URBAN BABY BEGINNINGS
PREGNANCY • BIRTH • BEYOND

ReByrth™

MQCA
Virginia Maternal Quality Care Alliance

Building Safer Childbirth Cities

Presented by Stephanie Spencer 2024 Confidential and Proprietary

UBB Maternal Health Hubs are safe spaces that provide prenatal, postpartum and early childhood supports through the child's 3rd birthday
($7.5 million HRSA State Innovation Grant)

CARE COORDINATION, MATERNAL MENTAL HEALTH, LACTATION, NURSING SUPPORTS,DIAPER PILOT, COLLABORATIVE PARTNERSHIPS

ReByrth™

ReByrth focuses on providing support to vulnerable families through the use of trusted community members and partners supported in UBB's hub
($1 million Merck for Mothers Safer Childbirth Cities Grant)

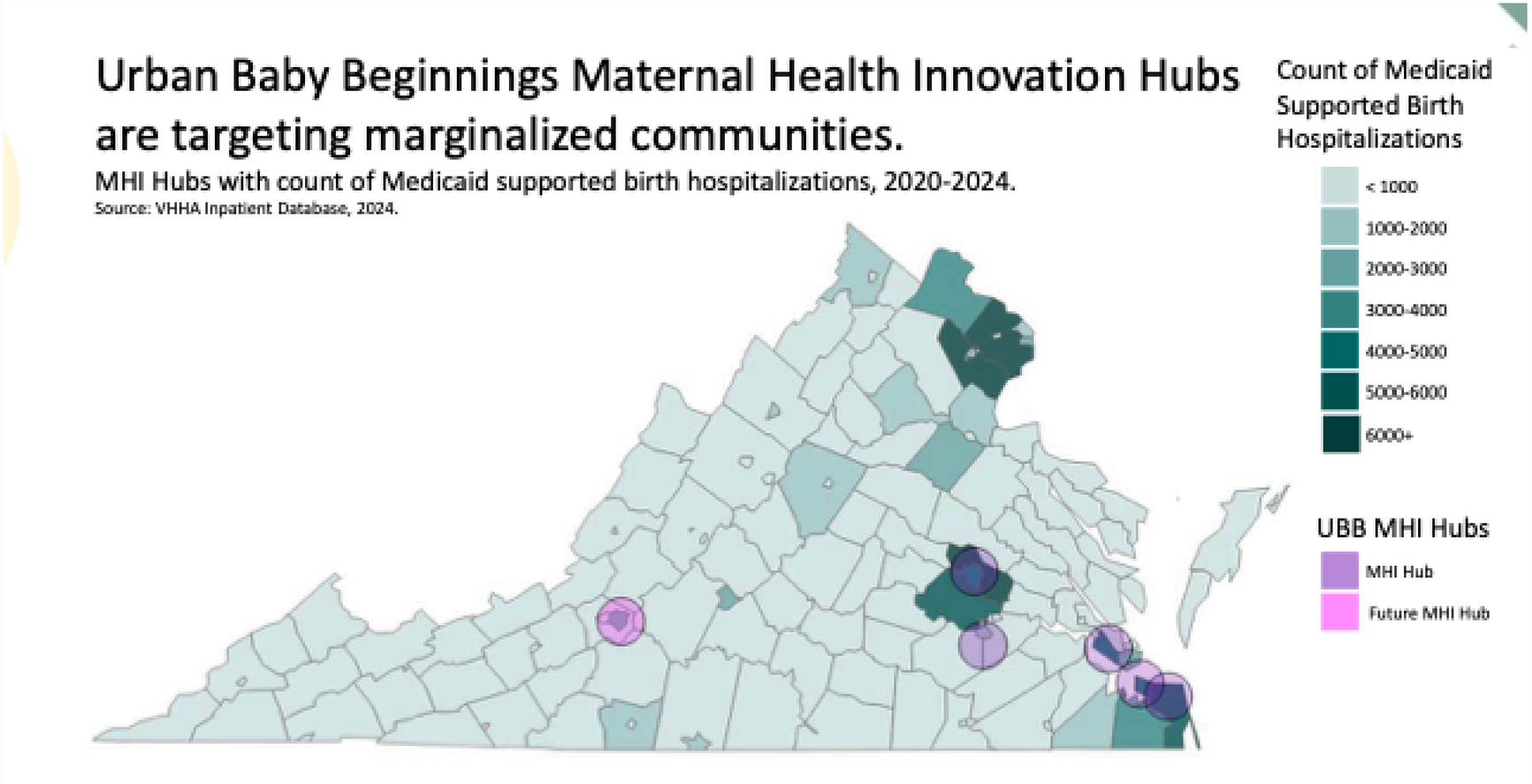
FAMILY SUPPORT PROFESSIONALS SUCH AS COMMUNITY HEALTH WORKERS, HOME VISITORS, DOULAS, TELEHEALTH, WORKFORCE DEVELOPMENT

MQCA
Virginia Maternal Quality Care Alliance

The Maternal Quality Care alliance is a Collective Impact group focused on building a stronger care coordination network and enhancing safety at the ground level through the use of community-based safety bundles
(HRSA AIM CCI)

