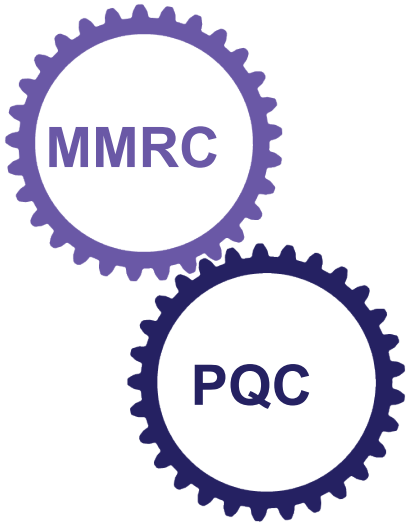


PA PQC

Pennsylvania Perinatal Quality Collaborative

PA PQC Virtual Session

September 9, 2026

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.0 hours are approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the **Association of Social Work Boards' (ASWB)** Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.0 continuing education credits**.

Disclosures

No members of the planning committee, speakers, presenters, authors, content reviewers and/or anyone else in a position to control the content of this education activity **have relevant financial relationships** with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.

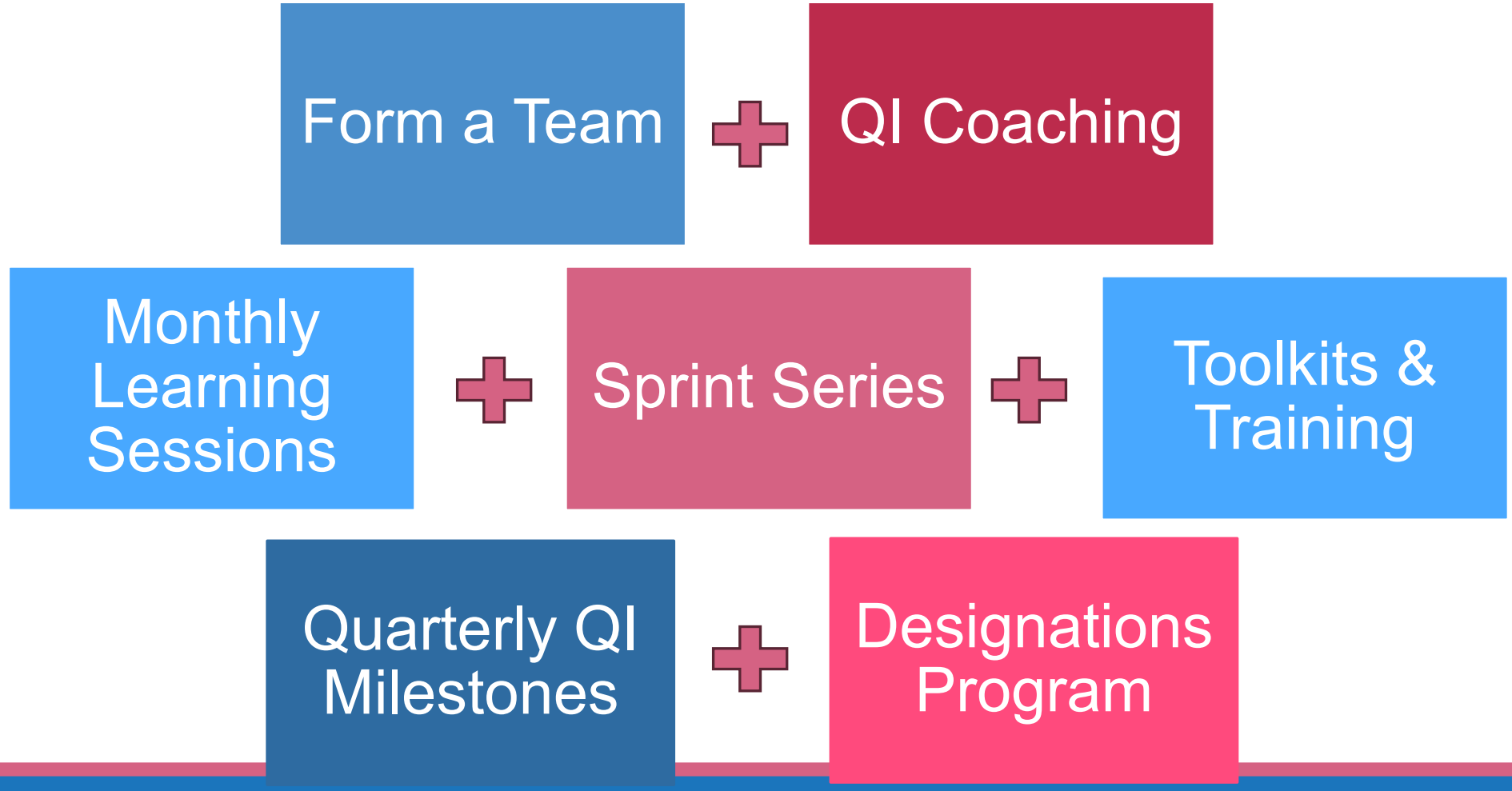
Disclaimer

The information presented at this Center for Continuing Education in Health Sciences program **represents the views and opinions of the individual presenters**, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or Affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses and any off-label uses.

