Mississippi Maternal Health Action Plan & Strategies Guide

Recommendations from the Mississippi Maternal Health Symposium Workgroups

The strategies and recommendations outlined in this action plan were developed by the Mississippi Maternal Health Symposium Workgroups established by the Mississippi State Department of Health (MSDH).

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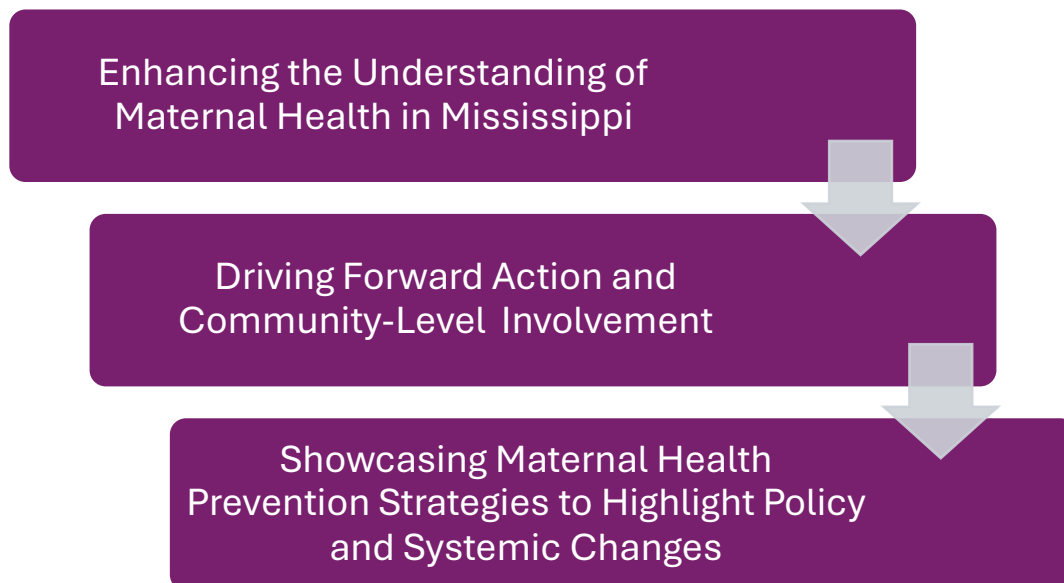Jackson, MS 39216
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About the Action Plan & Strategies Guide

This document includes an overview of maternal health landscape in Mississippi and outlines its vision, mission and purpose. It serves as a road map for the development, planning and implementation of prevention strategies for adverse outcomes in maternal health. This plan seeks to direct efforts to improve maternal health outcomes in Mississippi by advocating for equitable access to healthcare, promoting education and awareness about maternal health issues, supporting healthcare providers in underserved areas, and fostering collaboration among stakeholders and community organizations to address maternal health disparities. Three emphasis areas are addressed throughout this plan:

Enhancing the Understanding of Maternal Health in Mississippi

Driving Forward Action and Community-Level Involvement

Showcasing Maternal Health Prevention Strategies to Highlight Policy and Systemic Changes

Vision: To create a Mississippi where every pregnant and new mother receives compassionate, equitable, and comprehensive healthcare while also ensuring the well-being and safety of mothers, their newborns, and families.

Mission Statement: We aim to empower stakeholders to address maternal health disparities through accessible healthcare services, education, and policy advocacy while fostering a healthier culture for pregnant women, their families, and communities.

Purpose: To champion the well-being of mothers in every aspect of maternal health, including access to comprehensive care, education, structural support, and collaborative efforts.

Goal: To reduce maternal morbidity and mortality in Mississippi through comprehensive strategies that promote awareness, education, access, and action on preconception health, maternal mental well-being, social determinants of health, postpartum care, and maternal safety, ensuring the well-being of all parents.

Call to Action

Maternal health conversations and strategies continue to be at the forefront of Mississippi population health, public health, and policy work. Maternal health is a critical indicator which leads to identification of the overall health and well-being of a society. Despite advancements in medical science, significant disparities in maternal health outcomes persist, especially in underserved and vulnerable populations of Mississippi. The document offers information recommendations, and a list of resources for individuals, groups, organizations, and others desiring to affect change in the maternal health space.   This document is designed to be a playbook of use for all organizations to empower statewide strategies and implementation of programming, with the ultimate goal of creating true complementary systems of care for women.   Users/readers are encouraged to use this content to develop, strategize, plan, and execute interventions at multiple levels, including the patient/individual, family, community organization, and faith community and broader systems of care to impact maternal health outcomes for the better in Mississippi.

Addressing these disparities requires collaboration from multiple stakeholders, including healthcare providers/clinicians, policymakers, community organizations, public health leaders, and the women and families themselves. This plan is designed to unite diverse stakeholders in a collaborative effort to improve maternal health outcomes in Mississippi. By fostering partnerships, promoting best practices, and advocating for policy changes, a holistic approach to maternal health may be developed that addresses both clinical and social determinants of health.

