Agenda

- Health Policy Roundup
- Script Your Future 10-Year Anniversary
- Panel: Maternal Health Disparities
- HAC Member Round Robin
Health Policy Roundup

CBD Education & Advocacy

• NCL opposes legislation that bypasses FDA authorities to allow hemp-derived ingredients in dietary supplements

• PSAs
Health Policy Roundup

Maternal Health

• NCL, joined by 14 maternal and fetal health advocates, launched the Preterm Birth Prevention Alliance

• The Alliance aims to preserve access to the only FDA-approved drug to prevent recurrent preterm birth
Health Policy Roundup

Reproductive Health

• Sally Greenberg's op-ed in The Hill, argues all FDA-approved contraceptives should be fully covered by insurance

• NCL celebrates FDA's decision to temporarily allow Mifepristone to be dispensed by mail for the duration of the pandemic

COVID-19

• NCL, CSC, and ACLA briefing on state of testing, COVID-19 variants, and genetic sequencing

• U.S. Pharmacopeia guest blog by Farah Towfic
Health Policy Roundup

Vaccine Safety & Confidence

• NCL led sign-on letter, urges SBA to rescind nearly $1M in paycheck protection program loans from anti-vaccine groups

• NCL's Health Team has testified on behalf of consumers before the CDC ACIP and FDA VRBPAC vaccine advisory committees.

• Spanish-language vaccine confidence blog by Jeanette Contreras
Pharmacy Benefit Managers (PBMs)

- NCL consumer education campaign addresses unfair disadvantages patients have at the pharmacy counter.
- Call to action for policymakers to ensure that PBMs deliver savings to patients, as intended.
- Consumers — not PBMs — should come first at the pharmacy counter.

Consumers face an unfair disadvantage at the pharmacy counter

By Sally Greenberg, NCL Executive Director

Everwhere we turn these days, we find ourselves wondering if we are getting a fair deal. Americans continue to suffer the economic consequences of a year-long global health pandemic, and many of us are trying to stick to the essentials and stretch our dollars where we can. As COVID-19 has reminded us, there aren't many issues families face that are more significant than

PBMs profit while consumers foot the bill. Policymakers must act

By NCL Director of Health Policy Jeanette Contreras

As consumers, when we go to the pharmacy for our medications, we expect a fair price. However, there's growing evidence that pharmacy benefit managers — or PBMs — have been impeding the savings that should be going to consumers. Consumers deserve to share in the
Partners:
American Pharmacists Association (APhA)
American Association of Colleges of Pharmacy (AACP)
National Association of Chain Drug Stores (NACDS)
National Community Pharmacists Association (NCPA)

10th Anniversary

Since 2011

• 26,000 future healthcare professionals participated
• 237,000 patients directly counseled
• Reached nearly 27 million consumers
• Distributed over 1 million campaign wallet cards
  • English, Spanish, Chinese, Vietnamese, Hmong, and Russian
2021 Team Challenge Winners

National Award:
- University of the Sciences Philadelphia College of Pharmacy
- University of Charleston School of Pharmacy

Rookie Award:  Loma Linda University School of Pharmacy

Health Disparities: Howard University College of Pharmacy

Media Outreach: Wilkes University Nesbitt College of Pharmacy

Creative Interprofessional Team: University of Pittsburgh School of Pharmacy

Technology Innovation: Western University of Health Sciences College of Pharmacy
Maternal Health Disparities in the U.S.

- Dr. Zsakeba Henderson, Deputy Chief Medical & Health Officer, *March of Dimes*
- Jamarah Amani, Co-Founder, *National Black Midwives Alliance*
- Christina Wurster, CEO, *Society for Maternal & Fetal Medicine*
- Alyson Northrup, Associate Director for Government Affairs, *Association of Maternal & Child Health Programs*
- Natasha Bonhomme, Founder, *Expecting Health*
LEADING THE FIGHT FOR MOMS AND BABIES

Zsakeba Henderson MD, FACOG
Senior Vice President, MCH Impact
Deputy Medical & Health Officer
March of Dimes
THE U.S. IS THE MOST DANGEROUS COUNTRY IN THE DEVELOPED WORLD TO GIVE BIRTH

2 women will die from pregnancy-related causes today. And every day.

2 babies die every hour in the U.S. Prematurity is the leading cause of these deaths.

