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.
### 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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<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>1,958** hospitals</td>
<td>1,532 hospitals</td>
<td>1,864*** hospitals</td>
<td>Biannually</td>
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<tr>
<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>1,841 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>1,354,984 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.

** Target increased based on Q3 result.

*** The number of state-based PQCs providing information for the starting value was 33. The number reporting increased from 38 in Q3 to 40 during the current reporting period. 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
Hospitals Participating in Perinatal Quality Collaboratives

<table>
<thead>
<tr>
<th>Period</th>
<th>Number of Hospitals</th>
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<tbody>
<tr>
<td>Baseline (2020)</td>
<td>1,532</td>
</tr>
<tr>
<td>FY 22 Q3*</td>
<td>1,780</td>
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<tr>
<td>FY 22 Q4*</td>
<td>1,864</td>
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<tr>
<td>Target (Updated)</td>
<td>1,958</td>
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</table>

*Data current as of this reporting date; specific data collection time periods (month and year) for these quarters are noted on the Data accuracy & reliability slide.
Key indicators

### Birthing Facilities Participating in AIM

- **Baseline (Nov 2021):** 1,704
- **FY22 Q3*:** 1,778
- **FY22 Q4*:** 1,841
- **Target:** 1,874

*Data current as of this reporting date; specific data collection time periods (month and year) for these quarters are noted on the Data accuracy & reliability slide.
**Key indicators**

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

<table>
<thead>
<tr>
<th></th>
<th>Baseline (Oct 2021)</th>
<th>FY 22 Q1</th>
<th>FY 22 Q2</th>
<th>FY 22 Q3</th>
<th>FY 22 Q4</th>
<th>FY 23 Q1</th>
<th>Target (updated)</th>
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<tbody>
<tr>
<td>Unique Visitors to Hear Her Website</td>
<td>445,000</td>
<td>663,000</td>
<td>807,486</td>
<td>1,037,899</td>
<td>1,229,822</td>
<td>1,354,984</td>
<td>1,335,000</td>
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# Key milestones

<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>
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<tbody>
<tr>
<td><strong>Strategy 1: Implement the American Rescue Plan’s Medicaid 12-month postpartum coverage option</strong>&lt;br&gt;Work with states on adoption of American Rescue Plan State Plan Amendments to extend Medicaid postpartum coverage to 12 months</td>
<td>Q4, FY 2022&lt;sup&gt;*&lt;/sup&gt;</td>
<td>On track</td>
<td>See comments</td>
<td>CMS</td>
<td>FY23 Q1 Update:&lt;br&gt;As of 12/31/22, 33 states (including DC and one territory) have submitted SPAs to adopt the ARP option for postpartum extension in Medicaid and CHIP. CMS has approved 27 states as of that date, including three states that have adopted similar policies through section 1115 demonstration authority.</td>
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<tr>
<td><strong>Strategy 2: Increase participation in and measurement of quality improvement activities</strong>&lt;br&gt;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>May 2022, annually thereafter for quality measure reporting&lt;br&gt;Fall 2023, for designation</td>
<td>On track</td>
<td>See comments</td>
<td>CMS</td>
<td>FY23 Q1 Update:&lt;br&gt;Held HHS maternal health convening on 12/13/22, at which time ~30 health plans announced commitment to display designation for network hospitals upon official CMS launch in Fall 2023. Finalized icon for designation also unveiled. “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>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, FY 2022&lt;sup&gt;*&lt;/sup&gt;</td>
<td>On track</td>
<td>See comments</td>
<td>OASH</td>
<td>FY23 Q1 Update:&lt;br&gt;220 hospitals recruited&lt;br&gt;160 out of 220 site visits completed; 60 remaining visits will be completed by 3/31/23&lt;br&gt;High Reliability Assessment in process&lt;br&gt;Quality improvement implementation phase begins</td>
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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>Q1 Update:</td>
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| Offer remote blood pressure monitoring equipment to all pregnant and postpartum people receiving care from IHS facilities | Q3 2023            | On track         | See comments             | IHS   | 1) SMBP management continues at the local level, actively monitoring and continuing to aggregate the data this quarter  
2) We are currently exploring ways I/T/U can partner with other agencies in this endeavor for continued focus on this vital topic (special considerations for data sharing requirements). Specifically, 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 and IHS exploring options with the Preeclampsia Foundation for home blood pressure monitoring kits for patients to expand beyond current project. |
| Improve access to mental health and SUD services for pregnant and postpartum people | TBD 2023           | On track         | See comments             | HRSA  | FY2023, Q1 Update: |
|                                                                                            |                    |                  |                          |       | 1) On December 7, 2022, HRSA released a Notice of Funding Opportunity for RCORP-Neonatal Abstinence Syndrome (HRSA-23-094). HRSA anticipates making approximately 40 awards of up to $500,000 each per year, pending availability of funds, to reduce the incidence and impact of NAS in rural communities by improving systems of care, family supports, and social determinants of health.  
2) Alliance for Innovation on Maternal Health (AIM): AIM hosted a webinar on November 17, 2022, for “Building and Implementing a Substance Use Resource Map”.  
3) Screening and Treatment for Maternal Depression and Related Behavioral Disorders (MDRBD): HRSA launched the MCH Tele-Behavioral Health Programs Technical Assistance (TA) Innovation Center to support program implementation.  
4) National Maternal Mental Health Hotline: Since HRSA launched the hotline on Mother’s Day in May 2022, hotline counselors have had more than 6,230 conversations, of which approximately 70% were by phone and 30% were by text. In November, there were nearly 800 conversations (as of 11/30/22). |
### Key milestones