AIM CCI, HER STORY, HRSA MATERNAL HEALTH INNOVATION PARTNERS

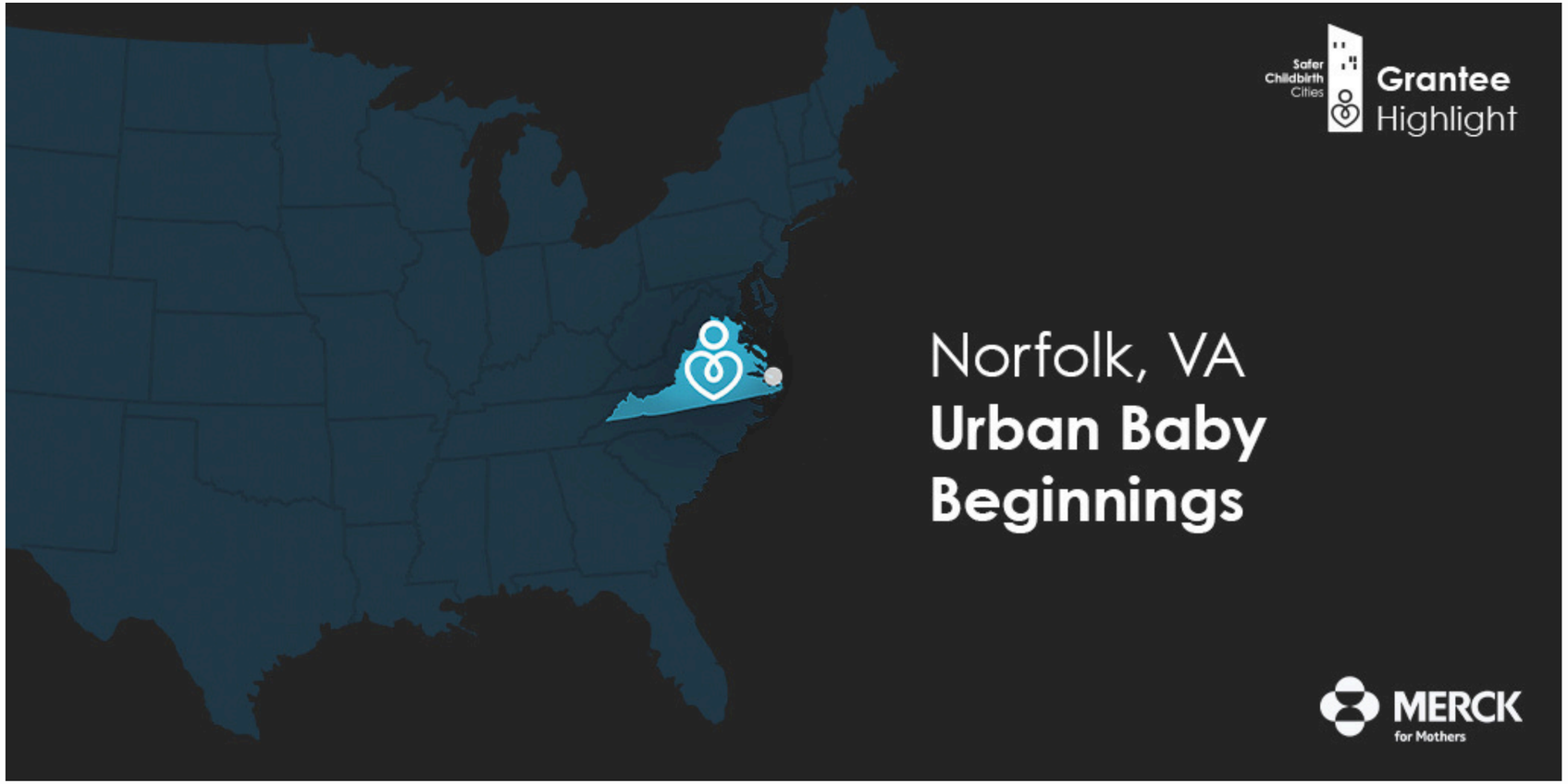
UBB Maternal Health Hubs



Maternal Hub Focus Areas

- Increase care coordination services (community, hospital, clinic)
- Provide support to partners related to addressing SDOH
- Connect families to a care navigator within 24-48 hours of presentation
- Provide long and short-term services and referrals including education, community-based
- resources
- Promote healthy behaviors
- Increase connections to care (pregnancy/pediatric/family)
- Strengthen provider/patient communication
- Encourage informed decision-making
- Help families recognize warning signs
- Increase Prenatal/Pediatric/Postpartum visit attendance
- Engage and empower communities
- Create a sense of community

SAFER CHILDBIRTH CITIES



Safer Childbirth Cities

SAFER ZONES OF CARE REQUIRE

- Alignment
- Human-Centered Approach
- Understanding the why behind "community-informed and built systems"
- Uplifting community voices
- Respecting and honoring the influences of culture, values, and trust
- Addressing equity and bias internally
- Accountability
- Supporting the supporters
- Incorporating community health workers, doulas, perinatal providers, health navigators, and community-led organizations into the continuum of care
- Being social media savvy, providing virtual care, education, and resources
- Building networks of support and safety for both patients and providers
- Individualized safety protocols and care plans for women and their families
- Providing toolkits for perinatal workers
- True collaboration, partnership, and funding
- Collective Impact - sharing power and resources (non-hierarchial safe space)

2023 Reach

9,388

Calls

6,649

Care Coordination and Education Visits

2,199

SDOH Referrals

1,293

In Home Visits

432

Doula Births

28,415

MCH CHW and Doula Training Hours

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Virginia Maternal Quality Care Alliance

