



CHAMPIONS FOR TOTAL HEALTH

Black Maternal Health and Vaccines



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Maternal Health: Terminology

Cardiomyopathy – A disease of the heart muscle that makes it harder for the heart to pump blood to the rest of the body. Cardiomyopathy can lead to heart failure.

Doula – A professional birthing coach. Can assist with childbirth, postpartum, or the full spectrum of maternal health.

Hemorrhage – Bleeding from a damaged blood vessel.

High-risk Pregnancy – When the birthing person or baby are at an increased risk of a health problem.

Hypertension – High blood pressure.

Low Birth Weight – A term used to describe an infant born weighing 5.5 pounds (2500 grams) or less.

Maternal Mortality – The death of a woman during pregnancy, at delivery, or soon after delivery is a tragedy for her family and for society as a whole.

Maternal Health – Refers to the health of women during pregnancy,



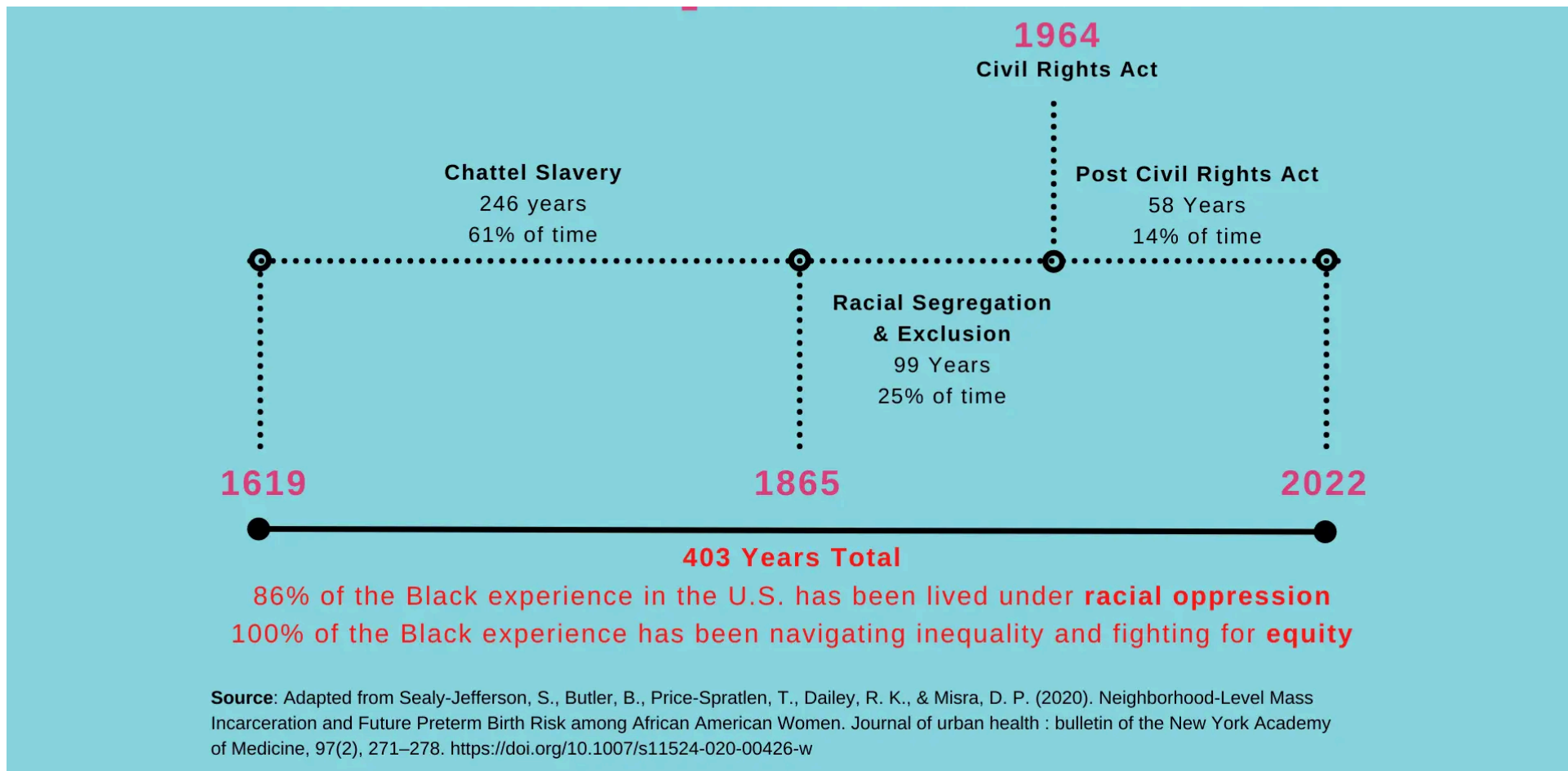
preterm labor .