In the U.S. black women have maternal death rates 3x higher than women of other races or ethnicities.

5 million women live in maternity care deserts – counties with no hospitals offering obstetric services.
Maternal mortality* in the U.S. is more than double that of most other high-income countries.

The maternal mortality rate increased to 20.1 in 2019

The U.S. preterm birth rate increased in 2019—for the fifth year in a row.

The preterm birth rate declined to 10.09% in 2020

Maternal mortality* is the death of a woman while pregnant or within 42 days of termination of pregnancy, excluding those from accidental/incidental causes. (https://www.cdc.gov/nchs/maternal-mortality/evaluation.htm)

There's a higher chance of maternal death or preterm birth based on race/ethnicity.

While preterm birth affects women across the country, preterm birth rates remain much higher for Black, American Indian, Alaskan Native and Hispanic women.

Women of color are up to 50% more likely to give birth preterm and their children can face a 130% higher infant death rate.

The rate of preterm birth among Black women (14.4%) was about 50 percent higher than the rate of preterm birth among white (9.3%) or Hispanic (10%) women.

A significant racial disparity in maternal death exists with Black women being 3x more likely to die from pregnancy compared to White women.

Black and American Indian/Alaskan Native women are up to 3x more likely to die from pregnancy-related complications compared to White women.
NOWHERE TO GO: MATERNITY CARE DESERTS ACROSS THE U.S.
IN THE U.S., 7 MILLION WOMEN OF CHILDBEARING AGE LIVE WHERE THERE IS NO OR LIMITED ACCESS TO MATERNITY CARE.
2.2M Women of childbearing age live in maternity care deserts with no hospital offering obstetric care, no birth center and no obstetric provider.

150K Babies are born to women living in maternity care deserts.

7M Women of childbearing age live in counties without access or with limited access to maternity care.

MORE THAN 500K Babies are born to women living in these areas.
WHERE A MOM LIVES COULD DETERMINE IF HER BABY WILL BE BORN PRETERM.

Puerto Rico is not included in the United States total.
Preterm is less than 37 completed weeks of gestation, based on obstetric estimate of gestational age.
Source: Preterm birth rates are from the National Center for Health Statistics, 2019 final natality data.
Grades assigned by March of Dimes Perinatal Data Center.
Preterm is less than 37 weeks gestation based on obstetric estimate.

Source: National Center for Health Statistics, 2019 final natality data.
2020 MARCH OF DIMES REPORT CARD

• For the fifth year in a row the preterm birth rate has increased
• The U.S. preterm birth rate rose to 10.2 percent of births in 2019, earning the nation a “C-” grade.
• 27 states have a worse grade as compared to last year, 2 states improved
• Black women have a preterm birth rate that is 14% and 44% higher than the rate among all other women
OUR APPROACH: FOCUS ON THE SWEET SPOT

Goals

- Reduce preventable maternal mortality and morbidity
- Reduce preventable prematurity and infant mortality
- Reduce maternal and child health inequity
ELIMINATING HEALTH INEQUITY

March of Dimes is able to tackle these issues because we provide:

- Solutions for maternal and infant health challenges on a national level
- Research and dynamic approaches geared toward real impact
- Commitment to community investment and national systemic policy reform

We are committed to leveling the playing field once and for all by:

- Advocating for policies promoting safe and healthy communities
- Engaging partners at the local and national levels
- Seeking answers through social science research
- Improving access to care in every community
- Training health care providers to tackle bias
- Rallying every American around a common goal... health equity for all

MARCH OF DIMES CLOSING THE HEALTH EQUITY GAP
# HEALTH EQUITY STRATEGIC WORK

<table>
<thead>
<tr>
<th>Provide women with access to care and support.</th>
<th>Advocate for policy change at the state and federal level.</th>
<th>Deliver online and live training courses health care providers.</th>
<th>Evolve agenda to integrate clinical basic science, translational and social science research.</th>
<th>Drive systemic change across local communities to end the health equity gap.</th>
</tr>
</thead>
</table>
| • Supportive Pregnancy Care  
• Support Groups  
• Becoming a Mom  
• Postpartum Care | • Medicaid Expansion  
• Medicaid Extension  
• Paid Family Leave | • Implicit Bias Training (Live and Online)  
• Perinatal Nursing Education Courses (Online) | • Maternity Access Vulnerability Index  
• Maternal Health Deserts Report  
• MOD Report Card  
• Further understand Preeclampsia | • Mom & Baby Action Network  
• Local Collective Impact  
• HHS Partnership |

