

This webinar will begin shortly!

OUR FUTURE BELONGS TO US:
AMPLIFYING INNOVATIONS IN
BLACK MATERNAL HEALTH!

April 11 | 12 p.m. CST | Virtual



UnityPoint Health







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Follow Count the Kicks and Healthy Birth Day, Inc. to learn more about our work to improve birth outcomes and make kick counting a common practice for all expectant parents.

HEALTHY
birthDAY
IMPROVING BIRTH OUTCOMES

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Count
the KICKS

-    @countthekicks
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-  @countthekicksUS



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Count
the KICKS

Starting soon!

OUR FUTURE BELONGS TO US: AMPLIFYING INNOVATIONS IN BLACK MATERNAL HEALTH



Dr. L. Joy Baker
MD, FACOG, PMH-C, C-EFM,
MT(ASCP), founder of Delivering
Joy MD



Stephanie Arjona
Doula, CLE, Student Midwife, Los
Angeles Community Engagement
Coordinator at IRTH App



Toni Hill
Certified Professional Midwife,
CLC at Blooming Moon Midwifery
Services



TaKiesha Smith
Doula, CLC, CHW, founder of A
Caring Doula, Neuro Spicy Birth



Courtney Maxwell Greene
Director of External Partnerships
and Community Engagement,
UnityPoint Health

April 11 | 12 p.m. CST | Virtual

Presented by:  UnityPoint Health



Today's Moderator



Christine Tucker

Health Equity Manager

Healthy Birth Day, Inc./ Count the Kicks

Tucker.Christine@healthybirthday.org



For some Black women, the fear of death shadows the joy of birth

Longtime Kansas City Chiefs cheerleader dies after giving birth

According to an obituary, Krystal Cunningham Anderson died from sepsis after giving birth to her stillborn daughter. She was 40 years old.

Momfluencer Jessica Pettway Dies of Cervical Cancer After Misdiagnosis

The popular beauty influencer and mom of two was misdiagnosed several times with fibroids before receiving a stage 3 cancer diagnosis in July 2023.

American Black women face disproportionately high rates of maternal mortality

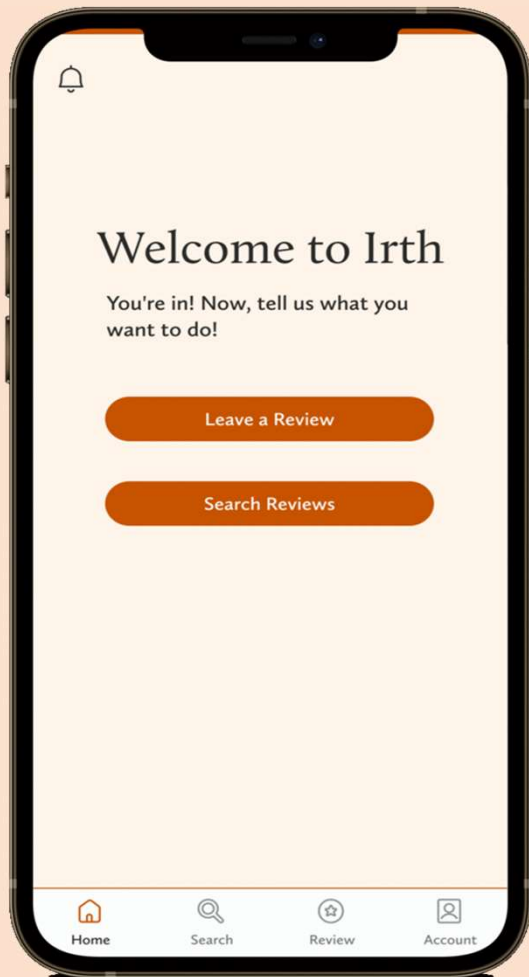
“Black Women Should Not Die Giving Life”: The lived experiences of Black women diagnosed with severe maternal morbidity in the United States

Opening Remarks

- Each year, UnityPoint Health serves communities across Iowa, Illinois, and Wisconsin, with nearly 8 million patient visits of all different types.
- Our providers deliver more than 20,000 babies annually.
- UnityPoint Health's mission and vision statements are more than just words: Our mission is to improve the health of the people and communities we serve. Our vision is best outcome, every patient, every time, and we strive towards those core beliefs every day.



