

SCHEDULE

Day One – May 30, 2024

8:45am	9:15am	Continental Breakfast
9:15am	9:30am	Welcome
9:30am	10:15am	Maternal Health Keynote by Dr. Sayida Peprah-Wilson w/Q&A
10:25am	11:25am	Breakout 1
11:35am	12:35pm	Breakout 2
12:45pm	1:35pm	Lunch Presentation
1:35pm	2:00pm	Poster Gallery Walk and Networking
2:00pm	3:00pm	Breakout 3
		Panel Discussion with Art Terry, Melvin El, DaShawn Parrish et. al.
3:10pm	4:00pm	"Fathers, Families and Systems: The Healthy Start Legacy"
4:00pm	4:15pm	Closing Remarks & Evaluations

Day Two – May 31, 2024

0.45	0.00	List Due of fast Duffet
8:45am	9:20am	Hot Breakfast Buffet
9:20am	9:30am	Welcome & Day 1 Reflection
		Embodied Collective Joy & Rest Practices with Felicia Lane
9:30am	10:30am	Savage
10:40am	11:40am	Breakout 4
11:50am	12:50pm	Health Equity Keynote by Chidiebere Ibe w/Q&A
12:50pm	1:30pm	Lunch
1:30pm	2:00pm	Poster Gallery Walk and Networking
2:00pm	3:00pm	Breakout 5
3:10pm	3:30pm	Closing Remarks & Evaluations

BREAKOUT SESSIONS

Breakout 1

SESSION 1A: Maternal Nutrition Care: Reestablishing the Standard of Food Wellness For Childbearing Families

Tayler Clemm, DAWA

Maternal nutrition plays a critical role in the health and well-being of childbearing families. However, modern dietary patterns and lifestyle habits have strayed from traditional standards of food wellness, impacting maternal and child health outcomes. This workshop, "Maternal Nutrition Care: Reestablishing the Standard of Food Wellness For Childbearing Families," aims to address this issue by exploring strategies to promote optimal maternal nutrition during the perinatal period. Through interactive discussions and practical activities, participants will learn about the importance of maternal nutrition, evidence-based recommendations for a healthy diet during pregnancy and lactation, and culturally sensitive approaches to supporting diverse families. By reestablishing the standard of food wellness, we can enhance maternal and child health outcomes and contribute to the well-being of future generations.

SESSION 1B: "I wish that they understood that if a woman is being held hostage by money, she is being held hostage physically": Experiences, Impacts, and Implications of Economic Abuse on Perinatal People

Sarah Scott, University of Pittsburgh

Background

Economic abuse is one form of intimate partner violence (IPV) intended to control a survivor's ability to make, save, or spend money in order to gain power over them. Economic abuse creates barriers for survivors to maintain employment, critical for securing health insurance, avoiding food insecurity, and sustaining stable housing. Perinatal people may be more vulnerable to economic abuse due to changes in financial and employment life such as parental leave, increased expenses, and increased healthcare costs. Yet, little is known about how economic abuse manifests within the perinatal period.

The objective of this presentation is to share results of a research study that explores explore: 1) how economic abuse manifests within the perinatal period; 2) what impacts economic abuse has on perinatal people; and 3) how best to support perinatal survivors.

Design/Methods: We conducted virtual semi-structured interviews with IPV survivors and IPV advocates. Participants were recruited through an online recruitment registry, national IPV organizations, and local domestic violence agencies. Interview audiorecordings were transcribed verbatim. We used a deductive-inductive thematic analysis approach. Two research team members individually coded each transcript. The codebook used apriori codes matching the interview guide and inductive codes. The coders met several times to resolve discrepancies in coding. The research team met monthly to review emerging codes, consolidate codes into themes, and make iterative changes to the interview guide.

Results: We completed 18 interviews with advocates and 20 interviews with survivors. We identified seven themes. Participants described several experiences of economic abuse, including financial control, exploitation, and employment sabotage. Participants described health, financial, and social impacts on survivors and children. Partners leveraged the criminal-legal, child welfare, and healthcare systems and cultural norms about pregnancy, including those related to gender and religion to financially harm survivors. Participants highlighted finances as a barrier to leaving the relationship. Advocates described how economic abuse impacts marginalized survivors. Dream resources described include cash assistance, healthy relationship and financial education, and employer policies.

