



Healthy Start Virtual Grantees' Meeting

Using Innovation Grants

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Mission

NBEC creates solutions that optimize Black maternal and infant health through training, policy advocacy, research and community centered collaboration.

Vision

All Black mothers and babies thrive.

Core Values:

*Leadership, Freedom, Wellness, Black Lives,
Sisterhood*

Maternal Health Supplements and Grants



Healthy Start Grant

- \$125K Supplement

State Maternal Health Innovation Program

- 9 States
 - Arizona
 - Illinois
 - Iowa
 - Maryland
 - Montana
 - New Jersey
 - North Carolina
 - Ohio
 - Oklahoma

Capacity Building Assistance

Maternal Health Learning and Innovation Center
University of North Carolina at Chapel Hill:

Support for recipients of the State Maternal Health Innovation (MHI) Program and the Rural Maternity and Obstetrics Management (RMOMS) program to combat maternal health disparities.

Three-pronged approach:

- Technical Assistance
- Training
- Information Sharing and Distribution

Establish a Resource Center



Maternal Health Learning and Innovation Center
University of North Carolina at Chapel Hill:

Provide guidance, nationally, to reduce adverse maternal birth outcome—maternal mortality and severe maternal morbidity (SMM)—and improve maternal health.

- Practices
 - Training, Technical Assistance, and Education
 - Partnership Building
- Policy Analysis
- Tools
 - Dissemination of information—educational materials, trainings, practices, etc.
 - Public-facing website development



Performance Milestones



| INDICATOR | (Non)Clinical Activities |
|--|---|
| Increase the percentage of women covered by health insurance. | Assist women with Medicaid and private insurance applications. |
| Increase the percentage of women who receive an annual well-woman visit. | Infographics highlighting the importance of care posted in the organization and on social media. Incentivize appointment attendance. |
| Increase the percentage of pregnant women who receive prenatal care. | Health education and lifestyle change promotion using various forms of media. |
| Increase the percentage of pregnant women who receive prenatal care in the first trimester. | Inform women and support system on the importance of care. |
| Increase the percentage of pregnant women who receive a postpartum visit. | Incentivize appointment attendance. Inform women and support system on the importance of care. |
| Increase the percentage of women screened for perinatal depression. | Have clients/patients complete survey on mental, socioeconomic, and psychosocial well-being. |
| Decrease the rate of pregnancy-related deaths. | Health education using interpersonal communication, social media, posters, and other forms of media on symptoms to be aware of. |
| Decrease the racial, ethnic, and/or geographic disparities in pregnancy-related mortality rates. | Implicit bias training for staff Provide transportation to prenatal and postpartum appointments for those in groups that experience disparities. |

Birth Equity/Respectful Maternity Care Training



- 1-2 hours
- Objectives:
 - Increase value for Black families and birthing people
 - Identify shared language and tools for birth equity
 - Practice tools to apply towards birth equity.
- Topics covered:
 - Define terminology around racism and inequity
 - Identity and perspective
 - Roots of inequity and perinatal health inequities
 - Physiological effects of racism and bias
 - History of racism on Black people, health, and reproductive rights
 - Policy
 - Solutions, tools, and resources to combat racism and bias.

Policy is a major driving force behind the current maternal and child health conditions. It is essential that policies are included in efforts to improve MCH outcomes.

- Federal Momnibus
 - Black Maternal Health Caucus
 - Federal legislative package to address disparities in Black maternal health nationwide. The United States has some of the worst severe maternal morbidity and maternal mortality rates amongst developed nations.
- New Orleans Momnibus
 - Created to combat disparities in Black maternal health in New Orleans. LA ranks 50th in the country for maternal mortality and Black women are 4 times more likely to experience a pregnancy related death than their white counterpart.
 - Comprised of local and state level policy

Group Prenatal Care

"Model designed to improve patient education and include opportunities for social support while maintaining the risk screening and physical assessment of individual prenatal care."

-ACOG, 2018

- Benefits and Outcomes:
 - Increased time for education
 - Improved prenatal knowledge
 - Increased preparedness for labor and delivery
 - Improved social support
 - Increased breastfeeding initiation rate

St. Louis Integrated Health Network Enhanced Centering Pregnancy Collaborative

- centered around Black moms and babies—populations that endure the most health disparities in the St. Louis area.
- Goals:
 - Reduce adverse pregnancy outcomes
 - Build capacity to provide racism focused trauma informed care through intensive trainings for health care teams.
 - Increase shared accountability to promote practice and system level changes.
- Outcomes: reduced number of preterm births, lower rates of depression, increased birth weights

NBEC created a Birth Equity Index to support their efforts.