

# Expanding the Maternal Care Team: Rural Strategies for Improving

April 17, 2025

RMOMS/Delta MCC Learning Opportunity





**If you were an egg,  
who would you trust  
to take care of you?**





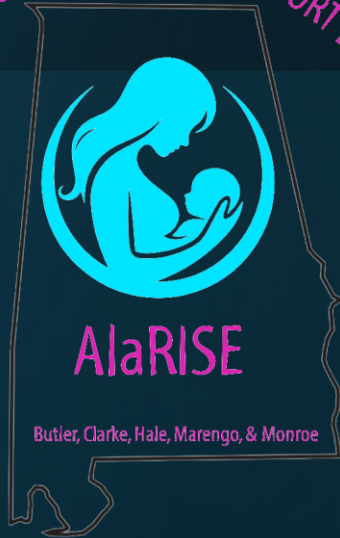
# Presenters

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- **West Central Alabama Area Health Education Center**  
Adrian Collier, AlaRISE Project Director, Delta MCC  
*(Community Health Worker)*
- **North Country Maternity Network** in New Hampshire  
Daisy Goodman, NH RMOMS Project Director  
*(Combined Doula + Community Health Worker role)*
- **Delta Health Center** in Mississippi  
Raven Burrell, MS Delta MCC Project Director  
*(Certified Nurse Midwife)*

# West Central Alabama AHEC

ALABAMA RESOURCES INFORMATION SUPPORT EMPOWERMENT



*Maternal Care Coordination*



**AlaRISE Maternal Care Coordination Project  
Community Health Worker/Doula Model**

- ★ AlaRISE will implement an evidence-based community health worker (CHW) program integrating doula services.
- ★ Hire, train, deploy and ongoing professional development
- ★ CHWs/doulas will provide outreach and education.

# CHWs and Douglas-The Design





# How We Inform

## 💡 Partners

- Host partner meetings/host site orientation/trainings
- Provided quarterly surveys
- Utilize a Pre-screener

## 💡 Partners, Patients, Community

- Developed one pagers
- WCAAHEC newsletter
- Utilize Linktree app
- Participated in Podcasts with Rural Roads and FORHP Interview



**CHW and Community Champion**

# Advice for Others



- ★ Choose candidates wisely
- ★ Trusted advocates with knowledge of community culture and resources
- ★ Candidates who have time to dedicate to the program and enjoy working with all populations
- ★ Get referrals from trusted partners and organizations
- ★ Ask candidates “why” they do community health work

# Key Lessons Learned



- 📣 Learned to ensure CHWs have a skillset that aligns with the specified program
- 📣 Learned that CHW professional development is a necessity
- 📣 Learned to consider the needs and nature of the community and organizations before placing CHWs



# Thank You!

Presenter Contact Information:

*Adrian Collier, M.Ed*

*AlaRISE Maternal Care Coordination  
Project Director*

**[adrian.collier@wcaahec.org](mailto:adrian.collier@wcaahec.org)**  
**[www.wcaahec.org](http://www.wcaahec.org)**



**Area Health Education Center**



*Maternal Care Coordination*

# Doula/Community Health Workers: Making Connections In New Hampshire's North Country

RMOMS Learning Opportunity  
4/17/2025



# Coos County, NH



North Country Maternity Network Birth Hospitals



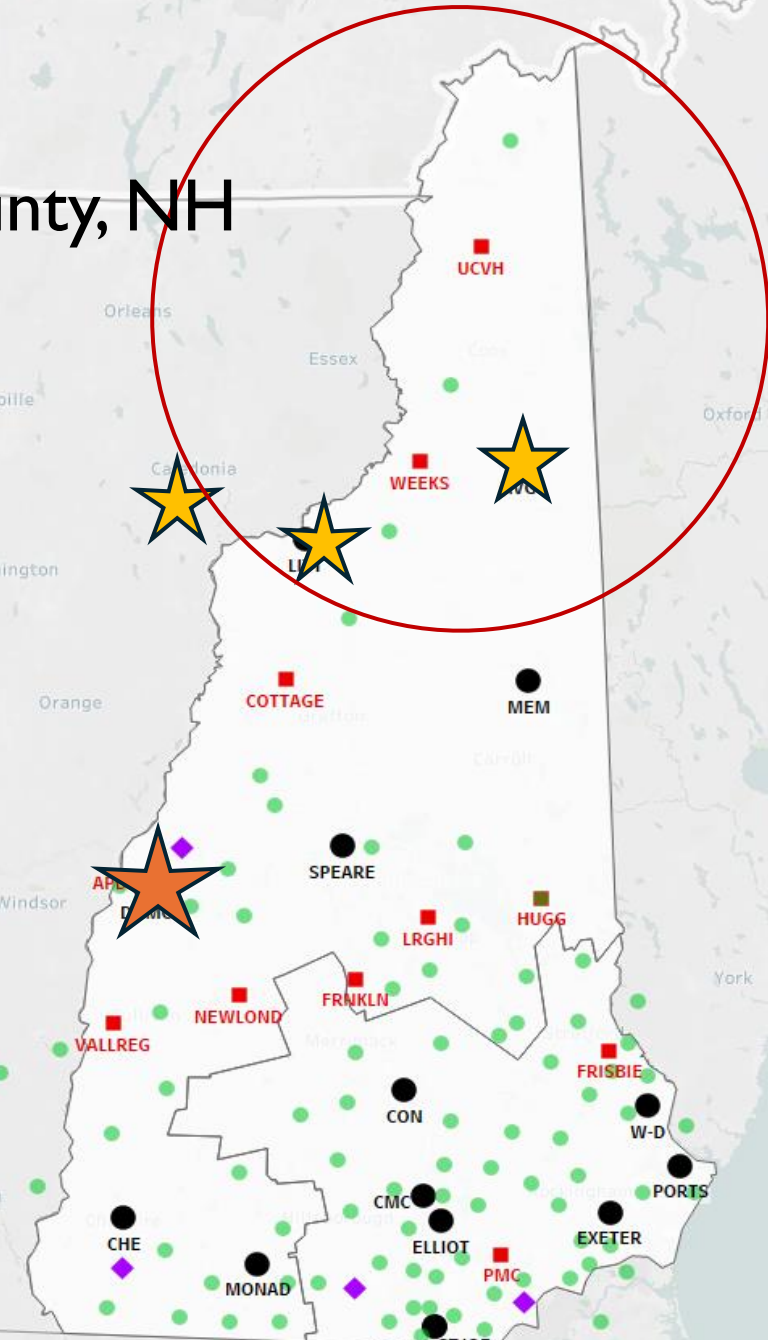
Tertiary Care (MHMH/DH)



