



Maternal and Child Health Bureau Maternal Health Supports and Innovations

*National Advisory Council on Nurse
Education and Practice*

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Maternal and Child Health Bureau

Vision: Healthy Communities, Healthy People



Maternal and Child Health Bureau



Mission:
Improve the health and well-being of
America's mothers, children, and families.



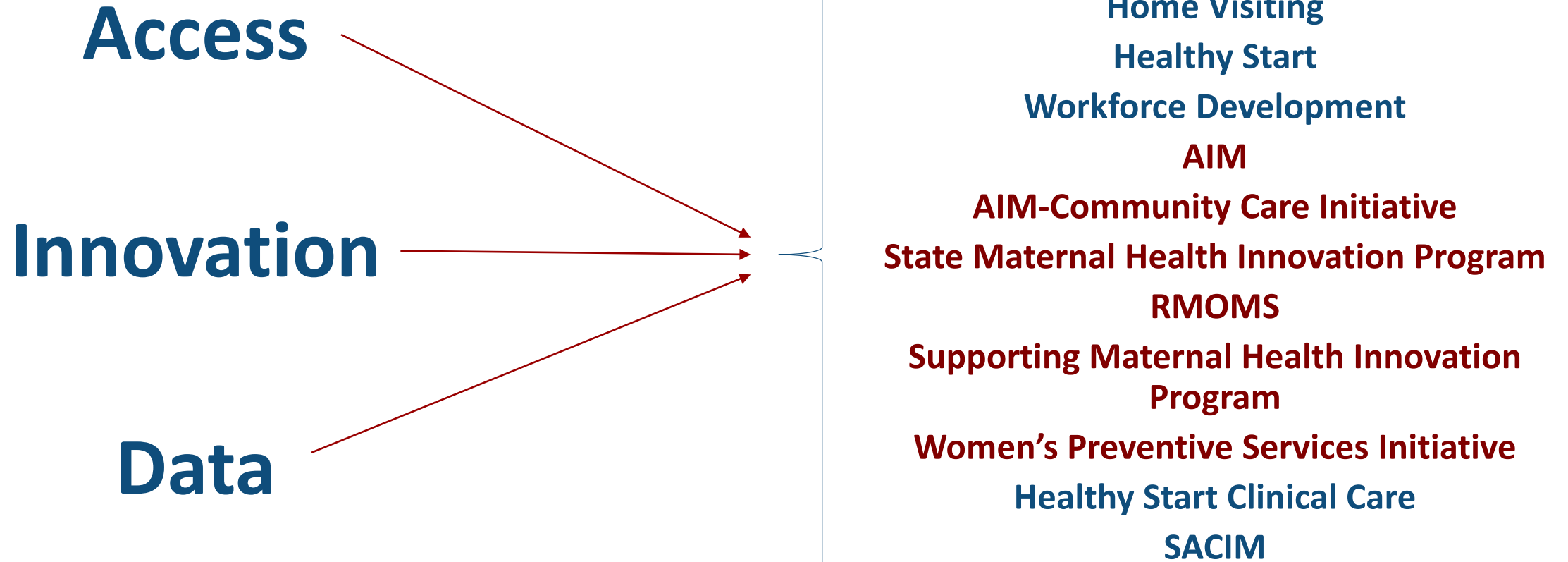
Maternal and Child Health Bureau

FY 2020 Total Budget: \$1.35 billion

Maternal and Child Health Bureau Programs	FY2020 Enacted	+/- from FY19 Enacted
Maternal and Child Health Block Grant	\$687.7	+\$10.0
Maternal, Infant and Early Childhood Home Visiting	\$400.0	---
Healthy Start	\$125.5	+3.0
Autism and Other Developmental Disabilities	\$52.3	+1.7
Emergency Medical Services for Children	\$22.3	---
Early Hearing Detection and Intervention	\$17.8	---
Heritable Disorders	\$17.8	+\$1.5
Pediatric Mental Health Care Access	\$10.0	---
Family-to-Family Health Information Centers	\$6.0	---
Screening and Treatment for Maternal Depression	\$5.0	---
Sickle Cell service Demonstration Program	\$5.2	+\$0.8



Addressing Maternal Health



Title V Block Grant Program

Maternal, Infant and Early Childhood Home Visiting Program

Reach & Impact

- 60.3 million people in FY2019
- **92%** of pregnant women
- **98%** of infants
- **60%** of children
- Partial or complete funding support for **maternal mortality activities**



