

2017-2018

Evaluating
experiences of trust,
respect and culture at
Breath of My Heart
Birthplace

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Breath of My Heart Birthplace



Prepared By:

Carli Romero, B.A.
E.L.M.A. Candidate & Evaluation Lab Fellow

Amanda Bissell, M.P.H.
Evaluation Lab Team Lead

NM EVALUATION LAB
University of New Mexico



EXECUTIVE SUMMARY

Breath of My Heart Birthplace (BMH), a birthing center based out of Espanola, was born in 2010 following two years of community conversations that identified a need for midwifery services in the Espanola Valley. BMH was incorporated as a 501(c)(3) in 2015 and offers full-spectrum birthing services, provides a free walk-in clinic to the community and supports families with fertility care for the Española Valley Region in Northern New Mexico.

The Evaluation Team focused on developing a client-feedback survey based on interviews with three former birthing clients. The survey aims to evaluate the overall experience of birthing clients at BMH with particular attention to their experiences of **Trust, Respect, and Cultural Responsiveness**. The clients we interviewed expressed gratitude for the care received from BMH. Respondents conveyed great comfort with and trust in BMH staff. They found BMH staff members to be knowledgeable, great listeners, professional and personal, and connected to local community and culture.

We were able to identify language shared by the interviewees to create a survey that addresses experiences of culture, trust and respect in their own words. For example, we learned from our phone interviewees that no clients used the term “respect” in answering questions about respect. Rather they used terms such as “honesty”, “knowledgeable”, “empowerment” and “relationship.” From these learnings we were able to draft a survey that aligned with local values and language around client health care experience with BMH.

Our client interviews revealed that BMH clients highly value the new relationships and connection to community made available through BMH’s birthing services and community-based model in post-partum care. Based on these findings, we recommend that next year’s team explore more deeply the importance of community in post-partum care for new parents in the Espanola Valley. Moreover, we suggest conducting a follow-up literature review to assess existing data around the presence and importance of community to new parents, which may support the overall argument for birthing centers and midwifery care as a valuable avenue for healthcare. Additionally, we recommend that the new client-feedback surveys be specifically beta-tested with young parents, as we were not able to connect with any young parents during our interview process.

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1. Introduction

Breath of My Heart Birthplace (BMH), a 501(c)(3) community midwifery practice, serves the community of Española Valley Region in Northern New Mexico.

BMH's mission is to *“bring to reality a sustainable birthing place that celebrates pregnancy and birth as a sacred rite of passage through midwifery care; and raise awareness and promote wellness, growth, and healing in our multicultural communities by honoring woman as the first environment.”* (Breath of My Heart Birthplace, 2015)

In 2010, BMH was born after two years of collective visioning and strategic planning by 30+ members of the Española community, who sought to “expand access to respectful, dignified, midwifery care” (Breath of My Heart Birthplace, 2015). Participants identified Midwifery care as an avenue to cultivate community connection and personal resilience through a culturally appropriate birthing model. Since 2010, BMH has cared for approximately 30 birthing families a year and made a free walk-in clinic available to all residents in the Espanola Valley. BMH draws its name from a saying in the Tewa language, “Navi pin haa un mu,” meaning “you are the breath of my heart.”

BMH operates three key programs to support families before, during and after birth:

1. **A free walk-in clinic** offers comprehensive care to pregnant families for prenatal care, as well as mothers and babies for wellness checks. The clinic offers referrals for ultrasounds, pregnancy tests and proof of pregnancy, weight checks for babies, breastfeeding support, mom and baby wellness visits, annual exams, and STI testing. The clinic also offers midwife consultations, counseling and somatic healing such as massage, accessible to any family that walks through the door regardless of insurance status.
2. **Birthing Services** – BMH offers prenatal, postpartum and delivery services to approximately 30 families a year through a model of service that honors mothers as the decision-making agents in their birthing process. BMH partners with expecting mothers and families to create a vision for their birthing process. BMH intends to support this vision with their health and maternal wellness expertise. The relational and culturally supportive care offered by BMH aims to disrupt dynamics of “helped and helper” or “expert and patient” roles that have developed in modern medicine, instead placing power with individuals over institutions.
3. **Fertility and Pre-Conception Care** – BMH supports a diverse range of parents by offering holistic pre-conception and fertility services to families pursuing non-traditional means of conception. BMH offers counseling in fertility awareness, ovulation charting and sperm donor options, as well as on-site intrauterine insemination. A wide range of diverse families including lesbian, bisexual, queer, transgender, hetero-sexual and single-parent families are supported by BMH's Fertility and Pre-Conception Care services.

BMH also offers training and an apprenticeship program towards Midwifery licensure. The apprenticeship program targets women who reflect and represent the communities served by BMH. Re-seeding the knowledge base of midwifery in the Espanola Valley Community is essential to fulfilling BMH's mission.