Learning Objectives

- Identify services and communication strategies for different populations based on cultural and linguistic needs
- Describe approaches for effective partnerships with community-based organizations for delivering cultural and linguistically responsive services

PA PQC: Supporting Your QI Efforts



Agenda

1. **Welcome – Jennifer Condel**, SCT(ASCP)MT, Senior Program Manager, Perinatal Health, Jewish Healthcare Foundation
2. **Overview: Language Barriers within Perinatal Health Care – Hadar Re'em**, MPH, MSW, Program Associate and PA PQC QI Coach, Jewish Healthcare Foundation
3. **Community Spotlights Panelists:**
   - **Taigette Rodriguez-Escalante**
     Maternal Program Specialist / Lansdale Site Coordinator ACLAMO
   - **Mony Salas**
     Health Promotion and Wellness Manager, ACLAMO
   - **Aya Attal**
     Family Health Services Supervisor, Hello Neighbor, Birth & Bereavement Doula
   - **Maria Camila Arbelaez**
     Thrive Study Lead Research Coordinator, Circles Collaborative
4. **Facilitated Discussion & Questions – Hadar Re'em,** MPH, MSW, Program Associate and PA PQC QI Coach
5. **Wrap-up & Next Steps – Lisa Boyd,** BA, Data Manager and QI Coach , Jewish Healthcare Foundation

Overview: Language Barriers within Perinatal Health Care

HADAR RE'EM, PROGRAM ASSOCIATE AND PA PQC QI COACH, JEWISH HEALTHCARE FOUNDATION

Care Beyond the Clinical

Addressing language barriers is one element of respectful maternity care.

The reality

- Culturally congruent care recognizes the **interconnectedness of language and culture**, and how this intersection may play out in a clinical setting.
- Trauma-informed care acknowledges that **communication** mechanisms and delivery **can be retraumatizing**.
- Person-centered care goes **beyond interpretation** services, involves an awareness of the environment, power dynamics, body language, political climate, etc.

Providing Care Beyond the Clinical

Addressing language barriers is one element of respectful maternity care.

Care that is culturally congruent, trauma-informed, and person-centered involves an awareness of and consideration for:

Culturally congruent	Trauma-informed	Person-centered
An individual's beliefs about pregnancy	Safety of patient and their support system/s	Preferences
Family roles	Who is in the room	Health literacy
The birth process	Compassionate	Communication needs
Mental health	Patient feels heard	Values
Other aspects influencing patient experience	Patient feels in control of decision making in their care	Goals

Community Spotlight: ACLAMO

TAIGETTE RODRIGUEZ-ESCALANTE, MATERNAL PROGRAM SPECIALIST / LANSDALE SITE COORDINATOR

MONY SALAS, HEALTH PROMOTION AND WELLNESS MANAGER

When a Mother Is Trying to Access Prenatal Care

Language Access, Trust, and the First Point of Contact

Before We Talk About Language, Think About the Mother

What does it feel like to ask for help when you don't understand the system?

- New to the healthcare system
- Limited English proficiency
- Uninsured or worried about cost
- Unfamiliar with medical terms
- Afraid of being judged
- Unsure where to go or who to ask

The question is not only:
"Did we provide an interpreter?"

The deeper question is:
"Did this mother actually understand what to do next?"

See the Hospital Through Her Eyes

Imagine this.

You are pregnant. You don't speak English well. You don't have insurance. You don't know how prenatal care works here, whether the hospital will charge you, or what paperwork you need.

So you go to the hospital in person — because you don't know who else to call.

"You need to call this number."	"You need insurance."
"You need an appointment."	"Fill this out."

She may leave — not because she doesn't care about her baby, but because the system became a barrier.

The First Contact Can Change Everything

The front desk is not “just the front desk.” For many mothers, that person is the first face of the healthcare system.

That interaction can say
“You are welcome here.”

— or —
“This place is not for you.”

A mother who feels rushed, judged, intimidated, embarrassed, or unable to communicate may not ask another question. She may simply leave.

One difficult interaction can become a missed prenatal visit — and one missed visit can become a missed opportunity for care.

Language Access Is More Than Translation

Translation ≠ Understanding

A document can be translated into Spanish and still be difficult to understand. Some mothers may have:

- Limited formal education
- Limited health literacy or difficulty reading
- No familiarity with medical terminology
- No understanding of how the U.S. system works

"Prenatal care coordination" may mean nothing to someone who has never navigated the system.

"Financial assistance application" may sound complicated — or frightening.

Sometimes the barrier isn't the language itself.
It is the way the information is explained.

When Insurance and Cost Become Another Barrier

“I don't have insurance.” For a pregnant mother, those words can carry enormous fear.

SHE MAY THINK

- “I can't afford the hospital.”
- “They won't see me.”
- “What if they ask me for money?”
- “What if I get a bill I cannot pay?”

