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2020 Black Maternal Health Caucus Stakeholder Summit: *Passing the Momnibus and Promoting Black Maternal Health in 2020 & Beyond*

Our Mission

The What To Expect Project (WTEP) is a non-profit organization dedicated to educating and empowering moms in need, in the U.S. and around the world, so they can expect healthier pregnancies, safer deliveries, healthier babies, and healthier futures.

Our Work

WTEP initiatives, programs and advocacy priorities work to provide expectant moms and new moms with the information they need to safely navigate pregnancy, postpartum and beyond – focusing on a continuum of care. Our programs and approach are designed to provide the quality, comprehensive, respectful, supportive, empathetic, and nurturing care that all moms - especially the most vulnerable - need and deserve. Some examples of our work include:

- **Baby Basics:** Over the last 15 years, we have promoted health literacy and education for moms during pregnancy and postpartum through our Baby Basics Book and program, which has supported over a million at-risk moms in the U.S., Liberia, and in Bangladesh.
- **#BumpDay:** Advocacy campaign to celebrate healthy pregnancies and raise awareness about the need for better, more accessible maternal health care and the challenges facing expectant mothers. #BumpDay 2020, which focused on eliminating the disparities in care in the U.S., and reducing the unacceptably high rate of maternal deaths among our Black moms, received well over 2 million impressions, and was supported by dozens of organizations, from the CDC, the National Partnership for Women & Families and MotherToBaby to the March of Dimes, the Society for Maternal-Fetal Medicine and the National Association of County and City Health Officials.
- **Advocacy:** WTEP actively advocates for increased U.S. and global resources, advances sound public policy proposals to help the most vulnerable moms, works to advance evidence-based health information to support, educate, and empower moms in need everywhere so they can expect healthier pregnancies, safer deliveries, healthier babies, and healthier futures.

Recent WTEP advocacy activities include work to advance: appropriations for critical maternal health programming and legislative proposals to: ensure that all pregnant active duty servicewomen and military spouses have access to the vital support offered by a doula; expand coverage under Medicaid and the Children's Health Insurance Program for pregnant and postpartum women; help remove barriers to maternal mental health care for active duty servicewomen and spouses who are suffering from depression, anxiety disorder, or another pregnancy or postpartum mood disorder; create a universal, gender-neutral, national paid family and medical leave program; incentivize states to extend Medicaid coverage for new moms through the entire postpartum period; establish a pregnancy screening program that allows health care and social service providers to routinely screen women about their pregnancy plans to help prevent unintended pregnancies and improve healthy pregnancies; highlight the important contributions of

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the United Nations Population Fund to ending maternal deaths, and combatting gender-based violence and other harmful practices in over 150 countries. In addition, WTEP harness the power and global reach of the What to Expect brand and mobilizes its community of 18.5 million moms to help bring change.

- **Special Delivery:** Our 8-year program in partnership with the USO has supported close to 15,000 military moms, both active duty and spouses. Many of these moms are at risk for physical and mental complications and are economically challenged. Many of them are women of color. The WTEP has worked in the Senate and House to advocate for legislation that supports moms through, among other things, a doula program and mental health services.

Our Recommendations

As the Black Maternal Health Caucus considers next steps for advancing all provisions included in the Momnibus, WTEP recommends the following policy issues to be prioritized:

1. Medicaid Expansion

- Though Medicaid covers nearly 50 percent of births in the U.S., there is far from enough coverage in many states, where the program has not been expanded. More moms need to be covered, and all moms need to stay covered – for at least a year postpartum.
- Nearly a third of complications that lead to maternal death occur after 6 weeks – which is when many moms receive the last doctor’s appointment they will have until they become pregnant again. Care cannot come with a use-by date.
- Pregnancy and postpartum mood disorders often go undiagnosed or untreated. Many do not show up in the first 6 weeks to 2 months. They can occur any time during the first year, and sometimes later. Not only is coverage key for mental health conditions, but removing the stigma that exists for seeking help, especially in Black communities. Social media campaigns can help moms know they are not alone, and they can seek help.
- We need and strongly advocate for a continuum of care. Caring for as many moms as possible during pregnancy and postpartum is critical. But to truly reduce maternal mortality, including black maternal mortality, as well as black infant mortality, as well as to lower health care costs, we must provide reproductive care to every woman. Family planning and preconception care are the foundation of maternal health care. Actually, all health care depends on it. When healthy women can plan healthy pregnancies when and if they choose, outcomes improve, and costs go down.

