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# UPDATES FROM DRH ON ACTIVITIES TO IMPROVE MATERNAL HEALTH

Secretary's Advisory Committee on Infant Mortality, January 2021

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Division of Reproductive Health



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# AGENDA

- Raising Awareness through Hear Her
- Strengthening Data through MMRCs



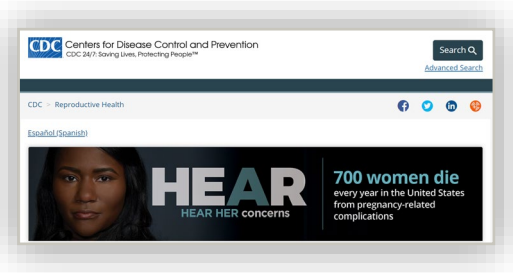


**Help prevent  
pregnancy-related  
deaths.**

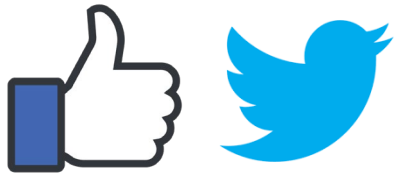
**HEAR**

**HEAR HER CONCERNS**

# 2020 CAMPAIGN METRICS: AUGUST 5 – DECEMBER 31



**156K** unique visitors to the Hear Her website, with over **240K page views** and almost **3K materials downloaded**  
Over **42M impressions** from targeted media buys, resulting in **350K clicks** to Hear Her content



**895 people liked** the Facebook Page with **over 28M impressions**. **12.7K engagements** with related DRH Twitter posts



**319 mentions** through earned media, potentially reaching over **133M people**

# WHAT'S NEXT?

## Materials and resources for:

- Healthcare Providers
- Family, friends and others who support pregnant people
- American Indian and Alaska Native women



# ALLYSON FELIX



Time Magazine - The 100 Most Influential People of 2020

For more information about the Hear Her campaign, email [HearHer@cdc.gov](mailto:HearHer@cdc.gov)

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# STRENGTHENING MATERNAL MORTALITY DATA

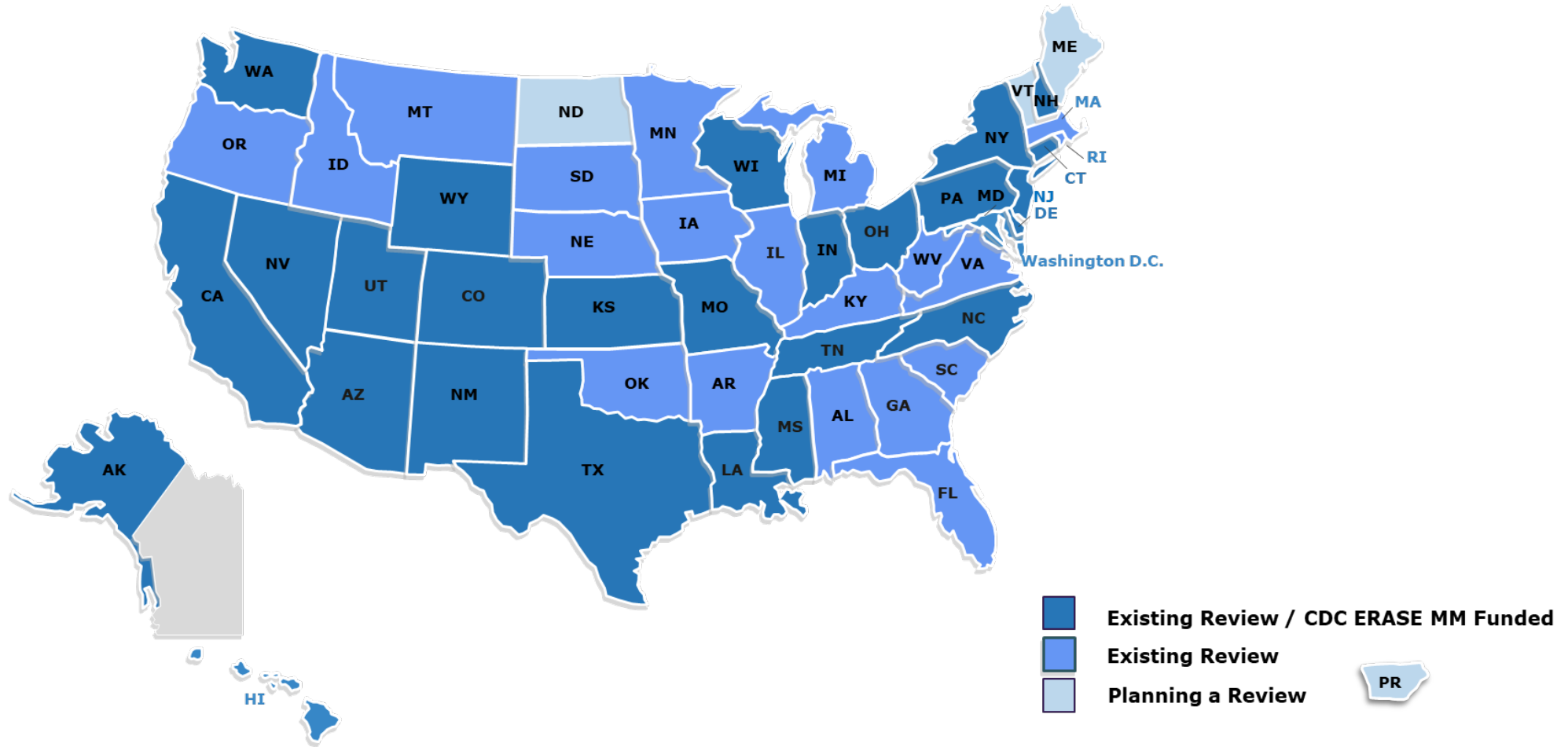


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# EXISTING MATERNAL MORTALITY REVIEW COMMITTEES





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# INCREASED FUNDING FOR MATERNAL MORTALITY REVIEW COMMITTEES IN FY2021

