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, tribal 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>By...</th>
<th>We will...</th>
<th>Name of indicator</th>
<th>Target value</th>
<th>Starting value *</th>
<th>Current value</th>
<th>Frequency</th>
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</thead>
<tbody>
<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</td>
<td>1,532 hospitals</td>
<td>1,780** hospitals</td>
<td>Biannually</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 birthing facilities</td>
<td>1,704 birthing facilities</td>
<td>1,778 birthing facilities</td>
<td>Biannually</td>
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<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>
<td>445,000 unique visitors to the Hear Her website</td>
<td>1,037,899 unique visitors to the Hear Her website</td>
<td>Quarterly</td>
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* These starting values are not as of 10/1/2021. Please see “Data accuracy & reliability” slides for additional details.

** The number of state-based PQCs providing information for this measure increased from 33 to 38. Hospitals reported as participating in these PQCs are included in the current value. Some of these facilities may have already been participating in these PQCs at baseline, but are not included in the starting value, because the state did not report at that time.

‡ 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.

¶ 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

<table>
<thead>
<tr>
<th></th>
<th>Number of Hospitals</th>
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<tbody>
<tr>
<td>Baseline (2020)</td>
<td>1,532</td>
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<tr>
<td>Q3 (June 2022)</td>
<td>1,780</td>
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<tr>
<td>Target</td>
<td>1,685</td>
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Key indicators

Birthing Facilities Participating in AIM

- Baseline (Nov 2021): 1,704
- Q3 (April 2022): 1,778
- Target: 1,874
Key indicators

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

Unique Visitors to Hear Her Website

Baseline (Oct 2021): 445,000
Q1 (Dec 2021): 663,000
Q2 (March 2022): 807,486
Q3 (June 2022): 1,037,899
Target (updated): 1,335,000
<table>
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<th>Owner</th>
<th>Comments</th>
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<tr>
<td>Strategy 1: Implement the American Rescue Plan's Medicaid 12-month postpartum coverage option</td>
<td>Q4, FY 2022</td>
<td>On track</td>
<td>Nothing to report</td>
<td>CMS</td>
<td>CMS will provide states Medicaid and CHIP SPA templates to facilitate adoption of this option. Thirteen states have submitted SPAs to adopt the ARP option to date. One state’s SPA has been approved. Four states have adopted similar policies through section 1115 demonstration authority.</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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<tr>
<td>Strategy 2: Increase participation in and measurement of quality improvement activities</td>
<td>May 2022, annually thereafter for quality measure reporting Fall 2023, for designation</td>
<td>On track</td>
<td>Nothing to report</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>
</tr>
<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>
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<tr>
<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>On track</td>
<td>See comments</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. A manuscript discussing trends in these measures is currently in clearance and the first convening of the advisory panel for this project took place in June 2022.</td>
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## Key milestones

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<tr>
<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>Q3 Update: 1) SMBP management continues at the local level, actively monitoring and will begin aggregating the data this 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>Q3 Update: 1) Rural Communities Opioid Response Program-Neonatal Abstinence Syndrome: No Q3 update. Grants were awarded in FY 2020 and the period of performance ends September 29, 2023. 2) Alliance for Innovation on Maternal Health (AIM): AIM developed resources available on the AIM website to support implementation of the “Care for Pregnant and Postpartum People with SUD” bundle. 3) Screening and Treatment for Maternal Depression and Related Behavioral Disorders (MDRBD): No Q3 update 4) National Maternal Mental Health Hotline: HRSA launched the hotline on Mother’s Day, May 8, 2022. Layered marketing is rolling out in phases, to allow for real-time feedback and adjustments as needed, and to monitor hotline capacity.</td>
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<td><strong>Strategy 4: Strengthen the maternal health workforce to achieve health equity</strong></td>
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| 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            | On track         | See comments             | IHS   | Q3 Update:  
1) In-person ALSO Instructor Course trained 20 instructors  
2) In-person ALSO Provider Courses held with 42 people trained  
3) 40 simulation mannequins distributed across the system |
| 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         | See comments             | HRSA  | Q3 Update:  
1) On May 19, 2022 HRSA published a Federal Register Notice (FRN) that presents the final criteria that will be used to identify and score Maternity Care Target Areas (MCTAs). MCTAs are areas within existing primary care Health Professional Shortage Areas (HPSAs) that are experiencing a shortage of maternity health care professionals. The FRN also summarizes and responds to the comments received during the public comment period held in 2021.  
2) HRSA will be providing snapshots to State Primary Care Offices and Auto HPSA site points of contact via the Shortage Designation Management system prior to release of point in time MCTA scores. We are in the process of modifying the system to accommodate the new MCTA sub-score. |
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<td>Q3 FY 2023</td>
<td>On track</td>
<td>See comments</td>
<td>NIH</td>
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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.

