



Results from a mixed methods community-based study of Mothers Rising a culturally congruent home visiting program for Black women and birthing people in Washington, DC

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INTRODUCTION

There is a Black maternal health crisis in America, with significant racial disparities in birth outcomes for Black women and birthing people in Washington, DC. Programs designed to reduce these inequities must intentionally address the role of systemic racism and the ongoing legacy of oppression that is endemic to traditional perinatal care services. Mamatoto Village, Inc. of Washington, DC, provides a home visiting program called the Mothers Rising Home Visiting Program that intentionally employs cultural congruence in its model to mobilize accessible perinatal support services that include prenatal education, labor support, postpartum care, lactation support, health and wellness coaching, psychosocial interventions, and advocacy.

OBJECTIVE

Researchers sought to identify the impact of an intentionally culturally congruent perinatal health program in comparison to giving birth in the United States of America, as a Black woman or birthing person, without one. This paper identifies clients' perceived support as a measurement of cultural congruence and a tool against obstetric racism.

METHODS

The research team at Mamatoto Village, a community-based organization led by Black women, collaborated with a university-based researcher to conduct a mixed methods study. Ten mothers who were previous clients were interviewed using in-depth qualitative methodology and storytelling as a praxis for decolonized research, data collection, and analysis that elucidates Black women's expertise and perspectives as central to transforming community health. Using thematic analysis, researchers compared prior birth experiences of the mothers with and without enrollment in the Mothers Rising program. These themes were then compared with the SACRED birth framework articulated by White VanGompel et al. (2022). A comparison group of Black women and birthing people who did not receive the Mothers Rising program was created using 1:1 propensity scores matching based on data provided by a Medicaid Managed Care Organization (MMCO) that insured MRHV program participants and those who did not receive MHRV (n=102). Perinatal outcomes, including birth weight and gestational age, were extracted from electronic health records from the MMCO care dataset.

AFFILIATIONS + ATTRIBUTIONS

This evaluation was conducted by Mamatoto Village in partnership with the Georgetown University Center for Child and Human Development. This research was funded through a grant provided by the DC Department of Health.

MOTHERS RISING HOME VISITING PROGRAM

This evaluation provides an overview of an innovative program in Washington, DC, that provides various perinatal health services primarily to Medicaid-eligible Black women. The Mothers Rising (formerly Comprehensive Maternity Support) program provides culturally appropriate services using a community health worker model. It is a comprehensive perinatal home visitation program developed by Mamatoto Village in Washington, DC, to provide culturally congruent care to Black women, birthing people, and their families.

The program is based on a three-generation framework that uses the community health worker model as a blueprint to combine home visiting and multidisciplinary case management delivered by trained Perinatal Community Health Workers (PCHW) during the prenatal and postpartum periods. Based on the findings of a biopsychosocial assessment administered at program intake, service recipients are stratified using a risk assessment tool based on their unique social and physical health needs. Available services include health and parent education, advocacy, smoking cessation, service referrals, emotional support, labor and birth support, postpartum support, and home visiting services in a culturally supportive context. The model is holistic, meaning it focuses on more than the pregnancy. Program staff help service recipients to address chronic stressors like unstable housing and lack of financial resources. They also provide education and support for chronic pre-existing health conditions and behaviors that detract from overall wellness. The Mothers Rising program helps mothers build a supportive community and increase protective factors to counteract chronic stressors.

ANALYSIS

Interviews were analyzed in Atlas.ti by several study team members. The team approached the analysis using an iterative, inductive approach with themes and patterns emerging through a close reading of the transcripts. The dataset from our Medicaid MCO partner contained 3,703 birthing people who delivered between 1/1/2019 and 12/31/2020 in DC area hospitals. These data included specific diagnostic and procedure listings (ICD-10 codes) for the 270 days before delivery and 90 days postpartum, reflecting the typical timeframe clients are enrolled in MRHV. Regression with the effects psmatch function of STATA 17® (caliper 0.03, no replacement) was performed using the following parameters: maternal delivery age, race, delivery hospital, and zip code risk category.

