

Black Maternal Health

Reducing Inequities Through Community
Collaboration in Washington, DC

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

Author

Nia Mitchell, MPH, National Birth Equity Collaborative

Acknowledgments

The Institute for Healthcare Improvement is grateful to the Washington, DC, organizations that participated in the Better Maternal Outcomes: Redesigning Systems with Black Women project, whose work is described in this report: AmeriHealth Caritas, Community of Hope, DC Health, DC Primary Care Association, Developing Families Center, George Washington Midwifery, March of Dimes DC, Mary's Center, MedStar Washington Hospital Center, and Unity Health Care, Inc.

We deeply appreciate the context experts who made this work possible: Nandi Barton, Shanae Bond, Dominique Lowrey, Mercedes Small-Lewis, Chanelle Moore, and Stephanie Wells. 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 benefitted 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 Washington, DC*. 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	6
Summary of Work	9
Lessons Learned and What's Next	16



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 Washington, DC, a participant in 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

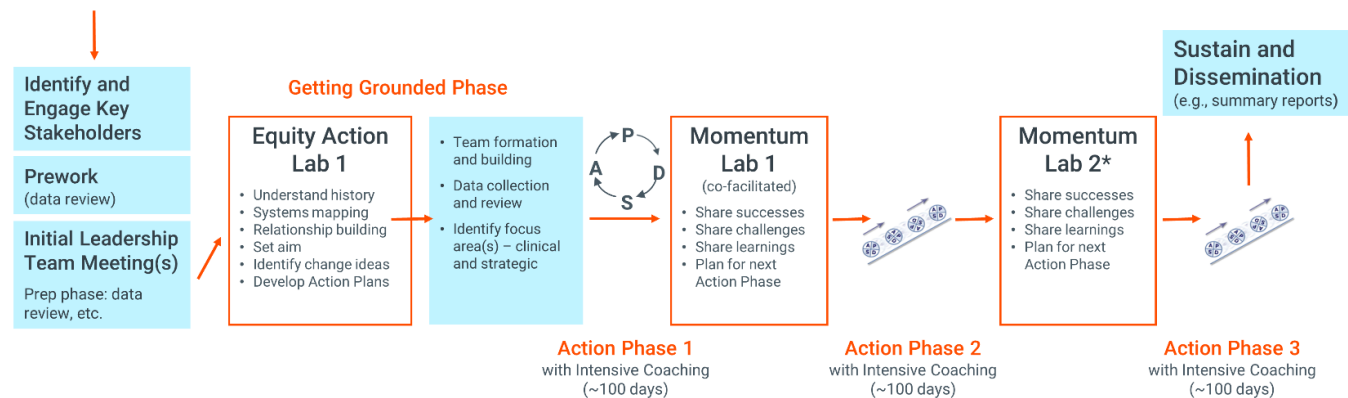
The Better Maternal Outcomes: Redesigning Systems with Black Women project ran from April 2019 to April 2021 and used an Equity Action Lab model to guide the work (see Figure 1). An Equity Action Lab is a flexible model using the Community of Solutions Framework¹ to guide participants through a structured 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 Washington, DC. 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