The evaluation team designed this year's project with BMH's current needs and foundational intentions in mind. With BMH seeking funding to secure a permanent location for their birthing center, the evaluation team compiled a review of literature that explored the extent to which maternal care can operate as primary care for many families, especially those who do not historically have access to consistent health care.

Additionally, the evaluation team developed a client-feedback survey to help BMH assess how successful they are providing care that is culturally responsive and meets the needs and experiences of the Espanola Valley community in a meaningful way. The evaluation team translated the logic model developed by the 2016-2017 evaluation team into an illustration that depicts BMH's services, activities and objectives in a visually appealing and relatable form.

The evaluation team for this project consisted of Carli Romero, Amanda Bissell, and Jessica Frechette-Gutfreund. As a student in the Evaluation Lab, Carli conducted the literature review, illustrated the logic model and carried out the evaluation activities. Amanda, the Evaluation Lab Team Lead, coordinated and guided the evaluation project and activities. Jessica, co-founder and director of BMH, established the intentions for this year's activities and engaged community members of BMH in the evaluation process as needed.

2. Work Performed

This year's evaluation focused on beginning the implementation of the 3-year evaluation plan developed by the 2016-2017 Evaluation Lab team. This plan highlighted important evaluation questions for BMH based on the goals identified in their Logic Model. (See Appendix A.) Last year's process prioritized an assessment of BMH's success at delivering birthing services in a way that allows clients to experience trust, respect and cultural responsiveness (Bissel and Prendergast 2017). Therefore, this year's evaluation team focused on creating a client-feedback survey for birthing clients that addresses these components of care.

The Evaluation Lab student conducted three telephone interviews, between March 14 and 17, lasting about 45 minutes each. At the beginning of the interview the student read the verbal consent form and participants agreed to participate. The consent let participants know that their participation was voluntary, and they could opt out of the interview at any time, refuse to answer any question, and that they would not be identified with their comments. The informal interviews, conducted in a conversational manner, asked clients if and why they trusted BMH throughout their birthing experiences, did they feel respected and in what ways, and did they

feel comfortable in expressing their culture and traditions throughout their birthing process. Drawing from the language used by former clients in these interviews and the key narratives that were shared regarding trust, culture and respect, the evaluation team drafted a client feedback survey.

The survey allows for clients to “tell their stories” while providing qualitative and quantitative feedback for BMH. The student amended the survey based on BMH staff feedback before distributing it to 10 clients, 5 of whom responded, for beta-testing. The beta test determined whether the questions evoked the information sought by BMH, the accessibility of the language to BMH clients and community, and if the viability of the length and process for clients.

The client feedback survey seeks to answer key questions from the 2016-2017 3-year Evaluation Plan, listed in Table 1.

Table 1: Evaluation Questions and Corresponding Interview Questions

<p><i>Identified by the 2016-2017 Evaluation Team:</i></p> <p>Cultural Competency</p> <p>How well is cultural competency being practiced by BMH? What is cultural competency for BMH, and how can it be defined or measured? How does cultural competency impact the provider/client relationship?</p> <p>Questions asked in this year’s Birthing Client Interviews:</p> <p>What kinds of words, actions and feelings allow you to feel safe in expressing your culture? What words, expressions and feelings make you feel unsafe to express your culture?</p>
<p><i>Identified by the 2016-2017 Evaluation Team:</i></p> <p>Trust</p> <p>To what extent do clients and families trust BMH? What does “trust” mean for BMH? What specific practices build trust in this context? What is the value/impact of trust on the relationship between client and provider? To what extent does the presence or absence of trust affect clients’ experience of receiving care (from any provider)?</p> <p>Questions asked in this year’s Birthing Client Interviews:</p> <p>What does trust mean to you? What kind of interactions did you experience at BMH that allowed you to trust?</p>
<p><i>Identified by the 2016-2017 Evaluation Team:</i></p> <p>Respectful Care</p>

To what extent do clients and families feel that care provided by BMH is respectful? What does “respectful care” mean for clients? What is the impact of having respectful care vs. non-respectful care for clients? How important is respect for clients?

Questions asked in this year’s Birthing Client Interviews:

What does respect mean to you? What kind of interactions demonstrate respect? Did you feel respected during your time with BMH? If so, how did that respect feel to you?

Identified by the 2016-2017 Evaluation Team:

Client Satisfaction

How do clients articulate what care has been provided to them by BMH, and what is their level of satisfaction with that care? What are clients experiencing and feeling during care? How satisfied are clients with care they receive from BMH? How does care provided by BMH compare to other options in the community for clients?