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<tr>
<td><strong>Strategy 4: Strengthen the maternal health workforce to achieve health equity</strong></td>
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<td>FY23 Q1 Update:</td>
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<tr>
<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>On track</td>
<td>See comments</td>
<td>IHS</td>
<td>1) Upcoming ALSO trainings scheduled for Apr and Aug 2023 in Albuquerque NM, and Gallup, NM respectively.</td>
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<tr>
<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>FY2023, Q1 Update:</td>
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<td>1) All eligible Primary Care HPSA designations received their MCTA scores as of 11/23/2022. MCTA scores are visible to the public via the HRSA Data Warehouse HPSAFind tool. State Primary Care Offices (PCOs) now can submit new Primary Care HPSAs for MCTA score calculations via the Shortage Designation Management System (SDMS), which is an online portal that PCOs can use to submit new applications or update existing applications. SDMS is then used to review PCO submissions and determine if an area qualifies for a MCTA. 2) FY23 NHSC applicants who provide maternity care services will be awarded loan repayment based on MCTA score from areas of highest need to lowest need per MCTA score.</td>
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<td>Key Milestone</td>
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<tr>
<td><strong>Strategy 4: Strengthen the maternal health workforce to achieve health equity</strong></td>
<td>Q3 FY 2023</td>
<td>On track</td>
<td>See comments</td>
<td>NIH</td>
<td>FY23 Q1 Update: NIH has been tracking and measuring progress towards the APG goal. We identified 68 studies for the FY 2020 baseline, now can provide the update for FY 2021, we identified 73 studies.</td>
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<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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<td><strong>Oct 4:</strong> Pre-application webinar for the IMPROVE Maternal Health Research Centers of Excellence Funding Opportunity Announcements</td>
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<td><strong>Oct 13:</strong> Over 90 non-profit organizations applied to enter the multi-phase Connecting the Community for Maternal Health Challenge. Developing the infrastructure and capabilities needed to pursue maternal health research in areas that specifically impact their communities.</td>
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<td><strong>Nov 1:</strong> Submission closes for RADx® Tech for Maternal Health Challenge with 84 submissions. Accelerating innovation in diagnostic technologies to improve maternal health.</td>
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<td><strong>Nov 1:</strong> 50 non-profit organizations selected to enter the first phase of the Connecting the Community for Maternal Health Challenge.</td>
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<td><strong>Nov 2:</strong> Building Interdisciplinary Research Careers in Women's Health (BIRCWH) 2022 Annual Meeting — BIRCWH Scholar Abstracts, Journal of Women's Health, Volume 31, Issue 10, October 26, 2022 (Note: abstracts published on October 26 and presented at the BIRCWH annual meeting on November 1, 2022 by early-stage investigators).</td>
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<tr>
<td>Key Milestone</td>
<td>Due Date</td>
<td>Status</td>
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| **Strategy 4: Strengthen the maternal health workforce to achieve health equity** |          |            |                          |       | FY23 Q1 Update Continued:
| 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 | Q1 FY 2023 | On track | See comments | NIH | **Nov 4**: Submissions open for the NIH Maternal Health Research Centers of Excellence (COE) initiative (RFA-HD-23-035, RFA-HD-23-036, RFA-HD-23-037). Dedicated to generating innovative approaches to address maternal mortality and decrease severe maternal morbidity in communities most affected by health disparities.  
**Nov 16**: Pre-application Technical Assistance Webinar for the IMPROVE Community Implementation Program.  
**Nov 29**: NIH Pathways to Prevention Workshop | Identifying Risks and Interventions to Optimize Postpartum Health.  
**Dec 5**: 42 applications received to participate as a Research Center (U54; RFA-HD-23-035), 7 applications received to function as the Data Innovation and Coordination Hub (U24; RFA-HD-23-036) and 5 applications received to lead the Implementation Science Hub/Resource Center (U24; RFA-HD-23-037) under the NIH Maternal Health Research Centers of Excellence initiative.  
**Dec 16**: 15 submissions were selected to receive an award and advance to the next phase of the RADx® Tech for Maternal Health Challenge |
There has been continued progress over the last quarter. We are on track and observed improvements for Hear Her indicators. The following items describe efforts undertaken to support our goals in the past quarter.