UnityPoint Health



Irth App: Capturing the Lived Experience to Improve Maternity Care

A new digital platform to capture Black & brown patient experience data specific to the most significant, yet underserved, health challenge—bias and racism in maternal and infant care.



Problem: The maternal death rate for Black women is 243% higher than for White women. The CDC has said that over 80% of Black maternal deaths were preventable. It's time to do something about racism & bias in Black maternal & infant care.

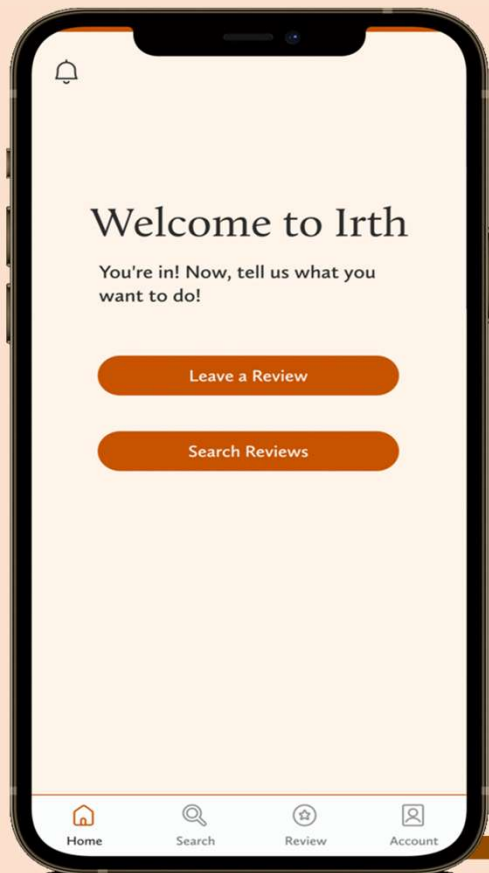
Current Approaches:

1. Anti-Bias Trainings Aren't Working > "Train and Pray" or "Tick the Box"
2. "Evidence-based" research, yes. But evidence based on whom?
3. Maternal Mortality Review Boards analyze from the grave. Focus on clinical outcomes has made reducing mortality and morbidity the end goal vs. a 5-star experience.

**WE HELP HOSPITALS, PAYORS & PROVIDERS
LEARN FROM THE LIVING!**



A Digital Tool for Birth Justice and Health Equity



- A review and recommendation platform & data aggregator engine for OBGYNs, birthing hospitals, and pediatricians made just for Black & brown parents.
- On the back end, Irth turns qualitative experiences into quantitative data to work directly with hospitals and providers to address blind spots, gaps, and inform more respectful and equitable care
- Real-time, patient-reported insights on experiences of care.
- Detects trends in bias, rewards providers with strong reviews. Identifies best practices among well-reviewed entities for national replication.



Irth's Structured Review Process

- Reviews Accepted From:
 - Mother/ Birthing Individual
 - Fathers/Partners
 - Doulas
 - Hospital-based Midwives
 - Hospital-based Nurses
- Search Reviews By:
 - Zip Code
 - City, State
 - Physician Name
 - Hospital Name
- Review Types:
 - Prenatal
 - Birthing Experience
 - Postpartum
 - Pediatric Appointment for Infants
- Languages:
 - English
 - Spanish
 - Haitian Creole (via website)



YOU CAN'T CHANGE WHAT YOU CAN'T SEE

Add Review ×
Birthing: Feedback

Did you experience any of the following in your care during birth?

This question is required in order to continue.

- Lack of eye contact
- Dismissiveness of pain levels
- Rude Comments
- Use of racial slurs
- Indirect racial overtones
- Assumptions based on racial stereotypes
- Critical diagnostic test delayed or not completed
- Private/personal information shared without consent
- Physical privacy violated
- Other
- None of the above

[Continue](#)

[< Previous Question](#) [Save and exit](#)

Irth “decodes” bias to identify the specific behaviors that lead to harm, feelings of disrespect, and adverse events.

