the journal *Placenta*. In 2004, he received the Society for Gynecologic Investigation's President's Achievement Award, and recently served as President of the Society for Reproductive Investigation (2016-17). Dr. Sadovsky is an elected member of the US National Academy of Medicine (2013), the Association of American Physicians (2014) and an elected fellow of the Royal College of OBGYN (2017, ad eundem). Dr. Sadovsky was awarded the 2013 Cozzarelli Prize in Biomedical Science from the US National Academy of Sciences.

Pictured from L to R: Susan Dentzer; Rachel Berger, MD, MPH; Tausi Suedi, MPH; and Ryan Adcock

Session Two

Addressing Infant Mortality Through Evidence-Based Interventions

The second panel addressed infant mortality through evidence-based interventions and featured **Ryan Adcock**, executive director of Cradle Cincinnati; **Rachel Berger, MD, MPH**, chief of the Child Advocacy Center at UPMC Children's Hospital of Pittsburgh; and **Tausi Suedi, MPH**, co-founder and CEO of Childbirth Survival International and an adjunct professor of Global Health at Towson University. Network for Excellence in Health Innovation President and CEO **Susan Dentzer** moderated the discussion.

PANEL TAKEAWAYS

- There are **different drivers** for infant mortality in the United States and globally. In the U.S., Sudden Infant Death Syndrome, preterm birth and low birth rate, pregnancy complications, and accidents are prevalent causes. Globally, neonatal issues such as infections, including lower-respiratory infections, and diarrheal diseases are leading causes of infant death.

- A way to address equity in services is to **design for and with input from consumers and providers**. When developing campaigns, collaboration with the target audience is important for success. Low-cost and low-tech interventions are effective when implemented at the community level.

- There are **strong correlations** between maternal and infant health, especially when it comes to access to health services, environment, and socioeconomic status.

- Investing in one-on-one supports for moms will pay in dividends for successful mother-child dyads. When moms have an advocate in the room, the conversation is transformed. They no longer feel shamed or judged about how they are caring for their baby or the supports they need. Without these supports, it's a quiet, hidden crisis in which women are dying in the delivery room and infant loss is private. **There is a need to respectfully bring these voices forward**.

What would happen if we gave equal value to...

"a doctorate degree...and...lived experience?

thoughtful data...and...community voice?

teaching...and...learning?

my life...and...yours?"

- Ryan Adcock, Executive Director of Cradle Cincinnati

Susan Dentzer

President & CEO, Network for Excellence in Health Innovation (NEHI)

Susan Dentzer is the President and Chief Executive Officer of the NEHI, the Network for Excellence in Health Innovation, a nonprofit, nonpartisan organization composed of more than 100 stakeholder organizations from across all key sectors of health and health care. NEHI's mission is to advance innovations that improve health, enhance the quality of health care, and achieve greater value for the money spent. With offices in Washington, DC, and Boston, Massachusetts, NEHI conducts independent, objective research and thought leadership to accelerate these innovations and bring about changes within health care and public policy. One of the nation's most respected health and health policy thought leaders and journalists, and a frequent speaker and commentator on television and radio, including NPR, Dentzer previously served as senior policy adviser to the Robert Wood Johnson Foundation. Prior to that, she was editor-in-chief of the journal Health Affairs, and from 1998 to 2008, she served as the on-air Health Correspondent for the PBS NewsHour. Dentzer is an elected member of the National Academy of Medicine and the Council on Foreign Relations. She is a member of the Board of Directors of the International Rescue Committee, a leading humanitarian organization; a member of the board of directors of Research! America, which works to advance research to improve health; and a member of the board of directors of the Public Health Institute. She is a fellow of the National Academy of Social Insurance and the Hasting Center, an institution dedicated to bioethics and the public interest. She previously served as a public member of the American Board of Medical Specialties. She serves on multiple advisory boards, including those of the Duke-Margolis Center; the Philip R. Lee Institute for Health Policy Studies at the University of California-San Francisco; and the March of Dimes public policy advisory group. A graduate of Dartmouth, Dentzer formerly chaired the Dartmouth Board of Trustees, and is a member of the Board of Advisors of Dartmouth Medical School. She and her husband, Charles Alston, have three grown children.

Ryan Adcock, MPA

Executive Director, Cradle Cincinnati

Ryan Adcock is the Executive Director of Cradle Cincinnati. Cradle Cincinnati was formed in 2013 as collaboration between health and civic leaders working to reduce infant mortality in Hamilton County, Ohio. Since launching, Cradle Cincinnati's partners have reduced infant deaths by 15%, maternal smoking by 19% and sleep-related infant deaths by 25%. Prior to this role, Ryan spent seven years as the Director of Legislative Affairs for Mayor Mark Mallory where he served as the city's chief liaison to the federal government and the State of Ohio. He has a Master's in Public Administration from Northern Kentucky University.

