

Black Maternal Health

Reducing Inequities Through Community
Collaboration in Detroit

Report
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Introduction

Seeking to improve outcomes for all people who birth in the United States and their babies and to reduce the stark inequities in maternal health, the Institute for Healthcare Improvement (IHI) engaged in a three-year (April 2018 to October 2021), large-scale project called Better Maternal Outcomes, funded with generous support from Merck for Mothers.

As part of the work of Better Maternal Outcomes, the Redesigning Systems with Black Women project aimed to facilitate locally-driven, co-designed, rapid improvements in four US communities – Atlanta, Detroit, New Orleans, and Washington, DC – targeting the interface of health care delivery, the experience of Black people who birth, and community support systems. The initiative aimed to improve equity, dignity, and safety while reducing racial inequities in maternal outcomes for Black people who birth.

This report describes the experience of the community of Detroit, Michigan, a participant in the Better Maternal Outcomes: Redesigning Systems with Black Women project, to improve outcomes and reduce racial inequities in maternal outcomes for Black people who birth.

Project Design

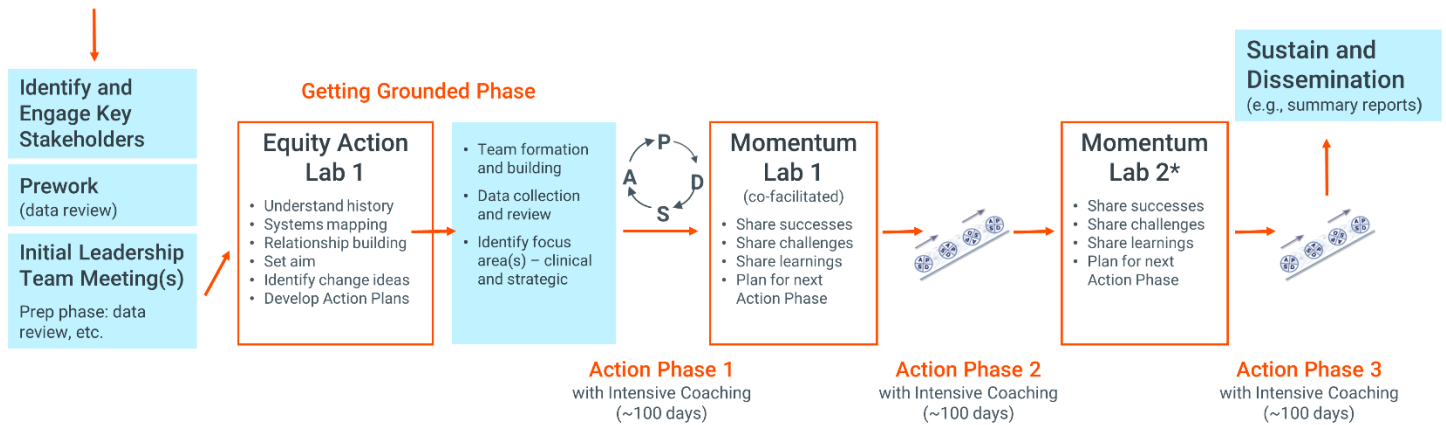
The Better Maternal Outcomes: Redesigning Systems with Black Women project ran from April 2019 to April 2021 and used an Equity Action Lab model to guide the work (see Figure 1). An Equity Action Lab is a flexible model using the Community of Solutions Framework¹ to guide participants through a structured set of activities in an equitable co-design process to set a health equity goal that is important to the participants. After setting a goal, Equity Action Lab participants develop ideas to test and then act during an Action Phase over a short period of time (generally 100 days) to make progress toward that goal. Between Action Phases, Equity Action Lab participants convene in a Momentum Lab to share successes and challenges and plan for the next phase of work.

Equity Action Labs always involve people with lived experience and frontline staff in authentic co-design throughout this process. The Equity Action Lab model supported teams of disparate stakeholders to collaborate and develop ideas for improvement and then test these ideas in Detroit. It is important for readers who are interested in a similar approach to review the improvement ideas in this document through the lens of their own community's context and to test ideas on a small scale before deciding to implement more broadly.

Figure 1. Better Maternal Outcomes: Redesigning Systems with Black Women Project Model (18 to 24 Months)

Participants: 4 communities, each with 3 design teams (high-volume delivery centers)

IHI Team: Select communities, partners, leads, faculty; environmental scan; identify measures (PROM)



Supports

Expert faculty; group facilitation/site visits; quality improvement methods; 2x monthly coaching calls during Action Phase; cross-community calls; key design principle assessments; 1:1 support (e.g., data, relationship building/management; leadership, managing up); monthly design progress check-ins; IHI Improvement Coach Program; IHI Psychology of Change Framework coaching

*Some communities held 3 to 4 Momentum Labs; IHI facilitated the Equity Action Lab and first Momentum Lab; communities facilitated subsequent Momentum Labs

