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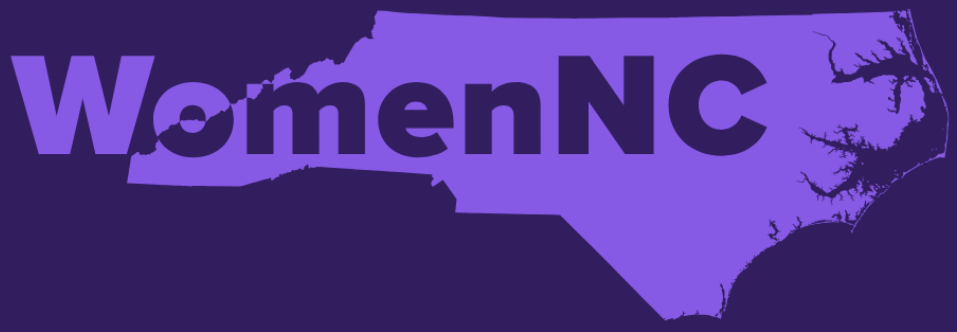

Addressing Racial Disparities in Maternal Mortality

Creating Equitable Reproductive Healthcare Solutions for Black Women in North Carolina

Jasamine Gutierrez, Mary Miller, Katherine Nikolich, Cyria Olingou, Cade Patterson, and Briana Ramos

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Executive Summary

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Maternal Mortality in North Carolina

Maternal mortality is defined as the death of a woman during or after pregnancy, often due to hemorrhages, eclampsia, obstructed labor, or sepsis (Tucker et al., 2007). The U.S. South has the highest regional mortality rates, with Black woman especially at risk of complications. The **maternal mortality rate**, or number of deaths per 100,000 pregnancies, is 243% higher for Black women than white women despite research showing that many of these deaths are preventable (Josiah et al., 2023). In North Carolina, almost 33% of women of reproductive age without healthcare identify as Black, creating an urgent need for the state to implement interventions to reduce maternal mortality rates and increase equity in reproductive healthcare access (Solomon, 2021).

21% of NC women live in a maternity care desert

(March of Dimes, 2024)

Our Project

Primary Goals

1. Research instances of reproductive health barriers in North Carolina
2. Provide solutions to improve the status quo

Methodology

1. Define scope & create literature review
2. Conduct expert interviews
3. Compile & analyze findings
4. Create a policy menu with proposed solutions

Findings: Key Barriers to Equitable Reproductive Healthcare in NC

Financial Barriers

Idea in Brief: Financial barriers limit access to care and can increase the risk of adverse maternal health outcomes. Black women without insurance are especially affected, facing **high out-of-pocket costs** and **discriminatory billing practices** that inhibit the quality of care they receive.

Political & Legislative Barriers

Idea in Brief: Political and legislative barriers impede access to key services such as abortion care and contraceptives. Further, **lack of funding** for maternal care services, **restrictions on reproductive rights**, and **high polarization** causing gridlock all contribute to difficulties in enacting equitable care.

Culturally Competent Care & Distrust

Idea in Brief: Distrust and lack of culturally competent care during pregnancy are rooted in aspects of systemic racism, including **racial bias, stigma, lack of representation in care, and medical exploitation**. As a result, Black women often feel **neglected or ignored** during care, leading to further mistrust.

Insufficient Access to Birth Workers

Idea in Brief: Labor force shortages for birth workers **(midwives, doulas, and community-based health workers)** can greatly impact the patient experience. This is compounded by **lack of provider diversity, cultural disconnects, and limited access to doula support during birth.**

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Evaluated Policies

Our team evaluated the following potential solutions for inclusion in our policy menu:

- **Expanding Medicaid** to undocumented women
- Introducing **paid family leave** for mothers
- Passing the **MOMnibus Act**
- Implementing **culturally competent** & **racially concordant care** at the hospital level
- Expanding access to **doula** & **midwife services**
- Encouraging Black women to **seek prenatal care earlier** in pregnancy
- Creating **educational programs** to help minority communities navigate the healthcare system
- Reducing barriers for Black individuals to **become healthcare providers**
- **Funding research** on comorbidity conditions that increase maternal mortality

Evaluation Rubric

Using findings from our interviews and research, we ranked our policy options by using **effectiveness, equity,** & **feasibility** criteria to gauge which policies would be most impactful in NC communities.

	Effectiveness	Equity	Political Feasibily
Criteria	Measures extent to which the policy is likely to reduce racial inequities in maternal mortality, including considerations of its impact, scalability, and sustainability	Assesses how well policy addresses needs of Black women and eliminates disparities without causing harm to other groups	Evaluates likelihood of policy being adopted and implemented well considering: • Political climate • Stakeholder support • Available resources

We assigned each policy option a letter grade from A-F for each category, and then ranked their cumulative grades to decide which policies to recommend (see below).

Our Recommendations

Pass the MOMnibus Act

Grade: A-

- *Effectiveness: A*
- *Equity: A*
- *Political Feasibility: B*

About: The MOMnibus Act aims to address maternal mortality for all North Carolina citizens, but especially for Black women. It incentivizes the expansion of research, establishes implicit bias training, and diversifies lactation training programs.

Expand Access to Doulas & Midwives

Grade: B+

- *Effectiveness: B*
- *Equity: A*
- *Political Feasibility: B*

About: Doulas and midwives reduce maternal mortality by providing tailored support to mothers. They combat systemic racism and help patients communicate effectively to providers, but their current price point can be prohibitive to many.

Introduce Culturally Competent & Racially Concordant Care

Grade: B+

- *Effectiveness: B*
- *Equity: A*
- *Political Feasibility: B*

About: This option aims to minimize negative health outcomes associated with poor care by tackling implicit bias, making patients feel respected and able to speak up, and eliminating myths about racial differences in maternal care.

Next Steps

Legislative Steps

1. Pass the MOMnibus Act in North Carolina
2. Advocate for Paid Family Leave policies
3. Expand to include doulas and midwives in Medicaid coverage

Hospital Policies

Center the lived experiences of Black mothers while designing culturally concordant and racially competent care training programs for hospitals across North Carolina

Future Research

Invest resources into empirically researching:

1. Comorbidity conditions that amplify mortality rates
2. The quantitative benefits of racially concordant care

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Meet the Team

Briana Ramos

Briana is a senior economics and public policy major with a minor in business at UNC Chapel Hill. Briana is very passionate about gender equity and business management, and is beginning a credit analyst role at Bank of America. On campus, Briana is a member of Carolina for the Kids. Outside of school, Briana enjoys running!

Mary Miller

Mary is a senior business and public policy major at UNC Chapel Hill. Mary is passionate about menstrual equity, sustainable technology, and product development and is working at Capital One as a Product Manager post-graduation. She is involved in the Luther Hodges Scholars program and has interned at non-profits like Vital Voices. Outside of school, Mary enjoys reading and playing lacrosse.

Kat Nikolich

Katherine is a senior studying Public Policy and Philosophy, Politics, and Economics and a first-semester master's student in the UNC Master of Public Policy Program. She is passionate about public policy and public health and volunteers her time with the UNC Harm Reduction Program. Off campus, she works with the Young People's Alliance (YPA) and enjoys weight training and painting.

Cyria Olingou

Cyria is a senior biology and public policy student at UNC Chapel Hill. Cyria is very passionate about the social determinants of health, equity in care, and healthcare technology. On campus, Cyria is a member of student government, president of the UNC NAACP chapter, and an undergraduate researcher. Cyria also enjoys reading, painting, playing lacrosse, and making flower bouquets.

Jasamine Gutierrez

Jasamine is a senior public policy and political science student at UNC Chapel Hill. Jasamine is passionate about public service and is hoping to enter a government or non-profit related job post-grad. On campus, she is involved with Phi Alpha Delta Pre-Law Fraternity. Off campus, she enjoys spending time with family/friends and cooking.

Cade Patterson

Cade is a senior studying Health Policy and Management at the Gillings School of Global Public Health with a double major in Public Policy. They are passionate about public health research regarding minority health and health disparities and are involved with Care4Carolina and the NC Harm Reduction Coalition. Cade is also a proud cat parent, mountain biker, and violin player.

About WomenNC

WomenNC was founded in Raleigh, North Carolina in 2009 to use their programming to train, educate, and advocate for policies that improve the lives of women and girls. They aim to create a world free of gender discrimination by partnering with other organizations and teaching students to conduct academic research within the field. Through the WomenNC Scholars Program, WomenNC has trained university students to investigate gender disparities and inequality in North Carolina communities, equipping them with the tools necessary to create lasting change. The program has produced 61 scholars to date, with each student researching the status of women and then formulating policy and budget recommendations that will address gender inequities. WomenNC has extended the impact of this program even further by collaborating with RTI International's Global Gender Center to provide "femtors," what the organization calls mentors, to each WomenNC scholar through their research endeavors (Dehghan, n.d.).

WomenNC advocates for gender equity at the local, state, and international levels. Scholars present their research and recommendations to local officials, community members, and activists at the United Nations' annual Commission on the Status of Women (CSW) and at yearly seminars, workshops, events, and panel discussions. WomenNC also introduced the Cities and Counties for the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Movement in North Carolina, aiming to cement gender equity principles into local political deliberation processes. Their efforts influenced Durham County and the city of Durham to require annual evaluations of their programs and budgets to ensure each tackles gender equality barriers. As a whole, WomenNC's efforts have impacted over 20,000 change agents, including legislators, policymakers, community leaders, students, and the community at large (Dehghan, n.d.). Their research spans topics such as housing insecurity, gender-based violence, human trafficking, and substance use through a gender lens, creating space for a wide range of important conversations that can help shift the North Carolina policy landscape toward a more equitable future.

Introduction

Project Context

Maternal mortality is defined as death that results during pregnancy, birth, or up to a year after birth. Maternal mortality usually results from health complications including pre-existing health complications, comorbidities, hypertensive disorders, hemorrhage, etc. Another key contributing element of maternal mortality that is discussed in this report is access, or lack thereof, to pre and post-natal care. The U.S. is currently the leading developed country in maternal mortality rates. Maternal mortality rate (MMR) is defined as the ratio of maternal deaths per 100,000 pregnancies. In 2021, North Carolina's MMR was 44 deaths per 100,000 births, higher than the 32.9 national average (Sherman, 2023). In North Carolina, Black women make up 22% of the population but 43% of the total pregnancy related deaths (Sherman, 2023). Our team sought to research the high Black maternal mortality rate in North Carolina and bring awareness to the factors that contribute to it, focusing on addressing racial disparities in healthcare, societal factors, and political outside forces. These statistics show the multifaceted nature of maternal mortality and poor birth outcomes for Black women in the South.

Significance

The significance of this project lies in its potential to drive equitable change within the healthcare system. Incidence and prevalence epidemiological statistics here show that there is a critical need for targeted research and policy interventions within this area of study. By delving into the multifaceted barriers faced by Black women in accessing quality maternal healthcare, this project aims to bring further understanding to systemic inequities rooted in healthcare systems, societal norms, and political dynamics. The findings of this study have the potential to influence relevant stakeholders to educate them and promote actionable steps to address and improve these stark outcomes for Black mothers in the state of NC and beyond. Ultimately, we hope this project also contributes to a broader movement towards achieving reproductive justice and gender equity in North Carolina. By amplifying the voices of Black women and centering their lived experiences within discussions of maternal health, this research has the potential to promote the health and well-being of Black mothers and their families.

Methodology

Our group initially identified the scope of our project to examine racial disparities in maternal mortality, focusing on Black women in North Carolina. Our report consists of a literature review, summaries of interviews with experts, and a menu of policy options. The literature review drew upon resources about Black maternal mortality focusing on the three pillars of our project: political, financial, and individual barriers. Ultimately, 12 resources were chosen based on their ability to educate on the aforementioned barriers and past policy or to recommend future policy. We compiled a finalized source list and categorized sources within our literature review draft according to barrier category. We then analyzed these themes across sources and identified policy recommendations based upon existing literature. Particular sources that analyzed the North Carolina landscape of the issue were included to further tailor our research to the Triangle area, identifying gaps in literature and recommendations that could be feasible within the state.

The interview summary is the final product of the six interviews conducted with stakeholders. The interviews were conducted over Zoom or phone within a 30 minute to 1 hour time frame. These interviews

were recorded, transcribed, and analyzed for key themes, barriers, and potential policies. Questions remained consistent over the six interviews.

Lastly, the policy menu was created through a policy analysis conducted by the team focusing on key themes and proposed policy from the literature review and interview summary. A grading rubric was created which weighed effectiveness, equity, and political feasibility. All policies graded are included in the final report, but the highest scoring three policies are the team's recommendation.

Some limitations of the project include that it was difficult to find relevant scholarly articles that were very specific to Wake, Orange, and Durham counties within the research of maternal health equity for black mothers. We could not find sources that give an in-depth description of the political, economic, and clinical landscape within these three counties. Additionally, limitations around the language used within each article are significant. It is important to note that not all pregnant people identify as women or mothers, and we recognize the research here may not adequately make the distinction between cisgender and transgender women or recognize transgender, intersex, or non-binary identities of Black birthing people. For this literature review, we focus on a robust body of research that predominantly refers to participants as 'women.' Experiences of Black gender-diverse people deserve more expansive study and intervention work to eliminate barriers to care. We also understand that while increased access to medical resources can have a significant impact on lowering the rates of adverse maternal health outcomes, steps need to be taken and implemented to actively advance racial and health equity in health systems – through individual, community, and organizational-level change and intervention. We draw upon existing literature and recognize these limitations as a crucial effort to develop more inclusive and effective approaches to improving maternal health outcomes for black individuals in North Carolina.

