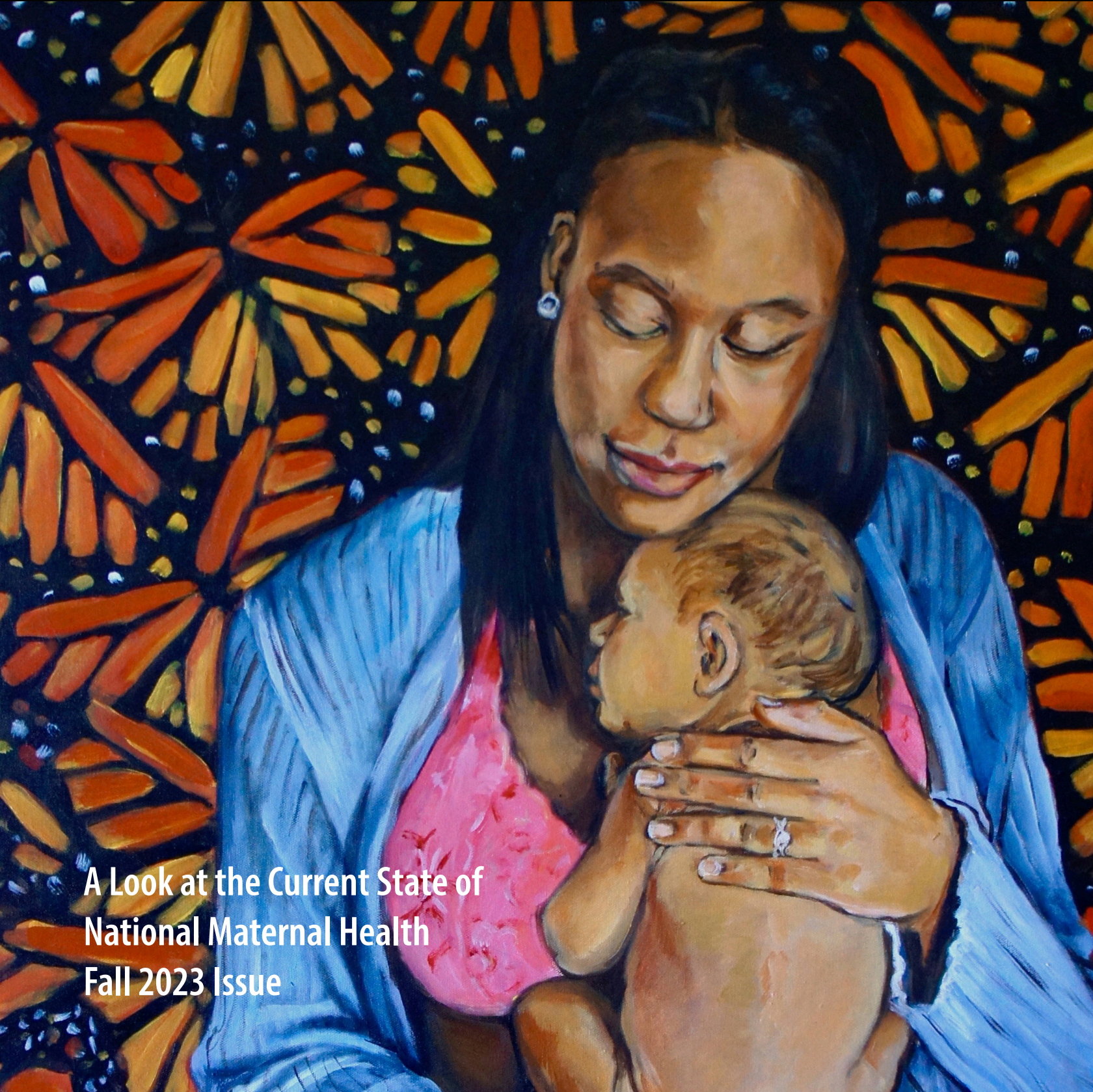




# CityLights



CityMatCH



A Look at the Current State of  
National Maternal Health  
Fall 2023 Issue

CityView:

# Centering Black Maternal Health & Partnership

Nationwide, maternal mortality has become a priority issue as rates of pregnancy related deaths are rapidly climbing. The racial disparity is increasing and as of 2021, Non-Hispanic Black birthing people are nearly 3 times more likely to experience pregnancy-related deaths than White birthing people. This stark reality brings light to an opportunity for making real change through centering those most impacted, forming authentic partnerships with community, and transforming systems to support birthing people and their families.

