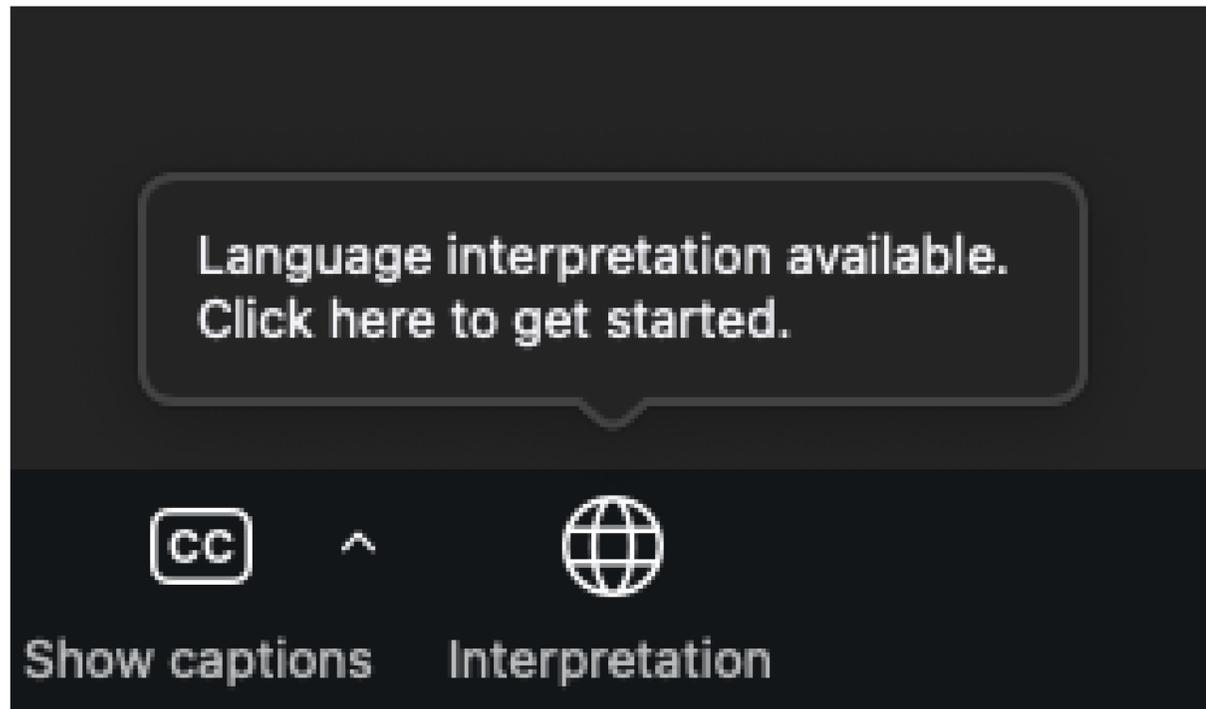


# Community Births: A Solution to Maternity Care Deserts

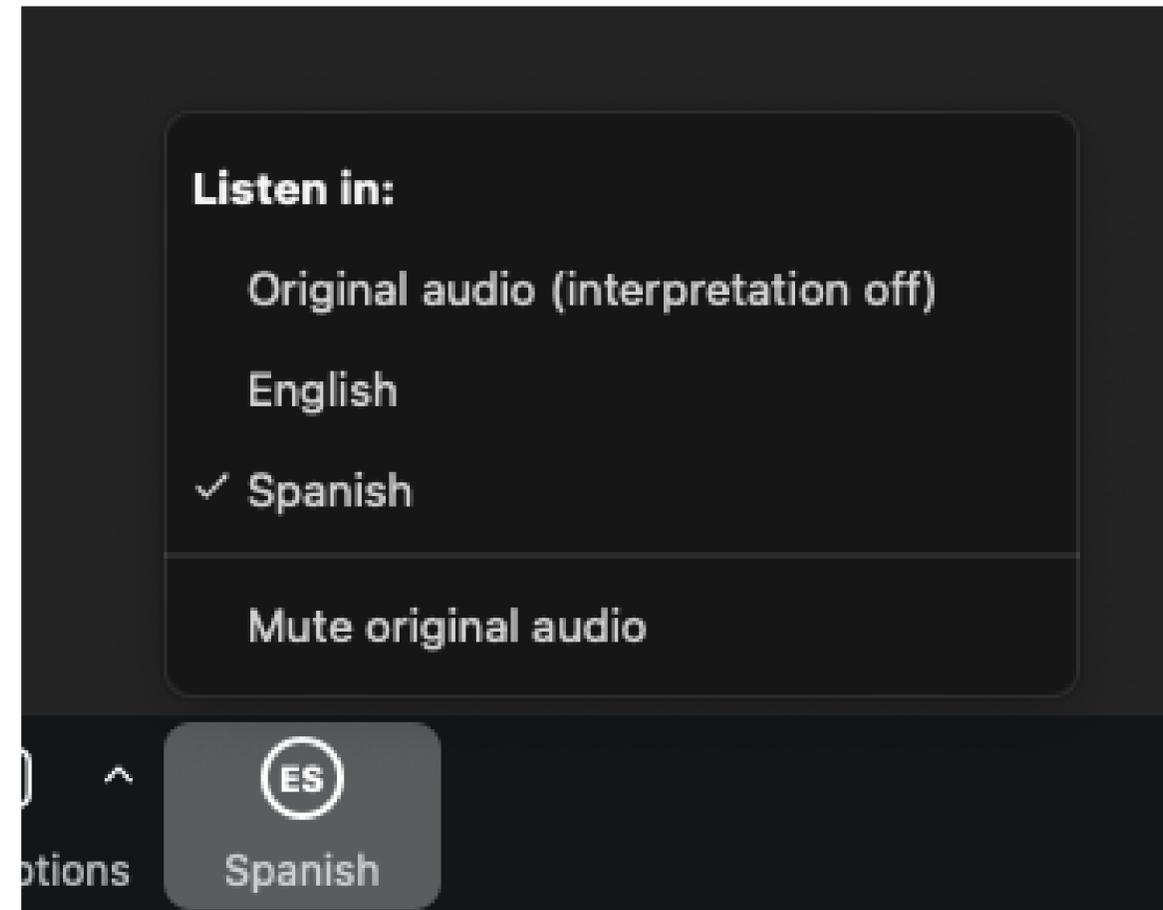
February 18, 2026



# Language Interpretation



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



Then click Spanish to listen in that language. (To turn off interpretation, click "Original audio.")

# Community Births: A Solution to Maternity Care Deserts

February 18, 2026



# Presenters



**Andrea Palmer**  
Program Officer,  
Pritzker Children's Initiative



**Dr. Cristina Alonso**  
Director of Pregnancy,  
Infancy and Early  
Childhood at the MA  
Department of Public  
Health



**Indra Lusero**  
Founder/Executive Director,  
Elephant Circle



**Dr. Ebony Marcelle**  
Director of Midwifery,  
Community of Hope, a  
Federally Qualified  
Health Center (FQHC)

# Today's Agenda

- The Issue
  - Birth Data
  - Maternity Care Deserts
  - Community Birth Ecosystem (CBE)
  - National Initiatives
- Policy Landscape
- Massachusetts an example of implementation
- Federally Qualified Health Centers (FQHC)
- Q and A



# Community Birth Ecosystems: A Solution to Maternity Care Deserts

2/18/26

PRITZKER

Children's Initiative



# **Pritzker Children's Initiative**



## PCI North Star

**Every child is thriving and flourishing at age three. Every family has access to the resources and supports they want and need to help their children thrive.**

# PN-3 WHOLE CHILD/WHOLE FAMILY STRATEGY OVERVIEW

## Prenatal Supports

Supports that ensure that expectant parents are healthy and birth outcomes are improved.