NORFOLK LANDSCAPE

BUILDING SAFER CHILDBIRTH CITIES

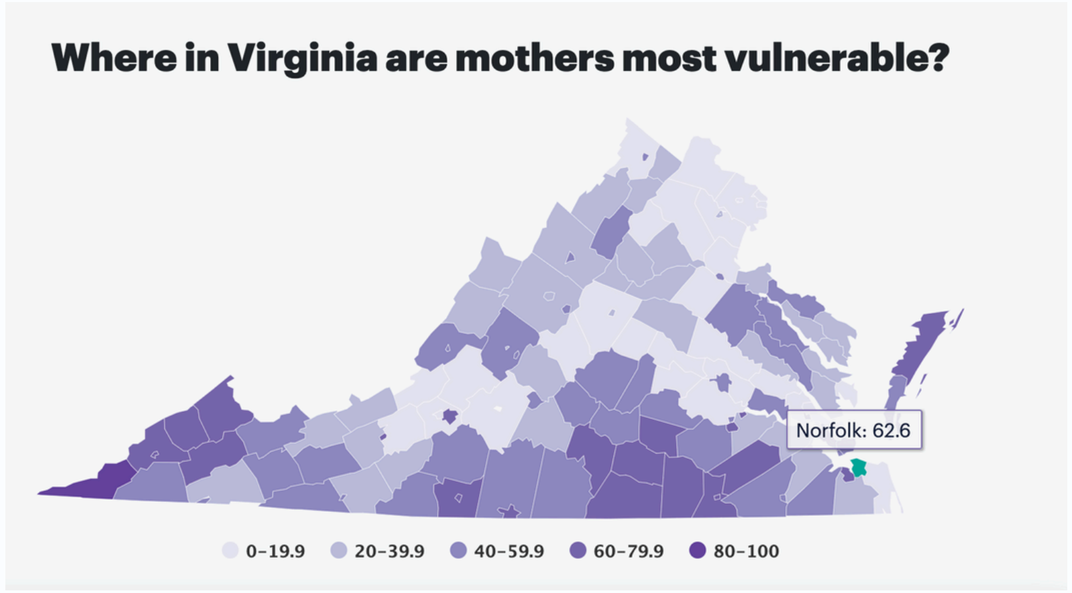
Virginia Landscape

- High-Risk Population
- High Rates of SUD, Preterm Births, HTN/Preeclampsia, Mental Health Issues
- Social Factors (i.e. housing, transportation, economic, food insecurity)
- High Medicaid Population

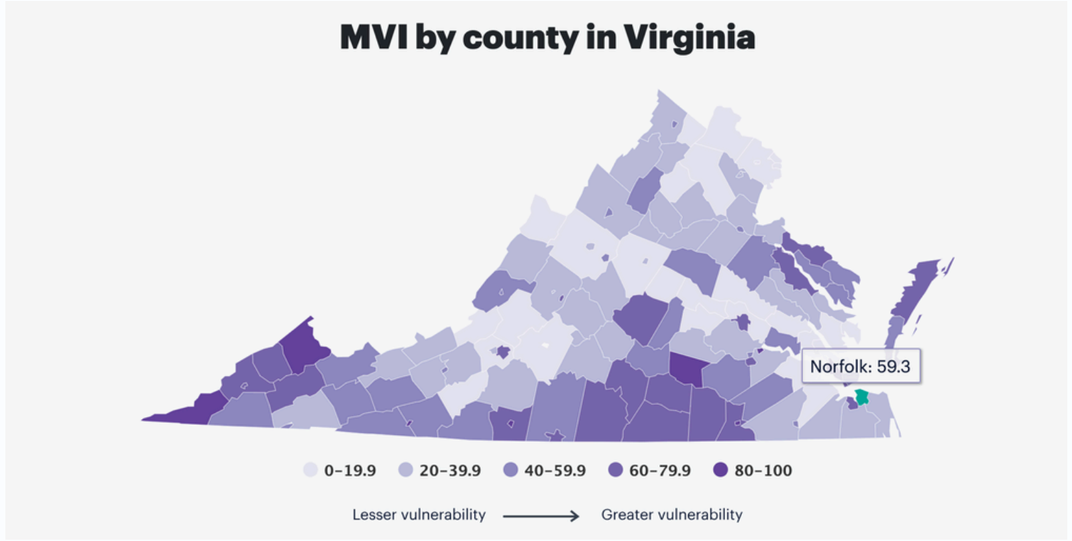
PRETERM BIRTH RATES BY COUNTIES AND CITY

County	Grade	Preterm Birth Rate	Change in rate from last year
Chesapeake (city)	D	11.0%	Worsened
Chesterfield	D+	10.4%	Worsened
Fairfax	B+	8.5%	Improved
Henrico	C+	9.3%	Improved
Loudoun	A-	7.8%	Improved
Norfolk (city)	F	11.8%	Worsened
Prince William	B	8.9%	Improved
Richmond (city)	F	11.7%	No change
Virginia Beach (city)	C-	10.1%	Improved

2022



2023



Hampton Roads Statistics

NORFOLK, VA COMMUNITY PROFILE

RACE/ETHNICITY[1]

- Hispanic 9%
- White 50%
- Asian 4%
- Black 42%
- Am. Indian/Alaskan Native 0.7%

CITIZENSHIP[2]

- U.S. Native 93%
- Foreign born 7% (Naturalized U.S. Citizens 52%)

REGION OF BIRTH[2]

(FOREIGN-BORN POPULATION)

- Latin America 38%
- Asia 38%
- Europe 13%
- Africa 10%
- North America 2%
- Oceania <1%

INCOME SECURITY

Unemployment Rate[3] 30%

Median Income[2] $51,590

Poverty Rate 17%[1]

Average Rent[1] $1,114

Health Insurance[1]
Percent without insurance under 65 yrs 12%

Gender Pay Inequality[2]

- Female - $34,281
- Male - $41,037

Local/State Living Wage[8] $18/hr

Local/State Paid Parental Leave[9]
Benefit payments up to 8wks for eligible persons

Norfolk City INCARCERATION RATES by Race/Ethnicty[4]

- Asian/Pac Is. <1%
- Black/Af. Am. 76%
- Latinx <1%
- Native Am. <1%
- White 22%

MATERNAL HEALTH

MATERNAL MORTALITY RATIO[5]

- Virginia 16.0 per 100,000
- United States 23.8 per 100,000

CESAREAN RATE[6]

- Virginia 32.6%
- United States 31.8%

LEADING CAUSE PREGNANCY-RELATED DEATH

- Virginia- Cardiac disorders, motor vehicle accidents, overdose, homicide, suicide 11
- United States - Other cardiovascular conditions 12

LOCAL PQC/ACOG AIMS?

