



Federal Efforts to Improve Maternal Health: Opportunities for State and Local Engagement

Healthy Families Symposium

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Vision: Healthy Communities, Healthy People



Objectives

- To describe the landscape of maternal health
- To summarize key maternal health efforts supported by HRSA
- To highlight best practices, successes and/or impacts from maternal health efforts in state and local areas
- To discuss opportunities for state and local engagement





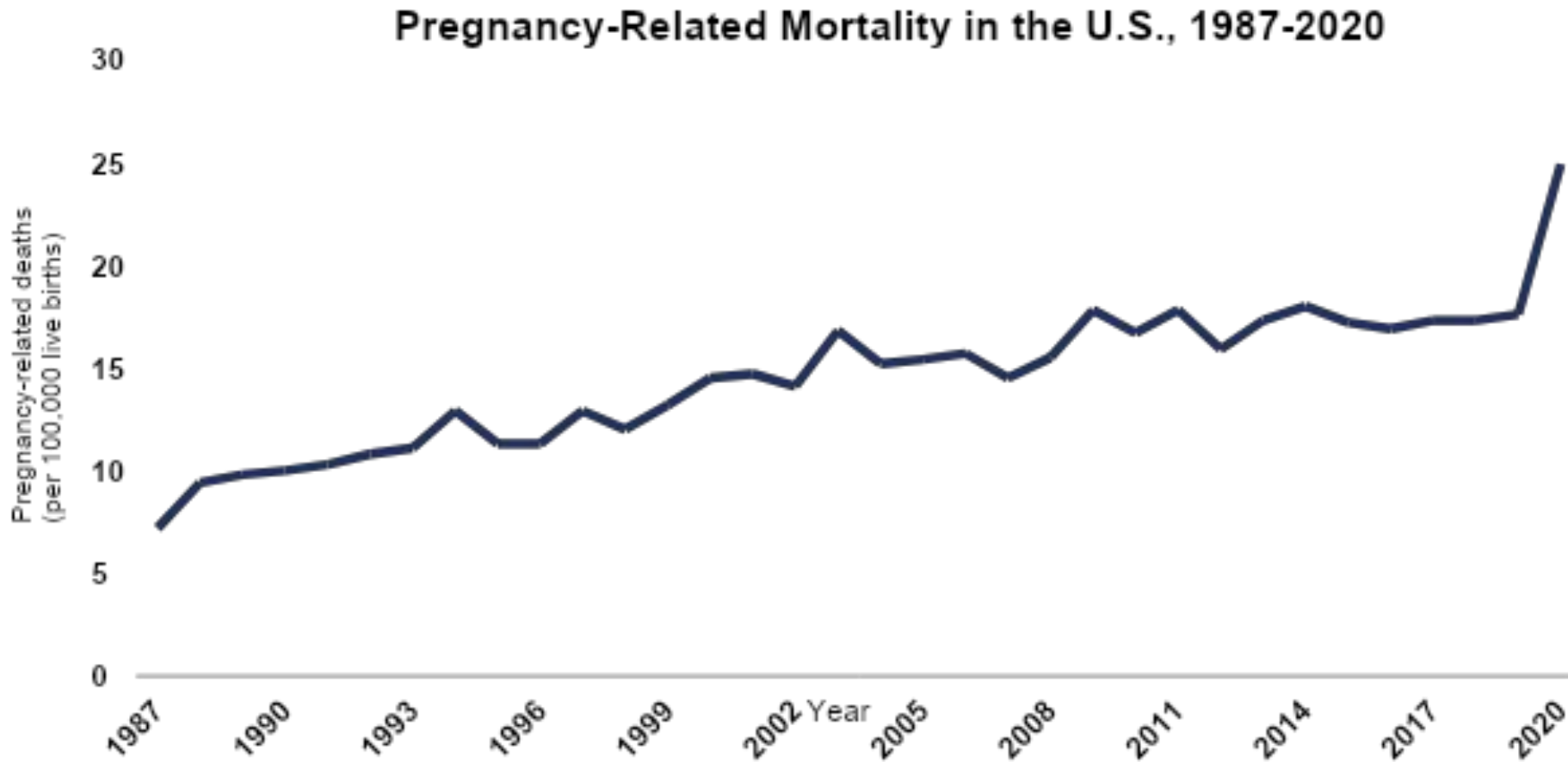
Maternal Health Landscape in the United States and in New York State

Learn more at <https://mchb.hrsa.gov>

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Pregnancy-Related Deaths in the United States



- Rates highest for Non-Hispanic Black, AI/AN, and Native Hawaiian/Other Pacific Islander women
- Highest rates for women living in rural areas

Source: [CDC, Pregnancy Mortality Surveillance System, 1987-2020](https://www.cdc.gov/pregnancy-mortality-surveillance-system/)

Note: In 2020, data from Puerto Rico were included

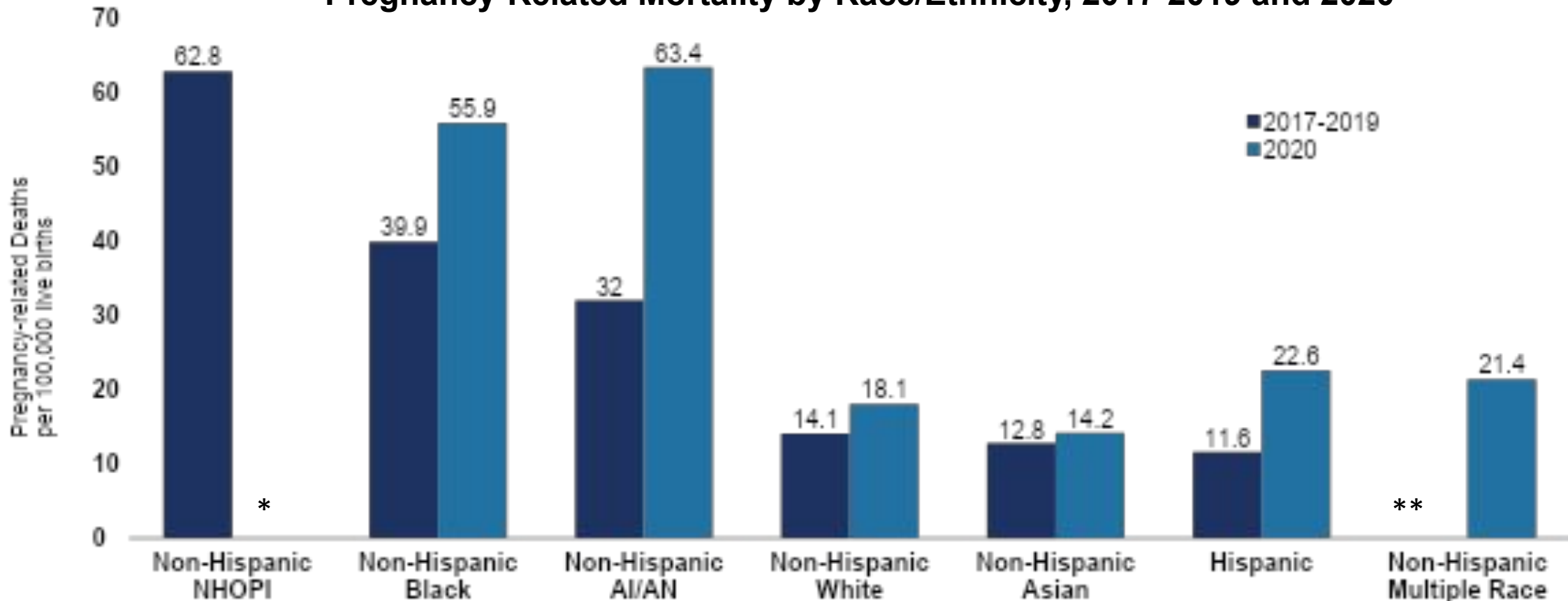
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Racial/Ethnic Differences in Pregnancy-Related Mortality

Pregnancy-Related Mortality by Race/Ethnicity, 2017-2019 and 2020



*In 2020, PRMRs were not calculated for Non-Hispanic NHOPI due to few deaths (<8)

**In 2017-2019, PRMRs were not calculated for Non-Hispanic multiple race persons as data were not available in 2017

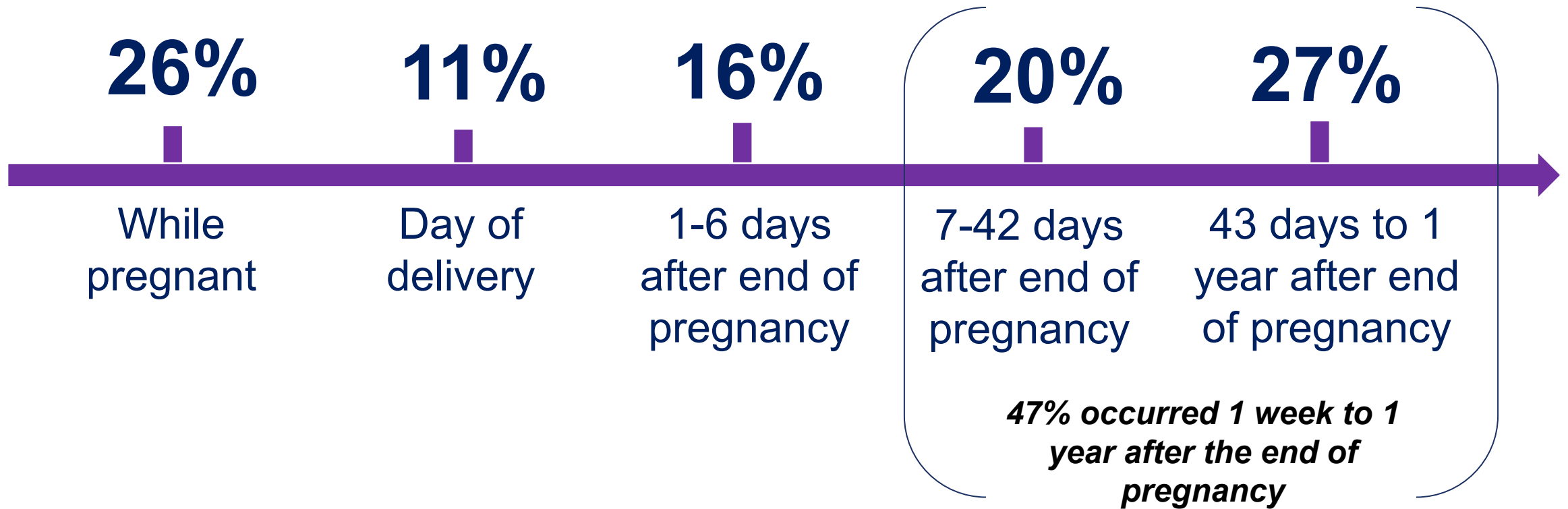
Note: race or ethnicity was missing for 1.4% of pregnancy-related deaths in 2017-2019 and 0.3% in 2020

Source: [CDC, Pregnancy Mortality Surveillance System](https://www.cdc.gov/pregnancy-mortality-surveillance-system/)