RESULTS

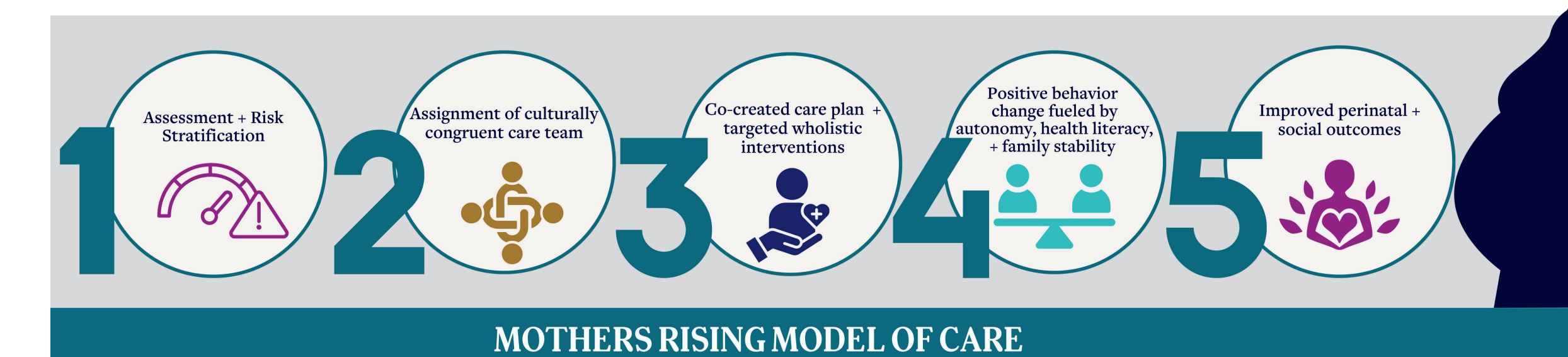
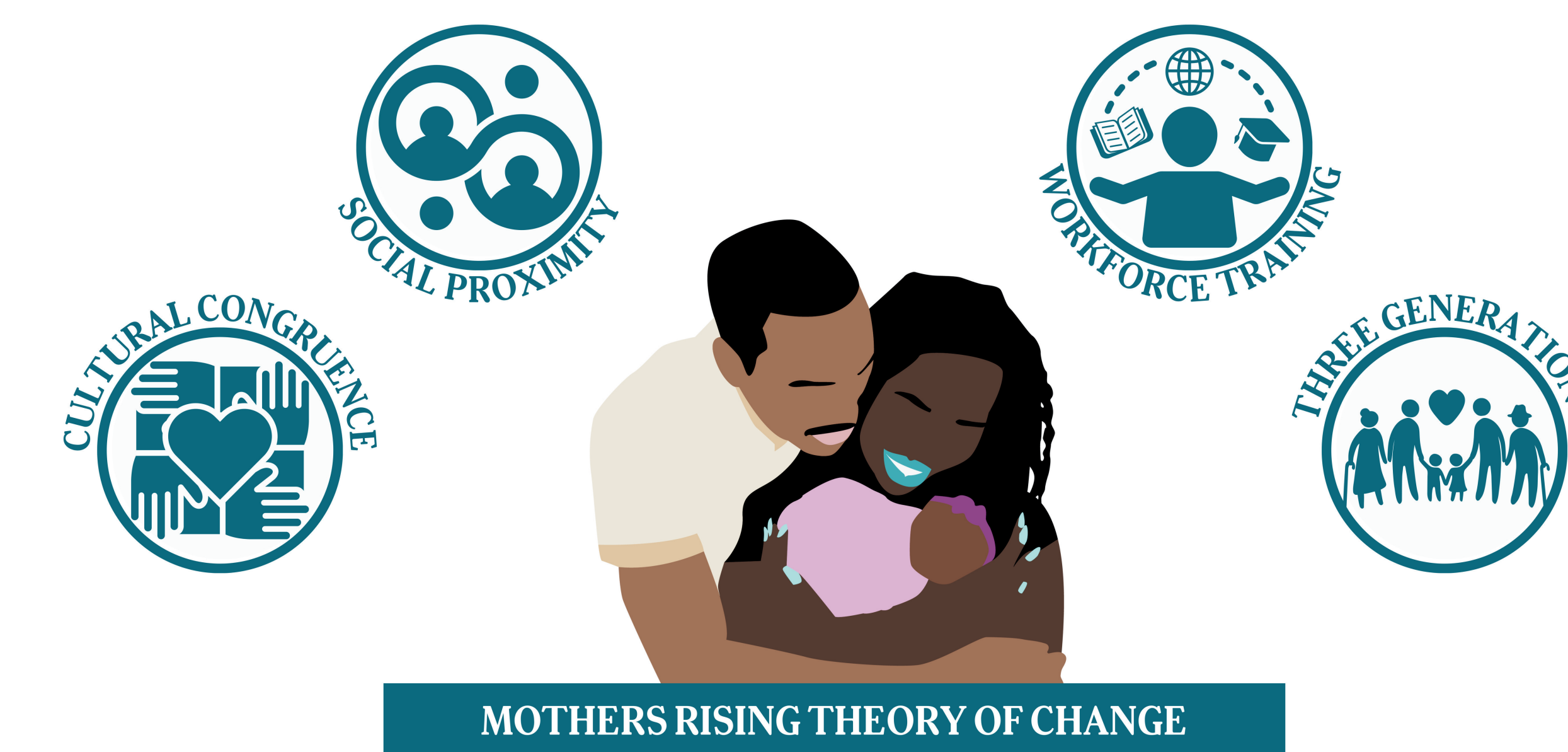
Statistical analyses of differences in birth outcomes between program participants and their matched peers demonstrated small but statistically significant differences in preterm birth delivery, favoring the Mothers Rising group. Qualitative analysis revealed positive care and birth experiences during enrollment in the MRHV program. Consistent with the SACRED framework, MRHV participants described their experiences receiving culturally congruent care from trained perinatal health workers as significantly different from their past birthing experiences. Comparisons of other maternal and child health outcomes for program participants with population-level data for Black women and birthing people further support the positive impacts of the Mothers Rising program.