Preterm Labor – Labor that begins before the 37th week of pregnancy.

Pulmonary Embolism – A blockage in one of the pulmonary arteries in your lungs.

Sources: Hemorrhage: What is it, causes & when to call the doctor. Cleveland Clinic. (n.d.). Retrieved May 5, 2022, from <https://my.clevelandclinic.org/health/symptoms/21654-hemorrhage> Mayo Foundation for Medical Education and Research. (2020, June 13). Pulmonary embolism. Mayo Clinic. Retrieved May 5, 2022, from <https://www.mayoclinic.org/diseases-conditions/pulmonary-embolism/symptoms-causes/syc-20354647> Mayo Foundation for Medical Education and Research. (2022, April 2). Cardiomyopathy. Mayo Clinic. Retrieved May 5, 2022, from <https://www.mayoclinic.org/diseases-conditions/cardiomyopathy/symptoms-causes/syc-20370709> Metzger, G. K. (n.d.). Pregnancy glossary. WebMD. Retrieved May 5, 2022, from <https://www.webmd.com/baby/pregnancy-glossary> NCI Dictionary of Cancer terms. National Cancer Institute. (n.d.). Retrieved May 5, 2022, from <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/low-birth-weight> World Health Organization. (n.d.). Maternal health. World Health Organization. Retrieved May 5, 2022, from https://www.who.int/health-topics/maternal-health#tab=tab_1

Maternal Health Inequities





Historical Context

- Black women were used to perpetuate the institution of slavery by being forced into birthing more enslaved peoples (1)
- Modern gynecology was built on the backs of enslaved women like Anarcha, Betsey, and Lucy under forced experimentation by Dr. J Marion Sims (2)
- Black women were often forced to breast feed and care for white babies while having their own children stripped from them and sold to other enslavers (3)



Illustration of Dr. J. Marion Sims with Anarcha by Robert Thom. Anarcha was subjected to 30 experimental surgeries. Pearson Museum, Southern Illinois University School of Medicine



1. Roberts, D. E. (1999). *Killing the black body: Race, reproduction, and the meaning of Liberty*. Vintage. 2. Wall LL. *J Med Ethics*. 2006;32(6):346-350. 3. Muse, S. (2021, February 1). *Breastfeeding America: What we know*. MomsRising. Retrieved April 19, 2022, from <https://www.momsrising.org/blog/breastfeeding-america-what-we-know>

Maternal Health Inequities: The Problem

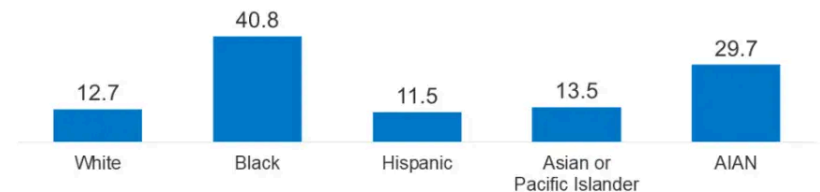
Maternal Mortality Rates

- About 700 women die in the U.S. each year as the result of pregnancy or pregnancy-related complications
- Black women have pregnancy-related mortality rates that are 3x higher than that of white women

Figure 1

Pregnancy-Related Death Rate by Race/Ethnicity, 2007-2016

Per 100,000 live births:



NOTE: AIAN refers to American Indian and Alaska Native people. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

SOURCE: Emily E. Petersen et al. "Racial/Ethnic Disparities in Pregnancy-Related Deaths—United States, 2007–2016." *Morbidity and Mortality Weekly Report* 68, no. 35 (September 2019): 762–765. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>

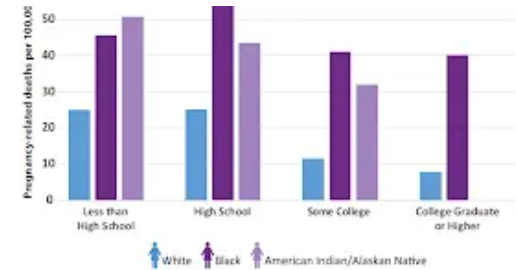
KFF



- These inequities persist across education levels and socioeconomic status
- Inequities in maternal mortality increase with maternal age
- Per KFF: “Notably, the pregnancy-related mortality rate for Black women with a completed college education or higher is 1.6 times higher than the rate for White women with less than a high school diploma.”
- Most pregnancy-related mortality is preventable, and therefore unnecessary, underscoring the persistence of inequities

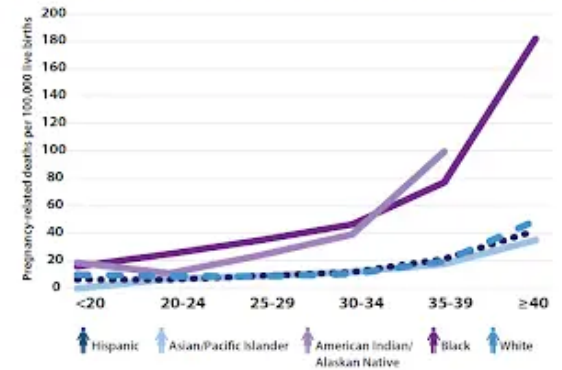


The PRMR for black women with at least a college degree was 5 times as high as white women with a similar education.



