# Rhode Island Maternal Health

## Strategic Plan

RHODE ISLAND DEPARTMENT OF HEALTH

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# INTRODUCTION

In late 2023, Rhode Island Department of Health's Maternal and Child Health Program (RIDOH MCH) was awarded the federal Maternal Health Innovation grant to ensure insurance coverage for women and their families, establish a maternal health task force, develop a maternal health strategic plan, enhance data and reporting capacity, and establish a community-based midwifery workforce in RI (with partner Urban Perinatal Education Center).

Through this maternal health investment, RIDOH MCH is committed to addressing differences in severe maternal morbidity, postpartum hemorrhage, severe hypertension, infant mortality, and preterm birth. RIDOH MCH could not carry out this important commitment without engaging RI's maternal health partners through the RI Maternal Health Task Force (RIMHTF).

RIMHTF is a collaborative of multi-disciplinary maternal health leaders who represent, or support RI's pregnant and postpartum women. The work of the RIMHTF has been to review the current maternal health system of care, consider RI's maternal health outcomes, identify gaps in maternal health, and assist RIDOH MCH staff to develop and implement a RI Maternal Health Strategic Plan (MHSP).

The RI MHSP serves as a call to action to address the stark differences in maternal health outcomes in Rhode Island. Careful attention has been placed on aligning the work of the RIMHTF with existing maternal child health initiatives across the state to ensure that efforts are being leveraged. The RIMHSP is not static but rather a living document that will transform as strategies are adopted, enacted, tested, and evaluated.

RIDOH MCH is indebted to the commitment and expertise of the RIMHTF members.

# 1. RHODE ISLAND MATERNAL HEALTH TASK FORCE

### *Mission*

Our mission is to promote the health and well-being of all Rhode Islanders before, during, and after pregnancy by ensuring optimal access in health systems providing maternal care.

### *Vision*

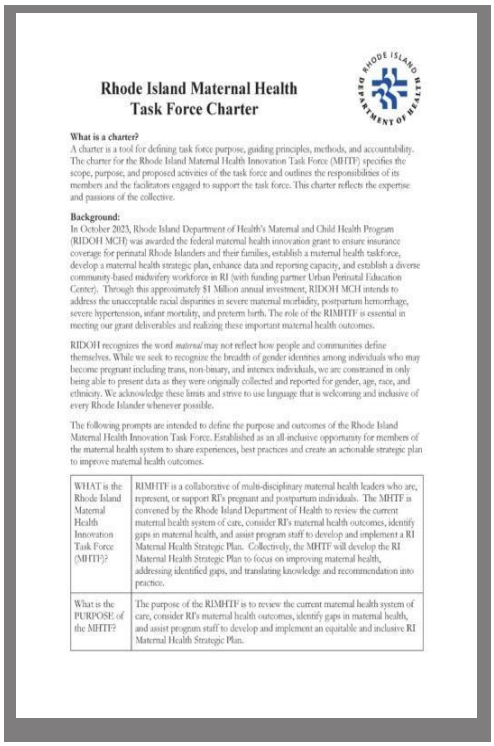
Our vision is for all Rhode Islanders of childbearing age to have access to medical care and social supports that maximize pregnancy, delivery, and postpartum health outcomes.

### *Key Drivers*

- Perinatal System Improvement
- Community Health
- Behavioral Health System
- Innovation and Continuous Improvement

## *Rhode Island Maternal Health Task Force Charter*

The RIMHTF developed a Charter to inform membership, roles, communication, values, and decision making. Below are the values adopted by the membership to guide the Strategic Plan and the work of the Task Force.



Rhode Island Maternal Health Task Force Charter

**What is a charter?**
A charter is a tool for defining task force purpose, guiding principles, methods, and accountability. The charter for the Rhode Island Maternal Health Innovation Task Force (MHTF) specifies the scope, purpose, and proposed activities of the task force and outlines the responsibilities of its members and the facilitators engaged to support the task force. This charter reflects the expertise and passions of the collective.

**Background:**
In October 2023, Rhode Island Department of Health's Maternal and Child Health Program (RIDOH MCH) was awarded the federal maternal health innovation grant to ensure insurance coverage for perinatal Rhode Islanders and their families, establish a maternal health taskforce, develop a maternal health strategic plan, enhance data and reporting capacity, and establish a diverse community-based midwifery workforce in RI (with funding partner Urban Perinatal Education Center). Through this approximately $1 Million annual investment, RIDOH MCH intends to address the unacceptable racial disparities in severe maternal morbidity, postpartum hemorrhage, severe hypertension, infant mortality, and preterm birth. The role of the RIMHTF is essential in meeting our grant deliverables and realizing these important maternal health outcomes.

RIDOH recognizes the word *maternal* may not reflect how people and communities define themselves. While we seek to recognize the breadth of gender identities among individuals who may become pregnant including trans, non-binary, and intersex individuals, we are constrained in only being able to present data as they were originally collected and reported for gender, age, race, and ethnicity. We acknowledge these limits and strive to use language that is welcoming and inclusive of every Rhode Islander whenever possible.

The following prompts are intended to define the purpose and outcomes of the Rhode Island Maternal Health Innovation Task Force. Established as an all-inclusive opportunity for members of the maternal health system to share experiences, best practices and create an actionable strategic plan to improve maternal health outcomes.

| | |
|---|---|
| WHAT is the Rhode Island Maternal Health Innovation Task Force (MHTF)? | RIMHTF is a collaborative of multi-disciplinary maternal health leaders who are, represent, or support RI's pregnant and postpartum individuals. The MHTF is convened by the Rhode Island Department of Health to review the current maternal health system of care, consider RI's maternal health outcomes, identify gaps in maternal health, and assist program staff to develop and implement a RI Maternal Health Strategic Plan. Collectively, the MHTF will develop the RI Maternal Health Strategic Plan to focus on improving maternal health, addressing identified gaps, and translating knowledge and recommendation into practice. |
| What is the PURPOSE of the MHTF? | The purpose of the RIMHTF is to review the current maternal health system of care, consider RI's maternal health outcomes, identify gaps in maternal health, and assist program staff to develop and implement an equitable and inclusive RI Maternal Health Strategic Plan. |

**What are the VALUES of the RIMHTF?**

**Community Engagement:** Respectful, thoughtful, and intentional collaboration while working toward building trust through transparency.

**Evidence-Informed Decision-Making:** Gather and analyze data on strengths and differences and seek insight from those with lived experience to drive innovation and action.

**Accountability:** to the community for transparent, clear, and accessible communication, rigorous evaluation, and responsible stewardship.

**Lived Experience:** Knowledge based on someone's perspective and experience, beyond their professional or educational experience from those directly affected by maternal health issues and strategies to address them.

## Composition of Maternal Health Task Force

The RIDOH MCH program engaged community members representative of groups and organizations whose perspectives are vital to ensuring optimal access in the maternal health system of care. The RIMHTF is made up of over 50 members with approximately 65% representing maternal health communities and non-clinical providers. A shared imperative to improve maternal health outcomes allowed the RIMHTF to quickly reach consensus on the values that will drive its purpose.

| Member | Organization/Affiliation |
|---|---|
| Aline Binyungu | WRC |
| Amy Hulberg | RI Executive Office of Health & Human Services |
| Andraly Horn | Massage Therapy |
| Arlo Narva | Project Webber/Renew |
| Ashley Lakin | Family Medicine |
| Carrie Bridges | Lifespan Health Institute |
| Claire Estacuy | Spanish Perinatal Doula Community |
| Deborah Garneau | RI Department of Health |
| Ditra Edwards | SISTA Fire |
| Dupe Akinrimisi | HEZ Woonsocket |
| Elena Nicolella | RI Health Center Association |
| Elizabeth Burke Bryant | Brown University School of Public Health |
| Jennifer Benitez | HEZ Providence |
| Katie Gonsalez | Care New England/Victa |
| Latisha Michel | Ready, Set, Latch, Go |
| Lisa Gendron | Professional Midwifery Community |
| Lisa Kennedy | HEZ Tri-County |
| Lisa Tomasso | Hospital Association of RI |
| Luisa C. Murillo | PPDRC Member, Parent, Latino SME |
| Martha Kole-White | PPDRC Co-Chair |
| Mavelina Bailey | Perinatal Doula Community |
| Mavis Nimoh | Brown University Health Services, Policy and Practice |
| Melany Gomes | Brown University Health Obstetrics and Gynecology |
| Melissa Campbell | RI Health Center Association |
| Methodius G. Tuuli | Women & Infants Hospital |
| Michaela Carroll | RI Kids Count |
| Michelle Rosa Martins | Women & Infants Hospital |
| Odinaka Anyanwu | Brown Family Medicine |
| Olutosin Ojugbele | RI Department of Health |
| Rena Sheehan | Neighborhood Health Plan of RI |
| Sara Castaneda | PPDRC Co-Chair |

| | |
|---|---|
| Sarah Coutu | UnitedHealthcare |
| Sonia Thomas | Indigenous Community |
| Stephanie Avila | Providence Community Health Centers |
| Stevens Robillard | RI Department of Children, Youth and Families |
| Susie Finnerty | Birth Worker Collaborative |
| Telisa Richardson | RI Department of Corrections |
| Tiara T. Mack | RI Senate |
| Wanda Hopkins | Narragansett Tribal Community |

| Staff Member | Organization/Subject Matter Expertise |
|---|---|
| Aidea Downie | RIDOH, Maternal and Child Health |
| Amy Katzen | RIEOHHS, Medicaid, CHW |
| Angela Kemp | RIDOH, Maternal Prevention |
| Carrie Chandonnait | RIDOH, Pregnancy Postpartum Death Review Committee |
| Haita Ndimbalan | RIDOH, MCH MHI Program |
| Jim Beasley | RIDOH, Maternal Behavioral Health |
| Kilah Walters Clinton | RIEOHHS, Medicaid |
| Kyana Martins | RIDOH, Program Evaluation |
| Margo Katz | RIDOH, Substance Exposed Newborns |
| Megan Sheridan | RIDOH, Chronic Disease Management |
| Nadine Tavares | RIDOH, Community Health |
| Sara Remington | RIDOH, Family Visiting |

## Task Force Activities

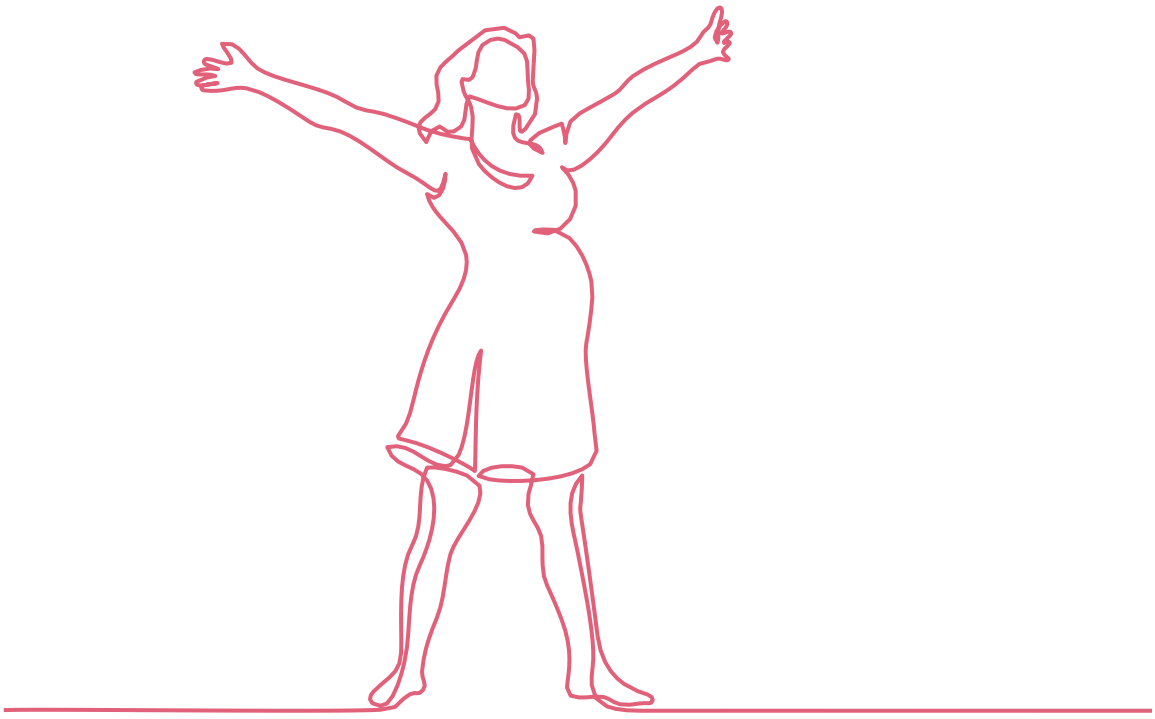
The newly established RIMHTF met monthly from February 7 through September 16, 2024, to review and leverage existing state and regional initiatives, and develop innovative strategies to improve maternal health in Rhode Island. Additional engagement opportunities were scheduled as needed. Following each meeting, RIDOH shared the presentations, handouts, and notes with Task Force members. Following the completion of the state MHSP, the RIMHTF has moved toward a quarterly cadence and workgroup mode to advance plan goals and objectives.

In March 2024, members of the RIMHTF attended an in-person Boundary Spanning Leadership training led by ASTHO. The training helped our group identify values and styles of leadership and communication so that all can best move forward in our work as a task force with shared direction, alignment, and commitment.

In April & May 2024, RIDOH evaluators and epidemiologists presented RI's maternal health landscape analysis that covers statewide maternal health outcomes, the current state of the maternal health workforce, and the impact of community health factors for maternal populations.

In June 2024, SISTA Fire presented results from participatory research process, and the membership identified priority themes. Through prioritization our task force identified maternal health "action areas" that we will act as different pillars of focus throughout our strategic plan.

July through September 2024, the RIMHTF developed goals, objectives, and activities that are captured in this strategic plan document.



# 2. OVERVIEW OF MATERNAL HEALTH AND AVAILABLE RESOURCES

## *Rhode Island Landscape Analysis*

### *Introduction*

The RIDOH Maternal Health landscape analysis is commissioned for the express mandate of exploring and synthesizing the following: 1) Maternal Health Outcomes; 2) Social Determinants of Health; and 3) Rhode Island's Perinatal Capacity.

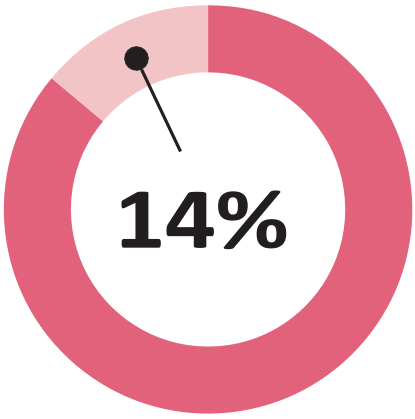
### *Defining the Population:*

The perinatal period refers to the period immediately before and after birth. Childbearing age is defined as ages 15-44; however, demographic trends show that the age range has been widening in recent years. Perinatal health is the health of women during pregnancy and one year after a baby is born. Infant health refers to the period before a child's first birthday. This is a very critical period for a child's growth and development.

### *Perinatal Population Demographics:*

In 2022, there were 216,584 females ages 15-44 in the overarching 1.09 million Rhode Island population. Majority of the female population, aged 15-44, identify as Non-Hispanic (NH) White (64% of population), while 20% identify as Hispanic, 7% identify as NH Black, 5% identify as NH Asian, and 3% identify as Other.[1] Majority of the population are insured (96% of population) and live at or above poverty (86% of population). A breakdown of childbearing females by age group, as shown below, indicate an almost equal distribution among groups.

**Poverty Status of Rhode Island Females**
(ages 15-44)



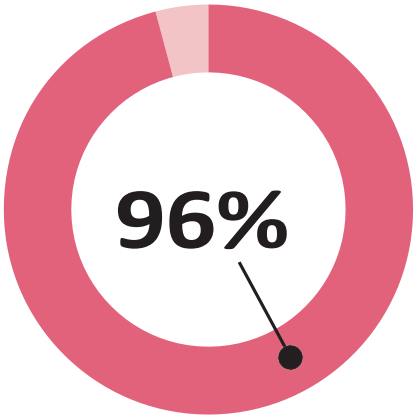

At or Above Poverty Level

Below Poverty Level

*Source: American Community Survey, 2020-2022*

In 2022, 14% of Rhode Island women, ages 15-44, reported living below the federal poverty level during the last 12 months.

**Insurance Status of Rhode Island Females**
(ages 19-44)



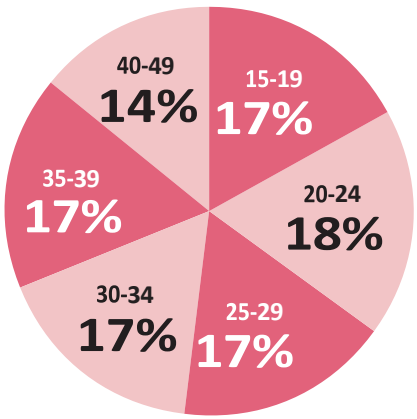

Insurance Coverage

No Insurance Coverage

*Source: American Community Survey, 2020-2022*

96% of Rhode Island women, ages 19-44, had insurance coverage

**Rhode Island Female, by Age Groups**




*Source: American Community Survey, 2020-2022*

RIDOH strives to ensure that all people who are considering pregnancy, who are pregnant, or who were recently pregnant, receive timely, high-quality, healthcare.

***About the Data:***

Please note that some statistics cannot be reported due to RIDOH's small numbers policy. As a result, we are limited in the extent to which we can report specific statistical data on health outcomes and impacts. For clarity in our analysis of data, we will define the core cities included in this report as Central Falls, Pawtucket, Providence, and Woonsocket.

***Partners in Data:***

This data could not be generated and shared without the support of our state, community, and organizational partners. We especially thank the Latino Policy Institute, Rhode Island Birthing Hospitals, staff from the Rhode Island Executive Office of Health and Human Service (EOHHS), Rhode Island Certification Board, and RIDOH's Center for Health Data Analysis. We would like to underscore both our partnership with SISTA Fire and the impactful community participatory research they have implemented across the state. By fostering a movement-building culture in Rhode Island, SISTA Fire centers the experiences and leadership of communities. The organization invests in leadership capacity, creating spaces for relationship- building, healing from trauma, and developing analyses to craft community-led solutions. Throughout this analysis, we have integrated their findings into our overall picture of the status of Rhode Island maternal health.

***Additional State Context***

Rhode Island had 10,260 resident live births in 2022. The most recent data available shows that 94% of women ages 19-44 were covered by health insurance in 2022. Vital Records data show that 2.6% of women who gave birth in 2021 reported having a previous preterm birth. In Rhode Island in 2020, the infant mortality rate was 2.9 deaths per 1,000 live births for non-Hispanic White infants and 9.1 deaths per 1,000 live births for non-Hispanic Black infants–over three times the rate for White infants.

Medicaid is a joint federal and state program that, together with the Children's Health Insurance Program (CHIP), provides health coverage to children, pregnant women, parents, older adults, and individuals with disabilities. The majority of Rhode Island's Medicaid population are enrolled in managed care and RIte Care is Rhode Island's managed care program for families with children, pregnant women, and children under the age of 19. As of July of 2024, 316,000 Rhode Islanders are enrolled in Medicaid, which is 1/3 of the state's population. Children and families represented 52% of the Medicaid's total enrollment, 17% are aged, blind, disabled and 3% children and youth with special health care needs.

Rhode Island Medicaid also offers a program called RIte Share, which is the state's premium assistance program that provides help paying for an employer's health insurance plan. Through RIte Share, Medicaid will pay all or part of the cost for employee health insurance coverage.

As of October 1, 2022, Rhode Island Medicaid began providing 12 months of continuous postpartum coverage to women eligible for Medicaid based on pregnancy. During pregnancy, parents interact with various healthcare providers, including primary care providers, OB-GYNs, midwives, and doulas. Rhode Island has around 300 OB-GYNs, 9 Certified Professional Midwives, 1 Certified Midwife, and 90 Certified Nurse Midwives. The state also has approximately 99 certified perinatal doulas consisting of a variety of demographics. Prenatal care is provided by Title X clinics, OB-GYNs, midwives, doulas, and primary care

providers. Family Home Visiting programs like Nurse Family Partnership support pregnant women in preparation for parenthood.

During labor and delivery, options include hospital, midwifery, and doula services. Women and Infants Hospital, part of the Care New England system, is a leading obstetrical service provider in the US, delivering over 70% of newborns in Rhode Island. There are four additional birthing hospitals in the state. These hospitals offer a range of services, including fetal surgery, placenta examination, neonatal postpartum exams, and more. Currently, there are no birthing centers in Rhode Island, and home birth options are limited. Thus, midwives and doulas usually are situated within a hospital setting, collaboratively working with hospital staff, and other healthcare professionals to care for their patients.

## *Maternal Health Outcomes & Differences in Outcomes Based on Demographic Factors*

Rhode Island's comprehensive analysis of multi-year population-based and registry data, including Vital Records, hospital discharges, Pregnancy Risk Assessment Monitoring System (PRAMS), and Substance Exposed Newborn (SEN) surveillance, underscores different perinatal outcomes across demographic groups. Within the paragraphs below, the landscape analysis will explore the following maternal and newborn health outcomes. Subjects highlighted below include:

1) Severe Maternal Morbidity,

2) Obstetric Hemorrhages,

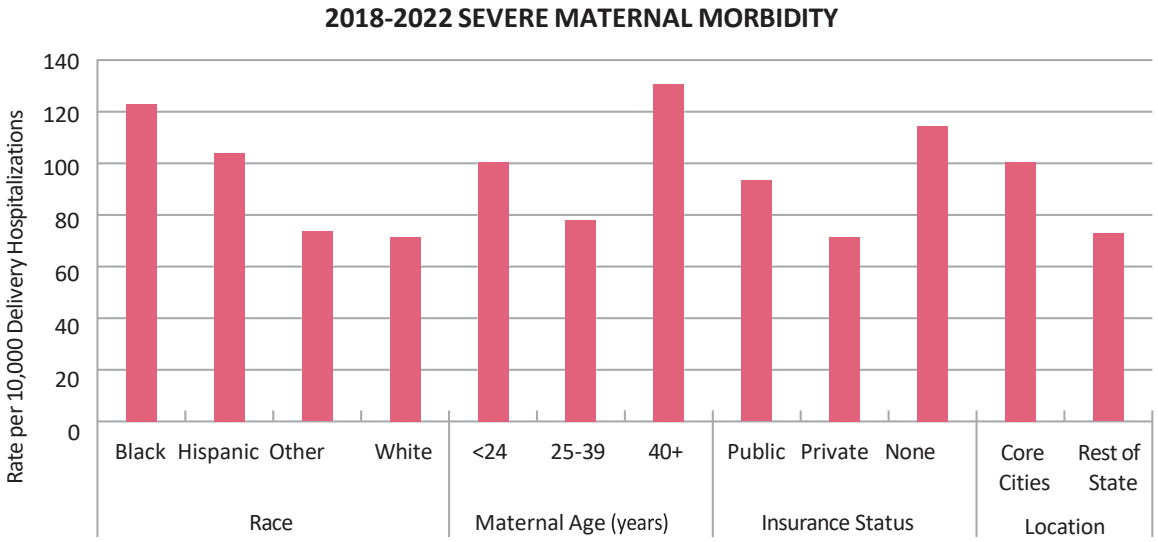
3) Postpartum Depression,

4) Preterm Birth, and

5) SEN.

### *Severe Maternal Morbidity*

Severe maternal morbidity (SMM) are labor and delivery complications that may result in long- term poor health outcomes. SMM is a Centers for Disease Control and Prevention (CDC) measure comprising 20 diagnostic and procedural indicators. Currently, Rhode Island has a comparable SMM rate (86.6 per 10,000 delivery hospitalizations) to that of the U.S (88.3 per 10,000) and greater New England area (92.0).[2] Due to overlapping confidence intervals, these measures are not statistically different from each other. In Rhode Island, Black (124.0) and Hispanic (106.4 per 10,000) perinatal females have higher SMM rates than their White (72.9) and Other Race (Asian, Native American, and other identities) (75.3) counterparts.[3]




*Source: RIDOH, Center for Health Data Analysis*

A breakdown of those experiencing SMM by maternal age (chart above) indicated that 40+ aged females (132.5) had the highest SMM rate in relation to females aged 25 to 39 (79.6) and less than 24 years (102.1).