IMPLICATIONS

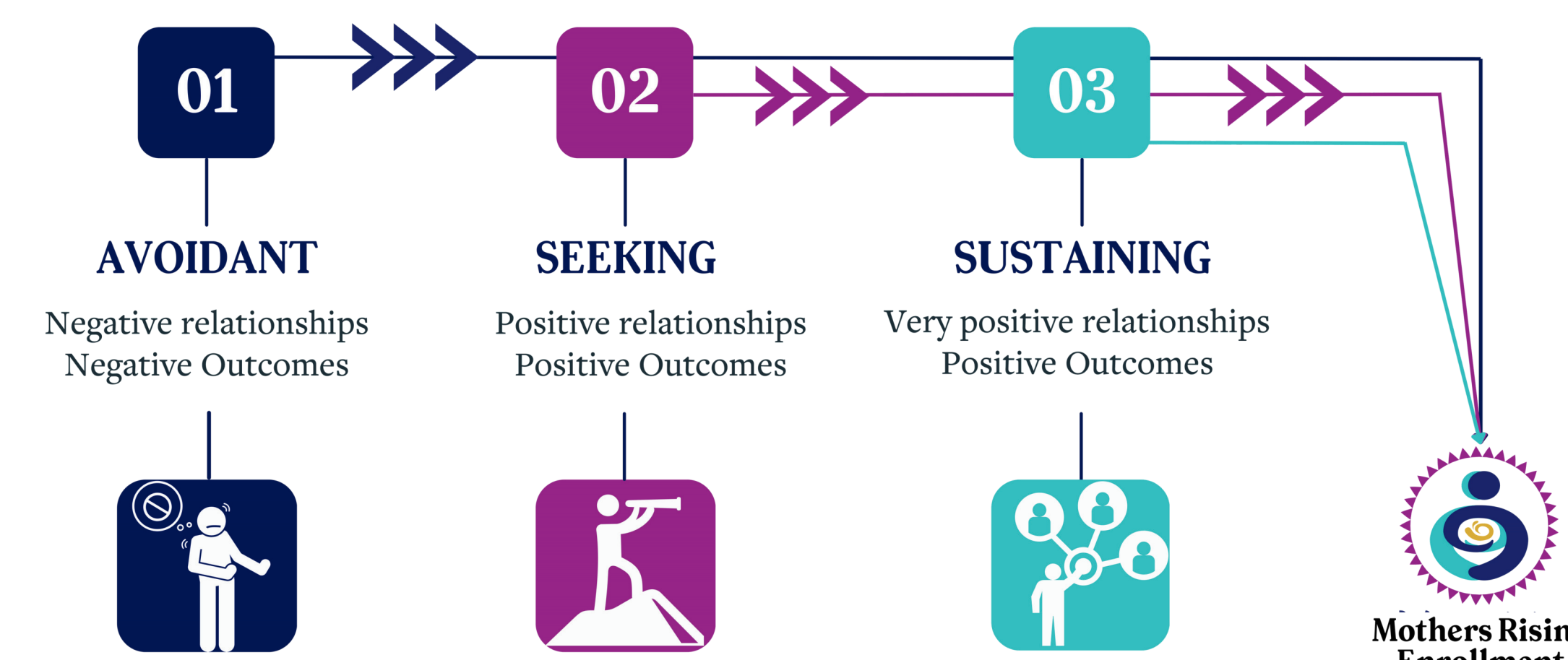
This study adds to the evidence base for the effectiveness of culturally tailored interventions to address the extant racial disparities within Black women and birthing people's perinatal health outcomes. Mothers Rising offers a replicable and sustainable model for community-based care, delivered by those whose lived experience and geographic proximity cultivate a care framework for radical collective care, healing, self-determination, safety, and kinship.

ACCESS TO EVALUATION DATA

Scan the QR code to access the chart of variable data used to complete propensity score matching



MOTIVATIONS FOR SEEKING CARE FROM MAMATOTO VILLAGE



“What I needed was people to help me get back on my feet and not people who were intrusive, and accusatory or negative or nosy or that who are looking down upon you for being in a situation, because the situation is what it is and is going to move forward. I need to be preparing as opposed to going through additional hurdles or burdens because of what's going on.”

“I had the greatest doctor... he was so perfect. He explained everything. It was an African American doctor who's no longer practicing... He was so amazing. It was because of his wife, and they had about five kids. They were all young kids. He understood the concerns and the anxieties that came with pregnancy and high-risk pregnancy. He was amazing.”

“It's just like somebody cared about what issues I was having outside of my family and knew something about me being pregnant. That was the major difference for me, having Mamatoto Village rather than not having them. It's like you have a backup defense for your pregnancy. When your doctors aren't paying attention, your doula is...”