To do so, we as a Maternal Health Ecosystem must work collaboratively to create innovative solutions that address maternal morbidity and mortality. I Be Black Girl (IBBG), a reproductive justice organization based in Omaha, NE, leads with boldness, innovation and inspiration to actively create a radical change-making culture that centers Black women, girls and femmes. It is this boldness that creates space for the community to show up authentically and operate in abundance and liberation. This centers IBBG's approach to all aspects of the work including how the organization partners with multi-sector agencies. Currently, IBBG is engaged in work with health care systems, state and local public health, policy makers and

other community-based organizations to address adverse maternal outcomes using a Reproductive Justice Framework. This approach often challenges partners but is a necessary step in the process to establish shared goals, shift power to community, and leverage resources to support those experiencing poor maternal health outcomes. Ultimately, we all desire Birth Justice, a reality in which women and people with the capacity for pregnancy can have the birthing experience they desire, with safe outcomes for both parent and baby.

Examples of these types of partnerships between community-based organizations and health care agencies are growing across the nation. This gives us a renewed sense of hope in actualizing equity in maternal health outcomes.

This CityLights issue will take readers

on a journey to understand the current state of maternal health, highlight local initiatives focused on Black maternal mortality & morbidity, share policies and initiatives advancing maternal health at the national level, and identify opportunities to take a holistic approach as strategies are developed to support maternal health and overall well-being.

Written by Jessica Ehule

REFLECT AS YOU READ

- What is your role in the maternal health ecosystem?
- What opportunities exist for your organization to partner intentionally with community?
- How do agencies address and repair trauma/harm to work toward partnership?
- How are you centering Black communities as leaders in your work?

# Momnibus Act

As of 2020, the US is the richest country in the world yet has the highest maternal mortality rate among developed countries. The Black Maternal Health Momnibus Act of 2021 is very complex, as it consists of multiple individual bills that will make investments in reducing the impact of maternal mortality by addressing social determinants of health.

The legislation will:

- Make critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation, and nutrition.
- Provide funding to community-based organizations that are working to improve maternal health outcomes and promote equity.
- Comprehensively study the unique maternal health risks facing pregnant and postpartum veterans and support VA maternity care coordination programs.
- Grow and diversify the perinatal workforce to ensure that every mom in America receives culturally congruent maternity care and support.

- Improve data collection processes and quality measures to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.
- Support

moms with maternal mental health conditions and substance use disorders.

- Improve maternal health care and support for incarcerated moms.
- Invest in digital tools like telehealth to improve maternal health outcomes in underserved areas.
- Promote innovative payment models to incentivize high-quality maternity care and non-clinical perinatal support.
- Invest in federal programs to address the unique risks for and effects of COVID-19 during and after pregnancy and to advance respectful maternity care in future public health emergencies.
- Invest in community-based initiatives to reduce levels of and exposure to climate change-related risks for moms and babies.
- Promote maternal vaccinations to protect the health and safety of moms and babies.

Momnibus and all that it entails is important because it supports local organizations, which can have a positive impact on the overall maternal mortality rate and population health. Being able to provide health care that addresses individual needs will be key in improving maternal health outcomes. Furthermore, policies like this one, that will promote accountability among providers and improve maternal health outcomes, are essential drivers of positive change for the future of MCH.

## ACTS:

The ***Kira Johnson Act*** makes investments in community-based programs that are supporting mothers. It also supports bias and racist training programs and research.

The ***Maternal Health Pandemic Response Act*** is set to advance research about COVID-19 and its effects on pregnant women through enhanced data collection and providing funding for federal programs that support data collection, surveillance, and other forms of COVID-19 research as it relates to maternal health.

