CONNECT WITH 3,400+ LEADERS ACROSS ALL 50 STATES

JOIN DISCUSSIONS ON POLICIES AND SYSTEMS IMPACTING PRENATAL–3 OUTCOMES

ACCESS RESOURCES AND EVENTS FOR PN-3 INITIATIVES

LEARN FROM PEERS AND EXPERTS ANYTIME, ANYWHERE!

bit.ly/JoinPN3XChange

Prenatal-to-Three CAPACITY BUILDING HUB
POWERED BY THE BUILD INITIATIVE

Whole Child, Whole Families, Whole Systems Webinar Series

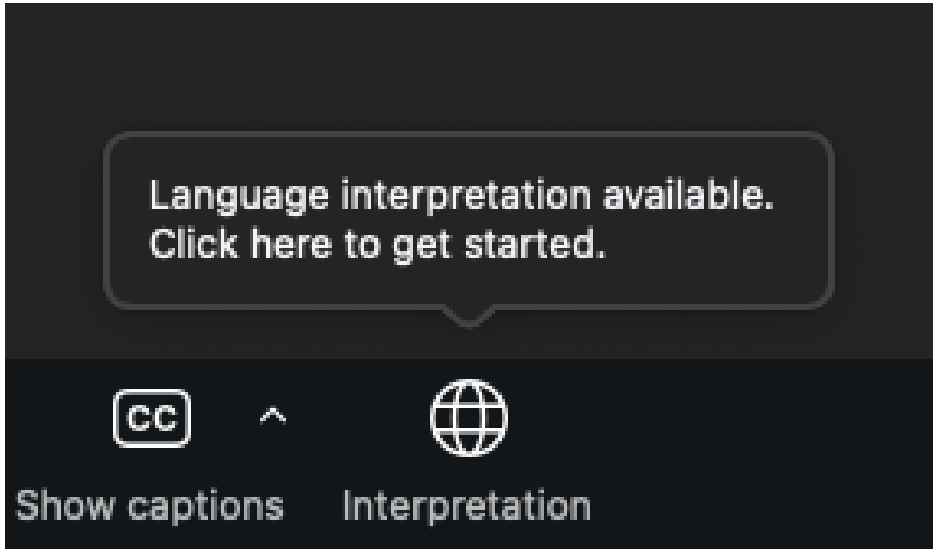
Webinar 3
Maternal and Child Health and Mental Well-Being: Cornerstones of a Thriving Community

Moderated by Michelle Adkins and Ngozi Lawal

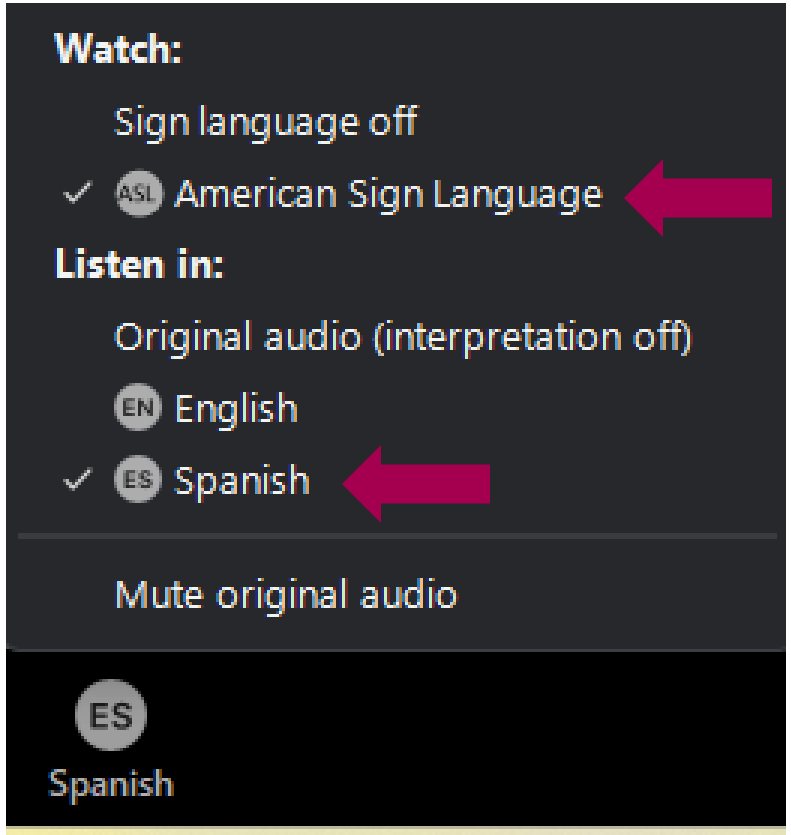
April 10, 2025

Language Interpretation

Once the interpretation function is activated, click the globe icon at the bottom of your screen.



Then, select Spanish to listen or American Sign Language to watch. To turn off interpretation, click "Original audio."



Prenatal-to-Three CAPACITY BUILDING HUB
POWERED BY THE BUILD INITIATIVE

Webinar Series' Objectives

- Define a Whole System Approach
- Identify Key Challenges
- Explore Strategies for System Integration
- Center Family Voices and Equity
- Leverage Leadership and Data for Improvement
- Learn from Real-World Examples
- Apply Actionable Strategies
- Promote Sustainability

Prenatal-to-Three CAPACITY BUILDING HUB
POWERED BY THE BUILD INITIATIVE

Today's Objectives - Maternal and Child Health and Mental Well-Being: Cornerstones of a Thriving Community

- Hear a mother's experience regarding lack of obstetric care in a rural area and the physical, mental, and financial hardships placed on families.
- Understand the concerns of families and health care workers in maternity care deserts.
- Recognize how personal experiences with prematurity and birth outcomes are shaped by systemic disparities, particularly for Black women and birthing people.
- Shift from viewing survival as the goal to embracing joy, abundance, and dignity as essential outcomes in pregnancy, birth and postpartum care.
- Reflect on the role of individual and collective action needed to support joyful, equitable, and healthy births for all families.
- Establish a basic understanding of the national maternal health and maternal health landscape.
- Learn about Ready Ready's and Routes to Ready's (RTR) coordinated care network.
- Explore how RTR centers equity and family voice through personalized intake, inclusive caregiver support, and data-driven coordination.
- Recognize the benefits of RTR's navigation and referral system in building trust, reducing barriers and improving long-term outcomes for families.
- Explore Every Baby Guildford as a collection action movement, centering the community to disrupt long-standing disparities.
- Explore the components of a Community-Based Doula Program under a public health system.

Prenatal-to-Three CAPACITY BUILDING HUB
POWERED BY THE BUILD INITIATIVE

Presenters

Leigha Leppin
Patient Family Partner

MoMMAs Voices

Dr. Melissa Franklin, EdD., MBA
Founder & CEO

Growth Mindset Communications

Dr. Jasmin Bihm
Director, Public Health Strategy & Innovation

Association of Maternal & Child Health Programs

Danielle Deshazor- Tabb
Routes to Ready Lead

Ready for School, Ready for Life

Breanna Grant
Perinatal Health Manager

Every Baby Guilford, Guilford County Department of Health and Human Services

Prenatal-to-Three CAPACITY BUILDING HUB
POWERED BY THE BUILD INITIATIVE

Who is represented here?

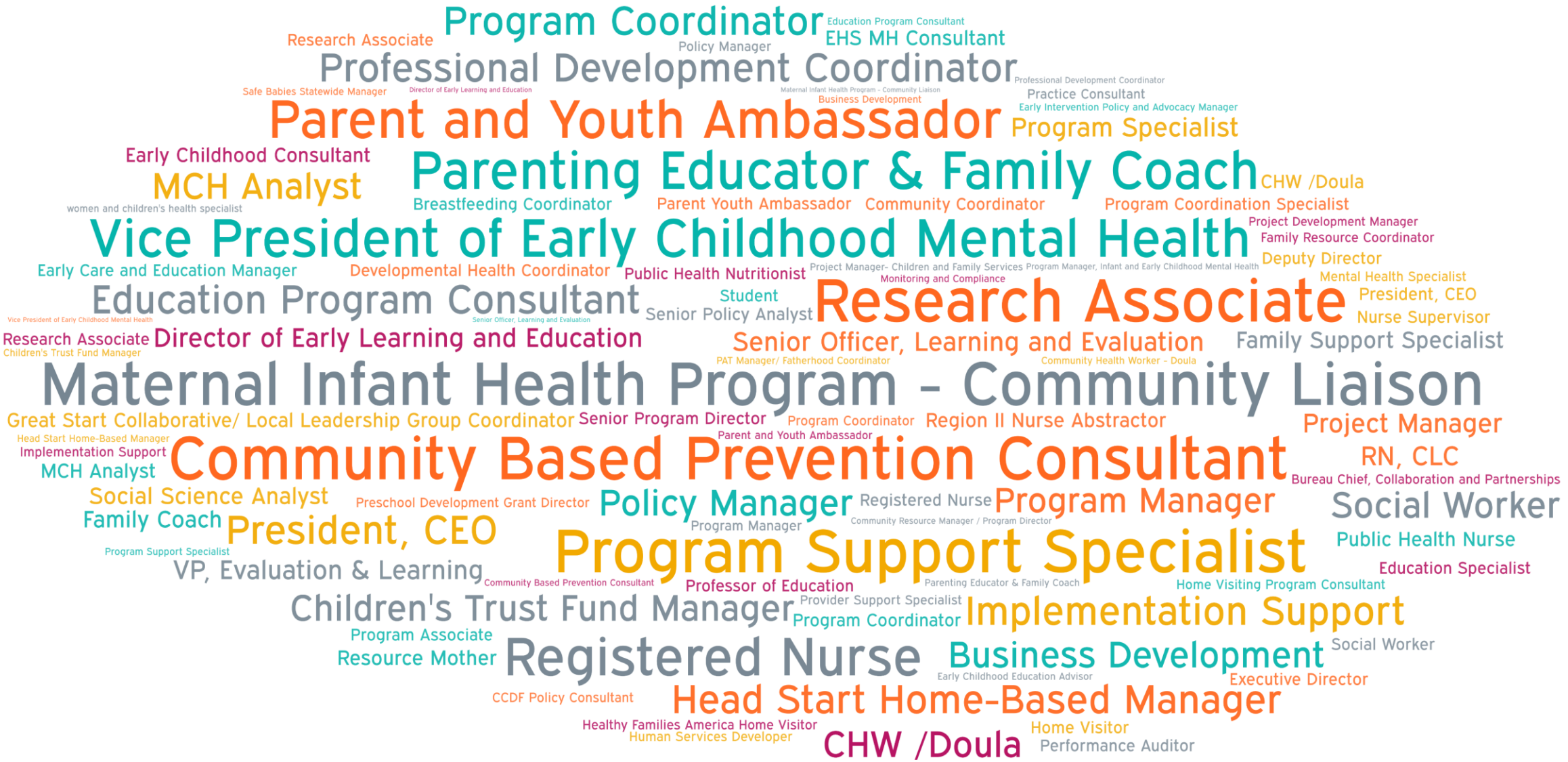
- 750+ registrants
- 49 states, DC, Puerto Rico, US Virgin Islands