Questions asked in this year’s Birthing Client Interviews:

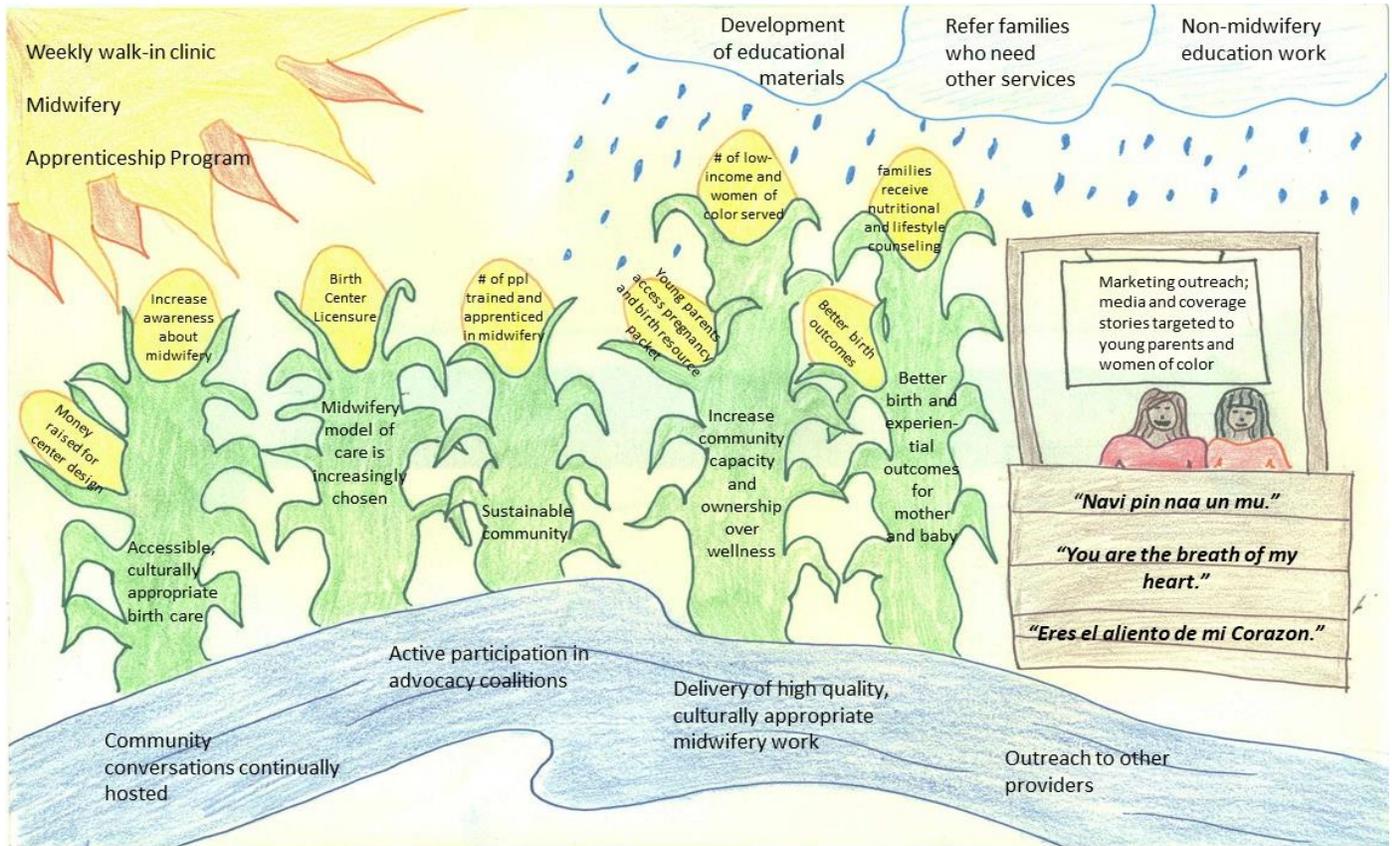
Is there anything else you would like to share about your experience? Do you have any suggestions for BMH to improve their care?

In addition to developing and beta-testing the client-feedback survey, the evaluation team reached out to Maternity Neighborhood, the developers of the database software used by BMH. The team looked into improving the functionality of the database to house and export other relevant client and program information for BMH. Additionally, BMH is interested in collecting data on breastfeeding initiation and duration for its clients. The evaluation team asked whether Maternity Neighborhood could send an email or text to clients to collect this data at 3-months (asking about initiation and duration), at 6-months and at 1-year. Unfortunately, Maternity Neighborhood is not able to make these modifications at this time. They thought that these were good ideas and said they would consider them as their platform evolves.

Finally, the team illustrated the logic model by showing BMH’s cultural grounding in Madre Tierra. The BMH logo represents Corn Mother, who many indigenous communities recognize as The Great Mother and giver of life.

