



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.

Tackling The Maternal And Infant Health Crisis: A Governor's Playbook

Dear Partners,

Over the past year, many of us have traveled across the country to learn more about our national maternal health crisis, a journey that we in New Jersey began in 2018 as a first step to face our home state's unacceptable racial disparities in maternal and infant health outcomes.

As the wealthiest country in the world, the United States should be at the cutting-edge of maternal health care. Every mother and baby across our nation should begin their life together in health, wellness and joy. But tragically – and astonishingly – that is not the case. In fact, the United States has a maternal mortality rate more than double that of other high-income countries like Norway and Germany.

In stark contrast to these disturbing statistics is our shared resolve to end this crisis. In visiting communities across the nation – from Salt Lake City to Los Angeles to Detroit to Philadelphia – we have not only learned more about the causes and consequences of our maternal and infant health crisis, but we have also seen an overwhelming and universal commitment to



protecting our mothers and babies. No matter what state we visited or the political, socio-economic, racial, or religious makeup of the community, we saw again and again that ensuring our families begin their lives together intact and healthy is a responsibility in which we all share and to which we are innately connected.

In that spirit, we are thrilled to release the National Governors Association *Maternal and Infant Health Initiative Playbook*, a guide designed to make transformational change in a system that has historically failed our mothers and babies, especially our Black, Hispanic and American Indian and Alaskan Native mothers and babies. Of course, no one knows the unique challenges of a community better than the members of that community. Therefore, as you utilize this *Playbook*, we challenge you to start by sitting and listening to those most impacted, the moms and families across your state. And, as you progress in this work, we hope you will continue to collaborate with us to share your successes and amendments such that all of us might move forward together.

Communication and partnership are truly the linchpins of our strategy to improve our maternal and infant health outcomes on a national scale. Ultimately, it will be all of our voices, resources and commitment that together make the United States the safest nation on earth to deliver and raise a baby.

So, I thank you for your shared commitment to every mother and baby across the United States, and I look forward to continuing this work together.

My very best,

Tammy Snyder Murphy

First Lady of New Jersey

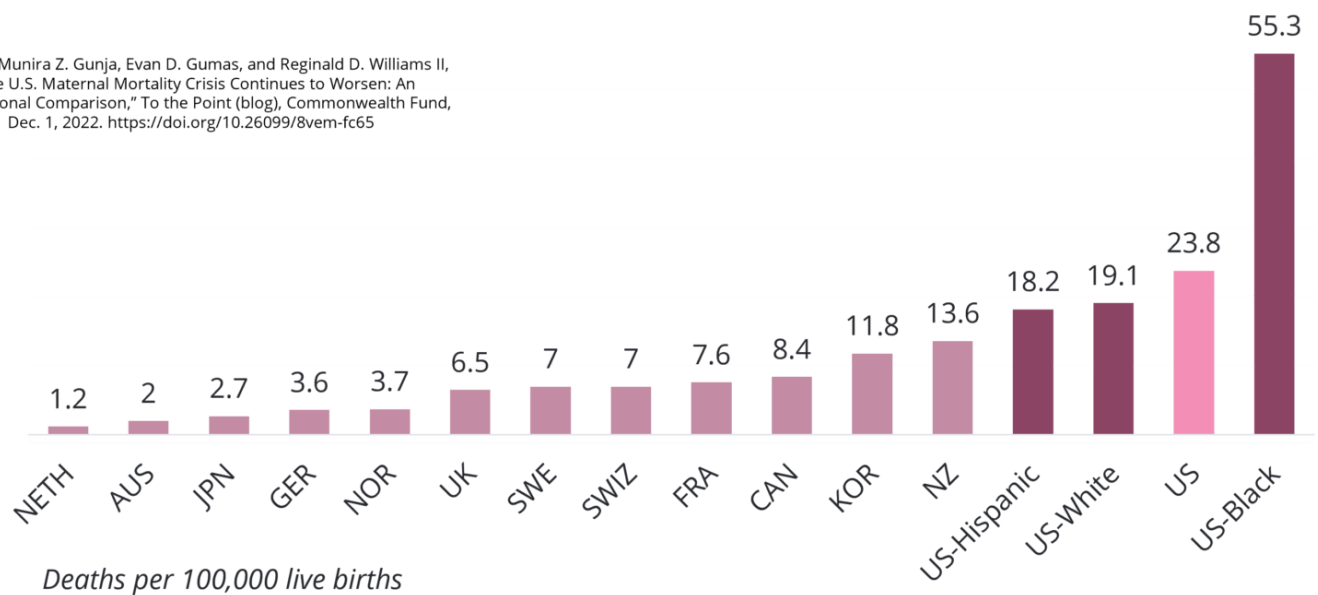
2022-2023 Chair of the National Governors Association Spouses Program

Executive Summary

[\(Download the Playbook\)](#)

The United States has the worst rates of maternal mortality among developed countries, and the gap between rates in the U.S. and other high-income countries is widening. Despite federal and state funding and attention targeting the issue, poor adverse outcomes persist. Traditionally, interventions to address maternal mortality have focused on supporting labor and delivery; however, maternal risk extends beyond birth with 31 percent of maternal deaths occurring during pregnancy and a staggering 52 percent of maternal deaths occurring post-partum, up to one-year post-birth.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, "The U.S. Maternal Mortality Crisis Continues to Worsen: An International Comparison," To the Point (blog), Commonwealth Fund, Dec. 1, 2022. <https://doi.org/10.26099/8vem-fc65>



Racial disparities are especially evident for Black and American Indian and Alaskan Native mothers, who are two to three times more likely than white mothers to die from childbirth, even when holding economic and education levels constant. Maternal care in rural communities is also limited as almost 2 million rural women of childbearing age live in maternal care deserts, where there are no obstetric services within a county of residence. There are also heavy financial costs associated with high rates of maternal mortality and untreated perinatal mental health conditions with some estimates of the associated costs as high as \$32.3 billion per year from conception through the child's fifth birthday.

