

## **Renewell Health Statement: Transforming The Wellness Experiences of Women and Mothers**

### **Embed Maternal Mental Health Into The Public Health Infrastructure**

We champion increased funding for women's health and maternal mental health programs that are relevant and responsive to community needs. Tailored interventions are critical to effective mental health care for mothers and families.

### **Support Economic Development Through Maternal Mental Health Careers**

We uplift community-based resources to enhance maternal mental health, including training and hiring diverse maternal mental health workers who can deliver services to remote, rural, and underserved areas. Integrated community support services and education are vital for reaching families where they are.

### **Elevate Quality Maternity Care for Military Veterans**

We elevate recruiting and retaining diverse maternity care coordinators on Veterans Affairs staff, ensuring that care is responsive and resonates with the experiences of all who serve. Representation matters, and having staff who understand the unique challenges faced by veterans helps improve outcomes and builds trust.

### **Engage Health Departments in Public Meetings on Maternal Health**

Health departments should have resources to host public meetings focusing on maternal health, with a specific discussions concerning maternal mental health. These forums should foster community learning, gather public input, and promote transparency in efforts to improve maternal health outcomes.

### **Assess Workplace Mental Health Conditions**

We support the equity assessment and addition of payer codes for anxiety, depression, and related conditions. To inform population health strategy and programming, the coding should reflect chronic stress caused by racism in the workplace, acknowledging the intersection of social determinants that affect health outcomes.

### **Monitor Racial Inequities in Involuntary Mental Health Admissions**

Racial disparities in involuntary mental health admissions among women and women during the perinatal period must be continually monitored through a public case review committee. These findings should also be integrated into Maternal Mortality Review Committee (MMRC) discussions to ensure comprehensive oversight and accountability.

### **Train Providers on Implicit Bias and Culturally Competent Care**

Medical and clinical providers must be trained to recognize and mitigate implicit biases while delivering culturally and linguistically appropriate care to women and mothers. It is essential to elevate responsiveness to the medical concerns of BIPOC women, whose voices are often overlooked in clinical settings.

### **Boost Community Development with Access to Midwives, Doulas, and Perinatal Support Services**

We value expanding access to licensed midwives, doulas, perinatal home health services, and freestanding birth centers, particularly in diverse and underserved communities and supporting military veterans. These services offer personalized care that complements traditional medical approaches.

### **Expand Maternity Leave for Improved Outcomes and to Retain Staff**

We recommend stronger workplace maternity and parental leave policies to ensure they meet or exceed the average length of paid time off provided by Organisation for Economic Co-operation and Development (OECD) ranked countries. Parental leave is essential for families' well-being and for establishing a strong foundation for children's growth and development. Retention of core staff that may need parental leave is less costly for organizations than training new staff.