

Maternal Morbidity and Mortality

About Technical Assistance Briefs. The MCH Evidence Center provides ongoing technical assistance (TA) to Title V agencies related to the emerging evidence base, strategies, and measures related to many topics interconnected with National Performance Measures and other critical topics in MCH. *Technical Assistance Briefs* are an outcome of these TA sessions that are designed to act as *conversation starters* in thinking about programs that can be developed to address issues that affect women, infants, children, adolescents, youth, families, and communities. These briefs are not meant to be comprehensive; full analyses of the NPM topic areas are provided in [Evidence Analysis Reports](#).

The Center makes these customized briefs available during TA and on the program website to identify evidence-based/informed strategies, promising practices, examples of ESMs from the field and peer-reviewed resources. Please [contact us](#) if you would like us to develop a similar report for topics that you are working on.

Initial Query for this Brief. Identify measures and best practices around Maternal Morbidity and Mortality.

Evidence-Based Strategy Measures

ESM: Program Integration. These ESMs have been chosen by other states. You can review the ESMs to see if any resonate with your goals. Evidence Center staff are available to talk through how you could modify select ESMs to serve your needs.

State	ESMs
AZ	ESM 1.6: Rate of severe maternal morbidity associated with hypertensive disorders of pregnancy in AIM participating hospitals.
IL	ESM 2.1: Percent of birthing hospitals participating in an Illinois Perinatal Quality Collaborative (ILPQC) obstetric quality improvement initiative
IL	ESM 2.2: Percent of births occurring in hospitals that participated in at least one Illinois Perinatal Quality Collaborative (ILPQC) obstetric quality improvement initiative
IN	ESM 3.1: Percent of hospitals surveyed to determine Obstetric and Neonatal Level of Care.
OH	ESM 1.1: Percent of birthing hospitals implementing AIM hypertension model
RI	ESM 2.1: Percent of providers completing a training program on obstetric hemorrhage
RI	ESM 2.2: Percent of nurses completing a training program on obstetric hemorrhage
SC	ESM 2.1: Percent of SC birthing facilities that adopt evidence-based safety bundles.
SC	ESM 2.3: Percent of birthing facilities that receive education on providing post-birth messaging to women at risk of maternal morbidity and mortality
TN	ESM 1.4: Percent of birthing hospitals receiving training by TIPQC or THA
TN	ESM 3.1: Percent of Tennessee birthing hospitals participating in perinatal quality collaborative projects

Evidence-Based Strategies – What Works for Health

The following programs have been identified as effective models related to Maternal Morbidity and Mortality:

Title	Link	Category
Nurse-Family Partnership	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/nurse-family-partnership-nfp	Scientifically Supported
Paid Family Leave	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/paid-family-leave	Scientifically Supported
Community Health Workers	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-health-workers	Some Evidence
Preconception Education Interventions	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/preconception-education-interventions	Some Evidence
Magnolia Project	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/magnolia-project	Expert Opinion

Evidence-Based Strategies – Innovation Hub

The following programs have been identified as effective models related to behavioral health

Title	Link	Category
Moving beyond depression	https://amchp.org/wp-content/uploads/2021/05/AMCHP-Best-Practice-Form-MBD-2017.pdf	Best
Ohio Gestational Diabetes Postpartum Care Learning Collaborative	https://amchp.org/wp-content/uploads/2021/05/Gestational-Diabetes-Postpartum-Care-Learning-Collab-OH.pdf	Promising
Perinatal Depression Screening and Referral Project	https://amchp.org/wp-content/uploads/2021/05/Perinatal-Depression-Screening-Referral_2015.pdf	Emerging
The Ohio Pregnancy Associated Mortality Review: The Use of Simulation Training to Prepare for Obstetric Emergencies	https://amchp.org/wp-content/uploads/2021/05/The-Ohio-Pregnancy-Associated-Mortality-Review-The-Use-of-Simulation-Training-to-Prepare-for-Obstetric-Emergencies.pdf	Emerging
Maternal Mortality Prevention Program	https://amchp.org/wp-content/uploads/2021/05/MMPP_Practice-Handout-CuttingEdge.pdf	Cutting-Edge
DC Maternal Mortality Review Committee	https://amchp.org/wp-content/uploads/2021/09/2021_DC-MMRC_Development-Handout.pdf	Policy Development

Resources for Increasing Workforce Capacity around Maternal Morbidity & Mortality

MCH Bank of Evidence-based Strategies and Tools:

<https://www.mchevidence.org/tools/strategies/search/>

Report from nine maternal mortality review committees. This report provides data from maternal mortality review committees in nine states on pregnancy-related maternal deaths and reports recommendations from the committees on actions that might have changed the course of events leading to the deaths. It also discusses these emerging issues: maternal mental health conditions, severe maternal morbidity, and incorporating equity.

<https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf>

Maternal health around the world. This blog post explores how the United Nations goals have affected maternal death rates and how these deaths can be mitigated — both in the United States and globally.

<https://online.nursing.georgetown.edu/blog/maternal-health-around-the-world/>

Health equity report 2019-2020: Special feature on housing and health inequities. The report is a comprehensive analysis of HRSA program efforts in reducing health disparities and promoting health equity for various populations at the national, state, and local levels. It is produced biennially, and this edition includes a special feature on housing and health inequalities in the United States, and shows the impact of housing status and housing conditions on population health and health equity. It also covers social determinants of health; housing, life expectancy and mortality; maternal and child health; primary health care access and quality; organ and blood stem cell donation and transplantation; Ryan White HIV-AIDS program; health workforce; rural-urban health disparities; and civil rights and HRSA's housing and health equity initiatives.

<https://www.hrsa.gov/sites/default/files/hrsa/health-equity/2017-HRSA-health-equity-report-PRINTER.pdf>

The Surgeon General's call to action to improve maternal health. This Call to Action is intended to engage and equip individuals, organizations, and communities with actions to improve women's health prior to, during, and following pregnancy. It describes the current state of maternal mortality and morbidity in the United States, risk factors present prior to pregnancy that may worsen or cause complications during pregnancy, strategies and actions to improve maternal health and reduce maternal mortality and morbidity. It includes a glossary, information on data systems, and government programs and resources.

https://aspe.hhs.gov/system/files/aspe-files/264076/healthy-women-healthy-pregnancies-healthy-future-action-plan_0.pdf

Maternal Morbidity and Mortality: Technical Assistance Brief

Last Updated: July, 2022

Access other resources at <https://www.mchevidence.org>

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC31613, Strengthen the Evidence for Maternal and Child Health Programs, \$3.5 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.