

Black Maternal Health

Reducing Inequities Through Community
Collaboration in New Orleans

Report
[ihl.org](https://www.ihl.org)

Author

Nia Mitchell, MPH, National Birth Equity Collaborative

Acknowledgments

The Institute for Healthcare Improvement is grateful to the New Orleans organizations that participated in the Better Maternal Outcomes: Redesigning Systems with Black Women project, whose work is described in this report: Birthmark Doula Collective, Bloom Maternal Health, CCPI, Healthy Blue Louisiana Medicaid, Healthy Start New Orleans, Institute of Women & Ethnic Studies, LCMC Health, Louisiana Maternal and Child Health Coalition–New Orleans, Louisiana Perinatal Quality Collaborative, Louisiana State University Health Sciences Center’s Department of Obstetrics and Gynecology, Nola Baby Café, Touro Infirmary, Saul’s Light Foundation, TrainingGrounds, Inc., and University Medical Center New Orleans.

We are thankful to the IHI team that supported the Better Maternal Outcomes project: Quin Bottom-Johnson, Dorian Burks, Christina Gunther-Murphy, Antonella Marcon, Catherine Mather, Christina Southey, Trissa Torres, and Shannon Welch. The project also benefited from the thought leadership and programmatic support of Dr. Joia Crear-Perry, Deborah Bamel, Pierre Barker, Andrew Brady, Camille Clifford, Jill Duncan, Marian Johnson, and Kelly McCutcheon Adams. We appreciate the editorial and design support for this report provided by Val Weber and Jennifer Culbert of IHI.

Thank you to Merck for Mothers for their generous support in funding the Better Maternal Outcomes project. The research and activities referenced in this publication were supported by funding from Merck, through its Merck for Mothers initiative. Merck had no role in the design, collection, analysis and interpretation of data, in writing of the manuscript or in the decision to submit the manuscript for publication. The content of this publication is solely the responsibility of the authors and does not represent the official views of Merck. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

How to Cite This Document: Mitchell N. *Black Maternal Health: Reducing Inequities Through Community Collaboration in New Orleans*. Boston: Institute for Healthcare Improvement; 2021. (Available at www.ihl.org)

Institute for Healthcare Improvement

For 30 years, the Institute for Healthcare Improvement (IHI) has used improvement science to advance and sustain better outcomes in health and health systems across the world. We bring awareness of safety and quality to millions, accelerate learning and the systematic improvement of care, develop solutions to previously intractable challenges, and mobilize health systems, communities, regions, and nations to reduce harm and deaths. We work in collaboration with the growing IHI community to spark bold, inventive ways to improve the health of individuals and populations. We generate optimism, harvest fresh ideas, and support anyone, anywhere who wants to profoundly change health and health care for the better. Learn more at ihi.org.

© 2021 Institute for Healthcare Improvement. All rights reserved. Individuals may photocopy these materials for educational, not-for-profit uses, provided that the contents are not altered in any way and that proper attribution is given to IHI as the source of the content. These materials may not be reproduced for commercial, for-profit use in any form or by any means, or republished under any circumstances, without the written permission of the Institute for Healthcare Improvement.

Contents

Introduction	4
Overview	7
Summary of Work	10
Lessons Learned and What's Next	15



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 New Orleans, Louisiana, 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

