This SOC includes a description of how the SMM Project disseminated data and information on maternal health inequities to community members through in-person and online methods. The document offers tips for including a community engagement component in a clinical or qualitative research project that promotes equity by supporting existing community action and amplifying established, culturally relevant voices.

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SOCIAL MEDIA INFLUENCER CONTENT

CeCe Olisa
Screen shot of CeCe Olisa’s Instagram post (@ceceolisa) promoting her blogpost for the SMM Project.
SOCIAL MEDIA INFLUENCER CONTENT

CeCe Olisa (cont.)
Screen shot depicting two sample responses to CeCe Olisa’s Instagram post.

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>kangold05</strong> I went to a new ob gyn years ago and the male physician claimed he wasn’t able to properly do my pap because of my size and suggested I reschedule. It was a center, so I asked for another physician. I mentioned the issue to the new and clearly more experienced doctor, she shook her head, chuckled and apologized. She told me to lean back and take a breath, she was done lickity split. She was my ob until moved.</td>
</tr>
<tr>
<td>8w 3 likes Reply</td>
</tr>
</tbody>
</table>

| **kangold05** Story #2 - When I found out I was pregnant with my 2nd, I went to the OB that delivers my first and he claimed that my pregnancy was considered At-risk and had to refer me to another doctor in Brooklyn. Based on a recommendation from a friend I did my research and found a new OB in Manhattan. My husband came to the first visit for support. The doc was shocked by the old OB. He did a complete exam and couldn't identify any reason to label me At-Risk. God works in mysterious ways, because my 2nd delivery, hospital stay, and recovery was 1,000 percent better than the first. |
| 😊 😁 😌 😘 😍 😞 😪 😘 |
SOCIAL MEDIA INFLUENCER CONTENT

CeCe Olisa (cont.)
Screen shot depicting another response to CeCe Olisa’s Instagram post.

theimperfectmd @ceceolisa I read your post and loved it. As a physician it has always been my passion and goal for my patients to see me as a partner in their health. My patients are the captain of the ship and I am their first mate. My job is to alert them to what is ahead and the risks but ultimately it’s their decision regarding our course. My hope is that my patients are fully informed so they can make the best decision possible but it is their decision. However, as physicians sometimes in our quest to do no harm we forget about the emotional harm our words can cause. I apologize to anyone who has felt unheard, not valued, or demeaned. Please don’t forsake health care teach us to listen to you! Be an advocate for yourself and for other patients that come after you. 💚

8w  12 likes  Reply
SOCIAL MEDIA INFLUENCER CONTENT

CeCe Olisa (cont.)
Screen shot depicting another response to CeCe Olisa’s Instagram post.

becomingjai Many times but the two that were the worst was when i went in feeling sick and they wanted to give me a shot without checking for pregnancy because I was “too obese to conceive” Thank God I didn’t listen because I was actually 6 weeks pregnant.
Then on the delivery table when they told me I should have the bypass done now and a scrub tech told my doctors she owed them Lakers tickets for helping move me from or table to my bed to go into recovery.

8w 1 like  Reply

--- Hide replies

pandasnpuns @becomingjai yikes, so sorry!
8w  Reply

wlhg12 @becomingjai rude!
Unprofessional!
8w 1 like  Reply

thenitalook @becomingjai I hope you reported that!!!
SOCIAL MEDIA INFLUENCER CONTENT

Nellie Acevedo

Screen shot depicting the beginning two paragraphs of Nellie’s blogpost as it appeared formatted on her website, brooklynactivemama.com.

Black Women Are Facing A Maternal Health Crisis – What Can We Do?

This post is supported by funding from Merck, through Merck for Mothers, the company’s 10-year, $500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada. Funding from Merck for Mothers supports The New York City Department of Health and Mental Hygiene and the Fund for Public Health in New York City’s efforts to reduce persistent racial and ethnic disparities in maternal health. The views and opinions expressed in this article are those of the author and do not necessarily reflect the position of any aforementioned entity or New York City agency.

When I found out I was pregnant with my third child earlier this year I was ecstatic, it was a beautiful unexpected gift. However, I had been hearing so much about Black Women’s Maternal Health, especially in the past 3-4 years, that I was super concerned. I was afraid of becoming...
SOCIAL MEDIA INFLUENCER CONTENT

Nellie Acevedo (cont.)
Screen shot of Nellie Acevedo’s Instagram post (@glamnellie) promoting her blogpost for the SMM Project.

Did you know that the rate of serious complications in childbirth -- or Severe Maternal Morbidity -- in New York City increased 28.2% from 2008 to 2012?