## Healthcare

Adequate care to ensure expectant parents, infants and toddlers are healthy.



## Early Interventions

Identifying children at risk for cognitive, motor, communication or social-emotional delays.



## Parenting Supports

Promoting positive parenting practices and enhancing family bonds.



## Child Care

Affordable, accessible, high quality child care for infants and toddlers.



## Nutrition

Adequate food supply for infants, toddlers and their families.



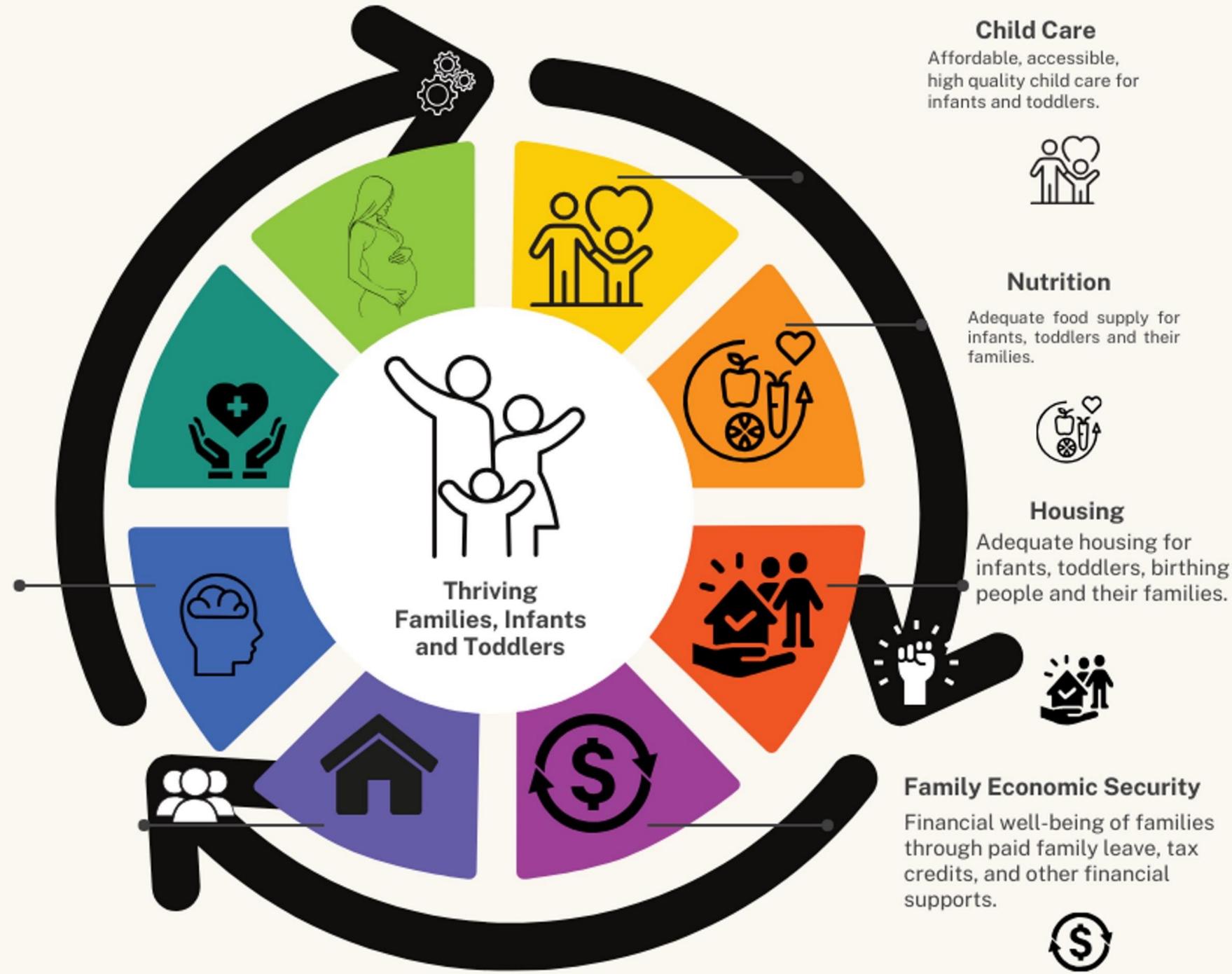
## Housing

Adequate housing for infants, toddlers, birthing people and their families.



## Family Economic Security

Financial well-being of families through paid family leave, tax credits, and other financial supports.



**PCI's North Star:** Every child is thriving and flourishing by age three. Every family has access to the resources and supports they need to help their children thrive.

# The Issue

# Key Perinatal Data Points

## In 2022:

- **3,667,758 Births**
  - 10.38% born **prematurely** (nearly **400,000**)
  - 41% covered by **Medicaid**
  - **Prenatal Care** (77% 1<sup>st</sup> Trimester; 16.3% 2<sup>nd</sup> Trimester; 4.6% 3<sup>rd</sup> Trimester; 2% no prenatal care)
  - **20,577 babies died** before their first birthday. (5.61 per 1,000 live births)
- The US has the **highest rate of maternal mortality** among the **14** highest income countries in the world and **with even higher racial disparities** by comparison.
- **United States** and **Canada** have the **lowest number of midwives and OB/GYNs** at 16 and 13 providers per 1,000 live births, respectively.

# Why are there Maternity Care Deserts?

- In **2018** the **Association of America Medical Colleges** released “[Labor Pains: The OB/GYN shortage](#)”, indicating the **shortage of OB/GYNs** was endangering some women’s lives by causing them to travel long distances to receive care. The AAMA projected that the shortage would grow to **22,000 fewer physicians than needed by 2050**.
  - The shortage hits rural women hardest, with over half living more than 30 minutes away from a hospital with perinatal services, a trek that can be life-threatening in an emergency.
- In **2024** the **March of Dimes** released its report, [Nowhere to Go: Maternity Care Deserts Across the United States](#) indicating that **1 in 10 birthing people, 2.5 million women of reproductive age**, live in a maternity care desert. A county without a single birthing facility or obstetrician. Between 2020 and 2022, over 10,000 babies were born prematurely, in areas designated as a maternity care desert.
  - Mothers living in a maternity care desert are **less likely to receive prenatal care** and **more likely to deliver their baby prematurely**.
  - **Chronic conditions** related to poor health outcomes, like pre-pregnancy obesity, hypertension and diabetes have increased significantly since 2015 and are **most common among women living in maternity care deserts**.



# Recommendations

“The midwifery model of care is a crucial strategy to improve access to maternity care, particularly in underserved areas. Policy changes are necessary to maximize the potential of midwives within the healthcare workforce.

- Enabling midwives to practice to the full extent of their education.
- Eliminating requirements for midwives to be co-located with physicians.
- Allowing telehealth technologies.
- Ensuring equitable inclusion in reimbursement systems.”

- March of Dimes 2024

Licensure of Certified Professional Midwives

# What is the “Birth Ecosystem?”

Translated from the definition of an ecosystem in nature, the “birth ecosystem” is the complex (clinical and non-clinical) system of supports, including locations, that work together to support a healthy birth outcome for moms and babies, that includes:

Health care providers:

- Physicians and Nurses
- Midwives (including Certified Nurse Midwives, Certified Midwives and Certified Professional Midwives)

Social and non-clinical support

- Doula, Community Health Workers, Home Visitors
- Social Worker/Behavioral Health Specialists
- Lactation Specialists; Case Managers; Care Navigators

Locations

- Hospitals (w/Labor and Delivery Units); Birth Centers, Home

The ecosystem is undergirded by training/licensure, quality assurance and adequate public and private financing (Medicaid and Private Insurance).

