

Implementing Your Pregnancy. Your Power

BLM NH Black Maternal Health Toolkit

Session Agreements:



We're going to talk about race directly.



Discomfort is part of learning.




We're here to grow, not defend ourselves



Safety

Who gets to feel safe automatically and who has to fight for it?"



This toolkit exists because Black birth in America is not safe and it should be.

Disparities and the realities of today





3x more likely to die

Black women versus white women in maternal health

Structural racism


Systems that produce unequal outcomes, even without individual intent.

Weathering

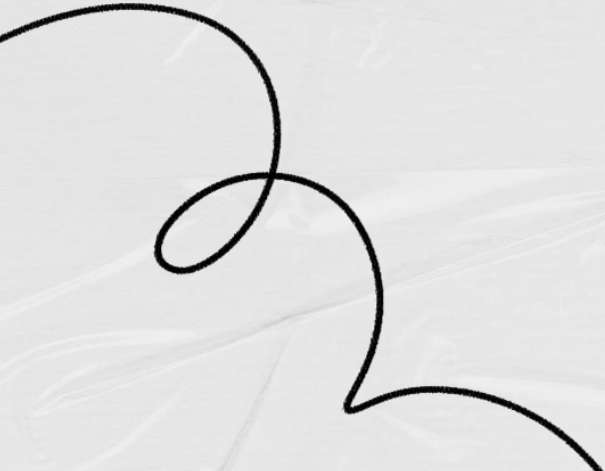
The body keeps score. Racism is not just social; it is biological.

Environmental + Social Factors

A justice problem showing up in health outcomes.



How does bias and structural racism
show up in healthcare and/or other
systems?





Disparities are not isolated problems, but problems that show up in the birth room

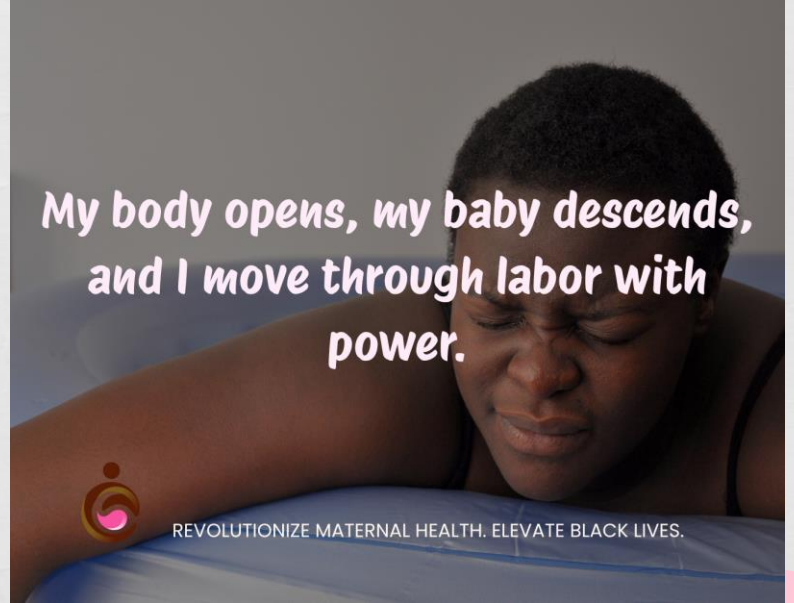
Toolkit Walkthrough



- Advocating for yourself
- Choosing your Care Team
- Choosing the right birth space
- Patient Rights
- Creating your birth plan
- Know the signs Protect your health
- What to do when something feels wrong
- Mental Health, Grief, & PTSD
- Grief, Loss, and Healing
- Postpartum
- A partners guide to supporting



Toolkit Scenarios



Red Flag Language

Some Bias that shows up is not Obvious - but shows in tones, minimization, or language that dismisses concern

- ✘ That's Normal
- ✘ You're overreacting
- ✘ It's probably just stress
- ✘ You don't need to worry about that

