



Reversing Maternal Mortality Trends

NCSL Legislative Summit 2023





National Conference of State Legislatures (NCSL) Summit

August 15, 2023

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Associate Administrator
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Maternal and Child Health Bureau Strategic Plan

Mission

To improve the health and well-being of America's mothers, children, and families.

Vision

Our vision is an America where all mothers, children, and families thrive and reach their full potential.

MCHB Goals

ACCESS

Assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations.

EQUITY

Achieve health equity for MCH populations.

CAPACITY

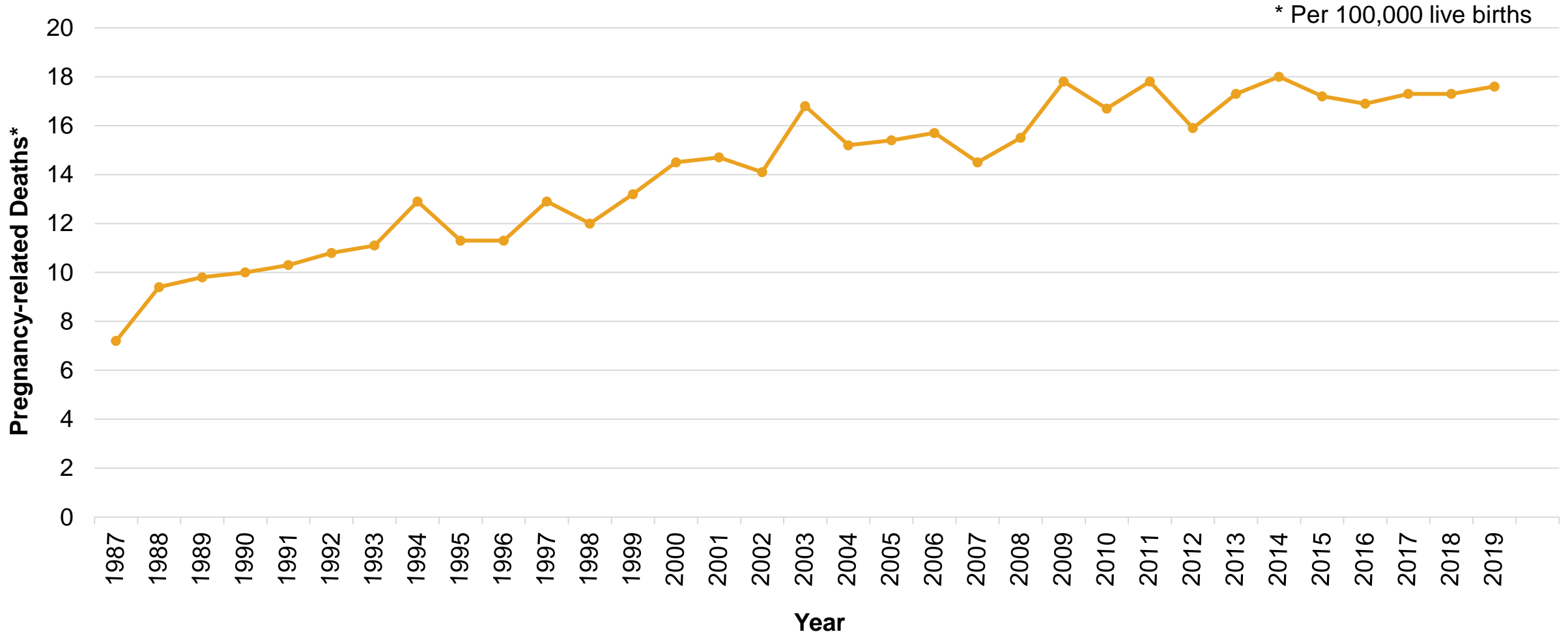
Strengthen public health capacity and workforce for MCH.

IMPACT

Maximize impact through leadership, partnership, and stewardship.



Trends in Pregnancy-related Mortality Ratios 1987-2019

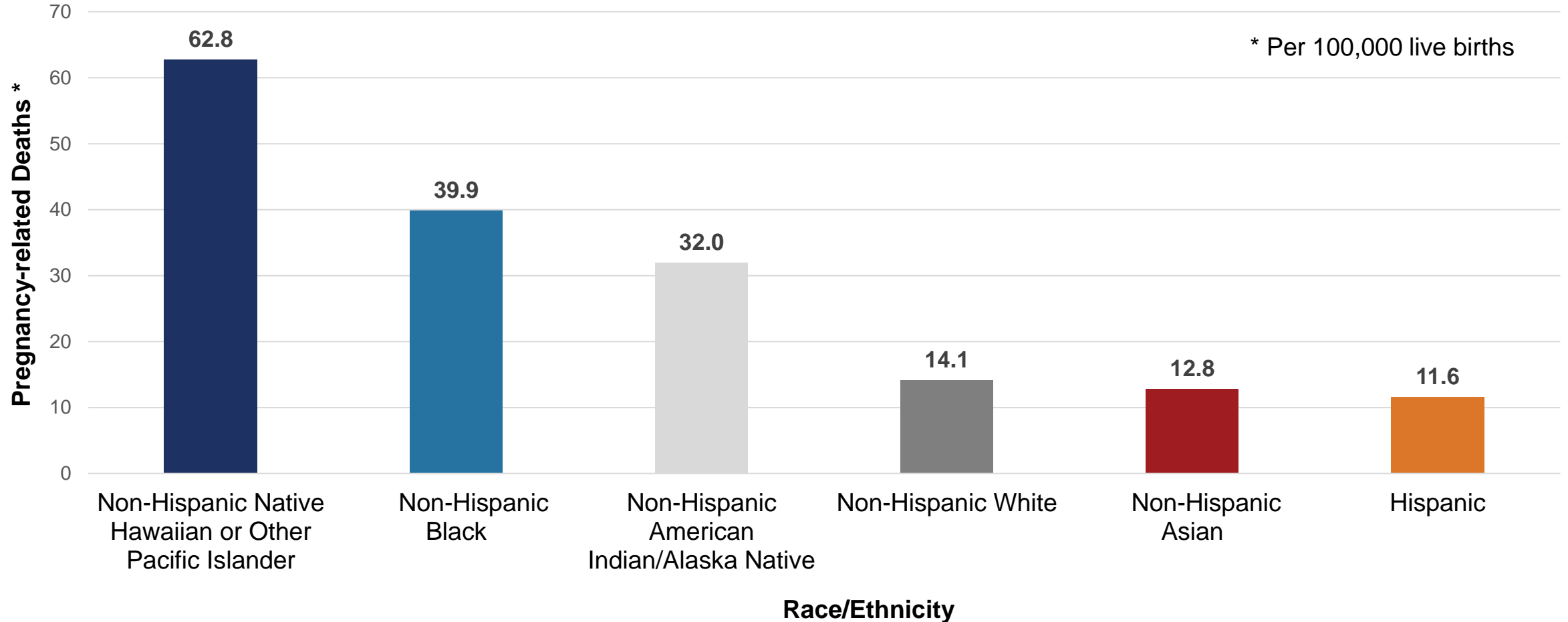


Source: Pregnancy Mortality Surveillance System | Maternal and Infant Health | CDC