Regarding insurance status, females with no insurance (chart above) had the highest SMM rate (115.8 per 10,000) compared to their private (73.5) and public (95.4) insurance holding counterparts.[3]

Females who reside in the Rhode Island core cities (chart above) (102.2 per 10,000) also had a higher rate of SMM in comparison to individuals who resided in the rest of Rhode Island (74.4).[3]

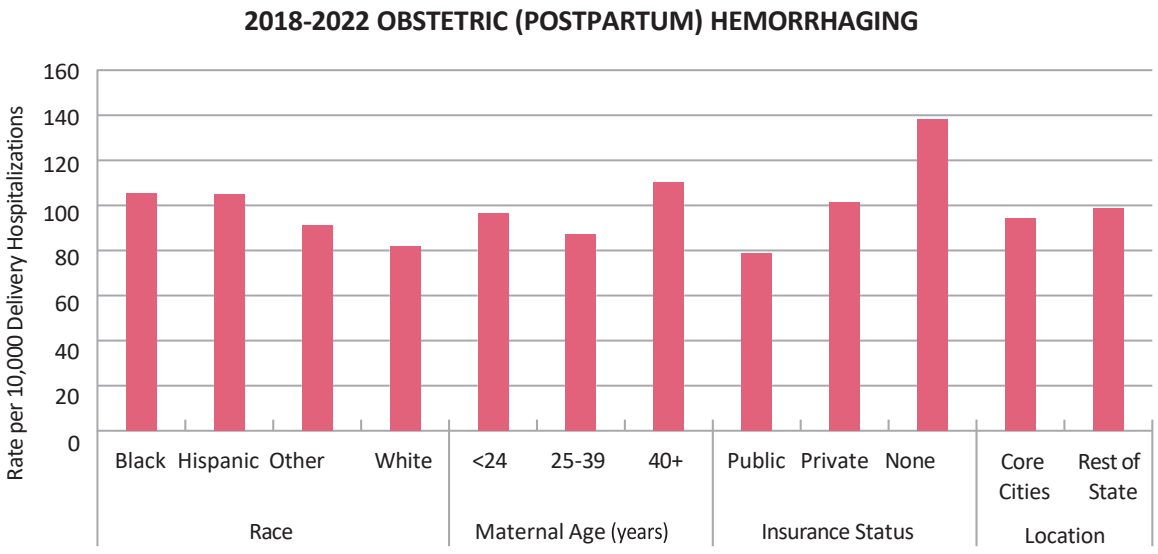
When breaking down the composite of SMM, pertinent indicator groupings include the following: 1) Hemorrhage; 2) Renal; 3) Respiratory; 4) Sepsis; 5) Other obstetric; 6) Cardiac; and 7) Other medical. The hemorrhage grouping has a rate of 30.0 per 10,000 and encompasses indicators such as shock, disseminated intravascular coagulation, and hysterectomy.[3] In comparison, Renal SMM grouping includes the acute renal failure indicator which has a rate of 23.0 per 10,000 delivery hospitalizations. Respiratory is the third highest SMM grouping with a rate of 14.8 per 10,000 and is inclusive of the following indicators: 1) acute respiratory distress syndrome; 2) ventilation; and 3) temporary tracheostomy. The SMM groupings of sepsis (10.8 per 10,000) and other obstetrics (9.1 per 10,000) have a lower but still significant rate of occurrence.[3] The other obstetrics grouping includes indicators such as eclampsia, amniotic fluid embolism, air and thrombotic embolism, and severe anesthesia complications. Cardiac (11.8 per 10,000) is a lower occurring SMM grouping with indicators of acute myocardial infarction, heart failure/arrest during pregnancy, pulmonary edema/ acute heart failure, conversion of cardiac rhythm, aneurysm, cardiac arrest/ventricular fibrillation. Finally, other medical (4.6 per 10,000) has the lowest rate of occurrence which is inclusive of sickle cell with crisis and puerperal cerebrovascular disorders.[3]

| Severe Maternal Morbidity by Indicator Groups in Rhode Island, 2018-2022 | | | |
|---|---|---|---|
| Indicator Grouping | Indicator | N | Rate (per 10,000 delivery hospitalizations) |
| *Hemorrhage* | Disseminated intravascular coagulation Shock Hysterectomy | 157 | 30.0 |
| *Renal* | Acute renal failure | 121 | 23.0 |
| *Respiratory* | Adult respiratory distress syndrome Temporary tracheostomy Ventilation | 78 | 14.8 |
| *Sepsis* | Sepsis | 57 | 10.8 |
| *Other Obstetric* | Amniotic fluid embolism Eclampsia Severe anesthesia complications Air and thrombic embolism | 48 | 9.1 |
| *Cardiac* | Acute myocardial infraction Aneurysm Cardiac arrest/ventricular fibrilation Conversion of cardiac rhythm Pulmonary edema/acute heart failure | 62 | 11.8 |
| *Other Medical* | Puerperal cerebrovascular disorders Sickle cell disease with crisis | 24 | 4.6 |

*Source: RIDOH, Center for Health Data Analysis*

### *Obstetric (Postpartum) Hemorrhage*

Obstetrical hemorrhaging is a defined quantity of blood loss (more recently, 1,000 mL) after a cesarean or spontaneous delivery. It serves as a proxy measure in SMM, excluding the need for blood transfusions.[3] This condition ranks among the primary contributors to pregnancy-related deaths nationwide. Presently, in Rhode Island (chart below), Black (102.8 per 1,000 delivery hospitalizations), and Hispanic (102.6 per 1,000) perinatal females have the highest obstetric (postpartum) hemorrhaging in relation to their White (79.4) and Other Race (88.7) counterparts.[3]




*Source: RIDOH, Center for Health Data Analysis*

In terms of maternal age for women experiencing obstetric hemorrhaging (chart above), 40+ aged females (107. 4 per 1,000 delivery hospitalizations) had the highest rates of occurrences in relation to females aged 25 to 39 (85.1 per 10,000) and females less than 24 years (94.3).[3]

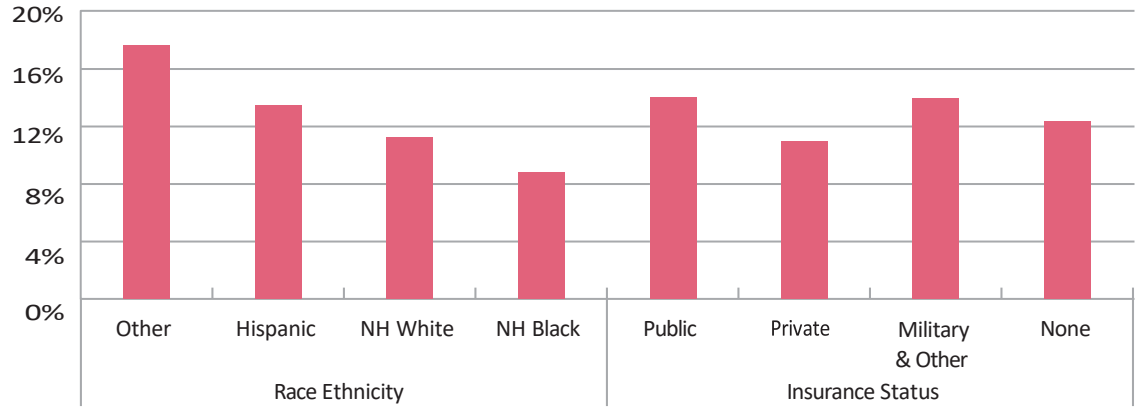
Regarding insurance status (chart above), females with no insurance had the highest rates of obstetrical hemorrhaging (135.1 per 10,000) compared to their private (98.3) and public (77.6) insurance holding counterparts.[3]

Females who lived in a Rhode Island core city (92.6 per 10,000) had a slightly lower rate of obstetrical hemorrhages (chart above) in comparison to females who resided in the rest of Rhode Island (96.2).[3]

***Postpartum Depression***

Postpartum depression (PPD) is a long-lasting form of depression that occurs after childbirth. In PRAMS, PPD is identified through responses to two questions: 1) How often women have had little interest or pleasure in doing things; and 2) How often they have felt down, depressed, or hopeless since their baby was born. Women who respond "Always" or "Often" to either question are considered to have PPD. According to the CDC, 1 in 8 postpartum women nationally experience these depressive symptoms.[4] Regarding insurance type (chart below), those covered by public insurance had the highest PPD rate (14.2%), followed by military parents and other (14.1%), those with no insurance (12.3%), and those with private insurance (10.9%).[4]

**2017-2022 POSTPARTUM DEPRESSION**



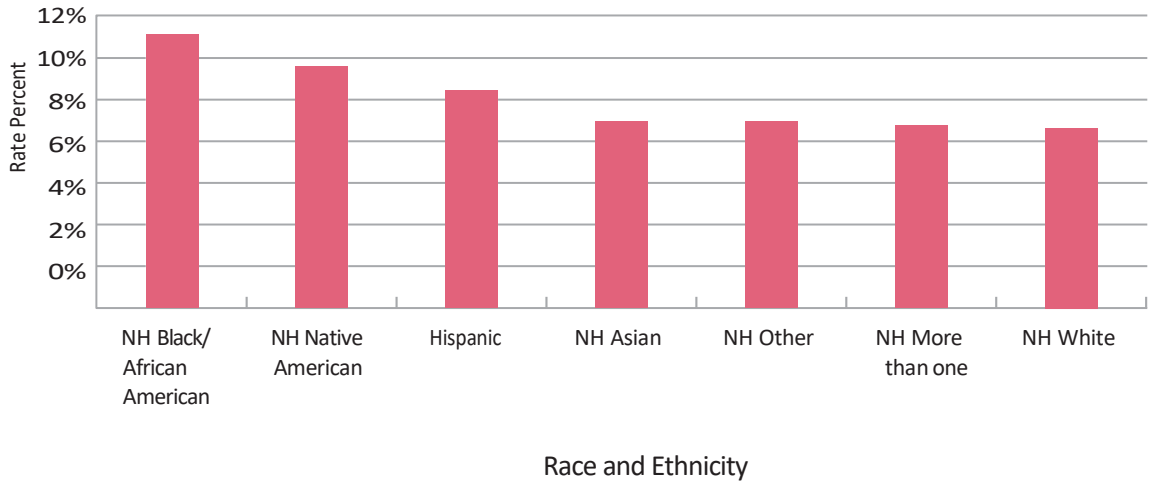

*Source: RIDOH, Rhode Island PRAMS*

In Rhode Island, the highest PPD rates (chart above) are among other race/ethnic groups (17.8%), followed by Hispanic (13.6%), NH White (11.3%), and NH Black women (8.9%).[4]

***Preterm Birth***

Preterm birth is defined as any birth before 37 weeks of gestation and is tracked by the obstetric estimate for gestational age in weeks, as reported in Vital Records. In Rhode Island, the overall preterm birth rate for the period from 2018 to 2022 is 9.2%.[3] Among different race and ethnic groups (chart below), Black and African American women have the highest preterm birth rate (12.9%), in comparison to Native American (11.4%), Hispanic (10.2%), Asian (8.8%), Other NH race (8.7%), more than one race (8.5%), and White women (8.4%).[3]

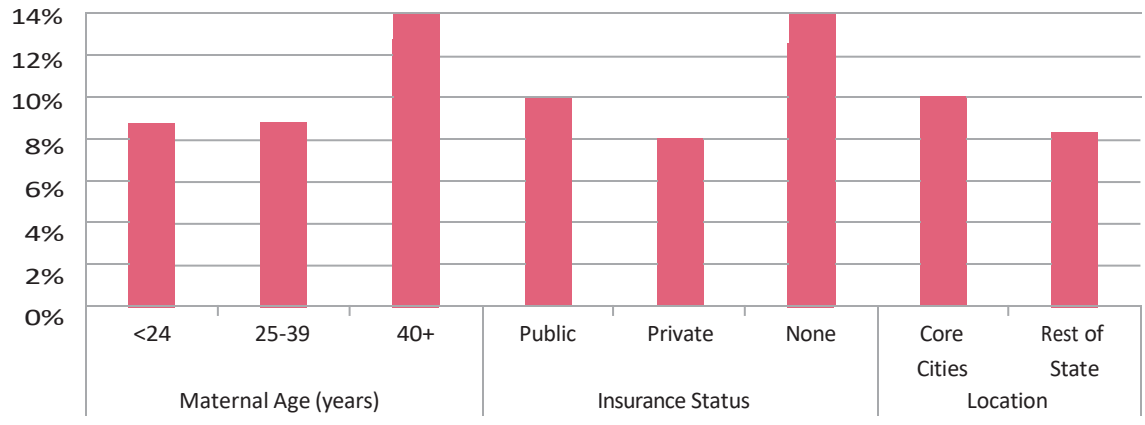
**2018-2022 PRETERM BIRTH BY RACE AND ETHNICITY**




*Source: RIDOH, Center for Health Data Analysis*

In terms of maternal age for women experiencing preterm birth (chart below), women aged 40 and older have the highest rate of this occurring (12.7%), in comparison to rates of women aged 25 to 39 years (9.2%), and women under 25 (8.4%).[3] Regarding insurance status, women with no insurance have the highest preterm birth rate at 12.7%. Women with public insurance and private insurance respectively had a preterm birth rate of 10.0% and 8.5%. Finally, when analyzing core city status, women residing in core cities have a higher preterm birth rate at 10.2%, compared to 8.5% for those in the rest of the state.[3]

**2018-2022 PRETERM BIRTH**

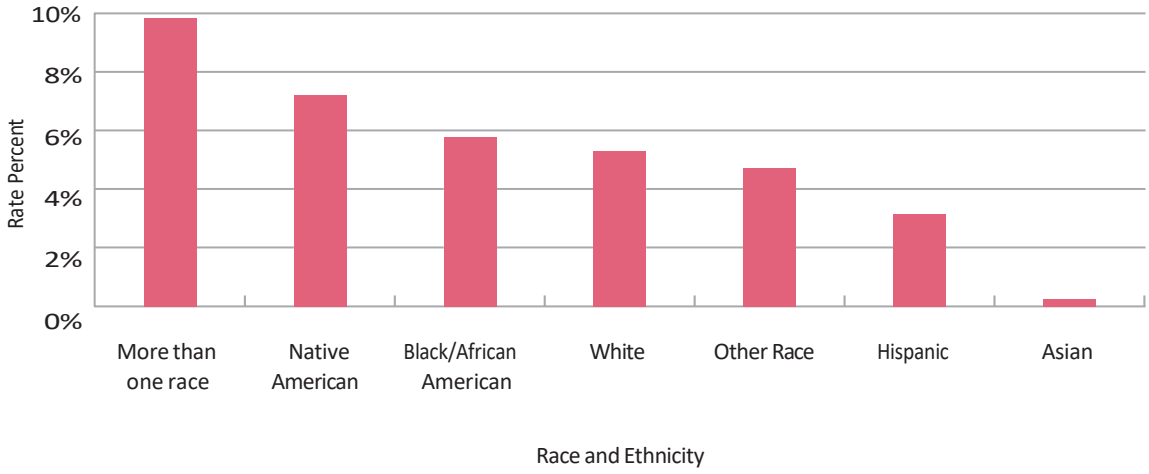



*Source: RIDOH, Center for Health Data Analysis*

### *Substance-Exposed Newborns*

Substance Exposed Newborns (SEN) is defined as any newborn that had in utero exposure to substances such as opioids, alcohol, stimulants, or cannabis. These exposures can be identified through toxicology screens, documented maternal self-reports, or a diagnosis of withdrawal symptoms. RIDOH collects exposure-specific information on newborns who receive a developmental risk assessment. From 2019 to 2022, 4.6% of newborns in Rhode Island had in utero substance exposure. Among SENs, those of more than one race (chart below) had the highest exposure rate (9.7%) in comparison to Native Americans (7.6%), Black/African Americans (5.7%), White (4.8%), Other Race (4.4%), Hispanic (3.3%), and Asian (1.0%) newborns.[3]

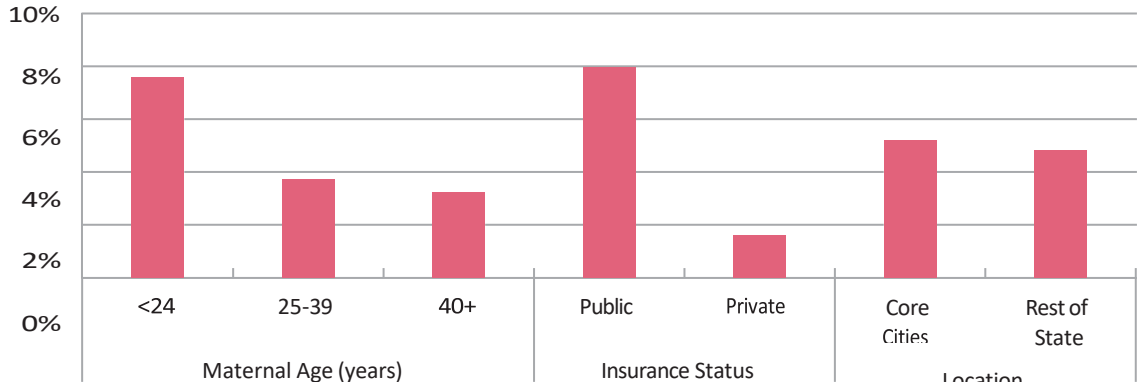
**2019-2022 SUBSTANCE EXPOSED NEWBORN BY RACE AND ETHNICITY**




*Source: RIDOH, Center for Health Data Analysis*

In terms of maternal age of women with SENs (chart below), the rates of occurrence are as follows: 7.8% for those under 25 years old, 3.8% for ages 25 to 39, and 3.2% for those 40 years and older.[3] Regarding insurance type (chart below), rate of occurrence in newborns is more prevalent among those with public insurance (8.2%) versus those with private insurance (1.6%).[3] When taking residence into account (chart below), there is a slightly higher rate of SENs in Rhode Island core cities (5.3%) than in the rest of the state combined (4.9%).[3]

**2019-2022 SUBSTANCE EXPOSED NEWBORNS**




*Source: RIDOH, Center for Health Data Analysis*

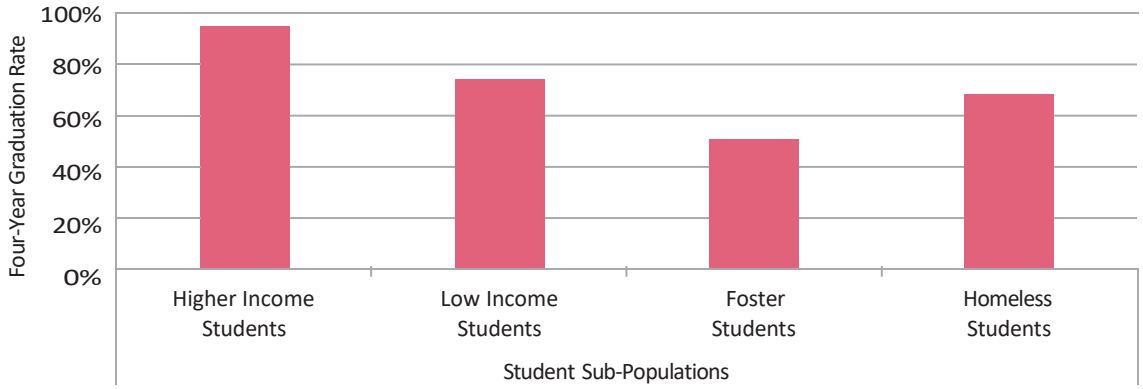
## *Social Determinants of Health*

Social determinants of health (SDOH) profoundly influence the well-being of the perinatal population and their children. According to the CDC, SDOH refers to the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Research shows that SDOH accounts for 70-80% of health outcomes. Key SDOH factors covered for Rhode Island's perinatal women are as follows: 1) Educational Attainment and Employment; 2) Housing and Homelessness; 3) Other Basic Needs (Food, Transportation, Insurance); 4) Social Isolation; and 5) Incarceration.

### *Educational Attainment and Employment*

***Education*** plays a foundational role in shaping life outcomes and impacts the ability for perinatal women to secure employment, healthcare, and financial security. In Rhode Island, the four-year high school graduation rate of the class of 2023 was 84%, indicating a significant portion of students completed their education within the expected timeframe.[5] Female students had a higher graduation rate (87%) compared to their male student (81%) counterparts. Students who didn't receive special education services has a higher graduation rate (88%) compared to students receiving special education services (66%). Generally, 88% multilingual learners graduated in a four-year period as well.[5]

**FOUR-YEAR GRADUATION RATE BY STUDENT (CLASS OF 2023) SUB-POPULATIONS**



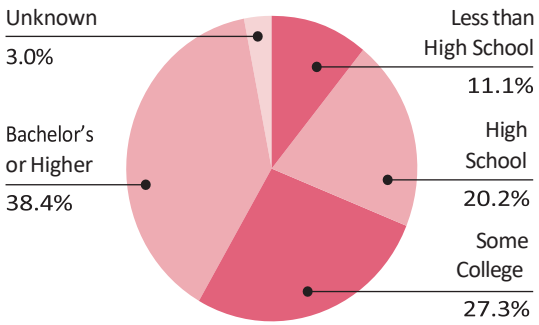

*Source: Rhode Island Department of Education, Class of 2023.*

Among race and ethnic groups, Asian students had the highest four-year graduation rate at 92%, while Native American and Hispanic students graduated at rates of 74% and 77%, respectively.[5] Black students had a four-year graduation rate of 82%, which was slightly lower than their White counterparts (88%). There is a significant difference also in four-year graduation rates (chart above) among higher-income students (93%) regarding their low-income peers (77%). Students in foster care and homeless students (chart above) faced significant challenges as well, with respective graduation rates of 51% and 65%, and dropout rates of 25% and 16%.[5]

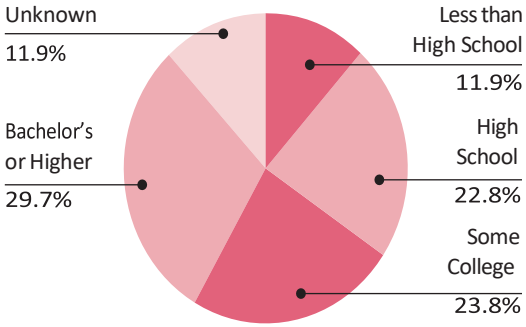
For maternal education in 2018-2022 (chart below), 11% of mothers had less than a high school diploma, 20% had a high school diploma, 27% had some college education, and 38% held a bachelor's degree or higher, with 3% having unknown education levels.[5]

Paternal parents also play a large role in maternal and family health, wellness, and financial security. In terms of paternal education (chart below), 12% of fathers had less than a high school diploma, 23% had a high school diploma, 24% had some college education, and 30% had a bachelor's degree or higher, with 12% having unknown education levels.[5]