# Why is the Birth Ecosystem and Early Childhood Issue?

The **first benchmark** for children to be flourishing and thriving by age three is for them to be **born as healthy as possible**:

- **Preterm Birth** (before 37 weeks) is directly correlated to:
  - Developmental delays; Health issues; Behavioral Issues; Attention problems
  - Lower third grade reading scores
- The leading causes of infant mortality, including (Sudden Infant Death Syndrome) are preterm birth, low birth weight and birth defects

The **Birth Ecosystem** and the **Early Childhood Ecosystem** are **aligned**:

- Infant and Early Childhood Mental Health/Early Relational Health and Maternal Mental Health
- Home Visiting, Community Health Workers and Doulas
- Coordinated Intake/Care Coordination

**(Spoiler alert: These are the same moms and babies)**

# The Policy – Indra Lusero



# Start with people

“We're not just going to go and look at birth outcomes and then tweak the system around the edges. We're going to start with people, in this case, birth workers, as a core audience and ask them, ‘What is your experience? What is wrong in the system? What works and what doesn't? What do you need to be whole? What about this work is joyful?’ Creating that space for those folks to be in community with one another is part of centering the people most impacted, in this case, birth workers and their clients.”

—Kalpana Krishnamurthy

Birth Justice Landscape Analysis

<https://www.birthjustice.community/>

# People want solutions that match the problem

We recommend policy solutions that address these four key ingredients in multiple ways:

- Human Rights
- Midwifery
- Data and Systems
- Quality Improvement and Innovation

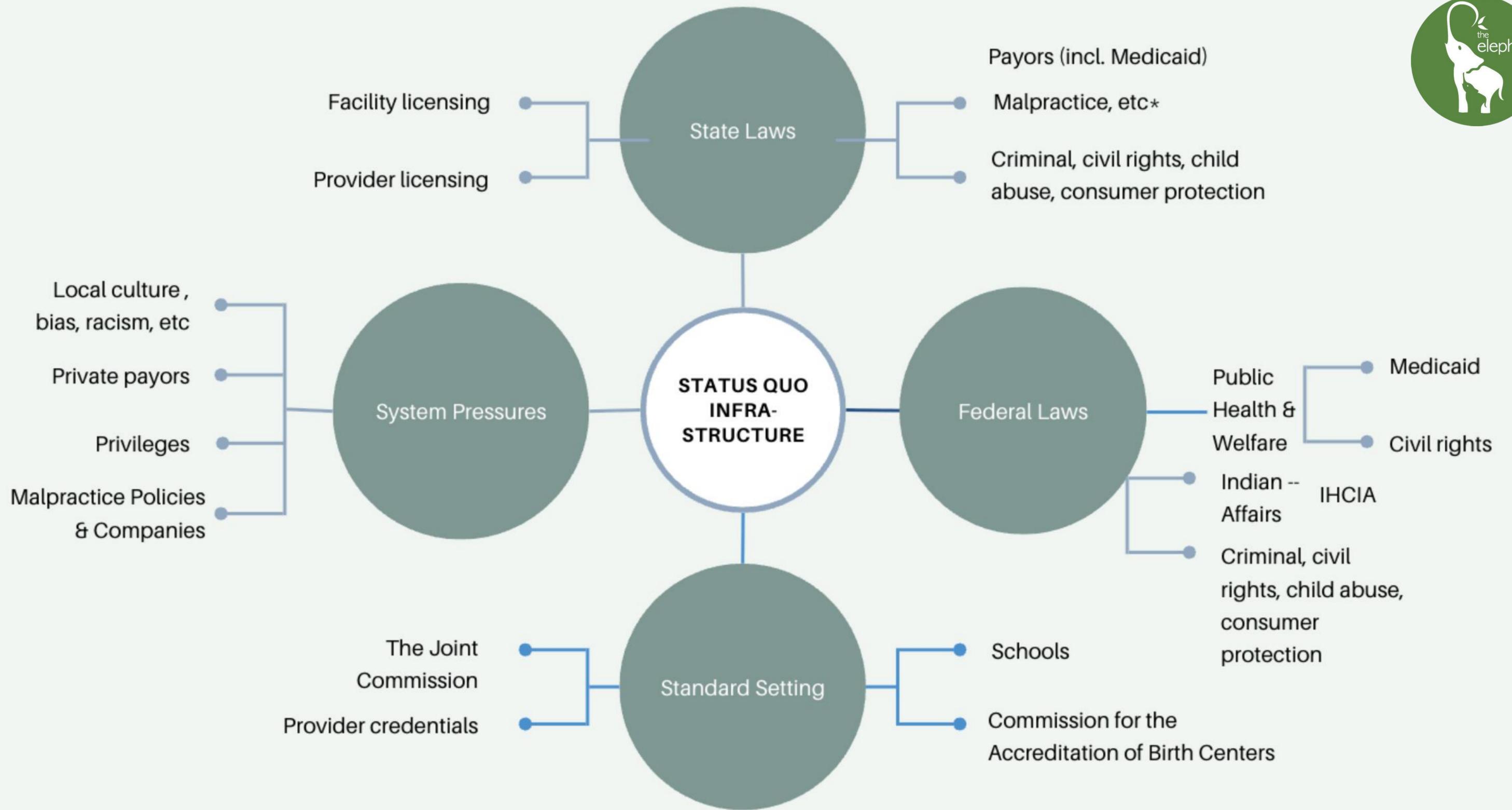




# Redlining Impacts Maternal Health

- Historical home loan redlining from decades ago – is impacting health outcomes today.  
(see Gao et. al., Historical Redlining, Contemporary Gentrification and Severe Maternal Morbidity in California, 2005-2018, JAMA, Sept. 2024)
- Other forms of redlining around pregnancy and pregnancy-related policies continue to this day. For example, the use of continuous electronic fetal monitors, deemed “the worst test in medicine” – increases risk for pregnancies, but businesses reap “financial upsides.”  
(see Kliff, The ‘Worst Test in Medicine’ is Driving America’s High C-Section Rate, NYT, Nov. 2025)







# Licensing

- A common form of health care regulation
- Applies to facilities and providers
- May facilitate reimbursement via private or public payors