SO WE CAN ASK EARLIER

- “Do you have insurance?”
- “Do you have concerns about the cost of your care?”
- “Would you like help understanding your options?”

Fear of cost delays care. Early insurance and financial-assistance screening lets a mother understand her options before fear becomes a reason to wait.

The Barrier Is Not Always the Absence of Services

She doesn't know the services exist.

She doesn't know she qualifies.

She doesn't know who can help her.

She is afraid to ask.

What Actually Helps: Make the System Easier to Enter

1. **Welcome first**
   A respectful greeting reduces fear.

2. **Use qualified language services**
   Never rely on children or untrained people.

3. **Use plain language**
   Short sentences. Common words. Clear steps.

4. **Don't assume understanding**
   Ask her to explain what she'll do next.

5. **Address cost early**
   Screen for insurance and assistance up front.

6. **Explain the next step**
   Who to call, what they help with, what if not.

7. **Connect her to a navigator**
   Someone who can walk the system with her.

Don't just give her information — help her understand what to do with it.

Connection to Community

Hospitals cannot do this alone. Community organizations are the bridge between mother, community, and the healthcare system.

They understand the language, the culture, the fears, and the transportation and insurance barriers — so a mother can move, step by step, from confusion to confidence:

1. "I don't know what to do." **LOST**
2. "I know where to go." **DIRECTED**
3. "I understand what is happening." **INFORMED**
4. **"I feel safe asking for help."** **TRUSTS**

Language access works best when it is connected to trust.

Access Opens the Door. Trust Brings Her Back.

The Goal Is Not Simply to Translate. The goal is to make care understandable, accessible, and welcoming.

BEFORE SHE WALKS OUT, ASK YOURSELF

"Does she know what happens next?"

"Does she know who to call?"

"Does she know what she qualifies for?"

"Would she feel safe coming back?"

Perinatal TIPS

Barriers are easier to remove when we catch them early.

Connect → Communicate → Navigate

Community agencies, providers, language-access professionals, and public health partners each own a step.

No mother should have to choose between protecting her pregnancy and figuring out the healthcare system.

If We Make the First Door Easier to Enter

we have already changed the beginning of her care.

Thank you.

Community Spotlight: Hello Neighbor

AYA ATTAL, FAMILY HEALTH SERVICES SUPERVISOR, HELLO NEIGHBOR, BIRTH & BEREAVEMENT DOULA

Best Practices from Smart Start;

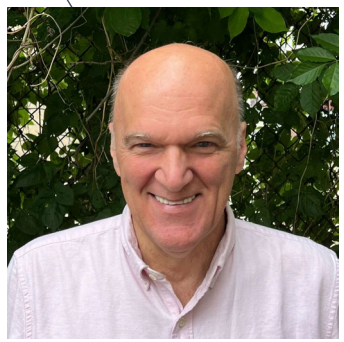
Perinatal Intensive Case Management for Immigrants and Refugees

hello neighbor

Hello Neighbor Programs

Education & Access
Mentorship
Study Buddy
Little Neighbors
ENL Classes
Language Access

Stability & Economic Empowerment
Employment (RSS & MG)
Westmoreland Employment
Program for Initial Resettlement
PC GAPs
Food Security



Family Health & Legal Services
Smart Start
Washington County/Charleroi
Intensive Case Management
Immigration Legal Services

Community Impact
Network COMPACT
Volunteering
Evaluation
Events
Project Management

Three Durable Solutions for Refugees:

- *Voluntary* Repatriation
- Local *integration* into country of first asylum
- Third Country Resettlement

Countries that resettle refugees:

- Australia
- Belgium
- Canada
- Denmark
- Finland
- France
- Germany
- Ireland
- Netherlands
- New Zealand
- Norway
- Switzerland
- United Kingdom
- USA

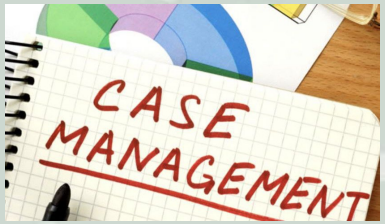
Domestic Resettlement from National to Local

National Resettlement Agencies known as "Volags"

- United States Conference of Catholic Bishops
- world relief
- CWS Church World Service
- International Rescue Committee
- episcopal Migration Ministries
- Bethany Christian Services
- ECDC
- HIAS — Welcome the stranger. Protect the refugee.
- U.S. Committee for Refugees and Immigrants (USCRI)
- Global Refuge

Local Affiliates or "Resettlement Agencies"

Initial Resettlement Services



ORR-Eligible Statuses *(Office of Refugee Resettlement)*

Asylee = ***same*** eligibility as refugee; claim and determination made ***within*** US

Special Immigrant Visa = certain Afghan or Iraqi individuals who assisted the US military or US government and therefore came under ***individual*** threat

Parolee = someone with serious humanitarian need who has been granted a ***temporary*** status in the US until a more permanent solution is found

Examples: Afghan Humanitarian Parole, Ukrainian Humanitarian Parolee, Cuban-Haitian Entrants