Glossary of Terms

- **Aim:** An explicit description of a team’s desired outcomes, which are expressed in a measurable and time-specific way.
- **Authentic co-design:** Health care staff, people with lived experience, and community-based organizations working together to design a new system or improve an existing system, making full use of each other’s knowledge, resources, and contributions to achieve better outcomes.
- **Context expert:** Sometimes referred to as a person with lived experience, a context expert is someone who has lived (or is currently living) with inequities and/or the issues that the community is focusing on and may also have insights about the system as it is experienced by consumers. In this project, context experts included Black people who were pregnant, had previously been pregnant, or have given birth.
- **Content expert:** Sometimes referred to as a subject matter expert, a content expert has expertise in a subject area through work in professional or academic settings that is relevant to the topic area. In this project, content experts included people with expertise in maternal health, equity, and quality improvement.

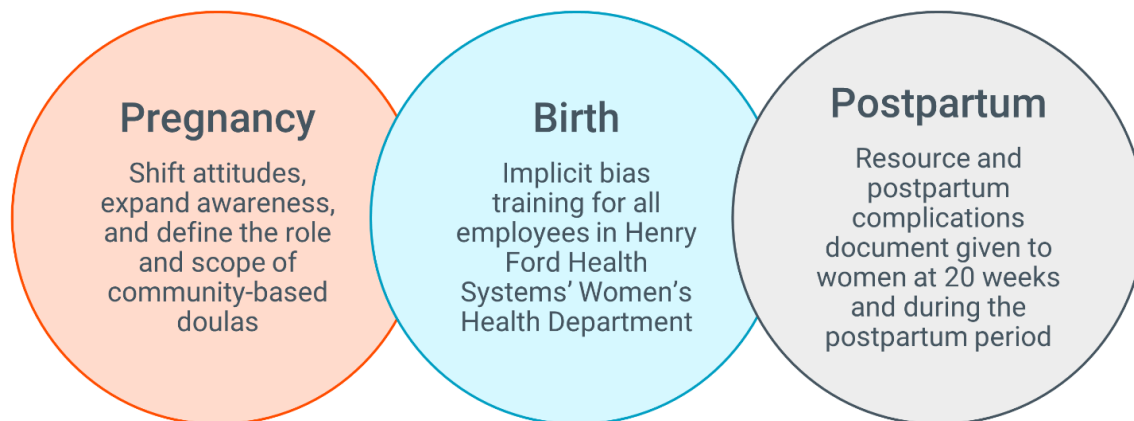
- **Driver diagram:**² A visual display of a team’s theory of what “drives,” or contributes to, the achievement of a project aim.
- **Equity Action Lab:**³ A flexible and adaptable model that uses a set of activities to bring together a diverse group of community stakeholders to take action in pursuit of equity and community improvement. The model was built using human-centered design principles, which puts the people most affected by the inequities, or the problems in a system, at the center of designing new solutions. It begins with a Prep Phase in which stakeholders come together to review existing data, refine the topic area to be addressed, and recruit diverse team members who will be involved in the subsequent phases. The next step is an Action Lab Phase, which brings together individuals who are most affected by the issue being addressed as experts in the co-design of solutions. This phase is a short time period (~100 days) during which participants test initial ideas for improvement and refine these ideas through regular check-ins. Finally, the Sustain Phase starts with a Momentum Lab where participants celebrate progress and learning and make a plan to build on and sustain successes.
- **Ideas for improvement:** Sometimes called “change ideas,” these are actionable, specific ideas for changing a process that a team considered testing.
- **Plan-Do-Study-Act (PDSA) cycle:**⁴ An important component of the Model for Improvement, a PDSA cycle is a structured process for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

Overview

Partners in Detroit, Michigan — Black Mothers’ Breastfeeding Association, Detroit Health Department, Detroit Medical Center Hutzel Hospital, Focus: HOPE, Greater Detroit Area Health Council, Great Start Collaborative Wayne County, Dr. Lauren Hamel, Henry Ford Health System, Karmanos Cancer Institute, Institute for Population Health, March of Dimes Michigan, Sacred Rose Midwifery, Michigan Department of Health and Human Services, Michigan Public Health Institute, Wayne CHAP, Wayne State University School of Medicine, and WIN Network: Detroit — established design teams to focus on three key areas: pregnancy, birth, and postpartum (see Figure 2).

The partners collaborated to improve maternal health outcomes for Black people who birth by advocating for health care providers to build relationships with doulas as complementary resources to the maternity care team and shift attitudes, expand awareness, and define the role and scope of community-based doulas; providing unconscious bias training to providers; and increasing awareness of postpartum warning signs and resources among postpartum people who birth and their families.

