1. Briefly, what was your project about and what were the outcomes?

The project goal was to develop a culture of birth equity between the University of Kansas Medical School and Kansas Sisters and Brothers for Healthy Infants and create a unified patient engagement program of patients and diverse stakeholders trained in PCOR best practices and methodologies working together to promote maternal and neonatal health. In the first year of the project, we developed a birth equity training to provide readiness and increase knowledge related to maternal and neonatal health disparities, social determinants of health, birth equity, elevating the voices of Black parents, implicit bias/anti-racism, and respectful maternal and neonatal care. In the second year, we founded the Kansas Birth Equity Network (KBEN) and engaged 44 stakeholders aimed to create a five-year research agenda (i.e., solutions) to conduct PCOR/CER in Black maternal and neonatal health. The mission of KBEN is to use a community-centered approach to create solutions that improve Black maternal, paternal, and neonatal health in Kansas through training, research, healthcare, and advocacy. The solutions focus on PCOR/CER to reduce maternal stress and maternal and neonatal mortality, and improve family structure. The KBEN members collaboratively developed a five-year research agenda in health care, research, health systems, and COVID, as well as other important issue areas to guide PCOR/CER in maternal and neonatal health.

2. What did you find most promising or exciting about your project?

The most promising was the opportunity to increase knowledge and awareness of PCOR/CER in Black maternal and neonatal health in Kansas and the establishment of a patient group of Black mothers and fathers, to increase patient-led PCOR/CER in maternal and neonatal health in Kansas. Another promising opportunity was the creation of a Black-led, Black-focused network aimed to create a five-year research agenda to conduct PCOR/CER focused on Black maternal and neonatal health. The work provided an opportunity to engage the KBEN stakeholders in the dissemination of the PCOR/CER findings. Black patients and stakeholders disseminated a patient-led birth equity blog series: Defining Birth Equity in Kansas, Words Matter in Creating Birth Equity, & Parent Perspectives on Birth Equity. A patient was also interviewed alongside project lead, Dr. Sharla Smith, for The Medical Care Blog podcast in December 2021. Lastly, we were able to develop national partnerships with Dr. Shalon’s Maternal Action Project including two “Believe Her” app KBEN peer support rooms and Emagine Solutions Technology: The Journey Pregnancy App.

3. What challenges did your team encounter?

The COVID-19 pandemic caused disruptions in KBEN’s initial efforts to conduct listening sessions, conduct PCOR/CER birth equity training, and convene diverse community stakeholders. Despite being restricted to an online environment, we were able to use the PCOR engagement rubric to develop partnerships, conduct monthly meetings, and deliver educational training via a virtual, self-paced platform. The virtual platform also helped to ensure that more members, especially parents could participate in the scheduled meetings. The virtual KBEN meetings were structured in such a
way that allowed for guest presentations on PCOR/CER maternal and infant health as well as task-focused breakout discussions to develop the five-year PCOR/CER agenda. Although the general KBEN meetings included parents from the community, we also held six virtual parent meetings using the PCOR engagement rubric to discuss barriers and challenges parents were facing in participating in PCOR/CER maternal and child health research and assist parents with completing the PCOR/CER birth equity training.

![Picture of Kansas Birth Equity Network Members at a monthly network meeting. Mrs. Wanda Irving, Chairman & Ms. Bianca Pryor, Co-Founder of Dr. Shalon’s Maternal Action Project are presenting the Believe Her App.](image)

4. In an ideal world, what would the maximum potential of your project’s outcomes be?

We hope that the project not only brings awareness to the Kansas patients, community, researchers, and providers, but also encourages healthcare systems to partner with patients and the community to increase patient-led PCOR/CER. We hope that medical and other professional schools partner with the community to increase learners’ awareness of PCOR/CER. Lastly, we hope that the Kansas Birth Equity Network is replicated nationally to conduct PCOR/CER in Black maternal and neonatal health.

5. Would you like to highlight anything else?

We have developed a birth equity case definition: “Birth equity is the assurance of equitable care through creating a system that eliminates health inequities and values parents and community stakeholders;” a five-year research agenda, Final KBEN Research Agenda Questions; a strategic plan; a birth equity blog series: The Medical Care Blog: Part 1, Part 2, Part 3; birth equity terminology; a website and community resource list; and a birth equity statement for the Kansas University labor and delivery department: “At the University of Kansas Health System, we are devoted to fostering a safe and respectful environment while providing intentional medical care to birthing people of all races, ethnicities, genders, and identities. We LIFT our patients for the best possible experience.” A parent and the project lead were also interviewed on The Medical Care Blog Podcast.