

As a social work scientist, I aim to improve maternal and reproductive health and health care by addressing the systemic and contextual factors that impact pregnant and postpartum people, particularly those facing substance use or mental health challenges. The intersection of the United States maternal health and substance use crises has created a complex problem that requires novel solutions from multiple avenues and across systems. My research answers this call by applying a reproductive justice lens to evaluate maternal and reproductive health policies and systems and explore ways the workforce can more effectively support pregnant and postpartum people, especially those with substance use and mental health challenges. Ultimately, I hope my work informs evidence-based policy development around perinatal substance use and broader maternal and reproductive health policy and improves maternal healthcare systems, while preparing future social workers and other healthcare professionals to provide informed, compassionate support to pregnant and postpartum people.

My dissertation investigates the current landscape, variation, and recent shifts in state-level prenatal substance use policies across the United States. Using legal epidemiology and policy surveillance methods, I examine how evolving policy images have shaped diverse state policy environments. A preliminary literature review revealed that much of the existing research in this area remains cross-sectional, focusing primarily on the presence or absence of specific laws (Haiman et al., in preparation). These approaches often neglect critical distinctions in how policies are structured and implemented, such as differences in how prenatal substance use is identified (e.g., through newborn drug screening vs. healthcare provider judgment). To address this gap, I am developing a detailed, longitudinal database of prenatal substance use laws and regulations, capturing both nuanced policy variations and changes over time. This research not only offers a deeper understanding of the prenatal substance use policy landscape but also paves the way for future empirical research on the downstream effects of policy change.

Recognizing that actionable results from policy research and meaningful policy reform is a gradual process; I conduct complementary research to assess how the maternal health workforce and other professionals are supporting the immediate needs of pregnant and parenting people with substance use or mental health challenges. In a survey of preprofessional healthcare students' attitudes toward pregnant patients with physical, mental, and substance use challenges, we found that students had significantly more stigmatizing attitudes towards pregnant patients with an opioid use disorder or mental health diagnosis compared to those with a physical condition that would impact pregnancy (Haiman, Witte, & Lamont, 2024). This was assessed using vignettes of different hypothetical pregnant patients with opioid use disorder, mental health diagnoses, and physical health conditions. Given the fact that research has shown that the provider-patient relationship is especially important to ensuring continued healthcare engagement with pregnant patients using drugs, these findings indicate a clear need for more education and stigma reduction interventions in preprofessional training. In an additional study, when leading a scoping review of doulas' role in addressing substance use and

mental health challenges with their clients, I found that there was limited research on the topic despite a large body of research on the benefit of doulas' improving physical maternal health outcomes (Haiman et al., 2024). To address this gap, I executed a qualitative inquiry study where I interviewed doulas across Alabama on if and how they address substance use and mental health challenges faced by their clients (Haiman et al., 2025; Haiman et al., under review). The study found that doulas often provide behavioral health support when needed, despite lacking formal training in this area. These findings highlight doulas as an important resource for pregnant and postpartum people with behavioral health challenges and underscore the need for targeted workforce training to equip them to address these needs effectively. Most recently, I have interviewed peer recovery support specialists to better understand how they support pregnant and parenting peers that are involved in the child welfare system. This pilot project will inform future research to support peer support specialists and their work in this space.

At the Center for Maternal Health Equity at Morehouse School of Medicine, I conduct community-engaged research to assess the structural and systemic factors impacting maternal health disparities. As a member of several interdisciplinary research teams, I have contributed to qualitative, quantitative, and mixed methods analyses for multiple maternal behavioral health projects (Cooper et al., 2025; Clarke et al., in preparation). For Project CORAL (Center to Advance Reproductive Justice and Behavioral Health among Black Pregnant/Postpartum Women), a community-engaged initiative grounded in reproductive justice principles, we used the Delphi Method to work with community stakeholders to identify maternal behavioral health priorities to inform future research (Clark et al., in preparation). This project is significant because of its commitment to work in partnership with stakeholders to uplift community voices and ensure that those with lived experience have a seat at the table when developing strategies to improve maternal behavioral health.

My long term goal is to conduct research that could help the development of and advocacy for evidence-informed policy and support the maternal health workforce to improve perinatal health outcomes. I will do this through conducting community-engaged mixed-methods research to comprehensively examine the structural and systemic factors that impact maternal health, focusing on pregnant and postpartum people experiencing substance use and mental health challenges. I aim to work as a professor at a R01 university that has a strong interdisciplinary environment. I have a long history of working on interdisciplinary teams and see the strengths of bringing scholars from different backgrounds together to tackle complex problems such as maternal substance use and mental health challenges. I prioritize working across disciplines to ensure that my research is not siloed, and to include multiple perspectives, centering those with lived experience, when exploring solutions. I am confident that my training and research background position me to generate meaningful and impactful scholarship that improves systems of care for pregnant and postpartum people.