Rachel Berger, MD, MPH

Chief, Child Advocacy Center Child Protection Team, Pittsburgh Child Advocacy Center

Rachel Berger, MD, MPH is Professor Pediatrics and Clinical and Translational Medicine at the University of Pittsburgh, chief of the division of Child Advocacy at UPMC Children's Hospital of Pittsburgh and the director of child abuse research at the Safar Center for Resuscitation Research at the University of Pittsburgh. She received her undergraduate degree in Biochemistry at Harvard University and attended medical school at Columbia University. She completed her pediatric internship and residency and a fellowship in general academic pediatrics at UPMC Children's Hospital of Pittsburgh and a Master's in Public Health at the University of Pittsburgh School of Public Health. She served on the Task Force for Child Protection in Pennsylvania and as the research lead for the National Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF). Her clinical research focuses on improving identification and evaluation of suspected physical abuse and decreasing unsafe sleep. She has received funding from multiple sources including National Institutes of Health, the Patient-Centered Outcomes Research Institute (PCORI), The Beckwith Institute and the Hillman Foundation.

Tausi Suedi, MPH

Childbirth Survival International

Cofounder, CEO, Senior Technical Advisor at CSI | Adjunct Professor of Global Health at Towson University. Passionate advocate with over a decadelong public track record to improve and strengthen quality of health services and information provided and delivered to women, newborns, children, adolescents/youth, and the elderly in marginalized communities. Improving maternal and child health through strategic partnerships, health policy, health systems strengthening, capacity building, grassroots implementation, use of modern technology, and intentionally engaging with local communities. Additionally supporting in-country teams, advocating for improved quality, access and delivery of health services and information especially in underserved rural and urban areas. Finally, engaging with multiple stakeholders to implement sustainable and culturally acceptable community-driven programs that will benefit women, their families, and communities. Areas of Expertise: Maternal, Newborn and Child Health; Reproductive Health; Family Planning; Community Development; Adolescent Reproductive Health; Health Systems; and Global Health.

Session Three

All About the Bundle:

Transforming Maternity Care Through Innovative Payment Reform

During lunch, attendees engaged with leaders who are transforming maternity care through innovative payment reforms. **David Kelley, MD, MPA,** CMO of the Office of Medical Assistance Programs at the Pennsylvania Department of Human Services, moderated a panel that included **John Bulger, DO, MBA**, CMO of Geisinger Health Plan; **Robert Edwards, MD**, chair and professor of obstetrics, gynecology and reproductive services at UPMC; **Eric Lantzman, MD, OB/GYN**, Co-director of the Division of Family Planning and Ryan Program at Allegheny Health Network; **Jessica Schwartz, MHA**, Episodes Strategy Manager at TennCare; and **John Sullivan, MD**, Senior VP and CMO at St. Clair Hospital.

Pictured from L to R: David Kelley, MD, MPA; Jessica Schwartz, MHA; John Bulger, DO, MBA; Robert Edwards, MD; John Sullivan, MD; and Eric Lantzman, MD

PANEL TAKEAWAYS

- Appropriate care and reimbursement design should be determined by a **consensus-based process** and include a **multi-disciplinary team and patients**.

- Teams need to be thoughtfully built, empowered, and encouraged by built-in processes and the electronic health record. **It needs to be easy to do the right thing.**

- **Price establishment** is important because it creates a sociology around what happens. It establishes a shared goal and common purpose, and creates a social and organizational norm.

Lessons Learned

PRINCIPLES FOR REIMBURSEMENT REDESIGN

- Must show **benefit** to patients, providers, hospitals, payers, and purchasers
- No expectation of more reimbursement (bonus) for simply doing "the right thing"
- Payment only for acceptable outcomes (e.g., not paying per unit of work performed)
- Treatment of complications without charge

GEISINGER PROVENCARE

Geisinger Caring

Geisinger Provencare delivers substantially improved quality and value for a defined set of healthcare services to patients, families, referring physicians, and payers.

Geisinger programs:

- Document **appropriateness of care**
- Establish evidence or consensus-based best practices
- Reliably deliver these by **redesign** of complex clinical systems embedded into everyday patient flow
- **Activate patients and families**, engaging them in the care processes
- Provide a **packaged price** for the episode of care
- Transfer risk for financial effects of preventable complications to clinical entities

David Kelley, MD, MPA

Chief Medical Officer, Office of Medical Assistance Programs, Pennsylvania Department of Human Services

