



HEALTHY WOMEN, HEALTHY PREGNANCIES, HEALTHY FUTURES:

SUMMARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' ACTION PLAN TO IMPROVE MATERNAL HEALTH IN AMERICA

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OVERALL VISION

As part of the Administration's broader efforts to improve health in America, the United States (U.S.) Department of Health and Human Services (HHS) is announcing its vision for ensuring the U.S. is one of the safest countries in the world to give birth.

THE PROBLEM

658 WOMEN DIED in the U.S. in 2018 as a result of pregnancy or its complications.

More than **25,000 CASES OF SEVERE MATERNAL MORBIDITY** occurred in 2017.

Maternal mortality in the **U.S. IS HIGHER THAN MOST** other developed and high income countries.

While the United States has one of the most technologically advanced health care systems in the world and should be able to ensure the delivery of safe, high-quality maternity care, the maternal mortality rate remains stubbornly high. In 2018, the U.S. maternal mortality rate was 17.4 deaths per 100,000 live births, totaling 658 deaths. This is higher than most other developed and high-income countries. Data show that as many as two-thirds of pregnancy-related deaths are preventable. Moreover, for every maternal death, many more women experience serious complications around the time of delivery known as severe maternal morbidity.



KEY TARGETS FOR IMPROVEMENT

THE ACTION PLAN AIMS TO ACHIEVE 3 AMBITIOUS, YET ATTAINABLE TARGETS:



TARGET 1:

Reduce the maternal mortality rate by 50 percent in 5 years



TARGET 2:

Reduce the low-risk cesarean delivery rate by 25 percent in 5 years



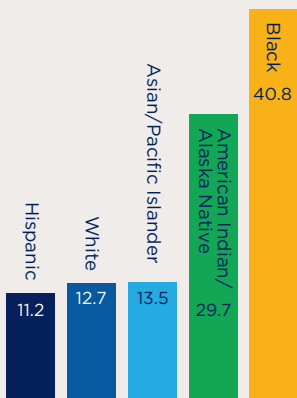
TARGET 3:

Achieve blood pressure control in 80 percent of women of reproductive age with hypertension in 5 years

#1 HHS is focusing on reducing the rate of **maternal mortality** as its topline target for improving maternal health outcomes. Addressing the factors contributing to maternal mortality will translate into reductions in maternal morbidity that can have important short-term and long-term implications for the health of mothers and babies. In order to meet the ambitious targets we have set, it will be critical to address the drivers of poor outcomes for at-risk populations, particularly racial and ethnic minorities.

#2 We selected reducing **low-risk cesarean deliveries**¹, as our second target because unnecessary cesareans can result in significant complications, disability, or death. The U.S. has one of the highest rates of cesarean deliveries in the world.

#3 We are focusing on improving rates of **blood pressure control** for women of reproductive age with hypertension for our third target, since uncontrolled hypertension puts women at higher risk of experiencing a number of serious pregnancy complications and at higher lifelong risk of cardiovascular disease, and cardiovascular disease is a leading cause of pregnancy-related death.



Pregnancy Related Deaths per 100,000 Live Births by Race/Ethnicity, 2007-2016

Source: Petersen, E.E., Davis, N.L., Goodman, D. et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. DOI: <http://dx.doi.org/10.15585/mmwr.mm6835a3external icon>.

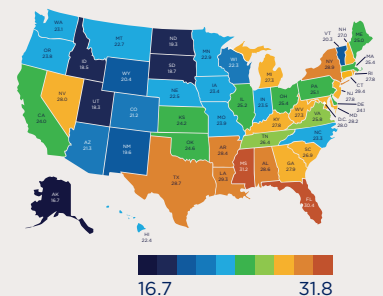
RACIAL DISPARITIES:

Pregnancy-related mortality for Black Americans and American Indian and Alaska Native women are about **3 and 2 times higher**, respectively, compared to White, Asian/Pacific Islander, and Hispanic Women.



33%

of all pregnancy-related deaths were associated with cardiovascular conditions in 2011–2013. The percentage for severe maternal morbidity was 23.2 percent in 2017.



Low-risk cesarean delivery rates ranging from 16.7 to 31.8 per 100 deliveries across the U.S. exceed the WHO's global target of 10 to 15 percent

The WHO target rate range is based on all cesarean sections.

¹We are specifically focusing on nulliparous, term, singleton, vertex (NTSV) cesarean deliveries, which occur among women who are pregnant for the first time, are at a minimum 37 weeks of gestational age, and giving birth to a single baby (not twins or multiples) that is in the vertex position (positioned in the uterus with the head down). We use this rate because it accounts for the most common medical indications for cesarean delivery: preterm or multiple births and fetal positioning. The majority of women with a previous cesarean birth have repeat cesareans for subsequent births. Thus, avoiding a low-risk cesarean delivery reduces the likelihood of subsequent cesarean deliveries.

SPECIFIC GOALS

HOW WILL HHS ACHIEVE THESE TARGETS?

In order to achieve HHS’ overall vision, future actions must confront critical challenges in addressing the maternal health crisis. Key challenges include:

- Racial disparities
- Access to care, especially in rural areas
- Health insurance coverage
- Variation in clinical practice patterns
- Data quality and timeliness to inform efforts to improve care

The Department’s Action Plan includes four goals designed to achieve the overall vision, which reflect the importance of bringing a life course perspective to improving maternal and infant health outcomes. A life course approach also acknowledges the important roles that social and economic risk factors and buffers play in affecting maternal health outcomes. Each goal has corresponding objectives and HHS actions to help achieve each goal. Examples of action items for each objective are highlighted in the last two pages of this document.



