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A Roadmap for Action

Human-Centered Solutions to Improve Reproductive and Maternal Health Outcomes in D.C.

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What is Human-Centered Design (HCD)?



INSPIRATION

Carry out unstructured, deep dive interviews to truly understand the needs of the people you are designing for.



IDEATION

Generate tons of ideas and prototype them quickly, sharing them with the end user, to collect immediate real-world feedback.



ITERATION

Continue adapting your solutions to suit the needs of the people you are severing in order to land on solutions that are effective and sustainable.

Who we interviewed: 18 Providers & Experts





TYPE OF PROVIDER / EXPERT	ORGANIZATION
Director of Midwifery	Community of Hope
Prenatal Services Program Manager	Community of Hope
Senior Staff	Mary's Center
Director of OBGYN	Unity
Director	Mamatoto Village
OBGYN Specialist	Medstar Washington Hospital Center
Section Director Midwifery	Medstar Washington Hospital Center
Director, Midwifery Services	George Washington University Hospital
OBGYN	George Washington University Hospital
Senior OBGYN	Howard University
Executive Director	Young Women's Project
School-Based Health Provider	Georgetown University Hospital
Reproductive Health Coordinator	Children's National Health System
Nurse Practitioner	Children's National Health System
Co-Medical Director, Healthy Generations	Children's National Health System
Senior Staff	Amerihealth, MCO







Who we interviewed: 13 Women



- Representation from Wards 1, 4, 5, 7 and 8
- Ages ranged from 18-38
- Status ranged from Pregnant with 1st to Mother of 5
- All on Medicaid
- All women of color

Barriers exist across the continuum of care.



PMNCH (2011). Adapted from WHO (2005) - Make every mother and child count.

Most Women reported not planning their pregnancies. Pregnancy intention is nuanced and challenges go deeper than not being aware of contraceptive methods. Contraceptives are not hard to access; the main barriers are misconceptions, nervousness, distrust, and side effects.

"I don't like birth control ... I would never...I'm always missing my pill...Pills mess up my period...They know, but they don't want to use it."

30-year-old, mother of two, Ward 5

"It's a hidden rule in our community – don't do birth control...I feel like it's definitely taboo."

"A lack of information is first and foremost. Because of the lack of information, we don't know how to take it, then it doesn't work, then we think it doesn't work."

Mother of one, Ward 7, Family Support
Worker

"Heard it causes heavy bleeding from girlfriend. Heard it can get stuck during sex...I don't want anything implanted in me."

30-year-old,mother of two

Many women chose their contraception based on recommendations from their social circles.

One mother of one from Ward 4 chose the arm implant because,

"I saw my sister had it."

"The best indicator of which birth control you use is the birth control your friends use...The more people who use it, the more people will use it."

> - Reproductive Health Coordinator

Provider- and payer-based barriers to postpartum contraception still exist.

"It's not easy. I have to get my hands on a LARC."

- Midwife

Some providers mentioned the high cost of LARCs and their inclusion in a bundle as a disincentive.

"[The hospital] told me they are a Catholic hospital and they don't mention birth control unless you mention it."

-Mother of two, Ward 5

Awareness of quality services was identified as the leading barrier.



AWARENESS OF QUALITY SERVICES IS LOW Knowing Where to Go

- Most women reported being unaware of quality services in their own communities such as midwives, centering, home visiting, and other support services.
- Many women's first interaction with the health care system is once they are pregnant.

Most women reported being unaware of quality services in their own communities such as midwives, centering, home visiting, and other support services.

"I didn't know anything about the system ... I was out here trying to fend for myself. It was rough...When I got to Virginia Williams, they should have provided a list of providers and services."

- Mother of two, Ward 5

"People aren't aware of services, because I wasn't."

- Mom, Ward 8

"I had no idea you could have a water birth in Northeast D.C. on Medicaid."

- Mom, Ward 8

"Offering services is good, but we have to know about them."

