Stacey Stewart:
I walk away from tonight's State of the Union address encouraged by President Biden’s and Vice President Harris' commitment to healthy moms and strong babies. We're looking forward to further collaboration with the White House on key issues, including paid medical and family leave, making Medicaid postpartum extension permanent, reauthorizing newborn screenings so we may continue to detect potential conditions before it's too late, and passing Momnibus to close gaps in care and transform the system for the better. We thank President Biden for the message we all just heard and we are energized by the Administration's commitment to the nation's moms and babies.

Ellen Kelsay:
That was Stacey Stewart, President and CEO of March of Dimes. Stacey heads the organization leading the fight for the health of all moms and babies. Stewart came to March of Dimes from United Way Worldwide, most recently serving as U.S. President of United Way, the nation's largest non-profit organization. Stewart spearheaded the transformation of United Way from a pass-through fundraiser to a leading organization for local community impact. Stacy is an experienced leader, having held a number of senior roles including Chief Diversity Officer and Senior Vice President for the Office of Community and Charitable Giving at Fannie Mae, as well as President and Chief Executive Officer for the Fannie Mae Foundation. Stacey's passion for service is baked into her DNA, coming from a family focused on activism and service that she brings with her to the mission of the March of Dimes.

I'm Ellen Kelsey and this is a Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers. Today, I am speaking with Stacey Stewart on the challenges of maternal mortality and the disparities we continue to see and what employers can do to improve the health of moms and babies.

Today's episode is sponsored by Ovia Health, the leading women's and family health solution, striving to make a happy, healthy family possible for everyone. Ovia Health has helped millions of families grow by providing evidence-based coaching, clinical modules, and education to improve maternal health outcomes, reduce health care costs and ensure benefits are not only equitable and inclusive, but are built to support working parents.

Stacey welcome. It's a pleasure to have you join us today.

Stacey Stewart:
Oh, it's great to be with you. Thank you so much.

Ellen Kelsay:
Well, I'd love to start with a little bit about you and orient the audience to who you are and why you got into the field that you're in, and as I understand it, you grew up in the civil rights era of the 1960s and your parents were activists and they were also involved in health care and providers themselves. So, tell us a little bit about your upbringing and how that's influenced the work that you do today.

Stacey Stewart:
I did grow up in Atlanta, Georgia. My parents had been trained as health care providers in different ways. My dad was a physician, a practicing physician for 50 years in Atlanta, went to Morehouse College, and he went to Howard University Medical School, and was originally from Atlanta. My mother was trained as a pharmacist and actually worked early in her career as a pharmacist. Once she got married, she became a stay-at-home mom and then eventually went back into public service later on as we got older, but didn't return to being a pharmacist. But I did grow up in sort of a household that was sort of focused around, where we had lots of conversations around health and health equity, for sure. My father was not only a physician, but he was President of the Atlanta branch of the NAACP during the sixties.

If anyone knows about the Civil Rights Movement, a lot of the services that were provided to civil rights leaders like Dr. King and Reverend Abernathy and so many more, doctors often cared for their health needs, for them and their family. Black lawyers were the ones who provided their legal services and things like that. So, my dad was always very involved in the Civil Rights Movement and kind of instilled in me a belief that it wasn't enough just to have a sort of professional career, but that you always had to be doing something to give back. I also remember growing up and at dinner us talking a lot about health equity and the disparities that existed, in general, but especially around health. My dad was also very involved in desegregating Grady Memorial Hospital during the sixties and then ironically later on in the nineties, I was appointed to the board of Grady and served on that board for seven years.

So that was sort of a nice kind of turn of events within my family. Yes, these issues around health equity were a part of my life when I was early, but I didn't start my career in this space. I went to Georgetown undergrad, then I went to the University of Michigan for business school, and I was pretty much prepared to pursue a career in business and finance. After Michigan, I worked on Wall Street, actually, for several years in New York, and then I worked for a smaller firm back in Atlanta for a couple of years, and then I spent 17 years in my career at Fannie Mae, half of the time in the company in Atlanta and then in Washington, and then another half of that time as President & CEO of the Fannie Mae Foundation in Washington, DC. That was an amazing opportunity and that's where my career sort of shifted from the corporate side of things to really being a leader, especially in the non-profit space and the philanthropic space. Then from the Fannie Mae experience and the Fannie Mae Foundation experience, I left to go join United Way Worldwide. I was the head of global impact for a number of years, and then also for about four years, I became U.S. President of United Way and oversaw the strategic direction of about 1100 U.S. United Ways. As most people I think know, United Way is the largest non-profit in the country. That was an amazing experience to see a non-profit work at different levels of community, especially around the issues of education. I was very involved in health and very involved in financial stability for families. Those were our three main areas of focus. Then from United Way, I came to March of Dimes. So then, coming to March of Dimes really was bringing it back to kind of where I started early in my life around health and health equity, which has been a wonderful way, I think, to spend these last five years of my career focusing know some of the things that my father and my mother used to instill in me early on in my life.