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Timing of Death

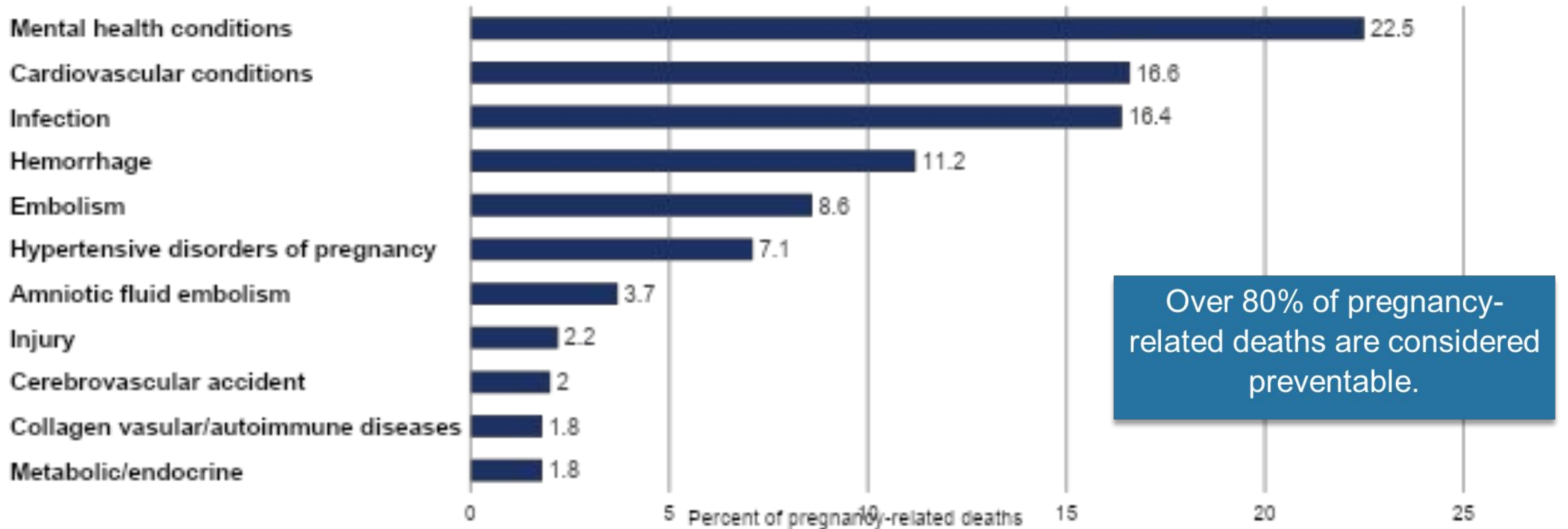


Source: [Pregnancy-Related Deaths: Data From Maternal Mortality Review Committees in 38 U.S. States, 2020](#)

Learn more at <https://mchb.hrsa.gov>

Leading Causes of Pregnancy-Related Deaths

Underlying Causes of Pregnancy-Related Mortality, 2020



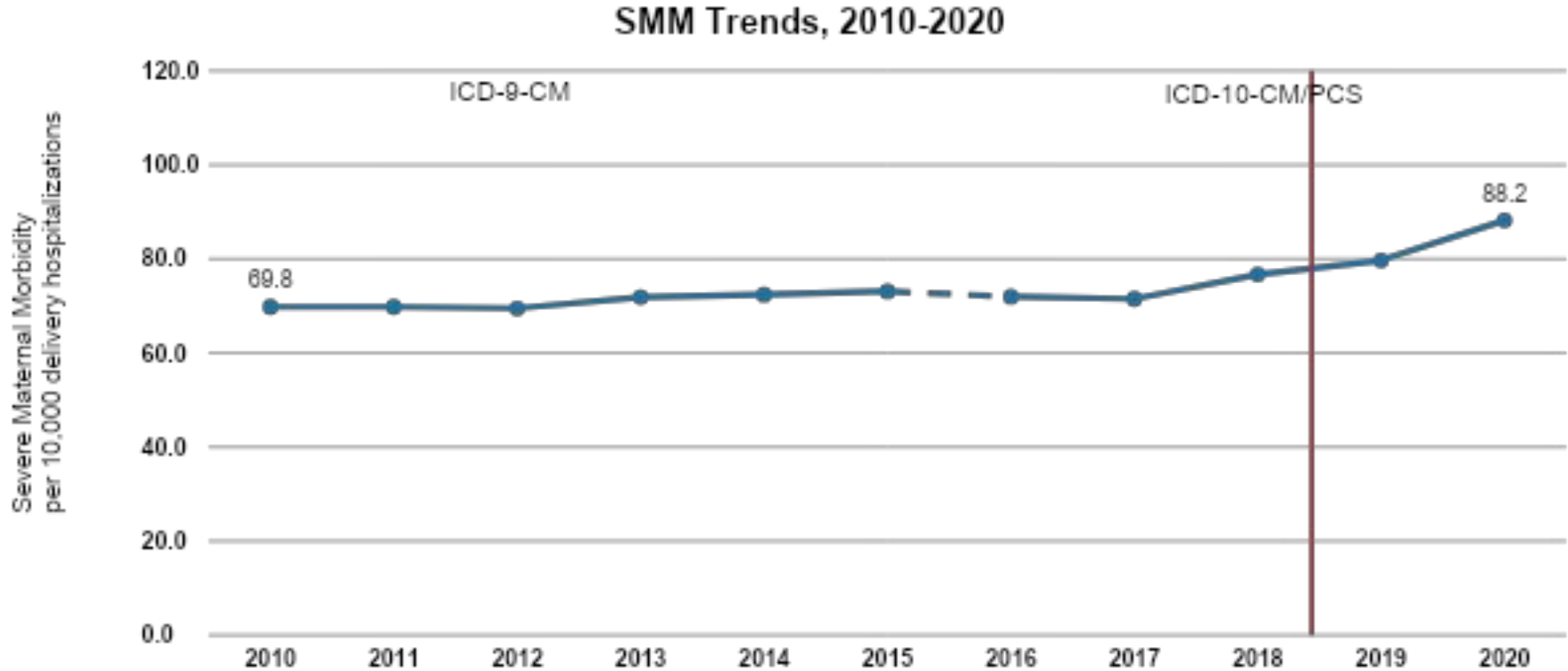
Note: Specific cause of death was missing (n=3) or listed as *unknown* (n=11) for a total of 2.7% of pregnancy-related deaths

Source: [Pregnancy-Related Deaths: Data From Maternal Mortality Review Committees in 38 U.S. States, 2020](#)

Learn more at <https://mchb.hrsa.gov>



Severe Maternal Morbidity (SMM) in the United States



*2015 represents January – September

Source: [Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, National Inpatient Sample](#)

Learn more at <https://mchb.hrsa.gov>



Maternity Care Deserts

Findings

- Over 2 million women of childbearing age and 150,000 babies live in maternity care deserts
- 35% of all U.S. counties are designated as maternity care deserts
- Approximately 6 in 10 maternity care deserts are rural counties

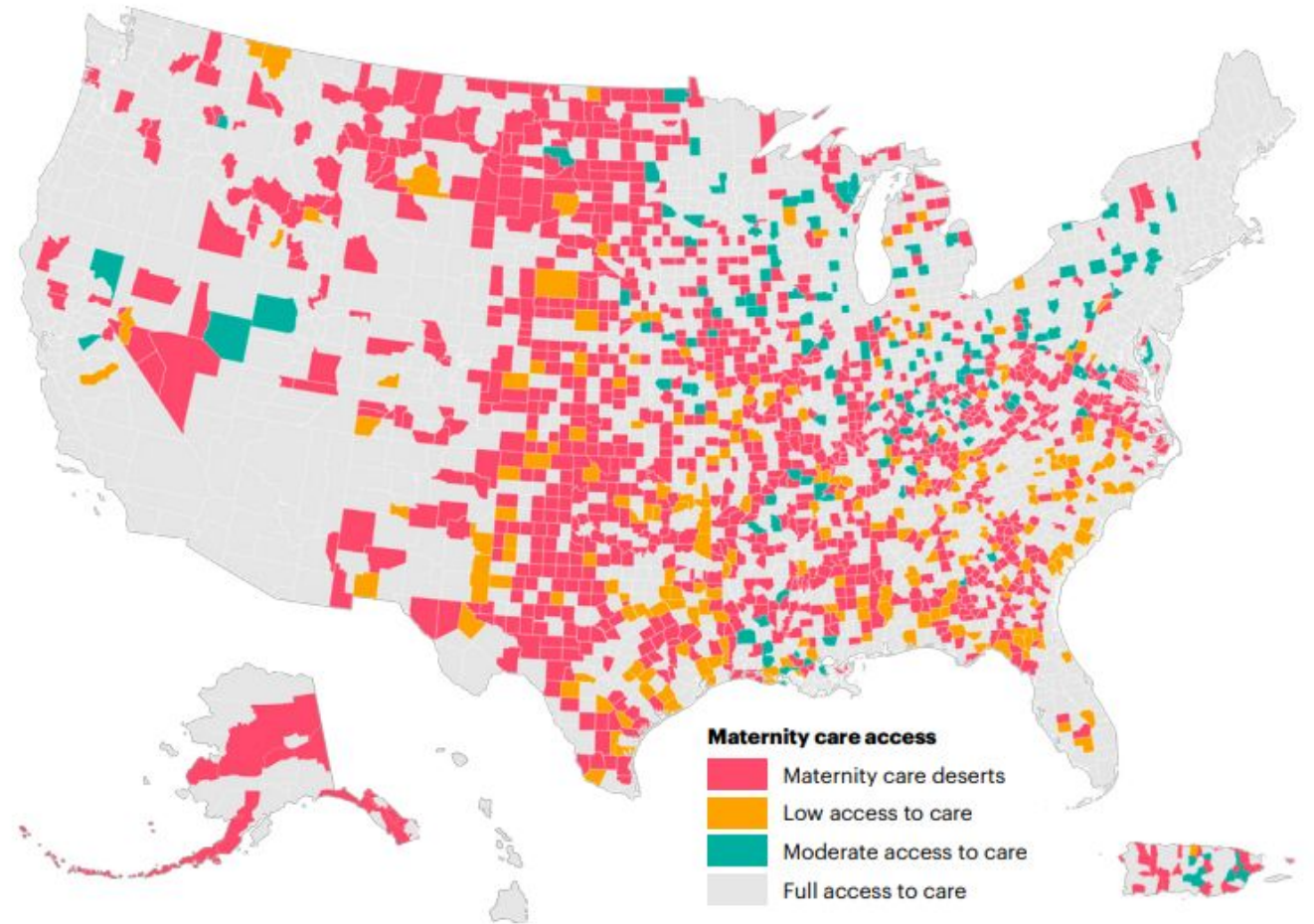
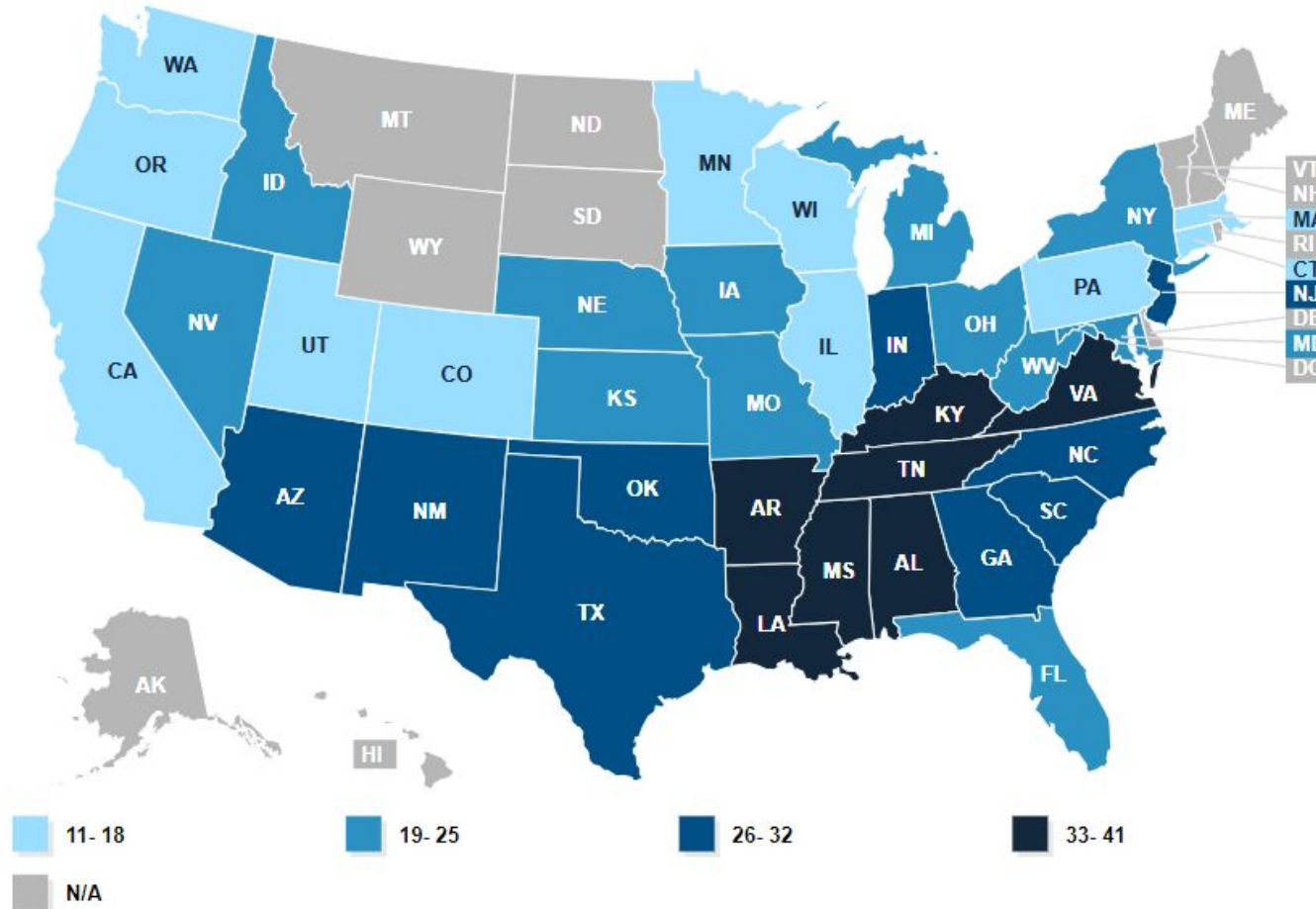


