Maternal and Infant Mortality

2025 Workgroup Report

WAKE COUNTY
NORTH CAROLINA

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INTRODUCTION

The 2024 Maternal and Child Health Report for Wake County found that Wake County has made progress in addressing disparities in maternal and child health outcomes, including infant death rates and preterm birth rates below state and national averages, and a lower overall severe maternal morbidity (SMM) rate compared to the state and neighboring counties.[21] However, disparities remain in Wake County. In Wake County the total Severe Maternal Morbidity (SMM) rate from 2020-2024 was 84.4, and Black women had the highest rate of SMM at 139.5 per 10,000 delivery discharges.[21] Additionally, Hispanic mothers were found to experience disparities in access to early prenatal care. Black or African American Non-Hispanic infants in Wake County experienced disparities in preterm birth, low birthweight, and infant mortality.

In response to these disparities, Wake County launched a new workgroup in 2025 on ensuring that Wake County mothers thrive, particularly during pregnancy, birth, and in the year postpartum under the vision and leadership of County Commissioner Shinica Thomas, Co-Chair Dauline Singletary, and Co-Facilitator Lindsey Yates. The Wake County Board of Commissioners charged the workgroup with assessing existing programs, progress, and community needs to develop recommendations that seek to make Wake County one of the safest places to give birth in North Carolina, where all birthing people, including Black women, feel seen, have adequate access to resources, and know that their birth experiences and desires will be respected.

As co-chairs, they asked workgroup members to discuss the causes of the disparities in maternal and infant mortality rates, explore root causes and structural factors that contribute to racial inequities that lead to these disparities, and identify ways to strengthen current services and come up with recommendations for new interventions to strengthen access to care and reduce existing disparities. Members of the workgroup included representatives from community-based organizations, community residents with lived experience, clinicians, health and human services staff, hospital representatives, elected officials and others.

The full workgroup met eight times over a period of ten months. This report summarizes the work of the maternal and infant mortality workgroup, including recommendations going forward and community resources developed.

LIVED EXPERIENCES OF COMMUNITY RESIDENTS

As part of this report, personal stories shared by mothers, families, and doula moms highlight a range of experiences during pregnancy, labor and delivery, loss, and the postpartum period. These narratives reflect the voices of families and their understanding of the events surrounding their experiences. These same stories are also featured in the Maternal and Child Health Best Practices Toolkit, developed collaboratively by a Maternal and Child Health Intern, to further center community voices in maternal and child health work. To read the full story and explore additional lived experiences, please visit the Maternal and Child Health Best Practices Toolkit on pages 7-10.

Journey Through Loss and Resilience

DaQuanta Copeland, a Community Engagement Coordinator, shares her powerful journey as a teen mom and later, as a woman navigating challenges in the healthcare system. At 14, DaQuanta Copeland delivered a healthy daughter with almost no prenatal care—an experience that taught her how critical early care and respectful providers are. Years later, pregnant again, she was told she had heart failure, showed an ultrasound with a faint heartbeat, and repeatedly pushed toward abortion as the only option despite no family history of the condition's doctors tested for. Sent home with pills and conflicting instructions, she endured labor alone and delivered a baby who had already passed—then was left questioning why a hospital couldn't provide safe, coordinated care. Drawing on her work in human services and public policy, DaQuanta names the medical gaslighting she faced, the gaps that persist even with insurance, and the power of mothers trusting their instincts. Her story is a call to action for compassionate, accountable maternal healthcare and the courage to advocate for yourself

Resilience and Advocacy: Jordi's Journey Through High-Risk Pregnancy and Recovery

Jordi Wright, A 30-year-old social worker survives a first trimester stroke, faces delayed diagnosis and multiple hospitalizations, then relocates for rehab while piecing together support through Medicaid, nurse home visits, WIC, and counseling. After delivering a healthy son, she battles breastfeeding challenges, postpartum depression and anxiety, and a terrifying ER scare—only to encounter moments of disrespect and dismissal, from nonstandard supplies to denied help when she was at risk of fainting. Yet a single compassionate nurse, plus community programs and therapy, help her steady her footing and reclaim her voice. This is a gripping journey through -high-risk- pregnancy and recovery that asks where dignity fits in healthcare—and shows how advocacy and the right support can change everything. Through it all, she channels her experience into service at the local health department (CMARC), turning pain into purpose as she pushes for better training, respectful care, and resources so no parent feels alone in their most vulnerable moments.

RECOMMENDATIONS

With a focus on addressing maternal and infant health disparities and ensuring that Wake County mothers thrive, particularly during pregnancy, birth, and in the year postpartum, the workgroup prioritized four focus areas to address identified inequities in maternal and infant mortality. A brief description of the recommendations for each focus area and desired outcomes is provided below.

Focus Areas

- Focus Area 1: Quality Perinatal Health Services
- Focus Area 2: Women's Health Promotion and Education
- Focus Area 3: Community Engagement, Continuity of Care and Wrap-Around Care
- Focus Area 4: Early Childhood Education, Development, and Care

Focus Area 1

Quality Perinatal Health Services

The 2022-2026 NC Perinatal Health Strategic Plan (PHSP) identified the need to expand access to high-quality healthcare for all people of reproductive age, and the 2024 Maternal and Child Health Report for Wake County notes the continued need to focus on eliminating the disparities in severe maternal morbidity, preterm births, low birthweight, and infant mortality, with a particular focus on targeted support for groups disproportionately impacted by these outcome.

Consistent with these strategic plans, the workgroup recommended the following strategies to enhance the quality of perinatal services by providing patient-centered, culturally competent care to all Wake County residents, meeting their emerging health and psychosocial needs, and providing relevant information to help them address critical issues.

1. Partner with local hospitals and other professional organizations to provide culturally competent and trauma informed training to maternal health professionals serving Wake County residents. This could include midwives, Obstetrics and Gynecology (OBGYNs), family physicians, labor and delivery nurses, and other providers who provide direct clinical care to women and birthing people the local Area Health Education Centers (AHEC). Working collaboratively, these organizations can offer training and other educational events for maternal health providers. The events would offer free or reduced registration prices and Continuing Education Units (CEUs) to incentivize participation.