Closing Comments

The high Black maternal mortality in North Carolina is an important topic and one that is not receiving enough attention or awareness among the public and stakeholders. Our report's findings touch on some issues that prove to be deadly for pregnant Black people. We ask you to consider the findings of this report and to continue to build on its knowledge to bring awareness and change.

As a team, we would like to thank Danie Watson-Goetz for her leadership and support throughout the project. Thank you Beth Brown for overseeing us on this project and giving us guidance when needed. Lastly, a huge thank you to WomenNC for making this opportunity possible. The team thanks you all for your support and contributions to this meaningful project.

Project Scope and Client Goals

Within the United States, Black birthing people have a 243% higher maternal mortality rate than that of white birthing people (Larrabee, 2021). Additionally, the southern United States has the highest regional mortality rates, ranging between 34.1 to 58.1 deaths per 100,000 pregnancies (Larrabee, 2021). Our group's mission for our WomenNC project is to investigate the obstacles hindering Black individuals' access to equitable reproductive healthcare, leading to these alarming mortality rates. Through our research we aim to identify and propose policy solutions to address these disparities, potentially saving the lives of numerous Black mothers.

When creating our project scope, our team recognized the importance of delving into the root causes rather than merely addressing the surface issue. We conducted an in-depth examination of the obstacles to achieving equitable reproductive health in Black communities, aiming to identify viable solutions. We chose to focus on maternal mortality due to its overall representation of such disparities. Our research spanned both national and statewide levels, with a specific emphasis on the Triangle area. For our initial deliverable, the literature review, we concentrated on identifying the financial, political, and interpersonal barriers to reproductive healthcare, alongside the potential policy initiatives and current funding efforts. Through this, we were researching the origins for the disparities, as well as evaluating the feasibility of proposed solutions from a financial perspective. The completion of the literature review allowed us to choose interviewee categories, which included targeting non-governmental organizations (NGOs), political actors, healthcare professionals, and researchers. We concluded our interview analysis, our second deliverable, with six interviews, but were limited by not reaching any researchers. Nevertheless, the interviews provided valuable insights into the challenges faced by Black birthing patients, and how policy has been failing them for so long. Finally, we will be using research from both the literature review and the interview analysis to develop a comprehensive “policy menu” featuring a range of potential policies, each with a grading on effectiveness, equity, and political feasibility. The policy menu will encompass policies aimed at dismantling Political, Financial, and Interpersonal barriers experienced by Black women in accessing reproductive healthcare.

Our group appreciated the flexibility afforded to us during this project. While we had defined parameters, we were able to enact our own level of creativity in order to align with the project objectives. It’s important to acknowledge the constraints we encountered along the way, such as the scarcity of research focused on our topic, particularly within the Triangle region, and a relatively low interview response rate of 25% only interviewing 6 people. Despite these limitations, we successfully concluded with valuable insights and formulated a comprehensive set of policy recommendations.

Client Goals

1. Research instances of in reproductive health barriers in North Carolina
2. Provide solutions to improve the status quo

Literature Review

Introduction

This review examines barriers and initiatives at both a national and statewide level, specifically focusing on North Carolina. The absence of healthcare coverage, along with policies that strip women's rights and the presence of physician biases, have resulted in increased rates of maternal mortality amongst Black women in the United States. The policies and program approaches are proposed to reduce disparities in maternal mortality and morbidity, with an emphasis on addressing racial disparities (Wang, 2020).

Methodology

Our literature review utilized multiple methods in order to explore the literature concerning the financial, political, and individual barriers encountered by Black women, impacting maternal mortality rates. Initially, we conducted searches using keywords such as "financial/political barriers for Black women", "healthcare access barriers for Black women", "ongoing healthcare initiatives" and "North Carolina". The majority of the sources we utilized were not uncovered through simple searches; rather, we traced back to the original studies or sources referenced within other articles. Subsequently, we compiled a list of approximately 30 sources, which we then condensed down to 12 sources. We selected these articles and studies based on their relevance to our project's future steps, as well as their ability to fill all gaps of our selected topics: political barriers, financial barriers, individual barriers, potential policy initiatives, and current funding initiatives. The topics were predetermined before source selection because we recognized the necessity of evaluating barriers to healthcare access, as well as initiatives, in order to formulate a comprehensive policy menu as our final deliverable. We analyzed the articles by finding overarching themes and crucial information that is essential for our forthcoming analyses.

Findings from Existing Literature

Financial Barriers

Within the context of Black maternal health, financial barriers play a substantial role in shaping access to care for Black birthing people, and these barriers have a significant impact on maternal mortality rates within a national context and the state of North Carolina. Insurance disparities, Medicaid coverage, and income all disproportionately affect Black women's ability to receive early and ongoing quality prenatal and postpartum care. Even with health insurance coverage, high out-of-pocket costs for prenatal and postnatal care and other cost-sharing barriers are significant financial barriers to care. Within health care, uninsurance and disparities in insurance status create "disruptions in physician care, increased emergency department use, worsened self-reported quality of care and poor health status" (Daw, 2020).

Insurance Coverage and Costs as a Barrier to Care

Insurance status affects Black women's access to reproductive maternal health care. A report published by the Journal of Obstetrics and Gynecology found that all categories of racial minority women were found to experience higher rates of uninsurance than white non-Hispanic women. From preconception to postpartum, 75.3% of white non-Hispanic women had insurance compared with 55.4% of Black non-Hispanic women. Additionally, Medicaid only covers over 40% of U.S. births, and 65% of Black birthing people in the U.S.

rely on Medicaid for reproductive care access (Daw, 2020). Throughout the United States, uninsured women and their newborns receive, on average, less prenatal care and fewer prenatal services. Women with Medicaid or no insurance were found to have higher risk of severe maternal morbidity compared to those with private insurance.

Income as a Barrier to Care

Additionally, income is a crucial indicator of whether a pregnant person will receive care, particularly prenatal care. A report published by The National Library of Medicine found that Black women from low-income households (defined as up to 200% of the poverty line) were more likely to have birthing complications, not start prenatal care until very far down the continuum of care, and die of pregnancy related mortality (NCIOM, 2020). Black women already see staggering disparities in poor maternal health outcomes rooted in structural racism and discrimination, and these financial barriers only exist to further perpetuate these limitations. We can see this specifically affects people in NC too, as only 68% of pregnant people in NC receive necessary early prenatal services, a statistic that is 11% below the national average. This number is even lower for Black women, with only 58% receiving necessary prenatal care (NCIOM 2020).

Political Barriers

A thorough review of our literature provides a background to the political landscape of reproductive health care in North Carolina. The North Carolina abortion ban after 12 weeks that was enacted as of July 1st, 2023 puts severe restrictions on Black women's choices during pregnancy, while they already face high rates of pregnancy-related deaths. In 2023 and 2021, Senator Natalie Murdock (a Durham Democrat) filed bills to improve Black maternal health, but these bills have never been discussed in committee (Black Maternal Health 2021). This ban serves as a point of discussion about the unequal medical treatment and poor pregnancy outcomes that Black women face within the state of NC and beyond.

Roe v. Wade Overturning as a Barrier to Care

Additionally, the overturning of Roe v. The Supreme Court's Dobbs v. Jackson Women's Health Organization decision removes federal abortion access protections, complicating access to reproductive healthcare for women of color, potentially widening existing health disparities (Artiga, 2020). A Kaiser Family Foundation study found that Black and other communities of color who have faced barriers to comprehensive healthcare are more likely to seek out abortions, and now due to this decision will face even more challenges accessing necessary services. These barriers include limited healthcare access, financial and logistical constraints for out-of-state travel, and the potential for increased criminalization (Artiga, 2020). The ruling exacerbates existing racial disparities in maternal and infant health outcomes, with women of color at higher risk of pregnancy-related complications and mortality.

Individual and Interpersonal Barriers

Individual and interpersonal barriers to maternal health care include racism, discrimination and marginalization, implicit bias, and lack of provider-to-patient education of the risks of pregnancy with prior comorbidities. Studies, such as those done by Artiga and NCIOM, in our review have shown that the high rates in Black maternal mortality are a consequence of structural racism within the healthcare system and its care. Structural racism can be defined as "ways in which society fosters racial discrimination through reinforcing systems such as housing, education, media, employment and healthcare."

Implicit Bias as a Barrier to Care

Although implicit bias is a product of structural racism, it is different from overt and intentional discrimination because it develops early in life from exposure to repeated reinforcement of stereotypes from structural discrimination (Saluja, 2020). Implicit bias is correlated with lower quality of medical care for patients, creating poorer pregnancy-related outcomes for Black women (Saluja, 2021). Synthesized reviews of studies have found that interactions between white healthcare providers and patients of color are briefer, less patient centered, and less positive than provider-patient interactions between white physicians and patients. Research we studied has found that non-Black providers' racial biases, specifically in pain perception, are also associated with racial biases in pain treatment and management resulting in negative maternal health outcomes in Black patient populations (Corey, 2017). Providers' inaccurate beliefs about Black patients' perceptions of pain can lead to dismissive attitudes towards Black birthing women and delayed care responses. The myth that Black people were less susceptible to pain was embedded in gynecology practice when its practice was developed and Black women were routinely unanesthetized test subjects and violated in surgical interventions (Corey, 2017). These historical injustices have justly caused Black people in large to distrust the medical system, leading them to be less likely to seek treatment of services and get proper care (Saluja 2021).

Chronic Stress from Racism as a Barrier to Care

Historical and ongoing racism has created conditions where women of color are disproportionately exposed to chronic stress and multilayered adversity. The biological consequences of exposure to these stressors create increased risk for adverse birth outcomes. Regarding pregnancy and childbirth, exposure to adversity may increase risk for health conditions implicated in adverse birth outcomes like infection (Corey, 2017). These chronic external stressors leave mothers' sympathetic nervous systems weathered, increasing their risk of a range of chronic illnesses and complications including cardiovascular disease and cancer (FCC, 2020). Existing evidence has shown that racism-related adversity is linked to adverse birth outcomes. For example, a systematic review from 2021 examined 28 studies on the relation between maternal experiences of interpersonal discrimination and pregnancy or birth related outcomes (Larabee, 2021). The authors of this study found that the majority of these studies provide evidence that maternal experiences of interpersonal discrimination predict adverse outcomes. Other reviews done by Dixon, Rifas-Shiman and others found evidence for associations between experiences of racial discrimination, preterm birth, and low birth weight (Dixon, 2012).

Potential Policy Initiatives

In order to combat such barriers, initiative must be taken by creating and implementing policy. Although little federal action has been taken to dismantle barriers to equitable healthcare for Black women, numerous policy initiatives have been researched and demonstrated to potentially create a more fair system.

Early Healthcare Access

Much of the research we encountered emphasized the importance of early healthcare access for Black women during pregnancy, whether through home visits or easily accessible facilities catering to women of all financial situations. A report by The Commonwealth Fund advocates for increasing the availability of midwives and doulas by removing the training costs for those in the profession, as well as providing economic support for their services (Katon, Enquobahrie, Jacobsen, & Zephyrin, 2021). Additionally, Feleke-Eshete (2019) suggests that legislators establish pregnancy medical homes aimed at providing

pregnancy services to expectant mothers covered by Medicaid, as well as employing telehealth programs that utilize mobile health vehicles equipped with prenatal, postnatal, and obstetric equipment to offer virtual appointments. Furthermore, a Carolina Public Press article proposes implementing a program that uses a "centering pregnancy" model to foster community and education among pregnant individuals. The sessions would teach patients how to monitor their own vitals and provide information and support for handling the pregnancy journey (Vitaglione, 2024). These policy initiatives collectively aim to detect health issues early, increase the availability of treatment, and reduce discrepancies in maternal mortality rates across racial groups.

Cultivating comfort in healthcare environments

Another crucial initiative identified during research involves implementing policies that foster Black patients' comfort and trust in healthcare settings. The Commonwealth Fund article advocates for initiatives to enhance representation in the healthcare field, seeking to increase the percentage of certified midwives and OBGYNs identifying as Black. This can boost health outcomes as research shows that Black women cared for by Black medical professionals have a lower mortality rate than those attended to by white practitioners (Katon, Enquobahrie, Jacobsen, & Zephyrin, 2021). Another article that addresses Black maternal mortality suggests that targeting the social determinants of health by addressing food insecurity, housing instability, and economic inequality, and enhancing data collection methods to better understand Black mothers' health-related needs, will thereby enhance trust in physicians (Njoku, Evans, Nimo-Sefah, & Bailey, 2023). Establishing a more supportive and understanding environment for Black mothers could enhance their willingness to seek medical care, thereby reducing their levels of risk.

Current Funding Initiatives

The greatest pushback for policy making within the healthcare sector is the lack of funding. Often policymakers know what to do, but they don't have the resources to put such initiatives to action. Recently, North Carolina has placed more emphasis on improving maternal mortality outcomes in the state by improving financial backing for reproductive health-related policies and initiatives.