Hospital without L&D



Unintended out of hospital birth

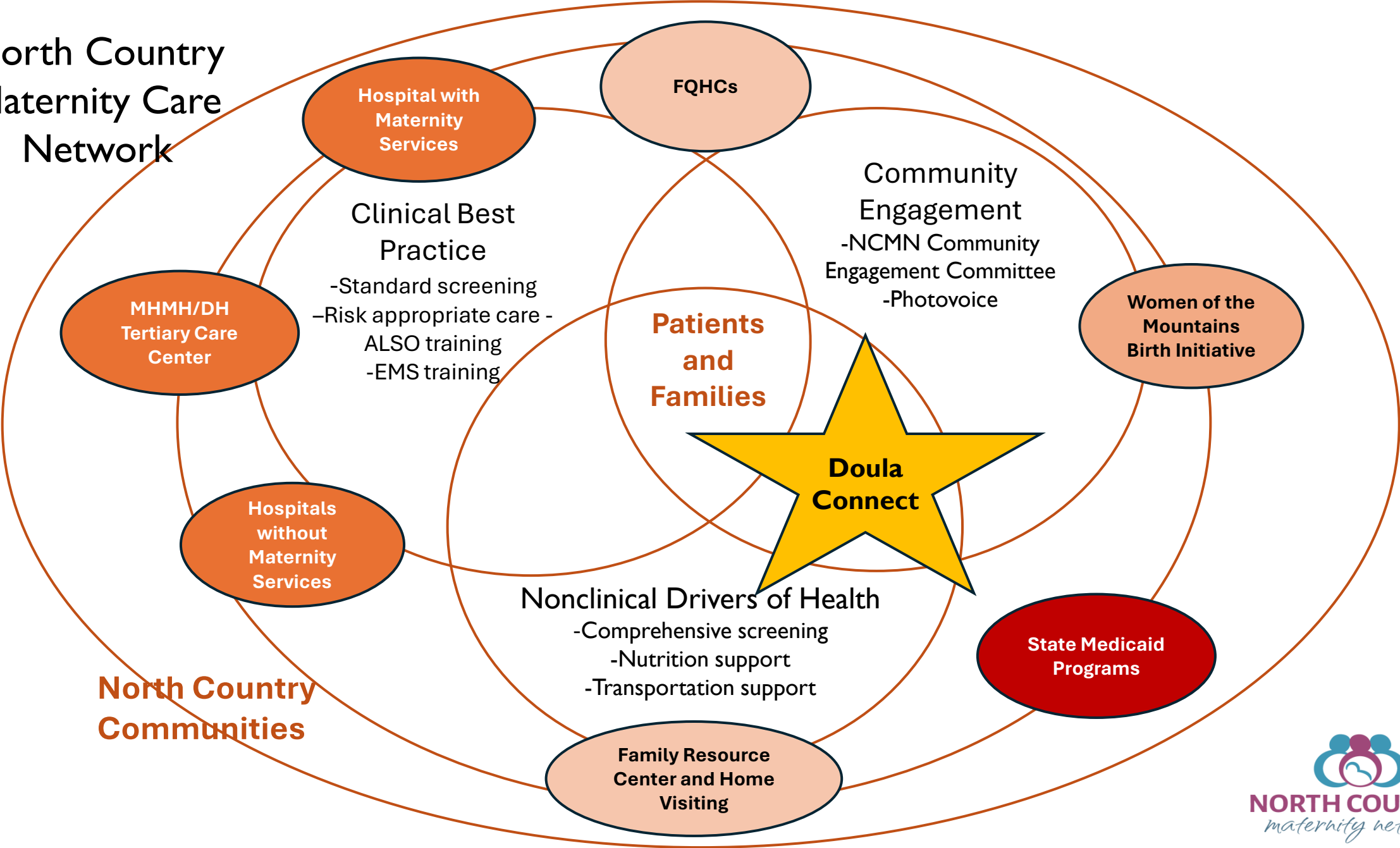




# Maternity Care Challenges in the North Country

- Distance to care
- Lack of public transportation
- Intermittent cell phone service
- Lack of Broadband
- No specialty care closer than MHMH
- Median income only 2/3 of US as a whole
- > 50% Medicaid insured
- Lowest breastfeeding rates in NH

# North Country Maternity Care Network



# Doula Connect Program

## Combined Doula + Community Health Worker role

- Doula training
  - Virtual through the Cornerstone program
  - Hands-on with the Women of the Mountains Birth Initiative
  - Ongoing mentorship with a community-based doula educator
- CHW certification program through Coos County's Public Health Network (the North Country Health Consortium)

## Why combine these roles?

- CHWs know their community and its resources
- Doulas know how to provide support during the perinatal period
- Combining the two sets of skills increases the opportunity to benefit from both, and reduces confusion



# Referral Pathways

Referrals can come from anyone, providers, network partners, other community or clinical organizations, schools, friends, relatives.

- Referral forms can be faxed, directly entered with a website link or called in.
- Referrals are assigned by several factors- location of client, location of preferred birthing hospital, acuity of client, caseload of doula CHW.
- Referrals are acknowledged to referral source, but no additional information is shared unless the client gives permission.

“Buy-in” from clinicians has grown substantially due to in-person meetings with hospital and prenatal clinic staff

Currently developing a brochure about Doula Connect, to be included in a folder with other resources for pregnancy and postpartum

# Lessons learned

- “We hired Doula CHWs and *then* created a program....“
  - A better approach would have been to create a framework before launching....
  - Then create a program manual together with the doula/CHW team after a few months of operation
- We were initially very focused on the dyad -but found that our role needed to primarily focus on supporting the mother
- Our program has leaned into providing support well into the postpartum year