Conclusions: This study built on existing literature to highlight the ways that economic abuse specifically impacts perinatal survivors and their children. Findings emphasize the need for support for perinatal survivors of economic abuse.

SESSION 1C: Evaluation 101: A Step by Step Approach to Capturing Your Impact

WORKSHOP Vinu Ilakkuvan, Pop Health LLC

PoP Health's Evaluation 101 workshop captures the key steps of crafting an evaluation to understand your impact - including determining your audience, defining your program, establishing SMART objectives, planning and conducting a process and outcome evaluation, and disseminating your learnings.

Breakout 2

SESSION 2A: "A Circle expands forever...": The Ripple Effect of a CenteringPregnancy™ Model of Care

Alicia Vervain, The Midwife Center

CenteringPregnancy[™] is an evidence-based group prenatal care program that brings together pregnant people all due in the same month, helping to build relationships as the participants go through the same pregnancy milestones at the same time. Across 10 prenatal visits that are 2 hours long each, Centering allows clients to have more time with a provider, engage in conversation, and learn about nutrition, stress management, breastfeeding, labor, delivery, and more. Centering Pregnancy along with midwife-led care have been demonstrated to improve maternal and infant health outcomes and reduce racial disparities. This offering will demonstrate the purpose, impact, and potential of the CenteringPregnancy[™] model of care by learning from the very folks that brought it to Pittsburgh, as well as clients who have participated in the program with the lived experience to educate and empower other parents-to-be.

SESSION 2B: Evidence Based Programs and Their Effect on Teen Behavior

PRESENTATION Tiffani Germany, Taylor Dawkins and Tiara Martin, Healthy Start Inc.

Rates of STIs and challenges with healthy interpersonal relationships have been on the rise among local tweens and teens. Healthy Start's Adolescent Services department facilitates evidence-based curricula for middle and high school students. The Wyman Teen Outreach Program (TOP) empowers teens with the tools and opportunities to build social-emotional skills, strengthen relationships, and avoid risky behaviors. It promotes positive youth development through curriculum-guided, interactive group discussions, positive adult guidance and support, and community service learning. Be Proud! Be Responsible! Curriculum empowers youth to reduce their risk of HIV through the knowledge, motivation, and skills to change behaviors, reducing risks.

Amid the dire need to offer health and life planning education to adolescent youth in in-school and afterschool settings, behavioral challenges can derail opportunities for learning and engagement. This session will offer tips and tools on how coupling real-world education with meeting students where they are, via trauma-informed care, has worked to address challenging behaviors. Students have shared the lessons that have helped them make good choices, resolve conflict, and manage their emotions in their daily lives.

SESSION 2C: Community-Partnered Research at Healthy Start: Reflections & Lessons Learned

PRESENTATION

Adena Bowden, Healthy Start Inc. & Healthy Start Community Health Advocates

Healthy Start's involvement in research has grown exponentially over the last 5+ years. It's important to pause and reflect back on our growth to fully appreciate our successes & impact, as well as to identify areas for improvement. Perspectives from Healthy Start's past and current research partners, research staff, and research participants will inform a review of Healthy Start's historical, current, and future roles in MCH research, as well as an outline of the steps needed for us to consistently be viewed as equal partners in MCH research.

Breakout 3

SESSION 3A: Self-Care Matters for Parents

WORKSHOP Ta'Lor L. Pinkston (The Heart Advocate), Healthy Start Inc.

"Self-care Matters has been called "vibrant, relatable, and informational" by Khavah Murray, LCSW, the founder of Hope Deals Counseling and Consulting, LLC. The workshop includes a PowerPoint presentation, interactive discussions, and journal prompts. The workshop provides Caregivers (parents, individuals and other caregivers) and their Care Providers, (Clinicians, Social Workers, Community Health Workers, and Home Visitors) with an in-depth description of self-care and how to use self-care as a coping skill for mental health and work/life balance. During the workshop, attendees will complete a Self-care Needs Plan that will give them the opportunity to choose their self-care needs based on the Six Types of Self-care. Caregiver and Care Providers will learn how to normalize self-care personally and professionally to disrupt guilt and the stigma that self-care is selfish. Caregivers and Care Providers that reflect why their Self-care Matters reinforces the importance of lifelong wellness, can aid in reducing mental health concerns like depression and anxiety, and can reduce professional burnout and compassion fatigue.

