

April 2021

**Maternal
Health
Equity
Collaborative**

THE SPIRIT

OF POSSIBILITY

**A Maternal Health Equity Collaborative Report
Prepared for St. David's Foundation**

DID YOU KNOW

**80% of pregnancy-related
deaths in Texas could
have been prevented**

“New Report Adds to Understanding of Maternal Mortality and Morbidity
in Texas,” 2018, Texas Department of State and Health Services



CONTENTS

Introduction.....	4
Background.....	5
Current Birthing Landscape in Texas.....	8
Organizational Overview.....	10
Whole Person Care.....	14
Current Gaps in Care and Equity	16
Recommendations.....	20
Founding Organizations.....	23



INTRO

The Maternal Health Equity Collaborative (MHEC) centers Black Women and Women of Color -- both in leading the collaborative, and in the work they do in and with the community.

The approach to service provision is not prescriptive or based on hypothetical needs. The MHEC is building community through humanization and healing, creating a legacy for generations to come.

At the end of 2020, the MHEC came together to create a report for St. David's Foundation. The full report was created to share the current gaps in care and equity in Central Texas.

The following is an excerpt of the report and recommendations gleaned.

BACKGROUND

Maternal Health Equity Collaborative

BUILDING AN ENVIRONMENT in Central Texas in which people can choose if and when to have children, and the ability to raise them in an equitable and just society, means we must come together to build community through HUMANIZATION of “others” and healing for those harmed through systemic racism.

IN AUSTIN there are four community doula organizations who provide needed services: Black Mamas ATX, Giving Austin Labor Support, Healing Hands Community Doula Project, and Mama Sana Vibrant Woman.

Doula support is a well-known, evidence-based intervention to alleviate the impacts of racism and perinatal inequality.

SHORTLY AFTER COVID-19 started affecting the region in March 2020, these organizations began working together, establishing the Maternal Health Equity Collaborative (MHEC), to combat the new policies implemented in local hospitals and make birth safer for Black and Brown families in Austin and the surrounding cities.



MHEC members realized that the previously fragmented systems of care, while well intentioned, were ineffective at solving the larger systemic problems of the community.



In order to address the ongoing inequities, we are re-envisioning what service provision can look like for Black families, Indigenous people and People of Color (BIPOC).

This includes analyzing service provision to highlight each organization’s strengths, and identifying gaps in care for BIPOC birthing people. Two other local parent support organizations, Hand to Hold and Partners in Parenting, joined the group in the summer of 2020 to provide additional support toward the mission of achieving maternal health equity.

OUR FIRST ACTION was to challenge the hospital policy that restricted the number of support people to one per birthing person. Birthing people were having to choose to have either their partner or their doula present, not both.

After meeting with hospital administrators, we were able to convince them to allow a birthing person's partner **and** doula to be present during birth to provide support.





DOULA SUPPORT

**is an evidence-based
intervention to alleviate
the impacts of racism and
perinatal inequality**

CURRENT BIRTHING LANDSCAPE

for Central Texas Mothers

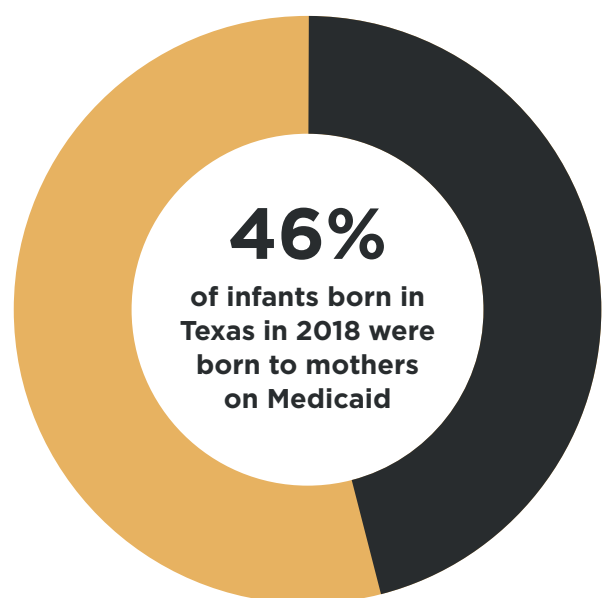
Building community through HUMANIZATION and healing means all people can choose how and where they give birth.