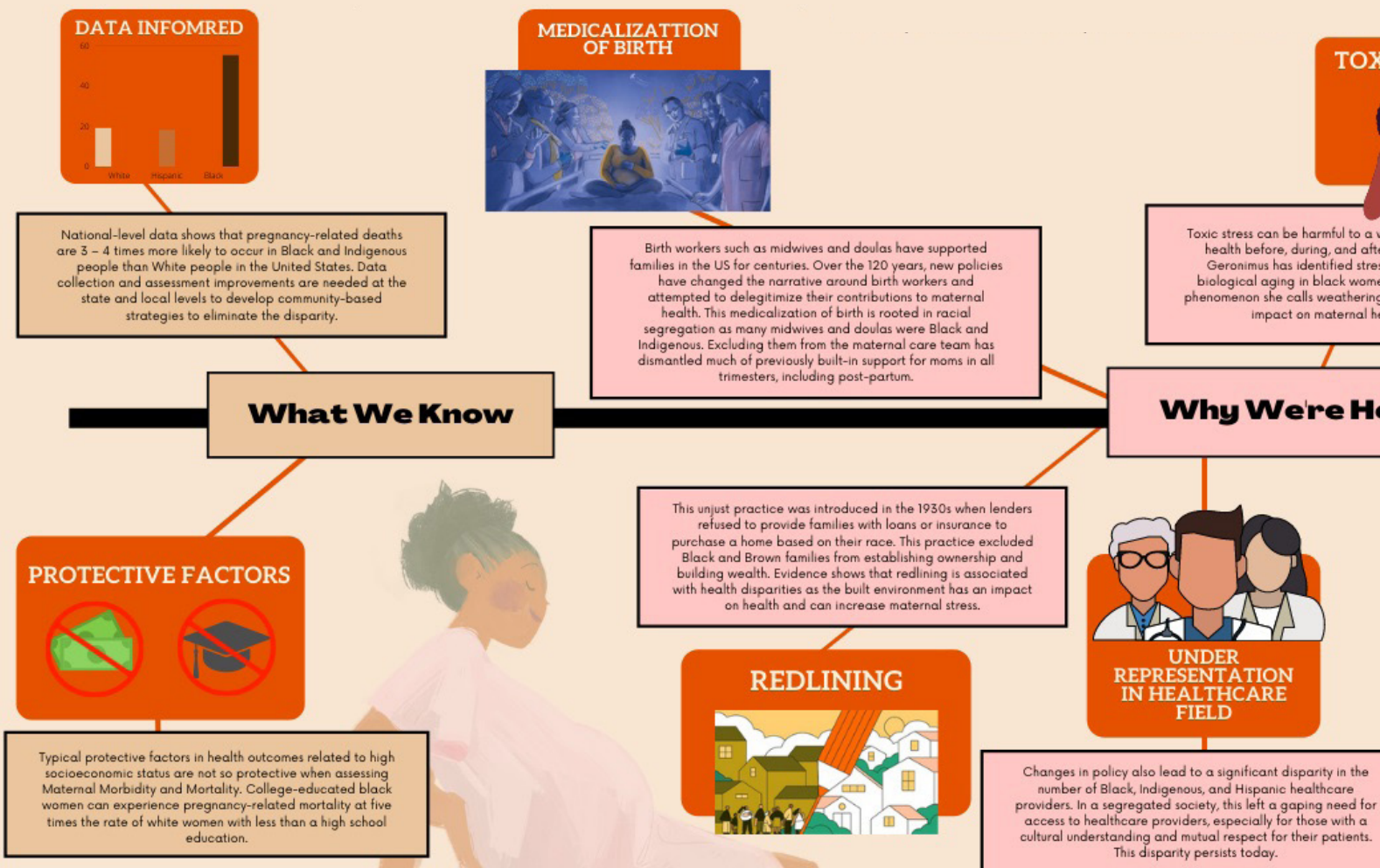
## STATS:

- 2/3 of all pregnancy related deaths are preventable.
- Black women are 3 to 4 times more likely to die from childbirth in comparison to their non-Black counterparts.
- In the U.S., about 700 women die annually from pregnancy or delivery related complications.

Written by Briana Baptist



# The State of Black Maternal Health At-A-Glance



Our nation is facing a dire epidemic. Maternal Morbidity and Mortality Rates in the US are significantly higher than in comparable nations.