Yes

ALLIANCE FOR INNOVATION ON MATRNAL HEALTH
Community Care Initiative (AIM CCI)

NATIONAL HEALTHY START ASSOCIATION

Hampton Roads Statistics

Language[2]

- Language other than English spoken at home (Percent of persons age 5 and older) 10%

Education[1]

- HS graduate or higher (percent age 25+) 89%
- Bachelor's degree or higher (percent age 25+) 32%

Industry/ Occupation[2]

- Management, Business, Sciences & Arts 34%
- Sales and Office 22%
- Service 21%
- Natural Resources, Construction, Maintenance 10%
- Production, Transportation, Material & Moving 13%

Household Type[2]

- Married Couples 35%
- Cohabiting Couples 6%
- Male Householder No partner, no children 16%
- Female Householder No partner, no children 34%
- Male Householder No partner, with children 1%
- Female Householder No partner, with children 9%

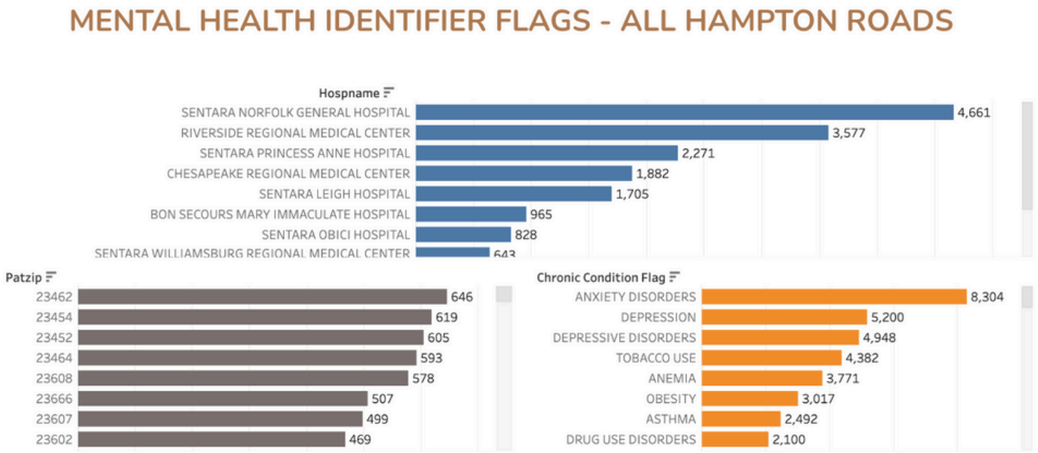
Geographic Mobility[2]

(Percent of place or residence one year earlier)

- Same Residence 73%
- Different Residence, Same County 11%
- Different County 7%
- Different State 8%
- Abroad 0.8%

Hampton Roads Mental Health Identifier – Post Delivery Discharge Data Q1 2017–Q4 2022

Overall Data from Virginia with only the mental health identifier	Virginia	Hampton Roads	% Hampton Roads
Total	67,067	17,438	26.0%
White	46,818	10,389	15.5%
Black	13,906	5,629	8.4%
Hispanic	980	320	0.5%
AI/AN	1,024	251	0.4%
Other	4,339	849	1.3%



Source: Virginia Maternal Health Dashboard

Virginia Stillbirth Data Q1 2017–Q4 2022

DATA SPECIFIC TO VIRGINIA STILLBIRTH

Overview of Deliveries in Virginia

Q1 2017 to Q4 2022

Hospital Name: (All) | Year: (All) | Quarter: (All) | COVID flag: (All) | Age: 0 59 | Length of Stay: 0 182 | Number of Chronic Conditio...: 0 14 | Psychosocial Flag: All ICD-10 Diagno...

Patient ZIP: (All) | Primary Payer: (All) | Payer Line of Business: (All) | Race: (All) | Chronic Condition: (All) | Delivery Type (DRGs): (All) | DRG Description: (All) | Stillbirth Flag: Stillbirth ... | ICD-10 Code: (All)

Severe Maternal Morbidity Flag: (All)

Total Discharges

4,436

Number of Discharges by Year

2017	2018	2019	2020	2021	2022
739	751	763	778	804	601

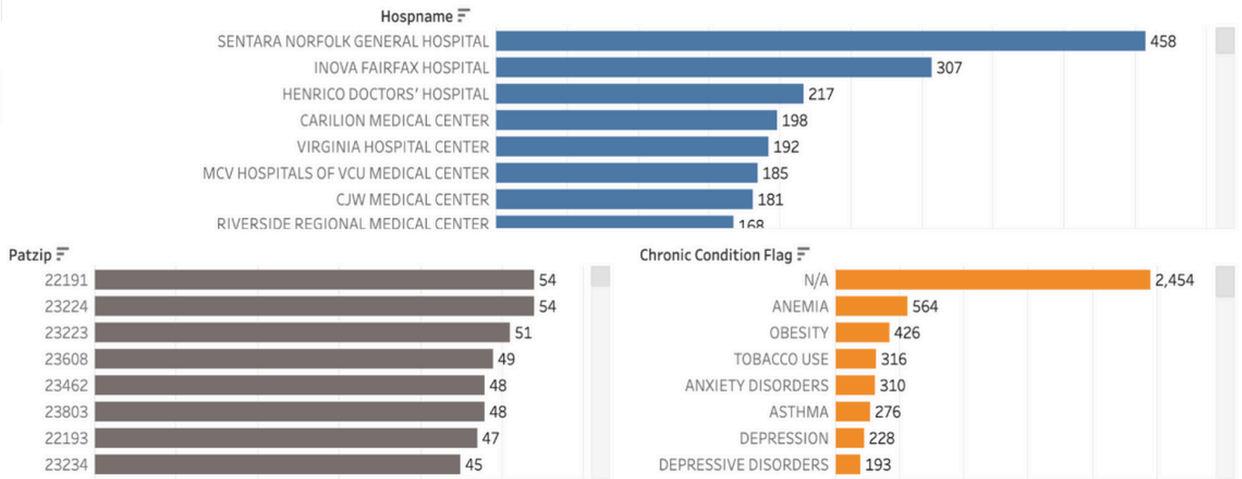
Number of Discharges by Quarter

	2017	2018	2019	2020	2021	2022
Q1	197	196	187	177	171	225
Q2	188	170	204	210	194	168
Q3	193	199	190	207	238	208
Q4	161	186	182	184	201	