**2018-2022 BIRTHS BY MATERNAL EDUCATION LEVELS**




**2018-2022 BIRTHS BY PATERNAL EDUCATION LEVELS**

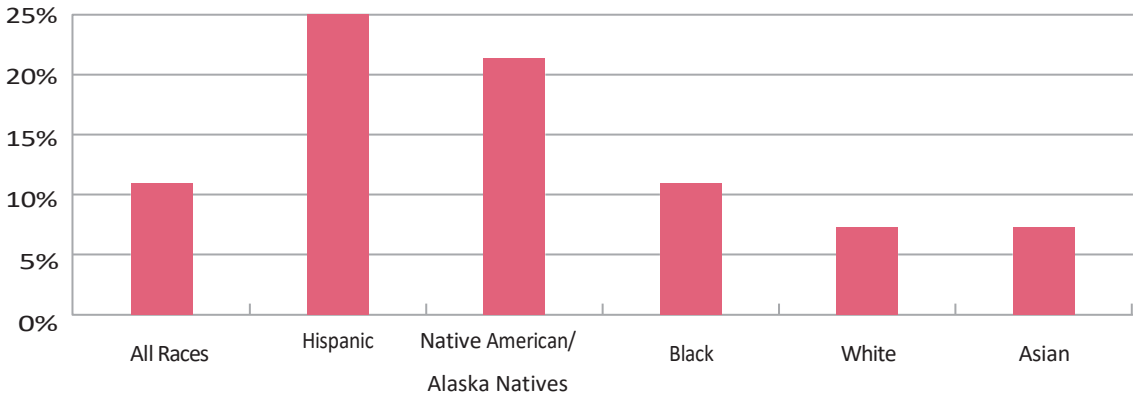



*Source: RIDOH, Center for Health Data Analysis*

In 2018-2022, 11% of births were to mothers with less than a high school diploma (chart below). Hispanic (25%) and Native American/Indian Alaska Natives (21%) had the highest percent of births to mothers who had less than a high school diploma. In comparison, 7% Asian, 7% White, and 11% Black mothers had less than a high school diploma when they gave birth.[5]

When exploring this statistic by community, 20% of mothers who gave birth and reside in the core cities had a bachelor's degree and above. This is in comparison to 27% of mothers who had some college, 27% had a high school diploma and 21% who had less than a high school diploma.[5] For the remainder of the state, 50% of mothers had a bachelor's degree and above. This is in comparison to 27% mothers who had some college, 16% who had a high school diploma, and 5% that had less.[5]

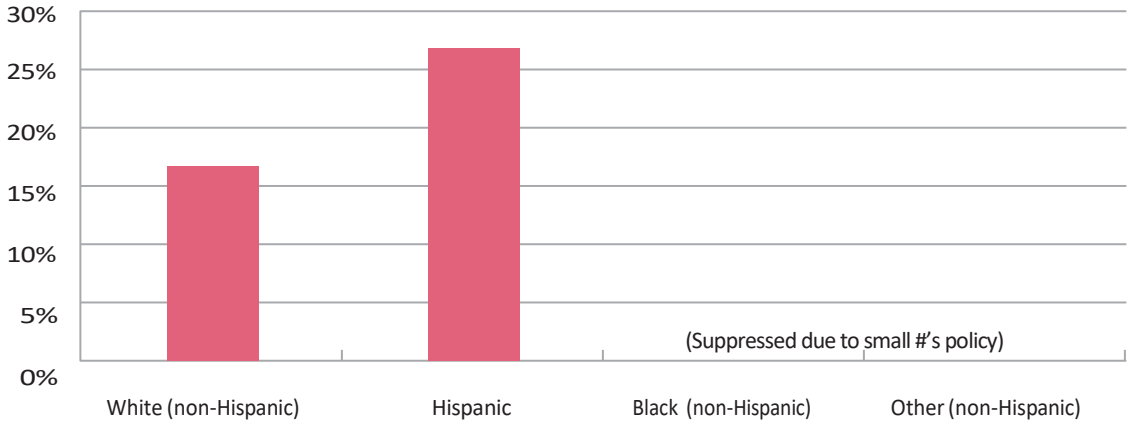
**2018-2022 PERCENT OF MOTHERS WITH LESS THAN A HIGH SCHOOL DIPLOMA BY RACE/ETHNICITY**




Source: RIDOH, Center for Health Data Analysis

***Employment*** issues further compound the challenges faced by women of childbearing age (18- 44 years old) to be able to provide for themselves and their families. Particularly in 2022, where 18.8% of these women reported job loss or reduced hours in the past 12 months.[5] This problem is particularly acute for Hispanic women, who experienced employment difficulties at a higher rate of 28.8%, compared to 16.8% of NH White women (chart below). This data highlights the economic vulnerability faced by Hispanic women of childbearing age.[5]

**WOMEN OF CHILDBEARING AGE (18-44) WHO LOST EMPLOYMENT OR HAD HOURS REDUCED BY RACE/ETHNICITY IN 2022**




*Source, Rhode Island Behavioral Risk Factor Surveillance System, 2022.*

It is important to also gauge the long-term impact of educational attainment and by proxy employment opportunity on poverty rates for families headed by single women in Rhode Island. Between 2018 and 2022, 32% of families headed by single women with less than a high school diploma lived in poverty. Poverty rates of families led by single women decrease significantly when the women have higher levels of educational attainment such as a high school diploma (16% families living in poverty), some college or associate's degree (22% families living in poverty), bachelor's degree or higher (8% families living in poverty).[5]

***Economic Stability and Financial Access to Healthcare:***

The 2019 SISTA Fire Maternal Child Health Survey further revealed several daily employment and financial security key concerns for women in their community. Daily challenges include a lack of jobs that pay a living wage or offer a career path (52%), difficulty paying monthly bills (41%), and limited opportunities for wealth creation (34%). These stressors significantly contribute to emotional, mental, and toxic stress.[6]

In spring 2023, SISTA Fire further delved into the above issues. They hosted the "Elements of a Campaign for Change" training.[7] This training covered essential areas such as campaign development, data review and analysis, and community-based participatory research (CBPR). Participants learned the stages of campaign development from identifying problems to framing issues and creating demands. Data from past surveys (2017-2018) highlighted two critical barriers: access to living wages and mental health.[7] In the summer of 2023, ten members engaged in CBPR to research community issues, develop strategies, and envision new solutions.[7]

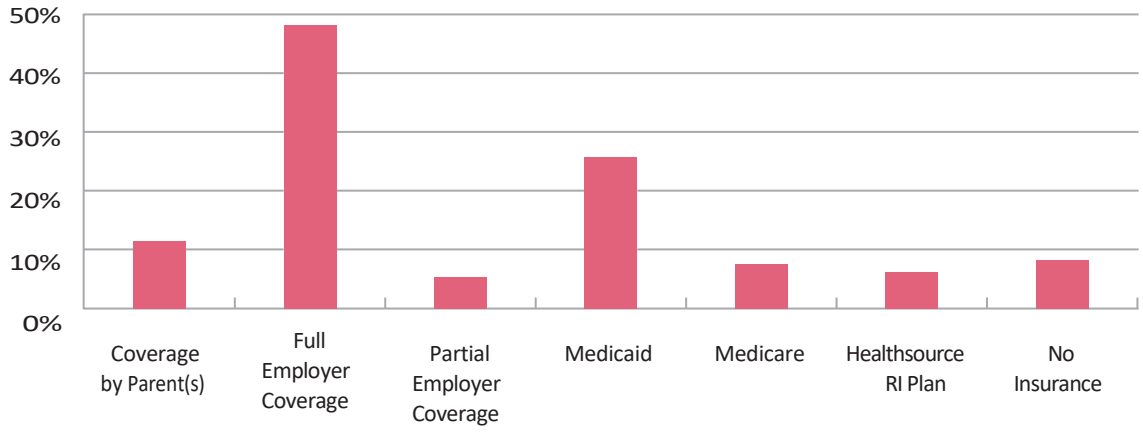
The study used a mixed-methods approach, starting with qualitative questions about participants' visions and dreams collected through direct outreach. Participants were asked to reflect on how earning $32 an hour would impact their lives and what a strong quality of life would look like for them. This was followed by a three-question survey to gather insights on mental health services, health insurance access, and financial experiences.[7] SISTA Fire conducted outreach at over thirteen community events, including farmers markets, block parties, and cultural celebrations in Providence, Pawtucket, and Central Falls. This effort reached more than 500 participants aged 18 and older.[7]

Participants shared their visions of how earning $32 an hour would transform their lives, with themes including debt and savings, education, health and leisure, family support, housing and basic needs, stability, and employment. The analysis revealed that high living costs and low wages limit participants' ability to save or pay off debt, creating barriers to education and leisure and increasing stress that can affect physical and mental health.[7]

Many participants highlighted the challenge of insufficient funds for housing and rent, often relying on multiple income sources to meet basic needs. The desire for "independence" was evident, with individuals unable to move out of family homes or having to live with relatives due to high housing costs and additional family income needs. Comments such as "I'd have more money for school, rent, and utilities," and "I would make home repairs that I've delayed" reflect these struggles.[7] Participants also recognized that increased wages could provide financial stability and improve their quality of life, as seen in statements like "I would be financially stable to a certain degree" and "I'd be able to live comfortably".[7]

These challenges are particularly acute for women belonging to the same demographic groups as participants who frequently struggle to meet their financial needs due to a mix of underemployment, unemployment, and self- employment. Many report that their current work conditions, such as irregular hours or the need for additional jobs, limit their financial stability and quality of life. A recent survey reveals (chart below) that 42.7% of respondents obtain health insurance through their employer, while 22.3% receive coverage through Medicaid making it the second most common type of insurance. Coverage by parents' accounts for 9.7% of the respondents, while 7.8% have no insurance at all. Medicare covers 6.8% of respondents, and the smallest group, 4.9%, has partial coverage provided by their employer.[7]

**2023 HEALTH INSURANCE COVERAGE AMONG STUDY PARTICIPANTS**

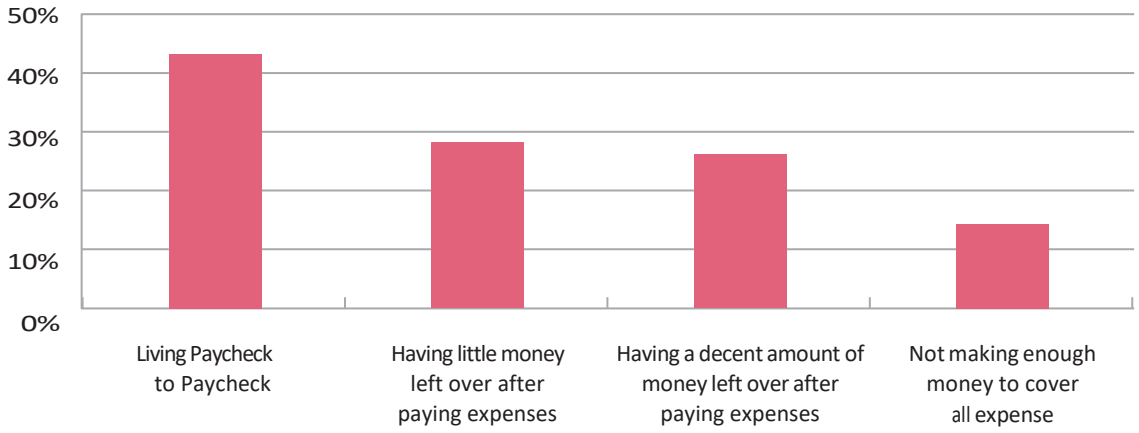



*Source: 2023 SISTA Fire Community Participatory Action Research*

This finding points to the fact that almost half of participants get their health insurance through their employer, thus indicating that they rely on jobs with benefits to maintain their health. This could lead to staying in toxic workplaces and jobs that are unsafe or do not pay enough because people are forced to stay for insurance. Additionally, a quarter of participants get their health insurance through Medicaid, suggesting a heavy reliance on state infrastructure to maintain health.[7] This creates a significant challenge to economic growth because participants with Medicaid coverage cannot have an income greater than the eligibility limit provided by the state. Income caps have unfavorable consequences on a family's upward mobility or ability to survive because eligibility limits are too low to even meet basic needs. However, if participants' wages were to increase, they would lose their healthcare. They would then have to pay for medical costs out of pocket, which we know is unaffordable because of responses to the question below.[7]

Additionally, 43.8% describe their financial situation as living paycheck to paycheck (chart below), but with expenses covered, 28.1% have little money left over after paying expenses, 27% have a decent amount left over, and 14.6% do not make enough to cover all expenses.

**2023 STUDY PARTICIPANT'S FINANCIAL SITUATION**




*Source: 2023 SISTA Fire Community Participatory Action Research*

This analysis highlights how almost half of the participants who answered this question are living paycheck to paycheck, and an additional 15% do not make enough money to cover their expenses. Therefore, over half of the participants we engaged do not have stability in meeting their basic needs. The instability of not making enough money to cover expenses or living paycheck to paycheck is dangerous because families are one crisis away from displacement or eviction, which the state also lacks sufficient infrastructure to assist with. This means that participants are at great risk of homelessness without shelter, unless they have relatives they can move in with. The researchers believe that this fundamental precarity was a clear indication that the state needs to increase the minimum wage and provide resources or policies that lower the cost of living.

In light of these challenges, participants view a strong quality of life as encompassing good health, basic needs, safety, community, leisure, and financial stability. They express that their challenges with meeting basic needs result in disparate physical and mental health, with many prioritizing less stress and better mental health.[7] Desired improvements include affordable healthcare, safe housing, and time for family and personal pursuits. Many participants also want financial stability to reduce stress and improve their quality of life.[7]

Overall, low wages and insufficient state infrastructure leave many participants unable to afford the cost of living in Rhode Island. A shortage of available, affordable housing, high costs of food and utilities, barriers to accessing healthcare, and few state resources are significant barriers to a strong quality of life. The researchers found this as a clear indication of the need for a higher minimum wage, the development of affordable housing, resources to buy food, and a decrease in the costs of heat and electricity.

Despite all of this, SISTA Fire data shows that participants still have strong visions for their lives, communities, and families. When invited to dream with us, they prioritized supporting their families to thrive, having independence and choice in their options for housing, education, and work, and the conditions for strong mental and physical health. To address these economic issues, SISTA Fire recommendations include the following: 1) Making the Guaranteed Income Pilot a permanent project; 2) Supporting microloan programs such as Lending Circles or Su Su's; 3) Developing housing cooperatives for single-parent households; 4) Expanding Section 8 vouchers with incentives for landlords; 5) Implementing a state-wide rent control program, and 6) Investing in public kitchens and other social infrastructure to foster community support and connection.

## *Housing and Homelessness*

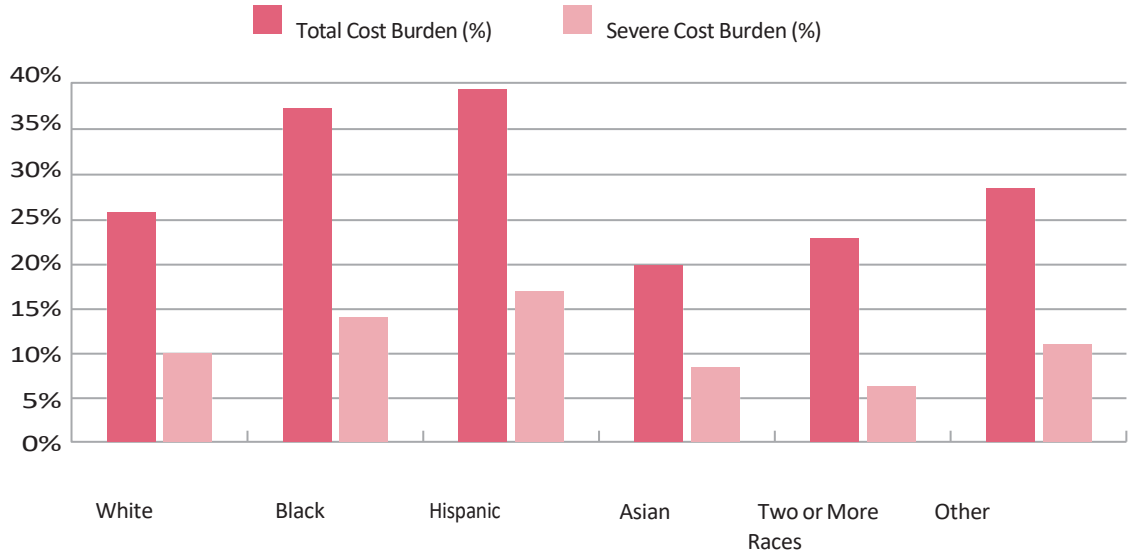
***Housing*** is a critical and typically inelastic good that all families need to survive and thrive in Rhode Island and across the country. "Housing Cost Burden" is defined as a household spending more than 30% of its annual income on housing costs, while "Severe Cost Burden" refers to spending more than 50%. More than one in three of Rhode Island households, or 142,470 households, are cost burdened. Generally, to afford the average rent in Rhode Island without a cost burden, an annual income of $84,270 is needed. In 2023, the cost of rent in Providence had the highest percent increase than any other city or town in the state (7.5%), further exacerbating the issue.[8,9]

Across Rhode Island, according to the 2023 HousingWorks RI data, only five municipalities meet the statewide threshold requiring municipalities to maintain 10% low-and-moderate-income housing (LMIH). Presently, LMIH compliant cities and towns include Central Falls, Exeter, Newport, Providence, and Woonsocket. However, even with LMIH compliance in the case of Providence, there is a pressing need for more affordable units. The following are the communities with the largest cost burdens: 1) Providence (24,000 households); 2) Warwick (14,000 households); and 3) Cranston (12,000 households). Most stunning is the inability for families to afford home ownership across different state regions. For instance, in 2023 the City of Providence and the southeast Providence County Rhode Island region, had respectively 80% (54,234 households) and 71% (44,819 households) of households that could not afford the region's median home price. Similarly, for the South Rhode Island and North Rhode Island region, they respectively have 75% (37,946 households) and 71% (44,601 households) of households in the regions that could not afford the areas' median home price.[10]

In Rhode Island, housing cost burdens vary significantly across different race and ethnic groups. Among White owner households in Rhode Island (chart below), 26% experience a total cost burden, with 10% facing a severe cost burden.[9,10] Black owner households have a higher total cost burden at 37%, with 14% experiencing a severe cost burden. Hispanic owner households are the most impacted, with 39%

facing a total cost burden and 17% experiencing severe cost burdens.[9,10] Asian owner households have a 20% total cost burden, but 8% face severe cost burdens. According to the 2023 HousingWorks RI Factbook, household owners of two or more races (chart below) experience a 22% total cost burden, with 16% facing severe cost burdens. Lastly, other race/ethnicity owner households have a 28% total cost burden, with 11% experiencing severe cost burdens.[9,10]

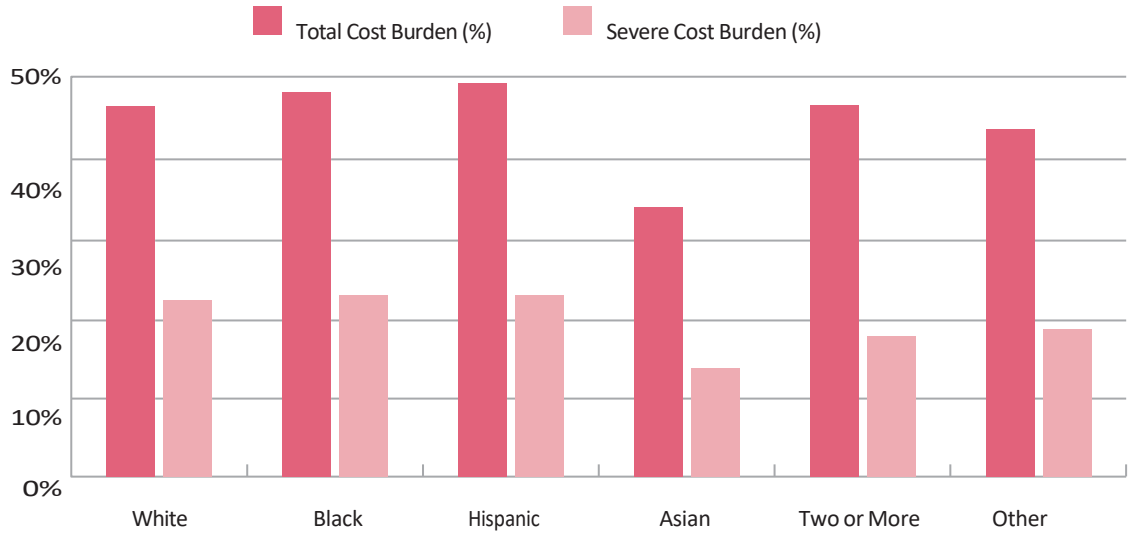
**OWNER COST BURDENS BY RACE AND ETHNICITY IN 2023**




*Source: HousingWorks RI 2023 Factbook.*

In 2021, Rhode Island faced significant challenges in both household ownership and rental markets. The state's housing production was the lowest in the nation on a per capita basis, with only 1,150 units added that year.[10] This lack of supply exacerbates existing differences, as homeownership rates among White Rhode Islanders are nearly double those of Black and Latino residents.[9] Renting presents its own set of difficulties; an annual income of $84,270 is required to afford the average rent without experiencing a cost burden.[9] Additionally, in 2023 Providence experienced the highest rent increase in the state (7.5% rent increase).[11] These figures highlight the critical issues facing households in Rhode Island, whether they are renting or seeking to own a home.