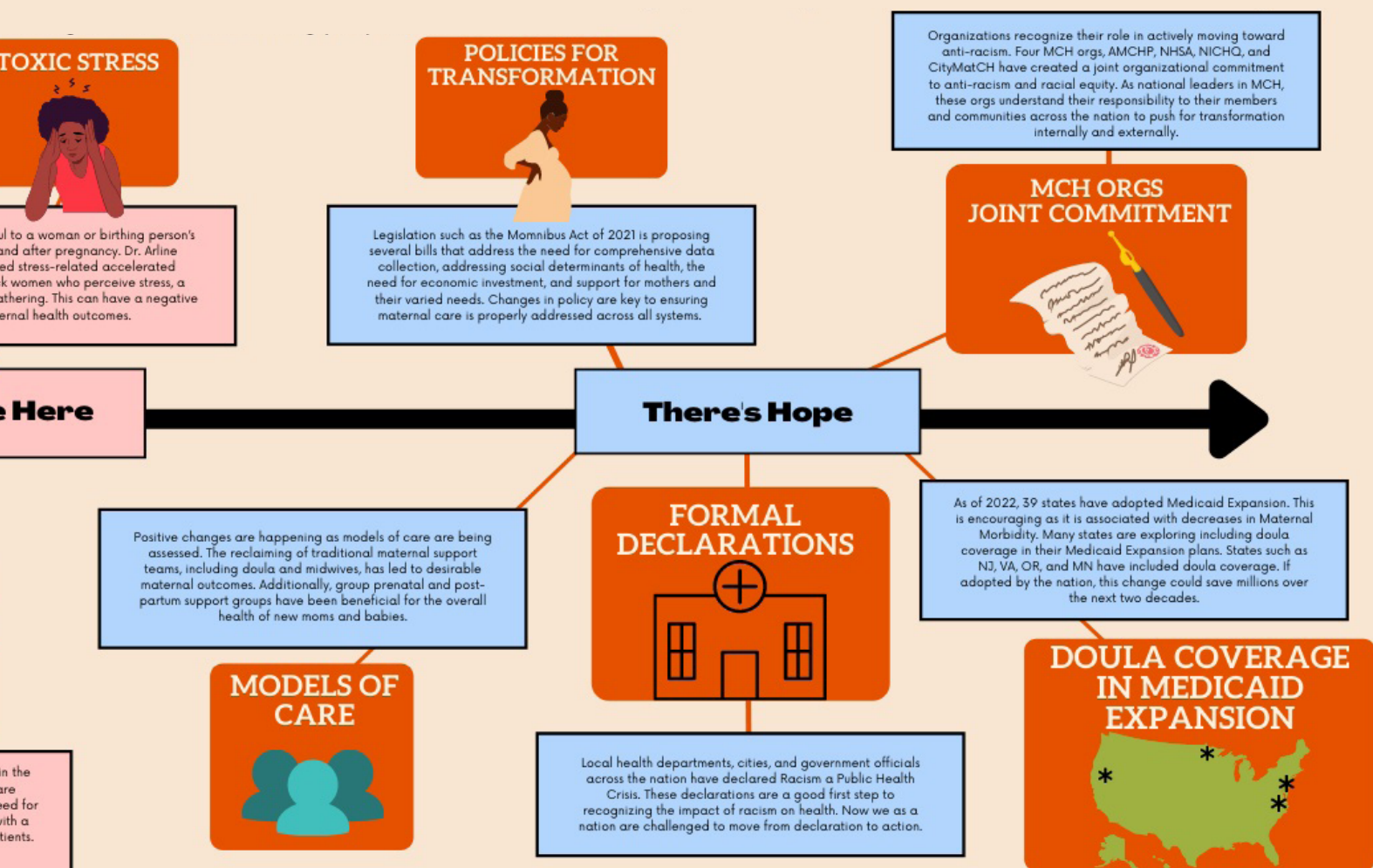
The CDC defines Maternal Mortality as the death of a woman (or birthing person) during, at delivery, or soon after delivery. Morbidity is the term used to describe an illness or a medical condition that, in this case, is related to pregnancy through the post-partum period. Racial disparities in maternal morbidity and mortality rates are unacceptable and can be explained by our history.