Image Source: [March of Dimes, Maternity Care Deserts, 2024](#)

Learn more at <https://mchb.hrsa.gov>

New York: Maternal Mortality, 2018-2022



In 2018-2022, the maternal mortality rate in New York State was

22.4 maternal deaths per 100,000 live births

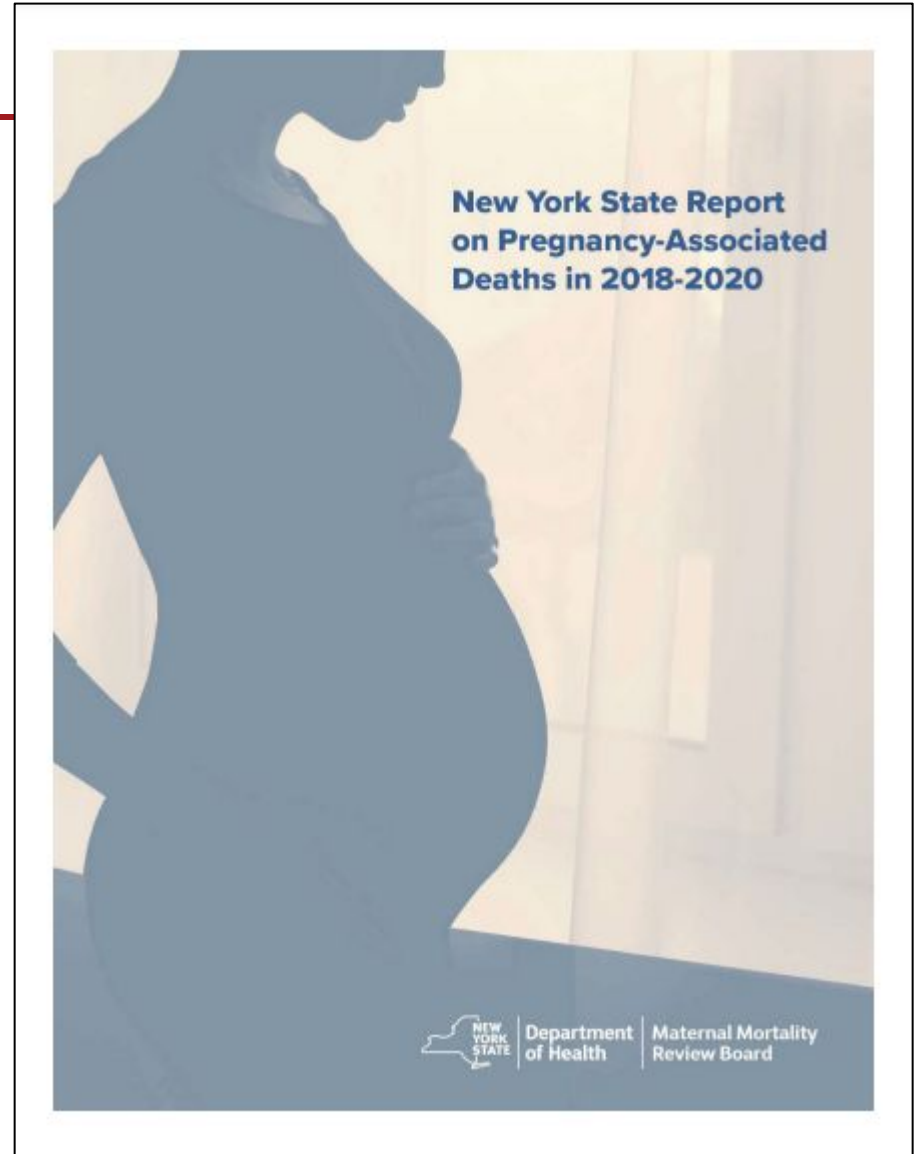
New York ranked **20th** in the United States

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System. 2018-2022.
Map Source: KFF. [Maternal Deaths and Mortality Rates per 100,000 Live Births](#)

Learn more at <https://mchb.hrsa.gov>

New York: Pregnancy-Related Deaths, 2018-2020

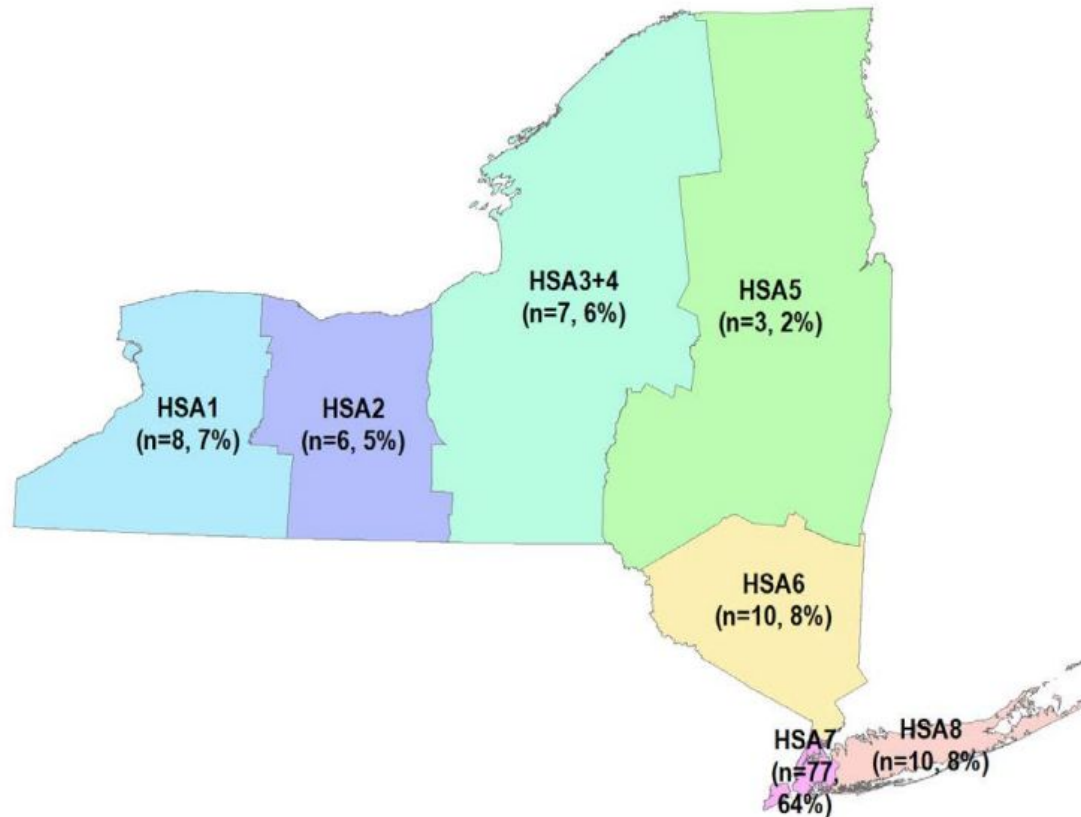
- 121 pregnancy-related deaths
 - 18.5 deaths per 100,000 live births
- Highest rates among:
 - Non-Hispanic Black women
 - Women aged 40 years or older
 - Women with ≤high school education
 - Uninsured women



Source: [New York State Report on Pregnancy-Associated Deaths in 2018-2020](#)

Learn more at <https://mchb.hrsa.gov>

New York: Pregnancy-Related Deaths by Health Service Area, 2018-2020



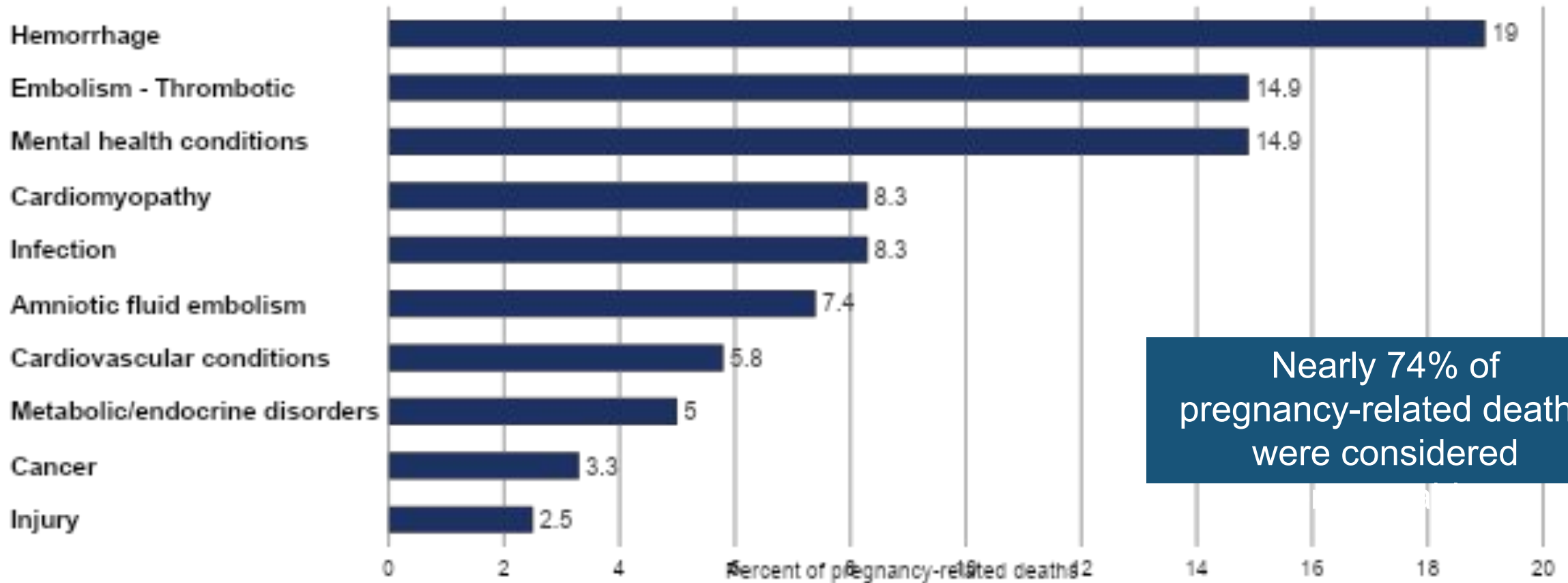
7% of pregnancy-related deaths in New York State occur in Health Service Area (HSA) 1 - Western New York