**CDC**

**PQCs are networks of teams throughout a state working to improve the quality of care for mothers and babies. PQCs have a unique and important role in addressing the drivers of adverse pregnancy outcomes and implementing efforts to equitably improve care and outcomes. By engaging additional hospitals, the uptake of these efforts are amplified.**

- In Q1, CDC held recipient kick off meetings with the PQCs and with the National Network of PQCs to ensure activities get underway quickly and technical assistance needs are identified and addressed in a timely manner.

Hear Her is a communications campaign to increase awareness of the urgent maternal warning signs and improve patient provider communication. Unique visitors is a measure of reach for the campaign.

- CDC reached 1,354,984 unique visitors through the Hear Her website through December 2022 and exceeded the target.

- On November 16, in partnership with the HHS Office of Minority Health and CDC Foundation, with support from Merck for Mothers, CDC released a segment of the Hear Her campaign to amplify the voices of American Indian and Alaska Native people and work to improve maternal health outcomes by sharing culturally appropriate materials. In November and December, there were over 6,700 views of the new webpages with Hear Her resources for American Indian Alaska Native communities. There were about 190,000 impressions from social media posts on CDC channels promoting the new resources.
Narrative – FY 23 – Q1

There has been continued progress over the last quarter. We are on track for the indicator related to birthing facility participation in the Alliance for Innovation on Maternal Health (AIM). The following items describe efforts undertaken to support our goals in the past quarter.

HRSA

AIM improves maternity care across the country by developing and implementing patient safety bundles that address preventable maternal mortality and severe maternal morbidity among pregnant and postpartum people in hospitals and other birthing facilities. Safety bundles are clinical condition-specific and include elements that follow an evidence-based 5R structure (readiness; recognition and prevention; response; reporting and systems learning; respectful, equitable and supportive care). By engaging additional birthing facilities in AIM, more pregnant and postpartum people in the U.S. will have access to safer care.

• In Fall 2022, North Dakota, South Dakota, and Arkansas enrolled in AIM
• States not yet enrolled in AIM (Idaho and Wyoming) continued to engage with AIM staff about how to enroll in AIM and for assistance with potential barriers to enrollment (e.g., insufficient staffing in Wyoming, lack of a designated lead in Idaho). They continue to be invited to attend education events, including the AIM Communities of Learning. Idaho indicated that once their PQC is launched in 2023 then they should be in a good position to enroll in AIM.
• All birthing facilities (AIM and non-AIM affiliated) are open to attend AIM Communities of Learning, as well as AIM Technical Assistance Presentations that provide deeper dives into bundle and quality improvement topics.
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

• Continuing to collect data from self-monitoring blood pressure cuff distribution, plan to expand project in coming year.
• Trained an additional 12 OB providers and staff in ALSO with two upcoming scheduled trainings in 2023.
• Renewed contract with ACOG for continuing quality benchmarking site visits.

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. We identified 68 studies for the FY 2020 baseline, this has increased to 73 studies for FY 2021.
• Will report quarterly on activities, initiatives, and efforts to increase the number of those research studies.

OASH

• Data acquisition of contracted participating hospitals is ongoing.
• Culture of Safety elements (supplemental to AHRQ T-TPQ reporting) were analyzed in the Implementation Report (HRA) and will be used to measure safety culture.
• Site assessment baseline reporting and collaborative outcome baseline reporting preliminary analyses is ongoing.
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. In Q4, the number of state-based PQC providing information increased from 38 to 40. The number of hospitals per state will vary by state population size and other factors. Data will be reported 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 subsequent surveys, reporting occurred in 44 states and Washington, DC (April 2022) and 45 states and Washington, DC (August 2022). HRSA will report updated data in 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
- 220+ diverse birthing hospitals

**Stakeholder / Congressional Consultations**
- OWH is working with Maternal Mortality and Morbidity Advocates’ (MoMMA’s) Voices and the National Birth Equity Collaborative (NBEC) to ensure that lived experiences and perspectives are included in the initiative.
Additional information

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.
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.
- **OASH/OWH’s Reducing Maternal Deaths Due To Substance Use Disorder Program** awarded more than $3.6 million in competitive grants to seven organizations working to bolster support for individuals experiencing substance use disorder (SUD) during pregnancy and postpartum. Five of the recipients also will use the funds to address the intersection of SUD and intimate partner violence (IPV). This work builds on the HHS overdose prevention strategy and will advance the President’s unity agenda and the White House Blueprint for Addressing the Maternal Health Crisis.

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.
- The AIM patient safety bundle “Care for Pregnant and Postpartum People with Substance Use Disorder” is being implemented in 25 states.
- The Screening and Treatment for Maternal Depression and Related Behavioral Disorders (MDRBD) program will be up for competition in FY2023 and HRSA continues to forecast a new Notice of Funding Opportunity in early 2023.
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)
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 and $422 million in fiscal year 2021)

Stakeholder / Congressional Consultations

- In April 2022 Representatives Underwood and Jaime Herrera Beutler introduced the NIH IMPROVE Act, which would authorize the Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative.