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Severe Maternal Morbidity Trends Maryland 2010 to 2019

Kristin Silcox, MS

Prevention and Health Promotion Administration

Maternal and Child Health Bureau

January 26, 2021

Mission and Vision

MISSION

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

Severe Maternal Morbidity (SMM) Conditions

Among delivery hospitalizations for women 12 to 55 years of age:

1. Acute myocardial infarction
2. Aneurysm
3. Acute renal failure
4. Adult respiratory distress syndrome (ARDS)
5. Amniotic fluid embolism
6. Cardiac arrest/ventricular fibrillation
7. Conversion of cardiac rhythm
8. Disseminated intravascular coagulation
9. Eclampsia
10. Heart failure/arrest during surgery or procedure
11. Puerperal cerebrovascular disorder
12. Pulmonary edema/acute heart failure
13. Severe anesthesia complications
14. Sepsis
15. Shock
16. Sickle cell disease with crisis
17. Air and thrombotic embolism
18. Blood products transfusion
19. Hysterectomy
20. Temporary tracheostomy
21. Ventilation

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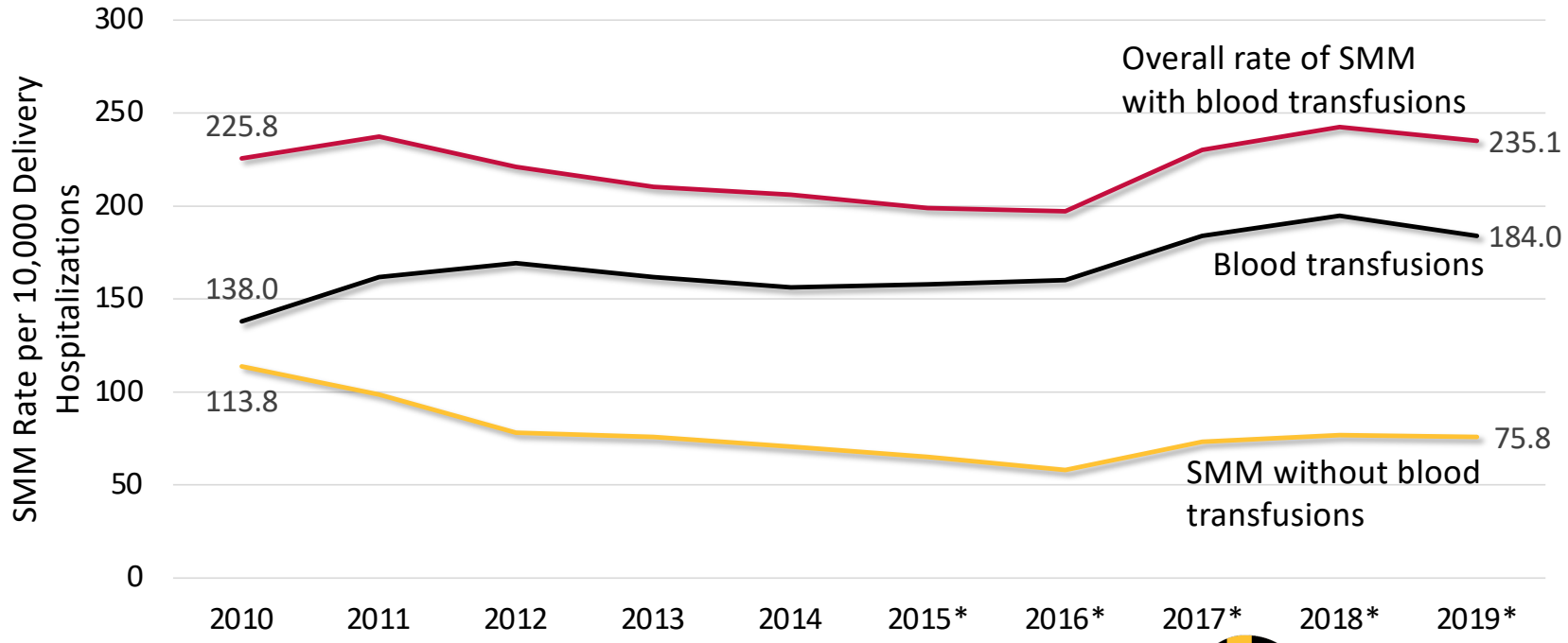
Figure 1. SMM Trends With and Without Blood Transfusions, Maryland, 2010 to 2019



Source: Health Services Cost Review Commission. Data reflect Maryland residents in Maryland hospitals only.
*Changes in SMM coding from ICD-9 to ICD-10 in October 2015 may have influenced the number of SMM diagnoses in those years

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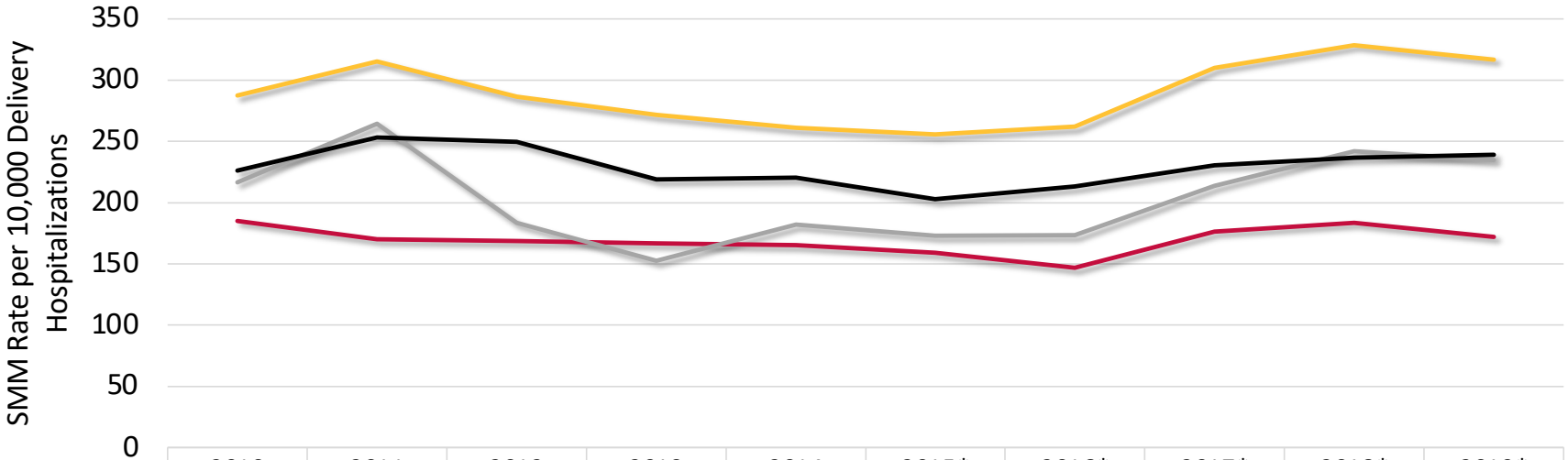
Figure 2. SMM Rates by Race and Ethnicity, Maryland, 2010 to 2019