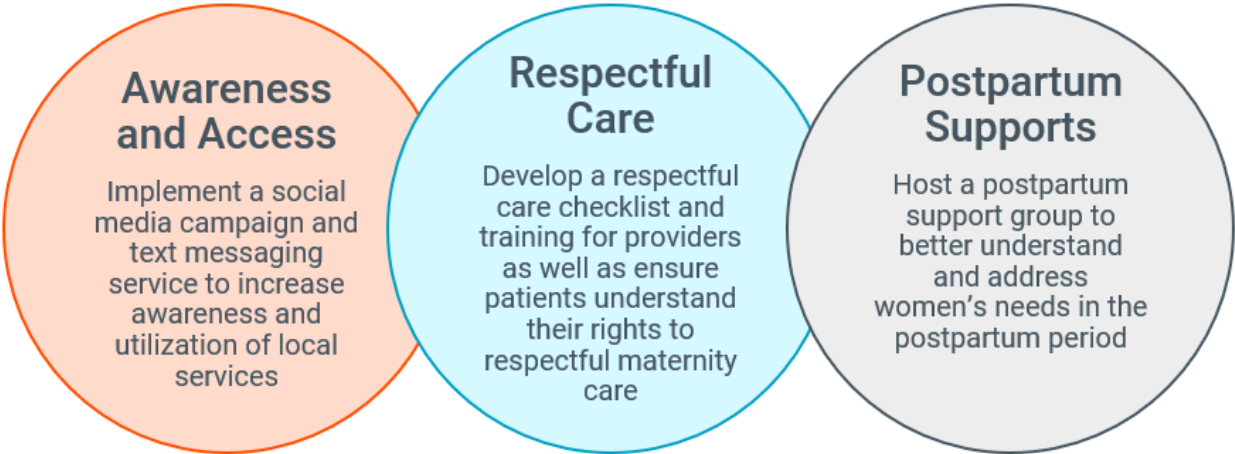
Partners in Washington, DC — AmeriHealth Caritas, Community of Hope, DC Health, DC Primary Care Association (DCPCA), Developing Families Center, George Washington Midwifery, March of Dimes DC, Mary’s Center, MedStar Washington Hospital Center, and Unity Health Care, Inc. — established design teams to focus on three key areas of maternal health: awareness and access, respectful care, and postpartum supports (see Figure 2).

The partners collaborated with Black people with lived experience to improve maternal health outcomes for women in Washington, DC. Their activities resulted in:

- Increased awareness and utilization of local maternal health services, including prenatal care, food assistance, childcare, primary care, and housing assistance;
- Training opportunities for providers to learn how to provide respectful maternity care and ensure patients understand their rights to respectful maternity care; and
- Providing a space for postpartum women to share their experiences and receive support through weekly Mommy Meet-ups.

This work was inspired by a 2018 report published by the District of Columbia Primary Care Association, which describes 12 initiatives that could potentially improve the health of women and families living in Washington, DC.⁵

Figure 2. Washington, DC, Design Teams Focus on Three Key Areas of Maternal Health

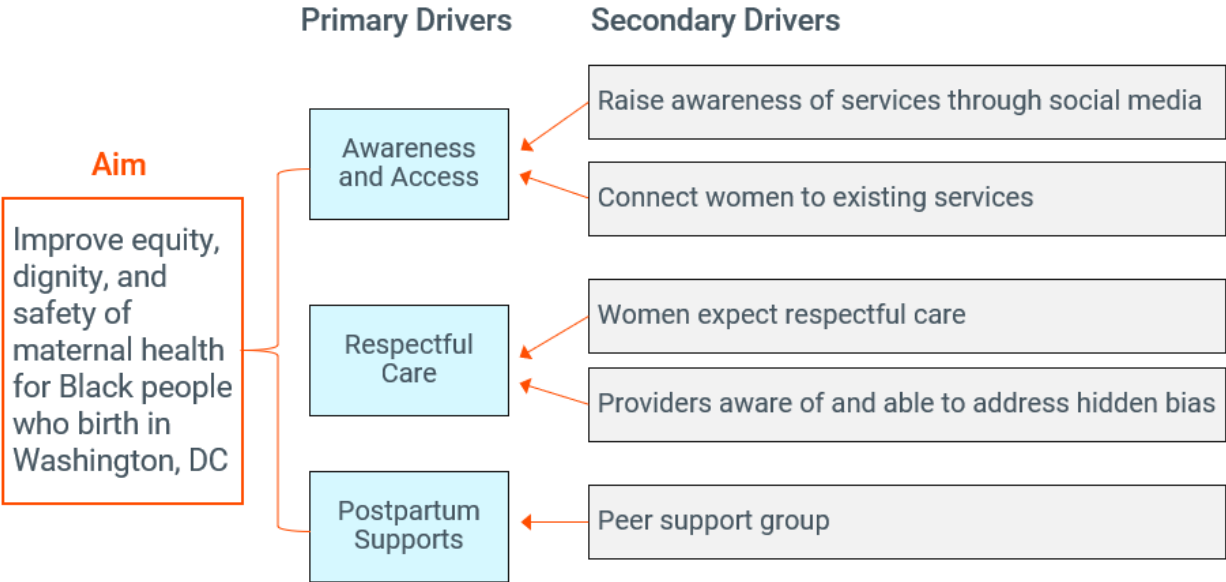


The first cycle of work consisted of a needs assessment, an Equity Action Lab to determine aims and ideas for improvement, and an Action Phase plan to test ideas in participating sites. The second and third cycles consisted of Momentum Labs and Action Phases to reflect on changes tested and plan for future action.