The logic model depicts the short-term outcomes of BMH’s logic model in the form of short corn stalks, and tall corn stalks represent long-term outcomes. The corn fruiting from the stalks represents outputs. The arroyo, rains and sun represent activities. Each of these elements nourish the long and short-term fruits of BMH’s labor. (See Figure 1.)

Figure 1. Pictorial Representation of the BMH Logic Model



3. Client Interviews

We asked three central questions in each phone interview. The questions and a summary of responses are provided below.

Q1: What does trust mean to you? What kind of interactions did you experience at BMH that compelled you toward trust/distrust?

Our initial inquiry focused on the above questions. Each respondent began to answer by discussing her pathway to discover BMH and her introductory meeting with Jess, midwife and co-founder of BMH.

One respondent who identifies as Pueblo, considered a referral to BMH by another Pueblo woman to be essential to her trust with BMH. In the respondent’s words:

When I found out about BMH, I couldn’t find a native Pueblo woman who had home birth. Reproductive processes were co-opted by Indian Health Services and hospitals in the 50’s and 60’s. By the grace of God, I met Frances from Northern Pueblo and she pointed me to BMH.

I needed to hear it from another native woman.

Each respondent found Jess to be very knowledgeable and respectful of their questions and concerns in their initial meeting, and this allowed them to feel confident that their birthing process would be guided by an expert. As one said:

I wanted a midwife that unequivocally knew what she was doing for peace of mind. Jess explained every procedure and gave me the option - she provides you with info and says it's completely up to you after. Putting the power back into my hands. I always felt super confident.

One interviewee shared this insight with us about her experience of trust:

Why I felt trust? She felt really, really honest. Every question was considered as very reasonable. She wasn't trying to sell me. We both really value candor and honesty.

Clients asserted that trust was established within their initial meeting with BMH. This demonstrated the importance of asking clients how they learned about BMH and why they chose BMH as their birthing care provider in the survey. "Consistent presence in the community" was also noted as a key element of trust in different ways by each interviewee.

Q2: What does respect mean to you? What kind of interactions demonstrate respect? Did you feel respected during your time with BMH? If so, how did that respect feel to you?

We asked the above question to determine what "respectful care" looks and feels like to clients. The responses to this inquiry primarily revolved around BMH's support of client choices as well as their continued presence throughout the prenatal, birthing and postpartum periods of care. Respondents felt that their choices were honored in relation to diet, traditions and birthing choices. They also noted that they were able to share and seek support around their personal processes regarding the transition into parenthood throughout their experience with BMH.

The clients still felt that they could ask BMH staff questions about their postpartum experience and that the staff would receive their questions with thoughtfulness and intention, even though their paid services had been fulfilled. As one respondent put it:

Anytime I have an issue I can go straight to her. I don't take Western meds, so her knowledge is super helpful. While I was warring through pain with breastfeeding for weeks, as soon as I talked to her she pointed me to a great solution and everything was better in days.

The clients often used "relationship" in the responses to our inquiries around respect but they did not use the term "respect" at all. This told us that the term "respect" is not a term we should prioritize in the surveys, and that relationship

building is far more important to clients than “respect” alone. As an example:

The midwives stayed for a long time after the birth then left and came back the next day. Probably came back way more than the mandated amount to check up. That’s how relationship is built! You can’t stop me gushing!

This client appreciated the availability of BMH midwives and attention that went beyond their expectations. They believe that BMH provided more postpartum check-ins than other service providers would.

Q3: What kinds of words, actions and feelings allow you to feel safe in expressing your culture? What words, expressions and feelings make you feel safe to express your culture?

Due to the different cultural backgrounds of the clients we spoke to, different parts of their experiences were key in feeling “culturally met”. While one client required a sense of safety and acceptance in the spiritual practices she chose to engage during the birth, another needed to feel that the history and geography of the region were honored and taken into account by BMH practitioners. As one said,

They do a good job of reaching out to young people which is super important. In Native culture we don’t have the stigma around young parents that Westerners do. This generation is growing up different and more open-minded to different ways of doing and being. BMH is good at reaching younger/non-traditional/Pueblo community/Hispanic communities.

Another client identified BMH’s willingness to honor her request to have her daughter be welcomed into the world with Spanish. In her own words:

When I called [BMH staff] to ask her to be my midwife she understood my struggle with Spanish but that I wanted my daughter to be spoken to in Spanish and she was able to hold the Spanish and English translation. [She] always interacted with my daughter speaking Spanish which was important to me. I wanted my daughter’s first words out of the womb to be heard in Spanish.

She felt grateful that BMH understood multi-lingual dynamics and supported her to navigate her birth using English as needed and Spanish as able.