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



Pregnancy-related Mortality Ratio by Race/Ethnicity 2017-2019



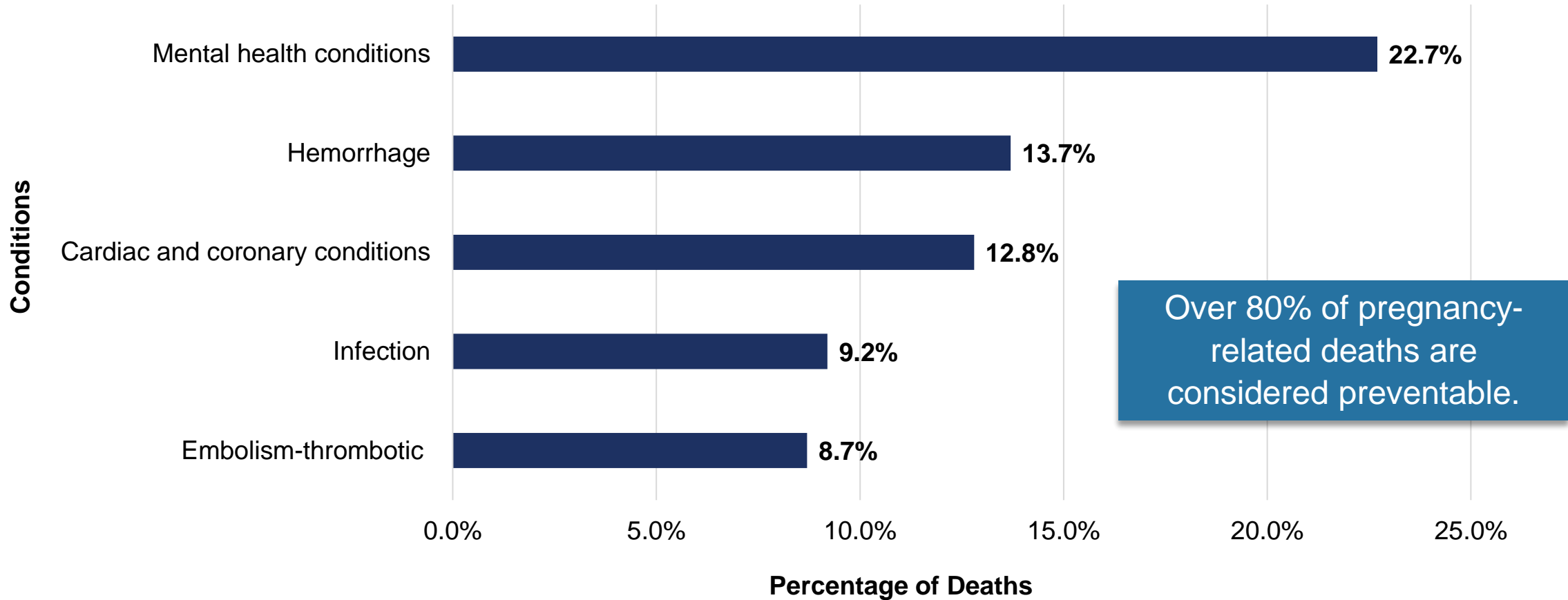
Source: Pregnancy Mortality Surveillance System | Maternal and Infant Health | CDC

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Leading Causes of Pregnancy-related Deaths

Five Leading Underlying Causes of Pregnancy-related Deaths in 36 States



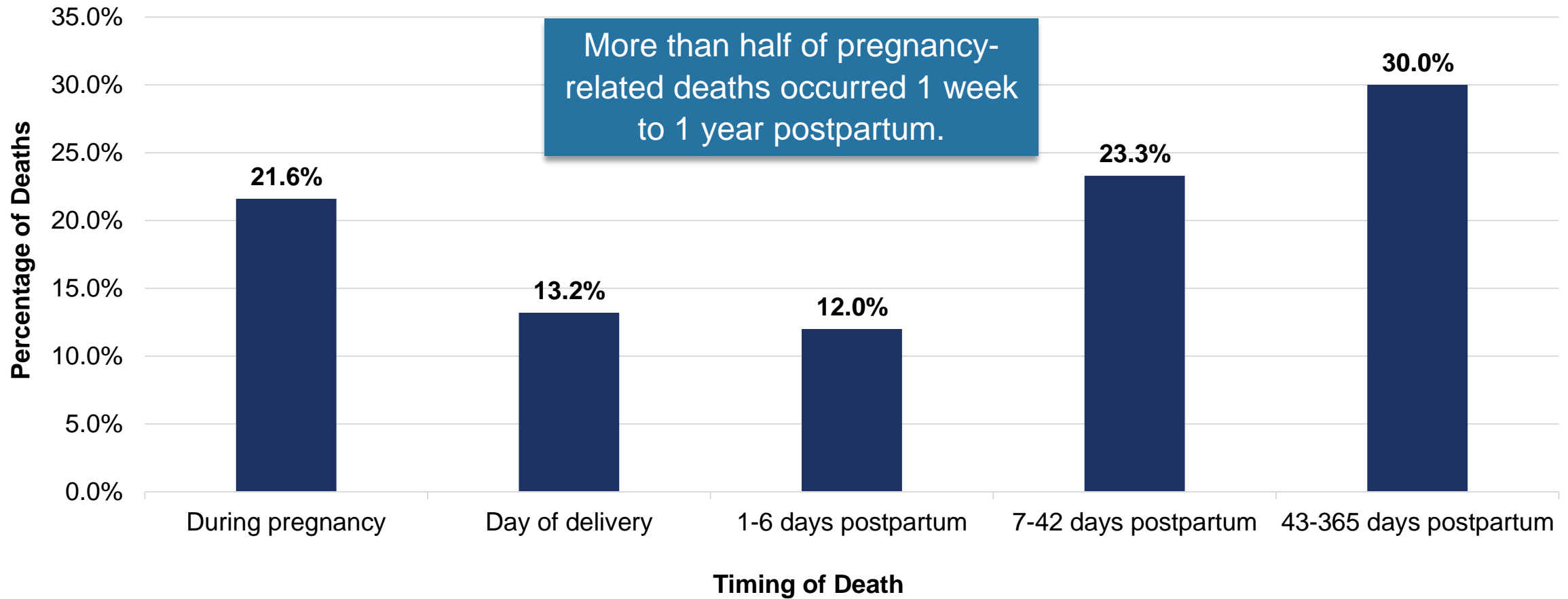
Source: Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019 | CDC

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



Distribution of Pregnancy-related Deaths by Timing of Death

Distribution of Pregnancy-related Deaths in 36 States



Source: Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019 | CDC

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

Paradigm for Improving Maternal Health



Accelerate

Hasten pace of change, innovate, & build evidence



Upstream

Promote prevention and a life course approach



Together

Collaborate, include voices of partners and people we serve

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LETTER OF TRANSMITTAL.

U. S. DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Washington, September 25, 1916.

SIR: I transmit herewith a report entitled "Maternal Mortality from all Conditions Connected with Childbirth in the United States and Certain Other Countries," by Dr. Grace L. Meigs, in charge of the hygiene division of this bureau. This report has been prepared because the bureau's studies of infant mortality in towns and rural districts reveal a connection between maternal and infant welfare so close that it becomes plain that infancy can not be protected without the protection of maternity.

In this study Dr. Meigs undertakes to do no more than to assemble and interpret figures already published by the United States Bureau of the Census and by the statistical authorities of various foreign countries, and to state accepted scientific views as to the proper care of maternity. She points out clearly that maternal mortality is in great measure preventable, that no available figures show a decrease in the United States in recent years, and that certain other countries now exhibit more favorable rates. This report reveals an unconscious neglect due to age-long ignorance and fatalism. It is earnestly believed that whenever the public realizes the facts it will awake to action and that adequate provision for maternal and infant welfare will become an integral part of all plans for public health protection.

The generous assistance of the United States Bureau of the Census in the preparation of this report is gratefully acknowledged.

Dr. Meigs desires that special mention be made of the assistance of Miss Emma Duke, head of the statistical division of the Children's Bureau, and of Miss Viola Paradise, research assistant in the division of hygiene.

Respectfully submitted.

JULIA C. LATHROP,
Chief of Bureau.

HON. WILLIAM B. WILSON,
Secretary of Labor.

5

"...clearly that maternal mortality is in great measure preventable,

that no available figures show a decrease in the United States in recent years,

and that certain other countries now exhibit more favorable rates...."

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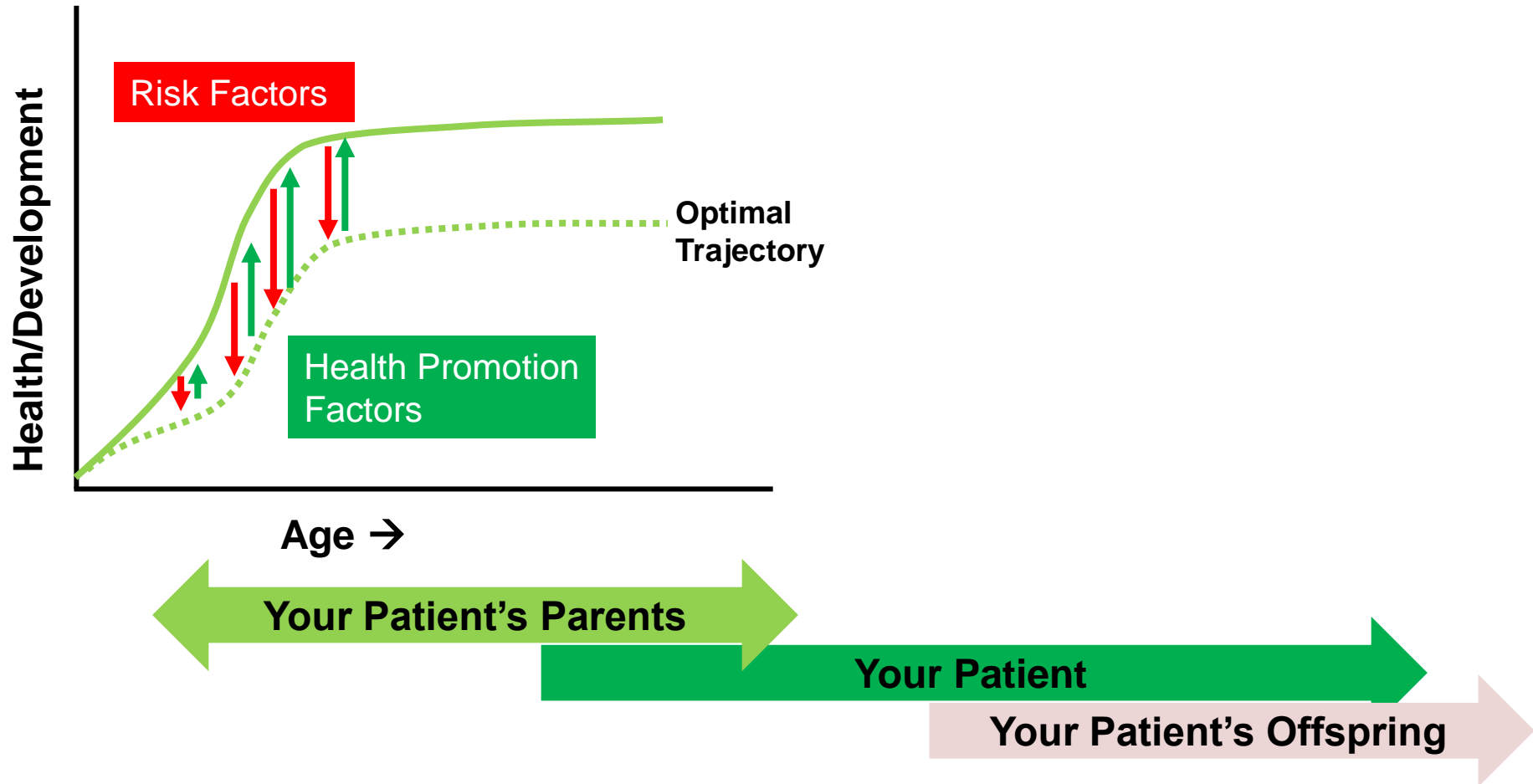
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11



Life Course Approach



What Determines Health?