Dr. David Kelley is the Chief Medical Officer for the Pennsylvania Department of Human Services' Office of Medical Assistance Programs. He oversees the clinical and quality aspects of the Medical Assistance Programs that provide health benefits to over 2.5 million recipients. The Office includes oversight of eight managed care organizations and the Access fee-for-service program. In the past ten years the Office has participated in a multi-payer medical home collaborative, initiated three pay for performance programs, developed a multi-state application for the Medicaid electronic health record incentive program, established nonpayment policies for readmissions and preventable serious adverse events in hospitals, developed telemedicine payment policies, implemented a pharmacy preferred drug management program, and expanded the HealthChoices mandatory physical health managed care program statewide. Prior to joining the Department, Dr. Kelley worked for Aetna Health Inc. as the medical director responsible for utilization and quality management in Pennsylvania, served as Assistant Professor and Director of Clinical Quality Improvement at Penn State University's College of Medicine, and clinically practiced at a FQHC, private practice, and a community-based team approach to diabetes care in a Medicaid hospital clinic. Dr. Kelley received his BS degree at Elizabethtown College, completed medical school at the University of Pittsburgh, completed his residency training at Baylor College of Medicine in Houston, obtained his MPA at Penn State University, and is board certified in Internal Medicine and Geriatrics.

John B. Bulger, DO, MBA

Chief Medical Officer, Geisinger Health Plan

John Bulger is the chief medical officer for Geisinger Health Plan. He's responsible for working with Geisinger and community providers to improve the quality of medical care for the patients and members we serve. Before joining Geisinger Health Plan in 2015, Bulger held a number of positions at Geisinger, most recently serving as chief quality officer, a position he held since 2011. Bulger earned his bachelor of science degree from Juniata College in Huntingdon, Pennsylvania and his doctor of osteopathic medicine degree from Philadelphia College of Osteopathic Medicine in Philadelphia, Pennsylvania. He also holds a master of business administration from the Pennsylvania State University in State College, Pennsylvania

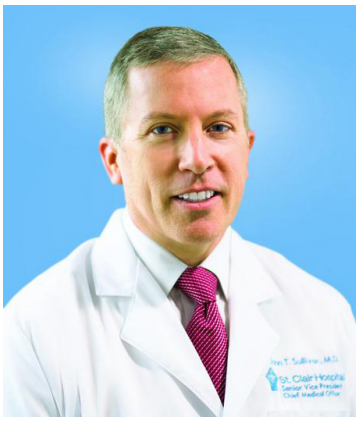
Jessica Schwartz, MHA

Episodes Strategy Manager, TennCare

Jessica is the Episodes Strategy Manager for the state of Tennessee's Medicaid program called TennCare. She previously worked at Children's Hospital Colorado, where she created and implemented the organization's patient safety/culture of safety program that won the American Hospital Association McKesson Quest for Quality Award. She has developed skills in health policy, change management, process improvement, high reliability theory, and leadership development. She has a Master's degree in Healthcare Administration from Trinity University in San Antonio, TX.

John Sullivan, MD

Senior VP and Chief Medical Officer, St. Clair Hospital



John T. Sullivan, MD, MBA, serves as the Senior Vice President and Chief Medical Officer for St. Clair Hospital in Pittsburgh. He most recently served as an Associate Chief Medical Officer at Northwestern Memorial Hospital and Professor of Anesthesiology at the Northwestern Feinberg School of Medicine. Dr. Sullivan is a Past President for the Society for Obstetric Anesthesiology and Perinatology. He has published research and lectures internationally on strategies to reduce cesarean delivery rates, and optimizing outcomes in obstetric hemorrhage through pharmacologic interventions and blood management. He also serves as a Commander in the Medical Corps of the United States Naval Reserve.

Robert Edwards, MD

Chair and Professor of Obstetrics, Gynecology & Reproductive Services, University of Pittsburgh School of Medicine, UPMC

Dr. Edwards is Professor and Milton Lawrence McCall Chair of Obstetrics, Gynecology and Reproductive Sciences at Magee-Womens Hospital of UPMC, ranked among the nation's top 10 hospitals for women's health by U.S. News & World Report, and UPMC. He is also co-leader of the Breast and Ovarian Cancer Program at the University of Pittsburgh Cancer Institute. Board-certified in obstetrics and gynecology, as well as gynecologic oncology, Dr. Edwards is a leading researcher whose interests include cervical and ovarian malignancies. Dr. Edwards has author or co-authored over 330 of articles on clinical and translational research, including several publications looking at ovarian cancer, cervical cancer immunotherapy and more recently health care reform.

Eric Lantzman, MD

OB/GYN, Allegheny Women's Health, Co-Director of Division of Family Planning and Ryan Program, Allegheny Health Network

Dr. Eric Lantzman is the Director of the Division of Family Planning and Director of the Ryan Program at Allegheny Health Network. Dr. Lantzman is also an Obstetrician/Gynecologist staff physician dedicated to working with women facing high-risk pregnancies and lack of access to prenatal care. Dr. Lantzman, formerly of Mt. Lebanon, returned to the Pittsburgh area in 2015 after spending six years based in Anchorage, Alaska, where he cared for the Alaska Native population in the remote areas of the state's bush communities of Kodiak Island, Nome, Barrow and Dillingham. The isolated bush regions of the state, where the majority of Alaska Native families live, are not connected to the road system and villages are accessible only by small planes. In Anchorage, Dr. Lantzman served as Chief Medical Informatics Officer of the Women's Health Department and an OB/GYN staff physician for Southcentral Foundation, a health system serving low-income Alaska Native families in areas with a high rate of drug and alcohol abuse. Dr. Lantzman received his medical degree from the University of Pittsburgh School of Medicine and he completed his residency in Obstetrics and Gynecology at Kaiser Permanente, San Francisco, Calif. He is board-certified by the American Board of Obstetrics and Gynecology. His professional affiliations also include the American College of Obstetricians and Gynecologists and Association of Reproductive Health Professionals.