Average Length of Stay by Year

2017	2018	2019	2020	2021	2022
3.1 days	2.5 days	2.9 days	2.6 days	2.5 days	2.5 days

DATA SPECIFIC TO VIRGINIA STILLBIRTH



Source: Virginia Maternal Health Dashboard

Virginia and Hampton Roads Poly Substance Use Q1 2017–Q4 2022

Total Post-Delivery Discharged Patients in Virginia with Polysubstance SUD	Virginia	Hampton Roads	% Hampton Roads
Total	9750	2361	24.2%
White	6261	1119	11.5%
Black	2862	1102	11.3%
Hispanic	96	20	0.2%

Source: Virginia Maternal Health Dashboard

Virginia and Hampton Roads Opiod, Alcohol, Nicotine, Cannabis Use Q1 2017–Q4 2022

Substance Use Disorder Discharges (Opioids)	Virginia	Hampton Roads	% Hampton Roads
Total	3275	563	17.2%
White	2743	450	13.7%
Black & Hispanic	400	89	2.7%
Alcohol	Virginia	Hampton Roads	% Hampton Roads
Total	377	121	32.1%
White	250	72	19.1%
Black & Hispanic	98	44	11.7%
Nicotine	Virginia	Hampton Roads	% Hampton Roads
Total	20913	4573	21.9%
White	14827	2618	12.5%
Black & Hispanic	5085	1730	8.3%
Cannabis	Virginia	Hampton Roads	% Hampton Roads
Total	5105	1630	31.9%
White	2581	599	11.7%
Black & Hispanic	2210	943	18.5%

Source: Virginia Maternal Health Dashboard

Maternal Mortality Review Team (MMRT) Reports

1999-2012

Figure 5: Percent of women with a community-related factor contributing to their death, 1999-2012

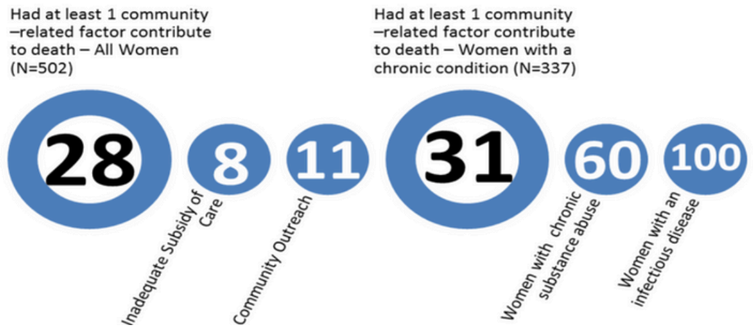


Figure 6: Percent of women with a provider-related factor contributing to their death, 1999-2012

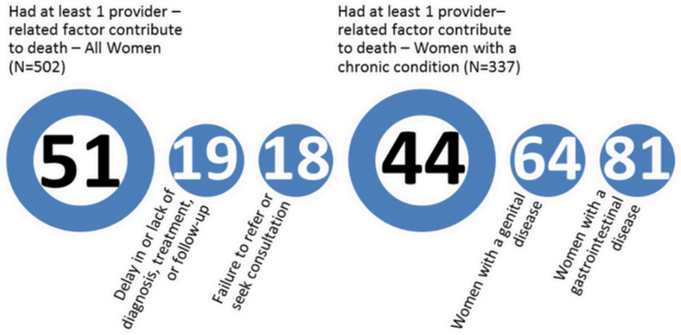
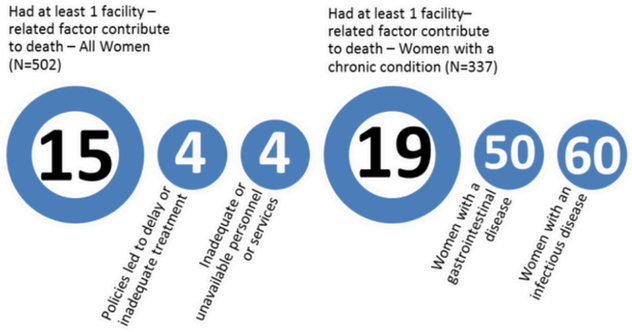


Figure 4: Percent of women with a facility-related factor contributing to their death, 1999-2012



2018

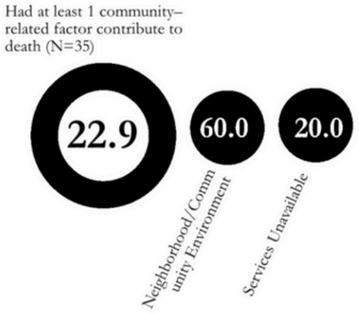


Figure 6: Percent of Women with a Community-Related Factor Contributing to Their Death, 2018

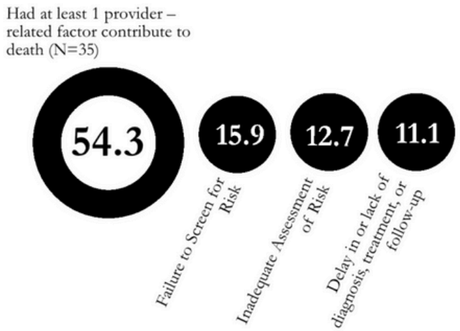


Figure 7: Percent of Women with Provider-Related Factor Contributing to Their Death, 2018

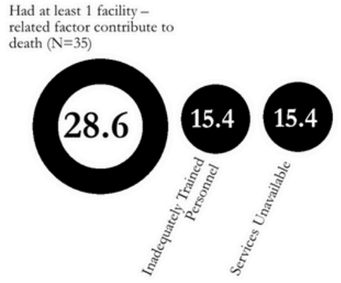


Figure 5: Percent of Women with a Facility-Related Factor Contributing to Their Death, 2018