You are from…

- State agencies: Children, Youth and Families, Health and Human Services, Public Health, Early Learning and Care, Education
- Child and family serving organizations/nonprofits (community-based, state, regional, and national)
- Early childhood coalitions/networks
- Colleges and universities
- Center-based and home-based child care providers
- Child Care Resource and Referral Agencies
- Foundations and philanthropy
- Hospitals and health care providers

Prenatal-to-Three CAPACITY BUILDING HUB
POWERED BY THE BUILD INITIATIVE

Who are you?


Program Coordinator
Education Program Consultant
Research Associate
EHS MH Consultant
Policy Manager
Professional Development Coordinator
Professional Development Coordinator
Safe Babies Statewide Manager
Director of Early Learning and Education
Maternal Infant Health Program - Community Liaison
Business Development
Practice Consultant
Early Intervention Policy and Advocacy Manager
Parent and Youth Ambassador
Program Specialist
Early Childhood Consultant
MCH Analyst
Parenting Educator & Family Coach
CHW /Doula
women and children's health specialist
Breastfeeding Coordinator
Parent Youth Ambassador
Community Coordinator
Program Coordination Specialist
Vice President of Early Childhood Mental Health
Project Development Manager
Family Resource Coordinator
Early Care and Education Manager
Developmental Health Coordinator
Public Health Nutritionist
Project Manager- Children and Family Services
Program Manager, Infant and Early Childhood Mental Health
Deputy Director
Monitoring and Compliance
Mental Health Specialist
Education Program Consultant
Student
Research Associate
President, CEO
Vice President of Early Childhood Mental Health
Senior Officer, Learning and Evaluation
Senior Policy Analyst
Nurse Supervisor
Research Associate
Director of Early Learning and Education
Senior Officer, Learning and Evaluation
Family Support Specialist
Children's Trust Fund Manager
PAT Manager/ Fatherhood Coordinator
Community Health Worker - Doula
Maternal Infant Health Program - Community Liaison
Great Start Collaborative/ Local Leadership Group Coordinator
Senior Program Director
Program Coordinator
Region II Nurse Abstractor
Project Manager
Head Start Home-Based Manager
Parent and Youth Ambassador
Implementation Support
Community Based Prevention Consultant
RN, CLC
MCH Analyst
Bureau Chief, Collaboration and Partnerships
Social Science Analyst
Preschool Development Grant Director
Policy Manager
Registered Nurse
Program Manager
Social Worker
Family Coach
President, CEO
Program Manager
Community Resource Manager / Program Director
Program Support Specialist
Program Support Specialist
Public Health Nurse
VP, Evaluation & Learning
Education Specialist
Community Based Prevention Consultant
Professor of Education
Parenting Educator & Family Coach
Home Visiting Program Consultant
Children's Trust Fund Manager
Provider Support Specialist
Implementation Support
Program Coordinator
Program Associate
Social Worker
Resource Mother
Registered Nurse
Business Development
Early Childhood Education Advisor
Executive Director
CCDF Policy Consultant
Head Start Home-Based Manager
Healthy Families America Home Visitor
Home Visitor
Human Services Developer
CHW /Doula
Performance Auditor

