Safer Childbirth Cities Initiative

Background

Merck for Mothers is Merck’s $500 million initiative to help create a world where no woman has to die while giving life. Applying Merck’s business and scientific resources, we collaborate with partners to improve the health and well-being of women during pregnancy, childbirth and the postpartum period. To date, Merck for Mothers has supported efforts in over fifty global locations to help women have healthier pregnancies and safer deliveries, including in the U.S. Merck for Mothers’ approach is to support the design of innovative models to improve maternal health outcomes, testing of their effectiveness and feasibility and, if successful, to advocate for them to be scaled.

The U.S. is the only high-income country where maternal mortality is on the rise. Racial disparities are stark and persistent, with Black women in particular at increased risk for complications or worse. Since 2011, Merck for Mothers has been catalyzing efforts to improve maternal health and reduce disparities in the U.S. by addressing the leading contributors to maternal mortality: poor data on why women are dying; inconsistent obstetric care; the rise in chronic conditions; and limited awareness of the factors contributing to maternal mortality in the U.S., including systemic racism in clinical care. We are taking a comprehensive approach at the policy, health system, and community levels to improve access to quality maternity care and support women’s health and wellbeing.

According to the CDC, Black, American Indian and Alaska Native women are two to three times more likely to die from pregnancy-related causes than White women.
Community-Led Solutions

The Safer Childbirth Cities initiative aims to support community-based organizations in U.S. cities with a high burden of maternal mortality and morbidity to implement evidence-based interventions and innovative approaches to reverse the country’s maternal health trends and directly tackle racial inequities in maternal health outcomes. Our vision is for cities to become safer — and more equitable — places to give birth.

Safer Childbirth Cities is currently funding community-based organizations in 20 U.S. cities to help improve the maternal health outcomes that matter most in their cities. Safer Childbirth Cities grantees work to engage communities in maternal health improvements and address the social determinants of health and work with doulas and perinatal support workers to bolster the care support system around women and families during pregnancy, childbirth and the months after.

City-based Projects

THE FIRST COHORT OF SAFER CHILDBIRTH CITIES WAS ANNOUNCED IN SEPTEMBER 2019.

**Atlanta, GA:** Black Mamas Matter Alliance and its partners are creating a social safety-net model to link women, particularly Black women, to care and critical services that could be scaled to other communities where access to health care is limited.

**Baltimore, MD:** Baltimore Healthy Start and its partners are enhancing the State of Maryland’s Maternal Mortality Review process with Severe Maternal Morbidity reviews, elevating patient experiences to improve quality care, and encouraging postpartum care services alongside pediatric visits.

**Camden, NJ:** Camden Coalition of Healthcare Providers and its partners are strengthening citywide data infrastructures to improve connection to services and care coordination for pregnant and postpartum women.

**Chicago, IL:** AllianceChicago and its partners are improving the quality and coordination of care to serve women at highest risk and empowering families and social service providers through community outreach.

**Columbus, OH:** ROOTT and its partners are creating a model of community-based full-spectrum perinatal support doula care, with focus for Black women who have limited or no access to insurance, to ensure that they receive relevant, consistent, safe and equitable care.

**Jackson, MS:** Mississippi Public Health Institute and its partners are reducing unnecessary caesarean sections, providing community-based support to pregnant and post-partum women, and decreasing adverse maternal health outcomes through specially trained doulas.

**Newark, NJ:** Greater Newark Healthcare Coalition and its partners are educating health care providers on the best practices for maternity care, developing a public education campaign to increase women’s awareness of serious complications associated with pregnancy and the post-natal period, and disseminating recommendations to local stakeholders.
New Orleans, LA: Institute of Women and Ethnic Studies and its partners are identifying and linking birthing people who have unmet health needs and are disconnected from support to quality care and policy solutions.

Philadelphia, PA: Health Federation of Philadelphia and its partners strengthening surveillance and reporting, improving clinical care, integrating community voices in developing solutions, addressing racial disparities in maternal health outcomes, and increasing community-based support for childbearing women through development of a community action team.

