Orientation Guide for Rural Maternity and Obstetrics Management Strategies (RMOMS) and State Maternal Health Innovation (MHI)
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Introduction

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS), is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable. HRSA administers Title V of the Social Security Act -- often just referred to as “Title V” -- which provides block grants to states and jurisdictions to improve the health, safety, and well-being of mothers and children.

This introductory resource is intended to orient new staff to the HRSA-funded State Maternal Health Innovation (MHI) and Rural Maternity and Obstetrics Management Strategies (RMOMS) programs.

Additionally, it outlines the ways that the Maternal Health Learning and Innovation Center (MHLIC) supports these programs.

The objectives of this manual are that it will enable new staff to:

- Discuss the current state of maternal mortality and morbidity in the US
- List factors that contribute to disparities in maternal health
- Describe the State Maternal Health Innovation Program (MHI) and the Rural Maternity and Obstetrics Management Strategies Program (RMOMS)
- Explain how the MHLIC supports your program

Please note: The checklist of suggested activities on the next page includes steps to take while reading through this manual or once you have completed reviewing it. Within this manual, we use the checkbox icon to indicate actions that we recommend you take (e.g., watching a video, visiting a website, or reading an article).
Orientation Checklist:

While reading this document:

☐ Keep a list of questions to ask your program director or supervisor

Once you have completed reading these materials:

☐ Bookmark these websites in your browser:
  - www.maternalhelathlearning.org
  - https://www.cdc.gov/reproductivehealth/maternalinfanthealth/
  - Your state agency’s website and any data dashboards related to maternal health

☐ Sign up for MHLIC newsletter here: https://maternalhealthlearning.org/connect/

☐ Email Piia Hanson (piia@email.unc.edu), Program Awardee Liaison, to be added to all relevant MHLIC communications (Go ahead and introduce yourself – she’s friendly)

☐ Follow MHLIC on social media

☐ Ask your supervisor about your state specific:
  - maternal mortality and morbidity data
  - MHI or RMOMS activities
Overview of maternal health in the US

**Highlight:** Maternal mortality rates in the United States have been getting worse over the past 25 years. The majority of pregnancy-related deaths are avoidable.

While both common and completely normal parts of life, pregnancy and childbirth can also be dangerous experiences.

According to the Centers for Disease Control and Prevention (CDC), the pregnancy-related mortality ratio (PRMR) rose from 11.1 deaths per 100,000 live births in 1993\(^1\) to 17.2 in 2015\(^2\).

Approximately 31% of pregnancy-related deaths occur during pregnancy and nearly 51% occur postpartum\(^2\). (The rest occur during childbirth.)

The leading causes of death vary by timing (i.e., during pregnancy, childbirth, or the postpartum period) but are increasingly indicative of medical conditions exacerbated by pregnancy rather than direct obstetric causes.\(^2\)

![Pregnancy-Related Deaths Pie Chart]

<table>
<thead>
<tr>
<th>Event</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Pregnancy</td>
<td>31%</td>
</tr>
<tr>
<td>Childbirth</td>
<td>18%</td>
</tr>
<tr>
<td>Postpartum</td>
<td>51%</td>
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**Important Terms**

**Maternal mortality** - the death of a person while pregnant or within one year of the end of a pregnancy due to complications as a result of that pregnancy.

**Maternal morbidity** - any condition that is caused or worsened by pregnancy and childbirth which has a negative impact on the woman’s wellbeing and/or functioning.”

**Severe Maternal Morbidity (SMM)** - particularly life-threatening pregnancy-related events known as “near misses”

It is important to note that different professional, national and international groups use varying definitions and terms when discussing deaths related to pregnancy. For example, some only consider 30 or 42 days following birth or the termination of a pregnancy. These can cause confusion when trying to compare data. While we use the CDC definition of pregnancy-related mortality when discussing maternal mortality here, we advise that you confer with program
leadership to confirm that is the definition your agency uses for reporting purposes. For further reading on the topic of measuring and defining maternal mortality, you may want to read the Wikipedia page on maternal death or the The Commonwealth Fund’s primer on Maternal Mortality in the United States.

More than 60% of pregnancy-related deaths are preventable.²

Believed to be up to 100 times more common than pregnancy-related deaths, severe maternal morbidity (SMM) can have lasting consequences for mothers, infants, and families.³ For example, SMM can delay mother-infant bonding, increase the risk of obstetric complications in future pregnancies, and adversely impact women’s quality of life.³,⁴

More national data about maternal health can be found at the CDC website: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/
Disparities in Maternal Health

Race matters...

Maternal health outcomes are characterized by stark and persistent racial disparities. Black mothers in the US die at three to four times the rate of white mothers. American Indian/Alaska Native mothers die at two and a half times the rate of white mothers. Rates of SMM mirror these numbers. These disparities reflect several factors, including differential access to quality maternity care and the effects of systemic racism.

Geography matters...

Pregnant people in rural areas also suffer increased risks. Between 2004 and 2014, nearly 180 rural counties stopped offering hospital-based obstetric services (i.e., hospitals closed or obstetric units closed). In 2018, 56% of rural counties nationwide did not have hospital-based obstetric units, up from 45% in 2004. Not surprisingly, use of prenatal care is lower and birth outcomes are worse in rural areas where it is harder to access maternity care. Research shows that rural women who did not routinely access prenatal care were more likely to give birth prematurely.

