Raising the Bar

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The Employer Role

Employ and support a diverse maternal health workforce

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Being an employer is a central function of the healthcare enterprise. One of the greatest challenges healthcare provider institutions face today is recruiting and retaining the workforce they need to operate effectively and provide high-quality, culturally congruent, person-centered care for all of their patients. Longstanding workforce challenges include deep concern about the impending retirement of an entire generation of clinicians and an insufficient pipeline to replace them, as well as professional burnout and dissatisfaction. There is also growing understanding that the lack of cultural congruence is a missed opportunity for better health outcomes.

The COVID-19 pandemic demonstrated with new urgency how not having the needed number, distribution, and diversity of healthcare staff undermines an institution's ability to serve their patients and broader communities and support their staff. The pandemic continues to exacerbate existing workforce challenges, leading to increased burnout and staffing shortages. Moreover, the disparate impact of the pandemic on communities of color highlighted the trust deficit between providers and the people they serve, which contributes to the persistent inequities these communities face – including in maternal health.

For more than a decade, the American College of Obstetricians and Gynecologists has identified concerns about the underrepresentation of Black and Hispanic ob-gyns and multiple converging factors that contribute to a projected workforce shortfall.[1] The pandemic exacerbated challenges for this specialty and for midwives, maternity nurses, and doulas as well.[2]

Healthcare provider institutions should leverage their role as employers to reduce inequities and improve the health outcomes. The shifting demographics of communities across the country have profound implications for the needs of patients and their families, and for the pool of available staff. The maternity care workforce and the entire healthcare industry must adapt to provide optimal care to everyone during this transition. Healthcare provider institutions should invest in leadership teams committed to health equity, a diverse and robust workforce – of both direct employees and contracted staff – and equitable policies that support the well-being of the entire workforce.

Spotlight on Innovation

Air Traffic Controller for Maternal Health Equity

Who: Henry Ford Health

Where: Southeastern Michigan, including Detroit

What: Henry Ford Health created a Director of Maternal Health Equity to lead a systemwide strategy to advance equity and respectful high-quality maternal and newborn care.

WHY: Health equity is part of the DNA of Henry Ford Health (HFH), a major health system serving metropolitan Detroit. HFH has participated in the Women-Inspired Neighborhood Network: Detroit, a consortium of the major health systems serving Detroit to reduce the metro area's infant mortality rate for more than 15 years.

Despite this important work, southeastern Michigan still has a Black maternal and infant mortality rate three times that of white women. When HFH leaders assessed maternal health outcomes across their system, the data revealed racial disparities, for example, in postpartum hemorrhage rates – a leading cause of largely preventable maternal mortality.

HFH realized success would require a comprehensive, sustained focus on Black maternal health, and a way to lead and coordinate systemwide efforts across five hospitals using the institution's existing architecture for quality improvement.

GOALS:

- To reduce maternal and infant mortality in specific regions in Southeastern Michigan, including Detroit, and
- To reduce the rates of severe maternal postpartum hemorrhage and maternal hypertension in African American and Latina women by 40 percent by 2025.

HOW: In 2021, the HFH executive leadership and board of directors identified maternal and infant mortality as the top priority in their health equity work. This included allocating the funding and assigning the authority for a new, systemwide position, Director of Maternal Health Equity. This position coordinates the people, processes, and tools necessary to reduce maternal and infant mortality and achieve equitable outcomes, particularly for Black and Latina women — like an air traffic controller for maternal health equity. This position is currently held by an accomplished board-certified maternal-fetal medicine physician.

The Diversity, Equity, Inclusion, and Justice Strategic Plan, developed by the executive leadership and approved by the board of directors in early 2021, included tactics to deliver highly reliable, equitable, and respectful maternal and infant care. The plan identified measurable goals for reducing rates of maternal and infant mortality, postpartum hemorrhage, maternal hypertension, and risk of sudden unexplained infant death in Black and Latinx women and babies. HFH also convened the Maternal Infant Health Equity Strategic Taskforce, a team of maternity care providers, pediatricians, neonatologists, inpatient and ambulatory nurses, hospital administrative staff, doulas, lawyers, a data analyst, and birthing people.

