Thought Leadership: Dr. Tara Singh

Designing Maternal Care Around Real Lives

Across the country, maternal health outcomes are worsening as access to care continues to shrink. Fewer OB/GYNs are entering the field, and more maternal services are closing.

With continued advancements in medicine and technology, that reality raises an important question. Why isn't care improving?

The problem isn't just access; it's how care is designed. Care only works if patients can use it at the right time, in the right place and in ways that fit their lives.

At Cambridge Health Alliance (CHA), we believe improving maternal health outcomes requires rethinking how care is designed and delivered.

Expanding the Care Team

No single provider can meet the full needs of today's maternal health patients. Workforce shortages, delays in accessing care and increasing clinical complexity all point to the need to rethink the care team.

At CHA, that means building a model that wraps around the patient. Midwives, nurse practitioners, physician assistants, physicians and doulas each play a distinct and essential role. Together, they create a network of care that is more accessible, personalized and responsive.

With support from a 2023 Attorney General's Office grant, CHA rebuilt its doula program, expanding to 19 doulas who collectively speak 13 languages. These team members provide culturally and linguistically aligned support, helping patients navigate care in ways that feel familiar and accessible.

Our partnerships also extend care closer to home. Through collaboration with Beth Israel Lahey Health, specialized gynecologic services are now available on site at CHA. Patients who would otherwise need to travel to Boston, including those facing transportation or language barriers, can now receive high-quality care within their own community.

At CHA, "It takes a village" isn't a metaphor; it's a care model we embody daily.

Designing Care Around Culture

Expanding the care team is only part of our solution. Care must also reflect the cultural realities of the patients we serve. Instead of having patients navigate our system, CHA is reshaping care around the patient. Childbirth education is also being reimagined. CHA offers free, in-person childbirth education classes in English, Spanish, Portuguese

and Haitian Creole, with curriculum adapting to reflect cultural beliefs, traditions and expectations around childbirth. This is more than education. This is about meeting patients where they are.

Following COVID-19, CHA made the difficult decision to close its birth center. Today, we have reopened it, recognizing the role it plays in meeting both patient and community needs. This reopening reflects a deliberate investment in expanding choice and rebuilding a model of care that centers on patients' preferences, safety and experience. CHA now operates one of the only two birth centers in the state, offering an alternative for patients seeking low-intervention care.

The space itself reflects that commitment. Intentionally designed with proximity to hospital-based care for safety, it also features immersive birthing tubs, culturally sensitive artwork and a kitchen for families, creating a peaceful, home-like atmosphere and reinforcing a sense of belonging from the moment patients enter our walls.

Building the Future of Care

If we want better maternal health outcomes, we must build health systems and experiences that reflect how people live in our communities. At CHA, this means expanding our care teams, designing for culture and community and fully surrounding our patients with the support they need, both clinically and personally.

Because the future of maternal care depends on whether patients can see themselves within the systems we build.

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