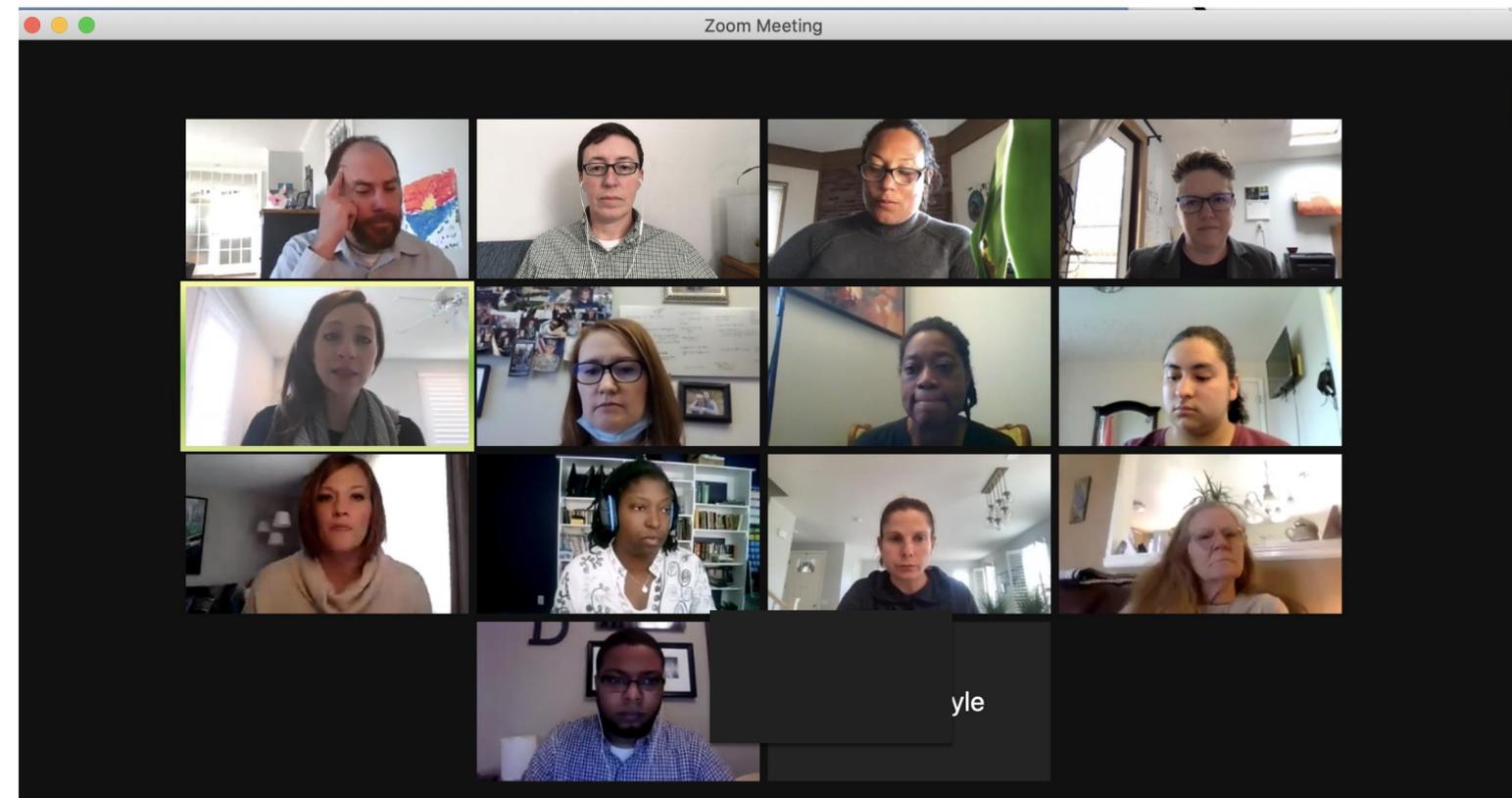
**Think about the whole ecosystem (see previous slides)**

- Create an enabling environment (versus a restrictive one)
- Focus on the needs of pregnant people and their families (alternatives, community access)

***Not licensing may also be an important policy choice***

# Payment systems, malpractice

- Both payment and malpractice – systems that aren't health care itself – impact the shape of perinatal care today – and the outcomes.
  - The US overuses subpar interventions and underuses high value interventions at least in part due to how the payment system incentivizes those subpar things
    - (see Nat'l Partnership for Women and Families, *Maternity Care in the United States: We Can – and Must – Do Better*, 2020)
  - States with “provider friendly” malpractice (tort) laws have higher use of risky but organizationally expedient practices (like early induction).
    - (see Louise Roth, *Business of Birth*, 2021)
- These systems can be reached by policies – complicated
- Often left to the “insiders”- community-based engagement is rare



# Risk

There isn't a shared definition of "risk"

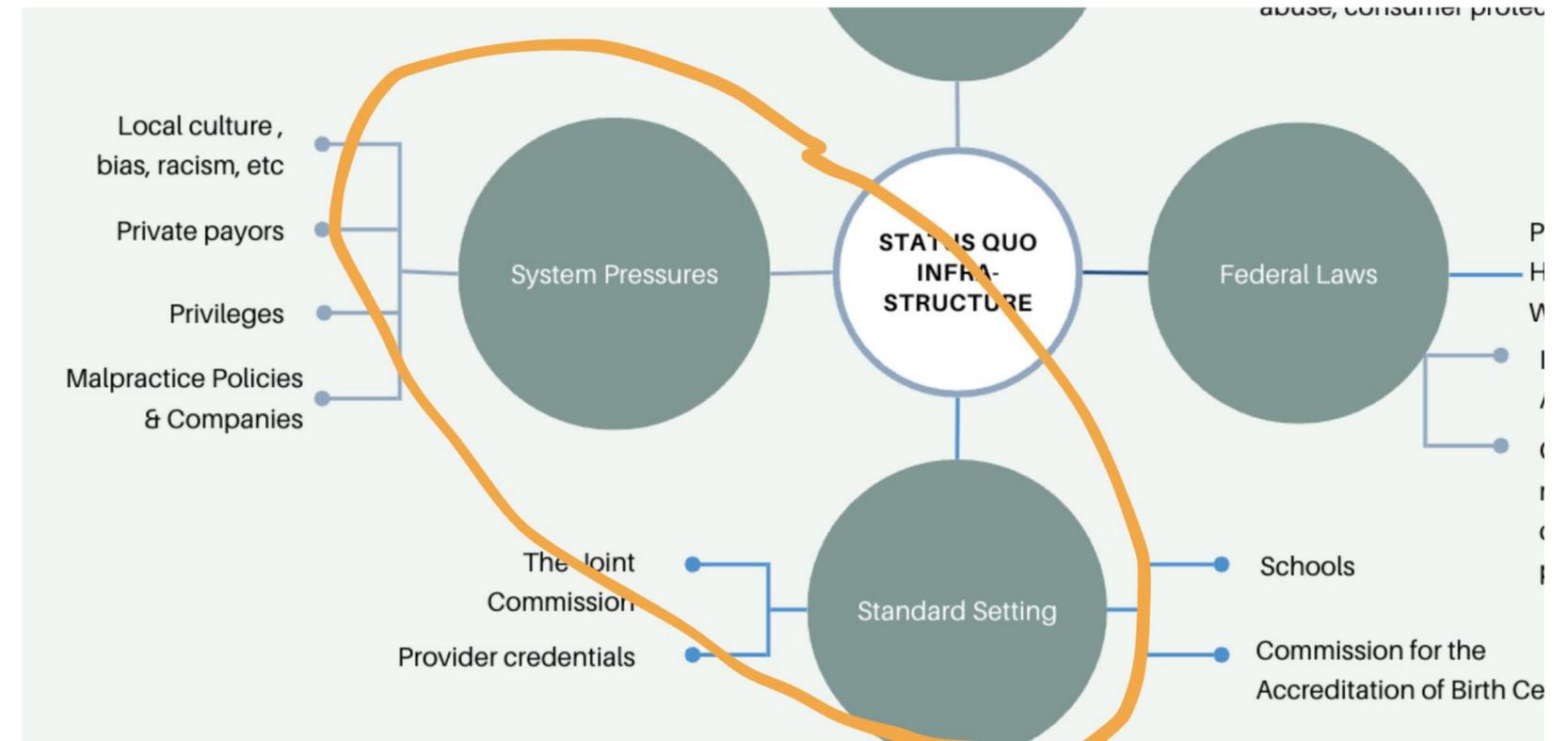
Risk is cultural.

Risk is personal.

Risk is contextual.