2. Partner with local hospitals and community-based maternal health services to establish a committee to develop a maternal health badge (like NC Maternity Center Breastfeeding-Friendly Designation Program) or Mama Certified, an equity centered maternal-care certification that is available to all Wake County hospitals.
3. Building public health provider/practitioner workforce with community colleges and universities in Wake County.
4. Develop a centralized health information repository that enables universal patient access across different healthcare systems in the local area.

Desired Outcomes from these recommendations are that:

- Wake County maternal health providers complete training in relevant topics related to increased capacity and knowledge of maternal health providers around topics such substance use disorder (SUD), Intimate Partner Violence (IPV), mental health, trauma informed care, and culturally competent care.
- Build interprofessional opportunities for clinical providers with different knowledge and experiences to engage with one another.
- Support local hospitals to receive recognition about their quality of maternal health care.

Focus Area 2

Women's Health Promotion and Education

The US Department of Health and Human Services Healthy People 2030 goals identify the need for education about issues that disproportionately impact women, and initiatives that include early identification, screening, intervention, and access to needed services to address women's unique health needs. The Centers of Disease Control identified that 80% of pregnancy-related deaths could be prevented and designed the Hear Her campaign to increase awareness of urgent maternal health warning signs.

Based on this information, the workgroup recommended increased education about urgent maternal health issues that can affect the overall health and well-being of women and birthing people during the preconception, prenatal and postpartum periods.

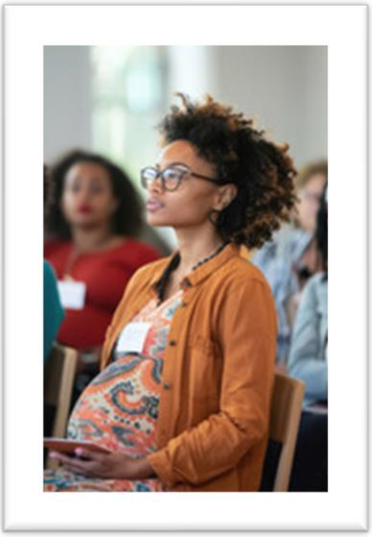
1. Partner with local health and human service agencies and organizations to support the Hear Her campaign which aims to educate patients, providers, community members, and advocates about urgent maternal warning signs.
2. Increase awareness of existing education programs that provide education on key topics such as preconception health, what to expect during prenatal care, reproductive life planning, mental health support, parental education, safe sleep practices, care seat safety, and breastfeeding education and support for birthing people and their partners.

Desired Outcomes from these recommendations are that:

- Wake County residents are informed about urgent maternal warning signs and know how to support a fellow community member exhibiting distressing signs.
- Increased knowledge and efficacy of County programs and resources among families, providers, and community members.

Focus Area 3

Community Engagement, Continuity of Care and Wrap-Around Care



The 2022-2026 NC Perinatal Health Strategic Plan (PHSP) identified the need to enhance the coordination and integration of family support services, including access to doulas, community health workers, maternal home visiting programs, and plans for transitioning people from prenatal to postpartum care.

The workgroup recommended expanding programs and awareness to increase access and utilization of Community Health Workers and community-based doulas, helping connect people to nutrition, housing, substance use and mental health resources, etc. It is also important to ensure that birthing people and mothers have access to transportation services, and they have opportunities to connect with other Wake County mothers navigating perinatal journeys.

1. Train perinatal community health workers and community-based doulas, embedding them in existing health department programs, hospitals, and other community-based programs. Expand existing programs to see additional residents.
2. Expand the Wake County bus program to serve pregnant and postpartum individuals for up to one year after delivery. The program would provide transportation to and from maternal health and pediatric appointments for birthing people and their infants.
3. Establish and expand support groups aimed at providing social networks for mothers and birthing people, fathers and caregivers of all experiences in Wake County.
4. Expand home visiting programs - other partners work to expand home visiting services available to Medicaid and non-Medicaid beneficiaries.

Desired outcomes from this recommendation

- Enough trained doulas and perinatal community health workers able to support pregnant and postpartum people in Wake County.
- Improved access to reliable transportation for perinatal health services.
- Wake County caregivers have robust emotional support networks to help them as they navigate pregnancy, postpartum health, parenting and beyond.
- Home visiting services are available to Wake County residents who desire additional postpartum support.

Focus Area 4

Early Childhood Education, Development, and Care

The 2022-2026 NC Perinatal Health Strategic Plan (PHSP) identified a need to increase access to accessible high-quality childcare for all children (including infants, toddlers, and those with special health care needs) by expanding the availability of and rates of reimbursement for childcare subsidies and creating more breastfeeding friendly policies in childcare centers and workplaces.

The workgroup recommended an increase in the availability of high-quality early education and childcare and address barriers to enrollment and access. The aim is to better support child readiness for kindergarten and beyond. This aim also looks to improve early childhood outcomes through increased infant social, emotional development programs that encourage bonding with parents as an opportunity for infant development.

1. Partner with community-based organizations, local businesses, smart start programs, Head Start, Telamon, day care providers (at-home, institutional, on-site), etc. to increase scholarships or subsidies for low-income residents to access readiness and childcare programs.
2. Collaboration with local businesses to provide daycare support for employees and implement lactation spaces that support ongoing breastfeeding for employed parents.
3. To increase access to training and support for childcare providers so they can offer high-quality programs that nurture infants' social and emotional growth in preparation for their transition into kindergarten.
4. To increase parent and caregiver knowledge of early childhood development, developmental milestones, and available high-quality early learning options.

Desired outcomes from this recommendation

- Increased access to global early childhood development programs, including home, centers, and faith-based programs.
- Increased parents' knowledge of early childhood development.
- Reduce turnover rates by enhancing support for Early Childhood Education Workforce development.

EXISTING RESOURCES TO ADDRESS THE FOCUS AREA

To address health disparities in Wake County in maternal and child health outcomes during pregnancy, birth, and in the first year of postpartum, the workgroup prioritized four focus areas. The workgroup identified existing resources to support the implementation of desired outcomes and recommendations.