Financial feasibility

As a group we were able to find two recent funding initiatives that would allow for the implementation of policies that would improve Black maternal healthcare. In 2023, the state received over $4 million from the Health Resources and Services Administration (HRSA) to bolster maternal health, targeting underserved communities with training for midwives and nurses, screening for maternal depression, and improving birthing facilities. Specific organizations receiving the bulk of the funding include the North Carolina Department of Health and Human Services, Care Ring, East Carolina University, and the University of North Carolina at Chapel Hill (HRSA Press Office, 2023). Additionally, proposed "MOMnibus" legislation aims to address maternal and infant mortality rates and reduce disparities in Black maternal health through funding a Maternal Mortality Prevention Grant Program, specify the rights of perinatal patients, rework lactation consultant training programs to cover more diverse situations, and establish mandatory implicit bias training for healthcare professionals (Aldridge, 2023). These efforts represent a comprehensive strategy to improve maternal health outcomes in North Carolina, highlighting the intersection of federal funding, legislative advocacy, and targeted interventions to combat maternal mortality and enhance care equity.

Local Relevance

The Triangle area is ideal for studying barriers to maternal care for Black birthing people and proposed solutions to address this lack of access. This research will be useful in the development of policy recommendations that are both region-specific and applicable to other areas of the United States.

Diversity and High Population Density

The Triangle area is one of the most densely populated regions in North Carolina and is characterized by its diverse populations. Understanding the barriers and initiatives related to maternal health, particularly affecting black women, is crucial in this context due to significant representation of Black communities in the area.

Research, Academic Centers, and Healthcare Hubs

The Triangle area serves as a healthcare hub not only for North Carolina, but also for neighboring regions, with renowned medical institutions such as UNC Health, Duke University Hospitals, and WakeMed Health and Hospitals. Additionally, prestigious universities like the University of North Carolina at Chapel Hill and Duke University provide a rich environment for research, playing a pivotal role in advancing and implementing evidence-based public health decisions. Initiatives aimed at improving maternal health outcomes in the Triangle area could have influence on healthcare practices and policies beyond the immediate Triangle region.

Advocacy and Policy Implications

North Carolina's capital, Raleigh, lies within the Triangle area, making it a pivotal focus point for policymaking at both the state and local levels. Awareness of these initiatives and their impacts on maternal health are essential for policymakers and advocacy groups in the Triangle area to actively engage in, and engaging these stakeholders will help promote equitable access to maternal healthcare. The Triangle area also is known for community engagement and advocacy, allowing community-driven initiatives to mobilize resources towards improving Black maternal health outcomes.

Literature Review Conclusion

The findings above are clear: various barriers exist, preventing Black women from receiving quality reproductive care and contributing to maternal mortality. Healthcare professionals, hospitals, political actors, non-profits, and other organizations should take steps to adequately treat Black women in the reproductive healthcare setting, reducing disparities in maternal mortality. As illustrated above, the systemic disadvantages in health, education, income, healthcare coverage, and other areas influence Black women's access to quality care. Additionally, within clinical settings, restrictions on reproductive health care resulting from policies, along with the low number of Black healthcare providers, also contribute to disparities in maternal mortality.

Addressing Sociological Factors

A majority of interventions and policies aiming to decrease disparities in maternal mortality tend to have the same focus — addressing the social determinants of health, which later impact the clinical care setting. Proactive policies aim to reduce the effect of sociological factors, which is an attempt to prevent maternal mortality by controlling for other factors affecting health, such as education, insurance coverage, and income. This includes attempting to increase health insurance coverage for Black women through passing policies that increase coverage for vulnerable groups, hoping that consistent preventative care can decrease comorbidities. Political feasibility and legal frameworks will determine the implementation of these policies and interventions. By controlling other factors that influence Black women's health, disparities in maternal mortality can be reduced.

Addressing Factors within the Clinical Setting

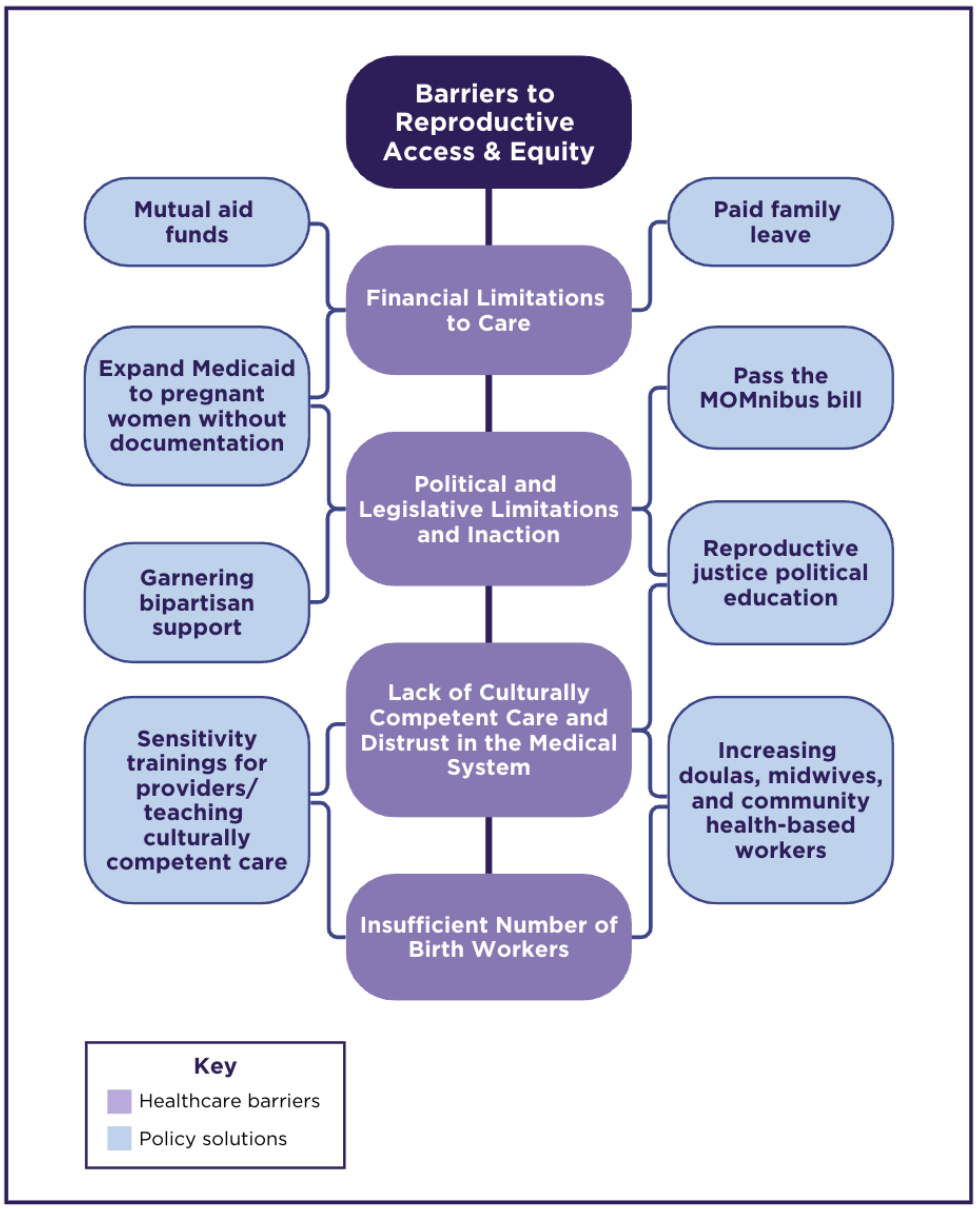
Providers and institutions can take steps to decrease maternal mortality within the clinical setting. Many policies aim to reduce implicit bias and increase the representation of Black women as medical professionals, amongst other approaches. Hospitals have implemented trainings with key themes of cultural humility, equity, and respect, which aim to increase the quality of care that Black women receive by cultivating an atmosphere of respect and autonomy. Other policies have aimed to increase the number of Black nurses, doctors, doulas, lactation consultants, and other healthcare providers. Hospitals have used additional funding to increase resources and decrease maternal mortality by incentivizing access to care and quality of care for Black women. These programs prove to be creative and effective ways to reduce disparities.

Interview Summary

In addition to our literature review, we interviewed experts within various backgrounds and experiences to gain a greater understanding of the maternal health crisis and the potential policy options to address this problem. For instance, political leaders, healthcare professionals, and community leaders all offer distinct views on the barriers confronting Black women when they seek access to maternal healthcare. Despite their different professions and focus areas, each of our interview subjects was selected for their expertise and advocacy work in the maternal health sphere and work to improve equitable outcomes in the Triangle area. Through these interviews, we sought to learn more about barriers to care and potential policies that could help create a more equitable landscape for maternal health in the state. We interviewed two experts from Equity Before Birth: Joy Spencer, the executive director who is a 2020 Leadership Triangle Goodmon Fellow, and T Luna Imhotep, an international maternal health specialist. We also gained perspectives from SisterSong Birthing Collective through their Reproductive Justice Organizer Maya Hart who is involved with several community-led support and service projects such as reproductive justice training programs and care funds, and were informed on healthcare provision for Black birthing women and the role of nurses in reproductive healthcare and justice from Jill Sergison, the founder of NC Nurses for Reproductive Rights. Lastly, we spoke with Representative Julie von Haefen from the NC General Assembly who has been a lead advocator for the "MOMnibus" Act. These interviews reinforced the information we learned in our literature review and added some nuance to the conversation about maternal access to quality care services for Black women within the Triangle area.

Methodology

Our team reached out to 24 individuals, ranging from diverse backgrounds, organizations, and roles. We targeted non-governmental organizations (NGOs), political actors, healthcare professionals, and researchers, with a majority being located within the Triangle area, some of which had affiliation with or were recommended by WomenNC. We received 6 acceptances, and each team member conducted one semi-structured interview. The duration of the interviews varied between 30 minutes to an hour, drawing from a set of 24 questions that we tailored to each conversation's time constraints and interviewee's expertise. All interviews were conducted via phone or Zoom, recorded, and subsequently transcribed. We then analyzed each transcript to identify key themes, barriers, and potential solutions, touching on accessibility, acceptability and affordability within Black maternal care in NC and beyond. These interviews explored how financial, political, and interpersonal barriers affect Black women's experiences and ability to get care in maternal health and potential policy recommendations they saw as most feasible and effective. The questions, targets, and summaries of our interviews are linked in Appendices A-C, respectively.



Analysis

Major barriers that emerged from these conversations included the lack of service affordability and financial burdens, political attacks on women's reproductive freedom, and lack of culturally competent care. Across interviews, financial obstacles emerged as a significant barrier to equitable maternal healthcare for Black women. The challenges of underinsurance, out-of-pocket costs, and limited education about insurance were brought up, and almost every interviewee mentioned the need for improvement in financial policies for maternal care. Our interviews revealed that Black individuals are more likely to be uninsured or underinsured within the United States healthcare system, and lack of adequate health insurance coverage can limit access to essential reproductive healthcare services, such as prenatal care, during childbirth, and postpartum care. Without insurance, Black birthing people may face high out-of-pocket costs, preventing some from seeking necessary medical reproductive care, and increasing the risk of adverse maternal health

outcomes. These high costs of doctor visits, lab tests, ultrasound scans, and more, can pose a burden to Black birthing women, particularly those who have limited financial resources. Offering paid leave to mothers, doula reimbursement, mutual aid funds, and increased Medicaid coverage were all policies that were seen as important in improving the quality of care that Black birthing people receive during the care continuum.

Another theme within the interviews included difficulty in political spheres of legislation and action for Black mothers, hindering Black people's access to reproductive healthcare services. Through our interviews, we identified political barriers to care such as legislative restrictions on reproductive rights, Medicaid Expansion refusal, and limited funding and advocacy for Black maternal care access. Black birthing people in NC often face restrictions on their reproductive rights, including barriers on accessing abortion care and contraceptive efforts, furthering the equity divide in quality maternal reproductive care services. Restrictive abortion laws not only limit access to abortion services, but also impact pregnancy care. The patchwork of laws across the state of NC and beyond complicates access, creating confusion and barriers to essential services, contributing to increased maternal mortality rates. The importance of advocacy for health equity and reproductive justice and education, bi-partisan support, and passing of evidence-based legislation is underscored, showing the intersectional nature of maternal health inequities and political empowerment for marginalized communities.

Lastly, biased healthcare policies and provider practices were discussed, showing how provider practices, such as discrimination, implicit bias, and inaccurate pain medication treatment all can play a role in decreased access to maternal health services for Black women. These barriers stem from historical and systemic racism within healthcare systems and include historical trauma and medical exploitation, racial bias and discrimination, stigma in reproductive health care, and cultural insensitivity and lack of representation in care. Our interview subjects shared how many healthcare facilities fail to address unique needs and experiences of Black birthing people and how this absence of culturally sensitive care that addresses historical injustices further leads to mistrust among patients. They also highlighted how implementing anti-racist and culturally competent care practices, emphasizing restorative justice through enhanced community doula intervention, and fostering community partnerships to promote trust can allow for improved access and representation within Black communities. Community-based doulas, integrated within the communities they serve, are able to provide culturally and linguistically congruent care that is supportive of communication between mothers and their care team, which is a factor identified by health organizations as an essential aspect of the Black birthing experience, to improve birth weight outcomes and decrease maternal mortality for birthing women. Doula care remains underutilized in NC due to barriers regarding spread of educational information on doulas, number of services and providers, and cost burdens. Many interviewers said increasing reimbursement through health insurance allows for greater utilization of these effective birthing care services.