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**Virtualize Mission Program Offering**

- Leverage New Administration
- Address Bias with Training & Educ.
- Reveal New Data, Set New Indexes
- Create Multi-Level Systemic Change

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**ELIMINATE HEALTH EQUITY GAP**
DELIVERING ADVOCACY WINS

✔ Advocated for comprehensive legislation to address nation’s maternal mortality crisis in the House Energy & Commerce Committee

✔ Secured grant funding to convene the Coalition for Optimal and Equitable Maternal Health

✔ Led a coalition of public health, patient and provider organizations to promote the reauthorization of the Newborn Screening Saves Lives Act

✔ Worked to introduce bipartisan House and Senate legislation that would provide critical pension funding relief to March of Dimes
IMPLICIT BIAS TRAINING FOR MATERNITY CARE PROVIDERS

OBJECTIVE
Increase awareness of implicit bias and stimulate action among maternity care providers to address and remedy impact.

IMPACT
Greater awareness and action to address implicit and explicit bias in maternity care settings.

COMPONENTS
✓ Implicit Bias in Maternal Healthcare
✓ Structural Racism in the U.S.
✓ Strategies to Mitigate Implicit Bias
✓ Creating a Culture of Equity
• Transforming the National Prematurity Collaborative, which was launched in 2016 by March of Dimes with CDC support.

• Engaging cross-sector partners to invest in, influence, and leverage collective action to address the root causes of inequities in maternal and infant health.

• Addressing complex, systemic and multi-layered issues with solutions that are carefully orchestrated to ensure high alignment.

• Leading broad measurable changes in policy, research, funding and systems. Together we can achieve what we cannot achieve alone.
Our vision is to reduce preterm birth and maternal mortality by using an equity and social determinants lens to improve maternal health outcomes:

- Data-Based
- Results and Action Driven
- Mobilizing populations
HHS-MARCH OF DIMES
PUBLIC-PRIVATE PARTNERSHIP

Formed in November 2020 to improve Black maternal health outcomes and advance racial equity.

Our vision: Every black birthing person will have a safe and respectful birth experience with access to high-quality care before, during and after pregnancy.
PROTECTING MOMS AND BABIES FROM COVID-19

RESOURCES & SUPPORT

EMPOWERING volunteers and their communities involved including making masks and providing meals for our healthcare workers.

PIVOTING our market level activities to support families during COVID-19 including providing blood pressure cuffs for pregnant women, diapers and breastfeeding supplies.

RESEARCH

ENGAGING with researchers to support the inclusion of pregnant and lactating women in trials of medical interventions.

ASSESSING the surveillance activities being conducted in the United States and abroad.

COLLABORATING with academic institutions, the Centers for Disease Control and Prevention, to promote equitable care for all moms and babies.

ADVOCACY

ELEVATING the greatest issues facing moms and babies during COVID-19 to national leaders.

LEADING broad coalitions to promote surveillance activities for pregnant moms and babies.

CONVENING meetings of legislators, their staff, and partners to discuss how to protect moms and babies.

CONSUMER EDUCATION

VIRTUALIZING the reach of our NICU Family Support and Supportive Pregnancy Care programs.

ENHANCING our website to include the latest information on COVID-19.

HOSTING live webinars on some of the most important COVID-19 related topics for moms and their families.
2020 IMPACT

4 MILLION BABIES
Born each year received lifesaving newborn screening.

19 MILLION WOMEN
Were reached through our programs, education and resources.

150+ STATE LEGISLATIVE BILLS
Were passed to advocate for the health of moms and babies.

2,000 MOMS-TO-BE
Were served through mobile health units to give health care access to uninsured families.
Thank you

Twitter: @zsakeba @marchofdimes
Website: Marchofdimes.org
Email: zhenderson@marchofdimes.org
Facebook: Facebook.com/marchofdimes

Thank you
Jamarah Amani

Co-founder, National Black Midwives Alliance
SMFM Advocacy & Policy Initiatives

Christina J. Wurster, MBA, CAE
Chief Executive Officer
About Us

Mission:
SMFM supports the clinical practice of maternal-fetal medicine by providing education, promoting research, and engaging in advocacy to optimize health of high-risk pregnant women and their babies.

