



# Meeting of the Care Delivery Transformation Committee

October 4, 2023



# Agenda



## **CALL TO ORDER**

**Approval of Minutes (VOTE)**

**Guest Presentation: Baystate Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) Pilot Program**

**Guest Presentation: Inviting Narratives of Substance Use Disorder (SUD) Treatment in the Perinatal Period: A Focus on Race and Equity (INSPIRE) Project Update**

**Schedule of Upcoming Meetings**

# Agenda



Call to Order



## **APPROVAL OF MINUTES (VOTE)**

Guest Presentation: Baystate Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) Pilot Program

Guest Presentation: Inviting Narratives of Substance Use Disorder (SUD) Treatment in the Perinatal Period: A Focus on Race and Equity (INSPIRE) Project Update

Schedule of Upcoming Meetings

# VOTE

## Approval of Minutes

### MOTION

That the Members hereby approve the minutes of the Committee meeting held on **May 10, 2023**, as presented.

# Agenda



Call to Order

Approval of Minutes (**VOTE**)



## **GUEST PRESENTATION: BAYSTATE BIRTH EQUITY AND SUPPORT THROUGH THE INCLUSION OF DOULA EXPERTISE (BESIDE) PILOT PROGRAM**

Guest Presentation: Inviting Narratives of Substance Use Disorder (SUD) Treatment in the Perinatal Period: A Focus on Race and Equity (INSPIRE) Project Update

Schedule of Upcoming Meetings

# The Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) Pilot Program

Neena Qasba, MD, MPH

Principal Investigator

HPC Investment Award Manager



# Baystate BESIDE Team

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## Principal Investigators

Neena Qasba, MD, MPH  
Autumn Versace, DNP, CNM  
(PI a/o 9/1/2023)

## Midwife Consultants

Carly Detterman, CNM  
Liza Winston, CNM

## UMass Team – Secondary Core Measures

Laura Attanasio, PhD  
Sarah Goff, MD, PhD

## Racial Disparities/Health Equity Consultant

Tonja Santos, CNM

## Springfield Family Doulas

Tanita Council, Full Spectrum  
DONA-trained doula  
Laconia Fennell, Certified  
Holistic Birth Doula

## Program Manager

Laura Gebhardt, CCRP

# Baystate BESIDE Program

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## Service-based goals

- Provide doula services throughout the prenatal, labor/delivery, and postpartum periods
- Evaluate impact of doula services on health disparities, increasing equity of birthing experience, and maternal-fetal outcomes
- Evaluate implementation and feasibility of a new program

## Community-based goals

- Engage in efforts to expand the Springfield doula workforce through doula training for community members or reengaging with individuals previously trained as doulas.
- Facilitate ongoing engagement with members of the Springfield community through community events to disseminate information about doula care.

## Sustainability

- Train additional community members as doulas
- Create relationships between clinical and hospital leadership and local doulas

# Evidence regarding Doula Care & Labor Support

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2017 Cochrane Review of 26 studies with >15,000 women

When someone has continuous support:

25% decrease in the risk of Cesarean; the largest effect was seen with a doula (39% decrease)

8% increase in the likelihood of a spontaneous vaginal birth; the largest effect was seen with a doula (15% increase)

For these two outcomes, the best results occurred when a birthing person had continuous labor support from a doula— someone who was NOT a staff member at the hospital and who was NOT part of their social network

-Bohren, et.al, 2017

# Racial Disparities

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More women in the US are dying of pregnancy related complications than any other developed country and that rate keeps rising. (CDC, 2022)

In the US alone, women of color are 3-4x more likely to die of a childbirth related complication and their babies are 3-4 times less likely to make it to their first birthday. (CDC, 2022)

Springfield, MA infant mortality rate is 2x the rate of the State of Massachusetts (Massachusetts DPH, 2020)

In 2020, Black patients at Baystate experienced SMM at a 3x higher rate than white counterparts and Hispanic pts had a 2.5 x higher rate than white patients (Baystate' internal data, 2020)

# Doulas Reduce Racial Disparities in Maternity Care

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Agency

Personal  
security

Respect

Knowledge

Connectedness

-Decker, 2019

# Doulas' Role in Reducing Health Disparities

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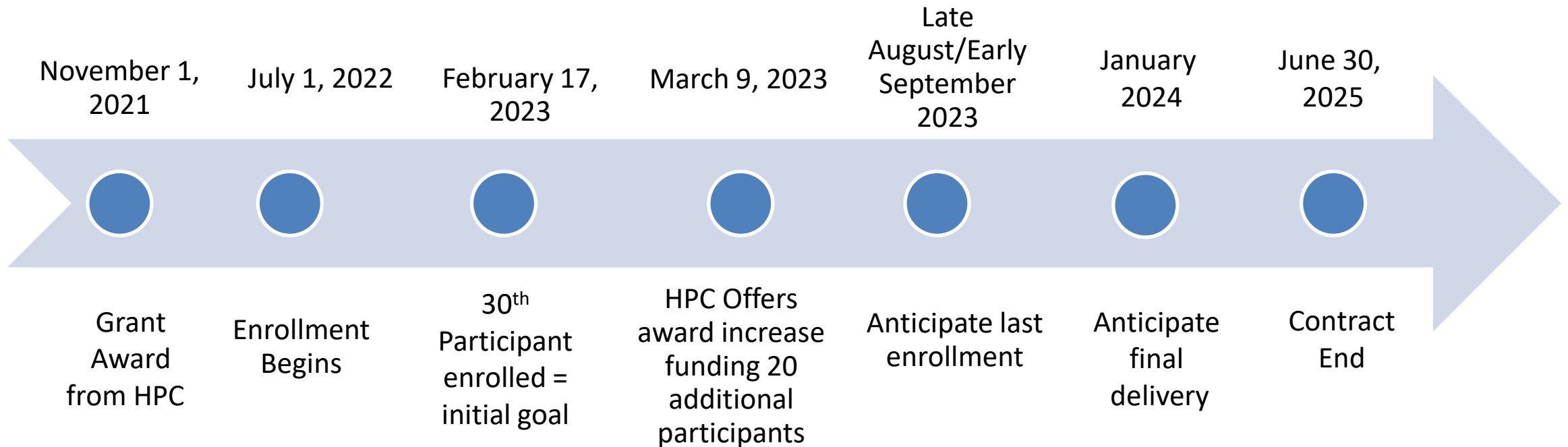
Low-income women of color reporting wanting but not having sufficient access to doula care, particularly those who are Black, African American, publicly insured, or uninsured

Doula care can best impact birthing people who are historically underserved such as Black and African American Birthing People, families with substance use disorder, adolescents, and those impacted by stressors such as trauma and homelessness.

Birthing People tend to seek out doulas who look like them and share their background, representation matters in health care.

