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# THE PRACTICAL PLAYBOOK III

## Working Together to Improve Maternal Health

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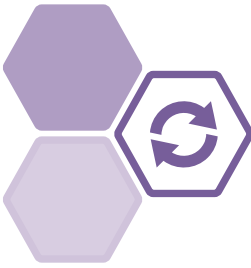
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# Extending the Reach of Maternal Health Practice into New Zones of Transformation with the Framework for Aligning Sectors

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## INTRODUCTION

The United States is unique among wealthy nations of the world for its rising maternal mortality rates. Despite the nation's having one of the most expensive healthcare systems in the world, there has been a steady upward trend in US maternal mortality for the past three decades.<sup>1,2</sup> These numbers represent a tragic loss of human life. They also represent untold suffering for families and for women who did not lose their lives but experienced largely preventable pain and illness. The burden of this tragedy falls more heavily on certain groups of women, with the mortality rate for non-Hispanic Black women greater than twice the overall rate.<sup>3</sup>

Many aspects of this situation call for improvement within the traditional parameters of healthcare and public health services. This is underscored by the Maternal and Child Health Bureau's ten essential services, which emphasize access to healthcare and public health services (see Figure 8.1). However, many problems have roots beyond these bounds. Factors like access to nutrition and healthy living environments are hard to address with traditional healthcare and public health service offerings, yet they are increasingly recognized as important contributors to maternal health outcomes and maternal health equity.

Accordingly, practitioners and researchers increasingly take a more holistic view of the factors that drive maternal health outcomes. Shortfalls in basic needs, like safe living environments, are now recognized as important factors in

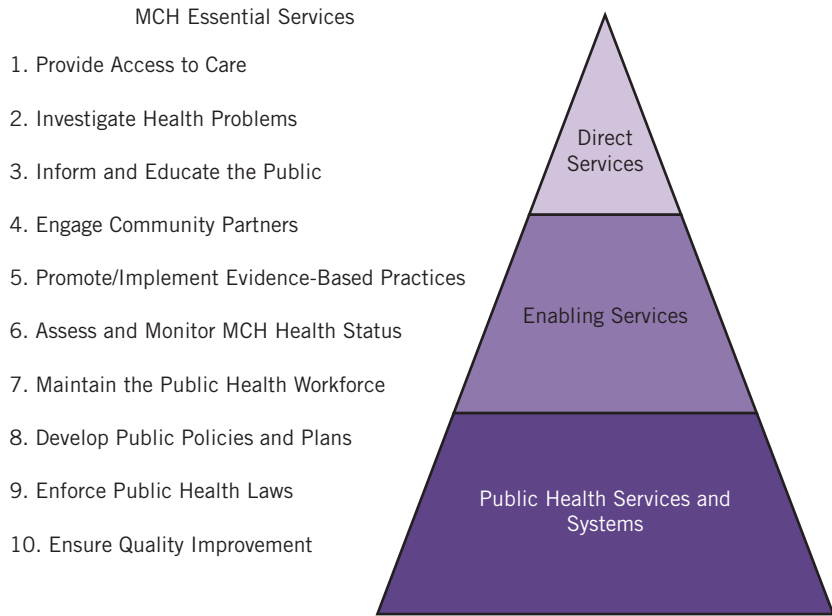


### Figure 8.1 ▼

#### Public health services for maternal and child health (MCH) populations.

Source: US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health. *Guidance and Forms for the Title V Application/Annual Report: Appendix of Supporting Documents*. (n.d.).

#### Public Health Services for MCH Populations: The Title V MCH Services Block Grant



maternal health outcomes. Economic status, despair, and respect for diversity and cultural sensitivity are likewise now viewed as important maternal health concerns. At a broader level, our institutions and the social structures that flow through them—including racism, class inequality, and the marginalization of women, among others—are now understood as affecting inequalities in health.<sup>4</sup> To help practitioners rise to the challenges presented by this wider range of issues, this chapter concretely outlines ways to expand maternal health practice into a broader set of maternal health zones of transformation.

