MAVEN

Building Trustworthy Systems for Childbirth

Neel Shah, MD

A world in which every person can choose to grow their family with dignity.

The path to parenthood is complex, and many Americans are radically underserved

1 in 4

pregnancies results in miscarriage

37%

of Black mothers say they have been treated unfairly based on their race while getting healthcare for themselves or a family member in the past year

1 in 2

LGBTQIA+ couples are planning to start a family

1 in 5

New moms suffer postpartum mood disorders

28 deaths

per 100k births in U.S. - the highest in developed world

The pandemic has exacerbated gaps in care for women and families

MENTAL HEALTH ISSUES

SYSTEMIC BIAS

PRODUCTIVITY LOSS

POOR RISK MANAGEMENT

SINCE THE PANDEMIC

28%
greater chance that working mothers will experience burnout than fathers

37%
of black mothers reported racial bias in healthcare this year

1 in 4
women are considering leaving their jobs or downshifting their careers

Up to 60%
of women are skipping their postpartum visits

A Trustworthy System Requires

COMPETENCE

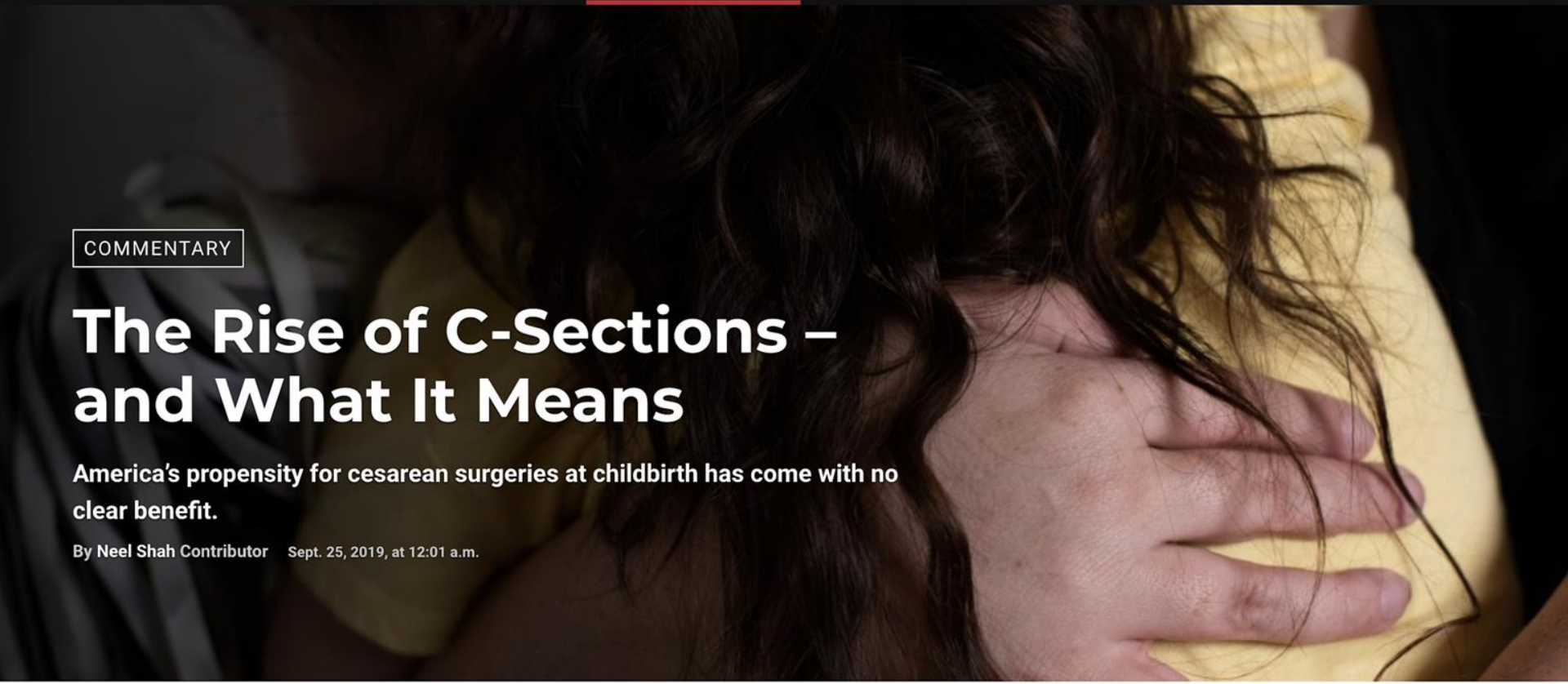
the ability to produce positive and equitable outcomes