Through collaboration and shared commitment we can reduce maternal mortality and morbidity, ensure equitable access to care, and empower women and communities to achieve better health outcomes before, during, and after pregnancy.

Scope of Maternal Health in Mississippi

Mississippi currently has an active Maternal Mortality Review Committee (MMRC) that convenes multiple times annually to assess all pregnancy-associated/maternal deaths in the state. According to the latest Mississippi Maternal Mortality Report (2016-2020), it was determined that the pregnancy-related mortality rate was highest (63.3 per 100,000 livebirths) in Black, non-Hispanic women and (81.5 per 100,000 livebirths) in women within 35-39 years old age groups as evidenced in Tables 1 and 2.

Table 1: Pregnancy-related mortality rate per 100,000 by race & ethnicity for 2016-2020.

	Race/Ethnicity			
	Black, non-Hispanic	White, non-Hispanic	Hispanic	Other/Unknown Races
Mortality Rate	63.3	15.1	0.0	20.3

Table 2: Pregnancy-related mortality rate per 100,000 by age group for 2016-2020.

	Age					
	<20	20-24	25-29	30-34	35-39	40+
Mortality Rate	6.6	18.6	35.9	49.7	81.5	34.2

During this five-year period (2016-2020) approximately 80% of all pregnancy-related deaths were deemed preventable and 92.3% had some level of chance to alter the outcome of death.

Overview: Maternal health in Mississippi is a pressing concern, characterized by high rates of maternal mortality and morbidity, particularly among Black, non-Hispanic women and those in rural areas. The state's maternal health outcomes lag significantly

behind national averages, requiring urgent and comprehensive action to address these disparities.

Maternal Mortality: Mississippi has one of the highest maternal mortality rates in the United States. The state's pregnancy-related maternal mortality rate was approximately 42.2 deaths per 100,000 livebirths in 2020. Black, non-Hispanic women in Mississippi are particularly at risk, with their maternal mortality rate being nearly four times higher than that of White, non-Hispanic women (Graph 1).

Graph 1: All pregnancy-associated deaths in 2016-2020.
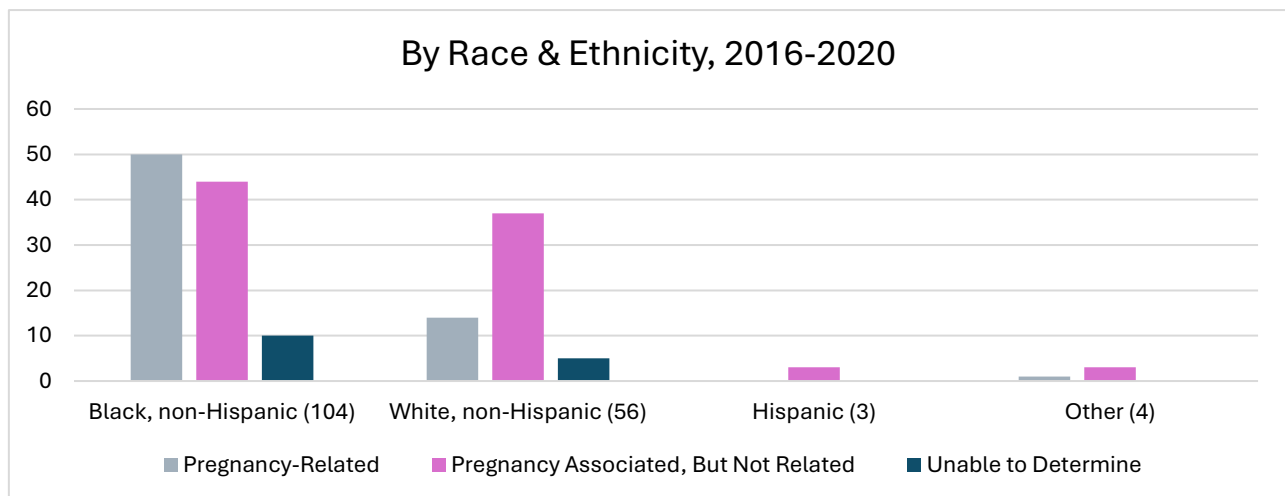
Access to Care: Access to quality maternal healthcare services is a significant issue in Mississippi. Rural areas, in particular, face shortages of healthcare providers, including obstetricians and gynecologists. Many counties lack facilities that offer comprehensive prenatal and delivery services, forcing women to travel long distances to receive care. According to the March of Dimes' (2022) *Maternal Care Deserts Report*, this limited access contributes to delayed prenatal care and higher rates of pregnancy complications, over half of the counties in Mississippi are considered "maternity care deserts," with little to no hospitals providing obstetric care or OB-GYNs.

