Agency Priority Goal | Action Plan | FY 22 – Q2

Maternal Health

Goal Leaders:
Dr. Wanda Barfield, Director, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC
Dr. Michael Warren, Associate Administrator, Maternal and Child Health Bureau, HRSA
Dr. Andre Chappel, Director of the Division of Public Health Services, Office of Health Policy, ASPE

Deputy Goal Leaders:
Sarah Foster, CDC
Dr. Catherine Vladutiu, HRSA
Dr. Sarada Pyda, ASPE
Goal Overview

Goal statement

- Improve maternal health and advance health equity across the life course by assuring the equitable provision of evidence-based high-quality care and addressing racism, discrimination, and other biases. By September 30, 2023, HHS will:
  - increase by 10% the number of hospitals participating in Perinatal Quality Collaboratives engaged in data-informed quality improvement efforts to address the drivers of maternal mortality and achieve equity;
  - increase by 10% the number of birthing facilities that are participating in the Alliance for Innovation on Maternal Health; and
  - increase by 20% the number of pregnant and postpartum people, their support networks, and providers reached by HHS messages about urgent maternal warning signs.

Problem to Be Solved

- The U.S. has more than double the maternal mortality rate among comparable countries and the rate has not been improving. There are also stark disparities in health outcomes for Black and American Indian/Alaska Native (AI/AN) women. These outcomes are driven by variation in access to care and healthcare delivery, systemic and implicit biases in the treatment of certain racial/ethnic groups, and socioeconomic factors that create unequal opportunities to achieve optimal health outcomes for all women.

What Success Looks Like

- Improve equity in maternal health.
- Reduce maternal mortality and morbidity rates for all women.
- Engagement at all levels (federal government, state and local governments, providers, and community-based organizations) to support quality improvement activities and implement evidence-based practices.
## Tracking the goal

### Goal target(s)

<table>
<thead>
<tr>
<th>Achievement statement</th>
<th>Key indicator(s)</th>
<th>Quantify progress</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td><strong>By…</strong></td>
<td><strong>We will…</strong></td>
<td><strong>Name of indicator</strong></td>
<td><strong>Target value</strong></td>
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<tr>
<td>09/30/23</td>
<td>PQCs: increase by 10% the number of hospitals participating in Perinatal Quality Collaboratives engaged in data-informed quality improvement efforts to address the drivers of maternal mortality and achieve equity.</td>
<td>Hospital participation in Perinatal Quality Collaboratives</td>
<td>1,685 hospitals (54/state)</td>
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<td>09/30/23</td>
<td>AIM: increase by 10% the number of birthing facilities that are participating in the Alliance for Innovation on Maternal Health (AIM).</td>
<td>Birthing facility participation in AIM</td>
<td>1,874</td>
</tr>
<tr>
<td>09/30/23</td>
<td>Warning Signs: increase by 20% the number of pregnant and postpartum people, their support networks, and providers reached by HHS messages about urgent maternal warning signs.</td>
<td>Reach of maternal health messaging</td>
<td>1,335,000 unique visitors to the Hear Her website</td>
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* These starting values are not as of 10/1/2021. Please see “Data accuracy & reliability” slides for additional details.

† Please see slide 16 which describes why these data are not yet available.

‡ This achievement statement and key indicator have been revised to report on participating birthing facilities instead of deliveries. There were concerns regarding the timeliness of data availability and reporting of deliveries in birthing facilities that are implementing one or more AIM core patient safety bundles. Due to a lag in data availability and reporting of hospital discharge data in states and jurisdictions, the data reported for deliveries would be for a time period that precedes the APG timeframe. The revised statement addresses some of the limitations of the previous achievement statement focused on deliveries.

§ The starting and target values for this indicator have been revised to reflect more accurate data following an improved validation process for AIM data. A standardized process for reviewing, validating, and finalizing data was implemented in Spring 2022 to improve data quality and accuracy. This process was retroactively applied to the Fall 2021 data (used for the starting value) and resulted in a more accurate estimate of the number of birthing facilities participating in AIM.