- Kozhimannil, et. al., 2016

# BESIDE Timeline



# Preparatory Activities: Staff & Clinicians

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## Kick-off “Meet and Greet”

- 12 meetings between May – July 2022
- All types of staff and providers who would interact with BESIDE doulas and participants
- Introduce BESIDE program and doulas to promote awareness
- Answer questions from staff and providers
- Solicit feedback from staff and providers
- Administer baseline provider survey

## Cultural Humility Training

- All Baystate patient-facing OBGYN staff received equity training and cultural humility training provided by the Women of Color Health Equity Collective during GY 2021-2022

# Inclusion/ Exclusion Criteria

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## Inclusion Criteria:

- Age > 18 years
- Self-identify as Black (African American)
- Express interest in participating
- Currently pregnant before 32 weeks 6 days EGA

## Exclusion Criteria:

- Age: < 18 years
- Planning to obtain an abortion
- Fetal demise
- Entry into prenatal care beyond 32 weeks 6 days EGA
- Non-Black race

# Recruitment

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## Recruitment Sites:

- Wesson Women's Clinic
- Baystate Midwifery and Women's Health
- Mason Square Health Center

## Identifying Potential Participants:

- Patients complete race/ethnicity survey at new OB visit
- All patients provided with BESIDE recruitment brochure
- Research Coordinator contacts/screens eligible patients who have expressed interest
- Springfield Family Doula provides doula care

# Doula Visit Schedule

## Prenatal Visits

- 4 between enrollment and delivery
- Convenient location options:
  - Participant's house
  - Accompany to OB visit
  - Other in-person location
  - Virtually
  - Phone

## Labor and Delivery

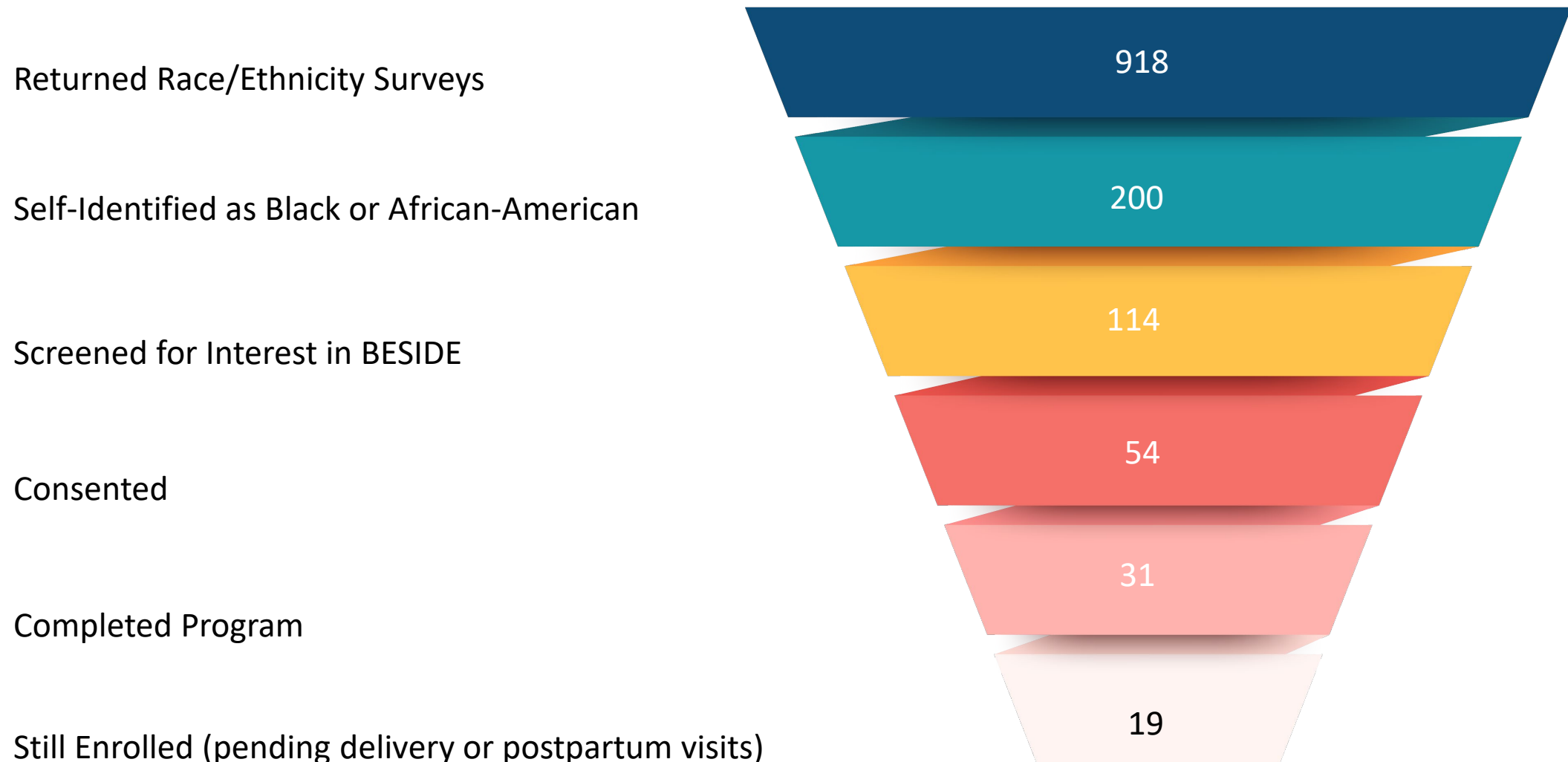
- Continuous doula support from onset of active labor until ~ 2 hours postpartum

## Postpartum Visits

- 2 doula visits between delivery hospital discharge and 8 weeks postpartum
- Convenient location options:
  - Participant's house
  - Accompany to OB visit
  - Other in-person location
  - Virtually
  - Phone

# BESIDE Recruitment

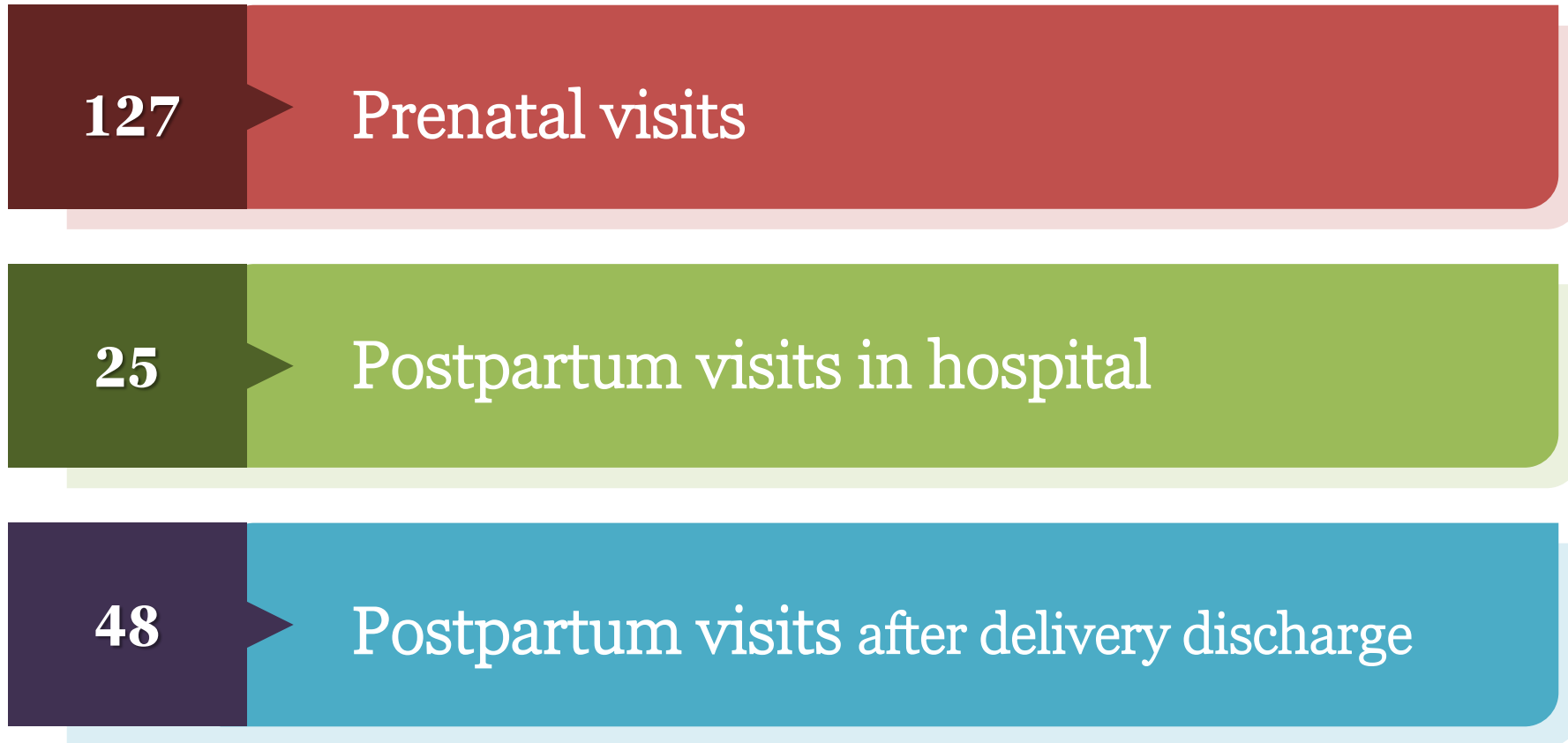
a/o 9/01/2023



# Doula Visits

through 8/31/2023

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# Results for Neonates delivered through 9/01/23 (n=33)

