

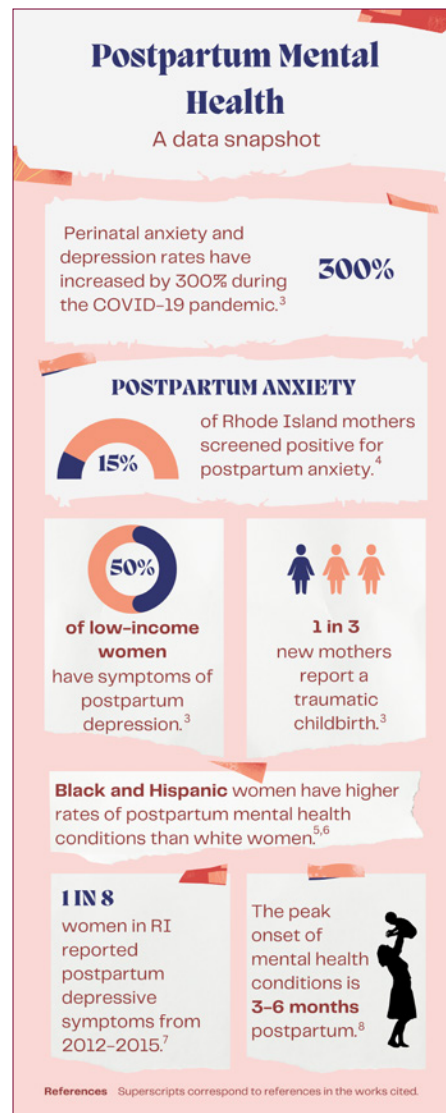
Maternal Health Workforce as a Structural Driver of Postpartum Mental Health Equity: A Call to Action in Rhode Island

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The leading cause of death for women in the first year after childbirth is self-harm, including death by suicide and overdose.¹ Postpartum mental health conditions adversely affect mothers and families, and do not affect all mothers equally (Figure 1).^{2,3} While a range of structural factors contribute to postpartum mental health conditions, this commentary focuses on laws, policies, and programs related to maternal health workforce development in Rhode Island. We include specific recommendations for legislative and institutional actions to improve the structural landscape of postpartum mental health in Rhode Island, including maternal health workforce development, home visit service expansion, and expanding birth-setting options to advance postpartum mental health equity.

MATERNAL HEALTH WORKFORCE

SISTA Fire, a community organization in Providence, RI, which fights for reproductive justice, has pointed to the overwhelmingly White workforce at Women & Infants (W&I), the primary birthing hospital in Rhode Island.⁹ Lack of diversity in the maternal health workforce negatively impacts Black, Indigenous, People of Color (BIPOC) families, who are more likely to experience racism and discrimination when seeing a White provider.¹⁰ To increase the number of professionals of color, SISTA Fire recommends that W&I collaborate with the Community College of Rhode Island and Rhode Island College.⁹ The proposed collaboration would provide an advancement ladder for medical professionals with two-year healthcare degrees by hiring and supporting them in completing a four-year degree while they are employed.



This program can create employment and advancement opportunities while bolstering entry of BIPOC individuals into maternal health care.

Diversifying the maternal health workforce also requires increased workforce numbers across disciplines. Birth-worker workforce expansion is anticipated since passage of The Doula Act in 2021. Sustained support for perinatal doula reimbursement is an important avenue to improve postpartum mental health equity. As the Doula Act implementation rolls out, the RI General Assembly should monitor workforce metrics and appropriate funds for increased payment rates through Medicaid to minimize doula attrition. Existing programs to advance training and diversify the workforce of International Board-Certified Lactation Consultants (IBCLCs), Certified Lactation Consultants (CLCs), and Community Health Workers (CHWs) can have a bigger impact with increased support from state legislation and policy. The Health Provider Loan Repayment Program, for instance, can be expanded to make a broader range of disciplines eligible for the program, and shifted to prioritize applications from individuals from underrepresented backgrounds.