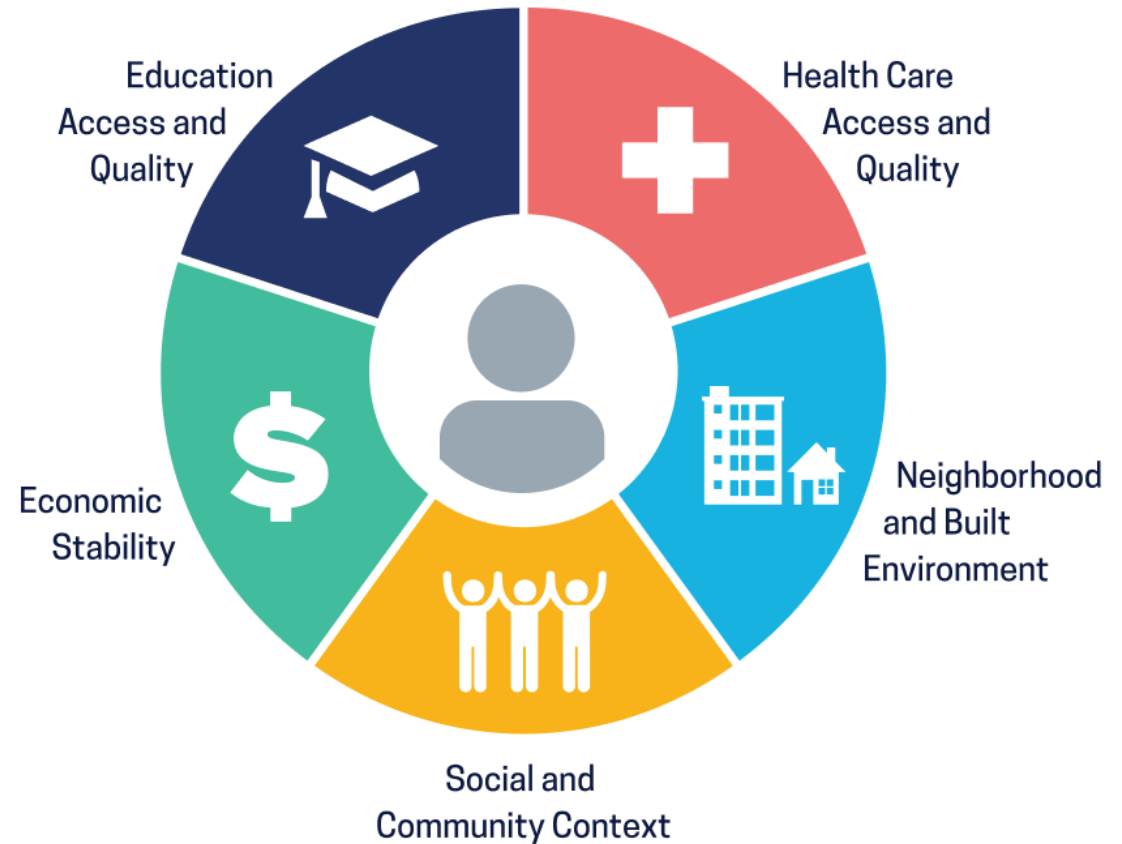


10-20%

**Several studies
show health care
accounts for only 10-
20% of overall health**

Other Factors that Determine Health

- Social and economic factors
- Behavioral health and patterns
- Physical environment
- Policy



Graphic Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 02/11/2021, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Thinking Upstream About Maternal Health



Bright Futures



Women's
Preventive
Services
Initiative
(WPSI)



Healthy Start



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

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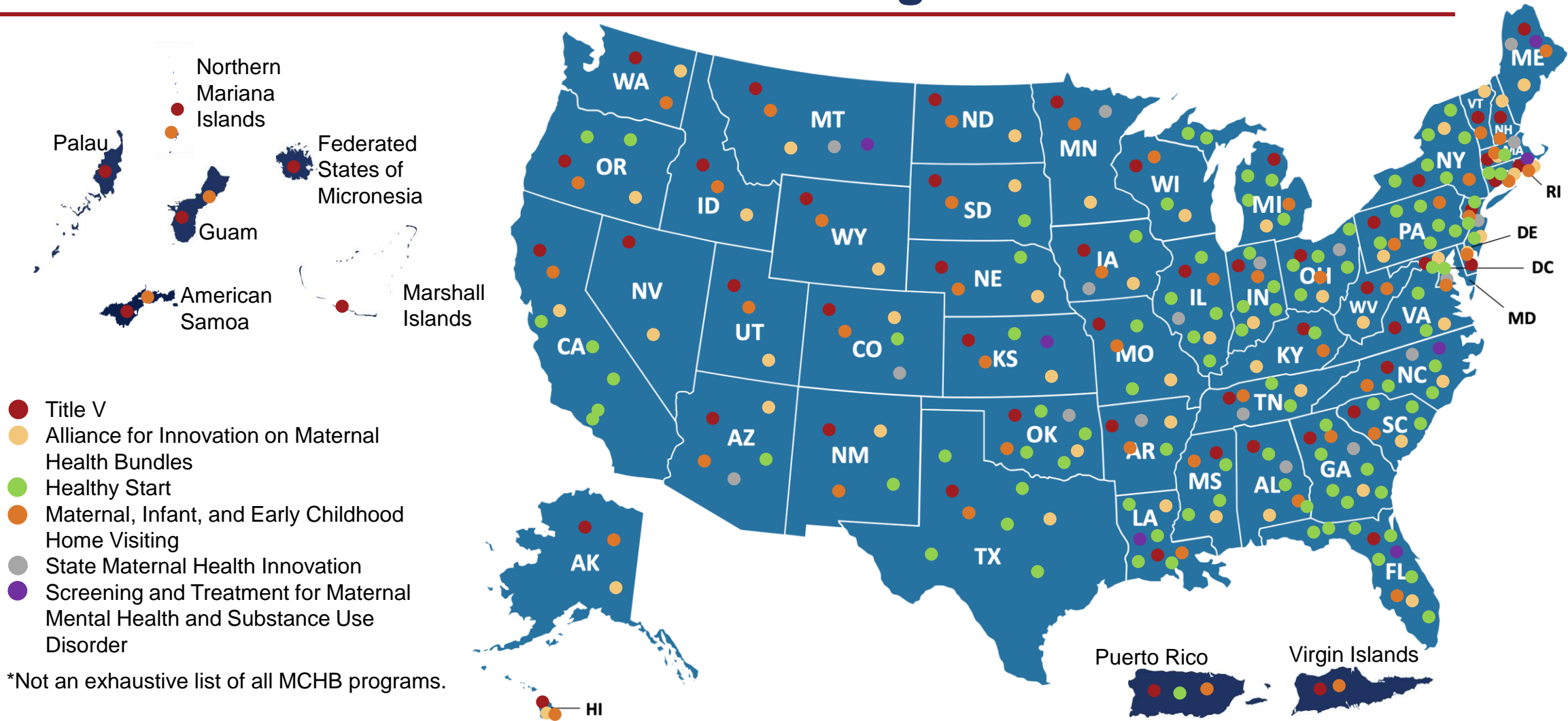
16