### Aligning Across Sectors

The Georgia Health Policy Center, with the support of the Robert Wood Johnson Foundation, recently developed the Framework for Aligning Sectors (see Figure 8.2) to help change makers tackle an expanded range of challenges to community well-being, including maternal health. The framework encourages users to think beyond the traditional bounds of healthcare and public health services and is therefore helpful for thinking about new zones of maternal

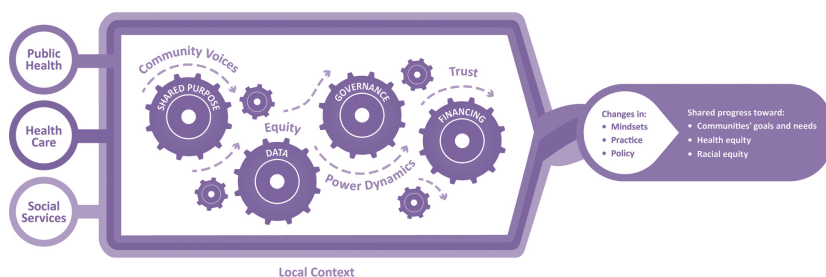


## Figure 8.2 ▼

### The Framework for Aligning Sectors.

Source: The Georgia Health Policy Center and the Robert Wood Johnson Foundation, Aligning Systems for Health Landers G, Minyard K, Heishman H. *How aligning sectors builds resilient, equitable communities.* *J Public Health Manage Pract.* 2022 Jul-Aug;28(4 Suppl 4):S118–S121.

#### A FRAMEWORK FOR ALIGNING SECTORS



health transformation. For example, it identifies the importance of making connections with social services. It also highlights the importance of looking within organizations, not just in traditional areas like governance and finance but also in areas like equity, trust, and power dynamics. The framework also emphasizes working directly with members of the community being served, for example, in developing effective processes and defining objectives. Finally, the framework encourages users to think about how changes in mindsets, practices, and policies affect health and equity outcomes.

The main point for maternal health practitioners is that, while healthcare and public health services are important in themselves, there is a much wider world of leverage points for making a positive impact. This chapter discusses new ways of thinking about extending the reach of maternal health practice by:

- Presenting the maternal health zones of transformation model
- Providing examples of opportunities for anyone wishing to extend maternal health practice into new zones of transformation
- Highlighting four case examples of maternal health practice that extend across zones of transformation

## EXTENDING THE REACH OF MATERNAL HEALTH PRACTITIONERS

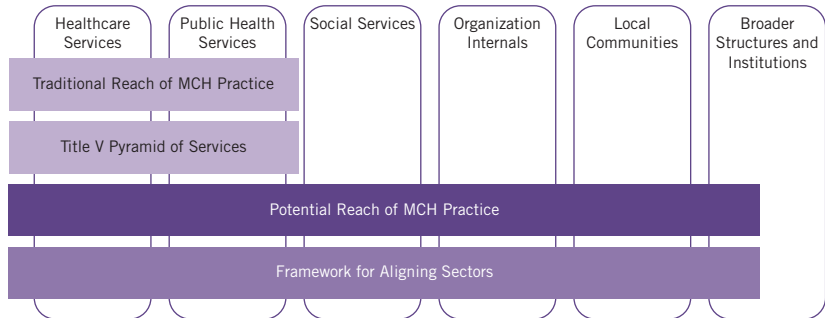
Healthcare and public health practitioners are working harder than ever in an era heavily affected by concerns related to COVID-19, and the prospect of extending the practice of maternal health work may seem daunting. Yet the challenges of COVID-19, especially those related to health and health inequities, highlight the need to incorporate new ways of working with each other and



**Figure 8.3** ▼

**Maternal health zones of transformation.**

Source: The Georgia Health Policy Center.



forming partnerships. Emerging research demonstrates that areas with greater service integration and with denser networks among organizational partners have better health outcomes.<sup>5</sup> Practitioners in such spaces also felt better prepared during the emergence of the pandemic.<sup>6</sup>

A first step in extending the reach of maternal health work is to develop a picture of the directions in which maternal health practice can be expanded. Figure 8.3 identifies several maternal health zones of transformation beyond the traditional bounds of healthcare and public health services: social services, organization internals, local communities, and broader structures and institutions. Note that Figure 8.3 can be read from left to right, but the zones of transformation can be addressed in any order and multiple zones of transformation can be addressed simultaneously.