Focus Area 1

Quality Perinatal Health Services

- Wake County Public Health provides women's preventive health services and prenatal care to low-income women residing in Wake County at its main clinic and four regional sites (the Northern Regional Center in Wake Forest, the Southern Regional Center in Fuquay-Varina, the Eastern Regional Center in Zebulon, and the Western Health & Human Services Center in Cary).
- NeighborHealth Center provides women's and prenatal health services to pregnant and postpartum women with behavioral health needs, and obstetric high-risk care is provided by WakeMed, UNC and Duke Hospital system.
- The Wake County Public Health-Maternal and Child Health Section has a maternal home visiting program providing monthly visits for high-risk pregnancies, and a postpartum visit for clients without insurance or who receive Medicaid within two weeks of delivery, which could be expanded to the broader population. Care Management for High-Risk Pregnancy (CMHRP) program, which provides personalized care management, home and community visits, and support for Medicaid-enrolled individuals during pregnancy and the postpartum period.
- Behavioral Health in Wake County funds community providers that provide substance use treatment and recovery support to pregnant women and moms through SouthLight Healthcare, UNC Horizons and Arise Collective (for women with histories of incarceration).

Focus Area 2

Women's Health Promotion and Education

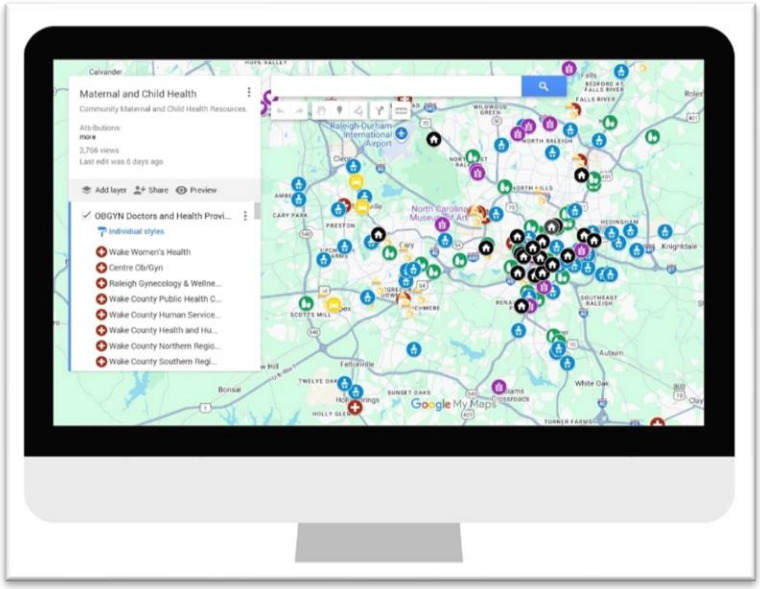
- Women, Infants, & Children (WIC) supports approximately 37% of families that gave birth in 2023 and provides breastfeeding and nutritional support for women in Wake County.[21]
- National Alliance on Mental Illness (NAMI) provides supports groups and support for their families to better understand and support their loved ones living with mental illness, and SAFEchild-Moms Supporting Moms Program has a weekly peer support group for mothers experiencing Perinatal Mental Health Disorders.
- For those experiencing infant loss, Angel Prints Corporation refers mothers, couples, and families who desire grief counseling to a licensed professional perinatal grief therapist at low cost.
- The Maternal and Child Health women's health program at Wake County Public Health provides education and outreach at diverse community agencies, including but not limited to Southlight Women and Children's Residential Program, Healing Transitions-Women's Campus, the Salvation Army Judy D. Zelnak Center of Hope, and at various community sites as requested. The Women's health program provides a group setting for women to increase their health literacy, self-efficacy, and life skills. Additionally, the women's health program provides reproductive health education and other requested health topics upon request.

Focus Area 3

Community Engagement, Continuity of Care and Wrap-Around Care

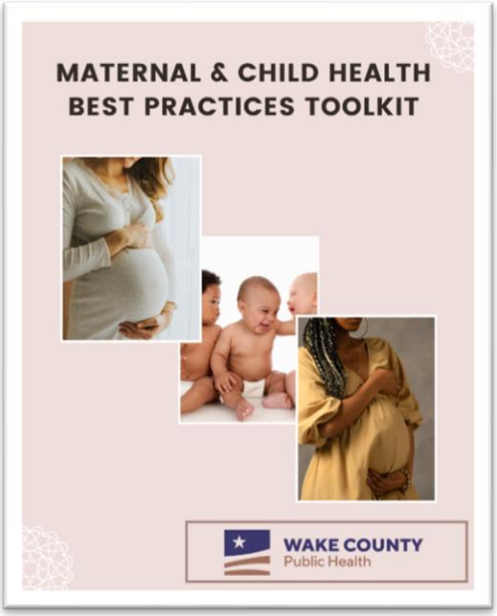
- The Nurse-Family Partnership (NFP) program continues to bring nurses into the homes of families who are most in need (i.e. low income, unstable housing, etc.) who are expecting their first child and continues those visits and collaboration until the child turns 2 years old. Wake County's NFP program is comprised of four full-time nurse home visitors and one nurse supervisor. Wake Tech and Durham Tech offer community health worker certification, which includes cultural competency training.
- GoWake Access program provides transportation to qualifying Wake County residents who need access to medical services.
- Wake Wheels for Health service delivers health screenings and education services to the community.
- Best Baby Wake is a collective impact initiative within Wake County Public Health with three evidence-based strategies: Doula Services, 10 Successful Steps of Breastfeeding, and Positive Parenting Program.
- Wake County Father Engagement Services provides culturally relevant services for education, intervention and advocacy in father's involvement in pregnancy, childbirth, and childcare, and family renunciation/preservation.
- Community baby showers hosted by Wake County Public Health are well attended and could be expanded in scope to include educational sessions and connect attendees to wrap around services.

Community Maternal and Child Health Resources Map



To improve communication of existing resources to residents of Wake County, Maternal and Child Health Intern and Maternal and Child Health Staff developed a Google Map which includes various MCH (Maternal and Child Health) resources. These resources were made available to organizations working on maternal and child health in the county as well as featured on the Wake County website and will be continually updated with additional resources. Some of the resources available are OBGYN doctors and health providers, lactation rooms and breastfeeding support, doula services and childbirth support, food pantries, childcare services, car seat checks and installations, maternal mental healthcare & grief support, and emergency housing and furnishings.

