

SERIES: CLINICAL ISSUES & HEALTH CENTER BOARDS

SPOTLIGHT MATERNAL MORTALITY AND REDUCING PREGNANCY-RELATED DEATHS THROUGH QUALITY OBSTETRICAL CARE

This resource discusses maternal mortality. It highlights how health centers can help prevent pregnancy-related deaths through primary care services—especially obstetrical care—and how a health center board can support such services through governance-level functions. A board may wish to read this prior to discussing maternal mortality and obstetrical care services at a board meeting. This resource may also help orient new board or committee members to clinical issues.

What is Maternal Mortality?

Maternal mortality is defined by the Centers for Disease Control and Prevention (CDC) as “the death of a woman during pregnancy, at delivery, or soon after delivery.” It has become a crisis in the United States which has the highest maternal mortality rate of any developed nation in the world. The CDC reports, however, that most pregnancy-related deaths are preventable.

What Role Can Health Centers Play in Preventing Pregnancy-Related Deaths?

Health centers help to narrow overall disparities in health outcomes by providing affordable, high-quality primary care to everyone, regardless of their ability to pay. On [Form 5A: Services Provided](#), which lists a center’s services as required by the Health Resources and Services Administration (HRSA), maternal health care is addressed through “obstetrical care,” which includes prenatal care, intrapartum care (“Labor and Delivery”), and postpartum care. Health centers are uniquely positioned to identify high-risk contributing factors to help prevent pregnancy-related deaths and reduce maternal health disparities.

What Key Issues are Important to Know About Maternal Mortality?

It is important to be aware of several key issues related to pregnancy-related deaths:

- 1. Most pregnancy-related deaths take place *after* delivery. Health centers can prioritize postpartum services (sometimes called “4th trimester services”) to help prevent pregnancy-related deaths.**

In total, almost two-thirds of pregnancy-related deaths occur in the “postpartum period” and about 30%



take place 43 to 365 days after delivery. The report [State Strategies for Preventing Pregnancy-Related Deaths: A Guide for Moving Maternal Mortality Review Committee Data to Action](#) includes a pyramid of maternal mortality outcomes; health centers care for the disproportionately affected, especially at the bottom of the pyramid (see Figure above). The most [common causes of death six weeks or more after delivery](#) include conditions that are treatable including mental health conditions, cardiac conditions, infections, and blood clots; patients with hypertension and gestational diabetes are also at heightened risk during the period.

2. Not only is the maternal mortality rate increasing in the United States, but various populations are severely disproportionately impacted; as highlighted in one report:

- “Pregnancy-related deaths are two to four times more common among Black, American Indian/ Alaska Native, and Native Hawaiian or other Pacific Islander individuals than among their White counterparts.”
- “Pregnancy-related deaths also are nearly twice as common in the most rural counties” where there are many maternal care “deserts” meaning there is limited or no access to maternity care.

Health center patients include those in populations most impacted by high maternal mortality rates. Nearly one in five health center prenatal care patients are Black, over half are Hispanic, and an additional ten percent of patients are Asian, American Indian or Alaska Natives, or report multiple races.¹

3. Access to care - including postpartum care - varies based on medical coverage. For example:

- The [Medicaid unwinding](#) has resulted in [increasing numbers of pregnant women being disenrolled in Medicaid](#) which impacts access to care.
- [Studies show](#) positive effects of Medicaid expansion on access to prenatal and postpartum care, as well as birth and postpartum health outcomes.
- One [report](#) noted there are gaps in the rates of postpartum care for Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries across states, and between Medicaid and commercial health plans, and these gaps are larger for Black or Hispanic patients and those in rural communities.

Centers can consider how to work with the [Maternal and Child Health Bureau](#) and its [Healthy Start Program](#) to support patients.

What is the Role of a Health Center Board?

A board can ensure their center helps prevent pregnancy-related deaths through providing quality primary care services, especially obstetrical care. Boards can do this through [appropriate governance-level functions](#) such as strategic planning, clinical quality oversight, and other governance roles.