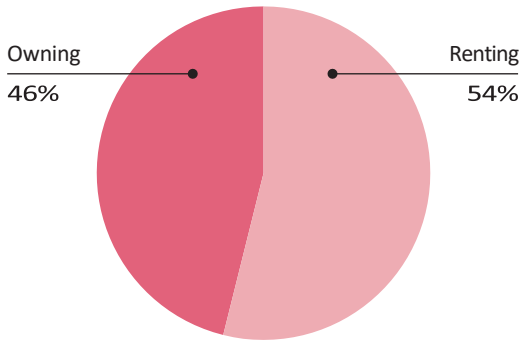
**RENTER COST BURDENS BY RACE AND ETHNICITY IN 2023**



Regarding female-led households and associated cost burdens, there is an illuminating picture of access and strain drawn for the population. For example, a majority of women-led households rent (54%) their home (chart below).[8] The remaining 46% of female-led households are owned by their occupants.[8]

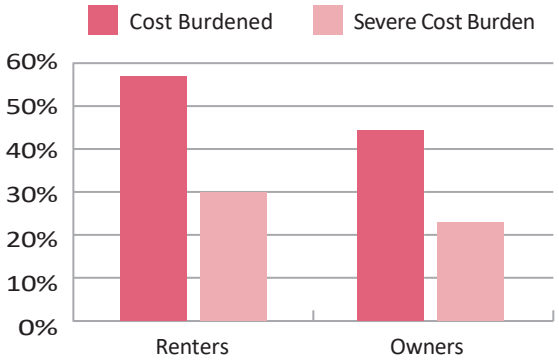
Of these female-led households, 58% of those renting their homes are cost burdened (chart below). Of those renters cost burdened households, 30% were severely cost burdened.[8] Regarding female-led households who owned their homes, 47% were cost burdened (chart below).[8] Of those cost burdened households who owned their housing, 22% of them were severely cost burdened. It is important to take into account the cost burden of single mother households. Based on 2023 data, 43% of single mother renting households and 24% of owned single mother households were cost burdened.[8]

**2023 WOMEN-LED HOUSEHOLDS RENTING OR OWNING**




*Source: HousingWorks RI: 2023 Women and Housing: A Rhode Island Snapshot*

**2023 WOMEN-LED HOUSEHOLD RENTER AND OWNER COST BURDEN**

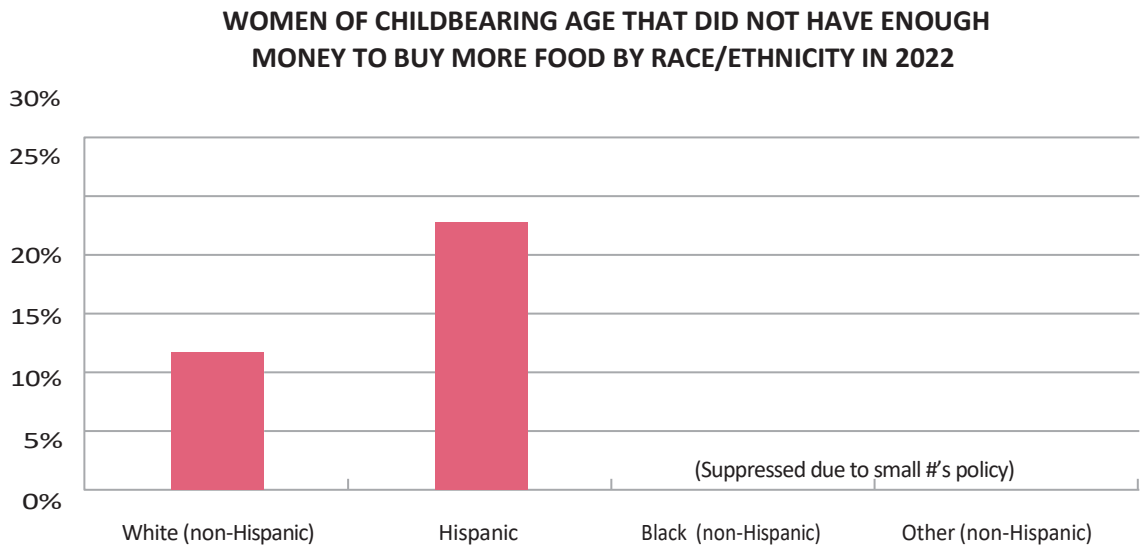



*Source: HousingWorks RI: 2023 Women and Housing: A Rhode Island Snapshot*

***Homelessness:*** Rhode Island ranks in the middle of US states for homelessness on a per capita basis, positioned 32nd for unsheltered homelessness and 17th for total homelessness.[8] Since 2020, unsheltered homelessness in the state has increased by approximately 56%, marking it as the second highest growth rate across states.[9] Differences in rate of homelessness is significant among race and ethnic groups. Black or African Americans, who make up 6% of Rhode Island's general population, represent 30% of families experiencing homelessness.[9] Similarly, Hispanic or Latino individuals, who constitute 17% of the general population, account for 33% of families facing homelessness.[9]

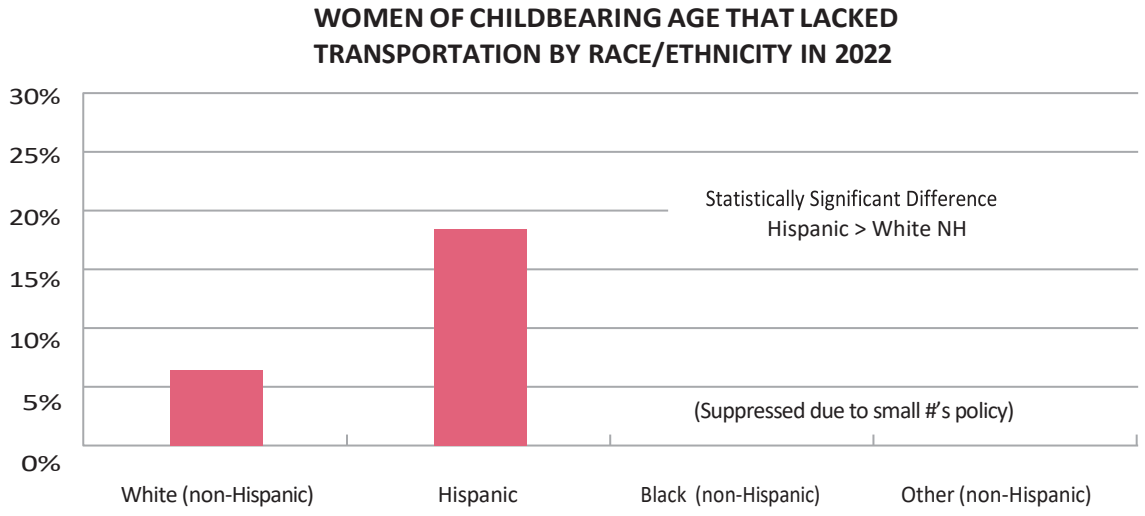
## *Other Basic Needs*

***Food Security:*** In 2022, food security among women of childbearing age (18-44 years) is a significant concern. In the past 12 months, 13.7% of respondents reported "always," "usually," or "sometimes" not having enough food that lasted and lacking the financial means to buy more. Additionally, 16.6% of women in this age group indicated that they "always," "usually," or "sometimes" felt worried or stressed about having enough money to purchase nutritious meals. Most women of childbearing age who did not have enough food identified as Hispanic (23.1%) compared to (NH) White women (11.8%).[13] Similarly, among women who were worried about having enough money to buy nutritious meals, 27.7% were Hispanic and 14.7% were NH White (chart below). Statistics related to NH Black and NH other race are suppressed due to RIDOH small numbers policy.[13]




*Counts with Relative Standard Error >30% are suppressed*
*Source: Rhode Island Behavioral Risk Factor Surveillance System, 2022*

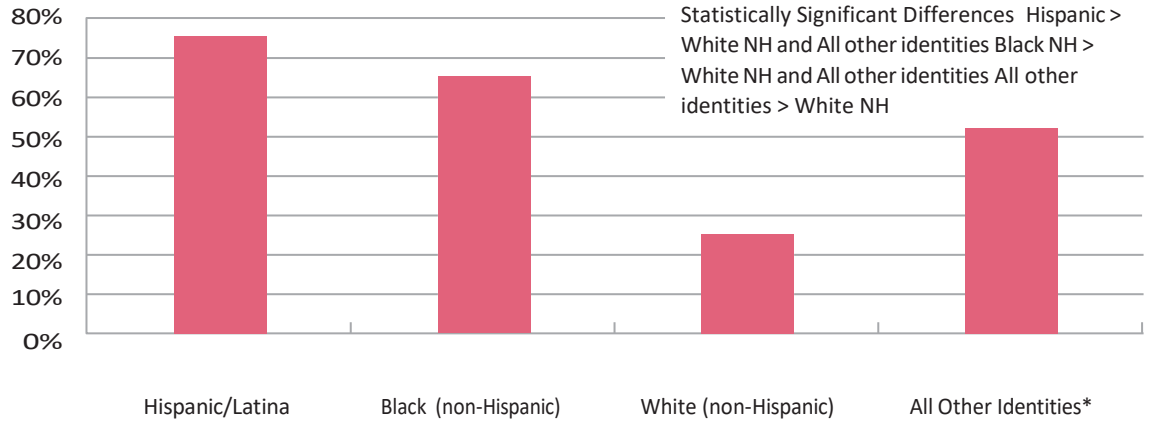
***Transportation:*** Besides food insecurity, transportation is a critical SDOH, particularly for women of childbearing age (18-44 years). Access to transportation is a tremendous factor in one's ability to access food, healthcare, and maintain stable employment. Approximately 9% of women of childbearing age reported lacking reliable transportation, which prevented them from attending medical appointments, meetings, work, or obtaining necessities for daily living. Of those lacking reliable transportation, 18.7% identified as Hispanic and 6% identified as NH White (6%) while statistics for NH Black and NH Other were suppressed due to RIDOH's small numbers policy (chart below).[13]




*Counts with Relative Standard Error >30% are suppressed*
*Source: Rhode Island Behavioral Risk Factor Surveillance System, 2022*

***Health Insurance:*** Access to healthcare also significantly impacts health outcomes of new mothers and their infants. A notable 46.2% of all new mothers were enrolled in Medicaid before, during, or after pregnancy. Most new mothers on Medicaid identified as Hispanic (75.6%). 67.2% of NH Black, 25.2% of NH White, and 50.6% of other identities also reported being enrolled on Medicaid (chart below).[4]

**NEW MOTHERS ENROLLED IN MEDICAID BY RACE/ETHNICITY IN 2019-2022**

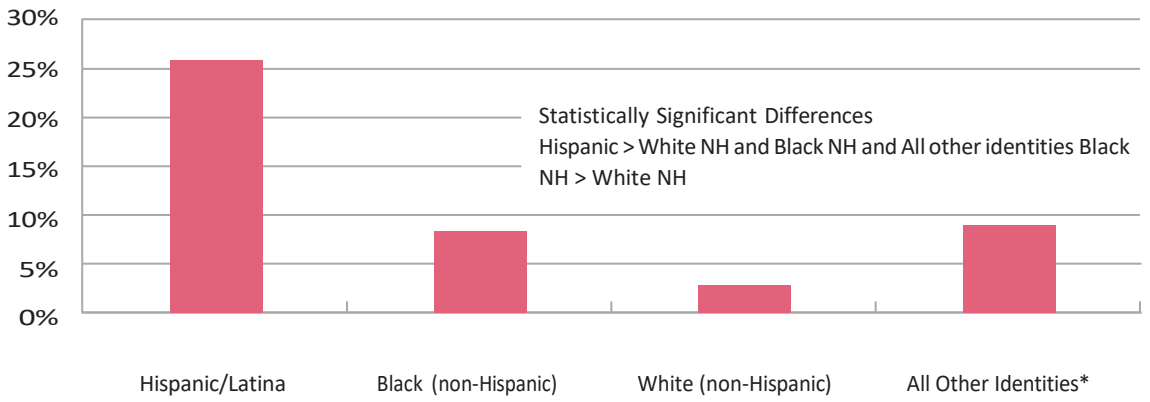



**Includes Asian, AN/AI, "mixed", other*
*Source: Rhode Island Pregnancy Risk Assessment Monitoring System, 2019-2022*

In contrast, 10.9% of new mothers were uninsured during this period, with many identifying (chart below) as Hispanic (25.6%), NH Black (8.7%), NH White (3.1%), and other race (8.9%).[4]

Among new mothers enrolled in Medicaid before pregnancy, 12.6% started prenatal care after the first trimester. Prenatal care during the first trimester is important, as it allows for early detection of health issues and is shown to improve the chances of a healthy pregnancy.[20] The significant proportion of these mothers were of other identities (19.5%), followed by NH Black (15.9%), Hispanic (11.4%), and NH White (11.3%).[4] Additionally, 17.3% of Medicaid-enrolled new mothers reported having no dental insurance, with the majority being NH Black (19.4%), followed by NH White (18.8%), Hispanic (14.8%), and other identities (9%).[4] All those with Medicaid coverage are automatically enrolled in dental insurance, thus indicating that access issues are still present even among those with insurance.

**NEW MOTHERS WITH NO INSURANCE BY RACE/ETHNICITY IN 2019-2022**



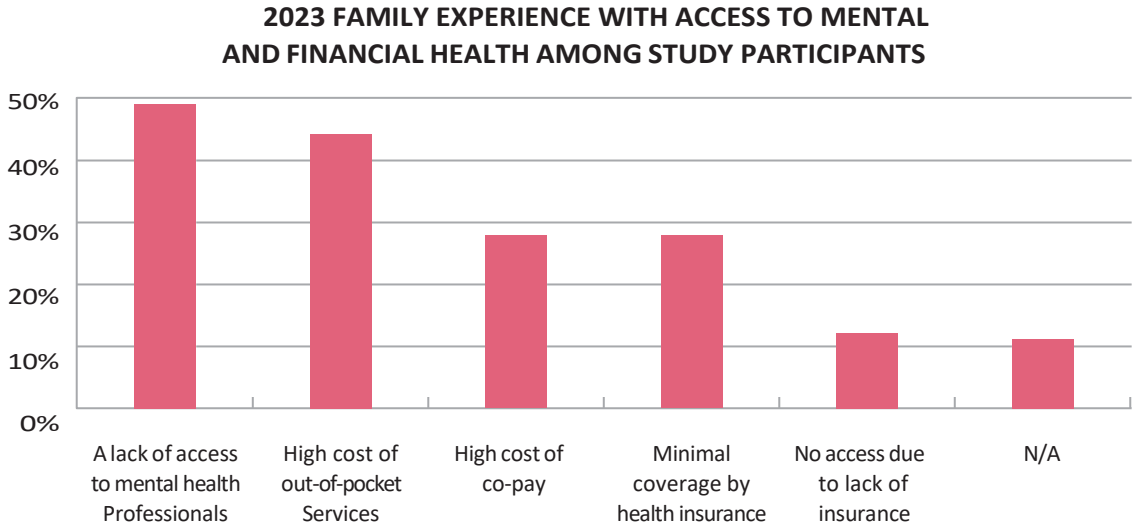

**Includes Asian, AN/AI, "mixed", other*
*Source: Rhode Island Pregnancy Risk Assessment Monitoring System, 2019-2022*

## *Social Isolation*

In 2019-2022, mental health is another critical area of concern. During pregnancy, 17.1% of new mothers reported experiencing depression, with 45% not receiving counseling and 60.4% not receiving prescription medication.[4] More than half of Hispanic Rhode Island PRAMS respondents reported not receiving counseling (52.7%), while less than half of NH Whites reported the same (44.1%). Similarly, most respondents who reported not receiving prescription medication for depression were Hispanic (79.9%). However, more than half of NH White respondents reported the same (51.5%). NH Black and all other identities are suppressed due to RIDOH's small numbers' policy.[4]

Financial Access to Mental Health:

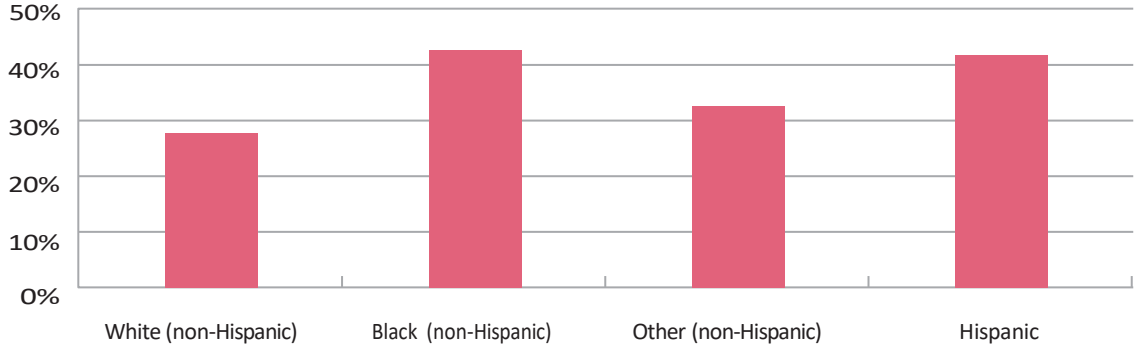
In the 2023 community participatory research SISTA Fire implemented, they engaged women in their community about how they accessed mental health services and how they financially paid for it. Almost half of the responses to this question shared that their biggest barriers to improved mental health are a lack of providers belonging to their same demographic group and high out-of-pocket fees (chart below). This suggests that participants desire healthcare professionals who are reflective of them because of doctors not taking the needs of patients in their community seriously in the past. It also shows that many participants do not have insurance that covers mental health care because 44% of them are paying for costs out-of-pocket. This indicates that there is a need for the state to improve access to holistic health insurance that is affordable and covers mental health services. A strong connection exists between being unable to afford mental health care and participants' overall poor health and wellness because mental illness can lead to long-term consequences.




*Source: 2023 SISTA Fire Community Participatory Action Research.*

It is a prominent but overlooked core human need to be interconnected to each other. Social isolation has a significant impact on the mental health and wellness of perinatal women and their children. From 2019-2022, social isolation affected 40% of women of childbearing age, who reported feeling socially isolated "always," "usually," or "sometimes".[13] This experience is more pronounced among NH Black women (43.1%), compared to 27.6% of NH White women, 33% of NH Other women, and 42.5% of Hispanic women (chart below).[13]

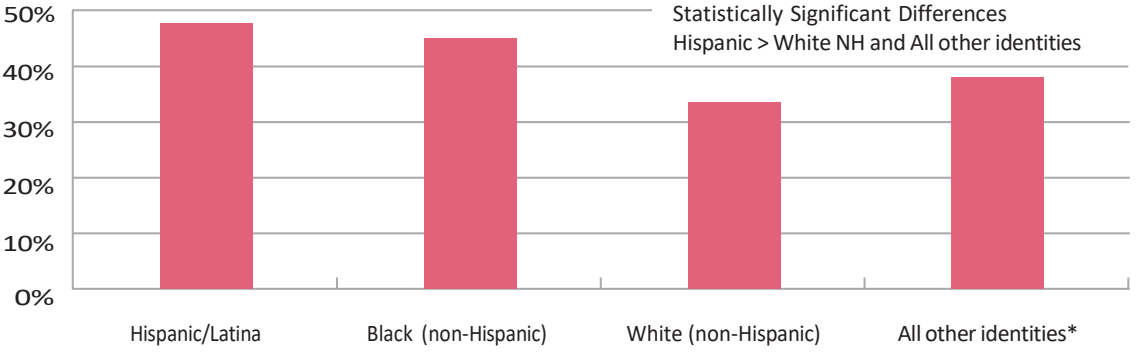
**WOMEN OF CHILDBEARING AGE THAT FELT SOCIALLY ISOLATED FROM OTHER BY RACE/ETHNICITY IN 2022**




*Source: Rhode Island Behavioral Risk Factor Surveillance System, 2022*

Furthermore, Adverse Childhood Experiences or ACEs, which are defined as potentially traumatic events occurring from 0-17 years of age, are linked to increased risks for adverse pregnancy outcomes, such as hypertensive disorders, postpartum depression, and substance use during pregnancy.[4] Among new mothers, 39.5% reported food and housing insecurity during childhood, 8.2% had no adults believing in them, and 14.9% had a parent or guardian with a substance use disorder.[4] Within the Hispanic population, 48.1% of new mothers reported experiencing food and housing insecurity during childhood (chart below). When exploring the NH population, 45% of NH Blacks, 34.1% of NH Whites, and 36.9% of new mothers of NH other races reported experiencing food and housing insecurity during childhood.[4]

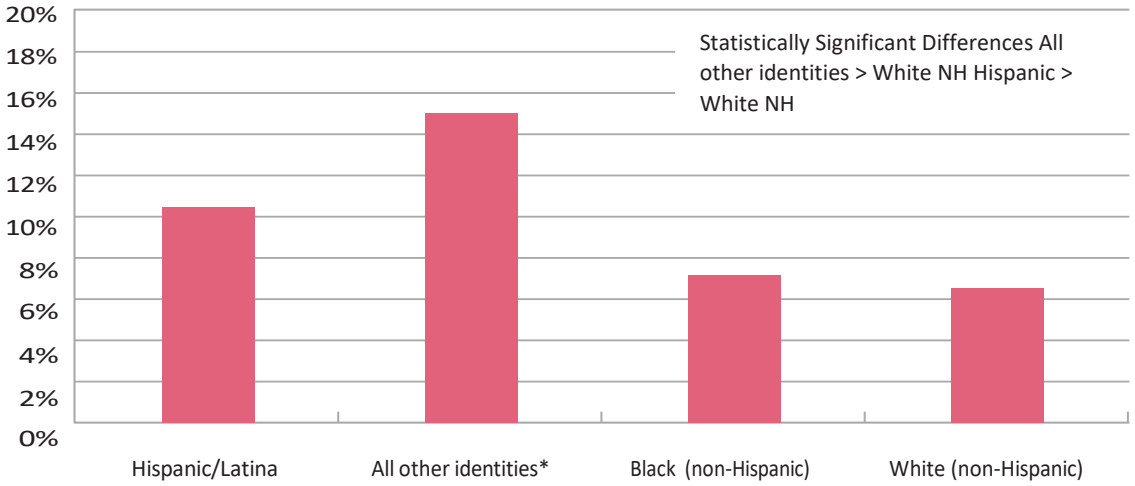
**NEW MOTHERS REPORTING FOOD/HOUSING INSECURITY DURING CHILDHOOD IDENTIFIED BY RACE/ETHNICITY IN 2019-2022**




**Includes Asian, AN/AI, "mixed", other*
*Source: Rhode Island Pregnancy Risk Assessment Monitoring System, 2019-2022*

Among new mothers reporting no adults believing in them during childhood (chart below), the majority identified as other races (14.9%), Hispanic (10.2%), NH Black, (6.9%), and NH White (6.2%).[4]

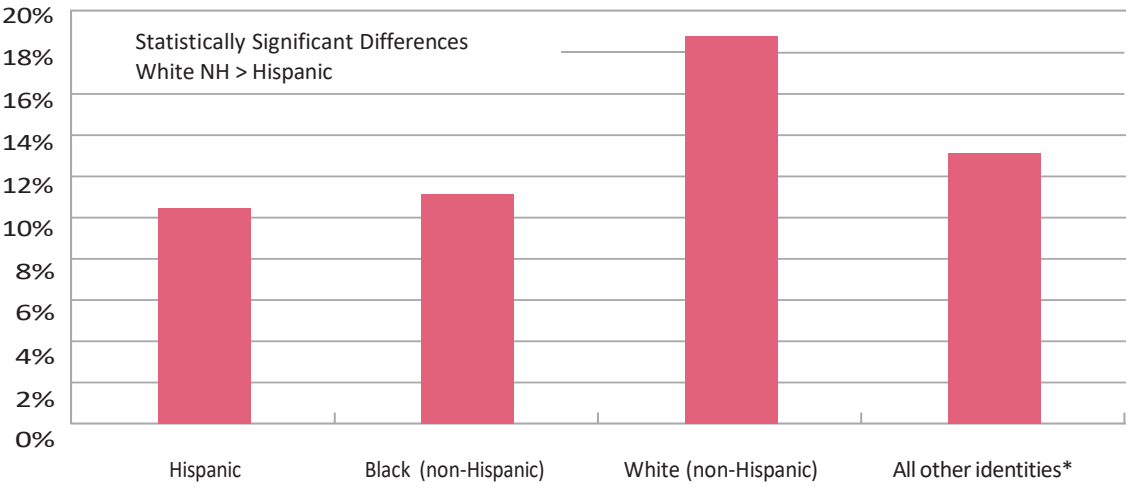
**NEW MOTHERS REPORTING NO ADULT BELIEVING IN THEM DURING CHILDHOOD BY RACE/ETHNICITY, 2019-2022**




**Includes Asian, AN/AI, "mixed", other*
*Source: Rhode Island Pregnancy Risk Assessment Monitoring System, 2019-2022*

The majority of new mothers who reported having a parent or guardian with a substance use disorder during childhood (chart below) were predominantly NH White (18.3%), followed by all other identities (13.2%), NH Black (11.3%), and Hispanic (10.2%).[4]

**NEW MOTHERS REPORTING HAVING A PARENT/GUARDIAN WITH SUBSTANCE USE DISORDER BY RACE/ETHNICITY IN 2019-2022**

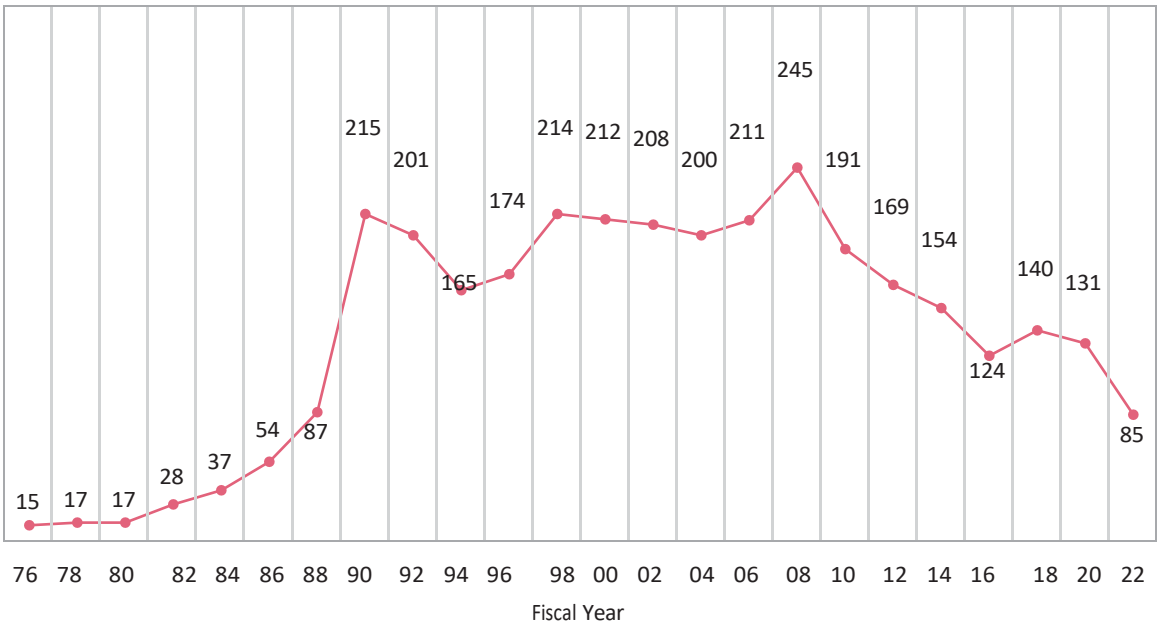



**Includes Asian, AN/AI, "mixed", other*
*Source: Rhode Island Pregnancy Risk Assessment Monitoring System, 2019-2022*

## *Criminal/Legal System Involvement*

Regarding the Rhode Island Department of Corrections (RIDOC) data, females comprise only 5% of the total RIDOC population. Since 2008, there has been a 65% decrease in the female population within RIDOC (chart below), attributed to legislation that increased behavioral good time credits and provided additional credits for program participation and completion.[12]

**1976-2021 RHODE ISLAND DEPARTMENT OF CORRECTIONS FEMALE POPULATION**



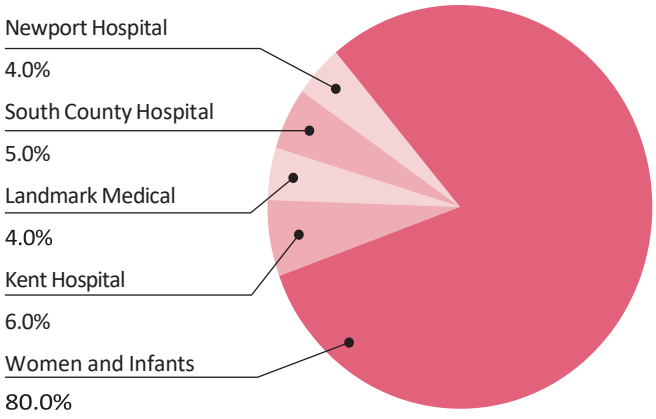

*Source: RIDOC Planning and Research Unit Population Report FY 1976 to FY 2021*

Criminal/Legal System involvement can compound with other social determinants, such as differential treatment. In all, differential treatment remains a significant issue among new mothers. About 64% of mothers from certain demographic groups report experiencing differential treatment.[4] Additionally, 28.6% of new mothers feel they were treated badly or unfairly because of their race or ethnicity.[4] This sentiment is particularly strong among those identifying as Hispanic (40%), with even higher reports among those of all other identities (64%). NH White women (12.8%) had the lowest reports of race/ethnic related unfair treatment in comparison to the other groups.[4] Through a 2019 SISTA Fire Maternal Child Health Survey, answered by 200+ women, it was found that 8% of respondents reported always experiencing differences in treatment in healthcare settings, while 49% reported sometimes experiencing it.

## *Rhode Island's Perinatal Capacity*

Rhode Island's perinatal capacity includes quality health systems and expanding community-based perinatal workforces. Components of this section of the Maternal Health landscape analysis include the following: 1) Birthing Hospitals; 2) Workforce Capacity and differences based on demographic factors.

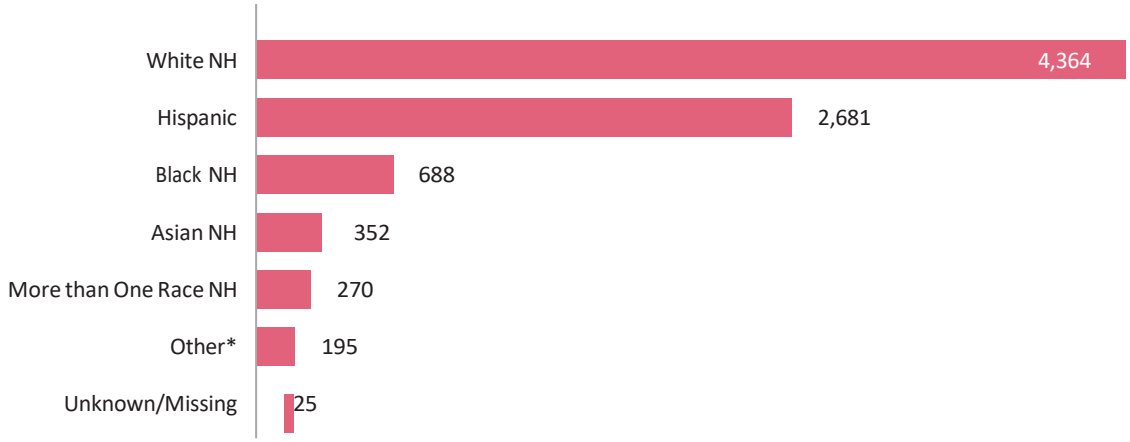
**2023 PERCENT OF BIRTHS OCCURRING AT RHODE ISLAND BIRTHING HOSPITALS**




*Source: RIDOH, Center for Health Data Analysis.*

Regarding births occurring at WIH (chart below), 4,364 were among the NH White population, 2,681 were among the Hispanic population, 688 were among the NH Black population, 352 were from the NH Asian population, 270 were from the NH more than one race population, and 195 were identified as other races. 25 births were logged as unknown or missing race/ethnicity information.[3]

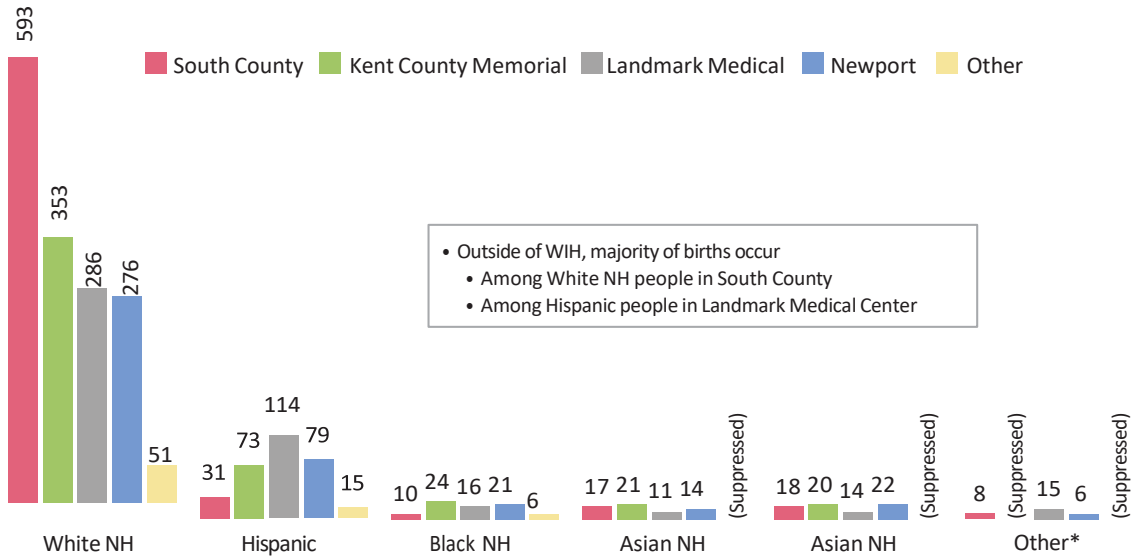
**2022 BIRTHS BY RACE/ETHNICITY AT WOMEN AND INFANTS HOSPITAL (WIH)**




**Includes Other NH, Native American NH, and Hawaiian/Other Pacific Islander NH Source: RIDOH, Center for Health Data Analysis.*

In 2022, births in four birthing hospitals outside of WIH also varied by race and ethnicity (chart below). Most births among White NH women occurred in South County, with 593 births. Hispanic births were most frequent at Landmark Medical Center, with 114 births.[3] Births among Black NH, Asian NH, women identifying as more than one race, and "other" race in these four birthing hospitals were similar in number of deliveries, with no hospital having a clear majority.[3]

**2022 BIRTHS BY RACE/ETHNICITY IN FOUR BIRTHING HOSPITALS OUTSIDE OF WIH**




*Source: RIDOH, Center for Health Data Analysis. Counts that are less than 5 are suppressed*
**Includes Other NH, Native American NH, and Hawaiian/Other Pacific Islander NH*

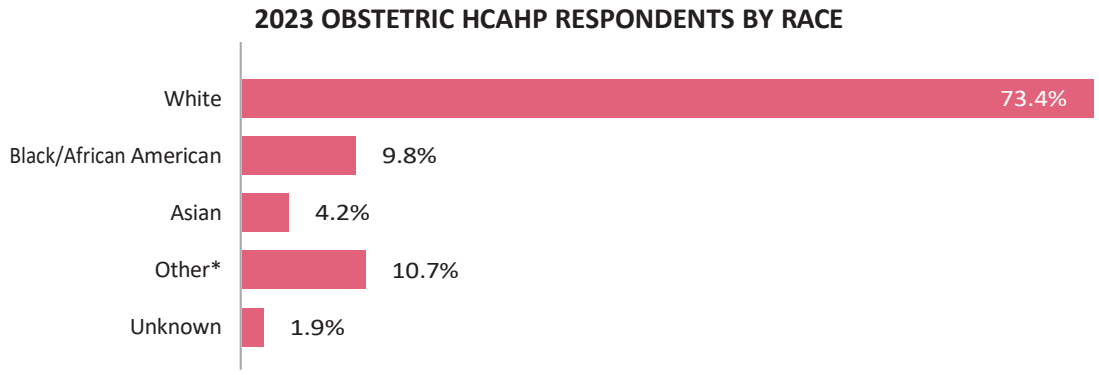
**Perception:** The HCAHPS (Hospital Consumer Assessment of Healthcare Provider and System) survey captures patients' perceptions of their hospital experience. At WIH, randomly selected obstetric patients are asked 10 survey questions about aspects of their experiences, such as communication with nurses and doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, communication about medicines, discharge information, overall rating of the hospital, and whether they recommend the hospital. Scores in various categories were measured against the fiscal year 2023 (FY23) Threshold and Target Scores. Six out of the ten question scores were below threshold and target scores (chart below). For example, patients who gave WIH a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest) scored 66, below the threshold of 74 and target of 81. Three question scores met the threshold scores but were below the target scores. For example, those who would recommend the hospital scored 77, surpassing the threshold of 75 but falling short of the target of 83. One of the question scores were above the threshold and met the target scores for room and bathroom cleanliness, which scored 81, above the threshold of 78 and meeting the target of 81. The table below lists each of the ten question areas, displaying questions below threshold and not meeting target scores in red, questions meeting the threshold but not target scores in yellow, and questions meeting both the threshold and target scores in green.[3]

### *THE HCAHPS (HOSPITAL CONSUNER ASSESSMENT OF HEALTHCARE PROVIDER AND SYSTEM) SURVEY CAPTURES PATIENTS' PERCEPTIONS OF THEIR HOSPITAL EXPERIENCE, 2023*

| Survey Measures | FY23 WIH Scores | FY23 Threshold Scores | FY23 Target Scores |
|---|---|---|---|
| Patients who gave WIH a rating of 10 on a scale from 0 (lowest) to 10 (highest) | **66** | **74** | **81** |
| Patients who reported YES, they would definitely recommend the hospital | **77** | **75** | **83** |
| Patients who reported that their nurses "Always" communicated well | **84** | **84** | **87** |
| Patients who reported that they "Always" received help as soon as they wanted | **78** | **81** | **84** |
| Patients who reported that their doctors "Always" communicated well | **87** | **88** | **90** |
| Patients who reported that their room and bathroom were "Always" clean | **81** | **78** | **81** |
| Patients who reported that the area around their room was "Always" quiet at night | **66** | **75** | **78** |
| Patients who reported that the staff "Always" explained about medicines before giving it to them | **73** | **74** | **76** |
| Patients who "Strongly Agree" they understood their care when they left the hospital (Discharge Information) | **89** | **90** | **92** |
| Patients who reported that YES, they were given information about what to do during their recovery at home (Care Transitions) | **64** | **65** | **68** |

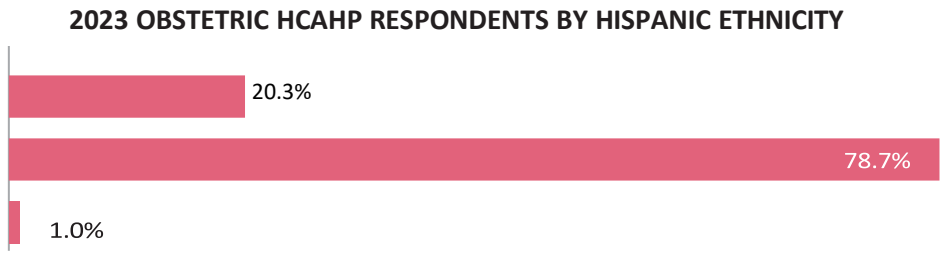
*Source: HCAHPS Dashboard, WIH, FY 2023*

A total of 1,286 randomly selected obstetric women completed the FY23 HCAHP survey and reporting their race (chart below). The majority of Obstetric HCAHPS respondents identified as White (73.4%), followed by Other (10.7%), Black or African American (9.8%), Asian (4.2%), and Unknown (1.9%).




**Includes AI/AN, Native Hawaiian/Pacific Islander, Other Source:*
*Source: HCAHPS Datasheet, WIH, FY 2023*

Additionally, 1,293 respondents reported their ethnicity (chart below), with the majority identifying as non-Hispanic (78.7%), followed by Hispanic (20.3%), and 1.0% as Unknown.[14]




*Source: HCAHPS Datasheet, WIH, FY 2023*

Aside from these experiences indicating quality of care within a hospital setting, the 2019 SISTA Fire Maternal Child Health Survey collected information on awareness of certain state programs and services. Findings indicate that awareness is notably low among surveyors, with 41% unaware of free breastfeeding support, 43% unaware of free insurance during pregnancy, and 45% unaware of home visiting services.[14]

## *Workforce Capacity and Differences in Demographics:*

In Rhode Island, access to quality healthcare services remains a challenge. There are also notable information gaps regarding the maternal health workforce. Although efforts are underway to address these gaps, additional action and attention are required.

In addition to birthing hospitals, the Rhode Island perinatal community has access to a range of healthcare facilities and services, including 32 Ob/Gyn practices, 181 primary care practices, 8 Federally Qualified Health Centers, 8 Title X Family Planning Clinics, and 199 mental health practices.[15] Rhode Island has no free-standing birth centers.

Regions and populations with lack of access to primary care, dental health, and mental health services are designated as Health Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration (HRSA) Bureau of Health Workforce. As of 2023, HRSA identified 38 of these designations in Rhode Island (chart below). 13 HPSAs were identified for primary care, encompassing 1 geographic area, 3 facilities, and serving a population of 137,033. The current need for primary care practitioners is 72.13%, necessitating 13 additional practitioners to address the shortage.[15] Thirteen HPSAs were identified for dental health, which include 4 geographic areas, 9 facilities, and serve a population of 147,733. The need for dental health practitioners is only 35.90%, requiring 24 more practitioners to eliminate the designation. For mental health, 12 HPSAs were identified for mental health, covering 2 geographic areas, 1 facility, and a population of 594,428. The need for mental health practitioners is 61.93%, and 15 additional practitioners are needed to remove the designation. Specific geographic areas include Block Island (for primary care), Newport, and Washington County (for mental health). Facility designations involve Federally Qualified Health Centers (FQHCs) and the Narragansett Tribal Clinic, while population groups include low-income census tracts in urban areas such as Providence, Pawtucket, Central Falls, and Woonsocket.[15]

| | Total Designations | Geographic Areas | Population Group | Facility | Population of Designated HPSAs | Percent of Need Met | Practitioners Needed to Remove Designations |
|---|---|---|---|---|---|---|---|
| Primary Care | **13** | **1** | **3** | **9** | **137,033** | **72.13%** | **13** |
| Dental Health | **13** | **0** | **4** | **9** | **147,733** | **35.90%** | **24** |
| Mental Health | **12** | **2** | **1** | **9** | **549,428** | **61.93%** | **15** |

*Source: RIDOH Office of Primary Care and Rural Health Designation and Explanation Report, 2023.*

Maternity Care Target Areas (MCTAs) are regions within existing Primary Care HPSAs that face significant shortages of maternity healthcare professionals, including Certified Nurse Midwives, Obstetricians, and Gynecologists. The MCTA Score, which ranges from 0 to 25, indicates the level of maternity care needs, with higher scores reflecting more acute shortages. In Rhode Island, several primary care facilities exhibit varying MCTA scores (chart below). For example, Pawtucket/Central Falls scores 13, while Woonsocket scores 14. Facilities such as Providence Community Health Centers and Thundermist Health Center have higher scores, with 19 and 16, respectively, indicating a more significant need. These scores highlight the varying levels of maternity care shortages across the state and underscore the need for targeted support and resource allocation.[15]

| Discipline | HPSA Name | PC MCTA Score |
|---|---|---|
| Primary Care | Pawtucket/Central Falls | 13 |
| Primary Care | Woonsocket | 14 |
| Primary Care | New Shoreham/Block Island | 7 |
| Primary Care | Providence City | 15 |
| Primary Care | Providence Community Health Centers | 19 |
| Primary Care | Thundermist Health Center | 16 |
| Primary Care | Northwest Community Health Care | 18 |
| Primary Care | East bay Community Action Program | 16 |
| Primary Care | Wood River Health Services | 16 |
| Primary Care | Tri-County Community Action Agency | 18 |
| Primary Care | Comprehensive Community Action | 16 |
| Primary Care | Blackstone Valley Community Health Care | 18 |
| Primary Care | Narragansett Indian Tribe Health & Human Services | 8 |

*Source: RIDOH Office of Primary Care and Rural Health Designation and Explanation Report, 2023.*

Regarding the differences based on demographic factors of the 4,063 active physicians in Rhode Island, there is a broad range of race and ethnic representation (chart below). Asian physicians represent 16.0% of the workforce, placing Rhode Island 20th in the nation and surpassing the national median of 13.7%. Black or African American physicians make up 3.4% of the workforce, ranking 29th in the nation and slightly below the national median of 3.8%.[16] Physicians of Hispanic, Latino, or Spanish origin account for 4.6%, ranking 9th in the nation and exceeding the national median of 3.2%. American Indian or Alaskan Native physicians constitute 0.2% of the workforce, ranking 41st in the nation and falling short of the national median of 0.4%. Data for Native Hawaiian or Other Pacific Islander physicians is not specified, with the state ranking 46th and the national median at 0.1%. Finally, those identifying as Other Race or Ethnicity makeup 2.2% of the workforce, ranking 6th among states and surpassing the national median of 1.4%.[16] It is important to note that data on the race breakdown of physicians specifically providing care to perinatal women are not available and may be different from the data presented above of active physicians, generally, in the state.

| **Rhode Island Active Physicians (n=4,063) Race/Ethnicity Categories** | **Rhode Island Percentage** | **Rhode Island Rank*** | **National Median†** |
|---|---|---|---|
| Asian | 16.0% | 20 | 13.7% |
| Black or African American | 3.4% | 29 | 3.8% |
| Hispanic, Latino or Spanish Origin | 4.6% | 9 | 3.2% |
| American Indian or Alaskan Native | 0.2% | 41 | 0.4% |
| Native Hawaiian or Other Pacific Islander | NS | 46 | 0.1% |
| Other Race or Ethnicity | 2.2% | 6 | 1.4% |
| White | 70.0% | 21 | 67.3% |

*Rhode Island Rank: How Rhode Island ranks compared to the other 49 states. Rank of 1 goes to the state with the highest value.
†National Median: The value in the middle of the 50 states, with 25 states above the median and 25 states below. NS: Data not shown for states with less than 10 physicians.
*Source: 2021 State Physician Workforce Data Report, Association of American Medical Colleges (AAMC).*

The race and ethnic breakdown of the perinatal workforce in Rhode Island (chart below) includes various professionals such as Certified Professional Midwives (n=6), Certified Midwives (n=1), Certified Doulas (n=124), Certified Community Health Workers (n=370), Peer Recovery Specialists (n=407), and Childbirth Educators (n=10).[3] However, detailed race and ethnic data is unavailable for Certified Professional Midwives and Certified Midwives. For Certified Perinatal Doulas, 35% are NH Black, 30% are NH White, 23% are Hispanic, 6% identify as NH more than one race, 1% are from NH other races, and 5% are of unknown ethnicity. Among Certified Community Health Workers, 12% are NH Black, 45.7% are NH White, 35.9% are Hispanic, 3.2% identify as NH more than one race, 1.6% are from other races, and 1.6% are of unknown ethnicity. Peer Recovery Specialists have 14.4% NH Black, 68.5% NH White, 9% Hispanic, 4% from NH more than one race, 1.4% from other races, and 2.7% of unknown ethnicity. Data for Childbirth Educators within the Care New England systems is unavailable.[17]

| | Certified Professional Midwife (n=6) | Certified Midwife (n=1) | Certified Doulas (n=124) | Certified Community Health Workers (n=370) | Peer Recovery Specialist (n=407) | Childbirth Educators (10 within the CNE systems) |
|---|---|---|---|---|---|---|
| Black, non-Hispanic | Unavailable | Unavailable | 35.0% | 12.0% | 14.4% | Unavailable |
| White, non-Hispanic | Unavailable | Unavailable | 30.0% | 45.7% | 68.5% | Unavailable |
| Hispanic | Unavailable | Unavailable | 23.0% | 35.9% | 9.0% | Unavailable |
| More than one race, non-Hispanic | Unavailable | Unavailable | 6.0% | 3.2% | 4.0% | Unavailable |
| Other race | Unavailable | Unavailable | 1.0% | 1.6% | 1.4% | Unavailable |
| Unknown | Unavailable | Unavailable | 5.0% | 1.6% | 2.7% | Unavailable |

*Source: Rhode Island Certification Board, 2024*

In the roles of Certified Lactation Consultants (n=65), Breastfeeding Peer Counselors (n=14), and WIC Nutritionists (n=30), detailed race and ethnic data is not provided (chart below). However, for Parents as Teachers and Healthy Families America (n=62), 18% are NH Black, 54% are NH White, 5% are from other races; and 19% are of unknown ethnicity. Data for Nurse Family Partnership, First Connections (n=21), and Medical Interpreters (n=9) is not specified.[3]

| | Certified Lactation Consultant (n=65) | Breast-feeding Peer Counselors (n=14) | WIC Nutritionists (n=30) | Parents as Teachers, Healthy Families America (n=62) | Nurse Family Partnership | First Connections (n=21) | Medical Interpreters (n=9 at WIH between Inpatient and ambulatory locations) |
|---|---|---|---|---|---|---|---|
| Black, non-Hispanic | Unavailable | Unavailable | Unavailable | 35.0% | 12.0% | 14.4% | Unavailable |
| White, non-Hispanic | Unavailable | Unavailable | Unavailable | 30.0% | 45.7% | 68.5% | Unavailable |
| Hispanic | Unavailable | Unavailable | Unavailable | 23.0% | 35.9% | 9.0% | Unavailable |
| More than one race, non-Hispanic | Unavailable | Unavailable | Unavailable | 6.0% | 3.2% | 4.0% | Unavailable |
| Other race | Unavailable | Unavailable | Unavailable | 1.0% | 1.6% | 1.4% | Unavailable |
| Unknown | Unavailable | Unavailable | Unavailable | 5.0% | 1.6% | 2.7% | Unavailable |

*Source: RIDOH Family Visiting Program, 2023.*

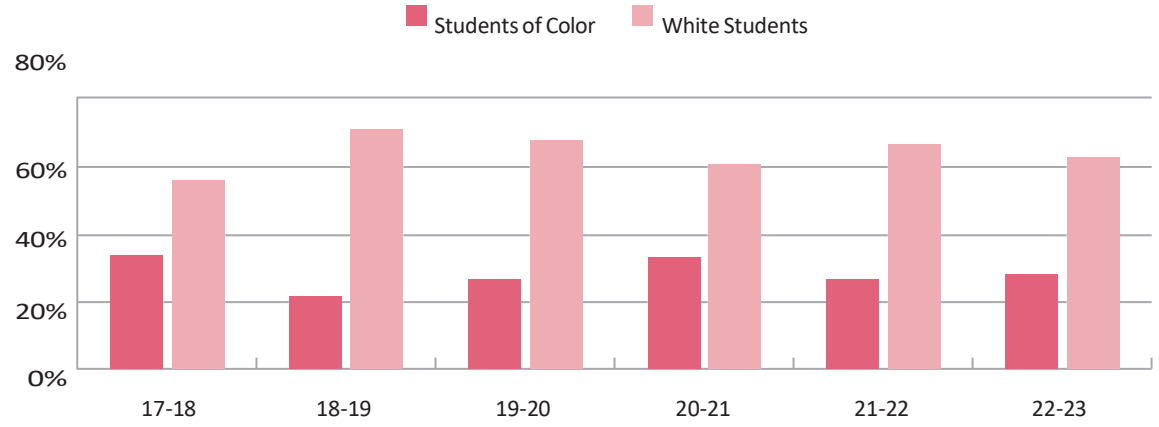
The race and ethnic breakdown of the perinatal workforce in Rhode Island further reveals limited data for specific roles. For example, detailed race and ethnic information is unavailable for Certified Nurse Midwives, with a count of 93, and International Board-Certified Lactation Consultants (IBCLCs), with a count of 66. This lack of specific data makes it challenging to assess the differences based on demographic factors within these key perinatal roles. There is currently no available breakdown for NH Black, NH White, Hispanic, individuals of more than one race, non-Hispanic, other races, or unknown ethnicities within these groups.[3] This gap highlights a significant challenge in understanding the demographic composition of perinatal

professionals, which could affect efforts to improve care outcomes.