In summary, our interview analysis shed light on the critical role of addressing affordability, accessibility, and acceptability within maternal care systems to achieve more equitable maternal healthcare for Black women in North Carolina. While all participants acknowledged the various challenges impacting Black people's access to quality reproductive care in NC, their solutions advocated for varied by person. For example, Maya Hart from SisterSong Reproductive Justice Collective focused on mutual aid practices for reproductive justice initiatives as an approach to decrease barriers to care, emphasizing grassroots and direct-aid systems to foster change. We can see financial barriers for Black birthing people being addressed within the Triangle area through the Care Fund at SisterSong Collective, allowing for community members

to be front and center in providing care for their community, working to end Black maternal health disparities. Other interviewees, such as Julie von Haefen from the NC General Assembly, advocated for more direct lobbying, state and federal level law changes to address systemic issues. Our findings emphasize the need for a multifaceted approach that emphasizes social determinants of health frameworks that involve community-based efforts alongside policy changes. By fostering collaboration, grassroots activism, legislative advocacy, and healthcare reform, steps are taken towards a more equitable care landscape for Black maternal health.

Policy Menu

Building off of our research conducted during the Literature Review and our interview conversations with key stakeholders, our team has suggested nine policy options that, if implemented, could succeed in reducing the racial disparity in maternal mortality rates in North Carolina. These recommendations include legislative bills, educational and informational programs, and Medicaid coverage expansion. On a broader scale, these policy options could also reduce the overall rate across the state. See Appendix D and E for more information on how we evaluated our policy option criteria and in-depth analysis on how policies were chosen.

Policy Menu

The following nine policy options have been identified as potential solutions to the racial disparities that lead to Black women experiencing higher rates of maternal mortality. Each policy option has been evaluated for its effectiveness, equity, and political feasibility and taken into account when assigning the letter grade located under each option.

Legislative Bills:

A- Pass the MOMnibus Bill

The MOMnibus Bill is a federal bill that aims to address maternal mortality for all, but especially Black women

B- Introduce paid family leave for mothers

Having a policy of paid family leave empowers women to center their wellbeing after giving birth as postpartum is when health complications are most likely to occur

Expanding Access to Birth Workers:

A- Expand access to doula and midwife services

Doulas and midwives have been proven to reduce maternal mortality, but these services are expensive and exclusive

C Pathway programs to increase Black physicians

Black individuals are underrepresented in the medical community, making the opportunities for Black women to be seen by Black doctors limited

Educational and Informational Programs:

B+ Implement culturally concordant & racially competent care

Targeting racial bias in birth workers aims to minimize negative health outcomes associated with poor care

B Create programs to help minorities navigate healthcare

By helping mothers enroll in healthcare, those mothers can then utilize it during pregnancy

B Encourage Black women to seek earlier prenatal care

Black women are less likely to seek prenatal care in the first trimester, creating medical risk for the pregnancy

Medicaid Coverage:

C- Expand Medicaid to undocumented Pregnant women

Extending healthcare services to undocumented pregnant women aims to reduce mortality rates for these women, who are typically from minority communities

Further Research:

B Research comorbidity conditions that increase mortality

Research has identified that Black women have higher rates of comorbidity conditions, but we have yet to identify why, and thus, how to remedy it

Policy Options

Legislative Bills:

1. ***Pass the MOMnibus Act in North Carolina***

   The MOMnibus Act in North Carolina focuses on incentivizing expansion of maternal death research and programs, establishing implicit bias training for perinatal healthcare workers, and diversifying lactation training programs. The passing of this legislative act is key for reducing Black maternal mortality.

2. ***Introduce a policy of Paid Family Leave for mothers***

   Paid family leave for mothers supports recovery time for mothers during the postpartum period and allows for financial freedom to do so. This approach was mentioned and recommended by T Luna Imhotep and Joy Spencer of Equity Before Birth.

Educational and Informational Programs:

3. ***Implement culturally competent and racially concordant trainings***

   Practicing culturally competent care and emphasizing the importance of racial concordance would take place specifically within hospitals at the Triangle. This approach to disparities is popular within current literature and was also suggested by several individuals we interviewed, including Joy Spencer, director of Equity Before Birth.

4. ***Create programs to help minority communities navigate healthcare systems***

   Educational programs targeting minority communities propose to bridge this gap by enhancing awareness and understanding of healthcare services, insurance coverage options, and maternal health risks.

5. ***Encourage Black Women to seek earlier prenatal care***

   Early prenatal interventions can help manage comorbidities that can contribute to maternal mortality. By receiving care early, healthcare providers can be proactive about treating health issues that may contribute to negative outcomes.

Expand Medicaid Coverage:

6. ***Expand Medicaid to undocumented pregnant women***

   This policy was recommended by Jill Segionson from NC Nurses. This policy aims to provide Medicaid coverage to undocumented women during and after their pregnancies to increase access to maternal healthcare and decrease maternal mortality.

Expand Access to Birth Workers:

7. ***Expand access to doula and midwife services***
   Expanding access to doula and midwife services is a policy option that could contribute to decreasing disparities in maternal mortality. This proposal suggests providing increased support and access to doulas and midwives throughout the pregnancy, childbirth, and postpartum periods.

8. ***Reduce barriers for Black healthcare providers to enter the medical field***
   This initiative seeks to address the lack of representation and culturally competent care in the healthcare system, which has been identified as a significant barrier to equitable healthcare for Black women.

Further Research

9. ***Research comorbidity conditions that increase maternal mortality***
   This policy option focuses on investing in research to understand better the root causes behind the higher prevalence of comorbidities among Black women, which contribute to higher maternal mortality rates.

Analysis and Criteria

Our team identified *three relevant criteria* to evaluate each policy options against:

1. **Effectiveness**: Assesses how well policy addresses needs of Black women and eliminates disparities without causing harm to other groups
2. **Equity**: Measures extent to which the policy is likely to reduce racial inequities in maternal mortality, including considerations of it's impact, scalability, and sustainability
3. **Political Feasibility**: Evaluates likelihood of policy being adopted and implemented well considering:
   - Political climate
   - Stakeholder support
   - Available resources

Factoring in all the available empirical evidence, conversations with stakeholders, and political resources, each policy option was given a grade (A through F) for its performance in each criteria category. Then, each criteria grade was averaged for an overall letter grade assigned to each policy option.

Top Three Policies

The following three policy options were the highest graded of our nine options:

1. ***Pass the MOMnibus Act in North Carolina (grade A-)***
2. ***Expand Access to Doulas and Midwives (grade B+)***
3. ***Introduce Culturally Competent and Racially Concordant Care (grade B+)***

Recommendations

Based on the policy conclusions above, our team would recommend three areas of policy investment: (1) **Legislative Steps**, (2) **Hospital Policies**, and (3) **Future Research**.

1. *Legislative Steps*

a. Pass the MOMnibus Act in North Carolina
b. Advocate for Paid Family leave policies
c. Expand Medicaid policies to include doulas and midwives

2. *Hospital Policies*

Hospitals must develop and enact training in culturally competent care, and center the lived experiences of Black mothers while doing so– being sure to use the struggles and failures of hospital practices and protocols before to avoid the same mistakes moving forward.

3. *Future Research*

a. Invest resources into why comorbidity conditions have a higher prevalence rate among Black women, and how the root causes of these medical diagnoses can be addressed.
b. The evidence around racially concordant care has been proven to be effective at reducing Black infant mortality rates, overall improved health outcomes for Black individuals, but arguments for its applicability to maternal mortality specifically could be strengthened by studies that directly correlate racially concordant care and reduced Black maternal mortality rates.

Conclusion

Discussion of Findings and Suggestions

The disparities in maternal mortality for Black women represent a pressing and deeply concerning issue that demands immediate attention. Our research, which draws upon literature reviews, interviews, and policy analysis, reveals a complex variety of factors contributing to these disparities. Within clinical settings, issues such as comorbidities and biases significantly impact the health outcomes of Black women. Additionally, broader social determinants of health, including insurance coverage, financial barriers, and systemic inequities, further exacerbate these disparities. Key barriers hindering Black women from receiving quality and equitable care include financial constraints, inadequate access to additional support services such as doulas and midwives, lack of coverage for postpartum care, and challenges in navigating the healthcare system. Addressing these barriers necessitates multifaceted approaches, including the implementation of policies targeting social determinants of health and reforms within healthcare institutions to reduce structural barriers.

Limitations

While our research sheds light on critical issues, it also highlights the need for further exploration into maternal mortality. Given the relatively newer nature of this research area, significant gaps persist in understanding the full scope of the issue. Relying on observational outcome studies limits the depth of our understanding, and while qualitative insights from community stakeholders are valuable, the scarcity of accessible quantitative data on maternal mortality poses a challenge. Additionally, our research may not be generalizable, as it was focused on intervention for the Triangle region, specifically.

Next Steps

Moving forward, action is needed in multiple areas of society to decrease the number of Black women dying as a result of childbirth. Advocacy, educating others, and policy reform are integral to reducing disparities. Healthcare providers can take a number of steps to reduce maternal mortality for Black women, including attending equity-focused workshops and training on culturally competent care. Hospitals within the Triangle region must actively engage with stakeholders to implement strategies aimed at reducing maternal mortality. This can involve increasing awareness among healthcare providers, offering free clinics to mitigate financial barriers associated with perinatal care, establishing internal maternal mortality task forces, and partnering with community organizations to address the social determinants of health affecting Black women. Above all else, the experiences and lived experiences of Black women should be valued and uplifted. Individuals also have a vital role to play in addressing maternal mortality disparities. Whether through donating to nonprofits and mutual aid funds, advocating within the healthcare system, or voting for candidates who support equity-focused initiatives, everyone can contribute to creating a more equitable healthcare system for Black women. Sharing knowledge and raising awareness about existing barriers is essential for mobilizing support and fostering change, decreasing disparities in maternal mortality.

Future research should aim to address gaps in understanding maternal mortality by conducting more comprehensive studies, both quantitative and qualitative. Additionally, more policies should be passed to fund research into comorbidities and other determinants of health that may affect disparities in maternal mortality. Along with the MOMnibus bill, policies should be implemented to expand access to doulas and

midwives for birthing women and increase cultural competency in clinical settings. By addressing disparities in care from multiple angles, Black women should be able to experience more equitable health outcomes.

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Appendix A: Interview Questions

Introduction questions:

1. Can you provide an overview of your involvement or organization's work related to reproductive healthcare?
2. What are the primary challenges/barriers that Black women face in accessing maternal and reproductive care services?
3. How do you address the intersectionality of reproductive healthcare issues, considering factors such as race, gender, socioeconomic status, and geography?

Organizational work / advocacy for reproductive disparities questions:

4. How do you collaborate with other stakeholders, such as medical professionals, policymakers, and NGOs, to advance reproductive healthcare goals?
5. How do you ensure that your approach to reproductive healthcare is inclusive and sensitive to the needs of diverse communities?
6. In what ways can technology (in your organization, legislature, etc) be leveraged to enhance access to reproductive healthcare services?
7. In your opinion, what are the most pressing priorities for advancing reproductive healthcare rights and access, and how can various stakeholders contribute to these efforts?
8. Do you think that more could be done by people within your sector to help decrease health disparities that Black women face? If so, what?
9. What changes have you seen, for better or for worse, within your career that have affected disparities in reproductive care for Black women in this community?

Financial barriers questions:

10. How do financial factors, such as affordability, out-of-pocket costs, and insurance coverage (or lack thereof) impact Black women's access to maternal care?
11. How do Black women in the triangle navigate Medicaid and other assistance programs to access maternal care- and are such services easily accessible and affordable in your opinion?
12. In your opinion, are there specific financial challenges that disproportionately affect Black women, and how do these contribute to maternal mortality rates?
13. Are there policy recommendations or initiatives that could enhance the effectiveness of these existing financial programs for health care?
14. How can community engagement initiatives play a role in addressing these financial barriers Black women see when seeking care? What resources do successful programs have?

Political barriers questions:

15. How do political factors (legislation, policies, ideologies) at state and national levels impact Black women's access to care? How does this impact mortality rates?
16. Can you share any instances in which health policies or legislation in North Carolina have either exacerbated or reduced political barriers in accessing maternal care for Black women in the triangle?
17. How does political advocacy influence policies related to Black maternal care? What are some examples of successful advocacy efforts?

Individual and social barriers questions:

18. How does healthcare system bias and structural racism contribute to disparities in maternal care and mortality rates for Black women?
19. What initiatives have been effective in addressing this issue? (Mention research here, doula programs, community-level initiatives, etc.)
20. To what extent do you think healthcare providers in the Triangle are culturally competent in delivering quality care to Black women? Are there certain aspects (within training for providers, etc.) that could be further emphasized?

National policy initiatives and NC policy initiatives questions:

21. Can you discuss any specific NC policies within the state that have been implemented with the overall goal of addressing maternal access to care?
22. To what extent has the decision of Medicaid expansion at the state level (done this past March and rolled out implementation this summer) affect access to maternal care for Black women in the triangle?
23. How do national policies (such as the MOMnibus Act) contribute to improving access to maternal care for Black women? Are there gaps in these policy efforts, and if so, could you elaborate?
24. Have you identified any emerging issues or trends in reproductive healthcare that may require new policy responses or adaptations in North Carolina?