¶ Please see slide 17 which describes why these data are not yet available.

|| Target increased based on Q1 result.
Goal Team

Health Resources and Services Administration
Goal Lead:
• Michael Warren
Implementation Team:
• Catherine Vladutiu
• Sarah Potter

Centers for Disease Control and Prevention
Goal Lead:
• Wanda Barfield
Implementation Team:
• Shanna Cox
• Sarah Foster
• Charlan Kroelinger

Office of the Assistant Secretary for Planning and Evaluation
Goal Lead:
• Andre Chappel
Implementation Team:
• Sarada Pyda
Goal Strategies

Under this agency priority goal, HHS will improve maternal health and advance health equity through the following strategies:

1. Improve postpartum health and reduce maternal morbidity/mortality through implementing the American Rescue Plan’s Medicaid 12-month postpartum coverage option

2. Increase participation in and measurement of perinatal quality improvement activities

3. Address important drivers of poor maternal health outcomes including cardiovascular and behavioral health issues

4. Strengthen the maternal health workforce to achieve health equity
Key indicators

Hospitals Participating in Perinatal Quality Collaboratives

Baseline (2020): 1,532
Target: 1,685

Number of Hospitals
Key indicators

Birthing Facilities Participating in AIM

- Baseline (Nov 2021): 1,704
- Target: 1,874
Key indicators

Pregnant and Postpartum People, their Support Networks, and Providers Reached by Messages about Urgent Maternal Warning Signs

- **Baseline (Oct 2021):** 445,000
- **Q1 (Dec 2021):** 663,000
- **Q2 (March 2022):** 807,486
- **Target (updated):** 1,335,000

Unique Visitors to Hear Her Website
<table>
<thead>
<tr>
<th>Key Milestone</th>
<th>Milestone Due Date</th>
<th>Milestone Status</th>
<th>Change from Last Quarter</th>
<th>Owner</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td><strong>Strategy 1: Implement the American Rescue Plan's Medicaid 12-month postpartum coverage option</strong></td>
<td>Q4, FY 2022</td>
<td>On track</td>
<td>State Health Official letter released 12/2021</td>
<td>CMS</td>
<td>CMS will provide states Medicaid and CHIP SPA templates to facilitate adoption of this option.</td>
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<td>Work with states on adoption of American Rescue Plan State Plan Amendments to extend Medicaid postpartum coverage to 12 months</td>
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<td>To be effective April 1, 2022, a SPA would need to be submitted by June 30, 2022. CMS does not control how quickly states respond to any requests for additional information, which could pose a barrier to approval by 9/30/22.</td>
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<td>State Health</td>
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<td>Thirteen states have submitted SPAs to adopt the ARP option to date. One state’s SPA has been approved. A second approval is expected on April 13, 2022. Four states have adopted similar policies through section 1115 demonstration authority.</td>
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<td>Official letter</td>
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<td>released 12/2021</td>
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<td><strong>Strategy 2: Increase participation in and measurement of quality improvement activities</strong></td>
<td>May 2022, annually thereafter for quality measure reporting</td>
<td>On track</td>
<td>Establishment of hospital designation to be proposed in FY23 IPPS-LTCH NPRM (for release mid-April)</td>
<td>CMS</td>
<td>“Birthing-friendly” designation launch on a CMS website in Fall 2023 using 2022 maternal morbidity structural measure data and updated annually thereafter. Measures that comprise the designation are expected to evolve over time.</td>
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<tr>
<td>Require hospitals participating in the Hospital Inpatient Quality Reporting Program that provide inpatient peripartum care to report on participation in a Perinatal Quality Improvement Collaborative and implementation of patient safety practices, and post a “Birthing-friendly” hospital designation for consumers to aid them in deciding where and how to obtain high-quality maternity care</td>
<td>Fall 2023, for designation</td>
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<td>Recruit at least 200 diverse birthing hospitals to join the HHS perinatal collaborative that will analyze the direct impact of evidence-based interventions on maternal and infant outcomes</td>
<td>Q4, FY2022</td>
<td>Met and exceeded.</td>
<td>Hospital recruitment completed.</td>
<td>OASH</td>
<td>The Office on Women’s Health (OWH) has recruited the hospitals and will evaluate over 150 measures that will be captured to understand clinical and non-clinical factors that impact overall maternal and infant health outcomes. OWH is currently sharing preliminary data analysis findings on the effect of COVID-19 on pregnancy; manuscript is under review.</td>
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## Key milestones