CONSISTENCY

the ability to reliably provide expected care

CONNECTION

the ability to affirm people's dignity by valuing lived experience



COMMENTARY

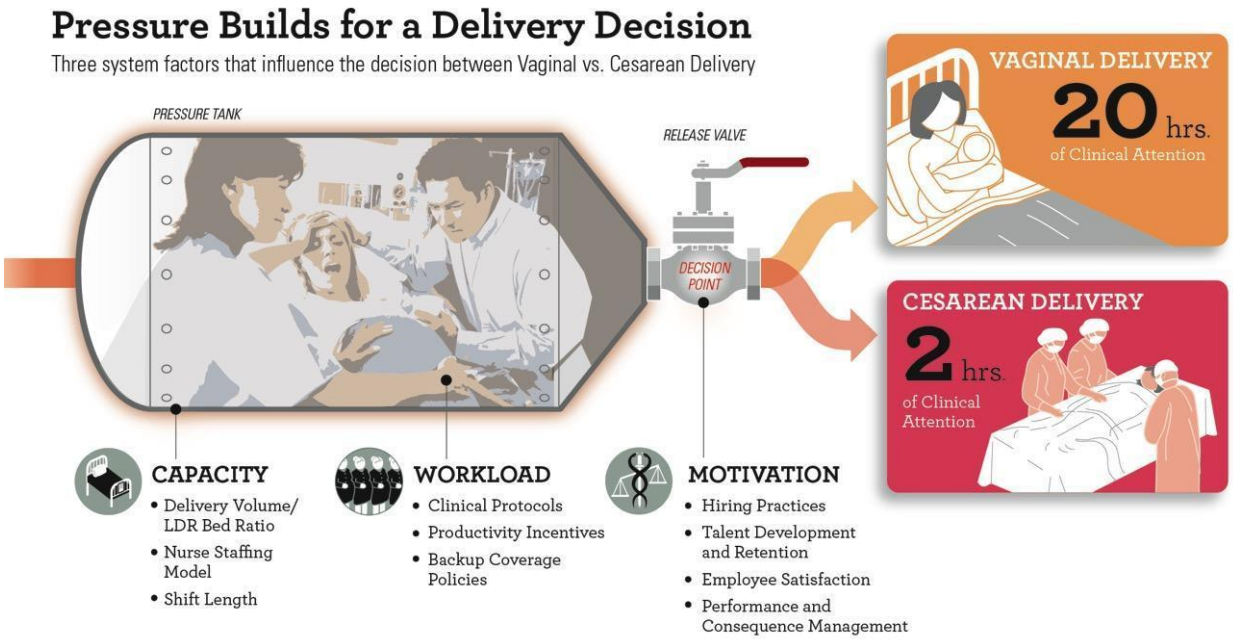
The Rise of C-Sections – and What It Means

America's propensity for cesarean surgeries at childbirth has come with no clear benefit.

By **Neel Shah** Contributor Sept. 25, 2019, at 12:01 a.m.

Everyone wants safety when giving birth, but most are expecting more. (RACHEL WOOLF FOR USN&WR)

Cesarean rates reflect quality of labor management



We developed a "pressure tank" hypothesis to understand levers leading to variable quality.

