

Maternal Health Update

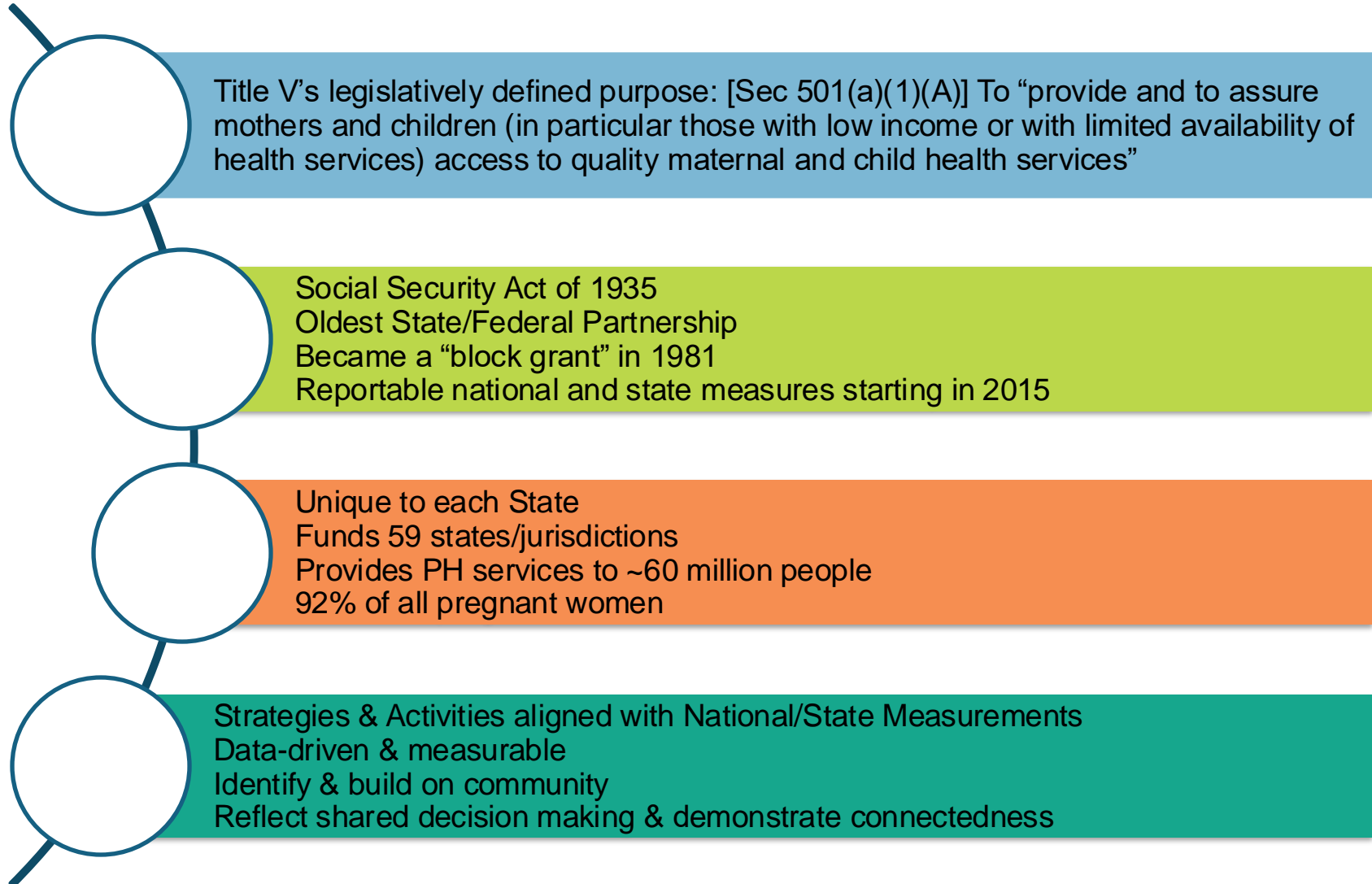
Task Force on Maternal Health Data & Quality Measures

Virginia Department of Health

March 19, 2025

Title V Needs Assessment

What is Title V?