Pittsburgh, PA: The Jewish Healthcare Foundation and its partners are improving coordination and quality of care among local service providers, training midwives and other health professionals, and building a local maternal health movement.

THE SECOND COHORT OF SAFER CHILDBIRTH CITIES WAS ANNOUNCED IN JANUARY 2021.

Austin, TX: The Maternal Health Equity Collaborative will provide culturally-sensitive and comprehensive perinatal childcare services, pre- and post-partum support groups and full-spectrum doula care to ensure that Black mothers and their families are able to access the holistic, whole-person care needed to alleviate maternal health complications and reduce inequities.

Brooklyn, NY: Black Women’s Blueprint and collaborators will use a community-driven approach to define, design, and pilot a new model of primary maternity service delivery designed to promote equity and improve outcomes for Black, Indigenous and other women of color.

Detroit, MI: The Michigan Public Health Institute and collaborators will build on existing community assets to foster conditions where Black mothers thrive by empowering Black women to advocate for their health needs and supporting care providers to reach their full potential in providing respectful and equitable care.

Norfolk, VA: Urban Baby Beginnings and collaborators are reducing disparities for childbearing women of color by building data infrastructures for state and city officials, strengthening community-based support systems, connecting women to services provided by practitioners of color and raising women’s awareness of the importance of perinatal care.

San Francisco, CA: SisterWeb and collaborators are increasing Black, Latinx and Pacific Islander women’s access to culturally-, racially- and ethnically-aligned doula care by providing health advocacy, wellness interventions and mental health services before, during and after birth.

St. Louis, MO: Jamaa Birth Village and Generate Health STL are increasing Black women’s access to culturally congruent holistic maternal health services by building a sustainable doula workforce and integrating doula care into existing health and hospital systems.
Tampa, FL: REACHUP, Inc. and collaborators are improving perinatal mental wellness and reducing racial and ethnic disparities in perinatal health outcomes by facilitating access to a holistic, inclusive and responsive continuum of care for women and their families.

Trenton, NJ: Trenton Health Team and collaborators are creating a robust system of data analytics to expand knowledge of maternal health challenges and enhanced doula services to support women experiencing high-risk pregnancies within Black, Latinx and immigrant communities.

Tulsa, OK: The Tulsa Birth Equity Initiative (TBEI) equips families in Tulsa to have healthy births with dignity and reduce maternal health disparities. TBEI and collaborators will leverage the influence, skills and experiences of local organizations to improve maternal health policies, data systems and service delivery systems for Black, Indigenous and justice-involved women and teens.

Washington, DC: Mamatoto Village and collaborators are strengthening maternal health care for Black women by developing an inclusive coalition of stakeholders and advocating for system and policy changes that expand comprehensive, accessible and high-quality perinatal support services and provide sustainable solutions to address homelessness and inequitable housing.

Community of Practice

The Safer Childbirth Cities Community of Practice, led by the Association for Maternal and Child Health Programs (AMCHP), aims to support as they learn from each other and strengthen their capacity to undertake activities such as coalition building, stakeholder engagement, evaluation and sustainability.

In forming the Community of Practice, AMCHP has partnered with the National Healthy Start Association (NHSA), the membership organization for over 100 federally funded Healthy Start programs situated in the neighborhoods of our nation’s poorest cities and the only decades-old membership organization uniting community-driven programs aimed at improving infant and maternal health in communities of color.

Together, AMCHP and NHSA are supporting capacity-building across grantees and with their permission and trust and celebrating learnings and innovations as grantees build safer and more equitable communities to give birth. Through the community of practice, the National Birth Equity Collaborative (NBEC) is supporting efforts to better understand how grantees measure success, evaluate programs and report impact to ensure consistency and ability to compare and synthesize data across cities.
Collaborative Grantmaking

In 2019 and 2021, grants awarded through Safer Childbirth Cities represent the collaborative grantmaking of several philanthropic partners alongside Merck for Mothers, collectively powering progress for maternal health.

To learn more, please visit saferchildbirthcities.com

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1 The Commonwealth Fund- Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries (November 2020).

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