**What's happening here? What section of the toolkit applies?
What would you say/do?**

Advocating in the ER

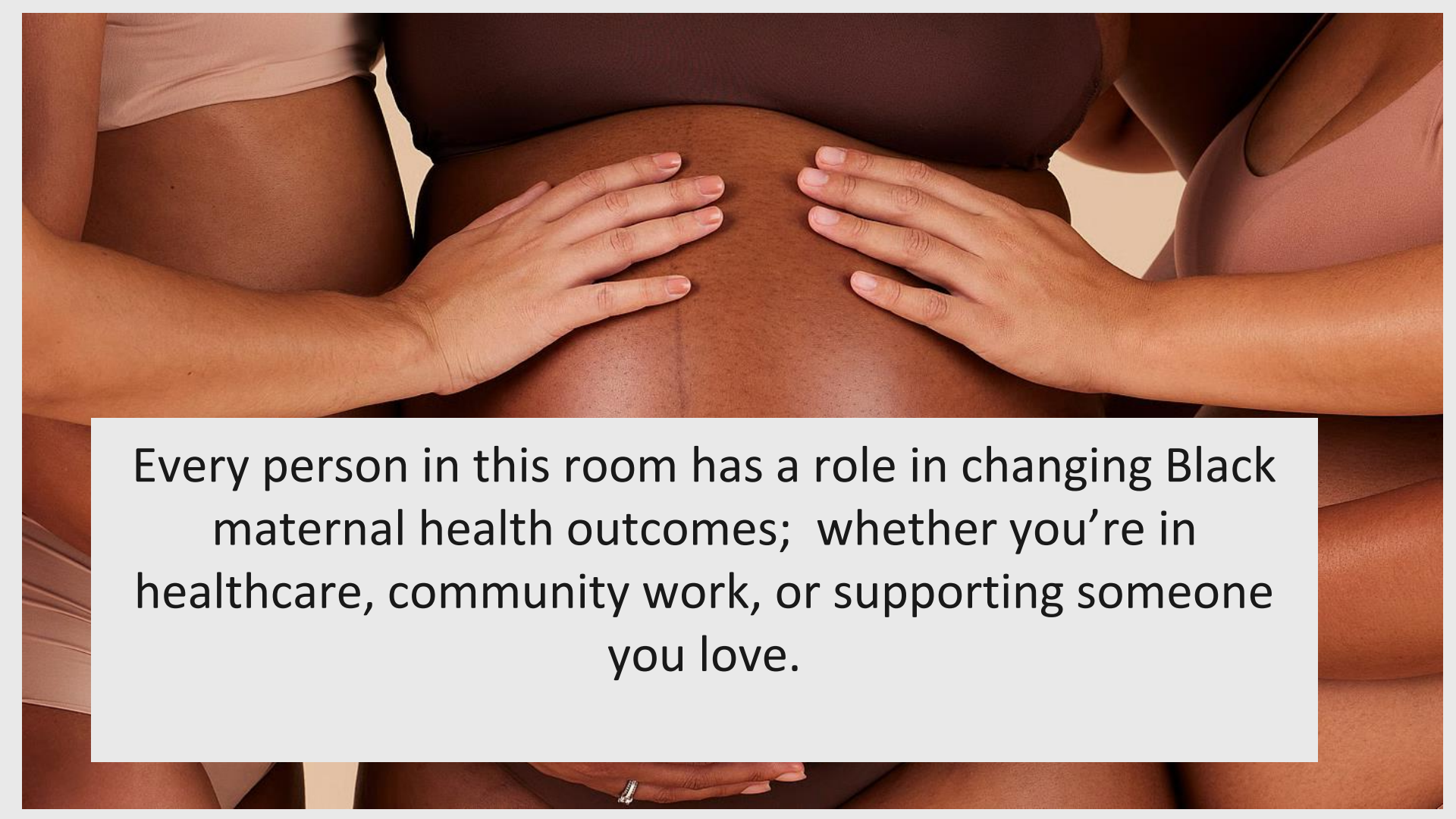
Communities matter in emergencies. Partners, family, doulas, friends can help speak up when not being heard. They're presence can shift how concerns are received and help ensure appropriate care.

