At A Glance: Priority Health Outcomes

Maternal and Infant Health

The 2025-2028 Delaware State Health Improvement Plan (SHIP) utilized insights from the 2022-2023 Delaware State Health Assessment (SHA) to identify five key health priorities based on health disparities throughout the state. The five priorities include chronic disease, mental health, maternal health, premature death, and avoidable injury. The SHIP breaks down the maternal health priority into goals focused on reducing adverse maternal and infant health outcomes and on improving access to maternal health care. This edition of the *At A Glance* series aims to understand maternal health public health concerns in Delaware, following a conversation with Erica Allen, Executive Director and Founder of Do Care Doula Foundation Inc.

Maternal mortality is a strong indicator of the quality of maternal health services in the state, reflecting accessibility and services available. (America's Health Rankings [AHR], 2022). Delaware ranks 15th in the United States and its territories for maternal mortality (AHR, 2022). The rate of maternal mortality in Delaware is lower than the national average. In 2022, Delaware's maternal mortality rate was 18.9 deaths per 100,000 compared to the national average of 23.2 deaths per 100,000 (AHR, 2022). Delaware also ranks 38th in the United States and its territories for infant mortality rate. The infant mortality rate is a crucial indicator of a community's health, reflecting socioeconomic factors and identifying high-risk populations. The infant mortality rate in 2024 was 6.1 deaths per 1,000 live births (Kaiser Family Foundation [KFF], 2025). This trend has declined over the past few years. In 2022, the infant mortality rate in Delaware was 7.5 per 1,000 live births, which was higher than the national average of 5.6 per 1,000 live births (Osterman, 2025).

In Delaware, maternal and infant health is heavily influenced by race. Black Delawareans often face the poorest health outcomes in maternal and infant health compared to other races. For example, the rate of preterm births in Black Delawareans is 13.4 preterm births per 1,000 live births compared to White Delawareans' preterm birth rate, which is 9.9 preterm births per 1,000 live births (Osterman, 2025). The infant mortality rate among babies born to Black birthing

parents is 1.4 times the rate for the state overall. The infant mortality rate for Black infants is 10.6 deaths per 1,000 live births compared to 3.9 deaths per 1,000 live births for White infants (Hoyert, 2024). The percentage of infants born at a low birthweight (defined as less than 5 pounds, 8 ounces) for infants that are Black (14%) is double that of infants that are White (7%) (KFF, 2024). Despite only accounting for 28% of live births, Black women in Delaware represented 78% of pregnancy-related deaths from 2017 to 2021 (Perez-Gonzalez, 2024). The significant racial disparities present in preterm births, infant mortality, and maternal mortality highlight the need to improve Delaware's maternal health care access, quality, and support systems.

Allen emphasized that educating the community on improving maternal and infant health remains a must. More programs should be implemented to support new and expectant parents. Additionally, more strategies should be implemented to reduce the racial gaps present in maternal and infant health. In Delaware, organizations such as Do Care Doula Foundation Inc. and Black Mothers in Power are actively working to reduce Black maternal health disparities through community outreach, education, and support services. Health systems, such as ChristianaCare, have begun engaging with local communities through advisory boards and patient councils to better understand the needs of birthing individuals and to improve outcomes. Policy efforts, such as Medicaid reimbursement for doula services, represent an important step toward expanding access to culturally competent care (Delaware General Assembly, 2023). However, Allen affirms that more needs to be done to increase access to early prenatal appointments, especially in underserved areas such as Kent and Sussex counties, and to recruit and retain a more racially and culturally diverse group of health care providers. Continued investment, funding, and accountability in maternal health care programs are essential to ensure equitable and high-quality care for all Delaware families. By strengthening community partnerships, investing in equitable care, and addressing systemic barriers, Delaware can create a maternal health care system where every parent and child has the opportunity to thrive.

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Delaware SHIP Stakeholder Interview with Dr. Alexandra Wynn, Elena Lynn, and Erica Allen, Executive Director, Do Care Doula Foundation Inc.

Q: Please introduce yourself, your position, and how long you've worked there.

Erica Allen: My name is Erica Allen. I'm the Executive Director and Founder of *Do Care Doula*, a 501(c)(3) nonprofit focused on decreasing Black and Brown maternal health disparities. We also provide community outreach for all. I founded the organization in 2021.

Q: What is your overall impression of the current state of maternal and infant health in Delaware?