The Director of Maternal Health Equity meets monthly with HFH's Women and Children's Council, which includes leaders from all five hospitals, to implement this strategic plan systemwide. Planned initiatives include mobile integrated postpartum home health visits and social needs screening at all prenatal and pediatric visits. The director also actively supports initiatives related to the root causes of racial and ethnic maternal and infant health inequities through social justice and systems change, and by equipping the surrounding communities with resources.

RESULTS: To ensure the level of attention and resources needed to advance maternal health equity, HFH established a new position to develop and lead a five-year strategic plan.

The Takeaway

Establishing and resourcing a senior-level position exclusively dedicated to advancing equity across maternity services is an innovative strategy for the complex task of providing high-quality, respectful, and equitable maternity care necessary to increase survival of Black women and infants within Southeastern Michigan.

Birthing families urgently need diverse providers to improve their health.

Maternity and newborn care exemplifies the need for healthcare provider institutions to use their role as employers to advance health equity. Culturally congruent maternity care is foundational for improving quality, building trust, and eliminating racial and ethnic inequities in maternal and infant health outcomes.[3] Today, nearly half the babies are born to mothers who are Black, Indigenous, Latinas, Asian American, or Pacific Islander[4] – all communities with worse maternal health outcomes than non-Hispanic white birthing people.[5] Yet generally speaking, the clinical staff attending these families does not share their background (see table below), which can engender misunderstandings, disrespect, and mistrust, and can contribute to poorer outcomes.[6]

Moreover, maternity care teams should include non-clinical staff, such as doulas, care navigators, community health workers, and other perinatal health workers, who can provide respectful, trusted, culturally congruent care to birthing people* from communities of color. However, these team members should supplement – rather than substitute – a clinical workforce that can provide culturally congruent care.

Table. Birthing Population, Obstetrician-Gynecologists, and Nurse-Midwives by Race and Ethnicity, 2019

Race and Ethnicity	Birthing Population	Obstetrician-Gynecologists	Nurse-Midwives
White	51.1%	70.0%	77.3%
Hispanic or Latino	23.6%	8.4%	6.6%
Black or African American	14.6%	11.0%	6.7%
Asian	6.4%	8.3%	7.5%
Unknown	0.9%	1.8%	1.6%
American Indian and Alaska Native	0.7%	0.5%	0.3%

Sources: Zippia. "Ob-Gyn Demographics and Statistics in the U.S.," accessed January 14, 2023, https://www.zippia.com/ob-gyn-jobs/demographics/; U.S. Centers for Disease Control and Prevention, "About Natality, 2016–2021 Expanded," accessed January 14, 2023, https://wonder.cdc.gov/controller/datarequest/D149

* We recognize and respect that pregnant, birthing, postpartum, and parenting people have a range of gender identities, and do not always identify as "women" or "mothers." In recognition of the diversity of identities, this report uses both gendered terms, as well as gender-neutral terms such as "people," "pregnant people," and "birthing persons." In referencing studies, we use the typically gendered language of the authors.

Actions that raise the bar for maternal health in your role as an employer

1. Invest in and support leaders who advance and embed equity, quality, and value across the organization to improve maternal health.

Leaders committed to advancing health equity should set the vision, direction, and priorities for the workforce. Building this bench of leaders involves both improving the skills of existing leaders to understand and advance equity, and recruiting the next generation of leaders.

Increasing diversity at the leadership level (e.g., the C-suite, the board, and department heads) can strengthen an organization's policies and practices, which in turn will likely improve maternal and infant health outcomes. However, the healthcare industry is missing the mark when it comes to leadership that represents the communities they serve. Roughly nine out of 10 hospital CEOs are white.[7] Only 15 percent of healthcare CEOs are women, despite comprising a large majority of healthcare workers, including the maternal health workforce.[8]

Across industries, racial and gender diversity in leadership and staff is positively associated with employee retention, engagement, satisfaction, and trust; with organizational innovation and performance; reputation and integrity; and financial performance – both in times of stability and turbulence.[9] Diversity in leadership can enable leaders across the organization to better understand and serve diverse clients, staff, and their communities when designing programs and policies, while helping to prioritize diversity at all levels. At the board level, female directors are more likely to include social issues (e.g., human rights and income equality) in corporate strategy,[10] and demographically diverse boards are more likely to adopt workplace policies (e.g., work-life supports) that can lead to employee satisfaction.[11] In order to realize these benefits, it is important to create opportunities for leaders to share diverse thoughts and concerns without fear of retribution.