MATERNAL HEALTH LEADERS SYMPOSIUM

WOMEN'S HEALTH ACTIVIST MOVEMENT
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EXIT

Jatolloa Davis, CNM
The Midwife Center

Pictured from L to R: Christine Morton, PhD; Jennifer Moore, PhD, RN; Liz DeMaere, BN, RN, LCCE; and Saraswathi Vedam, RM, FACNM, MSN, Sci D (hc)

Session Four

National and Global Best Practices for Improving Quality of Maternity Care Utilizing a Patient-Centered Approach

The final panel focused on national and global best practices in using a patient-centered approach to lower maternal mortality. Lamaze International President **Liz DeMaere**; **Christine Morton, PhD**, a research sociologist at the California Maternal Quality Care Collaborative; and **Saraswathi Vedam, RM, FACNM, MSN, Sci D(hc),** an associate professor at the University of British Columbia, joined the conversation that was moderated by **Jennifer Moore, PhD, RN**, executive director of the Institute for Medicaid Innovation and a research professor at the University of Michigan's Medical School.

PANEL TAKEAWAYS

- The call to action has never been stronger to transform maternity care in the U.S., but **the question is whether we will answer that call** to action.

- Countries with low maternal mortality have **key components**:

  - They **value and emphasize women-centered care**. Women are informed and supported in making their own decisions based on values, beliefs, preferences. There is a need to stop taking power away from women. **Women don't need to be empowered, they need to be listened to and given autonomy**.

  - Pregnancy is considered a **normal event**, not a disease needing a suite of interventions.

  - They maximize **midwives**.

  - They offer **continuous access** for women's healthcare coverage needs.

- Women's health outcomes are about how others perceive women and not how women self-identify. There is often high stress related to fear of violence.

- When surveyed, over 90+% of women in North America want to **lead decisions,** with 50% wanting input from providers. In the current system, providers are the ones making decisions.

  - Black women are **twice as likely** to have coerced and/or non-consented care.

Panelists' Takeaway Tweets

"Every woman deserves #safe, #respectful care"

"Broader reach to diverse populations. We need to #support each other for care we provide to moms and families."

"#Mistreatment #MyBodyMyBirth #Undertreatment"

Jennifer Moore, PhD, RN
Executive Director, Institute for Medicaid Innovation

Dr. Jennifer E. Moore serves as the founding executive director of the Institute for Medicaid Innovation. An experienced critical care and emergency department nurse, she brings her clinical expertise and focus on improving access to quality care for priority populations. She combines her love of research, policy, and clinical practice in women's and maternal child health by maintaining an active appointment as a research professor at the University of Michigan's Medical School in the Department of Obstetrics & Gynecology. Dr. Moore comes to the Institute for Medicaid Innovation from the U.S. Department of Health and Human Services (HHS), Agency for Healthcare Research and Quality (AHRQ) where she was appointed as the Patient-Centered Outcomes Research (PCOR) Fellow before assuming her role leading the Office of Women's Health & Gender Research. There she represented AHRQ on national women's and maternal child health initiatives, including the development of maternal health quality measures, spearheading efforts to develop a maternity Consumer Assessment of Healthcare Providers and Systems (CAHPS), and leading the $46 million national perinatal quality and safety initiative. Additionally, she managed a $113 million portfolio of PCOR grants and maintained a rigorous program of research on maternal child health outcomes, economic analysis, and racial/ethnic disparities utilizing the Healthcare Cost and Utilization Project (HCUP) dataset. Dr. Moore's research funded by the National Institute of Health led to the development of the "Evidence Informed Decision Making through Engagement Model" that emphasizes the critical role of patients and shared, informed decision making when implementing evidence-based practices into health care. Most notably, while at HHS, she was appointed by HHS to serve on the Secretary's Advisory Committee on Infant Mortality, the Secretary's Advisory Committee on Chronic Fatigue Syndrome, and the HHS Federal Workgroup on Maternal Health.