Refugee Populations in Pittsburgh

Trauma: Triple Trauma Paradigm

Potentially Traumatic Events

Country of Origin

War, Conflict, Oppression
Forced Labor
Religious Persecution
Gender Based Violence
Torture
Limited access to food, doctors, education, etc…

Migration Journey

Dangerous Border Crossings
At risk for Human Trafficking
Legal Status Barriers
Lack of Safety & Stability
Discrimination/Racism
Unknown future

Resettlement

Lack of agency/choice/control
Family Separation
Discrimination/Racism
Underemployment
Unmet Needs
Traumas continue back home

Forced to repeatedly provide proof of misery

Trauma Unrelated to War/Migration:
Childhood abuse, illness/injuries/accidents/loss

Proving Suffering

Throughout their journey, refugees are forced to prove their worthiness of help by sharing their suffering

"I thought of how my first retelling was in an asylum office in Italy: how merciless that with the sweat and dust of escape still on our brows, we had to turn our ordeal into a good, persuasive story or risk being sent back.
Then, after asylum was secured, we had to relive that story again and again, to earn our place, to calm casual skeptics. Every day of her new life.."

- Dina Nayeri, *The Ungrateful Refugee*

Working with refugees: **what should you know?**

- Cultural Competency + Humility
- Language Access
- Trauma Informed Care

Communication and Practical tips when working with interpreters

Working with interpreters:

- Speak directly with the client, not to the interpreter
- Stop after every few sentences- give the interpreter time to interpret

General communication tips:

- Americans talk fast- SLOW DOWN
- Look at your word choice- is there a clearer way to say it?
- Be careful with colloquialisms, slang etc

Language Access + Language Justice

- Utilize appropriate modalities of interpretation
  - ***DO NOT use children, family members, other patients, etc…***
- Language Interpretation Services (Yes!) vs. ~~***Google Translate***~~
  - Appropriate interpretation is qualified/certified trained interpreters
- AI Translation/AI Interpretation: **No**
- At any point that a client needs communication - interpretation is needed
  - ***Examples***: registration, conversations between English speakers that happen in front of a patient/client
- Clients need to communicate throughout their medical experience
  - Registration, riage, nurses, discharge planning
- Plan ahead for interpretation use
  - **Schedule an in-person interpreter**, if available *(**note**: women-only preferences are typically prioritized over in-person interpreter)*
  - **Additional time**, slower responses
  - Good rule of thumb: **1.5x the time needed**, wherever possible
- **Use 1st Person:** body language, semantics, conversation

Cultural Humility + Competency

Cultural Awareness: Recognizing your own cultural values and biases.

Cultural Sensitivity: Acknowledging cultural differences without judgment.

Cultural Competency: Respecting and effectively engaging with diverse cultures.

Cultural Humility: Being open-minded about others' cultural identities.

Cultural Competemility: Merging humility with competence in cultural understanding and interaction.

Cultural and Linguistically Appropriate Services (CLAS)

CLAS is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve **health equity**. CLAS is about respect and responsiveness:

Respect the *whole* ***individual***

&

Respond to the **individual's** health **needs** and **preferences**.

Smart Start

Smart Start combines birthing expertise with cultural humility, addressing the distinct challenges faced by newer refugees and immigrants. This focused approach enables our team to provide culturally and linguistically tailored support to pregnant clients navigating maternity and infant support systems.

- Baby items: car seats, strollers, double strollers, baby beds, nursing supports, clothes, transportation, etc…
- Pregnancy and newborn care coordination, postpartum support, pregnancy and/or infant loss support as needed
- Facilitating connections to community resources and support items needs for mom and baby
- Working with the birthing person to create a comprehensive labor plan including planning for a doula, childcare, documentation preparation, and discharge assistance
- Culturally-tailored perinatal education regardless of language capacity
- Extended Cultural Orientation for health & pregnancy access
- Appointment accompaniment
- Transportation
- Individualized service plans