POSTPARTUM

maintain ongoing touch points for women with medical and social service providers to ensure warning signs are identified and addressed, and by providing accessible information on parenting skills, self-esteem building and stress management, as well as other family supports



GOAL 1

Healthy Outcomes for All Women of Reproductive Age



GOAL 2

Healthy Pregnancies and Births



GOAL 3

Healthy Futures



GOAL 4

Improve Data and Bolster Research



PRE-PREGNANCY

perform recommended screenings and treat all young girls, adolescents, and women for a variety of health risk factors



DURING PREGNANCY

continue prevention efforts into pregnancy to prevent or mitigate the development of complications



GOAL 1: HEALTHY OUTCOMES FOR ALL WOMEN OF REPRODUCTIVE AGE

Objective 1.1: Improve prevention and treatment of cardiovascular disease for women of reproductive age, such as by more effectively controlling blood pressure and preventing hypertension

Example of HHS Action: Launch the initial implementation of a national \$3.3 million prize competition in Fiscal Year 2020 to identify effective, innovative models to ensure women with hypertension during pregnancy and postpartum receive appropriate monitoring and follow-up care. This competition will allow the Department to identify, validate, and promote replication of programs that successfully target gaps in management of hypertension.

Objective 1.2: Encourage evidence-based preventive and disease management services for other significant medical risk factors

Example of HHS Action: Disseminate new models and promising practices of integrating pre-pregnancy health screening and follow-up into primary care and other clinical settings through the Health Resources and Services Administration's Preconception Collaborative Improvement & Innovation Networks, including creation of a provider practice bulletin and consumer/patient education materials.



GOAL 2: HEALTHY PREGNANCIES AND BIRTHS

Objective 2.1: Align provider payment with positive outcomes and quality improvement achievements, such as reducing low-risk cesarean deliveries

Example of HHS Action: Develop and publicly report quality measures related to maternal mortality and morbidity in the CMS Hospital Inpatient Quality Reporting Program, including a comprehensive maternal morbidity electronic clinical quality measure; a structural measure on participation in a Perinatal Quality Improvement Collaborative Program; and a cesarean delivery measure.

Objective 2.2: Support efforts to expand adoption of evidence-based clinical best practices in maternal health and obstetrics

Example of HHS Action: Invest in the Alliance for Innovation on Maternal Health (AIM) program by:

- Expanding participation in the AIM hospital-based safety bundles to all 50 states, Washington D.C., Territories and Tribal Communities;
- Developing new AIM hospital-based safety bundles on cardiovascular disease and maternal sepsis;
- Implementing additional AIM patient safety bundles at all Indian Health Service (IHS) federal facilities; and
- Developing and deploying new AIM bundles to address care at a national level provided in outpatient and other community settings.

Objective 2.3: Improve access to high-quality prenatal care and delivery services for at-risk populations

Example of HHS Action: Develop a program of Rural Obstetric Readiness in 2021 for rural IHS sites that include an Emergency Department but do not have on-site Labor and Delivery services. This "OB Ready" program will include staff development with ongoing training and drills, resource development with assurance of access to necessary equipment and medications, and integration with regional maternity care and transportation networks.



GOAL 3: HEALTHY FUTURES

Objective 3.1: Improve the quality of and access to postpartum care, especially mental health and substance use services

Example of HHS Action: Support policies to allow states to extend Medicaid coverage for postpartum women with SUD from 60 days to 365 days after birth. The Department will also pursue strategies to close coverage and care gaps for all postpartum women after pregnancy-related coverage expires.

Objective 3.2: Improve infant health outcomes by promoting the development of strong parent-child relationships

Example of HHS Action: Advance a nationwide paid family leave plan so mothers can focus on their health and families can develop a strong bond with their children.



GOAL 4: IMPROVE DATA AND BOLSTER RESEARCH

Objective 4.1: Enhance maternal health surveillance by improving data collection transparency, timeliness, standardization, and stratification by risk factors

Example of HHS Action: Designate an initial \$3 million to fund new projects related to maternal health data through the Office of the Secretary's Patient-Centered Outcomes Research Trust Fund, including a pilot project involving multiple states that will support state-level linkages between data from the Pregnancy Risk Assessment Monitoring System and clinical outcomes data that could be obtained from various sources such as administrative claims or hospital discharge data. These data linkages will facilitate additional patient-centered outcomes research to further expand the evidence base on the effectiveness of interventions to improve maternal and infant health outcomes. This project will also support a learning collaborative to help facilitate the development and application of standardized approaches to generating data linkages across each of the participating states.

Objective 4.2: Advance a research agenda to identify effective, evidence-based best practices in maternal health, including those addressing clinical, environmental, and socioeconomic factors

Example of HHS Action: Support research as described in the recently released funding opportunity announcement, "Addressing Racial Disparities in Maternal Mortality and Morbidity" to support original, innovative, multidisciplinary research aimed at advancing the understanding, prevention, and reduction of maternal mortality or morbidity among racial and ethnic minority women and socioeconomically disadvantaged women, including those in rural settings.