2. Employ and cultivate a workforce that is representative of the surrounding community and is trained, equipped, and supported to advance maternal and infant health equity.

Employing a diverse workforce – with regard to race and ethnicity, sexual orientation and gender identity, disability status, and primary language – can improve the health of birthing people and families. The value of racial and cultural concordance has been identified in

maternity nursing,[12] midwifery care,[13] birth center care,[14] and doula[15] and lactation[16] support. Black women have expressed a preference for racial concordance with their providers during pregnancy and childbirth.[17] Racial concordance between Black newborns and their physicians is associated with *halved* infant mortality rates, as compared with white newborns.[18] Nursing workforce diversity is associated with reduced severe maternal outcomes during childbirth.[19] Similarly, increasing the number of health workers who identify as having a disability and who require accommodations to practice can improve healthcare experiences and outcomes for patients with disabilities.[20] Birthing people with disabilities face unique challenges accessing care, and often deal with healthcare practitioners who lack knowledge or comfort in managing their pregnancies, which puts them at heightened risk for pregnancy-related health complications.[21]

A culturally congruent care team is an important first step in ensuring patients have a healthy pregnancy and a safe childbirth experience. Having one's background and circumstances understood, valued, and respected improves clinical care and experience by helping people feel connected to the healthcare system. A diverse and representative workforce can offer care that meets the unique social, cultural, and linguistic needs of birthing people and their families. When staff see themselves represented in the healthcare workforce, they are more likely to trust their provider, which is fundamental to improving the patient-provider relationship.[22]

Hiring a more representative and inclusive workforce also helps attract a wider pool of job seekers and improves retention by fostering a sense of community.[23] A diverse workforce can also alleviate the stress and reduced morale that comes from feeling disconnected or unable to engage authentically in the workplace.[24]

3. Create and sustain workplaces and jobs where employees can be healthy, thrive, and help guide effective and equitable maternal care.

Supporting staff's health and well-being is critical to reducing burnout and churn. Some health workers experience the same challenges as their patients, including food and housing instability and systemic racism.[25] Gender and racial disparities in pay persist.[26] Employees who are healthy and economically secure are better positioned to deliver high-quality, compassionate care. They also are more likely to remain in their roles, mitigating the operational challenges institutions face due to staff shortages and burnout. Also, considering that the vast majority of clinical providers of maternity care are women, it is essential that employee health and wellness policies support the maternal and infant health of pregnant and parenting employees.

4. Leverage procurement to ensure the diversity and well-being of contract workers who provide care and otherwise support the health of birthing people and are birthing people themselves.

Many essential workers are employed by outside contractors. While a growing number of the contracted workforce are nurses, they also include support workers (e.g., medical and nursing assistants, pharmacy and personal care aides, and phlebotomists) and service workers (e.g., janitorial, security, and food service staff), who are among the lowest-wage workers and are overrepresented by women and people of color.[27] As the COVID-19 pandemic illustrated, these workers are typically underpaid and undervalued. Furthermore, they often lack the privileges and protections offered to direct employees.[28] By instituting policies that help contract workers stay healthy and safe, care for their families, and maintain economic stability, healthcare systems can make important strides toward equity for all their workers and the community overall.

Raising the bar for maternal health as an employer: Priority recommendations

Your leadership will be essential in prioritizing new objectives and strategies, securing needed resources, and facilitating the evolution of workforce policies so that they better align with the needs of the workforce, your patients, and the community.

Executive leadership

The executive leadership and the board of directors are essential to setting the vision for a better supported and more diverse workforce. Carrying out these essential responsibilities will require the involvement of others, especially in your senior leadership team and the HR department, and those responsible for your DEI work (if they aren't already included in HR). Procurement and contracting will likely involve your COO and facilities director or manager. It may also include the CFO and staff from the legal and contracts office.

- **Start with an assessment.** Ask your HR department to either review themselves or hire an external expert to analyze the demographic data and related metrics of your staff. Identify actions that you can undertake while this assessment is underway. The review should include:
  - **Establishing your baseline.** What is the current diversity of your maternal health workforce? Review their demographic data on race, gender, age, disability, and sexual orientation and gender identity (if known). Determine the extent to which demographics of your workforce aligns with the broader community in which you are located.
    - ☐ Analyze workforce diversity at various levels in your organization (known as vertical proportionate diversity).
    - ☐ If data are not available, distribute an anonymous survey to get them.
  - **Identifying disparities in employees' health outcomes.** To understand how health inequities are affecting your workforce and which policies are necessary, review deidentified employee health outcome data, stratified by race, gender, age, disability, and sexual orientation and gender identity (if available).
  - **Completing a voluntary DEI survey** for all staff, including contract workers, that includes questions about opportunity, satisfaction, inclusivity, and accessibility. Make sure you can segment and review the data by department, staff level, as well as along demographic groups. The survey should be anonymous and is best handled by an outside entity to ensure confidentiality and engender trust.

- **Auditing workplace policies and benefits that support the well-being of your pregnant and parenting employees and their beneficiaries.** These include policies and benefits specific to your organization (e.g., maternity care health insurance benefits), legal requirements (e.g., pregnancy and breastfeeding accommodations), and policies and programs that would benefit – but may not have been reaching – this population (e.g., doula support and paid leave). Assess the effectiveness and accessibility of workplace supports.
- **Auditing your policies for hiring and supporting contract workers.** Include eligibility and terms that ensure contractors are supporting the health and well-being of their workers. Audit how your organization supports the health and well-being of pregnant and parenting contract workers.

Once the assessment is complete and you have a baseline, distribute and discuss the findings – being transparent with regard to shortcomings – to identify priorities for action and investment, and mandate the creation of an implementation plan for leadership and department heads. The plan should be transparent, specific, measurable, and meaningful to your workforce and the community.

Invest in and support leaders who advance equity, quality, and value across the organization to improve maternal health.

This includes active efforts to dismantle existing structures of inequity within your institution by creating career pipelines, leadership pathways, and mentorship opportunities, among other programs and structures. (See Implementation Toolbox for detailed recommendations.)

- **Embed DEI into workplace culture and operations.**
  - **Why:** Resources, expertise, and commitment are necessary to embed equity into strategic planning and operations and effect sustainable institutional change.
  - **How (examples):**
    - ☐ Work directly with your board of directors to diversify your executive leadership and the institution as a whole
    - ☐ Ensure that the board has direct governance over meeting equity and diversification goals and prioritizes these goals as strongly as fiduciary responsibilities.
    - ☐ Work with the board to diversify itself, including ensuring that at least one, and optimally more, members bring birth justice[29] expertise.

- ☐ Adopt metrics tied to key performance indicators to monitor DEI progress and hold the C-suite and department heads accountable.
- ☐ If a senior DEI position does not exist, create it (preferably reporting directly to the executive office), and ensure appropriate staffing and resources. Clarify responsibilities, which could include hiring and retention, staff training, and data management.
- ☐ Hire and task a DEI leader dedicated to the organization's maternity services.

- **Provide career pathways and leadership opportunities for the people of color on staff.**
  - **Why:** Most healthcare leadership and staff are not representative of the communities they serve. Achieving diversity in senior and executive-level staff requires equitable opportunities for women, people of color, and other underrepresented groups.
  - **How (examples):**
    - ☐ Set and share goals to increase diversity in your organization's executive leadership, by race, ethnicity, gender, disability status, and other categories.
    - ☐ Develop and disseminate equitable criteria necessary for advancement.
    - ☐ Develop and resource mentorship programs, especially those that cultivate relationships between executive leadership and staff from communities of color.
    - ☐ Provide support for entry- and mid-level staff from underrepresented groups to participate in leadership development programs.

