



*Transcript: From Research to Action: Merck for Mothers' Evidence-based Approach to Maternal Health*

Kristin - 00:00:06:

Welcome to this special bonus episode of the Maternal Health Innovation podcast. I'm your host, Kristin Tully, research faculty at the University of North Carolina at Chapel Hill, in the Department of Obstetrics and Gynecology, and with the UNC Collaborative for Maternal and Infant Health. This podcast is created by the Maternal Health, Learning and Innovation Center, and these conversations address maternal health equity and systems change for strengthening maternal health. In this episode, we'll be discussing Merck for Mothers and their commitment to shifting the landscape to eliminate maternal mortality globally. I'm joined by Jacque Caglia, Director of Learning Communications and US programs at Merck for Mothers to learn more about how they've been working to improve maternal health outcomes through grant making and strategic collaborations. Thank you for joining me, Jacque .

Jacque - 00:01:01:

Thanks so much for having me on the show, Kristin. And really, congratulations to you and the team on all of the engaging and thought provoking episodes that you've had to date.

Kristin - 00:01:12:

It's really wonderful to get to know people behind changing the world. So thank you for making time for this. And would you please share a little bit about yourself and Merck for Mothers?

Jacque - 00:01:26:

Sure. Happy to. So my name is Jacque Caglia and I am a director at Merck. I'm part of the team within our company's Office of Social Business Innovation that is leading our company's global maternal health initiative called Merck for Mothers. I myself am a proud Public Health Practitioner, and throughout my career, I've really been working at the intersection of community and impact and evaluation in some form always centered on improving maternal and newborn health. And personally, I've had the pleasure of

working for a number of great nonprofit organizations both here in the US and focused globally as well as a number of academic institutions, before coming to the private sector in early 2019 for my current role. And more importantly, Kristin, I'm a wife, I'm a sister, I'm a bonus mama to three awesome kids, I'm a daughter, I'm not a friend. And really, all of that is why I do this work for pregnant people and those who care for them, because I believe in stronger health systems and I really believe that society as a whole is stronger when people are healthy and supported around pregnancy and childbirth in the months after.

Kristin - 00:02:49:

Thank you. I think a lot about what it means to have humanity in health care.

Jacque - 00:02:54:

We could use a lot more of that, Yeah.

Kristin - 00:02:57:

Well, thank you. And a few of the things that you mentioned were community and impact. I wonder if you would share a little bit more about what that means to you.

Jacque - 00:03:08:

So, really, throughout my career and as one of our core values within Merck for Mothers, we're really focused on centering the communities most impacted by the health challenge that we're trying to address. And so what that means is taking my knowledge and my training and allowing it to take a backseat to the expertise that exists within the community, within the people with lived experience and focusing myself and my energy, really on deep listening to those experts around what is needed in order to accomplish changes. And there's lots of different approaches for doing that. I've worn a researcher hat in a previous life where I was focused on community based participatory research as a methodology and really working with community members, community leaders, as the folks who were co creating and then conducting the research and evaluation of the community health programs that we were running. And what that means in my current role means centering our grant making and our strategic collaborations following that deep listening among the people most impacted on supporting the folks at the center in the community in order to address the issues.

Kristin - 00:04:35:

Thank you. I think that's why we've been in some same spaces, I hope increasingly so, because we share those values and I think that that is the way for safe, quality, respectful care, which is I see what Merck is about globally.

Jacque - 00:04:51:

Yeah, that's right. Merck for Mothers is our company's global initiative to help end preventable maternal deaths. And it was launched as an initiative in 2011 when our company was looking for a global health challenge that was sort of behind where it should be, where our company would be able to lend resources along with scientific and technical expertise in order to help that global health challenge sort of get unstuck, if you will. And so our company, through Merck from others, has been supporting efforts to improve maternal health for over a decade now. And we've been focusing those efforts in order to improve maternal health outcomes by really, at its core, trying to improve access to safe, high quality, respectful care around pregnancy and childbirth. And what that means looks different in different contexts based on what folks think that they need around that time.