Liz DeMaere, BN, RN, LCCE
President, Lamaze International

With over 30 years of experience as a registered nurse, manager, facilitator, coach, consultant, leader, and educator in the perinatal healthcare field, Liz DeMaere brings her collective professional, practical, and personal experiences to help teams build capabilities, cultivate leadership, and develop sustainability and ownership of patient solutions. Liz DeMaere completed her Nursing diploma in 1986 and completed her Bachelor of Nursing degree at the University of Lethbridge (Hons.) in 2006. For over twenty years, Liz practiced nursing in the labour and delivery unit where she learned to care for, observe, and coach parents through the most significant experiences of their lives. Her passion for promoting safe birth began in 1992 when she began teaching childbirth classes. In 1998 Liz became a Lamaze Certified Childbirth Educator and she is very proud to be the current President of Lamaze International. Liz worked for the Society of Obstetricians and Gynecologists of Canada (SOGC) and Salus Global for 10 years, as the Manager of Program Delivery for the MOREOB Program where she was responsible for a team that delivered the program to over 300 obstetrical units across Canada and the USA. Currently, she works at the Chinook Primary Care Network as the Senior Advisor, Clinical and Quality Improvement Lead.

Christine Morton, PhD

Research Sociologist, California Maternal Quality Care Collaborative

Christine H. Morton, PhD is a medical sociologist with expertise in maternal mortality and morbidity, women's reproductive and maternal health experiences and maternal quality improvement. Since 2008, she has managed CMQCC's state funded project on California Pregnancy-Associated Maternal Review (CA-PAMR), overseeing data collection, committee matters and conducting qualitative analysis on improvement opportunities identified from case reviews. She served as co-chair of the CMQCC Cardiovascular Disease in Pregnancy and Postpartum Taskforce, coordinating the development of a Maternal Quality Toolkit on this leading cause of maternal death in California. She also collaborates on research projects that support CMQCC's goals and mission, including an interview study of women's experiences with severe maternal morbidity and collaborative research with Dr. Jochen Profit on racial/ethnic disparities in Neonatal Intensive Care. Dr. Morton is co-chair of the National Partnership Maternal Safety workgroup on Patient, Family and Staff Support after a Severe Maternal Event. She recently served a four-year term on the Board of Directors of Lamaze International.

Saraswathi Vedam, RM, FACNM, MSN, Sci D(hc)

Associate Professor, University of British Columbia

Saraswathi Vedam is Lead Investigator of the Birth Place Lab and professor of midwifery at University of British Columbia. Her scholarly work includes Changing Childbirth in BC, a provincial, community-based participatory study of women's experiences of maternity care, the Access and Integration Maternity Care Mapping Study on the impact of integration of midwives on outcomes, and the Giving Voice to Mothers Study that explores equity and access to high quality care among marginalized communities in the US. She developed three new person-centred quality measures: the Mothers' Autonomy in Decision Making (MADM) scale and the Mothers on Respect (MORi) index. She is currently PI of a 5-year CIHR-funded national research project to evaluate respectful maternity care across Canada. Professor Vedam has been active in setting international policy on place of birth, midwifery education and regulation, and interprofessional collaboration. She convened 3 national Home Birth Summits, and chaired the 5th International Normal Labour and Birth Research conference.

Breakout Session One

Workforce and Practice:

How do we develop and support a workforce that can accomplish the ideal vision of maternity care?

Joanne Conroy, MD, president and CEO of Dartmouth-Hitchcock and Dartmouth-Hitchcock Health, and **Elisabeth Erekson, MD, MPH**, interim chair of Dartmouth-Hitchcock's department of obstetrics and gynecology, led a breakout focused on creating a team-based workforce and examining scope of practice. The group discussed the variables and barriers to workforce supply and discussed potential next steps for improving workforce and practice.

BREAKOUT SESSION TAKEAWAYS

VARIABLES TO WORKFORCE SUPPLY

- Model of care depends on site. Obstetrician led care vs. midwife and doula led care
- Number of deliveries and the need for variable care team size.
- Standards and expectations of workforce.
- Levels of care and scope of practice:
  - State-by-state interpretations
  - Midwives and doulas visibility
  - Strong lobbying groups who are against scope of practice expansion
  - Provider-inclusive language. (Provider should not just mean obstetricians, but other maternity care providers as well.)

BARRIERS TO WORKFORCE SUPPLY

- Institutional culture and scope of practice
- Knowledge of roles (midwife vs. doula)
- Vicarious liability
- Privileges for non-MD providers
- Payment and reimbursement differences
- Decreased number of healthcare workers
- Access to training
- Physician compensation
- Lack of diversity in healthcare roles

WHAT CAN WE DO?
WHAT ARE SOME NEXT STEPS TO ADDRESS WORKFORCE CHALLENGES?

- **Create a pipeline for training and education early!**
  - Educate about women's bodies
  - Start educating children early about training, and prepare them for the workforce by showing midwifery and doula care as a career
  - Develop internship programs to showcase possibilities

- Offer **apprenticeship programs and clear career ladders**. Model existing, successful programs.

- Engage mid-career professionals who change jobs.
  - **Diversify teams** with different levels of credentials

- **Educate** about birth centers, certified midwives, and acute care options.