Appendix B: Interview Targets

NGO Leaders			
Name:	**Role:**	**Response:**	**Interview Granted:**
Sistersong- Women of Color Reproductive Justice Collective	Organization	Yes	Yes
NC Nurses for Reproductive Rights	Organization	Yes	Yes
Black Mamas Matter Alliance	Organization	Yes	No
NC Black Alliance	Organization	Yes	Yes
NC Medical Society: Hannah Rice	Manager, Political Fundraising and Grassroots Advocacy	No	No
Political Actors			
Name:	**Role:**	**Response:**	**Interview Granted:**
Deborah Ross	District rep - 2nd district NC	Yes	No
Julie Von Haefen	Rep (D-Apex)	Yes	Yes
Alma Adams	US Representative - 12th District NC	Yes	No
Natalie Murdock	NC Senator - District 20	No	No
Allison Dahle	NC Representative - 11th District (Wake County) Dem	Yes	No
Sen. Gale Adcock	NC Senator - District 16 (Wake) - is also a nurse	Yes	No
Sen. Sydney Batch	NC Senator - District 17 (Wake)	No	No
Medical Professionals			
Name:	**Role:**	**Response:**	**Interview Granted:**
Sarahn Wheeler	Associate Professor of Obstetrics and Gynecology & maternal-fetal medicine specialist	No	No
Whitney Robinson	Associate Professor in Obstetrics and Gynecology & Member of the Duke Cancer Institute	Yes	No
UNC Birth Partners	UNC Obstetrics and Gynecology- Horizons Program	Yes	No

Matthew Don Barber	Professor of Obstetrics and Gynecology, Chair, Department of Obstetrics and Gynecology, Duke University	No	No
Venus Standard	Certified Nurse Midwife; Director of DEI Education and Community Engagement for the Department of Family Medicine	No	No
Carolyn Harraway-Smith, MD	Chair, Department of Obstetrics and Gynecology, Cone Health, North Carolina Institute of Health: Task Force for Maternal Health	Yes	No
Ste'Keira Shepperson	Doula & Owner, Chair, Task Force on Maternal Health	No	No
Melody Baldwin	Division Chief - Harris and Smith Obstetrics and Gynecology, Duke University	Yes	No
Researchers			
Name:	**Role:**	**Response:**	**Interview Granted:**
Meghan Shanahan	CoE Director and Associate Professor in the Department of Maternal and Child Health at UNC	No	No
Elizabeth Howell, MD, MPP	March of Dimes Research Center for Advancing Maternal Health Equity	No	No
Sandra L. Martin	Director of the UNC Center of Excellence in Maternal and Child Health Education, Science and Practice, a training grant that funds postdoctoral scholars, doctoral students and master's students.	No	No
Adia Louden	PhD Student at Gillings	No	No
Dorothy Cilenti	Clinical professor in the Department of Maternal and Child Health	No	No

Appendix C: Interview Summaries

Jill Sergison (NC Nurses for Reproductive Rights)

Background

- **About the participant:** Jill Sergison is the founder of NC Nurses for Reproductive Rights and co-founder of Points True North Consulting, a firm that works with nonprofits, businesses, and policy groups to tackle health and social justice issues. She has over 16 years of experience as a certified nurse midwife (CNM) and is currently a PhD student in nursing at Duke University.
- **About the organization:** NC Nurses for Reproductive Rights is an organization that seeks to "elevate the role of nurses and ensure their active participation in reproductive rights advocacy." The organization seeks to champion reproductive health by including nurses at the center of policy conversations, using their expertise and unique position in the healthcare system to create compassionate care and improve access to maternal health services.

Overview

Jill highlighted how nurses are a valuable source of information about reproductive health because they build relationships with patients and often more deeply understand their concerns and perspectives than a doctor's with limited time per appointment. Jill's primary suggestions include increasing access to doula support and creating spaces for interdisciplinary conversations about reproductive healthcare across many professions and sectors. Takeaways from Jill's interview are summarized in the following lists.

Key challenges and barriers to equitable care

- **Lack of trust:** Patients don't trust medical institutions, especially if they come from a marginalized group or have been previously judged or stigmatized by clinicians. Many medical providers make the mistake of putting the onus of trust on the patient when instead it is the responsibility of the provider to create a system patients feel safe in. Learning to build trust must start within educational institutions, specifically when providers are in graduate school or medical school.
- **The complexity of health disparities**: The concept of *allostatic load* conveys the cumulative impact of stress on minority women's health outcomes, exacerbating the severity of the health challenges they face. Further, maternal health disparities are deeply rooted in systemic issues created by racist legislation, including lack of access to safe housing, insurance, and reliable transportation. Fully resolving such disparities would require tackling the systemic racism that is deeply entrenched in our policy system.
- **Lack of financial resources**: North Carolina's healthcare system does not have the financial resources to support as many new initiatives as medical professionals would like, restricting their ability to implement practices that could create more equitable health outcomes.
- **Lack of personnel resources**: There are several gaps in the types of personnel available in local hospitals. For example, the Triangle area has a large refugee population, and patients often speak specific dialects that local (and sometimes even national) interpreters cannot translate. This, coupled with their fear of deportation, discourages these women from seeking medical care, increasing their risk of complications during pregnancy.
- **Barriers to doula training**: In the Triangle area, there is only one main trainer to become a doula. Their services are expensive and primarily utilized by white women, limiting the diversity of doulas in the area. Additionally, North Carolina's S.B.20 reclassified the doula practice from a supervisory

practice – which gave doulas more autonomy to provide guidance and emotional support during the birthing process – to a collaborative practice (which involves working more closely with medical professionals and thus limits the autonomy of doulas and their ability to provide holistic, personalized care).

Hospital-level solutions or initiatives intended to increase patient trust

- **Gender concordant care** involves receiving care from someone who shares your same gender identity. This can improve patient trust and may ease communication between the patient and provider.
- **Culturally competent and concordant care** involves receiving care from someone who either shares the same cultural background or possesses the knowledge or background to engage with people from diverse cultures. This can improve communication and make the patient feel respected, rather than judged, during their birthing process.
- **Racially concordant care** involves receiving care from a provider who shares your same racial background. This again improves understanding and trust and can mitigate biases or preconceptions about the patient that may impact the quality of care they receive.
- **Continuity of care with a provider** involves developing a relationship between a patient and provider throughout the pregnancy and post-birth. It allows the provider to deeply understand the patient's background, preferences, and medical history, helping them better identify and treat any health risks as well as to better establish trust and rapport with the patient that increases their perception of safety and willingness to adhere to their care plan.
- **Bundling health services** by allowing patients to see a nutritionist, access the WIC program, check in with an OB-GYN, speak with a social worker, and more during the same visit ensures patients who struggle with transportation or getting time off have access to high-quality care in an efficient manner that meets their needs. This promotes more comprehensive health screenings and check-ins among low-income patients especially, allowing physicians to spot any underlying issues and combat them early on to give them the best chance at a healthy, safe pregnancy.

State-level solutions or initiatives to spark systemic change

- **Increasing access to doula services** will increase the physical and emotional support provided to pregnant individuals during the birthing process. This can be accomplished through many channels, such as supporting doula training and certifications, launching community-based doula programs, and providing insurance reimbursement for doula services.
- **Extending Medicaid to pregnant women without documentation** will create more equity in maternal healthcare in North Carolina. Currently, only citizens receive care under Medicaid, leaving many undocumented women feeling unsafe and unwilling to risk their lives in America to seek proper care that could reduce their risk of pregnancy complications.
- **Interdisciplinary collaboration and conversations** among not only policymakers and medical professionals but also substance use disorder experts, refugee health experts, mental health professionals, and more to create substantive, well-rounded solutions.
- **Creating robust sensitivity training curricula for providers** facilitates greater education and awareness about the biases, cultural competency, and existing disparities involved in patient care. This can improve patient-provider communication and greatly reduce such disparities overall.

T Luna Imhotep (Equity Before Birth)

Background

- **About the participant:** T Luna Imhotep holds the position of Chieftess of Staff at Equity Before Birth. With seven years of experience as an international specialist in maternal and infant health, she focuses primarily on providing equitable care to Brown and Black mothers and babies.
- **About the organization:** Equity Before Birth (EBB) provides Black and Brown families access to culturally congruent care, which may encompass essential baby items, trauma assistance, and support from birth workers. The EBB team strives to facilitate a smooth transition into parenthood by advocating to strengthen paid leave for parents and provide the financial support necessary to create a healthy and comfortable family.

Overview

Imhotep emphasized the significance of birth workers and a fair paid leave for mothers, while also addressing challenges such as pre-existing prejudices within the healthcare system and being denied care due to perceived high-risk status.

Key challenges and barriers to equitable care

- **The barriers to becoming a legal birth worker** result in a scarcity of midwives and doulas available to provide crucial care for Black mothers. Within North Carolina, it is illegal for a midwife to aid in the delivery of a child unless they hold a nurse certification. Imhotep notes the common preference among Black families for culturally representative caregivers, yet within the Triangle, there are only *3 Black-certified nurse midwives*. This scarcity drives up the cost of their services, further exacerbating financial barriers for families. Imhotep also highlights how potential changes to laws, such as the possible overturning of Roe v Wade, introduce additional regulations around midwifery care, adding layers of complexity to the process.
- **High-risk patients are frequently rejected by physicians** who perceive them as liabilities. Regardless of insurance coverage, high-risk patients can be refused care because physicians prioritize avoiding accountability for potential harm over saving lives. This turns into a financial barrier, as Imhotep mentions, triggering a domino effect. The patients who are turned away seek alternative care, such as a birth worker, which ends up being more expensive or unavailable.
- **The United States doesn't have a standard paid leave for maternal/family leave** leading to financial obstacles for families. When forced to return to work sooner, families face the additional expense of childcare, the risk of the mother harming herself, as well as the chance of missing out on crucial bonding time with their newborn. Conversely, if they delay returning to work, they forfeit the income needed to access essential care for either the child or the mother. Therefore, this situation can have detrimental physical and emotional effects on both mothers and children.
- **Prejudices within the healthcare system** exist regardless of a Black woman's educational status or income, hindering their access to equitable care. Imhotep explains how Black individuals are predisposed to experiencing certain preventable complications that are associated with the biological trauma stemming from the generational effects of slavery. Imhotep highlights how biases are deeply embedded in the medical system, influencing everything from automated diagnostic tests to individual physician attitudes.

Recommendations to strengthen Black maternal healthcare

- **Simplify the licensing requirements for midwives** to encourage the occupation, and therefore create an abundance of birth workers. Imhotep explains how in densely populated communities, hospitals often struggle to provide sufficient care for everyone. On top of this, many Black families feel they won't receive equitable treatment in a hospital setting, leading them to prefer the support of birth workers during pregnancy and childbirth. Therefore, an increase in the number of available midwives would, in turn, strengthen the care for Black mothers.
- **Strengthen the paid leave for mothers** to alleviate the financial burdens experienced during the postpartum period. A steady income enables mothers to focus on healing and bonding with their newborns without the added stress of affording necessary items and care.
- **Increased funding and advocacy** from the government, philanthropic organizations, and the public sector, even when maternal healthcare is not in the spotlight, would facilitate significant improvements in Black maternal health. While reproductive rights often receive attention during key moments like debates over Roe v. Wade, sustained efforts are necessary to enact meaningful change.

Joy Spencer (Equity Before Birth)

Background

- **About the participant:** Joy Spencer is the executive director of Equity Before Birth. Spencer has been serving the community with Equity Before Birth since the COVID-19 pandemic. Her interest in maternal healthcare justice stems from her experiences as a mother and the experiences of those around her. Spencer has served and advised several politicians, doctors, and advocacy groups on maternal health.
- **About the organization:** Equity Before Birth aims to bridge birth justice with economic justice for Black women. The organization covers the cost of pregnancy-related issues for Black women within Wake, Durham, Orange, Chatham, and Johnston counties within North Carolina. Equity Before Birth also provides baby supplies for families. The organization also advocates for the eradication of disparities in care, and the organization focuses on raising awareness of the financial difficulties surrounding pregnancy.

Overview

Spencer discussed the financial barriers that many pregnant people face, in detail. Spencer emphasized the importance of addressing the social determinants of health and having culturally competent healthcare providers. Spencer, a doula herself, also discussed the barriers to entry within the profession and the importance of having Black healthcare providers within the clinical setting. Spencer believes that additional funding for different initiatives aimed at increasing access to care is also beneficial.

Key barriers and challenges to equitable care

- **The lack of Black healthcare providers** within the hospital setting increases negative health outcomes for Black patients. As Spencer mentioned, having Black healthcare providers for Black patients increases trust between medical professionals and patients, and decreases negative stereotypes within the hospital setting, which coincides with research. The lack of Black providers can mean that there is a cultural disconnect between patients and non-Black providers.
- **Financial challenges** play a large role in determining pregnant women's access to care. Spencer discussed the importance of having Black doulas for Black patients. However, many of the people that Spencer serves cannot afford the additional money for a doula or midwife. Black doulas and midwives help to decrease health disparities for Black women. Many Black doulas and midwives offer discounts to serve Black women, but they do not receive the same pay as their white counterparts.
- **Issues with navigating the healthcare system** are barriers to quality care for Black women. Many patients, as mentioned by Spencer, need help ensuring that their healthcare provider visits are covered and maintaining coverage after major events like relocation or job changes. Pregnant women should regularly see healthcare providers to avoid gaps in coverage, which can be detrimental.

Hospital-level solutions or initiatives intended to increase patient trust

- **Valuing Black women's experiences, and listening to them** increases trust between patients and providers. Some clients feel undervalued and unheard by their healthcare providers, a situation that Spencer often encounters with many of them. Providers often dismiss concerns from patients or rush

through visits quickly. Providers often fail to treat patients effectively when they do not fully value and respect the patient.

- **Emphasizing the importance of cultural competency** is an important factor in addressing Black maternal health. Spencer talked about how many hospitals are already implementing cultural competency programs. Spencer herself has led cultural competency training and diversity workshops within clinical settings. Many healthcare providers attending these trainings often seem uninterested or do not seem to exhibit initiative to decrease health disparities. For presenters, it often feels like healthcare providers attend cultural competency workshops to fulfill a requirement, rather than improve as healthcare professionals.