Despite the prevalence of these poor outcomes, the majority of maternal deaths are preventable. Many states are already taking action to build more cohesive and aligned approaches to reducing poor birth outcomes. States can play a vital role in advancing and bolstering these efforts, and this report outlines 32 policy recommendations that are already in practice and feasible for state governments to implement.

Build Infrastructure For Sustained Success

- Develop a statewide maternal health strategic plan.
- Develop a proposal for a state Maternal Health Innovation Program through the Federal Health Resources and Services Agency (HRSA).
- Expand funding for the state Maternal Mortality Review Committee (MMRC).
- Identify regional variations in maternal health.
- Establish a maternal data entity to produce statewide data on maternal health outcomes.

Increase Access To Perinatal Care

- Expand Medicaid to 365 days postpartum. Expand home visiting programs.
- Provide presumptive eligibility to allow providers to treat pregnant people when they first seek prenatal care rather than waiting until after Medicaid eligibility is reviewed and determined.
- Expand access to maternal and infant care for uninsured populations.
- Fund integrated screening, referrals and care for perinatal mental health.
- Provide Medicaid Reimbursement for more telehealth modalities.

- Fund the PQC model and support P4P models.
- Ensure access to comprehensive evidence-based childbirth education.
- Adopt prenatal and postpartum patient safety bundles.
- Ensure that a recent pregnancy or birth is included as part of the standard patient intake process.

Focus On Disparities In Affecting Black And American Indian And Alaskan Native Persons

- Center equity in any maternal health initiative.
- Promote implicit bias training in the maternal care continuum.
- Develop public-private partnerships to implement community-partnered change models.
- Support a statewide campaign to raise awareness of statistics, resources and life-threatening signs during and after pregnancy.
- Improve maternal health for incarcerated women.
- Ensure state laws promote and increase breastfeeding.

Focus On Non-Medical Root Causes

- Provide a paid family leave program of at least six weeks.
- Invest in programs that provide low-income moms prenatal care, safe and affordable housing, access to nutritious food, and enhance access to reliable and safe public transportation.
- Reduce the administrative burden for Supplemental Nutrition Assistance Program (SNAP) enrollment or initiate targeted enrollment for SNAP.
- Continue to prioritize access to high-quality childcare by reinvesting in the Child Care and Development Block Grant.

Grow And Diversify America's Perinatal Workforce

- Build a workforce pipeline through accredited midwifery programs and policies that promote midwives.
- Reimburse doula care in Medicaid and expand access to doulas.
- Honor culturally congruent certification programs and/or provide flexible qualifications.
- Strengthen the community health worker workforce through certification and increased access to training.
- Develop certification and allow Medicaid funding for perinatal peer support models.
- In states with Historically Black Colleges and Universities (HBCUs), provide training opportunities for students of color looking to enter the perinatal workforce.
- Promote benefits of midwifery and community doula models of care.

While these recommendations are feasible to implement, they will require careful planning, resourcing and coordination, where relevant, across state agencies, territories and communities, alongside non-profits, philanthropy and the corporate sector. State-level leadership and action is vital to the success of reducing adverse outcomes in maternal health; however, there is no one-size-fits-all approach. In addition, the relationship amongst

sovereign Tribal Nations, states and the federal U.S. government underscores the importance of collaborative policy development to address maternal and infant health.

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This Playbook presents pathways to consider. States are encouraged to use this toolkit as a guide and ultimately take actions that fit within individual state context and respond to the needs of their communities.

▶ **Introduction**

▶ **America's Maternal Health Crisis**

▶ **Priority 1: Build Infrastructure For Sustained Success**

▶ **Priority 2: Increase Access To Perinatal Care**

▶ **Priority 3: Focus On Disparities Affecting Black And American Indian And Alaskan Native Persons**

▶ **Priority 4: Focus On Nonmedical Root Causes**

▶ **Priority 5: Grow And Diversify America's Perinatal Workforce**

▶ **Conclusion**

▶ **Acknowledgements**

NGA Resources

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.

NGA Library



NGA 2023 Annual Meeting

The National Governors Association's 2023 Annual Meeting was held in Atlantic City, New Jersey, from July 12th – July 14th. The Annual Meeting is an opportunity for Governors to share ...

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Resource Guide On State Actions To Prevent And Mitigate Adverse Childhood Experiences And Trauma

States are actively engaged in supporting trauma-informed best practices to mitigate the effects of ACEs and trauma and promote resilience for their communities. (Download) In 2021, the National Governors Association ...

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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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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 Policies, 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 Maternal And Infant Health



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.



Shifting Upstream: State Actions to Support School Mental Health Reporting and Adolescent Health
 Addressing the US's youth mental health crisis requires a shift in focus from highlighting the specific challenges to enabling appropriate intervention earlier. This report highlights state-level actions by increasing programmatic investments in schools, recommendations and examples of policy practices. **Positive Adolescent Health**

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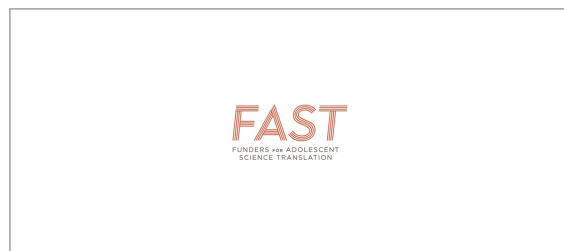
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