There are definitions of risk built into this policy infrastructure - often in the form of standards and system pressures.

Those definitions don't necessarily align with how families would define risk – and therefore, the infrastructure doesn't always serve to address the risks that people think it should.



## It's really uncertainty

The perinatal period is full of ambiguity and uncertainty. It stretches across a long stretch of time. The "need for closure" of different people in different positions throughout the perinatal process significantly impacts the implementation of all these policies.

(see Nonsense: The Power of Not Knowing, 2015)



# End with people

In 2023 we held two People’s Tribunals to End Obstetric Racism and Obstetric Violence, one in New York City, the other in Memphis, TN. Those speakers contributed to a report released last year and that report included these recommendations.

(see Elephant Circle, A People’s Tribunal Report Back, 2024)

Listen to Community Voices	Amplify Community Power
Demand System Change	Catalyze Creative Solutions



**Massachusetts**  
**State Example of Implementation**  
**Dr Cristina Alonso**

Massachusetts Department  
of Public Health



# Massachusetts Community Birth Integration Strategy: DPH implementation during 2025

February 18, 2026

**Cristina Alonso, DrPH, MPH, CPM**

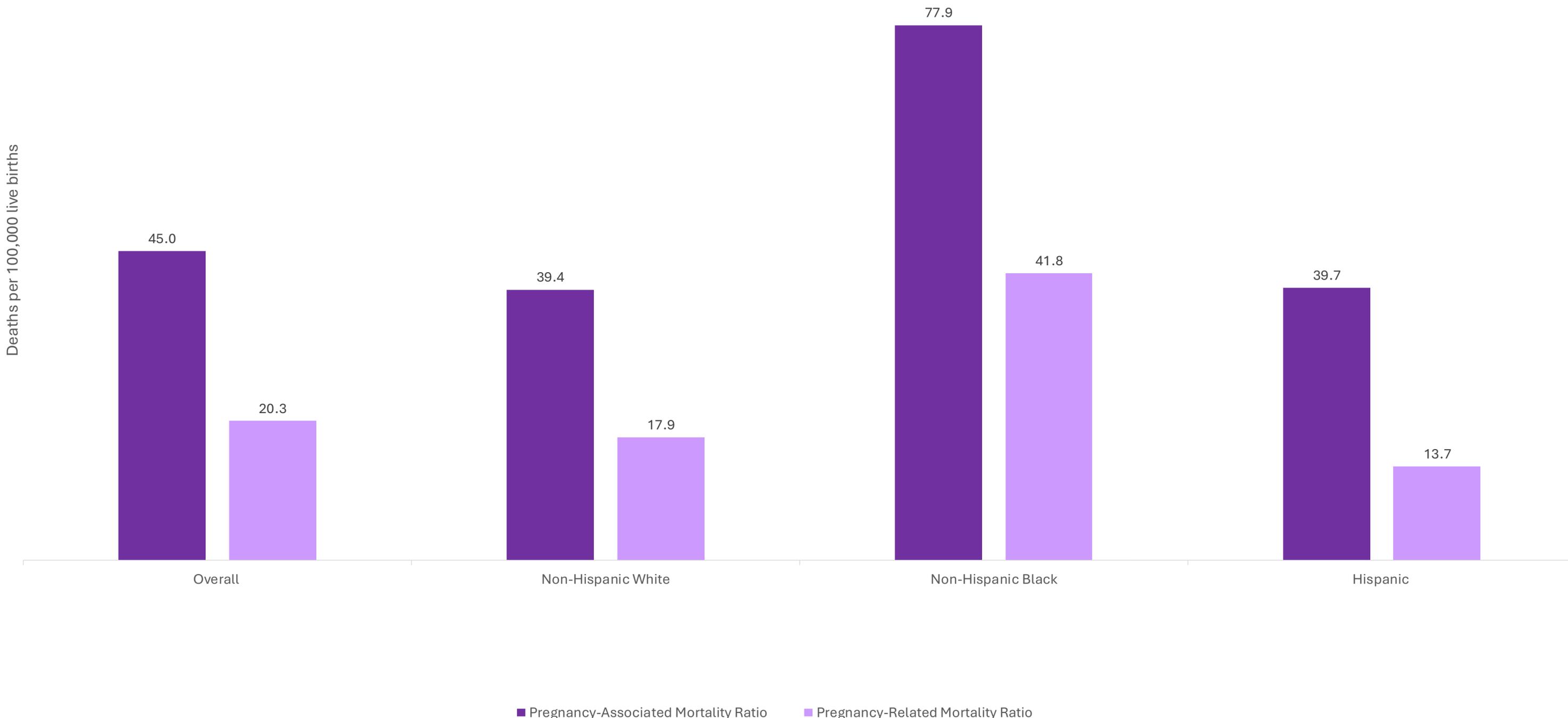
Director, Division of Pregnancy, Infancy, and Early Childhood  
Bureau of Family Health & Nutrition

# Agenda

- Overview of maternal health in MA
- Overview of the MA Maternal Health Law
- Community Birth Integration Strategy
- Current implementation progress



# Pregnancy-associated & pregnancy-related mortality ratios by race & ethnicity, MA, 2019-2023



# What is the Maternal Health Law?

- "An Act promoting access to midwifery care and out-of-hospital birth options"
- Goal: **Strengthen maternal health practices and expand coverage for services** including midwifery, birth centers, doulas, and screening and treatment for postpartum depression for birthing and pregnant families in MA



# Community Birth Integration Strategy

## Goal

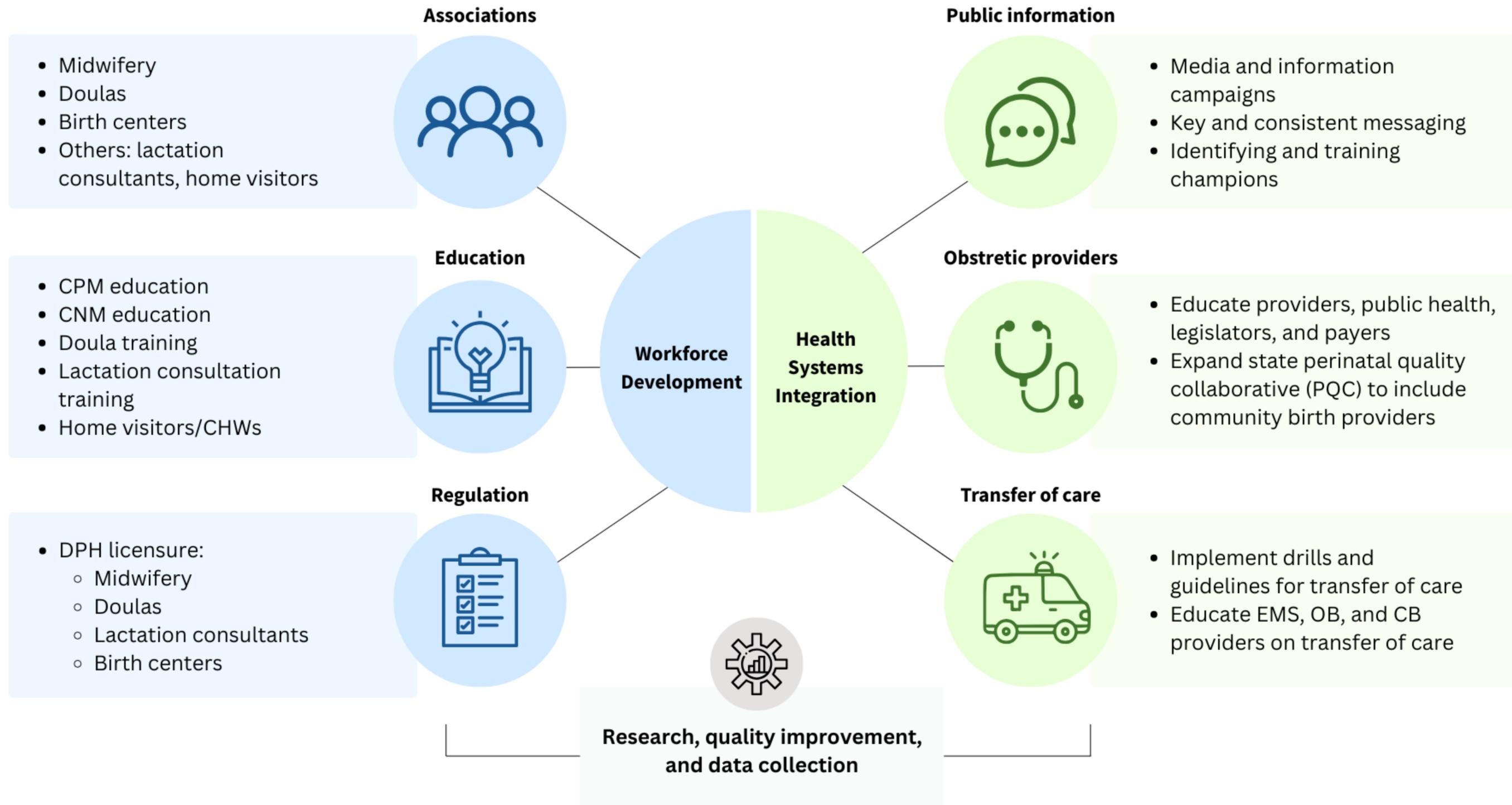
To improve equity in birth outcomes and access through a comprehensive community birth integration strategy