We un-IRTH frequency & patterns of negative & positive practice behaviors.

Not just, “what happened?” but, “how did it happen?”

Add Review ×
Birthing: Feedback

Did you experience any of the following in your care during birth?

This question is required in order to continue.

- Physical privacy violated
- Scolded, yelled at, or threatened
- Treatment withheld
- Forced to accept unwanted treatment
- Ignored or refused requests for help
- Physical abuse and/or aggressive physical contact
- Condescending tone or rude comments
- Other
- None of the above

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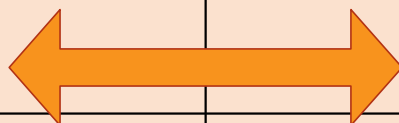
Top Attitudes Experienced (national database)

10,000+ Reviews from 46 States

1. Ignored or refused request for help
2. Pain levels were dismissed
3. Scolded, yelled at, or threatened
4. Physical privacy was violated
5. Assumptions based on racial stereotypes



<p>For Consumers Front End B2C</p>	<p>For MCH Dept, Payors, & Quality Orgs. Back End B2B</p>
<p>Crowd-sourced, peer reviews as a trusted resource for provider selection</p>	<p>Turns qualitative experiences into actionable data</p>
<p>Activates consumer forces in anti-bias health equity work</p>	<p>An early warning detection system on practice behaviors that lead to harm</p>
<p>Uses tech to address systemic power imbalances</p>	<p>Hyper-local data; Highly customized solutions</p>
<p>Shifts narrative by centering those most burdened by issue</p>	<p>Education, training, provider credentials, hospital accreditation</p>



How We Drive Systems Change:

Leveraging our national and local database, we work with hospitals, payers, providers, government agencies, national MCH orgs, state and city collaboratives to leverage our unique Black patient experience database into actionable strategies, while advancing accountability and transparency in birth equity.

- 1. State & City Collaboratives:** Partner with Irth as an independent, community-centered provider of Black patient experience data; serve as evaluation and accountability mechanism of state-wide efforts.
- 2. Hospital/Health System Pilot Partnerships:** Our 18-month pilots combine in-depth community engagement and review collection with developing and implementing an improvement plan, followed by evaluation.
- 3. Payors:** We create customized data-sharing agreements to assess member experiences, provider feedback and to develop action plans.
- 4. Publishing:** Acknowledge leaders and laggards. Spark a race to the top!



State & City Collaboratives

Pilots In Development:

- Louisiana Perinatal Quality Collaborative (40+ hospitals)
- Maternity Hospital Quality Improvement Network, New York City (30+ hospitals)
- Alameda County Public Health Department
- San Francisco County Public Health Department

National Partnership with March of Dimes:

- Maternal Care HHS Program - OH & TN (Wave 1 – end Apr 2023)
- Maternal Care HHS Program - NJ, ATL, MS, KS (Wave 2 – begin May 2023)