HSA Number	HSA Name	HSA Number	HSA Name
HSA 1	Western New York	HSA 5	Northeastern New York
HSA 2	Finger Lakes	HSA 6	Mid-Hudson
HSA 3	Central New York	HSA 7	New York City
HSA 4	New York-Pennsylvania	HSA 8	Nassau-Suffolk

Source: [New York State Report on Pregnancy-Associated Deaths in 2018-2020](#)

Learn more at <https://mchb.hrsa.gov>

New York: Ten Leading Causes of Pregnancy-Related Death, 2018-2020



Nearly 74% of pregnancy-related deaths were considered

Note: Cause of death was unknown for 3.3%

Source: [New York State Report on Pregnancy-Associated Deaths in 2018-2020](#)

Learn more at <https://mchb.hrsa.gov>



New York: Timing of Pregnancy-Related Death, 2018-2020



23.1%

(N=28)

While Pregnant



48.8%

(N=59)

Within 42 Days



28.1%

(N=34)

43 Days to 1 Year

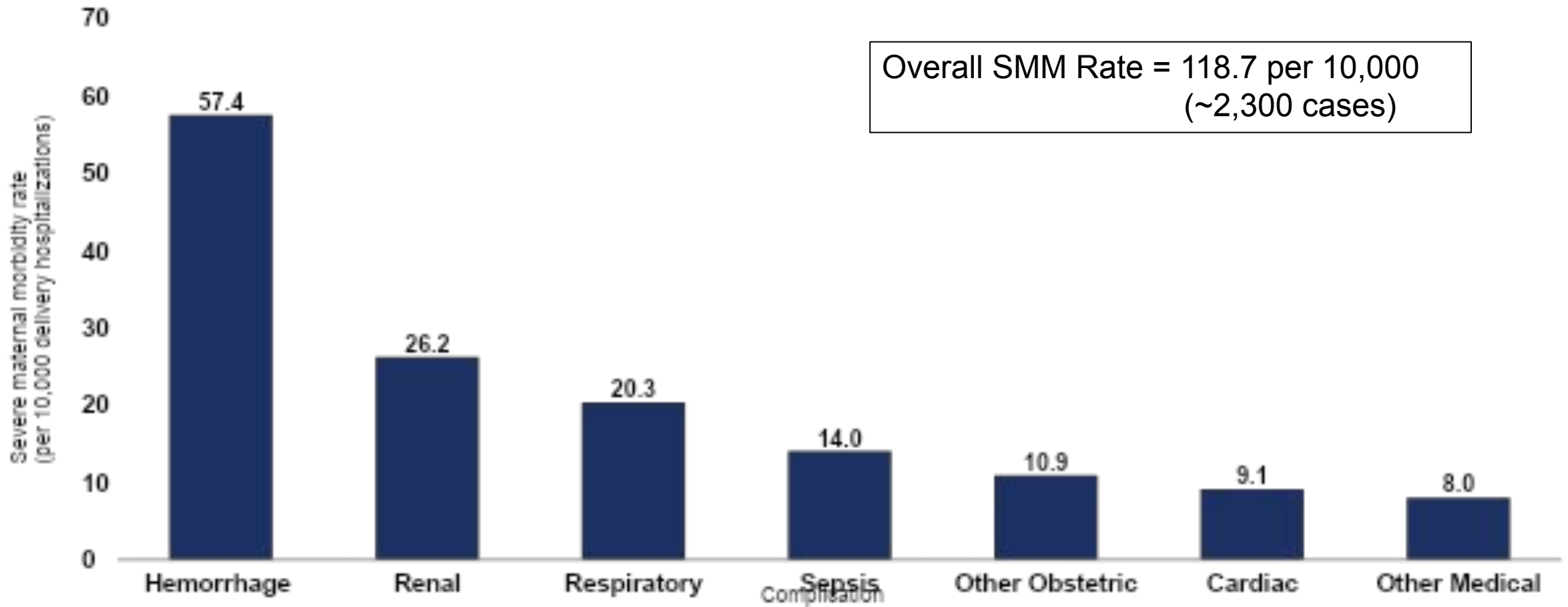


Source: [New York State Report on Pregnancy-Associated Deaths in 2018-2020](#)

Learn more at <https://mchb.hrsa.gov>

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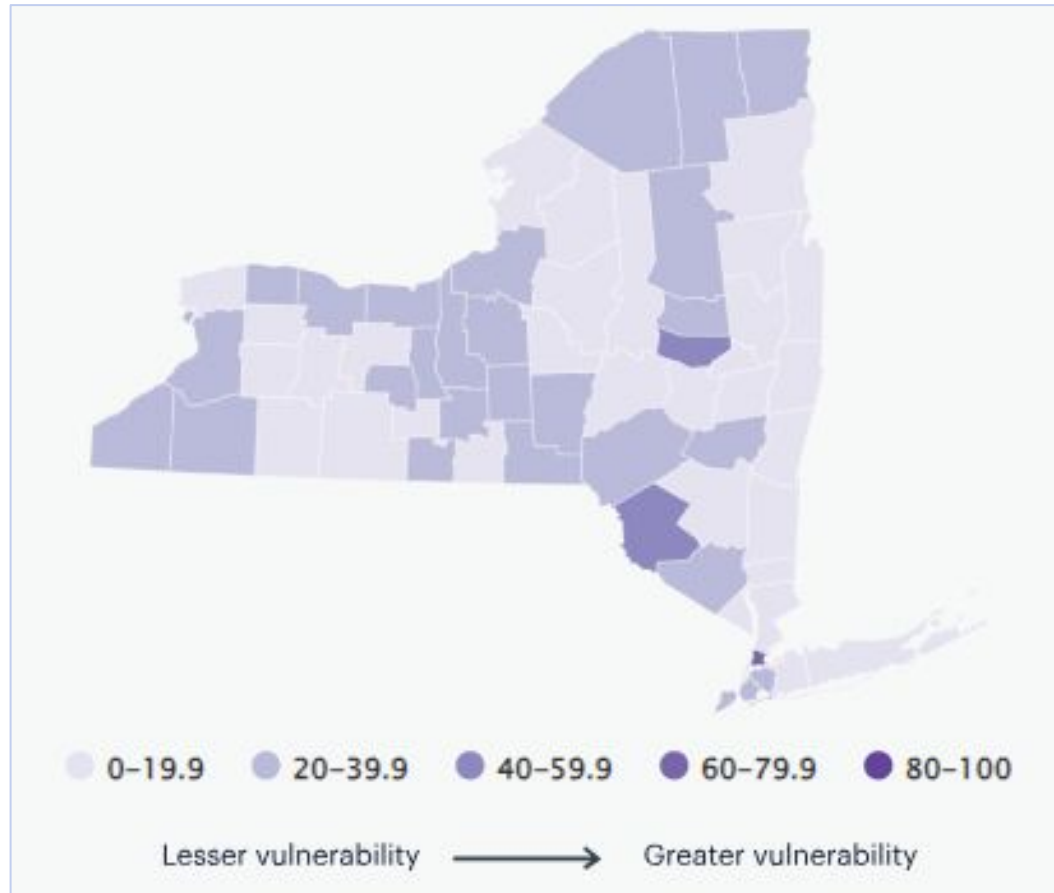
New York: Severe Maternal Morbidity by Complication Type, 2021



Source: [Federally Available Data Resource Document](#)

Learn more at <https://mchb.hrsa.gov>

New York: Maternal Vulnerability Index



Related Factors

- Socioeconomic Determinants
- Physical Health
- Mental Health and Substance Abuse
- Reproductive Healthcare
- Physical Environment
- General Healthcare

Source: Surgo Health, Maternal Vulnerability Index, 2023. Visit <https://mvi.surgoventures.org>.

Learn more at <https://mchb.hrsa.gov>

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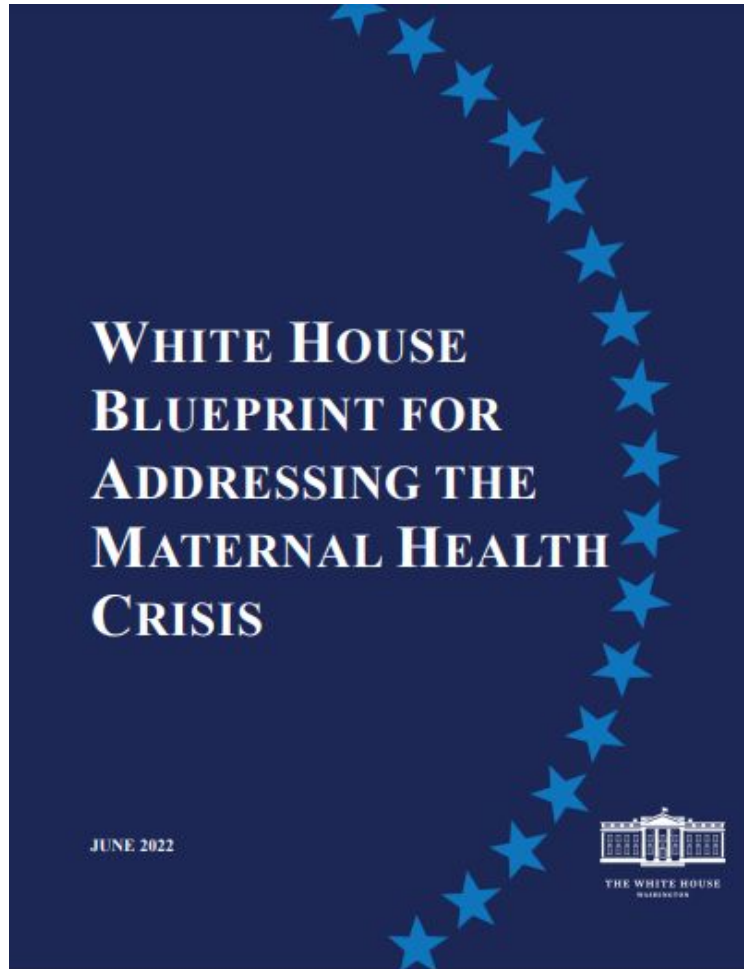
National Efforts to Address Maternal Health Needs

Learn more at <https://mchb.hrsa.gov>

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White House Blueprint for Addressing the Maternal Health Crisis



Source: [White House Blueprint for Addressing the Maternal Health Crisis](#)

Learn more at <https://mchb.hrsa.gov>

White House Blueprint for Addressing the Maternal Health Crisis

Goal 1: Increase Access to and Coverage of Comprehensive High-Quality Maternal Health Services, Including Behavioral Health Services

Goal 2: Ensure Those Giving Birth are Heard and are Decision Makers in Accountable Systems of Care

Goal 3: Advance Data Collection, Standardization, Harmonization, Transparency, and Research

Goal 4: Expand and Diversify the Perinatal Workforce

Goal 5: Strengthen Economic and Social Supports for People Before, During, and After Pregnancy

Source: [White House Blueprint for Addressing the Maternal Health Crisis](#)

Learn more at <https://mchb.hrsa.gov>

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Selected HRSA Programs by Blueprint Goal

- Maternal mental health hotline
- Rural Maternity and Obstetrics Management Strategies (RMOMS) Program
- Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD)

Goal 1

- Alliance for Innovation on Maternal Health (AIM)
- AIM Capacity Program
- Integrated Maternal Health Services Program
- State Maternal Health Innovation

Goal 2

- Maternal Health Research Collaborative for Minority Serving Institutions Health Center Program data reported in alignment with USCDI