	2010	2011	2012	2013	2014	2015*	2016*	2017*	2018*	2019*
White NH	185.0	170.2	168.5	166.9	165.5	159.0	146.8	176.4	183.6	171.8
Black NH	287.5	315.1	286.4	271.7	261.1	255.7	262.3	309.9	328.5	316.5
API NH	216.6	264.4	183.3	152.5	181.9	172.8	173.5	213.7	241.9	234.6
Hispanic	225.9	253.2	249.4	218.8	220.5	202.8	213.0	230.5	236.9	238.9

Source: Health Services Cost Review Commission. Data reflect Maryland residents in Maryland hospitals only.
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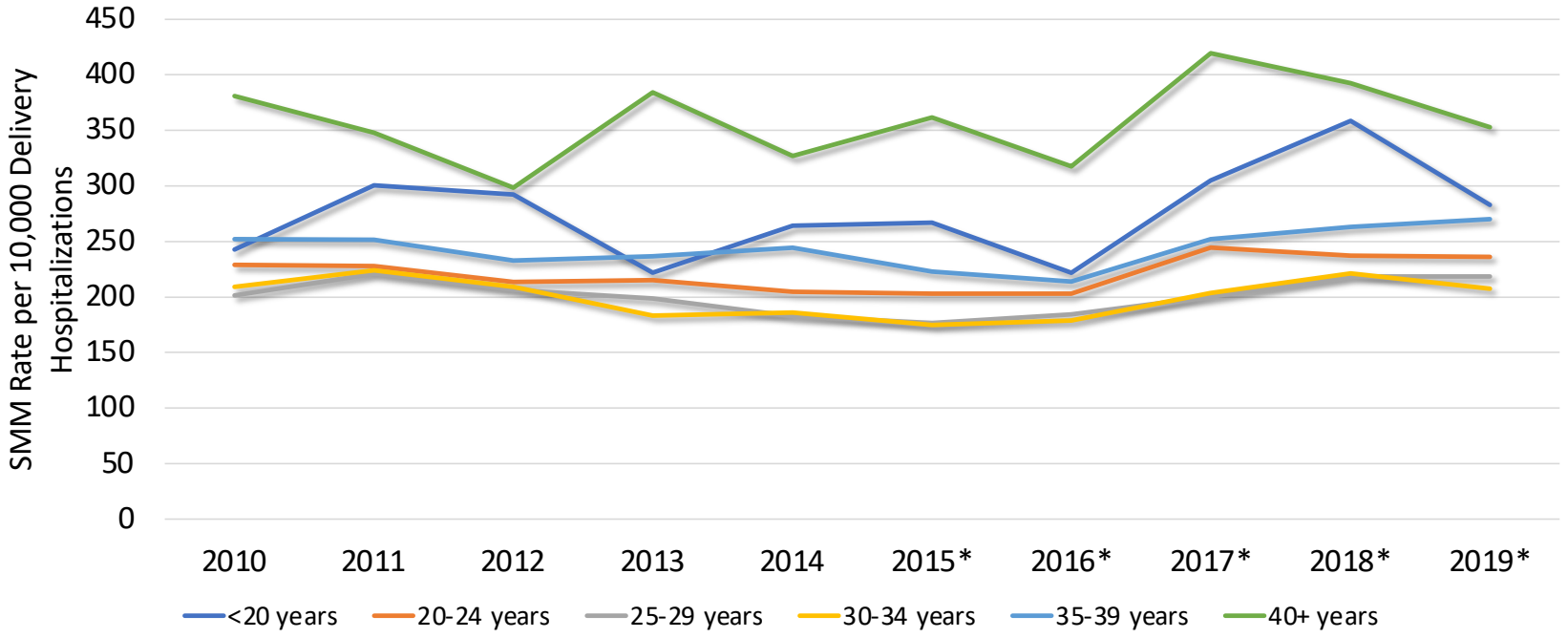
Figure 3. SMM Rates by Age Group, Maryland, 2010 to 2019



Source: Health Services Cost Review Commission. Data reflect Maryland residents in Maryland hospitals only.
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Table 3. SMM Rates by Age Group, Maryland, 2010 to 2019

Year	<20 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40+ Years
2010	242.7	229.2	201.2	209.3	251.9	381.2
2011	300.6	227.7	220.9	224.0	251.6	348.0
2012	292.5	213.6	206.5	209.3	232.6	298.4
2013	221.9	215.0	198.4	183.0	236.5	384.1
2014	264.3	204.7	182.5	186.1	244.3	326.9
2015*	266.8	203.0	176.6	174.8	223.1	361.4
2016*	222.0	203.0	184.3	179.0	213.9	317.6
2017*	305.1	244.5	200.5	203.7	252.2	419.5
2018*	358.6	237.2	218.4	221.2	263.0	392.3
2019*	282.9	236.1	218.7	207.5	270.1	353.1

Source: Health Services Cost Review Commission. Data reflect Maryland residents in Maryland hospitals only.
*Changes in SMM coding from ICD-9 to ICD-10 in October 2015 may have influenced the number of SMM diagnoses in those years