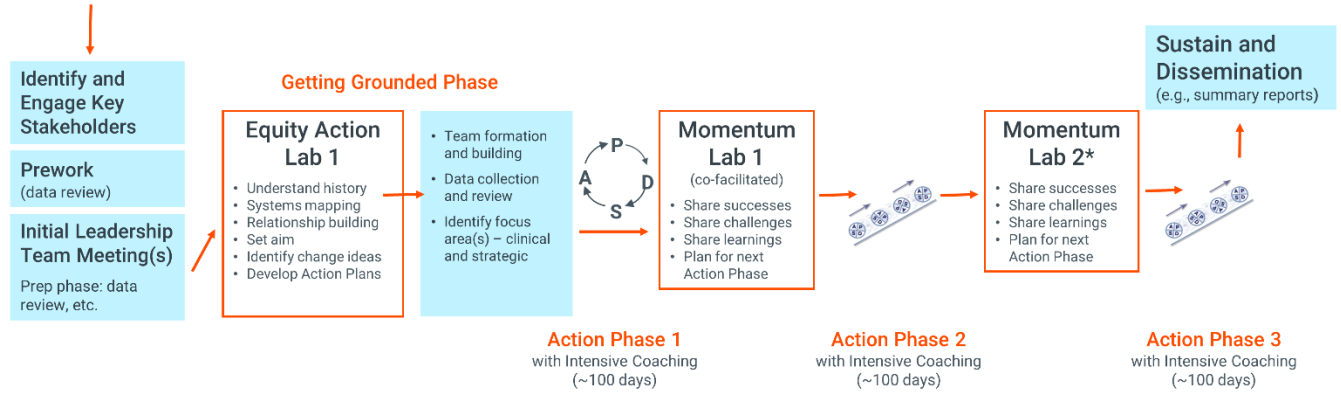
The Better Maternal Outcomes: Redesigning Systems with Black Women project ran from April 2019 to April 2021 and used an Equity Action Lab model to guide the work (see Figure 1). An Equity Action Lab is a flexible model using the Community of Solutions Framework¹ to guide participants through a structured 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 improvements and then test these ideas in New Orleans. 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 the right communities, partners, leads, faculty; environmental scan; identify measures (PROM)



Members of Birthmark Doula Collective at a Momentum Lab.



Glossary of Terms

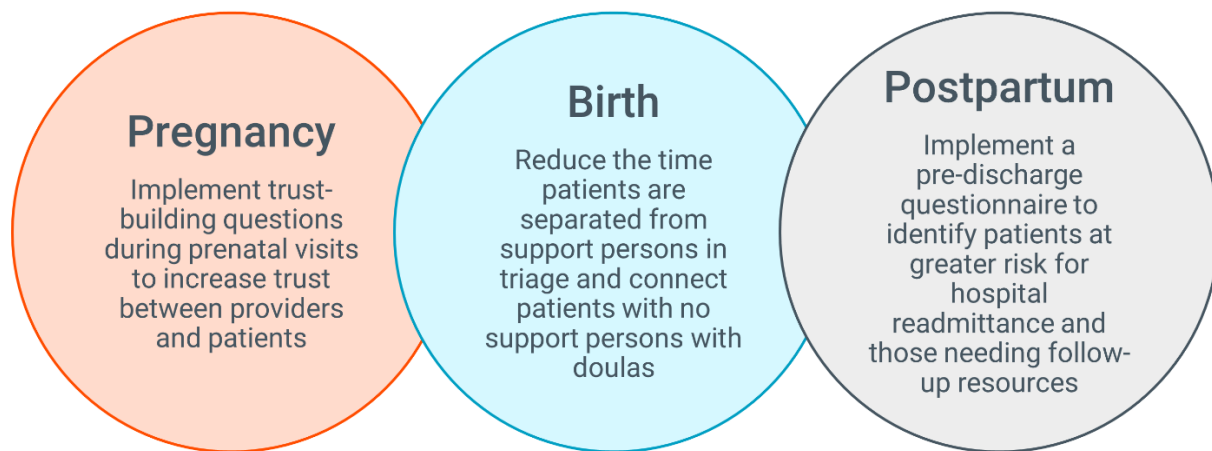
- **Aim:** An explicit description of a team’s desired outcomes, which are expressed in a measurable and time-specific way.
- **Authentic co-design:** Health care staff, people with lived experience, and community-based organizations working together to design a new system or improve an existing system, 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 New Orleans, Louisiana – Birthmark Doula Collective, Bloom Maternal Health, CCPI, Healthy Blue Louisiana Medicaid, Healthy Start New Orleans, Institute of Women & Ethnic Studies, LCMC Health, Louisiana Maternal and Child Health Coalition–New Orleans, Louisiana Perinatal Quality Collaborative, Louisiana State University Health Sciences Center’s Department of Obstetrics and Gynecology, Nola Baby Café, Touro Infirmery, Saul’s Light Foundation, TrainingGrounds, Inc., and University Medical Center New Orleans – established design teams to focus on three key areas of maternal health: pregnancy, birth, and postpartum (see Figure 2).