Another woman spoke of the significance of wearing a faja (a traditional garment that is hand-woven and that energetically and physically protects and supports the womb space) and having her birth recognized as not just a physical process, but a process of transformation, ritual and initiation. She explained that,

Culturally you are seen as a warrior once you have given birth, and the faja has all of that richness of motherhood in it . . . cultural importance and significance,

and continued,

BMH staff are really familiar with fajas so there's an appreciation for it as well as reminders when it's easy to forget to wear it. It felt significant just to be "seen" (not physically but understood as) wearing it. It lands everything in space and time because of all of the tradition it carries.

Another mentioned that she initiated conversations about spiritual practices leading up to the birth and she felt comfortable creating a space that met her needs during her home birth, knowing the midwives would be present. She desired her very small home to look and feel a certain way and had a specific ceremony planned that she felt was honored by BMH staff.

I never felt like there was a cultural clash. I felt like they may have different ideas about how to go about things. As the birth process culminates they are in your home and your life. For a 17-hour labor in a small house they felt very natural. I wasn't self-conscious about their needs. We had conversations before about spiritual practices and what kind of space we needed to create.

An important component of the culture conversation was the community advocacy and presence led by BMH. One woman acknowledged that she would ideally have had a Pueblo midwife, but she is excited that BMH is training local midwives of color in the Espanola Valley to rebuild traditions of care that have been suppressed and/or disrupted by modern institutions of care. In her words:

BMH Staff are helping to train midwives of color and they are reclaiming their traditions through that help!

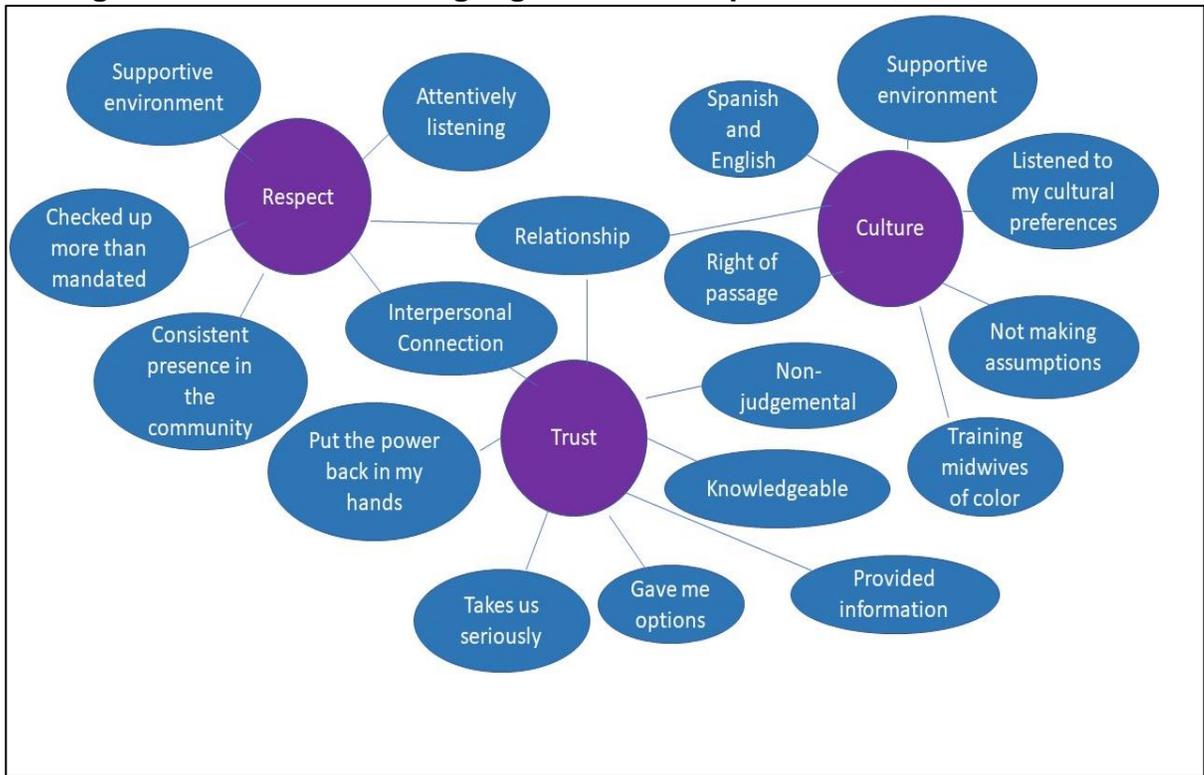
Each respondent mentioned that BMH has built important relationships, whether it be with the hospital to serve those that require hospital transfers or with other parents, to create a support system among new parents in the community.

These conversations emphasized that BMH was actively working towards cultural attunement by embracing spirituality, language, and training care providers that reflect women from the service area into the practice. Asking questions on the survey about the birth experience including spirituality and traditions is important to capture these experiences.