- Make **cultural competency training mandatory** for all health system workers, and make it a **requirement for payment.**

Pictured: Joanne Conroy, MD and Elisabeth Erekson, MD, MPH

Joanne Conroy, MD

Chief Executive Officer and President, Dartmouth-Hitchcock and Dartmouth-Hitchcock Health

Joanne M. Conroy, MD, serves as CEO and President of Dartmouth-Hitchcock and Dartmouth-Hitchcock Health, the largest private employer in the state of New Hampshire. Dartmouth-Hitchcock is a nonprofit academic health system that includes: Dartmouth-Hitchcock Medical Center, which is the system's 429-bed flagship teaching hospital; the Dartmouth-Hitchcock Clinic; the Norris Cotton Cancer Center; the Children's Hospital at Dartmouth-Hitchcock; four affiliate hospitals; the Visiting Nurse and Hospice for New Hampshire and Vermont; and 24 ambulatory care clinics. Dartmouth-Hitchcock is New Hampshire's only academic health system and only Level 1 trauma center and is the largest provider of health care in the state and the second largest in Vermont. Prior to arriving at Dartmouth-Hitchcock, Dr. Conroy served as CEO of Lahey Hospital and Medical Center, a large, integrated delivery system. From 2008 to 2014, she served as Chief Health Care Officer of the Association of American Medical Colleges (AAMC), focusing on the interface between the health care delivery system and academic medicine, paying particular attention to how health care in academic settings can manage the challenge of health care reform and the operational implications of the Affordable Care Act. Dr. Conroy represented the interests of approximately 350 teaching hospitals and health systems, including 40 Veterans Affairs medical centers, through the AAMC Council of Teaching Hospitals and Health Systems. From 2001 to 2008, she served as Executive Vice President of Atlantic Health, Chief Operating Officer/President of Morristown Memorial Hospital, a 695-bed flagship teaching hospital. From 1986 to 2001, Dr. Conroy served many roles at the Medical University of South Carolina, including Vice President for Medical Affairs, Chair of Anesthesiology and Senior Associate Dean of the College of Medicine.

Elisabeth Erekson, MD, MPH

Interim Chair, Department of Obstetrics and Gynecology, Dartmouth-Hitchcock

Dr. Erekson has been with Dartmouth-Hitchcock since 2013. She is the interim chair of the department of Obstetrics and Gynecology at D-H, and is an associate professor with joint appointments in the department of Obstetrics and Gynecology and The Dartmouth Institute for Health Policy & Clinical Practice. She received her medical degree from the University of Illinois and her master's in public health from Brown University. Dr. Erekson is a practicing board-certified surgeon in the sub-specialty of female pelvic medicine and reconstructive surgery and the specialty of obstetrics and gynecology. She is a former Dartmouth CTSA SYNERGY career development scholar. Her current research projects include claims-data linkage analyses of population-based cohort studies to explore health care utilization of older women as well as treatment seeking behavior and needs. She serves a voting member of the National Quality Forum's (NQF) Standing Surgical Committee for the endorsement of national quality metrics in surgical care. She also serves as an American Urogynecologic Society (AUGS) committee chair, quality council member, and national advisor of the Quality Improvement and Outcomes Research Network facilitating the collection of data on variation in practice patterns and outcomes for the surgical treatment of pelvic organ prolapse and urinary incontinence across 9 different health systems in the United States and Canadian. In 2017, she won the American College of Surgeons-American Urogynecologic Society's joint scholarship to the Brandeis University Leadership Program in Health Policy and Management. Dartmouth-Hitchcock provides obstetric care to the women of Northern New England. In the state of New Hampshire, nearly 40% of the 11,000 annual deliveries are attended by a Dartmouth-Hitchcock provider at 5 separate hospitals across the state. The Dartmouth-Hitchcock practices have modeled integrative and collaborative midwifery practices to be able to deliver optimal care for women in a rural setting.

Breakout Session Two

Delivery and Practice Design

How do we begin to identify what services are available and how people access them? How do we ensure people who are eligible receive them?

Stacy Beck, MD, assistant professor of maternal-fetal medicine at the University of Pittsburgh, and **Hyagriv Simhan, MD, MS**, division chief of maternal-fetal medicine and medical director of obstetrical services at UPMC Magee-Womens Hospital, facilitated a breakout on redesigning practices and procedures to support high-quality, coordinated maternal care.

BREAKOUT SESSION TAKEAWAYS

- Need for increased supports for women **preconception**
  - Preconception is the best time to identify and address social risks like housing, food insecurity, etc.
  - Accessing women during the preconception phase is also critical for pregnancy planning

- Lack of support for women **postpartum** (during the "fourth trimester")
  - For many women, pregnancy is the qualifying condition that made them eligible for insurance. How can the system be restructured so women don't lose insurance coverage after delivery?