Virginia Title V Needs Assessment

Systematic process required by HRSA every 5 years. Comprehensive needs assessment across VA's MCH community – partners and PWLE

Qualitative and quantitative approach to identifying and prioritizing MCH needs

Informs our State Action Plan for 2026-2030

Must align with the new HRSA Title V guidance (NPMs, NOMs, etc)

Summary must be submitted as a part of Title V Block Grant Report in July 2025 (which is just **4 months** from now!)



Methodology

Approach	Data Type	Data Method	Purpose
MCH Metric Comparison	Quantitative	Secondary	To identify where VA is doing well or needs improvement
Partner Survey	Quantitative/ Qualitative	Primary	To gather feedback from the MCH workforce regarding priorities
Key Informant Interviews	Qualitative	Primary	To gain an in-depth understanding of a successful MCH program from the workforce
Focus Groups	Qualitative	Primary	To gain insight into the health needs and challenges faced by the MCH population in VA

Survey – top 3 priorities identified for Women/ Maternal Health

- Overall women's health
- Postpartum mental health
- Severe maternal morbidity

Overarching Themes – Qualitative Data

Provider Shortages

SDOH and Impact on Care

**Insurance & System
Navigation**

Care Coordination

**Responsive and Respectful
Care**

**Strengthening Community
Engagement**

Improved Health Education

Focus group insights from pregnant women and parents

Strengths:

- Available programs and providers who were patient advocates

Barriers:

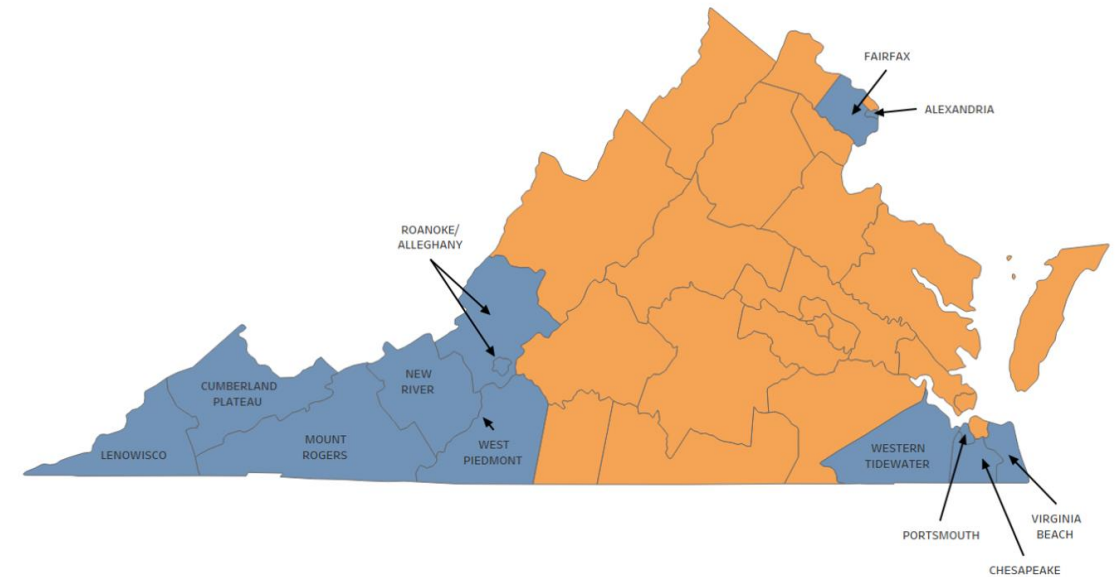
- Provider shortages
- Insurance limitations
- Care Coordination

Maternal Health work in the Local Health Districts

BabyCare

- Provides comprehensive case management and wraparound services, behavioral risk screenings, and expanded prenatal services for pregnant women and infants up to age 2 in order to reduce maternal and infant mortality and morbidity
- Programs in 13 LHDs
- First-ever BabyCare 2024 Outcomes Annual Report – July 2025
- 2024 Totals:
 - 614 Mothers (4218 encounters)
 - 903 Infants (7201 encounters)
 - Up 10% from 2023