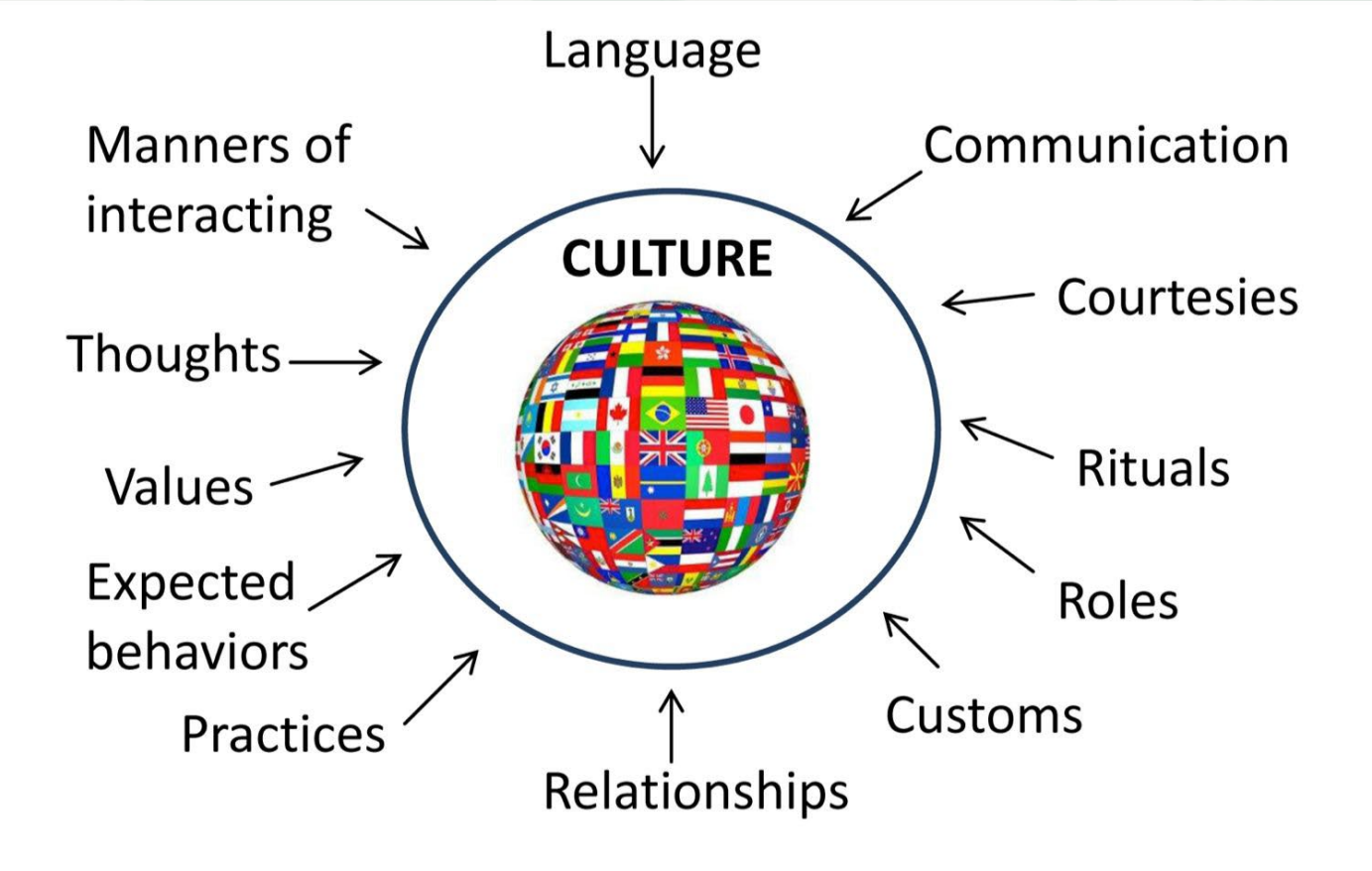
Best Practices

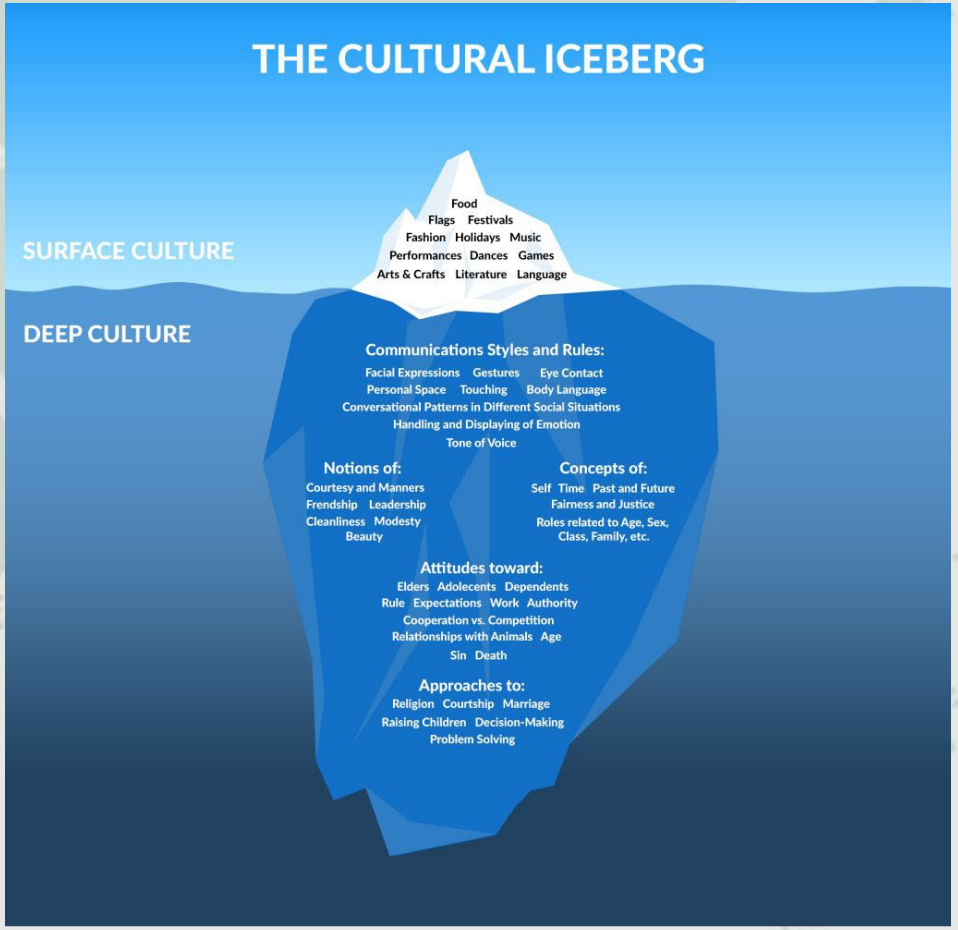
- **Medicine Explanations:** don't assume clients know the medicine
- **Induction:** Don't assume clients know what an induction is
  - Inductions + medical need:
    - *Make sure clients are given informed consent - this can take longer with interpretation*
- **Women-Only Preferences:** what this looks like
- **Differences in historical/familial** knowledge of exams
  - Epidural + Interpretation
  - Internal Exams
- **Modesty Differences**
- **Breastfeeding + Formula**
- **Interpretation:** always on
  - From registration through appointment end
  - From birthing center throughout labor & delivery
  - Turn down volume while waiting
  - Female interpreters: hang on to them when possible
- **LDR + Mother/Baby:** Clients don't have access to OTC all the time, help them access pharmacy

