

FIVE-YEAR RESEARCH AGENDA ON BLACK MATERNAL & CHILD HEALTH

KBEN

Kansas Birth
Equity Network



Kansas Birth Equity Network

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MISSION

To use a community-centered approach to create solutions that improve Black maternal, paternal, and infant health in Kansas through training, research, healthcare, and advocacy.

VISION

Every Black mom, dad, and infant receives quality and intentional prenatal, neonatal, and postpartum care in the state of Kansas.

PURPOSE

The Kansas Birth Equity Network uses a community centered approach to convene stakeholders across Kansas to develop solutions and improve Black maternal and infant health in the State of Kansas. For ten months, parents, community members, doulas, physicians, community organization leaders and staff met monthly to develop this research agenda.

BIRTH EQUITY DEFINITION – *developed by the Kansas Birth Equity Network*

“Birth equity is defined as the assurance of equitable care through creating a system that eliminates health inequities and values parents and community stakeholders.”

ACKNOWLEDGEMENTS

This research agenda and the Kansas Birth Equity Network would not exist without the numerous parents, community members, birth workers, physicians, maternal & child health workers, and many other stakeholders who have shared their knowledge, experiences, expertise, and time with us. We are so grateful to them for their continued commitment to improving Black maternal health.

DISCLAIMER

This research agenda is a living document. As KBEN grows, our stakeholders make changes to this agenda in order to align with our mission & vision. We hope that this document is a useful resource to others as we work collectively towards a common goal. If this agenda is useful to you, we ask that you credit KBEN and recognize the contributions of our stakeholders in providing this resource.

RESEARCH AGENDA

The five-year research has five categories:

1. Healthcare
2. Research
3. Systems
4. Policy

HEALTHCARE/MATERNAL AND NEONATAL HEALTH RESEARCH

Pregnancy Related Hypertension & Preeclampsia

1. Create & facilitate community awareness on **recognizing signs of hypertension and preeclampsia**?
2. Educate communities on the use of **doulas & midwives** & create a publicly accessible list of doulas & midwives in the community.
3. Should **low dose aspirin** be standard treatment to reduce preeclampsia disparities?
4. What are the factors that result in low uptake of **low dose aspirin** as a preventative measure?
5. How can we create policies and manuals to assure **coordination of care** across providers? (Obstetricians, family doctors, pediatricians, doulas, midwives, community health workers, etc.)

Prenatal Care: Group Care, Clinical & Non-Clinical Care

1. Does awareness, education, & implementation of **clinic performance ratings** (Ex: IRTH app) reduce maternal and infant disparities?
2. How do we implement the Kansas Birth Equity Network **birth equity training** in the state of Kansas?
3. How can we implement KBEN **birth equity terminology** in clinics?
4. How do we increase knowledge of birth and **empower decision-making** to reduce racial discrimination and chronic stress?
5. Create and implement an **interactive frequently asked questions manual** to reduce disparities in prenatal care.
6. How can **group prenatal care** improve the Kansas health care system for Black women?
7. How can we address challenges related to **historical medical trauma**?
8. How can the system be reimaged to facilitate quality care that honors the **power to decide** (Black birthing people and their partners' decisions are heard and honored)?

Maternal Mental Health: Screening & Culturally Specific Care

1. How can we **increase awareness** about maternal mental health inequities, and the pathways to a more anti-racist and equitable continuum of maternal health care?
2. How can we promote behavioral health **screening and coordination of care** (Women's Health, Pediatric Care, Other-WIC, Home Visiting, Early Childhood, Child Welfare)?
 - a. How can we also promote an increased frequency of screening over the pregnancy and through the first year postpartum?
 - b. How can we also promote a revision of the screening and care practices considering better understanding of the context, barriers, and preferred sources of support?
3. How do we invest in and promote a continuum of **culturally specific** maternal mental health services and supports (informal, community, and formal), and other ways of healing?
4. How can we help grow and diversify the perinatal and postpartum **mental health workforce**?

Depression: Postpartum Clinical & Non-Clinical Care

1. How do we expand and lengthen **coverage for postpartum care**?
2. How can we build a **culture of support** in clinical settings around the postpartum period?
 - a. Ensuring that birthing people are screened for postpartum depression
 - b. Training families and communities to identify symptoms of postpartum depression
 - c. Support families who experience postpartum depression
3. How can we establish **standard postpartum mental health care** for Black mothers that is combined with the well-baby visit?

SYSTEMS

Healthcare Systems

1. How can we collaborate with community organizations to provide a **provider expectation checklist**?
2. What methods exist and/or can be developed for **monitoring progress** toward eliminating racial and ethnic disparities in healthcare?
3. How do we ensure that **bias & anti-racism training** is a part of the curriculum and continuing education for all members of the healthcare team?
4. What factors do providers consider when making decisions and how can providers **translate the decisions** made to patients to reduce bias and racism?
5. What tools exist and/or can be developed to improve **provider/patient communication**?
6. What tools exist and/or can be developed to improve awareness of **COVID + Pregnancy**?
7. What tools exist and/or can be developed to improve awareness of **COVID + Parenting**?

POLICY

Policy/Advocacy

1. How can we create **universal insurance coverage of doulas & midwives** for perinatal and postpartum care?
2. How do we increase **paid maternal and paternal leave** in Kansas?
3. How do we support the **Black Maternal Health Omnibus Act** of 2021?
4. Can Kansas implement a **Dignity in Pregnancy and Childbirth Act**?
5. How do we increase the investment in **non-profit maternal and child health** sectors?
6. How do we **increase Medicaid reimbursement** for the state?
7. How can we **extend postpartum coverage** under Medicaid to 12 months outside of COVID guidelines understanding that postpartum depression is often missed within the 6-week period currently covered by Medicaid.

FIVE-YEAR RESEARCH AGENDA TIMELINE

Five-Year Research Agenda Kansas Birth Equity Network

Year 1	and	Year 2	Year 3	and	Year 4	Year 5
<ol style="list-style-type: none"> 1. Educate on the use of doulas & midwives, create list of doulas and midwives 2. Implement Birth Equity Terminology in clinics 3. Establish postpartum mental health care at well-baby visit 4. Bias & Anti-Racism training for healthcare team 5. Universal coverage of doulas and midwives 		<ol style="list-style-type: none"> 1. Assure coordination of care across providers 2. Reimaging system to honor power to decide 3. Increase awareness of maternal mental health inequities 4. COVID & Pregnancy, COVID & Parenting 	<ol style="list-style-type: none"> 1. Educate on signs of hypertension & preeclampsia 2. Implement Birth Equity Training in Kansas 3. Group Prenatal Care 4. Develop Methods for monitoring progress 5. Increase patient - provider communication 6. Paid parental leave 7. Extend Medicaid postpartum coverage 		<ol style="list-style-type: none"> 1. Clinic Performance Ratings 2. Interactive FAQ about pregnancy, prenatal care, etc. 3. Culturally specific maternal mental health 4. Black Maternal Health Omnibus Act 5. Dignity in Pregnancy Act 	<ol style="list-style-type: none"> 1. Low dose aspirin 2. Increase knowledge of birth, empower decision making 3. Address Historical Medical Trauma 4. Build culture of support during postpartum period 5. Increase investment in non-profit MCH sectors 6. Increase Medicaid reimbursement