Employ and cultivate a representative workforce at all levels that is trained, equipped, and supported to advance maternal health.

- **Set a measurable expectation that all staff incorporate anti-racism in their work.**
  - **Why:** An anti-racist workplace is crucial for the wellness and retention of a diverse workforce, and is imperative for addressing the maternal and infant mortality crisis. Accountability metrics will help ensure that personnel actively work toward meeting these expectations.
  - **How:**
    - ☐ Provide anti-racist training for leadership and staff.
    - ☐ Set and share metrics for how success of anti-racist objectives will be measured.
    - ☐ Tie performance on equity and anti-racism metrics to performance reviews, with the potential to impact compensation and promotions.
    - ☐ Ensure that leaders across the organization model anti-racist practices.

- ☐ Seek educational opportunities for leadership and staff to understand how to use language to frame the maternal health crisis and relevant solutions that are rooted in the birth justice framework.

- **Set and pursue goals to cultivate a diverse maternal health workforce.**
  - **Why:** To establish accountability; build trust among staff, patients, and community members; and achieve more equitable maternity care, experiences, and outcomes.
  - **How (examples):**
    - ☐ Develop DEI metrics for staff, prioritizing the maternal health workforce.
    - ☐ For transparency and accountability, publicly report the assessment data and your goals.
    - ☐ Educate staff about the benefits of diversifying the maternal health workforce on patient care, experience, and outcomes.

- **Redesign recruitment and hiring practices to drive diversity across your organization, especially in roles that directly provide or support maternity care.**
  - **Why:** Traditional recruitment practices are often rooted in individual and structural biases and should be revisited to achieve goals for a diverse workforce.[30]
  - **How (examples):**
    - ☐ Develop a blind résumé review process, set standardized interview questions, and establish hiring criteria that exclude subjective perceptions of a candidate's "fit."
    - ☐ Diversify and expand network and referral pools, such as by partnering with minority-serving institutions (MSIs).
    - ☐ Hire recruitment firms with diverse personnel and a demonstrated track record of finding diverse candidates.

- **Develop programs, procedures, and personnel to address racism and discrimination in the workplace.**[31]
  - **Why:** To create a supportive workplace and improve staff experience and retention. This would go beyond bias training and show staff that you are committed to addressing equity and inclusion, and that the workplace is safe for employees.
  - **How (examples):**
    - ☐ Provide ongoing support for underrepresented groups in the organization, such as affinity groups and peer support programs.
    - ☐ Regularly seek and respond to staff feedback.
    - ☐ Develop a system for complaints that is not limited to what is prohibited by law, with strong protections against retaliation.

- **Address financial, time, and other barriers to education and professional development.**
  - **Why:** To foster the development of a diverse and robust maternity care workforce that is equipped to provide effective and equitable care.
  - **How (examples):**
    - ☐ Provide professional development stipends, tuition reimbursement, on-the-job training, and paid time off. These opportunities could include:
      - Training, certification, and related expenses for employment as doulas, midwives, childbirth educators, lactation personnel, and nursing assistants.
      - Opportunities to transition or cross-train, such as from doula to midwife or childbirth educator and lactation provider.
      - Support nursing staff to add credentials specific to maternal and infant health.
      - Encourage staff involvement in professional organizations.
      - Pay for conferences to provide education and networking opportunities.
      - Provide employees paid time off for community engagement and service learning opportunities.

- **Build the pipeline for a diverse maternal health workforce.**
  - **Why:** The U.S. is experiencing a shortage of obstetricians, midwives, and other women's health providers. The lack of diversity in the clinical professions and limited pathways for historically underrepresented communities to enter these roles will exacerbate this shortage, while the demand for non-clinical support outstrips supply.
  - **How (examples):**
    - ☐ Develop pipeline programs starting as early as middle school through college to raise awareness of the variety of maternal-infant career opportunities (including midwifery care, doula support, childbirth education, lactation support, obstetrics and pediatrics).
    - ☐ Create internships for health sciences graduates from MSIs.
    - ☐ Support community-based organizations in providing trainings and job opportunities for perinatal health worker roles (e.g., doulas, care navigators, and lactation counselors) (See Community Partner Role, page 60).