Figure 2. Detroit Design Teams Focus on Three Key Areas of Maternal Health



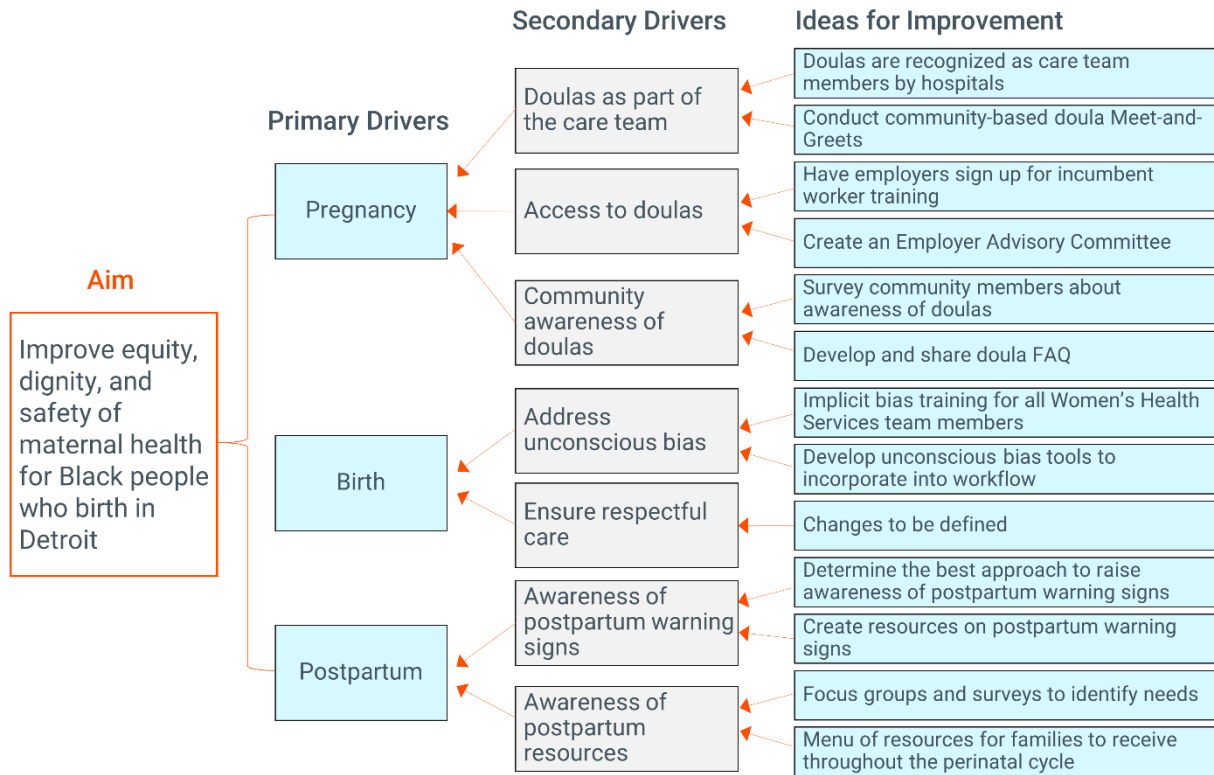
The design teams participated in three cycles of activities that facilitated the planning, implementation, and evaluation of activities, with support from the IHI team. The first cycle consisted of a needs assessment, an Equity Action Lab to determine aims and ideas for improvement, and an Action Phase plan to test ideas in participating sites. The second and third cycles consisted of Momentum Labs and Action Phases to reflect on changes tested and to plan for future action.

What Will Drive Improvement in Black Maternal Health in Detroit?

The Detroit design teams developed a driver diagram — a visual display of a team's theory of what "drives," or contributes to, the achievement of a project aim — with guidance from the IHI team. The driver diagram (see Figure 3) identifies the activities and related improvement ideas that will lead to the aim of improved equity, dignity, and safety of maternal health for Black people who birth in Detroit. The diagram is a tool that supported efforts to get stakeholders aligned and in collaboration.



Figure 3. Driver Diagram to Improve Black Maternal Health in Detroit



Impact of COVID-19 Pandemic

The COVID-19 pandemic significantly impacted the design teams, increasing many members' workloads and some members were personally affected by the virus. Participation in project activities declined (e.g., the March 2020 Momentum Lab) and design team activities were halted or altered (e.g., postponed data collection activities). As a result, it was difficult at times for team members to carry this work forward given the uncertainty and impact of the virus.

"We've had to obviously transition our team meetings to virtual. But it hindered our ability to implement our trainings in general because, during COVID, the focus of any clinical department was anything that wasn't essential was 'We can't deal with this right now...' So it slowed down our timeline and made it difficult to maintain the buy-in we had to do our work."

—Detroit Birth Design Team Member

"Some things we had planned for the design team shifted [during COVID], so any in-person activity had to shift. Some in-person activities that we did prior to COVID included a 'Meet-and-Greet' where we invited doulas from the city to meet with the staff at Hutzel Women's Hospital, so that we could work on dispelling myths, understanding the role and scope of community-based doulas, and so forth."