State-level recommendations to strengthen Black maternal healthcare

- **Addressing social determinants of health** will be pivotal to addressing health disparities for Black women. Spencer mentioned that many of the Black women that she serves are facing multiple challenges at once, including unstable housing, lack of insurance, and lower pay than their white counterparts. Additionally, food insecurity and other issues can play a role in maternal health.
- **Increasing funding and initiatives for Black healthcare providers** can help remedy issues surrounding cultural competency. As Spencer mentioned, Black women tend to have better health outcomes when treated by providers who are Black. However, the costs associated with becoming a doula, including class fees, testing fees, and vendor fees, create a barrier to entry into the field for Black women. Decreasing these fees can increase the number of Black doulas.
- **Increased funding for research and awareness** can lead to more action and advocacy surrounding maternal healthcare. With increased funding, lawmakers can get a better idea of which interventions are working inside the clinical setting, and increasing concern surrounding the issue. Increased awareness will put maternal mortality and barriers to care at the forefront of initiatives, making it a priority for healthcare providers, which will hopefully decrease disparities in care.
- **Offering paid leave to new mothers** can help increase access to postpartum healthcare. Spencer discussed her experience assisting new mothers with healthcare, and many of them do not have paid family leave. Black women frequently hold caregiving roles, including certified nursing assistants and home health aides, yet these jobs seldom provide substantial paid family leave. Black women find it harder to seek the healthcare they need because they will not be compensated for days off or leave. Additionally, without sufficient pay or paid leave, Black women continue to face another financial barrier to care.

Maya Hart (SisterSong Women of Color Reproductive Justice Collective)

Background

- **About the participant:** Maya Hart is a multiracial, Black, queer birth worker and Reproductive Justice organizer based in Durham, North Carolina for SisterSong. Maya graduated in 2020 with a Master's in Social Work from the University of North Carolina at Chapel Hill. They work as a doula and center their birth work around postpartum support, lactation education, and mutual aid. In 2021, Maya also started Diapers for Black Durham, a mutual aid fund providing free diapers, wipes, and lactation support for Black families across Durham County and the Triangle area.
- **About the organization:** SisterSong is a Southern-based, national membership organization founded in 1997 by 16 organizations of women of color to build an effective network of individuals and organizations to improve institutional policies and systems that impact the reproductive lives of marginalized communities. It is the largest national multi-ethnic Reproductive Justice collective, including and representing Indigenous, African American, Arab and Middle Eastern, Asian and Pacific Islander, and Latina women and LGBTQ people.

Overview

This interview with Maya Hart shows it is evident that addressing reproductive health care access for Black women in North Carolina's Triangle region involves navigating multiple barriers, at the individual, interpersonal, and systemic levels. Financial barriers, including underinsurance, out-of-pocket costs, and little education regarding insurance were mentioned as significant challenges to access to care. Political barriers to care were also mentioned, such as challenges in Medicaid expansion and implementation and restrictive abortion bans in North Carolina. Initiatives through SisterSong like the Care Fund and Birth Justice mutual aid fund aim to alleviate financial barriers to care. Additionally, community-based efforts, like doulas and collaboration with grassroots organizations highlighted the crucial support that culturally competent care and intersectionality in care can bring to ensure more equitable care for Black birthing people in NC.

Key challenges and barriers to equitable care

- **NC abortion restrictions and other limited reproductive care** harm patients by impacting their ability to receive evidence-based care and the reality is that bans do not just impact abortion care, but also impact miscarriage care, and early pregnancy care. When abortion access is restricted, there is an increased risk of maternal mortality. Another issue with access to care when it comes to abortion laws is when patchworks of different laws are being made in different states at different times, it is hard to keep track of laws and regulations, creating a barrier in that people may think they can get care but they can't.
- **Community-based care is not prioritized** and training of birth clinicians in community-based intervention has had significant consequences for maternal, prenatal, and postnatal mortalities. Community-based care has been proven to have significant positive impacts on referrals, early breastfeeding, maternal morbidity, neonatal mortality, and perinatal mortality.
- **Lack of culturally competent and intersectional care** causes intersectional gendered power relations to drive maternal health inequities, and it is important to understand how types of power and oppression operate and contribute to inequities in maternal health, well-being, and rights.

Interventions must consider broader economic, geographical, and social factors that affect ethnic minority groups' access to services, alongside providing culturally appropriate care.

Recommendations to strengthen Black maternal healthcare

- **Restorative justice through enhanced community doula intervention** will push treatment that is both compassionate and based on medical treatment and connects human rights to decisions being made about reproductive care. From supporting Black doulas and midwives to embracing practices that ensure Black mothers are heard and listened to, practices such as restorative justice that account for intersectionality in birthing help increase access.
- **Reproductive justice political education** empowers marginalized communities to navigate health care systems through the provision of language and linking communities with others who have common interests and goals to share experience and knowledge.
- **Mutual aid funds** allow efforts to provide resources, financial and otherwise, at the community level, directly supporting birthing people. By fostering solidarity, funds serve as a vital safety net, enabling mothers and birth workers to navigate financial uncertainties with greater confidence. Through offering sources of assistance, the quality of care provided to families increases. Mutual aid birthing funds were increased as a practice during COVID-19 and allowed families to alleviate financial strains.

Karida Giddings (North Carolina Black Alliance)

Background

- **About the participant:** Karida Giddings is the Access to Healthcare Program Coordinator for NC Black Alliance. She has focused the majority of her efforts over the past two years around Medicaid expansion and highlighting who is being the most impacted by not having access to affordable healthcare.
- **About the organization:** The North Carolina Black Alliance is a statewide nonprofit organization focused on building Black Power. This NGO has built an alliance of intergovernmental officials from the local to the federal level to support community-engaged efforts on a variety of goals ranging from education to healthcare, to environmental justice. Within the context of health care, the NC Black Alliance has hosted a variety of different community education events really focused on the landscape of health equity and healthcare access for Black and Brown communities.

Overview

Our interview with Karida Giddings highlights many of the potential policy options available to address the inequity of maternal mortality outcomes for Black women in our State. Her experience working for the NC Black Alliance and specifically in addressing access to healthcare is essential to understanding the root causes of Black maternal mortality rates. Further, with the nature of the NC Black Alliance and its grassroots efforts, she was able to speak to the experience of communities she has worked within and diversify the perspectives represented in our research. As Giddings put it in her own words when speaking to the importance of this topic, "We want to get you to a healthcare facility, but when we get you there, we also want you to be heard if you're in pain or if something doesn't feel right or if your needs aren't being met."

Key challenges and barriers to equitable care

- **The stigma attached to Medicaid** has created a barrier to accessing health care for a large number of Black North Carolinians as many people equate Medicaid with freeloading, poverty, and social/economic ineptitude. This stigma creates difficulty for individuals to access and utilize Medicaid, both on a social level and within the actual healthcare system, and stigma from providers themselves.
- **Information dissemination** has not been sufficient in informing individuals on whether they qualify for Medicaid under the new expansion program, and subsequently where and how they can enroll. Thus, there is a population of individuals who now qualify for healthcare in North Carolina who either do not know they qualify or if they do, how they can gain access to care. There is also an issue with information dissemination concerning when an individual should begin seeking prenatal care.
- **Lack of accessibility and availability of healthcare facilities** creates a physical barrier to accessing care. North Carolina, especially within rural communities, lacks adequate facilities and providers to support the entire population– most prominently those of the lowest socioeconomic status. This creates **maternity care deserts** that heavily exacerbate pregnancy-related issues which contribute to maternal mortality rates.
- **Lack of bipartisan support** within the State and Federal legislature creates political roadblocks to passing bills aimed at addressing Black maternal mortality like the MOMnibus bill. As Giddings put it, "*...the issue that has brought us here are the outcomes we're seeing for Black maternal health. That's not a partisan issue, but folks treat it like it is.*"

- **Implicit bias and culturally congruent care** refer to the racial bias held by healthcare providers that can contribute to the higher rates of maternal mortality for Black women in our country.

Recommendations to reduce Black maternal mortality

- **Breaking the stigma of Medicaid** will help individuals overcome the barrier of lacking healthcare coverage. It is essential that we support individuals who have been recently included in those who qualify for coverage under Medicaid. NC Black Alliance, for example, works with partner organizations to provide unbiased and free help to people who either are eligible and need help enrolling or those who are unsure if they qualify and need assistance navigating the process.
- **Implicit bias training** for healthcare workers at the individual hospital level is essential to address the racial stigmas held, sometimes unknowingly, by the medical professionals that women are trusting their lives and well-being.
- **The diversification of the healthcare workforce** is a means to reduce Black maternal mortality as it has been proven that Black pregnant women cared for by Black birth-works have a lower mortality rate than those cared for by non-Black caregivers. To diversify the workplace, steps need to be taken to lower the barriers to entry into the medical field for people of color and low-income alike.
- **Doula reimbursement** would remove the financial barrier for women who want to serve as doulas as many birth workers provide holistic care that has been proven to reduce mortality rates yet go uncompensated. This creates an issue for women of color who want to enter this space yet cannot financially support themselves without adequate compensation. *"And so even though the rest of your healthcare might be affordable, you might not be able to access some of those other known things that you know can reduce some of those negative health outcomes that you might experience."*
- **Expanding lactation service reimbursement** is a small but impactful way to empower new mothers by giving them the resources and the ability to make the best choice about breastfeeding for their families. As Giddings stated, *"And just within the larger scope of Black maternal health, the CDC says if we could increase breastfeeding rates amongst Black women who are least likely to breastfeed amongst all other racial groups, the Black infant mortality rate could be cut in half by 50%."*
- **Offering more paid family leave** will help mothers who have been "backed into a corner" by work policies that do not allow the individual to choose to take off work to care for an infant without taking on an additional financial burden. Empowering mothers to make as many choices after birth without financial stress helps relieve the emotional and mental burdens that can contribute to poor health outcomes.

Representative Julie von Haefen (North Carolina General Assembly)

Background

- **About the participant:** Rep. von Haefen is a representative in the NC General Assembly who was appointed in 2019. Representative von Haefen is a sponsor of the MOMnibus Act of 2023 which died in committee. The bill called for an expansion of maternal health initiatives.

Overview

Our interview with Rep. von Haefen shed light on how critical the passing of the MOMnibus Act is to expanding maternal health care and preventing Black maternal mortality in North Carolina. Rep. von Haefen as a supporter of Medicaid expansion in North Carolina was very vocal on how this milestone will benefit vulnerable populations, especially since the expansion now covers 12 months of postpartum care. Rep. von Haefen spoke to these issues as someone with experience in dealing with healthcare legislation and working with community groups focused on equitable healthcare. As a sponsor of the MOMnibus Act, Rep. von Haefen's number one recommendation is the passing of that legislation.

Key challenges and barriers to equitable care

- **Bipartisanship for maternal health care is important for North Carolina** because one side is not able to pass effective legislation. Rep. von Haefen emphasizes finding allies across the aisle who may not share all of your own political beliefs but would be willing to support legislation for the safety and health of expecting mothers.
- **Medicaid expansion in North Carolina** helped close the gap in insurance coverage, especially for those who are more vulnerable. Rep. von Haefen particularly brought up early educators, many of whom are Black women. These women often make too much to qualify for Medicaid but too little to pay for private insurance.

Recommendations to reduce Black maternal mortality

- **Implicit bias training is recommended in the MOMnibus Act** as no implicit bias training is required of healthcare professionals in North Carolina at this time. Implicit bias training will help bring awareness to prejudice and biases within the healthcare system when dealing with patients of different races and cultural backgrounds.
- **Providing funding for doula and midwife care** is essential to providing adequate maternal care, especially for Black women who may be more distrustful of traditional hospitals due to personal experience or the experience of others they know. Extending Medicaid to cover doula care would be huge for North Carolina.
- **Legislatures/representatives should reach out to community partners and organizations to help implement existing programs** that they have instead of trying to write new legislation, leaning into an inside-outside strategy.

Appendix D: Policy Criteria Rubric

Criteria:	Effectiveness:	Equity:	Political Feasibility:
Definition:	Measures the extent to which the policy is likely to achieve its stated goals in reducing racial inequities in maternal mortality rates. This includes considerations of the policy's impact, scalability, and sustainability.	Assesses how well the policy addresses the specific needs of Black women and works to eliminate disparities without causing harm or neglecting other groups.	Evaluate the likelihood of the policy being adopted and implemented effectively, considering the current political climate, support from stakeholders, and available resources.
Grading Rubric			
A	Evidence strongly suggests the policy will significantly reduce racial inequities in maternal mortality rates. There are clear, measurable outcomes and historical data or research to support its potential success.	The policy specifically targets the root causes of racial disparities in maternal mortality and includes measures to ensure no group is adversely affected.	Strong bipartisan support, with clear pathways for implementation and funding. There is strong advocacy and public backing.
B	The policy is likely to reduce racial inequities, but there may be some limitations in its scope or evidence supporting its effectiveness.	The policy addresses several key factors contributing to racial disparities but may overlook some areas or indirect impacts.	Moderate support with some opposition. Implementation pathways are identified, but there may be challenges in securing consistent funding or overcoming bureaucratic hurdles.
C	The policy shows some promise but lacks substantial evidence or has significant limitations that may hinder its effectiveness.	The policy attempts to address racial disparities but does not fully encompass all factors or may inadvertently benefit one group over another.	Support is limited, with significant political opposition or indifference. Funding and implementation strategies are uncertain.
D	There are major concerns about the policy's ability to impact racial inequities in maternal mortality rates, with little to no supporting evidence.	There is minimal consideration of equity, with the policy addressing racial disparities in a very general or superficial manner.	Little political support, with major barriers to adoption and implementation. Funding sources are not identified, and there is little to no public or stakeholder advocacy.
F	The policy is unlikely to affect or could potentially worsen racial inequities in maternal mortality rates.	The policy exacerbates disparities or completely neglects the equity dimension.	The policy is not politically viable, with no support and insurmountable barriers to implementation.