What Will Drive Improvement in Black Maternal Health in Washington, DC?

The 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) shows how design teams envisioned their activities leading to improved equity, dignity, and safety of maternal health for Black people who birth in Washington, DC. 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 Washington, DC



Coalition-Building Activities

Team members participated in coalition-building activities both within and external to the design teams. IHI supported the three design teams in jointly hosting Equity Action Labs and Momentum Labs, which provided an opportunity for partners to become motivated, share ideas, and learn about all the teams. Each design team also participated in its own monthly meetings, enabling team members to network, brainstorm, and define as well as refine their activities. DCPCA served as the backbone organization for all design activities.

Impact of COVID-19 Pandemic

The COVID-19 pandemic significantly impacted the functioning of design teams as well as the implementation of activities. At times the work was put on pause or adjusted to fit the needs of design team members as well as the communities being served (e.g., the shift from in-person to virtual respectful care trainings for providers).

“[The project] provided for us to just step back and not say that we can't do it. That's the beauty of these teams... It was not that we can't do it. It's [asking], how are we going to do it in a virtual environment? For the Mommy Meet-ups, for example... we're in the process of slimming it down because 12 weeks when you're meeting in person is one thing, but 12 weeks virtually, you lose some of the stamina and the consistency. We're looking at the script as well as the modules to see how we can either condense or co-mingle some of the modules so that we don't lose anything, but we make it as efficient as possible in a virtual environment.”

—Washington, DC, Respectful Care Design Team Member

Summary of Work

This section summarizes the work of the three Washington, DC, design teams, including aims, improvement ideas, measures, and impact.

Awareness and Access Design Team

The Awareness and Access Design Team sought to increase awareness of high-quality maternal health services – including primary care, prenatal education, maternal mental health services, and nutrition – among low-income Black people who birth in Washington, DC. The team implemented an Instagram social media campaign to provide relevant information and leverage the profiles of context experts, in addition to introducing a text messaging service that connected Black people who birth with a women’s health context expert to respond to their questions and concerns. The text messaging service was initiated with 15 women living in a transitional shelter.

Aims	Improvement Ideas	Measures/Results
<p>Increase awareness of high-quality maternal health services among low-income Black people who birth in Washington, DC, through the following aims:</p> <ul style="list-style-type: none"> • Determine the usefulness of direct text messaging for connecting women to care by tracking the number of women reached and the number utilizing the text messaging service between November 2019 and July 2020 • Increase the number of women aware of and accessing high-quality services in Wards 7 and 8 by garnering 500 Instagram followers between November 2019 and July 2020 	<ul style="list-style-type: none"> • Develop a social media (Instagram) campaign to increase awareness and utilization of maternal health services • Create a text messaging service to connect women to needed maternal health services 	<p>The Awareness and Access Design Team tracked the number of women in Wards 7 and 8 who received recruitment materials, as well as several social media metrics.</p> <ul style="list-style-type: none"> • By February 2020, 80 women received recruitment materials (i.e., magnets, lip balms, or sanitizing wipes) advertising the team’s text messaging service through three different tests. Of the 80 women who received these materials, 10 requested services (12.5% response rate) and 2 women scheduled an appointment (20% activation rate). Figure 4 summarizes all services requested by the 10 women who responded. • The design team’s Instagram page, launched in February 2020, had more than 500 followers at the conclusion of this project. A summary of the percentages of likes and comments resulting from posts utilizing photos versus stories and the top-performing posts are shown in Figures 5 and 6.