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<tr>
<td><strong>Strategy 3: Address important drivers of poor maternal health outcomes including cardiovascular and behavioral health issues</strong></td>
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<td>Offer remote blood pressure monitoring equipment to all pregnant and postpartum people receiving care from IHS facilities</td>
<td>Q3 2023</td>
<td>On track</td>
<td>See comments</td>
<td>IHS</td>
<td>Q2 Update 1) All 825 automatic blood pressure machines have been deployed; data regarding use will be available next quarter</td>
</tr>
<tr>
<td>Improve access to mental health and SUD services for pregnant and postpartum people</td>
<td>September 2022</td>
<td>On track</td>
<td>See comments</td>
<td>HRSA</td>
<td>Q2 Update 1) Rural Communities Opioid Response Program - Neonatal Abstinence Syndrome: HRSA made 30 rural community-based grant awards in 21 states to help expand access to evidence-based SUD care and wrap around support for birthing people 2) Alliance for Innovation on Maternal Health (AIM): The development of an Implementation Resource document is underway to support use of the &quot;Care for Pregnant and Postpartum People with SUD&quot; bundle. 3) Screening and Treatment for Maternal Depression and Related Behavioral Disorders (MDRBD): The program is in its fourth of five years of implementation. The $1.5M of FY 2022 funds will primarily expand support to existing MDRBD programs to enhance capacity to report patient and provider data and conduct program evaluation activities. 4) National Maternal Mental Health Hotline: The hotline is on track for a soft launch to a small subset of partners in Spring 2022, so as not to overwhelm its limited capacity. Over the last several months, progress has continued on telecommunications security and operations, employee recruitment and training, marketing and communications, and resource development.</td>
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| **Strategy 4: Strengthen the maternal health workforce to achieve health equity**                                                                                                                                                                                                                      |                   |                 |                           |       |                                                                                             1) In-person ALSO Instructor Course scheduled for April 22, 2022 at the Sheraton Albuquerque Uptown, Albuquerque, NM.  
2) In-person ALSO Provider Course scheduled for April 23, 2022 and April 24, 2022 at the Sheraton Albuquerque Uptown, Albuquerque, NM.  
3) Data regarding numbers of Instructors and Providers trained will be available next quarter                                                                                                                                   |                   |                 |                           |       |                                                                                             |
| Increase by 10% the number of Advanced Life Support in Obstetrics (ALSO) providers and instructors (each 10%) at IHS federal sites by Q3 2023 *                                                                                                         | Q3 2023           | Milestone modified due to COVID-related delays. See Comments and note below table. | Courses beginning | IHS   | Q2 Update                                                                                                                                  |
| Finalize criteria for Maternity Care Target Areas (MCTAs) which will serve as a tool to guide the placement of National Health Services Corps (NHSC) clinicians in areas that lack access to maternal care providers                                                                                                    | TBD 2023          | On track        | Nothing to report        | HRSA  | HRSA will achieve this through 1) responding to draft comments and publication of final Federal Register Notice on the criteria, 2) determining system and software requirements to capture necessary information, 3) implementing mapping and data criteria to allow for this new MCTA type to be accommodated in the Shortage Designation Management System.  
No Q2 update                                                                                                                                         |                   |                 |                           |       |                                                                                             |