Existing Resource Spotlight Maternal and Child Health Best Practices Toolkit



To guide Wake County's efforts, the workgroup utilized the Maternal and Child Health Best Practices Toolkit, developed collaboratively by a Maternal and Child Health Intern and Population Health staff. This resource empowers healthcare providers, policymakers, and community organizations by supplying knowledge and practical tools to advance health equity in maternal and child health. The toolkit is designed with several specific objectives in mind. First, it educates stakeholders with comprehensive information about the importance of maternal and child health equity and the impact of social determinants of health. It seeks to engage a diverse network of stakeholders in collaborative efforts to address systemic racism and discrimination in healthcare. By offering practical tools and resources, the toolkit equips practitioners to implement best practices in both prenatal and postnatal care. It also emphasizes the importance of maternal and child health equity for overall community health outcomes. Finally, the toolkit aims to inspire action by highlighting successful initiatives and personal stories, encouraging continued advocacy for equitable health policies.

Focus Area 4

Early Childhood Education, Development, and Care

- Wake County the Child Care Health Consultants (CCHC) are a group of registered nurses who work with childcare facilities to assess, plan, implement, and evaluate strategies to achieve high quality, safe, and healthy childcare environments.
- The Wake County Child Care Subsidy program provides financial assistance for parents and their childcare needs, based on a needs assessment (income, family size, developmental delays, involvement in child welfare services).
- The North Carolina Child Care Stabilization Grants provided funds to assist early care and learning programs with funds to access and facilitate high quality early childhood education through compensation support, fixed cost and families' support.
- The Care Management for At-Risk Children (CMARC) program serves as an essential resource offering care management for Medicaid-enrolled children from birth to age five, helping families address developmental behavioral, and health concerns through coordinated support.
- Wake County Smart Start provides support for programs such as pre-K, Early Years, Three School, Home Instruction for Parents of Preschool Youngsters (HIPPY) and Telamon, which offer childcare and early childhood education services for children to succeed when they start school. These include on-site and home-based childcare options, quality improvement programs and social emotional intervention programs that could be expanded with increased policies and programs that support improved reimbursement rates and subsidies to improve affordability and access, as well as extended hours for childcare centers.
- SAFEchild-Moms Supporting Moms Program offers BABY (Birth and Beginning Years) a 10-week class that uses children's literature to discuss navigating postpartum life including topics on: safe sleep, creating safe spaces and environment for infants as they grow, knowing the signs of perinatal mental health disorders and ways to get help, and infant development.

IMPLEMENTATION PLAN

The following pages identify the desired outcomes by focus area and resources needed to implement strategies over the next three years to achieve success.

To move this work forward collaboration among Wake County staff, community organizations, community members, hospitals, health care providers and other key stakeholders are needed for long-term systematic changes.

Focus Area 1: Quality Perinatal Health Services

Long Term Impact

- Every Wake County mother receives high quality maternal health care.
- Clinical providers with different knowledge and experiences have opportunities to engage in interprofessional training.
- Local hospitals receive recognition for providing quality maternal health care.
- Wake County maternal health providers are familiar with and reflect the population of Wake County residents.

Short/Mid Term Outcomes

- Increased number of Wake County maternal health providers who receive interprofessional training about relevant perinatal health topics including substance use disorder, urgent maternal warning signs, intimate partner violence, and maternal mental health.
- Increased number of Wake County maternal health providers with knowledge and skills to deliver culturally responsive, trauma-informed care.
- Build a coalition of Wake County maternal health partners that can explore and develop a standard measure and system for identifying Wake County hospitals that demonstrate high quality perinatal health care.
- Document the public health and health care pipeline programs that are embedded in Wake County colleges and universities.

Potential Reach

- As of 2024, 190 obstetrician/gynecologists, and 38 certified nurse midwives are licensed to practice in Wake County. Certified Nurse-Midwife and OBGYNs in Wake County.[4]
- Three birthing hospitals in Wake County: WakeMed Raleigh, WakeMed North, WakeMed Cary, UNC Rex Healthcare- creating an opportunity to develop a comprehensive approach to recognize hospitals for quality maternal health services.
- Six Colleges and Universities located in Wake County: Meredith College, North Carolina State University, Saint Augustine's University, Shaw University, Wake County Technical Community College, and William Peace University.

Existing Capabilities

- NC AHEC with capability to organize and provide training to maternal health providers.
- Each hospital has a quality improvement committee, invested in improving quality health care for the patients they serve.

Gaps

- Evidence-based training tailored to maternal health providers.
- Additional data about the number of maternal health providers who have received training about relevant maternal health topics.
- Effective messaging to providers about training.
- Funding to support CEUs for provider training.
- Additional data about existing pipeline programs available in Wake County colleges and Universities.

Resources Needed to Address Gaps

- Collaboration between provider champions, hospital administrators, and local maternal health advocacy organizations to support provider training.
- Lead organization, willing to convene and support the development of a maternal health badge for hospitals.
- Liaison that can connect with each birthing hospital's quality improvement team to explore maternal health badge.

Year 1

- Partner with NC AHEC to identify and develop effective, evidence-based interdisciplinary training that could be accessible to providers in Wake County.
- Research the development of the Mama-Certified designation and the development of the Breast-Feeding Friendly designations.
- Identify potential members and organizations for a maternal health badge workgroup to contribute to the development of a Wake County maternal hospital badge, and convene the workgroup at least twice to discuss and refine its design
- Conduct local assessments of existing public health and healthcare pipeline programs in Wake County. Publish the assessment, making it available to local Universities and Colleges.
- Organize a group to explore creating a centralized health information repository for pregnant and postpartum women who seek urgent or emergency care, ensuring the data can be shared across hospitals.

Year 2

- Provide at least two interdisciplinary trainings for Wake County maternal health providers, including CEUs for those who participate in training.
- Evaluate the impact of provider training on provider knowledge and skills to deliver quality of maternal health care.
- Group continues to meet to define the key elements of a maternal health badge for Wake County hospitals, incorporating input from local hospitals, community members, and maternal health advocates.
- Collaborate with local Universities and Colleges to consider additional ways to strengthen existing programs.

Year 3

- Provide at least two interdisciplinary trainings for Wake County maternal health providers, including CEUs for those who participate in training.
- Evaluate the impact of provider training on provider knowledge and skills to deliver quality of maternal health care.
- Publish a report from the badge workgroup sharing information about the development of a maternal health badge for Wake County hospitals, and next steps.

Focus Area 2: Women's Health Promotion and Education

Long Term impact

- All Wake County residents are aware of urgent maternal warning signs for pregnant and postpartum mothers.
- All parents and families in Wake County are educated about preconception, prenatal and postpartum health topics that help mom and babies thrive.

Short/Mid Term Outcomes

- Increase the number of Wake County residents who know about urgent maternal warning signs.
- Increased awareness of existing Wake County preconception, prenatal, and postpartum services in Wake County, including those available from Wake County Health and Human Services and other community partners.

Potential Reach

- As of 2024, there are 1.2 million Wake County residents.[3]
- As of 2023, there were 16,536 total pregnancies.[9]

Existing Capabilities

- Digital Hear Her Campaign materials are available to local communities.
- Wake County Community Maternal and Child Health Resources map, documenting multiple, local organizations with ongoing programs that support preconception, prenatal, and postpartum health.
- Best Baby Wake Community Action Team, a collective impact model, that includes multiple partners the provide preconception, prenatal, and postpartum services to Wake County residents.

Gaps

- Funding to support I Gave Birth and Hear Her social media campaigns and printed materials designed for Wake County residents.
- Additional information about how Wake County residents learn about health information, including most relevant modes of communication for different populations.
- Additional information about existing programs aimed at providing comprehensive education to Wake County residents on relevant topics such as preconception health, what to expect during prenatal care, reproductive life planning, mental health support, parental education, safe sleep practices, car seat safety, and breastfeeding.

Resources Needed to Address Gaps

- Lead organization willing to support the implementation of Hear Her across Wake County.
- Data on Wake County residents' preferences for accessing and learning about health information.
- Distribution and marketing plan for the Wake County Community Maternal and Child Health Resources map.

Year 1

- Identify funding to support implementation of Hear Her and pilot Hear Her in Wake County.
- Conduct asset mapping activity to continue identifying existing relevant preconceptions, prenatal and postpartum programs and resources. This also allows partners to identify gaps in available resources.
- Update Wake County Community Maternal and Child Health Resources map based on information collected from asset mapping.

- Develop and implement marketing campaign to distribute Wake County Community Maternal and Child Health Resources map.

Year 2

- Assess impact of Hear Her on awareness of urgent maternal warning signs.
- Identify and implement strategies to sustain ongoing updates to Wake County Community Maternal and Child Health Resources map. This includes funding to support ongoing marketing of the map. Share information about existing gaps in services with local partners and leaders.

Year 3

- Depending on impact of Hear Her campaign, identify funding to sustain the campaign and scale Hear Her to have long-term impact across county.
- Collaborate with local partners and leaders to identify opportunities to address existing gaps in preconception, prenatal, and postpartum education.

Focus Area 3: Community Engagement, Continuity of Care, and Wrap-Around Care

Long Term impact

- All Wake County residents who want a prenatal and postpartum doula, have access to a doula.
- Populations most at risk of poor health outcomes have access to prenatal or postpartum health care advocates.
- All Wake County residents who need transportation to perinatal health services have access to transportation.
- Wake County parents, birthing people and caregivers feel emotionally supported and connected to other people who share experiences like their own.
- System of home visiting programs that provide support to all pregnant and postpartum Wake County Residents.

Short/Mid Term Outcome

- Increased number of perinatal community support personnel, who are trained to support pregnant and postpartum people.
- Increased access to transportation for perinatal health services for Wake County residents.
- Increased access to support groups for parents, birthing people, and caregivers.
- Increased number of families who receive home visiting services.

Potential Reach

- As of 2023, there were 16,536 total pregnancies.[9]

Existing Capabilities

- Wake Technical Community College offers community health worker certification training program.
- As of 2021, there were 51 practicing doulas in Wake County.[14]
- In 2024, Best Baby Wake implemented a community doula program, training 10 additional doulas.
- Wake County Public Health has a Wheels for Health service that delivers health screenings and education services to the community, which can be expanded to include maternal and child health education initiatives.
- Multiple organizations that have existing support groups for a variety of pregnant and postpartum persons including National Alliance on Mental Illness (NAMI) and SAFEchild-Moms Supporting Moms Program.

- As of 2025, Nurse Family Partnership served 93 clients and supported 52 births.[21]

Gaps

- Data about the number of community health workers and doulas in Wake County, including their capacity to support individuals birthing people.
- Information about the cost and accessibility of doula and community health worker training programs.
- Scholarships to support perinatal community health workers and doulas to receive training.
- Perinatal training added to existing community health worker program.
- Postpartum training for Best Baby Wake community doulas.
- Information about how many pregnant clients is unable to keep prenatal and postpartum appointments due to unreliable transportation.
- Additional vans/transportation for perinatal visits.
- Training for van drivers to support pregnant and postpartum people.
- Nearly 99% of Wake County Families are not able to access the Nurse Family Partnership home visiting program.
- Information about current perinatal support groups, including the location, frequency and access.

Resources Needed to Address Gaps

- 500 PCHW to support 6,000 births per year.
- 500 doulas to support 6,000 births per year.
- Two GoWake Access Transportation vans, and 8 drivers.

Year 1

- Partner with Wake Technical Community College to develop perinatal community health program that is an extension of the existing community health worker program.
- Pilot the perinatal community health worker training program.
- Develop a perinatal community health worker program that connects the community health worker to families in need.
- Pilot Best Baby Wake postpartum doula program. Evaluate the impact of the expanded services
- Identify location/municipality where transportation services are needed most in Wake County for pregnant and postpartum people.
- Identify more funding to support transportation for patients who need help accessing perinatal services through GoWake Access Transportation.
- Train GoWake Access Transportation drivers to support perinatal and birthing people.
- Develop online list of support groups for mothers, fathers, caregivers, pregnant people, and postpartum people. Add this information to the Wake County Community Maternal and Child Health Resources map.
- Identify evidence-based community-based home visiting programs that can serve families.

Year 2

- Pilot the perinatal community health worker program with a limited number of perinatal community health workers. Evaluate the impact of the program on birth outcomes and patient satisfaction.
- Depending on results of the expanded doula services program, expand services to increase the number of available community-based doulas in Wake County.
- Pilot and evaluate expanded services for GoWake Access Transportation program in one Wake County municipality.
- Encourage and provide funding for grassroots development of local support groups, led by community members and leaders invested in supporting mothers, fathers, caregivers, and families.
- Pilot evidence-based community home visiting program.

Year 3

- Depending on the results of the perinatal community health worker program, expand the number of perinatal community health workers in Wake County.
- Depending on results of expanded GoWake Access Transportation program, expand services to another Wake County municipality.
- Provide additional funding and support for local support groups. Publish those groups on the Wake County Community Maternal and Child Health Resources map.
- Depending on results of the community-based home visiting program, expand the program to serve additional people.