Figure 4. Services Requested via Text Messaging by 10 Respondents Who Received Recruitment Materials

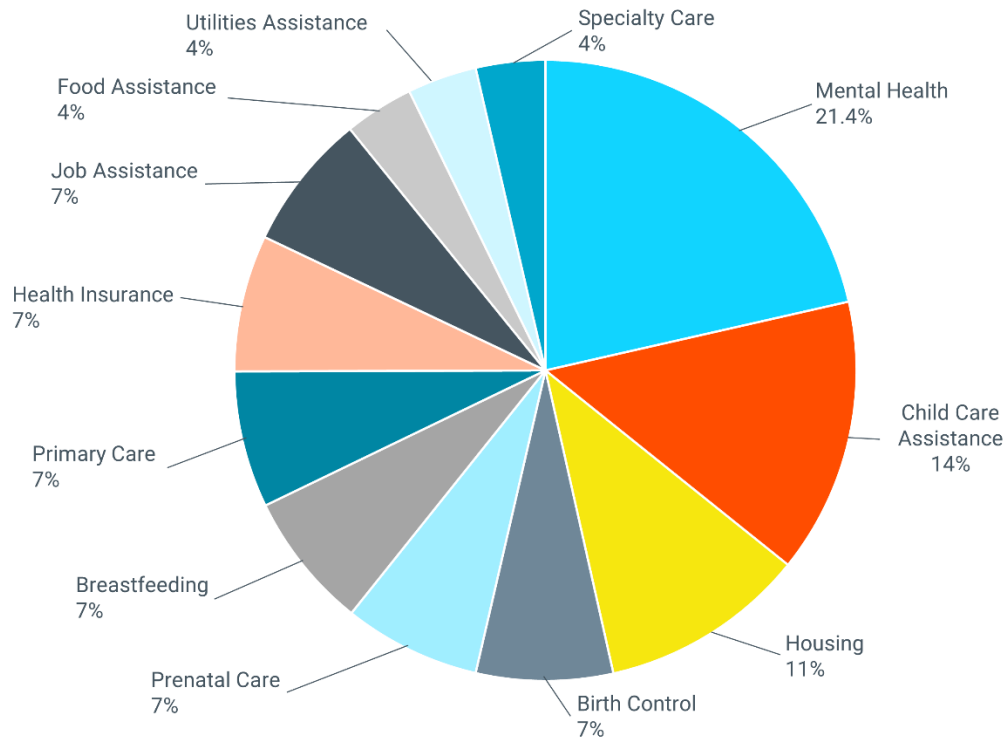


Figure 5. Metrics for Instagram Posts

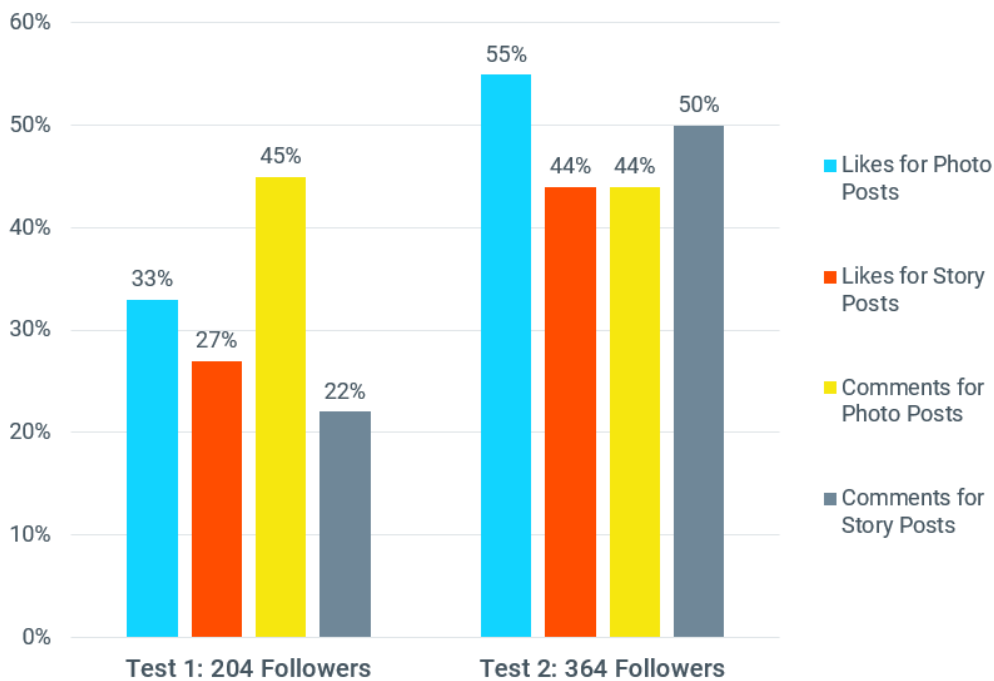
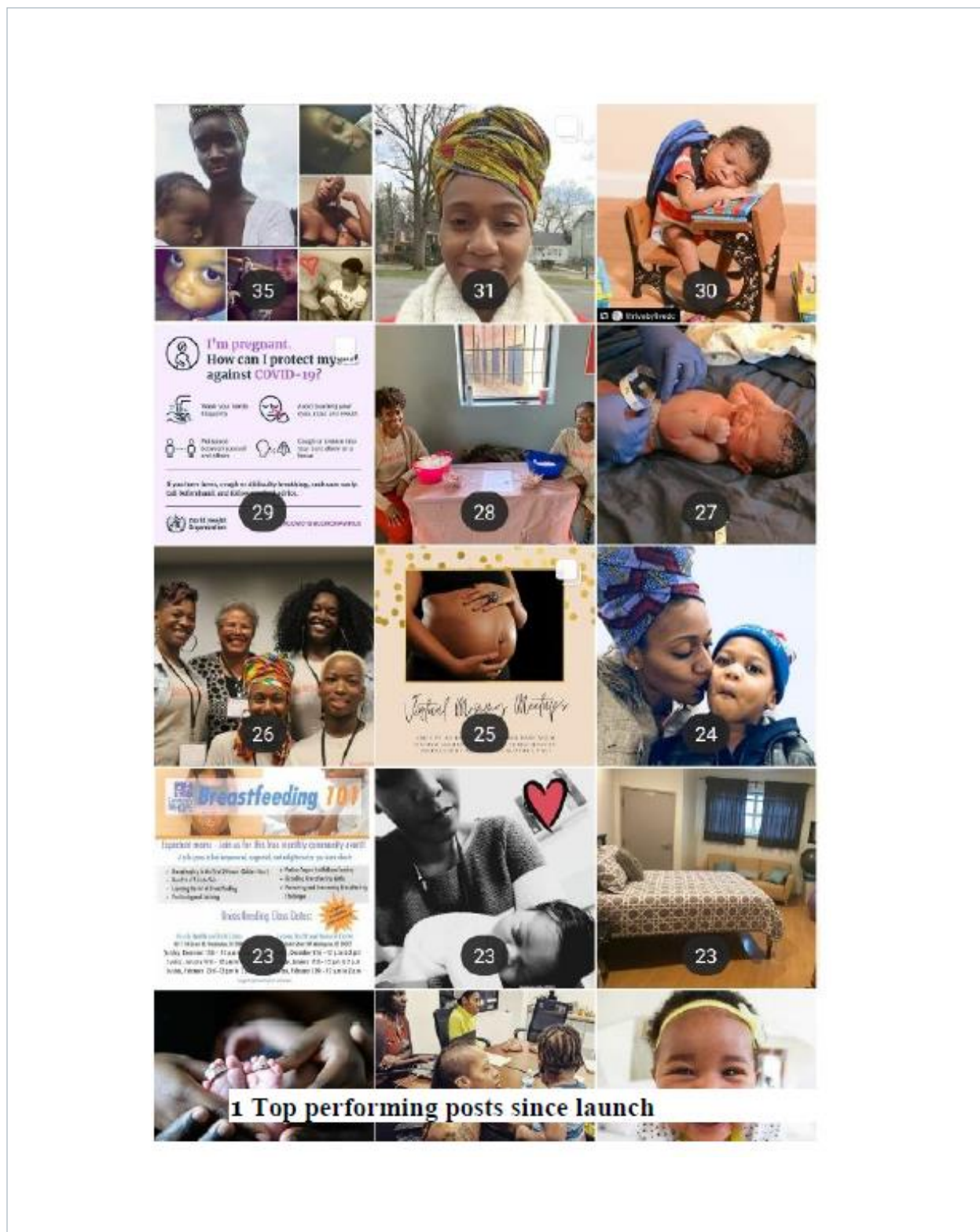


Figure 6. Top-Performing Instagram Posts



Impact

Activities conducted by the Awareness and Access Design Team resulted in increased engagement of the target audience with social media content that highlighted personal stories and available local services. Black people who birth not only consumed this information, but also helped develop the content. For example, the design team hosted “Pizza and Posts” nights with context experts and volunteers to develop social media content. It is important to note, however, that additional support (e.g., DCPCA staff, providers) is needed to collect Black people who birth’s experiences with maternity care in Washington, DC.