Goal 3

- Community Health Worker program
- NHS Corps, Nurse Corps
- MCTAs
- Primary Care Training and Enhancement-Community Prevention and Maternal Health

Goal 4

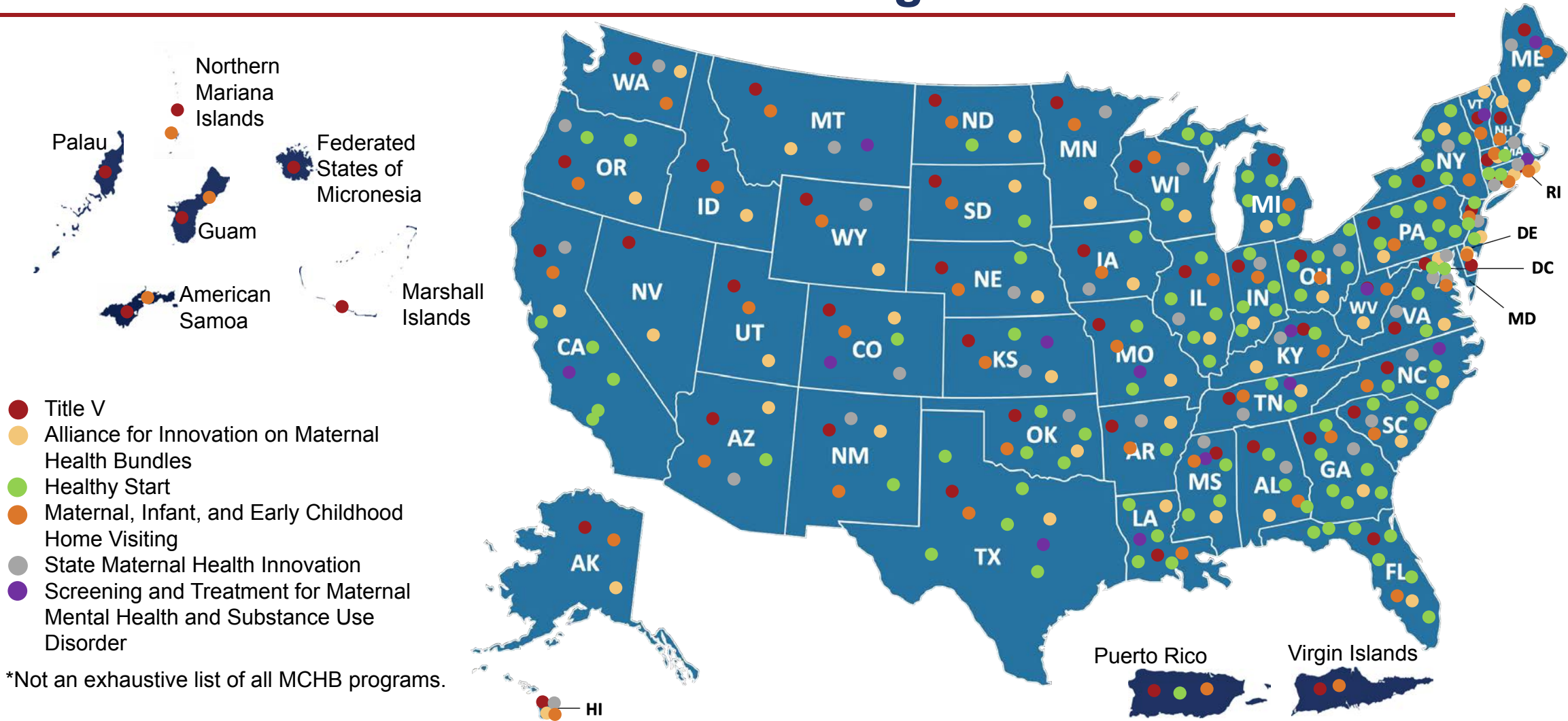
- Healthy Start Program
- Maternal, Infant, and Early Childhood Home Visiting Program

Goal 5

NHS = National Health Services
MCTA = Maternity Care Health Professional Target Area

Note: This is not an exhaustive list of all HRSA programs.

Maternal and Child Health Bureau Programs



Learn more at <https://mchb.hrsa.gov>



Title V Maternal and Child Health (MCH) Block Grant

- Partnership between the federal government and states and jurisdictions to support the health and well-being of all mothers, children, and families
- In 2022, Title V reached more than 61 million people, including:
 - 99% of infants
 - 93% of pregnant women
 - 61% of children, including special health care needs
- Extends to all 50 states, DC, and 8 jurisdictions



Title V in New York: Women's and Maternal Health Domain

Strategies

Strategy 1: Integrate activities across Title V to promote the health and wellness of people of childbearing age

Strategy 2: Strengthen coordination between birthing hospitals, outpatient health care providers, and other community services

Strategy 3: Apply public health surveillance and data analysis findings to improve services and systems

Strategy 4: Apply a health equity lens to address SDOH and reduce disparities

Example Activities

Developed the Perinatal and Infant Community Health Collaborative to support community-based efforts to improve the overall health and well-being of birthing people

Implemented media campaigns: (1) New York State Parent Portal; (2) Vaccine hesitancy

Appointed a perinatal psychiatrist to the Maternal Mortality Review to enable recommendations and strategies to reduce maternal mortality related to mental health conditions

Collaborated with the NYS Perinatal Quality Collaborative on the NYS Birth Equity Improvement Project

Source: [MCH Services Title V Block Grant - New York - FY 2024 Application/FY 2022 Annual Report](#)

Learn more at <https://mchb.hrsa.gov>

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Title V in New York: Perinatal and Infant Community Health Collaboratives (PICHC) Initiative

- Support community-based efforts to improve overall health and well-being of birthing people and their families
- Use of Community Health Workers to outreach and provide supports to eligible individuals at risk for poor birth outcomes
- Collaboration with diverse community partners to mobilize community action and to address SDOH
- 26 PICHC projects across the state:
 - **Western New York** - Chautauqua County, Erie County, Genesee County, Niagara County

For more information: <https://www.health.ny.gov/community/adults/women/pichc/>

Learn more at <https://mchb.hrsa.gov>

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Examples of How Title V Supports State Mental Health Efforts

- Perinatal Mental Health Program with 24-hour telephone consultation for crisis intervention

Illinois



- Parental depression screening during well-child visits

Kansas



- Provider-to-Provider Consultation line for mental health consultations

Louisiana



- Culturally competent public service announcements on maternal mental health

Oklahoma



Source: [TVIS Multi-Year Narrative Search](#)

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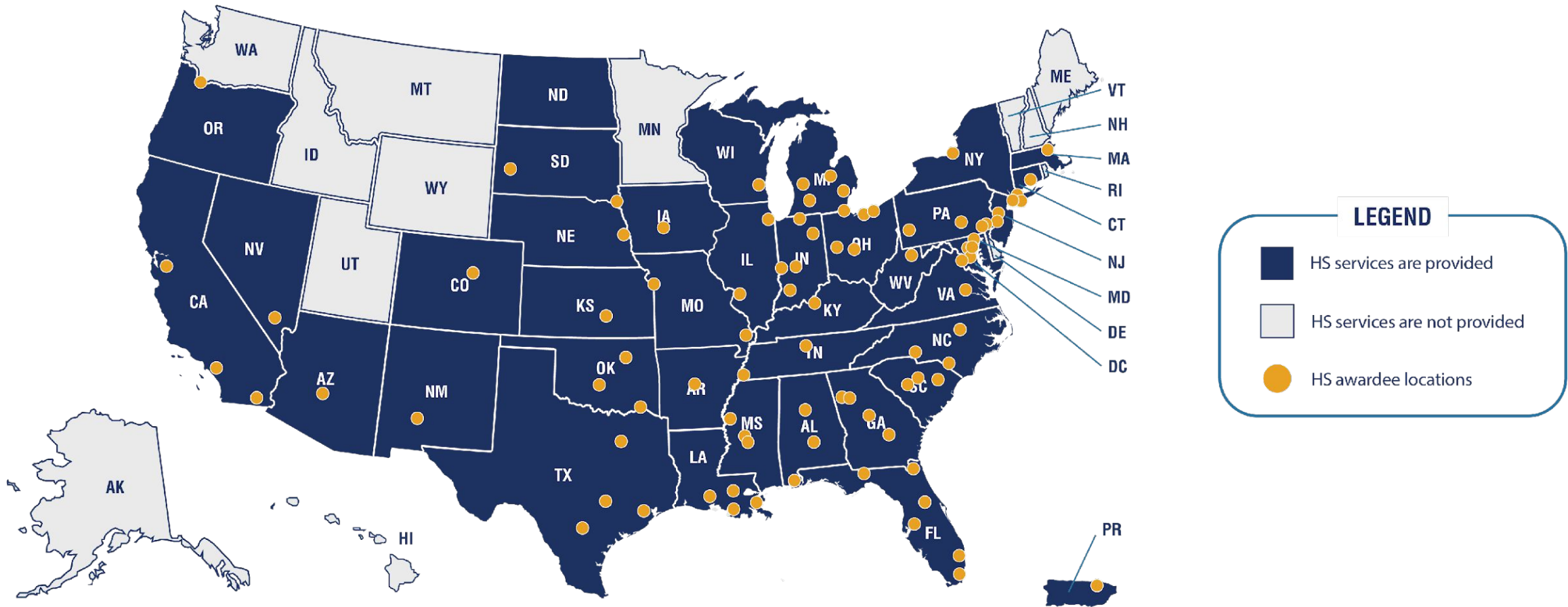


Healthy Start

- Community-driven services and care to reduce disparities in infant and maternal health
- Serves communities with infant death rates that are 1.5x the national average or greater
- 115 sites in 37 states, DC, and Puerto Rico
 - 27 sites serve rural/mostly rural areas
 - 75% of participants belong to racially/ethnically underrepresented groups



States Served and Awardee Locations



Learn more at <https://mchb.hrsa.gov>



Healthy Start Awardees in New York

Awardee Name	City
Albert Einstein College of Medicine	Bronx
Fund for Public Health in New York, Inc.	New York
Public Health Solutions	New York
Community Health Center of Richmond, Inc.	Staten Island
Onondaga County	Syracuse
Cinq Care, Inc.*	Washington, DC

* Cinq Care, Inc. is located in Washington, DC, but will be providing services in Western New York (Erie County)

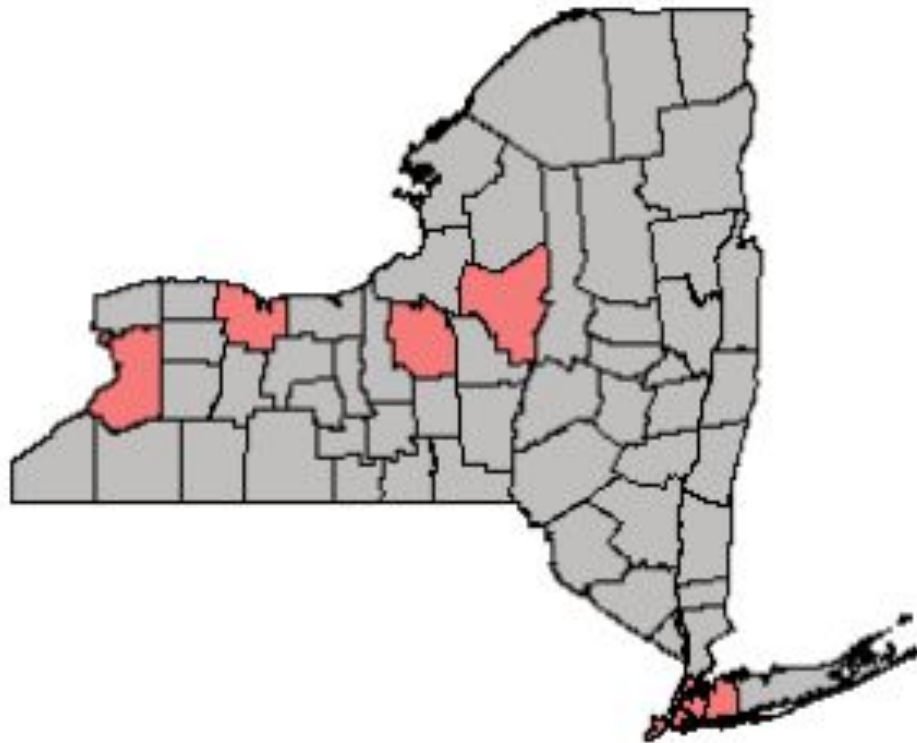


Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

- Evidence-based, voluntary home visiting that connects families to health and social services
- Supports pregnant people and parents of young children in communities that face greater barriers to achieving positive maternal and child health outcomes
- In 2023 MIECHV served:
 - 50 states, D.C., and 5 U.S. territories
 - 919,456 home visits
 - 139,000 parents and children
 - 1,000+ counties (60% were rural)