—Detroit Pregnancy Design Team Member

Summary of Work

This section summarizes the work of the three Detroit design teams, including aims, improvement ideas, measures, impact, and next steps.

Pregnancy Design Team: Improve the Availability and Accessibility of Community-Based Doulas

Detroit’s Pregnancy Design Team tested ideas to shift attitudes, expand awareness, and define the role and scope of community-based doulas. The team focused on changing public and institutional policies, attitudes, and practices related to community-based doula care at Henry Ford Hospital and Hutzel Women’s Hospital, as well as increasing the community-based doula workforce and community awareness of doulas.

Aims	Improvement Ideas	Measures/Results
<p>Improve the availability and accessibility of community-based doulas through the following aims:</p> <ul style="list-style-type: none"> • Recognize community-based doulas as complementary to the maternity care team at one to two Detroit hospital(s) by February 2020 • Identify two to four cross-sector employers interested in incumbent worker training for community-based doulas by March 2020 • Collect at least 50 survey responses to build a community-based doula FAQ by June 2020 	<ul style="list-style-type: none"> • Meet with employers to provide information about the community-based doula incumbent worker training and to build employer partnerships • Meet with the directors of early childhood programs to gain agreement to participate in incumbent worker training for community-based doulas • Hold “Meet-and-Greets” and Grand Rounds at local hospitals to challenge myths and change attitudes about community-based doulas • Develop a FAQ and a social media campaign to challenge myths and misunderstandings about community-based doulas 	<p>The Pregnancy Design Team used surveys and social media metrics to assess the impact of the improvement ideas it tested.</p> <ul style="list-style-type: none"> • According to the “Meet-and-Greet” surveys, 95% of attendees agreed or strongly agreed to welcoming community-based doulas as a complementary part of the maternity care team and 100% reported that they had a better understanding of community-based doulas. • Clinicians completing the survey for the Grand Rounds presentation shared that they learned how pertinent community-based doulas are to their practice, they will continue to support community-based initiatives, and they know how to partner with public health and community-based organizations to support patients experiencing certain social contexts. • 100% of employers attending the incumbent worker training informational session reported on a survey that community-based doulas would be an asset to their organization, a benefit to

Aims	Improvement Ideas	Measures/Results
		<p>their clients/participants, and were interested in having their staff participate in incumbent worker training.</p> <ul style="list-style-type: none"> • The social media campaign included Facebook (6,420 reached and 508 reactions, comments, and shares), Instagram (3,914 impressions and 3,654 reached), and Twitter (5,732 impressions and 244 engagements), and commenters shared that they were encouraged to become a doula.

Impact

The Detroit Pregnancy Design Team developed and implemented activities that contributed to improving the quality of maternity care provided to Black people during pregnancy. This included increasing awareness of community-based doulas among providers and increasing the community-based doula workforce.

Comments from Detroit Pregnancy Design Team members provide insights into their experiences and the impact of the team’s work.

“The work that we were already doing around making sure that community-based doulas are properly recognized at hospitals made it easier for Henry Ford to make this shift because we had already been talking to the lead administration about the importance of removing the policy that [doulas are] considered visitors. So, I think they were primed and ready.”

“I believe the ‘Meet-and-Greet’ helped with changing attitudes and behaviors toward doulas... which is very important when you’re trying to shift culture and mindset of folks... We [would be] happier if we had a policy change, but... there have been good stories around how doulas have been welcomed since that ‘Meet-and-Greet,’ so there are some shifts there.”

“Due to the COVID-19 pandemic, Detroit hospital visitation policies were amended to allow only one guest to accompany birthing persons. Through the advocacy work of the Pregnancy Design Team, the voices and priorities of Detroit families were elevated. In response, Henry Ford Health System amended its COVID-19 policy removing its ‘visitor’ label from doulas. Doulas are now allowed to accompany birthing persons in addition to one guest. This change to the hospital’s policy is an enormous victory for the community, particularly in the midst of the COVID-19 pandemic.”

Next Steps

The Pregnancy Design Team will transition to a local task force for community-based doula sustainability. The task force will be charged with creating and distributing a community-based doula resource guide, performing a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of Detroit’s doula landscape to create a community-based doula framework for sustainability, and creating a funder’s brief for community-based doulas to be distributed to local philanthropic agencies. These efforts will be completed through the Merck for Mothers’ Safer Childbirth Cities Initiative.