Social Determinants of Health: Social determinants such as poverty, education, and transportation significantly impact maternal health outcomes in Mississippi. According to the United States Census Bureau: Mississippi, Income Poverty the state is among one

of the highest in poverty rates in the nation, with nearly 20% of its residents in poverty, according to the U.S. Census (2024). This economic hardship affects women's ability to access nutritious food, stable housing, and consistent healthcare, all of which are crucial for a healthy pregnancy and delivery.

Health Equity: Health disparities are vast in Mississippi. Black, non-Hispanic women and those from low-income backgrounds face systemic barriers to receiving adequate maternal healthcare. These barriers may include implicit bias within the healthcare system, lack of culturally competent care, and limited access to health insurance (Greenwald et al., 2022).

Implicit bias refers to the attitudes or stereotypes that unconsciously affect our understanding, actions and decisions (Kirwan Institute, 2013). These biases operate outside of our conscious awareness and can influence how we perceive and treat others based on characteristics such as race and ethnicity. In the context of maternal health, implicit bias can affect the quality of care that pregnant mothers receive. For example, a healthcare provider might unconsciously provide different levels of care or exhibit different attitudes based on a patient's race, socioeconomic status, or other characteristics.

By addressing these disparities and critical issues Mississippi can work towards significantly improving maternal health outcomes and ensuring that all women have the opportunity for a healthy pregnancy and delivery.

Development of the Mississippi Maternal Health Symposium Workgroups

To prioritize improvements in maternal health outcomes, the MSDH Maternal and Infant Health Bureau led efforts to access the maternal health landscape and seek the learned and lived expertise of stakeholders from multiple communities and areas of practice throughout the state. As a result, the Mississippi Maternal Health Symposium Workgroups were developed in 2023 total of 58 based on the following maternal health priorities:

- Maternal Safety/Interpersonal Violence Prevention

- Preconception/Interconception Health and Education

- Postpartum/Fourth Trimester Care

- Mental Health/Substance Use Disorders

- Social Determinants of Health

Each workgroup was comprised of public health professionals, community leaders, policy makers, and clinicians who met periodically for 13 months to develop the strategies and recommendations outlined in this plan. The workgroups were tasked with providing actionable recommendations and strategies for four different groups: policy makers, healthcare providers, community leaders, and patients/families.

Priority 1: Maternal Safety/Interpersonal Violence Prevention

Maternal Safety encompasses the prevention and management of medical complications during pregnancy, childbirth, and the postpartum period. Ensuring maternal safety is crucial for the well-being of both pregnant women and their babies. Key aspects include:

- <u>Preventing Maternal Mortality and Morbidity:</u> Ensuring that pregnant women receive timely and appropriate medical care can prevent life-threatening complications.

- <u>Quality of Care:</u> High-quality prenatal, delivery and postpartum care reduces the risk of complications and promotes positive health outcomes.

- <u>Patient-Centered Care:</u> Respectful and responsive care that meets the individual needs and preferences of pregnant women is essential. This includes informed consent, respectful communications, and emotional support. Promoting the Center for Disease Control "Hear Her" (Centers for Disease Control and Prevention, 2024) as well as "Talk to Your Doctor" campaigns may prove useful for addressing patient-centered care (Office of the Surgeon General, 2020).

- <u>Urgent Maternal Warning Signs:</u> Assessing maternal health by clinicians and empowering women to recognize danger signs during pregnancy is essential in reducing maternal mortality and morbidity in the state.

Interpersonal Violence (IPV), including physical, sexual, and emotional abuse, significantly impacts maternal health (Mead et al., 2023). Human trafficking subjects pregnant women to physical and emotional trauma, poor nutrition, lack of prenatal care an exposure to violence which also impact maternal health. Addressing IPV and human trafficking is essential for improving maternal health outcomes and ensuring the safety and well-being of pregnant women (Agarwal et al., 2023). Key reasons include:

- Increased Health Risk: Pregnant women experiencing IPV and human trafficking are at higher risks for physical injury, adverse pregnancy outcomes, including preterm birth, low birth weight, and perinatal loss. They are also more likely to suffer from mental health issues such as depression, anxiety and post-traumatic stress disorder (PTSD).

- Access to Care and Comprehensive Support: IPV and human trafficking can hinder pregnant women's access to care due to fear of abuser, fear of child welfare, law enforcement, or justice system involvement, financial control among other factors. Ensuring that healthcare settings are safe and supportive can enable women to access necessary care. This also requires efforts in screening for interpersonal violence and human trafficking, providing resources and referrals to support services, and ensuring coordinated care among healthcare providers, social services, child welfare and the legal system.

- Prevention and Education: Educating healthcare providers about the signs of IPV and human trafficking and appropriate interventions can improve detection and support for affected women. Public health campaigns and community education can also help prevent IPV or introduction/identifying safehouses in the community that can shelter IPV victims & new moms and babies.