The partners collaborated to improve maternal health outcomes for Black women and people who birth by increasing trust between providers and patients during prenatal visits, reducing the time patients are separated from support persons in triage, connecting patients with no support persons with local doulas, and identifying patients at greater risk for hospital readmittance and those needing follow-up resources.

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

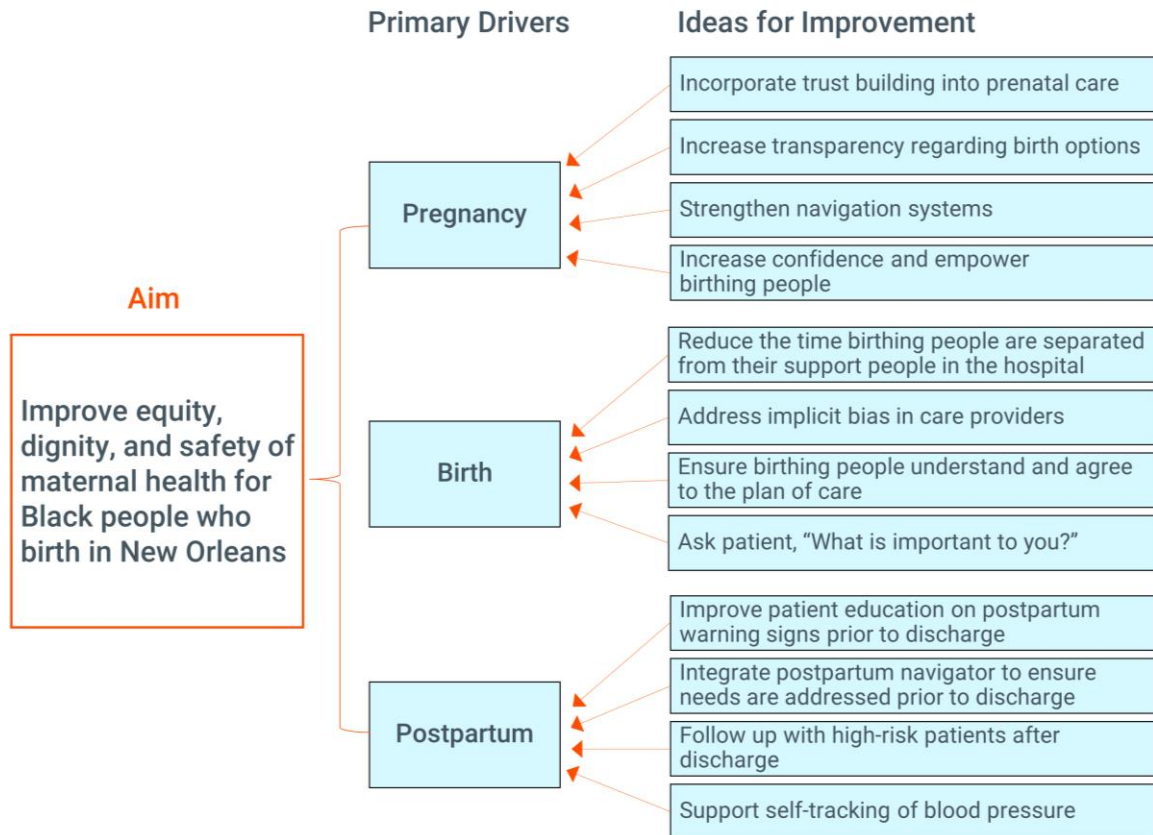


The design teams participated in three cycles of activities that facilitated the planning, implementation, and evaluation of activities, with support from the IHI team. The first cycle consisted of a needs assessment, an Equity Action Lab to determine aims and ideas for improvement, and an Action Phase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

What Will Drive Improvement in Black Maternal Health in New Orleans?

The New Orleans 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 women and people who birth in New Orleans. The driver diagram is a tool that supported efforts to get stakeholders aligned and in collaboration.