- Lead with clear, direct information
- Repeat your symptoms until someone responds
- Use medical language that gets attention
- Ask for escalation
- Bring support people
- Ask for documentation
- Trust your Body over reassurance



Knowledge to Action





Every person in this room has a role in changing Black maternal health outcomes; whether you're in healthcare, community work, or supporting someone you love.

How can YOU use this toolkit in your work, relationships, or community?

Providers → integrate into care conversations

Doulas → use in prenatal visits

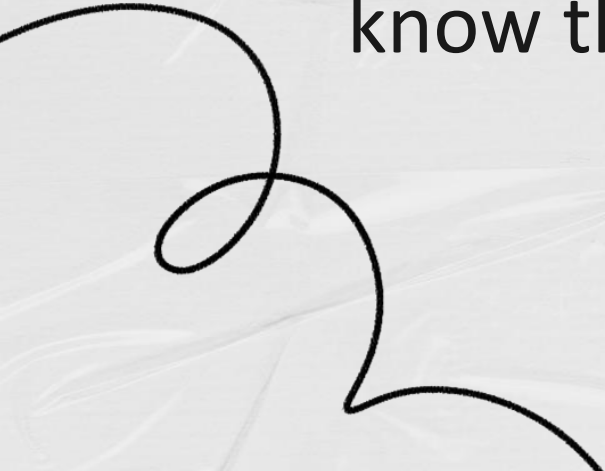

Community orgs → share with families

Partners → use for advocacy

Name:

- One way they will use the toolkit
- One person/group they will share it with





The way we change outcomes is not
just through systems; it's through
informed, empowered people who
know their rights and support each
other





Photo Voice Beyond the Frame: Visual Narratives to Inform Maternal Health Systems

Kailene Jones, MPH, Photovoice Community Engagement Manager for NHPQC, North Country Maternity Network Patient Advocate, WOMB Initiative Consultant
Cheri Bryer, Senior Perinatal Peer Support Coordinator and Educator, NHPQC
Katie Robie, Recovery Coach at Dartmouth Health
Lisa LaMountain, Mother, Advanced Practice EMT