Mother of three,Ward 7

"Someone somewhere should tell us more about programs...I hear a lot of 'I didn't know about that."

– Mother of two, Ward 5

Most women reported being unaware of quality services in their own communities such as midwives, centering, home visiting, and other support services.

"Several teachers said, 'I didn't know this clinic was here!"

- School-based Health Provider

"There are plenty of places to go, but is there knowledge about where you can go? Will it cost you something?" - Adolescent Health Provider "If we ask, Where should you go if you don't want to be pregnant?' they need to know." - Reproductive Health

Coordinator

One mom had not heard of centering but said, "That would have been appealing...talking to other women about what I'm going through..."

– Mother of two, Ward I

Perceived quality and reputation matters. These two factors drive the decision on where and *if* women go for care.

Respectful and culturally aware care is needed.



Women make care seeking decisions based on reputations and perceived quality of community health centers and hospitals.

On [hospital]:

"I will not even go there ... That hospital is no good...because we're in South East.They don't care.They let my friend bleed to death."

"[Hospital] is alright. There are a lot of things you wouldn't get at [Hospital]."

– Mother of three, Ward 8.

"I felt like she was trying to treat me like a business...At [hospital] they are kind of pushy ... they don't let you control your health.

We're supposed to work together. Not just you tell me what to do. They don't expect the mothers to care."

-First time mom from Ward 7 switched providers at 33 weeks because she was so unhappy with the care.

On [hospital]:

"I didn't want to. I heard bad stuff ... heard the nurses were not good."

She delivered there because she was told that was the only provider her insurance would cover.

- Mother of one, Ward 4

Quality and respectful care often seen as extra or icing on the cake. But without respectful, culturally aware care, people will not come for services, so these elements are not extra but essential. You can have the best services in the world, but if no one will come because they don't trust you, then your services are useless.

> Community Health Provider

Staff attitudes were the most important issue to patients

One mother stopped going to a community health center because she felt they were not professional. "Don't just hire someone from southeast, they need to be good. She wants a clean environment where she is greeted "in a kind, professional way." "You don't want to go to the doctor for a 15-minute meeting where they push you through and don't even talk to you or listen to you - Mother of four, Ward 4

"We as black women, we need other women like us...we've been through a lot." Of the providers: "where's the passion? Where is the love?"

– Mother of three, Ward 8

– Mother of five, Ward 8

Providers need more and better feedback on patient outcomes and satisfaction.

"Since I've been in South East for ten years, I haven't received an internal training on reproductive justice ... That would be helpful."

— Provider in Ward 7

When asked if she is providing culturally appropriate care one provider said,

"I cannot answer. We have not asked how good a job we are doing It would be helpful to solicit that information from our patients."

— Service Provider

"Every time I bring up LARCs, I get shut down...I would love some training."

— OBGYN

PRENATAL AND POSTPARTUM CARE

Many women are not getting into care until their 2nd or 3rd trimester.

One woman came in for birth control and found out she was almost 2 months pregnant. "Some [women] come in before 12 weeks," but "a large percentage come in long after 12 weeks...some are at 36 or 38 weeks."

> - Community Health Provider

Another 23-year-old mother of two from Ward 5 who said,

"They were both surprises," didn't get into prenatal care until she was 5 months along.

Every woman who participated in centering, group prenatal care, spoke very highly of it.

"They feed you." "I learned a lot – the different birthing techniques, the 'yeses' and 'nos' of hospital care, what a doula was. I can't express how happy I was."

Mother of five,Ward 8

"[Centering] was the best part ... I learned a lot I didn't know if my first pregnancy ... It was nice to be with other women.To hear their stories and know they are going through what you are going through."

– Mother of two, Ward 5.

Didn't do centering, but said, "I definitely would have taken it. I lost a lot of friends in high school. I was by myself."

– Mother of four, Ward 4

All women and most providers expressed a lack of postpartum care.

"Being with a baby is hard. I don't have a family...When I went into labor, it was only my boyfriend and his mom. Now I just feel all alone."