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# Results for Participants delivered through 9/01/23 (n=32)

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9

**NICU Admissions During Delivery Admission**

2

**NICU Readmissions within 28 days**

0

**Instances of severe maternal morbidity at 6 weeks postpartum**

0

**Maternal readmissions between delivery discharge and 8 weeks postpartum**

# Provider Involvement & Feedback: Baseline Survey

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Emailed following initial BESIDE introductory presentations



Gauge baseline familiarity, experience, readiness for program



76.3% reported having had positive experiences with doulas



37.5% of respondents indicated having at least one negative experience with a doula



Most cited doula's interference with medical advice making it difficult for the health professionals to build a trusting relationship with the patient



Results consistent with prior studies - mixed attitudes toward doulas among labor and delivery nurses, midwives, and obstetricians



Aware that the BESIDE implementation may encounter some resistance

# Provider Involvement & Feedback: 1-Year Survey



Emailed August 2023



Gauge if and how  
receptiveness to doulas and  
BESIDE changed over the  
year



Results still being analyzed

"We really need more doulas! our low-income Latina patients could really benefit as well." – CNM

## Selected Quotes from Providers

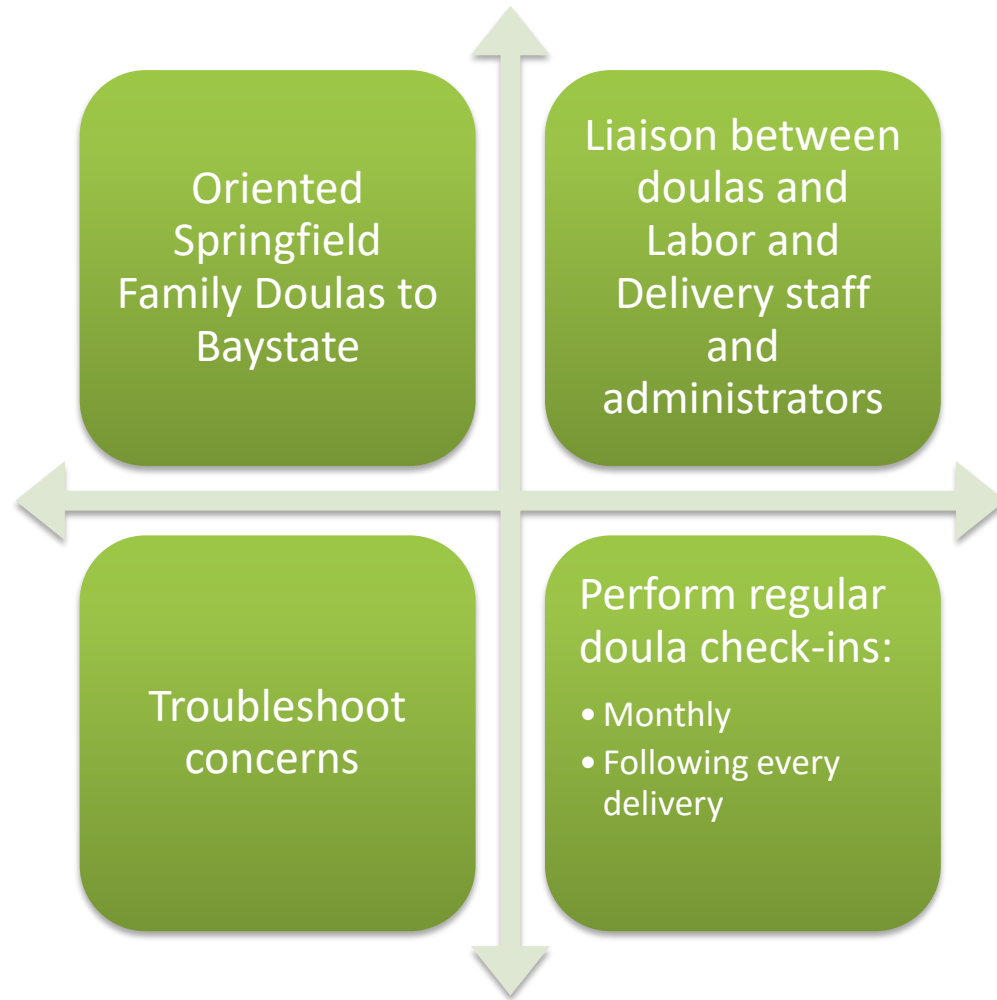
"Thrilled this is happening, and I love to hear a pt. is participating and that it's been a positive thing for them (in visits)." – CNM

"Would love it to be expanded to increase access to more patients/practices who would likely benefit from the added supports" - MD

"I wish we had the opportunity to offer this service to all Black birthers at BMC!" – CNM

# BESIDE Midwives: Carly Detterman CNM & Liza Winston, CNM

## Continuous Collaboration with Doulas



# Orient Doulas to Baystate & Orient Baystate to Doulas

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- Midwives were laying groundwork for Doulas even before Beside – Sponsored Grand rounds with Christina Gebel, MPH Birth Doula(DONA), LCCE
- Collaborated with Doulas to create a presentation to introduce the evidence behind doula care and the specific work of Springfield Family Doulas – presented to Providers, Nurses, and staff in both the in and outpatient settings
- Orient Doulas to the "Medical Industrial Complex"



# Liaison and Troubleshoot concerns

- Receive alerts when BESIDE participants admitted to Baystate, able to follow in medical record to have an overview of situation
- Available 24/7 by internal paging system to help doulas in moment – some reoccurring concerns – patients not hearing back from providers, doulas not being let into triage, doulas not being let into OR
- Able to have ear to ground to hear real time feedback on Labor and delivery floor, Liza works with residents on OB team



This Photo by Unknown author is licensed under [CC BY-SA](#).

# Birth debriefs and Monthly Check ins

In addition to being available for real time feedback concerns, Midwives performed debriefs with Doulas after each birth and at the end of every month both for timely awareness of issues and concerns and for data collection





Tanita Council – Full Spectrum Doula



Laconia Fennell – Holistic Doula

# Springfield Family Doulas

# Increased Connection Between Doulas and Midwives

Doulas Teaching labor support class to Midwifery Students



Doulas Sharing their voice during Baystate Black Maternal Health week event



# Doula Training

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## Laconia Fennell

- Prenatal yoga teaching training/certification
- Baystate onboarding activities
- Breastfeeding educator certification (*in progress*)
- Train-the- Trainer certification (*in progress*)

## Tanita Council

- Baystate onboarding activities
- Breastfeeding educator certification (*in progress*)
- Train-the- Trainer certification (*in progress*)

# Community Outreach Events

Springfield Family Doulas participated in 18 community events between May 2022 – July 2023:

- Promoted doula services
- Promoted BESIDE project
- Events included:
  - Health fairs
  - Community Baby Showers
  - Black Maternal Health Week
  - Juneteenth Jubilee
  - Breastfeeding Awareness



# Springfield Family Doulas

Evolution of interactions with clinical and administrative staff (e.g., nurses, doctors, front desk staff):

- At first, we received a lot push back, hesitation, and felt the sense that we were on opposite sides.
- As the staff became more familiar with us, we felt more cohesiveness with client's team while in the hospital.