Erica Allen: From what I've seen, it's not doing well and not getting better. When I started in 2021, the data showed Black women were 2 to 3 times more likely to experience negative outcomes related to pregnancy, birth, and postpartum. Now it's 3 to 4 times. That shows things are worsening. And that's just based on reported data; many experiences go unreported, which leads to poorer outcomes.

Q: What are the main barriers that Black and Brown Delaware residents face when seeking maternal and infant health care?

Erica Allen: One major issue is that we have a maternal health care desert. Many providers are leaving practice. When I had my youngest in 2023, my doctor, who was a Black woman, left during my pregnancy, and I had to switch to someone new. Access to early prenatal care is also limited. Some hospital systems are working to improve early access, but it depends on where you live. In Kent County, it can take 12 weeks or more to get your first prenatal appointment. There's a big push for early care, but if you can't get an appointment, what can you do?

Q: Could you talk more about how providers leaving mid-pregnancy affects continuity of care?

Erica Allen: It's definitely a challenge. I was lucky to get another Black provider in the same office, but it was still a disruption. Some people lose their provider entirely when offices close or when providers stop practicing maternal health care. Then they have to start over as new patients, which means long wait times. Restarting care halfway through a pregnancy can be very stressful.

Q: Do you think Delaware has good racial and cultural representation among providers, or is that another area for improvement?

Erica Allen: It definitely needs improvement. I'd love to see a stronger effort to bring more providers of color to Delaware, especially to Kent County. There's more access in New Castle

County, but Dover and Kent are underfunded and under-resourced. Sussex is likely even worse. Increasing the number of providers of color is crucial.

Q: What are some strengths of Delaware's maternal and infant health system?

Erica Allen: ChristianaCare is doing meaningful work. I sit on several of their advisory boards, including a preeclampsia work group. They actively seek community feedback through patient councils and collaborations with birth workers. They're not perfect, but they're listening, which is key. Other hospital systems could learn from that approach. You can't truly know what's going on without talking to the community.

Q: A call to action for others?

Erica Allen: Exactly. These systems have the resources; now they need to take action. Community workgroups show that you care and create actionable steps. Without that, it doesn't seem like there's real interest.

Q: What would you say are the most significant challenges in maternal and infant health?

Erica Allen: Bias and ego. I'm a nurse, and I've seen the hierarchy in health care. Too often, women aren't listened to. For example, during my own birth experience, I said I could feel the baby coming down, but I was brushed off until the baby was literally crowning. That kind of dismissal is dangerous. The same happens with symptoms like headaches or high blood pressure. Patients are told it's "normal" when it's not normal for *them*. Providers need to listen and take people seriously. I was persistent, but many people aren't as comfortable pushing back. There's bias in medical education, too. Some nursing textbooks still include stereotypes, saying Black women don't eat healthy or exercise, for example. That's harmful and inaccurate. We need to review and remove those biases from textbooks. Students who don't have experience with people of color may internalize those stereotypes as fact. There should also be required continuing education on racism, something interactive that tests comprehension, not just a click-through course.

Q: How accessible are prenatal and postnatal care services in Delaware, especially for underserved communities?

Erica Allen: Access is limited, both prenatal and postpartum. Some people avoid care because of past negative experiences or transportation barriers. That lack of access is a major issue.

Q: What's being done to address health equity and reduce Delaware's maternal and infant health disparities?

Erica Allen: ChristianaCare has set a strong example through their community collaborations. Organizations like mine, *Do Care Doula*, and *Black Mothers in Power* are also doing

on-the-ground work. Representative Melissa Minor-Brown has been instrumental in policy changes, like establishing Medicaid reimbursement for doulas. Private insurance is expected to follow soon.

Q: Are there current programs or interventions improving maternal-infant health outcomes?

Erica Allen: Yes. Programs like *Cribs for Kids* provide safe sleeping spaces, and some insurance companies offer *Mom's Meals* or diaper support. These reduce stress for new parents. At *Do Care Doula*, we run a food bank and host maternal health support groups to help families access resources and build community.

Q: Looking ahead, what are your hopes for the future of maternal and infant health in Delaware?

Erica Allen: I hope to see the disparity shrink and eventually disappear. Negative outcomes are often blamed on individuals, saying we don't seek care or are genetically predisposed, but most are preventable and tied to provider response and bias. We need better provider education, accountability, and follow-up when incidents occur. Education for birthing people is also key. More free childbirth preparation would make a big difference.

Q: For our final question, is there anything else you'd like to add?

Erica Allen: Funding is a major concern. Support for organizations working in Black and Brown maternal health has decreased. We need to fund programs that directly support these communities. Thank you for having me. These conversations are important, and we have to keep doing the work.