Additionally, people who engaged with these services also had the opportunity to engage women’s health content experts directly if needed through the design team’s text messaging service. Women requested health care services in addition to services related to assistance with mental health, child care, housing, job, food, and utilities. The text messaging service was initially launched with women in a transitional shelter, and will now be expanded to 100 women in Wards 7 and 8.

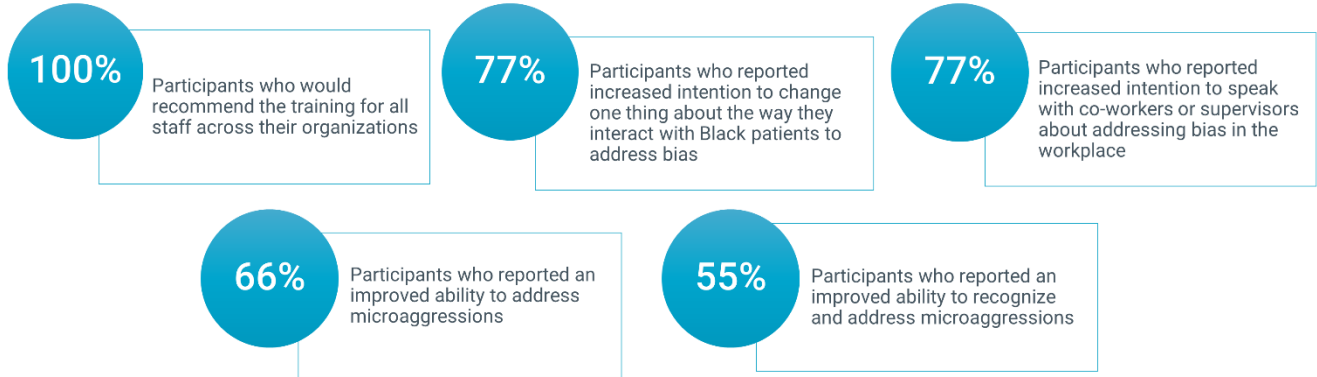


Respectful Care Design Team

The Respectful Care Design Team sought to improve women’s experience of maternity care in Washington, DC. The team developed a Respectful Care Checklist, Respectful Care Training for providers (e.g., physicians, midwives), and a tool to educate Black people who birth on their rights to respectful care.

Aims	Improvement Ideas	Measures/Results
<p>Improve women’s experience of maternity care in Washington, DC, by increasing delivery of respectful care.</p> <p>Trust between people who birth and their maternal/reproductive health providers is essential to improve maternal health outcomes for Black people who birth.</p> <ul style="list-style-type: none"> • Prediction: Health workers taking the Respectful Care Training will increase their understanding of implicit bias and their intention to address implicit bias in their practice. • Prediction: There will be an increase in the percentage of patients who report receiving respectful care from a provider that implements the Respectful Care Training. 	<ul style="list-style-type: none"> • Conduct virtual Respectful Care Training for providers • Train women to demand respect: “I am my own mommy advocate” • Encourage Respectful Care Training for hospital staff • Address age bias • Promote the message that “respectful care in our communities starts from within” 	<ul style="list-style-type: none"> • Through multiple tests the Respectful Care Design Team developed, tested, and implemented a 60- to 90-minute, facilitated experience that invited maternal/reproductive health providers into a discussion about bias and presented them with a Respectful Care Checklist as a tool to examine their own care. The sessions were adapted for virtual environments amid the COVID-19 pandemic and integrated the voices of context experts throughout, in both live facilitation and recorded video content. • The design team assessed health care providers’ attitudes around efforts to ensure respectful care for Black women as well as the impacts of these efforts. • The findings from the second test of the Respectful Care Training are shown in Figure 7.