Important factors in building positive relationships between doulas and hospital staff:

- Education about the role of a Doula, as part of the hospital orientation, the nurses learn about the role of trained birth doulas.
- Attending workshops together can facilitate relationship building, respect, trust, and communication.



# Effects of Shared Identity Between Doulas and Clients

- Asset that helps clients overcome fears about how they might be treated or mistreated within the medical system.
- Opportunity for a woman to show up with you that already identifies with you.
- By identifying with clients and acknowledging their experiences, Black doulas can create a space of trustworthiness
- We have several clients that state, “Thank you for looking like me in a hospital that is filled people that don't look me or come from where I come from”.



# Connecting with Patients' Support Systems

- Including support people (partners, parents, etc.) in the prenatal appointments
- Teaching the support person comfort measures
- Help partners become more engaged



# Sustainability

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Met with Baystate Strategic Planning	Select Preferred Doula Model	SFD Applied for Massachusetts Attorney General's Health Equity grant program	Doula Workforce Development
<ul style="list-style-type: none"><li>• Continue to identify potential internal and external funding sources for future doula program</li></ul>	<ul style="list-style-type: none"><li>• Baystate employees</li><li>• Independent contractor</li><li>• Discussions of pros/cons with existing doula companies</li></ul>	<ul style="list-style-type: none"><li>• Hope to secure funds to train new doulas as well fund training to become parent educators</li></ul>	<ul style="list-style-type: none"><li>• Doula Train-the-Trainers</li><li>• Train additional doulas</li></ul>

# References

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- Special thanks to Christina Gebel, MPH for her Grand Rounds talk on doula care (some information included adapted from her talk)
- Bey, A et al (2019) Advancing Birth Justice: Community Based Doula Care for Ending Racial Disparities.
- [Bohren, M.A., Hofmeyr, G., Sakala, C., et al. \(2017\).](#) “Continuous support for women during childbirth.” Cochrane Database of Systematic Reviews
- Decker, Rebecca (2019) Evidence on Doulas. Evidenced Based Birth
- Declercq, E. R., Sakala, C., Corry, M. P., et al. (2007). “[Listening to mothers II: Report of the second national U.S. survey of women’s childbearing experiences](#).” The Journal of Perinatal Education 16:9-14.
- [Declercq, E. R., Sakala, C., Corry, M. P., et al. \(2013\).](#) “Listening to mothers III pregnancy and birth: Report of the third national U.S. survey of women’s childbearing experiences.” New York: Childbirth Connection.
- Gruber KJ, Cupito SH, Dobson CF. Impact of doulas on healthy birth outcomes. *J Perinat Educ.* 2013;22(1):49-58. doi:10.1891/1058-1243.22.1.49
- [Kozhimannil, K. B., Vogelsang, C. A., Hardeman, R. R., et al. \(2016\).](#) Disrupting the Pathways of Social Determinants of Health: Doula Support during Pregnancy and Childbirth. Journal of the American Board of Family Medicine : JABFM, 29(3), 308–317.

# Questions? Feedback?

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# Agenda



Call to Order

Approval of Minutes **(VOTE)**

Guest Presentation: Baystate Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) Pilot Program



**GUEST PRESENTATION: INVITING NARRATIVES OF SUBSTANCE USE DISORDER (SUD) TREATMENT IN THE PERINATAL PERIOD: A FOCUS ON RACE AND EQUITY (INSPIRE) PROJECT UPDATE**

Schedule of Upcoming Meetings



## Department of Public Health

Source of funds from SAMSHA State  
Opioid Response (SOR) Grant



## Health Policy Commission

Contract and project  
management

Collaborate on  
projects to provide  
treatment and  
support to families  
and infants affected  
by opioid use  
disorder (OUD)



## Perinatal Neonatal Quality Improvement Network of MA

Clinical/Technical Expertise

# INSPIRE

(Inviting Narratives of SUD  
treatment in the Perinatal period: a  
focus on Race and Equity) +  
**Family Engagement Project**

# Outline

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- Present Massachusetts data on perinatal OUD treatment disparities
- Review project aim, objectives, and methods
- Describe participant characteristics
- Highlight key themes from interviews
- Disseminate actionable areas for hospital-based teams to address discrimination/inequitable care and patients to understand their rights



Original Investigation | Obstetrics and Gynecology

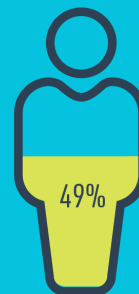
## Assessment of Racial and Ethnic Disparities in the Use of Medication to Treat Opioid Use Disorder Among Pregnant Women in Massachusetts

David M. Schiff, MD, MSc; Timothy Nielsen, MPH; Bettina B. Hoepfner, PhD; Mishka Terplan, MD, MPH; Helena Hansen, MD, PhD; Dana Bernson, MPH; Hafsatou Diop, MD, MPH; Monica Bharel, MD, MPH; Elizabeth E. Krans, MD, MSc; Sabrina Selk, ScD; John F. Kelly, PhD; Timothy E. Wilens, MD; Elsie M. Taveras, MD, MPH

White non-Hispanic

Black non-Hispanic

Hispanic



% of pregnant women who received medication

In adjusted models, Black non-Hispanic women and Hispanic women were **58-63% less likely to receive any medications** to treat opioid use disorder compared to white non-Hispanic women in pregnancy.

White non-Hispanic

Black non-Hispanic

Hispanic



% of pregnant women who received medication consistently

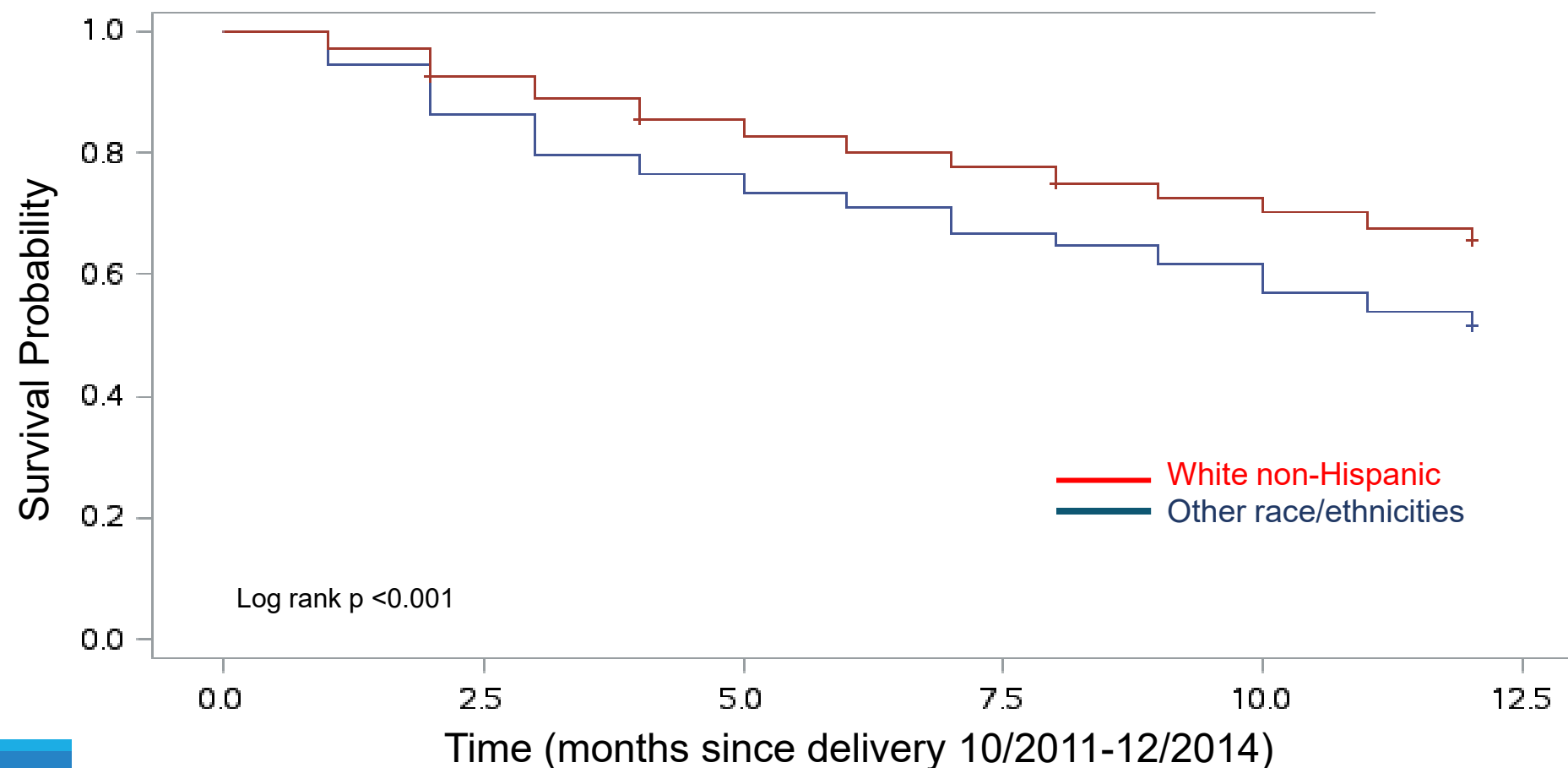
In adjusted models, Black non-Hispanic women and Hispanic women were **66-76% less likely to consistently receive medication** to treat opioid use disorder compared to white non-Hispanic women in pregnancy