* This milestone has been modified to increase the number of provider and instructors by 10% instead of 25%.
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<tr>
<td><strong>Strategy 4: Strengthen the maternal health workforce to achieve health equity</strong></td>
<td>2023</td>
<td>On Track</td>
<td>Nothing to report</td>
<td>NIH</td>
<td>Q2 Update</td>
</tr>
<tr>
<td>Increase by at least 3% (from 2020 baseline) the number of maternal health research studies conducted by trainees, career development awardees, or early-stage investigator scientists, including those who are from underrepresented racial and ethnic groups, are from minority-serving institutions, are from institutions in underserved areas, or are directly studying maternal health disparities</td>
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- Jan. 18, 2022: The Technology to Improve Maternal Outcomes Workshop, hosted by NIBIB, sought to further advance interdisciplinary collaborations in maternal health technology by bringing together researchers, technology developers, and community partners to identify technology gaps and consider how new technologies can be used to improve maternal health and ultimately treat and/or prevent maternal morbidity and mortality (MMM).
- Jan. 22, 2022: NIH reissued RFA-HD-21-003, Community Engaged Research on Pregnancy Related and Associated Infections and Sepsis Morbidity and Mortality which includes support for research primarily focused on PRAMM health disparities in areas with highest maternal morbidity and mortality;
- Feb. 15, 2022: IMPROVE Awardees Workshop brought together researchers and clinicians supported by NIH IMPROVE funding in FY20 to share their work and progress to date. In FY20, NIH launched the Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone (IMPROVE) initiative to support research on how to mitigate preventable maternal mortality, decrease severe maternal morbidity, and promote health equity.
- Feb. 18, 2022: RFA-RM-22-001 - Re-issue RFA-RM-21-022 – "Transformative Research to Address Health Disparities and Advance Health Equity at Minority Serving Institutions, with maternal health as a key area."
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<td>On Track</td>
<td>Nothing to report</td>
<td>NIH</td>
<td>Q2 Update (continued)</td>
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<td>Increase by at least 3% (from 2020 baseline) the number of maternal health research studies conducted by trainees, career development awardees, or early-stage investigator scientists, including those who are from underrepresented racial and ethnic groups, are from minority-serving institutions, are from institutions in underserved areas, or are directly studying maternal health disparities</td>
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<td>- Mar. 10, 2022: NICHD held a webinar, “Effectively Partnering with Communities in Research to Improve Maternal Health Outcomes and Reduce Disparities: Using Research to Create Community-Centered Policy.” Recording is <a href="#">here</a>.</td>
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<td>- Mar. 18, 2022: NICHD Decoding Maternal Morbidity Data Challenge Winner’s Webinar</td>
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<td>- Mar. 31, 2022: the ORWH Diverse Voices, a quarterly lecture series focused on Environmental Exposures &amp; Disparities in Pregnancy</td>
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<td>- Launched a resource for early career investigators from the NIH Office of AIDS Research (OAR) intended to centralize information for investigators and provide easy access to grant opportunities, basic information, and other resources, such as training and capacity building programs. <a href="#">Early Career Investigator Resources webpage</a></td>
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</table>
Narrative – FY 22 – Q2

There has been continued progress over the last quarter. We are on track for activities related to hospital participation in Perinatal Quality Collaboratives (PQCs) and birthing facility participation in the Alliance for Innovation on Maternal Health (AIM); we continued to exceed the target for maternal health messaging about urgent maternal health warning signs. The following items describe efforts undertaken to support our goals in the past quarter, including those pertaining to our PQC and AIM achievement statements that collect data biannually and will have key indicator updates in the next reporting period.

**CDC**
- CDC drafted a new Notice of Funding Opportunity (NOFO) for PQCs and with the increased FY 2022 Appropriation will be able to reach additional PQCs and hospitals within their state.
- CDC reached over 730,000 unique visitors through the Hear Her website through March 2022 and increased the target for this metric. January 31, 2022, CDC released a suite of materials for healthcare professionals as part of the Hear Her campaign. The website contains specific information for providers in obstetrics, pediatrics, and others such as emergency and urgent care, primary care, and mental health professionals.
- CDC drafted a NOFO for expansion of the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) program with the FY 2022 Appropriation increase. In addition, with the increase, CDC will support expansion of the Risk Appropriate Care Learning Community.

**HRSA**
- States continue to recruit birthing facilities for participation in AIM.
- In March 2022, the American College of Obstetricians and Gynecologists (ACOG) hosted an Onboarding Session to provide information on participation in AIM. States who are not currently participating in AIM were also welcome to attend. Minnesota will onboard for participation in AIM in the Spring of 2022.
- States not participating in AIM were also invited to attend education events hosted by AIM staff, including the AIM Communities of Learning.
- HRSA’s AIM engagement evaluation contract is currently conducting interviews with AIM partners, states, and birthing facilities to assess participation in AIM, including the identification of potential barriers.
CMS
- Milestone activities on track.

IHS
- Initial ALSO courses for instructors and providers are scheduled this month (April)

NIH
- Will report annually on number of maternal health research studies conducted by trainees, career development awardees, or early-stage investigator scientists, including those who are from underrepresented racial and ethnic groups, are from minority-serving institutions, are from institutions in underserved areas, or are directly studying maternal health disparities.
- Will report quarterly on activities, initiatives, and efforts to increase the number of those research studies.