2023 Client Referrals

Service Type	Service Subtype
Housing & Shelter	Rent/Mortgage Payment Assistance, Housing Mediation & Eviction Prevention, Housing Applications/Recertification, Emergency Housing
Individual & Family Support	Support Groups
Individual & Family Support	Pregnancy/Birthing/Postpartum Support and Infant Wellness
Individual & Family Support	Peer Support
Individual & Family Support	Parenting Education
Individual & Family Support	Family Support Home Visiting Programs
Individual & Family Support	Child Care
Food Assistance	SNAP/WIC/Other Nutrition Benefits
Food Assistance	Prepared Meals
Food Assistance	Food Pantry
Food Assistance	Emergency Food
Clothing & Household Goods	Diapers/Infant Supplies
Clothing & Household Goods	Clothing

UBB Assessment Pilot Data October 2023–July 2024

UNIVERSAL ASSESSMENT FINDINGS OCTOBER 2023 TO JULY 2024	TOTAL CLIENTS AFFECTED	TOTAL ASSESSMENTS COMPLETED	% CLIENTS AFFECTED
276 (25%) families feel that they do not have enough information to care for their baby or themselves	276	1102	25%
973 (88%) have not taken any classes to inform them of how to take care of themselves or their babies	973	1103	88%
50 (4.6%) reported using substances (31 of which reported marijuana use (74%))	50	1100	4.6%
161 (14.7%) reported smoking in the home by themselves or family members	161	1099	14.7%
466 (42%) were in a high risk pregnancy at the time of assessment	466	1098	42%
Of those, 360 (77%) were diagnosed with HTN/Pre-Eclampsia or Diabetes	360	466	77%
Out of the 360, 177 had equipment. However 111 (62.7%) admitted to not using their equipment (BP Cuff/Glucometer) regularly with most reporting they did not remember the last time they used it	111	177	62.7%
321 of 536 postpartum moms (60%) did not have a postpartum visit scheduled at the time of assessment	321	536	60%
724 (67%) out of 1074 expressed a need for some type of service with UBB	724	1074	67%
516 (47%) out of 1095 expressed that they do not have a PCP to provide care for them	516	1095	47%
165 (15%) out of 1081 expressed that they were in immediate crisis at time of assessment	165	1081	15%
1080 (98%) out of 1102 stated that family and friends were their current support system	1080	1102	98%

National Governor's Association

- Develop public-private partnerships to implement place-based community-partnered change models in areas with the highest maternal and infant morbidity and mortality, and then expand to every community across the state.
- Develop a proposal for a state maternal health innovation (MHI) program through the federal health resources & services administration (HRSA) to support state planning and infrastructure.
- Expand evidence-based home visiting programs.
- Invest in programs that provide moms with low-income prenatal care, safe and affordable housing and access to nutritious food, and enhance access to reliable and safe public transportation.
- Develop certifications and allow Medicaid funding for perinatal peer support models.
- Promote the benefits of midwifery and community doula models of care.
- Strengthen the community health worker (CHW) workforce through certification and increased access to training.
- Support a statewide campaign to raise awareness of statistics, resources, and life-threatening signs during and after pregnancy.
- Implement prenatal and postpartum patient safety bundles to address ongoing quality improvement.
- Ensure access to comprehensive evidence-based childbirth education for all Medicaid beneficiaries as part of standard prenatal care.

BEST PRACTICES

"Implementing policies that facilitate the coordination of care and patient navigation, inclusive of the identification of barriers to care and the provision of referrals to community resources to address the identified barriers, is important." (MMRT 2019)

"Maternal and child health experts have identified the receipt of coordinated, collaborative, high-touch care (facilitated by case management and maternal health homes) for all perinatal persons as essential... All perinatal care should ideally take place in a "maternal health home" or "women's health home" and should have a strong linkage to ongoing primary care" (Commonwealth 2023)

Evidence-based home visiting is promoted as a "best practice" by the American Academy of Pediatrics (Commonwealth 2023)

"Pursue promising community-driven initiatives, that aim to reduce disparities in short-term (e.g., access to maternal healthcare), medium-term (e.g., breastfeeding and postpartum visits), and/or long-term outcomes (e.g., premature births and low birth weight infants)" (Surgeon General, 2020

Virginia Moms Agree, 2024 Survey of Support Needs

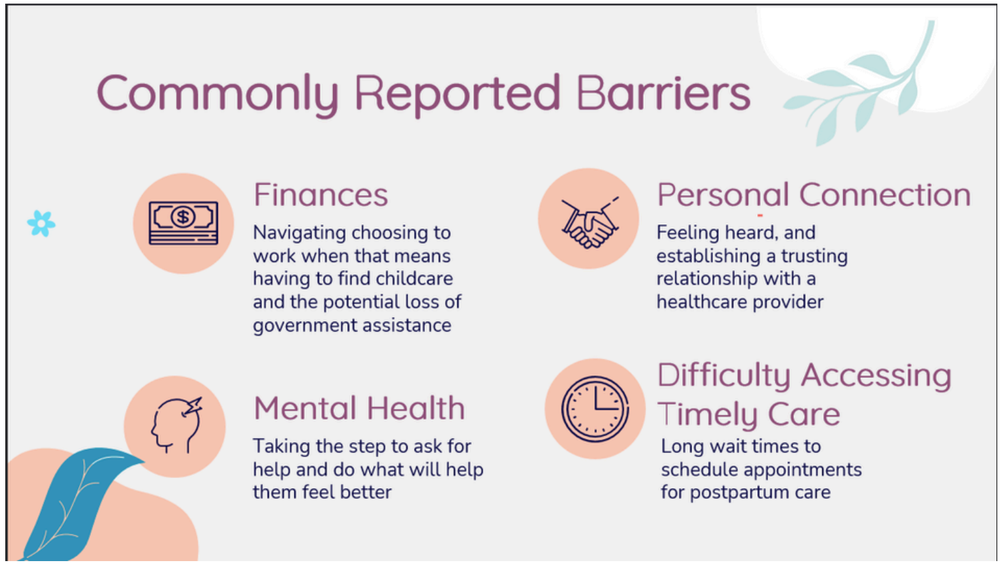
BEST PRACTICES

“Support and scale innovative approaches across the health care arena can improve maternal health outcomes through policies, technology, systems, products, services, delivery methods, and models of care (Surgeon General, 2020).”

