

Best Practices for Equitable Maternal Care

Many health care, community and systemic influences, such as access to care, chronic conditions, socioeconomic conditions, implicit bias and structural racism, contribute to disparate maternal health outcomes in women of color.

Health care organizations are uniquely positioned to design pregnancy and postpartum care that can help to address these influences and provide more equitable patient care.



FAST FACTS

- Maternal mortality rates **increased by nearly 40%** since 2020.
- Black women are **3x more likely** to experience a pregnancy-related deaths.
- Black and Indigenous women are **2-3x more likely** to experience a maternal mental health condition but less likely to receive care.
- Prevalence of hypertensive disorders is **higher** in women of color.

RESOURCES

- [AHA Webinar: Examining Best Practices for Equitable Maternal Care](#)
- [Awareness to Action: Dismantling Bias in Maternal and Infant Healthcare™](#)
- [Hear Her Campaign: Tools for Health Care Professionals](#)
- [Screening for Social Needs: Guiding Care Teams to Engage Patients](#)
- [Understanding Biases in Black Maternal Health with Toxic](#)

Health care leaders shared with the AHA ways organizations can foster equitable practices in maternal care

Individual Level	Systemic Level	
<ul style="list-style-type: none"> • Screen and document social needs • Practice empathy to understand social context of the patient • Create a safe environment by listening and having sensitive conversations • Recognize and respect patient preferences 	<ul style="list-style-type: none"> • Integrate maternal health equity as a quality improvement effort, and instill reliable processes, such as high-risk huddles and debriefs • Implement standard practices to educate, identify and respond to maternal warning signs and obstetric emergencies. • Offer trainings on diversity and inclusion, shared decision-making, cultural competency and implicit bias 	<ul style="list-style-type: none"> • Build an infrastructure to identify, respond and follow-up on a patient's social needs • Diversify workforce to include patient navigators, social workers, community health workers, doulas, midwives, behavioral health specialists, etc. • Establish an open line of communication within internal care team members and external community partner • Collaborate with diverse community members and organizations to co-create equitable solutions.

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HoPE Doula Program

Elmhurst and Queens Hospitals,
NYC Health + Hospitals

Most pregnant patients at Elmhurst and Queens Hospitals, part of NYC Health + Hospitals, a public hospital system, are women of color who experience other intersecting issues. These include clinical conditions, such as diabetes, hypertension and preterm births to socioeconomic conditions like poverty, immigration, food and housing insecurity and isolation due to the pandemic. Recognizing that providing support, advocacy and a connection to resources for pregnant and postpartum women is necessary for improving outcomes, the hospitals established the Helping Promote Birth Equity (HoPE) Doula Program in April 2022.

The HoPE Doula Program, designed with the support of a community advisory board, serves pregnant women receiving care at Elmhurst and Queens Hospitals. A patient's interest in a doula is discussed with either a clinician or social worker, and if identified, referrals are placed in the electronic health record. Doulas are matched with patients based on their ethnicity, language, neighborhood and birthing plan preferences. A doula follows the mom for four prenatal visits, continuous support during labor and birth, and through one year postpartum, with emphasis on the first two weeks after birth.

Early learnings from this program show the importance of building a workforce of local community-

based doulas. Earlier, the program partnered with two community-based organizations, Ancient Song Doula Services and Caribbean Women's Health Association, to train 20 doulas who spoke a total of 10 languages, however, Spanish-speaking doulas were still lacking. The program trained another 20 bilingual doulas to fill that gap. Policies were put in place to create a doula friendly environment, and trainings were offered to all on collaborative approaches to care, reproductive justice and implicit bias. Within the program's first year, 115 referrals were received with a 50% match rate. Half of those matches were with English speaking doulas, 45% Spanish and the rest 5% who spoke other languages.



Swedish Doula Services Program

Providence Swedish Hospital
Seattle

The Swedish Doula Services program at Providence Swedish Hospital connects families with doulas from diverse backgrounds, with various expertise to recognize and address the emotional, physiological and social aspects of childbirth. Swedish's doulas work with families prenatally, through their Providence Swedish hospital birth and at home postpartum as parents adjust to life with their newborns.

Within Providence Swedish Hospital, doulas support the full spectrum of birth plans and outcomes. They advocate, educate and build awareness about birth as a normal physiological process, and they are also involved in highly medicalized births and C-sections. By being

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keepers of the birth plan and advocating for patients to be at the center of their birth experience, doulas help build stronger relationships, enhance communication and foster a sense of trust between all parties involved. For more, [listen](#) to the AHA Advancing Health podcast with [Providence Swedish Hospital](#).

At Providence Swedish, doulas are an integrated member of the care team. They participate in hospital simulations for emergency scenarios alongside obstetricians, midwives, nurses and other health care professionals. This approach fosters mutual respect among the care team for each other's expertise and highlights the impact and value doulas bring to a patient's birthing experience and outcomes. Not only do the families who hire a Swedish Doula rate them a 4.95 out of 5 for satisfaction, but 98% of doctors, midwives and nurses say the doula had a positive impact on the patient's experience.

Over the past seven years, the doula program has evolved and enhanced the patient experience. They currently contract with over 70 doulas and serve well over 800 families annually. The program provides free doula care to qualifying patients and in 2022 alone supported 146 births at no cost to the families.



STAMPP-HTN program

University of Chicago

The 24 hours before and after giving birth is a crucial, yet fragile time for a woman. Research shows Black women are at a higher risk of preeclampsia/eclampsia,

hypertensive disorders and experience adverse outcomes of these conditions during peripartum care. Established in 2019, The University of Chicago's [STAMPP-HTN](#) (Systematic Treatment and Management of Postpartum Hypertension) program is a quality improvement bundle designed to reduce morbidity outcomes by improving immediate postpartum care of women with hypertensive disorders.

The program utilizes multiple interventions, virtual and in-person, to ensure patients receive appropriate and timely education and care. As part of the program, dedicated nurse educators provide patient education upon delivery, including written instructions and checklists to recognize symptoms of preeclampsia and other hypertensive risk factors. Patients also receive free, Epic-compatible, remote blood pressure monitors to track blood pressure and symptoms via an app during the first six weeks after childbirth. All patients are scheduled for follow-up telehealth appointments in designated postpartum hypertension clinics within 7-10 days after discharge. When applicable, further follow-ups occur in these postpartum hypertension clinics up until six weeks, and long-term follow-up care in a cardiology clinic.

The program's two community health workers provide in-home support when applicable. In addition to education for patients, providers receive education on updated hospital protocols on recognizing and managing postpartum hypertension in inpatient and outpatient settings, along with readmission incidences. Additionally, each care team member credentialed to deliver babies goes through an annual, mandatory competency training, in addition to implicit bias training. All women with hypertensive disorder of pregnancy are enrolled in the STAMPP-HTN program regardless of the insurance type and primary OB affiliation. The STAMPP-HTN program was selected for phase I and II of the Hypertension Innovator Award Competition by the U.S. Department of Health and Human Services Office on Women's Health.

Since its inception in 2019, the program has enrolled nearly 4,700 women. Postpartum follow-ups among Black women increased from 30% to 81%, and 53% to 88% among White women, thus eliminating disparity in postpartum hypertension follow up.