Figure 1. Association between busyness and **interventions**

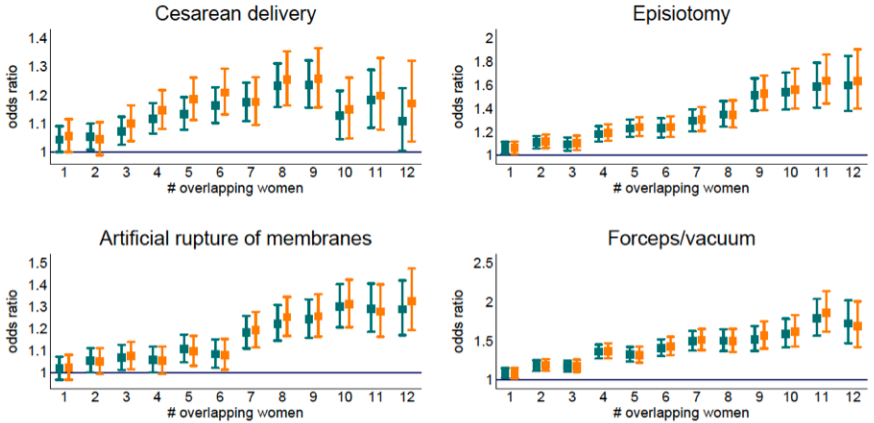
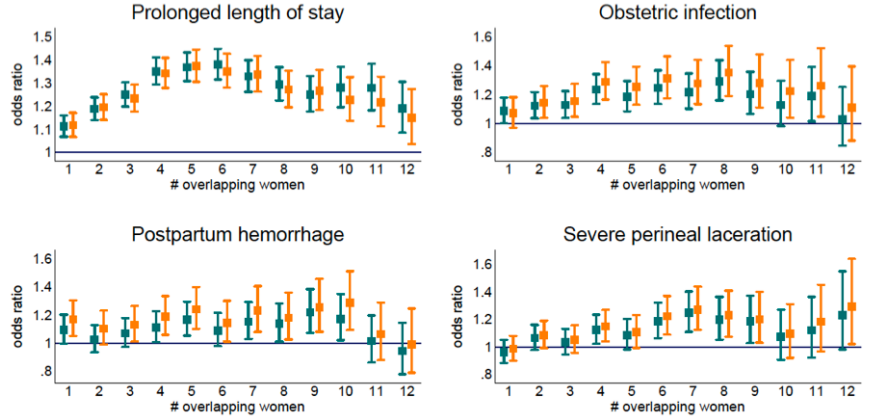


Figure 2. Association between busyness and **maternal health outcomes**



full sample low risk

We found evidence that "pressure" may impact childbirth outcomes, and that this is helped or hindered by design.

Placeholder text for citation for the research on the left hand side of this page to go here.

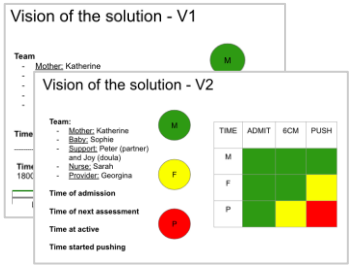
Relieving the “Pressure Tank” requires solutions that…

1. Make the right thing to do also the easier thing to do
2. Supports shared decision making under uncertainty (ie teamwork)

TeamBirth was intentionally designed as a solution that could have **impact at scale**

Evidence-Based

Rooted in research, including peer-reviewed literature and professional guidelines



Human-Centered

User-centered process for iterating on ideas and translating strategies into effective point-of-care tools

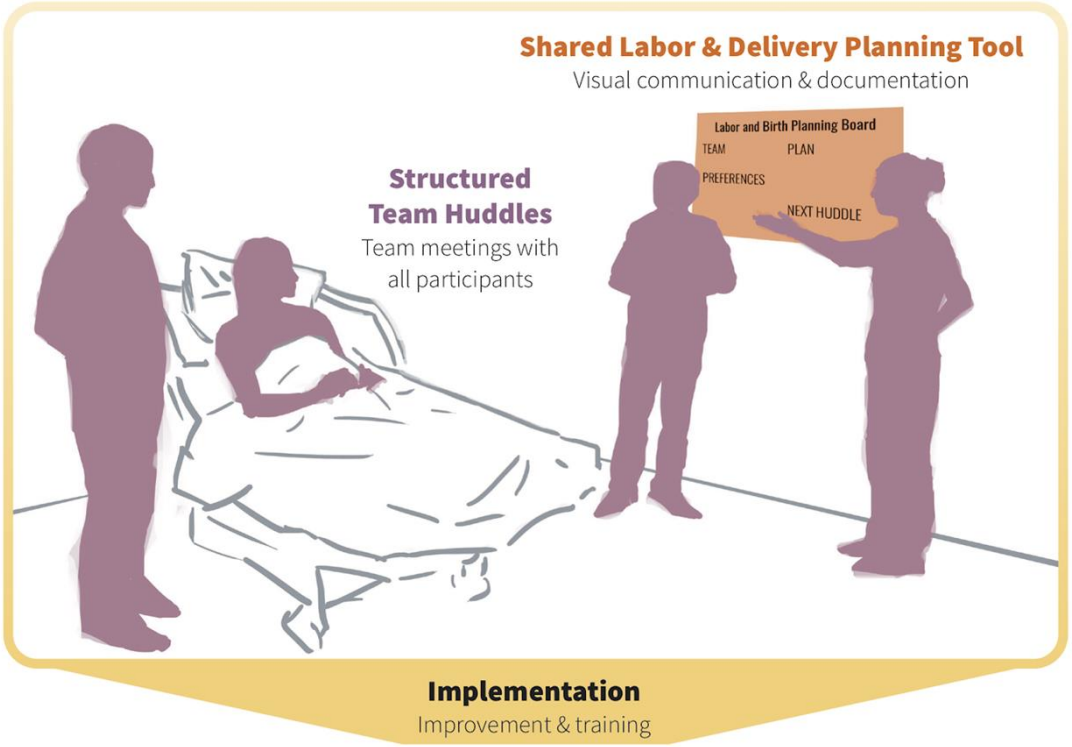
Interdisciplinary

Guided by a wide range of stakeholders, including obstetricians, midwives, nurses, doulas, patient advocates, implementation scientists, and health services researchers