Caregivers and care providers will be asked to reflect on this question, "Do you behave as if your self-care matters?"

SESSION 3B: Examining CBO (Community-Based Organization) Research Capacity

PRESENTATION Christine McClure, EdD, University of Pittsburgh

Larger healthcare systems and academic institutions widely recognize communitybased organizations (CBOs), as the leaders, experts, and gatekeepers in minoritized communities. Much of the existing literature on these communities would only be possible with CBO's assistance in gaining access to these communities. Despite the vital role CBOs play in the research process, CBOs have struggled to "maintain equitable partnerships with academic researchers," as CBOs are frequently viewed by academics as lacking sufficient research capacity. This elitist perspective reinforces the inequitable power dynamics that are often present in Communitybased Participatory Research (CBPR) that were also highlighted in Allegheny County's Birth Plan.

While perspectives vary on "who" gets to define and measure research capacity, there have been bipartisan efforts to develop a uniform framework and measures for assessing research capacity. The Community REsearch Activity Assessment Tool (CREAT), developed in 2013 and refined in 2019, is one of the only frameworks available to assess the research capacity of CBOs. One central tenant of the framework that is aligned with the county's Birth Plan, is that the framework places significant value on the existing experience and expertise of CBOs.

In this session, participants will learn more about the framework, and how CBOs can use it to examine their research capacity, not only for engaging in external research, but to strengthen their internal efforts and produce better outcomes for the populations they serve.

SESSION 3C: "The Rest of the Story": Where Medical Data Abstraction Meets Storytelling

PRESENTATION

Onome Oghifibibi, MD, MSc, FAAP, UPMC Magee Womens Hospital/UPMC Children's Hospital of Pittsburgh; Robert Cicco, MD, Retired Neonatologist; and Montia D. Brock, LPC, NCC, IMH-E, CLC, CD(DONA), MindBreastWomb/Healthy Start Inc.

In 2021 Healthy Start, the Allegheny County Health Department and UPMC Children's Hospital began the planning process to establish a Fetal and Infant Mortality Review (FIMR) process. FIMR is the community-based, action-oriented process of reviewing fetal and infant death cases to improve maternal and infant health outcomes. Essential to this process is pairing medical record data abstraction with family stories via interview or similar storytelling process. This session will lead attendees through the evolution of the FIMR process, the FIMR's focus on community engagement, and elevate the importance of capturing the voices of families as a lever for systems change.

Breakout 4

SESSION 4A: Community Leadership in Black Maternal Health

PRESENTATION Monet Olivis, Community Health Advocate and Mother

Abstract TBD

SESSION 4B: Safe Sleep Research

PRESENTATION Rachel Berger MD, MPH, UPMC Children's Hospital of Pittsburgh and Julia Reuben, Allegheny County Department of Human Services

Abstract TBD

SESSION 4C: Improving Maternal Health Through Clinical/Community Collaboration

PRESENTATION Takiyah Durham, MBA, Allegheny Health Network, First Steps and Beyond

The issue of racial disparities in maternal health requires a concerted effort from all caring for our birthing people and infants. These disparities are evident across educational levels, ages, backgrounds, socioeconomic status, and geographic areas and impact the birthing experience and a woman's lifespan. To address this challenge, it is incumbent upon all those who interact with birthing persons to address biases in the maternal experience and build trusting relationships. A systemic approach is necessary to combat existing racial inequities and promote maternal health equities. The significance of community engagement in this regard cannot be overstated. First Steps and Beyond, a community collaborative addressing Black maternal and infant mortality, has taken concrete steps towards ensuring that all birthing persons receive equitable and safe care. Cultural humility training, unconscious bias training, obstetric racial inequity training, and community engagement in racial inequity discussions have contributed to favorable health outcomes for birthing persons in the fight against maternal and infant mortality. Incorporating clinical teams and partners in program design is essential to the community approach of enhancing the maternal experience. Increased education

and awareness among all involved in the maternal continuum is necessary to promote equity in maternal health. We invite you to learn how leveraging training and education in partnership with healthcare systems, clinicians, doulas, and government agencies helps create a level of continuity of care that ensure every birthing person is awarded with the birthing experience they deserve.