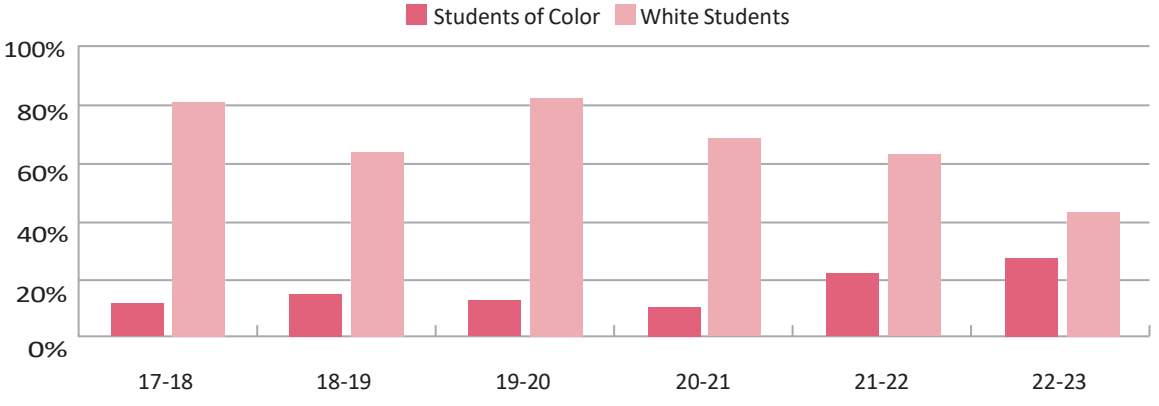
However, the 2019 Title V Needs Assessment results highlight a significant lack of differences based on demographic factors in the pregnancy, prenatal, and postpartum workforce, particularly in family home visiting, family planning, birthing hospitals, and prenatal care providers. There is a general lack of hiring or training of potential healthcare providers within the surrounding community or greater Providence area.[3] Differences based on demographic factors of the healthcare workforce stems from differences within academic institutions that provide educational and training qualifications necessary for such professions.

In 2023, the Latino Mental Health Network of RI and the Latino Policy Institute issued a report on the Latino mental health pipeline. They found that an average of 21% of graduates from the Rhode Island College (RIC) Master of Social Work program identified as Latino, while fewer than 8% of graduates from the RIC Mental Health Counseling program were Latino.[19] Despite some improvements in enrollment and graduation rates, more work is needed to remove barriers to entry.

**RIC MENTAL HEALTH COUNSELING ENROLLMENT BY RACE & ETHNICITY IN 2017-2023**




**RIC MENTAL HEALTH COUNSELING GRADUATION BY RACE & ETHNICITY IN 2017-2023**




*Source: Latino Policy Institute and Latino Mental Health Network of RI, Latino Mental Health Pipeline 2023*

## *Rhode Island Perinatal Programs, Initiatives and Resources*

**1-833-RI Doula** Doula care is covered by all Rhode Island Medicaid and most commercial insurance plans. Having a doula improves birth and postpartum outcomes and helps reduce gaps in maternal and infant health. Need a doula? Call 1-833-RI-DOULA.
https://www.rhodeislandbirth.com/ https://urbanperinatal.org/doula-referral-request

**Alliance for Innovation on Maternal Health** Alliance for Innovation on Maternal Health (AIM) is a national initiative focused on improving birth safety, enhancing maternal health, and saving lives through best practices. Rhode Island is proud to be an AIM state, with hospitals across the state working to reduce preventable maternal complications and deaths by implementing AIM patient care bundles. https://www.pnqcri.org/ri-aim

**Alternative Birth Center** Women & Infants' Alternative Birthing Center (ABC) provides a cozy, home-like setting for women with low-risk pregnancies who prefer minimal intervention during childbirth. Located next to the Labor/Delivery/Recovery Unit, it allows for a smooth transition if more intensive care is needed. The center features a spacious bedroom, a private bathroom with a Jacuzzi tub, and amenities to ensure comfort, including a private waiting area for family and the option to include a doula, children, and other loved ones in your birth experience. 401-274-1122, extension 41831
https://www.womenandinfants.org/services/pregnancy/having-a-baby/alternative-birthing-center

**Baby Bloom Newborn Care Services** Recovery after giving birth involves many challenges, including caring for a newborn, physical recovery, and dealing with sleepless nights. Baby Bloom offers personalized support to help families manage these demands, providing overnight newborn care, postpartum doula services, and newborn education in Rhode Island. Some insurance plans may cover these services, allowing families to rest, find their voice, and feel empowered during this major life transition.
401-496-2044 https://www.babybloomnewborncare.com/

**Baby2Home** The BABY2HOME app supports new parents with personalized content, baby trackers, and wellness tools to make the transition to parenthood smoother. It offers tailored articles and videos, easy tracking of baby's needs, and monthly wellness surveys to help you monitor and improve your own health. With access to over 250 articles and instant support from a care manager, BABY2HOME is designed to guide you through the first year and beyond.
https://apps.apple.com/us/app/baby2home/id1623469711

**Bayside Chiro** Bayside Chiropractic, PC, provides friendly, gentle, and effective chiropractic care for the entire family. The welcoming environment includes front desk staff and whole-body techniques suitable for all ages. They support pregnant mothers, active children, and newborns, offering specialized services like lactation consultations and tongue-tie assessments to enhance breastfeeding and facial development.
508-243-4000 https://baysidechiroprovidence.com/about-us/

**Begin Again Counseling** Begin Again Counseling in Rhode Island offers compassionate support for individuals and families experiencing pregnancy loss, including miscarriages, stillbirths, and terminations for medical reasons. The mission is to create a safe space for healing to address the emotional, physical, and spiritual aspects of grief. They provide individual counseling, support groups, and therapy for perinatal mood and anxiety disorders to help navigate the journey with resilience and hope. 401-793-7410 https://www.beginagainri.com/home

**Breastfeeding Class (Newport)** The Breastfeeding Class at the Noreen Stonor Drexel Birthing Center teaches expectant parents about the benefits of breastfeeding, how often to feed, and proper techniques. It also covers how to ensure your baby is getting enough milk. The class, which welcomes and encourages dads to attend, is held on the second Tuesday of every month. Call to find out the fees and to register.
401-845-1110 https://www.lifespan.org/centers-services/noreen-stonor-drexel-birthing-center/education-programs

**Breastfeeding Success (South County)** The Breastfeeding Success class, taught by a lactation consultant from the Women and Newborn Care Unit, offers a 2-hour prenatal session on successful breastfeeding techniques and nutrition before your baby arrives. The class covers what to expect at the hospital, how to avoid common issues, and tips for maintaining milk supply. Partners or support persons are welcome to attend. The class is free, but pre-registration is required. For more information, email southcountymoms@southcountyhealth.org. https://www.southcountyhealth.org/programs-services/center-for-women-s-health/having-a-baby/childbirth-education

**Breastfeeding Support Group (Newport)** This free postpartum support group helps new mothers during their first weeks of breastfeeding. Facilitated by a board-certified lactation consultant, the group meets every Thursday in the Noreen Stonor Drexel Birthing Center, offering a space for moms to share their experiences and concerns with one another.
401-845-1110 https://www.lifespan.org/centers-services/noreen-stonor-drexel-birthing-center/education-programs

**Breastfeeding Support Group (Statewide)** Women & Infants offers a weekly Breastfeeding Support Group to help new moms after they leave the hospital. The group meets on Wednesdays from noon to 1:30 p.m. at the Malcolm and Elizabeth Chace Education Center in South Pavilion. Please bring your baby's birth date, birth weight, and weight at discharge.; for support, please contact the Warm Line at 1-800-711-7011.https://www.womenandinfants.org/patient-resources/support-groups

**Bright Start** Bright Start is a program designed for Neighborhood's pregnant members, offering support and information to ensure a healthy pregnancy, positive birth outcomes, and a smooth postpartum period. If a pregnancy is identified as high-risk, the member is referred to a case manager who collaborates with both the member and their provider throughout the pregnancy and postpartum stages. Providers should complete and submit the Prenatal Risk Assessment to alert the case management team about at-risk pregnancies. Members can also receive educational materials and incentives for completing recommended prenatal and postpartum visits.
https://www.nhpri.org/providers/provider-resources/clinical-resources/bright-start/

**Childbirth & Parenting Education** Pregnancy brings many new experiences and changes, both physically and emotionally. To help you prepare, we offer a range of educational classes in English and Spanish, including childbirth preparation, breastfeeding, and newborn care. Our offerings include in-person workshops, virtual hospital tours, and online classes, with topics such as parenting, grandparent preparation, and family finances. Check our website for schedules, costs, and information on insurance coverage.
401-276-7800. https://www.womenandinfants.org/childbirth-education

**Childbirth Preparation Classes** Our childbirth preparation classes, designed for expectant mothers and their partners, cover Lamaze techniques, relaxation, stages of labor, pain management, and newborn care. The series includes four evening classes, with a condensed one-day Saturday option available every other month. We also offer a refresher class for experienced parents. Call to find

out the fees and to register. 401-845-1110 https://www.lifespan.org/centers-services/noreen-stonor-drexel-birthing-center/education-programs

**Children's Advocacy Center** The Children's Advocacy Center (CAC) in Rhode Island protects and supports children who have experienced sexual abuse through a coordinated, multi-disciplinary approach. With four accredited locations, the CAC provides forensic interviews, medical evaluations, mental health counseling, and advocacy to minimize trauma and support healing. The center prioritizes a child-friendly environment and offers wrap-around services, including crisis intervention and follow-up support for up to a year.
401-421-100 ext.119. https://dayoneri.org/support-services/childrens-advocacy-center

**Chocolate Milk Cafe** - RI Chocolate Milk Café National, Inc., is a Black peer support organization dedicated to creating supportive spaces for children and families of the African Diaspora on their lactation and human milk feeding journeys. Chocolate Milk Café RI, an affiliate, holds monthly virtual meetings on the first Thursday of each month at 4:30 p.m. For lactation support or more information, contact rhodeisland@chocolatemilkcafe.org or journ3i@gmail.com.
401-307-1882 https://www.chocolatemilkcafe.com/rhodeisland

**Choices in Family Building** Choices in Family Building is a support group for single women using cryopreserved sperm. It provides a space for sharing experiences and building community support. The group meets on the second Wednesday of each month from 6:30 to 8:00 p.m. on the third floor of the Women & Infants Fertility Center, Providence. To register, call 401-274-1122, ext. 43438. https://www.womenandinfants.org/patient-resources/support-groups

**Clinica Esperanza** Clínica Esperanza/Hope Clinic offers comprehensive medical care, including acute, primary, and specialty services, to uninsured and under-insured individuals. Located at 60 Valley St., Suite 104, Providence, the clinic provides routine vaccinations, healthy lifestyle programs, and additional support services. Open Monday to Friday with specific walk-in hours, the clinic serves a large Spanish-speaking population through free care provided by multi-lingual volunteers and staff. 401-347-9093 https://www.aplacetobehealthy.org/patients

**Coalition Against Domestic Violence** The Coalition's mission is to support member agencies and lead efforts against domestic violence. They foster communication and collaboration, raise public awareness, and advocate for systemic change. They also partner with survivors to amplify their voices and access resources to enhance community impact. https://ricadv.org/

**Compass+ Initiative** The Compass+ initiative, a collaboration between the Center for Women's Behavioral Health and Dr. Miller from Maternal Fetal Medicine at WIH, helps select practice sites implement a collaborative care model for addressing mental health concerns in perinatal patients. This program, funded by NIH, other agencies, and the CVS Foundation, aims to improve mental health support in outpatient clinical settings.

**Comprehensive Community Action Plan** The Comprehensive Community Action Program (CCAP) is a nonprofit organization dedicated to fighting poverty in Rhode Island. They offer a wide range of services, including health and dental care, family development, child and youth education, and job training. Serving over 40,000 clients annually, their diverse staff supports individuals and families in becoming self-sufficient across multiple Rhode Island communities.
401-467-9610 https://www.comcap.org/

**Day One** Day One is dedicated to addressing sexual assault in Rhode Island through comprehensive treatment, advocacy, and prevention services. They offer trauma-informed care and support for survivors of all ages, from children to adults, and work with community partners to promote public

policy changes and improve responses to sexual violence. Services include a 24-hour helpline, legal and victim advocacy, counseling, and prevention education. 401-421-4100 https://dayoneri.org/

**Direct Doctors Prenatal Care & Breastfeeding Medicine** Direct Doctors offers a personalized healthcare experience with a monthly fee, providing patients direct access to their physician, longer visits, and unlimited communication via cell and email. While insurance can still be used for medications, labs, and emergencies, Direct Doctors does not handle copays or insurance billing. At the Riverside location, Dr. Ashley Lakin, DO, provides specialized prenatal care and breastfeeding consultations, including expertise in induced lactation. For more details or to schedule a consultation, please email directdoctors@gmail.com.
401-400-2700 https://www.directdoctors.org/pregnancy.html

**Domestic and Dating Helpline** The Confidential Helpline, available 24/7 at 1-800-494-8100 or via live chat on our website, provides support to victims of violent crimes, including domestic and dating abuse, sexual assault, human trafficking, and hate crimes. Our advocates offer guidance and resources but do not set up services directly. For immediate assistance, use the online chat feature by clicking the "WE'RE HERE TO HELP" slide out on the right side of the screen.
1-800-494-8100 http://www.helplineri.com/

**Doulas Connectadas** Doulas Connectadas supports Latin and Spanish-speaking families throughout their pregnancy, birth, and postpartum journeys. The team of Latina and bilingual doulas provides compassionate care, aiming to improve maternal and infant health outcomes. To connect with a doula, call us at 401-302-8699 or email doulasconectadas@gmail.com.
401-302-8699 https://sites.google.com/view/doulasconectadas/

**Doulas of Rhode Island** Doulas of Rhode Island (DoRI) is a professional organization that supports doulas serving families in Rhode Island, Connecticut, and Massachusetts. They educate the community about the benefits of doulas and provide resources for families to easily access doula services. Their members benefit from networking opportunities, professional support, and continuing education, while families can find qualified doulas through our directory. For more information, visit our website or contact us at admin@doulasri.org. http://www.doulasri.org/

**East Bay Health Center (Adams-Farley)** East Bay Health Center (Adams-Farley) offers comprehensive outpatient services including individual, group, and family East Bay Health Center (Adams-Farley) offers comprehensive outpatient services including individual, group, and family counseling, as well as medication support and Suboxone treatment for substance use disorders. We serve adults, children, families, and elders with mental health and substance use needs. Our services are available on a sliding fee scale, and we accept various insurances, including Medicare and Medicaid. For more information or to schedule an appointment, call 401-431-9870., as well as medication support and Suboxone treatment for substance use disorders. We serve adults, children, families, and elders with mental health and substance use needs. Our services are available on a sliding fee scale, and we accept various insurances, including Medicare and Medicaid. For more information or to schedule an appointment, call 401-431-9870.
https://www.ebcap.org/center/east-bay-center-adams-farley-counseling-center/

**East Bay Health Center- Barrington** East Bay Health Center's Emergency Services provides 24/7 immediate assistance for individuals experiencing a psychiatric crisis, including stabilization and acute psychiatric hospitalization. We accept referrals from police, emergency rooms, family members, or community agencies, and offer support for those at risk of harming themselves or others. Services are available to all, including those uninsured or underinsured, with a sliding fee scale based on income. For emergencies, call 401-246-0700. https://www.ebcap.org/center/east-bay-center-john-p-digits-jr-facility/

**First Connections Program** First Connections offers confidential home visits to pregnant women and families with children up to age three. They provide health education, connect families with healthcare and social services, and conduct child wellness screenings. Services are tailored to family needs and are available in various Rhode Island communities. Referrals are accepted through primary care physicians or self-referral. https://health.ri.gov/find/services/detail.php?id=34

**Happy Babies, Healthy Moms** Healthy Babies, Happy Moms Inc. provides support and education to mothers to help them achieve their breastfeeding goals and care for their babies. They offer services such as lactation consultations, breast pump distribution, and postpartum care, both in-home and virtually. The organization collaborates with physicians and midwives to ensure comprehensive care and works with various insurers to cover the necessary services.
401-742-1777 / 866-744-2229 http://www.healthybabieshappymoms.com/

**Harmony Women's Care** Harmony provides free and confidential support for individuals facing unplanned pregnancies. Their services include pregnancy testing, ultrasounds, and information on all pregnancy options. They offer a safe environment to help you make informed decisions with the support of caring medical professionals. 401.941.4357 https://harmonycareri.org/

**Healthy Baby Essentials** Under the Affordable Care Act, mothers can obtain a breast pump through their insurance coverage. Healthy Baby Essentials, now BreastPumps.com, offers a variety of breast pump models to choose from, with eligibility and any potential upgrade fees depending on your insurance plan. They work with Women & Infants Hospital to ensure the pump is covered with no copay or deductible, though you should confirm specifics with your insurance provider. For more details, please visit our website.
888-495-7491 https://www.womenandinfants.org/hubfs/-%20PDF%20Files/CNE%20Credit%20Policy/RI-WI-Discharges-Referral-Form.pdf?hsLang=en

**Healthy Families America** Healthy Families America (HFA) supports new parents through the challenges of parenthood by offering prenatal care, bonding activities, child development information, and referrals to community resources. The program provides long-term support until the child turns four years old, using a strength-based, respectful, and family-centered approach. HFA Family Visitors can meet families in their homes, community, or via video call, based on their preferences. 401-519-2280 https://health.ri.gov/find/services/detail.php?id=35

**Hear Her campaign** The Rhode Island Department of Health (RIDOH) is promoting the CDC's Hear Her campaign to raise awareness about serious pregnancy-related complications and their warning signs. This campaign aims to empower pregnant and postpartum individuals, as well as their support systems, to recognize urgent health issues and communicate effectively with healthcare providers. It offers resources for both individuals and healthcare professionals to help prevent complications and improve maternal health outcomes. https://www.cdc.gov/hearher/index.html

**Hope Recovery Community Center** Hope Recovery Community Centers offer free support to individuals on their journey to recovery and wellness. They provide peer-led meetings, support groups, and social events, as well as training on life skills and suicide prevention. The centers also connect people with treatment and community resources through local partnerships.
401-324-5861 https://psnri.org/our-services/centers.html

**Hypertension Program** The Hypertension Program, launched in November, helps manage high blood pressure for pregnant and postpartum patients, especially those at higher risk. Since its start, the program has successfully prevented nearly 40 patients from needing emergency care by adjusting their blood pressure medications remotely. The program aims to improve health outcomes by providing targeted support and medication adjustments.

https://www.womenandinfants.org/news/new-program-at-women-infants-hospital-aims-to-reduce-postpartum-hypertension-and-hospital-readmissions

**Infant Care Class** The Infant Care Class helps parents prepare for the first six weeks after their baby's birth. It covers topics like the mother's recovery, family adjustments, and newborn care. For fees and to register, call the Noreen Stonor Drexel Birthing Center at Newport Hospital. 401-845-1110 https://www.lifespan.org/centers-services/noreen-stonor-drexel-birthing-center/education-programs

**Irth App** Community Input Irth is a review platform for women to find and share feedback on maternity and pediatric care. It helps address gaps in healthcare by providing transparent, peer-reviewed information on doctors and hospitals. By using Irth, you can help improve care and push for change in the medical system. 401-222-5929 https://irthapp.com/

**Irth App Quality Improvement Initiative** The Community Partnership Grant, supported by the Health/CVS Foundation, aims to improve prenatal care for patients by partnering with Narrative Nation to gather and act on feedback. Irth provides valuable data on patient experiences with gaps in care, helping hospitals enhance their care quality. This data supports hospitals in addressing gaps in care, fostering community trust, and advancing health. https://irthapp.com/hospital-pilot-program/

**Kent Hospital** Kent Hospital in Warwick, Rhode Island, offers comprehensive and personalized obstetric and gynecologic care, including prenatal services, gynecologic health, and menopause support. Our team of skilled professionals provides a full range of services, from routine check-ups and fertility treatments to specialized care in a compassionate and supportive environment. We focus on addressing both physical and emotional needs throughout every stage of a woman's health journey. 401-227-3669 https://www.kentri.org/

**Lactation Services South County Health** offers expert lactation support to help new mothers learn and succeed with breastfeeding. Board-Certified Lactation Consultants visit patients in the hospital and are available after discharge through a Warm Line for any questions or concerns. They also provide appointments for additional lactation education and run a New Baby Group for new parents to discuss breastfeeding and other early parenting topics. 401-788-1226 https://www.southcountyhealth.org/programs-services/center-for-women-s-health/lactation-program

**Landmark Medical Center** RI Women's Health & Midwifery at Landmark Hospital offers top-notch care for women, including services from experienced midwives and an OB/GYN physician. They provide respectful, patient-centered care with flexible day and evening appointments. Their goal is to redefine women's healthcare and ensure a high-quality experience for every patient. 401-769-4100 https://landmarkmedical.org/our-services/ri-womens-health-midwifery/

**La Leche League of Providence** Massachusetts/Rhode Island/Vermont is part of a global organization that supports and educates women about breastfeeding. Our trained volunteer Leaders, who have personal breastfeeding experience, provide guidance and support via phone, email, and virtual meetups. https://www.lllmarivt.org/lll-of-providence

**Marigny Clinic** EAC The Easy Access Clinic at the Urban Perinatal Education Center provides essential perinatal care and support, focusing on underserved families. We offer pregnancy testing and gap care during early pregnancy and postpartum periods until you can see your primary provider. Our services aim to address and reduce perinatal gaps and empower communities of color with access to quality care. 401-229-9225 http://www.urbanperinatal.org/

**Miscarriage, Infant Death & Stillbirth** (M.I.S.) Group Offers a safe space for parents who have experienced the loss of a baby through miscarriage, infant death, or stillbirth. We provide support and information from facilitators who have also gone through similar losses. We meet every 1st and 3rd Wednesday of each month at 7pm at Women & Infants Hospital, Providence, RI.
401-274-1122, ext. 44049 https://mispals.org/

**Moms MATTER** Moms Matter supports pregnant and breastfeeding women with opioid use disorders by offering Medication Assisted Treatment (MAT). MAT combines medication and behavioral therapy to improve birth outcomes and reduce the need for inpatient detoxification. Our goal is to help women achieve full recovery, improve their quality of life, and support better outcomes for both mother and baby.
401-453-7955 https://www.womenandinfants.org/moms-matter

**Mothers and Babies Program** Mothers and Babies is a program that helps pregnant women and new parents manage mood and stress through easy-to-use coping skills. It focuses on increasing engagement in pleasant activities, promoting positive thinking, and improving social support. Based on cognitive-behavioral therapy principles, it can be delivered individually or in groups by various providers in different settings. https://www.mothersandbabiesprogram.org/

**Multidisciplinary Obstetric Medicine Service** (MOMS) The Health Care needs of women of reproductive age are unique. MOMS provides comprehensive care for women before, during, and after pregnancy. We offer expert management of chronic conditions and pregnancy complications, as well as preconception counseling and postpartum support. Our team delivers compassionate care tailored to individual needs, with services including high-risk pregnancy care, behavioral health support, and specialized programs for maternal and fetal health. 401-793-7410
https://www.lifespan.org/centers-services/multidisciplinary-obstetric-medicine-service-moms