Kristin - 00:05:54:

Thank you. And I was browsing the Merck for Mother site and we'll link to that and I saw your 2022 research. Compendium where you outline key findings and I think that is another part of access, isn't it, is to share learning and to present that in clear and actionable ways.

Jacque - 00:06:18:

Yeah. Thanks for that, Kristin. And thanks for going to our website and thanks for calling out that report. In particular, that evidence for Impact report is something that we've been publishing every two years for the last number of years and it really is our attempt to try to collate the learnings and the insights what is most. Important around some of the work that we are supporting and present it in a way where it is highly digestible, highly actionable, sort of ready to use because we believe and we work with our grantees and collaborators to contribute to the evidence base around maternal health. And that can sometimes look like publications that are behind paywalls or even if they are open access, they are lengthy and technical and sort of hard to digest. And so one of the public goods that we create coming out of our initiative is really a curation and the synthesis of that information so that folks have it in a way where it's easily digestible, kind of ready to act.

Kristin - 00:07:30:

Yeah, that's a really good model. And I saw that one of your United States investments was in Black Mamas Matter Alliance. I wondered if you'd tell us a bit about that and other current US initiatives.

Jacque - 00:07:46:

Well, we've been longtime supporters of the Black Mamas Matter Alliance. We have been a supporter of Black Maternal Health Week, as well as a supporter of their technical conference, I think, since it began, although that team will keep me honest to make sure that that is accurate. And the leaders at Black Mamas Matter Alliance have also been the lead grantee on our Safer Childbirth Cities work happening in the Atlanta area where their organization is based. So we have been working to collaborate and support their work, both at a national level, at a regional level, and then at a very specific city place based level around their connections in Atlanta.

Kristin - 00:08:38:

Thank you. And could you tell us a bit more about the Safer Childbirth Cities Initiative and that involves community based organizations?

Jacque - 00:08:46:

Sure, I'd be happy too. And the Safer Childbirth Cities Initiative as a whole was launched just before I joined the Merck for Mothers team. And so, back in the end of 2018, our company issued an open call for proposals that went out across the country specifically looking for solutions that were sort of almost hyper local, based at the city level, working to understand local data, what was happening locally related to racial and ethnic disparities, specifically in maternal health outcomes, and then offered a very exciting and generous amount of \$1 million per project. Over the course of three years, some have stretched to four, with delays and changes that we experienced as a society coming out of the pandemic. The grants that we have supported through the Safer Childbirth Cities Initiative have really focused on the coalition based model of bringing together all of the folks at a local geographic level who are interacting with people who are pregnant. Or after delivery and working to have those folks come together and really create an action plan and understand what's happening locally, understand how they may be able to work together even better to better serve the needs of the people that they were trying to reach. We've been really fortunate, Kristin, that we've been able to do two rounds of grant making so far through the Safer Childbirth Cities Initiative. So we're supporting efforts that are happening in 20 cities across the US. All of those cities with high maternal mortality ratios, all of those cities with some documented challenges around racial and ethnic disparities in maternal health outcomes and all of those cities with political will, energy and enthusiasm to address those issues. And so, because it's a hyper local initiative that's focused at the city level, what's happening in different geographies all looks a little bit different. So, for example, we're supporting work in

Washington, DC. That is very focused at the nexus of understanding addressing gaps in maternal health care, as well as addressing gaps that those same people are experiencing related to housing support or being able to be in safe, happy, healthy housing. We have an initiative that we're supporting here in Philadelphia where the focus is really around community action connected to that nexus between cardiac health and maternal health based on some of the challenges we see here in the Philadelphia area where I live.

Kristin - 00:11:56:

Thank you. And how's that been going with community led work?