Focus Area 4: Infant and Early Childhood Education, Development, and Care

Long Term impact

- All Wake County pre-school aged children are ready for kindergarten.
- All Wake County parents have access to high-quality daycares.
- All Wake County residents who desire to breastfeed have access to safe, well-resourced breastfeeding spaces at their places of employment.

Short/Mid Term Outcome

- Increased access to early childhood education and childcare options.
- Improve training and support for early childhood and daycare providers.
- Improved access to lactation spaces for employed, postpartum mothers.

Need

- In 2024, 77,097 children under age six.[12]
- In 2025, 982 children were awaiting day care spots.[16]
- In 2022, of all the infants and toddlers with a daycare need, Wake County was only able accommodate 39% of the need.[18]

Existing Capabilities

- Child Care Health Consultants (CCHC) provide support to licensed childcare centers and homes.
- Wake County Smart Start provides support early education and services to families, including the Wake ThreeSchool.
- Best Baby Wake currently supports lactation spaces in regional health centers.

Gaps

- Information about the number, location and quality of daycare providers in Wake County.
- Information about lactation spaces in local businesses for employees.

Resources Needed to Address Gaps

- Funding for daycare scholarships/subsidies
- Partnership with Wake County Chamber of Commerce

Year 1

- Pilot and evaluate mini daycare scholarship/subsidy program for parents with low incomes.

- In partnership with Wake County Chamber of Commerce, assess employers' desire to support parents with daycare needs, and their current policies/plans for lactation spaces.
- Create a business case for employers about the value of daycare and daycare subsidies for employees.
- Partner with at least three local businesses to pilot and evaluate the impact of lactation spaces.

Year 2

- Depending on results of scholarship/subsidy program, scale program and identify additional local, state, philanthropic resources to support the program.
- Work with the Chamber of Commerce and employers to identify sustainable solutions to support new parents with childcare needs, including building in-office daycare centers, scholarships for daycare, partnership with local daycares to offer discounted services, etc.
- Depending on results of lactation spaces for businesses, partner with additional local businesses to support lactation spaces.
- Partner with local business to identify ways they prefer to be recognized for their breastfeeding efforts.

Year 3

- Partner with local businesses and Chamber of Commerce to pilot the sustainable solution in a local business.
- Evaluate impact of lactation spaces on overall employee satisfaction and employer perceptions of this benefit.

APPROACH

The primary goal of this workgroup was to improve community outcomes for maternal and child health in Wake County. Wake County Human Services, as the convening organization, and its academic partner, the UNC Gillings School of Global Public Health at Chapel Hill, devised a systematic process too, and realigned current recommendations based on progress and changing priorities by convening local stakeholders and state and community experts.

The initial workgroup meeting was designed to build a shared understanding of issues impacting maternal and child health in Wake County. Commissioner Shinica Thomas introduced the workgroup purpose, and members of the workgroup introduced themselves and their experiences that brought them to this space. Dauline Singletary, Wake County Maternal and Child Health led an expectation setting exercise and a short survey of participants shared experiences in Wake County to build trust and community amongst participants. Dr. Lindsey Yates, UNC Maternal and Child Health, began a review of the 2020 Infant Mortality Workgroup recommendations, to gather community feedback about what had been implemented. An example provided was the implementation of Best Baby Wake.

The second workgroup meeting was kicked off with a discussion of scaling up current interventions and identifying gaps in current strategies, to align resources and strengthen

partnerships in Wake County. Derek Ujeo gave a presentation on Family Connects, highlighting specifics of how the program had been implemented in Durham County. The rest of the meeting was focused on reviewing the status of the 2020 Infant Mortality Workgroup recommendations. The final part of the meeting included a review of the data from the 2024 Maternal and Child Health Report for Wake County examining population changes in maternal and child health outcomes, including improvements and continued disparities.

The third workgroup meeting was an in-person only meeting for workgroup participants to conduct a Root Cause Analysis using the 2024 Wake County Maternal and Child Health Report to develop shared understanding of root causes of health outcomes and trends in health outcomes over time in Wake County. This was used to identify potential areas for improvements and modifications to existing programs in Wake County. The results of the root cause analysis were compiled into **Figure 1**. After the meeting, a survey was conducted to help workgroup participants identify and rank priorities for recommendations.

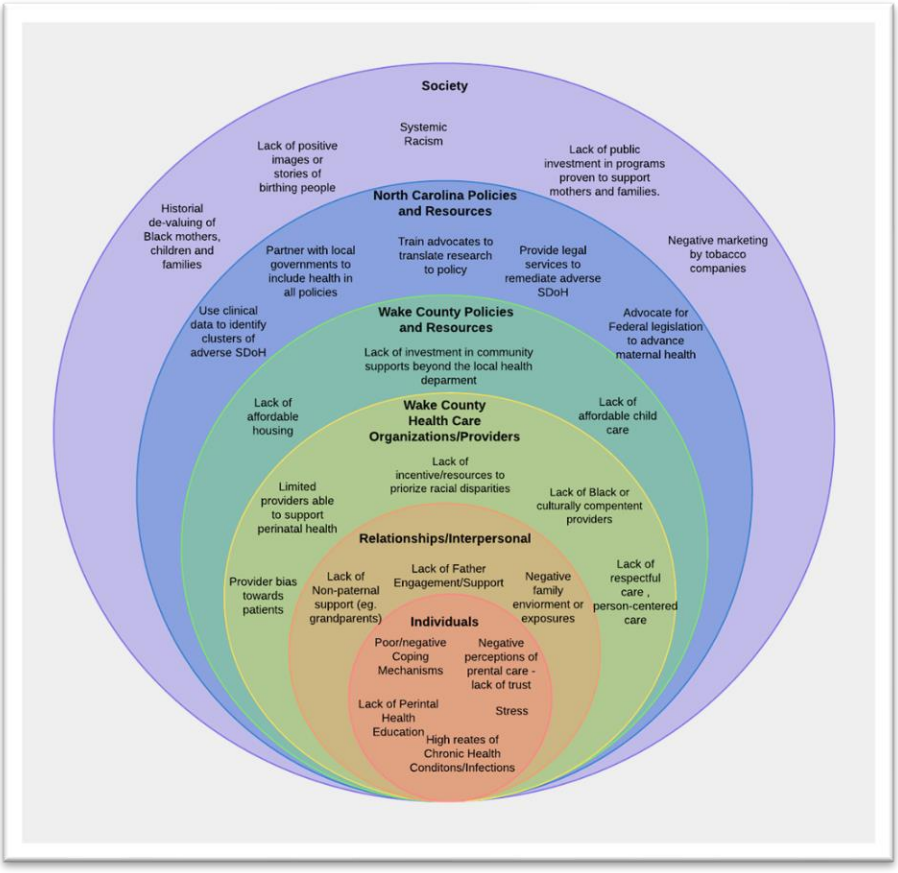


Figure 1. Results of Root Cause Analysis.