Figure 7. Results from Second Test of the Respectful Care Training

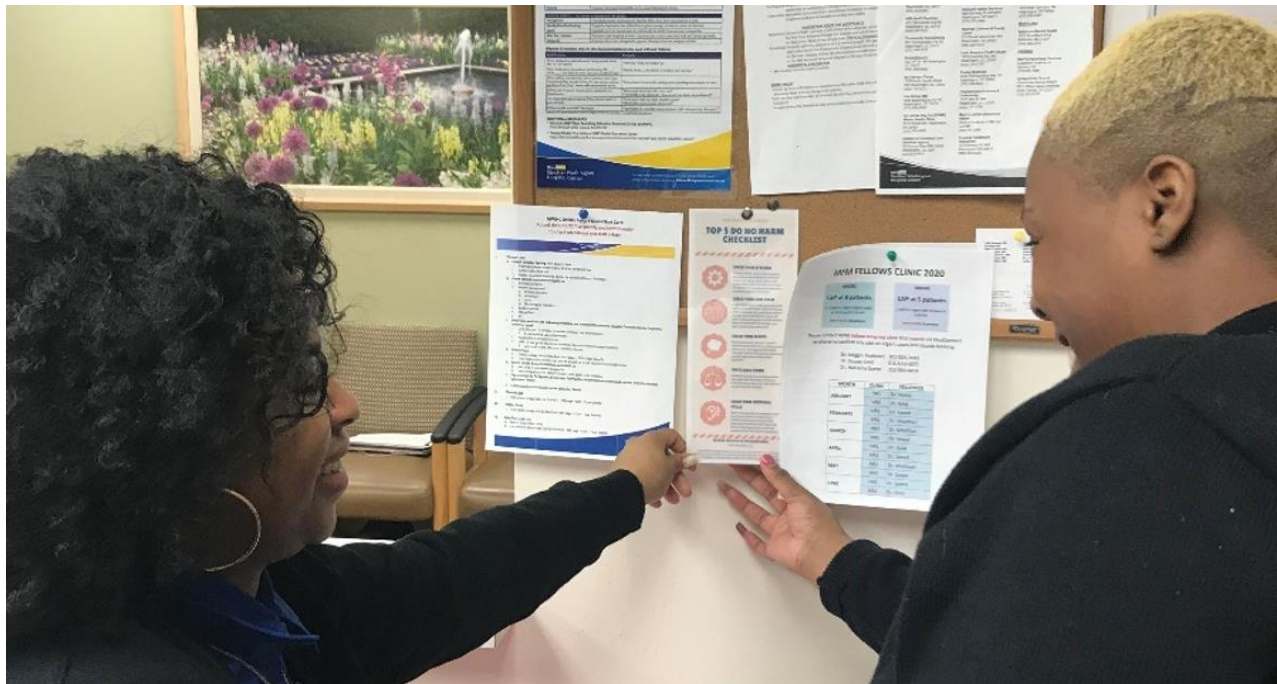


Impact

Activities conducted by the Respectful Care Design Team resulted in an improved awareness of the historical and contemporary challenges faced by Black people who birth in clinical settings, as well as how bias and microaggressions contribute to the poor quality of care and inequities experienced by Black people who birth. The team not only facilitated learning opportunities for providers to better understand respectful maternity care, but also empowered Black people who birth by listening to their stories and increasing their awareness of their rights to receive respectful maternity care.

“The Respectful Care Design team... was very emotional, as you may expect, because that’s where you really heard the voices of the moms and really had an understanding of why there’s... not the best trust in the health care system – why [Black people who birth] felt that they weren’t involved in the process. And why they were being told what their pregnancy meant to them as opposed to them telling, ‘Let me tell you what it means to me and we can partner and make a plan that’s good for me, not that’s good for everyone else, but that’s pertaining to me... You have to know about me and my journey and my walk in order for you to partner with me, to help me produce a healthy, vibrant, new person into this world.’”

—Washington, DC, Respectful Care Design Team Member



Members of the Respectful Care Design Team post the “Do No Harm” checklist.

Postpartum Supports Design Team

The Postpartum Supports Design Team sought to better understand and address a person’s needs in the postpartum period through a support group (i.e., Mommy Meet-ups). Many women experience a loss of support and feelings of disconnection during the postpartum period, which contributes to challenges in bringing them back for postpartum clinical visits.

