Correction to: Developing Tools to Report Racism in Maternal Health for the CDC Maternal Mortality Review Information Application (MMRIA): Findings from the MMRIA Racism & Discrimination Working Group

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The original version of this article unfortunately contained a mistake. The corrected details are given below.

(a). The co-author "Elizabeth A. Howell" is only affiliated to the following affiliation: "Department of Obstetrics and

Gynecology in the Perelman, School of Medicine, University of Pennsylvania, Philadelphia, USA".

(b). Page 6: In the "Case Example" section, the following text should be changed from "Other sample recommendations can be found in Table 1." to "Other sample recommendations can be found in Appendix 1".

The original article can be found online at <https://doi.org/10.1007/s10995-021-03284-3>.

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Appendix 1 Sample Recommendations for Newly Added Contributing Factors

How it helps to achieve health equity	Level	Recommendation
Providing resources according to need	Provider	OB clinicians should provide referrals to supportive community resources during prenatal care
Providing resources according to need	Provider	OB clinicians should screen patients for social determinants of health (SDOH) at prenatal and L&D visits, including late entry into healthcare system, and work with social workers to address specific needs and care coordination relevant to the SDOH
Providing resources according to need	Provider	OB clinicians should arrange for warm hand-offs to other appropriate providers (e.g. primary care, specialty care, mental health providers) during and following pregnancy
Providing resources according to need	Provider	All providers should utilize official medical interpretation services to communicate with non-English speaking patients during all healthcare visits
Providing resources according to need	Facility	Health centers should create community advisory boards to enumerate area community resources for women of reproductive age
Providing resources according to need	Facility	Hospitals and outpatient offices should offer support services in perinatal care, including patient advocates, patient navigators and peer support
Providing resources according to need	Facility	Hospitals should review their policies regarding the support for and availability of doula and midwifery services for L&D and the postpartum patient experience
Providing resources according to need	Facility	Health facilities should understand and work to eliminate transportation barriers as a specific social determinant of health

How it helps to achieve health equity	Level	Recommendation
Valuing all individuals and populations equally	Facility	Hospitals should assess policies that constrain the support of family and support persons in the labor and delivery unit
Valuing all individuals and populations equally	Facility	Hospitals should mandate comprehensive communication training addressing implicit bias, explicit bias, racism, and shared-decision making training for all healthcare professionals
Providing resources according to need/ Valuing all individuals and populations equally	Facility	Health facilities should ensure interpretation services to communicate with non-English speaking patients during prenatal and L&D visits
Recognizing and rectifying historical injustices	Facility	Health facilities should review policies and procedures, both written and unwritten, for drug testing and ensure that they are equitably applied across race/ethnicity and payer type
Valuing all individuals and populations equally	Facility	Health facilities should expand office hours and increase number of providers who accept Medicaid for prenatal care
Providing resources according to need	Facility	Health facilities should provide telemedicine for facilities where no OBs or specialists are on-site, including in the ER, for prenatal care, emergencies, and L&D visits
Valuing all individuals and populations equally	Facility	Health facilities should standardize public education to ensure providers relay consistent messages and implement techniques for ensuring patient understanding, such as “teaching back” to the provider
Valuing all individuals and populations equally/ Recognizing and rectifying historical injustices	Facility	Healthcare systems should implement a culture of equity by improving their policies and procedures, similar to a culture of safety

How it helps to achieve health equity	Level	Recommendation	How it helps to achieve health equity	Level	Recommendation
Valuing all individuals and populations equally	Facility	Healthcare facilities should implement an OB healthcare disparities dashboard (stratified quality, experience, and outcomes metrics) to monitor the care they deliver to everyone	Providing resources according to need	Facility	Outpatient clinical sites should partner with community organizations to implement the AIM bundles on postpartum care
Providing resources according to need/ Valuing all individuals and populations equally	Facility	Healthcare systems should have a mechanism for patients to anonymously report incidents of bias, racism, and disrespect during prenatal care and L&D visits	Providing resources according to need	Facility	Health facilities should work with communities to increase availability and use of group prenatal care programs to expand access to prenatal care
Providing resources according to need/ Valuing all individuals and populations equally	Facility	Healthcare systems should have a mechanism for staff to anonymously report incidents of bias, racism, and disrespect in the work environment	Providing resources according to need	Facility	Every maternity program should designate a staff member who builds relationships with the community organizations serving patients who birth at the facility and educates health care professionals on the resources these organizations provide
Providing resources according to need/ Valuing all individuals and populations equally	Facility	Healthcare systems should work with community members and organizations to design policies and procedures to respond to reports of bias, racism, and disrespect	Valuing all individuals and populations equally	Facility	Health care facilities should develop and implement a Patient Activated Warning System- Every patient care setting to provide/display instructions on when (sign and symptom based) and how to activate and escalate concerns
Providing resources according to need/ Valuing all individuals and populations equally	Facility	Healthcare systems should have policies and procedures in place to respond to reports of bias, racism, and disrespect	Valuing all individuals and populations equally	Facility	Healthcare facilities should require all healthcare professionals to complete education on an annual basis on respectful and dignified care for all patients
Valuing all individuals and populations equally	Facility	Healthcare facilities should provide education on disparities in maternal and child health to all members of the healthcare team during orientation and regular intervals	Valuing all individuals and populations equally	Community	State MMRCs should include community members to ensure the patient perspective and lived experience is incorporated into the entire process
Valuing all individuals and populations equally	Facility	Facilities should ensure obstetric emergency simulations and drills, including debriefs, should incorporate critical elements of respectful care, including informed consent for procedures, body language, and family communication during the L&D experience	Valuing all individuals and populations equally	Community	State MMRCs should include implicit bias training for all members and apply a health equity lens to all case reviews
Valuing all individuals and populations equally / Recognizing and rectifying historical injustices	Facility	Facilities should assess patient education materials, photography and artwork in public spaces, furniture, and signage to ensure a positive reflection of diversity	Valuing all individuals and populations equally	Community	State MMRCs should equitably compensate community members for their involvement on MMRCs

How it helps to achieve health equity	Level	Recommendation
Valuing all individuals and populations equally	System	State governments should mandate ongoing communication training addressing implicit bias, explicit bias, racism, and shared-decision making training for all healthcare professionals
Providing resources according to need	System	State governments should expand Medicaid to include fair reimbursement doula services
Providing resources according to need	System	State governments should expand Medicaid to cover transportation to perinatal care visits, including postpartum care
Providing resources according to need	System	State governments should improve temporary housing programs for pregnant and postpartum women
Providing resources according to need	System	State governments should expand access to Medicaid to include coverage for specialists for high-risk patients during prenatal, delivery, and postpartum care
Providing resources according to need	System	Medical licensing bodies should institute rotations in Obstetrics for all Family Medicine physicians to expand access to quality care
Recognizing and rectifying historical injustices/ Valuing all individuals and populations equally	System	Researchers should find best practices to improve implicit bias and anti-racism training to improve patient outcomes
Valuing all individuals and populations equally	System	State and federal governments should improve medical reimbursement to expand the number of physicians who accept Medicaid
Providing resources according to need/ Valuing all individuals and populations equally	System	Obstetrics training programs should include psychiatry rotation

How it helps to achieve health equity	Level	Recommendation
Providing resources according to need	System	Psychiatry programs should include reproductive behavioral health rotation

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