Did you also know that Black women had the highest rate of these complications—three times that of White women? Black women with at least a college degree had higher SMM rates than women of any other race.
## COMMUNITY BOARD PRESENTATIONS

<table>
<thead>
<tr>
<th>Borough and Community Board Number</th>
<th>Corresponding Neighborhood</th>
<th>Date of Presentation(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx Community Board 201</td>
<td>Mott Haven</td>
<td>January 8, 2019</td>
</tr>
<tr>
<td>Bronx Community Board 202</td>
<td>Hunts Point</td>
<td>January 8, 2019</td>
</tr>
<tr>
<td>Bronx Community Board 203</td>
<td>Morrisania</td>
<td>March 21, 2019</td>
</tr>
<tr>
<td>Bronx Community Board 204</td>
<td>Highbridge</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Bronx Community Board 206</td>
<td>East Tremont</td>
<td>March 19, 2019</td>
</tr>
<tr>
<td>Bronx Community Board 209</td>
<td>Unionport/Soundview</td>
<td>December 4, 2018</td>
</tr>
<tr>
<td>Bronx Community Board 210</td>
<td>Throgs Neck</td>
<td>November 29, 2018</td>
</tr>
<tr>
<td>Brooklyn Community Board 303</td>
<td>Bedford Stuyvesant</td>
<td>October 15, 2018 and November 5, 2018</td>
</tr>
<tr>
<td>Brooklyn Community Board 308</td>
<td>Crown Heights North</td>
<td>November 5, 2018</td>
</tr>
<tr>
<td>Brooklyn Community Board 309</td>
<td>Crown Heights South</td>
<td>December 13, 2018, December 20, 2018 and June 6, 2019</td>
</tr>
<tr>
<td>Brooklyn Community Board 316</td>
<td>Brownsville</td>
<td>November 14, 2018 and November 27, 2018</td>
</tr>
<tr>
<td>Brooklyn Community Board 317</td>
<td>East Flatbush</td>
<td>November 7, 2018</td>
</tr>
<tr>
<td>Manhattan Community Board 110</td>
<td>Central Harlem</td>
<td>March 25, 2019</td>
</tr>
<tr>
<td>Manhattan Community Board 111</td>
<td>East Harlem</td>
<td>March 11, 2019</td>
</tr>
<tr>
<td>Queens Community Board 412</td>
<td>Jamaica/St. Albans</td>
<td>January 10, 2019</td>
</tr>
</tbody>
</table>
SMM PROJECT PRESENTATION MATERIALS

Presentation Slides

These are sample slides that were used for presentations during the project to educate community members about SMM.

A call to action on Women’s Health in [INSERT BOROUGH]: Reviewing CB[INSERT #] Data

Insert Team Member
Insert Team Member

NYC Department of Health and Mental Hygiene

Healthy Neighborhoods = Healthy People
Healthy People = Healthy Parents
Healthy Parents = Healthy Babies

“The baby is the candy, the mom is the wrapper. And once the candy is out of the wrapper, the wrapper is cast aside.”

– Alison Stuebe, MD, MSc
University of North Carolina

How can we do more to protect our babies, families and community members?

What is Severe Maternal Morbidity?

- Severe Maternal Morbidity – or SMM – is a life-threatening complication during childbirth that has significant impact on a woman’s health.
  - A “near miss”
  - Examples: hemorrhage, severe high blood pressure, or being admitted to the ICU (Intensive Care Unit) during or after delivery to deal with a severe infection or a heart or lung problem.

How big is the problem?

Severe maternal morbidity affects approximately 2,500 women each year in New York City.


Severe Maternal Morbidity in NYC, by Area

SMM PROJECT PRESENTATION MATERIALS

Presentation Slides (cont.)

Black women are much more likely to experience severe maternal morbidity than White women.


What’s Driving the Inequity?

**RACISM** (institutional and policy level, discrimination, exclusion, segregation, interpersonal)

**GENDER OPPRESSION** (misogyny, sexism, toxic masculinity, discrimination)

Poor Housing – Lower Incomes – Increased Exposure to Violence and Trauma – High Stress Levels – Poor Access to Quality Foods – Unemployment – Poor Access to Resources – Increased Risk of Incarceration – Police Profiling

What can community members do?

- Advocate in your community to make maternal health a priority, e.g. participatory budgeting ideas
- Participate in programs that interest you, or tell your friends and family.
- Share your birth experiences with the Health Department – we want to hear from you! Email BirthJustice@health.nyc.gov.