About Me

USC

Favorite saying:
It is well

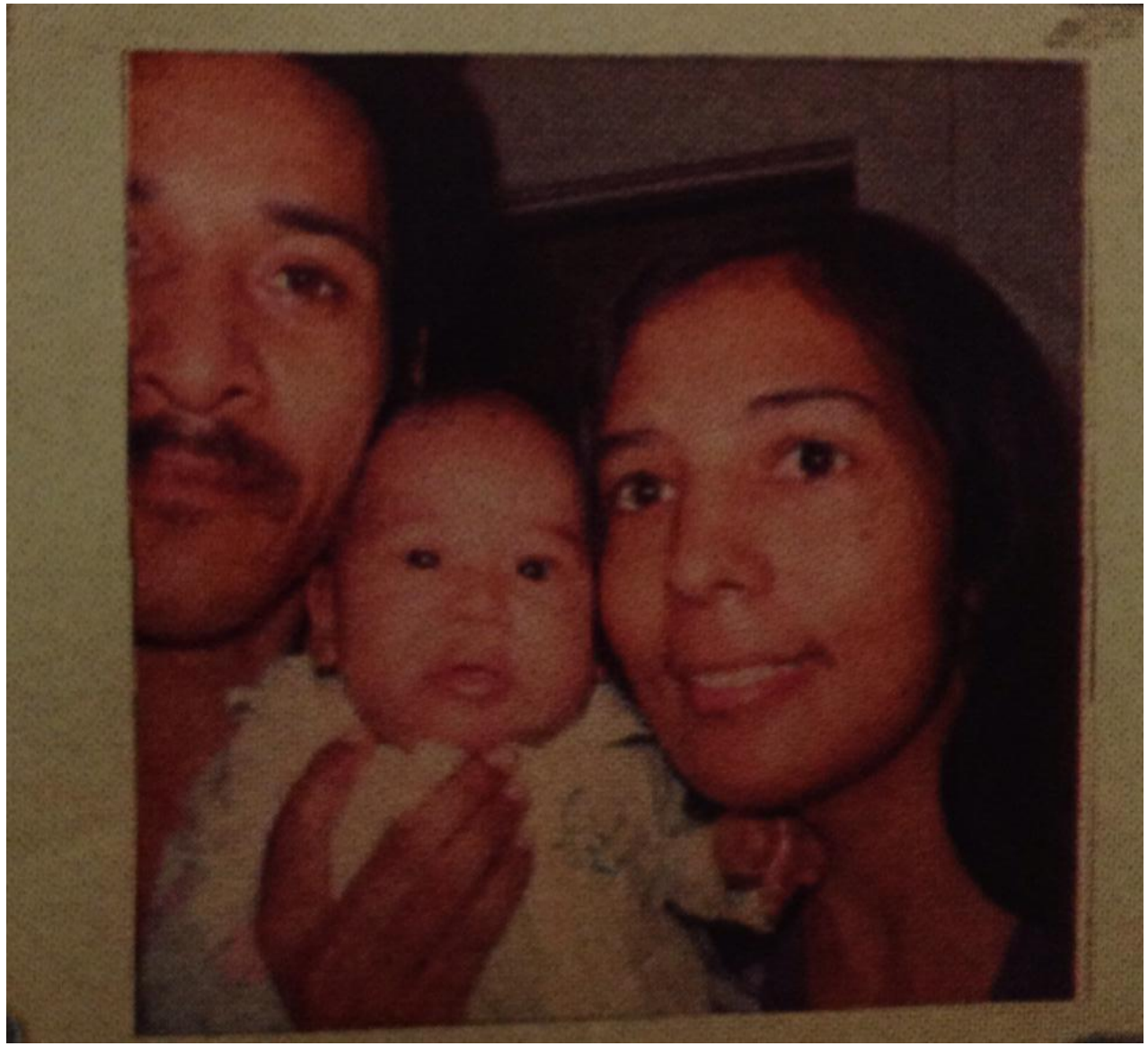
LMU

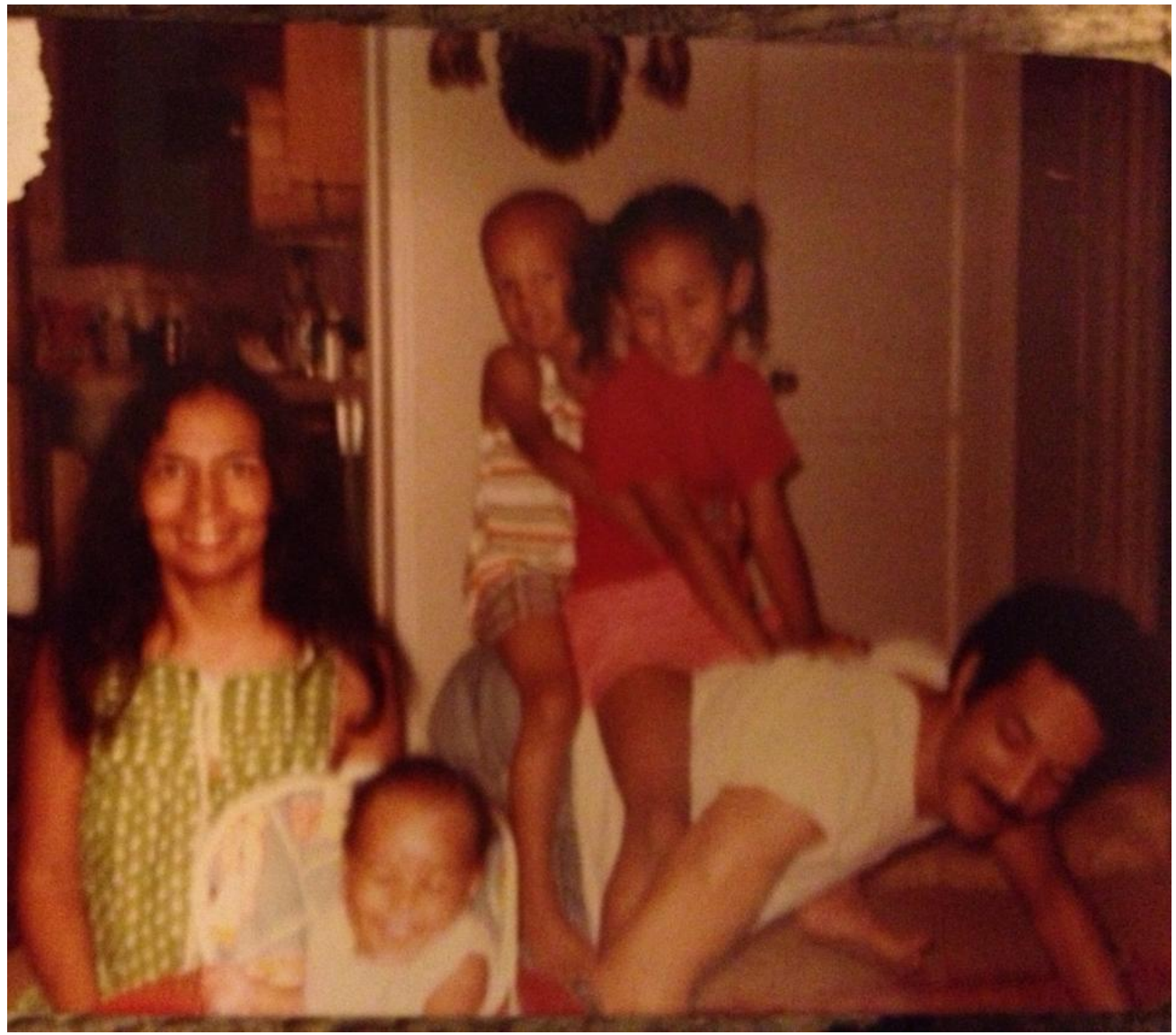
Black Infants & Families
LOS ANGELES

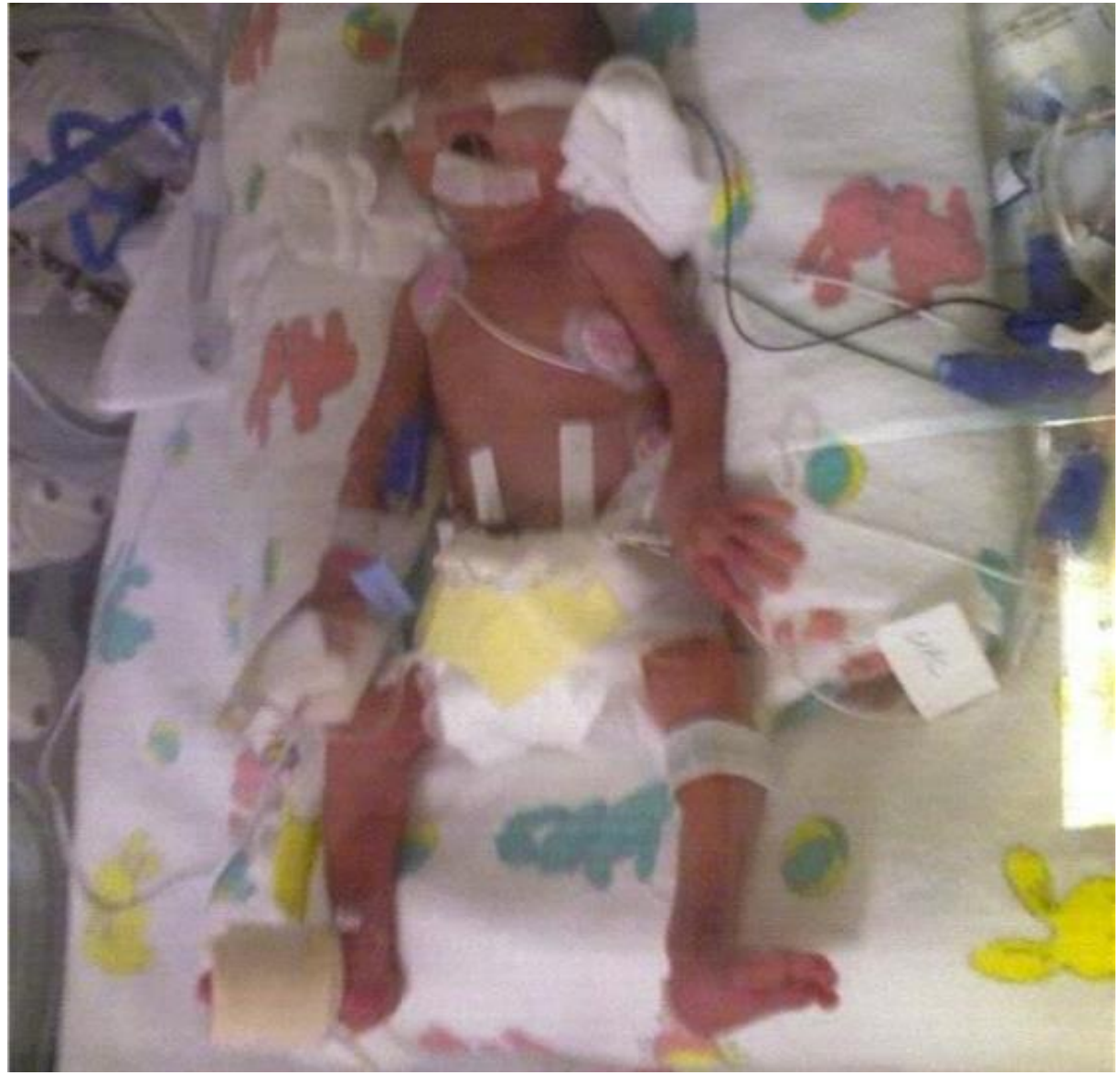
Grace is one of the greatest gifts we can give each other

LOVES:
Family
Worship
The ocean
DANCE…did I say DANCE?

Growth Mindset
Communications







"IN ORDER TO SUCCEED, PEOPLE NEED A SENSE OF SELF-EFFICACY, TO STRUGGLE TOGETHER WITH RESILIENCE TO MEET THE INEVITABLE OBSTACLES AND INEQUITIES OF LIFE."