Create and sustain workplaces and jobs where employees can be healthy, thrive, and help guide effective and equitable maternal care.

Organizations committed to health equity should lead the way with workplace policies that promote health and help mitigate burnout, turnover, and inadequate staffing. These supports enable the workforce to provide high-quality care to all patients, especially birthing families. Healthcare institutions also employ many people of reproductive age, and thus can contribute to maternal and infant health by providing exemplary support for childbearing employees and their families. (See Implementation Toolbox for detailed recommendations.)

- **Create a workplace culture that support all staff, including pregnant and parenting staff, in maintaining their health and well-being and that of their families.**
  - **Why:** Improve maternal health of employees and beneficiaries by providing exemplary workplace policies and benefits.
  - **How (examples):**
    - ☐ Provide reasonable accommodations for pregnant workers.[32]
    - ☐ Guarantee space and time to support lactation.
    - ☐ Provide childcare benefits.
    - ☐ Include fertility care in health benefits.
    - ☐ Provide support for workers' reproductive healthcare needs.
- **Adopt paid leave policies and culture that promote the health, well-being, and economic security of all employees and families.**
  - **Why:** To improve retention, productivity, morale, and loyalty.[33] Paid leave is associated with crucial health benefits for both birthing people and their infants; longer paid leave is associated with greater benefits.[34]
  - **How (examples):**
    - ☐ Provide robust paid family and medical leave policies.[35]
    - ☐ Provide robust paid-sick-day programs and supportive time-off policies for attending prenatal, postpartum, and other healthcare visits and needs. Allowing sick workers to stay home also reduces the risk of spreading contagious illnesses to other staff and vulnerable patients.[36]

- **Model use of workplace benefits and signal strong support for family-friendly policies.**
  - **Why:** This gives permission to other employees to use their benefits to improve maternal and infant health and strengthen families. This can also incentivize staff who may have concerns about work-life balance to apply for leadership positions.
  - **How (examples):**
    - ☐ Leaders should model taking leave and needed time to take care themselves and their families (e.g., paternity leave, breastfeeding breaks, and short-term disability).
    - ☐ Leaders should encourage employees to use the full scope of their benefits.
    - ☐ Leaders should support culture change for pregnant and parenting residents and other clinicians that affirms the importance of, and rights to, needed pregnancy accommodations, the full scope of parental leave, and lactation supports.[37]

- **Ensure that the organization's health insurance plans provide excellent maternity and reproductive health coverage and benefits.**
  - **Why:** Maternity and reproductive care can have a major impact on maternal and newborn outcomes and play an important role in mitigating the maternal health crisis.
  - **How (examples):**
    - ☐ Ensure that employees and beneficiaries have access to the full complement of care that they may need from pregnancy through postpartum with affordable cost-sharing. This includes access to contraception and abortion care.
    - ☐ Provide employees and beneficiaries with a choice between midwifery and physician care, including maternal-fetal medicine specialists, as needed. Provide them with a choice among birth settings, including any available birth centers for which they may be eligible.
    - ☐ Ensure coverage of childbirth education, full-spectrum doula support, lactation personnel, and care navigators.
- **Provide and encourage the use of mental health and wellness services.**
  - **Why:** To support retention and resilience, translating to improved success, especially given the high levels of burnout and turnover within the healthcare workforce. Also, integration of mental and physical health benefits and services is often inadequate.[38]
  - **How (examples):**
    - ☐ Formalize peer support among traditionally underrepresented staff.
    - ☐ Formalize emotional support (including peer support) to prevent staff from quitting or leaving maternal health professions after an adverse patient outcome.
    - ☐ Include in-network mental health providers, telemedicine services for mental health, and community-based care providers (e.g., peer support and somatic and trauma therapy) that meet the needs of traditionally underserved communities.
    - ☐ Reinforce a workplace culture that supports using sick leave for mental health and self-care days to mitigate the impact of burnout.
    - ☐ Recognize the prevalence of anxiety, depression, and other mental health conditions during pregnancy and postpartum, and support the healing of childbearing staff and beneficiaries with these conditions. Make staff aware of, and encourage them to use, short-term disability benefits.