Workgroup Suggestions:

Policy Makers:

- Fund the Mississippi Access to Maternal Assistance (MAMA) program to have specially trained on-call social workers to immediately assist medical providers with victims of IPV and human trafficking encountered in the medical setting.

- Require autopsies for all maternal deaths and appropriate funding to allow those autopsies to be performed at no cost to the surviving family or local county coroners.

Healthcare providers:

- Schedule regular staff trainings on standardized procedures for screening and assisting IPV victims.

- Implement IPV screening in clinical settings. Assure the availability of staff who can provide direct intervention or referrals to support for individuals with positive or clinical findings.

- Promote "Hear Her" campaigns (Centers for Disease Control, 2024).

- Increase awareness of family planning and contraception options for victims of IPV/human trafficking that are less noticeable, longer lasting but reversible, and do not require frequent or repeat medical or pharmacy encounters. Facilitate linkage with resources that offer these contraception options at minimal or no-cost, such as Medical Family Planning Waiver, health departments, community health centers, and Title X Family Planning Providers.

Community Leaders:

- Increase community awareness and resources for IPV, focusing on early intervention and providing safe havens for victims, as well as alternate support services for victims unable or not yet ready to leave an unsafe situation.

- Expand legal access and support to IPV victims, including self-protection and survival training and counseling, legal rights education, financial literacy and independence, counseling and trauma recovery, job skills and vocational training, etc.

Patients/Families:

- Receive education and support through campaigns such as "Talk to Your Doctor," "Intervening Early," and "Safety Planning." *The Task Force for Global Health: Defining Health Campaigns and Health Campaign Effectiveness* (Wernette, Bhatnagar, & Bazant, 2020); resources to be considered when helping families with different types of campaigns.

- Increase peer support by having more specialists and survivors share their personal experiences.

Priority 2: Preconception/Interconception Health and Education

Preconception (the period of time before an individual becomes pregnant for the first time) and interconception (the period of time between pregnancies) care in maternal health is crucial for optimizing women's health, preventing birth defects and complications, promoting health behaviors and planning for pregnancy. Being able to address maternal health before women become pregnant is a crucial step in preventing potential adverse outcomes. Some preventative measures that potentially are addressed through preconception health include, but are not limited to, chronic disease risk, sexual health, and/or genetic disorders. (Khekade et al.,2023)

- Optimizing Health Before Pregnancy: Ensuring women are in the best possible health before conceiving can reduce the risk of complications during pregnancy and childbirth. This includes managing chronic conditions, achieving healthy weight and ensuring adequate nutrient levels.
- Managing Chronic Health Conditions: Preconceptions care can help pregnant women manage chronic conditions prevalent in Mississippi, such as hypertension, diabetes and obesity, which are significant risk factors for pregnancy complications
- Promoting Healthy Behaviors: Education about the importance of avoiding harmful substances (Ex. Alcohol, tobacco, and certain medications) and promoting healthy lifestyle choices can significantly impact the health of both the mother and baby. An example of a preconception health model that could be considered is the "Gabby Preconception System" an interactive web-based system tailored to young African American women to help improve their preconception health status, which may ultimately improve their pregnancy health once they choose to become mothers. (Gardiner et al., 2013)

Workgroup Suggestions:

Policy Makers:

- Expand sex education curriculum in school settings – to those who consent to participate in classes. Also, evaluate current sex education curriculum with special emphases on family planning.

- Promote concurrent sex education courses for parents/caregivers and children.

- Increase utilization of proper health literacy/health education using appropriate sex education verbiage and proper comprehension levels (no higher than 6th grade level).

Healthcare providers:

- Implement childhood to adolescent transitional training for both parents and children.

- Engage efficient utilization of patient-provider time to discuss safe sexual practices.

- Create preconception educational materials for adolescent patients and their parents with comprehension levels no higher than the 6th grade level.

- Utilize and/or increase staff in county health departments in Mississippi to provide free group counseling on preconception and inter-conception health.

- Initiate open discussions with patients related to pregnancy intention, family planning, and contraception options, including long-acting reversible options.

- Promote access to family planning and contraception at no or minimal cost through Medicaid Family Planning Waiver, health departments, community health centers, and Title X Family Planning providers.

- For patients desiring to become or not yet decided about becoming pregnant, discuss the potential benefits of starting multivitamins and/or prenatal vitamins before conception. For individuals who are pregnant, encourage prompt access to and uptake of prenatal care services covered under Medicaid Presumptive Eligibility.

Community Leaders:

- Institute appropriate conversations about safe sexual practices through community outlets (i.e., churches, community centers, schools, etc.).

- Align church, community, and/or family cohesion in relation to safe space sexual health conversations.

