



MATERNAL AND INFANT HEALTH

While the United States is a high-income country with advanced medical facilities, the state of maternal health in the US is a matter of concern.

Maternal mortality rates in the U.S. are among the highest of all developed countries and have been increasing over the past few decades. There are also significant disparities in access to maternal health care, with women living in rural or low-income areas and women of color experiencing more difficulties in accessing quality prenatal care and skilled birth attendants. Addressing the underlying causes of maternal health disparities and ensuring access to high-quality maternal health care is essential to reduce maternal mortality and morbidity rates in the U.S.

For decades NGA works with states to help them improve health outcomes for pregnant women, mothers and children. NGA offers a variety of opportunities for states to collaborate with one another and to work closely with leading experts on a range of maternal and child health issues, such as infant and maternal mortality. The NGA Center also provides targeted technical assistance to states on maternal and child health issues of importance to Governors' offices as they arise. Finally, NGA has served as a longstanding resource for state-level maternal and child health data on issues such as coverage, eligibility, access and quality through its Maternal and Child Health Update (MCH Update), which has been issued regularly since 1990.

Chair's Initiative
STRENGTHENING YOUTH MENTAL HEALTH

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NGA Resources



Maternal And Infant Health: Expanding Access And Quality Of Care

The third roundtable of the New Jersey First Lady Tammy Murphy's Initiative on maternal and infant health took place in Detroit, Michigan, presided by New Jersey Governor Phil Murphy and ...

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Black Maternal Health Week 2023

Black Maternal Health Week, originated by the Black Mamas Matter Alliance, was created to raise awareness of diminished maternal health outcomes in America, especially among Black women. In the U.S., ...

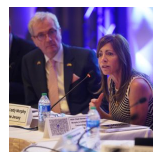
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Governors' Convening Highlights Ways Data Can Impact Maternal And Infant Health

The meeting included a conversation with a panel of experts focused on improving and utilizing maternal and infant health data systems by incorporating data on maternal health experiences, linking state ...

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Centering Women's Voices In Maternal And Infant Health

New Jersey First Lady Tammy Snyder Murphy is spearheading an Initiative on maternal and infant health (MIH), expanding her Nurture NJ work to the country. by Michelle LeBlanc In July ...

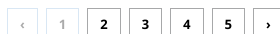
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Promising Practices To Reduce Maternal Mortality In New Jersey

Nurture NJ is an umbrella that breaks down silos between stakeholders, bringing them together to tackle issues related to maternal and child health. (View/Download) Background According to the Centers for ...

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Initiative To Improve Maternal And Infant Health

New Jersey First Lady Tammy Murphy is leading an effort focused on maternal and infant health (MIH). This has been a significant area of focus in New Jersey throughout the Murphy Administration, and this effort seeks to elevate and expand the conversation around maternal and infant health nationwide.

The four pillars of this effort are:

- **Centering Women's Voices in MIH Policy** – This area focuses on the importance of integrating the voices of mothers and women of color in the policymaking process, making sure they have a seat at the table before the table is even built.
- **Improving and Utilizing Maternal and Infant Health Data** – Improving data systems by incorporating qualitative data on maternal health experiences, linking state data and increasing accessibility to data to improve accountability.
- **Expanding Access and Quality of Care** – Identifying ways for states to ensure citizens have access to high quality maternal and infant care, including various MIH Medicaid policies that states can look to implement.

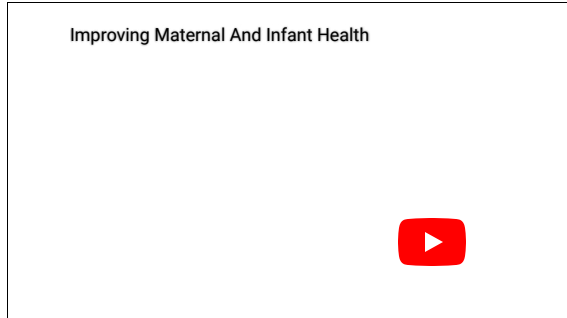
- **Elevating Innovative MIH Polices, Programs and Technologies** – Identify and highlight innovative and novel approaches to MIH policy, including highlighting effective programs and examining the role of technology to improve MIH outcomes.

Initiative Roundtables

Centering Women’s Voices In Maternal And Infant Health

The first roundtable of the Initiative was held in Salt Lake City, Utah, in October 2022. Centering women’s voices in the policy making process is key to addressing the MIH crisis. In the United States, MIH disparities are tied to systems and policies that have historically overlooked women’s voices, especially Black, Indigenous and Latina women. By actively centering women’s voices, Governors and state leaders can work to reduce disparities in MIH outcomes and make their states safer places for pregnant women, babies, mothers and families.

[Learn more...](#)



Improving And Utilizing Maternal And Infant Health Data

A second roundtable was held in January 2023, in Santa Monica, California. First Lady Murphy hosted a conversation on improving maternal and infant health (MIH) data collection, use and reporting. Colorado Governor Jared Polis, California First Partner Jennifer Siebel Newsom and North Carolina First Lady Kristin Cooper also spoke at the event to highlight holistic efforts to support children and parents, focusing on efforts to improve birth outcomes and reduce overall maternal and infant mortality and morbidity, an issue of national importance.

[Learn more...](#)



Expanding Access And Quality Of Care

The third roundtable took place in Detroit, Michigan in April of 2023. The roundtable identified the barriers for mothers and families seeking care and surfaced opportunities for states and health systems to mitigate challenges, ensuring better access to high quality care for moms and babies. This discussion brought to light issues related to maternity care quality improvement initiatives in states, work to further grow and diversify the perinatal workforce to create the access to the types of care that families are seeking, and the importance of access to wholistic maternity care that includes mental health, physical health, and the social determinants of health. This is the third in the series of four roundtables occurring over the first half of 2023.

[Learn more...](#)



Improving Maternal and Infant Health was also the subject of panel discussions at NGA’s [2022 Summer Meeting](#) and [2023 Winter Meeting](#).

Insights – Youth Mental Health & Maternal And Infant Health

NGA has collated a variety of resources from stakeholders to assist Governors and their staff with strengthening youth mental health, and improving maternal and infant health. These resources leverage the expertise of NGA partners to provide insights to assist with delivering specific program areas and cross-program tools and best practices.



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Funders for Adolescent Science Translation



Elevance Health

Shifting Upstream: State Actions To Support School-Based Mental Health Screening

Addressing the US's youth mental health crisis requires us to screen more children for relevant conditions to enable appropriate intervention earlier. Universal screening can be advanced by meeting kids where they are: in schools.

[Learn more...](#)

America's School Mental Health Report Card

School mental health services play an important role in supporting youth and helping every child thrive. This report highlights what each state is doing to support school mental health services and provides policy recommendations and examples of policy pacesetters from across the country.

[Learn more...](#)

Supporting Adolescent Health And Development

A brief highlighting the specific findings on youth behavioral health from two National Academies of Sciences, Engineering, and Medicine reports: The Promise Of Adolescence: Realizing Opportunity For All Youth and Promoting Positive Adolescent Health Behaviors And Outcomes: Thriving In The 21st Century.

[Learn more...](#)

Addressing Maternal Health Disparities: Doula Access In Medicaid

This report discusses how women using doulas in Medicaid have fewer inpatient hospital admissions during pregnancy, are more likely to attend their postnatal visit, experience lower odds of cesarean delivery, have lower odds of postpartum depression or anxiety, and have lower overall costs compared to women not using doulas.

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