The fourth workgroup meeting started with a review of survey responses from the previous meeting to discuss group priorities when creating the shared recommendations for Wake

County. The primary recommendations identified in the survey were compared with the NC Maternal Mortality Review Committee Report and NC Perinatal Health Strategic Plan to determine alignment with workgroup goals and larger state goals. Action items from the survey were grouped into categories. After reviewing the work completed since the 2020 workgroup, the current data on public health outcomes and disparities for North Carolina and Wake County, the workgroup indicated priority areas for continued improvement of public health services.

At the fifth workgroup committee meeting, the workgroup members reviewed a draft of the toolkit, community resource map, and infographic of priority areas identified by group consensus and agreed upon any changes. The workgroup reviewed the intervention options from the priority topics agreed upon in the previous survey, to determine what interventions might be most appropriate for Wake County. The workgroup determined that a community survey was needed to triangulate the workgroup recommendations and the NC Maternal Mortality Review Committee Report and NC Perinatal Health Strategic Plan to ensure the recommendations met the needs of the community. Between meetings, the workgroup fielded a short community survey at a maternal health conference in Wake County, and constituents of public health organizations represented by the workgroup to see if community recommendations aligned with priority areas.

The sixth workgroup meeting reviewed the results of the community survey and determined four areas of priority intervention for Wake County: quality perinatal health services, women's health promotion and education, community engagement and wrap-around care, and early childhood education and development. The workgroup then used a feasibility v. impact matrix to categorize current projects in Wake County that existed under these priority areas and brainstormed what could be done with existing resources to address these priority areas. These are identified in existing resources section of this document.

The seventh workgroup meeting reviewed and provided feedback on the recommendations and existing resource draft of the report. Each focus area was discussed in greater depth, including its recommendation and the resources already in place. Notably, focus area four was revised from "Infant and Early Childhood Education and Development" to "Infant and Early Education, Development, and Care" to better reflect its scope. In addition, the implementation draft was previewed, and workgroup members were given the homework assignment of reviewing the draft and providing further feedback.

The eighth and final workgroup meeting focused on reviewing the suggested partner organization alignment and the proposed roles and responsibilities associated with implementation of the recommendations. The workgroup discussed how partner organizations could be strategically aligned to support each priority focus area and provide feedback to refine suggested roles. In addition, the group discussed the town halls, including their purpose, structure, and roll out strategy, as a key mechanism for community engagement and

dissemination of recommendations. This meeting marked the conclusion of workgroup process and helped ensure readiness for implementation and community-facing next steps.

SUMMARY

To advance maternal and infant health and reduce the disparities faced by African American birthing people in Wake County, Wake County Public Health convened a workgroup of state and local partners, subject-matter experts, and community stakeholders. The group identified four focus areas and outlined targeted strategies along with the outcomes they hope to achieve. This report summarizes their recommendations and presents a three-year plan to guide implementation. Moving these strategies forward will require dedicated resources and continuous monitoring to ensure the work progresses as intended and leads to meaningful improvements. Community striving to address maternal and infant health inequities or other complex public health challenges may find this collaborative approach useful.

NEXT STEPS

The commissioner has requested that the workgroup convene to review progress during the three-year implementation period. The process will begin in July 2026 and span three years. The group will hold its first meeting six months after the final workgroup meeting and will meet annually for the remainder of the three-year period.

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APPENDIX 1. PARTNER ORGANIZATION ALIGNMENT & SUGGESTED ROLES

Focus Area 1: Quality Perinatal Health Services

Partner Organization:

- Wake County Behavioral Health
- Wake County Public Health – Maternal and Child Health, Population Health, Epidemiology
- NeighborHealth Center
- WellCare of North Carolina (WellCare)

Suggested Ideas/Roles

- Partner with NC AHEC and Hospitals to identify effective training, such as BELIVE interdisciplinary training (WakeMed, UNC Rex, Duke & Wake AHEC).
- Identify potential members/organizations who can contribute to development of quality maternal hospital badge.
- Explore the development of mama-certified badge and breast-feeding friendly designations.
- Convene badge (Mama Certified) workgroup.
- Building public health provider/practitioner workforce with community colleges and universities in Wake County.

Focus Area 2: Women's Health Promotion and Education

Partner Organization:

- Angel Prints Corporation
- Community Members
- Duke Health
- National Alliance on Mental Illness (NAMI)
- Wake County Social Services- Social and Economic Vitality

Suggested Ideas/Roles

- Outreach to missing organizations to grow Best Baby Wake (BBW) & Community Action Team (CAT) – Angel Prints, NAMI, and Community Members
- Use systems thinking tools to continue identifying all relevant maternal health programs, partners, and key contacts.
- Update Wake County perinatal resource google map – Wake County Public Health MCH & Smart Start

Focus Area 3: Community Engagement, Continuity of Care and Wrap-Around Care

Partner Organization:

- Wake County Housing Affordability & Community Revitalization
- Wake County Public Health
- Wake County Social Services

Suggested Ideas/Roles

- Partner with Wake Tech to develop PCHW training program that is add on or extension of existing CHW certification program- Duke Health, Wake County Public Health and Social Services
    - Pilot PCHW training program
    - Develop a PCHW program and a way to connect PCHW to families.
- Pilot postpartum doula program – Wake County Public Health MCH and WellCare
- Identify more funding to support transportation for patients who need help accessing perinatal services through Wake Wheels for Health – Wake County Population Health
- Identify location/municipality where transportation services are needed most in Wake County – Wake County -Housing, CMO, Population Health
- Identify community-based home vising program that can serve families.
- Develop online list of support groups for moms – Wake County Public Health Center MCH, Smart Start, SAFEchild

Focus Area 4: Infant & Early Childhood Education, Development, and Care

Partner Organization:

- Best Baby Wake
- Community Members
- SAFEchild
- Wake County & Wake County Smart Start
- WellCare

Suggested Ideas/Roles

- Pilot and evaluate mini daycare scholarship/subsidy program for parents with low incomes – Wake County & Wake County Smart Start
- In partnership with Wake County Chamber of Commerce, assess employers' desire to support parents with daycare and availability of lactation spaces – Best Baby Wake
- Use information to create business cases for employers about the value of daycare and daycare subsidies for employees. – Wake County Smart Start, Wake County Public Health, WellCare, other PHP Plans, & Wake County Housing

APPENDIX 2. GLOSSARY & ACRONYMS

A

Area Health Education Centers (AHEC)

Provide and support educational activities and services with a focus on primary care in rural communities and those with less access to resources to recruit, train, and retain the workforce needed to create a healthy North Carolina.