Schiff et al, JAMA  
Network Open, 2020

## OBSTETRICS

**Methadone and buprenorphine discontinuation among postpartum women with opioid use disorder**

Davida M. Schiff, MD, MSc; Timothy C. Nielsen, MPH; Bettina B. Hoepfner, PhD; Mishka Terplan, MD, MPH; Scott E. Hadland, MD, MPH, MSc; Dana Bernson, MPH; Shelly F. Greenfield, MD, MPH; Judith Bernstein, RN, PhD; Monica Bharel, MD, MPH; Julia Reddy, MA; Elsie M. Taveras, MD, MPH; John F. Kelly, PhD; Timothy E. Wilens, MD

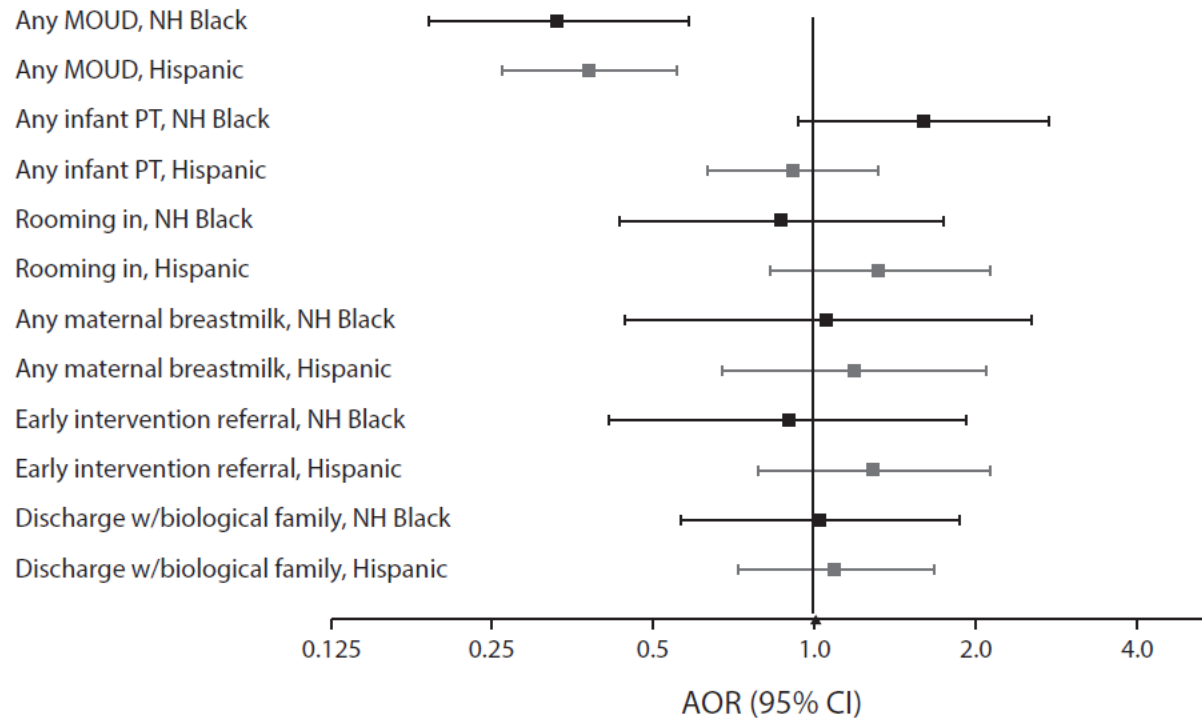


# Racial and Ethnic Disparities in Maternal and Infant Outcomes Among Opioid-Exposed Mother–Infant Dyads in Massachusetts (2017–2019)



Mary Peeler, MD, MPH, Munish Gupta, MD, Patrice Melvin, MPH, Allison S. Bryant, MD, MPH, Hafsatou Diop, MD, MPH, Ronald Iverson, MD, MPH, Katherine Callaghan, MD, Elisha M. Wachman, MD, Rachana Singh, MD, MS, Mary Houghton, MPH, Shelly F. Greenfield, MD, MPH, and Davida M. Schiff, MD, MSc

## AJPH OPEN-THEMED RESEARCH



Peeler et al.,  
AJPH, 2020

## Project Aim

Identify drivers of disparities in care for Black and LatinX pregnant and parenting people with substance use disorder through qualitative, semi-structured interviews

# Project Approach

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1. Use a **community-based approach** to outreach and engagement with key stakeholders and Black and Latinx birthing people with SUD;
2. Promote **individuals with lived experience as experts** with equal voice from project inception to completion;
3. **Train peers** with lived experience with substance use disorder themselves or within their family to facilitate interviews;
4. Identify **core program partners** to enhance reach of recruitment
5. Complete **semi-structured interviews** to elicit views of birthing people of color with substance use disorder on engaging in care and treatment during the perinatal period
6. **Triangulate findings** with key stakeholders – individuals with lived experience and clinical teams

# Guiding Principles and Frameworks

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- Public Health Critical Race Framework (PHCRF)
  - Race consciousness
  - Social construction of knowledge
  - Intersectionality
  - Voice
- Community-Enhanced Research
- Reproductive Justice
- Anti-racist research methodologies