Figure 3. Driver Diagram to Improve Black Maternal Health in New Orleans



Impact of COVID-19 Pandemic

New Orleans was hit very hard in the early months of the pandemic, disproportionately impacting Black people in the community. Many of the ideas for improvement identified by the New Orleans design teams required in-person engagement in the hospital and were not able to be tested as planned due to changes in the hospital staffing models and visitor policies during the pandemic (e.g., doctors and midwives were not coming into the hospital to deliver their own patients, instead it was whoever was on call; doulas were temporarily banned). Thus, participation in project activities declined and design team activities were halted or altered (e.g.,

postponed data collection activities). As a result, it was sometimes difficult for team members to carry this work forward given the uncertainty and impact of the virus.

“We strategically chose positions that we knew it wouldn’t be a hassle or burdensome... [the design team work] pretty much already aligned with their practice and it was going, it was getting real good momentum. We literally had the Momentum Lab on Monday and then it shut down on Friday for COVID.”

—New Orleans Design Team Member

“We had a couple of nurses who were just so integral to that work [to reduce separation time in triage] who were like, ‘I’m there to do that. I’m going to make sure this happens in under five minutes.’ We almost immediately saw change happening, which was really exciting. That was one of the biggest design teams that I also think got disrupted by COVID.”

—New Orleans Design Team Member

Equity Action Lab Design Team Leads and Members.



Summary of Work

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

Pregnancy Design Team

The New Orleans Pregnancy Design Team identified prenatal visits as a space for building trust between patients and providers, and for practicing and building skills for patient-provider communication during “routine” care. This was necessary given the mistrust and lack of intimacy prevalent in provider-patient relationships during pregnancy. As a result, the design team developed a series of trust-building questions for providers to share with patients during visits. Additionally, the design team was committed to empowering patients to navigate the health care system as consumers.

Aims	Improvement Ideas	Measures/Results
<p>Improve provider-patient relationships through the following aims:</p> <ul style="list-style-type: none"> Optimize the mother-provider relationship (e.g., mom leads, provider listens and acts as a resource, contributing their expertise) Build trust, encourage a patient-centered decision-making process, and determine the effectiveness of patient-provider relationship 	<p>Policy Level</p> <ul style="list-style-type: none"> Increase transparency regarding provider services (e.g., VBAC, water birth) <p>Provider Level</p> <ul style="list-style-type: none"> Build opportunities for mother to get to know providers pre-pregnancy Build in an agreement from the beginning to have trust as a goal Create time during the 16- to 20-week visit for a trust-building conversation between patient and provider, which includes a discussion about patients’ needs, desires, and fears <p>Community Level</p> <ul style="list-style-type: none"> Strengthen systems to support each mother in navigating maternal health services and helping match mother to provider(s) <p>Mother and Family Level</p> <ul style="list-style-type: none"> Strengthen mother’s confidence and empowerment to choose their health care provider and care decisions Building a trusted relationship with provider and maternal health care team is an explicit goal 	<p>The Pregnancy Design Team will create and distribute a survey and conduct interviews with both parents and providers to assess their understanding of and experiences with trusted relationships.</p>

Impact

The New Orleans Pregnancy Design Team developed and tested activities that will contribute to improving the quality of maternity care provided to Black people during pregnancy. This includes developing trust-building questions for providers to ask patients during prenatal visits.

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

"[It's important to] make sure that the trust is there and that we're in alignment in the first place... With doctors, because we're supposed to have that trusting care and they have these degrees, we make them the owners of our bodies. In actuality, we're still the people that have control over our bodies, our instincts, and our gut and what we feel comfortable doing. We have the right to say, 'I'm not comfortable with this.' And if what [providers are] doing or saying does not align with what I [as the patient] want, then I can say, 'I have the right to go somewhere else.' Not because I want it to be difficult or because I want to have my way, but because I demand to be treated like a human being. The foundation of the trust-building [prenatal] visit and document was that [the patient has] the right to choose to engage in this or not... the right to say if I'm not being treated well, and I can go somewhere else."