2. Centering Pregnancy

- Pregnancy loves company. Centering Pregnancy Program offers nurturing group care for expectant women. The program's supportive group approach offers camaraderie and community, empowering moms to feel more comfortable asking questions and reporting symptoms, resulting in better attendance and compliance. It is proven effective in reducing complications and in lowering health care costs.
- We strongly recommend the expansion of this concept to cover more moms who are at risk.

3. Respectful Maternity Care

- Establishing respectful maternity care compliance offices within hospitals for patients to report experiences of disrespect or racial/ethnic or other biases and promote accountability.
- Creating a Mom's Bill of Rights to protect every pregnant woman. This should cover access to support (i.e., a doula), the right to respectful care during labor and delivery requiring care providers to inform mom of their choices during pregnancy and labor and delivery, not just hand them a consent form); forbidding the verbal or physical abuse of a mom in labor; ensuring that no mom is denied care due to her ability to pay; ensuring that a mom's questions and concerns are taken seriously, not dismissed; the right to issue a complaint against a provider who fails to provide this kind of care. A patient advocate should be available to every mom. (As a point of reference, the Indian government mandates such a bill of rights for all delivering moms – the U.S., as the wealthiest nation in the world, should offer at least as much)
- Tracking of care. We cannot let moms fall through the cracks. We should not let the responsibility of keeping track of their care fall only on moms. They should be alerted to necessary visits and tests and alerted if an appointment must change or a clinic closes.
- Continuity of care. Centering Pregnancy would help with this – as the same 10 moms attend (either in person or virtually) the same appointments with the same provider. When a mom is always being shifted to a new location or a new provider at the same location, she does not develop a meaningful relationship with the provider. The provider does not know her, she does not know the provider. Mistakes happen, but so does a lack of communication. When you have to explain your pain or your emotional state every time to you visit a clinic to a different provider, you stop explaining. You do not bother. You do not get the care you need.

4. Doulas for All. A tiny investment, a huge dividend.

- Doulas are the missing link in maternal health care.
- Doulas are associated with a lower risk of c-sections and interventions, plus complications, as well as patient satisfaction.
- Doulas should be available to any mom who needs and wants one, regardless of our ability to pay.

5. More Midwives

- Midwives are associated with lower rates of interventions. Much lower costs. And higher rates of satisfaction. We urge funding for more training of certified nurse midwives, especially in rural and urban communities.

6. More support for pregnant and new moms in prison, including prison doulas and Centering classes

- A mom's bill of rights for women in State prison. Parenting classes (an extension of Centering). Mental health services and regular screening for pregnancy and postpartum mood disorders.

7. Grappling with COVID-19

- The already increased the risks for Black moms have grown due to the pandemic. And it is not just the direct impact of COVID-19 on pregnant Black women that should worry us – though their risks are higher – it is the indirect impact of this pandemic on maternal health, short and long-term.
- The gaps in care are widening.
- We should invest in digital tools such as telehealth in an effort to improve maternal health outcomes in underserved areas – which is especially relevant today in light of COVID-19 – but also make investments in access to technology and high-speed Wi-Fi. You cannot just make a telehealth appointment for a mom – she has to be able to keep it.

8. Highlight the savings in cost

- We need to break it down in terms that the fiscally-focused can understand. Sadly, compassion for our moms is not always a given. But the short term investment in maternal health care, especially for Black moms, who are already at greater risk for complications, can dramatically lower health care costs when it prevents maternal morbidity, long stays in the hospital for moms and babies, and long-term care for conditions that become chronic. Plus: healthy moms and babies? Priceless.

For more information, please contact our Director of Policy and Strategy, Wyatt Murkoff, at wyatt@whattoexpectproject.org or (323) 547-6230.