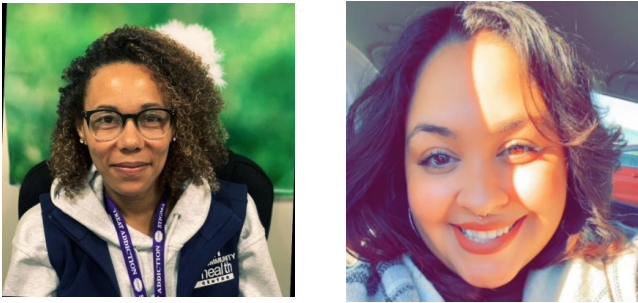
Core Project Team



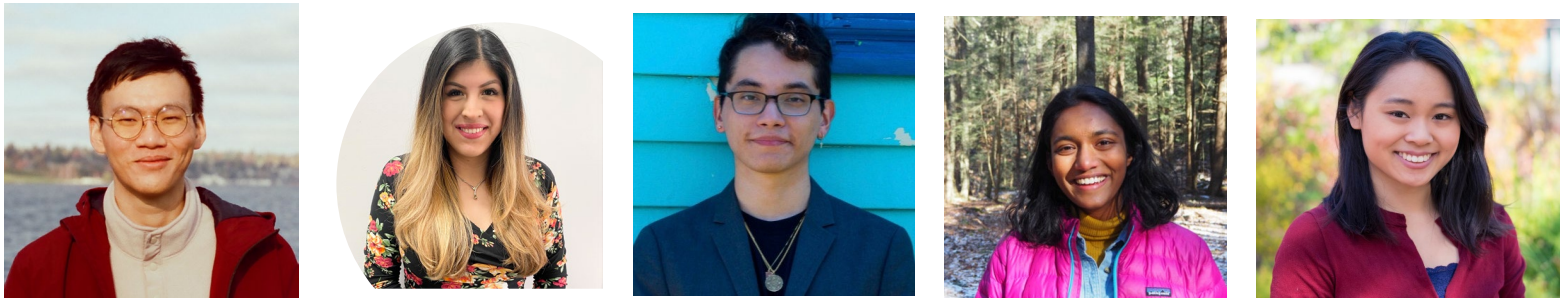
Program Partners



Peer Interviewers



Trainees



Advisory Board



# Study Participants

**46** individuals expressed interest in the study

- 6 were not able to be reached or declined.
- 5 were consented, but did not show for interview.
- 9 were excluded for not meeting criteria.

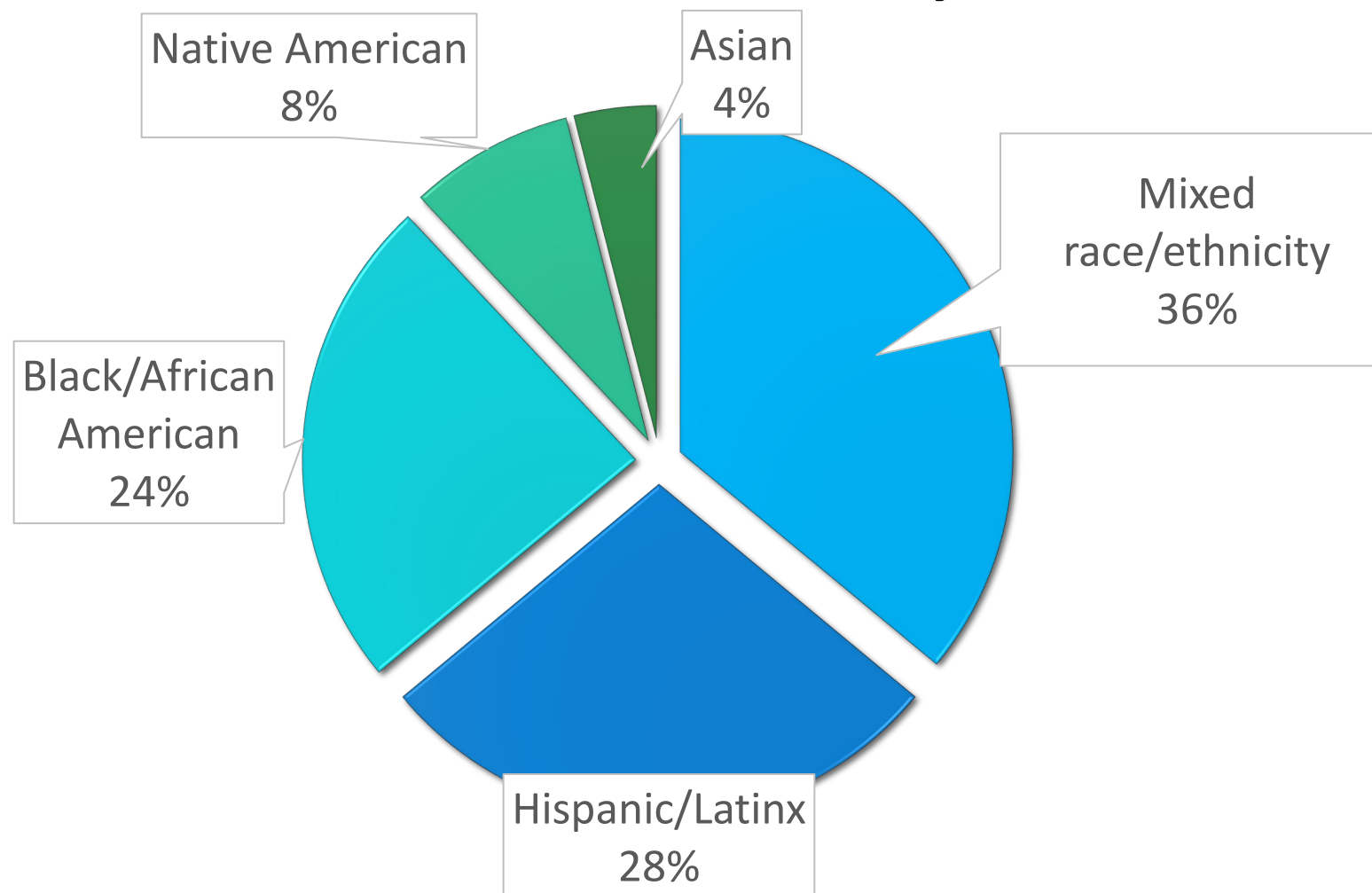
**26** interviews were completed

\*One interview was completed in Spanish and transcribed remainder in English.

- 3 interviews were excluded after reviewing content (no clear SUD, delivery 7 y/o, one less than 10 mins)

**23** interviews included in analysis

## Race and Ethnicity



# Patient Demographics

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Avg Age - 33.5

Less than High School Education – 13.5%

**Public Payor Insurance – 100%**

**Receipt of Government Assistance – 100%**

Language spoken other than/in addition to English -- 56.5%

Staying in a shelter, sober home, or residential treatment program – 47.8%

## Problematic Substance Use:

- 74% crack/cocaine
- 70% opioid
- 56.5% alcohol.

Non-fatal OD – 30.4%

Any use of Medications to treat OUD – 70%

Average number of children - 2.7

Children residing outside of maternal care – 30%

# Key Findings

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\*TRAUMA INFORMED APPROACH – TAKE THE SPACE YOU NEED TO PROCESS THE INFORMATION PRESENTED IN THE WAY THAT IS BEST FOR YOU

# Theme 1

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**Compared with white patients, participants of color experienced increased scrutiny, mistrust, and expectations from clinicians and treatment programs.**

# Representative Quote

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“I did know a girl that was going through the same situation I was. Basically, her medication, they would give it to her right away nonstop during the pandemic... I would have to take drug tests and go physically into the office. I felt like it was kind of racism because... she’s American and I’m Spanish. I felt like why are we getting treated differently when we’re going through the same thing and we’re getting help at the same place? After that, that’s when I didn’t really go back to receive medical care for my pregnancy because I felt like I was being judged.” (34-year-old Latina mother)

## Theme 2

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**Greater self-advocacy was required of participants during and after their pregnancy, including presenting themselves in ways to counteract racial and ethnic stereotypes and addiction stigma.**

# Representative Quote

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*“We don’t have that privilege of just being, because automatically, we’re already labeled as being lazy or being late or being rude. Some people will try to push our buttons just to prove that... ‘Watch. Yeah, you know, all Black women got a temper.’ Now, adding the addict side, ‘Oh, she’s a fiend. She has ulterior motives. She’s not kind. She’s probably dirty.’ Just all those extra things that we have to work that much harder at. You’re right. It is exhausting.”  
(33-year-old Black and Latina mother)*