<u>Patients/Families</u>:

- Engage in conversations regarding safe sexual practices in the household rather than children learning from their peers.
- Promote opportunities for reproductive health conversations for understanding and comprehension of how sexual practices may lead to pregnancy.
- Allow provision of safe spaces for honest communication regarding safe sexual practices, consequences of unprotected sexual relationships, testing, the possibility of pregnancy, etc.
- Encourage access to and uptake of services provided under Medicaid Family Planning Waiver for individuals who qualify.
- For individuals determined to be pregnant and who qualify, encourage prompt application for and uptake of prenatal care services under Medicaid Presumptive Eligibility.

Priority 3: Postpartum/ 4th Trimester

Improvements in postpartum care in maternal health can significantly enhance the well-being of mothers and their infants. The postpartum period, which starts immediately after the end of pregnancy through the next six to eight weeks is a crucial time for new mothers and their families. During this period, major adjustments to daily life are prioritized in addition to ensuring optimal health for both mom and baby is incorporated. Key points for this priority area include:

- <u>Comprehensive and Coordinated Care:</u> Ensure multiple postpartum visits, effective communication between healthcare providers and education on recovery to monitor and support mental and physical health.
- <u>Mental Health and Lactation Support:</u> Provide screening, treatment and counselling for postpartum depression and/or anxiety, as well as access to lactation consultants and support groups for concerns as they arise.

- Family Planning and Community Resources: Offer family planning counseling, contraception information, and referrals to social services and community programs to support new mothers and families.

Workgroup Suggestions:

Policy Makers:
- Implement comprehensive postpartum care programs ensuring that health care systems provide multiple postpartum visits, mental health screening, and access to lactation support.
- Enhance access to family planning and support services by making contraception widely accessible and affordable.
- Fund social programs that provide ongoing assistance to new mothers and families such as support groups, home visits, and connections to necessary social services.

Healthcare providers:
- Provide comprehensive postpartum follow-up, by scheduling multiple follow-up visits to monitor both physical and mental health, addressing any complications early and offering ongoing support.
- Offer personalized education and support to educate new mothers on postpartum recovery, breastfeeding, and family planning while providing tailored support and referrals to mental health and community resources as needed.

Community Leaders:
- Promote information and awareness campaigns to educate new parents and caregivers about the importance of postpartum care through workshops, seminars or informational sessions. These sessions can cover topics regarding physical and emotional health after childbirth, and/or postpartum depression, anxiety, and available support resources.
- Raise awareness to help reduce stigma and encourage early intervention for any postpartum health and mental health concerns.
- Provide accessible support networks by establishing or expanding existing support networks within the community. This could include support groups for

new mothers, peer mentoring programs or partnerships with healthcare providers to ensure accessible postpartum checkups and mental health services. By connecting families to these resources, it supports the postpartum recovery process.

<u>Patients/Families</u>:

- Encourage new patients to prioritize rest and self-care, with help from family members or other trusted helpers being enlisted for infant care, pets, housekeeping, nutrition/meals, transportation, post-partum/new baby appointments, and other day-to-day activities, as well as mental and emotional health.
- Seek reliable information and resources from healthcare providers and support groups to navigate postpartum challenges effectively.

Priority 4: Maternal Mental Health/Substance Abuse Disorder

Mental health disorders and substance abuse can adversely affect maternal health by increasing risks of pregnancy complications, impacting psychological well-being, and posing challenges to treatment and support systems. Integrating comprehensive care is crucial for supporting maternal mental health in these situations. (Chauhan & Potdar, 2022)

- <u>Health Risks:</u> Mental health disorders and substance abuse during pregnancy increase the likelihood of complications such as premature birth, low birth weight and developmental issues in the child.
- <u>Psychological Impact:</u> These conditions can impair maternal bonding, increase stress levels, and worsen overall quality of life during pregnancy and postpartum.
- <u>Treatment Challenges:</u> Stigma and barriers to seek help can hinder effective treatment, highlighting the need for integrated care to support maternal well-being.

Workgroup Suggestions:

Policy Makers:

- Expand access to mental health services for pregnant and postpartum women. [These services may include counseling, therapy, medication management and inpatient treatment].

- Expand insurance coverage for mental health conditions and substance abuse treatment as part of maternal healthcare during pregnancy and postpartum periods.

- Advocate for additional federal funding to develop more programs that allow mothers to receive inpatient treatment with their babies to support healthy attachment and bonding.

- Increase funding to support programs that offer maternal mental health and substance abuse treatments and interventions in community health care centers and/or specialized clinics.

Healthcare Providers:

- Implement routine behavioral health/substance screening during pregnancy/postpartum/well-baby clinical encounters.

- Post QR codes in providers' offices that direct individuals to free mental health/substance abuse screening for clients to complete while in waiting rooms.

- Train providers how to identify, treat, make referrals, and follow up to ensure clients are receiving appropriate mental health treatment(s), especially for opioid use disorders.

Community Leaders:

- Partner with other local community programs to develop a statewide local directory with available resources to provide to clients, families, and healthcare providers.