Reach & Impact

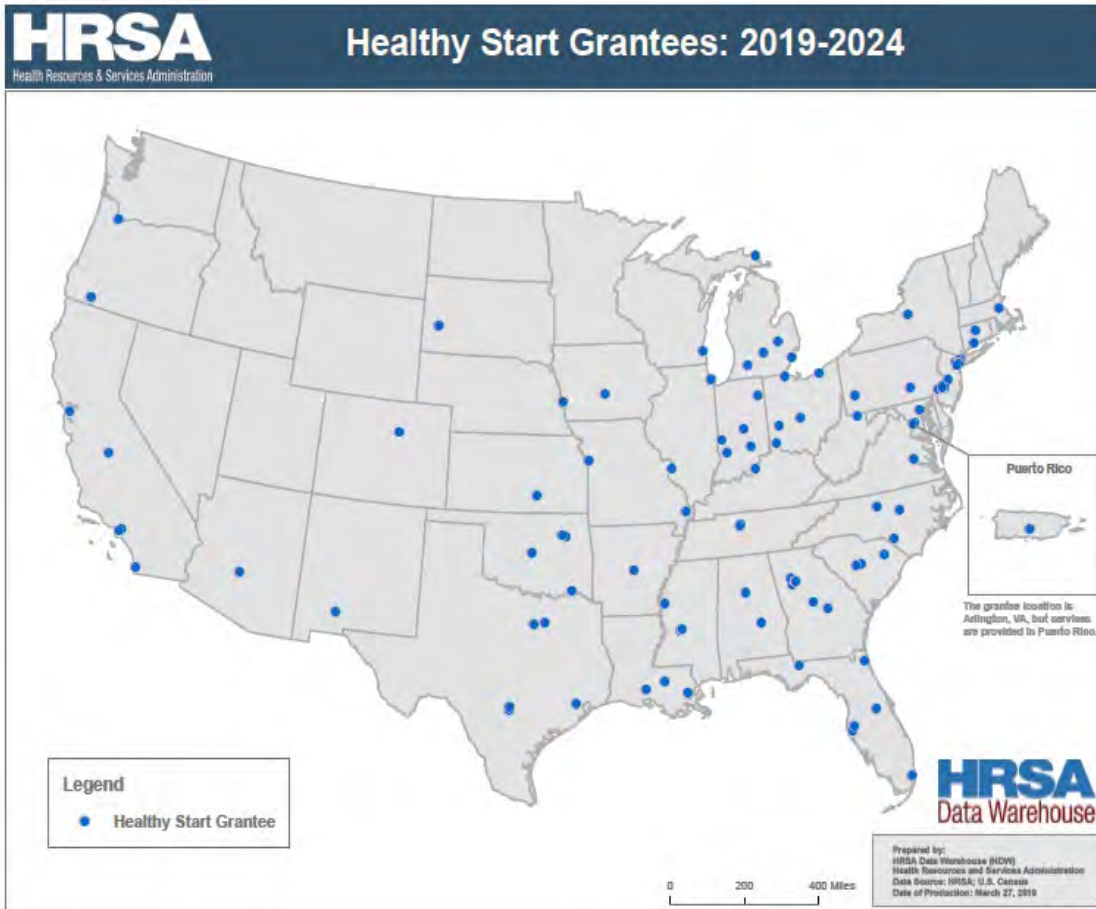
- 1,015,217 Home Visits
- **154,496** Participants
- **1,005** Counties

In FY2018 – FY2019:

- **17 of 19** performance measures either moved in the intended direction or remained stable