Where We Work: Our Hospital Pilots & Partnerships

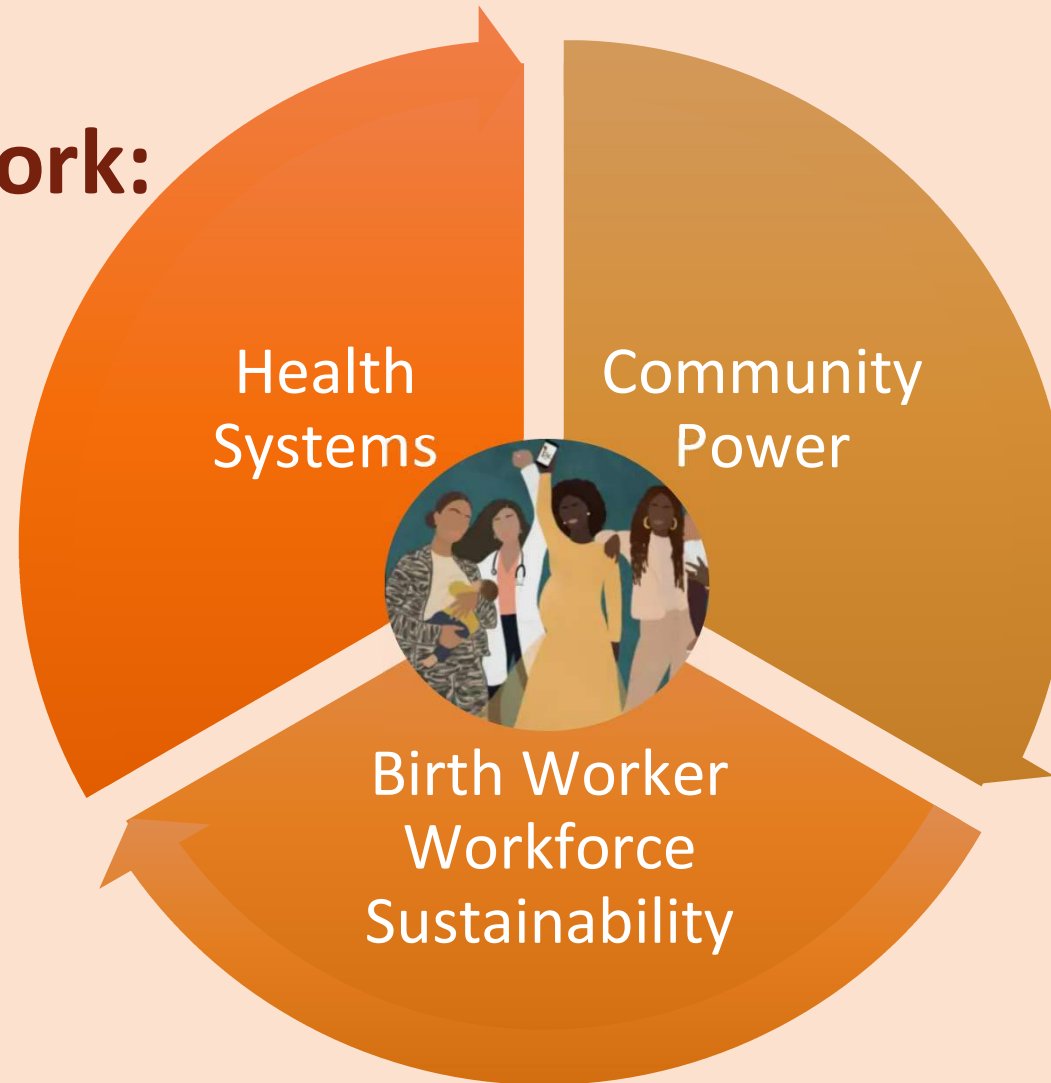
Current Hospital Pilots:

- Detroit, Michigan - Ascension - St. John's
- Philadelphia, PA - Temple University Hospital
- Sacramento, CA – UC Davis Medical Center
- Long Beach, CA - MemorialCare Miller Children's & Women's Hospital
- Los Angeles, CA – Cedars-Sinai Medical Center
- Minneapolis, MN – Hennepin Health
- Brooklyn, NY – Brookdale Hospital

Our Feedback
Impacts 100+
Hospitals
Nationwide



How We Work:



Birth Workers are our bedrock.

Everyone is
talking about
douglas. No one is
talking about the
actual douglas.

swipe to learn



Irth Ambassador Program

“Intervention within an Intervention”

- A Mission to Elevate the Voices of Black & Brown Birthing Folks
- Role Responsibilities:
 - Assist with review completion (doula & patient reviews)
 - Social Media Promotion
 - Community Event attendance for Irth Promo
- Benefits of the Irth Ambassador Network & Community:
 - Speaker Series for Personal & Professional Development
 - Stipend
 - Brand Perks
 - Networking & Community
 - Critical to Sustainability of Birth Worker Field





New York



Philadelphia

Atlanta





Our Vision: The “Good Housekeeping Seal” of Approval for Black & Brown Birthing People

1. Market intelligence leader on patient experience data in Black & brown maternal & infant health. Provide hospitals, payors, and providers robust insights to better inform maternity services, hospital QI efforts, and advance more respectful and equitable care.
2. Expand hospital pilots focusing on cities with high populations of Black and brown folks, using Irth data to improve quality of care.
3. Identify Doctor & Hospital Leaders & Laggards. Celebrate and award leaders on published lists and indices. Develop best practice models for replication. Provide customized consulting and technical assistance for laggards.
4. Develop a curriculum, teaching modules, micro-credential for providers and hospital accreditation based on Irth’s data—rooted in the lived experience of care.
5. Embed Irth as a tracking and accountability mechanism in current wave of mandated anti-bias training efforts, federal and state legislation, regulatory agencies, and hospital HR processes.