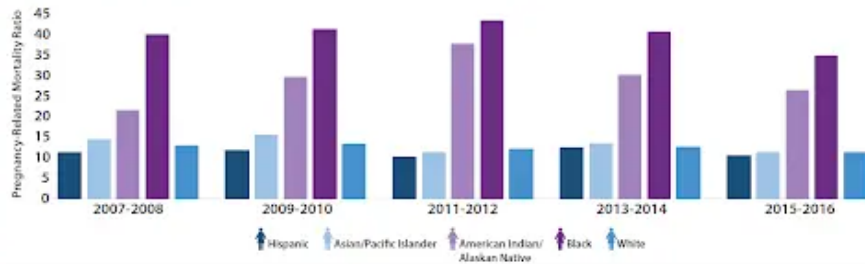
Disparities by Age

Inequities increase by age, with the disparity for black and AI/AN women older than 30 years four to five times that of their white counterparts. For example, the disparity ratio for black women compared to white women ranged from 1.5 among the <20 years age group to 4.3 for the 30-34 years age group.



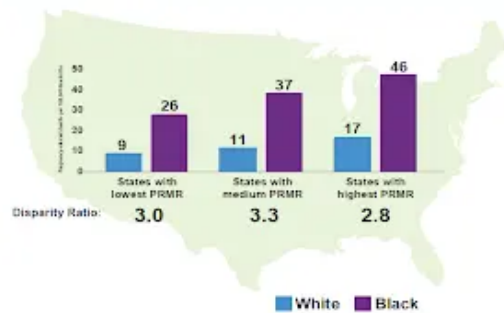
1. Artiga, S., Pham, O., Orega, K., & Ranji, U. (2020). Racial Disparities in Maternal and Infant Health: An Overview - Issue Brief. Retrieved 9 May 2022, from <https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>

Data confirms significantly higher pregnancy-related mortality ratios among Black and American Indian/Alaskan Native women. These gaps did not change over time.



Disparities Across the Nation

State Pregnancy-Related Mortality Ratios (PRMR) were placed equally into three groups (high, medium, low) and the PRMR was further calculated by race/ethnicity for each group. Even in states with the lowest PRMR, the PRMR for black women was about 3 times as high as the PRMR for white women.





Birth Risk and Outcomes

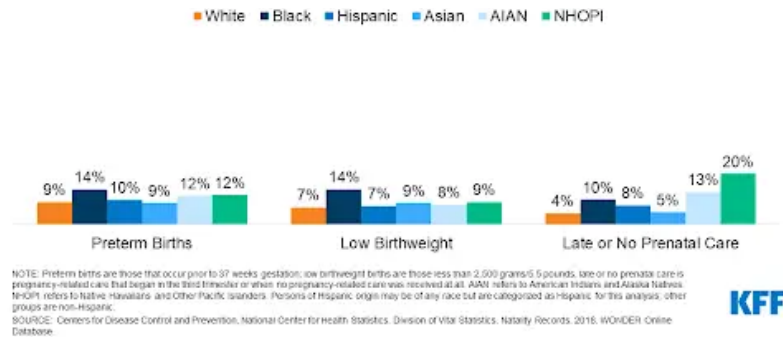
Research from a study done between 2007 – 2016 showed that, among Black women, many pregnancy-related deaths were associated with:

- Cardiomyopathy
- Pulmonary Embolism
- Hypertension (High Blood Pressure)

Among Hispanic women, many pregnancy-related deaths were associated with:

- Hemorrhage
- Hypertension (High Blood Pressure)





- Preterm birth
- Low birthweight
- Births for which they received late or no prenatal care
 - Hispanic women also are twice as likely compared to White women to have a birth with late or no prenatal care compared to White women (8% vs. 4%)
 - Hispanic women also are twice as likely compared to White women to have a birth with late or no prenatal care compared to White women (8% vs. 4%)



Infertility Rates

The CDC reports that among heterosexual women in the U.S. aged 15 to 49 years with no prior births, approximately 19% are unable to become pregnant after one year of trying. Within this group of women, approximately 26% not only have difficulty getting pregnant, but also have a hard time carrying a pregnancy to full term.