Virginia BabyCare Program - Location by District










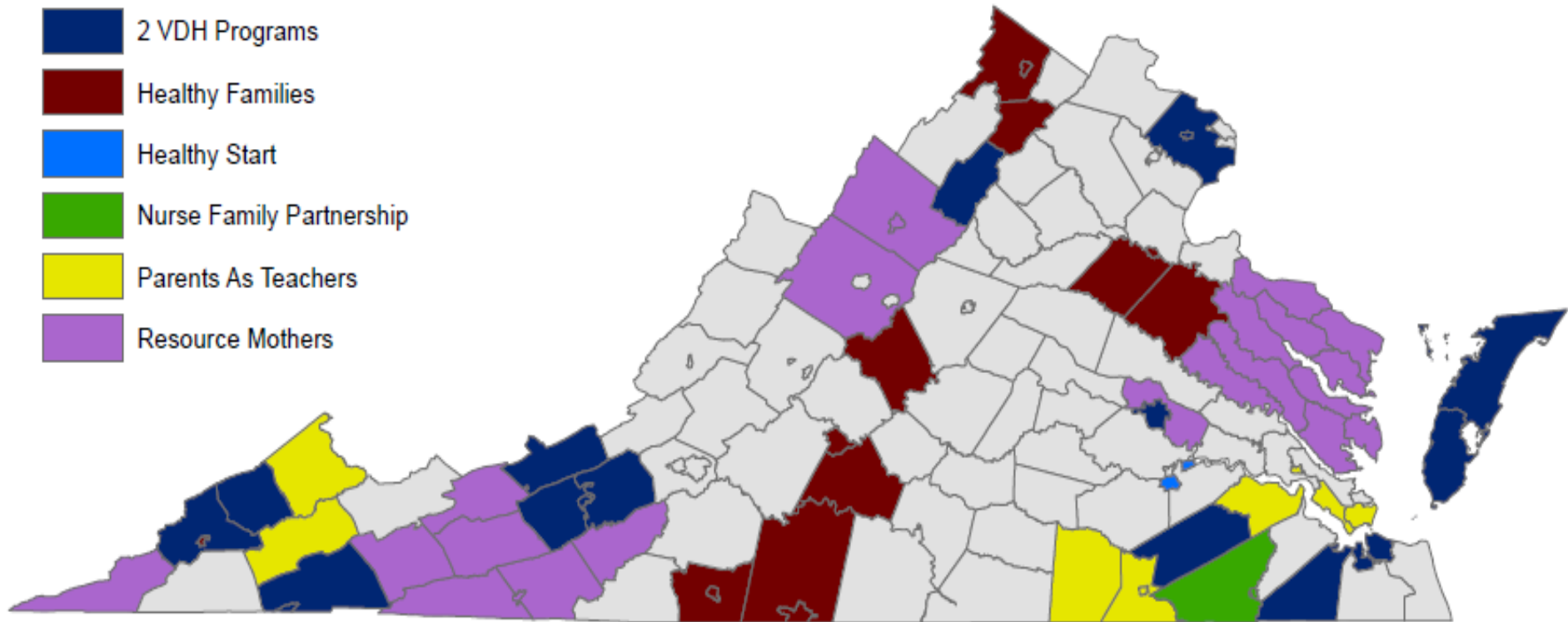
Resource Mothers

- Supports pregnant and parenting teens through mentorship, education, and case management to improve health, stability and navigation of parenthood.
- 2024 saw increased enrollment and engagement, with fewer rapid repeat pregnancies
- Provides comprehensive mentorship and wraparound support to pregnant and parenting teens, offering health education, case management, and life skills training to improve birth outcomes, prevent rapid repeat pregnancies, and promote economic stability
- Program in 4 LHDs and 1 private hospital
- 2024 Totals:
 - 180 Teens enrolled (2,117 encounters)
 - 6% increase from 2023
 - 1,107 Lessons taught (Growing Great Kids and AIM For Teen Moms)
 - 37 repeat pregnancies (subsequent pregnancy within 18 months)
 - 7 fewer than in 2023

Home Visiting Programs

Legend

-  No VDH Program
-  2 VDH Programs
-  Healthy Families
-  Healthy Start
-  Nurse Family Partnership
-  Parents As Teachers
-  Resource Mothers



District Spotlights

- **Cumberland Plateau Perinatal Health Network**
 - 1-year network grant through HRSA with IPHI
 - Will transition to VHHA in July 2025
 - Membership of approximately 55 community partners
 - Conducted Intercept Mapping in partnership with VCU School of Social Work in January 2025
 - Summary available