**We will not achieve birth equity without transparency
& community accountability**



How Can We Help?

- Incorporate community-centered strategies in order to improve needed patient outreach, population health management, and maternity outcomes
- Generate unique data reports on maternity and infant care based on hyper-local data and reviews, evaluating trends and patterns in racism and bias within your state
- Leverage our unique Black patient experience database into actionable strategies, while advancing accountability and transparency in birth equity
- Customizable survey options available



Contact Information



Kimberly Seals Allers
Founder of Irth | Exec Director,
Narrative Nation
Email: KSA@irthapp.com



Learn more & sign up
for our newsletter at
www.IrthApp.com





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Simple reasons less women utilize doula care



**Knowledge of
doulas**



**Expectations
management**



**Lack of access to
services**

Neurodivergent care

- **15 to 20 % of the population is neurodivergent**
- **Common issues during birth**



How do we impact Black Maternal Mortality ?



Provide culturally
linguistic and
congruent care



Work as part of the
health care teamt



Increase medical
awareness



Making differences in 4th-trimester care



Constant
Contact/Trusted
contact



First to see signs of
PP depression



Encourage proper
follow-up care



Encourage
breastfeeding





Toni Hill

Certified Professional Midwife, Doula, CLC
Blooming Moon Midwifery



Identifying Health Care Disparities: The Joint Commission January 2023

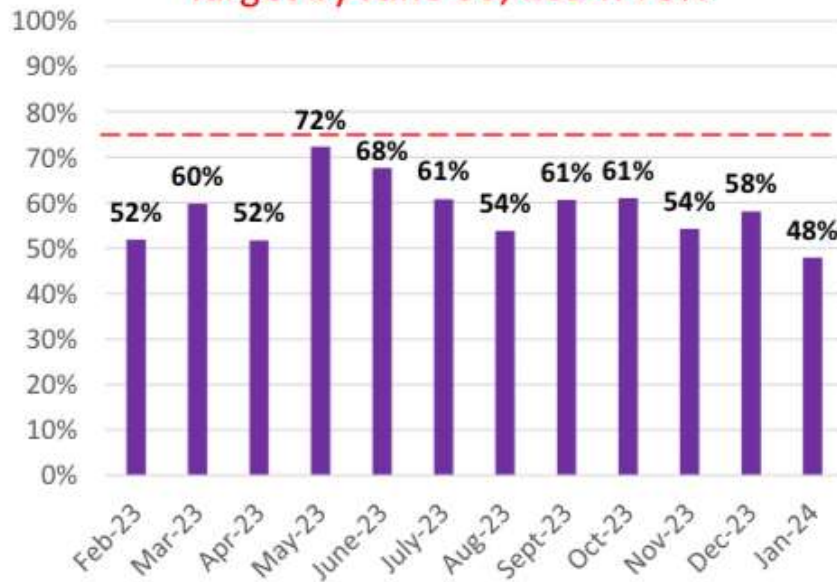
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3. The hospital identifies health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the hospital's patients. (D)
Note 1: Hospitals may focus on areas with known disparities identified in the scientific literature (for example, organ transplantation, maternal care, diabetes management) or select measures that affect all patients (for example, experience of care and communication).
Note 2: Hospitals determine which sociodemographic characteristics to use for stratification analyses. Examples of sociodemographic characteristics may include the following:
- Age
- Gender
- Preferred language
- Race and ethnicity
-
4. The hospital develops a written action plan that describes how it will address at least one of the health care disparities identified in its patient population. (D)
-
5. The hospital acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities. (D)
-
6. At least annually, the hospital informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.
-