The interviews with former BMH clients revealed a highly grateful clientele that were eager to share their experiences and offer input towards the survey. Although clients were only asked for 15 minutes of their time, they expressed enthusiasm about their experiences with BMH by sharing for nearly 45 minutes each in testimony regarding their birthing experiences and care.

The diagram below illustrates the words used in response to questions regarding "trust", "respect" and "culture" throughout the phone interviews. (See figure 2.)

Figure 2. Interviewee Language around Respect, Trust, and Culture



4. Birthing Client Feedback Survey

The evaluation team developed the client feedback survey based on the interview responses. Given that interviewees highlighted three main components of care throughout their responses, we separated the survey questions by these different aspects of care: Pre-Natal Care, the Birthing Experience and Post-Partum Care. Additionally, we wanted to provide opportunities for clients to give both qualitative and quantitative feedback. The phone interviews illuminated that clients appreciated the opportunity to tell their birthing stories, therefore we designed the survey to create space for the clients to share their stories if desired. To this end, the survey implements scaled questions, open-ended questions, and word banks throughout. (See Appendix B for complete survey.)

After incorporating staff feedback into the survey, the team designed a temporary digital survey and shared it via google forms for the purposes of the beta-test. Five former clients completed the test survey, out of 10 invitations, and offered responses that largely mirrored the information we received during the interviews.

The first question focuses on how clients discovered BMH. The beta-test responses reflect diverse referrals to the practice, which answers how well BMH is known in the community and trusted by former clients. The second question aims to ascertain why clients choose BMH as their care provider. Responses to this

question echo interview responses towards respectful care, trust and cultural attunement. The open-ended format will provide rich information to the practice in regard to how midwives are interacting with and building relationships with clients.

Two word bank questions invited the clients to click on the words that best describe: a. the clinic environment, and b. their birth experience. Based on the beta-test responses, this format seemed accessible to clients and important to include.

- a. 5 of 5 clients circled each the following words regarding the clinic environment. “How does our space feel to you?”:
- Warm
 - Friendly
 - Inviting
 - Comforting

Beta-test comments regarding the space reflected that the space wasn’t that important to them in comparison to the quality of care received or their relationship with providers. However, it seems important to include this question in the survey as BMH is moving into a new space. This question may be phased out of the survey as BMH settles in to their new space and if isn’t providing valuable data for the practice.

- b. 5 out of 5 clients circled each the following words to describe their birthing experience. “What words best describe your experience with BMH?”:
- I trust them
 - They are prepared
 - I felt supported
 - They are knowledgeable
 - I am free to be myself
 - I made decisions about my health
 - They listen well
 - My questions were taken seriously
 - I felt confident

The word bank provides valuable information on client’s birthing experience as clients selected phrases reflecting the evaluation questions.

One of the questions asked about spiritual and traditional practices being incorporated into their birth. When asked “Do you want to share more regarding this experience? one respondent replied “Yes”. If BMH cares to illicit more detailed responses to this question, the survey question should change, as in its current form this question was not fully answered.

All respondents answered all the Likert Scaled questions in all sections. The majority reported “Very Good” and the remaining “Good”. No one answered, “Very Poor”, “Poor”, “Fair” or NA. A slight variability in responses may indicate

satisfaction with BMH, although these questions should be reviewed regularly to monitor for question fatigue and relevance.

Additional questions in the survey focused on community as a result of the interviews. Prior to the interviews we were unaware of the importance of the community component of BMH to birthing clients. In the beta survey we ask: “*Did you gain community through your care with BMH?*” and “*Was this important to you?*”. Each of these questions evoked a 100% YES response rate.

One of the final question asks, “What could have been done differently or better to improve your experience?” Of the five beta-test respondents, two made comments, verifying this question is valid and will likely illicit valuable feedback. The comments included facilitating a closing ceremony and another suggested that more cues during the birthing process itself would have been helpful as the baby crowned.

5. Recommendations

Based on the information from interviews with former clients, it appears that one of the unique assets to BMH services lies in their relationship building efforts and the support system that comes with connection to a local and multi-cultural birthing community. The advantages of this extend beyond the direct service provided to clients. Given this information, it may be valuable for next year’s Evaluation Lab to research qualitative and quantitative narratives of the value that new parents find in postpartum care. Has data regarding postpartum care and community support thereafter been collected on a large level throughout the nation? Understanding the significance of postpartum care for new parents may garner support for birthing centers and the advocacy work that BMH does to fulfill the latter part of its mission: *raise awareness and promote wellness, growth, and healing in our multicultural communities by honoring woman as the first environment.*

Two respondents answered the question on what could have improved their experience with BMH in the beta-test. Reflecting improvements to their care, attention to repeating comments or trends in answers to this question may provide insight into areas of quality improvement for BMH.

