COMMUNITY MATERNAL HEALTH: Strengthening the Delivery of Care

Community-Informed Insights for State Leadership

"From Preconception to Infancy: Embodying Maternal Health Equity"

Conference Report

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ACKNOWLEDGEMENTS

We dedicate this report to every mother, birthing person, and infant whose health and safety depend on systems that truly see, hear, and honor them. May today's work move us closer to the world they deserve.

Executive Summary

On March 20, 2026, more than 160 clinicians, midwives, doulas, policymakers, researchers, and people with lived experience, came together in Chelsea around a single working question: **how does Massachusetts turn its maternal health commitments into care that families actually feel?** The 2024 Maternal Health Omnibus Law opened the door by expanding midwifery licensure and doula access. This convening, organized by NeighborHealth, focused on what it takes to walk through it: operationalizing equity at every point from preconception through the first year of a child's life.

The day made one conviction concrete: the people and programs closest to families are often the ones most capable of changing outcomes, and the ones our financing and credentialing systems support least well. That tension shaped every conversation, from the opening keynote's call to treat dignity and joy as clinical outcomes rather than extras, to candid discussion of where trust between birthing people and the health system has eroded and what it will take to rebuild it.

What Emerged

Across plenaries and breakout sessions, four themes carried through the day:

Community-based models, such as home visiting, freestanding birth centers, and community doula programs, reach families that conventional systems miss, yet remain unevenly available.

A broader, better-supported perinatal workforce, including doulas, midwives, navigators—and the data and informatics staff who hold continuous care together—improves outcomes, especially when it reflects the communities it serves.

Trust and culturally responsive care are measurable safety factors, not soft considerations, borne out by stark and persistent disparities in Massachusetts data.

Families experience care as one continuous arc, even as prenatal, postpartum, lactation, mental health, and pediatric care remain divided into separately financed silos.

Recommendations for State Leadership

From these themes, participants advanced six priorities, each pairing a clear problem with specific, actionable steps:

1. **Doula Care: Bridging the Structural Gap.** Pay a living wage, expand MassHealth coverage and flexibility, and authorize a value-based payment model that keeps doulas in their advocacy role.
2. **Advance Lactation Equity Statewide.** Expedite IBCLC licensing and reimbursement and grow a workforce that reflects the communities it serves.
3. **Access to Midwifery Care and Out-of-Hospital Birth.** Address structural barriers to birth center sustainability, pilot aligned reimbursement and liability models, and fund preceptorships for BIPOC midwives.
4. **Standardize Bereavement Excellence.** Set a statewide care standard for every family experiencing pregnancy or infant loss, including a year-long follow-up protocol and clear referral pathways.
5. **Strengthen Clinical Accountability Through Equity-Driven Safety Bundles.** Require equity-stratified escalation protocols and fund multidisciplinary training to standardize communication and handoffs.
6. **Build Data Transparency.** Audit diagnostic tools for race-corrected formulas and build out the Perinatal Dashboard using REAL/SOGI data to move from tracking to public accountability.

"I am really pleased to be in a space where we are making some explicit connections between maternal health and child health."

The Path Forward

As federal support for maternal and reproductive health grows uncertain, Massachusetts has both the means and the responsibility to show what is possible. The recommendations above are not aspirational add-ons. They are the practical infrastructure of equitable care, and a blueprint the Commonwealth can build, fund, and lead.

Introduction

On March 20, 2026, a multidisciplinary coalition of stakeholders, including clinicians, policymakers, doulas, midwives, and researchers, gathered at La Colaborativa in Chelsea, Massachusetts. Our mission: To reverse declining maternal health trends and eliminate the racial and socioeconomic inequities affecting Massachusetts families.