**Q3 Update:**
- Apr 9, 2022: 8th Annual Women’s Health Awareness organized by NIEHS and included 2 presentations on *Maternal Mortality on the Rise* (North Carolina State Senator Natalie Murdock) and *Understanding Maternal Mortality* (Janine Clayton, MD, NIH Associate Director for Research on Women’s Health and Director, ORWH).
- Apr 11-17, 2022: The NIH Office of Research on Women’s Health (ORWH) celebrates the Black Maternal Health Week. [Tackling the Complexity of Pregnancy Through Research Inclusion and Equity: We Need a New Playbook](https://www.nhlbi.nih.gov/news/2022/research-key-addressing-dismal-us-maternal-mortality-rates)
- Apr 27, 2022: Hosted by the National Institute of Environmental Health Sciences (NIEHS). [Environmental Impacts on Women’s Health Disparities and Reproductive Health](https://www.nhlbi.nih.gov/news/2022/research-key-addressing-dismal-us-maternal-mortality-rates)
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<td>See comments</td>
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Q3 Update (continued):

- May 11, 2022: Hosted by the National Heart, Lung and Blood Institute (NHLBI)— The Heart Truth® A webinar— High Blood Pressure in Pregnancy: A Discussion on Maternal Health
Narrative – FY 22 – Q3

There has been continued progress over the last quarter. We are on track and observed improvements for indicators related to hospital participation in Perinatal Quality Collaboratives (PQCs), birthing facility participation in the Alliance for Innovation on Maternal Health (AIM), and maternal health messaging about urgent maternal health warning signs. The following items describe efforts undertaken to support our goals in the past quarter.

**CDC**

- The number of hospitals participating in a PQC increased from 1532 to 1780. This exceeded the target value (1685) with a 16% increase in the number of hospitals participating in PQCs, considerably beyond the initial target of a 10% increase. A revised target will be presented for approval next quarter. The number of state-based PQCs providing information increased from 33 to 38, which led to a decrease in the average number of hospitals per state.

- In June 2022, CDC released *State Strategies for Preventing Pregnancy-Related Deaths: A Guide for Moving Maternal Mortality Review Committee Data to Action*, to provide Maternal Mortality Review Committees, PQCs, and other partners with approaches for identifying strategies that can help move MMRC recommendations into action to improve maternal health on a population level and ensure health equity is at the center of all efforts.

- CDC reached 1,037,899 unique visitors through the Hear Her website through June 2022. In partnership with the HHS Office of Minority Health, CDC is developing a segment of the campaign specifically focused on reaching and serving American Indian and Alaska Native women and their communities. In June 2022, DRH filmed the stories of five American Indian women who experienced pregnancy-related complications.
Narrative – FY 22 – Q3

There has been continued progress over the last quarter. We are on track and observed improvements for indicators related to hospital participation in Perinatal Quality Collaboratives (PQCs), birthing facility participation in the Alliance for Innovation on Maternal Health (AIM), and maternal health messaging about urgent maternal health warning signs. The following items describe efforts undertaken to support our goals in the past quarter.

HRSA

• The number of birthing facilities participating in AIM increased from 1704 (baseline) to 1778 (Q3). This represents a 4% increase in the number of birthing facilities participating in AIM.
• States continue to recruit birthing facilities for participation in AIM.
• In April 2022, the AIM team enrolled Minnesota as an AIM state.
• States not yet enrolled in AIM continue to engage with AIM staff, including conversations with AIM program managers about how to enroll in AIM and for assistance with potential barriers to enrollment. They are also invited to attend education events, including the AIM Communities of Learning.
• HRSA’s AIM engagement evaluation contract is conducting interviews with AIM partners, states, and birthing facilities to assess participation in AIM, including the identification of potential barriers, and will present their findings to HRSA in September 2022 to inform next steps with increasing facility engagement.
• AIM Program Managers, who are assigned to participating states, provide technical assistance to increase birthing facility participation and states share best practices on facility engagement through monthly State Lead Coordinator meetings.
Narrative – FY 22 – Q3

CMS
- Introduced 2 new maternal measures, for C-section rates and maternal morbidity/complications in the hospital, in the IPPS NPRM. These may inform the birthing friendly designation.
- Other milestone activities on track.

IHS
- Milestone activities on track

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
- Recruitment for the Perinatal Improvement Collaborative is finalized and manuscript on data trends is in clearance.
- Convened the HHS Premier Maternal Infant Initiative Advisory Panel for the OWH Maternal Morbidity and Mortality Data and Analysis Project on June 2, 2022 to provide insights on project data designed to inform how to impact health equity and social determinants impacting maternal and infant outcomes.
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). The process is being updated to collect this information twice a year going forward. In Q3 2022, the number of state-based PQC providing information increased from 33 to 38. The number of hospitals per state will vary by state population size and other factors. 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 or jurisdiction team; currently implements QI projects based on AIM patient safety bundles with its state or jurisdiction team; is sustaining QI projects based on AIM patient safety bundles with its state or jurisdiction team (this was added to the definition in the Spring 2022 survey); and/or is otherwise engaged in AIM QI activities with its state or jurisdiction 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. For the April 2022 survey, 44 states and Washington, DC reported on participating birthing facilities. HRSA will report updated data in 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. A standardized process for reviewing, validating, and finalizing survey data was implemented by ACOG in Spring 2022 to improve data quality and accuracy. Outreach to states about participating facilities occurs as part of this biannual survey validation process.

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 blood pressure 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. We are 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 birthing 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 are at 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.
Finalizing Criteria for Maternity Care Target Areas/National Health Service Corp

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?
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.
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 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 when available within their states.