World Story Exchange



Overview



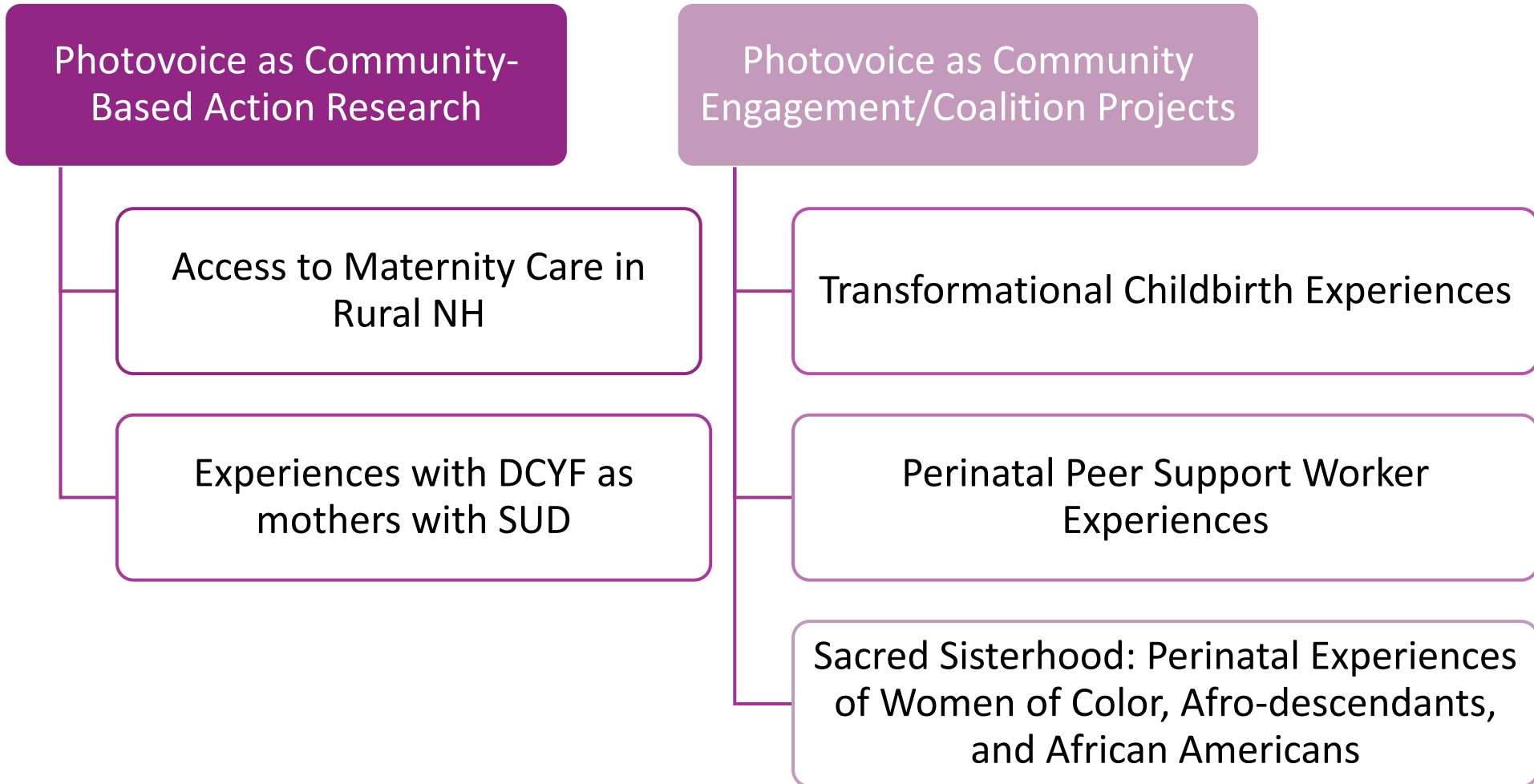
NHPQC:

- Statewide maternal and child health improvement project
 - Operationalizing 11 cross-sector coalitions across NH & the Maternal Health Taskforce
 - Engaging communities through photovoice to gather authentic family voice and visual data of statewide experiences, barriers and challenges to receiving and providing perinatal care with focus on populations disproportionately impacted by poor outcomes.
- 

NH Photovoice Projects to date:

- Access to Maternity Care in Rural NH
- Experiences with DCYF as mothers with SUD
- Transformational Childbirth Experiences
- Perinatal Peer Support Worker Experiences
- Sacred Sisterhood: Perinatal Experiences of Women of Color, Afro-descendants, and African Americans

Overview Cont.



The participant-researchers/community-photographers (named)

Casandra Mercer

Ashley Shaw

Jessie Ingerson

Katy-Lynn

Jaimie Hawkins

Katherine Kenyi

Suzanna Crouner

Victoria Kennett

Chantelle Bartlett

Ashley Arnold

Tiffany Sweatt

Maylynda Emerson

Brittany Leighton

Rose Toner

Brianna L.

Brandi Ash

Lisa Coloumbe

April Arnold

6 Anonymous

Lisa LaMountain

Larissa Pyer

Kayla Leighton

Lindsey Miller

Meagan Adams

Haley Martell

Danielle Woods

Cherie Wilson

Allison Morgan

Amanda Gilman

Nicole Holden

Katie Robie

Amber Treddin

With thanks to:

Lindsay McClure Miller (participatory photography)

Scott McClure Miller (participatory photography)

Terri Lewinson, MSW (photovoice methods)