## Objectives

1. Increase the demand for and understanding of community-based care and providers
2. Expand the workforce of community-based providers
3. Integrate seamless transfer of care and referral pathways from community to hospital and vice versa
4. Foster a culture of data translation, quality improvement, and evidence-based care



# Elements of an Integrated Community Birth System



# Connect with DPH



@MassDPH



Massachusetts Department of Public Health



[mass.gov/dph](https://mass.gov/dph)

Massachusetts Department  
of Public Health



# Thank you

**Cristina Alonso, DrPH, MPH, CPM**

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**Community of Hope  
Federally Qualified Health Centers  
Dr. Ebony Marcelle**



# Midwifery Practice/ Birth Center in a FQHC

**Dr. Ebony Marcelle**  
**February 18, 2026**

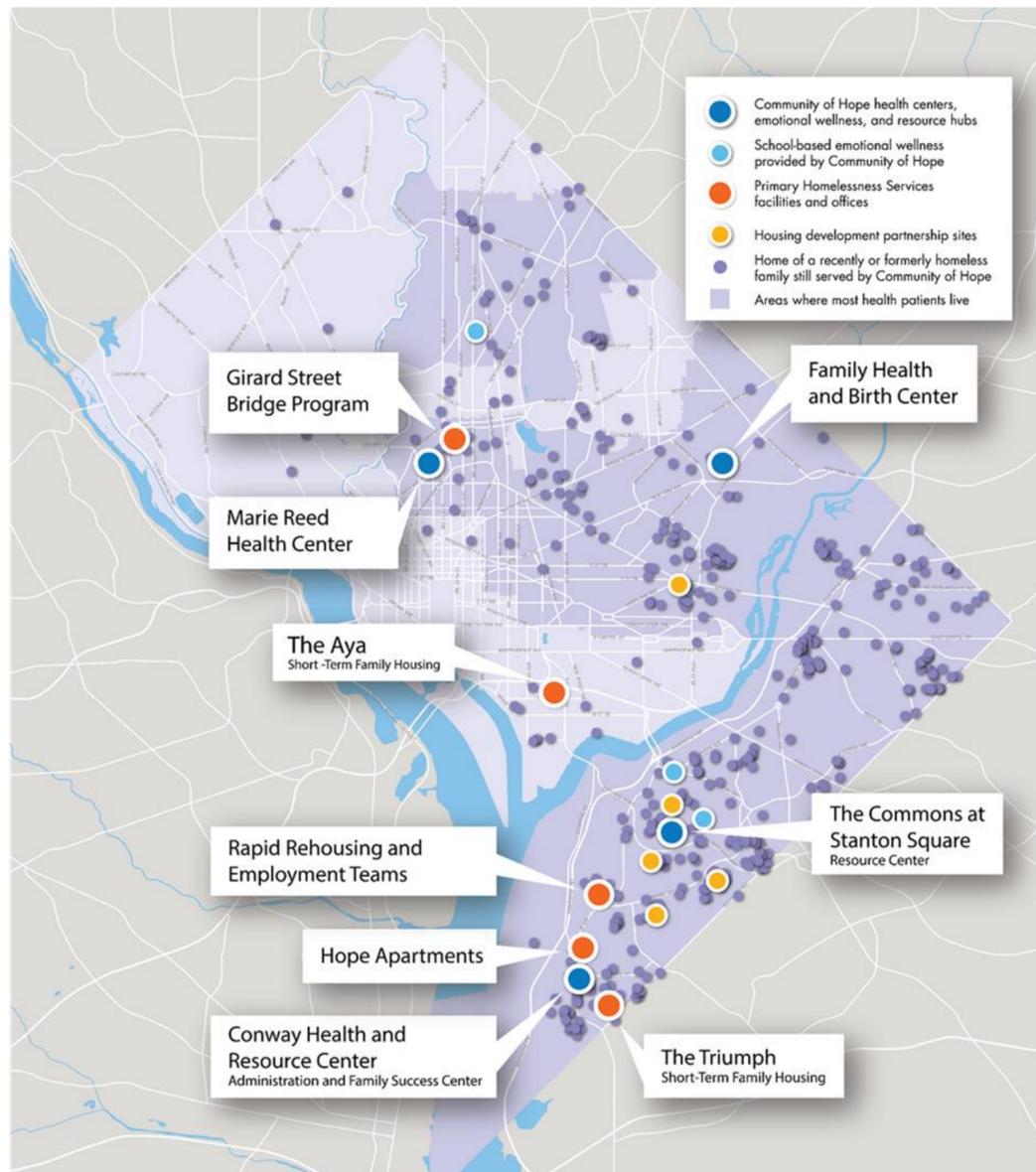


# Overview

- Overview of Community of Hope
- Why incorporate a Midwifery Practice/Birth Center Model into an FQHC?
- COH's Midwifery and Maternal and Child Health Program
- Challenges and lessons learned



# Community of Hope



- Mission: to improve health, end homelessness and partner with communities to make Washington, DC more equitable
- Providing about 83,000 medical, dental, behavioral health and care coordination services to about 16,000 patients; a Federally Qualified Health Center
- Serving about 1600 households experiencing homelessness in DC
- Budget of about \$58 million in 2025 and 450 staff



# How and why we got here....

- Family Health and Birth Center, Inc. was an independent nonprofit, started in 2000.
- Merged in 2011 with Community of Hope
  - Benefits of merger
  - Lessons learned
- Relocated to larger location in April 2022