Healthy Start Initiative

FY 2020 Budget = \$125.5M



Healthy Start Initiative: Eliminating Disparities in Perinatal Health

Focus on communities with **highest infant mortality rates**

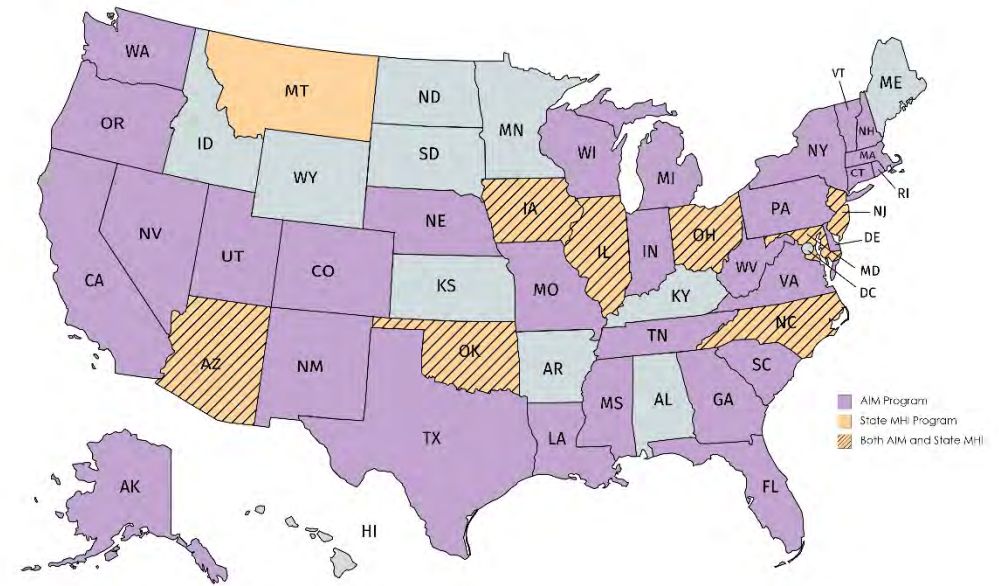
Support **community-driven efforts** to improve outcomes and reduce disparities

101 grantees are serving women, children, and families in **34 states, D.C., and Puerto Rico**

Maternal Health in 2020

FY 2020 Budget = \$42.8M

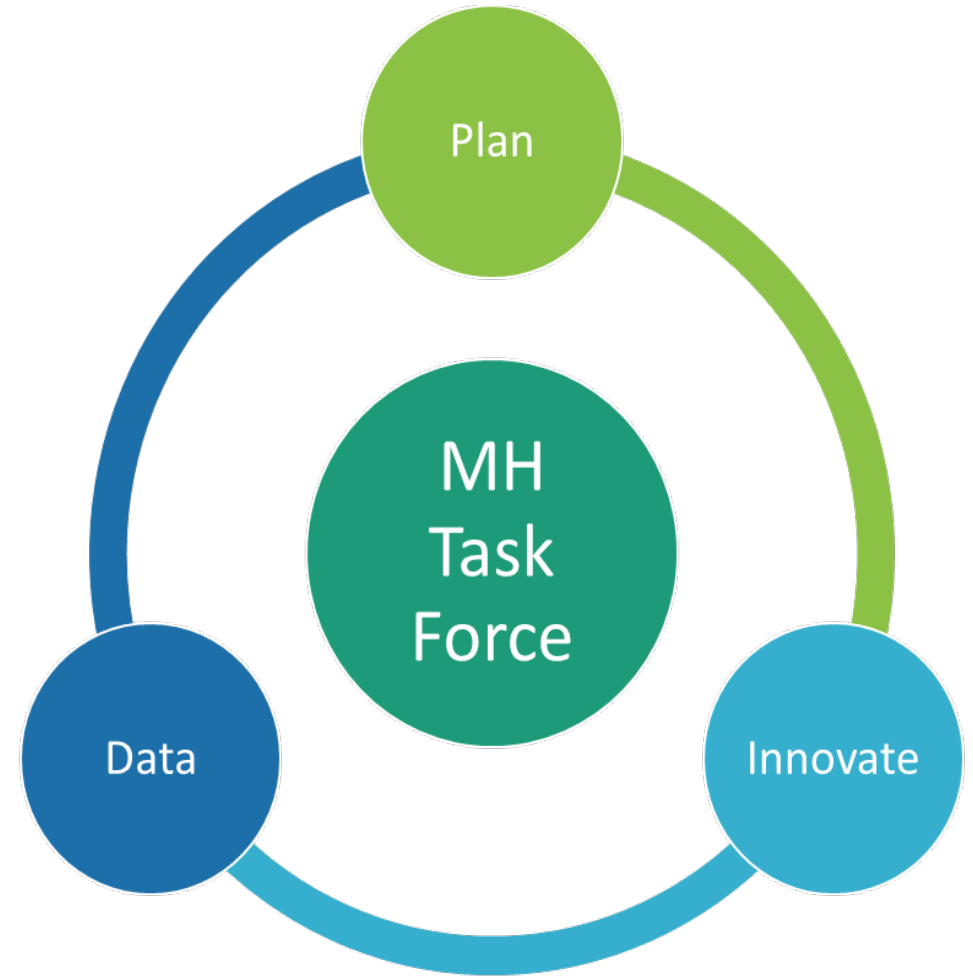
- **SPRANS**
 - **AIM \$3M**
 - 38 states and 1,500 hospitals
 - Maternal safety bundles
 - **AIM Community Cares Initiative \$1.8M**
 - **State Maternal Health Innovation \$23M**
 - **Healthy Start Clinical Supplement \$15M**
 - Clinical providers at program sites