B

Behavioral Health

An umbrella term that includes mental health, substance use disorders, and emotional well-being, along with the prevention, diagnosis, and treatment of these conditions.

C

Care Management for High-Risk Pregnancy (CMHRP)

A coordinated support system, often for Medicaid recipients, where nurses or social workers guide pregnant individuals through complex pregnancies by connecting them with providers, arranging resources (like transport), managing medications, addressing social needs (housing, food), and ensuring adherence to care plans for better maternal and infant health outcomes, especially when medical or social factors pose risks.

Care Management for At-Risk Children (CMARC)

A free, Medicaid-funded program (primarily in NC) connecting families of children (birth-5 years) facing health challenges, developmental delays, foster care, or stressful environments (like toxic stress, abuse/neglect exposure) with crucial medical, social, and community support services to ensure healthy development and access to care.

Child Care Health Consultants (CCHC)

Are trained health professionals who work with licensed childcare centers and homes. They work in partnership with early educators to improve, promote, and maintain quality services that ensure children's safe and healthy growth and development.

Childcare Subsidy

Are government programs (federal/state) that help low-income families pay for childcare so parents can work or go to school, using vouchers or direct payments to providers, with eligibility based on income (like 200% FPL in NC) and family situation, requiring applications through local social services, and typically involving parent co-pays.

Community Health Worker (CHW)

A trusted frontline public health professional, deeply connected to their community, who bridges gaps between residents and health/social services by providing education, support, advocacy, and navigation to improve health access, cultural understanding, and well-being, often leading to better outcomes and lower costs.

Continuing Education Units (CEUs)

A standard measure for non-credit learning, where 1 CEU equals 10 contact hours of participation in organized training or education, like workshops, seminars, or online courses, designed to keep professionals updated and maintain licenses or certifications in fields like teaching, nursing, or engineering.

D

Doula

A trained, non-medical professional who offers continuous physical, emotional, and informational support to individuals and families before, during, and after childbirth, helping to ensure a positive and empowering birth experience through comfort measures, education, advocacy, and postpartum care like lactation support.

I

Infant Mortality

Infant mortality is the death of an infant before his or her first birthday.

Intimate Partner Violence (IPV)

A pattern of abusive behaviors—physical, sexual, emotional, economic, or stalking—used by a current or former partner to gain power and control, affecting millions regardless of demographics and leading to severe physical/mental health issues, often hidden within relationships.

L

Low Birth Weight

Low birthweight is when a baby is born weighing less than 5 pounds, 8 ounces.

M

Maternal and Child Health (MCH)

Wake County's Maternal and Child Health Section ensures the health and well-being of mothers, infants and children. We provide essential resources, support and services to promote healthy pregnancies, safe deliveries and strong starts for children and families in our community. Whether you're seeking prenatal care, parenting guidance or early childhood health services, we're here to help every step of the way.

N

National Alliance on Mental Illness (NAMI)

NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Nurse- Family Partnership (NFP)

Free support for first-time families. A new pregnant parent is paired with their own personal NFP nurse who supports the family from pregnancy until the child turns 2 years old.

O

Obstetrics and Gynecology (OBGYN)

A doctor or specialty focused on women's reproductive health, pregnancy, childbirth, and postpartum care.

P

Perinatal

Perinatal refers to the time around birth, generally encompassing late pregnancy (around the 20th week) through the first month (28 days) after birth, though definitions vary slightly.

Perinatal Community Health Worker (PCHW)

A trusted, non-clinical support professional who connects pregnant and postpartum individuals with vital health, social, and emotional resources, bridging cultural gaps and addressing barriers to care like transportation or language, crucial for improving maternal/infant health outcomes, especially in underserved communities, through education, advocacy, and care coordination.

Preconception Health

Referring to the overall well-being of individuals before pregnancy, involving both physical and mental health.

Preterm Birth

Premature birth is when a baby is born before 37 weeks of pregnancy, significantly earlier than the typical 40 weeks, posing serious health risks because their organs (brain, lungs, liver) aren't fully developed, leading to issues like breathing problems, feeding difficulties, infections, and long-term developmental delays.

R

Reproductive and Family Planning

Involves empowering individuals and couples to decide if, when, and how many children to have, using services like contraception (pills, IUDs, condoms), fertility treatment, and STI prevention/testing, all crucial for overall reproductive health, maternal/child well-being, and achieving life goals like education or career advancement.

S

Severe Maternal Morbidity (SMM)

Refers to unexpected, life-threatening complications during pregnancy, childbirth, or postpartum that lead to significant short- or long-term health problems, including conditions like severe bleeding, pre-eclampsia, infections, organ failure (kidney, heart), and mental health crises, tracked by the CDC using specific ICD codes to identify risk and improve maternal care.

Substance Use Disorder (SUD)

The persistent use of drugs despite substantial harm and adverse consequences to self and others.

W

WIC (Women, Infants, and Children)

A U.S. federal nutrition program providing healthy foods, nutrition education, breastfeeding support, and health referrals to low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk.

Maternal and Infant Mortality
2025 Workgroup

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Maternal and Infant Mortality
2025 Workgroup

The Maternal and Infant Mortality Workgroup includes representation from the following organizations:

angel prints
FOREVER PRINTED IN OUR HEARTS

WAKE COUNTY
NORTH CAROLINA

WAKE COUNTY
Smart Start
a partner in the Smart Start network™

NAMI North Carolina
National Alliance on Mental Illness

nh NeighborHealth

WellCare®