"I don't think patients realize they can interview their provider and that if their provider doesn't make the interview, then it's time to go somewhere else. But it is also important to establish that trust and this is what I need, this is what you can give me, so when stuff gets off course then you have that trust in your provider."

Next Steps

The New Orleans Pregnancy Design Team will continue to work in collaboration with Touro Infirmary to refine and assess improvement ideas to continue building trust, encourage a patient-centered decision-making process, and determine the effectiveness of patient-provider relationships.

Birth Design Team

The New Orleans Birth Design Team aimed to reduce the time patients are separated from support persons in triage, connect patients without support persons with doulas, and implement implicit bias training for medical residents. The design team worked with Labor and Delivery staff to ask patients sensitive questions first, then immediately after give patients the option of reuniting with their support persons. The team also provided patients with ID bracelets to shorten the verification process. For patients without support persons, the team created a one-page document describing the benefits of doula care. Lastly, the design team collaborated with Touro hospital staff and residents to implement a hospital-wide implicit bias training for medical residents.

Aims	Improvement Ideas	Measures/Results
<ul style="list-style-type: none"> • During triage, reduce the amount of time a birthing person is separated from their support persons from over one hour to under 10 minutes; by April 30, 2020, people who go through triage at Touro Infirmary feel empowered and supported • Connect patients without support persons with local doula resources • Implement implicit bias training with medical residents 	<ul style="list-style-type: none"> • Residents take implicit bias test • Ask patients sensitive questions (those that require patient to be alone) first, then immediately after offer to reunite them with support persons • Explicitly ask patients if they understand the plan of care and if they agree with it • Allow all partners and support people to stay in the room • Ask patients, “What is important to you about how we provide your care?” (e.g., cultural or religious preferences, fears) • Ask patients if they have support persons, and if not, share resources for doulas 	<p>Several measures were identified to assess improvement ideas.</p> <p>Outcome Measures</p> <ul style="list-style-type: none"> • Patient self-reported level of empowerment and support • Adding a question about triage to existing Sista Midwife Survey • Percentage of patients who are asked if they felt empowered <p>Process Measures</p> <ul style="list-style-type: none"> • Percentage of patients asked, “Did you understand and are you okay with the plan of care, or is there anything else we need to know?” • Length of time a birthing person is separated from their support persons • Number of residents who complete implicit bias training

Impact

The New Orleans Birth Design Team developed and implemented activities that contributed to improving the quality of maternity care provided to Black people during birth. This included a separate triage space and process for pregnant patients that aimed to assess their needs more accurately when admitted to the emergency department, the creation of a referral process directing Touro patients to doula services, and the implementation of implicit bias training for Touro medical residents.

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

“On the Birth Design Team, there was so much engagement by the hospital staff. The PDSA for the Birth Design Team [focused on] limiting separation time between patients and their support people in triage because several people with lived experience across the design teams told us that they had been waiting in triage for a long time... that they felt very isolated and alone... They felt like they were not being given informed consent during that time. So, we felt like it was really important to make sure that time went by as quickly and as smoothly as possible before reuniting them with their support persons, whether that was their doula or their partner or whoever. We had a couple of nurses who were just so integral to that work... We almost immediately saw change happening there, which was really exciting.”

“For some of the physicians that we work with in the implicit bias training, hearing from people with lived experience was really big for them. Seeing a holistic view of these people who had really violent experiences — experiences that were largely the result of racism and neglect, and the inability of hospitals to see birthing people as whole people and not just data sets or not just clinical problems — I think that was powerful. A lot of participants in the Equity and Momentum Labs [said] that hearing the stories from people with lived experience was really impactful for them.”

Next Steps

The New Orleans Birth Design Team will assess the impact of their work by asking Touro patients who gave birth over the past two months what their level of empowerment or support was through triage and birth.



Postpartum Design Team

The New Orleans Postpartum Design Team developed a pre-discharge questionnaire to identify patients at greater risk for hospital readmittance and those needing follow-up resources. While some nurses spend ample time explaining information to patients, many women who have given birth are discharged without receiving adequate education on what to expect once they return home.