### Social Services

Social services that address needs like housing, nutrition, and economic status have long been understood as being related to maternal health, but where they once were considered distantly related, they are increasingly viewed as being central to improving maternal health. The range of social factors recognized as important has grown to include factors like transportation and physical access to care, the need for quality information on which to base decisions, the need for living wages and time off work to manage maternal health challenges, the need for more productive interactions with the medical and legal systems, and the need for respect and dignity—in short, whole-person care.

### Organization Internals

Another place to look for new opportunities to improve maternal health is within organizations. Organization internals are systems, processes, and people that comprise organizations and form the groundwork from which



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organizational action emerges. While the services that organizations provide are important, how organizations provide services also matters, and organization internals are the “how” of their services. Consider an example of an organization internal involving people. Creating a leadership structure and staff that reflect the identities of the population being served is now recognized as an important factor in building trusting relationships between organizations and the communities they serve. Addressing organization internals by acknowledging, addressing, and mitigating the effects of personal biases or conflicting organizational priorities positions organizations to act with greater unity. Dedicating staff to coordination and whole-person care expends resources but may pay dividends when connections with new partners are made. Looking inward at organization internals may create uncomfortable moments or even challenge established power structures. Yet the potential payoff from acknowledging organization internals as an important potential zone of transformation may be significant, resulting in greater self-awareness, responsiveness to community needs, and improved clarity on how organizations present themselves to their own staff, organizational partners, and the people they serve.

## Local Communities

Like social services and organization internals, increased connections with the community being served had once been a marginal concern, but these connections are increasingly recognized as a central issue. Traditional concerns around rapport and trust are still important,<sup>7</sup> but additional issues have risen to prominence. For example, many organizations are expanding their efforts to incorporate—and professionally compensate—members of the community on boards and decision-making committees. Staff might also be hired directly from the community being served. Support can be given to community groups that are self-organizing, forming research teams, or taking leadership roles in maternal health initiatives and programs themselves. Processes that promote accountability to the community being served can be written into mission statements, bylaws, contracts, and work procedures. Data can be shared and reported. Data processes in general might be designed and executed in collaboration with the very members of the community whose data is being collected and reported.

## Broader Structures and Institutions

Across each zone of transformation, there is the underlying theme that today’s social structures are creating significant health risks, that those risks are distributed in systematically unequal ways, and that the institutions forming the backdrop of maternal health work have, in recent decades, faced significant challenges in making continued progress on maternal health outcomes in the face of these risks. Maternal health outcomes in the United States are getting



worse in many cases, and they are getting worse for some women more than others, as demonstrated by higher rates of maternal mortality among Black women.<sup>3</sup> In some cases, systems and institutions need more support. In other cases, they need to change. There are many systems and institutions that affect maternal health. Examples include healthcare systems, economic systems, educational systems, political systems, and social support systems, to name a few. Common challenges in these systems are that they often focus on treating severe issues when prevention might have been more effective, that they can be quite expensive, that they present more barriers to those with fewer resources, and that they create opportunities for widespread biases to negatively affect the people in the systems with the greatest need. Solutions include implementing proactive initiatives that prevent maternal health challenges from arising, working toward sustainable and effective financing, making access to maternal health services simpler and more comprehensive, and adjusting public and private policies using an explicit focus on reducing maternal health inequalities and improving maternal health outcomes.

## **EXTENDING MATERNAL HEALTH PRACTICE BEFORE, DURING, AND AFTER PREGNANCY**

Like healthcare and public health services, the four added zones of transformation offer many opportunities for those looking to refocus their activities. Options for restructuring their maternal health practice extend to everyone from individual frontline workers to large organizations. New resources are likely to help when setting up new activities and developing new partnerships, but simple changes in practices and policy may themselves prove helpful in the larger effort to improve maternal health outcomes.