Advocacy:
The interests of maternal-fetal medicine professionals and their patients are protected and strengthened.
Key Initiatives for Discussion

1. COVID response and overcoming vaccine hesitancy.
2. Maternal Mortality Scorecard – advocacy at the National and State levels.
COVID-19 Response

www.smfm.org/covid19

SMFM has developed resources to support both HCPs, Patients and Families.
• Publications and Clinical Suggestions
• Online Learning Opportunities for Clinicians
• Coding Guidance for Healthcare Providers
• Advocacy Efforts for MFM s & Their Patients
• Information for Women & Families
• Partner Resources
• Registries and Research
STRATEGIES TO PROVIDE EQUITABLE CARE DURING COVID-19

Health Equity, Defined
Equality
Equity
Justice
Why Racism is Important in COVID-19
Racism
Social Determinants of Health
Co-Morbid Conditions
COVID-19 Incidence & Outcomes

IMPACTS
Emerging Inequities in COVID-19
- Increased rate of hospitalization and death in Black, Hispanic and Native American communities
- Higher rate of infection in prison, group homes and residential institutional facilities
- Potential increase in xenophobia and bias towards Asian Americans

COVID-Specific Threats to Health Equity
- Pandemic and working circumstances related to sick leave, childcare, housing and poverty

Strategies
- Confront Bias with Proven Upstander Techniques
  - Direct: Act as bystander to challenge biased behavior
  - Distract: Distract the individual by mentioning something unrelated
  - Delegate: Ask another person to help you address the biased behavior
  - Delay: Wait until circumstances can escalate first then address biased behavior

Produce Equitable Care
- Recognize racism as at the root of inequities
- Ask about:
  - Ability to safely social distance
  - Availability of cleaning supplies
  - Access to internet/tech for virtual visits
  - Screen more frequently for IPV and safety
- Identify key community resources:
  - Food banks or pantries
  - Housing assistance
  - Infection mitigation supplies (e.g., masks, sanitizers)
  - Intimate partner violence services
- Provide information in the language that your patient speaks, reads, or understands
- Increase capacity for care for vulnerable populations (i.e., increase provider, nursing, social service resources)

Increase Access to Community-Based Testing
- Design and Conduct Studies with Community Input and Participation from Inception
- Advocate!
  - Ask policymakers to ensure:
    - That health care workers have resources they need to stay safe
    - That pregnant patients are included in COVID-19 research

Remain Vigilant in Collecting Clinical, Quality & Safety Metrics
- Data should be collected by age, race, ethnicity, gender, gender identity, payer, employment status, and preferred language
- Collect COVID-specific outcomes such as testing access and hospitalization rates

For more information, visit SMFM.org/COVID19
Guidance on COVID-19 Vaccines

SMFM has continued to stress that COVID-19 vaccines authorized by the FDA should NOT be withheld from pregnant individuals who choose to receive the vaccine.

- Overcoming misconceptions
- Evidence is building
- Support shared decision-making
- V-safe pregnancy registry = real-world evidence
Patient Education

www.highriskpregnancyinfo.org/

The Society for Maternal-Fetal Medicine

We specialize in the un-routine.

When your pregnancy is anything but routine, the Society for Maternal-Fetal Medicine is here to help you and your baby get the best care possible. We’re the maternal-fetal medicine experts ("MFMs") that you and your obstetric care provider can go to for prenatal testing, state-of-the-art imaging, and cutting-edge treatment for a wide variety of pregnancy problems and conditions.
SMFM has identified five important ways that states are addressing the rising rates of maternal mortality:

• establishment of *maternal mortality review committees*;

• establishment of *perinatal quality collaboratives*;

• *expansion of Medicaid*;

• reporting of *data stratified by race and ethnicity*; and

• participation in the *Alliance for Innovation on Maternal Health* (AIM) program.
The map showcases states that have implemented these system-level changes.
If you have any questions, please contact:

Christina Wurster  
Chief Executive Officer  
Society for Maternal-Fetal Medicine  
O: (202) 517-6585 M: (856) 577-8899  
Email: cwurster@smfm.org  
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Postpartum Medicaid Extension – A Foundational Tool to Improve Maternal Health Outcomes