- Mother of three, Ward 8

One provider shared their postpartum followup rate is only 50 percent.

- OBGYN

"After I had the baby, everything dropped."

-Mother of five, Ward 8

Many of the women reported some form of postpartum depression

One mother of one in Ward 4 said she felt depressed after giving birth. She didn't talk to anyone but said,

"I would have loved to go to a therapist, just to talk."

"I had postpartum depression right away" "She would cry and I wouldn't hear her."

– Mother of four, Ward 4

"In our community, women are supposed to be strong ... so they don't say anything

People don't want to talk about postpartum [depression]...We only talk about the magic of it, not talking about the really hard parts, the challenges...

In our community, nobody talks about or deals with mental health. We're passing down generational mental illness."

- Mother of one, Ward 7

"They didn't tell me what I would go through...I was mentally...I was having pain."

- Mother of two, Ward 6

"After the second baby, I was really sad and depressed"

– Mother of two, Ward 5

We are only providing care when women are pregnant, but they need primary care all the time. We need to keep them in care once they've had a baby. Otherwise, when then come back with their 2nd/3rd pregnancies they are in the same boat with poor health and a lack of prenatal care.

-Community Health Provider



social determinants must be considered Cross-cutting Issues

- Every single woman interviewed had experienced homelessness or housing insecurity.
- Transportation is a challenge, but appears to be a greater barrier for those with high-risk pregnancies.
- Other major challenges cited included nutrition and child care.

Roadmap for Action



#I Expand the Centering Model and Invest in personnel to ensure coordinated, quality care across a woman's reproductive life. a. Expand Centering Pregnancy model.

- b. Utilize postpartum coordinators to follow-up with women and coordinate their care.
- c. Coordinate mom & baby check-ups

#2 Invest in a Women's HealthImprovement Collaborative andInnovation Lab.

Launching an innovation lab could continue the human-centered design process and pilot test innovative new solutions.

For example, the collaborative could meet for 3 years with the goal of launching one new innovation every 6 months and reporting out on progress yearly.



#3 Create and test a respectful care toolkit and training.

Patients underscored the importance of perceived quality and reputation making decisions on whether and where to seek health care.

Providers shared that they were often unsure if the care they were receiving was culturally aware and noted they would welcome additional training.





#4 Expand telehealth for pregnant patients at community health centers, with a focus on high-risk patients.

Enable community health centers to use telehealth consultations with Maternal Fetal Medicine doctors so women with high-risk pregnancies don't have to travel to the other side of the city to access care.





#5 Ensure providers are aware of the separate payment option for postpartum LARCs and that access to commodities is easy.

Several providers claimed that because the reimbursement for LARCs is included in a "maternity care bundle" there is a disincentive to provide them due to their high cost.



#6 Improve transportation by expanding access to Lyft and Uber through MCOs

#7 Invest in affordable housing;it's essential to maternal health

#8 Better utilize School-based Health centers

#9 Ensure women are aware of the quality reproductive health services available

- a. Create and test a commercial to play at key locations where women go, such as Social Service offices.
- b. Create and test a Women's Wellness Pack that would include free gifts and easy-toconsume health information.
- c. Develop and test a grassroots social media campaign.



#10 Ensure women can easily connect with quality reproductive health services.

- a. Create and launch a personalized text service.
- b. Leverage pregnancy tests as opportunity to get women into primary care.



Step 1: Get Started

You text "Woman Power" to 202.123.4567

Step 2: Discover Need

Staffer at "Woman Power" responds to you. You respond with what you need.



Staffer at "Woman Power" replies with two key questions.

You reply with your insurance and address.



#11 Develop a lean data survey for providers to ensure quick feedback

All the providers interviewed expressed a desire to improve the way they deliver care using real-time feedback from their patients.



#12 Create and pilot centering or group meetings for the postpartum period. Several providers in DC are piloting continuing group prenatal care into the postpartum phase and are well positioned to test and develop an effective program with targeted support.

Contact Us

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