Table 8.1 presents concrete examples of opportunities for extending the reach of maternal health practice into the four added zones of transformation. To underscore the importance of holistic perspectives, the table includes opportunities that relate to all three phases of the maternal health cycle: before pregnancy, during pregnancy, and after pregnancy. It also gives examples of opportunities that extend across all three phases.

## **CASE EXAMPLES OF ALIGNING MATERNAL HEALTH PRACTICE ACROSS THE ZONES OF TRANSFORMATION**

This section describes case examples in which maternal health practitioners extended their maternal health practice into one of the zones of transformation. Additional elements from the Framework for Aligning Sectors are highlighted when they appear in the case examples.



**Table 8.1 Opportunities for Extending Maternal Health Practice across the Zones of Transformation**

<p style="text-align: center;">Before Pregnancy</p>	<ul style="list-style-type: none"> <li>• Social Services—Promote a healthy environment for women (for example, by helping women obtain safe living situations, economic security, and quality maternal health information).</li> <li>• Organization Internals—Create institutional bonds with organizations that promote women’s health and well-being before pregnancy.</li> <li>• Local Communities—Work with community groups to promote high-quality, culturally sensitive family planning and maternal health information.</li> <li>• Broader Structures and Institutions—Promote policy that prevents maternal health challenges by addressing the social determinants of health before maternal health is negatively affected (for example, by helping women to stay out of economic difficulty or to manage substance use disorders).</li> </ul>
<p style="text-align: center;">During Pregnancy</p>	<ul style="list-style-type: none"> <li>• Social Services—Coordinate one-stop-shop services and wrap-around services with organizations across sectors to minimize stressors during pregnancy.</li> <li>• Organization Internals—Work with community members to bring in facilitators for helping care providers address the unique concerns of women who identify with marginalized racial and ethnic groups.</li> <li>• Local Communities—Offer prenatal services in settings that are familiar and accessible to community members.</li> <li>• Local Communities—Work with local community groups to establish culturally sensitive maternal health and delivery practices.</li> <li>• Broader Structures and Institutions—Balance the medicalization of childbirth with sensitivity to culture and individuality.</li> </ul>
<p style="text-align: center;">After Pregnancy</p>	<ul style="list-style-type: none"> <li>• Social Services—Integrate two-generation care for mothers and families alongside efforts to promote healthy child development.</li> <li>• Organization Internals—Create institutional bonds with organizations that support women’s health and well-being after pregnancy.</li> <li>• Local Communities—Include local women, mothers who have experienced your systems, and representatives from community groups as decision makers for new projects.</li> <li>• Broader Structures and Institutions—Encourage policy that reduces stress for women in the postpartum period (for example, by promoting economic security and psychological well-being).</li> <li>• Broader Structures and Institutions—Help women with smooth transitions between services designed for the perinatal period and services designed to be helpful over a longer period.</li> </ul>
<p style="text-align: center;">Across Phases</p>	<ul style="list-style-type: none"> <li>• Social Services—Configure and coordinate services across organizations to minimize the burden women face in encountering multiple healthcare, public health, and social service systems.</li> <li>• Organization Internals—Reconfigure boards, committees, and staff to reflect the community of mothers being served.</li> <li>• Local Communities—Work with community groups to define maternal health priorities and monitor progress toward maternal health goals.</li> <li>• Broader Structures and Institutions—Reach out to women in the community instead of waiting for them to come to you.</li> <li>• Broader Structures and Institutions—Promote policy that holds institutions accountable to the women in the community being served.</li> <li>• Broader Structures and Institutions—Promote and coordinate access to quality information, preventive measures, and acute care services, especially in rural contexts.</li> </ul>



## Social Services

Practitioners and policymakers increasingly recognize the importance of the social determinants of health for improving maternal health outcomes. In response, maternal health practitioners are expanding their connections with social service providers and others working to address the social determinants of health. By collaborating, maternal health practitioners can prevent maternal health issues from arising in the first place and help women and mothers more holistically. The connections made through partnerships with social service providers also create opportunities to do things like identify new areas for change, share information, and simplify coordinated service delivery.