ALBERT BANDURA

Lifehack Quotes

Maternal and Child Health and Mental Health Overview

Dr. Jasmine Bihm

BUILD Webinar

Guest Speaker

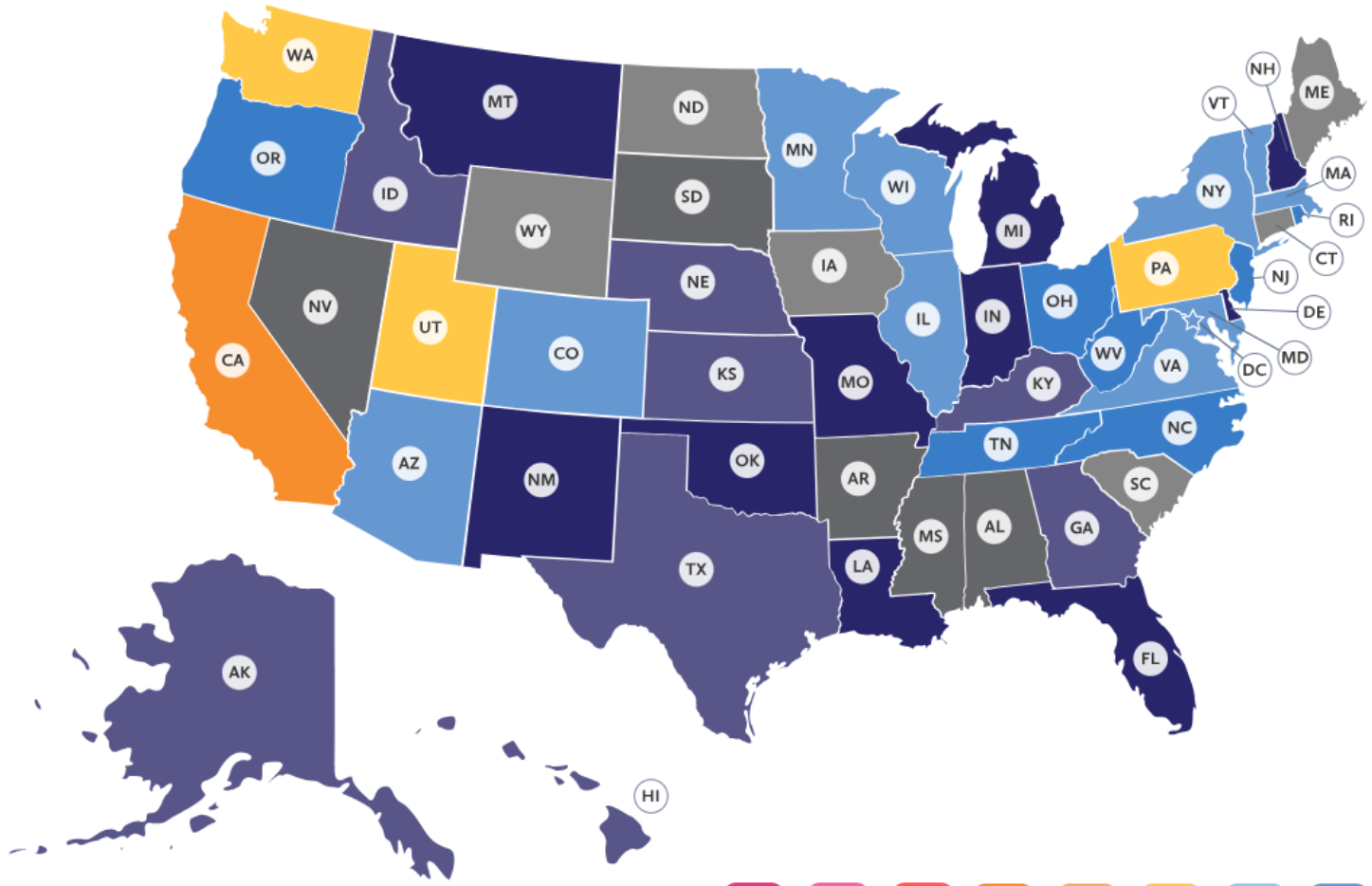
4/10/25

Maternal Mental Health in the U.S.

- Maternal mental health disorders, i.e. postpartum depression, affect approximately 600,000 mothers annually in the U.S. accounting for ~ 20% of all births.
- Up to 50% of these cases go undiagnosed, and 75% of affected women do not receive the necessary treatment.
- Economic impact of untreated maternal mental health conditions estimated at $14.2 billion each year.

Source: Policy Center for Maternal Mental Health, in collaboration with the George Washington University. 2024 Maternal Mental Health State Report Cards.

Maternal Mental Health State Report Cards

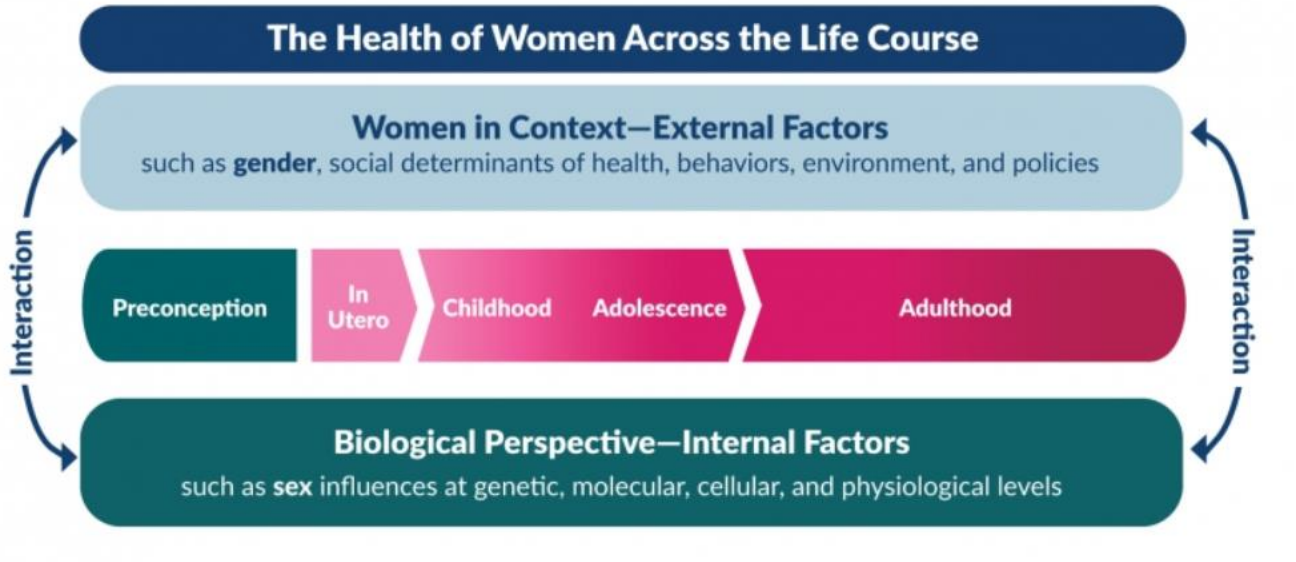


Source: Policy Center for Maternal Mental Health, in collaboration with the George Washington University. 2024 Maternal Mental Health State Report Cards.

A+ A A- B+ B B- C+ C C- D+ D D- F

Why is maternal and child health so important?

- **The life course approach** to conceptualizing health care needs and services evolved from research documenting the important role early life events play in shaping an individual's health trajectory. The interplay of risk and protective factors, such as socioeconomic status, toxic environmental exposures, health behaviors, stress, and nutrition, influence health throughout one's lifetime.



Key Definitions

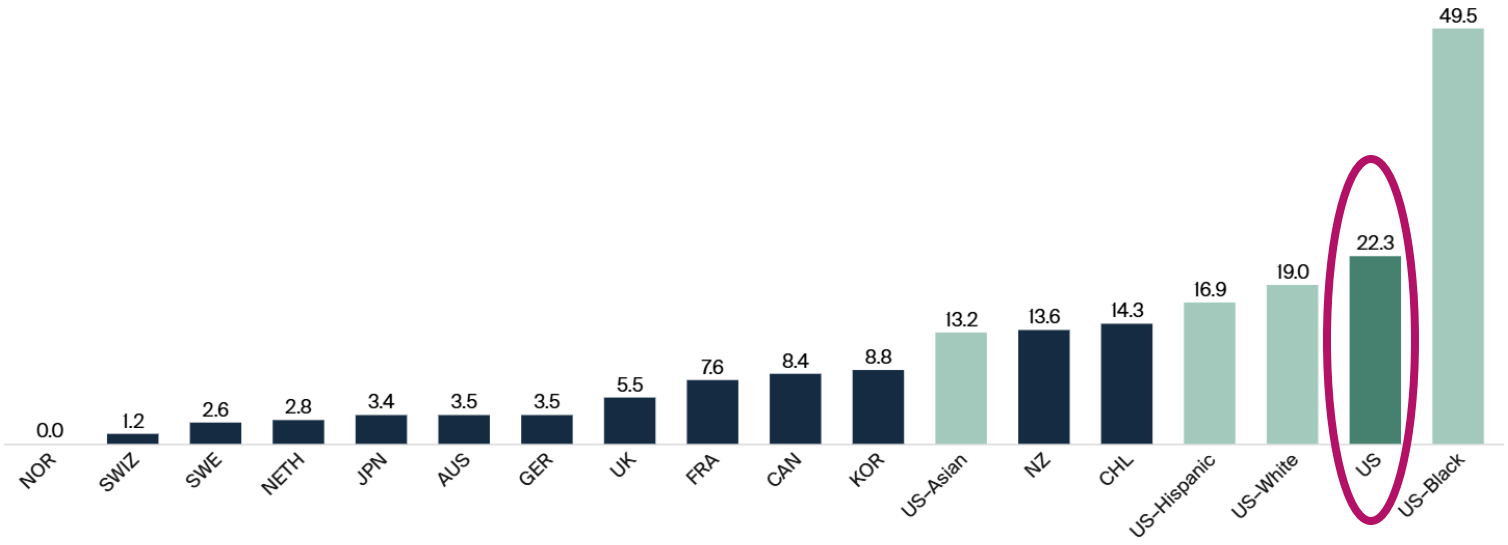
- Maternal health refers to women's health and well-being during pregnancy, childbirth, and postpartum (after childbirth) (CDC).
- Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being (WHO).

Key Indicators

- **Maternal Mortality Ratio (MMR):** number of maternal deaths per 100,000 live births within a specific time frame. A maternal death is the death of a woman while pregnant or **within 42 days of the end of pregnancy,** from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (WHO).
- **Prenatal and postnatal care access**: the regular healthcare provided to a woman throughout her pregnancy, **ideally starting in the first trimester** and continuing until birth. Antenatal care includes the same but is often used more globally to describe routine assessments and interventions that monitor fetal health and support the mother's well-being, helping to prevent complications and detect health conditions early (CDC).
- **Skilled birth attendance:** the presence of trained healthcare personnel, such as midwives, nurses, or doctors, during childbirth. These professionals are trained to handle normal deliveries and recognize and manage complications, helping to reduce the risks of maternal and newborn morbidity and mortality (UNICEF).
- **Postpartum Care and Outcomes:** he healthcare and support provided to a mother from immediately after birth to the first six weeks postpartum. This care includes monitoring physical recovery**, mental health support**, and guidance on infant care and breastfeeding. Good postpartum care can help detect and manage complications, such as postpartum hemorrhage or depression.

The United States continues to have the highest maternal death rate, with the rate for Black women by far the highest of any group.

