

MAP TO ACTION

THEMES

Build the WORKFORCE
 Needed to Achieve Birth Equity and Quality



Build interest in the health care workforce early; Recruit people of color; Recruit Midwives, Doulas, Community Health Workers, Lactation professionals.

Embed on-going anti-racism training and DEIB practice in education and health care settings, including the impact of social and race-based drivers of health.

Hold leaders and care providers accountable for unacceptable, inequitable behavior.

Support “shared decision-making” models that create a culture of hearing and listening to patients.

Improve understanding of doula role and work; incorporate doulas as part of the team providing care during the perinatal period.

Integrate midwives into health systems and as part of medical training to support physiological birthing and holistic models of care.

Use and Collect DATA
 to Improve Equity and Quality



Collect and use qualitative data from patients, providers, and caregivers to improve health equity.


Publicly present data in user friendly ways.

Use standardized definitions to make reporting easier, enable performance comparisons at local, state, and national levels, and have more timely data reported.

Use data for payment and performance accountability.

Use data for AIM bundles and other quality improvement initiatives that involve not only hospitals but other interested organizations.

Reform PAYMENT SYSTEMS
 to Drive High Quality Holistic Maternal Infant Health Care




Link reimbursement to health plans, hospital systems, and clinicians to improved maternal and infant health outcomes through alternative payment models. Consider dyadic models that include parent/child coverage and reimbursement structure.

Improve and simplify the Medicaid credentialing system (Gainwell FFS and MCOs) to address delays, complexity, and support greater provider participation in Medicaid.

Deploy care and payment models throughout the entire reproductive health period that lead to care that is based on the principles of Reproductive Justice.

Improve Community-Based SOCIAL SUPPORTS



Publicly share evaluations and impact of Title V MIH programs, and how these programs can be accessed and expanded as needed.

Improve Connecting NJ and other Social Service Provider Org and Public/Consumer Awareness of Programs/Resources for Perinatal Individuals and families and how to access; Expand Medical-Legal Partnerships to address legal barriers to access of care and services.

Improve usability of the Perinatal Risk Assessment tool for providers, health plans, and community-based organizations for referrals and follow-ups for patients who need various services.

GLOSSARY

AIM: [Alliance for Innovation on Maternal Health](#)

Anti-racism training: [Tools and education to fight against racism](#)

APMs: [Alternative payment models](#)

DEIB: Diversity, equity, inclusion and belonging

Dyadic: birthing person and baby

EOC: [Episode of care](#)

FFS: [Fee for service](#)

MCOs: Managed Care Organizations

MIH: Maternal-Infant Health

OBS: Obstetricians

PRA: [Perinatal Risk Assessment](#)

Reproductive Justice: [the human right to maintain personal bodily autonomy](#)

Title V: [Maternal and Child Health Block Grant](#)

VBP: [Value-based payment/purchasing](#)