Agency Priority Goal | Action Plan | FY 22 – Q1

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.
### 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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<tbody>
<tr>
<td><strong>09/30/23</strong> 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>
<td>1,532 hospitals (49.4/state)</td>
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<td><strong>09/30/23</strong> 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>1,943</td>
<td>1,766</td>
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<td><strong>09/30/23</strong> 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>534,000 unique visitors to the Hear Her website</td>
<td>445,000 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.

† 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.
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

Number of Hospitals

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

Birthing Facilities Participating in AIM

Baseline (Nov 2021) 1,766
Target 1,943
Key indicators

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

- Baseline (Oct 2021): 445,000
- Q1 (Dec 2021): 663,000
- Target: 534,000

Unique Visitors to Hear Her Website
# Key milestones

## Milestone Summary

<table>
<thead>
<tr>
<th>Key Milestone</th>
<th>Milestone Due Date</th>
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<th>Change from Last Quarter</th>
<th>Owner</th>
<th>Comments</th>
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<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. 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>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><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>Nothing to report</td>
<td>CMS</td>
<td>“Birthing-friendly” designation launch on Compare website in Fall 2023 using 2022 maternal structural measure data and updated annually thereafter. Several states have already adopted similar policies through section 1115 authority.</td>
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<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 maternal health care</td>
<td>Q4, FY2022</td>
<td>On track</td>
<td>Hospital recruitment finalized</td>
<td>OASH</td>
<td>The Office on Women’s Health 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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<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>
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<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>Nothing to report</td>
<td>IHS</td>
<td></td>
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<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></td>
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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 (No FY 2022 Q1 update available.)
2) Alliance for Innovation on Maternal Health. Seventeen (17) states are in the process of implementing the “Care for Pregnant and Postpartum People with SUD” bundle.
3) Screening and Treatment for Maternal Depression and Related Behavioral Disorders. The program is in its fourth year of implementation. HRSA has prepared a draft NOFO to award additional MDRBD cooperative agreements to states, which will be awarded in September 2022.
4) National Maternal Mental Health Hotline. The hotline is on track to launch in Spring 2022. Progress in the last several months includes work on telecommunications security and operations, employee recruitment and training, marketing and communications, and resource development.
## Key milestones

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<td><strong>Strategy 4: Strengthen the maternal health workforce to achieve health equity</strong></td>
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<td>Increase by 10% the number of Advanced Life Support in Obstetrics (ALSO) providers and instructors (each 10%) at IHS federal sites by Q3 2023 *</td>
<td>Q3 2023</td>
<td>Milestone modified due to COVID-related delays. See Comments and note below table.</td>
<td>Nothing to report</td>
<td>IHS</td>
<td>50 childbirth simulation models purchased and disseminated to sites in order to support increased on-site trainings within IHS areas. Will need to gather baseline data in order to track measure. COVID restrictions have limited in-person meetings that are necessary for these trainings.</td>
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<td>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</td>
<td>TBD 2023</td>
<td>On Track</td>
<td>See comments</td>
<td>HRSA</td>
<td>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. FY 2022, Q1 Update: Stakeholders submitted comments during the 60-day FRN comment period; these comments will be used to finalize the criteria to identify and score MCTAs.</td>
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* This milestone has been modified to increase the number of provider and instructors by 10% instead of 25%.
### Key milestones

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| **Strategy 4: Strengthen the maternal health workforce to achieve health equity** | 2023               | On Track         |                          | NIH   | • Completed development of methodology for tracking and measuring progress towards the APG goal.  
• In Oct, presented to the Society for Maternal Fetal Medicine on recent NICHD activities related to maternal health.  
• In Oct, co-hosted with Advisory Committee on Research on Women’s Health “Advancing NIH Research on the Health of Women: A 2021 Conference.”  
• In Dec, announced winners of Decoding Maternal Morbidity Data Challenge to identify risk factors for first-time pregnancies with awards totaling $400k. Because maternal mortality and morbidity affect Black and Indigenous/Alaskan Native women at a much higher rate than other groups, applicants are encouraged to develop methods addressing the needs of these communities.  
• In Dec, announced $1 million prize competition to develop new maternal health diagnostics through the Technology Accelerator Challenge for Maternal Health. This will fill the need in low-resource settings which lack low-cost diagnostics that operate at the point-of-care and can detect and differentiating common conditions associated with pregnancy. |
There has been considerable 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 exceeded the target for maternal health messaging about urgent maternal health warning signs. The following items describe efforts undertaken to support our goals, 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 NOFO for PQCs that will provide the opportunity to potentially reach additional PQCs and hospitals within their state as additional funds become available.
- In Q1 of FY 22, CDC released Hear Her campaign materials in 15 additional languages, in addition to the original English and Spanish materials. CDC also compiled a summary of the impacts of the campaign through the end of CY 2021.
- CDC exceeded the target for this key indicator with over 663,000 unique visitors to the site by the end of December 2021.
- CDC has collected data from over 40 states for the first comprehensive analysis of MMRC recommendations; results expected end of CY 2022.

**HRSA**
- States continue to recruit birthing facilities for participation in AIM.
- HRSA has awarded the AIM engagement evaluation contract to assess state and birthing facility participation in AIM, including the identification of potential barriers.
Narrative – FY 22 – Q1

**CMS**
- Milestone activities on track.

**IHS**
- Modified Advanced Life Support in Obstetrics milestone activity target due to COVID-related meeting delays.

**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 JAMA review. Advisory Panel has completed recruitment and is beginning process to identify recommendations to address drivers of maternal infant mortality.
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.

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. In addition, there have been 141,000 unique visitors to the Spanish website since launch (but due to data collection process there may be overlap in the visitors of the English and Spanish websites).
**Data accuracy & reliability**

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**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 American College of Obstetricians and Gynecologists (ACOG) AIM team. AIM is funded through a cooperative agreement between ACOG and HRSA MCHB. For the November 2021 survey used for the baseline data, 41 states and Washington, DC reported on participating birthing facilities.

**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.
Additional information

Recruiting Diverse Birthing Hospitals to Join HHS Perinatal Collaborative

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

Stakeholder / Congressional Consultations
  • OWH is working with 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:
  o The American College of Obstetricians and Gynecologists Home | ACOG
  o Advanced Life Support in Obstetrics (ALSO) | AAFP

Program Activities:
  o 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).
  o 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
  o 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)
  o 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.
Mental Health and SUD Services for Pregnant and Postpartum People

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 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” released 2021.
- The Screening and Treatment for Maternal Depression and Related Behavioral Disorders program expands health care providers’ capacity to screen, assess, treat, and refer pregnant and postpartum people. In 2021, there are seven state recipients of cooperative agreements in the fourth of a five-year project period. Pending funds, HRSA anticipates awarding another seven cooperative agreements in FY22.
- HRSA will oversee a National Maternal Mental Health Hotline that will provide free, confidential support to pregnant and postpartum people and their loved ones via phone and text in English and Spanish. Counselors will provide a variety of culturally appropriate and trauma-informed support. Hotline expected to be operational Spring 2022.

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:
  o 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.
Participation in Perinatal Quality Collaboratives

**Contributing 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. 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 PQCs when available within their states.