MIECHV Service Areas in New York in FY23



■ Rural Counties²:

None

■ Non-Rural Counties²:

Erie, Queens, Richmond, Bronx, Kings,
Monroe, Nassau, Oneida, Onondaga

Participants

6,280

Households

3,322

Home Visits

37,719

Source: [New York MIECHV Program FY 2023](#)

Learn more at <https://mchb.hrsa.gov>

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MIECHV Matching Grant Opportunity

- **New:** Opportunity for states and territories to apply for matching funds
- Matching funds will be available beginning in FY24, with increasing amounts through FY27
- Federal government will contribute \$3 for every \$1 contributed by states and territories in non-federal funds, up to a funding ceiling amount



Alliance for Innovation on Maternal Health (AIM)

- A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes, and save lives
- AIM “patient safety bundles” are sets of practices that improve the quality of care provided during delivery and in the postpartum period
- AIM bundle examples:
 - Obstetric Hemorrhage
 - Safe Reduction of Primary Cesarean Birth
 - Care for Pregnant and Postpartum People with Substance Use Disorder



OUD = opioid use disorder
 SUD = substance use disorder
 MAT = medication-assisted treatment
 BHT = behavioral health treatment

AIM Impact in New York

Background

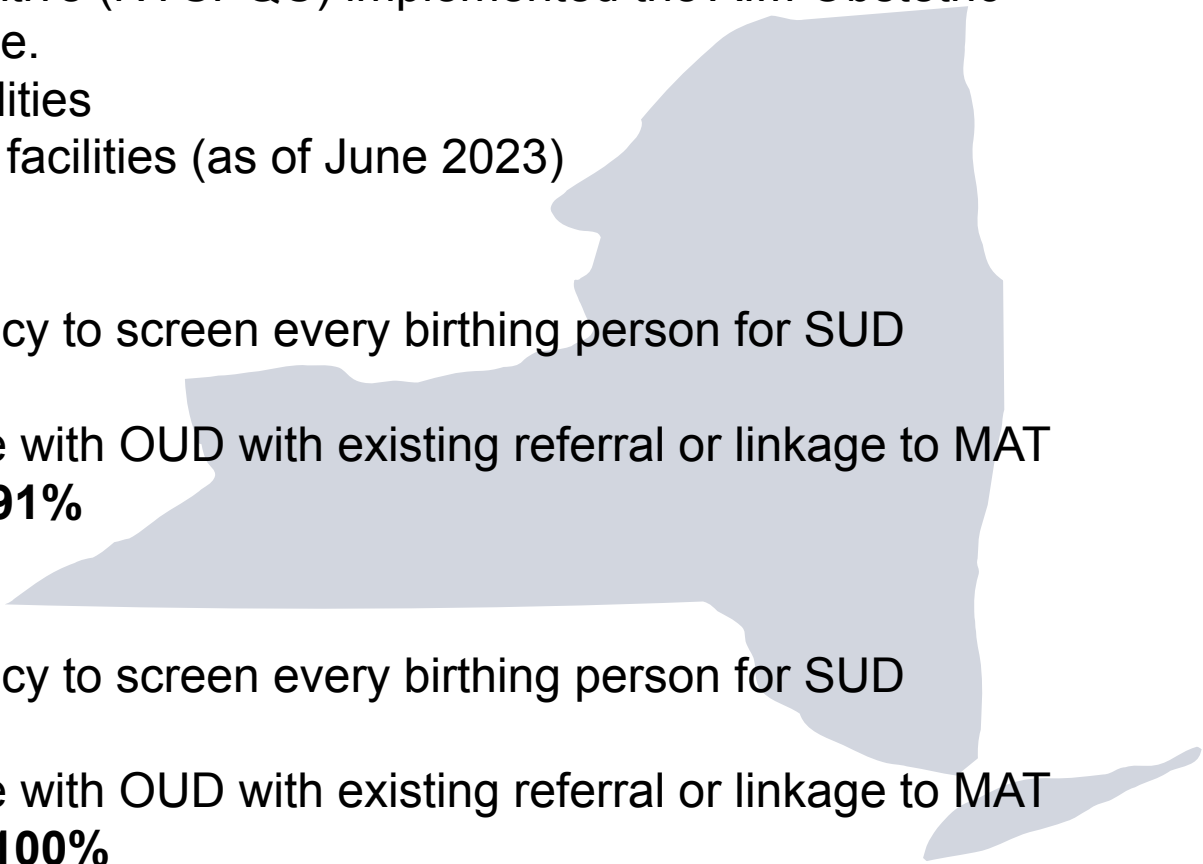
- The New York State Perinatal Quality Collaborative (NYSPQC) implemented the AIM Obstetric Care for Women with OUD patient safety bundle.
 - September 2018: Pilot with 15 birthing facilities
 - December 2020: Expansion to 41 birthing facilities (as of June 2023)

Impact - Pilot

- Percentage of facilities with a unit standard policy to screen every birthing person for SUD **increased from 20% to 93%**
- Percentage of pregnant and postpartum people with OUD with existing referral or linkage to MAT or BHT on admission **increased from 73% to 91%**

Impact – Expansion

- Percentage of facilities with a unit standard policy to screen every birthing person for SUD **increased from 40% to 96%**
- Percentage of pregnant and postpartum people with OUD with existing referral or linkage to MAT or BHT on admission **increased from 64% to 100%**



Source: [AIM Impact Statements](#)

Learn more at <https://mchb.hrsa.gov>



Examples of AIM Impacts in Other States

AIM implemented in nearly 2,000 birthing facilities across the U.S.

Louisiana

Referral to treatment for those screened positive **increased from 36% to 48%** and referral to medication for MOUD **increased from 29% to 34%**



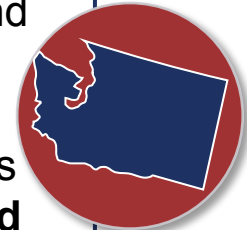
Utah

Pregnant or postpartum people screened for substance use conditions **increased from 46% to 87%**



Washington

Percentage of facilities with unit standard policy and procedure to universally screen all birthing persons for SUD **increased from 30% to 50%**



*Among facilities participating in AIM safety bundle implementation

SUD = substance use disorder
MOUD = medication for opioid use disorder

Source: [AIM Impact Statements](#)

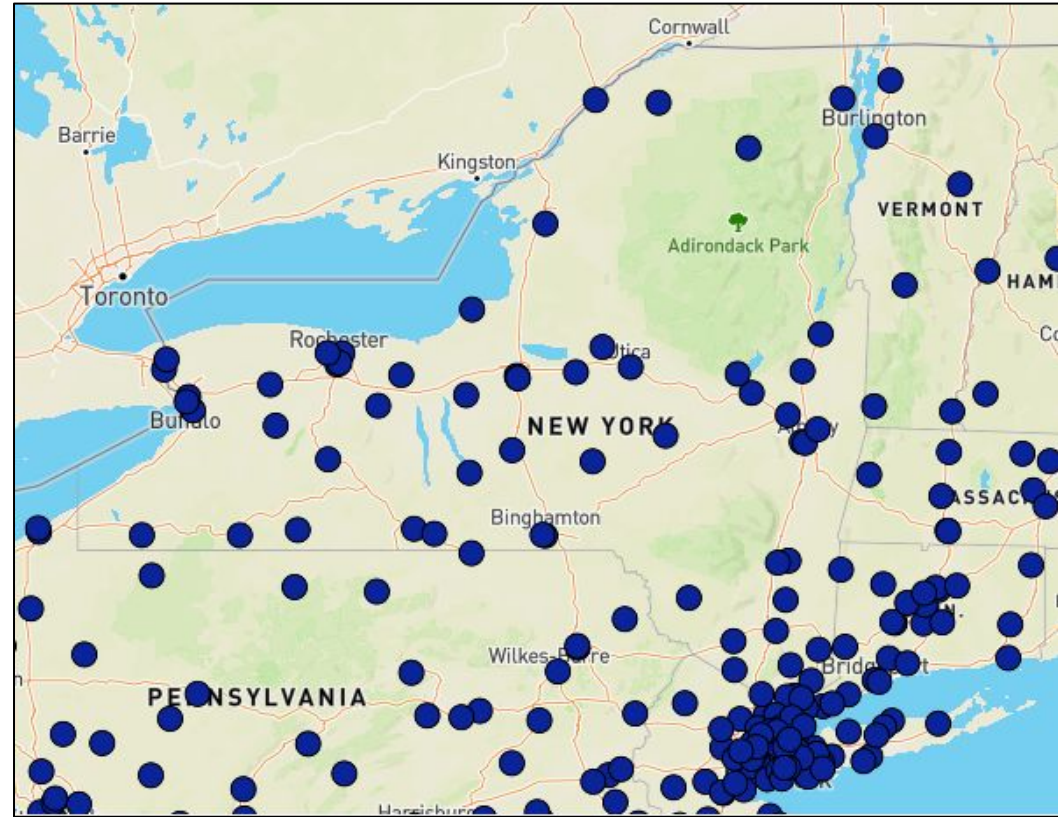
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Other Resources: CMS “Birthing-Friendly” Designation

- “Birthing-Friendly” designation noted on the CMS Care Compare site
- Designation based on structural measure that requires:
 - Participation in state or national quality improvement collaborative
 - Implementation of patient safety bundles or practices (such as AIM)



[Birthing-Friendly Hospitals and Health Systems Interactive Map](#)

State Maternal Health Innovation Program (MHI)

- MHI funds public health departments and universities to improve maternal health by:
 - Establishing a maternal health task force in each state
 - Improving the collection of state-level data on maternal mortality and severe maternal morbidity
 - Launching innovative maternal health service delivery activities



State MHI Examples in New York

- Universal Home Visiting program – increase access to postpartum care in rural communities through virtual home visits with community health workers
 - St. Lawrence County
 - Chenango County
- Project ECHO – to build provider capacity and address maternal health care deserts through virtual communities of learning for healthcare providers and subject matter experts
 - University of Rochester Medical Center
 - Westchester Medical Center

Other State MHI Examples

KangooFix Neonatal Restraint Systems

- Deployed across the state to support mom-newborn transport by ambulance after delivery
- Allows for mom and baby in one ambulance and skin-to-skin contact

Maine



Montana Obstetrics and Maternal Support (MOMS)

- Mobile medical simulation trainings at 18 participating facilities in Eastern Montana
- Training over 150 providers on delivery, postpartum hemorrhage, preeclampsia, shoulder dystocia

Montana



ImPROve Maternal OuTcomEs in Illinois

- Two-generation medical home for postpartum care
- Offers comprehensive wrap-around services
- Admitting over 300 clients to the clinic and continue to receive services