# Birth Center

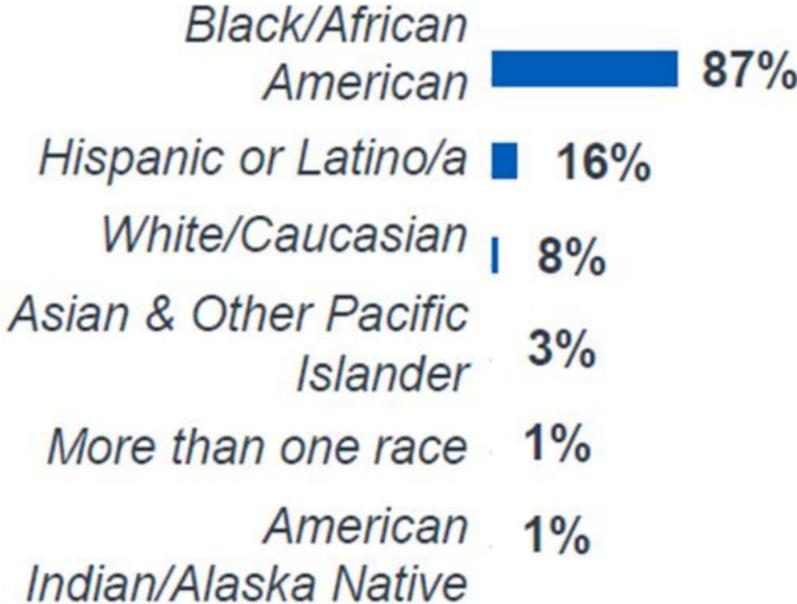


# COH Patient Demographics

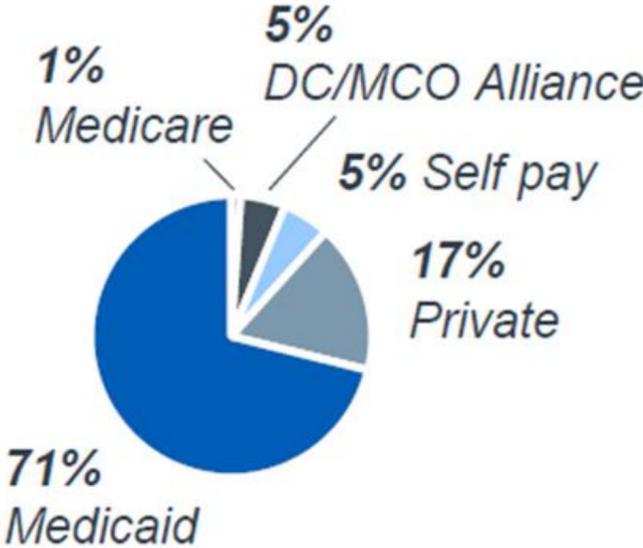


## Underserved perinatal patients reached

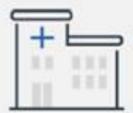
By race and ethnicity\*†



By health insurance coverage




**700+**  
Perinatal patients served from 2023 to June 2024



**339**  
Newborns delivered by COH midwives

\* Hispanic is considered an ethnicity, not a race. The percentages do not add to 100 because Hispanics may be any race.  
† Data does not include respondents who didn't report race.



# Why incorporate Midwifery Practice/ Birth Center into an FQHC?

- Advances core mission of FQHCs: addressing health disparities for underserved communities
- Creates continuity of care throughout the life cycle
  - Well women, perinatal care, pediatric care, full family care
- Improves integration with primary care, emotional wellness, pharmacy, dental, enabling services, etc.
- Midwifery model is effective and liked by patients
- Federal Torts Claim Act covers malpractice
- Enhanced Medicaid rates



# Great outcomes!

## Program Impact Report by Optum



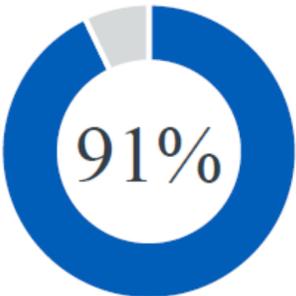
10%

From 2021 to June 2024, the percentage of COH babies born **preterm dropped** from 15% to 10%.

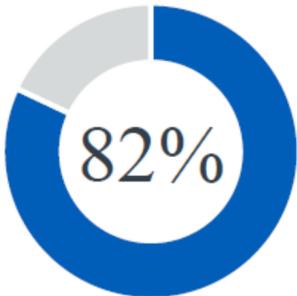
8%

From 2022 to June 2024, the percentage of COH babies born with **low birthweight dropped** from 11% to 8%.

Among postpartum patients...



Were screened for postpartum depression



Attended timely postpartum visits†

† Care visits occurred between 7 and 84 days after delivery.

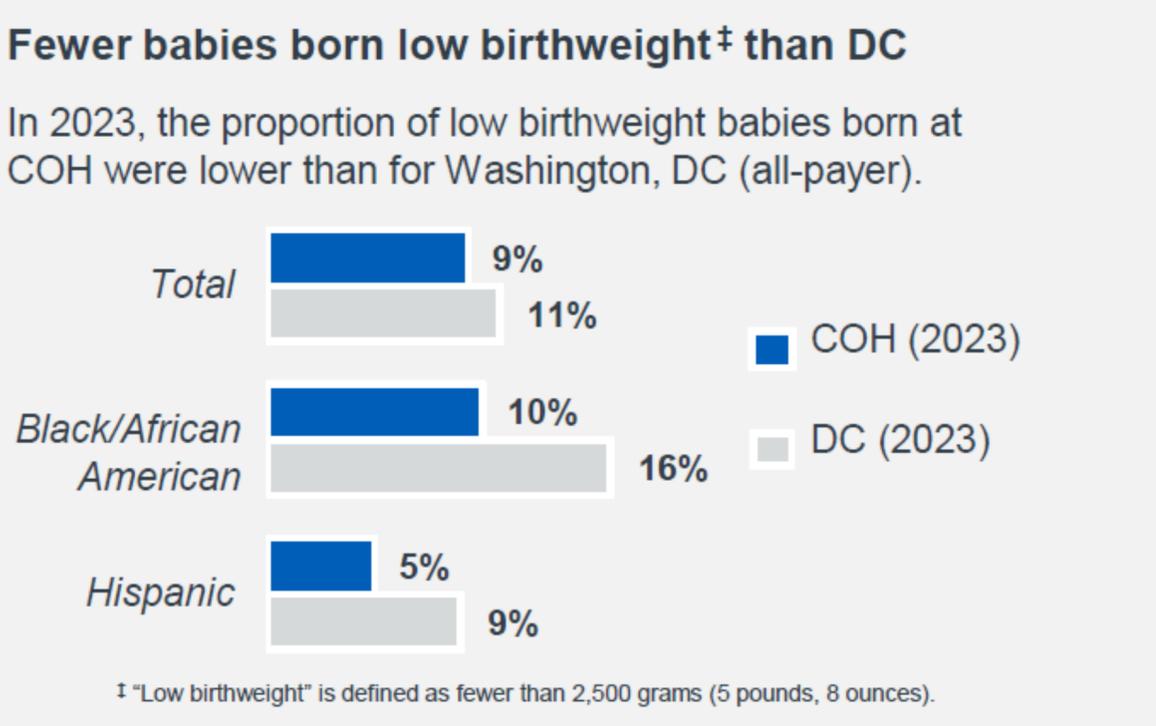
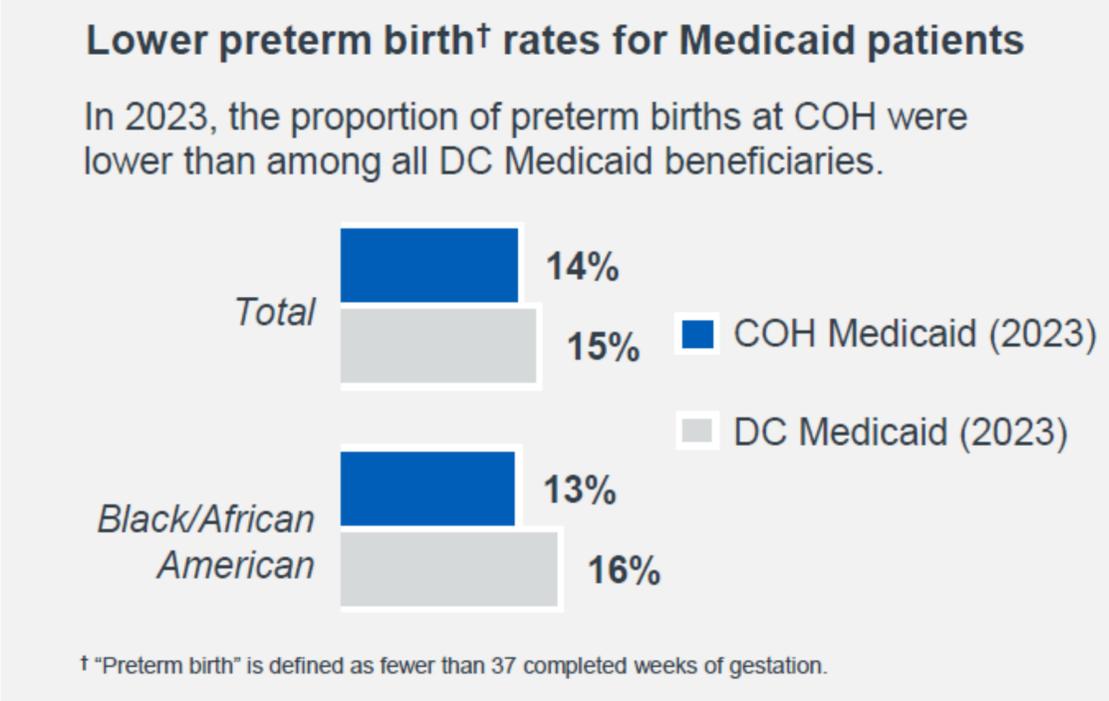