The CDC also reports that among women with one or more prior births, 6% aged 15 to 49 years and who are married are unable to get pregnant.





term.

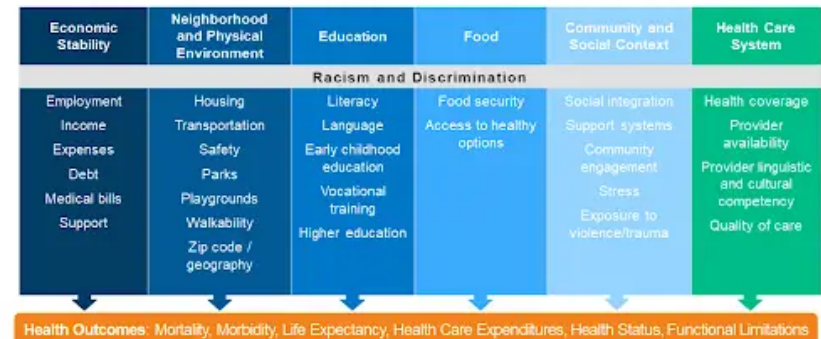
Centers for Disease Control and Prevention. (2022, March 1). Infertility. Centers for Disease Control and Prevention. Retrieved May 5, 2022, from [https://www.cdc.gov/reproductivehealth/infertility/index.htm#:~:text=In%20the%20United%20States%2C%20among,to%20term%20\(impaired%20fecundity\).](https://www.cdc.gov/reproductivehealth/infertility/index.htm#:~:text=In%20the%20United%20States%2C%20among,to%20term%20(impaired%20fecundity).)

Maternal Health Inequities: Drivers of Inequities

- Drivers of Inequities
 - Institutional Racism
 - Class Oppression
 - Gender Exclusion, Discrimination, and Exploitation
 - Social, Political, and Systemic Determinants of Health

Figure 5

Social and Economic Factors Drive Health Outcomes



KFF



- Late or no prenatal care
- Quality labor and delivery care
- Patient education
- Provider education
- Implicit Bias
- All contribute to the decline in health outcomes and psychosocial stress of the Black community, creating inequitable health outcomes



Preventable Diseases:

- Isolation for avoiding infections
- Access to quality health care
- Access to certain vaccinations
- Vaccine hesitancy
- Inaccurate information on social media
- Expectations regardless of individual health conditions, concerns, and societal stigmas
- Shortage of vaccines on-hand at clinics, leading to pharmacy referrals



- Provider withholding vaccine recommendations, especially for birthing people of color
- Misconceptions on safety of vaccines

Maternal Health Inequities: Resources



**Killing the Black Body:
Race, Reproduction, and the
Meaning of Liberty**

**Black Mamas Matter
Alliance**

**KFF - Racial Disparities in
Maternal and Infant Health:
An Overview**

**Reproductive Justice: An
Introduction**

**National Birth Equity
Collaborative**

**KFF - A Look at Key
Maternal and Infant Health
Disparities Among Black
People**

**Birthing Justice: Black
Women, Pregnancy, and
Childbirth**

Black Women for Wellness

**CDC - Working Together to
Reduce Black Maternal
Mortality**

The New Jim Crow

**Black Women's Health
Imperative**

Podcasts

**CDC - Infographic:
Racial/Ethnic Disparities in
Pregnancy-Related Deaths –
United States, 2007–2016**

The Color of Law

Labor of Love

**Reproductive Justice: An
Introduction**

**NIH - What Can Parents Do
To Promote Their Infants
Help Before Their Child Is
Born?**

Natal

**Why Did No One Tell Me
This? A Doula's Guide**





recommend all people planning to be pregnant receive their MMR vaccination before becoming pregnant to protect against rubella.

- Out of an abundance of caution, it is best to avoid becoming pregnant, if possible, until one month after receiving the MMR vaccine and your immunity is confirmed by a blood test.
- A pregnant person should get vaccinated against whooping cough (also known as Tdap) and flu during each pregnancy to protect herself and her baby, with immunity for the first few months of life.



19 compared with non-pregnant people. If you are pregnant, you can receive a COVID-19 vaccine. Getting a COVID-19 vaccine during pregnancy can protect you from severe illness from COVID-19. If you have questions about getting vaccinated, talk to your healthcare provider.