Finally, there is a significant shortage of specialized perinatal mental health providers. Postpartum mental health evaluations and treatment fall

to primary care providers and obstetricians, who may not be comfortable initiating treatment for postpartum women.⁴ RI MomsPRN, a pilot program run by the Rhode Island Department of Health (RIDOH), enhances postpartum mental health equity by ensuring greater access to specialized mental health support and reducing barriers to care experienced by those most at risk for mental health challenges postpartum. This program is currently funded through an HRSA

grant, with RIDOH seeking a follow-on grant to sustain funding. To sustain the program long-term without depending on federal grants, the Rhode Island General Assembly should appropriate funding to RI MomsPRN.

HOME VISITING EXPANSION

Rhode Island has a robust home visiting program; scale-up of this successful program can prevent people from falling through care coordination gaps and expand support for families in RI. Home visiting is cost effective, and the RI program is already large, with approximately 18,000 home visits conducted in 2021.¹¹ It is feasible to scale this program up further – replacing the current “opt-in” model with an “opt-out” model – where all birthing families receive home visits by default. It is worth noting that the United States is the only country among 10 peer nations that does not provide guaranteed home visiting services, and 26 states (not including RI) guarantee home visit services for Medicaid recipients.¹²

RI can leverage federal funding streams to cover home visiting expansion costs. For example, competitive grant funds are available through the Maternal, Infant, and Early Childhood Home Visiting Program. As an alternative to federal funding, some states support home visiting through tobacco tax revenue or settlement funds. State legislation should be promulgated to expand home visiting for all postpartum families in RI, through a revised Family Visiting Act with an opt-out service model. Home visiting scale-up can be combined with other efforts to diversify and incentivize maternal health workforce development. These activities could increase postpartum mental health equity by increasing screening, support and referrals for mothers experiencing mental health challenges postpartum. Diversifying home visiting personnel additionally may alleviate concerns among low-income women of color who have reason to fear that home visiting could further expose them to child protective services (CPS) intervention.

MATERNAL HEALTH INSTITUTIONS

W&I, part of the Care New England network, delivers over 80% of the births in RI. As the primary birthing hospital, W&I's institutional policies and practices affect nearly all birthing people in the state. SISTA Fire has identified an array of practices at W&I that are harmful to birth justice in RI, with each of the identified gaps presenting an opportunity to improve systems, structures, and consequently, postpartum mental health equity.⁹ Efforts to improve diversity, equity and inclusion (DEI) are underway at Care New England – the largest healthcare provider in Rhode Island – where a chief diversity officer was appointed April 2023 and DEI programs and initiatives are underway.¹³

Birthing centers

RI advocates can also support birth justice by defining a pathway through which freestanding community-based birthing centers can open. RIDOH's efforts to promulgate birth center regulations were paused during the COVID-19 pandemic; regulations are in the process of being updated as of May 2023. It is important that these regulations be finalized to support birthing centers in RI. Birthing centers prioritize the needs of the mother over institutional policies. Women of color are less likely to experience bias or discrimination at community-based birth centers staffed by a diverse workforce. Freedom to choose a birth setting is likely beneficial for postpartum mental health, as mothers who report higher levels of birth satisfaction and lower levels of trauma experience during labor and delivery also report lower levels of postpartum mental health challenges.¹⁴

CONCLUSION

We can do more to achieve postpartum mental health equity in RI. Many RI mothers are impacted by a postpartum mental health condition, with associated adverse effects on mothers, babies, and families. While Rhode Island has promising laws and programs in place, each can be improved to better support women and families postpartum. This work reviewed relevant laws, policies, and programs in Rhode Island and provides specific recommendations for legislative and institutional actions to improve postpartum mental health. First, Rhode Island should invest in the maternal health workforce, increase funding for specialized mental health services, expand the home visiting program, and promulgate regulations for freestanding birth centers. Nearly all these actions can be undertaken by the State General Assembly, minimizing reliance on the federal government for action. However, where appropriate, initiatives to access federal grant opportunities can accelerate progress. Together, these initiatives would ensure that perinatal women in Rhode Island are supported by a variety of health professionals to bolster against mental health challenges postpartum, while ensuring access to adequate supports if mental health challenges occur.

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