Thank you!
SMM PROJECT PRESENTATION MATERIALS

SMM Flyer

This flyer was developed to share with community members at presentations regarding SMM. Approximately 2000 copies of this flyer were distributed during the project period.

WHAT IS SEVERE MATERNAL MORBIDITY?

Each year approximately 3,000 women in New York City (NYC) die or almost die from serious childbirth complications. These complications are known as severe maternal morbidity (SMM) and include heavy bleeding, blood clots, serious infections and kidney failure. Black women are three times more likely to experience SMM than White women. The City is committed to eliminating the racial gap in SMM and reducing the overall number of childbirth complications and deaths.

“The birth of a child should be a joyous moment for all families, and it is unacceptable that [we] have so many Black mothers who are dying because of complications during childbirth.”

DR. HERMINIA PALACIO
DEPUTY MAYOR FOR HEALTH AND HUMAN SERVICES

WHAT THE NEW YORK CITY HEALTH DEPARTMENT IS DOING TO HELP REDUCE SEVERE MATERNAL MORBIDITY

Maternity Hospital Quality Improvement Network

The Health Department works with hospitals throughout the city to collect information about women's experiences with SMM to improve clinician training and quality of care. This initiative, called the Maternity Hospital Quality Improvement Network, also trains providers to deliver respectful care to all NYC women, especially women of color. Respectful care means that providers share information with their patients about patients' rights and best practices for before, during and after birth. To learn more about respectful care, visit nyc.gov/health and search for sexual and reproductive justice (SRJ).

Maternal Care Connection

The Health Department launched the Maternal Care Connection program to improve care for childbirth and primary care in Central Brooklyn. The program also aims to educate the community about respectful care.

WHAT YOU CAN DO TO HELP REDUCE SMM

- Encourage your local hospital to participate in the Maternity Hospital Quality Improvement Network.
- Learn about the Birth Justice Defenders — local residents who promote respectful care at birth. For more information, email BirthJustice@health.nyc.gov.
- Encourage your local lawmakers to support maternal and family health.
- If you're pregnant, ask your health care provider about common problems during pregnancy and childbirth. Visit nyc.gov/health, search for SRJ and download the “NYC Standards for Respectful Care at Birth.” This brochure can help you speak to your health care provider about the care you should receive before, during and after birth.
- Enroll in free or low-cost health insurance during pregnancy: Call 311, or visit nyc.gov/health and search for health insurance.

Services and Resources to Support Healthy Pregnancy

These services and resources are free for those who qualify, regardless of immigration status:
- Nurse-Family Partnership
- Newborn Home Visiting Program
- Healthy Start Brooklyn
- Family wellness classes at the Health Department’s Neighborhood Health Action Centers

For more information, call 311 or visit nyc.gov/health and search for pregnancy resources.
NYC STANDARDS FOR RESPECTFUL CARE AT BIRTH

NYC Standards for Respectful Care at Birth

The NYC Standards for Respectful Care at Birth were created by the NYC Sexual and Reproductive Justice Community Engagement Group, a collaboration between community members and organizations with the Health Department, to inform, educate and support people giving birth. These standards encourage you to know your rights and be an active decision-maker in your birthing experience. These standards are also helpful for providers, helping them respect and be aware of their patients’ rights during pregnancy, labor and childbirth. The standards focus on six areas of respectful care: education, informed consent, decision making, quality of care, support and dignity and non-discrimination.
NYC STANDARDS FOR RESPECTFUL CARE AT BIRTH

NYC Standards for Respectful Care at Birth (cont.)

EDUCATION
You deserve to ask for and receive simple information that you can easily understand about your health care, health care provider and birthing experience options. This includes information about the following:

1. Obstetricians, gynecologists, midwives, doulas or family medicine doctors, and their qualifications and professional experience
2. Options for where to give birth, such as a hospital, a birthing center or your home
3. The policies and practices of the place where you choose to give birth
4. Resources to prepare for childbirth and feeding your baby, such as childbirth education classes and nursing counselors
5. A description of all possible outcomes of birth for you and your baby
6. Information and referrals for benefits and services you may need, such as housing, food, legal support and health insurance

QUALITY OF CARE
You deserve the highest-quality health care. This includes:

1. Timely attention to your needs, including taking your pain level seriously, for your entire stay at a hospital or birthing center, or during the birthing experience at your home
2. A safe and clean environment during your labor and delivery, and a quiet and safe room after you give birth
3. Providers who are trained and skilled in current best practices for care during pregnancy and childbirth
4. Courteous staff who introduce themselves when they enter the room.
   - If you have a negative experience or do not feel comfortable with a staff member for any reason (e.g., behavior, skill or experience level, etc.), you can ask for and receive a different staff member