- Call for increased public awareness of the **availability and benefit of midwives**
  - Many people assume midwives are only for home births. How can we educate all women about the differences between midwives and obstetricians so they can make an educated decision for their pregnancy?

- Important to stratify patients based on **risk,** and assign providers based on risk level
  - Low-risk women see Midwives, medium-risk women see OBs, and high-risk women see Maternal Fetal Medicine specialists

Stacy Beck, MD

Assistant Professor, Department of Obstetrics, Gynecology, and Reproductive Sciences, Maternal Fetal Medicine, University of Pittsburgh, UPMC Magee-Womens Hospital

Dr. Beck is an Assistant Professor in the Department of Obstetrics, Gynecology, and Reproductive Sciences at the University of Pittsburgh School of Medicine. She is a Maternal Fetal Medicine Specialist at UPMC Magee-Womens Hospital with a strong interest in maternal morbidity and mortality, addiction in pregnancy, as well as quality improvement. She is currently involved in research projects looking at opioid use in pregnancy, as well as projects looking at predicting and managing postpartum hemorrhage. She was recently invited to sit on the newly formed Pennsylvania Maternal Mortality Review Committee and is involved with a group trying to help develop a statewide perinatal quality collaborative, both of which are statewide efforts to analyze and reduce maternal and infant mortality. Dr. Beck also serves as a trustee of Jewish Healthcare Foundation and sits on the WHAMglobal Advisory Board.

Hyagriv N. Simhan, MD, MS

Executive Vice Chair, Obstetrical Services Professor, Department of Obstetrics, Gynecology, and Reproductive Sciences, Division of Maternal Fetal Medicine University of Pittsburgh School of Medicine Director, Patient Care Delivery Innovation and Technology, UPMC

Dr. Simhan is an experienced clinical and translational perinatal researcher, with focus on preterm birth. Dr. Simhan completed his undergraduate studies and medical school at Boston University. Following completion of internship and residency in Obstetrics & Gynecology at the University of Pennsylvania, Dr. Simhan completed fellowship training in Maternal-Fetal Medicine and Reproductive Infectious Diseases and Immunology. He also received a Master of Science in Clinical Research from the University of Pittsburgh. He is active in establishing and implementing obstetrical patient safety and health care quality efforts, including obstetrical crisis medical emergency teams and labor induction process improvement. These efforts have been acknowledged through receipt of the Fine Award for Health Care Quality Improvement from the Pittsburgh Regional Health Initiative and the Hospital Association of Pennsylvania, Achievement Award for Health Care Quality Improvement/Patient Safety.

Breakout Session Three

Patient Engagement

Optimizing Communication and Education

Naima Black, coordinator for the Maternity Care Coalition's North Philadelphia Breastfeeding and Community Doula Program; **Stephanie Glover**, senior health policy analyst at the National Partnership for Women & Families; and **Tamar Krishnamurti, PhD**, assistant professor at the University of Pittsburgh School of Medicine, led a breakout on optimizing maternal and infant health communication and education. They identified areas of improvement, and policies that would help facilitate better relationships between care providers and women, and improve providers understanding of women's needs.

BREAKOUT SESSION TAKEAWAYS

- Advocate for extensive community-based trainings to increase pool of culturally and linguistically-connected community health workers, doulas, and peer counselors

- Support the **recruitment and voice of midwives of color**

- Develop and promote various **workshops and trainings** for all medical school student bodies as continuing medical education:
    - Racism and implicit bias
    - Reproductive Justice 101
    - Trauma-informed approaches and responsive behavior
    - Mandatory observation/experience at birth centers/ home birth and/or home laboring situations for all OB/GYN students

- Incorporate The Birthplace Lab tools across birthing hospitals

- Increase women's access to and reimbursement for the care and providers they want (midwives and doulas, for example)
    - **Targeted outreach, education, and media campaigns, regarding these care services** among low-income and among African-American communities

- Create funding opportunities for **community-participatory research and maternal care evaluation**

- Make **care navigators** available for a variety of purposes:
    - Connect women with wraparound services they need to address non-maternity specific issues like housing, access to healthy food, transportation, etc.
    - Identify and interpret information about available maternity care providers and settings
    - Offer shared decision-making tools and shared care planning

- Support the **inclusion of women** in quality care collaboratives, maternal mortality review committees, and other programs at the system and state-wide level (e.g. Patient and Family Advisory Councils (PFACs) focused only on improving maternity care at practices and in hospitals.)