OASH
- Premier Perinatal Improvement Collaborative hospital recruitment finalized and manuscript on data trends in the final stages of Journal of the American Medical Association review. Advisory Panel has completed recruitment and is beginning process to identify recommendations to address drivers of maternal and infant mortality. As of April 2022, 220 hospitals have been recruited.
Hospital participation in PQC

1. Data on hospital participation in PQC has traditionally been collected through an annual survey by the National Network of Perinatal Quality Collaboratives (NNPQC). The baseline reported here is the preliminary data from the 2020 survey (information gathered in 2021). This annual data has been voluntarily reported by 18 non-CDC-funded PQC and reported by all 13 CDC-funded PQC (total of 31 PQC reporting for 2020). The process is being updated to collect this information twice a year going forward. Data will be reported July 2022, October 2022, April 2023, and October 2023.

Reach of maternal health messaging

2. Hear Her metrics are collected on unique visitors from Adobe Analytics, a web analytics software. Unique visitors are defined as the number of unduplicated visitors to the website over the course of a specified time period. The reported number is for the English website. Due to data collection processes there may be overlap in the visitors of the English and Spanish websites.
Birthing facility participation in AIM

Data Source: Participating AIM states and jurisdictions report facility data in the AIM Biannual Reporting Survey. This survey collects data from state teams twice a year on hospital participation, bundle implementation, and day-to-day AIM operations. In this survey, a facility is defined as participating in AIM if it has formal plans to begin implementation of quality improvement (QI) projects based on AIM patient safety bundles with its state-based team; currently implements QI projects based on AIM patient safety bundles with its state-based team; and/or is otherwise engaged in AIM QI activities with its state-based team. The survey is administered by the ACOG AIM team. AIM is funded through a cooperative agreement between ACOG and HRSA Maternal and Child Health Bureau. For the November 2021 survey used for the baseline data, 41 states and Washington, DC reported on participating birthing facilities. The Spring 2022 survey is currently being administered to the AIM state teams. In May 2022, we anticipate receiving data from this survey to estimate the number of birthing facilities participating in AIM and will update this key indicator in the next APG reporting period (Q3). HRSA will report updated data in July 2022, October 2022, April 2023 and October 2023.

Data Quality/Validation: ACOG AIM provides individualized technical assistance and coaching, as needed, to states and jurisdictions to support data quality and validation efforts.

Data notes: There are some considerations that must be acknowledged when interpreting the number of birthing facilities. State definitions of what constitutes a birthing facility may change over time. This may impact the reported number of birthing facilities participating in AIM. In addition, in some states the closure of birthing facilities may impact the number of facilities participating in AIM.
Recruiting Diverse Birthing Hospitals to Join HHS Perinatal Collaborative

**Contributing Programs**
Organizations:
- Premier Inc. – contractor recruiting hospitals and evaluating outcome measures
- 200+ diverse birthing hospitals

**Stakeholder / Congressional Consultations**
- OWH is working with Maternal Mortality and Morbidity Advocates’ (MoMMA's) Voices to ensure that lived experiences and perspectives are included in the initiative.
Remote Blood Pressure Monitoring for Pregnant/Postpartum People served by IHS

Contributing Programs

Organizations:
- The American College of Obstetricians and Gynecologists [Home | ACOG]
- Advanced Life Support in Obstetrics (ALSO) | AAFP

Program Activities:
- Since the time we ordered these cuffs, the OASH Office on Women’s Health has announced a [Self-Measured Blood Pressure (SMBP) Partnership Program](#) to expand access to SMBP resources and encourage organizations to address heart health disparities; currently exploring ways I/T/U can partner in this endeavor for continued focus on this vital topic (special considerations for data sharing requirements).
- In addition to the aforementioned points on SBMP, another important aspect related to HTN in the MCH realm is the Alliance for Innovation on Maternal Health (AIM) [Severe Hypertension in Pregnancy Patient Safety Bundle](#); all IHS sites with planned birth facilities have implemented this bundle to improve care for pregnant and postpartum patients with hypertensive conditions.