**Narragansett Indian Health Center** NIHC provides essential healthcare services for eligible Tribal Members and American Indians and Alaskan Natives, including medical care, community health nursing, and behavioral health support. We also offer advocacy, injury prevention, nutrition services, prescription medications, and environmental health services.
401-364-1268 http://narragansettindiannation.org/health-and-human-services/

**New Baby Support Group** New Baby Support Group invites new parents and their newborns to a casual, social setting where you can discuss topics like feeding, baby sleep issues, and postpartum stress. Join us every Tuesday from 10 a.m. to noon at The Neighborhood Guild, 325 Columbia Street, Peace Dale, RI. No need to pre-register—just drop by!
401-788-1226

**New Mother's Group** New Mothers' Group offers a casual space for new moms to connect and share their parenting experiences. Groups meet weekly on Wednesdays from 10 a.m. to 12 p.m. at the Health Education Department, 300 Richmond Street, Suite 102, Providence. for support, please contact the Warm Line at 1-800-711-7011. https://www.womenandinfants.org/patient-resources/support-groups

**Noreen Stonor Drexel Birthing Center** The Noreen Stonor Drexel Birthing Center at Newport Hospital offers expert care with board-certified obstetricians, pediatricians, nurse midwives, and lactation consultants. It is accredited by the American College of Obstetrics and Gynecology and meets the high standards set by The Joint Commission. The center proudly holds the Baby-Friendly designation from WHO and UNICEF for its exceptional support of breastfeeding.
401-845-1110 https://www.lifespan.org/centers-services/noreen-stonor-drexel-birthing-center

**Nurturing Wellness Physical Therapy and Pelvic Health** **Physical Therapy & Pelvic Health** in Rhode Island specializes in supporting women through pregnancy and postpartum recovery. We offer holistic treatment for labor preparation, pelvic pain, and return to exercise after birth. Our services are designed to address concerns often left unanswered after the postpartum check-up, helping women recover and meet their health goals. 401-379-9971 https://www.nurturingwellnesspt.com/

**Open Circle** **On an extended teaching hiatus**Open Circle is a center dedicated to supporting expecting and new families through education and wellness. We offer in-person and online workshops on childbirth and parenting, doula care, pregnancy yoga, and infant development. Our programs are designed to be accessible to families of all income levels, and we support all backgrounds, 401-338-5466 https://opencircleri.com/

**Our Journ3i LLC** Our Journ3i, LLC is a community-based organization dedicated to improving maternal and infant health by providing education and services. We focus on developing and mentoring a perinatal workforce to address gaps in health. Founded and led by Quatia Osorio, also known as "Mama Q," our mission is to empower and support families, especially those underserved, through their pregnancy and birthing journeys.
401.307.1882 http://www.journ3i.com/

**Parent Support Network** PSN is a network of individuals with behavioral health experiences dedicated to supporting families and advocating for mental health and wellness. We provide peer recovery and community health training, operate recovery centers, and support families with children facing mental health challenges. Our work includes statewide outreach and specialized programs for those impacted by opioid addiction, including pregnant women and parents. 401-467-6855 https://psnri.org/who-we-are/

**Reynolds Physical Therapy and Wellness** Reynolds Physical Therapy+ Wellness specializes in orthopedic and pelvic floor rehabilitation with over fourteen years of experience. Dr. Reynolds has advanced training in pelvic floor, bladder and bowel dysfunction, and perinatal rehabilitation. She offers sessions for prenatal, postpartum, and pelvic floor care.
401-402-3128 https://www.reynoldspt.com/

**Perinatal Neonatal Quality Collaborative of Rhode Island** (PNQCRI) The PNQCRI improves perinatal health outcomes in Rhode Island by implementing quality improvement initiatives. We help healthcare centers adopt evidence-based practices, provide technical assistance, and share successful strategies and policies statewide. https://www.pnqcri.org/

**Physician Referral Line** The Physician Referral Health Line helps callers with health-related questions and directs them to appropriate doctors in Rhode Island and southeastern Massachusetts. We provide referrals to healthcare providers offering the specialized services callers need. The line is open Monday through Friday, from 8 a.m. to 4 p.m. 401-736-4257

**Planned Parenthood of Southern New England** has been providing affordable health care since 1923. They serve patients at 15 health centers in Connecticut and Rhode Island, offering a range of services from birth control to sexual health education and support for healthy relationships.
401-421-9620 https://www.plannedparenthood.org/planned-parenthood-southern-new-england

**Pregnancy After Loss Support** (P.A.L.S.) For parents who have lost a baby and are now expecting or considering a new pregnancy. We offer support and advice on navigating pregnancy after loss and focus on the present pregnancy. We meet on the 2nd Wednesday of every month at 7pm at Women & Infants Hospital, Providence, RI.

**Prenatal Breastfeeding Information Session** This free 30-minute session gives an overview of the benefits of breastfeeding for mother and infant. Offered weekly, immediately following the Breastfeeding Support Group on Thursdays. 401-845-1110 https://www.lifespan.org/centers-services/noreen-stonor-drexel-birthing-center/education-programs

**Preparing for Baby** Preparing for Birth offers a comprehensive overview of labor, delivery, and the early postpartum period. The class includes a video tour of the Women and Newborn Care Unit and covers comfort measures, pain management, and more. Partners are encouraged to attend, and registration is free. https://www.southcountyhealth.org/services-care/specialty-care/center-for-womens-health/childbirth-education

**Providence Women's Therapy, LLC** Providence Women's Therapy offers psychotherapy for women over 18, focusing on mental health for women and physicians. Located in Wayland Square on the East side of Providence, sessions are available both in-person and virtually. Infants are welcome in sessions. 401-648-7459

**PSN Northwest Community Center** PSN Northwest Community Center offers free peer-based support for those on their recovery journey, including peer-led meetings, support groups, and community events. Our centers provide training in life skills, suicide prevention, and Narcan, and connect individuals with treatment and resources. Hours vary by location, and centers are closed on observed holidays. 401-500-5392 https://psnri.org/our-services/centers.html

**Ready Set Latch Go** Ready, Set, Latch Go provides emotional, educational, and physical support during pregnancy, labor, and beyond. Credentials include being a Rhode Island Certified Perinatal Doula, Certified Lactation Counselor, Childbirth Educator, and Maternal and Child Health Specialist. 401-662-8846 https://www.readysetlatchgo.com/

**Respectful Maternity Care Study** The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) supports a selection of clinical sites including Women and Infants Hospital and The Drexel Birthing Center at Newport Hospital for the Respectful Maternity Care Research- Based Study. This initiative, supported by Huggies® Healthcare™, aims to improve maternity care by implementing and evaluating new guidelines across diverse settings. These locations play a crucial role in advancing research and enhancing respectful maternity care. https://www.awhonn.org/awhonn-launches-respectful-maternity-care-research-study/

**RI Birth Worker Cooperative, Inc.** We are a member-owned cooperative of doulas in Rhode Island who accept insurance, committed to providing collaborative support for families. Following the 2021 legislation requiring Medicaid and private insurance to cover doula services, we are now in the process of credentialing with the Rhode Island Certification Board and contracting with insurers. Our cooperative helps manage billing and contracts while preserving our independence and ability to support families effectively. http://www.ribirthworkercoop.com/

**RI Breastfeeding Coalition** The Rhode Island Breastfeeding Coalition (RIBC) envisions a future where breastfeeding is the norm for infant feeding in the state. Since 1992, RIBC has worked to protect, promote, and support breastfeeding through partnerships with local hospitals, health organizations, and community groups. Our goal is to increase breastfeeding rates and durations to improve the health of mothers and babies in Rhode Island. https://health.ri.gov/partners/coalitions/breastfeeding/

**RI Baby Café - Olneyville** A Baby Café is a free, informal support group offering professional lactation care and intervention, typically meeting for 2 hours at least once a week. Some locations

may have multiple meetings throughout the week. The RI Baby Café is located at the Mount Hope Community Center in Providence. Join us on Facebook for updates and information https://www.facebook.com/ribabyCafé/ venue: 401-521-8830 https://www.babycafeusa.org/

**RI Breastfeeding Medicine Program** The Breastfeeding Medicine Program at the Women's Medicine Collaborative provides personalized support for complex breastfeeding issues. Our team, including obstetricians, lactation consultants, and other specialists, offers services such as prenatal and postpartum consultations, latch evaluation, milk supply management, and help with breast pain. We work closely with regional pediatric providers and lactation consultants to ensure coordinated care and support for achieving your breastfeeding goals.
401-606-3000 https://www.lifespan.org/centers-services/breastfeeding-medicine-program

**RI Food Pantries** RI has over 143 food pantries and meal sites that offer a variety of perishable and nonperishable foods to meet your dietary needs. To find a local pantry, enter your zip code on our map and click on any location for hours and details. While all are welcome, some agencies may require basic household information for new guests, so it's best to call ahead before your first visit. https://rifoodbank.org/

**RI Health Center Association** The Rhode Island Health Center Association (RIHCA) supports community health centers across the state, ensuring they provide high-quality, accessible care to all Rhode Islanders, regardless of their ability to pay. Since 1972, RIHCA has advocated for these centers and provided leadership, training, and resources to help them meet evolving community needs and maintain their essential role in healthcare.
401-274-1771 https://rihca.org/

**RI MomsPRN** RI MomsPRN is a free psychiatric consultation service for healthcare providers treating pregnant and postpartum women, offered by the Rhode Island Department of Health and Women & Infants Center for Women's Behavioral Health. The program provides real-time support and resources to help manage behavioral health and substance use issues in perinatal patients. Healthcare professionals can call RI MomsPRN for expert guidance and local referrals.
401-430-2800 https://www.womenandinfants.org/ri-momsprn

**RI New Moms Connection** Rhode Island New Moms Connection offers support groups for pregnancy and new moms in Rhode Island and surrounding areas. Our mission is to provide a non-judgmental space for sharing experiences, offering support and information, and expanding your network of new mom friends. We host in- person and Zoom groups, focusing on various topics such as childbirth preparation, postpartum challenges, and connecting with others at similar stages.
401-787-0420 https://www.rinewmoms.com/

**ROOTS** Welcome to Roots, Providence's premier center for women's health and wellness. We offer expert orthopedic and pelvic health physical therapy, fitness and wellness services, yoga, and massage therapy—all in one place. Our mission is to provide personalized, enjoyable care that fosters meaningful, sustainable change, focusing on your overall well-being rather than just the injury or condition. 401-535-6500 https://www.rootsspecialtyservices.com/

**Sage Healing Collaborative** At Sage Healing Collaborative, we offer integrative medicine by combining whole-person assessments with evidence-based and holistic treatments. We provide personalized care through a collaborative approach, tailoring our methods to each individual's unique needs. Our team is committed to ongoing education and community involvement to ensure a comprehensive and compassionate healing experience. Please note that our medical doctor is not accepting new patients at this time. 401-572-3300 http://www.sagehealingcollaborative.com/

**Sarah Torrey Infant-Parent Training** Sarah Torrey, LICSW, is a licensed social worker with a master's in social work from Simmons School of Social Work. With 25 years of experience in the Providence area and private practice since 2008, she specializes in adult individual therapy using Psychodynamic, Attachment, and Family Systems approaches, supplemented with Mindfulness and Cognitive Behavioral techniques. Sarah has a strong interest in perinatal and infant mental health and teaches Infant Observation at the Infant-Parent Training Institute, where she also provides dyadic work with new mothers and their babies. She offers clinical consultations, including via phone or Skype. 401-270-9554

**SISTA Fire** SISTA Fire supports and empowers women and in Rhode Island to build collective power for social, economic, and political change. We address issues such as economic inequality and domestic violence through deep solidarity, strong organizing, and a commitment to justice. Our network offers various membership levels, including Emergent, Collective, and SISTA Members, each with different levels of engagement and commitment, to foster participation and leadership in our transformative work. https://sistafireri.org/

**Sojourner House** Sojourner House is a nonprofit organization dedicated to helping women affected by domestic and sexual violence. Founded in 1976, we provide 24/7 support through services such as emergency shelter, support groups, and housing. Our mission is to help clients rebuild their lives and educate the community on issues related to abuse. 401-861-6191 (office)

**SSTARbirth** SSTARbirth is a unique residential treatment program in Rhode Island for pregnant, postpartum, and parenting women struggling with substance abuse. It offers a six-month program where women can live with their young children while receiving comprehensive support, including counseling, medication management, and parenting education. The program focuses on holistic healing and family reunification, helping women integrate their recovery with their parenting responsibilities. 401-463-6001 https://www.sstar.org/sstarbirth/

**Urban Perinatal Education Center Childbirth Education** Childbirth education empowers families by providing essential knowledge to navigate their birthing experience and advocate for their choices. Our courses cover rights, evidence-based practices, and best practices, helping families make informed decisions and ensure a healthier birthing experience. We also offer resources for doula services and host community events to promote better maternal health in Rhode Island. 401-229-9225 https://urbanperinatal.org/childbirth-education

**Urban Perinatal Education Center The Easy Access Clinic** at the Urban Perinatal Education Center offers essential perinatal care and support for those who might otherwise be overlooked by the larger medical system. We provide pregnancy testing and gap care for early prenatal stages and until you can see your primary provider. Our clinic focuses on improving outcomes for underserved families by addressing gaps and promoting optimal perinatal health for all. 401-229-922 https://urbanperinatal.org/easy-access-clinic

**Warm Line** The 24-hour Warm Line provides free, confidential support for new parents. Staffed by professional nurses, it offers guidance on newborn care, breastfeeding tips, and postpartum issues. You can call anytime with questions or concerns about parenting and self-care. 401-845-1110; 401-348-2229; 401-769-4100 ext. 2218; 401-782-8020 ext. 1226

**Women, Infants, and Children** The WIC program helps families make healthy choices, connect with medical care, and receive breastfeeding support. WIC provides personalized nutrition counseling, referrals to necessary services, and food assistance. It's available to qualifying pregnant, breastfeeding, and postpartum women, as well as parents of children up to age 5, at no cost. https://health.ri.gov/find/services/detail.php?id=44

**Women & Infants Center for Women's Behavioral Health** The Center for Women's Behavioral Health at Women & Infants Hospital provides specialized mental health care for women during and after pregnancy. They offer a range of services, including inpatient care, day hospital programs, outpatient therapy, substance use services and support groups. Their team of experts helps manage mood and anxiety disorders, ensuring comprehensive support for emotional well-being throughout the perinatal period.
401-453-7955 https://www.womenandinfants.org/services/behavioral-health

**Women & Infants Day Hospital/ Outpatient Clinic** The Day Hospital provides intensive mental health care for pregnant and postpartum mothers, allowing their infants to stay with them during treatment. Our team of experts offers support and strategies to help mothers manage their mental health. Additionally, our outpatient services include individual, family, and group therapy, as well as medication management, addressing a wide range of reproductive and life transition issues.
401-453-7955 https://www.womenandinfants.org/services/behavioral-health

**Women & Infants Perinatal OCD Intensive Outpatient Program** The Perinatal OCD Intensive Outpatient Program at Women & Infants Hospital helps pregnant and postpartum adults with OCD, health anxiety, and related disorders. We use exposure and response prevention (ERP), based on cognitive-behavioral therapy, in a group setting. Spanish-speaking staff members are available in the department, and the hospital has interpreters in other languages available upon request. Call to refer. 401-453-7955 https://www.womenandinfants.org/ services/perinatal-ocd

**Women & Infants Substance Abuse Services** For pregnant and postpartum women struggling with substance abuse, Project Link at The Providence Center offers specialized support and childcare services to facilitate attendance at therapy sessions. Additionally, the Moms MATTER program at Women & Infants provides safe, compassionate care for pregnant and breastfeeding women with opioid use disorder in a non-judgmental office setting.
401-276-4020 https://www.womenandinfants.org/services/behavioral-health

**Women's Behavioral Medicine (Brown University Health)** Women's Behavioral Medicine at the Women's Medicine Collaborative provides tailored support for a range of women's behavioral health issues, including mood and anxiety disorders related to pregnancy, infertility, and menopause. Their experienced, all-woman team offers outpatient care and specialized treatment for various psychiatric conditions throughout a woman's life. They also host the Circle of Moms group to support new mothers through the emotional challenges of early motherhood.
401-793-7020 https://www.lifespan.org/centers-services/womens-behavioral-medicine

# 3. STRATEGIC GOALS, OBJECTIVES, ACTIVITIES 2024-2028

The Rhode Island Maternal Health Task Force, drawing on its broad membership and commitment to improving maternal health outcomes comprehensively, has identified the following goals, objectives, and activities across four thematic domains to advance maternal health statewide. Please note in the timelines provided that some goals, objectives, and activities will likely require additional time beyond the current grant cycle to be fully realized. To support this work, RIMHTF members are utilizing a workgroup structure to accelerate planning, implementation, and evaluation of these activities.

## Theme 1: Perinatal System Improvement

***Goal 1.1: Design patient-centered, patient-driven strategies to improve maternal health.***

**Objective 1.1.1: Expand the range of birthing options.**

Activity 1: Ensure services are available in a woman's preferred communication format through continually assessing communication preferences, utilizing high-quality medical interpreter services, posting signage about interpreter availability, and utilizing ISpeak throughout the maternal health service delivery system. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 2: Provide a range of birthing options in RI to include expanding the availability of Alternative Birthing Center rooms, establishing Midwifery-led birthing options, increasing community-based birthing options, and promoting payment structures that promote low intervention births. *Timeline: These activities started in 2024, and significant progress has been made to date in identifying funds, proposing legislation, and certifying/licensing community-based perinatal providers. These activities will continue throughout the grant cycle and should be fully realized.*

*Activity 3:* Support practice changes in Rhode Island's birthing hospitals that prioritize the experiences and preferences of pregnant women through (1) workforce initiatives that increase access to perinatal healthcare advocates, community health workers (CHWs), perinatal doulas, peer recovery specialists (PRS), and maternal mental health support; (2) increase access to pregnancy, childbirth, and postpartum education and support. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Additional Notes on Timeline: *Some task force identified activities to expand RI's range of birthing options will likely fall beyond the term of the MHI grant. These activities include systems to monitor interpreter service utilization through health insurance claims data, incentivizing Rhode Islanders to enter the maternal health workforce, fully integrating doulas in the maternal health system of care and opening a free-standing Birth Center in RI.*

**Objective 1.1.2: Strengthen coordination among maternal health providers, with focused efforts to improve access for communities experiencing health professional shortages.**

Activity 1: Expand models of maternal care coordination through utilizing RI's family visiting

programs, engaging community-based maternal health providers, and expanding NHPRI's Bright Start program. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 2: Integrate doulas into the maternal health system of care by regularly convening collaboration meetings between doulas and maternal health clinicians and increasing referrals to doulas by healthcare providers and health plans. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Additional Notes on Timeline: *A task force identified activity to strengthen coordination among maternal health providers that will likely occur beyond the length of the MHI grant is implementing a Medicaid health home model focused on care coordination and case management for women during pregnancy and postpartum.*

**Objective 1.1.3: Increase access to information and services regarding pregnancy loss.**

Activity 1: Provide access to grief and/or loss services by increasing awareness of and access to trained doulas who provide support for pregnancy loss, partnering with trusted community organizations to share information about available pregnancy-related support services, expanding the number of doulas trained in supporting women through grief and loss, and encouraging providers and health plans to offer appropriate support. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

**Objective 1.1.4: Increase provision of patient-centered and personalized care approaches throughout RI's maternal health system.**

Activity 1: Expand the reach and capacity of RI's Urban Perinatal Education Center. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 2: Provide training to maternal health providers on reporting, screening and caring for patients; understanding the role of doulas and fostering collaborative care during birth. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 3: Expand innovative care models across RI's maternal health system including Centering Pregnancy programs, childbirth education offerings, and patient education programs. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

***Goal 1.2: Enhance access to educational pathways.***

**Objective 1.2.1: Increase the number of, funding support for, and workforce development of community-based providers including CHWs, Perinatal Doulas, Peer Recovery Specialists, Lactation Counselors, Professional Midwives, and Perinatal Mental Health Specialists.**

Activity 1: Grow maternal health community-based workforce through offering training pathways, expanding scholarship programs, and opening local training programs. *Timeline: These activities started*

*in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 2: Sustain maternal health community-based workforce through offering certification/licensing pathways and advancing reimbursement policies. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

**Objective 1.2.2: Identify and remove barriers that limit access to maternal health services.**

Activity 1: Identify licensing barriers to recognizing community-based workforce through aiding with the licensing process as appropriate. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Additional Notes on Timeline: *Some task force identified activities to enhance educational pathways will likely fall beyond the length of the MHI grant. These activities include removing minimum education requirements and licensing exams in health professional licensing and expanding internships hosted in birthing hospital.*

***Goal 1.3: Expand and increase adherence to clinical guidelines and standards in RI's birthing hospitals to improve maternal health outcomes.***

**Objective 1.3.1: Implement clinical best practices in RI's birthing hospitals concerning perinatal hypertension, hemorrhage, Cesarean section, and SEN.**

Activity 1: Implement quality improvement processes in perinatal hypertension, circle of care plans, and hemorrhage among birthing hospitals. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 2: Share best practice standards by developing a compendium of best practice initiatives in maternity care and sharing through RIDOH newsletters, grand rounds, social media, and conferences. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Additional Notes on Timeline: *A task force identified activity to implement clinical best practice will likely fall beyond the length of the MHI grant since RI does not have current funding to implement AIM bundles.*

**Objective 1.3.2: Incorporate patient-centered and personalized care approach in RI's perinatal system**

Activity 1: Advance doula work in RI through continually training and supporting doulas, promoting an understanding of doula's role within the birthing hospital, expanding access to and awareness of doula services, and increasing the maximum number of visits covered by insurance. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 2: Adopt care practices during labor and delivery that prioritize the preferences and experiences of women through implementing Labor and Birth Communication Boards

(Whiteboard) and expanding CHW workforce within birthing hospital settings. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

## *Theme 2: Community Health*

***Goal 2.1: Collaborate with community partners to develop innovative strategies that address access barriers related to income, housing, nutrition, utilities, and transportation.***

**Objective 2.1.1: Reduce economic barriers for women of reproductive age.**

Activity 1: Implement policies and initiatives that assure financial support for women of reproductive age. This can be accomplished through state-level economic support strategies, promoting wage growth, developing policies that expand access to health insurance, and increasing the minimum wage. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 2: Expand insurance coverage and quality by implementing strategies to ensure comprehensive health insurance options statewide and minimize disruptions in healthcare access for families*. Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

**Objective 2.1.2: Advance policies that enhance economic security for RI's families.**

Activity 1: Create policies that maintain job and financial security for pregnant and postpartum women and their families such as optimizing paid family leave by increasing the number of weeks and increase wage replacement so that low-income workers can afford to use this benefit. Other approaches include enforcing worker protection programs and offering an expanded child tax credit to decrease child poverty. *Timeline: These activities started in 2025, will continue throughout the grant cycle, and we plan to make progress on the activity through year 2028.*

Activity 2: Advance policies that meet basic needs and promote wealth such as implement Baby Bonds. *Timeline: These activities started in 2025, will continue throughout the grant cycle, and we plan to make progress on the activity through year 2028.*

**Objective 2.1.3: Advance policies and practices that improve consistent access to nutritious food.**

Activity 1: Adopt Food is Medicine programs at birthing hospitals which can include: 1) developing prescriptions for food program that is covered by public and private insurance; and 2) explore options to support nutrition services, including medically tailored meals, healthy food vouchers, and supplemental food packages. *Timeline: These activities started in 2025, will continue throughout the grant cycle, and we plan to make progress on the activity through year 2028.*

Activity 2: Connect more families to community-based resources that support regular access to nutritious food. This includes: 1) enhancing public infrastructure to address community connectivity and food access; 2) screening pregnant women for food insecurity and connecting them to resources including food pantries, food delivery, meal programs, etc., and 3) requesting that the RI Community Food Bank and its network launch a communications campaign. *Timeline: These activities started in*