# Theme 3

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**SUD history and gender intersect with racism to heighten and form unique experiences of discrimination.**

# Representative Quote

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*“When my son was in the NICU... they looked at me differently. First, because I was a woman of color and second, because I was on methadone and [in] recovery. You can see the difference when another parent came in. They'd be so happy interacting with them. Then when I come in it's just like no emotion... They acted like I didn't know what I was doing with my child... They were definitely judging, and that was not right of them. I felt not comfortable and out of place.”*

# Specific areas of inequitable perinatal care

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1. Inadequate pain management
2. Unnecessary urine drug testing
3. Greater chance of DCF reporting and child removal
4. Pressure for postpartum contraception
5. Overt bias and discrimination from staff

# Pain Management Representative Quote

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*“During that time, going through it after care, I didn’t wanna take the opioids they gave for pain because I was so scared for them to think that I was really a user of opiates... I’m talking about obviously a C-section, so I’m sitting there in excruciating pain, and I wouldn’t take the opioids because of the situation.”*

# Contraceptive Coercion Representative Quote

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*“After pregnancy, I didn't wanna get the IUD, and they were very persistent of me gettin' the IUD... I asked about getting on birth control pills because that's what I used to do... Again, the doctors were just so persistent, and they kept coming up with why it's such a good idea and everything like that. At that point, it's just like, ‘There's no point to argue.’”*

# Action is needed to improve care for women of color affected by perinatal SUD

**Education** and **training** of providers through an antiracist lens to correct historical injustices

**Advocacy** for patients to understand their rights and available resources

**Promote equity, harm reduction, and a culture of safety**

**Standardization** of policies to reduce room for bias and discrimination

**Redesign policies** to address inequitable toxicology testing and reporting mandates

# Dissemination Efforts

Focus Area		
Clinician / Hospital-based Teams	Oral Presentation to PNQIN	April 2023
	Academic Manuscript	Under review at JSAT Oct 2023
	Family Engagement Project QI Work	<i>Ongoing</i>
Public Health / Policy Makers	PNQIN Presentation	April 2023
	HPC Board	Oct 2023

# Family Engagement Project: Integrating INSPIRE into ongoing QI work

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- Initiative across 5 MA hospitals to improve perinatal care quality and equity for families affected by substance use disorder
  - **Aim 1:** Form Patient-Family Advisory Councils of patients with lived experience
  - **Aim 2:** Collect family experience data with the goal of identifying areas of inequitable care and create a state-wide database
  - **Aim 3:** Hospital-specific QI project based on an area of inequitable perinatal SUD
  - **Aim 4:** Participate in staff trainings centered on racism and equity

# Family Engagement Project: Integrating INSPIRE into ongoing QI work

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**Aim 1:** Form Patient-Family Advisory Councils of patients with lived experience

- Goal is to keep patients at the center of QI efforts
- Selection of PFAC members to consciously uplift perspectives of Black and LatinX birthing persons

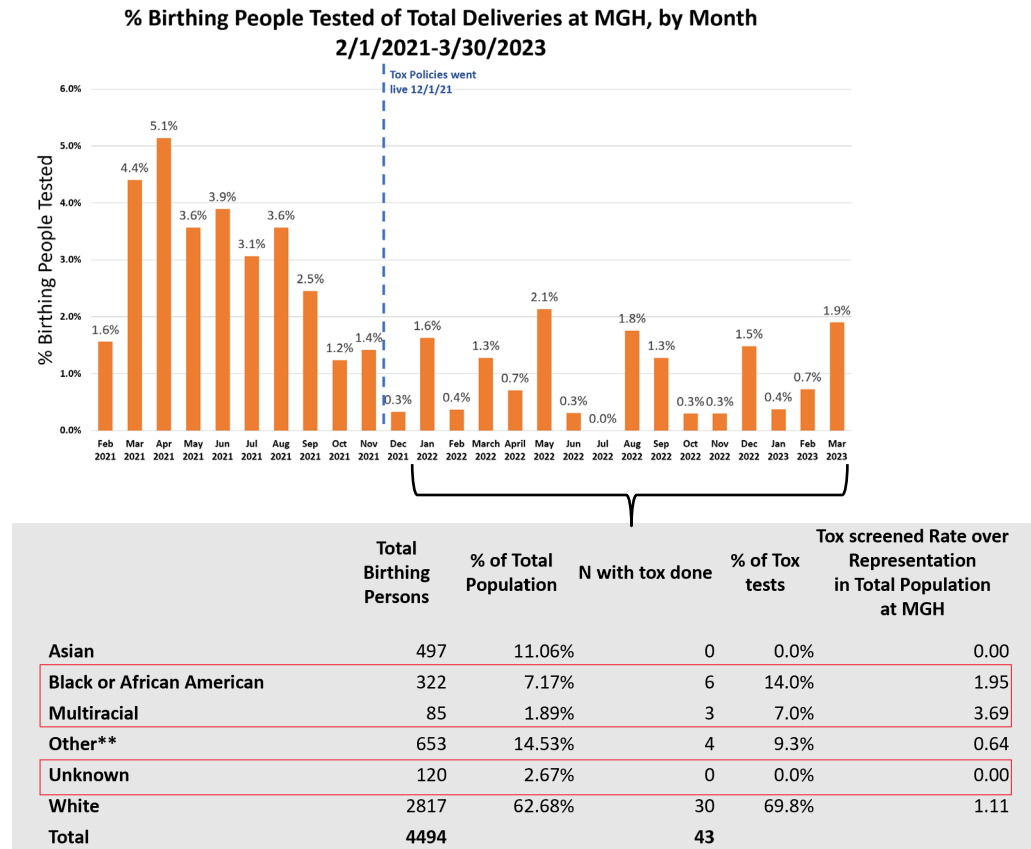
**Aim 2:** Collect family experience data with the goal of identifying areas of inequitable care and create a state-wide database

- Patient experience survey includes maternal and newborn demographic data
- Ongoing data monitoring and analysis to determine areas of inequitable care by race and ethnicity at each hospital

# Family Engagement Project: Integrating INSPIRE into ongoing QI work

**Aim 3:** Hospital-specific QI project based on an area of inequitable perinatal SUD

- **MGH:** Disproportionate toxicology testing of Black and multiracial birthing persons despite overall decrease in number of tests
  - **Next steps:** Staff guideline re-education, racial equity and implicit bias training, re-examination of toxicology testing policy



# Family Engagement Project: Integrating INSPIRE into ongoing QI work

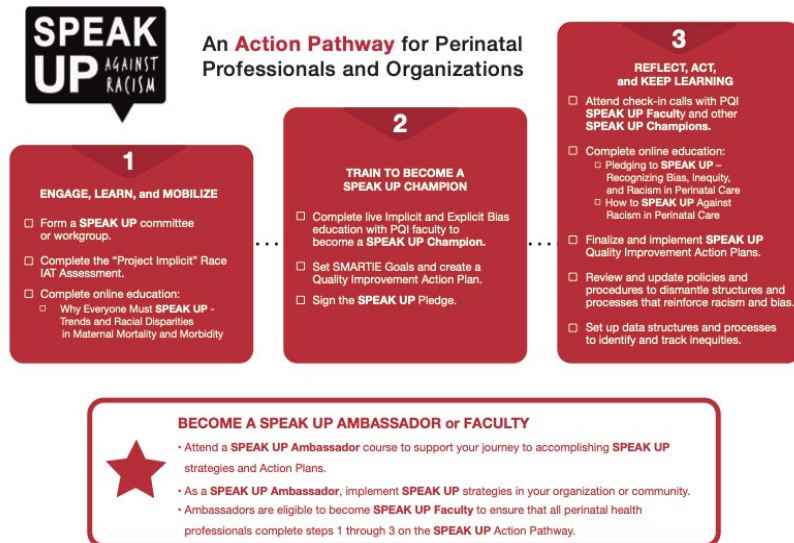
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**Aim 3:** Hospital-specific QI project based on an area of inequitable perinatal SUD