Breakout 5

SESSION 5A: Unpacking Food Insecurity in Pregnancy: Findings from Focus Groups to Improve Screening

Christine McCall, PhD, University of Pittsburgh

Food insecurity (having limited or uncertain access to sufficient food) is associated with negative mental and physical health outcomes in pregnant individuals and their child(ren). For example, food insecurity is linked to perinatal depressive and anxiety symptoms, gestational diabetes and hypertensive disorders, preterm birth, and low birth weight. In the U.S., food insecurity affects ~1 in 5 pregnant individuals, with disproportionately high rates among Black and Hispanic/Latine communities due to longstanding systemic injustices. Pregnancy involves biopsychosocial processes that likely impact food insecurity, including pregnancy-specific nutrition recommendations, financial strain, and changes in appetite, eating, mood and physical functioning. Thus, innovative screening for and interventions to address prenatal food insecurity are needed. Presenters are researchers and community advisory board members who collaborate on a study that aims to characterize prenatal food insecurity to improve its screening/identification. Presenters will discuss findings from four focus groups with pregnant individuals with food insecurity (N=43 individuals; 91% Black-identifying; 58% WIC participants) that suggest that pregnancy uniquely affects food access (e.g., fatigue limits ability to walk to affordable stores), ability to ration food (e.g., due to increased hunger), and food insecurity-related distress (e.g., worry about consequences of food insecurity on the developing baby). Presenters will also discuss core features of prenatal food insecurity that emerged across focus groups: disruptions to food access (insufficient food quantity, nutrition quality, and preferred foods) and associated distress (psychological and physiological distress, stigma, cognitive labor). Implications for screening/intervention among diverse pregnant individuals, and considerations for building on existing research, will be discussed.

SESSION 5B: Closing the Gap: A Conversation with Leadership in Healthcare

PANEL

Montia D. Brock, LPC, NCC, IMH-E, CLC, CD(DONA), MindBreastWomb/Healthy Start Inc.

Within the Healthy Start Inc. Pittsburgh's BIRTH Plan for Allegheny County Goal 2, Strengthening Systems of Care, the goals created by community members consist of outcomes that include the direct involvement of the systems and leaders that facilitate and pay for the care. In the nature of the creation of the BIRTH Plan, an

open forum of conversation and problem solving, we would like to have a discussion with the leaders of our birthing and perinatal health and mental health institutions including managed care organizations—to give professionals and community members an opportunity to discuss feedback and concerns regarding the state of Black birth and their direct commitment to the BIRTH Plan.

SESSION 5C: Lactation; Beyond the Trend

PRESENTATION Ren

Renae Green, IBCLC

Abstract TBD

POSTERS

Resource mapping for fathers in Allegheny County

Authors: Phoebe Balascio-University of Pittsburgh Public Health, Emma Ford-University of Pittsburgh, Arthur Terry-Healthy Start Inc.

Engaging fathers is imperative to improving outcomes of birthing people during pregnancy. Yet, there is a dearth of information on resources available to assist fathers during the perinatal period. The purpose of this project was to create a user-friendly resource map of father-serving organizations and agencies in Allegheny County. With the assistance of Healthy Start collaborators, we surveyed members of the Fatherhood Collaborative Council of Western PA to identify existing resources and services supporting fathers around pregnancy. This information was independently verified and iteratively collated into a user-friendly resource map for fathers looking for pregnancy support. With the resource map created, our group aims to disseminate the graphic back to the FCC and community partners, so strengths and gaps in current services may be used to advocate for programs and policies that advance the health of fathers in Allegheny County.

