

The Collaborative for Maternal and Infant Health has been awarded a \$2.3 million grant from the [American Heart Association as part of their Health Equity Research Network on Disparities in Maternal-Infant Health Outcomes](#).

The project, Building Equitable Linkages with Interprofessional Education Valuing Everyone (BELIEVE), was conceived and developed by co-PIs Kimberly Harper and Janiya Williams. Ms. Harper is the Perinatal Neonatal Outreach Coordinator for CMIH and teaches at the NCCU school of nursing. Ms. Williams leads the Human Lactation Pathway 2 Program at North Carolina A&T. The UNC Collaborative for Maternal and Infant Health will be joining collaborators from U Penn, Northwestern, OSU and UAB at part of the Pregnancy, Postpartum and Postnatal Health (P3): Enhancing Quality and Access to Achieve Equitable Maternal and Infant Health (EQUATE) network, led by Alan Tita at UAB.

Building Equitable Linkages with Interprofessional Education Valuing Everyone (BELIEVE)

In 2020, a Black birthing woman in the United States was 2.9 times as likely to die as a non-Hispanic white woman². The maternal mortality rate for Black women in the United States was 55.3 deaths per 100,000 live births, exceeding national maternal mortality rates in more than 100 countries worldwide; for Black infants, the mortality rate of 10.6 per 1000 live births exceeds more than 80 countries. Remediating these disparities, which are rooted in structural racism, require holistic solutions that address “cultural norms, policies, institutions, and practices that define the distribution (or maldistribution) of social determinants of health,”⁴ through collaborative, multidisciplinary, multilevel models of maternity and perinatal care. Moreover, building more just, equitable care requires healing the trauma experienced by families, birthing people, and health care team members, diminishing trust, damaging relationships, and leading to poor health outcomes.

The overarching goal of our work is to transform perinatal and reproductive health services so that each mother, birthing person, and health team member is seen, heard, and valued. The purpose of this project is to develop a curriculum for interprofessional education and collaboration that cultivates trust among birthing people and health team members through respectful, equitable and person-centered care and communication. Using Kern’s six-step approach to curriculum development, we will develop, implement, and evaluate BELIEVE, an interprofessional education (IPE) curriculum for mothers and birthing people and members of the health care team. Using a stepped-wedge design, we will quantify BELIEVE’s impact on health team members, provider-patient interactions, and health care processes and outcomes. To accomplish these goals, we will:

Aim 1: Engage birthing people, families, and health care team members to assess gaps in current practice and quantify learning needs for collaborative, equitable care. In partnership with community-based organizations and national leaders in Black Maternal Health, we will identify gaps in understanding of health team member roles, responsive and responsible communication, and team-based care, and we will identify structural changes that are needed to support sustained change and improve maternal outcomes. Engagement methods will include listening sessions across the EQUATE network (N=150), focus groups in North Carolina (N=40), and interactive web-based surveys (N=300).

Aim 2: Develop and test the BELIEVE IPE Curriculum. We will build on findings from our engagement work to determine goals, objectives, and curriculum content, including flipped classroom asynchronous content and synchronous skill sessions, which will be offered both virtually and in person. During development, we will iteratively test feasibility and acceptability of curriculum components with pre-

licensure and post-licensure interdisciplinary teams. Pre-licensure interdisciplinary teams will be inclusive of students enrolled in programs such as medicine, nursing, lactation, doula, social work, and nutrition, engaging a diverse population through an EQUATE collaboration among Historically Black Colleges and Universities (HBCU's) led by North Carolina Agricultural and Technical State University. Teams from four hospitals in central North Carolina will also participate in piloting and development.

Aim 3: Implement the BELIEVE curriculum and quantify its impact. Using a staged-based implementation science approach, we will deliver elements of the curriculum to birthing people, pre-licensure learners, and post-licensure health team members. We will quantify learning through pre- and post-assessments, simulated interactions among birthing people and health teams, and qualitative interviews. To measure impact on health processes and outcomes, we will conduct a stepped-wedge trial at four hospitals (~15,000 births per year) in central North Carolina, quantifying changes in post-cesarean pain scores, language in the electronic health record, referrals to UniteUs for social determinants of health, and breastfeeding support.

We expect to create an interprofessional educational curriculum that can be scaled to a national audience, beginning with our partners across the EQUATE network. The BELIEVE curriculum will create spaces for rebuilding trust and healing from birth-related trauma and professional moral injury. We anticipate that through this training, birthing people, community members, and health team members will strengthen their capacity to engage in holistic, person-centered, collaborative care that can repair the structural racism and mistrust that drive disparities in maternal and infant outcomes.