Adaptable

Simple, testable solution with core, flexible, and add-on components to promote local adaptation and ongoing improvements

TeamBirth Core Components

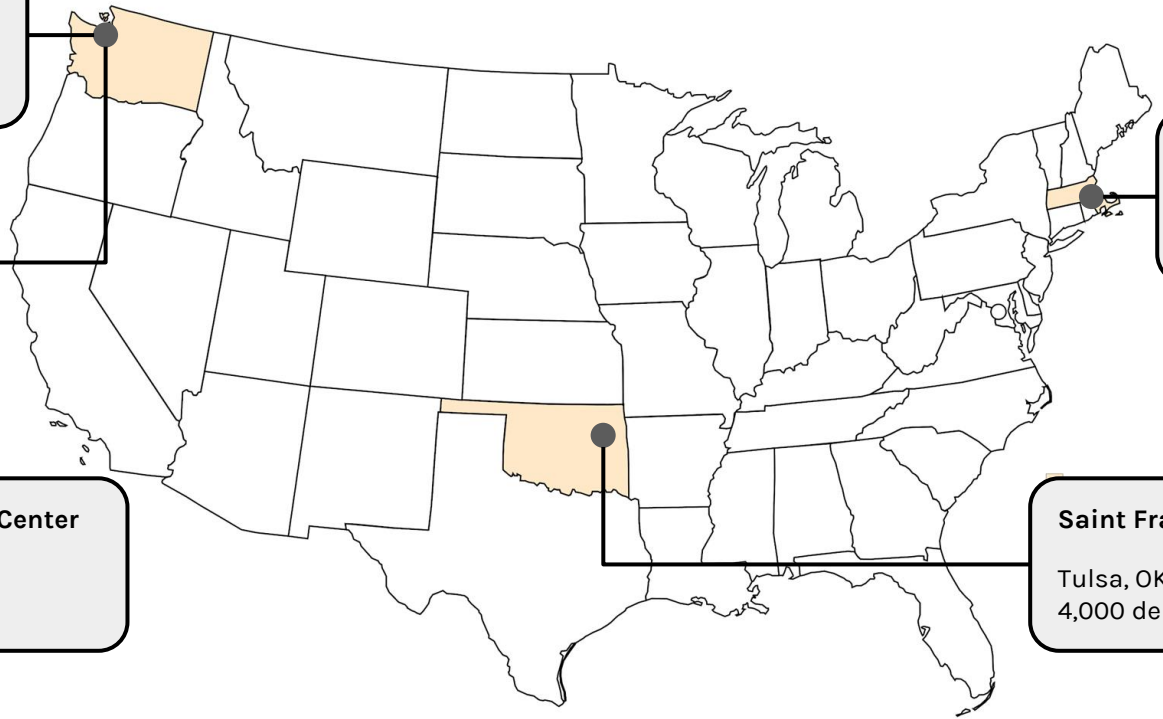


TOOLS: Shared Labor & Delivery Planning Board

TeamBirth Pilot Trial Hospitals

Overlake Medical Center

Bellevue, WA
3,600 deliveries / year



South Shore Hospital

Boston, MA
3,400 deliveries / year

EvergreenHealth Medical Center

Kirkland, WA
4,500 deliveries / year

Saint Francis Hospital

Tulsa, OK
4,000 deliveries / year

ARIADNE LABS

TeamBirth Pilot Trial: empowers clinicians and birthing people to create **dignified birth experiences**

Patients

97% Had their **desired role** in the birthing experience

98% Reported **clear communication** with providers and ability to share care preferences

90% Felt their **preferences made a difference** in their care

Clinicians

93% Felt TeamBirth **improved care for their patients** through better communication, teamwork, and shared decision-making

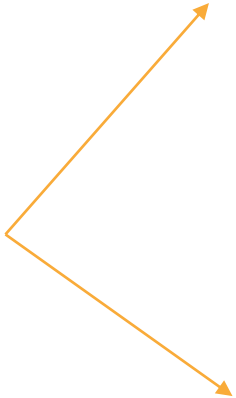
90% **Would recommend** TeamBirth to another L&D Unit