The project teams

Sanam Roder-DeWan, Principal Investigator of Research Projects

Daisy Goodman, Co- Investigator

Julie Bosak, Co-Investigator

Kailene Jones, Community Research & Engagement Manager of all Projects

Riley Carbone, Research Assistant

Nicole Roeper, Research Assistant

Cheri Bryer, SUD/DCYF & Perinatal Peer Support Worker Facilitator

Stephanie Marshall, Sacred Sisterhood Facilitator

Camilla Thompson, Sacred Sisterhood Facilitator



Photovoice Methods

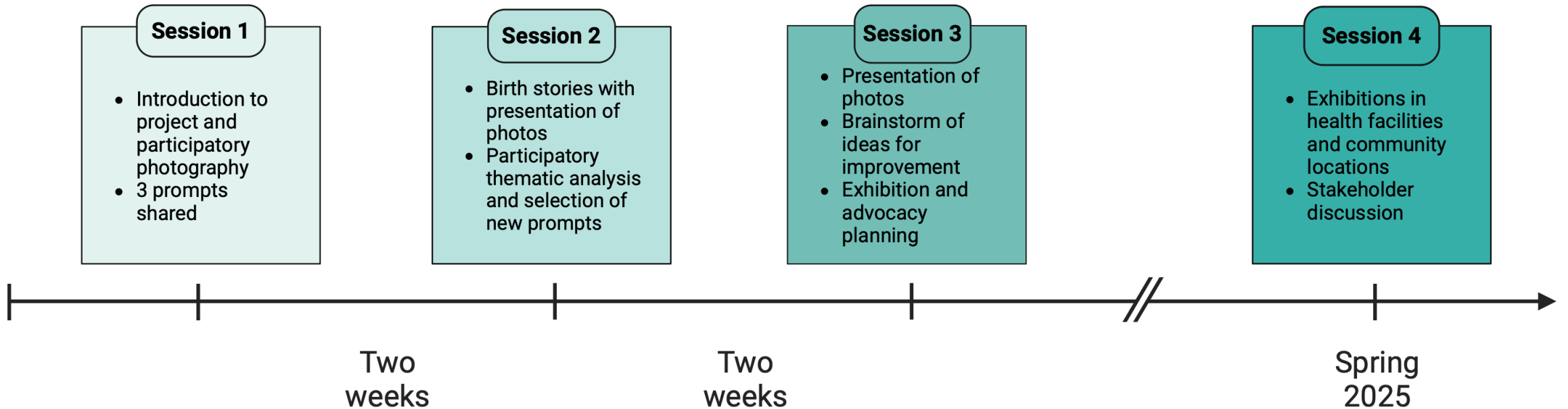


Photovoice

- Developed by Caroline Wang and Mary Ann Burris – 1990s
- Goals of photovoice
 1. To enable people to record and reflect their community's strengths and concerns
 2. To promote critical dialogue and knowledge about important community issues through large and small group discussion of photograph
 3. To reach policymakers



Sample Photovoice Session Schedule



THANK YOU!


- Q & A
- More Questions? Email Community Engagement Manager, Kailene Jones at kailene@wombinitiative.org or Cheri Bryer, Senior Perinatal Peer Support Coordinator & Educator at Cheri.L.Bryer@hitchcock.org

UPCOMING PHOTOVOICE PROJECTS & EXHIBITS

- **Sacred Sisterhood:** Perinatal Experiences of Women of Color, Afro-descendants, and African Americans **Submit Here:**
<https://forms.gle/WwgtbbM3mwdzCJNdA>
- **Birth Story: Ina May & the Farm Midwives Documentary Screening & Photovoice Exhibit.** Lancaster, NH September 2026
- **Photovoice Exhibit @** Androscoggin Valley Hospital August 2026

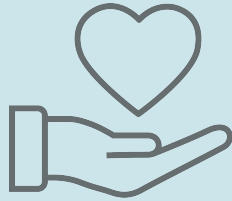


Improve Maternal and Infant Health Outcomes in New Hampshire



**Our goal is to increase awareness
and engagement with pregnancy
and postpartum resources
available statewide and through
the 11 regional coalitions.**

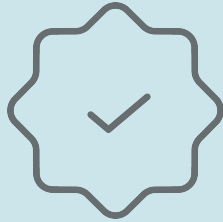
WHAT WE HEARD



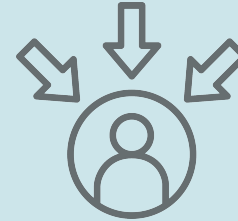
Families want support that is easier to find, rooted in community and sustained well beyond birth.