Why this Convening Matters

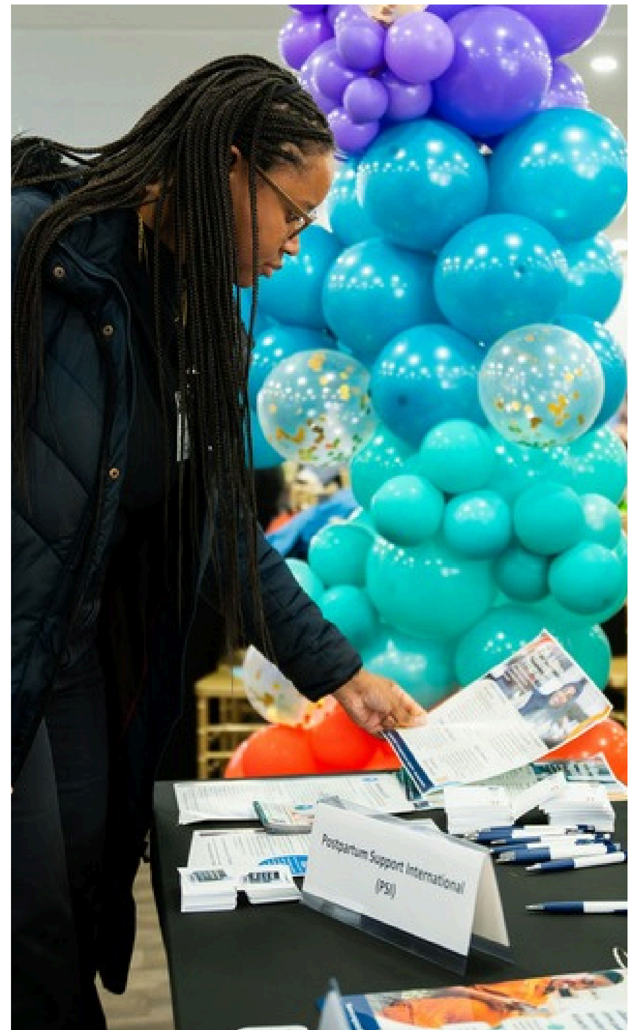
While the 2024 Maternal Health Omnibus Law was a landmark achievement in expanding midwifery licensure, doula access, and much more, it was a foundation, not a finish line. The March 2026 convening moved **beyond the "what"** of inequity **to the "how"** of embodying solutions and operationalizing equity at every touchpoint of the care continuum. The day was organized around four strategic mandates:

Redefining the Continuum. Extending equity-driven care from preconception through the "Fourth Trimester."

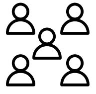
Expanding the Perinatal Workforce. Elevating doulas and midwives as central, not peripheral, to the care team.

Data Accountability. Establishing measurable benchmarks to track progress in real time.

Resource Mobilization. Transitioning from grant-funded pilots to durable, statewide infrastructure.



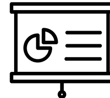
Conference at a Glance



167 Attendees
Cross-sector participation

75 Organizations Represented
Community, clinical, and policy leaders

56 Speakers & Presenters
Cross-disciplinary expertise



5 Plenary Sessions

10 Breakout Sessions

"The most transformative impact would be for families to be able to feel safe and stable and have all the resources they need."

Breakout Sessions focused on three areas of practice:

Workforce & Care Models

- Reimagining the Perinatal Team: Building Systems That Support Care
- Community-Based Doula Care in Action: Partnership, Equity, and Impact
- Expanding Access to Midwifery Care
- The Birth Center Landscape Massachusetts Deserves
- Advancing Equity Through Home Visiting: State and Community Partnerships

Policy, Data & Systems

- State Priorities for Maternal Health Policy: HPC and MassHealth
- From Intent to Impact: Using Perinatal Data to Advance Equity and Trust

Family & Community Supports

- Supporting Teen Parents: Addressing Holistic Needs for Health Equity
- Maternal Mental Health in Black, Indigenous, and People of Color (BIPOC) Communities
- Strengthening Breastfeeding Support Through the Maternal Health Omnibus

Keynote Reflection

SETTING THE CONTEXT FOR ACTION

Dr. Ndidiamaka Amutah-Onukagha of the Center for Maternal Health Advancement at Tufts University opened the day by framing maternal health equity as both a systems issue and a care transformation issue. She traced a line from the historical roots of obstetric racism to the disparities Massachusetts families face today, drawing on the weathering hypothesis to make clear that systemic inequities and chronic stress are not background context to maternal health. They are physiological clinical risks that undermine safety, trust, and well-being for birthing people.

Through a trauma-informed, equity-driven lens, the keynote pressed beyond statements toward action. Dr. Amutah-Onukagha called for practical advocacy strategies, stronger support systems, and investment in community-based models that promote bodily autonomy and reduce preventable harm.

She challenged listeners to move beyond a narrow focus on risk management. The goal, she argued, is care rooted in dignity, joy, and respect for every family. This framing set the tone for the day and carried into every session that followed.

Key Themes Elevated by the Keynote

From Risk to Healing. Moving away from deficit-based models toward healing-centered care that treats dignity and joy as clinical outcomes, not afterthoughts.

Addressing Weathering. Acknowledging that systemic racism and chronic stress are physiological clinical risks that shape maternal health outcomes long before pregnancy begins.

The Architecture of Advocacy. Recognizing that lived experience, strategic resistance, and coalition-building are what move policy, and what made the 2024 Massachusetts Maternal Health Omnibus possible.