State MHI Program Goal

To improve maternal health outcomes in the United States by:

- Catalyzing multidisciplinary collaboration;
- Collecting and analyzing maternal health data; and,
- Promoting and executing innovation in maternal health service delivery to advance evidence-informed strategies that achieve a measureable impact



Supporting Maternal Health Innovation Program

- **Maternal Health Learning & Innovation Center (MHLIC)**
- **Award Amount:** \$2.6M Annually
- **Award Recipient:** University of North Carolina at Chapel Hill
- **Project Period:** 9/30/2019- 9/29/2024



AIM: Maternal Safety Bundles

Uniform Structure

- ❖ Readiness
 - ❖ Every unit—prepare and educate
- ❖ Recognition & Prevention
 - ❖ Every patient—before event
- ❖ Response
 - ❖ Every Event—team approach
- ❖ Reporting/Systems Learning
 - ❖ Every unit—systems improvement



READINESS

Every unit

- Hemorrhage cart with supplies, checklist, and instruction cards for intrauterine balloons and compressions stitches
- Immediate access to hemorrhage medications (kit or equivalent)
- Establish a response team - who to call when help is needed (blood bank, advanced gynecologic surgery, other support and tertiary services)
- Establish massive and emergency release transfusion protocols (type-O negative/uncrossmatched)
- Unit education on protocols, unit-based drills (with post-drill debriefs)

RECOGNITION & PREVENTION

Every patient

- Assessment of hemorrhage risk (prenatal, on admission, and at other appropriate times)
- Measurement of cumulative blood loss (formal, as quantitative as possible)
- Active management of the 3rd stage of labor (department-wide protocol)

RESPONSE

Every hemorrhage

- Unit-standard, stage-based, obstetric hemorrhage emergency management plan with checklists
- Support program for patients, families, and staff for all significant hemorrhages

REPORTING/SYSTEMS LEARNING

Every unit

- Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities
- Multidisciplinary review of serious hemorrhages for systems issues
- Monitor outcomes and process metrics in perinatal quality improvement (QI) committee

PATIENT SAFETY BUNDLE

Obstetric Hemorrhage

AIM: Maternal Safety Bundles & Patient Safety Tools

1. Maternal Venous Thromboembolism
2. Obstetric Care for Women with Opioid Use Disorder
3. Obstetric Hemorrhage
- 4. Postpartum Care Basics for Maternal Safety: From Birth to the Comprehensive Postpartum Visit**
- 5. Postpartum Care Basics for Maternal Safety: Transition from Maternity to Well-Woman Care**
6. Reduction of Peripartum Racial/Ethnic Disparities
7. Safe Reduction of Primary Cesarean Birth
8. Severe Hypertension in Pregnancy
- 9. Severe Maternal Morbidity Review**
- 10. Support After a Severe Maternal Event**



AIM: Community Care Initiative

Goal: To improve maternal health and safety in the United States

Purpose:

- Support the development and implementation of non-hospital focused maternal safety bundles within community-based organizations and outpatient clinical settings across the United States
- Build upon the foundational work of AIM by addressing preventable maternal mortality and severe maternal morbidity among pregnant and postpartum women outside of hospital and birthing facility settings



Women's Preventive Services Initiative

When women are healthy, communities thrive.

WPSI
Women's Preventive Services Initiative
Recommendations for Well-Woman Care - A Well-Woman Chart

