

# Maternal Health Patient Toolkit: “Supporting Language Access as a Strategy for Addressing Maternal Racial Health Disparities”



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## Who

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Maternal and Child Health is the foundation of a healthy life. We focus our work on making sure all moms, babies, children, and youth are mentally and physically well.

Maine Center for Disease Control and Prevention (ME CDC) receives funds through a block grant from HRSA, Maternal & Child Health Bureau. Funds are used to design and implement a wide range of Maternal & Child Health and Children with Special Health Needs activities in Maine that address national and state priorities.

## What

For pregnant people who are neurodiverse or non-English speaking, language barriers can hinder access to care, delay treatment, and reduce trust in healthcare systems. These challenges are particularly urgent in EMS encounters, during prenatal care with public health nurses, and throughout labor and delivery in hospitals. Addressing communication and health literacy gaps can prevent misdiagnosis, ensure informed consent, and improve both maternal and infant outcomes.

Although there are several laws governing language access (Title VI of the Civil Rights Act of 1964; Section 1557 of the Affordable Care Act) for people with limited English proficiency, we recognize that this does not always happen as intended in practice.

At a Maternal Health and Wellness Coalition meeting last year, I shared a story that came to from a staff member in my previous role. I have included a portion of that story here, as it inspired the translated and visually depicted Maternal Health Patient Toolkit which I created in my Leadership Placement with Maine CDC.

## Why

I had been meeting with this mom for over a year when she found out she was pregnant with her second baby. Following the birth, she asked me to visit her in the hospital, along with an in-person interpreter.

I quickly recognized that she didn't seem to be bonding with the baby the way I would expect. She wasn't interested in holding her and kept noting how “needy” she was.

Through talking with Mom, I realized that she was in overwhelming pain after giving birth. In order to request help, she had to:

- ❖ Use the call button for the nurse
- ❖ Wait for the nurse to connect with an interpreter
- ❖ Communicate through the interpreter to explain her pain symptoms and get medication



Because this process took so long and was so exhausting, **mom wasn't getting her pain needs managed, which was inhibiting her ability to connect with her baby.**

Working together with the in-person interpreter, we came up with some simple English phrases (“more medicine”) and wrote them on the white board with their corresponding translations.

This allowed mom to point to the phrases and thus alleviate the need for all of the interference of phone interpreters and waiting. **Mom shared later that this helped her get her pain needs managed and focus on bonding with her newborn.**



## Outcomes

- Translated and Visually Depicted Maternal Health Patient Toolkit
- Maternal Health Patient Toolkit One-Pager
- Presentations to community groups, including the Maternal Health and Wellness Coalition



## Next Steps

- Plan for distribution
- QR Code survey for ongoing patient/provider feedback

