

# MATERNITY ACTION PLAN OVERVIEW:

## BUILD THE WORKFORCE NEEDED TO ACHIEVE BIRTH EQUITY AND QUALITY

Together, we must redesign and support today's maternal-infant health (MIH) workforce through changes to training and education, licensing, recruitment and retention, and reimbursement systems. These reforms must focus on expanding the workforce to include professionals and other care providers with more diverse backgrounds and experience than today's workforce. We need workers who are trained to have cultural humility and congruency, and who are prepared to acknowledge and address racism within the health care system and the other societal systems.



**While it is not the only answer to addressing inequities in MIH, researchers recognize the value of culturally congruent care, especially when it comes to matters of trust, communication, and safety.**

Creating a more diverse, culturally congruent, and respectful MIH workforce requires defining what types of MIH services are needed and the types of providers to deliver services in a patient-centered, trauma-informed way. Patients from marginalized communities and organizations serving them should lead the way in defining the community's needs. Listening to patients' experiences is essential to eliminating racism within the systems that contribute to inequitable MIH outcomes.



Reforming ongoing education, recruitment, and retention efforts to include a focus on addressing racism and teaching culturally respectful, patient-centered, trauma-informed care should be a priority across public and private institutions. In addition, the state must collect data to inform funding decisions and prioritize job program development to increase diversity and increase access to care in historically marginalized areas. Efforts must be made to engage and inform marginalized communities of MIH education, jobs, and funding opportunities. Finally, reimbursement rates and models must be improved to retain trained workers and enable them to earn a livable wage and thrive in their roles to advance birth equity in New Jersey.

### WORKFORCE POLICY RECOMMENDATION 1

**Promote reforms to educate, recruit, and retain a more diverse MIH workforce, including ongoing anti-racism education and training.**

Trainings to address bias in MIH should be required of all individuals a patient may come in contact within the health care system. This includes, but is not limited to, health care providers, receptionists, billing department, and community-based caregivers. This multi-sector approach will not instill change unless trainings are repeated, become standard practice, and staff feel supported by leadership.



## WORKFORCE POLICY RECOMMENDATION 2

**Use community input and data to enhance health care workforce training, recruitment, and retention programs and workforce sustainability to improve MIH.**

Learning where gaps and barriers are in the MIH workforce allows for programs and initiatives to be created and supported to address these needs. For instance, loan repayment and low wages are obstacles for the perinatal health care workforce. Appropriate investment in these high-demand roles can propel individuals into these careers and ultimately fill a void.



Each of the professionals listed here play integral roles for families during the perinatal period. Basic needs, education, and emotional support are a few of the many ways these roles provide benefit to birthing families, especially those who are disadvantaged. There is opportunity to identify and enhance existing community programs serving diverse populations and to expand resources to build capacity for sustainable and equitable perinatal services beyond a hospital or provider’s office and directly in the community.

## WORKFORCE POLICY RECOMMENDATION 3

**Increase support for these key MIH workforce roles: community health workers, community doulas, lactation professionals, and midwives.**

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Sustainable Policy Change to Strengthen and Accelerate the Nurture NJ Strategic Plan