Ellen Kelsay:
That's so impressive. Thank you for walking us through all that and really amazing to hear just how the early days of your upbringing really did kind of plant these seeds and influence throughout your life. You could say that it's in your DNA and you were destined to do what you're today, and just really fascinating to hear about the path that you've been on and where it puts you today, which is really the bulk of the conversation I'm eager to have with you. It really is around maternal and infant health, and sadly mortality. I want to start with the latest report from the National Center for Health Statistics that showed a devastating increase in the number of maternal deaths in 2020, which was the first year of the pandemic. We know that our maternal morbidity and mortality is the highest in the developed world here in the U.S. There is so much more work that we need to do, especially in closing the gap for black women and other women of color. Can you share some of the data about those disparities?

Stacey Stewart:
It is quite disturbing that in the United States of America, we have some of the worst rates around maternal health and infant health as compared to other highly industrialized countries. Our rates of maternal mortality, women that died as a result of pregnancy and childbirth complications, has actually doubled over the past 25 years or so. Just as you mentioned, even in this last year in 2020, the last year we have data for, we saw a significant increase of about 18% in maternal mortality in the United States. We've been experiencing these increases and it's quite disturbing. I think the most important thing about it though, is that it affects many women of different walks of life. It especially affects women of color, disproportionately so. Black women, for example, in this country died a rate of three to four times that of white women. Hispanic women also saw a significant increase in 2020 of their rates of maternal mortality, and also are dying at disproportionately high

rates as well. These are very disturbing outcomes because I think a lot of people believe that in United States of America, we should not be having these issues, that we have enough resources and we're wealthy enough that every woman should not have to experience these kinds of poor outcomes. But the reality is that we are really failing so many moms and so many babies, as well. The other part of the story, and I think it's something that we can't ignore when we talk about maternal health because maternal health has such an impact on infant health, but we have also seen disturbing rates of premature birth, babies that are born too sick and too soon. Now the last report card that the March of Dimes issued around premature birth, we did see a very, very slight decline in premature birth from 10.2 to 10.1%, but the preterm birth weight did not decline for all moms. In fact, for black mothers, the rate actually increased very slightly from about 14.25% to 14.36%, and for American Indian and Alaska native mothers, it also increased slightly from 11.5 to 11.6%. We have a lot of work to do in protecting and preserving the health of moms and babies. What we know is that in order to increase the health of babies, we do need to have healthier moms, the two very much go together. At the March of Dimes, we're very focused on these issues around maternal and infant health, and also very focused on the health inequities that exist across these areas.

Ellen Kelsay:
I was really struck by just the findings of your 2021 report card and the disparities and variation in outcomes for women of color and their infants from state to state. Even here in the United States and across the country, we get a grade of C-, which is pretty subpar to begin with, and many states are well below that. If you could summarize your 2021 report card, what really stood out to you there in terms of those findings, and probably more importantly, what are you all at the March of Dimes doing to try and close those gaps?

Stacey Stewart:
I think, as you mentioned, the report card is something we've issued every year for many years. It has traditionally been focused mostly on premature birth, because obviously that's one of the biggest issues that we work on at the March of Dimes, is really trying to understand more about why babies are born prematurely, the underlying causes of premature birth, and what we can obviously do to prevent it. What we've done over the last couple of years, and every year it gets a little bit better and we add more and more data to it, is we've started to add more information about maternal health, because again we believe that a lot of the reasons why sometimes babies are born prematurely is because of health issues having to do with the mother, maternal health complications that are then impacting the health of the baby. Again, these report cards are really trying to serve as a way to have the conversation and a way to move the needle on public awareness and policy change and the ways in which we improve care for women across the board. It's especially true that we're trying to really underscore the importance of making sure that every mom and every baby is as healthy as possible. Again, the fact that the report card points out these incredible disparities is really quite striking and it's something that we have to pay attention to. We look at the issue of the report card as being something that we hope can actually begin to move the needle on outcomes, especially for women of color and babies of color. When we look at the fact that premature birth in this country actually slightly declined in the past year, but then actually inclined for various groups, it causes us to have to understand what are the issues that are impacting the health of black mothers and black babies or indigenous women and indigenous babies. Those are some of the stark disparities that we hope to try to draw attention to.