The disparities we witness today are due to the impacts of structures like racism and inequities in access to quality healthcare, economic opportunity, and the physiological impact of stress over time. The graphic below gives a brief look at where we are, how we got here, and the hope we have to improve the health and well-being of women and birthing people across the nation.

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**Written by Onyeka Anikamadu**



The

# OVA

## Local Leadership to Address Maternal Mortality in Philadelphia

Across the nation, local public health leaders are partnering with cross-sector stakeholders to address the national crisis of Maternal Mortality. This is the case for the City of Philadelphia where 23.6% of pregnancy-associated deaths between 2013-2018 were determined to in fact be pregnancy related. Data shows significant racial disparities where 43% of births in this same period were non-Hispanic Black women, yet they accounted for 73% of related deaths. Groups representing health care systems, governmental agencies, and communities are coming together to eliminate this disparity move from planning to action.

The OVA (Organized Voices for Action) is a community action team that carries out recommendations from the Philadelphia Maternal Mortality Review Committee (MRCC). Supported by the Safer Childbirth Cities Initiative through Merk for Mothers, this effort was formed out of a need to improve outcomes and meet the goal of scaling up maternal health initiatives in Philadelphia. The OVA is composed of stakeholders including birthing people, health care professionals, advocates, governmental agencies, and health care systems. City-MatCH had the opportunity to speak with leaders of this work as the OVA was being formed and tasked with roles as the primary action team. Aasta Mehta, MD, MPP, Medical Officer of Women's

Health within the Division of Maternal, Child, and Family Health and Simone Snead, previous Maternal Mortality Review Action Team Coordinator at the Philadelphia Department of Health. Dr. Mehta stressed the need to community stating the need to ensure "lived experience of moms and birthing people is at the forefront."

Opportunity for the establishment of the OVA originated in previous years of work done by the agencies and groups such as the local Fetal Infant Mortality Review Committee and assessing the need for this body. There was a desire to eliminate silos, center community voice, and move from planning to implementation. Dr. Mehta and Ms. Snead noted that addressing the recommendations

***"For population level change, you must work with people you are not [usually] with."***

***– Dr. Aasta Mehta***

laid out by the MMRC required working across sectors.

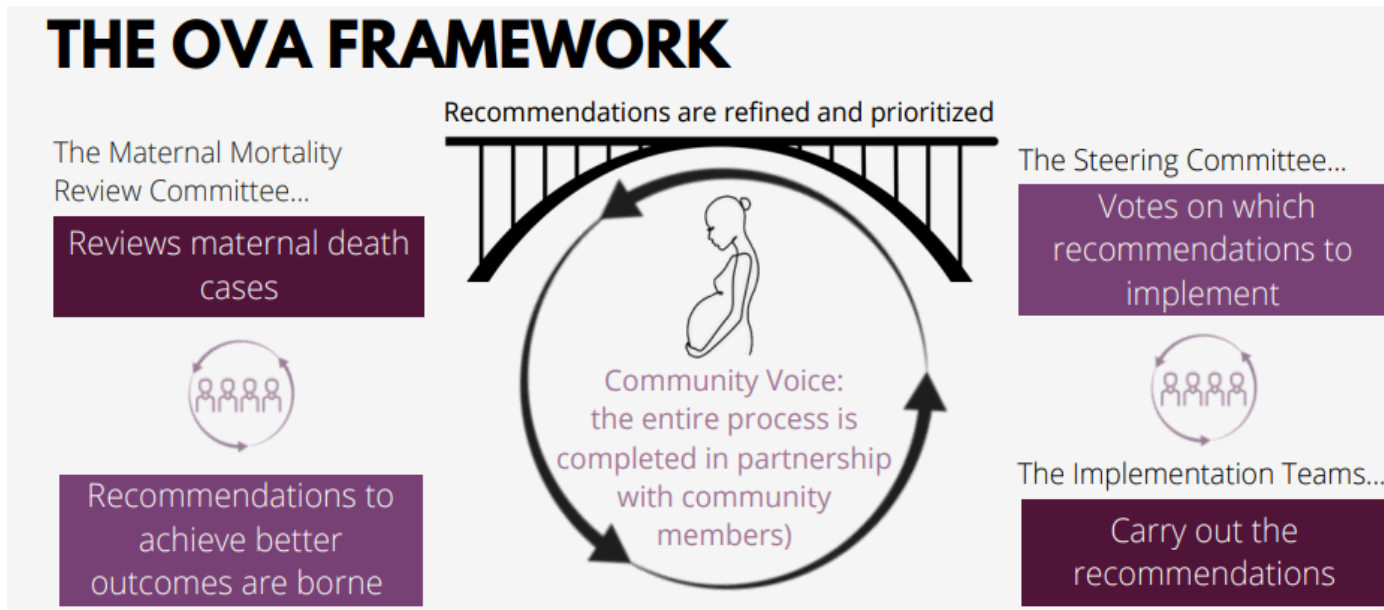
Therefore, after inviting a wide range of stakeholder and adding key permanent roles to their agency they dove into addressing 11 of the 33 original rec-