Alyson K. Northrup, MS
Associate Director, Public Policy & Government Affairs
Association of Maternal & Child Health Programs
anorthrup@amchp.org

June 11, 2021
All the “Mom” Bills

American Rescue Plan Act
BABIES Act
Black Maternal Health Momnibus Act
Connected MOM Act
Data Mapping to Save Moms’ Lives Act
Data to Save Moms Act
Justice for Incarcerated Moms Act
Healthy MOM Act
Helping MOMS Act
IMPACT to Save Moms Act
Kira Johnson Act
Maternal CARE Act
Maternal Health Pandemic Response Act
Maternal Health Quality Improvement Act
Maternal Immunization Enhancement Act
Maternal Vaccination Act

Midwives for MOMS Act
MOMMA’s Act
MOMMIES Act
MOMS Act
Moms Matter Act
Oral Health for Moms Act
Perinatal Workforce Act
Protecting Moms and Babies Against Climate Change Act
Protecting Moms Who Served Act
Rural MOMS Act
Social Determinants for Moms Act
Supporting Best Practices for Healthy Moms Act
Stephanie Tubbs Jones Uterine Fibroid Research and Education Act
Tech to Save Moms Act
<table>
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<tr>
<th>Key Topics in Federal Maternal Health Bills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving data collection</td>
</tr>
<tr>
<td><strong>Improving health care coverage</strong></td>
</tr>
<tr>
<td>Improving access to care</td>
</tr>
<tr>
<td>Improving maternity care</td>
</tr>
<tr>
<td>Growing and diversifying the perinatal workforce</td>
</tr>
<tr>
<td>Addressing the social determinants of maternal health</td>
</tr>
</tbody>
</table>
Why Extending Postpartum Medicaid Coverage Matters

Medicaid covered 43 percent of births in the U.S. in 2018.

Source: MACPAC, 2020
Medicaid covered an even larger share of births among non-Hispanic Black pregnant individuals (66%) and Indigenous pregnant individuals (67%) in 2018.

Source: MACPAC, 2020
Non-Hispanic Black and Indigenous individuals experience significantly higher rates of pregnancy-related mortality compared to white individuals.

Source: CDC Pregnancy Mortality Surveillance System
Why Extending Postpartum Medicaid Coverage Matters

Individuals eligible for Medicaid due to pregnancy lose Medicaid coverage 60 days from the end of pregnancy.
Why Extending Postpartum Medicaid Coverage Matters

More than 1 in 10 individuals experience uninsurance between delivery and 3-6 months postpartum.

In Medicaid non-expansion states, 1 in 4 individuals experience uninsurance in that timeframe.

Source: Daw, J. et. al., 2019
Why Extending Postpartum Medicaid Coverage Matters

The 60-day statutory end to pregnancy-related Medicaid coverage is not tied to a modern medical understanding of postpartum care needs or even other federal definitions of the postpartum period.

Source: Equitable Maternal Health Coalition, 2020
Disruption in insurance coverage poses challenges for care coordination and can lead to delayed or forgone care, out-of-pocket costs, and missed prevention opportunities.

Source: Taylor, J., 2020
Nearly 12 percent of pregnancy-related deaths from 2011-2015 occurred between 43-365 days postpartum.

Source: CDC *Vital Signs*, 2019
Several state analyses of pregnancy-related deaths found that 50 percent of more of deaths occur beyond 60 days postpartum.

Source: Equitable Maternal Health Coalition, 2020
Why Extending Postpartum Medicaid Coverage Matters

Cardiomyopathy is the leading cause of pregnancy-related death in the later postpartum period and a leading cause of death among Black women.

Source: CDC Vital Signs, 2019
Why Extending Postpartum Medicaid Coverage Matters

The majority of pregnancy-related deaths are preventable.

Source: CDC Vital Signs, 2019
Why Extending Postpartum Medicaid Coverage Matters

State maternal mortality review committees identify Medicaid extension to 12 months postpartum as a strategy to prevent future pregnancy-related deaths.