“Growing evidence supports collective impact models as a highly effective strategy for addressing complex social problems resulting in improved health outcomes”(The Practical Playbook 2024)

“Engaging patients and communities in the design and implementation of interventions to improve maternal and infant health outcomes is crucial” (Meadows et al, 2023)

“Adopt and implement maternal safety bundles to improve outcomes at the hospital and community level” (Meadows et al, 2023)



Virginia Moms, 2024 Survey of Barriers Reported

UPLIFT COMMUNITY VOICE

- In collaboration with the Virginia Neonatal Perinatal Collaborative, the state PQC, we have collected the voices of over 230 mothers voices
- Families discussed the lack of coordinated services as a predictor to negative birth outcomes and trauma

The “infusion of community voices and collaborative leadership” is critical to improving outcomes and empowering communities (MHLIC 2024)

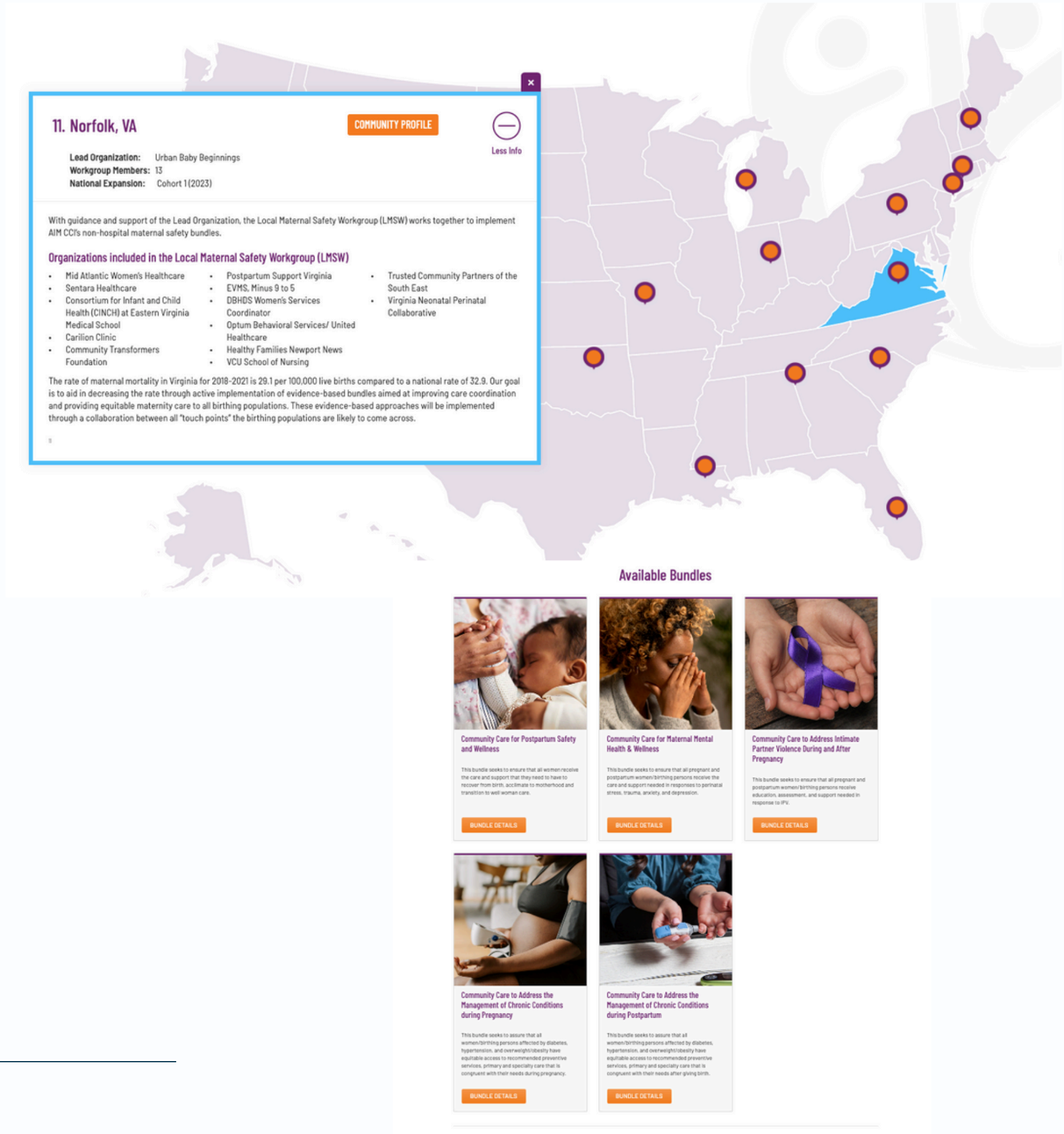
Collaboration

Urban Baby P

“Building and sustaining systems for maternal health requires the ability to track and weave together different programs and innovations, to realign funding streams and training models, and to advocate for needed changes, all centered on the leadership and guidance of engaged communities. There are no easy or quick fixes, nor one solution that works for all, but rather an opportunity to create enduring systems of maternal health for individuals and communities.” MHLIC & de Beaumont Foundation