Birth Design Team: Implicit Bias and Health Equity Training for Women’s Health Services Staff

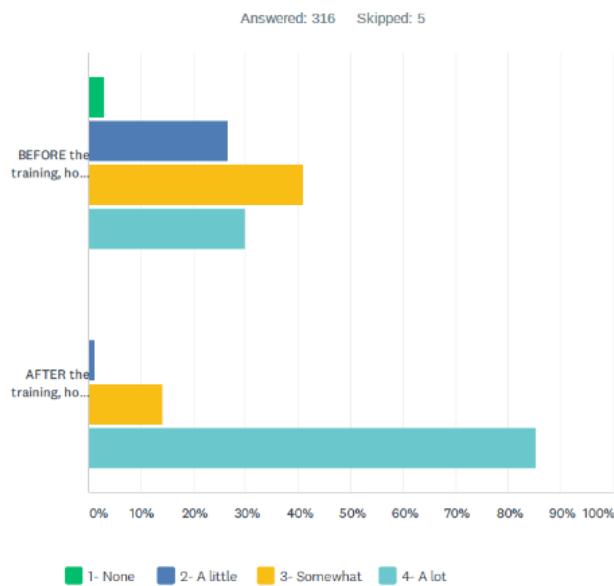
The Birth Design Team tested ideas to improve the experience of birth for Black people as well as positively impact rates of maternal and infant mortality. This included a focus on ensuring Black mothers have a respectful birth experience and mitigating the effect that unconscious biases have on mothers’ care and birth outcomes.

Aims	Improvement Ideas	Measures/Results
<p>Train all Women’s Health Services employees at Henry Ford Hospital and contributing ambulatory sites on implicit bias and health equity in 2020–2021, and put a plan in place to make these trainings sustainable and recurring</p>	<ul style="list-style-type: none"> • Provide implicit bias training for every Women’s Health Services employee of Henry Ford Health System’s Detroit campus • Develop and incorporate unconscious bias tools into Women’s Health Services workflow • Test the unconscious bias training module in new resident orientation for OB/GYN residents 	<p>The Birth Design Team developed a pre- and post-survey for attendees of the unconscious bias training and a post-birth assessment at Henry Ford Hospital (see Figure 4). The survey measured changes in knowledge, attitudes, and beliefs about implicit bias, and self-reported use of the information learned.</p> <ul style="list-style-type: none"> • Findings from the focus groups conducted by the Postpartum Design Team (see below) inspired the Birth Design Team to develop a post-birth assessment to measure whether patients’ experiences at Henry Ford Hospital aligned with the vision of respectful care based on the Mothers on Respect Index (MORI). Development of this measure is underway and the team will begin collecting data later this year. • In Fall 2019, a mini-unconscious bias training was completed at Grand Rounds for Women’s Health Services to introduce the ideas of unconscious bias to staff. The Birth Design Team collaborated to develop and design the Unconscious Bias and Respectful Care Training curriculum, infusing learning and quotes from the Postpartum Design Team’s focus groups with mothers with lived experience. They planned initially to conduct this training in person starting in Spring 2020,

Aims	Improvement Ideas	Measures/Results
		<p>but due to COVID-19 transitioned to a virtual delivery format. The training was tested live virtually for the first time with Women’s Health Services leadership, partners at outside organizations, and mothers with lived experience who were members of the Pregnancy Design Team.</p> <ul style="list-style-type: none"> • The full unconscious bias training was rolled out from November 2020 through January 2021. Each training session included three hours of live instruction and one hour of required prework. The target population included all Women’s Health Services employees at Henry Ford Hospital and contributing ambulatory sites. • In total, 20 virtual training sessions were completed, training 357 total participants – representing at least 87% of the target population, and 100% of Women’s Health Services OB/GYN residents, physicians, certified nurse-midwives, and neonatologists at Henry Ford Hospital and contributing ambulatory sites.

Figure 4. Pre- and Post-Survey Assessment of the Unconscious Bias Training

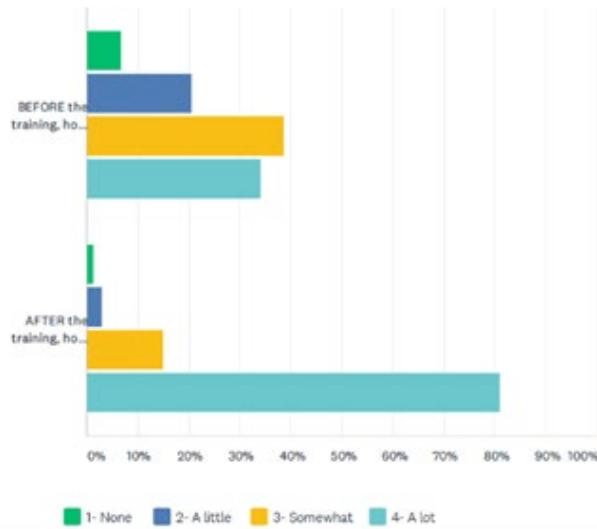
Q15 On a scale from 1 to 4, rate how well you understand the definition of unconscious bias.



	1- NONE	2- A LITTLE	3- SOMEWHAT	4- A LOT	TOTAL	WEIGHTED AVERAGE
BEFORE the training, how much did you understand the definition of unconscious bias?	2.85% 9	26.58% 84	40.82% 129	29.75% 94	316	2.97
AFTER the training, how much do you understand the definition of unconscious bias?	0.00% 0	0.95% 3	13.92% 44	85.13% 269	316	3.84

Q17 On a scale from 1 to 4, rate your motivation to find ways to reduce unconscious bias with patients.