Trauma-informed Practices

- Don’t open a box you don’t know how to close.
  - Be careful about asking about their past, trauma
- Warn about traumatic or sensitive topics/imagery- give people a safe, discrete way to step out if they feel unsafe.
  - Let people know where the exits are
- Make sure they know it’s okay if they need to step out for a little while

Cultural Humility + Competency





Community Spotlight:

MARIA CAMILA ARBELÁEZ SOLANO

THRIVE STUDY LEAD RESEARCH COORDINATOR CIRCLE COLLABORATIVE UNIVERSITY OF PITTSBURGH, DOULA

Birth is a Universal, Sacred Right of Passage

MARIA CAMILA ARBELAEZ

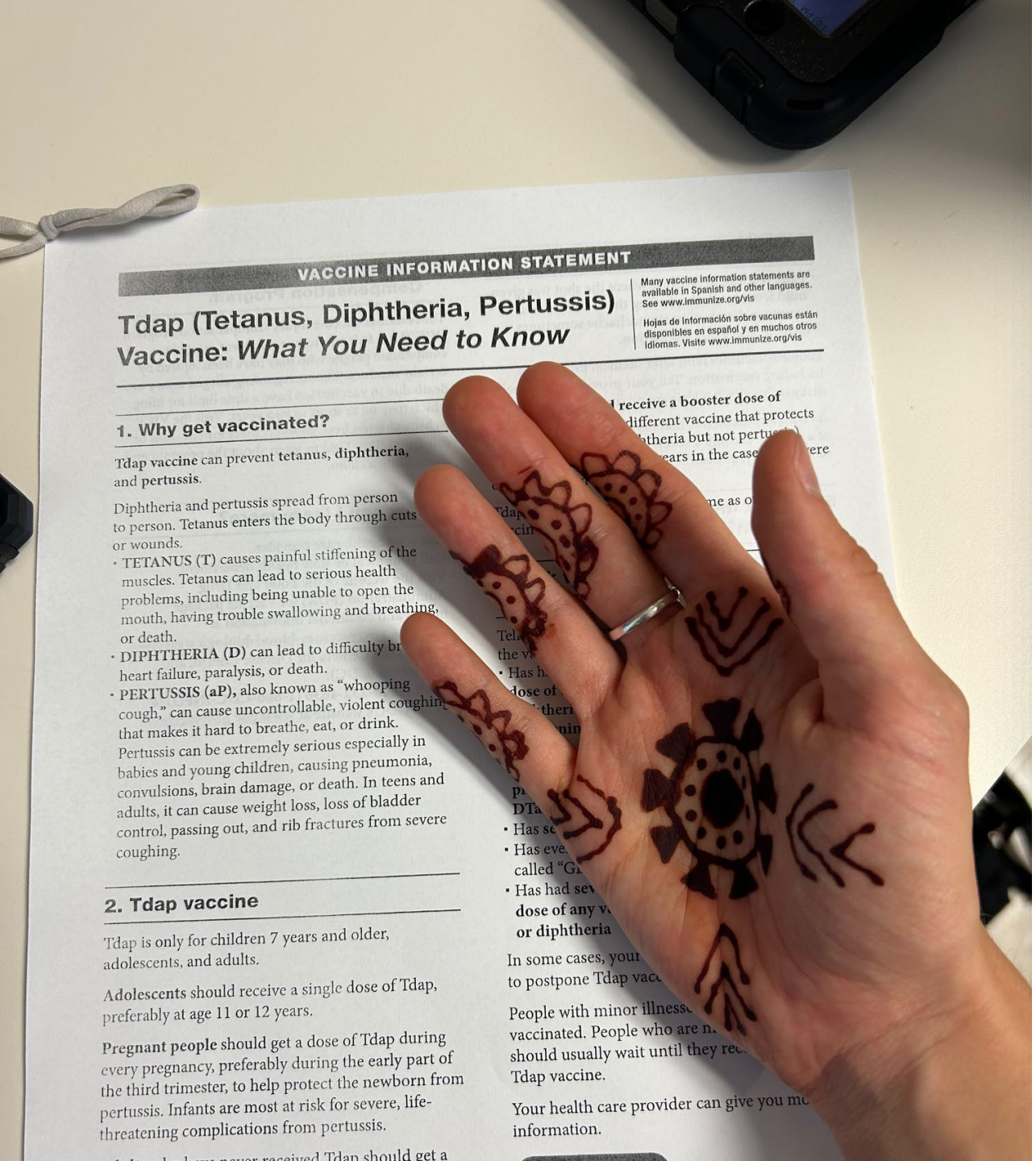
Culture, Language, and History

AND HOW THEY SHAPE AND AFFECT US ALL IN OUR THINKING ABOUT BIRTH, PARENTING, HEALTH AND HEALING, LIFE AND DEATH

Learning through Storytelling

CONSIDER THE FOLLOWING STORIES FROM MOMS NEWLY ARRIVED IN THE UNITED STATES:

A RESPECTFUL, EMPOWERING BIRTH; A DIFFICULT, DISCONNECTED TRAUMATIC BIRTH, AND MOMENTS IN BETWEEN

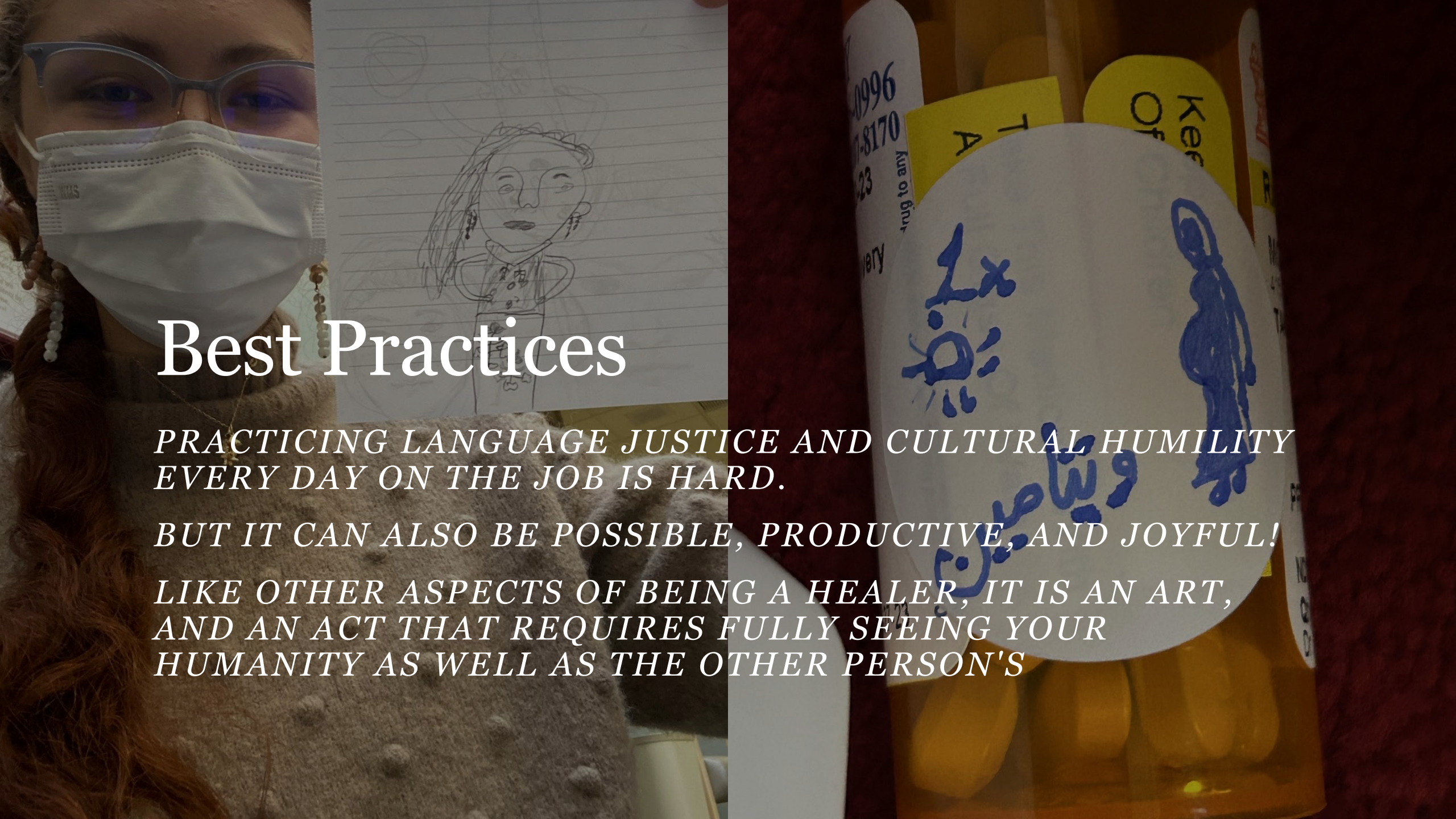


Empowering Collaboration...