DECISION-MAKING
You deserve to decide what happens with your body and to make decisions for your baby. This includes:

1. Making health care choices, such as which medical procedures you will and will not allow to be performed on you, based on your values, religion and beliefs
2. Deciding where to give birth, whether at a hospital, birthing center or your home
3. Choosing how to feed your baby — whether with breastfeeding, infant formula or a combination of both — and receiving the help you need to feed your baby
4. Holding your baby immediately after birth (also known as skin-to-skin), even if you have had a C-section
5. Making choices about the care of your baby, such as whether or not to be with your baby for their medical tests and procedures (unless there is a medical reason not to) and where your baby stays (in the same room with you or in the nursery)
6. Having your decisions documented and that you understand their associated possible risks

INFORMED CONSENT
You deserve to know and make your own decisions about all of your medical procedures. This is called “informed consent” and is a legal right. Providers should share accurate, judgment-free explanations and information in a language you can understand so that you can make the decision that is right for you, when you are ready. After you have made your decision, you have the right to change your mind and have your new decisions respected — even if your health care provider disagrees with you. Informed consent includes:

1. Your health care provider’s recommendations about procedures, tests, treatments or drugs
2. Any risks, benefits and alternative procedures
3. **If you believe your right to informed consent has been violated, you should contact an attorney who specializes in personal injury. The New York City Bar Association has a legal referral service such as housing, food, legal support and health insurance.***

DIGNITY AND NONDISCRIMINATION
You deserve to be treated with dignity and respect during pregnancy, labor and childbirth, as well as after childbirth — no matter what. This means health care providers are expected to:

1. Treat you and your family fairly, regardless of race, gender, religion, sexual orientation, age, disability, HIV status, immigration status, housing status, income level or form of insurance
2. Provide an interpreter so that you can understand your health care provider and they can understand you
3. Protect your privacy and keep your medical information confidential
4. Let you decide who you do and do not want in the room, including staff members, during exams and procedures, and respect this decision
5. Ask for and use the name and gender pronouns you prefer
6. Use the name and gender pronouns you use to refer to your baby
7. Respect the decisions you have made about your family, such as whether you have a spouse or partner, what your spouse’s or partner’s gender is, how many children you have, or if you have chosen to place a baby for adoption
8. Acknowledge concerns or complaints you may have about your health care, and give you information about how to file a complaint about any aspect of your care

SUPPORT
You deserve to receive support during pregnancy, labor and childbirth, as well as after childbirth. This includes:

1. Having the people you choose present during delivery and other procedures, such as your partner, family members, friends or doula (a trained professional who provides information and support before, during and shortly after childbirth)
2. Receiving information, counseling and support services if you experience depression after giving birth (also known as postpartum depression)
3. Receiving information, counseling and support services for you and your family if you experience a miscarriage, stillbirth or loss of an infant
Know Your Rights Workshop
Legal Hand Jamaica is a legal information center working to increase access to justice and systems for community members. Legal Hand Jamaica invites you to Know-Your-Rights Workshops that are designed for community volunteers, service providers, and community residents.
In celebration of Black History month, we are holding the workshop to address the urgent issue of health disparities faced by people of color in our community.

WHEN:  **February 6, 2018, Wednesday,**  
1:00 to 2:30 PM  
WHERE: Legal Hand, Jamaica  
149-13 Jamaica Ave., Jamaica, N.Y. 11435

Racial and Ethnic Disparities in Health

Presenting:
- Hannah Emple and Silvia Beltran,  
  Bureau of Maternal, Infant and Reproductive Health,  
  NYC Department of Health and Mental Hygiene  
- Linda Bulone, RN,  
  Queens Hospital Cancer Center, NYC Health + Hospitals

If you have any question, please contact  
Tiffany Butters and Jennie G. Kim at  
646-741-6411 or legalhandjamaica@legalhand.org
You’re Invited:
Health and Wellness in Communities of Color

When: Friday, November 16. 12:00-1:00pm

Where: Martin Luther King Jr. Room, 12th Floor

What: Join Amalgamated’s Minority Organization for Leadership & Development as we host a panel of health experts who will discuss how various health issues, including higher rates of death at childbirth and lack of access to mental health services, disproportionately affect communities of color.

Lunch will be provided.

RSVP: By Monday, November 12, by accepting the Outlook calendar invite