Interest in support is high, yet engagement is limited by fragmented referral pathways, limited awareness and practical barriers.



Trust, timing and clarity influence engagement more than the number of available services.



The most significant unmet needs occur during the postpartum period, particularly related to mental health, connection and navigation.

RESEARCH INSIGHTS

1.

Families Trust People More Than Institutions

2.

The Postpartum Year is the Largest Gap

3.

Mental Health Support is a Central Concern

4.

Information Exists but is Difficult to Navigate

5.

Practical Barriers Limit Participation

6.

Fear and Mistrust Reduce Engagement Among Vulnerable Families

7.

Motherhood is a Multifaceted Transition

TARGET AUDIENCES

Primary



Partners

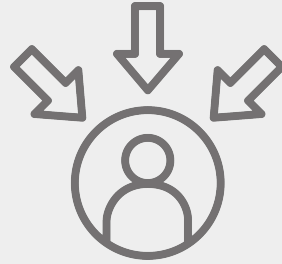


**HEALTH CARE
PROVIDERS**



**COMMUNITY
SERVICE
PROVIDERS**

THE GOALS



**Increase awareness of pregnancy
and postpartum support through
trusted messengers.**



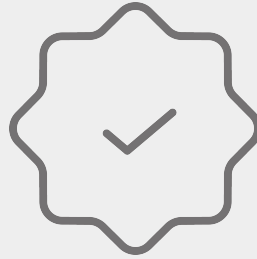
**Normalize support
throughout pregnancy and
the full postpartum year.**



**Strengthen referral pathways
between providers and
community-based resources.**



**Reduce engagement
barriers by acknowledging
real-life constraints.**



Build trust, particularly among families facing mental health or substance use challenges.

SPECIFIC AUDIENCE MESSAGING



Pregnant Moms

Messaging Pillars

1. Support From Real People
2. Mental Health is Part of Maternal Health
3. You Don't Have to Do This Alone
4. Clear, Simple Next Steps

Headline and Supporting Copy Concepts

1.

"You don't have to figure this out
on your own."

"Help is here when you need it."
"Get real answers from real people."

2.

"Your mental health matters."

"It's okay to need help."
"Feeling overwhelmed can happen at
any stage."

3.

"You are not alone."

"Other families are navigating this too."
"Connection makes a difference."

4.

"Find support near you."


"Start here."
"Connect today."


Tool Kit Suggested Deployment

Health Care Provider & Community Health Worker Deployment

- Hang poster in waiting rooms
- Hand out flyers to patients
- Distribute FAQ sheet

Print Templates





**You're
not alone**

QR
CODE/
LOGO(S)

CTA goes right here

**You're Invited
to This Event!**

When:
Thurs. Jan 1 from 1–3pm

Where:
Location Here
Two Lines if Needed

A small amount of body
copy goes here explaining
what the event is.





**You're
not alone**





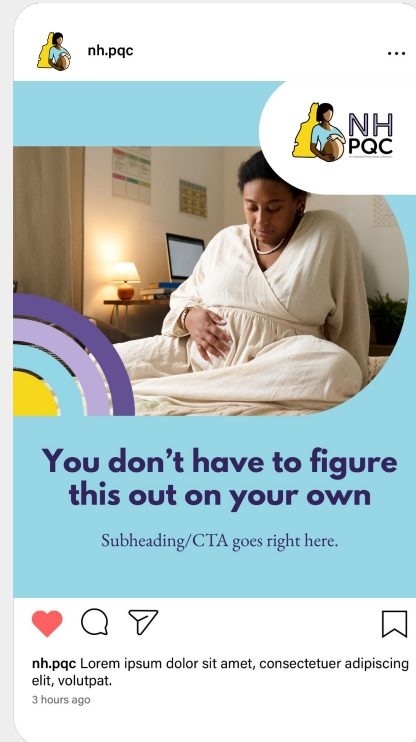
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QR
CODE/
LOGO(S)

Add a little bit
of body text

Digital Templates





New Moms

Messaging Pillars

1. Support Is Ongoing
2. Mental Health is Part of Maternal Health
3. You Don't Have to Do This Alone
4. Clear, Simple Next Steps

Headline and Supporting Copy Concepts

1.