In Central Texas, there are a myriad of maternity services and maternity care options if you are well insured, have the means to pay out of pocket, or both.

HOWEVER, if you happen to be on Medicaid, are uninsured, or unable to self-pay, your options for maternity care services and support shrink dramatically.

According to the Texas Department of State Health Services, in 2018 approximately 46% of infants in Texas were born to mothers who were on Medicaid, and a large number of women on Medicaid are BIPOC.

Individuals who are under-resourced should have equitable access to comprehensive care - in hospitals, birth centers, and at home. The lack of both resources and high-quality options allows the gap in health outcomes to persist for Black and Indigenous birthing people, and racism further hinders quality care for Black women.





THE MHEC ADVOCATES

**for expanded holistic care
for those on Medicaid**

ORGANIZATIONAL OVERVIEW

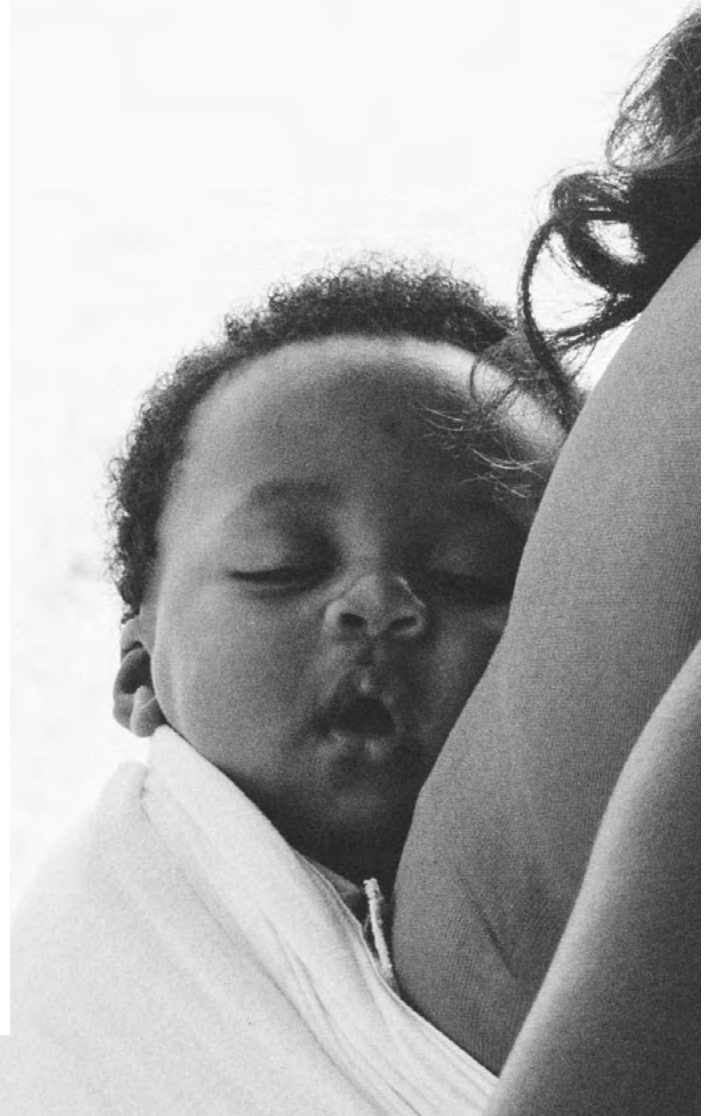
Maternal Health Equity Collaborative

Building community through HUMANIZATION and healing means aligning together for common goals.