SEEING EACH OTHER'S HUMANITY, UNDERSTANDING HOW WE MAKE MEANING

When Language Breaks Down...

ON WHAT CAN DEHUMANIZE US AND MAKE US FORGET OUR CONNECTEDNESS, AND THE SACREDNESS OF BIRTH



Best Practices

PRACTICING LANGUAGE JUSTICE AND CULTURAL HUMILITY EVERY DAY ON THE JOB IS HARD.

BUT IT CAN ALSO BE POSSIBLE, PRODUCTIVE, AND JOYFUL!

LIKE OTHER ASPECTS OF BEING A HEALER, IT IS AN ART, AND AN ACT THAT REQUIRES FULLY SEEING YOUR HUMANITY AS WELL AS THE OTHER PERSON'S

Facilitated Discussion & Questions

HADAR RE'EM, PROGRAM ASSOCIATE AND PA PQC QI COACH, JEWISH HEALTHCARE FOUNDATION

Wrap-Up

LISA BOYD, PA PQC QI COACH & DATA MANAGER, JEWISH HEALTHCARE FOUNDATION

Upcoming Virtual Sessions

OCTOBER 14TH (SPRINT KICK-OFF)

Patient Care Communication

11:00 a.m. – 12:00 p.m.

Zoom

OCTOBER 28 (CHECK-IN #1)

Patient Care Communication

11:00 a.m. – 12:00 p.m.

Zoom

Supplemental Virtual PA PQC:

Postpartum Psychosis: Practical Considerations for the PA PQC

SEPTEMBER 30TH (WEDNESDAY)

1:00 PM – 2:00 PM

Reid Mergler, MD will provide an overview on postpartum psychosis including the warning signs, risk factors, diagnosis, and treatment recommendations. The talk will also highlight other perinatal mental health conditions to consider when treating this population and ways to prevent recurrence in patients.


PA PQC
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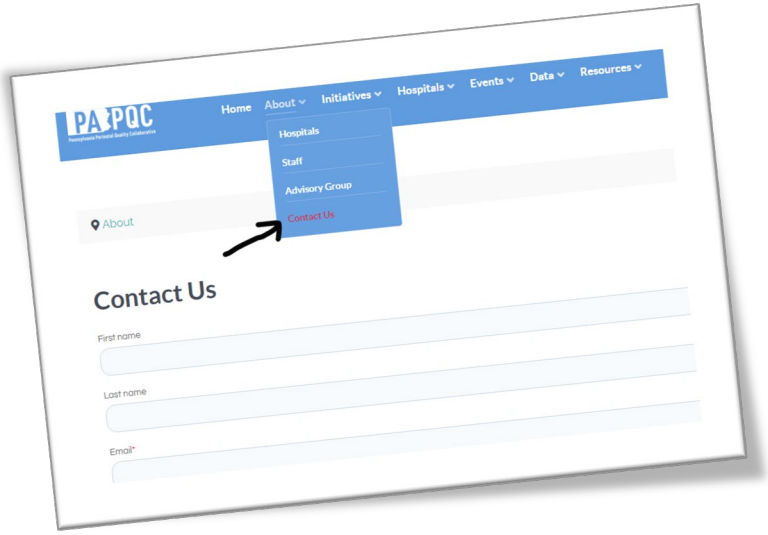
Learn about the Initiatives
Access Session Materials
Pennsylvania Perinatal Quality Collaborative
The PA PQC provides quality improvement support to healthcare teams to improve the standard of care for pregnant and postpartum people and babies.
REGISTER FOR SESSIONS
https://www.papqc.org/

Updated Contact Info.

Upcoming changes to your email address? Haven't heard from us in a while?

- → Please reach out to your coach to provide them updated contact info. for anyone at your site who is involved in the PA PQC.
- → If you haven't gotten a newsletter or PA PQC emails in a while, check to make sure you are subscribed to our newsletter with your updated email address.
- → You can always reach us here



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Credentialing Guidelines:

PLEASE complete the electronic evaluations by Wednesday, September 16th: https://www.surveymonkey.com/r/28WDK65

1. Please indicate on the evaluation which CEUs you are requesting: CME, CNE or Social Worker credits.
2. The UPMC Center for Continuing Education will follow up with you, via email, after Wednesday, September 16th to notify you about how you can claim your credits.
   - ❑ To prepare, we recommend you create an account with UPMC CCE via this website https://cce.upmc.com.

Thank You!

www.papqc.org

papqc@whamglobal.org