Networks and collaboratives involving social service providers are well positioned to address long-standing challenges in whole-person care and coordination that have plagued practitioners as well as the people they serve. These challenges exist at the population level, where jurisdictional differences and disconnected information systems can prevent efficient cooperation among service organizations. They also exist at the individual level, where women and mothers in need often spend prohibitive amounts of time navigating complex red tape to find help, if that help is available at all.

Efforts to address such challenges likewise exist at the population and individual level. At the population level, red tape can be identified and removed, information can be shared, and achievements can be measured. At the individual level, collaboratives can institute no-wrong-door programs that simplify access to care, offer comprehensive care coordination services that address the whole person, and offer outreach and wraparound services that increase prevention and reduce the burdens women and mothers may face when seeking help.

Illinois Family Case Management is an example of a collaborative program that operates at both the population and individual levels to improve maternal health outcomes. Family Case Management is a statewide program that provides multiservice coordination for low-income pregnant women, mothers, and infants. Its services address healthcare, social needs, educational needs, and developmental needs.<sup>8</sup>

At the population level, Family Case Management brings together Medicaid programming and funding, the Illinois Department of Human Services, and many other organizations, including social service organizations in the fields of education, childcare, housing, transportation, and nutrition.<sup>9</sup> Through the Family Case Management network, cross-sector relationships are strengthened and information is shared among agencies.

At the individual level, Family Case Management is achieved through case managers with backgrounds as social workers or registered nurses. Case managers work in local health departments and in other locations.<sup>10</sup> Practitioner activities in these locations include outreach and early identification of potential



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participants to aid with prevention. Other Family Case Management services include prenatal care, individually facilitated connections with healthcare providers, and individually facilitated connections with a wide range of social service providers.<sup>9</sup>

Illinois Family Case Management began in the 1980s with geographically limited prenatal care programs. It grew to include statewide reach and a wide range of service offerings in the mid-1990s. Studies of the program suggest that participation reduces the rate of low-birth-weight babies.<sup>10,11</sup> Since 1990, the infant mortality rate in Illinois has decreased by 23%, and nearly 90,000 women, infants, and children are seen annually through this program.<sup>8</sup>

## Organization Internals

While many maternal health organizations are building external partnerships, others are creating change by looking inward. Examples of these internally focused initiatives include incentivizing patient-centered care, hosting trainings that focus on the unique needs of women of color, increasing provider diversity, improving data infrastructure, and integrating policies and practices to eliminate implicit bias and discrimination.<sup>12,13</sup>

Several of these internally focused initiatives are a response to the growing body of literature indicating that implicit bias and racism experienced by women of color in clinical practices and healthcare systems adversely impact maternal health outcomes.<sup>14</sup> Black, Latina, and Asian women are more likely than white non-Hispanic women to experience multiple illnesses during pregnancy,<sup>15</sup> to report unfair treatment in healthcare settings based on their race or ethnicity,<sup>16</sup> and to die during the perinatal period.<sup>17</sup> There is a wide and increasing maternal mortality gap between non-Hispanic Blacks and all other birthing persons in the United States. Delayed response to clinical warning signs and a lack of culturally competent and respectful quality care are among the factors commonly cited as contributors to racial and ethnic disparities in maternal death rates.<sup>16</sup> Despite these race-related outcomes, there is a shortage of resources and practices dedicated to assisting clinical practices and providers in recognizing and reducing biased practices and beliefs, and there is an ongoing need to change policies that perpetuate racism in the healthcare system, including those that tend to limit access to quality care for women in racial and ethnic minority groups.

Here, we highlight a training course designed to reduce bias and advance equity in maternity care. Supported by the California Health Care Foundation (see Chapter 47 for more information), the Dignity in Pregnancy and Childbirth Project is a course developed in accordance with training requirements outlined in a new California law, the California Dignity in Pregnancy and Childbirth Act (Senate Bill 464). This trailblazing law requires several types of organizations, including hospitals providing perinatal care, alternative birthing centers, and certain primary care clinics, to offer an evidence-based implicit bias program



for all of their perinatal care providers, with a refresher course required every two years.<sup>18</sup>

The project trains staff in participating clinics and hospitals on ten specific topics through an online course. Topics include identifying unconscious biases and misinformation, power dynamics, the impact of historical oppression on minority communities, and local perspectives on provider–community relations.<sup>19</sup> Perinatal providers take a one-hour introductory course divided into short segments designed to accommodate clinicians with demanding schedules and to allow for greater uptake.