Other Federal Activities
- Self-measured blood pressure monitoring is also a component of [Million Hearts](#), a national initiative led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) to prevent 1 million heart attacks and strokes within 5 years. These efforts support the target set by the Department of Health and Human Services (HHS) to achieve blood pressure control in 80 percent of women of reproductive age living with hypertension. (Links below to pertinent Action Plans)
- [The Surgeon General’s Call to Action to Control Hypertension](#); [U.S. Department of Health and Human Services Action Plan to Improve Maternal Health in America](#)

Stakeholder / Congressional Consultations
- Tribal consultation as needed throughout budget planning and implementation processes.
Contributing Programs

Organizations:
- 30 Rural Communities Opioid Response Program – Neonatal Abstinence Syndrome (RCORP-NAS): funded by HRSA across FY20-23 for total of $15 million. Funded organizations span 21 states and include academic institutions, critical access hospitals, community-based organizations, health centers, rural health centers, tribal organizations, and county governments.

Program Activities:
- Through RCORP-NAS, a series of prevention, treatment, and recovery activities were designed to serve rural individuals who are pregnant / likely to become pregnant and who have a risk for opioid use disorder to reduce the incidence and impact of Neonatal Abstinence Syndrome in rural communities.
- New AIM patient safety bundle “Care for Pregnant and Postpartum People with Substance Use Disorder” was released in 2021 and is in the process of being implemented in 17 states.
- The Screening and Treatment for Maternal Depression and Related Behavioral Disorders (MDRBD) program will be up for competition in FY2023 and HRSA anticipates it will publish a new Notice of Funding Opportunity.

Stakeholder / Congressional Consultations
- Federal Office of Rural Health Policy staff at HRSA coordinated a series of focus groups to inform the design and evaluation of the RCORP-NAS program. Focus group participants included subject matter experts within HRSA, across HHS, and external to the federal government.
Contributing Programs

Program Activities:
- Placement of maternity care National Health Service Corps (NHSC) clinicians at approved NHSC sites.

Regulations:
- Maternity Care Act – P.L. 115-320; Public Health Service Act, Section 332(k)

Stakeholder / Congressional Consultations

- HRSA published a Request for Information in 2020 to seek public feedback to inform policy considerations related to the establishment of criteria for Maternity Care Health Professional Target Areas, and to solicit additional ideas and suggestions.
- HRSA published a Federal Register Notice in September 2021 with proposed criteria for determining Maternity Care Health Professional Target Areas.
- GAO Engagement on Access to Obstetrics Care in Rural Areas (105515): The House Report 116-450 accompanying H.R. 7614 (FY21 Appropriations for Labor, HHS, Education, and Related Agencies) mandates GAO to report on ways to improve access to obstetrics care in rural areas and prevent obstetrics unit hospital closures in rural areas. As part of this work, we are examining obstetrics service availability, barriers to obstetrics care, and existing efforts to improve access to obstetrics services in rural areas. Engagement research objectives:
  - What is known about the availability of obstetrics care in rural areas, including obstetrics units in hospitals?
  - What efforts exist to increase the availability of obstetrics care in rural areas?
  - What factors affect the availability of obstetrics care in rural areas, and what steps can federal agencies take to increase the availability of such care?
Additional information

Increase Maternal Health Research Studies Conducted by Trainees, Career Development Awardees, or Early-Stage Investigator Scientists

Contributing Programs

Program Activities:
- Research training grants and research project grants funded by NIH Institutes and Centers (Maternal health $407 million in fiscal year 2020)

Stakeholder / Congressional Consultations

- Tackling the challenge of reducing MMM requires strong partnerships with and among local communities and resources, particularly with racial and ethnic minority populations that experience stark health disparities. Over the past few years, NIH held several community engagement activities to hear first-hand how patient communities can inform future research and what engagement strategies might enhance local efforts to improve maternal health. NIH also met with Members of the Black Maternal Health Caucus in December 2019 and July 2021 to discuss current research efforts and research gaps to address moving forward.

- These engagement activities informed the development of NIH’s IMPROVE (Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone) initiative, which aims to build an evidence base that will improve maternal care and outcomes from pregnancy through one year postpartum. They have also informed NIH’s overall investment in maternal health research.
Contribution Programs

Program Activities:

- Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program—In FY 21, CDC expanded the ERASE MM Program to 31 states and in FY 22 anticipates further expansion. This funding directly supports agencies and organizations that coordinate and manage Maternal Mortality Review Committees to identify, review, and characterize pregnancy-related deaths; and identify prevention opportunities. ERASE MM recipients are expected to develop and maintain collaborative relationships with PQC's when available within their states.