I also think it's really important to understand a lot around why these health outcomes are occurring. That a lot of us tend to believe that a lot of these health outcomes are really the result of maybe what happens in the doctor's office or the hospital, but the reality is that our health is primarily determined by how we live. So part of the report card is also looking at what we call social determinants of health, trying to determine the vulnerability of mothers in the communities, whether or not they have access to safe and affordable housing, high quality jobs that offer sufficient income for them to support themselves and their families, whether or not they live in safe neighborhoods. All these things can really impact overall health, and it's especially true that it can impact the health of a woman when she's pregnant, a person when they're pregnant, and certainly after the baby comes in that postpartum period. There's a lot that we're trying to do in the report card, but we think

it's a very valuable resource for people who really want to try to focus on driving change and do so using data and evidence to put in place changes that can be measured over time.

Ellen Kelsay:
I'm speaking with the President and CEO of the March of Dimes, Stacey Stewart. We'll be back right after this.

Ovia Health
As an employer, your workforce is looking at you to support them through ups, downs, and everywhere it matters most, and nothing matters more than family, especially a new addition to a family. But many new parents are struggling with mental health, juggling work and family, staying healthy, and finding the support they need to and through every stage of the family building process. I'm Gina Nebesar. I'm a working mom of three and an avid believer that everyone deserves to have a happy, healthy family. That's why I founded Ovia Health, to ensure people everywhere have access to a wide range of women's and family health services. Parents, especially women, are calling out for support and a helping hand to navigate the joys and challenges of working parenthood. Access to digital health tools, proven to improve physical and mental health outcomes means healthier pregnancies, confident working parents. and healthier employees. Visit https://www.oviahealth.com/ to learn more.

Ellen Kelsay:
I just want to put a plug in for anybody who has not reviewed your report card. It is unbelievably comprehensive, incredibly detailed, state by state summaries, with recommendations at a macro level and a state level, really well done and a very thorough assessment. Again, it outlines some actionable steps that can be taken to address the disparities and the outcomes. I'm so glad you mentioned the social determinants of health, and I do think many people assume it is just poor health care or lack of health care, which of course are contributing factors, but it is all the other things that you just mentioned around the social determinants of health and fundamental systemic racism that exists in our care delivery environment. So, I'm really glad that you highlighted that just now in your remarks and I know it is in your report as well. Anything else you would care to mention in terms of disparities or kind of root causes that lead to the differences in these outcomes?

Stacey Stewart:
I think one of the things that we are working on at the March of Dimes is trying to peel back the various layers of why we are having the maternal infant health crisis that we face. Some of them you just mentioned in terms of the social determinants of health, those social and community factors that really influence our health overall. Those are things that we can't ignore. We know that transportation issues, access to good housing, access to good incomes, all those things, again, can contribute to overall health, physical health and mental health, but we also know that there's some other issues that really impact our ability to maintain good health as well. One of the things that we've done a lot of work on is around maternity care deserts in this country. We did a study back in 2018, and then we updated that study in 2020, to look at counties in this country that lack basic access to obstetric care. What we found is that there is unequal access for many moms and pregnant people and new moms and families to obstetric care across the country, depending on where you live. We looked at this issue of what we call maternity care deserts, counties in this country that have no obstetric services being offered in that county at all, no hospital that offers obstetric services, no birthing center, no OB GYNs, and no certified nurse midwives. Then we looked at counties based on different levels of care that they may have. What we found is that 54% of counties across the country have either no access to maternity care services or have very limited access to that kind of care. Really of all the counties in the country about 35% of them are full on maternity care deserts, literally have no access to maternity care services. 54% of all the counties with limited or no access to maternity care really is quite impactful on whether or not women are easily able access the care that they may need. It affects about 7 million women of childbearing age, about 1 in 8 babies are born in these areas. It impacts millions of women of childbearing age, about 4.8 million women live in counties with limited access to maternity care. When we look get some of these counties, we know that about four-fifths of maternity care deserts are in rural areas, but actually about one-fifth of them are in urban areas, meaning that there are places in urban areas where the care is still so remote or inaccessible because of

transportation challenges, that it makes it difficult for those women to access even the care that they may need for prenatal visits and for postpartum checkups and things like that.