*2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 3: Revise food access policies to expand availability to preferred nutritious food by expanding guidelines for food assistance, providing meal programs for pregnant and postpartum women, and engage community input for best practice to develop meal delivery system with locally owned restaurants. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and we plan to make progress on the activity through year 2028.*

**Objective 2.1.4: Increase access to transportation.**

Activity 1: Identify and address gaps in transportation infrastructure (e.g., needs, cost, bus lines and routes). This can include: 1) improving transportation options for women and families (e.g. rideshare, bus lines and routes) across RI; 2) maintaining existing bus routes, so that there is continued access to places; evaluating consumer habits of transportation options; 3) Launch campaign mailing to pregnant and postpartum women and families on ride share service and how to access rides; 4) Request that public/private insurance offer a ride service to pregnant and postpartum women; and 5) At prenatal appointments, screen for transportation as a barrier and coordinate ride share service for subsequent prenatal appointments. *Timeline: These activities started in 2025, will continue throughout the grant cycle, and we plan to make progress on the activity through year 2028.*

**Objective 2.1.5: Increase access to stable and affordable housing.**

Activity 1: Create financial and educational programs that increase the opportunity for homeownership. This includes: 1) expanding access to home loans in areas of need to support homeownership, offering a more predictable alternative to fluctuating rent; 2) providing accessible financial literacy to sustain housing; 3) creating legislation that minimizes the role of credit scores on families seeking to buy their first home; 4) Increase access to affordable housing for women and families by supporting implementation of the state's housing mandate; and 5) Strengthen community-based support networks. *Timeline: These activities started in 2025, will continue throughout the grant cycle, and we plan to make progress on the activity through year 2028.*

Activity 2: Support housing stability by promoting state policies that reduce housing financial barriers, increasing the number of affordable housing units for pregnant/parenting women and their families revising the standards to protect against loss of utilities. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and we plan to make progress on the activity through year 2028.*

***Goal 2.2: Address the impacts of the legal and public assistance systems on pregnant and postpartum women and families affected by substance use or experiencing barriers to care.***

**Objective 2.2.1: Adopt a public health framework in child health and wellness.**

Activity 1: Revise policies to improve the experiences of pregnant and postpartum women and families who are currently or formally involved in the legal system and who experience access barriers. This can include: reviewing perinatal resources and birthing practices and supports within the RI carceral setting (i.e., how are mothers treated when they are incarcerated); 2) exploring and address the impact of high rates of incarceration on pregnant and postpartum women and families; 3) examining the connection between foster care involvement and potential future legal system contact to inform prevention strategies; 4) exploring court debt related sentencing practices and proliferate routes to

lowering court debt for families (such as the Center for Prison Health initiatives); 5) partnering to conduct ongoing advisory and focus groups with impacted mothers to evaluate their experiences in the current system and routes towards improvement; 6) fostering women's health training and educational programs at prison; and 7) Implementing a pilot program or ongoing system change to better connect pregnant and postpartum women in prison with their babies. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 2: Review policies that result in adverse consequences for pregnant and postpartum women affected by substance use. This can include reviewing and updating standards of removal to ensure parental substance use is addressed through supportive, evidence-based criteria. Also, encouraging DCYF and RIDOH to develop standards around implementing Circle of Care plans. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and we plan to make progress on the activity through year 2028.*

Activity 3: Develop education and financial support systems by 1) funding Baby Bonds; 2) improving access to state programs; 3) supporting fatherhood initiatives; 4) providing youth and young adults who are/were in foster care with health information and supports. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 4: Apply a public health model to removal policies in families experiencing homelessness. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated in RI's maternal health system by 2028.*

## *Theme 3: Behavioral Health*

***Goal 3.1: Increase access to behavioral health services for women of reproductive age that is accessible, affordable, and family-friendly.***

**Objective 3.1.1: Increase access to timely behavioral health (BH) care.**

Activity 1: Increase preventative practices and expand maternal behavioral health services by 1) promoting community-based supports; 2) expanding access to healthcare professionals with perinatal BH expertise; and 3) promoting routine maternal BH screening and appropriate referral for the perinatal population. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 2: Provide support systems to facilitate access to BH by 1) training and sustaining community-based workforce with maternal mental health expertise; and 2) promoting the use of RI MomsPRN teleconsultation services to enhance access to diagnosis, treatment planning, and referral support. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 3: Engage community members with lived experience to identify root causes of maternal BH challenges and generate solutions to strengthen prevention, promote well-being, and improve the behavioral health system. *Timeline: These activities started in 2025, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health*

*system by 2028.*

Additional Notes on Timeline: *Some task force identified activities to increase access to timely BH care will likely fall beyond the term of the MHI grant. These activities include strengthening maternal behavioral health services social supports, funding community-based BH prevention and education, ensuring perinatal BH treatment at all Certified Community Behavioral Health Clinics, expanding access to MAT treatment for perinatal women in hospital settings, implementing BH mobile crisis response services for the perinatal population, address issues with maternal BH reimbursement, and increase maternal BH educational pathways and incentives.*

**Objective 3.1.2: Increase the range of BH professional workforce.**

Activity 1: Promote training and support for maternal mental health counselors by 1) expanding participation across communities and 2) partnering with the Community Health Worker Association and other groups to align with best practices. *Timeline: These activities started in 2025, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 2: Promote training and support for maternal mental health professionals by 1) Increase availability of BH preparation programs in RI. *Timeline: These activities started in 2025, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Additional Notes on Timeline: *Some task force identified activities to increase BH professional workforce will likely fall beyond the length of the MHI grant. These activities include expanding and developing state funded training, scholarship, and loan repayment programs to grow and sustain the maternal BH workforce.*

**Objective 3.1.3: Increase relevant and trauma-informed services and care models where high quality, comprehensive BH services are integrated into prenatal and postpartum care.**

Activity 1: Develop bi-directional referral systems that 1) integrate non-traditional and community-based services, 2) identify behavioral supports that are responsive to local needs, and 3) expand access to mental health and peer supports for pregnancy and infant loss. *Timeline: These activities started in 2025, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Additional Notes on Timeline: *Some task force identified activities to increase trauma-informed services and care models will likely fall beyond the term of the MHI grant. These activities include encouraging new and responsive maternal BH community initiatives and ensuring existing programs are sustained locally.*

***Goal 3.2: Improve the health outcomes of pregnant and postpartum women who use/misuse substances.***

**Objective 3.2.1: Establish statewide anti-stigma campaigns for maternal mental health and substance use disorders.**

Activity 1: Launch maternal BH campaigns that remove the stigma from substance use/misuse and promote recovery by 1) elevating lived experiences; 2) expanding messaging through traditional and new media channels; 3) leveraging campaigns developed by the SEN Task Force; and 4) highlighting the varied experience of those pregnant and postpartum women in

recovery. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

**Objective 3.2.2: Develop supportive and strength-based approaches to screening that are responsive, evidence- and trauma-informed.**

Activity 1: Increase workforce and training opportunities for BH providers that focus on responsive, trauma- informed care that are based in evidence-informed practices by 1) incorporating lived experience in educational content; and 2) ensuring regular professional development in maternal BH screening, care, and treatment. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 2: Implement supportive screening practices by 1) ensuring substance use screening is strength-based and connects individuals to appropriate care; 2) sharing new guidance about mandated reporting issued by DCYF; and 3) ensuring child welfare policies continue to be supportive of family development and supportive of all Rhode Island families. *Timeline: These activities started in 2024, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Additional Notes on Timeline: *Some task force identified activities to develop support and strength-based approaches to BH will likely fall beyond the length of the MHI grant. These activities include implementing supportive approaches for SUD screening practices that reduce fear of adverse custody outcomes and promote early access to BH care and supports.*

**Objective 3.2.3: Implement BH care models involving multidisciplinary and interdisciplinary teams that extend from pregnancy through at least 1 year postpartum.**

Activity 1: Facilitate a collaborative system of BH care by 1) integrating BH into prenatal and postpartum services (e.g. Compass+); co-locating/coordinating perinatal and community-based support staff; and incorporating peer recovery and maternal mental health specialists into care teams. *Timeline: These activities started in 2025, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Activity 2: Create an outreach model to expand access to prenatal and postpartum BH supports by 1) leveraging community health workers; 2) promoting 24/7 resources such as the maternal mental health hotline and 988; and 3) integrating evidence-based services such as RI MomsPRN into care delivery. *Timeline: These activities started in 2025, will continue throughout the grant cycle, and should be fully incorporated into RI's maternal health system by 2028.*

Additional Notes on Timeline: *Some task force identified activities to implement BH care models involving multidisciplinary and interdisciplinary teams will likely fall beyond the term of the MHI grant. These activities include establishing healthcare practices caring for both mothers with substance use needs and their children, increasing residential BH treatment options that keep mothers and babies together, and leveraging community-based supports such as barbers and hairdressers trained in mental health first aid*.

## *Theme 4: Innovation and Continuous Improvement*

*(Definition: Innovative approaches are novel or newly packaged, potentially scalable interventions, aimed at improving coverage and utilization of quality services across the continuum of maternal and newborn health care to improve maternal and newborn outcomes.* [21] **Please note: While peer-reviewed literature offers a strong foundation for identifying*

*effective practices, it may reflect limitations in representation or applicability; findings should be evaluated within the context of Rhode Island's maternal health landscape.)*

***Goal 4.1: Ensure goals and initiatives are informed by tailored and responsive peer-reviewed literature and/or research conducted by community-based organizations to design innovative implementation strategies focused on improving maternal and newborn outcomes.***

**Objective 4.1.1: Evaluate objectives and activities by considering the following questions:**

**How can a new approach to this strategy be taken?**

**How can we move beyond standard interventions to improve outcomes for women?**

Activity 1: Review interventions implemented in other states to assess their adaptability to RI's maternal health context. Assessment of adaptability will also involve engaging with leadership in communities experiencing barriers to optimal access, as well as learning about common practices and reviewing community health factors among American Indian/Alaska Native populations. *Timeline: These activities started in 2024 and will continue throughout the grant cycle and should be fully realized by 2028.*

Activity 2: Engage in continuous evaluation to support current innovative maternal and perinatal health interventions in RI by identifying what supports are needed for these interventions to continue or become more effective. A review of intervention evaluations will be conducted to explore potential improvements or new methods aimed at enhancing maternal and newborn health outcomes. *Timeline: These activities started in 2024 and will continue throughout the grant cycle and should be fully realized by 2028.*

Activity 3: Map existing health services and pathways to support growth of Rhode Island's current maternal and perinatal health workforce. Specifically, access to community midwifery will be mapped across the state. *Timeline: These activities started in 2025, will continue through the grant cycle, and should be fully realized by 2028.*

**Objective 4.1.2: Develop a compendium of innovative research to support evidence-informed improvements in maternal health practices.**

Activity 1: Leverage and expand existing research resources and collaborative networks. One such resource is the MANA Statistics Project through the North American Registry of Midwives database, which includes outcomes data for community-based maternal care across the United States. *Timeline: These activities started in 2024 and will continue throughout the grant cycle.*

Activity 2: Support ongoing community-led research on maternal health that reflects community needs, service responsiveness, communication preferences, and personal beliefs of women receiving maternal health services. This will involve collaborating with self-governing communities, such as the Narragansett Indian Tribe, as they conduct maternal health research and related improvement activities. *Timeline: These activities started in 2024 and will continue throughout the grant cycle.*

Activity 3: Advance continuous quality improvement through review of research that identifies best practices and effective strategies for implementing maternal health interventions. The research that is reviewed must be inclusive across demographic factors such as age and geographic location. *Timeline: These activities started in 2024 and will continue throughout the grant cycle.*

***Goal 4.2: Develop metrics to measure outcomes of the RI MHSP.***

**Objective 4.2.1: Use a mixed-methods approach to evaluate interventions, incorporating both quantitative and qualitative data collection.**

Activity 1: Identify and define process and outcome measures that support implementation refinement and performance tracking, as informed by community health factors and existing evidence with appropriate benchmarks for comparison. Plans and procedures for continuous data collection and analysis will be established and ethical qualitative data collection will be promoted to inform decision-making and to translate findings into action. *Timeline: These activities started in 2025, will continue through the grant cycle, and should be fully realized by 2028.*

Activity 2: Collaborate with community organizations to support data collection and innovation by enhancing communication strategies and responsiveness in data collection and analysis processes. Feedback mechanisms and funding support with community partners will need to be established to guide ongoing and future innovations in maternal health programming. One such mechanism is to develop a maternal health dashboard to provide public access to selected perinatal indicators and progress metrics. *Timeline: These activities started in 2025, will continue through the grant cycle, and should be fully realized by 2028.*

**Objective 4.2.2: Apply a data and evaluation approach that addresses differences in access to services across demographic factors.**

Activity 1: Ensure data collection and analysis incorporate demographics and identify pregnant and postpartum women experiencing barriers to optimal access by promoting community engagement in discussions of innovations, maternal health outcomes, and evolving strategic priorities. *Timeline: These activities started in 2024 and will continue throughout the grant cycle.*

Activity 2: Support research approaches that reflect community context and needs by ensuring research methods accurately reflect community perspectives. This will require advancement of continuous quality improvement and identification of effective maternal health data practices and strategies that support service delivery and responsiveness. It will also require collaboration with American Indian and Alaska Native population, such as the Narragansett Indian Tribe, on maternal health research and quality improvement activities. *Timeline: These activities started in 2024 and will continue throughout the grant cycle.*

**Objective 4.2.3: Continually monitor evaluation measures to support progress toward maternal health goals and promote ongoing improvement and sustainability.**

Activity 1: Partner with communities to develop and refine evaluation measures so that progress on intended goals can be accurately assessed and information with community partners about process and outcome measures can be periodically shared through a developed schedule. This will involve regular opportunities for community feedback on shared evaluation data and engagement in structured planning with community partners to develop shared understanding and practices for respectful and mutually beneficial data sharing. *Timeline: These activities started in 2025, will continue through the grant cycle, and should be fully realized by 2028.*

Activity 2: Measure gaps that the intervention is designed to reduce (i.e. are gaps getting smaller or wider) by building infrastructure and a sustainability plan to support comparisons between maternal health outcome and innovation-related data and baseline surveillance indicators. *Timeline: These activities will start in 2026, continue through the grant cycle, and should be fully realized by 2028.*

**Objective 4.2.4: Collaboratively with the women and communities served by maternal health interventions to ensure evaluation measures reflect their priorities and lived experiences.**

Activity 1: Maintain ongoing communication with communities to gather feedback on maternal health initiatives through hosting open community sessions to encourage input on programs and performance and promoting transparency in the implementation of strategies and reporting of outcomes. *Timeline: These activities will start in 2026, will continue throughout the grant cycle, and should be fully realized by 2028.*

Activity 2: Apply data collection methods that are responsive to community needs and preferences by identifying how different populations gather information and adapt data collection approaches to support broad participation. *Timeline: These activities will start in 2026, continue through the grant cycle, and should be fully realized by 2028.*

# 4. RI'S MATERNAL HEALTH INNOVATION PROGRAM

As part of Rhode Island's initial maternal health innovation under the HRSA State Innovation Grant, the Rhode Island Department of Health's Maternal and Child Health (RIDOH MCH) program partnered with the Urban Perinatal Education Center (UPEC) to develop a collaboration with the Commonsense Childbirth School of Midwifery (CCSM). This collaboration established the Certified Professional Midwifery Training Initiative in Rhode Island (RI CPM)—the state's first and only certified professional midwifery training program.

The RI CPM was created to improve maternal and infant health outcomes through workforce development. The program promotes a tailored midwifery workforce responsive to the communication preferences and personal beliefs of the women they serve. In November 2023, the program received approval from the Rhode Island Office of Postsecondary Commissioner to establish a satellite training site. The inaugural class of students began in August 2024.

## Background

In 2023, RIDOH MCH partnered with UPEC and CCSM to launch the RI CPM under the five-year Maternal Health Innovation (MHI) grant funded by HRSA. This program expands access to midwifery care for women by building a workforce that delivers services in alignment with personal and community health factors.

The RI CPM is Rhode Island's first certified professional midwifery training program and is RI's only midwifery training program. This program was established as part of an innovation for our five-year Maternal Health Innovation (MHI) grant from HRSA to address RI's maternal and infant health. Together, RIDOH MCHP and our partners at UPEC and CCSM will aim to create, support, and promote care for pregnant and postpartum women through the expansion of the midwifery workforce in RI.

## The Midwifery Profession

Midwives are health professionals who provide care related to childbirth, women's primary care, gynecology, family planning, pregnancy, and postpartum health. For centuries, midwives have played a central role in supporting natural childbirth. However, as modern medical technologies have advanced, birth practices have increasingly emphasized interventions such as cesarean sections and instrument-assisted deliveries, even in low-risk cases. These approaches have reduced opportunities for women to experience natural, low- intervention births and often limit their ability to make informed decisions during labor and delivery.[1]

The midwifery model emphasizes personalized, one-on-one care that includes education, care coordination, and support throughout the pregnancy journey. This model has been associated with improved maternal and infant outcomes[2], including lower rates of cesarean births, preterm deliveries, and low birthweight across Rhode Island's birthing hospitals.[3] It also offers a more cost-effective alternative to hospital-based deliveries, particularly for women covered under Medicaid.[4]

In Rhode Island, midwifery licensure includes three types:[5]

1. Certified Nurse-Midwives (CNMs) – Advanced practice nurses with graduate-level midwifery training.

2. Certified Midwives (CMs) – Professionals with a graduate degree in midwifery and a background in health sciences.

3. Certified Professional Midwives (CPMs) – Trained through accredited educational programs or apprenticeships and certified by the North American Registry of Midwives (NARM). CPMs often provide care outside of hospital settings for low-risk births, such as in homes or birth centers.

The RI CPM is focused on increasing the number of CPMs to improve access to out-of-hospital birth options and balance provider workloads, contributing to expanded access and more personalized care for low-risk women.

## How Midwifery Can Benefit Birth Outcomes in Rhode Island

The RI CPM is a very timely and relevant innovation as it will help to address many of the prevalent challenges happening around perinatal health both in Rhode Island and the nation. As reported in 2022 by the CDC rates of maternal mortality and pregnancy-related death vary widely[6], but rates have also consistently increased yearly indicating worsening health outcomes from 2018-2021.[7,8,9,10,11]

Rhode Island currently has five birthing hospitals throughout the state. These hospitals show many similar trends in birth complications and outcomes with the most common trends being high rates of cesarean sections, low birth weight, and high rates of preterm births.[12] Research published by the American College of Obstetrics and Gynecology compares planned hospital births to planned out of hospital births and suggests that planned out of hospital birth had lower rates of labor inductions, labor augmentation, operative vaginal delivery, cesarean delivery, as well as severe perineal lacerations.[13] This evidence supports midwifery models of care have been proven to help with addressing ongoing concern for birthing women in Rhode Island such as high rates of cesarean delivery. According to state licensing records as of February 2024, there are only 97 licensed midwives in the state of Rhode Island.[14] The current shortage in workforce capacity is projected to increase as current midwives in RI are expected to retire and have already slightly decreased since 2023.[14] Implementing this Certified Professional Midwifery training program will help to address the current midwifery shortage by increasing workforce capacity. This enlarges the midwifery workforce that is uniquely positioned to deliver services in alignment with personal and community health factors.

## How Midwifery Model of Care is used in other Developed Countries

In many high-income countries, midwives are widely used for low-risk births, often supported by national health systems.[16] These countries report improved maternal and newborn outcomes, reduced reliance on invasive procedures, and overall lower healthcare costs.[16] Midwifery is recognized as an essential component of effective maternal care, especially for its emphasis on continuity of care, postpartum support, and improved maternal well-being. [1]

**Figure 1:** Postpartum Support Services by country

**Postpartum Home Visits**

| | Covered by national insurance? | Timing and number of covered visits | Provider |
|---|---|---|---|
| Australia | Yes | Within week 1, typically one to three visits | Midwife |
| Canada | Yes | Contacted or visited within 24 t0 48 hours after going home | Public Health Nurse |
| France | Yes | Starting within 24 hours after discharge, one to three visits | Midwife |
| Germany | Yes | Daily if needed until day 10, plus 16 visits as needed until eight weeks postpartum | Midwife |
| Netherlands | Yes | Daily, starting immediately after birth and up to 10 days postpartum, staying at a minimum 4 hours per day | Maternity Nurse |
| New Zealand | Yes | At least five visits over six weeks, starting within 48 hours postpartum | Midwife |
| Norway | Yes | Midwife: Starting at 24 to 48 hours, or three days (for low-risk multiparous women) after going home<br><br>Nurse: First visit on days 7 to 10 postpartum; second visit on days 14 to 21 | Midwife, Nurse |
| Sweden | Yes | First visit during week 1; visits thereafter every one to two weeks until week 8 | Midwife, Nurse |
| Switzerland | Yes | Daily, up to 10 days postpartum | Midwife |
| United Kingdom | Yes | At least until 10 days postpartum | Midwife, Nurse |
| United States | Covered by some state Medicaid programs and certain health plans | Varies by state Medicaid program and by individual insurer | Nurse, physician, community health worker, doula, home health worker |

## The Increased Shift in Out-Of-Hospital Births in the U.S. Following 2020

Beginning in 2020, the United States experienced a noticeable increase in home births and other out-of-hospital birth settings. Many women opted for these settings due to heightened concerns around safety, access, and limitations on support persons within hospital environments.[17] Restrictions implemented in hospital settings limited the number of support individuals permitted during labor and delivery, leading some families to seek alternatives that allowed for greater involvement of their support networks.

Additionally, concerns about entering hospital environments where care for individuals with communicable illnesses was also being provided contributed to this shift. As a result, more women explored and selected birth settings such as home or birth centers, especially when experiencing low-risk pregnancies.

Evidence indicates that planned home births for women with low-risk pregnancies have outcomes comparable to, and in some cases better than, those associated with hospital births. For instance, cesarean delivery rates are significantly lower among women planning out-of-hospital births. Cesarean deliveries, which are among the costliest interventions in maternal care, are associated with increased maternal recovery time and higher medical risks such as postpartum infections and extended hospital stays.[17]

Women who gave birth in hospitals were nearly two to three times more likely to undergo a cesarean delivery compared to those who planned to give birth at home or in birth centers. The shift toward out-of-hospital births has also shown potential for reducing healthcare costs and increasing satisfaction with the birthing experience, particularly when care is tailored to individual preferences.[18]

In response to these trends, several states have developed initiatives that support expanded access to midwifery care in home and birth center settings for women with low-risk pregnancies, especially those whose care is covered under Medicaid or Medicare. Some states have begun to implement models that integrate certified professional midwives (CPMs) into the broader healthcare delivery system. These models demonstrate that, when appropriately integrated, out-of-hospital births do not increase the risk of adverse maternal or perinatal outcomes.[19, 20]

Reports from these state-led efforts suggest that hospitals, homes, and birth centers can all serve as safe care environments for appropriately screened, low-risk pregnancies. These models may provide valuable insights for future nationwide efforts aimed at enhancing maternal care delivery and optimizing access across a variety of care settings.

One such effort is the Transforming Maternal Health (TMaH) initiative led by the Centers for Medicare & Medicaid Services (CMS), which supports state Medicaid agencies in delivering a comprehensive approach to pregnancy, childbirth, and postpartum care. Certified professional midwives are recognized within this framework as maternal health providers who can help expand access to high-quality, community-based services.[21] This direction aligns with broader public health trends and offers opportunities for states such as Rhode Island to build upon proven strategies that enhance maternal health outcomes through increased choice and access to tailored care.

## Conclusion

The Rhode Island Department of Health Maternal and Child Health Program welcomed the first Certified Professional Midwife (CPM) cohort in 2024 and a second in 2025. This initiative represents a milestone in Rhode Island's maternal health landscape and supports efforts to enhance access to tailored, community-based care. Women in Rhode Island will now have increased access to additional birth setting options and a broader range of qualified maternal health providers.

The CPM model supports more individualized, responsive care between women and their midwives. This approach strengthens the quality of services available during pregnancy, birth, and the postpartum period. By focusing on the unique needs of each family and expanding access to care across settings, this effort aims to contribute to improved maternal health outcomes throughout the state—one birth experience at a time.

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