- **Emerson:** Staff implicit bias identified as major barrier to equitable care
  - **Next steps:** Panel of patients with lived experience, perinatal staff education on perinatal racial/ethnic disparities, standardizing clinical workflow (safety huddles, DCF Plan of Safe Care completion)

# Family Engagement Project: Integrating INSPIRE into ongoing QI work

**Aim 4:** Participate in staff trainings centered on racism and equity



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IMPROVEMENT

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PNQIN MA  
**SPEAK UP** Equity Webinars

**SPEAK UP** AGAINST RACISM

# Dissemination Efforts

Focus Area		
Affected individuals, families, and communities	Community reflection groups, presentation to community partners	Summer 2023
	Visual Mapping Graphic	Winter 2024

# THE NEGATIVE IMPACT OF MANDATED REPORTING POLICIES FOR PRENATAL SUBSTANCE USE

MEDICATIONS FOR OPIOID USE DISORDER ARE PRESCRIBED & DISPENSED TO SUPPORT RECOVERY



WANTING THE BEST FOR ME AND MY BABY

26 WOMEN WITH OPIOID USE DISORDER IN MASSACHUSETTS WERE INTERVIEWED ABOUT THEIR EXPERIENCES DURING PREGNANCY AND DELIVERY

IN SOME STATES, INCLUDING MASSACHUSETTS, POLICIES REQUIRE AUTOMATIC FILING OF CHILD ABUSE & NEGLECT CHARGES FOR SUBSTANCE-EXPOSED NEWBORNS INCLUDING INFANTS EXPOSED IN-UTERO TO MEDICATIONS TO TREAT OPIOID USE DISORDER BECAUSE IN-UTERO EXPOSURE TO THESE MEDICATIONS CAN RESULT IN NEONATAL WITHDRAWAL -- A TEMPORARY & TREATABLE CONDITION

• **FRUSTRATION** THAT MEDICALLY INDICATED TREATMENT TRIGGERS CPS SURVEILLANCE

• **INTENSE ANXIETY** EXPERIENCED DURING PREGNANCY KNOWING A CPS REPORT WOULD BE FILED AT DELIVERY

CHILD PROTECTIVE SERVICES (CPS) FILINGS ARE NOT MADE AGAINST FATHERS WHO USE THESE SAME ADDICTION RECOVERY MEDICATIONS WHICH CONSTITUTES

- **GENDER DISCRIMINATION**

• **DISCRIMINATORY LANGUAGE** LIKE "UNFIT" & "NEGLECT" USED IN CPS FILINGS INCREASE STIGMA IN THE HEALTHCARE SETTING

• **LOSS OF PRIVACY** AND AUTONOMY AROUND MEDICAL DECISIONS

POTENTIAL FOR:

- NEGATIVE HEALTH IMPACTS FOR MATERNAL-INFANT DYAD
- TREATMENT NON-ADHERENCE DUE TO FEAR AND ANXIETY
- CPS INVOLVEMENT AFFECTING THE MEDICAL CARE MOTHERS RECEIVE

STRESS STIGMA FEAR

VS

IMPROVED MATERNAL-INFANT HEALTH OUTCOMES

WE CAN CREATE A BETTER PATH to SUPPORT FAMILIES

■ UNCOUPLE TREATMENT DECISIONS FROM CPS REPORTING

■ FOCUS ON SERVICE DELIVERY, NOT SURVEILLANCE

■ SUPPORT SERVICES LIKE COMMUNITY HEALTH PROGRAMS & CHILDCARE

INFORMED BY THOSE WITH LIVED EXPERIENCE

MEDICAL DECISIONS SHOULD BE MADE AUTONOMOUSLY WITH A KNOWLEDGEABLE HEALTHCARE PROVIDER - WITHOUT FEAR OF POLICIES REQUIRING CPS INVOLVEMENT

FUNDED BY NIDA K23DA048169  
WORK ET, MUFTU S, MacMILLAN KDL, GRAY JR, BELL N, TERPLAN M, JONES H,  
REDDY J, WILENS T, GREENFIELD SE, BERNSTEIN J, SCHIFF DM.  
PRESCRIBED AND PENALIZED: THE DETRIMENTAL IMPACT OF MANDATED REPORTING FOR PRENATAL  
UTILIZATION OF MEDICATION FOR OPIOID USE DISORDER. *MATERNAL CHILD HEALTH JOURNAL*. 2023

 Mass General Brigham  
Mass General for Children

## Reimagining infographic focus

# Feedback: Patient “bill of rights”



# Back to our participants...

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*"When DCF took my kids is when I became sober, because my kids shouldn't have to go through that. My kids are African American and they're Latino and they're going through shit at the age of 15, 14, and 2 and they're not white, so that's what it is, and it hurts. It hurts me. I'm watching a lot of white people [whose] kids get that and this. As minorities, we've got to pull and pull and keep pulling and fighting, that's not fair. You feel like you're doing the right thing and you're still not doing the right thing."*

*"I'm accomplishing a lot. Like I said, it's not easy being a Latina and not getting the proper help we need because they don't want to help us. They want to help the Caucasians, and I don't think that's fair how they treat us minorities. We're not getting no proper help. We've got to fight for our own and use our own words just to get what we need. I mean, nowadays, it's even hard to go to the hospital without them judging us. Yeah. Yeah that's my story."*

Thank you!



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# Agenda



Call to Order

Approval of Minutes (**VOTE**)

Guest Presentation: Baystate Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) Pilot Program

Guest Presentation: Inviting Narratives of Substance Use Disorder (SUD) Treatment in the Perinatal Period: A Focus on Race and Equity (INSPIRE) Project Update



**SCHEDULE OF UPCOMING MEETINGS**

SAVE THE DATE

2023

# HEALTH CARE COST TRENDS HEARING

WEDNESDAY, NOVEMBER 8

9:00AM – 4:00PM



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION

SUFFOLK UNIVERSITY  
LAW SCHOOL  
120 Tremont Street, Boston

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LIVESTREAM: [tinyurl.com/hpc-video](https://tinyurl.com/hpc-video)

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REGISTER ONLINE: [tinyurl.com/CTH23reg](https://tinyurl.com/CTH23reg)

\*The event will be open to a limited number of  
pre-registered members of the public

# 2023 Public Meeting Calendar



– JANUARY –						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

– FEBRUARY –						
S	M	T	W	T	F	S
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– MARCH –						
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26	27	28	29	30	31	

– APRIL –						
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30						

– MAY –						
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28	29	30	31			

– JUNE –						
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– JULY –						
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30	31					

– AUGUST –						
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– SEPTEMBER –						
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– OCTOBER –						
S	M	T	W	T	F	S
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29	30	31				

– NOVEMBER –						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

– DECEMBER –						
S	M	T	W	T	F	S
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## BOARD MEETINGS

Wednesday, January 25  
 Wednesday, April 12  
 Wednesday, June 7  
 Wednesday, July 12  
 Wednesday, September 13  
 Wednesday, December 13

## COMMITTEE MEETINGS

Tuesday, January 24 (ANF, 2:00 PM)  
 Wednesday, February 15  
 Wednesday, May 10  
 Monday, July 10 (ANF, 2:00 PM)  
 Wednesday, October 4

## ADVISORY COUNCIL

Wednesday, February 8  
 Wednesday, May 24  
 Wednesday, December 6

## SPECIAL EVENTS

Thursday, March 2 – OPP Regulation Hearing  
 Wednesday, March 15 – Benchmark Hearing  
 Wednesday, March 29 – Health Care Workforce Event  
 Wednesday, November 8 – Cost Trends Hearing