RECOMMENDATIONS FOR WELL-WOMAN CARE

Preventive care helps provide an effective opportunity for well-woman care including screening, evaluation of health risks and needs, counseling, and immunizations. Recommendations for Well-Woman Care (A Well-Woman Chart) was developed by the Women's Preventive Services Initiative (WPSI). The Well-Woman Chart outlines preventive services recommended by the WPSI, U.S. Preventive Services Task Force (USPSTF), and Bright Futures (BF). The Well-Woman Chart outlines preventive services recommended by the WPSI, U.S. Preventive Services Task Force (USPSTF), and Bright Futures (BF). Additional recommendations for immunizations are provided in a separate table from the Advisory Committee on Immunization Practices. Clinical practice considerations, risk assessment methods, and the age and frequency to deliver services are described in the Clinical Summary Tables that accompany the chart. The recommendations in the Well-Woman Chart provide a framework for developing preventive health services for women into clinical practice. These services may be completed in a single visit or as part of a series of visits that take place over time. The recommendations are not intended as a substitute for the standard of care, and do not override all general treatment or methods of care. Clinicians should use clinical judgment in applying these recommendations to individual patient care, taking into account the needs and resources particular to the location or the type of practice. This Chart is updated annually. The WPSI website (www.womenspreventivehealth.org) has the most up-to-date version of the Chart and Clinical Summary Tables.

HEALTH CARE SERVICES	AGE (Years)							
	13-17*	18-21*	22-29	30-39	40-49	50-64	65-74	≥75
GENERAL HEALTH								
Annual screening & counseling	●	●	●	●	●	●	●	●
Risk factor assessment	●	●	●	●	●	●	●	●
Contraceptive counseling & methods	●	●	●	●	●	●	●	●
Depressive screening	●	●	●	●	●	●	●	●
Diabetes screening	●	●	●	●	●	●	●	●
Folic acid supplementation	●	●	●	●	●	●	●	●
Gestational diabetes screening	●	●	●	●	●	●	●	●
Genital herpes & chlamydia screening	●	●	●	●	●	●	●	●
HIV testing (each pregnancy)	●	●	●	●	●	●	●	●
Intentional tobacco screening	●	●	●	●	●	●	●	●
Prostate cancer screening	●	●	●	●	●	●	●	●
RBC/TV blood testing	●	●	●	●	●	●	●	●
Rh factor screening	●	●	●	●	●	●	●	●
Tuberculin screening & counseling	●	●	●	●	●	●	●	●
DISEASES								
Asymptomatic bacteriuria screening	●	●	●	●	●	●	●	●
Chlamydia screening	●	●	●	●	●	●	●	●
Colorectal cancer screening	●	●	●	●	●	●	●	●
Cervical cancer screening	●	●	●	●	●	●	●	●
Contraceptive counseling & methods	●	●	●	●	●	●	●	●
Depressive screening	●	●	●	●	●	●	●	●
Diabetes screening	●	●	●	●	●	●	●	●
Folic acid supplementation	●	●	●	●	●	●	●	●
Gestational diabetes screening	●	●	●	●	●	●	●	●
Genital herpes & chlamydia screening	●	●	●	●	●	●	●	●
HIV testing (each pregnancy)	●	●	●	●	●	●	●	●
Intentional tobacco screening	●	●	●	●	●	●	●	●
Prostate cancer screening	●	●	●	●	●	●	●	●
RBC/TV blood testing	●	●	●	●	●	●	●	●
Rh factor screening	●	●	●	●	●	●	●	●
Tuberculin screening & counseling	●	●	●	●	●	●	●	●
PREVENTION SERVICES								
Asymptomatic bacteriuria screening	●	●	●	●	●	●	●	●
Chlamydia screening	●	●	●	●	●	●	●	●
Colorectal cancer screening	●	●	●	●	●	●	●	●
Cervical cancer screening	●	●	●	●	●	●	●	●
Contraceptive counseling & methods	●	●	●	●	●	●	●	●
Depressive screening	●	●	●	●	●	●	●	●
Diabetes screening	●	●	●	●	●	●	●	●
Folic acid supplementation	●	●	●	●	●	●	●	●
Gestational diabetes screening	●	●	●	●	●	●	●	●
Genital herpes & chlamydia screening	●	●	●	●	●	●	●	●
HIV testing (each pregnancy)	●	●	●	●	●	●	●	●
Intentional tobacco screening	●	●	●	●	●	●	●	●
Prostate cancer screening	●	●	●	●	●	●	●	●
RBC/TV blood testing	●	●	●	●	●	●	●	●
Rh factor screening	●	●	●	●	●	●	●	●
Tuberculin screening & counseling	●	●	●	●	●	●	●	●

MEMBERS OF THE ADVISORY PANEL SUPPORT THE WPSI

AMERICAN ACADEMY OF FAMILY PHYSICIANS | The American College of Obstetrics and Gynecologists | ACP | NPWH

Program Purpose

To improve adult women's health across the lifespan by engaging a coalition of health professional organizations to recommend updates to the HRSA-supported Women's Preventive Services Guidelines.