"Support continues after birth."

"Help is here when you need it."

"There is no deadline to ask for support."

2.

"Your mental health matters."

"It's okay to need help."

"Feeling overwhelmed can happen at any stage."

3.

"You are not alone."

"Other families are navigating this too."

"Connection makes a difference."

4.

"Find support near you."

"Start here."

"Connect today."

Tool Kit Suggested Deployment

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It's okay to need help

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Two Lines if Needed

A small amount of body copy goes here explaining what the event is.



It's okay to need help




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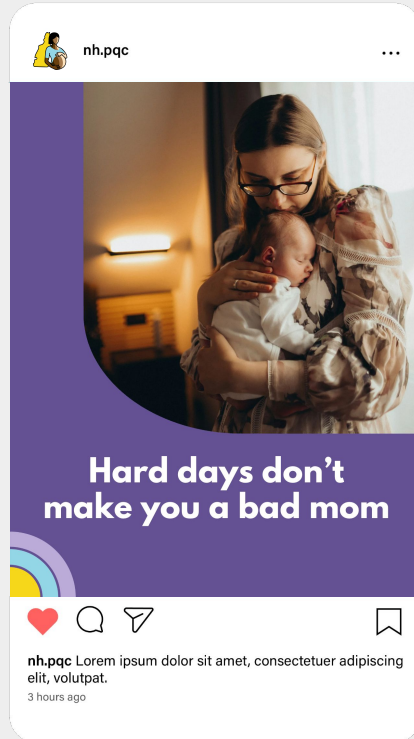
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QR CODE/ LOGO(S)

Add a little bit of body text



Digital Templates



RECOMMENDED TACTICS

1.

Centralized Resource Hub

2.

Social Media Support

3.

Community-Based Outreach Channels

COALITION IMPLEMENTATION

You are the activation plan



Coalition Responsibilities Include:

- Customizing materials with local resource information.
- Identifying priority distribution sites.
 - Refer to Section VII, bullet 3.
- Integrating messaging into existing events and programs.
- Sharing digital assets through local channels.
- Providing quarterly feedback regarding engagement and barriers.

Suggested Outreach Strategy

Phase 1 (or Quarter 1):
Focus on pregnancy stage awareness

Phase 2 (Quarter 2):
Emphasis on postpartum and mental health

Phase 3 (Quarter 3):
Community amplification and provider reinforcement

Phase 4 (Quarter 4):
Evaluation and refinement

MEASUREMENT FRAMEWORK



Quantitative Metrics

- Landing page traffic and new users
- QR code scans by distribution channel
- Resource guide downloads and distribution by Healthcare Providers and Community Health Workers
- Referral counts (where available)
- Group or event attendance growth
- Email list growth



Qualitative Feedback

- Coalition insights
- Provider feedback
- Family testimonials
- Identification of persistent barriers




Equity Tracking

- Analysis of reach by geography
- Monitoring engagement in rural regions
- Identification of underserved segments
- Ongoing adjustment to improve inclusive reach

**THE NHPQC WEBSITE IS
THE CENTRALIZED HUB**

It Will:

- Organize resources by target audience.
- Provide plainspoken FAQs.
- Offer downloadable toolkits.
- Integrate QR code tracking.
- Enable email capture for sustained engagement.
- Serve as the measurement anchor for campaign effectiveness.

A photograph of a woman with long dark hair kissing a baby on the cheek. The woman is on the left, and the baby is in the center, looking towards the right. The background is a soft, out-of-focus landscape. The text is overlaid in the center of the image.

**Working together, we can
improve maternal and
infant health outcomes in
New Hampshire**

THANK YOU