The four community doula organizations that comprise the MHEC each have a unique approach to service provision.

Prior to coming together as the MHEC with the shared goal of improving birth outcomes during COVID-19, each organization was siloed and working independently.

The first and biggest work of the collaborative was to lay out how our work exists currently, how it **could** exist, and where there are gaps for our families.



A MONTH AFTER THE START of the Coronavirus pandemic, in April 2020, representatives from numerous community organizations convened to brainstorm advocacy and actions to ensure continuity of safe maternity and birth support.

Over a period of 6 weeks, the mission narrowed focus, and attendance at the weekly meetings dwindled to leaders from the four community doula organizations listed below.

The group began building trust - first by uniting around the most pressing need all organizations faced (the need for birthing people to have access to doula support) and then by identifying each organization's current programming strengths.

Weekly meetings allowed for continued ideation, goal setting and progress. With every program outlined, the Collaborative began identifying gaps and working on projects - imagining how to highlight each organization's strengths to offer more and better support to our clients.

While the Collaborative is early in its development, the commitment to this work has expanded to include two additional parent-supporting organizations. The group is active in creating reports to raise awareness and provide recommendations on how funders can better support collaborative efforts to end maternal mortality and morbidity.



The MHEC believes funding collaborative projects allows for increased capacity, and streamlined focus, leading to the most improved outcomes.



OUR

STRENGTHS

Each of these organizations has the same overall goal - improving maternal health outcomes.

Based on 2020 programming, the [linked table](#) visually depicts the unique approaches, as well as overlap, in achieving this goal.

Black Mamas ATX (BMAATX)

- Brand/advocacy: run by the community for the community
- UT Hicks School of Social Work backing: allows for supportive infrastructure as the organization grows

Giving Austin Labor Support (GALS)

- Late-term support through On Call Program: families actively in labor (and their healthcare providers) can call GALS 24/7 and request birth support
- Support for incarcerated pregnant people: group and one-on-one prenatal education, birth support, and postpartum visits with a Birthworker

Healing Hand Community Doula Program (HHCDP)

- Focus on full-spectrum and high-risk doula support: Black families are often categorized as “high-risk” due to bodily effects of racism and chronic stress
- Economic development and training for doulas to increase Black healthcare workers

Mama Sana Vibrant Woman (MSVW)

- Clinic/midwifery care model: midwives and holistic health providers are made accessible for increased support of BIPOC birthing people
- English and Spanish Prenatal & Postpartum Community Support Groups

Let's not forget the strengths of our supporting organizations!



AS THE MHEC WORK PROGRESSED,

Hand to Hold and Partners in Parenting joined the efforts in supporting equitable maternal health. While these two other community organizations are not doula organizations, they contribute to holistic care for birthing people and are aligned in the goal to improve overall maternal health and birth outcomes and end disparities for BIPOC families.

The MHEC has big goals for how we can further align our organizations to eliminate maternal mortality and morbidity in Central Texas. Working with the strengths of the collaborative and the broader social services ecosystem, the MHEC is identifying where gaps still exist for BIPOC birthing people and envisioning future growth and focus.

OUR SUPPORTS

Hand to Hold

- Peer support for families with babies in the neonatal intensive care unit (NICU)
- Continuum of in-person and virtual services with national reach in English and Spanish
- 4,558 families supported in 2020

Partners in Parenting

- Peer-to-peer social postpartum support programming in English and Spanish
- Research-based curriculum, volunteer and training support
- 326 families supported in 2020, 102 of these families identify as BIPOC

WHOLE PERSON

CARE

Building community through HUMANIZATION and healing means identifying and celebrating those getting it right. These are the organizations filling the gaps for BIPOC families.

Eliminating maternal health disparities is a community effort. The MHEC came together in April 2020 during the COVID-19 pandemic to address the most pressing concerns our families were facing - hospitals denying access to doulas, gatekeeping access based on mainstream doula certification, and lack of out-of-hospital options for birthing people.