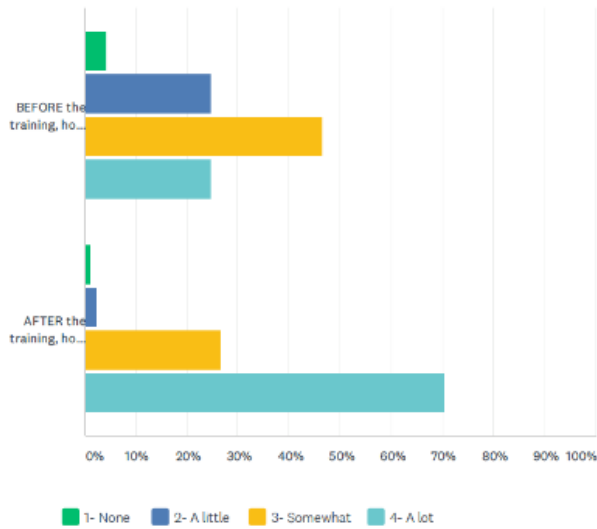
Answered: 316 Skipped: 5



	1- NONE	2- A LITTLE	3- SOMEWHAT	4- A LOT	TOTAL	WEIGHTED AVERAGE
BEFORE the training, how motivated were you to find ways to reduce unconscious bias with patients?	6.65% 21	20.57% 65	38.61% 122	34.18% 108	316	3.00
AFTER the training, how motivated are you to find ways to reduce unconscious bias with patients?	1.27% 4	2.85% 9	14.87% 47	81.01% 256	316	3.76

Q18 On a scale from 1 to 4, rate your confidence in your ability to reduce bias in your interactions with patients.

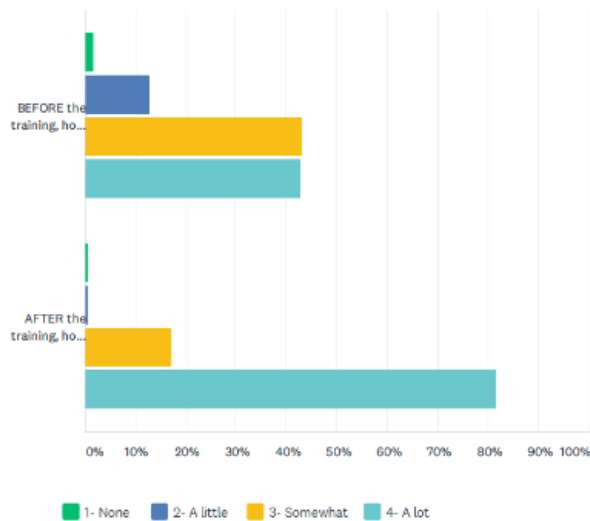
Answered: 316 Skipped: 5



	1- NONE	2- A LITTLE	3- SOMEWHAT	4- A LOT	TOTAL	WEIGHTED AVERAGE
BEFORE the training, how confident were you in your ability to reduce bias in your interactions with patients?	4.11% 13	24.68% 78	46.52% 147	24.68% 78	316	2.92
AFTER the training, how confident are you in your ability to reduce bias in your interactions with patients?	0.95% 3	2.22% 7	26.58% 84	70.25% 222	316	3.66

Q20 On a scale from 1 to 4, rate how well you know how to apply the concepts of respectful care to our work.

Answered: 316 Skipped: 5



	1- NONE	2- A LITTLE	3- SOMEWHAT	4- A LOT	TOTAL	WEIGHTED AVERAGE
BEFORE the training, how well did you know how to apply the concepts of respectful care to your work?	1.58% 5	12.66% 40	43.04% 136	42.72% 135	316	3.27
AFTER the training, how well do you know how to apply the concepts of respectful care to your work?	0.63% 2	0.63% 2	17.09% 54	81.65% 258	316	3.80

Impact

The Detroit Birth Design Team developed and implemented activities that contributed to improving the quality of maternity care provided to Black people during birth. This included increasing awareness of bias among providers through training, which was informed by the lived experiences of Black people who had given birth as well as their understanding of respectful care and their experiences with disrespect in hospital settings.

Comments from Detroit Birth Design Team members provide insights into their experiences and the impact of the team’s work.

“We have a lot of interest [in unconscious bias] after the trainings, like getting involved in a work group or joining a book club on equity. I think it’s showing people in the department that it’s a priority to learn and address these things, and the trainings are a first step, but we want them to be involved in all of the next steps. That’s a culture change that will slowly start, but will continue and hopefully impact the department now and as they hire new people and in years to come.”