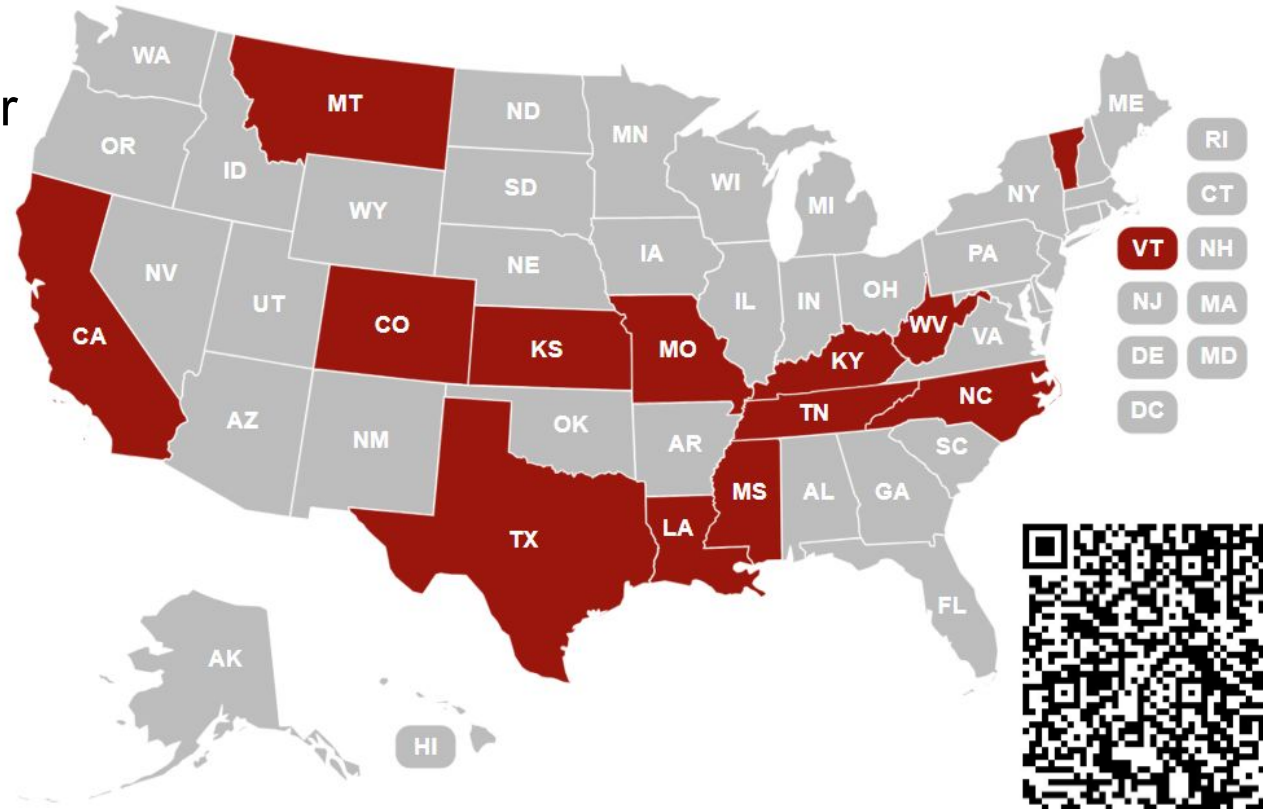
Illinois



Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD)

- **Purpose:** Expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum people for maternal mental health and substance use disorders (SUD)
- **Project Period:** 5 years
- Currently funds **13 states**.
- **Where:** California, Colorado, Kansas, Kentucky, Louisiana, Missouri, Mississippi, Montana, North Carolina, Tennessee, Texas, Vermont, West Virginia

States with MMHSUD Grants



MMHSUD: State Examples

North Carolina

- NC MATTERS offers a clinical psychiatric access line, referral and resource coordination services, patient telepsychiatry assessments, healthcare practitioner training and TA
- During 2024, NC MATTERS launched a Maternal Mental Health Fellowship program with 38 individuals participating in the first cohort

Kansas

- Kansas Connecting Communities (KCC) provides behavioral health education, training, and TA services to a variety of provider types (e.g., home visitors, early care and education providers)
- KCC offers a provider consultation line and virtual case consultations

Louisiana

- Integrates the Louisiana Mental Health Perinatal Partnership with the Pediatric Mental Health Care Access programs
- One provider-to-provider consultation line serves both perinatal and pediatric patients

Opportunities for State and Local Engagement with HRSA

Learn more at <https://mchb.hrsa.gov>

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MCHB Funding Opportunities

Search Grant Funding Opportunities

Keywords Opportunity Status Bureau/Office

Sort by

1-10 of 144 Funding Opportunities

Maternal and Child Health Services

Funding Opportunity Number: HRSA-25-001	Bureau/Office: Maternal & Child Health Bureau	<input type="button" value="View Grant Details"/>
Application Deadline: 07/15/2024	Status: Closed <input type="button" value="⊗"/>	

Maternal and Child Health Policy Innovation Program

Funding Opportunity Number: HRSA-24-037	Bureau/Office: Maternal & Child Health Bureau	<input type="button" value="View Grant Details"/>
Application Deadline: 07/10/2024	Status: Closed <input type="button" value="⊗"/>	

Who can apply: These types of domestic organizations may apply: • Public or private • Non-profit entities, including community-based organizations • For-profit entities • Institutions of higher education (public, private) • Tribal governments or organizations



Find Your State Contacts

The screenshot shows the HRSA website interface. At the top, it says "U.S. Department of Health and Human Services" and "www.hrsa.gov". The HRSA logo is prominent, with "Maternal & Child Health" underneath. A search bar is visible with the text "Search TVIS". Below the search bar are navigation tabs: Home, Reporting Domains, Priorities and Measures, Financial, Data Access/Linkage, State, Archive, and Resources. The main content area features the heading "Explore the Title V Federal-State Partnership" and a paragraph explaining the program's purpose. Below this is a map of the United States with states color-coded by region. To the right of the map, there are statistics for "FY 2022 Expenditures" and "FY 2022 Percentage Served".

U.S. Department of Health and Human Services
www.hrsa.gov

HRSA
Maternal & Child Health

Search TVIS

Search Tips Multi-Year Narrative Text Search

Home Reporting Domains Priorities and Measures Financial Data Access/Linkage State Archive Resources

Explore the Title V Federal-State Partnership

As one of the largest Federal block grant programs, Title V is a key source of support for promoting and improving the health of the Nation's mothers and children. The purpose of the Title V Maternal and Child Health Services Block Grant Program is to create Federal/State partnerships that enable each state/jurisdiction (**hereafter referred to as state**) to address the health services needs of its mothers, infants and children, which includes children with special health care needs, and their families.

National

National Data
FY 2022 Expenditures: \$2,603,831,697

FY 2022 Expenditures
National: \$2,603,831,697

FY 2022 Percentage Served



Search by state or region for MCH directors.

Learn more at <https://mchb.hrsa.gov>



National Maternal Mental Health Hotline



For support, understanding, and resources, CALL
OR TEXT 1-833-852-6262 (1-833-TLC-MAMA)



Free Promotional Material Available

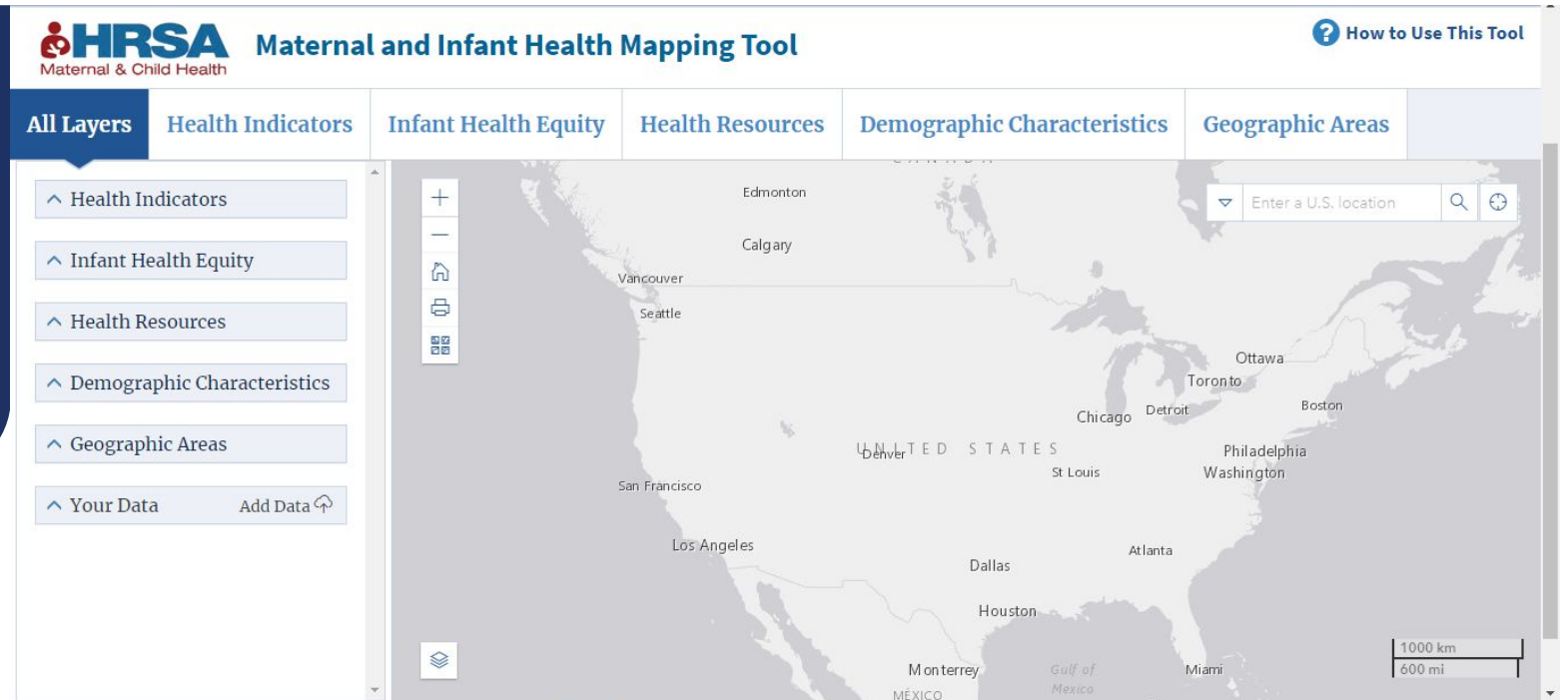
Learn more at <https://mchb.hrsa.gov>

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Maternal and Infant Health Mapping Tool

Interactive online tool designed to help federal, state and local decision-makers and others visualize maternal and infant health factors to assist in understanding need and targeting resources.



The screenshot shows the HRSA Maternal and Infant Health Mapping Tool interface. At the top, the HRSA logo and title "Maternal and Infant Health Mapping Tool" are displayed, along with a "How to Use This Tool" link. Below the title is a navigation bar with tabs for "All Layers", "Health Indicators", "Infant Health Equity", "Health Resources", "Demographic Characteristics", and "Geographic Areas". The "All Layers" tab is active, showing a list of layers: "Health Indicators", "Infant Health Equity", "Health Resources", "Demographic Characteristics", "Geographic Areas", and "Your Data" (with an "Add Data" button). The main area is a map of the United States with various cities labeled, including Edmonton, Calgary, Vancouver, Seattle, San Francisco, Los Angeles, Dallas, Houston, Monterrey, Miami, Chicago, Detroit, Toronto, Ottawa, Boston, Philadelphia, Washington, and St. Louis. A search bar at the top right of the map says "Enter a U.S. location". A scale bar at the bottom right indicates 1000 km and 600 mi.