Maternal deaths per 100,000 live births



Notes: The maternal mortality ratio is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. For more information on how maternal mortality is defined, see Organisation for Economic Co-operation and Development, "Maternal and Infant Mortality," in *Health at a Glance 2023: OECD Indicators* (OECD, 2023). 2015 data for FRA; 2017 data for UK; 2018 data for NZ; 2020 data for CAN and SWIZ; 2021 data for AUS, GER, JPN, KOR, NETH, and SWE; 2022 data for CHL (provisional), NOR, and US. Due to sample size limitations, data for US–AIAN cannot be displayed. AIAN = American Indian and Alaska Native. Asian Americans include a wide range of distinct communities. Such groupings are imperfect, as they mask significant difference in maternal mortality rates.

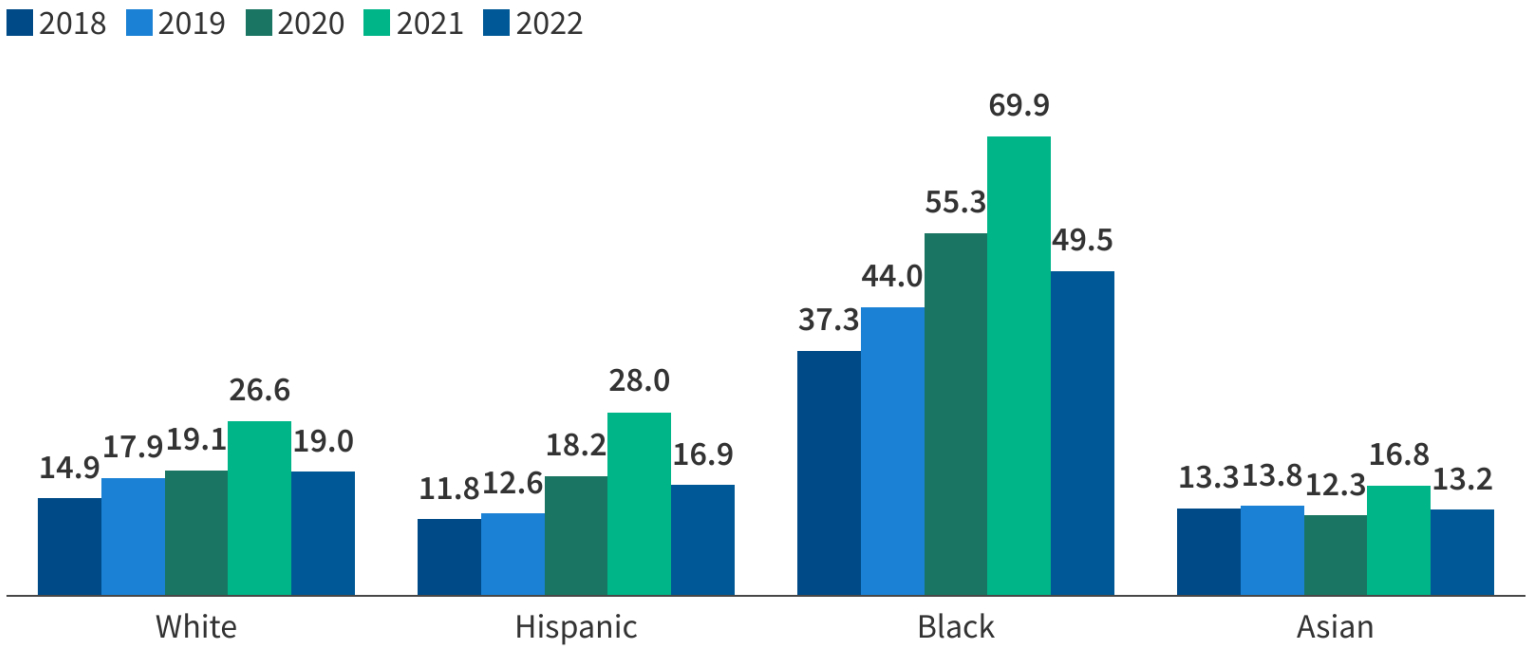
Data: All country data from OECD Health Statistics 2023 extracted on February 29, 2024, except data for US are 2022 data from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, mortality and natality data files, "Maternal Mortality Rates in the United States, 2022."

Source: Munira Z. Gunja et al., *Insights into the U.S. Maternal Mortality Crisis: An International Comparison* (Commonwealth Fund, June 2024). https://doi.org/10.26099/cthn-st75

Maternal Health Disparities

Figure 2

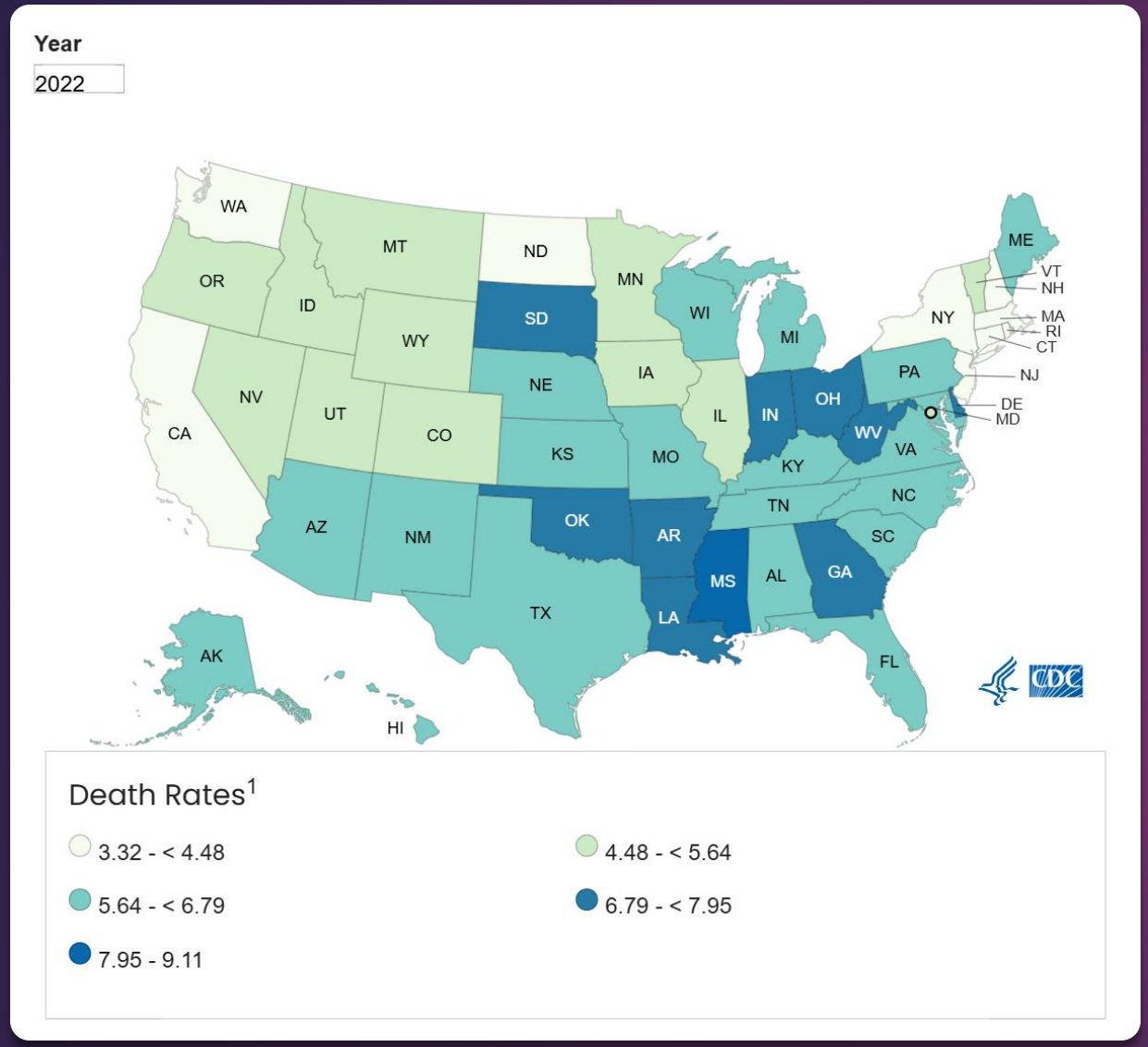
Maternal Mortality per 100,000 Births by Race and Ethnicity, 2018-2022



Note: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Other races are not shown due to small numbers. Maternal deaths are defined as deaths that occur while pregnant or within 42 days of being pregnant.

Source: Hoyert DL. Maternal mortality rates in the United States, 2022. NCHS Health E-Stats. 2024.

KFF



Infant Mortality by State

Factors Contributing to Poor Maternal and Child Health Outcomes

- Socioeconomic Factors
- Healthcare Access and Quality
- Racial and Ethnic Inequities
- Social Determinants of Health
- Health Insurance Coverage
- Mental Health and Substance Use Disorders

The Importance of Fatherhood in Perinatal Health

Supports Maternal Well-being: Reduces stress, depression, and anxiety

Improves Infant Health: Linked to higher birth weight, fewer preterm births

Encourages Breastfeeding: Fathers influence initiation and continuation

Promotes Healthcare Engagement: Increases prenatal and postpartum visit attendance

Strengthens Families: Builds co-parenting relationships and family stability

Reduces Risk Factors: Associated with lower rates of IPV, neglect, and substance use

Key Strategies & Programs

Photo by Chris Mac on Unsplash

Giving Mothers and Babies a Healthy Start by Engaging Dads

Fathers can play a significant role in positively impacting maternal and child health before, during, and after pregnancy.