Building Safety: AIM CCI Safety Bundles

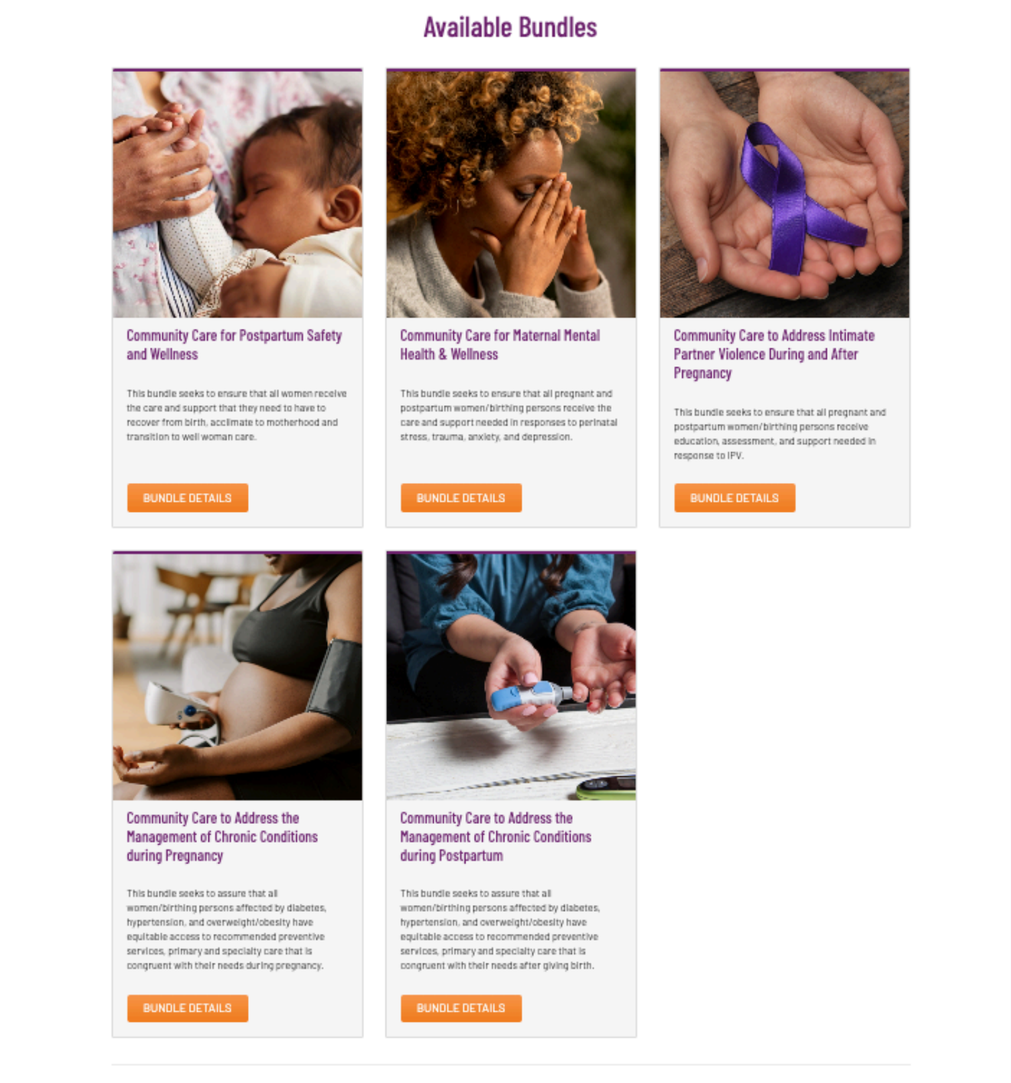
AIM CCI develops maternal safety bundles for use in non-hospital settings such as outpatient and community-based clinical facilities, as well as by other social and supportive services agencies that may be a touchpoint during the pregnancy and postpartum journey.



AIM CCI Safety Bundles

“By elevating the voice and wisdom of the community, we can close the gap between what care birthing persons need and what the clinical system offers.” Community Based Safety Bundles include:

- Community Care for Postpatum Safety and Wellness
- Communithy Care for Maternal Mental Health & Wellness
- Community Care to Address Intimate Partner Violence During and After Pregnancy
- Community Care to Address the Mangement of Chronic Conditions during Pregnancy
- Community Care to Address the Management of Chronic Conditions during Postpartum



BUILDING SAFER CHILDBIRTH CITIES– AN AREA INITIATIVE (3 YEAR ACHIEVEMENTS)

- Expanded care coordination program to include home visiting, doula support, and navigation services for Sentara Norfolk General in collab with Urban Baby Beginnings
- 12-member ReByrth interdisciplinary team focused on strengthening support for birthing people of color
- Sentara Mobile Unit expansion to help connect families to care with an emphasis on prenatal care/support
- Established CNM midwifery-led healthcare - Sentara Health Systems
- Free Standing Easy Access midwifery clinic in Chesapeake, VA
- 12+ community-based programs partnering with Sentara Health to ensure families are connected by addressing SDOH at the community level
- Launch of Center of Equity
- Established 2 maternal health hubs in Newport News and Norfolk
- Expansion of community-based perinatal programs into EVMS Newport News
- 167 community-based doulas of color in the Hampton Roads area
- Launch of Black Maternal Health Equity Action Alliance
- 5+ collective impact groups (lactation, SUD, home visiting, black maternal health, healthy homes)
- 70+ community-based programs focused on birthing people and their families
- 2 area diaper banks
- Peninsula and Tidewater Maternal Mental Health social support programs through PSVA
- Expansion of CHW programs through IPHI in partnership with NSU, ODU, Sentara, UBB

So what is missing?

NEXT STEPS

Building Safer Cities through Safe Zones of Care - Strengthening Resources

- State Funding for UBB Perinatal Community-Based Health Hubs (maternal/perinatal health hubs)
- Increased Mental Health Peer Based support (social support, care coordination, training)
- Expanded perinatal prevention supports including perinatal navigation, doula support, home visiting, community health workers, lactation practitioners
- Integrated Care Management (clinics, hospitals, community-based providers)
- Enhanced care coordination + navigation (SDOH)
- Workforce Development to include Mentoring
- Diversified Perinatal Workforce
- Safety Bundle expansion
- Advocacy
- Continued work under State MHI Grant

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HRSA
Health Resources & Services Administration

VNPC
Virginia Neonatal Perinatal Collaborative