There are issues around access to care. There are issues around coverage. One example of that is around Medicaid. Medicaid covers over 40% of all the births in this country. Still, we have many states in the country that have not expanded Medicaid, so that more and more people are able to access health care coverage, so that their health care is more affordable. Even for women that are able to access Medicaid coverage for their pregnancy, they will often get dropped from Medicaid two months after the baby comes. Well, what we know is going back to this issue of maternal mortality, about one-third of all maternal deaths happen one week after the baby comes out, to one year. So, if a woman gets dropped from Medicaid coverage, and that's all she can afford to have or all that she has access to two months after the baby comes, that means she doesn't have the coverage that she needs in order to cover any follow-up business that she may need. If she had complications during her pregnancy and still needs significant follow up with a health care provider, she may not be able to do that, because she doesn't have coverage. If she's got significant postpartum depression or other issues that require long-term care, she cannot get that access to care, that affordable access that she may need. There's so many layers of the problems that we face. One of the things that we're trying to do at the March of Dimes is peel back all those various layers so that we can address each one of them to make sure that we don't have these places where women fall through the cracks and don't get the care they need, putting themselves at risk and even putting their babies at risk as well.

Ellen Kelsay:
There's so much you just said there to speak about all the layers that I want to go back and ask you about. We won't have time to get into all of them, but I really appreciate you kind of illuminating all that and shining a light on it as you did. What really stuck out to me were a couple things. I think the maternity deserts and just how many people do not have any access, or extremely limited access, to services that many people take for granted. Again, that was really stunning and sobering to hear. And then the access to coverage and the Medicaid example is really, again, just so concerning and I know it ties into some of the recommendations in the Momnibus Act of 2021. I would love for you to maybe expand on that, and maybe for the audience who's not familiar with Momnibus, what is it, and then what are we trying to accomplish via Momnibus and the actions there and the implications if we don't from a policy perspective?

Stacey Stewart:
The real important part of a lot of what I just talked about is that there are changes that need to be made if we're going to address a maternal infant health crisis. There are changes that need to be made at the point of where a clinician is actually interacting with a mom and caring for a mom and her baby. Then there are also changes that have to be made, sort of at a policy level, to deal with some of these systemic failures around access to care, coverage, and those kinds of things. Momnibus, as you mentioned, is really a package of bills. It's omnibus, but it's for mom. So, it's Momnibus, right? A lot of people know an omnibus legislative action are usually a comprehensive set of bills that are attempting to address a particular issue. Momnibus is exactly that. It's a legislative package of about 12 bills, really designed to comprehensively address maternal inequity in the United States. It goes through a variety of issues, addressing social determinants of health, funding community-based organizations that are serving especially black and brown mothers at the community level, at the grassroots level, really addressing things like growing and the diversifying the perinatal workforce. Meaning that we need to rethink how we provide care to women to the extent that women are almost solely dependent on OB GYNs and hospitals, and we know that there's not enough coverage for them. Other countries successfully use other perinatal workers to provide care for women before pregnancy, during pregnancy and after, with midwives and doulas. We want to grow and diversify our perinatal workforce here so that we can achieve better results, similar to other highly industrialized countries around the world. We have to improve things like data collection and how we look at data and design interventions.

All of those kinds of issues are being addressed in Momnibus. It is a challenge when you're trying to get action on 12 bills, we all know how difficult it is to get even one bill passed through Congress, not to mention 12. But

having said that, we're really, really excited and encouraged by the bipartisan support that we're getting in Congress, in the House, and growing in the Senate. We've got different bills sitting in different committees right now. We've had some hearing on some bills. We will have more hearings and hopefully getting to a place where we can have a markup of all 12 bills. One of the things that we're really excited about is that President Biden and Vice President Harris included in Bill Back Better, a historic investment of nearly $1 billion towards Momnibus, and that we think will go a long way. We think it will be like a big down payment towards addressing some of these inequities that we see.

