

# The Birth Equity Initiative

*Working together to reduce maternal disparities, promote equity, and help all mothers and babies thrive*



## The Problem

Significant racial disparities in health outcomes exist for pregnant and postpartum patients in Nebraska and the nation.



Nationwide, maternal mortality rates have climbed rapidly over the last 5 years, with Non-Hispanic Black mothers experiencing an excessively high burden of mortality. Nebraska is no exception to these alarming rates and inequities in the burden of excess deaths.



More than 80% of pregnancy-related deaths are preventable.<sup>2</sup> Native Hawaiian and Pacific Islander, Black, and American Indian and Alaska Native women experience the highest rates of pregnancy-related death.

## Many Women Report Mistreatment During Pregnancy and Delivery

### Moms Deserve Respectful and Equitable Maternity Care

Respectful maternity care:

- Maintains dignity, privacy, and confidentiality,
- Ensures freedom from harm and mistreatment, and
- Allows for shared decision-making and continuous support during labor and childbirth.<sup>2</sup>



**1 in 5**

About 20% of women reported mistreatment while receiving maternity care.



**1 in 3**

About 30% of Black, Hispanic, and multiracial women reported mistreatment.



**45%**

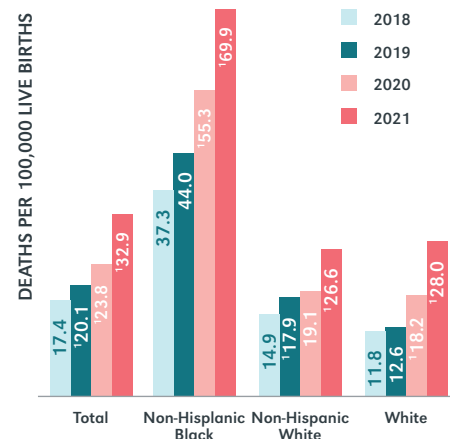
Almost half of women held back from asking questions or sharing concerns during their maternity care.

## Patient-Centered Approach Improves Obstetric Care for Women of Color

To reduce inequities in reproductive health care for Black women and other women of color and ensure that all mothers and babies thrive, the American College of Obstetricians and Gynecologists (ACOG) has published guidance for clinicians to:

- Support patients by identifying social and structural determinants of health during pregnancy and postpartum that may influence a patient's health and link patients to needed resources, such as access to food, stable housing, utilities, safety in the home and community, and immigration or employment support.
- Recognize that cultural stereotyping, implicit bias, and racism can significantly influence pregnancy health outcomes.
- Ensure that the needs and preferences of all women are valued through respectful, patient-centered obstetric care.

Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018 – 2021



<sup>1</sup>Statistically significant increase from previous year ( $p < 0.05$ ).

NOTE: Race groups are single race.

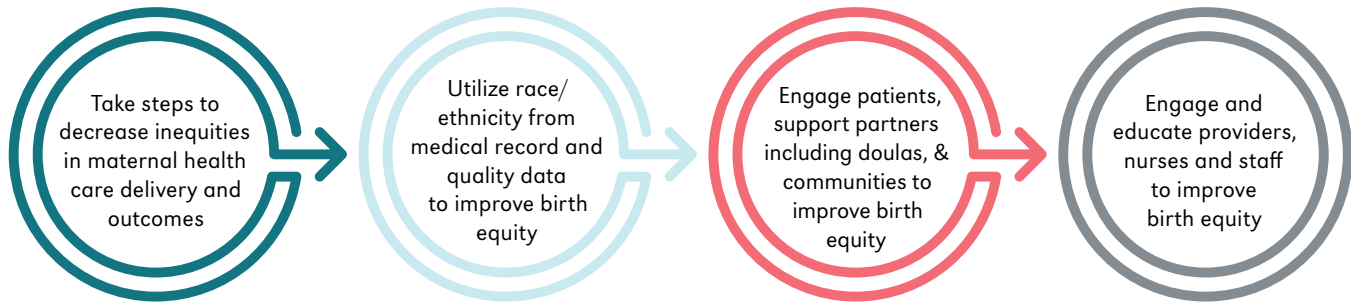
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality

## Making Change Happen

The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) worked with patients, physicians, midwives, nurses, hospitals, stakeholders, and community groups to develop a Birth Equity Initiative focused on actionable strategies to address disparities in birth outcomes for Black women and women of color in Nebraska. The goal of the initiative is to help Nebraska birthing hospitals work together to reduce maternal disparities and promote birth equity by ensuring all women receive respectful care.

The initiative has the support of the Black Maternal Health Coalition, Nebraska Department of Health and Human Services Maternal and Child Health Program, and the Nebraska Maternal Mortality Review Committee (MMRC).

## Key Drivers to Promote Birth Equity



## Birth Equity Initiative AIM

By December 2025, more than 75% of NE birthing hospitals will be participating in the Birth Equity Initiative and more than 75% of participating hospitals will have all key strategies in place to address maternal disparities and promote birth equity between October 2023 and December 2025.

## Birth Equity Key Strategies

- 1 Establish doula-friendly practices, including integration of doulas into the care team and implementation of a doula policy (developed in partnership with doulas)
- 2 Review maternal health quality data stratified by race, ethnicity, language, urban/rural residence and Medicaid status to identify disparities and address opportunities for improvement
- 3 Take steps to engage patients and/or community members to provide input on quality improvement efforts
- 4 Implement a strategy for sharing expected respectful care practices during delivery admission; and survey patients before discharge on their care experience (using the PREM tool) to provide feedback
- 5 Standardize system to provide patient education prior to discharge on postpartum safety including urgent maternal warning signs and tools to improve communication with providers
- 6 Implement education for providers and staff on the importance of listening to patients, providing respectful care and addressing implicit bias and provide opportunities for discussion and feedback

## Developed with Intentionality

NPQIC began conceptualizing the Birth Equity Initiative in 2021. Community partners, clinical leaders, and patient voices have provided crucial input for key strategies and resource development. In Phase 1, the initiative will be implemented in the birthing facilities in Douglas and Lancaster Counties, which serve the largest proportion of Nebraska's birthing people who identify as Black or people of color. NPQIC will then utilize early feedback to make any necessary updates and disseminate the initiative statewide in Phase 2.

The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) is a statewide network of perinatal clinicians, nurses, hospitals, patients, community stakeholders, public health leaders, and policymakers that aims to improve outcomes for mothers and babies across Nebraska.

Thank you to our sponsors: the Centers for Disease Control and Prevention, Nebraska Department of Health and Human Services, and the Alliance for Innovation on Maternal Health.

## Want to Get Involved?

Visit [NPQIC.org](https://www.npqic.org) to learn more about the collaborative and identify opportunities to get involved.

1 <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.pdf> Maternal Mortality Rates in the United States, 2021, Centers for Disease Control and Prevention (March 2023)

2 <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7235e1-H.pdf> Vital Signs: Maternity Care Experiences — United States, April 2023, Centers for Disease Control and Prevention (September 2023)

The terms mother and women are used here to represent birthing people with an awareness that not all persons who give birth identify as a mother or a woman.