The Fatherhood Program is based on several goals aimed at strengthening the role of fathers in children's lives and beyond. Those include:

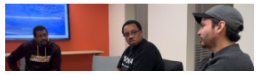
- Be present through the child's entire life course
- Receive the same education as their women counterparts
- Ensure local programs (like safe sleep education or infant feeding education) are inclusive of fathers.

Among initiatives aimed at reducing maternal health disparities and improving maternal and child health outcomes, fathers' contributions are sometimes overlooked. But for more than 16 years, Devin Anderson, the Fatherhood Coordinator at the Washington DC Healthy Start program, has been committed to strengthening the role of dads across DC.

Devin describes, "We believe in a continuum of care, meaning that we want the father to be involved through the whole process—prenatal to the birthing process, to helping out, postnatal and beyond," said Anderson.

The DC Fatherhood Program encourages fathers and partners to participate in all activities, including prenatal appointments, safe sleep education, and fatherhood group sessions. The weekly fatherhood group sessions are based on 24/7 Dad, a curriculum shown to be effective and developed by the National Fatherhood Initiative that focuses on the characteristics needed to be a good father 24 hours a day, 7 days a week. This includes aspects such as self-awareness, caring for self, fathering skills, parenting skills, and relationship skills.

The group sessions offer a safe environment where fathers can openly discuss topics such as family history, managing emotions, work life balance, handling grief and loss, health, and relationships & co-parenting.



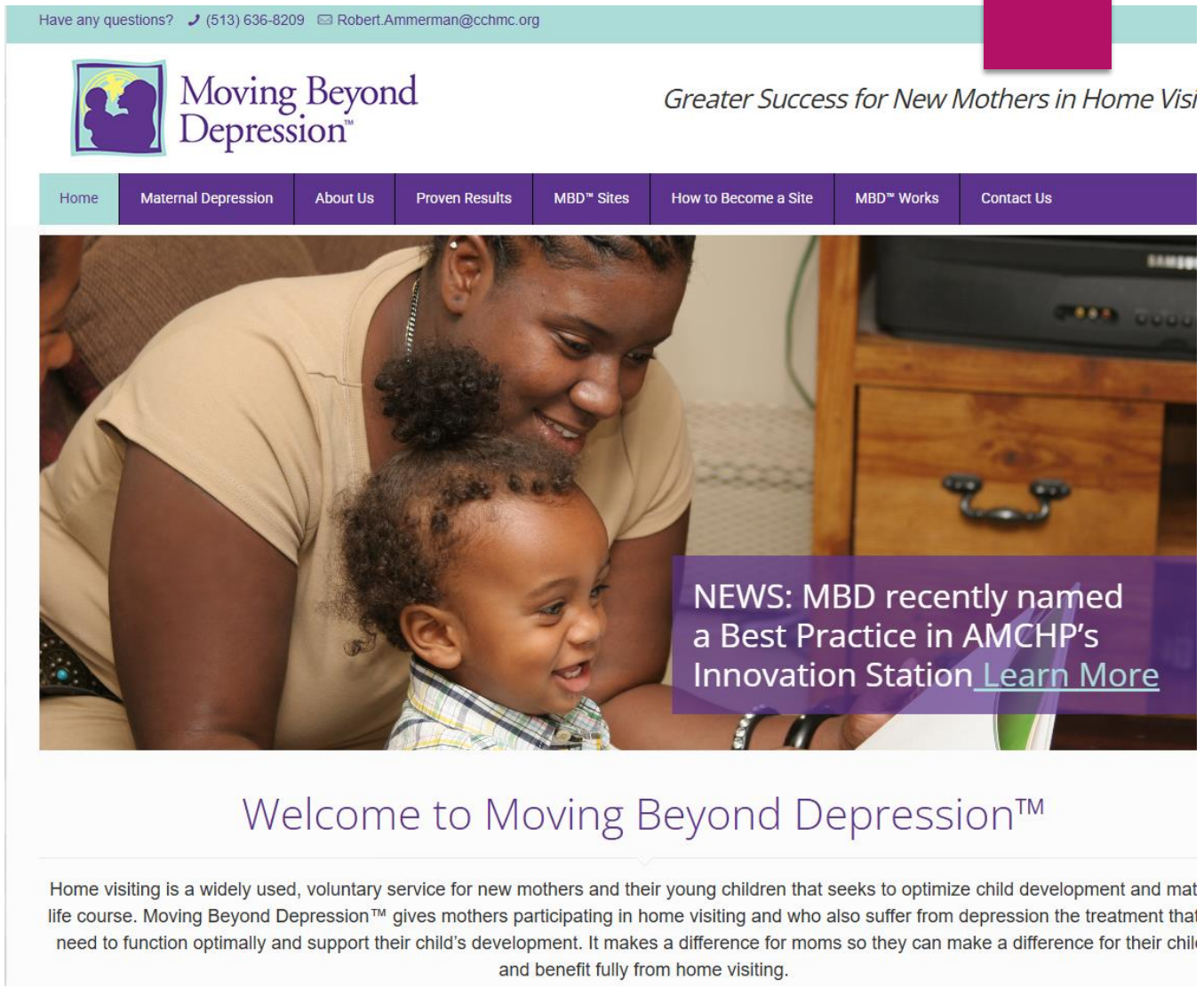
Source: HRSA, Maternal and Child, *Giving Mothers and Babies a Healthy Start by Engaging Dads* (February 2025)

- **Education & Support:** Boot Camp for New Dads, Dads Matter, Fatherhood is Sacred
- **Home Visiting Inclusion:** Healthy Families America, Nurse-Family Partnership
- **Father-Friendly Care Models:** Invite dads to prenatal visits, childbirth classes
- **Community Engagement:** Barbershop outreach, faith-based programs
- **Mental Health Support:** Screen and treat paternal perinatal depression
- **Policy Advocacy:** Paid paternity leave, family-centered leave
- **Data & Evaluation:** Track father engagement in MCH programs

"Engaging fathers is a public health strategy—not just a family matter."

Maternal Mental Health Support Example

- Home Visiting Services
- Training for Home Visitors
- Proven Effectiveness
- Scalable Implementation



Thank You!

Ready for School Ready for Life

every baby guilford

GUILFORD COUNTY, NC

COMMUNITY SPOTLIGHT

Danielle Deshazor-Tabb, Ready for School, Ready for Life

Breanna Grant, Every Baby Guilford

Our Mission

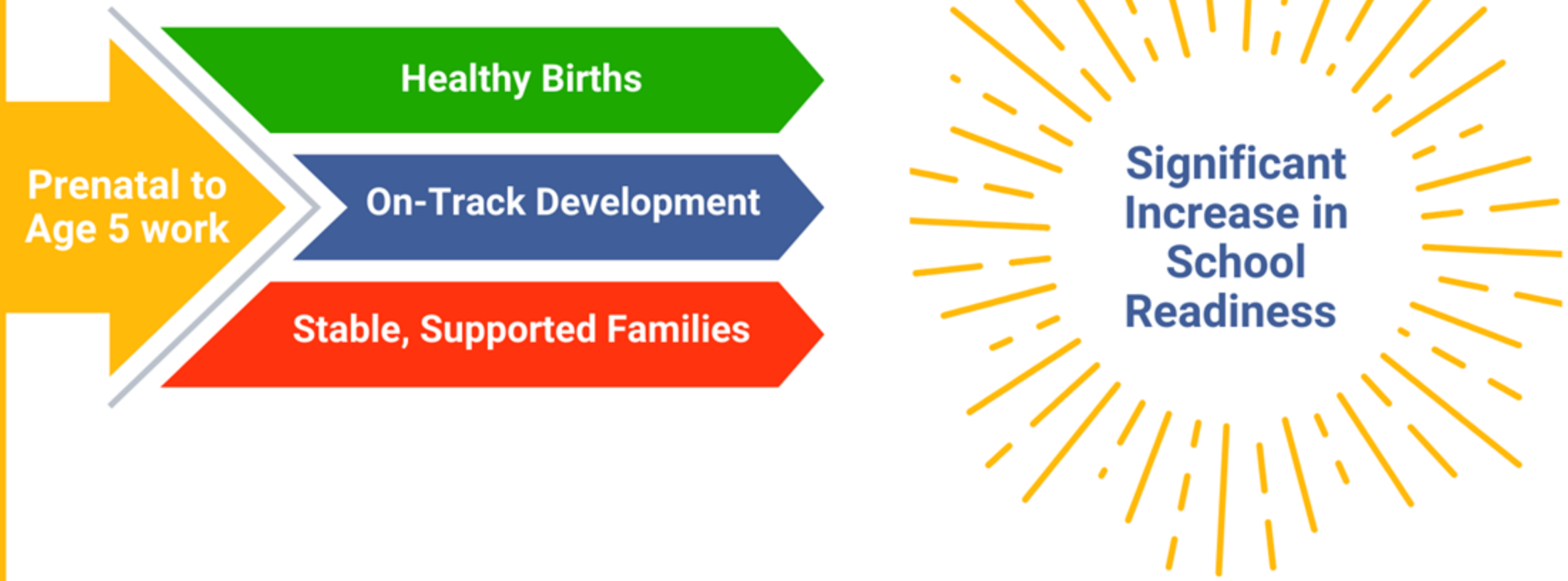
Ready for School, Ready for Life is **a collaborative effort** to build a connected, innovative **system of care** for Guilford County's **youngest children and their families.**

