



MATERNITY CARE COALITION

THEORY OF CHANGE NARRATIVE

WHY DOES MCC EXIST?

In 1980 a group of Philadelphia health and social justice activists came together over concerns about the wellbeing of the most vulnerable members of the community - pregnant people and infants. They created Maternity Care Coalition (MCC) and advocated for change with policymakers and decision makers asking, *What about the babies?* Today, MCC's work continues to center babies and their families by supporting, referring, educating, researching, and advocating. Our mission to improve the health and wellbeing of pregnant women and parenting families and enhance school readiness is achieved through strong relationships with our communities and a work culture promoting equity. We recognize that a new baby is a transformative experience for a family and that parenting is an opportunity for growth. Parents are their children's first and primary advocates and yet our systems are often inequitable. There is still much work to be done.

What problem is MCC addressing?

The United States has the highest maternal and infant mortality rates among comparable nations, and mothers of color are at far greater risk. Nationally, Black women are dying at three times the rate of white women from complications related to childbirth,¹ and experience the highest rate of infant mortality among all racial and ethnic groups. Black mothers are also twice as likely as non-Hispanic white mothers to have an infant who dies by their first birthday.²

Beyond maternal and infant mortality, Black and Brown parents and their babies experience additional health disparities. Over the last decade, low birth weight and preterm births have increased nationally, with marked racial inequities. Black and Hispanic women also have higher rates of perinatal depression than non-Hispanic white women, which impacts their long-term emotional and physical health, as well as that of their infants and children.³

What drives these outcomes?

Families' health is significantly affected by their access to affordable housing, nutritious food, and a living wage as well as the resources invested in their communities. Parents and babies experiencing housing insecurity have high rates of trauma and are at greater risk of parent-child separations, while food insecurity can compromise an infant's physical growth and cognitive development. Many people earning poverty-level wages obtain health insurance only when they become pregnant, delaying their entry into prenatal care, and once their children are born, they often have limited resources to pay for high-quality childcare.⁴

The impact of these social determinants of health* on families transcends race; however, due to structural racism** and social injustice, they have a greater impact on Black and Brown families and families living in poverty. Hospitals and schools in Black and Brown communities are systemically underfunded compared to institutions in white communities.⁵ Providers in these communities may unconsciously respond to families with stereotypes and biases, creating barriers to trusting, supportive relationships. As a result, they do not have the same opportunity as their white, higher-income counterparts to make choices that will maximize their chances of having positive birth experiences and raising healthy babies.

When access to high-quality services and choices are systematically denied to parents, it disproportionately affects their children's development, making them more likely to experience developmental delays and less likely to reach early learning milestones.⁶ To exacerbate inequities, the lack of high quality and affordable early childhood education disproportionately affects Black and Brown families.⁷

What is the need in Southeastern Pennsylvania?

In Southeastern Pennsylvania, these racial and social inequities are particularly pronounced.

The rates of maternal and infant mortality in



MCC CLIENT, IVY

Ivy was nine months pregnant and living in a shelter when the COVID-19 pandemic began. With three children — soon to be four — she feared for her family's safety between their crowded school and impermanent home.

Jobless and terrified at the thought of sending her children to school during the pandemic, Ivy's job options were limited as she remained committed to helping her kids through virtual schooling. Although she needed the stability of a job, Ivy's priority was her children's health and education. Today, Ivy is searching for a job that would allow her the flexibility to bring her children along with her, something that is becoming harder to find amid a troubling economy and a public health crisis.

"I am just a mother of four children, trying to make the best life for all of them. I go through a lot of trials and tribulations, but things are coming together one thing at a time," Ivy said.

Meeting once a week, Ivy and her MCC Advocate continue to work through challenges in housing, job insecurity and navigating being a Mom to four young children all with individual needs. Ivy, like all MCC clients, is unique, but the challenges she faces are all too often a common thread between MCC clients.

Southeastern Pennsylvania are well above the national average. Mothers of color in this region are at far greater risk of health complications related to pregnancy.⁸

In MCC's service area, 53% of infants are children of color and 17% of all infants are living in poverty. In Philadelphia, the reality is even more dire with approximately 25% of residents⁹, and nearly one-third of the city's infants and toddlers, living below the

poverty line.¹⁰ The first three years of a child's life is a critical period filled with rapid physical, cognitive, social, and emotional development, and poverty is perhaps the single greatest risk to children's development. Nearly half of students in Philadelphia do not meet key literacy benchmarks when they enter kindergarten, and there are significant racial and social disparities in early learning and literacy outcomes.¹¹

What is MCC's intended impact?