“During an Unconscious Bias and Respectful Care Training session, [a provider] initially raised some concerns about the role unconscious bias plays in producing disparities in maternal and infant health compared to the role that personal responsibility of women plays in these disparities. The facilitators of the training discussed with the provider that while personal choices do play a role in health outcomes, systemic problems such as racism and bias play a pivotal role in disparities for Black women’s maternal health. The provider was very engaged throughout the session and

followed up with the facilitator after the training. The provider explained that they had never had exposure to concepts such as unconscious bias prior to the training and that it opened their eyes to the issue. They requested the Birth Design Team’s collaboration on a project their department is working on to improve C-section procedures, to make them more modest and improve patient satisfaction, seeking our team’s input on aspects of bias and respectful care in the work. We are excited about the opportunity to collaborate in this way and for the opportunity to infuse concepts of respectful care and unconscious bias into the protocols in place throughout Women’s Health Services.”

Next Steps

Based on the successful tests led by the Detroit Birth Design Team, Henry Ford Health System will spread and scale the Unconscious Bias and Respectful Care Training to Women’s Health Services teams at additional Henry Ford Hospital sites and to additional care teams such as family practice and others, while measuring Henry Ford Hospital patient experience of respectful care before and after the training. Henry Ford plans to share the training with partner organizations and community members, and implement the training at an additional Detroit hospital’s Women’s Health Services by 2023.

Furthermore, they are working to implement changes to the Women’s Health Services policies, procedures, and workflows to reduce unconscious bias and strive for health equity, informed by learning uncovered with participants during the initial round of bias training. Henry Ford Health System plans to engage training participants as champions in this work as they make systems and policy changes to reduce maternal and infant health disparities and ensure respectful care. This team also plans to test ways to measure in real time mothers’ perceptions of the level of respectful care that they are receiving.

Postpartum Design Team: Increase Awareness of Postpartum Complications and Access to Resources

The Postpartum Design Team tested several ideas to increase awareness of postpartum complications and available resources to postpartum people and their supporters.



Aims	Improvement Ideas	Measures/Results
<ul style="list-style-type: none"> • Increase knowledge about warning signs of postpartum complications for postpartum people in Detroit • Help all postpartum people connected to the WIN Network and their supporters access needed resources after being discharged • Obtain perspectives about respectful care from mothers who have delivered their babies in Detroit 	<ul style="list-style-type: none"> • Deploy a menu of resources for families to receive throughout the perinatal cycle, available both in the community and in health care settings, and then follow up on their utility • Conduct focus groups to determine the best approach to raise awareness of postpartum warning signs • Survey supporters/caregivers to help provide good information about the knowledge gap in the community • Provide at-home resources for people and their families to support awareness of postpartum warning signs and complications 	<p>The Postpartum Design Team collected qualitative and quantitative data to inform and assess its activities. The team conducted focus groups with Black people that had given birth and used the findings to develop educational materials.</p> <p>Quantitatively, the team collected data on the number of prenatal people receiving the menu of resource options at 36 weeks, the number of people who accessed at least one resource within six weeks after giving birth, and the number of people reporting that their needs were met.</p> <ul style="list-style-type: none"> • The menu of resources was tested in person with a group of prenatal care mothers who were approximately 32 to 36 weeks pregnant, and also tested virtually (due to the COVID pandemic) with mothers between 26 to 30 weeks. Mothers chose services from the menu and were connected with those resources directly or through their community health worker. The menu of resources was modified based on feedback, particularly from fathers who did not see services for prisoner re-entry and employment support, particularly with felony convictions. • Specific findings for particular types of resources: <ul style="list-style-type: none"> ○ Housing: 3 of 9 families were able to successfully connect with resources to assist with long-term housing; 6 of 9 families were interested in short-term housing solutions and were able to connect or are in the process of connecting ○ Childcare: 6 of 8 families were able to connect with a childcare resource from the list provided ○ Employment: 10 of 10 families who inquired about employment resources were able to connect to that resource and obtain information requested ○ Baby items: 5 of 7 families were able to obtain the baby items they needed; 2 mothers were able to obtain alternative

Aims	Improvement Ideas	Measures/Results
		<p>baby items for the original items they requested</p> <ul style="list-style-type: none"> ○ Other – Jobs for people who have been released from prison or previously convicted of a felony: 6 of 6 families who inquired about “other” resources were able to obtain information based on their specific needs; 4 of 5 families were interested in information on felon-friendly employers <p>Findings from focus groups:</p> <ul style="list-style-type: none"> ● Mothers were often unable to articulate key postpartum warning signs during the group discussions and noted that being “handed a bunch of papers” at discharge following delivery was not an effective teaching method. <p>Regarding respectful care, three primary themes emerged:</p> <ul style="list-style-type: none"> ● Health care needs/concerns were often not given primacy by their providers <ul style="list-style-type: none"> ○ <i>“Yeah, they don’t look at you. I’ve had doctors come in, open the door, call me somebody else’s name. Like, ‘Oh, I’m sorry,’ checking their phones...”</i> ● Risk was situated at the level of the individual woman, implicating individual behaviors rather than societal structures as the cause of disparate outcomes <ul style="list-style-type: none"> ○ <i>“They are trying to be the strong Black woman, not sharing their problems”;</i> <i>“Too much stress, not eating right”</i> ● Respectful care could be achieved through specifically described collaborative interactions <ul style="list-style-type: none"> ○ <i>“In this moment, make me feel that I am your only patient, be present”;</i> <i>“Treat me like family”;</i> <i>“Make me feel wanted”;</i> <i>“Make my concerns your concerns”;</i> <i>“Answer my questions”</i>