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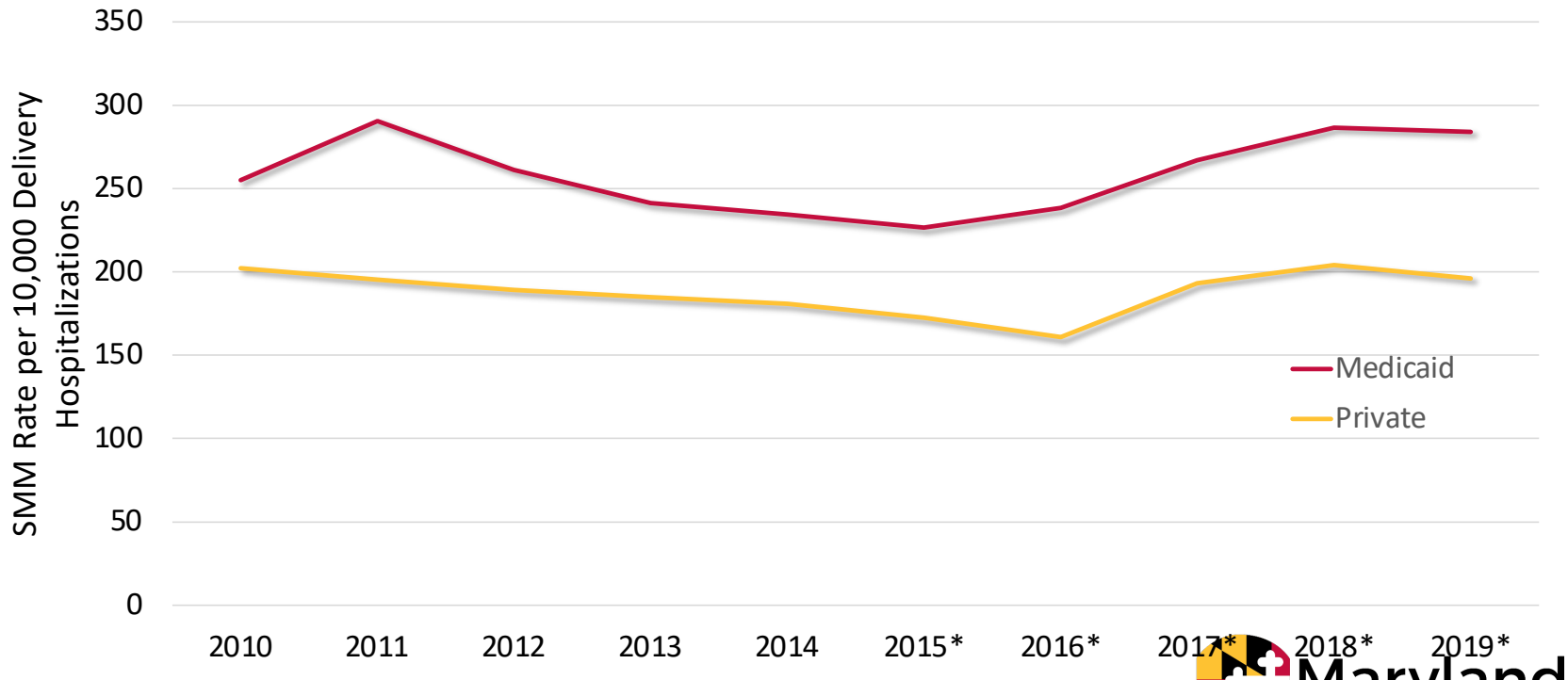
Figure 4. SMM Rates by Insurance, Maryland, 2010 to 2019



Source: Health Services Cost Review Commission. Data reflect Maryland residents in Maryland hospitals only.
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Rates in Severe Morbidity Indicators per 10,000 Delivery Hospitalizations, Maryland, 2010-2019

	Condition	2010	2011	2012	2013	2014	2015^	2016^	2017^	2018^	2019^
1,2.	Acute myocardial infarction/Aneurysm	*	*	*	*	*	*	*	*	*	*
3.	Acute Renal Failure	10.3	8.2	8.5	10.5	6.9	8.2	9.7	12.7	15.5	15.9
4.	Adult respiratory distress syndrome	8.1	7.8	3.9	4.1	6.6	4.7	7.8	7.6	9.6	7.4
5.	Amniotic fluid embolism	*	*	*	*	*	*	*	*	*	*
6,7.	Cardiac arrest, fibrillation/Conversion of cardiac rhythm	3.7	1.9	*	2.1	3.8	*	*	2.5	2.9	1.9
8.	Disseminated intravascular coagulation	65.2	53.5	33.9	33.6	24.7	16.2	12.1	16.4	15.5	17.6
9.	Eclampsia	8.9	6.4	7.5	6.7	8.6	9.3	9.3	10.5	7.2	7.0
10.	Heart failure or arrest during surgery or procedure	*	2.3	*	2.4	2.7	*	*	*	*	*
11.	Puerperal cerebrovascular disorders	3.7	3.3	4.7	3.2	3.8	2.5	2.3	2.5	3.4	3.1
12.	Acute congestive heart failure or pulmonary edema	6.4	6.7	4.5	3.7	5.0	5.8	5.9	7.0	7.8	5.7
13.	Severe anesthesia complications	2.3	2.3	2.0	*	*	*	*	*	*	*
14.	Sepsis	6.1	6.2	6.8	5.1	7.7	6.1	6.1	9.2	8.6	10.2
15.	Shock	4.9	6.7	5.0	7.0	6.9	5.4	5.5	7.9	10.8	8.4
16.	Sickle cell disease crisis	2.5	2.0	2.5	2.2	1.9	2.0	*	2.5	3.2	3.1
17.	Air and thrombotic embolism	3.8	2.6	2.8	4.5	3.4	2.6	2.0	4.6	4.8	3.9
18.	Blood transfusions	138.0	161.8	169.3	161.9	156.2	158.0	160.3	184.0	194.8	184.0
19.	Hysterectomy	8.9	7.0	10.4	9.2	7.5	11.5	10.7	12.7	12.6	13.4
20,21.	Ventilation/Temporary tracheostomy	*	*	*	*	1.9	3.3	8.3	7.8	8.9	6.5
	Overall with blood transfusions	**225.8**	**237.4**	**221.0**	**210.5**	**206.2**	**198.9**	**197.2**	**230.2**	**242.5**	**235.1**
	Overall without blood transfusions	**113.8**	**98.7**	**78.0**	**75.9**	**70.8**	**65.2**	**58.1**	**73.4**	**76.7**	**75.8**

*Data suppressed (<11 events)
Source: Health Services Cost Review Commission. Data reflect Maryland residents in Maryland hospitals only.
^Changes in SMM coding from ICD-9 to ICD-10 in October 2015 may have influenced the number of SMM diagnoses in those years

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Agenda

I. Welcome
II. Program Updates
III. Severe Maternal Morbidity Data Presentation
IV. Maternal Health Strategic Plan Update
V. Maternal Health Improvement Task Force Updates
VI. Adjournment

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Andreea Creanga, MD
Johns Hopkins University

MDMOM

Maryland Maternal Health Innovation Program

- 5-year program to improve maternal health in Maryland

- Collaboration between
  - *Johns Hopkins University*
  - *Maryland Department of Health*
  - *Maryland Patient Safety Center*
  - *University of Maryland, Baltimore County*

- Funded by the Health Resources and Services Administration

MDMOM 5-Year Workplan

Improve Maternal Health Data Availability & Utilization

Disseminate data & recommendations from statewide maternal mortality reviews through briefs and other publications

Establish severe maternal morbidity (SMM) surveillance & review in Maryland

Develop a Maryland Maternal Health Data Center with 2 functions:
- SMM data entry system
- maternal health data dashboard

Innovate in Maternal Health Service Delivery

Provider trainings
- implicit bias
- learning from adverse maternal events
- substance use stigma

Facilitate implementation of trainings and perinatal quality improvement

Establish obstetric telemedicine network to support Level I & II birthing hospitals