HTN Lagging Metric: Timely Hypertension Treatment January 2024

Wellstar System

% of Pts Treated within 1 hr of 2nd Severe Range BP

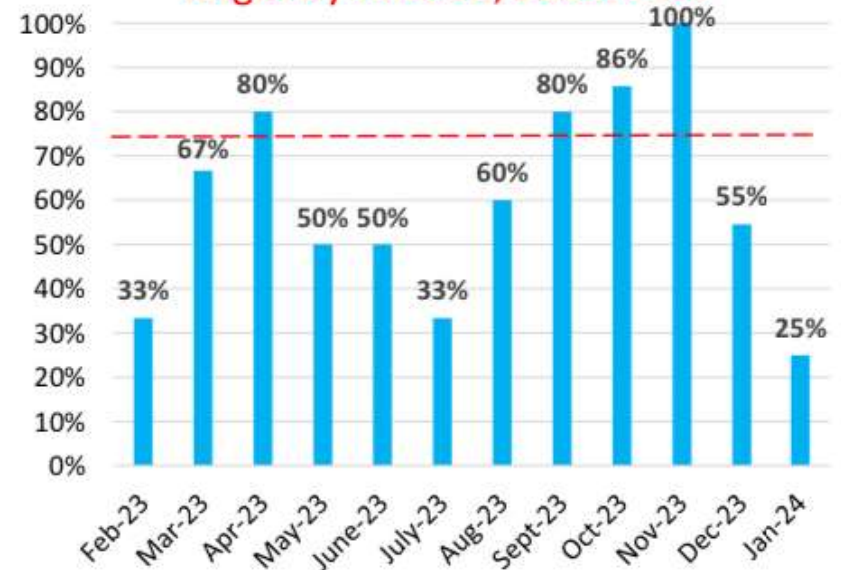
Target by June 30, 2024: 75%



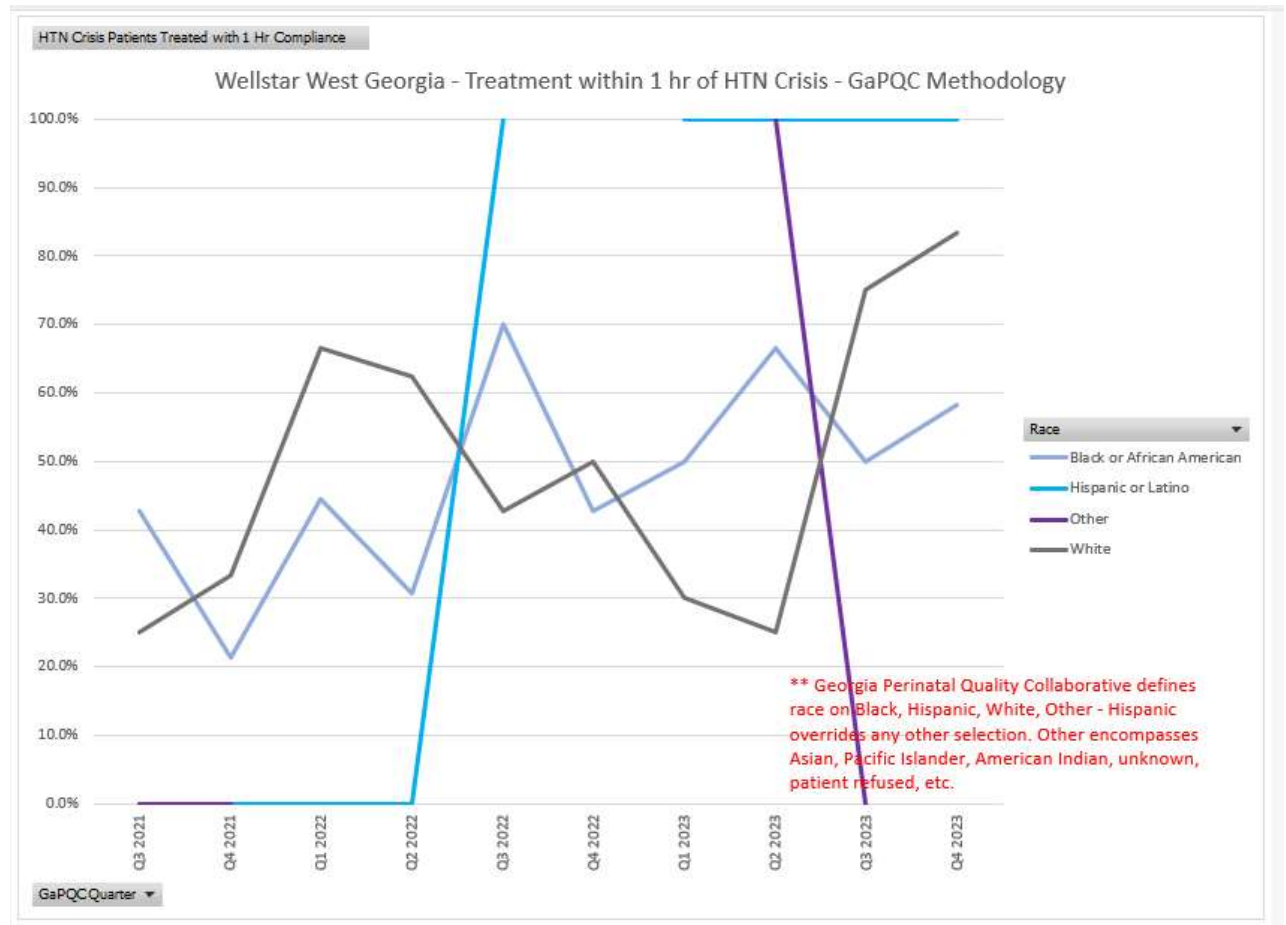
West Georgia

% of Pts Treated within 1 hr of 2nd Severe Range BP

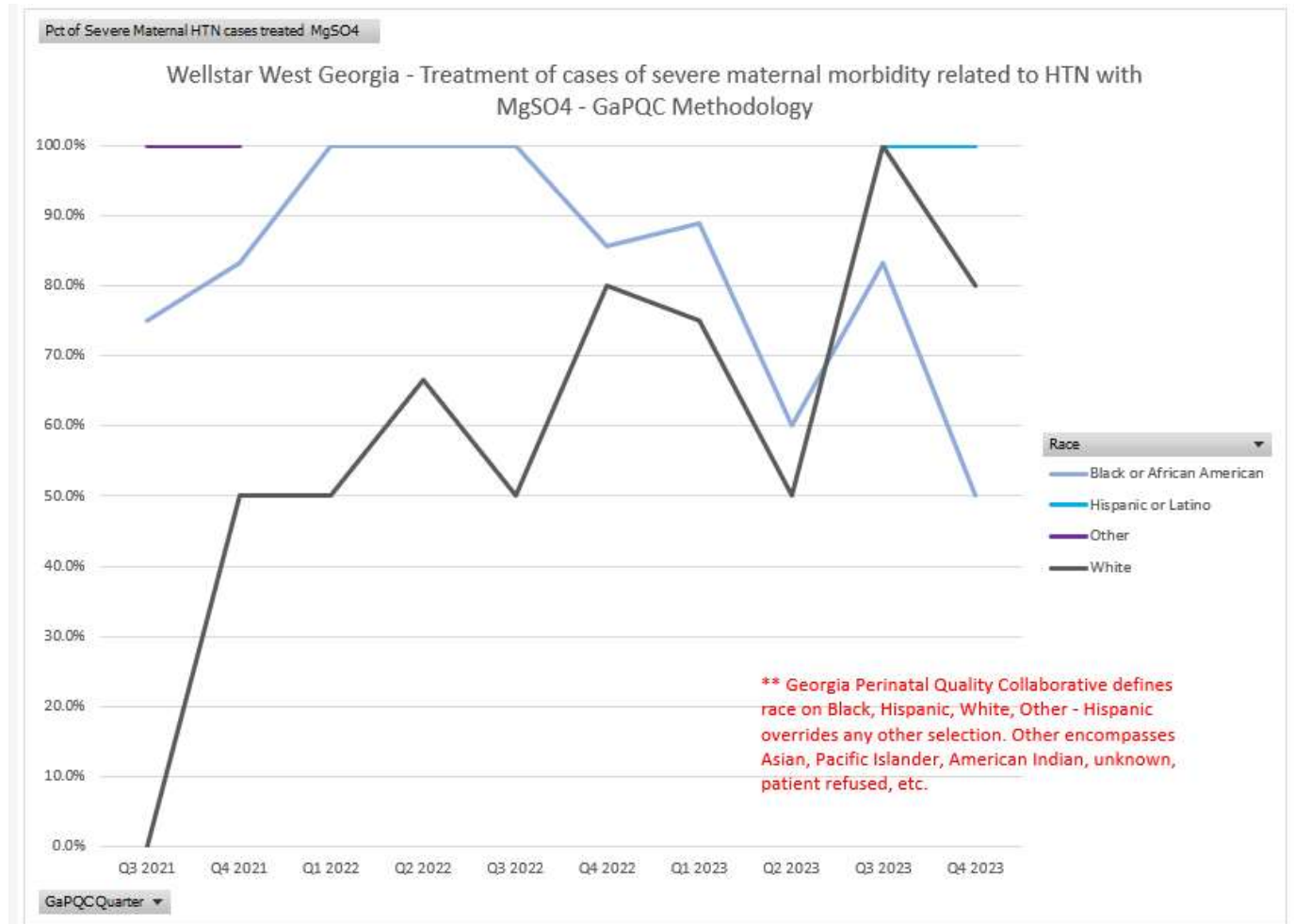
Target by June 30, 2024: 75%



Treatment within 1 hour of HTN Crisis



Treatment of Cases of Severe Maternal Morbidity – HTN with MgSO4



Patient Advocacy: The Chain of Communication

Nursing Concern

- Primary Nurse
- Charge Nurse
- Unit Director
- Chief Nursing Officer or Administrator on call

Physician or Provider Concern

- Primary or on-call OB care provider
- Charge Nurse
- Lead Physician or Department Chair
- Chief of Medical Staff or Medical Affairs

A Warning System for Birthing People and their Children

- ▶ We've received 130 Stories, from 36 states and 6 countries around the world that demonstrate *Count the Kicks*' Impact