ommendations. These were addressed through Implementation Teams established by the steering committee. Each Implementation team is assigned recommendations as applicable to address. The current implementation teams are:

1. Early Warning Signs Training Initiative (EWS)
2. Obstetrics & Cardiology Task-force
3. Community Investment
4. Philadelphia Obstetric Health Systems & Managed Care Organization (MCO) Task Force
5. Transforming Philadelphia's Response to Intimate Partner Violence in Acute Obstetrical Settings
6. Philadelphia Labor & Delivery Leadership Group (PLDLG)

These teams have key partners that provide support to the strategies identified. For example, Drexel University is involved in the Community Investment Implementation team where they are seeking to invest in community-based organizations led by and serving women of color in Philadelphia. These teams have also identified what has worked and where they can expand efforts to support maternal health. An example of this is within the Obstetrics and Cardiology Taskforce Implementation

# THE OVA FRAMEWORK



team. Recently, there have been several labor and delivery center closures in Philadelphia. However, these closures did not result in an increase in maternal mortality or morbidity, which this team attributes to the hospitals banning together to maintain a high quality of care for community.

Ultimately, the OVA seeks to lead Philadelphia to the vision of Birth Justice realized. Imani Davis, Community Specialist at Strategy Arts, serves as a Steering Committee member for the OVA. Her vision of Birth Justice in Philadelphia is equal healthcare. Before joining the Strategy Arts team and working in partnership with local public health on maternal health issues, Ms. Davis was interested in learning more after experiencing provider bias during the birth of her child. While attending weekly programming at her local library, she was introduced to the Community Action Network (CAN) through Philadelphia’s Healthy Start by another mom. Once connected, she was all in. Ms. Davis stated, “High rates of maternal mortality [and morbidity] are alarming...and this became a personal thing.” Soon after joining the CAN an employment opportunity became

***“People should have equal access to care and shouldn’t have to go to a specific place no matter their race, income, location or sexuality.” – Imani Davis***

available through Strategy Arts, which was perfectly aligned with her passions and priorities. Even now as a part of the MCH workforce through a partner agency within the OVA, Ms. Davis continues to be involved in the work of the CAN. This is important as, “People need to hear direct stories, not just statistics, to have an empathetic point of view,” says, Davis.

When asked what local public health professionals can do to best serve the community she listed:

- Keep fighting until necessary policies are in place.
- Build knowledge and be willing to learn.
- Must have the desire to help people.

Join the OVA for their Birth Justice Philly Summit on October 26, 2023 to learn more about their work including where there is opportunities for improvement and how to be a part of the solution (<https://www.birthjusticephilly.com/pages/summit>).