Jacque - 00:12:01:

The community led work is going incredibly well. We have been so excited by the response, some of it planned, some of it unintended, some of it hoped for, that the community driven work has created. We're seeing real changes where folks are no longer having to ask for a seat at the table in these important conversations that are happening locally at a city or even at a state level. We're seeing shifts in how all of that work is done. We're seeing the community leaders being asked, can they convene the meeting and who should be at the table? And what are other ways that we can make sure that this work is informed by the community that we're trying to support? How else can we share this information back into the community? So I'm excited about all of those changes that we're seeing because I think some of these shifts are tied to what I hope will be sustainable changes in the way we do this work. So it's really important to us, especially as a funder in this space, to think strategically about how our funding can be catalytic for longer term changes, because we never want to be the kind of funder where we're dropping in and supporting a grant based initiative and then moving away. We're always trying to think about how our support can be. I like to think of it as our support being the first catalytic knocking down of a domino in a series of events that we hope will happen following that. So I'm excited about the shifts that we're starting to see around an openness and a true engagement around community led work.

Kristin - 00:14:16:

That's fantastic. And it must be so exciting to be able to actively support that paradigm shift, which is radical, unfortunately, and so wonderful leadership.

Jacque - 00:14:37:

It's our hope. It's our hope.

Kristin - 00:14:39:

And so another success story is the HEAR HER Campaign. Would you share about that?

Jacque - 00:14:46:

Oh, sure, Kristin. The CDC's HEAR HER Campaign is an initiative that we're incredibly proud to be a supporter of. And our engagement with the HEAR HER Campaign, which is focused on the recognition of maternal warning signs around pregnancy and childbirth, goes back many, many years, related to our approach in the US. And so I'll tell you a story. So, a number of years ago, and as I shared our approach to grant making and sort of crafting, our strategy is very steeped in listening and very steeped in consulting with subject matter experts and leaders across the country. So many years ago, back around 2012, 2013. One of the first issues that was surfaced where support from Merck for Mothers would be able to make a distinctive difference was around understanding challenges related to information that people who are pregnant receive right after delivery before they're discharged from a hospital. And so we entered into a strategic collaboration with Awan, the association of Women's Health Obstetric and Neonatal Nurses, where they started with some formative research to understand in a couple of states across the US. What does discharge education look like. And through that research, they learned that in some places it looked like one page of information, in other places it looked like 45 pages of information that were given to people who had just delivered and were getting ready to head home with new baby for the first time. They also were able to identify differences among knowledge and skills across nurse educators who were delivering that discharge education encounter following delivery. And so what that then led them to do was create the POST-BIRTH Warning Signs education course, which was well researched, evidence based, tested, improved. It's now happening across 17 states across the US. Which is so exciting. So regardless of where someone delivers the information that they receive in that discharge encounter, the piece of paper that they walk away with, the conversation that they have with the nurse educator should be the same, which is all part of our approach around standardizing quality of care, around pregnancy and childbirth. We're really proud of that initiative. But we also learned over time that initiatives like that also need ecosystem support, meaning they need sort of support that's happening out in the general public or out in other types of healthcare providers who are interacting with people who are pregnant. So back in 2019, when I joined the Merck for Mothers initiative, I was given a challenge by our leader, Dr. Mary-Ann Etiebet, to craft a health communications campaign at a national level in the US. That would focus on the recognition of those warning signs that something could potentially be going wrong in the postnatal period. I quickly learned in conversations with our lawyers that if the campaign were coming from us, it would be limited in what we would be able to say. Our organization, we are not healthcare providers, we're not sending out technical information. So we do all of our work through grant making and strategic collaborations. And so I, through a number of conversations, was able to land on a solution that we were excited about through funding that we channeled to the CDC Foundation in order to support folks from the

CDC and the division. Of reproductive health for the creation of a national communications campaign related to the recognition of those critical warning signs that has become the HEAR HER Campaign. And what makes me really excited about that campaign, there's a number of things, but in particular it created messages for people who are pregnant or recently delivered for anyone in that person's support system. So not only should the person who just recently delivered be able to recognize these warning signs, but everyone who is around them and caring for them in that period of time should be able to also make those connections. And then the third piece of the campaign that we're really proud of is the focus on healthcare providers. But not just the healthcare providers who care for people who are pregnant or postpartum in OB-GYN visits for any healthcare provider who may interact with a person who is pregnant or recently delivered. So that could be someone in a pediatric practice, that could be someone who's working in an emergency department. It could even be really anyone in the healthcare system who knows to ask the critical question if someone was recently pregnant, if they are showing a number of different signs and symptoms.