I think the other thing I would just say, one of the things that Momnibus addresses and that we are already acting on at the March of Dimes is around implicit bias. One of the things that CDC has said around maternal mortality is that about 60% of all the cases of maternal death probably could be avoided, with health care providers who are listening to women, responding to their needs, not delaying diagnoses. What we know is that a lot of black and brown women have really reported they don't feel respected and heard by their health care providers. They don't feel listened to. We know many of them have even expressed that they, to the extent that their conditions were declining, becoming sicker and sicker as a result of having a baby or being pregnant, that it got to the point of severe illness and even death. We've heard that from many, many of their families, just because they didn't feel listened to or heard or respected. Part of what we have implemented at the March of Dimes is implicit bias training. We've actually trained 35,000 health care providers, doctors, nurses, and other providers, to recognize if they have their own implicit bias, especially around serving a diverse population and certainly get on the path of addressing their implicit bias in ways that ensure that every mother has the kind of care that she needs to really thrive in terms of her health. Implicit bias training is also included in Momnibus, as well. There are a lot of great things that we think will go a long way towards addressing the maternal health crisis that we face. It's why from a policy perspective, we feel so strongly that we want everybody to get involved in advocating for Momnibus and advocating for the country to finally do something around this maternal and infant health crisis that we are dealing with.

Ellen Kelsay:
It's so encouraging, and as you said, and in many ways it seems overwhelming, and like you said, 12 different pieces of legislation and the feasibility of that, but the momentum and traction and energy that seems to be building is really encouraging on the legislative and policy side. And the voices that are advocating for progress to be made are very vocal, passionate, and influential voices. That is definitely encouraging and gives us all hope as we think about the future. I wanted to ask about besides kind of the legislative and policy changes, we know that there's a lot that can be done in communities. There's a lot that employers can do. You know, that our audience are largely large employers who offer a lot of health and well-being resources to their employees and their family members. We survey them and they indicated that high-risk maternity, NICU, is one of their top conditions that they track. It's a condition that is unfortunately growing in terms of cost and trend, and it's certainly one that they have been doing a lot of programming and resourcing to try and support their workforce more extensively than they have. We've even seen many employers over the past couple of years, introduce things like doulas, as you just mentioned, and coverage for doulas. Besides that, other recommendations you have that employers and others could be doing to support women and infants as we go down this path and continue to build a momentum.

Stacey Stewart:
We're not going to be able to address this public health crisis around moms and babies, unless and until all sectors of society are involved, including the private sector. To your point, Walmart just made an incredible announcement of announcing a benefit to allow for doulas and their employees access to doulas as a part of their benefit program. We know that this is really a huge step towards one of the ways in which we can make a big difference to improving outcomes. Doula supported births, especially for low-income mothers and mothers of color, can really improve outcomes for babies, can lower rates of low birth weight babies, can reduce rates of preterm births, and really provide support to deal with the mental health stress and strain that many, many women and many pregnant people face before, during, and after pregnancy. We applaud Walmart for making that change to recognize the value of doulas and allow that access for their employees to be more affordable.

Another great example, too, is another partnership we're working with at the March of Dimes with a company called Reckitt. A lot of people don't know Reckitt, but a lot of people do know Lysol. So, if you know Lysol, you know Reckitt is the parent company for a lot of consumer brands, including Lysol. Reckitt has been a tremendous partner with March of Dimes with a program that we've called Better Starts for All. It is really an important way that together with Reckitt, we are implementing new and innovative approaches to dealing with maternal health crisis and sort of testing it out in two very different areas. One, in a very rural, very poor area in Southeast Ohio, part of Appalachia, and then another in Washington, DC, in some of the poorest parts of the District of Columbia. We've been working with Reckitt to introduce community health workers that can conduct patient visits with pregnant and postpartum women. In fact, our program has conducted about 352 patient visits in Southeast Ohio with pregnant and postpartum women to help address barriers to care and improve access to care. We have a mama and baby bus mobile health center in DC, providing mobile health services in a big beautiful bus, in parts of Ward 7 and 8, which are two of the poorest parts of Washington, DC. The bus provides prenatal and postpartum visits to hundreds of women every single year. 90% of the women that show up to this bus are uninsured and 32% of them have said that they do not have any other source of care other than receiving care, both prenatally and in the postpartum phase, from this mobile unit. Our hope is that we can expand these kinds of services to reach women where they are, to close these gaps with respect to access to care, to address these issues of maternity care deserts, to make sure that women have access to culturally competent care in ways that really meet them where they are, that are language appropriate, culturally appropriate. Without the support of many, many employers and private sector partners, it would be very difficult for us to do this work on our own. We're grateful for these kinds of very innovative approaches that the private sectors bring to our work, and want to see us expand these kinds of partnerships. We're always open to new and innovative approaches and folks that want to see these needs addressed. Last thing I'll just say about that is that, this is not just an issue about doing good for society and for community. While we are doing a good thing for society and for community, you know, for many private sector employers, this is about serving your own employees, right? This is about making sure your own female employees have access to the care, they feel supported by their employer, and their health needs are really met. Not only that, to the earlier point around when babies have been born prematurely, it's hugely costly to an employer's health plan when poor birth outcomes are experienced. From a number of different perspectives, mostly what's in the best interest of the mom and the baby, but also what's in the best interest of communities, what's in the best interest of a company's bottom line, it makes sense for companies to invest in this work and to make sure that health outcomes are improved. It's a total win for everyone involved.