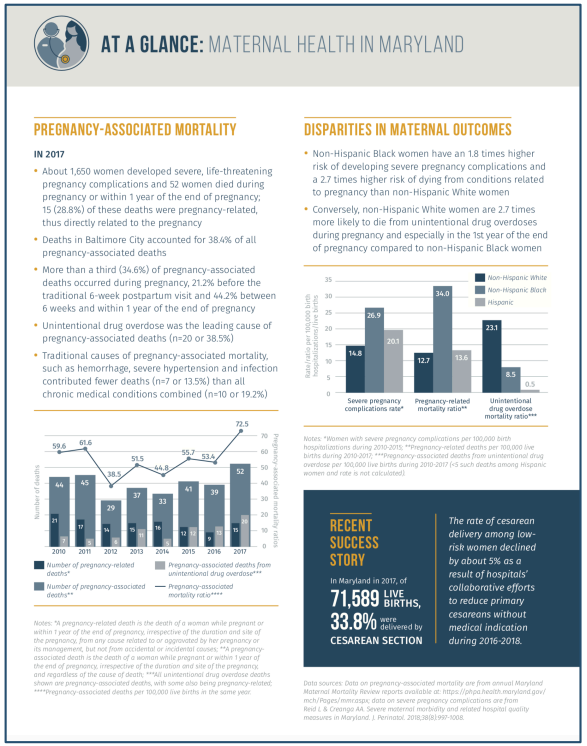
Postpartum warning signs education through home visiting programs

Evaluate the MDMOM Program

Monthly & Annual Reporting to HRSA

Maternal Mortality Data Dissemination

- Developed two data briefs
  - *2-pager with MH data at a glance*
  - *4-pager MMR data brief*
- MDMOM listserv for dissemination



AT A GLANCE: MATERNAL HEALTH IN MARYLAND

PREGNANCY-ASSOCIATED MORTALITY

IN 2017

- About 1,650 women developed severe, life-threatening pregnancy complications and 52 women died during pregnancy or within 1 year of the end of pregnancy; 15 (28.8%) of these deaths were pregnancy-related, thus directly related to the pregnancy
- Deaths in Baltimore City accounted for 38.4% of all pregnancy-associated deaths
- More than a third (34.6%) of pregnancy-associated deaths occurred during pregnancy, 21.2% before the traditional 6-week postpartum visit and 44.2% between 6 weeks and within 1 year of the end of pregnancy
- Unintentional drug overdose was the leading cause of pregnancy-associated deaths (n=20 or 38.5%)
- Traditional causes of pregnancy-associated mortality, such as hemorrhage, severe hypertension and infection contributed fewer deaths (n=7 or 13.5%) than all chronic medical conditions combined (n=10 or 19.2%)

DISPARITIES IN MATERNAL OUTCOMES

- Non-Hispanic Black women have an 1.8 times higher risk of developing severe pregnancy complications and a 2.7 times higher risk of dying from conditions related to pregnancy than non-Hispanic White women
- Conversely, non-Hispanic White women are 2.7 times more likely to die from unintentional drug overdoses during pregnancy and especially in the 1st year of the end of pregnancy compared to non-Hispanic Black women

Non-Hispanic White
Non-Hispanic Black
Hispanic

Severe pregnancy complications rate*: 14.8, 26.9, 20.1
Pregnancy-related mortality ratio**: 12.7, 34.0, 13.6
Unintentional drug overdose mortality ratio***: 23.1, 8.5, 0.5

RECENT SUCCESS STORY

In Maryland in 2017, of **71,589** LIVE BIRTHS, **33.8%** were delivered by CESAREAN SECTION

The rate of cesarean delivery among low-risk women declined by about 5% as a result of hospitals' collaborative efforts to reduce primary cesareans without medical indication during 2016-2018.

MATERNAL MORTALITY REVIEW COMMITTEE
RECOMMENDATIONS

**As stated in the Maryland Maternal Mortality Review Program 2019 Annual Report[1]*

IMPROVE ACCESS AND COORDINATION OF CARE TO ONE YEAR POSTPARTUM

- Extend Medicaid and other insurance coverage to provide postpartum care to one year, including coverage for primary care, specialty care, medications, mental health and substance use treatment services
- Prior to discharge after delivery, create mechanisms to coordinate warm hand-off for patients needing primary care and specialty follow-up as well as those needing behavioral health treatment, including appointments and referrals, and address needs such as transportation and childcare
- Develop mechanisms for improved coordination between obstetric, mental health, and substance use treatment providers
- Establish guidelines for improved communication concerning pregnant and postpartum patients between hospital units, specifically emergency departments and labor and delivery units

REINFORCE SCREENING AND SUPPORT SERVICES FOR SOCIAL PREDICTORS OF MATERNAL DEATH

- Provide training for providers and staff on trauma-informed care
- Provide trauma counseling for patients with behavioral health disorders and intimate partner violence
- Promote universal screening every trimester for substance use, mental health, and intimate partner violence
- Improve access to intimate partner violence counseling and services
- Provide up-to-date resource lists to providers from local government agencies identifying services for substance use, mental health, and intimate partner violence referrals

INCREASE TRAINING AND AWARENESS REGARDING DISPARITIES IN MATERNAL HEALTH

- Provide implicit bias training for obstetric providers and hospital staff
- Require all hospitals with delivery services to internally review and analyze maternal health outcomes data for racial disparities

The Committee continues to support the detailed recommendations related to substance use disorder that were put forward in the Maryland Maternal Mortality Review released in 2018.

**As stated in the Maryland Maternal Mortality Review Program 2018 Annual Report[2]*

- Promote universal screening during pregnancy, at delivery, and postpartum for substance use, mental health, and intimate partner violence
- Document screening tools used, referrals given, and treatment plans in perinatal records
- Reduce unintended pregnancy and encourage reproductive life planning
- Improve communication and collaboration between providers of prenatal care and other providers (mental health, substance use, primary care, oral health, etc.)
- Promote interdisciplinary case management among substance use, mental health, and obstetric providers
- Improve safe opioid prescribing practices
- Encourage Prescription Drug Monitoring Program utilization by providers
- Encourage naloxone co-prescribing and 3rd party prescribing (prescribing for family or friends of individuals at risk of overdose)
- Inform substance use treatment providers about perinatal health

Sources

[1]Maryland Maternal Mortality Review Program. 2019 Annual Report. Available at: https://phpa.health.maryland.gov/mch/Documents/MMR/MMR_2019_AnnualReport.pdf; [2]Maryland Maternal Mortality Review Program. 2018 Annual Report. Available at: https://phpa.health.maryland.gov/documents/Health-General-Article-§13-1207-2018-Annual-Report-Maryland-Maternal-Mortality-Review.pdf