Readiness for Obstetrical Emergencies



AIM Obstetric Emergency Readiness Resource Kit

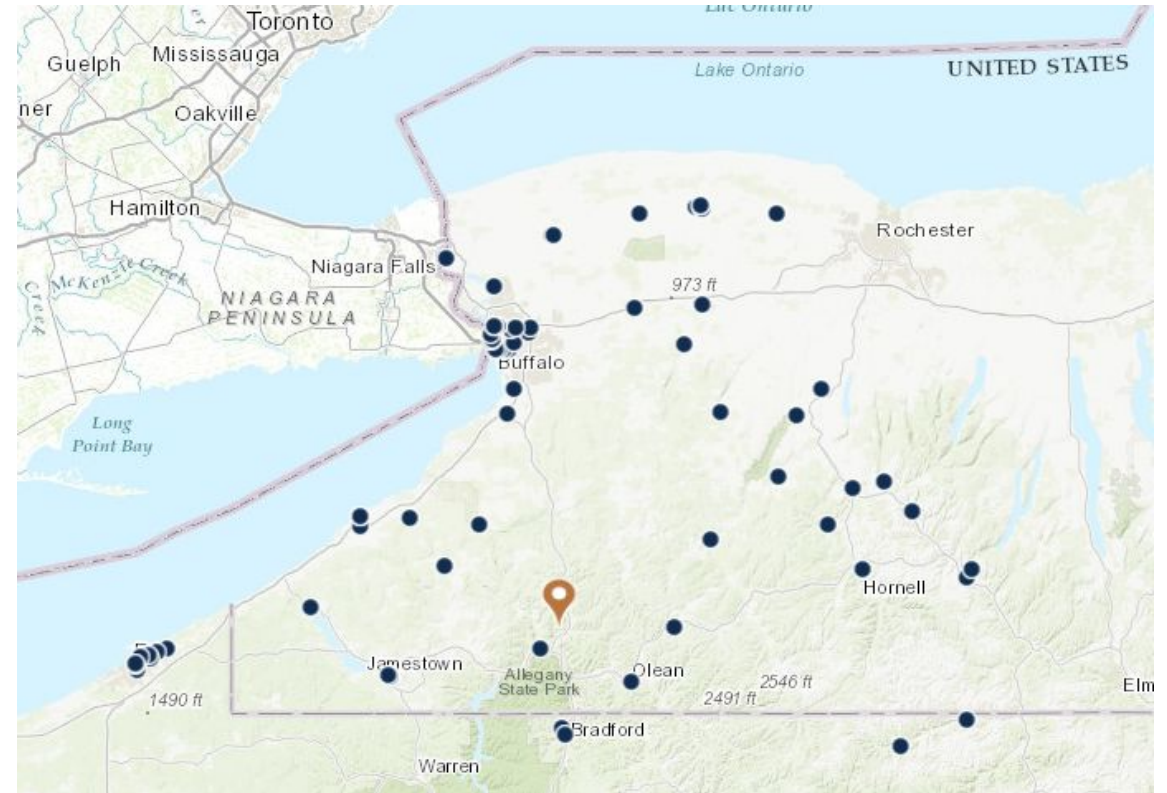
Resources for teams in healthcare settings that may not typically provide obstetrics services



Community Health Centers



[Find a Health Center \(hrsa.gov\)](https://hrsa.gov)



Source: <https://bphc.hrsa.gov/about-health-center-program/what-health-center>

Learn more at <https://mchb.hrsa.gov>



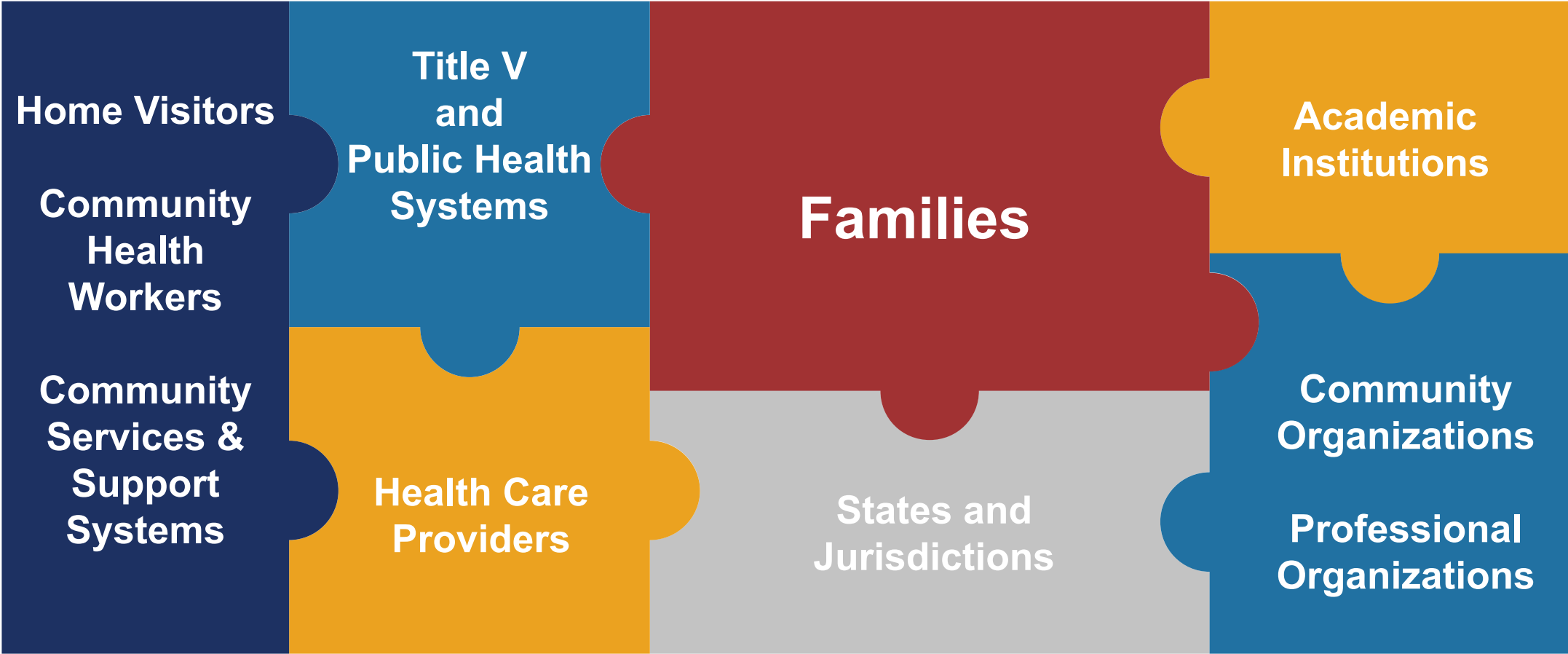
Opportunities to Get Involved

- Connect with your state's Title V Director
 - ✓ Engage in the **Title V Needs Assessment**
 - ✓ Identify opportunities to align Title V Action Plan with your state rural health plans
- Behavioral Health
 - ✓ Promote the **National Maternal Mental Health Hotline**
 - ✓ Increase provider awareness of state teleconsultation programs
- Use and/or implement existing resources
 - ✓ Query the **interactive mapping tool** to assess maternal and infant health indicators in your geographic area
 - ✓ Engage more hospitals to implement and sustain **AIM patient safety bundles**
 - ✓ Increase awareness of the **AIM Obstetric Emergency Readiness Resource Kit** in clinical settings that do not routinely encounter obstetric emergencies
- Establish relationships with Health Centers
 - ✓ Bidirectional referrals between primary care and public health services

Learn more at <https://mchb.hrsa.gov>



Work Together



Contact Information

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Senior Epidemiologist

Office of Epidemiology and Research

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

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Connect with HRSA

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Additional Slides



Maternal Health Research Collaborative for MSIs

To establish a research network that is comprised of and supports **minority-serving institutions** (MSIs) to study health disparities in maternal health outcomes

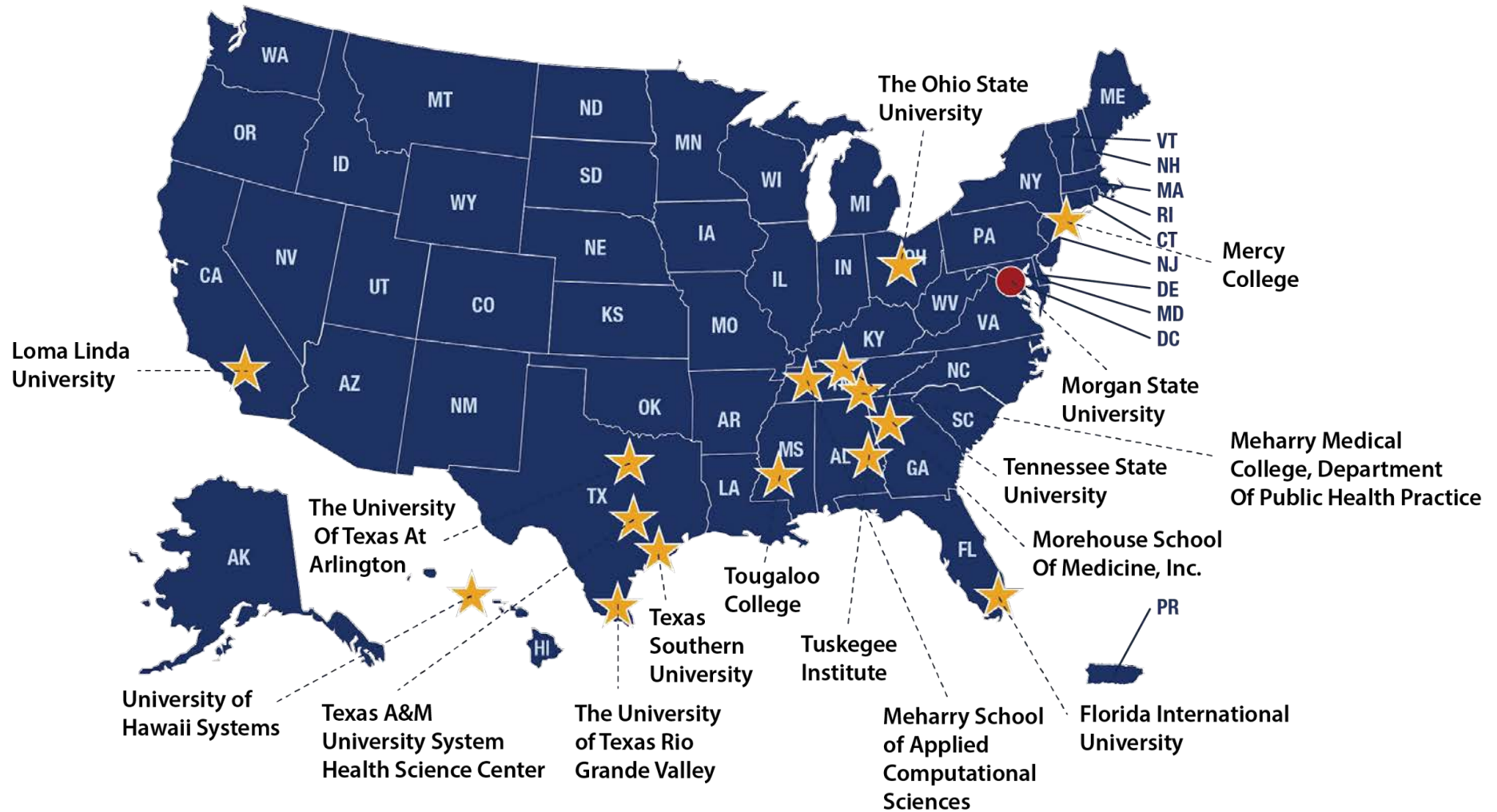
Research Centers

- Research the root causes of disparities in maternal health outcomes and find **community-based solutions** to advance maternal **health equity**

Coordinating Center

- Help Research Centers (RCs) meet project objectives
- Enhance RCs' productivity, efficiency, and public health impact
- Support RCs & other MSIs to build their capacity in maternal health disparities research
- Create/disseminate curricula on the impact of climate change on maternal health disparities

Geographic Distribution of Awardees



Learn more at <https://mchb.hrsa.gov>