The training offers pragmatic approaches for immediate implementation in the delivery room and in the healthcare system more broadly. It includes three case examples of Black women whose stories illuminate experiences during childbirth, preventable deaths, and the various forms of racism that affect patients. Providers also learn about a positive story of a birth outcome that is rooted in reproductive justice and patient-centered care. Hospitals that use this online resource are also offered a toolkit of other resources and activities that serve to deepen understanding and support development of comprehensive strategies to improve healthcare environments.

Although the Dignity in Pregnancy and Childbirth Project covers all areas required by the California law, its creators caution that it alone will not result in the organizational change needed to eliminate implicit bias and racism in maternal care. Rather, the course is intended to be the start of a longer-term journey that clinical entities and maternal health practitioners must take to address systemic root causes and interpersonal biases.

## Local Communities

Maternal health outcomes overall, and Black–white and rural–urban pregnancy-related outcome inequities specifically, are well documented, and they are linked to a variety of community-level factors. These factors include access to the social determinants of health (nutritious foods and safe and stable affordable homes, for example), a higher prevalence of preexisting health conditions (chronic disease, for example), less access to care generally, and specifically less access to respectful and high-quality care.<sup>20</sup> Because people in the communities most affected by these inequities have invaluable expertise in the form of lived experience with these and other factors that shape maternal health, researchers and practitioners increasingly recommend more community-driven approaches to maternal health and health equity.<sup>21</sup> Organizations and communities alike are expected to benefit when working together to implement community-based approaches to promoting equity and improving community-level factors that influence pregnancy-related outcomes.<sup>22</sup>

A variety of community-based approaches have been shown to improve pregnancy-related outcomes, promote positive patient experiences, and potentially reduce healthcare costs. These approaches are often designed to



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benefit people most at risk for poor outcomes, including people of color, people with low incomes, and people who live in rural areas.<sup>23</sup> Research indicates that these approaches can promote healthier and more equitable birth outcomes.<sup>24</sup>

One such community-based approach highlighted here is community-based maternal healthcare. This approach is designed specifically to address barriers to healthcare faced by those most at risk for poor outcomes by offering a variety of reproductive healthcare and childbirth services through midwives, doulas, and community birth workers, in addition to wraparound services and interventions to address the social factors that influence birth outcomes. “Tackling Maternal Health Disparities: A Look at Four Local Organizations with Innovative Approaches,” a 2019 article from the National Partnership for should be Woman & Families, describes four examples where community-based maternal healthcare was implemented—in New Mexico, Texas, Florida, and Washington, DC.<sup>24</sup> This section presents an overview of the common elements of the four examples, with a focus on the community being served.

Community-based maternal healthcare in the four examples emphasizes reproductive social justice through culturally relevant and respectful care and services that emphasize autonomy and individual decision-making. The approach involves partnering with, and investing in, communities using an assets-based lens that emphasizes a community’s existing assets and strengths. For example, all four organizations discussed in the article involved investing in workforce development by recruiting and training staff from the communities served; training staff to become midwives, perinatal birth workers, birth companions, or other care providers; and paying staff a living wage. Beyond short-term reproductive services, the highlighted organizations are building positive community change through community-informed strategies, capacity building, workforce and career development, well-paying jobs, and development of a more diverse pool of care providers who better reflect the characteristics of the communities they serve.

Promising community-based work focused on promoting equitable pregnancy-related outcomes is already underway in many communities. Organizations and others with similar goals may wish to identify such work in their communities and to reach out to explore partnership opportunities. Similarly, communities already engaged in such work may wish to consider and to seek out organizations and agencies to explore and expand partnerships. Such broader partnerships supporting community-driven approaches could lead to better-resourced and better-informed strategies that cross the zones of transformation, potentially expanding the number of communities served or types of services offered.