Working Together through Listening

- Listening to individuals, communities, and states to inform program development and grantmaking
- Emphasizing the role of family engagement and those with lived experiences



Maternal and Child Health Bureau Programs



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



What Can You Do?



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

19



National Maternal Mental Health Hotline

1-833-TLC-MAMA (1-833-852-6262)

Free, confidential, 24/7 mental health support for moms and their families before, during, and after pregnancy. English- and Spanish-speaking counselors are available. Interpreter services supporting 60 other languages.



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

20



Ensuring Maternal and Child Health Populations Have Health Insurance

- **Challenge:** States will now decide who still qualifies for coverage.
- **Solutions:** Help connect people to their State Medicaid or CHIP program to update contact information and complete paperwork. Help people who no longer qualify for Medicaid or CHIP apply for coverage through [HealthCare.gov](https://www.healthcare.gov).
- **Resources:** [Unwinding Communications Toolkit](#) (in [English](#) and [Spanish](#); some materials available in [Chinese](#), [Hindi](#), [Korean](#), [Tagalog](#), and [Vietnamese](#))

Help the estimated 6.8 million eligible people continue to receive health coverage.



Have you heard the news?

Your state will restart eligibility reviews.

DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE. GET READY TO RENEW NOW.



Find Your State Contacts

Search by state or region for contact information on:

- Maternal and Child Health Directors
- Children with Special Health Care Needs Directors
- State Family or Youth Leaders



Contact Information

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Health Resources and Services Administration (HRSA)

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Reversing Maternal Mortality Trends

Zsakeba Henderson, MD, FACOG
Founder & Principal Consultant,
Equity Safety and Wellbeing
Consultants



ESW CONSULTANTS
EQUITY | SAFETY | WELLBEING

His partner died after giving birth. Fighting Black maternal mortality is now this dad's mission



Lost Mothers

An estimated 700 to 900 women in the U.S. died from pregnancy-related causes in 2016. We have identified 134 of them so far.

Black Mothers Keep Dying After Giving Birth. Shalon Irving's Story Explains Why

December 7, 2017 · 7:51 PM ET
Heard on All Things Considered

NINA MARTIN, PROPUBLICA



RENEE MONTAGNE

Maternal health disparities highlighted by death of Black pregnant mom

Brooklyn woman dies after giving birth, causing the hospital to review their internal pro



US sees continued rise in maternal deaths – and ongoing inequities, CDC report shows