SMM Surveillance & Review

- Initiated 6-hospital SMM surveillance & review pilot program in line with HB-837
  - *Anne Arundel Medical Center*
  - *Howard County General Hospital*
  - *Johns Hopkins Hospital*
  - *Medstar St. Mary's Hospital*
  - *Mercy Medical Center*
  - *Sinai Hospital of Baltimore*
- Pilot evaluation in summer 2021
- Scale-up phase 2021-2024

MDMOM Program Launches a Severe Maternal Morbidity Surveillance and Review Pilot Program in Maryland

In July, the Maryland Maternal Health Innovation (MDMOM) Program launched a hospital-based pilot program in six birthing hospitals to test processes for severe maternal morbidity (SMM) surveillance and review in Maryland. This pilot is the first phase of a larger initiative to establish a statewide SMM surveillance and review program in Maryland. A collaboration between Johns Hopkins University, Maryland Department of Health, Maryland Patient Safety Center, and the University of Maryland, Baltimore County, MDMOM is led by Andreea Creanga, MD, PhD, an associate professor in the Department of International Health at the Johns Hopkins Bloomberg School of Public Health.

Although Maryland has a process in place for maternal mortality surveillance and review, there is currently no standardized process to review and evaluate SMM—any potentially life-threatening condition or complication during hospitalization for delivery. A systematic, ongoing process for case identification, clinical review and analysis of SMM at the hospital- and state-level is needed to identify strategies to improve service delivery and quality of care for pregnant and postpartum women in the state. To date, only Illinois has a formal statewide SMM surveillance and review process in place, but several other states are working to establish such programs.

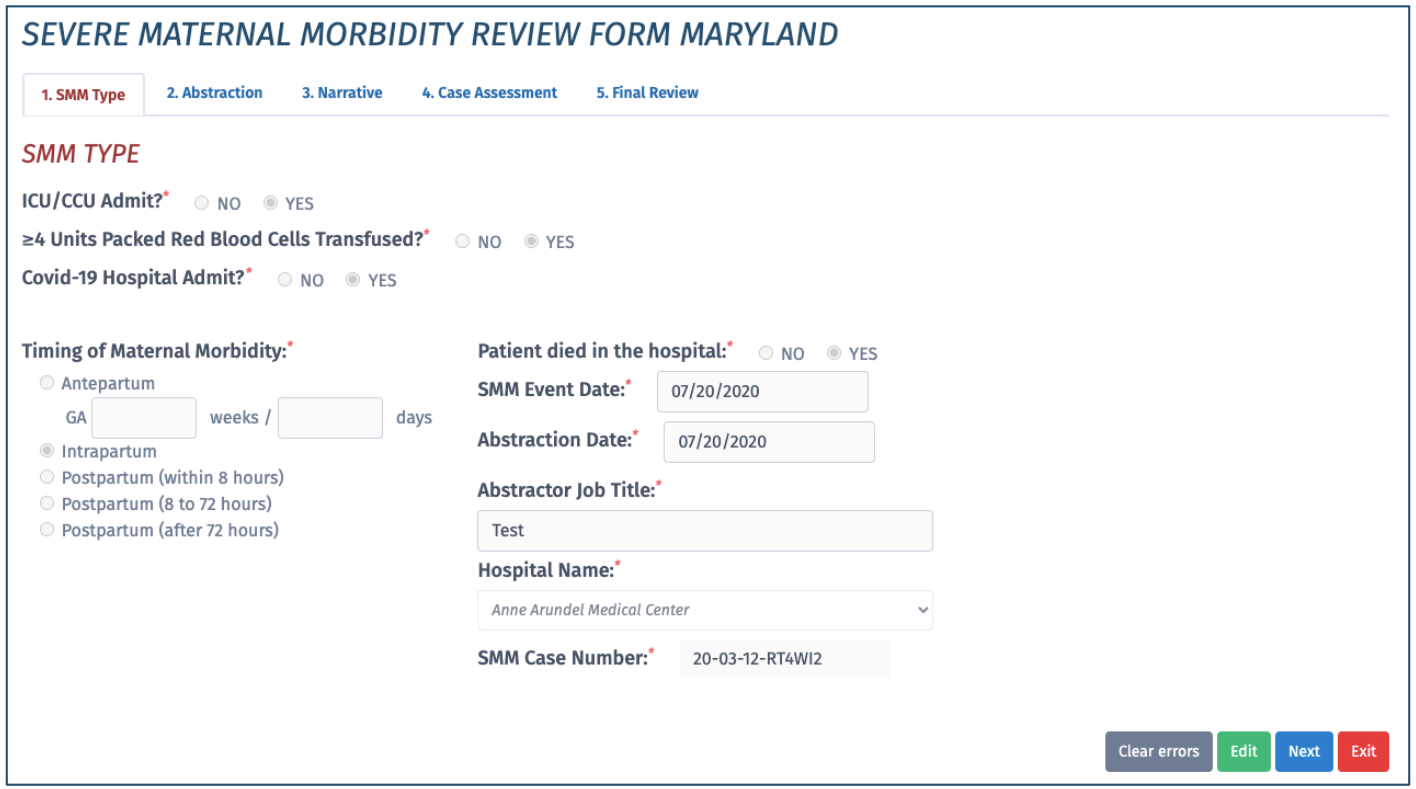
"Hospital-based SMM surveillance and review should serve as the backbone for quality improvement initiatives in obstetrics. Because the MDMOM Program aims to improve the quality of maternal health in the state, SMM surveillance is the first activity that we designed and are now testing with the help of colleagues in six birthing hospitals in the state. Of key interest is identification of factors that, if changed, would have prevented the severe morbidity from occurring. If we know what these factors are and can address these in future patients, we can reduce the burden of preventable SMM in our hospitals in the state. This is our end goal," says Creanga.

Pilot testing will be conducted in six birthing hospitals offering various levels of maternity care between July 2020 and March 2021. The hospitals included are Anne Arundel Medical Center, Howard Country General Hospital, Johns Hopkins Hospital, MedStar St. Mary's Hospital, Mercy Medical Center, and Sinai Hospital of Baltimore.

Each pilot hospital will establish a hospital-based SMM review committee to test and evaluate the new surveillance process. The committees will identify cases that meet the surveillance case definition; abstract

SMM Data Entry System

- Used by all hospitals
  - *web-based, password-protected data entry platform*
  - *real-time logic, skip patterns, input validation features*
  - *~50 cases identified, abstracted, and entered since August 1*



Maternal Health Data Dashboard

- Development phase October 2020 - March 2021
- Data sources include births, maternal mortality, severe maternal morbidity, PRAMS + Leapfrog surveys, re-admission data
- Key indicators stratified by key socio-demographic & clinical characteristics

YEAR	ALL DELIVERIES	<20	20-24	25-29	30-34	35+
2010	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE
2011	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE
2012	91.4	86.2	86.6	91.5	94.1	93.4
2013	89.1	74.5	84.6	89.2	92.2	90.8
2014	90.7	84.4	84.0	89.4	95.0	93.7
2015	90.4	85.7	87.7	87.5	94.9	90.8
2016	89.0	62.8	84.8	89.6	92.6	89.7
2017	90.2	80.3	82.6	88.3	95.2	91.7

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Maryland Maternal Health Innovation Program

HOSPITAL INITIATIVE

MOTHERS ARE DYING OF PREVENTABLE CAUSES IN MARYLAND

- Over 80% of maternal deaths are preventable or potentially preventable.
- Significant racial/ethnic disparities exist in maternal morbidity and mortality.
- Unintentional drug overdose is the leading cause of death in the year following pregnancy.
- Each year, approximately 1,500 mothers experience a life-threatening complication.

The MDMOM Hospital Initiative will promote equity and safety through quality improvement activities that address the conditions placing Maryland mothers' lives at risk.

ONLINE TRAININGS

MDMOM.org will host three trainings on its learning management system, accessible for free to the clinical staff of Maryland's birthing hospitals.

- **Breaking Through Implicit Bias in Maternal Healthcare** is a one-hour module co-developed by Quality Interactions and March of Dimes. It presents the cognitive basis for implicit bias, the effects of structural racism on maternal health outcomes, and strategies to improve patient interactions.
- **Learning from Adverse Maternal Outcomes in Maryland** is a one-hour module developed by MDMOM with support from Dr. William Callaghan, a national expert on maternal health. It presents de-identified cases from the Maryland Maternal Mortality Review and the Maryland Severe Maternal Morbidity Surveillance and offers strategies for early recognition and management of severe pregnancy complications.
- **Managing Bias in the Care of Patients with Substance Use Disorder** is a one-hour module developed by MDMOM with support from Dr. Mishka Terplan, a national expert on substance use in pregnancy. It presents evidence of bias in the care of childbearing people with substance use disorder and strategies for bias mitigation.

SKILL BUILDING SESSIONS

To further support clinical practices that promote equity and safety, the MDMOM team will offer interactive case-based learning and skill-building sessions that expand on each of the three online trainings.

EQUITY & SAFETY TOOLKIT

MDMOM will introduce a toolkit of best practices, guidance and resources for Maryland birth hospitals to reduce disparities in maternal health. MDMOM team members will support hospital quality improvement leaders to stratify their data by race/ethnicity and implement tailored toolkit interventions.

QUALITY INTERACTIONS

MARCH OF DIMES

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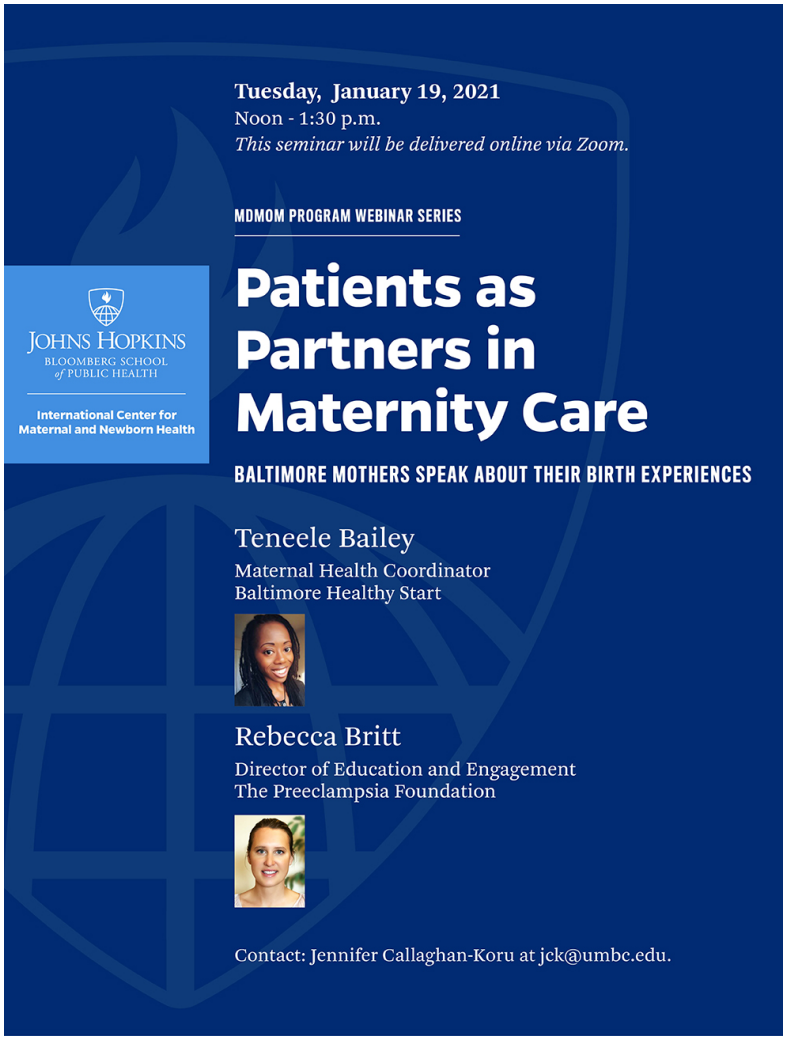
Maryland Maternal Health Innovation Program

- JHM's Office of Diversity, Inclusion and Health Equity
- Equity consultants

Quality Improvement Activities

- Seminar/meeting/conference announcements
- MDMOM Webinars
  - *Clinical guidance*
  - *Patient voices*
  - *Data from maternal health surveillance in Maryland*
- Covid-19 resources for perinatal health providers & pregnant/ postpartum women
- Listserv for MDMOM & MPSC for communications
- Reprotox subscription for hospitals



Obstetric Telemedicine (TM) Network

- Landscape analysis completed in September 2020
  - *7 of 17 Level I/II currently offer obstetric services through TM*
  - *Level IV hospitals have interest & technical capabilities to support implementation of an obstetric TM network*
  - *Implementation of such network is needed and feasible in Maryland*

- Design meetings on-going
  - *Develop project plan in collaboration with TM offices at JHU & UMMS*
  - *Establish agreements with pilot sites (Level I/II hospitals + federally-qualified health centers)*
  - *Hire network coordinators at JHU & UMMS*
  - *Purchase needed equipment*

- Goal is to start the pilot program by end of September 2021

Maternal Warning Signs Education

- MDMOM is supporting implementation of warning signs education by home visiting programs and community clinics
- Building on new ACOG/AIM materials & expert clinical input with implementation tools
- Developing patient video & training for staff