Additionally, it may serve BMH to implement one or two client interviews annually, to collect the stories clients tell about their experience with BMH for funding and promotional purposes. This would not only serve as a means of collecting testimonials but will allow BMH to understand how to best describe the care they offer through the perspective of their clients as well as to understand the benefits they offer to clients that otherwise may not be captured, as well as growth opportunities for better serving clients as the organization evolves.

Further recommendations to broaden the scope of client feedback include beta-testing the survey with young parents. As this is a demographic that BMH has worked hard to serve, insuring they are able to give valuable feedback is

paramount. The survey may need modifications to best garner answers from this client demographic. BMH should also consider administering the survey to the co-parent for those clients with this relationship. Additional questions on parenting skills, engagement and advocacy could be added to explore how participating in BMH care impacted the abilities of the co-parent.

6. Next Steps

This evaluation focused on the efficacy that BMH has toward providing “accessible and culturally appropriate care” according to priorities established in last year’s Evaluation Lab assessment. Based on this year’s progress and findings, the Evaluation team recommends that BMH implement the survey as a continual evaluation measure for birthing clients. If it is more viable to administer the survey electronically, we suggest looking into a digital service that will integrate with the existing Maternity Neighborhood database. It would be advisable to review the survey on an annual basis to ensure that it continues to meet the needs of BMH and BMH clients.

As outlined in the 3-year Evaluation Plan, the following timeline may be applied toward evaluating key outcomes established in BMH’s logic model:

2018-2019

1. Analyze better birth and experiential outcomes, racialized disparities and urban/rural disparities.

- a. How well does BMH serve women in the service area? How many women has BMH served?
- b. Scheduled Review to assess BMH's birth outcomes in a given time period?
- c. How are health outcomes among BMH clients compared to other midwifery practices throughout the state of NM, the Southwest and the US?

****Archival data, Literature on Statewide Services and Focus Group with women in Espanola Valley community.***

2. Assess the impact BMH has on parents in their capacity to parent.

- a. How does the birth experience impact the transition into parenting?
- b. How is BMH doing at reaching and impacting young parents?
- (# of young parents served/# of resource packs distributed/what do young parents value in terms of resources and communication?)

**** Conduct focus group with young parents, and literature view on the impact of birth experience on the transition into parenthood.***

<p>2019-2020</p> <ol style="list-style-type: none"> 1. How much does it actually cost BMH to provide high quality care? 2. What are the gains to families compared to the cost to deliver care? 3. What are economic benefits and savings to society provided by BMH? 4. What capacity is required to sustain resource development? *Cost/Benefit Analysis and Asset Maps <ol style="list-style-type: none"> 5. How is continual feedback being integrated? *Board Focus Group
<p>2020-2021</p> <ol style="list-style-type: none"> 1. Increased # of practicing midwives of color from the community: <ol style="list-style-type: none"> a. What model of an apprenticeship program will most effectively increase the number of practicing midwives of color from the community? * Design an evaluation model for midwifery program. 2. Increased community capacity & ownership over healthcare & wellness <ol style="list-style-type: none"> a. What is the volume and impact of BMH's non-midwifery services and programs (not including referrals to other providers)? b. What non-midwifery programs are most useful and utilized? c. What impact does each non-midwifery program have for people? d. To what extent is BMH building skills and capacity around perinatal care in the community? * Review of BMH advocacy and success with relative policy and education. Client interviews for walk-in clinic and fertility services. 3. Midwifery model of care increasingly chosen by families <ol style="list-style-type: none"> a. What is valuable about BMH to clients? b. What is the level of awareness about BMH in the Española Valley? c. How is awareness being created in the community (how is information being transferred)? * Focus Group

References

- Bissel, A; Prendergast, K. 2016-2017 Evaluation Systems for Breath of My Heart Birthplace. UNM Evaluation Lab. May 18, 2017
- Breath of My Heart Birthplace. About Breath of My Heart, <https://breathofmyheart.org/about/>. Accessed 20, March 2018.