By Jacqueline Howard, CNN
Updated 8:24 AM EST, Wed February 23, 2022



New York mother dies after raising alarm on hospital neglect

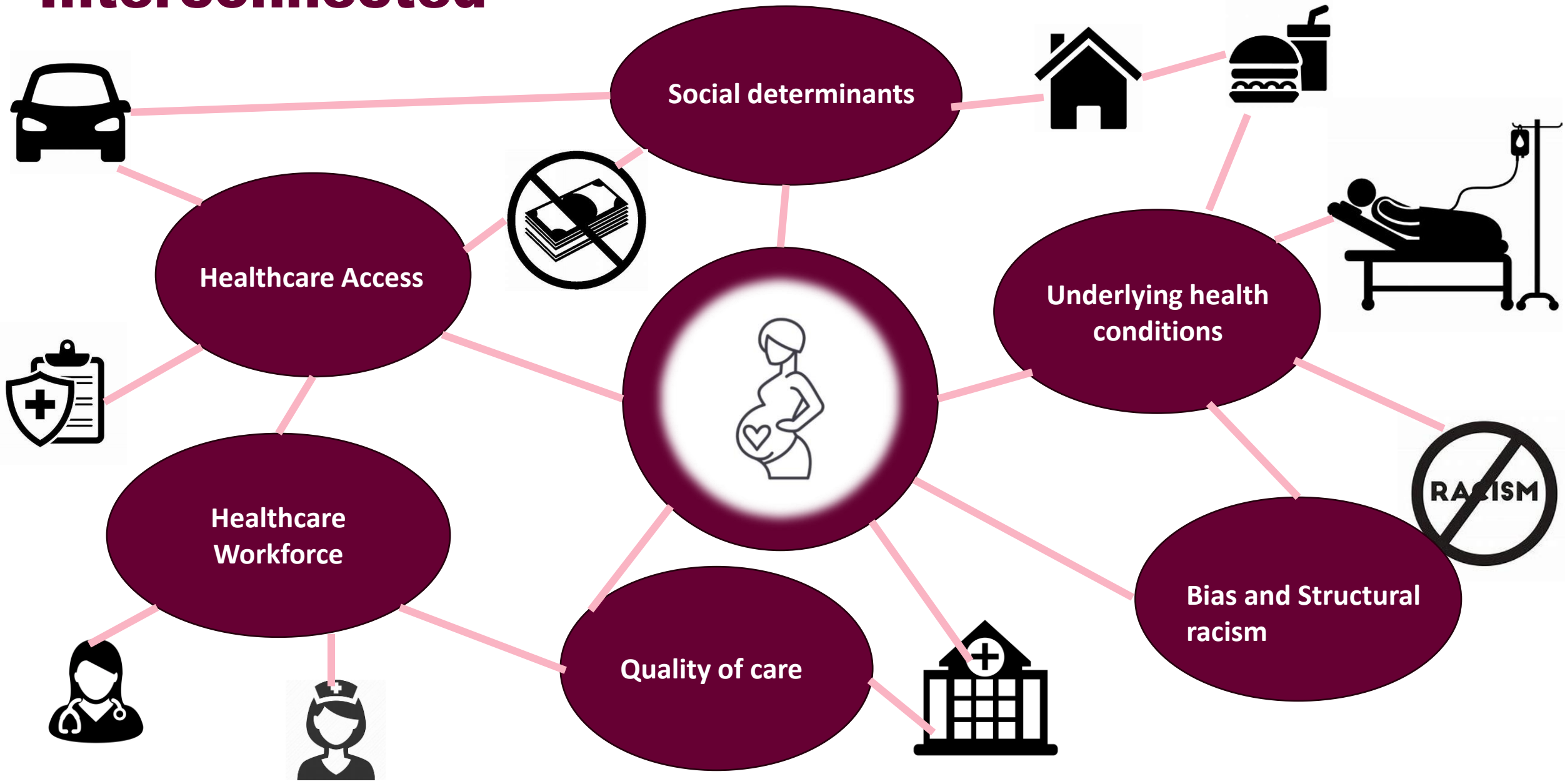


Amber Rose Isaac died less than four days after tweeting that she should write an exposé on 'dealing with incompetent doctors'



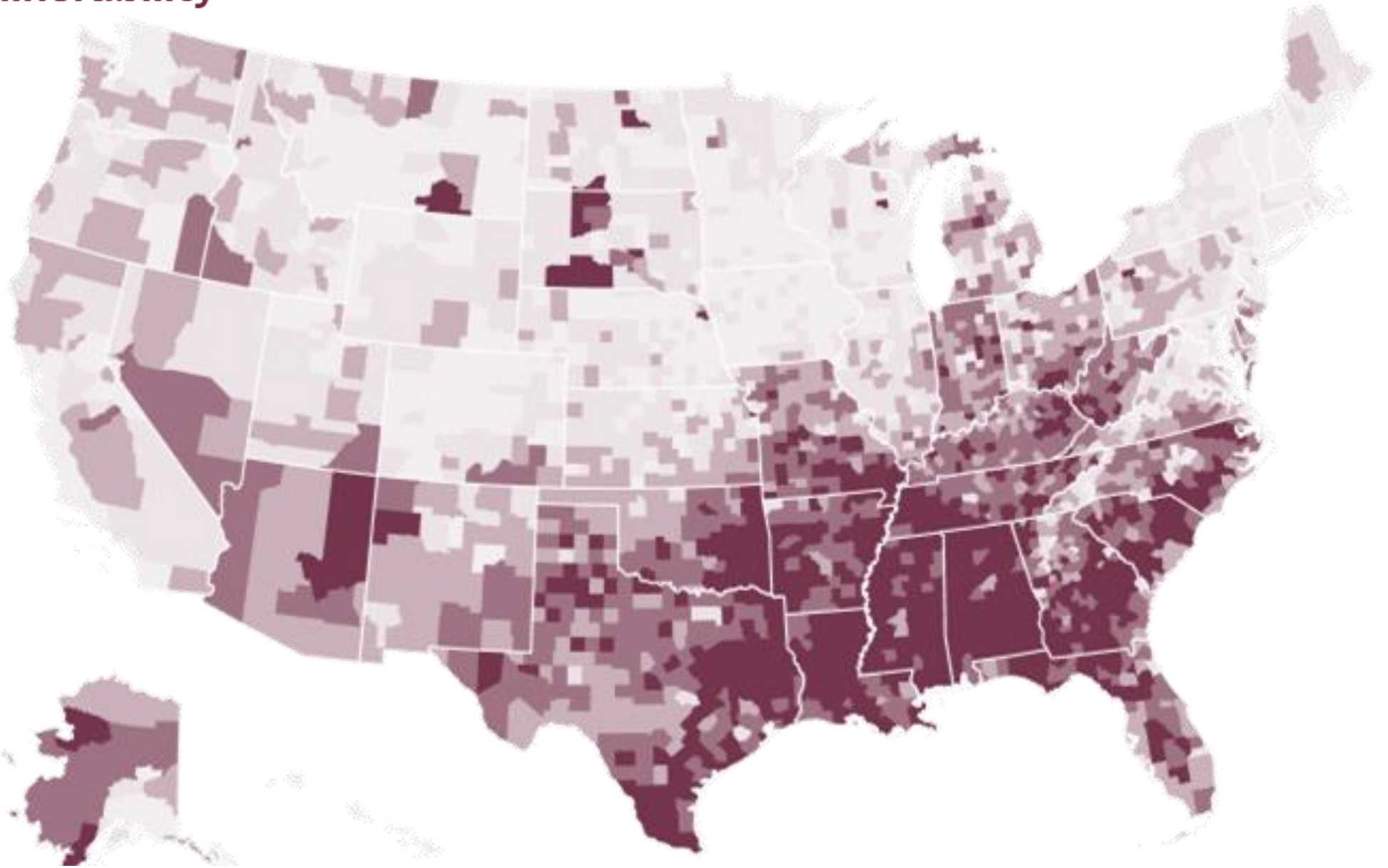
Amber Rose Isaac. Photograph: Bruce McIntyre III

The Drivers of Maternal Health are Complex and Interconnected



Maternal Vulnerability

- Very High
- High
- Moderate
- Low
- Very Low



Source: Surgo Ventures - The U.S. Maternal Vulnerability Index (MVI)