# Where We Are Today: A Paradigm Shift

- Instead of silos and disconnection, we have a Network!
- The Doula/CHW role is fundamentally about connection
- Next steps towards sustainability:
  - Training & Education to integrate whole person care, team-based care, and interventions for nonclinical drivers of health in their documentation.
  - Documentation/Billing: it is possible and appropriate to bill for the care we provide!
  - Progress
    - Medicaid extended to 1 year postpartum in 2023
    - NH Medicaid launched a certification framework, allowing billing for CHW care on 4/1/2025
    - Doula role scheduled to become reimbursable July, 2025





**Thank you!**

**Daisy Goodman, DNP, MPH, CNM, CARN-AP**

Associate Professor

Department of Obstetrics and Gynecology

Dartmouth Health and Geisel School of  
Medicine

[daisy.j.goodman@hitchcock.org](mailto:daisy.j.goodman@hitchcock.org)



DELTA  
HEALTH  
CENTER

# Mississippi Delta Maternal Care Coordination Project

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RAVEN BURRELL, PA-C IN OBGYN, INTERIM PROJECT DIRECTOR

ROBIN BOYLES, CHIEF PROGRAM PLANNING AND DEVELOPMENT OFFICER

# Our History

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Delta Health Center is the first rural Community Health Center and the first Federally Qualified Health Center established in 1965. Found by Tufts University physician Dr. Jack Geiger and Dr. Count Gibson.



**DELTA  
HEALTH  
CENTER**



# Current Maternal Health Model



Maternal Health Program est. 2024

- HRSA funded grant providing interprofessional collaboration addressing barriers to prenatal care by increasing social support with Maternal Health Workers
- Increase prenatal care initiated in the first trimester
- Increase health care access to fetal monitoring
- Decrease low birth weight



# Current Maternal Health Model Cont.

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## Rural Maternity and Obstetrics Management Strategies (RMOMS)

- Address the rising concern of maternal mortality and morbidity
- Address lack of access to health services due to limited or no hospital obstetric services in rural areas

# Integrating a New Nurse Midwife Model

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COMMUNITY  
HEALTH WORKER

# Geographic Area and Partners

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- ★ Delta Health Center
  - Northwest Mississippi Regional Medical Center/The Woman's Clinic – Coahoma County
  - Delta Health Systems – Washington County
  - Converge, Inc./Title X Family Planning
  - Aaron E. Henry Community Health Center-Coahoma County



# Goals and Objectives

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The **goal** of the proposed Mississippi Delta Maternal Care Coordination (MCC) project is to significantly decrease rates of low birthweight and preterm birth in the Delta while also reducing Black-White disparities on these perinatal indicators.

## **Objectives:**

- 1) Implement a new model of perinatal care incorporating midwives and doulas into the care of pregnant and postpartum women accessing care at DHC;
- 2) Implement a consortium-wide system of healthcare services coordination before, during, and after pregnancy; and
- 3) Implement consortium-wide care coordination system for managing maternal hypertension, the foremost cause of life-threatening complications of labor and delivery.



# Strengths and Advice

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History of Collaboration between organizations – currently have active partnerships addressing maternal health including through RMOMS and HRSA Quality Improvement-Maternal Health (Maternal Health Workers)

Commitment to “Building a Better Mousetrap” to address maternal health in our rural and health professional shortage communities

Have a strong history in serving the Mississippi Delta, especially the target population with a long history of chronic health conditions and challenges accessing care



# Challenges and Lessons Learned

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There is a lack of Certified Nurse Midwives in Mississippi Delta and we anticipate challenges in recruiting one during the project's first year.

Ensuring consortium-wide adoption and use of the proposed maternal care coordination system incorporating the selected pregnancy risk assessment and care planning tools, with the ability to track referrals to community-based resources.

Developing “buy in” and trust with partners to the CNM model in a area that does not utilize CNMs and doula in maternal care.

Recruitment of providers to a rural area.

# Thank you

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RAVEN BURRELL

RBURRELL@DELTAHEALTHCENTER.ORG



**Let's chat!**

Time for questions and  
discussion



# Announcements and Evaluation

- **FORHP Peer Calls** – Across grant program  
Peer Calls across various topics
- Opportunity to connect for Peer Call in  
May! Dates coming soon.
- Your Feedback is Important - **Please take  
a moment to complete your evaluation**