Common Vaccine	Can get before pregnancy	Can get during pregnancy
COVID-19	Yes	Yes
Flu Shot	Yes	Yes (if not received before)
Hepatitis A	Maybe	Maybe
Hepatitis B	Maybe	Maybe
HPV	Maybe	No
MMR	Maybe	No
Meningococcal	Maybe	Maybe
Pneumococcal	Maybe	Maybe
Td	Maybe	Maybe, Tdap is ideal
Tdap	Maybe, should be received during	Yes
Varicella	Maybe	No
Zoster	No	No

Source: marchofdimes.org/vaccines





vaccination by their doctor if they work in a lab or are traveling to a place where they may be exposed to the disease.

- Some pregnant people may need the hepatitis B vaccination or the hepatitis A vaccination as recommended by their doctor.
- Take the Following Risk Mitigation Measures:
 - Vaccination
 - Ventilation
 - Wear a mask
 - Practice good hand hygiene
 - Practice social and physical distancing
 - Avoid crowded situations regardless of community transmission levels
 - Don't allow touching of you or your baby



The Flu Vaccine

- Pregnant people are more likely to have severe illness from flu, possibly due to changes in immune, heart, and lung functions during pregnancy.
- A prospective cohort study from November 2020 – March 2021 showed that Black, Indigenous, and other People of Color (BIPOC) who were pregnant were 80% less likely to have flu vaccine acceptance and more than 70% less likely to COVID-19 vaccinations¹

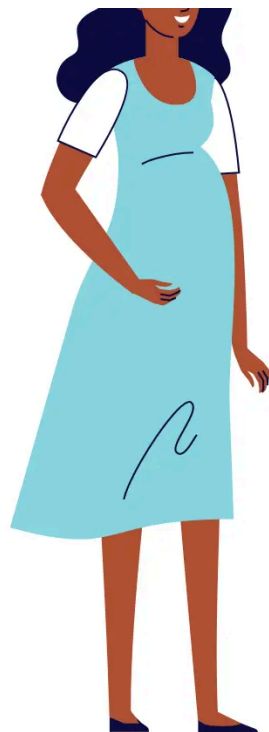




best way for a pregnant woman to protect against the flu and protect the baby for several months after birth from flu-related complications.

- CDC recommends getting a flu vaccine by the end of October despite flu seasons varying in their timing from season to season. This timing helps protect a pregnant woman before flu activity begins to increase.

1. Unger, R., Hamm, R. F., Triebwasser, J. E., Trout, K. K., Levine, L. D., & Dolin, C. D. (2022). Racial disparities in acceptability of maternal influenza and covid-19 vaccination. *American Journal of Obstetrics and Gynecology*, 226(1). <https://doi.org/10.1016/j.ajog.2021.11.508> 2. <https://www.cdc.gov/flu/highrisk/pregnant.htm>



years:

- 9.1 percentage points lower this season as of February 2022 compared with last season at the end of February 2021 (51.7% compared to 60.8%)
- Coverage this season as of February 2022 is 22.2% percentage points lower for non-Hispanic Black pregnant persons than non-Hispanic White pregnant persons (30.2% compared to 52.4%)
- Flu vaccination coverage for pregnant persons 18 to 49 years is lower for all



compared with the end of February 2021:

- 6.0 percentage points lower for non-Hispanic Black pregnant persons (30.2% compared to 36.2%)
- 8.6 percentage points lower for non-Hispanic White pregnant persons (52.4% compared to 61.0%)
- 11.2 percentage points lower for Hispanic/Latino pregnant persons (50.8% compared to 62.0%)
- 9.3 percentage points lower for non-Hispanic Other race/ethnicity pregnant persons (50.3% compared to 59.6%)



pregnant persons (68.0%
compared to 76.4%)

Weekly Flu Dashboard. (2022). Retrieved 9 May 2022, from
<https://www.cdc.gov/flu/fluview/dashboard/vaccination-dashboard.html>

Maternal Health & Vaccines: The COVID-19 Vaccine & Boosters

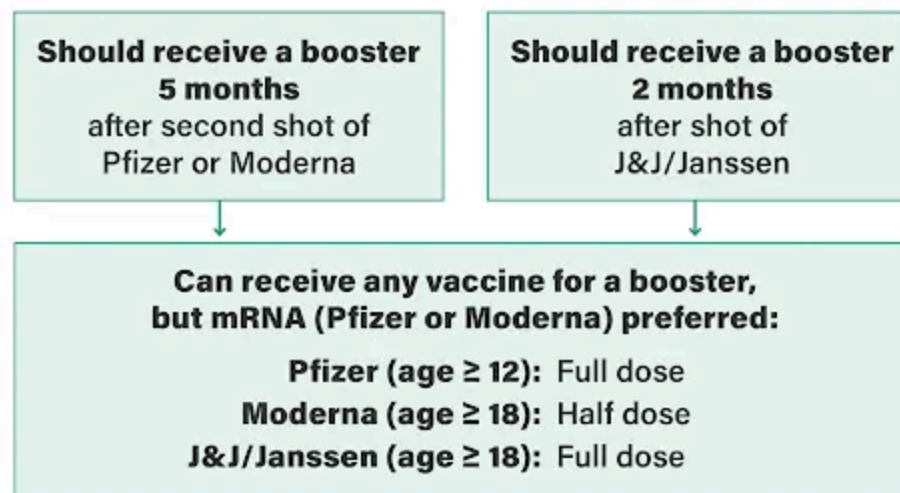
Pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. If you are pregnant, you can receive a COVID-19 vaccine. Getting a COVID-19 vaccine during pregnancy can protect you from severe illness from COVID-19. If you have questions about getting vaccinated, talk to your healthcare provider.