Appendix E: Policy Menu Analysis

Educational Programs: Assisting minority communities with navigating the healthcare system

What is this policy approach?
Educational programs targeting minority communities propose to bridge this gap by enhancing awareness and understanding of healthcare services, insurance coverage options, and maternal health risks. By providing individual assistance, community outreach, and health education and promotion, these programs aim to equip minority communities with the tools they need to successfully navigate the healthcare landscape. This policy approach was recommended in our conversation with Karida Giddings from NC Black Alliance.

Support for such initiatives is evidenced by research, including a study highlighted in the National Center for Biotechnology Information (NCBI) which identifies three key strategies for enrolling people in coverage: individual assistance, community outreach, and health education and promotion (Ercia, Le, & Wu, 2021b). These strategies have been proven effective in informing and assisting individuals in enrolling in Medicaid or private insurance from the marketplace.

In North Carolina, the implementation of educational programs has seen various forms of realization. The North Carolina Area Health Education Center (NC AHEC) program focuses on helping individuals in rural communities gain access to primary care (NC AHEC, n.d.). Similarly, the NC Black Alliance offers educational and informational sessions designed to help people understand and navigate the Medicaid system following the state's Medicaid expansion. Additionally, resources such as Beyond the Basics (Beyond the Basics, 2024) provide further support for these efforts.

Criteria Evaluation:

Policy Option:	**Assisting minority communities with navigating the healthcare system**	
Criteria:	**Grade:**	**Reasoning:**
Effectiveness:	B	PRISMA-ScR conducted a guided review of empirical studies on the strategies used to enroll people for health insurance after implementing the Affordable Care Act coverage expansion– which NC did in 2021. The study found that in-person assistance helped people understand their coverage options, established trust between uninsured people and the healthcare system, and identified knowledge gaps that NGOs can continue to fill. However, these individual outreach programs have small capacity and face technical and operational problems. The study also investigated community outreach events (5Ks, school visits, etc.) and found that targeted populations were effectively reached and states saw increases in private insurance enrollments; however, the events were found to be costly, time consuming, and heavily reliant upon the capacity of the hosts to organize the events (Ercia, Le, & Wu, 2021c). Factoring in the successes and drawbacks of individual and community educational outreach programs, we have concluded that it is likely to reduce racial inequities but with some limitations.
Equity:	B	Programs like these stand to address the information barriers that prevent low-income individuals from accessing Medicaid and healthcare services they may be unaware are available to them. Minority populations, like Black women, make up a large portion of those available for Medicaid. However, this policy approach does not address barriers facing Black women above 133% of the federal poverty line, and other factors that contribute to the racial disparity we see in maternal mortality rates like comorbidity conditions and racially incoordinate care.
Political Feasibility:	B	Programs like these are often implemented via NGO action and not direct government provision. This is a double-edged sword, as moves can be made to provide these services without government support, but then the funding has to come from the private sector. Weighting both factors, this policy option lands a B for political feasibility.
Cumulative Grade:	**B**	

Pathway Programs: Increasing Black individuals entering the reproductive medical field as health care providers

What is this policy approach?

This initiative seeks to address the lack of representation and culturally competent care in the healthcare system, which has been identified as a significant barrier to equitable healthcare for Black women. In North Carolina, 8% of physicians identify as Black/African American, compared to 21% of the population of NC ("NC Health Workforce," n.d.). Jill Sergison and T Luna Imphotep have both underscored the urgent need for a more diverse workforce in reproductive healthcare, pointing out the insufficient number of Black birth workers and the barriers to equitable care that arise from this deficiency. Their insights align with the findings of the Commonwealth Fund, which advocates for the diversification of the healthcare workforce as a crucial step toward reducing disparities in maternal mortality. A report published in Rand Health Quarterly highlights the main goals of pathway programs; (1) attracting children and young adults to careers in health care and (2) supporting that interest throughout education. These approaches have been titled Health System-Community Pathways Programs (HCPP) and the study also highlights five factors of these HCPP programs to make them effective; (1) student recruitment and retention, (2) mentor recruitment and training, (3) programming, (4) program outcome measurement, and (5) long-term program sustainability strategies ("NC Health Workforce," n.d.).

Pathway Programs and HCPP have been identified as a potential policy solution to the inequities in racial maternal maternity as, as Karida Giddings from NC Black Alliance brought up in our discussion with her, Black women who receive health care during pregnancy and birth provided by a Black birth worker see lower rates of maternal mortality than Black women seen and treated by non-black workers. The Commonwealth Fund report on reducing maternal morbidity and mortality underscores the importance of increasing the availability of midwives and doulas, especially those from minority communities, to improve health outcomes for Black women. By enhancing representation and cultural competence in the healthcare workforce, this policy option directly addresses the need for more personalized and culturally sensitive care, which is crucial for reducing maternal mortality

In regard to how programs like these are already being researched and implemented, The Urban Institute issued a research report entitled "Improving and Expanding Programs to Support a Diverse Healthcare Workforce: Recommendations for Policy and Practice" which concluded that Pathway Programs are one of the most promising strategies for increasing diversity. They outline what these pathway programs need to include and how higher education must show effort; (1) invest in targeted interventions starting in elementary school, (2) provide low cost training and mentorship programs, (3) reduce financial burdens and barriers, (4) invest in institutions around communities being targeted by the Program, and (4) implement DEI practices ("NC Health Workforce," n.d.).

Criteria Evaluation:

Policy Option:	**Increasing Black individuals entering the reproductive medical field as health care providers**	
Criteria:	**Grade:**	**Reasoning:**
Effectiveness:	C	It is difficult to definitely say that these pathway programs will be effective to a certain degree. The Urban Institute report highlights that a lack of funding limits the ability to empirically quantify how effective HCPPs are at diversifying the physician workforce ("Diversifying the Health Care Workforce," n.d.). With regards to how effective racial concordance (the goal of diversifying the workforce) is at reducing maternal mortality, research is inconclusive. One study in Florida found that racial concordance between physical and baby saw better mortality rates for Black babies, but no significant improvement in maternal mortality rates (Greenwood, Hardeman, Huang, & Sojourner, 2020b). Diversification "improves provider choice for everyone. If it improves health outcomes for Black people, that is in everybody's best interest." (Greenwood, Hardeman, Huang, & Sojourner, 2020b) As a result of the lack of conclusive numerical evidence supporting racially concordant care, and whether Pathway Programs truly work, this policy option receives a low evaluation of effectiveness: shows promise but lacks substantial evidence. However, more research in the future might reveal this policy to be highly effective.
Equity:	A	Pathway Programs are a highly equitable approach. Their goal is to address the environmental and systemic issues that cause the disproportionately low representation of Black individuals in the medical field. With a key goal of making the medical field more equitable in racial representation, this policy option receives the highest marks in the criterion of equity.

Political Feasibility:	D	On the tails of the US Supreme Court case on Affirmative Action in North Carolina, public universities can no longer take race into consideration on the basis of admission. Therefore, it would be politically infeasible to implement a program on a state level that specifically targets race admissions to medical school. This presents a larger barrier. Instead, pathway programs need to take the form of mentorships and STEM encouragement in K-12 schools in NC that have high proportions of Black students. The implementation of these pathway programs would be more timely and less complicated should they come from NGOs rather than directly from the state government.
Cumulative Grade:	**C**	

Increase Research Funding: Discovering the root causes for the higher prevalence of comorbidity conditions in Black Women to inform future policies

What is this policy approach?

Our research conducted for the Literature Review highlighted the coexisting conditions that make pregnancy "high risk:" prior cesarean delivery, hypertension, asthma, obesity, and cardiomyopathy. The article titled "Black Maternal Mortality – The Elephant in the Room " published in the *World Journal of Gynecology and Women's Health* highlights the importance of informing mothers of comorbidity conditions that increase their risk of death during pregnancy, childbirth, and postpartum periods (Lister et al., 2019). A report published by the National Institute of Health found that Black women had higher rates of comorbid conditions compared to all other racial groups: 55% of Black women had no comorbidities while all other races had higher than 65% of their populations experiencing no comorbidity conditions (Chinn, Martin, & Redmond, 2021). This evidence identifies a cause of the racial disparities in maternal mortality rates beyond sociocultural influences.

This policy option focuses on investing in research to understand better the root causes behind the higher prevalence of comorbidities among Black women, which contribute to higher maternal mortality rates. By identifying and addressing the underlying factors that lead to higher rates of conditions such as hypertension, diabetes, and obesity among Black women, this policy option aims to inform the development of targeted interventions and policies that can mitigate these risk factors. This research could lead to improved preventive care, early intervention strategies, and more effective management of comorbidities during pregnancy, ultimately reducing maternal mortality rates. As the 2017 article "Racial disparities in comorbidity and severe maternal morbidity/mortality in the United States: an analysis of temporal trends" states; "Severe maternal morbidity and mortality have increased in the USA in recent years. This trend has not been consistent across all racial groups. The reasons behind this, and the relation between preexisting conditions, pregnancy-associated disease, and severe maternal morbidity/mortality, have not been fully explored" (Hoyert, 2023).

Criteria Evaluation:

Policy Option:	**Discovering the root causes for the higher prevalence of comorbidity conditions in Black Women to inform future policies**	
Criteria:	**Grade:**	**Reasoning:**
Effectiveness:	C	It is difficult to quantify just how effective this policy can be, as it calls for more research into an underlying determinant of maternal mortality rather than a direct action to be taken by the government or hospitals themselves. However, by determining why Black women experience higher rates of comorbidity conditions, it creates the opportunity to then develop policy to target those reasons and reduce racial disparities in mortality rates related to childbirth. That second step, of using this further research to create evidence based and equity-targeted policy, has the potential to be highly effective.
Equity:	A	The underlying goal of this further research is to identify, and eventually remedy, racial inequities in those who experience comorbidity conditions during and post-pregnancy. Therefore, this policy option is highly equitable as it is motivated by a need to better understand the root causes of current inequities.
Political Feasibility:	B	The University of North Carolina is a large center of medical research in both the state and the southern US as a whole. Research into this topic can be done without express instruction from the State government but using the research resources allotted to the university. Thus, it requires individuals at the University, or from another institution in the US, to begin the work.
Cumulative Grade: B		

Cultural Competency: Emphasizing Culturally Competent and Racially Concordant Care

What is this policy approach?

Practicing culturally competent care and emphasizing the importance of racial concordance would take place specifically within hospitals at the Triangle. This approach to disparities is popular within current literature and was also suggested by several individuals we interviewed, including Joy Spencer, director of Equity Before Birth. Racially concordant care, where the provider and the patient are of the same race, has proven to increase trust and improve some health outcomes for patients (Altman, 2020). Culturally competent care, where the provider is aware of the cultural background of a participant and tailors treatment to them in a positive way, has also proven to be effective for communicating with patients and creating respectful environments (Alheale, 2022; Altman, 2020; Falade, 2022).

Implementing culturally competent care on the hospital level would take place by holding workshops and trainings emphasizing the importance of culturally competent care and accounting for each patient's cultural background (Falade, 2022). Some disparities in maternal mortality result from implicit bias in the clinical setting. By making healthcare professionals aware of implicit bias that may exist within themselves, and creating a culture where Black patients are respected, the disparities in other aspects of care that impact maternal mortality can start to decrease. Cultural competency workshops and trainings are already being implemented in several hospitals, where they have led to a shift in culture within the clinical setting (Falade, 2022). However, as Joy Spencer mentions, some healthcare professionals are not interested in learning from the training but rather attending to complete a requirement. Funding for these trainings is relatively low cost. Faculty members, HR specialists, deans, and other individuals can easily implement these programs within the healthcare training setting.

Criteria Evaluation:

Policy Option:	Culturally Competent and Racially Concordant Care	
Criteria:	**Grade:**	**Reasoning:**
Effectiveness:	B	Given that racism plays a role in the disparities in maternal mortality outcomes for Black women, emphasizing the importance of racially competent and concordant care may help decrease negative outcomes; however, there is a lack of evidence documenting it within the literature for Black women specifically (Duckee, 2020; Greenwood, 2020; Thomas, 2023). Culturally competent care means that doctors are more informed about the particular background of their patients, allowing their patients to receive quality, patient-centered care (Alheale, 2022; Altman, 2020). Positive outcomes resulting from racially concordant care are still being debated in the literature (Anderson, 2020). However, patients overall feel more understood and respected.
Equity:	A	Emphasizing culturally competent and racially concordant care can prove to be effective in decreasing maternal mortality for Black women. The extra emphasis on the health of Black women, and approaching them with respect, without racist attitudes, can help decrease disparities resulting from racist attitudes. With more respect, and an emphasis placed on elevating the needs of Black women, and treating them well, disparities resulting from interpersonal racism can be avoided.
Political Feasibility:	B	Implementing culturally competent and racially concordant care can be feasible at the hospital level, and is currently a topic of interest within many medical schools. Implementing continuous training, workshops, and advocacy events around the topic can take place on multiple scales, from the state level to the hospital level. Emphasizing culturally competent and racial concordance care may receive some resistance from individuals who are opposed to equity-related initiatives.
Cumulative Grade: B+		

Doulas and Midwives: Implementing solutions to expand access to doula and midwife services

What is this policy approach?