- Raise awareness through campaigns and local community events to reduce the stigma associated with maternal mental health and substance abuse.

- Partner with healthcare providers to aid in referral processes.

- Provide transportation services to individuals who are having difficulties accessing mental health or substance abuse treatment(s).

Patients/Families:

- Seek early prenatal care to help monitor both physical and mental health.

- Participate in support groups for maternal mental health/substance abuse.

- Receive emotional support and encourage treatment from family members, friends, and other support systems.

- Monitor for signs of substance abuse and mental health behaviors among pregnant and postpartum women.

Priority 5: Social Determinants of Health

Addressing social determinants of health (SDOH) is crucial for improving maternal health outcomes in Mississippi. Efforts should focus on increasing access to quality healthcare, enhancing education and health literacy, addressing racial and economic inequities, and improving overall living conditions.

- Access and Economic Barriers: High poverty rates, low-income levels and lack of Medicaid expansion in Mississippi limit access to quality healthcare, nutritious food, and stable housing, which all play a role in severely affecting maternal health outcomes.

- Racial and Geographical Disparities: Black, non-Hispanic women face higher rates of maternal mortality due to systemic racism and socioeconomic inequalities, while rural areas suffer from shortages of obstetric services and transportation barriers.

- Education and Health Behaviors: Lower education attainment, smoking, substance abuse and poor nutrition are prevalent—these actions can exacerbate poor maternal health outcomes.

Workgroup Suggestions:

Policy Makers:

- Increase the minimum wage to a livable wage to ensure financial stability for working parents in order to cover basic needs and unexpected medical expenses.

- Expand Medicaid to include comprehensive maternal health services and improve access for pregnant women and new mothers. The Georgetown University health Policy Institute: Medicaid Expansion Fills Gaps in Maternal Health (Searing and Ross, 2019), is a resource to be considered in efforts of Medicaid expansion.
- Create state earned income tax credit (EITC) to support working parents and increase awareness and uptake of EITC benefits.

Healthcare Providers:
- Promote diversity in the healthcare workforce to reflect the community and provide financial incentives for healthcare providers who work in underserved areas.
- Establish feedback mechanisms for reporting discrimination—implement anonymous reporting systems to address discrimination in healthcare settings and conduct patient experience surveys focused on perceived discrimination.
- Educate healthcare providers on maternal health best practices by developing and implementing training programs on maternal mental health, general health, and urgent maternal warning signs, unconscious and implicit bias, and respectful and culturally responsive care.
- Establish a system to regularly assess and monitor staff competency regarding social determinants of health.

Community Leaders:
- Advocate for reliable public transportation systems by improving infrastructure to ensure access to healthcare services.
- Create resource mapping for hospitals identifying providers and their specialties.
- Increase awareness of Presumptive Eligibility for immediate Medicaid access.
- Collaborate to establish community farmer's markets to increase access to healthy foods and promote nutrition and healthy eating habits through community engagement.
- Support the infusion of unconscious/ implicit bias and respectful/culturally responsive care training to enhance and improve interactions and outcomes for individuals in need of services by sponsoring/hosting training and professional

development opportunities for local medical and mental health providers, social support service professionals, and other helpers.

- Promote health and wellness among community members by facilitating discussions in community settings and partnering with faith-based organizations to disseminate health education.

<u>Patients/Families:</u>

- Utilize free training and career development opportunities by participating programs, such as Skills2Work to improve job skills to enhance career development and job placement.

- Utilize the MS Department of Employment Security Services to increase awareness and utilization of employment services and improve job placement rates for community members.

Maternal Health Supporting Work/Initiatives

As an addendum (Addendum A) to efforts undertaken in this workplan, the Mississippi State Department of Health partnered with Teen Health Mississippi to conduct focus groups among non-Hispanic African American women ages 14-44 years old who delivered and/or were pregnant in Mississippi from 2021-2024. Similar to prior evidence-based research, overall themes from the focus groups suggested that non-Hispanic African American women systemically face greater barriers during and after pregnancy compared to non-Hispanic women in other race groups. A summary of findings is included in Addendum A.

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ADDENDUM A

Maternal Health Focus Group Results: African American Women
[Data collected from April 2023-March 2024]

Executive Summary:

Maternal health is a critical issue that affects the well-being of mothers and their babies. Despite advances in healthcare, significant disparities and challenges remain, particularly for black mothers (also referred to as birthing persons in this document). This summary synthesizes key findings from discussions with participants and documented experiences, highlighting the urgent need for systemic reforms, enhanced community support, and a focus on mental health and autonomy to improve maternal health outcomes. As outlined below, there were eight (8) overall themes and summaries that derived from the results of this project:

- **Equity and Birth Equity Concerns:** Many participants were initially unfamiliar with the term "birth equity." However, once explained, they were able to recognize the importance of equitable healthcare practices, what birth equity does/doesn't look like, and ways healthcare can improve to increase birth equity.