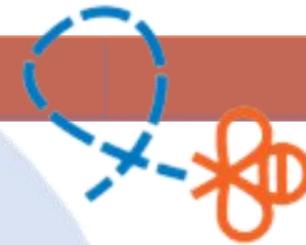
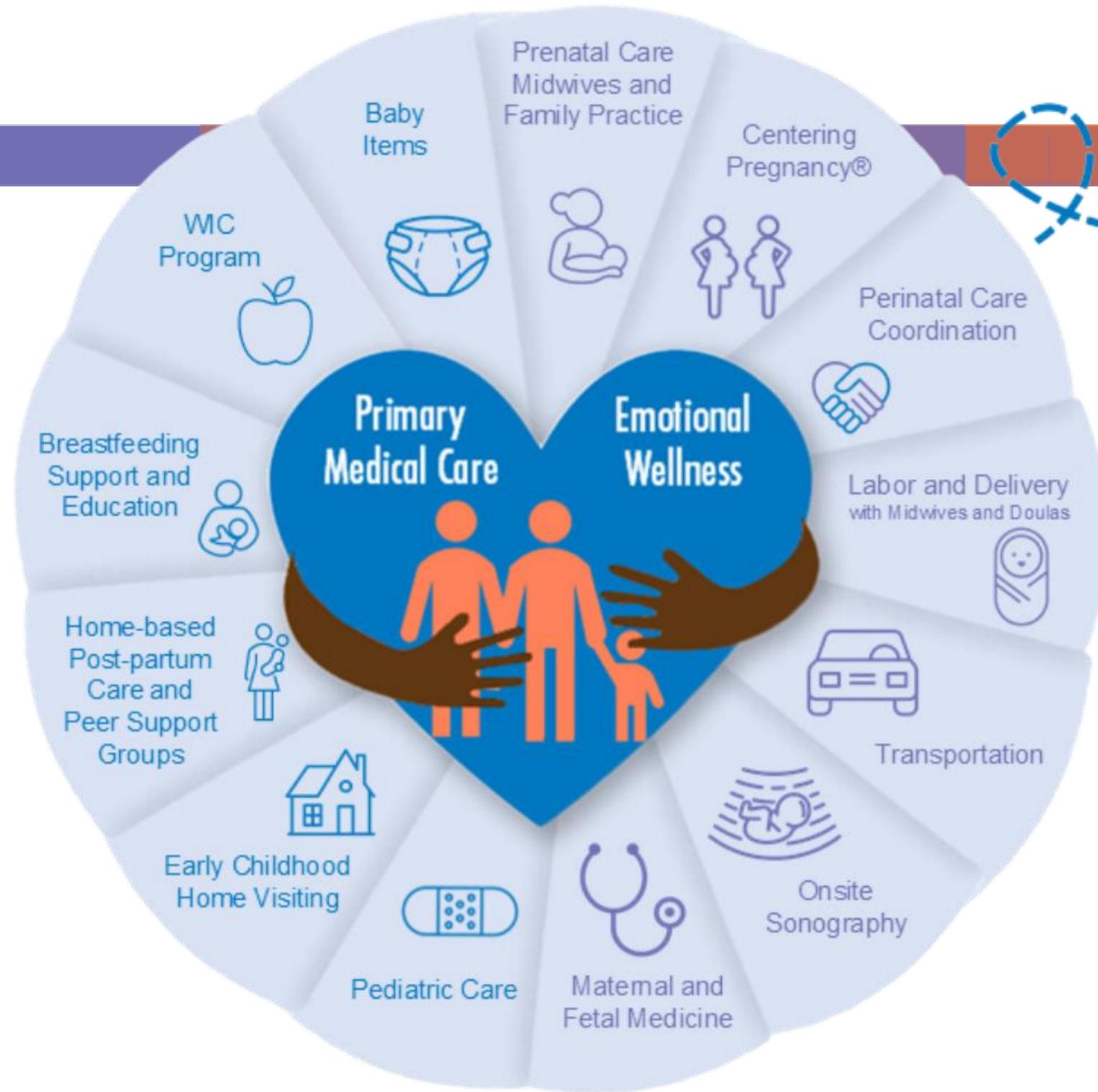
79%

Of patients received perinatal care coordination services



# Comparison Data





# Midwifery Practice

- Structured as own practice with:
  - Leadership team: Director of Midwifery, Assoc Director, Birth Center Nurse Manager, and Admin Practice Manager
  - 8.75 FTEs CNMs, independent practitioners in DC
  - 4 per diem birth assistants/ RNs
- Deliver at Freestanding Birth Center and Medstar Washington Hospital Center
- Full time average 1.5 clinic days, 2 call days a week
- Homebased Midwifery care for Post-partum and newborn care



# Challenges

- Turnover of midwives/hiring new midwives
- Call for 2 sites is hard
  - Most patients choose the hospital over the birth center
- Need strong relationship with a hospital partner
- Ensure managing risk
- Hard to break even financially
  - Have to negotiate with insurances
  - Had to learn how to bill for births. It's not FQHC rate and it's not bundled.



# Lessons Learned



- Need leadership buy-in
- Takes time to build
  - Merger was a great way to get started
- How to adapt FQHC operations for midwifery model
- It has been worth the struggle. It has improved outcomes and is a differentiator.



# Discussion

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---

**Children's Initiative**

# Thank you for joining us today!

## Presenter Contact Information

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