- **Rappahannock LHD Partnership with Germanna Community College & Mary Washington Hospital for Doula Training**
 - 1st Cohort in August 2024 - 12 students (all 12 completed and are certified – 6 applied for state certification for Medicaid)
 - 2nd Cohort started January 2025 with 9 students
 - 3rd Cohort planning underway

- **LHD Work Groups 2023-2024**
 - Doula Work Group
 - Breastfeeding Friendly Health Department Work Group
 - Maternal Mental Health Work Group
 - Community Engagement Work Group

District Spotlights

- Eastern Shore HD provided prenatal care services to 161 patients with a total of 838 visits for year 2024.
- Chesterfield HD provided direct prenatal care services to women in need for a total of 383 patients with a total of 1839 visit for year 2024.
- Chickahominy HD provided direct prenatal care services to 45 women with total of 222 visits for year 2024.

LHD Work Plans starting July 2025

- Decreasing severe maternal morbidity and mortality through postpartum visit attendance
- Increasing Community Engagement
- Regional Collaboration

Community Health Workers

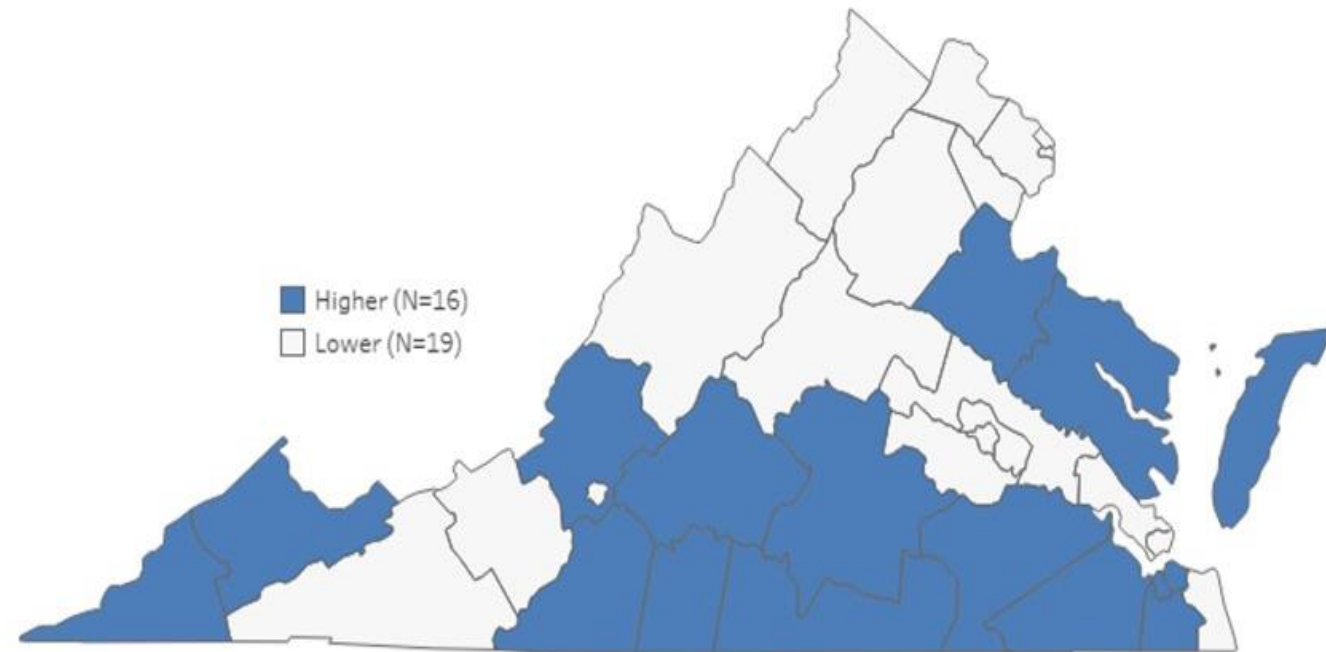
Methodology for Allocation – Review of Maternal Mortality Rates

Data-Driven Approach:

Selection of 12 specific indicators that account for maternal outcomes, socioeconomic factors, and accessibility factors.

Key Indicators Included:

1. 5-Year Maternal Mortality Ratio (MMR)
2. Severe Maternal Morbidity (SMM)
3. Black-White Mortality Disparity
4. Pregnancy Associated Death (PAD)
5. Maternal opioid-related diagnoses (MOU)
6. Pre-existing or gestational hypertension
7. Pre-existing or gestational diabetes
8. Early initiation of prenatal care
9. Maternal Vulnerability Index (MVI)
10. 3 Accessibility/Availability factors (Birth Hospital in District, Access to Home Visiting, Distance to Birthing Hospitals)



Methodology for Allocation – Review of Current CHW funding

District Name	Remaining CHWs as of 06.30.25	Maternal Mortality Allocation	Total CHWs as of 07.01.25
Alexandria	1	0	1
Alleghany and Roanoke	0	2	2
Arlington	1	0	1
Blue Ridge	1	0	1
Central Shenandoah	1	0	1
Central Virginia	0	1	1
Chesapeake	0	1	1
Chesterfield	6	0	6
Chickahominy	0	1	1
Crater	0	2	2
Cumberland Plateau	0	2	2
Eastern Shore	1	2	3
Fairfax	13	0	13
Hampton and Peninsula	0	2	2
Henrico	2	0	2
Lenowisco	0	1	1
Lord Fairfax	0	1	1

District Name	Remaining CHWs as of 06.30.25	Maternal Mortality Allocation	Total CHWs as of 07.01.25
Mount Rogers	0	2	2
New River	3	0	3
Norfolk	0	1	1
Piedmont	0	2	2
Pitts/Danville and Southside	0	2	2
Portsmouth	0	2	2
Prince William	1	0	1
Rappahannock	2	1	3
Rappahannock Rapidan	0	1	1
Richmond	12	0	12
Three Rivers	0	2	2
Virginia Beach	3	0	3
West Piedmont	3	2	5
Western Tidewater	0	1	1
Totals	50	31	81

This ensures that those districts who have never has a CHW and/or those who would have lost all CHWs, due to funding ending between now and June 30, 2025, have at least one CHW in the district.

Utilization of Maternal Mortality CHWs

- VDH has established a CHW program planning workgroup to codify processes to support the CHW workforce
 - Workgroup priorities include: CHW Training and Development planning, CHW Supervisor Resources, and Scope of Work/Program Evaluation processes
- Core CHW roles/responsibilities
 - Bridging Gap/Linkage to wrap around services
 - Advocacy and Social Support
 - Care Coordination
 - Outreach/Community engagement
 - Data Collection/Evaluation
- Maternal focused role/responsibilities examples
 - Linkage to prenatal care and other support services, identify high risk pregnancies and provide education on healthy pregnancy practices
 - Additional support to nurse home visiting programs (BabyCare/Nurse Family Partnership)
 - Postnatal Care and Support (Breastfeeding, mental wellness)
 - Childhood Immunization awareness and promotion
 - Family Planning education

Maternal Mortality Dashboard Sneak Peek

Executive Directive 11

- Improving Publication of Actionable Data on Maternal Health

Two new dashboards are in development:

- Maternal mortality - Natural deaths up to 42 days postpartum
- Pregnancy-associated mortality - deaths up to 1 year post pregnancy regardless of outcome of pregnancy, MMRT

- Comprehensive Maternal Health Resource Website

On the way!

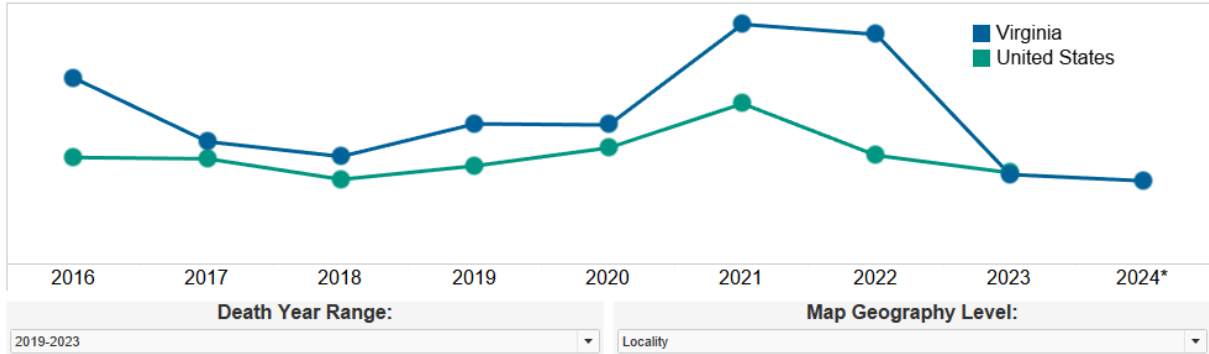
Maternal Mortality

Maternal Mortality Dashboard (Natural deaths up to 42 days postpartum)

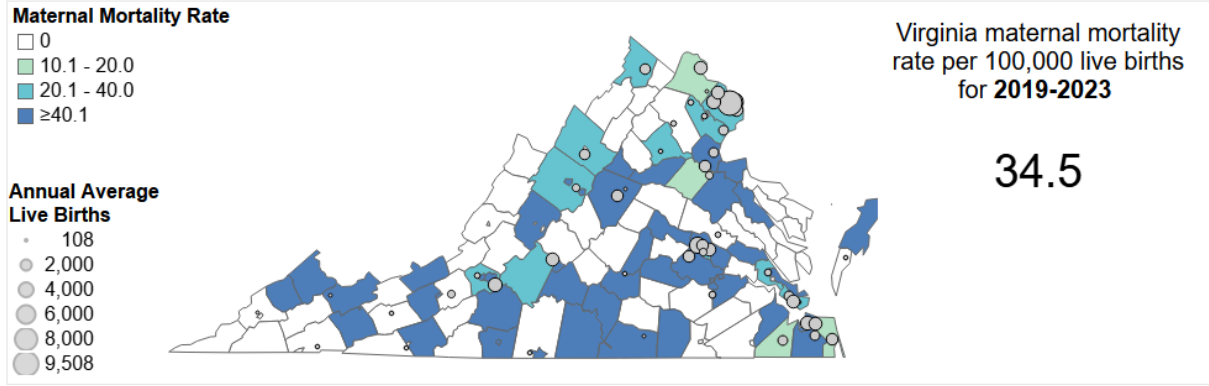


Annual Trends of Maternal Mortality Rates per 100,000 Live Births

*2024 data for Virginia are considered preliminary.



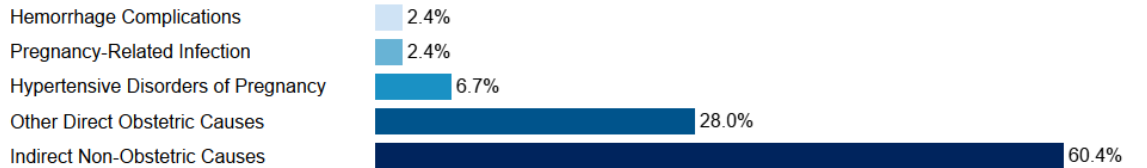
Map of Maternal Mortality Rates by Locality for 2019-2023



Dots represent 49 birthing hospitals in Virginia as of 2024. Size of the dot represents the annual average number of live births delivered at the facility for 2016-2023.

Virginia Snapshot of Maternal Mortality in 2019-2023

Cause of Death Groupings



Rates by Age Group

19 or Less	6.0
20-24	17.1
25-29	21.9
30-34	23.9
35-39	49.6
40-44	189.2
45 or More	591.3

Rates by Race/Ethnicity

Asian or Pacific Islander	28.0
Black or African American	62.3
Hispanic (All Races)	23.6
White	29.7

Rates by Rural/Urban

Rural	53.5
Urban	32.3

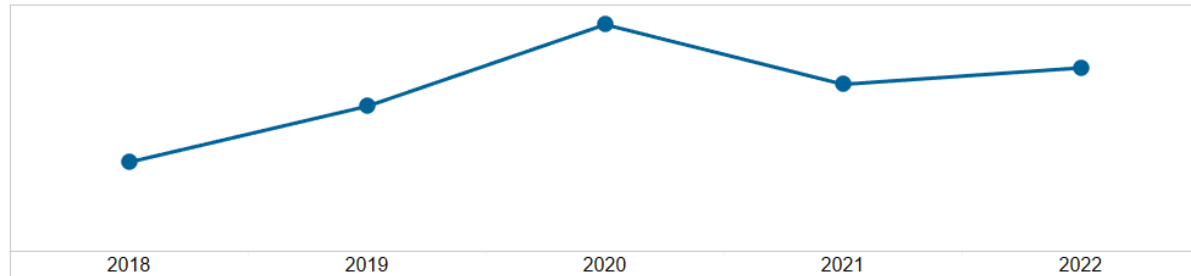
Pregnancy-Associated Mortality

Pregnancy-Associated Mortality Dashboard (Deaths up to one year after the end of pregnancy)