An increase of \$5 Million for Maternal Mortality Review Committees to:

- Build stronger data systems
- Improve data collection at the state level
- Create consistency in data collection
- Support data collection efforts to further understand maternal heart disease and improve outcomes for pregnant women with heart conditions

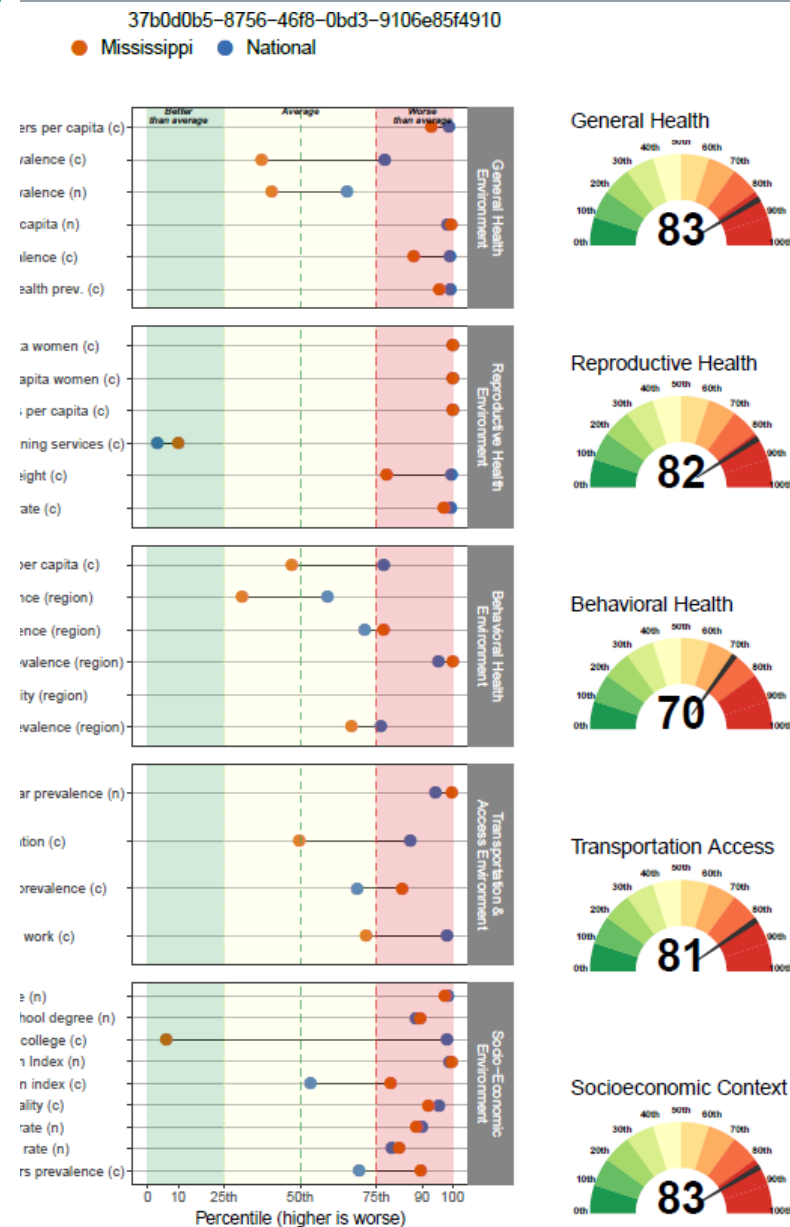


# COMMUNITY VITAL SIGNS FOR MATERNAL MORTALITY REVIEW

- Bring community context into MMRC reviews of deaths

- Data points answer the question,

**“How do SDOH measures in the community the pregnant or postpartum person lived in compare to those of all pregnant or postpartum persons in the same state or in the U.S. as a whole?”**





**Discrimination:** treating someone more or less favorably based on the group, class or category they belong to resulting from biases, prejudices, and stereotyping. It can manifest as differences in care, clinical communication and shared decision-making.

**Interpersonal Racism:** discriminatory interactions between individuals resulting in differential assumptions about the abilities, motives, and intentions of others and differential actions toward others based on their race. It can be conscious as well as unconscious, and it includes acts of commission and acts of omission. It manifests as lack of respect, suspicion, devaluation, scapegoating, and dehumanization.

**Structural Racism:** the systems of power based on historical injustices and contemporary social factors that systematically disadvantage people of color and advantage white people through inequities in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.

# HHS OFFICE OF MINORITY HEALTH PARTNERSHIP

- ❑ Develop a roadmap for MMRCs to more effectively collaborate with community organizers to prevent deaths
- ❑ Develop a Community Vital Signs web portal to expand access to dashboards for MMRCs

# THANK YOU.

# QUESTIONS?



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