- ▶ *Count the Kicks* lowered the Black stillbirth rate in Iowa by 39% in just 5 years



Amplifying Voices and Creating Access

- ▶ Improving programming based on lived experience
- ▶ Uplifting lived experience storytelling
- ▶ Working within diverse communities with fun empowering events
- ▶ Partnering with community-based organizations, doulas, and health systems
- ▶ App in 21 languages
 - ▶ Amharic, Arabic, Burmese, Mandarin Chinese, Dari, English, French, Haitian-Creole, Hebrew, Hindi, Kinyarwanda, Lingala, Marshallese, Mongolian, Nepali, Portuguese, Russian, Somali, Spanish, Swahili, and Vietnamese



Change is Necessary to Improve Outcomes

- ▶ Future interventions to reduce racism and improve maternal health outcomes should:
 - ▶ Center on the experiences of Black women
 - ▶ Focus on improving patient-provider communication
 - ▶ Examine the quality and effectiveness of responses during emergent situations.
 - ▶ Prioritize informed consent, proper documentation, and accountability

“Black Women Should Not Die Giving Life”: The lived experiences of Black women diagnosed with severe maternal morbidity in the United States

Wendy Post DNP, MSN, RN , Angela Thomas DrPH, MPH, MBA, Karey M. Sutton PhD

“ “The ambulance came, and they kept asking, 'Is she on drugs?' People kept coming. The fire department. The police department. Three separate groups of people all asking the same questions. We told you she just had a baby. We told you she just had a c-section. I'm telling you; she didn't even take the pain medication that they gave her. And I'm also telling you that I believe it's a pulmonary embolism based on the symptoms—so just check and see and do what y'all have to do. And by the time all the talking and the complaints about how she wouldn't stop moving had gone on and on, she went into cardiac arrest”.
[Participant #3]

”

**Count
the Kicks** 

Questions?



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Thank You!



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