Project Butterfly: Reshaping the Allegheny County Fetal Infant Mortality Review (FIMR)

Authors: Montia D. Brock, LPC, NCC, IMH-E, CLC, CD(DONA), Mind Breast Womb, LLC as a contractor of FIMR, Dr. Onome Oghifibibi, Dr. Robert Cicco, Mr. Arthur Terry, Ngozi Tibbs

As the Allegheny County FIMR enters into its second year of facilitating the national effort to reduce infant mortality through the Fetal Infant Mortality Review (FIMR), we reflect on all we have done in our first year (i.e., formation of the CAT and CRT, CAT goals and efforts, number of interviews along with any observance of common occurrences of preventative deaths, etc.); what changes we plan to make based on what we have learned so far; and how to take what we've learned to create change (i.e., how to report back to birthing hospitals and professionals, developing systems of accountability and prevention). With a poster presentation at the Healthy Start Inc. Pgh 2024 Symposium we are hoping for feedback, suggestions, and engagement with our peers and community.

Postpartum Pittsburgh: Connecting and Collaborating with the Providers of Today and Tomorrow

Authors: Montia D. Brock, LPC, NCC, IMH-E, CLC, CD(DONA) and Chaunda Cunningham-Postpartum Pittsburgh

Postpartum Pittsburgh is a 501c3, founded in 2016, with the vision that all birthing individuals in Western Pennsylvania will have access to current mental health treatment and resources. Postpartum Pittsburgh seeks to fulfill this vision by bringing together Western PA birth workers, health professionals, and community organizations for twice yearly networking and educational events. Our presentation will highlight how professional, racial, and ethnic diversity of the Postpartum Pittsburgh board has enabled effective cross-system collaboration to create programs that center Black and other minority birthing people. A "Listening Session" format introduced in the 2022

Spring conference provided genuine dialogue and conversation that is rooted in personal experience and expertise. Spring 2024 conference Listening Sessions are planned on the topics of birth worker and immigrant testimonies. During our Fall 2023 resource event, approximately 20 community, county-supported, and hospital-based organizations tabled in a large ballroom. Three hours of the 4 hour-long event were devoted to introducing the tabling organizations and giving time for participants to visit tables and network so that they can take back information to their clinics and patients.

Networking programs and community outreach, dialogue, and collaboration, are critical building blocks to improving the mental health care of minority birthing people as well mitigating the adverse social determinants of mental health. In the coming year we will continue these events and integrate the content on our website to increase visibility and uptake of perinatal mental health resources for mothers and professionals.

A Combined Questionnaire and Biomarker Analysis of the Impact of the 2020-2021 COVID Pandemic on Stress and Placental-Maternal Health

Authors: Kharlya Carpio, Stacey Pharrams, Demia Tyler, Andrea Richardson, Alison Hipwell, Janet Catov, Ernesto Marques, Jennifer J Adibi

Introduction: This study aimed to assess the challenges faced in social, psychosocial, infectious, and physical environments during the COVID pandemic by measuring individual and neighborhood exposures, stress biomarkers, and maternal mental health outcomes.

Methods: With Healthy Start as a community consultant, we recruited birthing people who delivered at Magee-Womens Hospital between June 2020 and December 2021. Individuals living in high COVID+ neighborhoods and who self-identified as Black were prioritized. Participants completed a questionnaire and contributed biospecimen samples at a postpartum visit. The environment was measured in four domains: social, psychosocial, physical, and chemical (diet related). Analyses are underway on the relationships between exposures, biomarkers of placental function and maternal wellbeing, and postpartum depression.

Results: The mean age of participants (N=73) was 31 years, 32% were Black, and rated their health as slightly better before the pandemic vs at the time of questionnaire completion (3.56 vs. 3.28; 1=poor, 5=excellent). Major sources of pandemic-related stress were access to baby supplies (31%) and medical and mental care (16%). Most (68%) reported mild or no stress about general changes to birth experiences, with no changes in the support received from prenatal care providers (69%), and a slight decrease in feeling support from social networks before and after the pandemic (5.46 vs 5.14; 1 no support, 7 very much). Participants did not exhibit depressive symptoms and were adaptive to coping.

Conclusion: Birthing people in this study were not strongly negatively impacted by the COVID pandemic. Understanding various forms of stress, not only during periods of

societal upheaval, is important to meet the needs of pregnant people, acknowledge their pregnancy experiences, and foster positive mental health outcomes."

Dads Do Skin to Skin, Too!!!!

Author: Jessica Yvonne Parham, BSN, RNCI-Healthy Start and Our Place Doula Services LLC

This poster will focus on the importance of inviting dads to perform skin to skin with infants during the golden hour and throughout infant development.