

D.C.

This hospital improved moms' health by focusing on more than medicine

Providers say a program at MedStar Washington Hospital Center could begin to turn around stark disparities in Black maternal and infant health in D.C.

Today at 5:00 a.m. EST

🕒 7 min ➦ 📌 💬 3



By [Jenna Portnoy](#)

When Moesha Rose realized she needed a breast pump several months after the birth of her third baby — and fast — she knew just what to do.

The 25-year-old mother, who has a history of life-threatening breastfeeding complications, called her Mamatoto Village lactation consultant, who arranged on her day off to have a pump delivered to her client's home.

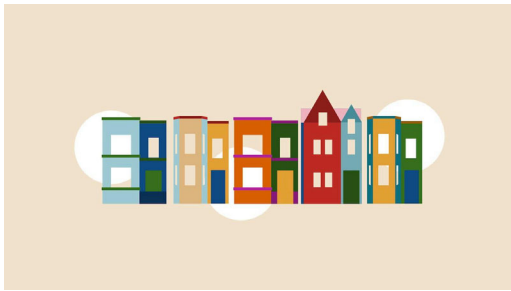
“It just felt like I had family there,” Rose, who lives in Southeast Washington, said of the care she received. “The respect, the customer service, it was all there. They wanted to make sure my son had a safe place to lay his head.”

The support is one of dozens of services available to birthing people through a MedStar Washington Hospital Center program that providers say could begin to turn around stark disparities in Black maternal and infant health in the nation's capital. One-third of babies born in D.C. were delivered at the Northwest Washington hospital.

The program, called Safe Babies Safe Moms, devoted as much attention to patients' medical needs as their social needs, from nutritious food to safe housing, with promising results, according to [a case study](#) published last week in the New England Journal of Medicine.

Make the most of the DMV with our newsletter

Make living in D.C. a little easier and more fun. Sign up for [the Post Local newsletter](#) to get local news, weather and expert advice — where to eat, where to drink and how to get around — every weekday.



(The Washington Post)

Black patients in the program were less likely to have babies with very low or low birth weight — those born under 3.3 pounds or 5.5 pounds — or preterm births — before 37 weeks — than Black or White ones who received prenatal care elsewhere, the research shows. The MedStar program followed about 13,700 births over four years.

“A lot of people have tried to crack the nut on disparities and it hasn’t moved, but to actually see movement, we’re very proud of that,” said Angela Thomas, vice president of health-care delivery research at MedStar Health and lead author of the paper.

The program, which happened to coincide with the pandemic, aimed to change the culture at the hospital by educating providers about health disparities and trauma-informed care.

Along the same lines, officials said the District and 14 states were selected to participate in a federal program expanding services such as access to midwives and doulas for Medicaid recipients during pregnancy and up to one year postpartum. The District will use \$17 million over 10 years to support interventions such as routine screening for depression and drug abuse and telehealth for pregnant people with gestational diabetes and hypertension.

The efforts are part of a groundswell of funding and support intended to reduce health disparities among Black pregnant people and help overcome systemic barriers. Research shows the United States has some of the worst maternal mortality outcomes among wealthy nations.

“In a post-George Floyd world, people are more bold and uncompromising,” said Aza Nedhari, executive director of Mamatoto Village, a D.C. nonprofit that provides doula services, breastfeeding assistance and training. “Black maternal health has been front and center, and nobody’s letting that conversation go. I believe the District is a ripe place for transformation.”

In D.C., Black birthing people account for about half of births but 90 percent of pregnancy-related deaths, according to a Maternal Mortality Review Committee report that analyzed data from 2014 to 2018.

Black mothers in D.C. are less likely to enter prenatal care in the first trimester and twice as likely to have a baby with low birth weight compared with Hispanic and White mothers, while the Black infant mortality rate is three to five times as high as the rates for Hispanic and White infants, according to health department data from 2019 to 2020.

The MedStar program was funded by a \$27 million grant from the A. James and Alice B. Clark Foundation and \$3 million from the hospital. The Clark grant was part of \$93 million the foundation gave to Children's National Hospital, MedStar Health and Sibley Memorial Hospital in 2000 to improve maternal health in the nation's capital.

The program was set to end in March, but another multimillion-dollar grant from the foundation will expand a version of the program to six other MedStar facilities in D.C. and Maryland, Thomas said. Through a spokeswoman, she declined to give the amount of the award.

Starting in 2020, the program made 70 interventions available to patients during and after pregnancy through delivery and until their child turned 3 years old. Services include behavioral health screening and counseling, breastfeeding education and support, remote monitoring of blood pressure, and help accessing public assistance for food, housing and transportation. Patients also have access to care coordinators to connect them with services, such as legal help.

S. Roxana Richardson, director of the perinatal legal assistance project at Georgetown University Law Center, and her team of three have helped 250 patients with issues such as housing conditions, public benefits and employment. They have helped clients force landlords to eliminate rodents and navigate paperwork for medical leave, for example.

Tamika Auguste, head of women and infant services at the hospital, called the approach "a game changer."

"This is the way you do prenatal care and you take care of patients," she said. "It is making sure that as health-care providers, not just physicians, [but also] midwives, nurse practitioners, our nurses, all of us together, making sure that we really understood where our patients came from."

Rose, the D.C. mother of three, said a nurse navigator would call her almost daily to make sure she was scheduled for her appointments and check on her well-being.

"She was on top of me," Rose said, recalling her reminders. "Ms. Rose, please check your blood pressure every day. Ms. Rose are you checking your blood pressure? Ms. Rose, I haven't seen you put anything in the app."

After a severe case of mastitis landed her in the hospital for a week, Rose later found her lactation consultant through Mamatoto Village, one of two community organizations with the health center Community of Hope that the grant required MedStar to tap to understand patients' greatest needs.

Kelly Sweeney McShane, chief executive of the health center Community of Hope, insisted MedStar place a high-risk obstetrician in the center's clinic east of the Anacostia River, a poor, predominantly Black community.

McShane knew the absence of the specialist meant mothers with a history of hypertension and miscarriages had to travel across the District for appointments, a tall order requiring transportation, child care and time off work.

It took a year to clear logistical hurdles, such as finding a high-quality ultrasound machine. But Melissa Howard Fries, a high-risk obstetrician with 40 years of experience, started seeing patients once a week in early 2022 and now has hours twice a week. Fries is booked through April, she said. It is unclear if a second specialist will be based east of the river when a new hospital, Cedar Hill Regional Medical Center GW Health, [opens this year](#).

One patient Fries had was a 17-year-old who was pregnant. When Fries examined her, she found that the baby was measuring small and asked the teen what she had eaten for breakfast. “I didn’t have breakfast,” she said. The question led to others, and a care coordinator helped arrange transitional housing, food benefits and other necessities for the patient, whose child is now plump and healthy, Fries said.

“Action can be taken from the medical point of view through the hospitals, but action needs to be looked at through the entire system,” she said. “If we really want to help people do better, you have to fund prenatal care and mother and infant care because that’s the way you build a new generation of stronger people.”