



# 2024 Maternal Health and Birth Equity Lay Conference Summary

The United States has the highest rate of maternal mortality among wealthy nations. Moreover, [women of color are more likely than white women to die from complications of childbirth](#), and access to maternity care is decreasing as maternity care deserts are becoming increasingly common. Employers and public purchasers pay for more than half of the births in the U.S. and are well-positioned to play a role in improving maternal and infant health outcomes on behalf of their workers and family members.

In summer of 2022, PBGH launched a [Comprehensive Maternity Care Workgroup](#), co-chaired by Qualcomm Incorporated and Walmart, to gain employer and public purchaser consensus on measures and purchasing standards to enable more effective purchasing of accessible, high quality and equitable maternal care. Two years later, PBGH hosted a multi-stakeholder [Maternal Health and Birth Equity Summit](#) in September 2024. This event convened a variety of stakeholders—employers, patients, providers, health plans, maternal health vendors, and doulas—to collaborate on actionable steps each attendee can take within their roles and organizations to improve maternal health outcomes and experiences.

The Summit's objectives were to share employer innovations and expectations for their health care partners; highlight promising practices; elevate lived experiences; explore opportunities for advancing patient-centered clinical effectiveness research (CER); and to identify policy levers that can impact the trajectory of the maternal health crisis in the United States.

Central to the Summit's discussions was the newly launched [PBGH Comprehensive Maternity Care Common Purchasing Agreement](#). PBGH members are already taking bold and innovative steps to enhance benefit design and workplace policies to better support birthing people within their covered populations. These efforts include improving access to midwifery care, doula care, birth center services,

## Summit Reflections from Xaviera “Zay” Bell, Zeal of Xander

“The Summit provided a space where real life experiences and policy and procedure met in one place at one time and became acquainted. The Summit created a narrative that does not exist and has set the bar for not only employers but other corporations as these summit happenings spread like wildfire.”

“The Summit allowed corporations, CBOs, individuals with lived experience, scholars, leaders, trendsetters, and decision makers to all come together to cry, celebrate, collaborate, and to just rest in the assurance that change is happening within multiple industries, and PBGH is the orchestrator of that change.”

“The Summit made it acceptable to help while we heal. AND THAT IS COMMENDABLE! There are women that show up every single day that work so hard for their companies and are hurting simultaneously. The Summit provided a platform to see people and not procedure, to see mamas and not metrics, and made it acceptable to stand in grief on September 18, 2024 in Denver, CO.”

and obstetric care, as well as advancing workplace policies to support employees who have experienced pregnancy loss.

Throughout the event, attendees emphasized the importance of fostering partnerships between employers, health plans, and providers to drive systemic change and evidence-based care. Employers and public purchasers highlighted the need for stronger collaboration with health plans to expand access to maternal health care quality and safety reporting to ensure employer interventions are appropriate and effective across their population. They also discussed the broader role employers can play in supporting employees through pregnancy loss and other challenges along the maternal health journey.

The Summit elevated the patient experience with participants throughout the day sharing their own stories and how their care could and should have been better. Patients' powerful calls to action encouraged partners in the room to prioritize patient engagement, improve leave policies, and implement programs that support not just birthing people but their partners as well. This patient-centered approach highlighted the need for policies and practices that better reflect the realities of people navigating pregnancy, childbirth, and the postpartum period.

Promising practices that have already demonstrated positive outcomes for birthing people were highlighted at the Summit as well. Key examples included a health system with an innovative direct contract model with an employer, an OB-GYN whose care approach centers on whole-person health, a midwife advocating for the midwifery model of care and its proven benefits, and a doula who shared insights on the impact of doula support on pregnancy outcomes and the community. These diverse perspectives underscored the value of integrated, patient-centered care models in improving maternal health outcomes across various provider and care professional types.

The Summit highlighted several policy opportunities to improve maternal health outcomes, including enhanced data collection to better identify disparities, financial support for rural hospitals to address maternity care deserts, and the integration of behavioral health services into maternal care. Together, these policy areas can support more equitable, accessible, and high-quality maternal health outcomes.

Opportunities for advancing patient-centered clinical effectiveness research (CER) were identified and include expanding the diversity of research participants to ensure that studies reflect the experiences of people from various racial, ethnic, linguistic, and socioeconomic backgrounds, geographic locations, and insurance types. Participants also explored the need to prioritize research on areas like

postpartum care and outcomes, community-based and midwifery care models, patient education, and women's health more broadly.

Through facilitated breakouts, participants outlined priority actions they planned to take following the Summit within their own roles and organizations. Actions highlighted include partnerships to collectively implement strategies to improve maternal health, policy advocacy, patient education, network expansion to allow choice in childbirth (e.g., midwifery, doula care, birth center care, etc.), data collection and sharing, benefit design, and payment reform. Participants also discussed strategies for utilizing findings from patient-centered CER to inform evidence-based actions and build leadership buy-in for investment in maternal health initiatives within their own organizations.

A key challenge revealed at the Summit was how most public health efforts to improve maternal health and birth equity are Medicaid focused and often ignore the 160 million Americans who receive care through employer-sponsored insurance, despite evidence that poor outcomes and disparities exist across insurance types. In conclusion, greater engagement from employers and public purchasers is needed to enable a higher-quality, safer, and more equitable health care system. The Summit highlighted the critical need for continued collaboration and greater financial investment across sectors, including policies that can improve both the experiences and outcomes of birthing people in the U.S.

#### **PBGH would like to thank participants of the Maternal Health and Birth Equity Advisory Committee for helping to shape the agenda:**

- Brandie Bishop-Stacker, National Black Doulas Association
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