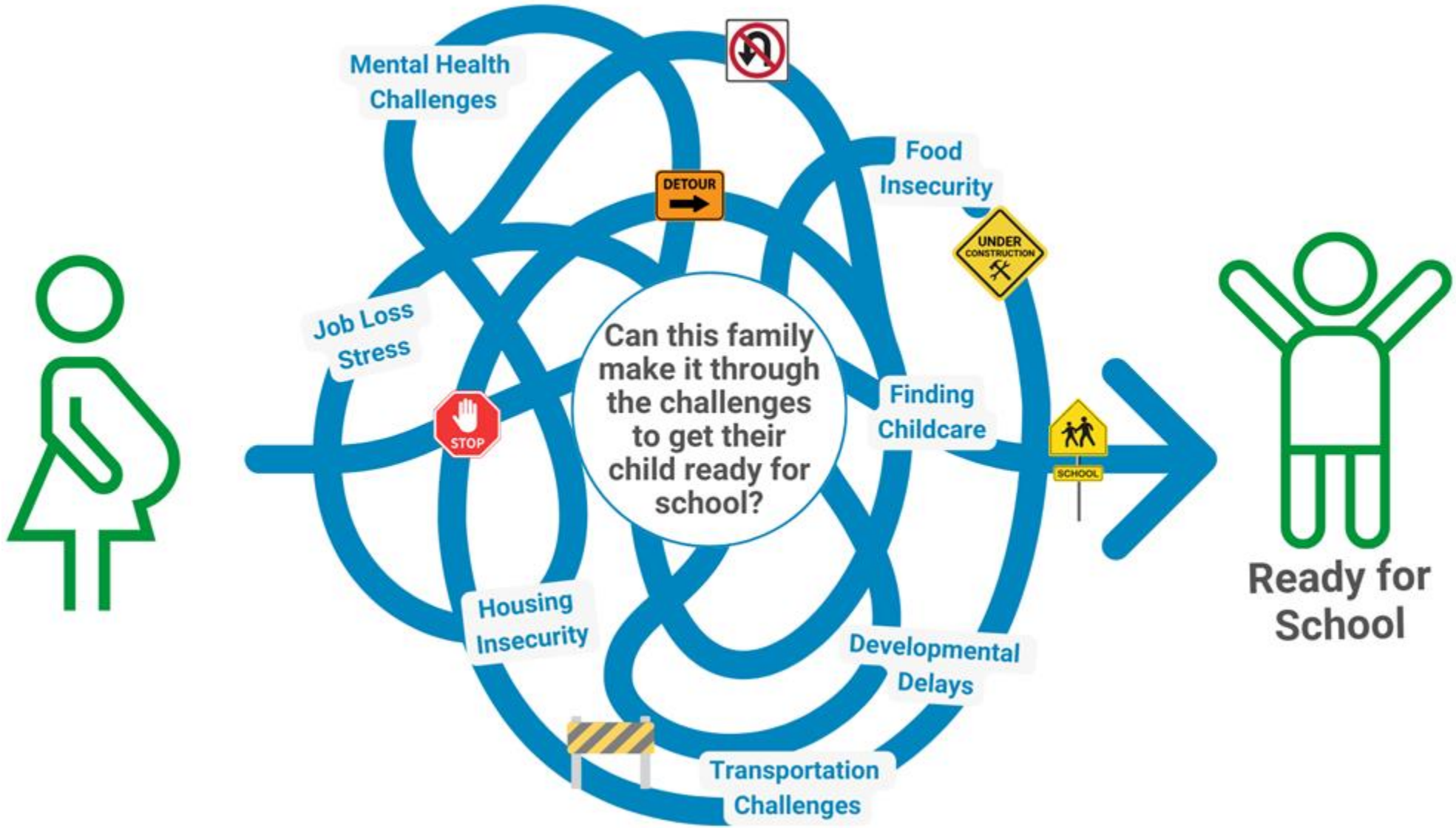
Why Guilford County?

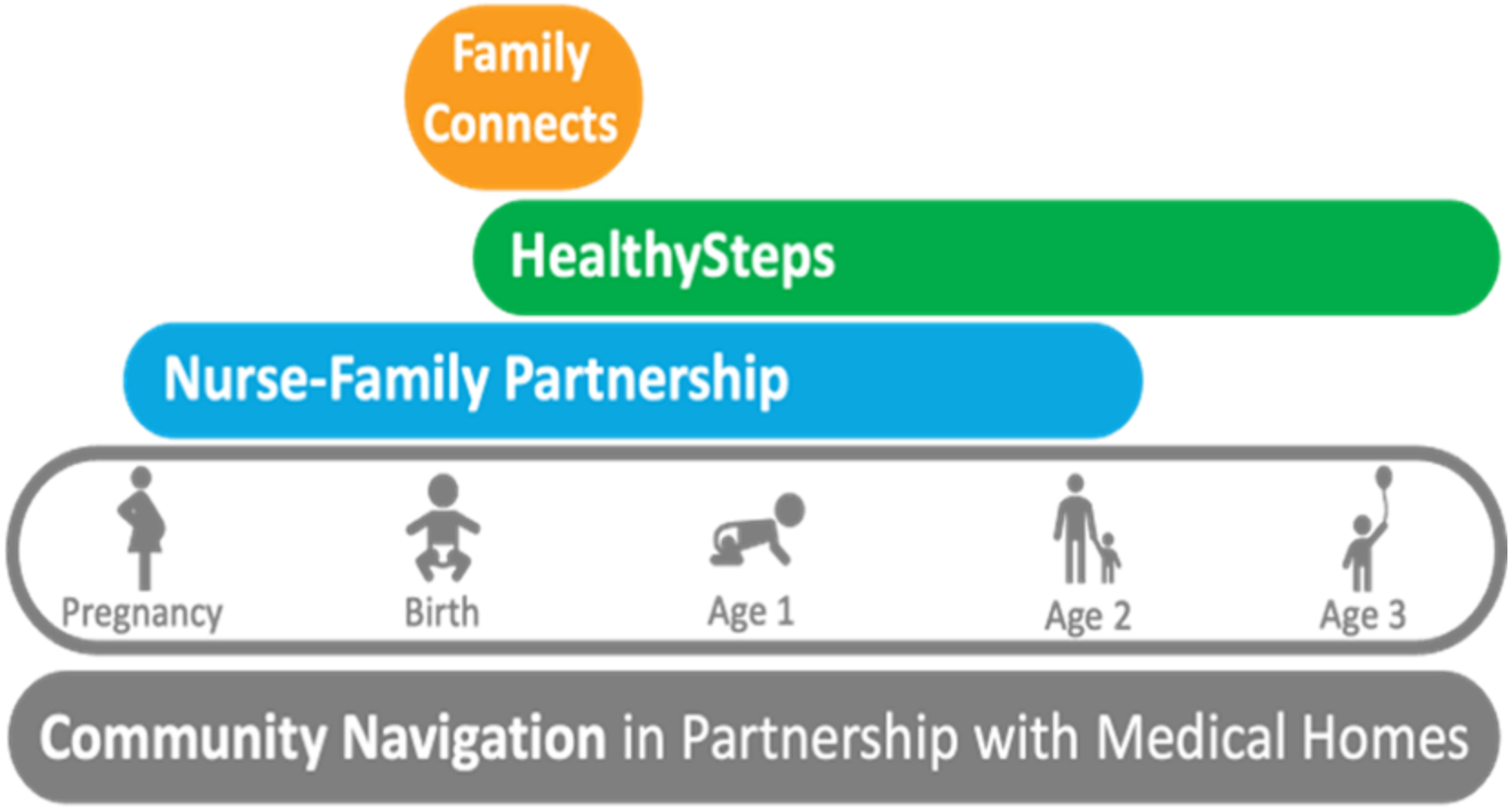
- **6,000 children** born each year
- **30,036 children** under age 5
- **13, 216 children** <5 live in poverty
- **5,827 children** <5 live in food insecurity
- **31% income** spent on child care*

** Family with two children pays 31% of the median income on child care. Source: County Health Rankings*

Collective Impact With Partners



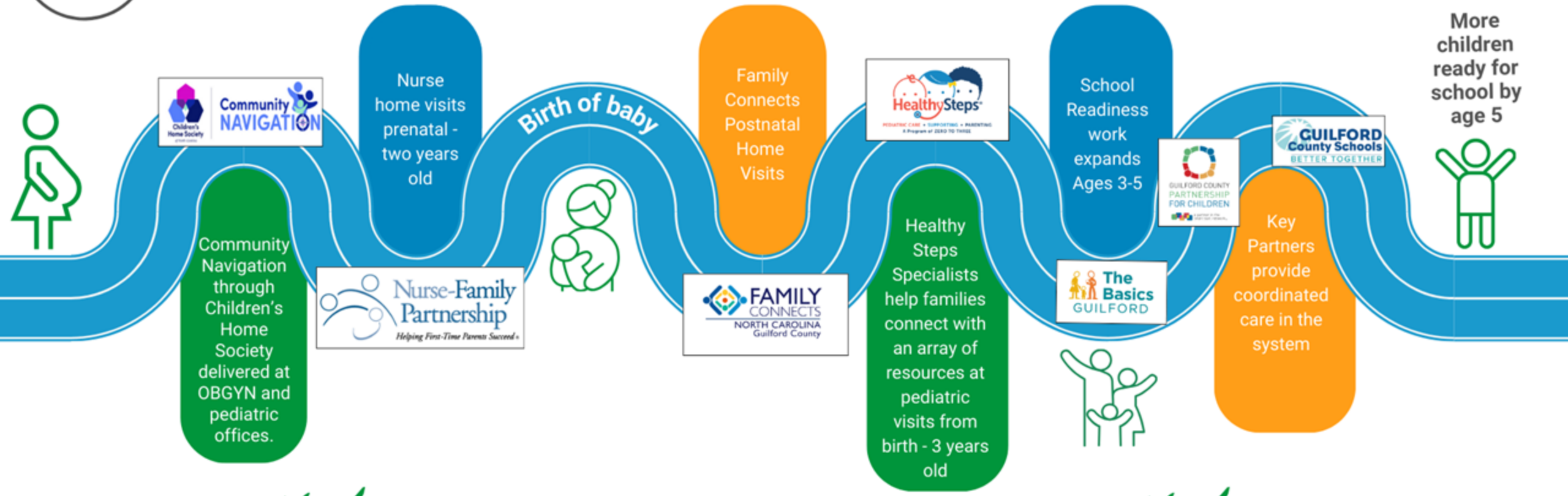

Mental Health Challenges
Food Insecurity
DETOUR
UNDER CONSTRUCTION
Job Loss Stress
Can this family make it through the challenges to get their child ready for school?
STOP
Finding Childcare
SCHOOL
Housing Insecurity
Developmental Delays
Transportation Challenges
Ready for School