Expanding access to doula and midwife services is a policy option that could contribute to decreasing disparities in maternal mortality. This proposal suggests providing increased support and access to doulas and midwives throughout the pregnancy, childbirth, and postpartum periods. This policy option draws from various studies and interviews with stakeholders such as Joy Spencer. Studies show that when Black women as healthcare providers can help mitigate the impact of systemic racism and biases within the healthcare system by providing advocacy and support tailored to the needs and cultural backgrounds of Black women (Falade, 2022). Additionally, Black doulas and midwives can help bridge the gap in communication between patients and healthcare providers, ensuring that Black women receive comprehensive care that addresses their unique healthcare needs (Hooope-Bender, 2014; Sayyad 2023; Thomas, 2023).

Community-based organizations, such as Equity Before Birth, have launched initiatives to hire Black doulas and midwives for pregnant Black women's birthing process. As mentioned by Joy Spencer, many Black doulas want to help Black mothers specifically, but financial barriers for Black pregnant women and doulas make it challenging. Increased funding for community programs could help alleviate challenges associated with this.

Barriers to implementation in North Carolina include reimbursement challenges, limited awareness among healthcare providers and patients, and disparities in access to training and certification programs for doulas and midwives. Joy Spencer mentioned in her interview that hospitals within the Triangle region have required additional certifications, such as a vendor license, for doulas to assist with the birthing process in the hospital. Funding for expanding access to doula and midwife services can come from various sources, including government grants, private foundations, and healthcare organizations. Public-private partnerships and community-based initiatives can also contribute to funding efforts aimed at expanding access to doula and midwife services in communities disproportionately affected by maternal mortality disparities.

Criteria Evaluation:

Policy Option:	**Implementing solutions to expand access to doula and midwife services**	
Criteria:	**Grade:**	**Reasoning:**
Effectiveness:	B	Expanding access to doula and midwife services to decrease barriers to Black women's entry into the field has proven to be effective in reducing maternal mortality. Research consistently shows that disparities in maternal mortality are reduced when Black medical providers treat Black women. The addition of an advocate within the labor setting can add a level of accountability within the hospital setting and further promote an atmosphere of respect and trust, hopefully eradicating racism that may be present in the clinical setting (Hooope-Bender, 2014; Sayyad 2023; Thomas, 2023).
Equity:	A	This policy option will decrease financial barriers for Black providers, and all providers to enter the field. Expanding access to doula and midwife services will not adversely affect any other group of individuals, and this policy attempts to level the playing field for Black people aspiring to these roles, as there may not be as many Black doulas as non-Black doulas. Expanding the number of Black doulas and midwives can also positively impact those in rural areas or maternal health deserts. Expanding access to doula and midwife services benefits all groups of people, as all pregnant women will have a larger pool of doulas to choose from.
Political Feasibility:	B	Expanding access to doula and midwife services should take the shape of relaxing some financial barriers, for example, vendor permits, while still requiring the necessary clinical skill competencies needed to be a birth worker. The relaxation of unnecessary requirements can take the form of simple policy change, and will not take a large amount of funding. However, if programs were to fund or subsidize birth worker training, this policy may receive some push back from more conservative members at the state level.
Cumulative Grade: B+		

Seeking Earlier Prenatal Care: Encouraging Black Women to Seek Care Earlier in Pregnancy

What is this policy approach?

Encouraging Black women to seek prenatal care earlier in pregnancy in North Carolina's Triangle Region is a targeted policy option aimed at reducing maternal mortality disparities in this specific geographic area. This policy option was mentioned by a number of our interviewees, and community organizations, and it appeared in our literature review. Some Black women have existing comorbidities at the time of pregnancy, which can exacerbate disparities in maternal mortality outcomes (Greenwood, 2020). By promoting early and consistent prenatal care, healthcare providers can identify and address potential complications or comorbidities, ultimately improving maternal and infant health outcomes among Black women in the region (Howell, 2018). By initiating care earlier, healthcare providers can implement preventive measures and provide appropriate support to manage chronic health conditions such as hypertension, diabetes, and obesity, which are more prevalent among Black women in the region (Chinn, 2021).

Encouraging Black women to seek prenatal care earlier in pregnancy in North Carolina's Triangle Region requires targeted initiatives to address local disparities and barriers to care. Additionally, advocacy for policy changes at the state level, such as Medicaid expansion and reimbursement policies that support comprehensive prenatal care services, is essential for addressing systemic barriers and promoting equitable access to care. Funding for initiatives aimed at encouraging Black women to seek prenatal care earlier in pregnancy in North Carolina's Triangle Region can be sourced from government grants, private foundations, and healthcare organizations. Investments in community-based outreach programs are crucial for addressing disparities and improving access to early prenatal care for Black women in the region.

Criteria Evaluation:

Policy Option:	**Encouraging Black Women to Seek Care Earlier in Pregnancy**	
Criteria:	**Grade:**	**Reasoning:**
Effectiveness:	B	Encouraging Black women to seek care earlier in pregnancy means that health issues and comorbidities can be addressed and treated before they possibly impact the pregnancy (Howell, 2018; Lawton, 2014, Chinn, 2021). This policy will be effective at reducing the effect of existing comorbidities and reducing negative outcomes for women who already have an obstetrician and health insurance (Wong, 2018). However, this policy does not address the racial bias that healthcare professionals may harbor within the clinical setting, and does not address issues that may arise during labor and delivery.
Equity:	B	Encouraging Black women to seek care earlier in pregnancy places extra emphasis on Black women's health, without overlooking other groups of women. Receiving care earlier in pregnancy will effectively manage comorbidities for Black women, and has the possibility of creating a dialogue in health care about Black women's health specifically. Additionally, this policy option still places a lot of the responsibility on Black women to fix the problem by seeking care, rather than addressing other factors beyond Black women's control. Other factors may include systemic racism influencing the social determinant of health, which influences the health of Black women
Political Feasibility:	B	Encouraging Black women to seek care earlier in pregnancy is a relatively easy policy to implement given that it would be advocacy and awareness-focused, and it may not take the form of a number of formal programs, but rather a change in the current climate surrounding disparities in Black maternal mortality. This policy option may experience some pushback on the state level, as some representatives are known to oppose equity-focused policies. Within the hospital setting, this policy also may receive some pushback from those who are reluctant to place emphasis on equity for Black women, given trends in anti-equity sentiments in society.
Cumulative Grade: B		

MOMnibus Act: Passing Legislation that seeks to improve the lived experiences of mothers

What is this policy approach?

The MOMnibus Act is a policy within the House of Representatives that aims to address maternal mortality for all, but especially Black women who are at higher risk. This policy is recommended by Representative von Haefen who is a sponsor of the bill. The Act incentivizes expansion of maternal death research and programs, establishes implicit bias training for perinatal healthcare workers, and diversifies lactation training programs. The House of Representatives failed to pass the MOMnibus Act this past session, but Representative von Haefen is hopeful for the future and continues to try to grow bipartisanship for the Act.

The MOMnibus Act in North Carolina was created as a state-level offshoot of the federal Black Maternal Health MOMnibus Act. The federal MOMnibus Act also failed in committee, but will likely be reproposed next session. Currently, the North Carolina MOMnibus Act is one of a kind, so there is no existing policy that could help predict the future of a policy like this. A barrier to passing the MOMnibus Act is bipartisan support within the NC House of Representatives, as mentioned by Representative von Haefen.

Criteria Evaluation:

Policy Option:	**Passing the MOMnibus Bill**	
Criteria:	**Grade:**	**Reasoning:**
Effectiveness:	A	The MOMnibus Act suggests effectiveness. The act would not only create its own methods of tackling maternal mortality, but would also incentivize other researchers to do so as well. This act would not only help Black mothers but mothers of all backgrounds.
Equity:	A	The MOMnibus Act holds equity at its center. A crucial part of the act is implementing implicit bias training which tackles deep rooted prejudices among healthcare workers that cause unequal care of patients. This act once again is not only pivotal for Black mothers but all mothers alike.
Political Feasibility:	B	The MOMnibus Act is not only a state initiative but a national one. The Black Maternal Health Caucus put forward a national initiative for the MOMnibus Act which failed like the NC initiative. Although the MOMnibus Act has not been successful thus far, the initiative is well known and supported by many policymakers and stakeholders. With bipartisan support this act is politically feasible.
Cumulative Grade: A-		

Paid Parental Leave: Establishing a state-wide standards of paid family leave for mothers in the workforce

What is this policy approach?

Policy for paid leave for mothers was mentioned in the stakeholder interviews by T Luna Imhotep and Joy Spencer of Equity Before Birth. Interviewees highlight that the U.S. does not have a standard for paid family leave. Paid leave for mothers aims to compensate mothers while they stay home with their newborns after giving birth. The postpartum period for women is when health complications usually arise, so providing mothers the security to stay home with their children and recover is crucial to their wellbeing and health. Compensating these mothers while they are home is important as well to alleviate any financial stress or burden that may fall on the mother during this time.

Under the Family and Medical Leave Act of 1993, women are allowed up to 12 weeks of non-paid maternal leave in a 12-month period (Emp Law, 2023). State employees are currently the only employees in the state of North Carolina who are entitled to Paid Parental Leave (PPL); PPL requires the employer to pay the employee 100% of an employee's usual pay when on leave (Emp Law, 2023). No other employers in NC are required to provide paid family leave for their employees. There are also no existing policies that may indicate a future for guaranteed paid leave in North Carolina. Even the progressive MOMnibus Act, targeting maternal mortality, does not mention a future for paid family leave in North Carolina. Barriers for a standard of paid family in North Carolina include lack of support from policymakers and an absence of existing or future policy.

Criteria Evaluation:

Policy Option:	**Paid Leave for Mothers**	
Criteria:	**Grade:**	**Reasoning:**
Effectiveness:	B	Paid leave for mothers will likely make an impact in reducing racial inequities. The policy will encompass all mothers who work and provide them compensation as they spend time at home recovering and bonding with their baby. The policy will also alleviate additional costs on the mother for early childcare for she will not have to return to work immediately for financial reasons. However, since the U.S. does not currently have paid maternity leave it is difficult to understand how this policy may change the current environment.
Equity:	B	Paid maternity leave is likely to address key factors of maternal mortality. Black mothers who work a full-time job may be able to receive paid maternity leave allowing time for recovery reducing health risks. However Black mothers who may not work a full-time job but instead do domestic work may not be able to relinquish daily tasks and would not be compensated for their domestic work. Paid maternity leave is excellent in addressing mothers in the workforce, but fails to encompass mothers who do domestic work.
Political Feasibility:	C	The U.S. does not currently have a standard for paid maternal leave. Currently, only 11 states offer paid family leave.All of these states are located in the western and northern U.S.. No southern states currently have paid family or maternal leave. The progressive MOMnibus Act for mothers also makes no mention of paid mother leave. Paid maternal leave in NC shows major barriers such as partisanship and funding. The policy currently has little to no support among policymakers.
Cumulative Grade: B-		

Medicaid for Undocumented Women: Extending birth care opportunities to pregnant undocumented women

What is this policy approach?
Jill Sergison from NC Nurses spoke in her interview about the importance of providing Medicaid for undocumented pregnant women. Undocumented women are not eligible for Medicaid, leaving them uninsured and in danger during pregnancy and postpartum unless they have employer-sponsored insurance, which they are less likely to possess. This policy aims to address maternal mortality by acknowledging an at-risk population who may fear seeking out pregnancy or postpartum care due to a lack of insurance or citizenship. Under the Emergency Medical Treatment and Active Labor Act, no uninsured person can be turned away from emergency treatment including labor and delivery, however, this act does not include treatment and prevention of underlying health effects that may cause complications during or after birth (Undocumented Immigrants, n.d.). It should be noted that this policy may be effective in preventing maternal mortality among immigrant populations, however, it does not directly address Black maternal mortality given that a small percentage of Black women in NC are immigrants.

No attempt to expand Medicaid for undocumented pregnant women has been made in North Carolina, but New York, New Jersey, and Massachusetts have been successful in passing public insurance for low-income women regardless of immigration status. California recently became the first state to pass legislation allowing for undocumented immigrants to qualify for Medi-Cal, California's version of Medicaid (Kekatos, 2023). It should be noted that these states have different political makeups than North Carolina that make these types of policies more politically feasible. Barriers to passing a policy that would provide undocumented pregnant women with Medicaid in North Carolina include political support and feasibility among legislators and stakeholders. There is no current policy that indicates a future for Medicaid for undocumented women in NC.

Criteria Evaluation:

Policy Option:	**Extending birth care opportunities to pregnant undocumented women**	
Criteria:	**Grade:**	**Reasoning:**
Effectiveness:	C	Although this policy may be effective in reducing the maternal mortality among the immigrant population in North Carolina, it is unlikely to be effective for Black women in North Carolina. Many Black women in NC are not undocumented immigrants, however a policy that targets low-income pregnant women regardless of immigration status may be effective in providing low-income Black women insurance who for whatever reason do not qualify for Medicaid.
Equity:	B	It does address several elements of racial disparities in maternal health, but it is not fully inclusive. This policy does not fully address Black maternal mortality which is the main focus of our project.
Political Feasibility:	D	This policy has little political support and has bipartisan support barriers in place that would prevent it from being implemented. Funding sources are also not easily identifiable with little stakeholder support.
Cumulative Grade: C		