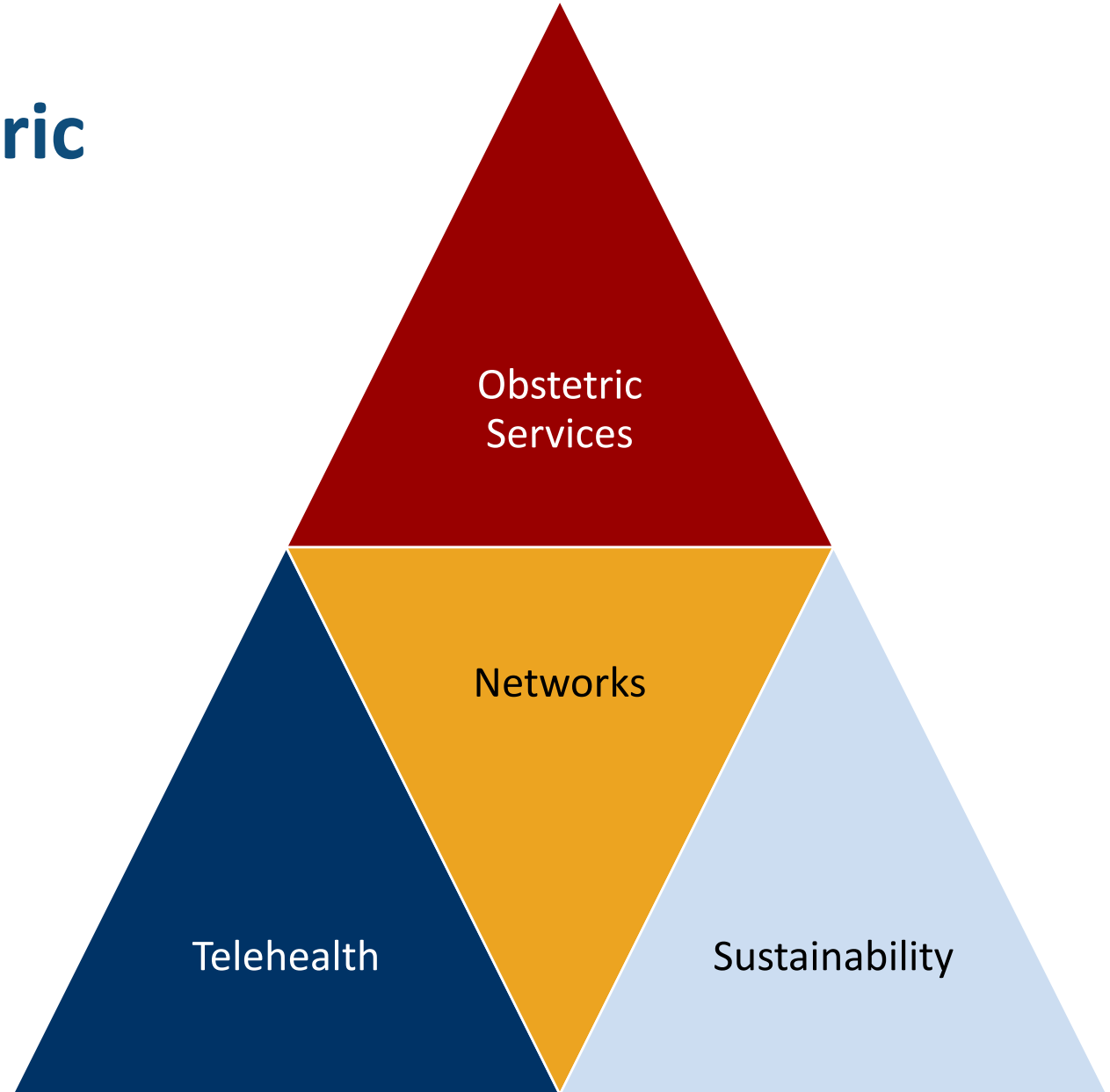
Authority: Title V, § 501(a)(2) of Social Security Act (42 U.S.C. 701(a)(2)), as amended.

<https://www.womenspreventivehealth.org/>



Rural Maternity & Obstetric Management Strategies Program (RMOMS)

- HRSA-19-094
- Demonstration Program
- 3 Awards
- \$600-800K/year
- Up to 4 Years (2019-2023)



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