84% Clarified **C-section decision-making** in non-urgent clinical situation

TeamBirth Scaling Efforts 2022-2025

Ariadne Labs: Next Steps

- “Package” TeamBirth into a toolkit for state-level implementers
- Provide technical assistance to states seeking to replicate “commercial” and “public” scaling models
- Develop community-informed methods to translate TeamBirth principles for childbirth education and prenatal engagement of birthing people



Commercial Model (Michigan)

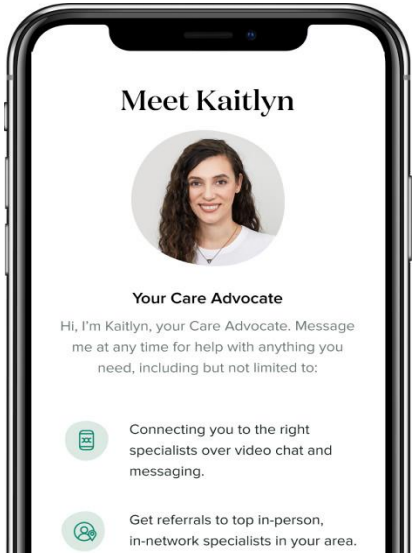
Start-up at hospitals funded by commercial payers and purchasers, maintained by pay-for-for performance incentives

Public Model (Oklahoma)

Start-up at hospitals funded by HRSA/state DPH grants, maintained by Medicaid Managed Care Organizations and state quality collaboratives

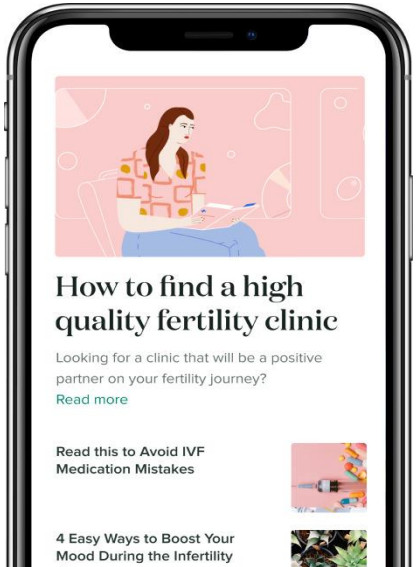
In 2021, tens of billions of dollars are being invested in digital health

Care & benefits navigation



Specialized telehealth

Content & community



Maven's platform covers the entire family journey

Fertility

Preconception
Egg freezing
IUI & IVF support
Adoption & surrogacy
Partner track
Employee reimbursements

Maternity

Pregnancy
Postpartum
Return-to-work
Breast milk shipping
Miscarriage & loss
Partner track

Parenting & Pediatrics

Pediatric care
Parent coaching
Special needs support
Childcare navigation
Employee reimbursements

Members take advantage of Maven's diverse provider network, available 24/7 with 30 min wait times

Frequently utilized practitioner types by program

Preconception	IUI/IVF; Egg Freezing	Adoption; Surrogacy	Pregnancy	Postpartum
Fertility Awareness Educator	Reproductive Endocrinologist	Adoption Coach	OB-GYN	Lactation Consultant
Nutritionist	Mental Health Provider	Surrogacy Coach	Doula	Pediatrician
OB-GYN	Nutritionist	Mental Health Provider	Mental Health Provider	Career Coach
			Physical Therapist	Sleep Coach

Dedicated Care Advocate supports a member throughout their journey and as they transition between programs

A diverse network of providers enables care matching

30+
languages covered and provide culturally-specific care

80%
opt in to care matching based on identity

38%
identify as Black, Asian, Hispanic or other

8%
identify as LGBTQI+ and 1% as Trans

Clinical Org Values: 3 components of trustworthiness at a time when trust in healthcare is at a record low

- **We will affirm the dignity of everyone we serve**
  - We value lived and embodied experience as a form of expertise in serving diverse populations
  - We will utilize best practices in shared decision making and ensure our members feel seen and heard

- **We will be reliable in following through on the expectations we set**
  - We will make good on public commitments by saying what we mean and meaning what we say
  - We will show up when and where people most need us

- **We will produce and demonstrate equitable outcomes**
  - Our measurement strategies will attend to the distribution as well as the mean
  - Our care models will ensure those who are most vulnerable are not left behind

BLACK
MATERNA
HEALTH
MOMNIBU
U.S. HOUSE OF REPRESENTATIVES