



**HEALTHY WOMEN,  
HEALTHY PREGNANCIES,  
HEALTHY FUTURES:  
ACTION PLAN TO IMPROVE  
MATERNAL HEALTH IN AMERICA**



**THE SURGEON GENERAL'S  
CALL TO ACTION**

**TO IMPROVE MATERNAL HEALTH**

Summaries by the Research & Grants Committee

# Background

2018: **17 women die for every 100,000 live births (658 deaths)** while pregnant or within 42 days postpartum

- 31% during delivery
- 17% day of delivery

**Most common causes:** hemorrhage, amniotic fluid embolism, hypertensive disorders of pregnancy (preeclampsia, eclampsia, stroke, cardiomyopathy), infection

Factors that contribute to high maternal mortality and morbidity:

- Variation in clinical practice patterns
- Access to care
- Data limitations that inhibit surveillance and research

Maternal Mortality **could be cut by 50%** by implementing evidence based measures

COVID-19:

- Recent evidence suggests that among reproductive-aged women (aged 15-44 years) with COVID-19, pregnant women are **more likely to be hospitalized, admitted into an intensive care unit, and to receive mechanical ventilation** as compared to non-pregnant women
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# Department of Health & Human Services Action Plan

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# The Problem & Targets

Problem: The United States has a higher Maternal Mortality Rate than many other advanced countries.

Targets over the next **five years**:

1. Reduce maternal mortality rate by 50%
  2. Reduce the low-risk cesarean delivery rate by 25%
  3. Achieve blood pressure control in 80% of women of reproductive age with hypertension
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# Actions to Drive Progress

## Goal #1: Healthy Outcomes for All Women of Reproductive Age

- Prioritizing prevention and treatment of cardiovascular disease particularly for non-Hispanic Black women.

## Goal #2: Implementing evidence-based clinical best practice and payment reforms aimed at reducing low-risk cesarean births

## Goal #3: Healthy Futures

- Improving access and quality of postpartum care and infant health.

## Goal #4: Improve Data and Bolster Research

- Enhance quality and timeliness of maternal health data and metrics to strengthen surveillance and drive quality improvement
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# Recent Efforts

- Maternal Mortality Review Committees
  - Medicaid Payment and Delivery System Reform Efforts
  - Preventing Maternal Deaths Act 2018
  - Perinatal Quality Collaboratives
  - Alliance for Innovation on Maternal Health (AIM)
  - California Maternal Quality Care Collaborative
  - Joint Commission Standards to Address Maternal Hemorrhage & Severe Maternal Mortality
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# Developing the Action Plan

- HHS Discussions
    - Greater access to care needed to address comorbidities.
    - Extend Medicaid 60 days postpartum with more interdisciplinary teams for care with better transitions of care.
  - Regional Sessions
    - Improve quality across all settings. Increased access to care during all phases of pregnancy.
    - Reimbursement for doulas and midwives
    - Integrate human services and other healthcare agencies into care
  - Review Committee Discussions
    - Enforce common standards for definitions of pregnancy-related death and preventability.
    - Determine effective approaches to conducting training to assessing role of racial inequities in cases
    - Life course approach to reviews
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# Challenges

- Racial/Ethnic Disparities
    - Pregnancy-related mortality ratio for non-Hispanic Black women 2007-2016 was 2-3x higher than white women
    - With a college degree or higher: ratio was over 5x higher for black women compared to other races (white, hispanic, asian pacific/islander)
  - Rural Disparities
    - Shortage of maternal healthcare providers - Only 6% of OB/GYNs work in rural areas
    - Women in rural areas experience higher rates or delayed prenatal care
  - Differential Mortality and Morbidity Rates by Age
    - Greatest risk is for age 40+ -> 76.5% of maternal mortality
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# Challenges

- Insurance Coverage
    - Medicaid covered 42% of births in 2018
    - Current federal laws: women eligible for Medicaid due to pregnancy are eligible up to 60 days delivery then need to reapply
    - Complications occur post 60 days postpartum, especially for women w/ Substance Use Disorder
  - Data Quality
    - Lack of data indicating where poor outcomes are occurring, what types of resources are lacking in the areas, and deficiencies of quality of care
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# Surgeon General's Call to Action

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# Call to Action

## Surgeon General's Call to Action:

- COVID-19 has shed light on how many women of reproductive age have chronic conditions
  - From 2007 to 2016, the pregnancy-related mortality ratio in the state with the highest ratio was 3.8 times that of the lowest ratio
  - In the past 20 years, the contribution of hemorrhage, hypertensive disorders of pregnancy, and anesthesia complications to pregnancy-related deaths have decreased, while the contribution of cardiovascular conditions has increased
- Health burdens increase risks during pregnancy and increase susceptibility to and severity of COVID-19
- Use a life-course approach to address social determinants of health