Kristin - 00:20:40:

That's fantastic. Especially, I mean, I think a lot about autonomy and how to actively promote that and doing that with a village, whoever your supports are and whoever is in contact with you. And that has a lot of implications for offering materials like that. And as you said, for equipping people to educate the family. That means looking at them and structuring within the inpatient encounters for comprehension and for information and for clarity. So thank you for that.

Jacque - 00:21:20:

Yeah, and really thanks to the team at the CDC. I mean, the materials have all been designed and collaborators who have been supporting the campaign across the country. The materials have really focused not only on language translation, but also on health literacy and how to get the concepts across in a way where people will understand, receive the information and make it their own. Which also leads me to another really important part of that campaign, which is the cultural adaptation of the campaign and people really being able to see themselves in the images associated with the campaign, in the materials, in the language that has been used in the campaign. So we're really proud of that as well.

Kristin - 00:22:15:

It's been really fun being a part of the fourth trimester project at UNC and we have an active collaboration with the HEAR HER Campaign to disseminate across rural parts of North Carolina. In addition to we have a website, [newmomhealth.com](http://newmomhealth.com), and then it has HEAR HER, but we have billboards and radio ads so that it's clear. It's sort of

unfortunate that the space that we're at is talking about believing women and to spread responsibility for safety and well being across. But clearly it's foundational.

Jacque - 00:22:55:

Absolutely. And thank you for the partnership. And because of collaborations like that, because of the digital billboards that have been created because of the signage and the radio announcements that are getting out into all sorts of communities across the US. We know that the messages from that campaign have reached almost 100 million folks across the country. And there's been almost 2 million visitors to the campaign website, specifically clicking on additional information on the website, downloading materials, downloading things that they can print off and discuss with their family. So it's very exciting to see the impact of all of that.

Kristin - 00:23:47:

Especially I Would think, with the shift to recognition of the importance of postpartum and that's a clear part of the continuum of reproductive life, but especially when we think about maternal mortality.

Jacque - 00:24:04:

Absolutely.

Kristin - 00:24:05:

And so making sure that we continue to see and love and actively support birthing people as they heal and recover and take care of themselves.

Jacque - 00:24:20:

Absolutely. And we know, not only from looking at national trend data that shows us that many of the complications and even some of the unfortunate deaths happening across the US. Are taking place in that period, which has really helped us, I think, bring more attention to the need to, I think, really redefine and reimagine what postnatal care looks like in the US. And there's been a lot of heart behind and a lot of movement around extending particularly Medicaid coverage and other types of care coverage for people who are pregnant up through that twelve month mark after labor and delivery, so that people have access to more care during that time. But I'm excited to see, Kristin, what's going to happen in the coming years around working collectively across the country to help define what good looks like for care during that time. It's great that we have the coverage. It's great that we have the attention. Now, what do people actually need from



their health care providers, from other support systems around them during that period of time, so that we can really almost, I think, shift social norms across the US. Around how we care for people who are pregnant in that critical time?

Kristin - 00:26:01:

Jumping out of my chair, and I just want a really helpful framework for us, has been learning from Dr. Monica McLemore about a framework for health equity to retrofit reform and reimagine. And so when I hear the reimagine and we have to have a vision to make it so. And then there are lots of ways to operationalize it and words that work. There are so many pockets of goodness and competence and appropriate structure, and that's what we want to do is shine a light on those and grow and build on the strengths that are there but too little, too late for so many and disproportionately so.

Jacque - 00:26:46:

I totally agree and I think that taking what I would define as an assets based or a strengths based approach to that really important redesign and reimagination work is what is most urgently needed because I think you're right, we do have, to use your words, pockets of goodness. We have examples where things are working well, where people feel supported and cared for, where health providers feel supported and cared for, where sort of the system is working in a way that is more supportive to all and particularly more supportive to the people who are most impacted. And I'm really grateful for the opportunity to support some of that work. Back to the Safer Childbirth Cities Initiative that we were speaking about earlier. There's examples coming out of work that we're supporting in Camden, New Jersey, around getting people access to prenatal care sooner once they have a pregnancy diagnosis in a supportive way that is connecting them to care that is welcoming and open and ready to receive them. We have examples coming out of Norfolk, Virginia, or Baltimore, Maryland around fully integrating in a supportive way not only health screenings around pregnancy and childbirth, but really important screening tools around other social needs. That a person who is pregnant. And the family that they're caring for may also be experiencing so that they can have those needs met all at the same time, all during the same encounter in a way that feels supportive and in a way that feels welcoming, which is so important.