Impact

The Detroit Postpartum Design Team developed and implemented activities that contributed to improving the quality of maternity care provided to Black people who birth during the postpartum period. This included increasing awareness of resources for people who are postpartum and their supporters as well as warning signs of postpartum complications. People who birth inside and outside of the WIN Network: Detroit were able to take advantage of this information.

Comments from Detroit Postpartum Design Team members provide insights into their experiences and the impact of the team's work.

"I think that our team has been a strength in terms of being able to really connect with the community members who weighed in – the WIN Network moms as well as those that participated in an interview. I think that's been a strength, to allow them the opportunity to really offer their personal experiences and to really get to the heart of things that are going on in the lives of a lot of people."

"It really planted a seed, I think, with the moms that received the menu of resources to start... having more planned prior to the baby being born."

Next Steps

The Greater Detroit Area Health Council is leading work beginning in 2021 for the Merck for Mother's Safer Childbirth Cities Initiative. In April 2021, Greater Detroit Area Health Council was officially incorporated into the Michigan Public Health Institute and will continue to lead the Safer Childbirth Cities work. This work will build on successes to guide system-level changes in the following focus areas:

- Establish policies, protocols, and a culture of health to support the delivery of respectful, unbiased care
- Integrate the complementary role of community-based doulas into the maternity care team
- Engage Black mothers and fathers as context experts in co-designing interventions, programs, policies, and informational and empowerment campaigns that promote maternal vitality
- Innovate the analysis, translation, and application of maternal health data to promote maternal vitality for Black women and bi-directional accountability between providers/health systems and patients/community members

Lessons Learned and What's Next

The Better Maternal Outcomes: Redesigning Systems with Black Women project provided the support and mechanisms for partners engaged in the project to begin addressing the maternal health inequities faced by Black people who birth and their families in the Detroit community. The relevance of this work was evident during the summer of 2020 with the police killings of unarmed Black people and subsequent momentum of the Black Lives Matter movement. These events ran parallel to the movement against the harm faced by Black, Brown, and Indigenous people in the US health system. Additionally, the Better Maternal Outcomes project work captured the commitment and resiliency of those in medicine and public health who are on the front line of the COVID-19 pandemic.

Some specific lessons learned in Detroit and next steps are described below.

- The cross-functional structure of the Detroit Equity Action Lab enabled unlikely partnerships to develop. Community-based organizations and institutions that may have been considered in competition in the past were able to take advantage of opportunities to collaborate toward common goals. As a result of the work, Black Mothers' Breastfeeding Association is now collaborating in Project Detroit: Voices for Life. This effort, led by the Michigan Public Health Institute (formerly Greater Detroit Area Health Council) through the Southeast Michigan Perinatal Quality Improvement Coalition, aims to foster system-level changes to the harmful power dynamics that have served as barriers to Black families in forming trusting relationships with Detroit institutions.
- The Better Maternal Outcomes project provided the opportunity for Henry Ford Health System's Community Health, Equity, and Wellness team to formally collaborate with the clinical team in Women's Health Services at Henry Ford Hospital and contributing ambulatory sites. While many of the team members previously worked together on various projects, this collaboration was a new opportunity to brainstorm how to leverage the assets of each team to improve maternal health outcomes in new ways by providing the structure for consistent communication and reporting. Additionally, the Detroit team was able to form partnerships with the Michigan Department of Health and Human Services and Michigan Public Health Institute to design the Unconscious Bias and Respectful Care Training curriculum. These relationships, which influenced the design of the curriculum, have resulted in a more well-rounded training with input from a diversity of public health, clinical women's health, and health equity professionals.
- This work led to a formal partnership between Greater Detroit Area Health Council (now Michigan Public Health Institute) and the Community Health Workers of WIN Network: Detroit to administer the resources and get input from mothers with lived experience. Additionally, the Detroit team was able to partner with Dr. Gwendolyn Norman, whose research at Wayne State University helped the team more deeply engage people with lived experience.
- Although it was difficult at times, having community buy-in and key partners at the table was essential to the success of design team activities. These partners provided the diverse perspectives to be considered and addressed when designing activities that target the structural factors that negatively impact Black people's maternal health outcomes in Detroit.

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