



Hello, I'm Tara Shirazian, I'm an OBGYN and the President and Founder of Saving Mothers (savingmothers.org). We are a 501c3 medical non-profit, developing maternal health programs to decrease maternal mortality globally and locally. We have worked around the world to create low cost/high impact programs that unify community and hospital-based efforts to improve maternal health and reduce death. Our programs target the frontline women's health workers—community health workers and birth attendants—to enhance their medical knowledge of maternal risks and complications. We empower them to communicate and be heard within the health care infrastructure in their own communities. **We are frontline maternal health trainers.** In 2019, our efforts turned from global to local. Unlike the global setting where health resources are scarce, here in New York City with an abundance of resources, we have staggering rates of maternal death.

Who are most affected?

Data from the CDC indicates that nationally, Black women are more than three times more likely than White women to die from pregnancy-related complications. Tragically, the disparity for Black women in New York City is even greater where they are twelve times more likely than White women to die from pregnancy-related complications. In 2018, the severe maternal morbidity rate for Black women was at least twice as high as for White women in half of the State's regions.¹ Over 60% of pregnancy related deaths in New York City occurred antepartum or within one week postpartum.² Maternal outcomes are persistently worse for Black and Latina women relative to White women, even after controlling for health status, sociodemographic factors, and neighborhood income.³

Maternal mortality has not significantly changed for over 20 years despite substantial investment in maternal health programs in New York City. Our own comprehensive review of maternal health programs in New York City found a lack of programs using evidence-based approaches and a lack of reported outcomes—despite the investment, the results were not evident. Amongst the programs reviewed, only a single community-based model addressed adverse birth outcomes, but maternal outcomes are unknown. Hospital-based approaches to decrease maternal death have also failed to demonstrate any change in maternal death.

Ten years of global health work with Saving Mothers has produced a clear truth—reduction in the high rates of maternal morbidity and mortality for any disproportionately affected community requires a participatory, collaborative process. Our more recent local projects have also shown this to be true in New York City. To affect real change, there must a **parallel process to train frontline maternal health workers, mothers and health providers so they can challenge and overcome the disparate outcomes of pregnancy.** Systemic racism is one of the

¹ New York State Health Foundation. Complications of Childbirth: Racial and Ethnic Disparities in Severe Maternal Morbidity in New York State, August 2020

² New York City Department of Health and Mental Hygiene. Pregnancy-Associated Mortality in New York City, 2011-2015. Long Island City, New York. February 2020.

³ New York State Health Foundation. Complications of Childbirth: Racial and Ethnic Disparities in Severe Maternal Morbidity in New York State, August 2020

challenges affecting Black women and maternal mortality in New York. Saving Mothers has repeatedly demonstrated that when you advance both the health workers (doulas, community health workers/CHWs) and mothers understanding of basic medical information and hone their communication and advocacy skills, the result is a self-sustaining resilience in families and communities. We have demonstrated this in Guatemala, Kenya and around the globe.

Our mPOWHER© Curriculum focuses on providing frontline maternal health workers with needed, high quality health information and advocacy-building skills. The Mom's mPOWHER Kit© provides a pregnant woman with easy to use tools to be more health literate about her pregnancy and communication coaching that will better prepare her to identify and challenge systemic racism and sexism in the healthcare system – skills she can use throughout her life.

Phase 1 of our mPOWHER program consisted of using participatory and qualitative methods to develop and evaluate the key components of our proposed CHW training. We learned that current CHW maternal health training is non-standardized in New York. CHW training was varied, and despite their dedication to clients, respondents noted a lack of confidence in recognizing health risks and communicating health information to low health literacy clients. Our mPOWHER curriculum and training for CHWs focuses on identifying pregnancy risks, health literacy, and self-advocacy.

We would further love to collaborate in broader ways and bring our mPOWHER program to more cities, with larger community and hospital stakeholders. Saving Mothers develops evidence based, collaborative public health programs that tackles the staggering disparity in maternal health.

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