State Policies to Improve Maternal Health Outcomes



Coverage and benefits



Care Delivery
Transformation



Data and Oversight

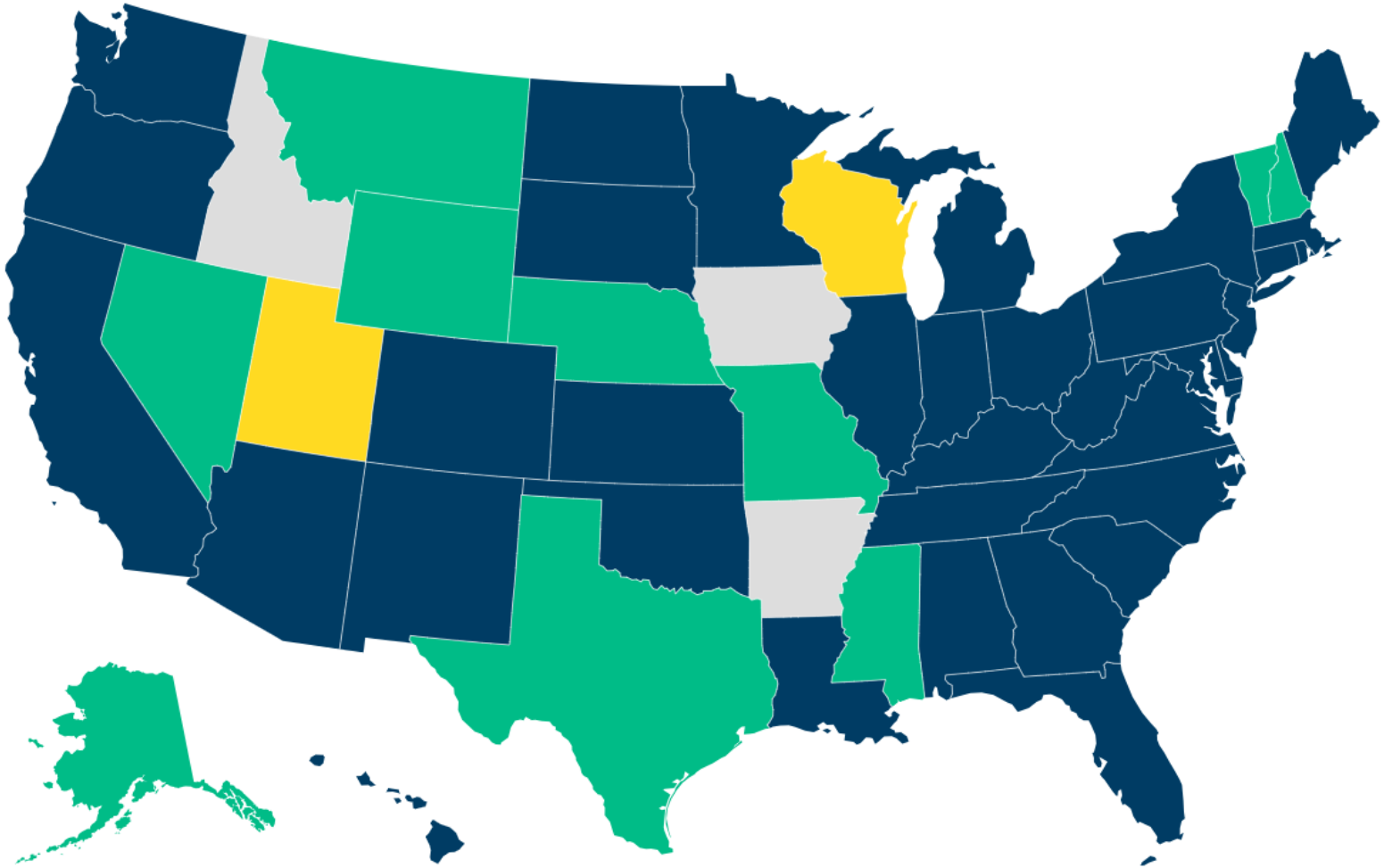
Coverage and Benefits

- COVID-19 Telehealth benefits
- **Postpartum coverage**
- **Freestanding Birth Centers**
- **Doula Services**
- **Midwifery Services**
- Immigrant 5-year Waiver, Medicaid
- Pre-COVID-19 Telemedicine for Pregnancy Care
- Presumptive Eligibility
- High-risk Subpopulations
- Education to enrollees

Postpartum
Medicaid
Extension to
12 months

Postpartum Coverage Tracker Map

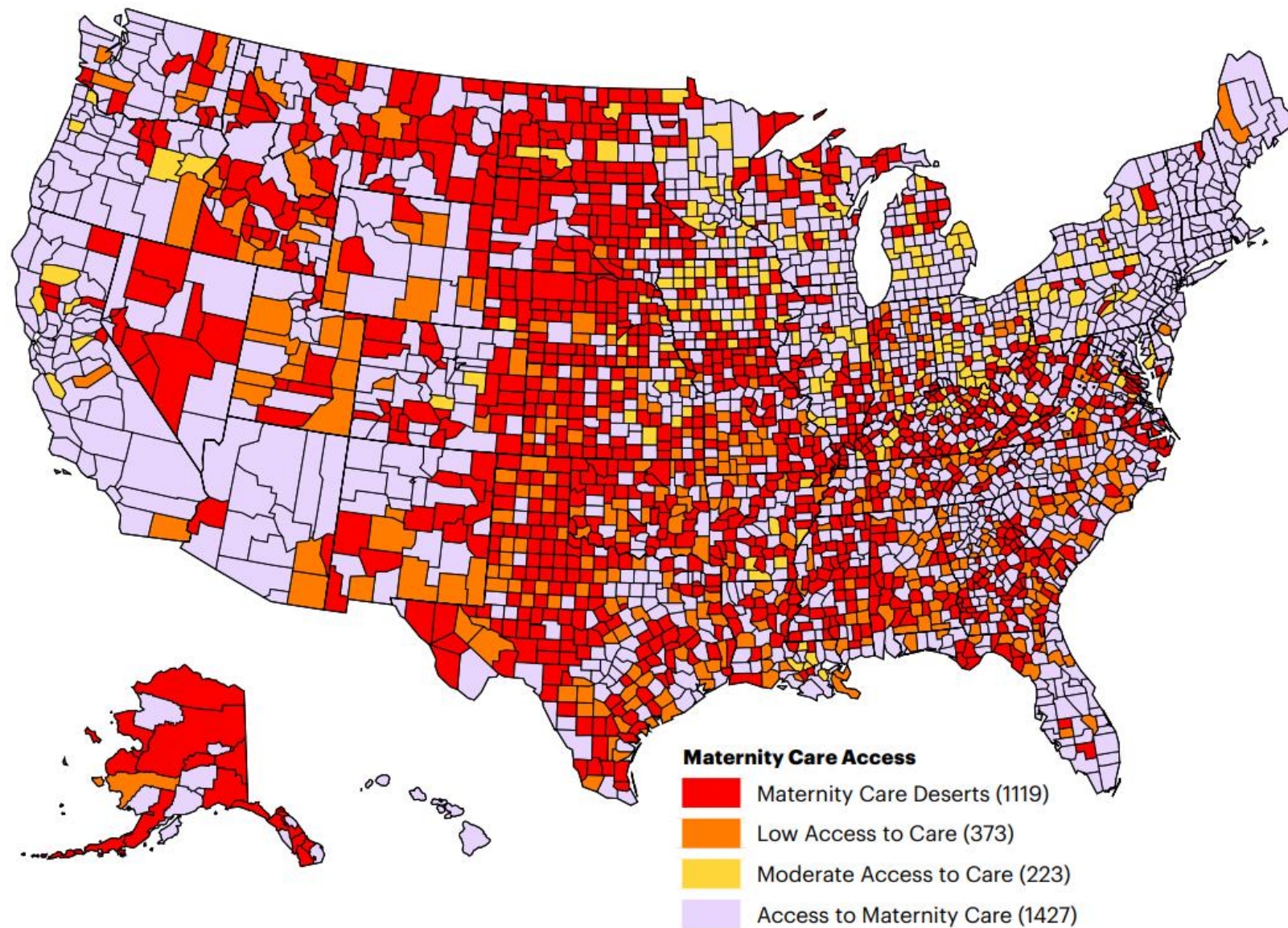
- 12-month extension implemented (36 states including DC)
- Planning to implement a 12-month extension (10 states)
- Limited coverage extension proposed (2 states)