Intended to engage and equip individuals, organizations, and communities with actions to improve women's health prior to, during, and following pregnancy

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# Strategies

**Overview: Comprehensive approach considering women's health across the life course: perinatal period + chronic conditions + environmental & social factors.**

Broken down into levels of action:

## **Women and Families**

- Focus on improving overall health during pregnancy and postpartum period by engaging in healthy behaviors (diet, activity, preventative care and immunizations, abstaining from tobacco, alcohol, and illicit drugs)
  - Promote positive involvement of men as fathers/partners
  - Partner with healthcare team by communicating with healthcare professionals, attending primary care, prenatal and postpartum appointments
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# Strategies

## **Health Professionals**

- Ensure quality preventative care for all women, children, and families
- Provide culturally appropriate care
- Listen to women and their family member's concerns throughout pregnancy
- Improve research & quality improvement in postpartum period

## **States, Tribes, and Local communities**

- Create infrastructure that improves access to safety, clean water and air, and housing and food security
  - Provide breastfeeding support at individual and community levels
  - Promote community-driven initiatives and workforce development that supports maternal health needs of the community and incentivizes healthcare professionals to provide care in underserved areas
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# Strategies

## Health systems, hospitals, and birthing facilities

- Improve quality, safety and availability of risk-appropriate care across the healthcare system
- Train healthcare professionals in non-obstetric settings about obstetric emergencies and encourage obstetric care-trained providers to serve in rural, and underserved areas
- Provide culturally appropriate care in healthcare settings

## Payors

- Reimburse healthcare professionals for counseling services and reduce cost barriers for patients
- Provide financial reimbursement and quality incentives for improving maternal care for women of all races and ethnicities
- Increase range of healthcare professionals included in health plan's network

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+ **Employers, Innovations, Researchers, and Everyone**



**Monica McLemore PhD, MPH, RN, FAAN #OnSabbatical** · @mclemoremr

1/So, on Dec 7, 2017 I talked with [@nprmontagne](#) & [@ByNinaMartin](#) for this very story. Their Lost Mothers series was vanguard and important. We had new data published that aligned with their analysis.

**U.S. Surgeon General** · @Surgeon\_General · Dec 3, 2020

Today on @CBSThisMorning I talked about Sharon Irving- a PhD educated epidemiologist who died after childbirth- along w/ @Beyonce and @serenawilliams who had severe complications.

U.S. Black Moms Dying At 3x The Rate Of White Moms  
[npr.org/2017/12/07/568...](http://npr.org/2017/12/07/568...)

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11:51 AM · Dec 3, 2020 · Twitter for iPhone

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**Monica McLemore PhD, MPH, RN, FAAN #OnSabbatical** · Dec 3, 2020 · Replying to [@mclemoremr](#)

2/[@Surgeon\\_General](#) released 2 reports today in advance of the public/private partnership he's launching. Neither report cite my work or important work from Black women scholars or others who have done some of the work to landscape this issue

6 replies 10 retweets 61 likes



**Monica McLemore PhD, MPH, RN, FAAN #OnSabbatical** · Dec 3, 2020 · 3/Even more disturbing is midwifery and the model of care provided by them and [@BlkMamasMatter](#) alliance isn't mentioned either. One report is 71 pages and one is 184 pages. None of my work is cited either.



**Monica McLemore PhD, MPH, RN, FAAN #OnSabbatical** · 26m

1/Since I strive to live up to my own expectations of myself in my own mind. I want to update this tweet since some colleagues ([@doccrearperry](#) [@RJEpiOBWarrior](#) [@RRHDr](#) [@BlkMamasMatter](#) [@MomsRising](#)) and I had a call w/ [@Surgeon\\_General](#) this morning about gaps in their recent report.

**Monica McLemore PhD, MPH, RN, FAAN #OnSabbatical** · Dec 3, 2020

1/So, on Dec 7, 2017 I talked with [@nprmontagne](#) & [@ByNinaMartin](#) for this very story. Their Lost Mothers series was vanguard and important. We had new data published that aligned with their analysis.  
[twitter.com/Surgeon\\_Genera...](https://twitter.com/Surgeon_Genera...)

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2 replies 4 retweets 25 likes



**Monica McLemore PhD, MPH, RN, FAAN #OnSabbatical** · 26m

2/I identified my concerns (i.e., physician centric report, no grounding in reproductive justice, the lack of citation specific to racism & patient experience). I'm glad other brilliant Black women scholars were on the call & the [@Surgeon\\_General](#) team listened & acknowledged.

2 replies 1 retweet 12 likes



**Monica McLemore PhD, MPH, RN, FAAN #OnSabbatical** · 26m

3/There are tons of perspectives about how to approach these issues & I will always say if we center people who are most burdened, care should improve for everyone. I look forward to continuing to engage & push for scholarship of many Black women scholars including 🙏🙏🙏

1 reply 2 retweets 17 likes