MCC believes in an equitable and just future for all families and is committed to challenging the structures that create barriers to equity. We envision a future where **parents impacted by racial and social inequities in Southeastern Pennsylvania can birth with dignity, parent with autonomy and raise babies who are healthy, growing, and thriving.**

When parents birth with dignity, they are given choice and actively participate in defining their own birth experience. Parenting with autonomy honors the expertise that every parent has in their own experience, and their right to set goals for themselves and their babies and seek success through their own definitions and methods, free from value judgements and expectations established in systemically racist institutions.

We believe that by focusing on reducing disparities for parents who are marginalized, we are advancing equity and quality for all. Thus, as we work to achieve social and racial justice in Southeastern PA, we are centering the experiences of those most impacted by structural racism—Black and Brown parents and their babies.

While MCC prioritizes targeted support to Black and Brown families, this is not to the exclusion of other groups. MCC values inclusion and respects the diversity of individuals, families, and communities. We recognize that being a parent can take on many different forms and are committed to exploring and learning from the different beliefs and experiences of all of our clients.

WHAT DOES MCC DO?

All of MCC's services are united by a strong focus on supporting parents during a critically important span of time, from pregnancy through a child's third birthday. To achieve a more equitable and just future, we work at the client, community, and policy level, each mutually supporting.

- **Client Level.** We support our clients to recognize their strengths and develop self-determined health, development, and wellbeing goals for themselves and their babies.
- **Community Level.** Through strategic partnerships, we connect our clients to key resources and services that address the social determinants of health.
- **Policy Level.** We advocate for policy and legislative change to address the systemic causes of racial and social inequities.



In Home, Community Based, & Virtual Support

We provide critical support for parents and babies in their homes, in community settings, and virtually.

- **Home Visiting & Virtual Supports.** We implement a community-based prevention strategy to provide support and education to parents to adapt to changes and challenges that come with pregnancy and parenting. In addition to offering these services in person, we also provide them virtually.
- **Center-Based Care.** We provide early care and education services to children ages 0-3 in a group setting.
- **Community Education.** We share our expertise on maternal and child health, childbirth,

parenting and more to prepare community members with the knowledge and skills they need to meet their goals.



Community Capacity-Building

Our programming has always been rooted in an understanding of the needs of the communities we serve. The reality is that health starts long before illness in our homes, schools, and jobs, and MCC is committed to collaborating with partners to more holistically address our clients' needs and goals. To that end, we develop creative and strategic partnerships to provide critical resources and strengthen the ability of institutions to meet the needs of parents and babies in the communities we serve.



Policy

We engage policymakers to develop policies and practices that address racial and social inequities in maternal and child health and early care and education. Our Policy & Advocacy Department relies heavily on direct service staff to inform the department's agenda. We believe that the individuals most impacted by a problem hold the solution. We consider it our responsibility to center the experience and expertise of the communities we serve as we promote policies and legislation.



Research

We collaborate in community-engaged studies of innovative programs dedicated to improving the health and wellbeing of pregnant people, parents, and children. Our research deepens the knowledge base on issues related to maternal and child health, enabling us to continually improve our service delivery and raise awareness on critical racial and social inequities.

HOW DOES MCC APPROACH OUR WORK?

At MCC, how we do our work is as important as the services we offer. Our approach is radically client centered and collaborative. We believe our clients are the experts of their own experience and support them in recognizing their strengths and accomplishing their goals. At all levels of our work, we nurture respectful relationships, promote self-determination, and ensure diverse voices are heard.

Relationship Building

At the core of our work, we create individual connections with parents and families, partners, and within communities through communication and trust. MCC recruits staff from/with intimate knowledge of the communities we serve. Everything we do at MCC is predicated on creating trusting relationships with our clients and having a reputation as a trusted resource in the communities we serve.

Promoting Self-Determination

We support parents and communities as they identify their own needs and goals and affirm the expertise our clients have in their own experience. This includes providing evidence-based information that builds knowledge, skills, and awareness and coaching parents as they navigate systems to access foundational resources which help them meet their goals.

Advocacy

We leverage resources and partnerships to advocate for community needs and critical supports at systemic levels. We engage our clients and other community leaders, beyond advice and feedback, for actionable insight and decisive action. This includes bringing together stakeholders with a vested interest in issues of pregnancy, birthing, parenting, and children 0-3 and

representing our clients in collective actions which combat institutional racism and structural inequity.

Thought Leadership

Our research contributes to the knowledge base and literature on pregnancy and parenting, and we advise on critical issues that turn thought into action.



MCC IS A POLICY LEADER IN MATERNAL, PERINATAL, AND CHILD HEALTH.

Beginning in the spring of 2020, MCC embarked on leading a statewide perinatal health advocacy campaign. As part of the campaign, MCC convened over 300 moms, birthing people, legislators, and key stakeholders at a virtual town hall to discuss opportunities to promote better birth outcomes for people who use Medicaid as their health insurance during pregnancy.

Following the town hall, legislators, staffers, and members of the administration reached out to MCC to share the incredible impact the event had on them. Hearing directly from constituents helped compel the state of Pennsylvania to commit to pursuing an ambitious perinatal health equity agenda. Just a few short months later, MCC was invited to Harrisburg, as a leader in perinatal health equity, to join Pennsylvania's administrative discussion to extend postpartum coverage through the ARP option, making it one of the first states in the country to do so.

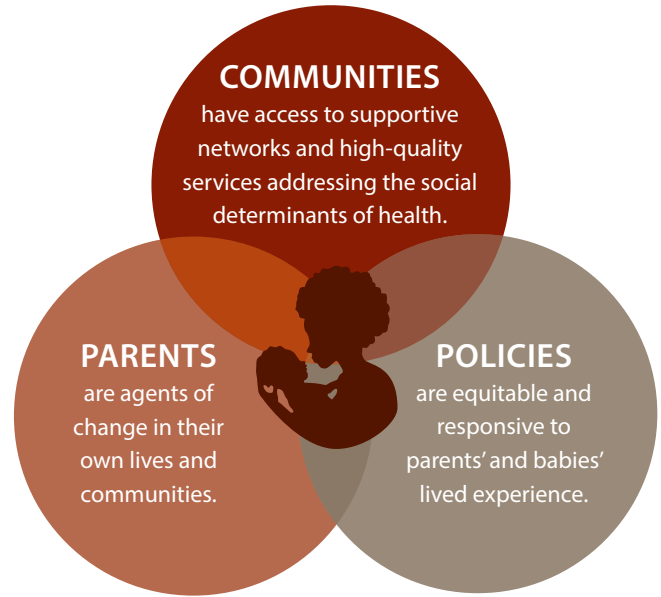
This Policy & Advocacy success story speaks to MCC's commitment to centering the experience and expertise of the communities we serve as we advocate for policy and legislative change that will address the systemic causes of racial and social inequities.

HOW DOES MCC INFLUENCE CHANGE?

How are we working towards our intended impact?

Collectively, our client, community, and policy level services work together to address the racial and social inequities experienced by parents and their babies in Southeastern Pennsylvania. Across all of our work, we pursue a Culture of Advocacy where all staff, regardless of their role, are engaged in the pursuit of more equitable communities where parents have the dignity and autonomy to raise babies who are healthy, growing, and thriving. We are actively working towards this equitable and just future where:

- **Parents** are agents of change in their own lives and communities.
- **Communities** have access to supportive networks and high-quality services addressing the social determinants of health and service providers confront structural racism and social injustice embedded in their institutions.
- **Policies** are equitable and responsive to parents' and babies' lived experiences.



collaborative partnerships, we are increasing awareness about the inequities facing parents and babies and creating supportive community networks and equitable policies to address families' holistic needs.

By focusing on these outcomes, we aim to advance equity and quality for all parents and their babies, particularly those in Black and Brown communities. As a result, parents impacted by racial and social inequities in Southeastern Pennsylvania will birth with dignity, parent with autonomy and raise babies who are healthy, growing, and thriving.

How do we track progress over time?

Our approach is responsive to the needs and goals of our clients and the communities we serve. With the support of our staff, parents are identifying self-determined goals and developing the agency to make choices about their birth experience and the health and wellbeing of their babies. Through

	IN THE SHORT TERM...	IN THE MEDIUM TERM...
Parents	<ul style="list-style-type: none"> • Are gaining knowledge and awareness • Are accessing and leveraging resources and opportunities • Are identifying and meeting their goals • Are building positive and healthy relationships with their children 	<ul style="list-style-type: none"> • Are building the self-efficacy needed to exercise self-determination • Are developing the agency to advocate for themselves and their families
Communities	<ul style="list-style-type: none"> • Are increasing their awareness about racial and social inequities facing parents and babies 	<ul style="list-style-type: none"> • Are using their power to drive systems change • Are creating supportive networks and building social capital
 Policymakers	<ul style="list-style-type: none"> • Are increasing their awareness about racial and social inequities facing parents and babies 	<ul style="list-style-type: none"> • Are demonstrating political will to address disparities and implement equitable prenatal-to-3 policies

Endnotes

* Social determinants of health are the conditions and environments that affect a wide range of health, functioning, and quality-of-life outcomes and risks, such as economic stability, access to and quality of health care and education, neighborhood, and social context.

** Structural racism is a system where public policies, institutional practices, and cultural representations work to reinforce and perpetuate racial inequity.

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Parents impacted by racial and social inequities in Southeastern Pennsylvania can birth with dignity, parent with autonomy and raise babies who are healthy, growing, and thriving.



 **WHAT WE DO**

 **HOW WE DO IT**