- **Healthcare Providers Not Listening or Believing Patients:** A common issue identified was that healthcare providers often displayed judgmental attitudes and lack empathy, significantly impacting patient care, especially for mothers during the birthing process.

- **Systemic and Environmental Challenges:** Challenges in accessing necessary resources due to bias, including difficulties with Medicaid, food assistance, and housing significantly impact maternal health.

- **Community and Social Support:** Participants discussed the importance of community support, including baby groups, mentorship programs, and family support, which is vital for enhancing maternal health outcomes yet oftentimes limited within the state. Family support remained the top mode of support for birthing persons.

- **Mental Health and Emotional Well-being:** Participants identified the significant role of mental health in maternal care, including challenges mothers face in accessing mental health support and the impact of these factors on pregnancy and postpartum experiences.
- **Maternal Advocacy and Patient Autonomy:** The need for advocacy within healthcare settings is critical to ensure mothers' voices are heard and their health needs are met, particularly in empowering them to participate actively in their care.
- **Labor and Delivery Practices.** Issues in labor and delivery, including birthing violence (*a term used to describe any time a person in labor or birth experiences mistreatment or disrespect of their rights, including being forced into procedures against their will, at the hands of medical personnel*) and the need for respectful, informed care underscore the necessity for comprehensive birth plans and better communication.
- **Technology and Access to Care:** The role of technology, especially telehealth and apps, in improving access to care and supporting maternal health is increasingly important in bridging gaps in healthcare and information dissemination. This is especially important given the rural nature of Mississippi and the lack of public transportation to support expecting and parenting persons.

The collective insights from participants highlight the urgent need for systemic reforms, more empathetic and well-trained healthcare providers, robust community support systems, and a focus on mental health and patient autonomy. These findings should guide efforts to create a more equitable and supportive healthcare system for all expectant and parenting persons, while ensuring that every parent has the support, care, and resources necessary for a healthy and empowered maternal experience.

A copy of the complete report specific to the maternal health focus groups project can be found online at https://msdh.ms.gov/page/31,0,299,324.html.

ADDENDUM B:

MS Symposium Workgroup Team Leads and Contributing MSDH Staff

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APPENDIX C:

Resources for Consideration

The following is a **non-exhaustive listing** of over 30 resources in no particular order that might be considered as readers plan to implement any recommendations shared in this document. The use of brand names and/or any mention or listing of specific commercial products or services herein is solely for educational purposes and does not imply endorsement by the Mississippi State Department of Health, our partners, or funding entities, nor discrimination or intentional exclusion against similar brands, products or services not mentioned. Readers should always explore other resources and consult with appropriate subject matter experts when designing programs and interventions.

Contact information, website links, and QR codes are verified as current as of the original issue date of this report.

RESOURCE	QR CODE
Maternal Mental Health/Substance Abuse	
National Maternal Mental Health Hotline **Call or Text: 1-833-TLC MAMA (1-833-853-6262)** https://mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline/maternal-mental-health	
CHAMP for Moms (PROVIDER Resource) **Call: 601-984-2080** *CHAMP for Moms is a perinatal mental health access program and provides maternity care providers and clinical practices with real-time perinatal psychiatric consultation, care coordination and support services, and trainings as with our other programs.* https://jmsma.scholasticahq.com/article/117915-champ-for-moms-enhancing-maternal-wellness-through-integrated-psychiatry-substance-use-support-and-consultation	
HHS Office of Women's Health **Talking Post Partum Depression Campaign** *Talking PPD Toolkit* https://www.womenshealth.gov/talkingPPD/toolkit	

Post Partum Support International (FOR PROVIDERS) *Consult Line, Provider Directory, Training/Education* https://www.postpartum.net/professionals/	
Post Partum Support International (GET HELP) **HelpLine: 1-800-944-4PPD (1-800-944-4773)** *Find a Provider, Peer Mentor Program, Online/Social Media Support Groups* https://www.postpartum.net/get-help/	
Association of Maternal & Child Health Programs (AMCHP) *Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Pregnant and Postpartum Women* https://amchp.org/wp-content/uploads/2022/01/AMCHP-NASADAD-SBIRT-Issue-Brief-October-2020.pdf	
Substance Abuse and Mental Health Services Administration (SAMSHA) *Evidence-Based, Whole-Person Care for Pregnant People who Have Opioid Use Disorder* https://store.samhsa.gov/sites/default/files/whole-person-care-pregnant-people-oud-pep23-02-01-002.pdf	
Interpersonal Violence/Human Trafficking	
U.S. Preventative Services Task Force *Recommendation Statement: Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening* https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening	
The American College of Obstetricians and Gynecologists *Committee Opinion: Intimate Partner Violence* https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2012/02/intimate-partner-violence.pdf	
Women's Preventive Services Initiative *How I Practice: Screening for Interpersonal and Domestic Violence (Slide deck from Cee Ann Davis, MD, MPH, FACOG, FACPM)* https://www.womenspreventivehealth.org/wp-content/uploads/CDavis_FINAL_HowI_IPViolence_07012020.pdf	