AS WE CONTINUE TO ALIGN our work, we believe it is key to highlight organizations that are safe, available and accessible to Black, Indigenous, and other People of Color.

We know that a well-resourced community is helpful in ending disparities.

HOWEVER, unless these organizations also operate from an antiracist stance, they will continue to perpetuate (by commission, silence, or omission) racist systems that oppress, lead to weathering, and ultimately fuel the cycle of racism that leads to poor maternal health outcomes for Black birthing people.



Eliminating maternal health disparities is a community effort.





WE NEED MORE

**organizations that are safe,
available and accessible
to Black, Indigenous, and
other People of Color**

CURRENT GAPS

IN CARE + EQUITY



Building community through HUMANIZATION and healing that extends to the public and private sector. To include health professionals, families and community advocates.

SYSTEMATIC RACISM and oppression is the cornerstone upon which current inequities in the perinatal and postpartum healthcare system are built.

This cornerstone has created various gaps in care that directly impact the health and mortality of the BIPOC community.

(See the MEASURE + MHEC **historical timeline**, and **report** around BIPOC birthing during COVID-19.)

The MHEC has identified the need for public and private funders (e.g. in the public sector city, county, state and federal funders, in the private sector philanthropy - including family foundations and other funders) to fill these gaps by funding efforts based on the innate value of every human being.



Click [here](#) to zoom in on the graphic.

THIS INTRINSIC HUMAN VALUE allows organizations to identify the individual's needs based on their voice; which allows advocates to walk alongside people rather than prescribing what service providers think they need.

Given that this has been the tradition of a capitalist system, these inequities continue to create gaps in services and can be outlined within St. David's Foundation's target areas of strengthening communities, family planning access and birth equities.

IN ADDITION TO the individual and organizational level of equity, we must also advocate for policy and systems level change.

Expanding Medicaid coverage to at least a year postpartum will reduce maternal mortality and morbidity for Black birthing people, who are more likely to die from perinatal complications in the period after 6 weeks postpartum.

Expanding paid parental leave will allow birthing people to continue to nurture their bodies and their babies following birth without the stress of returning to work so quickly or loss of income contributed to delayed workplace reintegration.

Increased investment into alternative birthing support (doulas, midwives, chiropractic and acupuncture care, lactation consultants, pelvic floor physical therapists, etc.) will decrease medical costs overall by decreasing unnecessary intervention and thus unnecessary complications.

True care includes the nuts and bolts of community and clinical care. When these are synonymous, it brings about holistic care for BIPOC people that is client centered. Community care consists of social services, caring neighbors, and a village of people who advocate for one another's wellbeing.

We believe that organizations, just like humans, can become equitable and acknowledge that flexibility and growth are unique and vital to impacting the next generation, creating a legacy of compassionate care that ultimately changes the world.

POLICY GAPS

in care + equity



MEDICAID

currently only covers pregnancy and up to two months after birth

PAID PARENTAL LEAVE

is not a universal workplace policy, adding extra physical and financial stress for new parents

ALTERNATIVE BIRTHING SUPPORT

requires increased awareness, investment, and policy support



WE MUST ADVOCATE

**for policy and systems
level change for the
antepartum, intrapartum,
and postpartum period**

RECOMMENDATIONS

WE KNOW THERE ARE FUNDING DISPARITIES experienced by community-led organizations specifically serving BIPOC populations.

We also believe that incorporating and recognizing the expertise of lived experiences of BIPOC populations should be a major consideration in funding decisions for community-led organizations.

The following recommendations are provided by the Maternal Health Equity Collaborative for the goal of informing the future funding direction of St. David's Foundation, Women's Fund.