- *Dr. Shari Lawson, General Obstetrics & Gynecology Division Director, Johns Hopkins Medicine*

MDMOM Program Evaluation

- Developed provider implicit bias tool to evaluate implicit bias trainings
  - *Conducted surveys with ACNM & AWHONN membership in 9 states*
- Baseline, mid-line and endline surveys to explore changes in providers' attitudes and practices between 2021 and 2024
  - *Baseline data collection starting in March 2021*
- Interest in assessing patients' perspectives through surveys
  - *We welcome ideas for doing this without added burden to hospitals*
- On-going program-related data analyses using EHR & hospital discharge data to inform program initiatives

Thank you!

contact@mdmom.org

Statewide Integrated Health Improvement Strategy

Goal: Reduce Severe Maternal Morbidity (SMM) Rate*	
Measure	Severe Maternal Morbidity Rate (SMM Events per 10,000 delivery hospitalizations)
2018 Baseline	242.5 SMM Rate (Events per 10,000 delivery hospitalizations)
2021 Year 3 Milestone	Re-launch the Perinatal Quality Collaborative Pilot a Severe Maternal Morbidity Review Process Complete Maryland Maternal Strategic Plan Launch Regional Partnership Catalyst Grant for MCH, if funding is available
2023 Year 5 Target	219.3 SMM Rate (Events per 10,000 delivery hospitalizations)
2026 Year 8 Target	197.1 SMM Rate (Events per 10,000 delivery hospitalizations)

*As defined by the Centers for Disease and Control Prevention at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm

https://hscrc.maryland.gov/Documents/Modernization/SIHIS%20Proposal%20-%20CMMI%20Submission%2012142020.pdf

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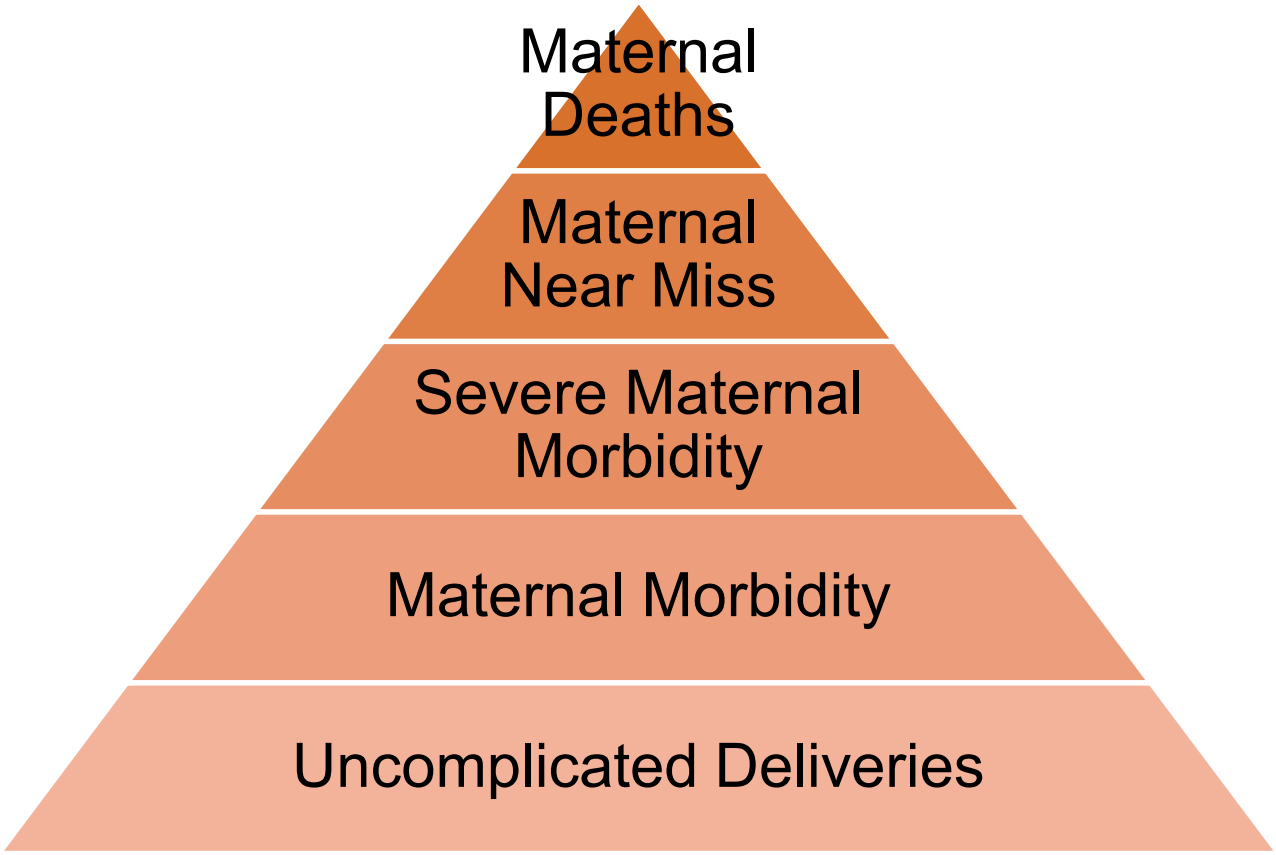
Spectrum of Maternal Morbidity



New York City Department of Health and Mental Hygiene (2016). Severe Maternal Morbidity in New York City, 2008–2012. New York, NY

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Maryland Maternal Health Strategic Plan

Dr. Shelly Choo, Director, Maternal and Child Health Bureau

Colleen S. Wilburn, MPA, Title V Manager

January 26, 2021

Maternal Health Updates

Health and Human Services Maternal Health Action Plan

Surgeon General's Call to Action to Improve Maternal Health

Statewide Integrated Health Improvement Strategy

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Background

- Maryland Maternal Health Improvement Task Force
  - Multi-stakeholder group working towards improving maternal health
  - Each member and organization already working towards improving maternal health
- Strategic Plan
  - Help guide the Maternal Health Improvement Task Force for the next five years
  - Move towards collective action

Maternal Health Strategic Plan-Process

- Assessment of Maternal Health within Maryland
  - Review of the data
  - Leveraging recent needs assessment such as the Title V Needs Assessments
  - Maternal and Child Health Workgroup as part of the Statewide Integrated Health Improvement Strategy
  - Understanding the maternal health landscape nationally as well
- Identification of key priorities, goals, and desired outcomes
- Input from Maternal Health Stakeholders
  - Presentation sessions for feedback
- Writing and Drafting
  - Preliminary outline submitted to HRSA
  - Draft for the Maternal Health Improvement Task Force
  - Draft for Public Input
- Public Input
  - Suggested changes based on public input
- Finalize Plan
  - MDH Procedures
  - Maternal Health Improvement Task Force adopts plan