Annual Trends of Pregnancy-Associated Mortality Rates per 100,000 Live Births

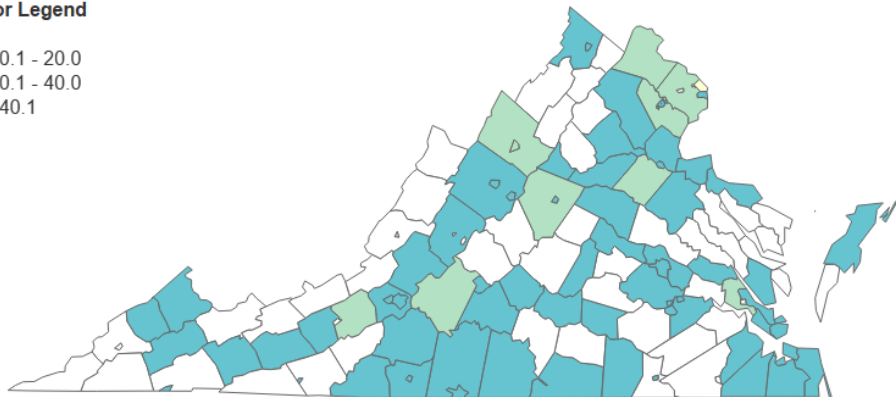
*2019, 2020, and 2022 are considered preliminary



Geography Level: Geography Name:

2018-2022 Map of Pregnancy-Associated Mortality Rates by Locality

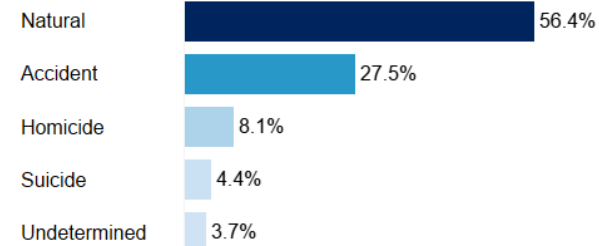
- Color Legend**
- 0
 - 10.1 - 20.0
 - 20.1 - 40.0
 - ≥40.1



Pregnancy-associated mortality rate per 100,000 live births for 2018-2022
61.7

Virginia Snapshot of Pregnancy-Associated Mortality in 2018-2022

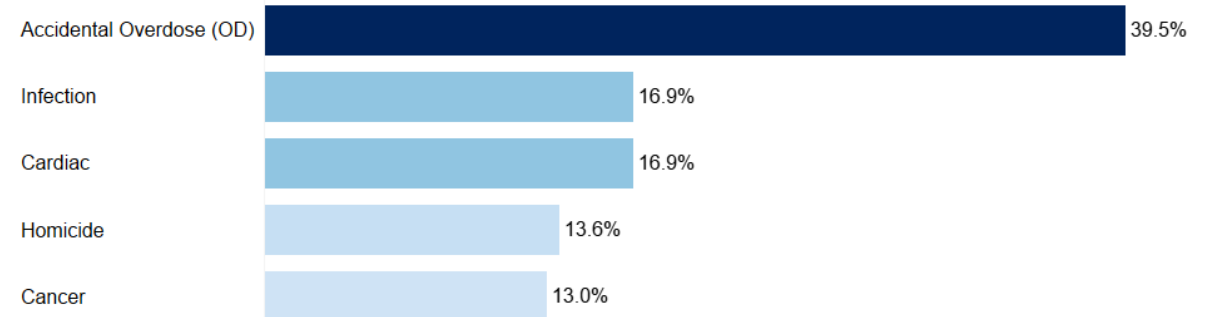
Manner of Death



Timing of Death



Top 5 Cause of Death Groupings



Rates by Maternal Age

Less than 20	57.8
20-24	48.2
25-29	57.8
30-34	46.8
35-39	76.0
40 and older	199.5

Rates by Maternal Race/Ethnicity

Asian or Pacific Islander	48.8
Black or African American	172.2
Hispanic/Latinx & All Other Races	8.8
White	97.6

Thank you