Halasa NB, Olson SM, Staat MA, et al. Effectiveness of Maternal Vaccination with mRNA COVID-19 Vaccine During Pregnancy Against COVID-19-Associated Hospitalization in Infants Aged <6 Months – 17 States, July 2021–January 2022. MMWR Morb Mortal Wkly Rep 2022;71:264–270. DOI: <http://dx.doi.org/10.15585/mmwr.mm7107e3>

COVID-19 VACCINE BOOSTERS DURING PREGNANCY

All pregnant and recently pregnant people
(up to 6 weeks postpartum) who received a
COVID-19 vaccine before or during pregnancy





COVID-19 in Pregnancy

COVID-19 during pregnancy is associated with severe illness and death, and pregnant women with COVID-19 are more likely to experience preterm birth, stillbirth, and other pregnancy complications. Vaccination is recommended for pregnant women to prevent COVID-19, including severe illness and death. COVID-19 vaccination is safe and effective when administered during pregnancy. Receipt of COVID-19 vaccination during pregnancy is associated with detectable maternal antibodies in maternal



maternal antibodies.



One study, in the Netherlands, showed pregnant women infected with COVID-19, had an increased hospital/ICU admission and need for cesarean section. In the same study, Minorities and those who are overweight/obese had a higher risk factor of severe COVID-19 complications including infection in pregnancy, risk of cesarean section and hospital and intensive care unit.









1. Morgan, J. A., Biggio, J. R., Jr, Martin, J. K., Mussarat, N., Chawla, H. K., Puri, P., & Williams, F. B. (2022). Maternal Outcomes After Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infection in Vaccinated Compared With Unvaccinated Pregnant Patients. *Obstetrics and gynecology*, 139(1), 107–109.
2. Morgan, John A. MD; Biggio, Joseph R. Jr MD, MS; Martin, Jane K. MD; Mussarat, Naiha MD; Chawla, Harsheen K. BSc; Puri, Priya BSc; Williams, Frank B. MD Maternal Outcomes After Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infection in Vaccinated Compared With Unvaccinated Pregnant Patients, *Obstetrics & Gynecology: January 2022 - Volume 139 - Issue 1 - p 107-109* doi: 10.1097/AOG.0000000000004621
3. Overtoom, E. M., Rosman, A. N., Zwart, J. J., Vogelvang, T. E., Schaap, T. P., van den Akker, T., & Bloemenkamp, K. (2022). SARS-CoV-2 infection in pregnancy during the first wave of COVID-19 in the Netherlands: a prospective nationwide population-based cohort study (NethOSS). *BJOG : an international journal of obstetrics and gynaecology*, 129(1), 91–100. <https://doi.org/10.1111/1471-0528.16903> Copy Download .nbib Format:
4. Shook LL, Atyeo CG, Yonker LM, et al. Durability of Anti-Spike Antibodies in Infants After Maternal COVID-19 Vaccination or Natural Infection. *JAMA*. 2022;327(11):1087–1089. doi:10.1001/jama.2022.1206
5. Halasa NB, Olson SM, Staat MA, et al. Effectiveness of Maternal Vaccination with mRNA COVID-19 Vaccine During Pregnancy Against COVID-19–Associated Hospitalization in Infants Aged <6 Months – 17 States, July 2021–January 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:264–270. DOI: <http://dx.doi.org/10.15585/mmwr.mm7107e3external icon>

Maternal Health & Vaccines: Common Myths – COVID-19 Vaccines



The vaccines developed to fight COVID-19 have been shown to be both safe and highly effective at preventing the disease. You may have heard some inaccurate information about how they can affect women. Let's set the record straight, with truths from the Centers for Disease Control and Prevention, Johns Hopkins, the Mayo Clinic and other respected health organizations.