Human Trafficking *Recognizing, Reporting, and Resources* https://msdh.ms.gov/page/44,0,388,747.html	
Community-Coordinated Response to Domestic Violence https://bwjp.org/wp-content/uploads/2022/08/CCR_Report.pdf	
Mississippi Coalition Against Domestic Violence **State of MS Hotline: 1-800-898-3234** *Education, Public Awareness, Technical Assistance, Resource Distribution, MS Shelters, and Get Help* https://mcadv.org/	
March of Dimes *Abuse During Pregnancy* https://www.marchofdimes.org/find-support/topics/pregnancy/abuse-during-pregnancy	
National Domestic Violence Hotline 1-800-799-SAFE (1-800-799-7233) Text "START" to 88788 *Identifying Abuse and Safety Planning* https://www.thehotline.org/	
Urgent Maternal Warning Signs and Post Partum Planning	
CDC HEAR HER Campaign https://www.cdc.gov/hearher/index.html	
Mississippi Perinatal Quality Collaborative (MSPQC) *MSPQC Post Partum Discharge Transition Toolkit* (PROVIDER Resource) msphiorg.sharepoint.com/SharedDocuments/Forms/AllItems.aspx?id=%2FShared Documents%2FMSPQC%2FToolkits%2FMSPQC Postpartum Discharge Transition Toolkit final 12%2E1%2E23%2Epdf&parent=%2FShared Documents%2FMSPQC%2FToolkits&p=true&ga=1	

Post Partum Support International *Post Partum Planning for Expectant Parents (Free group for expectant parents)* https://www.postpartum.net/postpartum-planning-for-expectant-parents/ *Your Post Partum Plan* https://www.postpartum.net/wp-content/uploads/2023/11/Postpartum-Planning-Class-Plan-2023_11_6.pdf	

Family Planning and Reproductive Health	

Family Planning and Reproductive Health *Resources at MSDH Clinics and Other Resources for Family Planning Services* https://msdh.ms.gov/page/41,0,107.html	
Family Planning Waiver *Coverage, Eligibility, Services, and How to Apply* https://msdh.ms.gov/page/41,1459,107.html	
American Academy of Pediatrics – healthychildren.org *When and How to Talk with Your Child About Sex* https://www.healthychildren.org/English/ages-stages/preschool/Pages/Talking-to-Your-Young-Child-About-Sex.aspx	
American Academy of Pediatrics – Bright Futures *Promoting Healthy Sexual Development and Sexuality* https://downloads.aap.org/AAP/PDF/Bright%20Futures/BF4_HealthySexuality.pdf	

HHS Office of Population Affairs *Tips for Parents and Caregivers of Teens* https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/tips-parents-and-caregivers-teens	
Reproductive Health National Training Center *Increasing Access to Contraception Toolkit* https://rhntc.org/resources/increasing-access-contraception-toolkit	

Social Determinants of Health & Resource Assistance	
MS Division of Medicaid – Presumptive Eligibility for Pregnant Women *Provider Eligibility and Application Process* https://medicaid.ms.gov/presumptive-eligibility-for-pregnant-women/	
Mississippi Access to Maternal Assistance *Access to information for resources for pregnancy, health, adoption, food, goods, safety, money, jobs, and childcare* https://www.mama.ms.gov/	
Health Help MS **1-877-314-3843** *Provides comprehensive enrollment and advocacy services to eligible Mississippians attempting to enroll and/or reapply for state benefits in Medicaid/CHIP.* https://healthhelpms.org/	
Mississippi Department of Employment Security *Helping Mississippians Ger Jobs* https://mdes.ms.gov/i-need-a-job/	

Mississippi Department of Human Services *Skills2Work Program* https://www.mdhs.ms.gov/workforce/skills2work/	
Respectful and Culturally Responsive Reproductive and Maternal Care	
HHS – Think Cultural Health Culturally and Linguistically Appropriate Services (CLAS) in Maternal Health Care https://thinkculturalhealth.hhs.gov/education/maternal-health-care	
March of Dimes – Professional Education (Fee Required) *Awareness to Action: Dismantling Bias in Maternal and Infant Healthcare™* https://modprofessionaled.learnuponus.com/store/502-awareness-to-action-dismantling-bias-in-maternal-and-infant-healthcare	
Maternal Health Learning & Innovation Center *Broad range of topics for enhancing knowledge of maternal health professionals in the areas of equity, clinical, telehealth, public health, workforce leadership, data/evaluation, policy, engagement, and understanding communities.* https://maternalhealthlearning.org/browse-all-resources/	