Ellen Kelsay:
I could not agree with you more and it's almost a no-brainer right, for all the reasons you said, whether it's the business case, societal, cultural reasons, your own workforce, doing good for the world, it makes such good sense and I really love the examples you shared and we're more than happy to get the word out. I'm sure that with our listeners, you've struck a chord and a lot of your remarks are resonating with them. Stacey, I would love to close with asking you one last question. It's always a note of optimism how I like to close. What gives you hope for the future? As you think about the good work that you all are doing at the March of Dimes and that your partners are doing and the many good works from a legislative and policy perspective and the seeds that have been planted there, what really gives you hope as you look to the future, months and years ahead?

Stacey Stewart:
I'm so excited just to see the momentum that we are all working to build, to raise awareness around these issues of maternal and infant health, and to get everybody involved. I think a lot of people hear these statistics and it can feel discouraging, but I think the most important thing is that even though we may not have all the answers of what needs to get done, we definitely know some of the things that should get done right now. Policy change is at the top of the list. Tomorrow, in fact, I'll be in Georgia with an event that we're hosting there and we're hosting it in several other states as well, tomorrow, both in-person and virtually. It's called March for Change, and it's a national, nationwide state-focused lobbying effort to involve everyday people to advocate for the change that we need to see at a state level and also at a federal level to improve maternal

infant health outcomes. Expanding Medicaid postpartum, for example, improving the access to care by midwives and doulas for everyday women, newborn screening requirements and improving those. Those are some of the issues that we can take action on today. If our policy makers at a state level and federal level know how much a lot of us care about these issues, we're confident we can make a difference. That's one of the things that's given me a lot of hope is that tomorrow we expect there to be dozens of people to show up in Georgia and talk to their state legislators. We are looking forward to being in so many other states across the country, either in person or virtually, not only tomorrow, but in other states over the next few months. For people that want to know more about that, https://www.marchofdimes.org/advocacy/march-for-change.aspx, is where you can go to get more information. That kind of energy and enthusiasm gives me hope. It also gives me hope when we have our March for Babies events in the Spring and everyone comes out and joins a community of people who care about ending preventable, preterm birth and ending maternal mortality and closing the health equity gap. There are just so many ways for people to get involved with either March for Change or March for Babies. That's making me excited and I'm looking forward to seeing a lot of folks join us in this effort to ensure the health of every mom and every baby.

Speaker 2 (35:49):
I love it. I love the passion. I love that, like you said, the March for Change, the March for Babies. We've got Black Maternal Health Week coming up in April. There's so many ways for people to engage and there's so many good things that are happening and we are just so grateful for you, your leadership and the good work that you are all are doing at the March of Dimes. We will continue to be watching you, supporting you and doing all that we can to collaborate and endorse your good work. Stacy, thank you again for speaking with us today. It was a pleasure.

Stacey Stewart:
Thank you so much. It was great to be with you.

Ellen Kelsay:
I've been speaking with Stacey Stewart, President and CEO of March of Dimes. For more information about the work March of Dimes is doing to improve the health of moms and babies, visit https://www.marchofdimes.org/advocacy/march-for-change.aspx .

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