Appendix A: Breath of My Heart Logic Model

ACTIVITIES	OUTPUTS	OUTCOMES
<ul style="list-style-type: none"> - Negotiation with other stakeholders (including Medicaid) - Active participation in advocacy coalitions 	<p>NM birth center licensure to obtain facilities fee for new clinic</p> <p>BMH has capacity to meet community demand (because of resources gained)</p>	<p>Short & Medium Term</p>
<ul style="list-style-type: none"> - Free weekly walk-in clinic - Hearing & developmental screening events - Targeted marketing, outreach, media coverage/stories - Continual hosting of community conversations 	<p>X # of low income women & women of color served each year</p> <p>Clients and family members trust BMH</p> <p>High level of awareness about midwifery as an option</p>	<ul style="list-style-type: none"> * Accessible, culturally appropriate birth care available to all families in service area * Midwifery model of care increasingly chosen by families * Increased # of practicing midwives of color from the community * Sustainable community-envisioned birth center facility
<ul style="list-style-type: none"> - Non-midwifery educational work (e.g. Indigenous nutrition program) - Delivery of high-quality, culturally appropriate Midwifery care (prenatal, birth, postpartum to 6 weeks after birth) 	<p>x% families receive respectful nutritional & lifestyle counseling</p> <p>Better birth outcomes (decreased # of complications, STDs, C-sections, preterm deliveries, low-weight babies)</p>	
<ul style="list-style-type: none"> - Development of educational materials - Midwifery apprenticeship program - Targeted outreach to women of color/people of color and young parents 	<p>Increased # of young parents in community have accessed pregnancy and birth resource packet</p> <p>X # of people of color trained/apprenticed as midwives @ BMH</p> <p>X# of meetings / events</p>	<p>Long-term</p>
<ul style="list-style-type: none"> - Fundraising <p>Community design process</p>	<p>\$ raised and new, expanded birth center facility designed</p>	<ul style="list-style-type: none"> * Better birth & experiential outcomes for mother and baby → parents feel increase in capacity to parent * Reduced racialized health disparities in service area & urban/rural racial disparities in NM * Sustained positive, collaborative ecosystem of community health providers * Increased community capacity & ownership over healthcare & wellness
<ul style="list-style-type: none"> - Refer families who need other services to appropriate provider (mental health, domestic violence, obstetrics) - Outreach to other providers 	<p>Strong relationships with other providers (measured: # of collaborations, # of referrals to/from other orgs)</p>	

Appendix B: Birthing Client Survey



Breath of My Heart Birthplace

We are so grateful to have partnered with you on your parenting journey! We'd love a little feedback from you, so that we can ensure we're providing the best care and support possible!

PRENATAL CARE

1. How did you hear about us?
2. Why did you choose Breath of My Heart Birthplace (BMH) for your care?
3. How does our space feel to you? Circle all that apply.

warm	unclean	clean	dark
friendly	inviting	unfamiliar	light
unkempt	unwelcoming	well cared for	appealing
organized	comforting	uncomfortable	off putting

Was the space important to your experience with us? *Yes or No*

4. On a scale of 1-5 with 1 Very Poor, 2 Poor, 3 Fair, 4 Good, 5, Very Good, please rate the following:

	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good	NA
How comfortable did you feel expressing yourself with BMH staff?						
How comfortable do you feel asking questions about your health?						
How comfortable do you feel asking questions about your birthing process/options with BMH staff?						
How well did BMH staff listen and respond to your questions and concerns?						
How knowledgeable was BMH staff?						

BIRTHING EXPERIENCE

5. What words best describe your experience with them? *Circle all that apply.*

I trust them	Decisions were made for me that went against my values and desires	They are prepared	They are knowledgeable	I felt free to be myself
I didn't have confidence in them	I made the decisions about my health	They listen well	My concerns were ignored	I felt uncomfortable
I felt supported	My culture was honored	I felt understood	We didn't see eye to eye	I don't trust them
They are professional	I couldn't express my culture freely	My questions were taken seriously	My traditions were honored	I felt confident

6. Did you have spiritual and/or traditional practices that were important to incorporate into your birth? *Yes or No*
 If Yes, were they accommodated by your practitioners? *Yes or No*

a. Do you want to share more?

7. Was your care transferred from BMH to the hospital at any point during your birth? *Yes or No*

a. If yes, how did you feel during the transfer of care? What worked in terms of BMH's role in the transfer? Could BMH have done anything to better support you in that process?

8. On a scale of 1-5 with 1 Very Poor, 2 Poor, 3 Fair, 4 Good, 5, Very Good, please rate the following:

	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good	N/A
How knowledgeable was BMH staff during your birth?						
How well were your birthing expectations met if you birthed with BMH?						

POSTPARTUM CARE

9. On a scale of 1-5 with 1 Very Likely, 2 Poor, 3 Fair, 4 Good, 5, Very Good, please rate the following:

	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good	N/A
If you initiated breastfeeding, how would you rate the support you received?						
How would you rate the quality of your postpartum care with BMH?						
How comfortable were you approaching BMH staff for help after baby was born?						
Did the frequency of postpartum visits adequately meet your needs?						
How would you describe your experience to friends and family?						

10. Did you gain community through your care with BMH? *Yes or No* Was this important to you? *Yes or No*
 a. Do you want to expand?

11. Overall, what was the most important part of your care (please circle one)? Prenatal Birthing Postpartum
 a. Why?

12. Is there anything else you'd care to share?

Thank you so much for taking the time to fill this out! We will use this information to help understand how to better serve our community and to continue to advocate for better birthing systems of care in Northern New Mexico.