STRATEGIC PLANNING

During [strategic planning](#), the board works with the Chief Executive Officer (CEO)² and staff to create and approve big-picture goals. At this time, a center may decide to expand services, offer them in new ways, or offer them at new sites. Below are examples of how centers have addressed the need through strategy:

- Based on their patient population, some centers are emphasizing postpartum (4th trimester) care, recognizing it is a particularly high-risk period for certain patients.
- Some health centers have [added sites](#) or a mobile clinic dedicated to maternal health or two-generation (parent-child) clinics which required planning and investment.

1 2021 UDS, Table 7 Section A.

2 Also called the “Project Director” in the [Health Center Program Compliance Manual](#).

- Some centers have prioritized expanding staffing focused on assigning high-risk patients to a midwife while other centers are investing in [doula services](#); doulas can be trained to support people in all phases of pregnancy including postpartum care focused on improving maternal mental health outcomes.
- Other health centers have invested in the expansion of their [self-measured blood pressure programs](#) to address risks to pregnant patients with hypertension.



BOARD CONSIDERATIONS

When making strategic decisions about obstetrical care services, a board may want to:

- Review data to assess the need for prenatal and postpartum care, and health disparities or risks facing maternal patients in the center’s area; sources might include:
 - The center’s [community needs assessment](#)
 - March of Dimes [Maternal Health Report Card](#) which provides state-level analysis
 - [Lown Institute](#) with information on charity care at local hospitals with a particular focus on whether hospitals in the area are contributing to community benefit/charity care; depending on circumstances, there may be opportunity for the center to contract with such entities for specialty referrals of high-risk patients
- Understand the local circumstances of the health center – e.g., is the center in a rural area considered a “[maternity care desert](#)” or a setting where there are not providers trained on treating high-risk patients
- Seek input from board members or Patient Advisory Councils about needs in the community
- Discuss how this service fits with the center’s mission and review the strategic, budgetary, and oversight impact of changes to this service line



QUESTIONS

Questions a board might ask include the following; additional questions can be found in [Service Line Expansion: A Guide for Boards](#):

- Is there unmet need for new or additional services in our area? How is the need impacted by whether the center is in a Medicaid expansion state or a non-Medicaid expansion state?
- Are we adequately serving patients during the postpartum period?
- What organizations might serve as partners in providing such services?
- Is there an opportunity to negotiate contracts with local hospitals to assume more care for high-risk patients? How can the board help in identifying partners and/or supporting the CEO and Chief Financial Officer in partnership negotiations?
- Does the center have sufficient resources (e.g., physical space, telehealth) and staff qualified to offer these services?
- How do possible changes to this service further the mission?

CLINICAL QUALITY OVERSIGHT

A health center board must provide oversight of clinical quality. Boards carry out this duty in various ways, including reviewing and approving the quality assurance/quality improvement (QA/QI) plan, monitoring quality and safety indicators, and approving key policies.³ Often, boards have a Quality Committee that provides routine oversight of clinical quality measures and makes reports and recommendations to the full board regarding policies or actions.



BOARD CONSIDERATIONS

When providing clinical quality oversight of obstetrical care, boards can keep the following in mind:

- **Boards should have awareness of obstetrical care services at the center.** Boards should also have a general understanding of the demographics of the patients they serve and any particularly high risks of their patient populations. Additionally, boards can understand the role of screening related to social drivers of health and needs of patients (e.g., transportation, food security, and housing).
- **The board or Quality Committee can work with the CEO and appropriate clinical staff to define or revise the quality performance measures monitored by the board and Committee related to obstetrical care and focus on any key risk areas.** For example, if the center's maternal patient population is at high risk for hypertension and preeclampsia, the board may wish to receive quality measures on hypertension and get updates on the self-measured blood pressure program at the center broken down by demographics such as race or age. A board may also want to ask questions about the percentage of high-risk patients returning to the center for postpartum care.
- **The board can understand whether investment is needed for systems or processes to enable care coordination for its obstetrical care patients who deliver at facilities such as hospitals.** Does the center's Electronic Health Record system "communicate" with systems at hospitals where patients are delivering to help support care coordination? Are there other care coordination systems to ensure information on Labor & Delivery is seamlessly communicated back to the health center to inform postpartum care? If systems are not in place, a board can prioritize investment in resources to enhance these systems and processes.
- **The board and/or Quality Committee can review patient satisfaction data.** Aggregated data from patient satisfaction surveys can give the board insight into patient views on the extent to which culturally competent care is being received by patients receiving prenatal and postnatal care.
- **The board can review patient input.** It is essential to consider the lived experiences of groups significantly impacted by pregnancy-related deaths. Health centers may wish to have a Patient Advisory Council structured around its maternal health care services and rooted in health equity to ensure services are implemented in the best ways to serve patients.
- **The board can focus on health equity by monitoring outcomes for populations served by the center that have historically experienced disparities** (e.g., Black, American Indian/Alaska Native, and Native Hawaiian or other Pacific Islander, patients receiving care in rural counties, etc.).

³ Learn more about the board's responsibility for clinical quality oversight in NACHC's [Governance Guide for Health Center Boards](#), Chapter 5 and the [Health Center Program Compliance Manual](#), Chapter 19: Board Authority.



QUESTIONS

Questions a board might consider related to clinical quality oversight of obstetrical care services include:

- What health disparities and/or inequities exist among the various populations that receive these services? How is the center addressing these?
- What clinical improvement strategies are important for the board to champion at the governance level?

OTHER GOVERNANCE CONSIDERATIONS

Boards can consider other forms of oversight and partnerships to support quality prenatal and postpartum care:

- **Budget Approval**—The board-approved budget can include adequate investment for obstetrical care services in alignment with the strategic plan and clinical quality goals; for example, the budget might need to include telehealth infrastructure investment, a new site, or investment in additional staff to provide new or expanded services.
- **Community Building and Partnership**—Boards have an opportunity to encourage collaboration with other agencies or organizations serving the community's health needs. The board has an important role in evaluating significant partnerships to ensure they are in alignment with the health center's mission, maintain or improve access to health care, and are financially viable. The report [State Strategies for Preventing Pregnancy-Related Deaths: A Guide for Moving Maternal Mortality Review Committee Data to Action](#), Step 2 outlines various strategies for working with partners. In some areas, maternal health patients face transportation challenges; partnership can be one way to address this type of barrier to accessing care.
- **Support Outreach and Enrollment Services**—Health centers play a role in [supporting patients enroll in and qualify for essential medial coverages such as Medicaid](#). Continuous support helps ensure access to essential prenatal and postpartum services.

ADDITIONAL RESOURCES

Health center board members and staff may find the following additional resources helpful to gain a deeper understanding of the issue of maternal mortality and preventing pregnancy-related deaths:

- [2023 March of Dimes Report Card](#)
- [American Academy of Family Physicians](#) course on 4th trimester care (for health center family physicians and rural providers)
- [Care Teams Digest: Closing the Maternal Health Equity Gap](#)
- [CDC Resources on Maternal Mortality](#)
- [Community-Based Doulas are Improving Maternal Mental Health Outcomes and Expanding the Health Care Safety Net](#)
- [Hear Her Campaign](#) (available in multiple languages)
- [Increasing Access, Quality, and Equity in Postpartum Care in Medicaid and CHIP](#)
- [Maternal and Child Health Bureau](#)
- [Maternal Health](#) resources from NACHC
- [State Strategies for Preventing Pregnancy-Related Deaths: A Guide for Moving Maternal Mortality Review Committee Data to Action](#)

Please direct questions about this resource to Emily Heard, Director, Health Center Governance, or Dr. Wanda Montalvo, PhD, RN, FAAN, Director, Evidence-Based and Integration Strategy, National Association of Community Health Centers at trainings@nachc.com.

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