 <p>Myth: "You can get COVID-19 from receiving the vaccine."</p>	<p>Fact: <i>No.</i> You cannot get COVID-19 from receiving the vaccine because the COVID-19 vaccines do not contain a live SARS-CoV-2 virus. The vaccines work by telling your immune system to make a protein that teaches your body to recognize and fight the virus that causes COVID-19.</p>
 <p>Myth: "I have to get a pregnancy test before I receive the COVID-19 vaccine."</p>	<p>Fact: <i>No,</i> you are not required to get a pregnancy test before getting any of the COVID-19 vaccines. While they were not studied in pregnant women, the currently available COVID-19 vaccines do not contain ingredients that are known to be harmful to either pregnant women or to a developing fetus.</p>
 <p>Myth: "COVID-19 vaccines can cause severe side effects."</p>	<p>Fact: It is common to feel side effects after getting a COVID-19 vaccine, especially after the second dose. These may include body aches, fatigue, fever and pain at the injection site. These side effects usually last less than a few days. If you have a fever or other side effects you can take over-the-counter acetaminophen. If you are worried about your side effects or they last more than a few days, talk with your maternity care provider or other health care professional.</p>
 <p>Myth: "I shouldn't get the COVID-19 vaccine if I am pregnant."</p>	<p>Fact: <i>False.</i> Though no safety data exists regarding the use of the vaccine during pregnancy from clinical trials, experts believe the vaccines are likely to be safe during pregnancy. A dozen expert groups on women and pregnancy recently published a joint statement recommending that pregnant and breastfeeding women who are eligible should receive a COVID-19 vaccine. If your vaccine requires two doses, you should still get the second dose even if you find out you are pregnant after receiving the first dose.</p>
 <p>Myth: "I can't get the COVID-19 vaccine if I am breastfeeding."</p>	<p>Fact: <i>False.</i> COVID-19 vaccines are being offered to breastfeeding women. Although no safety data exists about the use of the vaccine in those breastfeeding, there is no evidence that the vaccine is harmful to breastfeeding women or their babies. You do not have to delay or stop breastfeeding to get the vaccine.</p>
 <p>Myth: "The COVID-19 vaccine could make my partner infertile."</p>	<p>Fact: <i>False.</i> No evidence has been found to suggest that COVID-19 vaccines have any effect on fertility among the millions of individuals who have so far received the vaccine. You can get a COVID-19 vaccine if you are planning or trying to get pregnant; conversely, you do not need to delay getting pregnant after you get a vaccine.</p>

Your safe care is our mission.



during pregnancy have not had a higher risk for spontaneous abortion (miscarriage). One of the **largest and strongest studies** was conducted in CDC's **Vaccine Safety Datalink (VSD)** project. The recently published study covered three flu seasons (2012-13, 2013-14, 2014-15) looking for any increased risk for miscarriage among pregnant people who had received a flu vaccine during their pregnancy. The study found **NO** increased risk for miscarriage after flu vaccination during pregnancy.

This study was conducted in follow-up to a previous smaller study. The **prior study** examined data from the 2010-2011 and 2011-2012 flu seasons and identified an association between flu vaccination early in pregnancy and an



However, the smaller study had several limitations, including small sample size which could have led to imprecise results. This study was the only analysis to show that association; no other studies had found an increased risk of SAB following flu vaccination. At this time, the Advisory Committee on Immunization Practices (ACIP), [the American College of Obstetricians and Gynecologists \(ACOG\)](#) and CDC continue to recommend that pregnant people get a flu vaccine during any trimester of their pregnancy because flu poses a danger to pregnant people and a flu vaccine can prevent serious illness, including hospitalization, during pregnancy.

Maternal Health & Vaccines: Additional Resources

CDC – Vaccines Before Pregnancy

Health and Human Services



The American College of Obstetricians and Gynecologists

An update on COVID-19 and pregnancy

CDC - Vaccines During Pregnancy FAQs

Pregnant? Top 3 Reasons Why You Need a COVID-19 Vaccine - Poster

Get Your Recommended COVID-19 Vaccine During Pregnancy

Get Your Recommended Tdap Vaccine During Pregnancy

Get Your Recommended Tdap Vaccine During Pregnancy - Poster

COVID-19 mRNA Vaccines During Pregnancy

COVID-19 Vaccine Education and Equity Project Mother's Day Social Media Kit

ACOG Vaccine Resources

Get Your Recommended Vaccines During Pregnancy

Get Your Recommended Flu Vaccine During Pregnancy

Get Your Recommended Flu Vaccine During Pregnancy - Poster



from Birthing People and Doula's

Maternal Health and Vaccines: A Doula's Perspective



Meet Samantha Griffin, CEO and Owner of DC Metro Maternity and Doula.

In this video, Samantha outlines the importance of maternal care in the Black community from the valuable perspective of a doula.

Samantha was also a panelist during the Health Champions



Meet Falasha Zuend, soon-to-be mother of three and birthing person.

In this video, Falasha outlines the importance of health and vaccines during pregnancy from the perspective of an African American woman.