Naima Black, CLC

Program Coordinator, North Philadelphia Breastfeeding & Community Doula Program, Maternity Care Coalition

Naima Black is a full-spectrum doula, a childbirth and reproductive health educator, Certified Lactation Counselor (CLC), and a community activist. She has supported pregnant and parenting women and their families throughout her life, including on the island of Lamu, Kenya where she lived for 21 years. Naima currently coordinates Maternity Care Coalition's Community Doula & Breastfeeding Program. She created this project 7 years ago to promote and expand childbirth and infant feeding options and support for childbearing families and their communities. Her reputation for approaching health equity as a racial justice issue and as inter-connected to other social and environmental issues is acknowledged and respected. Naima is also a prisoner rights activist and has worked for many years help to expose human rights abuses of the Prison Industrial Complex with a particular focus on the plight of women caught up in the system. She worked for PA Prison Society and American Friends Service Committee where she coordinated the National STOPMAX Campaign to abolish solitary confinement and torture in US prisons. Naima is an internationally renowned Swahili interpreter and taught Swahili at Temple University's Pan African Community Education Program (PASCEP) for seven years. Naima holds a BA in Global Women's Health & Human Rights from Global College of Long Island University.

Stephanie Glover, MPA

Senior Health Policy Analyst, National Partnership for Women & Families

Stephanie Glover is the senior health policy analyst at the National Partnership for Women & Families. She directs a federal policy portfolio focused on increasing access to quality, affordable health care for women. Stephanie leads the organization's strategic advocacy and policy analysis related to private insurance and Medicaid, as well as policies to promote health equity and maternal health. Stephanie also manages several coalitions at the National Partnership including the Coalition for Better Care and Women's Health Defense Table. Stephanie's work has traversed the fields of advocacy, research, and politics. Before joining the National Partnership, Stephanie worked on implementation of the Affordable Care Act, Medicaid expansion, and insurance reforms at the National Women's Law Center. Stephanie also researched and evaluated a federally-funded school-based health program in Texas while at the Child and Family Research Partnership. Prior to that, Stephanie managed fundraising and events at the Women's Campaign Fund. Stephanie graduated Phi Beta Kappa from Trinity College in Hartford, CT and earned her Masters of Public Affairs from the Lyndon B. Johnson School of Public Affairs at the University of Texas.

Tamar Krishnamurti, PhD

Assistant Professor of Medicine, University of Pittsburgh School of Medicine

Tamar Krishnamurti, PhD is an Assistant Professor of Medicine and Clinical and Translational Science at the University of Pittsburgh and is a special faculty member in Engineering and Public Policy at Carnegie Mellon University. She received a Bachelor of Science degree in Biological Anthropology and a Ph.D. in Behavioral Decision Research from CMU. Dr. Krishnamurti uses basic research methods to tackle applied problems, producing tools or interventions that can help individuals make hard decisions. She uses (and develops) methods in the social and decision sciences, working with experts from multiple institutions and disciplines, to examine problems that meet at the intersection of health, risk, technology, and the environment. She conducts research both domestically and internationally with a particular interest in maternal health. Tamar has published peer-reviewed articles in varied journals, including *PNAS*, *JAMA Internal Medicine*, *Social Science and Medicine*, *Medical Decision Making*, *Health Psychology*, *the Journal of Experimental Social Psychology*, and *the Journal of Economic Behavior and Organization*. She is dedicated to accessible science and was recognized by the Science of Philanthropy Initiative for her work partnering with philanthropic practitioners for applying basic science to improving social welfare. Tamar's op-eds have appeared in popular publications, such as the New York Times, The Hill, and Huffington Post. Her research has also received considerable media coverage, including The New York Times, Vanity Fair, The Telegraph, The Independent, U.S. News & World Report, and MSNBC. She is a co-founder of NAIMA Health, LLC. She also provides consulting services on program evaluation and risk communication.

"My main takeaway from today is that maternal and infant mortality challenges can be tackled by joint efforts and commitment.

It takes a village to support a woman through childbirth."

-Anonymous Participant

WHAMglobal

WOMEN'S HEALTH ACTIVIST MOVEMENT

The Women's Health Activist Movement (WHAMglobal) empowers women to advocate for their own health and that of others.

Women are the healthcare decision makers for families and they comprise the majority of the healthcare workforce. They understand what's needed and bring unique voices that champion safe, compassionate, and equitable care. WHAMglobal advocates have the power to transform and create a healthcare system by women and for everyone that better serves patients, families, and their workforce!

WHAMglobal provides engagement opportunities such as in-person creative community events, online communities and actions, and financial support of groups making a difference in women's health in their communities.

WHAMglobal is on a mission to identify the root causes of maternal mortality and better understand how to support and care for moms and families through the entirety of their care. The initiative is focused on learning best practices and identifying partners from the Pittsburgh region, other states, and global models of maternity care in order to identify how to advocate and gather networks to lift up the things that are working and change the things that aren't.

WHAMglobal understands the value of gathering networks of advocates to transform care. It also recognizes the importance of collaboration in order to identify how services are truly delivered. Transformation is impossible without understanding what's already been done, who are the stakeholders, what are the lessons learned, where there is room for improvement, and how to move forward—together.

JOIN THE MOVEMENT

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Connect with us on social media: @whamglobal

“The way to right wrongs is to
turn the light of truth upon them.”
– Ida B. Wells

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