Kristin - 00:28:50:

Yeah, that's exciting, especially with addressing social needs because we are all whole people. And it's interesting because I was in a space and the phrasing was that in cases of SDoH positive, like as if it were a disease, to be a real human in the world and to have complexity in our lives. And so I think that strength based programs, research and also recognizing that in people and building on what is working well and I think we have been asking that you can structure that in. And then if our goal and I think that that's why it's great that we sort of opened around the goal of safe, quality, respectful care. If

our goal is to connect people with resources, then we can make sure to lead with that. I think we can critically assess the role of screening in that story so that we can be transparent with what's available and really try to get to that normalization and connecting people. So I will be looking to lessons learned in your accessible formats for that pioneering work. Because like you, I'm so excited about shifting the norm in the standard, having structures for accountability around that.

Jacque - 00:30:22:

See what we can accomplish.

Kristin - 00:30:26:

Especially when you're mentioning these examples of coming out in very diverse settings. Is there organizing framework for health equity that Merck thinks about?

Jacque - 00:30:39:

Yeah, thanks for that question. Our Maternal Health Initiative through Merck for Mothers sits within a wider office of social business innovation at the company. And one of our main charges is really around advancing health equity. And actually one of our company's twelve public goals around ESG and corporate responsibility is around reducing unmet medical needs for underserved populations. As part of our overall goal to advance health equity. So we are very proud to have our initiatives sit within that frame of advancing health equity. And it really goes back to, from my perspective, what we were talking about earlier around having your work and your strategy be driven by the needs, hopes and desires of the people most impacted by the challenge. And so what that looks like for us across Merck, for mothers. In addition to the deep listening that I mentioned earlier, it also shows up as working to create more sustainable systems of accountability for that important feedback from people who are pregnant, from people who are being served by systems in order to get that important feedback to those who are making decisions about what moves forward, what is reinforced. And so we're really proud to support work that's happening at that level across the US. But also in our global work as well. We're a proud supporter of the global White Ribbon Alliance and their global campaign around it initially started as What Women Want. They've branched off and had other campaigns that we've also supported around what do midwives want from the health care system. They're getting ready to launch broader campaigns as well about what do folks want and need around pregnancy and childbirth, around care. And the number one demand that has surfaced from all of those campaigns is really around dignity and respect. Going back to something that you mentioned, Kristin, around the humanity that exists within all of us and having a health care system that recognizes that humanity and celebrates it and celebrates the connection that we have between people in order to create healthier, more respectful encounters that also address health needs. So I'm really excited to be able to continue

to support that work. And in fact, again, thinking about our work globally, we just were able to support the launch of a respectful maternity care training module that is now scaling up digitally across the country, that is focused on helping health providers recognize sort of those key ingredients around, layering in respect and dignity into their encounters and all of their interactions.

Kristin - 00:34:22:

Wow. It's human rights? In regards to reproduction and that's been so excited to use the framework of reproductive justice, which is the merging of those because that's what we're talking about is dignity, autonomy, the ability to navigate and be informed. And so when that is at the foreground, then everything else flows from that.

Jacque - 00:34:52:

I agree. I think we're also frankly, I also think in some ways we're talking about the propagation of our species and the continuation of life and sort of how we as a species sorry, as a scientist at heart, I go back to my biology, but as a species, how we care for each other and how we care for each other at those critical moments in time where we are adding to our numbers and adding sort of the next generation into our families, into our communities. I think the importance of that is really interrogating, the question of not what just helps us to survive, welcoming those new members of our species, welcoming new members of our families and our communities. But what helps elevate everyone's health and well being in those encounters and really gets us to a place where we have healthier communities and healthier society.