Falasha was also one of the panelists during the Health Champions webinar, “Maternal Health and Vaccines”

Maternal Health and Vaccines: A Birthing Perso...





Doula

Systemic racism's prevalence in healthcare underscores the need for Black and Hispanic/Latinx birthing people to have a strong advocate during their birthing experience.

- Doulas, midwives, and birth support workers are uniquely positioned to fill this role
- Types of Doulas According to the National Black Doulas Association®
 - Childbirth: a person experienced in childbirth who provides advice,





comfort to a mother before, during, and immediately after childbirth.

- Postpartum: a person who provides evidenced based information on things such as infant feeding, emotional and physical recovery from birth, mother–baby bonding, infant soothing, and basic newborn care. A postpartum doula is there to help a new family in those first days and weeks after bringing home a new baby.
- Full Spectrum: a growing group of Doulas and justice rights advocates who are working to bring the Doula care model to people across the full spectrum of pregnancy issues, including abortion, stillbirth and miscarriage, fertility and sex.

1. Salinas, J. L., Salinas, M., & Kahn, M. (2022). Doulas, Racism, and Whiteness: How Birth Support Workers Process Advocacy towards Women of Color. *Societies*, 12(1), 19. MDPI AG. Retrieved from <http://dx.doi.org/10.3390/soc12010019>
<https://www.mdpi.com/2075-4698/12/1/19/htm>,
2. National Black Doula Association®. (2022). Retrieved May 2022, from <https://www.blackdoula.org/>

Certification



NOTE: In 2021, HealthLaw.org found that the following states reimbursed for doula services through Medicaid: Florida, Minnesota, New Jersey, and Oregon.

Robles-Fradet, A. (2022, April 1). Medicaid coverage for Doula Care: State Implementation Efforts. National Health Law Program. Retrieved May 5, 2022, from <https://healthlaw.org/medicaid-coverage-for-doula-care-state-implementation-efforts/#:~:text=Our%20current%20efforts%20to%20track,%2C%20New%20Jersey%2C%20and%20Oregon.>

Resources for Birthing People & Doulas

Black Mamas Matter Alliance –
Key Readings

National Black Doulas
Association

National Birth Equity
Collaborative – Additional
Resources

The Black Doula Project



Policy Implications for Maternal Health Inequities

- Madame Vice President Kamala Harris has issued a call to action on maternal health
 - 11 Additional States and D.C. Ask to Extend Medicaid and CHIP Coverage to a Full Year After Pregnancy under American Rescue Plan
 - CMS is proposing the “Birthing-Friendly” hospital designation to drive improvements in maternal health outcomes and maternal health equity
 - CMS will convene health care industry stakeholders – including health care facilities, insurance companies, state officials and providers – to focus on industry commitments to improve health outcomes experienced by pregnant and postpartum people



approximately \$16 million to strengthen Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs through seven awards supporting eight states

- State Maternal Health Innovation and Implementation (State MHI) Program
- HS, through the Health Resources and Services Administration (HRSA), is also, on telehealth.hhs.gov, posting a new Maternal Health Best Practice Guide for providers to incorporate telehealth for prenatal and postpartum care, and monitoring within high-risk pregnancy.
- HHS announced \$4.5 million in funding for investing in doulas



Maternal Health Inequities: Resources

Maternal Health Day of Action Summit

**Health Resources and Services Administration
Announces Availability of New Funding to
Support Community-Based Doulas**

**Fact Sheet: Biden-Harris Administration
Announces Additional Actions in Response to
Vice President Harris's Call to Action on
Maternal Health**

**HHS Announces \$256 Million to Expand Access
to Equitable and Affordable Title X Family
Planning Services**

National Strategy on Gender Equity and Equality



Health & Vaccines



NMQF's Center for Sustainable Health Care Quality and Equity (SHC) hosts a Health Champions discussion on "Champions for Total Health: Black Maternal Health & Vaccines" with a focus on flu and COVID-19 vaccination rates among pregnant people of color.



Carla S. Rogers-Henry, MD, MA, Assistant Professor of Obstetrics & Gynecology, Icahn School of Medicine at Mount Sinai, Chief of Ambulatory Women's Health Services Obstetrics & Gynecology, Elmhurst Hospital Center
Lois Privor-Dumm, IMBA Director, Adult Vaccines International Vaccine Access Center, Johns Hopkins University Bloomberg School of Public Health
Samantha Griffin Owner, Doula DC Metro Maternity
Falasha Zuend, Birthing Person
Brittani Nelson, MPH Program and Policy Coordinator Louisiana Cancer Prevention & Control Programs (LCP) LSU Health New Orleans (Moderator)



Experience

Share your birthing story or experience.

Message

Send

