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.

Learn more at https://mchb.hrsa.gov
Trends in Pregnancy-related Mortality Ratios 1987-2019

* Per 100,000 live births

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

Learn more at https://mchb.hrsa.gov
Leading Causes of Pregnancy-related Deaths

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

- Mental health conditions: 22.7%
- Hemorrhage: 13.7%
- Cardiac and coronary conditions: 12.8%
- Infection: 9.2%
- Embolism-thrombotic: 8.7%

Over 80% of pregnancy-related deaths are considered preventable.


Learn more at https://mchb.hrsa.gov
Distribution of Pregnancy-related Deaths by Timing of Death

More than half of pregnancy-related deaths occurred 1 week to 1 year postpartum.

- During pregnancy: 21.6%
- Day of delivery: 13.2%
- 1-6 days postpartum: 12.0%
- 7-42 days postpartum: 23.3%
- 43-365 days postpartum: 30.0%


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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“...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....”

LETTER OF TRANSMITTAL.

U. S. Department of Labor,
Children's Bureau,

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 Duko, 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.
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Life Course Approach

![Diagram of Life Course Approach](image)

Adapted from the Life Course Toolkit by CityMatCH. Available at: http://www.citymatch.org/projects/mch-life-course-toolbox.


Learn more at https://mchb.hrsa.gov
What Determines Health?

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

10-20%
Other Factors that Determine Health

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

Thinking Upstream About Maternal Health

- Bright Futures
- Women’s Preventive Services Initiative (WPSI)
- Healthy Start
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

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

Title V
Alliance for Innovation on Maternal Health Bundles
Healthy Start
Maternal, Infant, and Early Childhood Home Visiting
State Maternal Health Innovation
Screening and Treatment for Maternal Mental Health and Substance Use Disorder

*Not an exhaustive list of all MCHB programs.

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

HRSA
Maternal & Child Health
What Can You Do?
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
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://HealthCare.gov).

**Resources:** [Unwinding Communications Toolkit](https://UnwindingCommunicationsToolkit) (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.
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)
Phone: 301-443-2170
Web: https://mchb.hrsa.gov
Connect with HRSA

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www.HRSA.gov

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Reversing Maternal Mortality Trends

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

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 expose on ‘dealing with incompetent doctors’
The Drivers of Maternal Health are Complex and Interconnected

- Social determinants
- Healthcare Access
- Healthcare Workforce
- Quality of care
- Underlying health conditions
- Bias and Structural racism
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

Source: State_Policies_Maternal_Health_Outcomes_Comparison_TABLE_030821.pdf (commonwealthfund.org)
Postpartum Medicaid Extension to 12 months

Note: CMS approved the U.S. Virgin Island's state plan amendment on 06/23/2023.
Source: KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation, as of July 28, 2023.
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

Source: State_Policies_Maternal_Health_Outcomes_Comparison_TABLE_030821.pdf (commonwealthfund.org)
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

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

Source: Perinatal Quality Collaboratives: Working Together to Improve Maternal Outcomes (cdc.gov)
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

Source: State_Policies_Maternal_Health_Outcomes_Comparison_TABLE_030821.pdf (commonwealthfund.org)
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

Email: zhenderson@eswconsultants.com

Website: www.eswconsultants.com

LinkedIn: https://www.linkedin.com/in/zsakeba-henderson-md/

Threads: @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 *

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<tr>
<th>Monday August 14</th>
<th>Tuesday August 15</th>
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<tr>
<td>10:30 a.m. Pathways to Prevention: Transforming Child Welfare Systems</td>
<td>7:30 a.m. Mental Health and the Workforce Framework</td>
<td>11 a.m. Bolstering the Health Workforce</td>
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<td>Noon - HHS Committee Lunch: Are the Kids Alright?</td>
<td>10:30 a.m. New Science for a New Era of Early Childhood Policy</td>
<td>1:45 p.m. Overdose Epidemic: The State of Deadly Substance Use in America</td>
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<td>1:30 p.m. - Deconstructing the National Housing Dilemma</td>
<td>1:30 p.m. Tackling the Medicaid Unwinding Challenge <em>104-106</em></td>
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<td>2:45 p.m. - HHS Business Committee Meeting</td>
<td>2:45 p.m. Reversing Maternal Mortality Trends</td>
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<td>4 p.m. Homelessness: A Housing Supply Problem</td>
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Federal Update at 1:30 p.m.
WLN Policy Roundtables at 4 p.m. *125-126*
NCSL Base Camp 2023

Nov. 8-9, 2023