NOTE: CMS approved the U.S. Virgin Island's [state plan amendment](#) on 6/23/2023.
SOURCE: [KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation](#), as of July 28, 2023. • PNG



Maternity Care Deserts, 2020



Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2021.

Care Delivery Transformation

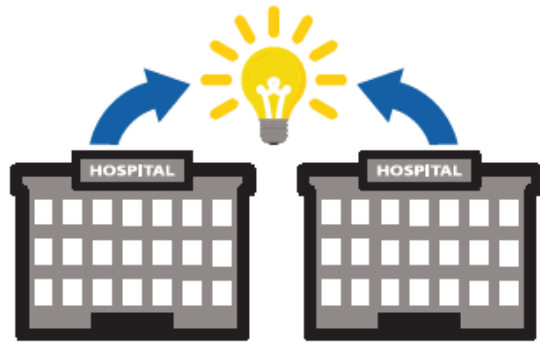
- **Models of Care Delivery**
- Monetary Incentives for Enrollees
- **Payment Reform**
- Integrating Mental Health
- Substance use Disorder Programs
- Provider Bias Training
- **Enhancing Maternity Care Workforce**
- **Quality Improvement Collaboratives**

PERINATAL QUALITY COLLABORATIVES (PQCS)

State or multi-state networks of multidisciplinary teams that are working to improve measurable outcomes for maternal and infant health by:

- Advancing evidence-informed clinical practices and processes using quality improvement (QI) principles
- Addressing gaps by working with clinical teams, experts and stakeholders, including patients and families
- Spreading best practices
- Reducing variation
- Optimizing resources to improve perinatal care and outcomes

KEY PQC STRATEGIES



Collaborative
Learning



Rapid Response
Data



Quality Improvement
Science Support

Ultimate Goal = improvements in population-level outcomes in maternal and infant health

State Perinatal Quality Collaboratives Successes

- **Increased the percentage of patients with severe high blood pressure treated within 60 minutes** from 41% at baseline to 79% in the first year of the project.
- **Increased access of mothers with opioid use disorder to medication-assisted treatment (11% to 36%) and breastfeeding counseling (51% to 72%)** over a 13-month time period.
- **Reduced serious pregnancy complications among women with severe bleeding during pregnancy or delivery**, decreasing rates by 22.7% at baseline to 18.0% in the last half of the 14-month project.



Data and Oversight

- Advisory Councils
- **Maternal Mortality Review Committees (MMRCs)**
- **Race-Stratified Data**
- Maternal health research
- **Enhancing Data Collection**
- Recognition Resolutions

The Nurture NJ Maternal and Infant Health Strategic Plan

- Designed to build a complete ecosystem that supports the health and well-being of mothers and infants
- Includes over 70 recommendations for maternal health stakeholders
- 43 pieces of maternal and infant health legislation passed, including:
 - Establishment of a state maternal health report card
 - Postpartum Medicaid extension to 12 months
 - Medicaid coverage for doula care
 - Prohibition of coverage for non-medically indicated early elective deliveries
 - NJ Maternal Care Quality Collaborative
 - NJ Maternal Mortality Review Committee
 - NJ Maternal Data Center

Source: <https://nurturenj.nj.gov/>



THANK YOU

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Threads:

[@dr.zsakeba](https://www.threads.net/@dr.zsakeba)

Panel Discussion



President Hall



Dr. Warren



Dr. Henderson



Senator Boyd



Delegate Wilkins



Health and Human Services Track Sessions

ICC, Level 1, Wabash Ballroom unless noted *

Monday August 14

- 10:30 a.m. **Pathways to Prevention: Transforming Child Welfare Systems**
- Noon - **HHS Committee Lunch: Are the Kids Alright?**
- 1:30 p.m. - **Deconstructing the National Housing Dilemma**
- 2:45 p.m. - **HHS Business Committee Meeting**

Tuesday August 15

- 7:30 a.m. - **Mental Health and the Workforce Framework**
- 10:30 a.m. - **New Science for a New Era of Early Childhood Policy**
- 1:30 p.m. - **Tackling the Medicaid Unwinding Challenge *104-106***
- 2:45 p.m. - **Reversing Maternal Mortality Trends**
- 4 p.m. - **Homelessness: A Housing Supply Problem**

Wednesday August 16

- 11 a.m. - **Bolstering the Health Workforce**
- 1:45 p.m. - **Overdose Epidemic: The State of Deadly Substance Use in America**

Federal Update at 1:30 p.m.

WLN Policy Roundtables at 4 p.m. *125-126*






NCSL Base Camp 2023



Nov. 8-9, 2023



NCSL Forecast '24 - Austin



NCSL FORECAST '24
PREPARING FOR LEGISLATIVE SESSIONS

Dec. 4-6, 2023