- **Reinforce institutional commitment to workplace safety, both physically and psychologically.**
  - **Why:** Mistreatment, threats, and workplace violence against healthcare workers have increased in recent years. In addition, underrepresented staff often experience discrimination, both by patients and other staff.[39] The emotional well-being of employees depends on support from leadership, not only setting policies, expectations, and accountability for workplace safety, but also in helping staff who experience harm.[40] Protecting and supporting the physical and psychological safety of staff is crucial to their ability to provide quality care.
  - **How (examples):**
    - ☐ Institute strong policies against retaliation.
    - ☐ Promote a culture where leadership and management support staff and champion their safety and security.
    - ☐ Develop, implement, and refine workplace policies to prevent and address harm from other staff and patients.
- **Pay a living wage and pay equitably across all roles.**
  - **Why:** To demonstrate an institutional commitment to economic security and to help with employee satisfaction and retention.
  - **How (examples):**
    - ☐ Provide fair pay to all employees at all levels of the organization by ending wage discrimination by race, gender, or other protected characteristics.
    - ☐ Offer a living wage with a comprehensive benefits package.
    - ☐ Regularly review compensation structures to ensure salaries are equitable and nondiscriminatory. Adhere to these criteria during hiring processes.
    - ☐ Provide pay transparency and transparent criteria for promotion and salary increase.
    - ☐ Refrain from using an applicant or employee's previous salary level to determine their current salary.
- **Ensure that employees and beneficiaries understand their benefits, their legal rights, and how to access these programs and services.**
  - **Why:** Childbearing employees may be unaware of benefits and programs of great value to their own and their infants' health. The complex constellation of relevant care and support options is specific to each healthcare employer, as well as applicable laws and regulations.

- **How (examples):**
  - ☐ HR staff should maintain up-to-date information about the programs and policies noted above, as well as community services that can assist with social needs, such as food, housing, transportation, economic, and other kinds of insecurity.
  - ☐ Up-to-date details of eligibility and access should be available and proactively directed to all pregnant and parenting staff and beneficiaries as web-based, mobile, and printed information.
  - ☐ Personnel such as care navigators and social workers should be tasked with assisting with information and access to the respective programs and services, for example, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).[41]

Leverage procurement to ensure the diversity and well-being of contract workers.

Use contracting and purchasing power to ensure diversity among your workforce and to guarantee that contract workers have the same security and opportunity as direct employees.

- **Hire racially and ethnically diverse vendors, as well as businesses owned by women, LGBTQIA+ individuals, and people with disabilities, and prioritize local organizations.**
  - **Why:** Hiring diverse vendors enhances an institution's ability to provide culturally congruent care and services. Hiring local businesses strengthens community assets and power.
  - **How (examples):**
    - ☐ Assess current bidding practices to ensure that community businesses learn about and submit proposals.
    - ☐ Involve DEI leaders in procurement efforts.
    - ☐ Solicit feedback from patients and staff who live in the community to identify trusted local businesses and community-based organizations.
    - ☐ Consider community vendors and organizations to provide services such as dieticians, community health, patient education, childbirth education, doula support, maternity care navigation, and lactation support.

- **Develop standard contractual language requiring contractors to employ and support underrepresented staff, and provide a minimum set of benefits and protections that support employee well-being and economic security.**
  - **Why:** Contracted workers are equally important to the diversity of the overall workforce and are essential to the functioning of healthcare provider institutions.
  - **How (examples):**
    - ☐ Include provisions requiring nondiscrimination and fair treatment of employees in contracts.
    - ☐ Interview potential vendors about their diversity and ability to help the institution meet its DEI goals.

Healthcare institutions can contribute to maternal and infant health by providing exemplary support for childbearing employees and their families.

Endnotes

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