## Broader Structures and Institutions

There are many ways that maternal health practitioners can expand the scope of their work to include systems transformation, and the Framework for Aligning



**Table 8.2 Funding and Finance Strategies**

Funding			Financing		
Traditional Development Assistance	Conditional	Catalytic	Loans and Investments		
Categorical grants	Pay-for-performance; value-based payments; debt swaps	Seed funding; innovation awards	Impact investing	Socially responsible investing	Commercial investing

Adapted from USAID Center for Impact and Innovation, *Investing for Impact*. <https://www.usaid.gov/cii/investing-impact>.

Sectors identifies many areas where transformation can occur, for example through new forms of data-sharing or changes in governance structures. This section describes a form of systems transformation that itself underlies these types of systems transformation and many others: funding and finance reform.

For purposes of this discussion, *funding* is defined as money granted or awarded to an organization or agency, usually by a government sector or philanthropic organization, for a specific purpose, without any expectation of fiscal return. *Financing* is the process by which an organization receives capital or money to address a specific issue or to develop a product or set of products. It is usually provided by financial institutions, such as banks or other lending agencies that expect a return on the investment. Funding and finance reform happens when organizations adopt new strategies, such as those listed in Table 8.2.

This section describes structural transformation in maternal health practice through funding and finance changes in the form of pooled funds. Pooled funds are usually blended or braided. Blending involves mixing into a single pot funds that can be used to achieve a collaborative’s goals. Braiding involves coordination of separate streams of money for the same ultimate goal: achieving the collaborative’s objectives.

Community Health Access Project (CHAP) in Mansfield, Ohio,<sup>25</sup> is a Pathways Community HUB, meaning that the collaborative is certified as positioned to address social determinants of health, to work with community local members, and to link funding and finance directly to outcomes.<sup>26</sup>

Like many collaboratives engaged in funding and finance reform, CHAP involves changes in three areas: money sources, money uses, and money governance structures. In terms of money sources, CHAP uses a braided funding and finance model. Medicaid Managed Care Organizations (MCOs) finance care-coordination organizations that disburse payments to social service providers based on a series of formulas. Grants and philanthropic organizations provide start-up funding and fill gaps not covered by the MCOs. In terms of changes in



money uses, performance-based payments are distributed upon successful completion of pathways. Pathways are checklists for addressing risk factors related to social determinants of health that, in partnership with community members, are identified as important. In terms of changes in governance structures, CHAP is special for both its incorporation of community voices in decision-making and for its emphasis on a central care-coordination organization that manages payment disbursement.

CHAP has demonstrated improved maternal health outcomes and reduced rates of low-birth-weight babies.<sup>27</sup> Much of this is credited to the Pathways Community HUB model it employs. CHAP and other Pathways Community HUBs demonstrate that systems transformation, and funding and finance transformation specifically, are ripe areas for action that can improve maternal health.

## CONCLUSION

Reversing unwanted trends in maternal health requires new ways of thinking about maternal health practice. Traditional healthcare and public health services must be augmented with changes based on a broader view of the factors that affect maternal health and health equity.

As the four case examples discussed demonstrate, multiple zones of transformation can be addressed at the same time. For example, in the cases that focused on organization internals and finance systems transformation, both organizations—CHAP and the Dignity in Pregnancy and Childbirth Project—emphasized community partnerships, and the Illinois Family Case Management example that employed a community-driven initiative also emphasized social services.

Another opportunity is collaboration. Extending maternal health practice often involves partnerships that link maternal health practitioners, bring in resources, and promote coordinated service. Collaborations offer opportunities to formalize and streamline partnerships in intentional ways.

There are many ways practitioners can extend their maternal health practice beyond traditional services in healthcare and public health. In doing so, they will find opportunities to address a much wider range of maternal health challenges. By addressing this wider range of challenges, practitioners can find new strategies to help close maternal health equity gaps and send maternal health trends in a better direction.

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