Source: CDC Vital Signs, 2019
# Federal Proposals to Extend Postpartum Medicaid Coverage

<table>
<thead>
<tr>
<th></th>
<th>American Rescue Plan Act</th>
<th>Helping MOMS Act</th>
<th>Healthy MOM Act</th>
<th>MOMMA’s Act</th>
<th>MOMMIES Act</th>
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</thead>
<tbody>
<tr>
<td><strong>Status</strong></td>
<td>Enacted March 2021</td>
<td>Introduced</td>
<td>Introduced</td>
<td>Introduced</td>
<td>Introduced</td>
</tr>
<tr>
<td><strong>Coverage extension</strong></td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td><strong>Approach to states</strong></td>
<td>State option</td>
<td>State option</td>
<td>Mandatory</td>
<td>Mandatory</td>
<td>Mandatory</td>
</tr>
<tr>
<td><strong>Policy timeframe</strong></td>
<td>5 years</td>
<td>Permanent</td>
<td>Permanent</td>
<td>Permanent</td>
<td>Permanent</td>
</tr>
<tr>
<td><strong>Federal matching rate</strong></td>
<td>Standard</td>
<td>5% increase for 1 year</td>
<td>Standard</td>
<td>100% for 5 years; 90% thereafter</td>
<td>100% indefinitely</td>
</tr>
<tr>
<td><strong>Bipartisan?</strong></td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
## Current Pathways to Extend Postpartum Medicaid Coverage

<table>
<thead>
<tr>
<th>Feature</th>
<th>State Plan Amendment</th>
<th>Section 115 Waiver</th>
<th>State-only funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage extension</td>
<td>12 months</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>Covered benefits</td>
<td>Comprehensive</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>Policy timeframe</td>
<td>5 years</td>
<td>Typically 5 years</td>
<td>Up to the state</td>
</tr>
<tr>
<td>Federal match</td>
<td>Standard rate</td>
<td>Standard rate</td>
<td>None</td>
</tr>
<tr>
<td>Effective Date</td>
<td>April 1, 2022</td>
<td>1st waivers approved April 2021</td>
<td>Up to the state</td>
</tr>
</tbody>
</table>
State Activity to Extend Postpartum Medicaid Coverage

Source: ACOG, 2021
Thank You!
anorthrup@amchp.org

@AlysonKNorthrup
@AMCHP_Advocacy
From Supporting Role to Leading Role: Sharing Mom Stories

Natasha Bonhomme | Founder of Expecting Health
At Expecting Health we have a strong passion for bridging scientific information with the everyday realities of parenting experiences and family lives.
What We Do

Provide actionable, relatable science: bridge science-based information with health literacy to create relevant, accessible, and actionable messaging.

Advocacy: work with legislators, org leaders, and other decision makers to ensure that policy, funds, and guidance matches the needs of community & trusted partners.

Coalition building and convening: lead collaboration between scientists, health providers, and the people affected by their decisions through trainings and technical assistance.

Create trainings, connection, and technical assistance: increase capacity and build skills across multi-stakeholder partners.
Climate Change Tied to Pregnancy Risks, Affecting Black Mothers Most

The Impact of Disparities on Children’s Health

Differences in access to medical care and treatment contribute to disproportionately hurt minority children.

Mortality rate for Black babies is cut dramatically when Black doctors care for them after birth, researchers say.

How Police Killings Might Be Affecting Preterm Birth
Making Moms
The Main Character

I survived childbirth during three pandemics – COVID, racism, Black maternal health crisis

“Yet even with these privileges and knowledge, I wasn’t prepared to face the possibility of my own premature death, because birthing during the three pandemics of COVID-19, anti-Black violence, and the Black maternal health crisis meant that I had to reckon with my own mortality at the very moment I celebrated new life”

-Jallicia A. Jolly

From perspectives

- Focus groups
- Feedback loops
- Surveys

To partners

- Advisory Committees
- Interviews
- Consulting Groups

Community-based participatory research
An Alliance of Support
Stay Connected.

Natasha Bonhomme
Founder
nbonhomme@expectinghealth.org

www.ExpectingHealth.org
@ExpectingHealth
@ExpectHealthOrg
@ExpectingHealth
Q&A

• Dr. Zsakeba Henderson, Deputy Chief Medical & Health Officer, March of Dimes

• Jamarah Amani, Co-Founder, National Black Midwives Alliance

• Christina Wurster, CEO, Society for Maternal & Fetal Medicine

• Alyson Northrup, Associate Director for Government Affairs, Association of Maternal & Child Health Programs

• Natasha Bonhomme, Founder, Expecting Health
Health Advisory Council

Member Round Robin

Please Raise Your Hand