Kristin - 00:36:02:

Survive and thrive.

Jacque - 00:36:04:

Yeah. And beyond that, flourish. Right? Let's get to that place.

Kristin - 00:36:12:

Dr. Alison Stuebe and I recently wrote about systems of care needing to be non harmful, accommodating. And then our goal is to be uplifting other people as a protagonist in their own stories and to celebrate that. And it's such an immense opportunity to do that.

Jacque - 00:36:36:

Thank you. Thank you for that work and thank you for framing it in that way, because I think that really is the opportunity that we have here, or at least that's the system that I want to leave behind for my family and for those behind me.

Kristin - 00:36:53:

And so, to wrap up, do you have and I mean, I think you just answered it, but you have reflections on what innovation in maternal health means to you and Merck for Mothers.

Jacque - 00:37:07:

I do. And I have the benefit of some years and some gray hairs under my belt now in thinking about being part of the maternal health community here in the US and globally for a couple of decades now. And I think that the real innovation, to my mind, Kristin, comes from shifting how we do the work. I think we'll always need additional evidence around what works and why and what facilitated it and what were the barriers to that. But the issue that we are solving for is a long standing one and the challenges that need to be addressed in a lot of ways we have those answers around what do people need to have care that is clinically sound as well as care that is safe and respectful and uplifting, to use your word, around pregnancy and childbirth. And where I think the true innovation is needed, at least here in the US. Is around how we deliver that every single visit for every single person, every single time. And so to me, the call for innovation is around how we get that work done and how we do that in a way that is supportive and inclusive and engaged and continues to be informed by the people who are most impacted by the folks who are underserved or maybe disconnected from those systems.

Kristin - 00:38:50:

The will to change, and then the structure to make it so and to equip people. And I think it's not like do better. Right. We need to, as you identify, model what quality looks like and practice that and be assessed for that.

Jacque - 00:39:11:

Totally agree.

Kristin - 00:39:12:

Resources directed to strengthening it. Right? Accountability, I think, is not a punitive thing. Right?

Jacque - 00:39:19:

Right.

Kristin - 00:39:20:

For continual action, a cycle to respectful care as coming.

Jacque - 00:39:26:

Yeah, absolutely. And I think that would be really exciting to see across the US. Right? Accountability that is not powered by punitive actions, but is powered by celebrating what the good looks like in the places where things are going well.

Kristin - 00:39:47:

In honesty. Yeah.

Jacque - 00:39:49:

And using that to sort of create a snowball of more and more of that.

Kristin - 00:39:55:

Thank you. Are there other things from Merck? And I know there are many other programs in maternal mortality review committees, Mamas Voices, which you talked about, and so we're not going to walk through them all, but are there any other things you'd like to highlight right now?

Jacque - 00:40:13:

We're so fortunate to have collaborations and grants now with more than 200 different organizations around the globe, and it's such a privilege and an honor to be able to support their work and help uplift the solutions that they are advancing. I would just encourage folks to, if you're interested in learning more, to visit our Initiatives website@merckformothers.com in the US and Canada. Outside of the US and Canada, our company is known as MSD, and so our initiative is called MSD for mothers in those locations. So if you have any listeners outside of the US and Canada, they should go to msdformothers.com.

Kristin - 00:41:04:

Thank you very much.

Jacque - 00:41:06:

Thank you. Thank you for having me, and really thank you for all the work that you lead. It's great to be in conversation with you and as you said, hopefully the first of many more conversations we can have together.

Kristin - 00:41:21:

Thank you, Jacque, for taking the time to join us today to share your experiences. And thank you all for listening. For more podcasts, videos, blogs and maternal health content, visit the Maternal Health Learning and Innovation Center website at [maternalhealthlearning.org](https://maternalhealthlearning.org). We want to hear from you. Tell us what you want to hear more of review our podcast and share. Be sure that you're subscribed now so you're notified of season three coming later this year. Let's keep talking. Tag us in your post using #MaternalHealthInnovation. I'm Dr. Kristin Tully, and we'll talk with you again on the Maternal Health Innovation podcast.

Host- 00:42:07:

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