Family Connects
HealthySteps
Nurse-Family Partnership
Pregnancy
Birth
Age 1
Age 2
Age 3
Community Navigation in Partnership with Medical Homes

ROUTES TO READY System Explained

IDS

Shared Data Creates Feedback Loop of Support For Families



Community Alignment work provides accurate resources in real time

Intake Process for Routes to Ready

- Community Navigation built into OBGYN offices
- Guided conversations built on relationship between the expectant parent and their navigator
- Consent to participate in the system
- Screener to assess any needs or concerns
- Connecting family to area resources or information
- At least 3 interactions with a family each year
- Transition to other RTR Partners

ROUTES TO READY

Supporting Fathers & Families through Routes to Ready

Inclusive Messaging & Outreach

- Represent fathers and other caregivers in materials
- Partner with male-focused community spaces

Voice & Leadership

- Include fathers in advisory roles & feedback sessions
- Use lived experiences to shape programming

Tailored Resources for Fathers

- Workshops, support groups, and guides just for dads
- Co-parenting, bonding, and stress management tips

Normalize Support Beyond Moms

- Train staff to engage all caregivers
- Use family-centered language in every interaction

For Dads Only

How Routes to Ready Supports Families

- RTR is designed to meet families where they are, provide personalized support, and prioritize regular check-ins.
- RTR providers make connections to programs that provide long term **relationship-based support**, including our own RTR partners, but also through other home visiting programs or through doula services or case management programs.
- Community Alignment provides accurate resources in real time.
- Integrated Data System (IDS) provides coordination between partners and data for community level insights.
- RTR supports caregivers confidence and engagement with their care.

ROUTES TO READY

An Inspiring Vision. A Strong Strategy.

every baby guilford

Guilford County Department of Health and Human Services, Division of Public Health Infant Mortality Reduction Strategy

Mission: *To ignite and mobilize Guilford County through partnerships and unified strategies to eliminate racial disparities and prevent infant death.*

Eliminating Disparities | Ending Infant Deaths | Empowering Families

The Opportunity

Every Baby Guilford is a **radically inclusive collective action movement**! With a racial equity lens, we are building **collaborative solutions that center the community** (people, parents, children, and families) and **work together with** community members, frontline caregivers, health care systems, civic and government leaders, faith-based organizations, city and county officials, and others.

Together, we share power, trust, resources, and effort in order to **disrupt long-standing racial disparities in Guilford County**.

Our Goal

We will work collectively to ensure more Black babies are born healthy and live to celebrate their first birthday, because when we create a healthy Guilford County for Black babies then we create a healthy Guilford County for all of us.

Guilford County Community-Based Doula Program

Every Baby Guilford convened Black and Brown Community Doulas in June 2022: The overwhelming feedback provided was that individuals who attended reduced cost trainings by local organizations wanted to build a Doula business but felt they lacked resources and support to sustain a business. They stated they were asked to provide birthing support for free. These individuals represent the communities in which we wish to serve.

Every Baby Guilford works **collaboratively** with the YWCA Greensboro, the YWCA High Point, the Cone Health System, and a Guilford County Doula Design Team on the continuous quality improvement of the county-wide model that promotes **equitable opportunities** for both the Doula providing supportive services and the birthing person receiving support.

- Independent contractors are recruited from the existing Doula workforce serving the Triad
- Doula Learning Collaborative offers free racial equity trainings to any birthworker serving the Triad

The Community-Based Doula Program is managed by Every Baby Guilford (Guilford County Department of Health and Human Services, Division of Public Health Infant Mortality Reduction Strategy) and funded by NC DHHS and Ready for School, Ready for Life.

Guilford County Community-Based Doula Program

Partnership with Home Visiting Programs and Community Navigation

Doulas will provide emotional & physical support, childbirth education, and advocacy for clients throughout the birthing experience.

Home visiting professionals will offer long-term case management, peer support, incentives, and resources within Guilford County.

Researchers found that overall, continuous support during birth leads to a:

- 25% decrease in the risk of Cesarean; the largest effect was seen with a doula (39% decrease)*
- 8% increase in the likelihood of a spontaneous vaginal birth; the largest effect was seen with a doula (15% increase)*
- 10% decrease in the use of any medications for pain relief
- Shorter labors by 41 minutes on average
- 38% decrease in the baby's risk of a low five-minute Apgar score
- 31% decrease in the risk of being dissatisfied with the birth experience; this risk was reduced with continuous support provided by a doula or someone in their social network (family or friend), but not hospital staff

https://evidencebasedbirth.com/the-evidence-for-doulas/

Race Equity Training for Perinatal Providers

Since our launch in 2021 EBG has offered the following race equity trainings for maternal health providers to a total of 708 individuals representing Home Visiting Programs, Community Navigation, Cone Health, Public Health, and Atrium Health Wake Forest Baptist High Point Medical Center. This initiative was funded by Guilford County.

- **6 Racial Equity Institute Groundwater**
  The Groundwater metaphor is designed to help practitioners at all levels internalize the reality that we live in a racially structured society, and that that is what causes racial inequity.
- **3 REI Phase I**
  Two-day Phase 1 training designed to develop the capacity of participants to better understand racism in its institutional and structural forms.
- **6 March of Dimes Implicit Bias**
  Provides healthcare providers with important insights to recognize and remedy implicit bias.
- **3 RJ Squared – Critical Foundations of Reproductive Justice**
  Participants receive a foundational understanding of Reproductive Justice (RJ), its tenants and origin; understand the connection of RJ to Reproductive Health, and build capacity to utilize RJ as a Critical Social Theory.

Race Equity Training for Perinatal Providers

WHAT - SO WHAT - NOW WHAT

WHAT
Implicit bias in maternal healthcare.

SO WHAT
Offer implicit bias and racial equity trainings to health care providers.

NOW WHAT
We partnered with RIOTT for Change for change management opportunities specifically with Cone Health and Public Health in order for those entities to dig deeper in their policies, practices and procedures to identify where biases exist and eliminate them.

CHALLENGES
Staffing at each entity and finding time for each entity to commit to implementing the deeper dive.

FEEDBACK
Both Cone Health and Public Health stated they wanted a more hands on strategic approach and that the training was not enough. Both stated, **“now what”** do we do after becoming more aware of where challenges exist? EBG partnered with RIOTT for Change with the goal they would hand hold each entity through processes to identify strategies to ensure implicit bias is tackled.

Our Advice on Replicating Services

If someone wants to replicate initiatives that support school readiness like Routes to Ready or disrupt long-standing health outcomes and health disparities they would need to:

- Assess community readiness
- Build a collaborative backbone
- Co-Design the program with families and impacted populations
- Customize the model for local needs based on the assessment and input from impacted individuals and families
- Establish and invest in a data structure
- Pilot and iterate as you build out
- Capture and Document Lessons Learned

every baby guilford

ELIMINATING DISPARITIES.
ENDING INFANT DEATHS.
EMPOWERING FAMILIES.

CONTACT US

Danielle Deshazor-Tabb

Email

danielled@getreadyguilford.org

Website: www.getreadyguilford.org

Breanna Grant

Email

bgrant@guilfordcountync.gov

Website: www.everybabyguilford.org

Panel Discussion

Prenatal-to-Three CAPACITY BUILDING HUB
POWERED BY THE BUILD INITIATIVE

Thank you for joining us today!

Presenter Contact Information

- Breanna Grant
  bgrant@guilfordcountync.gov
- Danielle Deshazor-Tabb
  danielled@getreadyguilford.org
- Leigha Leppin
  leighaleppin@gmail.com
- Dr. Jasmine Bihm
  jbihm@amchp.org
- Dr. Melissa Franklin
  mfranklin@growthmindsetcomms.com

Save the dates for the upcoming webinars in the series! All webinars will run from 2 – 3:30 ET.

- May 8
- June 5
- July 10
- August 7
- September 11
- October 9

Please fill out the survey!!

Prenatal-to-Three
CAPACITY BUILDING HUB
POWERED BY THE BUILD INITIATIVE

CONNECT WITH 3,400+ LEADERS ACROSS ALL 50 STATES

JOIN DISCUSSIONS ON POLICIES AND SYSTEMS IMPACTING PRENATAL–3 OUTCOMES

ACCESS RESOURCES AND EVENTS FOR PN-3 INITIATIVES

LEARN FROM PEERS AND EXPERTS ANYTIME, ANYWHERE!

bit.ly/JoinPN3XChange