Maternal Health Strategic Plan Elements

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Maternal Health Strategic Plan: Vision

All Maryland mothers are in optimal health and thriving

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Maternal Health Strategic Plan: Mission

To identify and support appropriate and effective initiatives to improve maternal health by addressing racial disparities, improving the quality of care, and strengthening service delivery systems

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Stakeholder Input

- Maternal Mortality Quality Review Committee
- Maternal Mortality Review Stakeholder Committee
- Local Health Officers Roundtable
- Delivery Hospitals
- Maternal and Child Health Bureau
- Local Health Department MCH Staff
- MDMOM Leadership Team
- Community Based Organizations
- Fetal and Infant Mortality Review (FIMR) Coordinators Meeting
- Maryland State Council on Child Abuse & Neglect (SCCAN)

Maternal Health Strategic Plan: Guiding Principles

- Use anti-racism and equity lens
- Recognize cumulative and intergenerational stress impacts maternal health outcomes
- Take a strength-based approach by focusing on the inherent strengths of individuals, families, communities, and organizations
- Partner with community-based organizations
- Data driven and evidence-informed

Maternal Health Strategic Plan: Outcomes

Over the next five years (2021-2026):

- **Primary Outcomes**:
  - Decrease Maternal Mortality
    - Decrease black-white disparities in maternal mortality
  - Decrease Severe Maternal Morbidity (Statewide Integrated Health Improvement Strategy)
- **Additional Outcomes:**
  - Decrease the percentage of women who smoke while pregnant and reduce disparities attributable to race or ethnicity (Title V)
  - Increase the percentage of pregnant women who have a dental visit during pregnancy and reduce disparities attributable to race or ethnicity (Title V)
  - Increase risk appropriate perinatal Care (Title V)

Strategic Plan: Goals

Updated

1. Promote Equity and Mobilize Against Racism

2. Achieve Maternal Health through a life course model

3. Strengthen Families and Communities

4. Improve availability, access and utilization of data to make informed decisions

5. Develop a maternal health provider workforce that will be available, accessible, and culturally competent

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Strategic Plan: Goals

1. Promote equity and mobilize against racism

Objectives:

- Collect and report data related to race/ethnicity and use data to inform action
- Provide trainings to expand employees' understanding of the impacts of racism on maternal health outcomes
- Include and engage impacted communities in decision making or advisory roles

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Strategic Plan: Goals

2. Achieve Maternal Health through a life course model

Preconception Objectives:

- Assure that comprehensive, quality family planning and reproductive health services are available and accessible to all Maryland residents in need
- Improve prevention and treatment of cardiovascular disease for women of reproductive age

Strategic Plan: Goals

2. Achieve Maternal Health through a life course model

Prenatal/Birth Objectives:

- Improve the role of Maryland Prenatal Risk Assessment (MPRA) in addressing risks related to chronic conditions, mental health, substance use, and violence in women
- Increase access to maternal-fetal medicine services
- Ensure women who smoke during pregnancy are linked to smoking cessation services
- Partner with prenatal health providers to promote the importance of oral health during pregnancy
- Ensure that higher risk mothers and newborns deliver at hospitals that are able to provide proper care
- Decrease fragmentation in the public health service system

Strategic Plan: Goals

2. Achieve Maternal Health through a life course model

Interconception Objectives:

- Provide comprehensive postpartum and interconception care
- Improve care coordination and warm handoffs particularly with primary care providers and social service providers

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Strategic Plan: Goals

3. Strengthen families and communities

Objectives:

- Improve family and community driven service provision
- Improve environments to support healthy living
- Strengthen father involvement with families
- Promote use of evidence-based strategies to prevent all forms of violence and promote coordinated community response

Strategic Plan: Goals

4. Improve availability, access and utilization of data to make informed decisions

Objectives:

- Further analyze and understand the causes of severe maternal morbidity in Maryland
- Improve maternal health data accessibility and utilization to prevent and decrease maternal mortality and severe maternal morbidity in Maryland
- Understand the impact of COVID-19 on pregnancy outcomes
- Enhance maternal health surveillance and quality initiatives

Strategic Plan: Goals

5. Develop a maternal health provider workforce that will be available, accessible, and culturally competent

Objectives:

- Identify workforce development opportunities for trainings for maternal health providers
- Support efforts to promote doula training and certification in Maryland
- Support efforts for obstetrics and primary care providers to provide high quality care in substance use and behavioral health conditions

Priority Platforms amongst Partners

Maternal Health Stakeholder partners have identified the following areas of interest as Priority Platforms:

- Pilot strategies/exam costs with extending pregnancy coverage to 1 year postpartum
- Expand doula services, from both public and private payors
- Promote policies that provide paid parental leave

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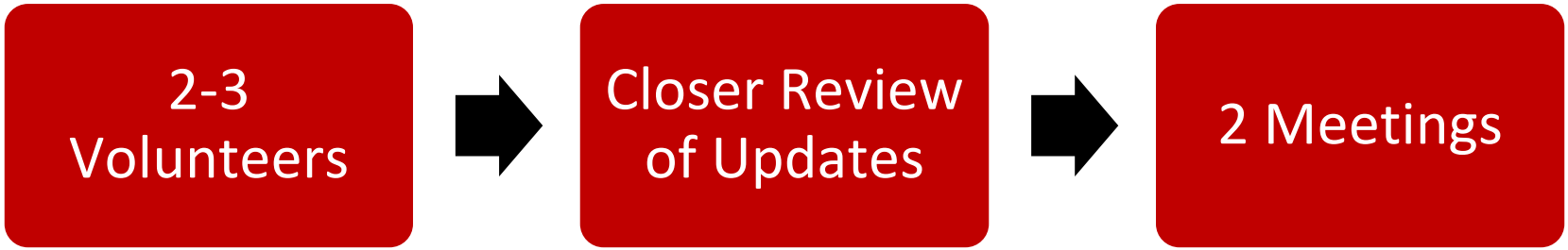
Next Steps



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Additional Updates

Maternal Health Equity Advisor RFA

Link to the solicitation on E Maryland Marketplace:

https://vendors-emma.maryland.gov/page.aspx/en/bpm/process_manage_extranet/30879?uid=8e5c0dea-1afd-48fc-a066-8f2a38e8cb3a

Solicitation closes February 16, 2021

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2021 Meeting Schedule

- April 20, 2021 10-11:30 am
- July 27, 2021 10-11:30 am
- October 26, 2021 10-11:30

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Contact Information

Colleen S. Wilburn, MPA

Title V Manager

colleen.wilburn@maryland.gov

Or

Dr. Shelly Choo

Director, Maternal and Child Health Bureau

shelly.choo@maryland.gov

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