Holistic, whole-person care

1. Funding that is less restrictive so that programmatic decisions can be changed and flexible based on clients' needs.
2. Focus on collaborative work. One entry point to all services, central meeting place for clients, communication bridge between clients and the medical industrial complex, bridging access to holistic services outside of the medical industrial complex (like, modeling after HMIS but better).
3. Focus more on programs in which the clients are educated and able to drive care.
4. Focus reproductive justice model of care, including voices from the community and BIPOC & LGBTQIA+ people.
5. Funding into doula support organizations who are decolonizing the way services are provided- offering emotional and spiritual care alongside physical care. However, long term change means the medical industrial complex must change to focus on holistic care.
6. Individuals who are under-resourced should have equitable access to comprehensive care-- in hospitals, birth centers, and at home. The Maternal Health Equity Collaborative advocates for expanded holistic care for those on Medicaid.

Antiracism work as a priority

7. Investing into BIPOC birthing: Providing community doulas with a living wage, increased training for increased birth workers and health providers of color.
8. Invest into expanded birth options - out of hospital births with midwives of color.
9. Antiracism training and follow-up for health care providers and nonprofit organizations.
10. Designated 'Safe Space' for Black birthing people - data from hospitals/practices/midwives, Cesareans rates, induction rates, person-centered, disproportionality in outcomes, etc. and working with providers to make it better.

Policy for the people

11. Advocate for paid parental leave.
12. Increase Medicaid insurance coverage to pay for doulas/birth workers and midwives, IBCLCs, holistic services, and complementary care.
13. Expansion of insurance coverage for homebirth midwifery services and increased reimbursement.
14. Advocate for Medicaid coverage extension to 1 year postpartum for all birthing people.





LIVED EXPERIENCES

**of BIPOC populations should
play a major role in funding
decisions for community-led
organizations**

FOUNDING

ORGANIZATIONS

BLACK MAMAS ATX began two years ago and currently exists under the umbrella of The University of Texas Steve Hicks School of Social Work in Austin, Texas.



A grassroots organization that is Black woman centered, led, and served, the mission is to ensure that Black women

survive and thrive before, during, and after childbirth.

The organization's work is a social movement centered around dismantling systemic/institutional inequities, strengthening community support, and increasing access to equitable healthcare services for Black mothers.

Envisioning a world without maternal health disparities, BMATX has served over 130 mothers and provided approximately 2,400 hours of afro-centric community-based doula services and Sister Circles. On average, mothers participate in services prenatally and postpartum for 18 months.

The organization trains and employs Black women to serve as doulas and community health workers and is currently expanding to provide access to midwifery care, psychotherapy and case management, at no cost to participants.

Additionally, the organization facilitates anti-racism training to healthcare institutions, employs community-based participatory research to impact governmental/organizational policy and practice change, and leads education and public awareness efforts locally and nationally.

CONTACT Black Mamas ATX:



www.blackmamasatx.com



512-766-9470



Kelene Blake Fallon
kelene.blakefallon@gmail.com

FOUNDING

ORGANIZATIONS

GIVING AUSTIN LABOR SUPPORT

started as a grassroots organization in 2008, providing wraparound perinatal support to under resourced, unsupported, and incarcerated families in Central Texas.



It has grown into a well-organized, data driven nonprofit - prioritizing flexibility, partnerships, and community voice to address health

disparities of BIPOC and low-income families in Austin.

Over 550 families have received aid from volunteer birth workers through On Call (or emergency) Birth Support, perinatal doula services, and prenatal groups at the Travis County Correctional Complex.

Programming primarily focuses on families in emergent need of support during labor and birth; when a nurse, birthing person, or family member calls the 24/7 dispatch line asking for a birth worker, their need is met with no questions asked.

CONTACT Giving Austin Labor Support:



www.givingaustinlaborsupport.org



512-934-2171



Morgan Miles
Executive Director

coordinator@givingaustinlaborsupport.org

FOUNDING

ORGANIZATIONS

MAMA SANA VIBRANT WOMAN formed in 2012 to improve pregnancy and birth outcomes for communities of color in Central Texas by providing education and support.