Aims	Improvement Ideas	Measures/Results
<p>The design team sought to increase the number of Black women who report feeling engaged, supported, and valued in the postpartum period through the following aims:</p> <ul style="list-style-type: none"> • Survey women to better understand what women need in the postpartum period • Design a peer-led postpartum group • Work with AmeriHealth Caritas to enroll women expected to give birth in March 2020 in a 12-week peer-led postpartum support group 	<ul style="list-style-type: none"> • Develop a peer-led postpartum support group called a Mommy Meet-up, a 12-week virtual program that connects 10 to 15 new moms with a facilitator who has lived experience in weekly Zoom meetings to share experiences, questions, and tips and tricks on specific topics 	<p>The Postpartum Supports Design Team surveyed 84 low-income women of color in Washington, DC, to better understand their postpartum needs.</p> <ul style="list-style-type: none"> • Approximately 25% of women rated their postpartum health care as poor or fair and 23% of women rated their postpartum mental health care as poor. • Their biggest challenges during the postpartum period included breastfeeding, mental and physical health, sleep, childcare, and personal care. They reported that the following types of support would have made postpartum better: home-based support, mental health support, group support, and breastfeeding support. <p>The team also surveyed women participating in the Mommy Meet-ups:</p> <ul style="list-style-type: none"> • 60% of participating women rated the sessions as “Good – I’ll probably join next week.” • 40% rated the sessions as “Loved it! I will certainly join next week.” • No one scored a session as “Okay – Not sure about joining next week.” or “Bad – I certainly won’t be joining next week.”

Impact

Activities conducted by the Postpartum Supports Design Team captured women’s experiences with poor-quality care during the postpartum period. At the same time, the team created a safe space, the Mommy Meet-ups, for postpartum Black people who birth to share their experiences and discuss various topics (e.g., breastfeeding, mental health, family planning). With additional support, the virtual Mommy Meet-ups can expand the support group’s reach to include other women in Washington, DC, and assess the group’s impact.

Lessons Learned and What's Next

Comments from Washington, DC, design team members provide insights into their experiences and the impact of the team's work.

“With the protests and police brutality and a highlight on COVID-19 disparities, I think there is definitely a willingness in DC to acknowledge institutional racism and acknowledge it in different institutions, like the police system or our council or different institutions that are rooted in inequity. And there's definitely a push to have people address that, or people acknowledge that.”

“If we were to do this project over again, we would hope to eliminate the pressing sense of urgency that at times stifled our creativity. Some of this was the result of the COVID pandemic, which seemed to double the workload at DCPCA. But primarily it stemmed from the loss of a key staff person who was solely focused on the Lab and its progress. We recommend that the project has dedicated leadership who can consistently guide and facilitate, monitor and report. Any coalition effort requires continuous communication with partners, and we struggled with this. We would also lean more on shared principles in times of conflict, using our values to guide us through challenging dialogues.”

The Better Maternal Outcomes: Redesigning Systems with Black Women project in Washington, DC, provided participating organizations with the opportunity to engage and support Black people who birth and their maternal health care providers. Understanding the historical and contemporary impact of racism and how bias impacts the care Black people who birth receive is the first of many steps to address maternal health inequities in Washington, DC, and establishes a foundation for meaningful collaboration.

The Equity Action Lab prompted deep community partnerships and helped uplift context experts. For example, collaborations with Children's Hospital has given the context expert team the opportunity to meaningfully contribute to maternal stress and fetal brain research. As the Washington, DC, partners continue this work, they are committed to ensuring that future care decisions always include stakeholder engagement with those with lived experience.

This project also highlighted the need for dedicated leadership to provide consistent guidance, communication, and facilitation among the many diverse stakeholders. Additionally, Black women and people who birth are diverse, and the design teams look forward to expanding their work on respectful care to others (e.g., Black queer and transgender communities) experiencing adverse maternal health outcomes.

Influenced by the work of the design teams and the success of their human-centered design process, DCPCA applied for a multiyear grant that establishes a network and human-centered Equity Action Lab to address a new priority area: expectant and parenting teens in DC. Given their work in the Better Maternal Outcomes initiative, DCPCA is uniquely positioned to lead, along with Children's National and Howard University, this work to promote optimal health for teen parents in Washington, DC.

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>
5. Russel R, Rodehau C, Quinn P. The DC Women's Health Improvement Project. *Human-Centered Solutions to Improve Reproductive and Maternal Health Outcomes in Washington, DC*. Washington, DC: District of Columbia Primary Care Association; September 2018. <http://www.dcpca.org/reports/human-centered-solutions-to-improve-reproductive-and-maternal-health-outcomes-in-washington-dc>