Aims	Improvement Ideas	Measures/Results
<p>Touro Infirmary, in collaboration with the Postpartum Design Team, will ensure all women who experience a delivery at Touro receive high-quality discharge information and education to support compliance with follow-up postpartum visits, receive access to stated and needed community resources, and avoid readmission in the postpartum period.</p> <p>Patients will be provided with the necessary information and resources through the following:</p> <ul style="list-style-type: none"> • Provide staff training on patient discharge teaching • Collaborate with nursing case management to identify needed resources • Implement a pre-discharge questionnaire and Teach-Back • Conduct a follow-up phone call and post-discharge questionnaire 	<ul style="list-style-type: none"> • Using questions developed by the design team, ensure adequate patient education prior to discharge, to ultimately result in decreased readmission rates <ul style="list-style-type: none"> ◦ Create an early warning trigger system so postpartum unit knows that patient needs to be tracked, followed, and receive early follow-up appointment (ensure they have all supports needed to do so) ◦ Assign a Postpartum Navigator to ensure mothers leave the hospital with the postpartum resources they need • Group discharge teaching (to communicate with other women) <ul style="list-style-type: none"> ◦ High-risk patients stay longer for more individualized teaching • Follow-up phone calls for high-risk patients • Collaborative agreements across hospitals to track patients • Self-tracking of blood pressure 	<p>The following measures were identified to assess improvement ideas:</p> <ul style="list-style-type: none"> • Number of readmissions in sample size • Percent of patients who attend postpartum follow-up visit in sample size • Number of staff educated on discharge teaching • Number of patients referred to case management/social services for postpartum resources • Pre-discharge questionnaire data analysis • Post-discharge questionnaire data analysis

Impact

The New Orleans Pregnancy Design Team developed and implemented activities that contributed to improving the quality of maternity care provided to postpartum Black women and their support persons. This included increasing the capacity of staff at Touro Infirmary to provide high-quality discharge information and education, as well as to assess and recommend needed community resources to all women 42 days postpartum.

Next Steps

The Postpartum Navigator, a newly created position at Touro Infirmary, guides women who have recently delivered in accessing resources and making sure they attend their postpartum follow-up appointments. The aim of the Navigator is to ensure all women receive the necessary postdelivery information and access to needed community supports to help them thrive in the postpartum period.

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 women and people who birth and their families in the New Orleans community. The relevance of this work was evident during the summer of 2020: 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 lines of the COVID-19 pandemic.

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

- Establishing respectful and mutually beneficial relationships with Touro/LCMC Health providers gave Black women and people who birth greater access to perinatal services in times of emergency and helped doulas better navigate the care of several patients.
- It is important to strategically balance the interests of hospitals and people with lived experience in this work. Although Touro Infirmary staff and residents successfully completed a hospital-wide implicit bias training, it was hurtful to Black women and birthing people when the stories they shared had to be compromised to fit into the protocol or packaging necessitated by the hospital.
- Touro Infirmary created a Postpartum Navigator position to guide clients who have recently delivered in accessing resources and making sure they attend their postpartum follow-up appointments, which was identified as a gap in care during this project.
- Birthmark Doula Collective looks forward to using the skills and knowledge gained through partnership with IHI and Touro Infirmary to continue to impact change in maternal and child health in New Orleans. Upcoming projects include partnering with Medicaid providers to provide doula and nurse advocacy services to 10 to 20 additional clients per month in 2021. The Collective is eager to track the efficacy of their work with these providers through quality improvement skills honed during the Better Maternal Outcomes project.

References

1. Community of Solutions Framework: Skills for Change-Making. Community Commons.
<https://www.communitycommons.org/collections/Community-of-Solutions-Framework-Skills-for-Change-Making>
2. Driver Diagram. Institute for Healthcare Improvement.
<http://www.ihl.org/resources/Pages/Tools/Driver-Diagram.aspx>
3. Testing New Ways to Put Equity into Action. Institute for Healthcare Improvement Blog. January 7, 2021. <http://www.ihl.org/communities/blogs/testing-new-ways-to-put-equity-into-action>
4. How to Improve. Institute for Healthcare Improvement.
<http://www.ihl.org/resources/pages/howtoimprove>