This BIPOC led organization has grown in funding and scope, facilitating access to culturally appropriate and quality, prenatal and

postnatal care with City of Austin funding, foundation funding, and partnerships with midwives and educators.

Nearly 200 Black and Latina families receive free services annually through their pregnancy and postpartum to address maternal and infant health disparities including: 16-week culturally specific support groups; exercise and nutrition support; birth companions; access to no-cost midwifery care; and culturally specific monthly social support groups.

Additionally, MSVW offers postpartum care through a combination of home visits by birth companions, peer-led support groups, training and certification for BIPOC birth companions, and provides ongoing social support for birth workers of color.

CONTACT Mama Sana Vibrant Woman:



www.msvwatx.org



512-710-5729



Alexis Hall
**Director of Perinatal Health
& Education**
alexis.hall@msvwatx.org

FOUNDING

ORGANIZATIONS

HEALING HANDS COMMUNITY DOULA PROJECT is an emerging 501(c)(3) organization formally established in 2018.



Its mission is to eliminate the birth outcome disparities that exist between black and brown mothers and white mothers, and to

lower maternal mortality.

This organization is led by a Black female Physician's Assistant and certified doula with years of service to Black mothers.

HHCDP prioritizes training and mentoring black and brown women from the community to become certified birth and postpartum doulas, childbirth educators, and certified breastfeeding peer educators, then employing them to serve the childbearing women of their communities.

CONTACT Healing Hands Community Doula Project:



www.blackdoulasblackmamas.org



512-288-0827



Darline Turner
Founder and Executive Director
admin@blackdoulasblackmamas.org

SUPPORTING ORGANIZATIONS

HAND TO HOLD was formed in 2010 and is a national nonprofit based in Austin, TX.



The organization helps families before, during, and after NICU stays and infant loss by providing personalized peer support services, education and powerful resources.

Our programs and services include counseling, virtual support groups, in-hospital rounding and groups, peer mentorship, podcasts, educational articles, social channels, and private online communities.

All were designed with the emotional, physical, and social needs of the whole NICU family.

Programs are free, in English and Spanish, and connect thousands of NICU parents annually.

Hand to Hold is devoted to providing a support system for NICU families as no one should feel alone while they face one of the most challenging experiences of their lives.

CONTACT Hand to Hold:



www.handtohold.org



855-424-6428



Rachel Astorga-McCain
rachel@handtohold.org

SUPPORTING ORGANIZATIONS

PARTNERS IN PARENTING (PIP) was founded in 2014 by two mothers with young children who noticed a gap in Austin’s birth services. PIP’s mission is to build a village for all families in Austin.



PIP supports all of Austin’s new parents so they are confident, connected, and have the tools to reach their full potential.

The organization connects parents of babies with peers, trained facilitators, and experts so they can share the joy and weather the storms of new parenthood together.

PIP also provides peer to peer support groups for parents with babies up to 12 months old in both English and Spanish, and it has served over 1000 families to date.

Research in the field of Infant Mental Health indicates that children whose parents are isolated, depressed, and stressed suffer also.

Social isolation has a devastating effect on infant development and the mental health and stability of parents, and so PIP believes that we can build the foundation for healthy families by supporting parents in this early phase of parenthood.

By helping Austin’s parents thrive, Partners in Parenting believes we help our entire community thrive.

CONTACT Partners in Parenting (PIP):



www.pipaustin.org



512-829-1704




Valerie Rios
val@pipaustin.org



ELIMINATING

**maternal health disparities
is a community effort**

A minimalist line drawing of a person's profile and torso in a light yellow color against a dark background. The drawing is composed of a single continuous line that forms the outline of the head, neck, and upper body. The person is shown in profile, facing left. The line is smooth and fluid, capturing the essential shapes of the face, neck, and torso. The background is a solid dark color, which makes the light yellow line stand out prominently.

Thank you to all who are working tirelessly toward an equitable birthing experience and supportive postpartum period for all birthing people.