What Emerged

The conference was designed around four strategic mandates, and the conversations themselves surfaced something larger. Four themes carried across the day's plenaries and breakout sessions, identified by clinicians and community organizers, by state officials and birthing people. Together these themes describe what is breaking down and what is already working.

Improve Access Through Community-Based Models

Access is different from integrations

Key Point: Participants pointed to S.3045/H.5016 as the legislation that would advance midwifery sustainability statewide.

Massachusetts has strong coverage on paper, yet families still meet transportation gaps, narrow networks, and care models that do not fit their lives. Community-based models such as home visiting, freestanding birth centers, and community doula programs are built to meet families where they are.

> "It feels really good to be in a room full of maternal health warriors and advocates."

The Birth Center Landscape session, in which leaders "spoke from the year 2031," made clear that scaling these models requires coordinated action across policy, funding, and workforce. The Home Visiting session reinforced that this proven, equity-advancing model is still unevenly accessible to the families who need it most, and that home visiting is not supplement, but core to perinatal care.

Expand the Perinatal Workforce

Most preventable failures happen between visits, not in the hospital.

Key Point: Closing the gaps takes both expanded teams (doulas, midwives, navigators, informatics staff) and community-based programs (home visiting, doula support, care coordination)

The people doing the most to improve maternal health outcomes are often the least supported by our financing and credentialing systems. Across sessions on doula care, midwifery, and the reimagined perinatal team, the message was consistent: outcomes improve when the care team grows beyond conventional clinical roles, and they improve most when that workforce reflects the communities it serves.

Doulas, midwives, and community health workers are essential, but so are informatics specialists, data analysts, care navigators, and quality improvement staff who turn fragmented visits into continuous care. Improving maternal outcomes is not simply about adding more clinicians; it is about designing multidisciplinary systems that integrate clinical care, social support, navigation, community trust, and data infrastructure into one coordinated model.

Build Trust Through Culturally Responsive Care

Trust is the most fragile element of the system and the most necessary to rebuild.

Key Point: Discrimination was a circumstance in 41% of MA pregnancy related deaths reviewed between 2020 and 2022.

When birthing people are not believed, seen, or respected, the consequences are measurable in delayed diagnoses, dismissed symptoms, and lives lost. The work of restoring trust requires culturally responsive care in clinical and community settings, accountability in the data, and policy that names the structural drivers of harm.

The MA Department of Public Health shared that Black non-Hispanic birthing people experience maternal morbidity at more than twice the rate of white non-Hispanic birthing people. The “From Intent to Impact” session pointed to the *Perinatal Dashboard Learning Collaborative* and *Race, Ethnicity, and Language (REAL)/Sexual Orientation* and *Gender Identity (SOGI)* data as tools to move institutions from "tracking" to public transparency. The Lived Experiences panel anchored these systems-level conversations in the voices of those most directly affected.

Improve Access Through Community-Based Models

Families experience care as one continuous arc. Our systems do not.

Key Point: Innovative models such as HealthySteps reach 21,000 children and model two-generation care.

Families do not experience pregnancy, birth, and the postpartum year in the discrete categories our care systems use. Yet our infrastructure too often treats prenatal, postpartum, lactation, mental health, and pediatric care as separate silos with separate financing, separate workflows, and separate records.

Sessions on teen parents, breastfeeding, bereavement, and innovations in care all pointed in the same direction. The Innovations panel highlighted HealthySteps as a working example of what dyadic, two-generation care looks like when it is built into pediatric primary care from the start.

> "I love that we can come together as a community and collaborate to really make everyone's experience in our state better in terms of maternal health."

Recommendations

FROM THE MASSACHUSETTS PERINATAL ECOSYSTEM

1. Doula Care: Bridging the Structural Gap

Doulas reduce physiological stress and bridge the white space between clinical visits, yet statewide scaling is hindered by reimbursement that fails to cover a living wage or 24/7 on-call work, prohibitive credentialing and billing hurdles for independent practitioners, and the persistent risk that integration into clinical teams comes at the cost of a doula's role as patient advocates. Treating doulas as essential care members must come on terms that sustain them.

Action Needed:
1.1 Increase pay for community doulas to reflect a living wage.
1.2 Expand MassHealth coverage for doula support hours from 8 to 12–16 and allow more flexibility in how allotted hours are used; the current 90-minute-per-visit cap is too restrictive for families needing longer support.
1.3 Authorize a Value-Based Doula Payment Model within MassHealth, including equity-focused incentives.
1.4 Strengthen referral networks and pathways to mental and behavioral health specialists

2. Advance Lactation Equity Statewide

Bridging the gap between prenatal breastfeeding intentions and postpartum realities requires structured, financially supported lactation services and a workforce that reflects the communities it serves. Getting this right is essential to realizing the full value of state investment in maternal health.

Action Needed:
2.1 Expedite implementation of IBCLC (International Board-Certified Lactation Consultant) licensing and reimbursement.
2.2 Mandate culturally and linguistically matched lactation support during inpatient stays, with referrals for home-based or telehealth lactation services within 72 hours of discharge.
2.3 Expand scholarship and grant programs to grow the BIPOC lactation workforce**.**

3. Access to Midwifery Care and Out-of-Hospital Birth

Midwifery care has compelling evidence behind it, but access remains deeply inequitable across Massachusetts. Massachusetts took a huge step toward midwifery integration and perinatal care option expansion with the passage of the 2024 Maternal Health Omnibus Law, but important barriers to access and sustainability remain. Making midwifery and out-of-hospital perinatal care a universally accessible part of the state's healthcare map will require workforce equity and, sustainable financing, and additional legislative and regulatory action to address structural equity barriers.

Action Needed:
3.1 Enact critical policies to address the structural barriers to birth center sustainability and community-based midwifery practice.
3.2 Pilot perinatal reimbursement models that align with and reflect the aspects of the midwifery model of care that contribute to improved outcomes.
3.3 Pilot statewide options for reducing liability coverage requirements and/or costs for coverage incurred by community based and solo midwifery practices.
3.4 Fund paid preceptorships for BIPOC midwives to train the next generation without financial penalty.

4. Standardize Bereavement Excellence

Families experiencing pregnancy or infant loss currently receive inconsistent support that varies in each setting. Advancing bereavement excellence means moving from inconsistent handouts to consistent, face-to-face support and long-term follow-up for every family.

Action Needed:
4.1 Establish a comprehensive statewide perinatal and infant standard beyond the current DPH regulations that ensures clinical excellence, long-term psychiatric safety, and deep cultural humility rooted in every single interaction.
4.2 Require a 12-month "Year of Remembrance" protocol with a formal follow-up touchpoint.
4.3 Mandate provision of Commemorative Honor Certificates and standardized Keepsake Bundles.
4.4 Require all perinatal care sites to have established referral pathways to a trained Bereavement Counselor or Social Worker.

5. Strengthen Clinical Accountability Through Equity-Driven Safety Bundles

Documented disparities in clinical response for BIPOC birthing people require accountability built directly into hospital safety protocols. Advancing equity means moving from documenting disparities to acting on them through race-conscious policy, disaggregated data, and investment in workforce reforms.

Action Needed:
5.1 Require hospitals to implement an Equity-Stratified "Second Look" protocol for symptom escalation.
5.2 Fund multi-disciplinary training for labor and delivery of nurses, midwives, doulas, and community health workers to standardize communication and handoffs.

6. Build Data Transparency

MassHealth covers 40 percent of births in the Commonwealth, making it the primary lever to address systemic equity. Transparent, real-time data can move institutions from stated commitment to measurable impact — but only if the underlying tools and reporting structures are built with accountability in mind.

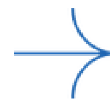
Action Needed:
6.1 Audit AI-driven diagnostic tools to ensure they do not use race-corrected formulas that historically under-treat BIPOC patients.
6.2 Build out a Perinatal Dashboard using REAL/SOGI data to move from tracking to public accountability using EHR or universal clinical delivery tracking.

Conclusion

THE PATH FORWARD

Community-informed solutions are no longer a supplement to policy. They are the policy. As federal support for reproductive and maternal health faces uncertainty, Massachusetts has both the opportunity and the responsibility to serve as a national blueprint — showing what state leadership can protect and build when it aligns its resources around the families who have too often been left behind.

Scan here to view a short companion film



Acknowledgements

The convening and its report are the product of many hands. We are grateful to everyone who gave their time, expertise, and lived experience to make the convening a day of honest conversation and shared purpose.

Planning Committee & Staff

We are deeply grateful to the planning committee and the NeighborHealth staff whose months of work brought together the agenda, logistics, and community partnerships behind this convening. We also extend special thanks to the BU Program on Reproductive Justice at Boston University School of Law, whose partnership made possible the accompanying video. Their support helped us tell this story with the depth and dignity it deserves.

Speakers, Facilitators, and Panelists

More than fifty speakers, moderators, and breakout facilitators shared their knowledge across the day's plenaries and sessions. We are especially grateful to our keynote speaker, Ndidiamaka Amutah-Onukagha, PhD, MPH, CHES, of Tufts University School of Medicine, and to every presenter who brought candor, data, and vision to the conversation.

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COMMUNITY. WELLNESS. TOGETHER.