**Written by Jessica Ehule  
Image by OVA**

Believe Her, Honor Her:

# Dr. Shalon's Maternal Action Project

## Dr. Shalon's Story

Dr. Shalon Irving was an accomplished African American woman who held two master's degrees and two doctorates. In addition to her outstanding academic achievements, Irving was an Epidemiologist at the Centers for Disease Control and Prevention and as a Lieutenant Commander in the United States Public Health Services. Shalon worked tirelessly to raise awareness about the health-care system's injustices. She attempted to show how people's limited health choices had a significant impact on their health outcomes. Regrettably, the same war she fought so valiantly against is exactly what caused her premature death. "She was a humble person", says her mother, Wanda Irving. "She could sit around with the best of them". Shalon Irving never bragged about her academic accomplishments, she could talk to any and everyone. As a little girl, Shalon Irving was a champion for equity. "Even when she was little, she always said that you have to respect others". Irving lived by that same mantra until her final days. Bianca Pryor, Shalon's best friend, recounts the time she first met Shalon. "I met Shalon 2002 in grad school." The two grew up on total opposite sides of the country but found each other by fate. "We were genuinely soul mates", Pryor states. "Shalon was that person that always made you feel alive. She was

a bright light in this world. She loved to travel and had no boundaries. She knew how to navigate all spaces comfortably and confidently".

In comparison to other industrialized countries, the United States has a shockingly high rate of maternal mortality. According to the Centers for Disease Control and Prevention, Black Americans are three times more likely than White Americans to die from maternal complications. Black women all around

*"Her greatest accomplishment was her daughter."*

the country are in danger, and it's time to figure out what's going on.

Many Black women's deaths may be avoided if medical practitioners merely listened. Unfortunately, this was Shalon's fate as well. "Shalon was physically not well. She kept letting the doctor know that her legs were swollen", Wanda Irving stated. Black women's voices and lived experiences are critical for understanding and addressing disparities embedded in the U.S. health-care system.

Implicit racial bias—attitudes or preconceptions that influence our knowledge,

behaviors, and decisions in an unconscious manner—is a significant contributor to healthcare disparities. Black people are not biologically different, nor do they have a unique pain tolerance scale. Not only was the reluctance to recognize Shalon's anguish a role in her death, but her social and economic status was not sufficient to save her. "Shalon was a very bright professional who had it all together. She was not living in poverty, very healthy, not obese and listened to her doctors. She was not all the things that the doctors and the system attributed to Black women dying and why they were dying". America's healthcare system was designed to function exactly as it does today, which has had and continues to have a negative impact on the health of many Black women. Even educated black women are vulnerable. Education and social status offer little protection unless the systems address biases and their direct impact on health outcomes.

These changes can begin at the local level. According to Ms. Pryor, "there is a tremendous need to return to community care and create birthing circles." This can be accomplished by de-stigmatizing the use of doulas and midwives and integrating their world with the standard industrialized medical complex. Doulas and midwifery care have been found



in studies to improve mother and baby health outcomes, thereby lowering mortality rates. The use of doulas, midwives, and community health professionals restores faith in the healthcare system. By recentering the community and humanity in pregnancy-related care,

***“This is what keeps me going. I cannot betray her memory by not doing everything I can to make sure the fight that she was fighting actually continues to a very positive end”.***

***-Wanda Irving***

autonomy is fostered through trusting relationships. Ms. Irving recalls that it did not matter what she said, “it needed to be someone of a different caliber to say ‘no’”.

Supporting legislation such as the Momnibus Act can potentially serve as a catalyst for change. The Momnibus Act, which was passed in 2021, is a collection of twelve acts aimed at filling gaps in existing legislation to address the crisis of Black maternal mortality. This addresses social determinants of health, funds community-based groups, expands and diversifies the perinatal workforce, and improves data gathering systems. Alongside change in governmental concerns, the co-founders of Dr. Shalon’s Maternal Action Project both believe we are heading in the right direction through their technology initiatives. Black maternal health issues are not being addressed in technology, and

bias in maternal artificial intelligence may harm pregnant Black women. Ms. Pryor states that she, “sees an opening where measurement may be added to lean into racist behaviors, not being heard, microaggressions,” and so on, but that she must first “determine the element of algorithmic bias”. Algorithmic bias refers to the lack of impartiality that results from the output of a computer system that favors specific demographic features. In the healthcare industry, algorithms are developed based on training datasets, which are centered around white individuals and characteristics. Ms. Pryor wonders, “are medical systems using AI thinking about Black people? Are they lifting Black people up? How do we solve this problem?”. She and her team created one solution to this problem with the Believe Her app. Believe Her is a peer-to-peer software that was intended to combat the alarmingly high rates of Black maternal mortality and save lives. Bianca Pryor states that, the Believe Her app is used for mental health wellness. “We want get more Black people in their to experience professionals such as doulas and midwives to create a personal village and give them advice so they feel supported”. The Believe Her app has 3 C’s: Community (The value of anonymously sharing life experiences strengthens the overall community), Care Access (the ability to receive and/or provide assistance, as well as have access to third-party resources, 24 hours a day, 365 days a year) and, Crisis Mitigation (the

avoidance of a crisis as a result of peer assistance, with the potential to save lives). The Believe Her app is available now in Apple Store.

Shalon Irving dedicated her life to eradicating healthcare inequities. Wanda Irving, her mother, is working to carry on her legacy with Bianca Pryor as co-founders of Dr. Shalon’s Maternal Action Project (MAP). This Atlanta based non-profit organization strives to eliminate barriers, racism, and discriminatory practices that prevent Black women and women of color from receiving fair, high-quality care. Shalon penned a letter to her mother in her final days, in which she stated, “I love you dearly, please try not to cry and remember that I’ll always be with you. Try to feel my love through space and time.”

**Written by Onyeka Anikamadu**

**Photos by Bianca Pryor & Wanda Irving**



## CityMatCH Student Intern Highlight:

# Chelsei Granderson

Chelsei Granderson graduated from Meharry Medical College's MSPH Program in 2017. In the summer of 2016, she had the opportunity to intern at CityMatCH.

Since then, she engaged in work focused on community health improvement, health equity, and health disparities. Chelsei has always had a passion for serving others and promoting health. She has been on mission trips to Nicaragua and Ghana, which further sparked her interest in public health. Currently, Chelsei is the director for three local health departments in West Tennessee. Her roles include community engagement efforts and partnerships, managing clinic services/programs and budgets, and managing and coordinating the COVID-19 response on a local level. "Managing the everchanging and very fluid world of COVID" has proved to be one of the biggest challenges for Chelsei, as she started her role right at the brink of the pandemic in March 2020. Though Chelsei wears many hats, she wears them well; she is truly a key driving force in fostering positive lifestyle changes among those she serves.

As it relates to maternal and child health (MCH), there are many existing programs at the health departments that focus on advancing health for this

population. While Chelsei thinks that the landscape of MCH is expanding, she also notes that there are many health inequities that exist within this field, especially racial disparities. She is hopeful that there will be more opportunities to build on the infrastructure of MCH so that the root causes of adverse MCH outcomes can be addressed.

Working with CityMatCH was beneficial to Chelsei in many ways. Being able to create successful and lasting working relationships was something she really appreciated about her experience. She worked on many different projects during her time at CityMatCH and continues to contribute to this work. This experience and exposure has helped shape her view of MCH. One of her favorite projects she worked on was the Well-Woman Project. She applies many of the skills she learned at CityMatCH to her role as a

local public health leader.

Chelsei realizes that public health is very broad and that there are so many different things one can do to contribute to bettering the field. In her public health journey, Chelsei is most appreciative of the ability to apply the skills she has acquired to various aspects of her life (i.e. through a health department, a church, a hospital, or a non-profit organization). Furthermore, she looks forward to being able to pour into the next generation of public health professionals. She attributes much of her success to those who poured into her



and hopes to be able to do the same for others. Chelsei would like to thank all of the people she encountered at City-MatCH, as they have all played different roles in shaping and molding her into the public health professional that she is today.

### Chelsei's Recommendations to New Public Health Professionals:

- **Get involved! Public health is broad. Explore your passions.**
- **Take advantage of every opportunity.**
- **Practice balance. Don't stretch yourself too thin.**

Written by Briana Baptist  
Photo by Chelsei Granderson

## Meet the Cover Artist:

# Lauren J Turner



Lauren J Turner is a mother, artist, and birth worker. She is incredibly passionate about maternal health and celebrating the stages of parenthood. Her experiences in pregnancy and childbirth lead to her becoming a doula to support families through the full spectrum of pregnancy, childbirth, and postpartum.



The cover of this CityLights issue features a piece from Lauren called "Monarch Mama." What does this piece of art bring to light for you? To learn more about Lauren and her work, please visit her webpage and social media channels.

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Written by Briana Baptist  
Art by Lauren J Turner



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