Specific threats to maternal health include:

- Location (urban v. rural)
- Access to care
- Quality of care
- Prevalence of chronic diseases
- Systemic factors (e.g., gaps in health care coverage and preventive care, lack of coordinated health care, and social services)
- Community factors (e.g., securing transportation and adequate housing)
- Racism (implicit and explicit)
Race isn’t the problem, Racism is

"Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."

-- APHA Past-President Camara Phyllis Jones, MD, MPH, PhD

An enduring legacy of this nation’s reliance upon enslaved people is the racist structures created to enable such dynamics. Within the United States, structural barriers to racial equity have been established in terms of access to education, housing, government services, nutrition, and health care. The compounded impact of these inequities can have multi-generational, physiological impacts. In other words, the health impacts of racist policies and attitudes in this country have been passed and further accumulated through generations. Leading health organizations, such as the Centers for Disease Control and Prevention (CDC), America Association for Public Health (APHA) and Association of Maternal & Child Health Programs (AMCHP) describe racism as a public health crisis.

It is critical that public health leaders acknowledge the grave maternal health inequities in our nation, consider data indicating the populations most at need for assistance, and apply an equity lens when planning and implementing programs.

Exploring the Impact of Racism on Maternal Health

- Watch this 9-minute video about how the US reproductive and maternal health system is haunted by slavery.

Further reading on racial disparities in maternal health

  https://www.apha.org/topics-and-issues/health-equity/racism-and-health

• Maternal Mortality, a news subheading by Vice  

• Lost Mothers: Maternal Care and Preventable Deaths, a news subheading by ProPublica  
  https://www.propublica.org/series/lost-mothers


State and Regional Maternal Health Programs

In late 2019, HRSA created several programs that specifically target maternal health, including State Maternal Health Innovation (MHI) and Rural Maternity and Obstetrics Management Strategies (RMOMS) programs. The Maternal and Child Health Bureau (MCHB) funds MHI. MCHB and the Federal Office of Rural Health Policy (FORHP) fund the first cohort of RMOMS. The second cohort is funded exclusively by FORHP. The Maternal Health Learning and Innovation Center (MHLIC) was also created simultaneously to help support each program as well as other maternal health initiatives such as the Alliance for Innovation on Maternal Health (AIM) and AIM-Community Care Initiative (AIM-CCI) programs.

Many of the webinars, symposiums, skills institutes, and other capacity-building activities provided by MHLIC support teams from both MHI and RMOMS. Consequently, this document includes information about both programs. Additionally, MHLIC coaches and staff will facilitate communication between teams and programs when projects or goals align, or upon request.
State Maternal Health Innovation Program (MHI)

The overall State MHI Goals are:

1. Establish a state-focused Maternal Health Task Force to create and implement a strategic plan that incorporates activities outlined in the state’s most recent State Title V Needs Assessment;
2. Improve the collection, analysis, and application of state-level data on maternal mortality and SMM; and,
3. Promote and execute innovation in maternal health service delivery, such as improving access to maternal care services, identifying and addressing workforce needs, and/or supporting postpartum and inter-conception care services, among others.

The MHI period of performance is September 30, 2019-September 29, 2024.

Nine states received MHI funds:

- Arizona
- Illinois
- Iowa
- Ohio
- Oklahoma
- Maryland
- Montana
- New Jersey
- North Carolina

More information about each state’s MHI program, can be found on the MHLIC website: https://maternalhealthlearning.org/partners/

☐ Ask your program director or supervisor to share:
- Your state-specific maternal health data (and where to find it online)
- The roles and responsibilities of each person on your MHI team as well as introductions to everyone
- Your state’s MHI strategic plan
- What strategies your MHI team has developed to meet the MHI goals
- A workplan and/or timeline to implement these strategies
- A list of partnering organizations and/or members of your state’s maternal health task force
### Your MHI Team

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**MHLIC Coach:**

### Your MHI Team’s Goals and Activities

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### Key Partners:

### Outcome Measures:
Rural Maternity and Obstetrics Management Strategies Program (RMOMS)

RMOMS serves regions of particularly rural counties within states. Rural areas face unique health challenges not necessarily experienced in urban areas. This is particularly true of maternal health challenges. The RMOMS program focuses on developing financial models, telehealth and sustainable networks in rural areas to increase the delivery and access of preconception, pregnancy, labor and delivery, and postpartum services and thereby improve outcomes for mothers and their babies.

Two RMOMS cohorts exist.

The period of performance for the first cohort is September 1, 2019-August 31, 2023.

The period of performance for the second cohort is September 1, 2021-August 31, 2025.

Three regions received RMOMS support:

1. **The Cape Girardeau, Missouri Region** includes Dunklin, Mississippi, New Madrid, Pemiscot, Scott, and Stoddard Counties (Missouri Bootheel)

2. **The Taos, New Mexico Region** includes Colfax, Harding, Mora, Taos, and Union Counties.


More information about the RMOMS program, can be found [here](#).
RMOMS (cohort 1) has four goals:

1. Develop a sustainable network approach to coordinate maternal and obstetrics care within a rural region;
2. Increase the delivery and access of preconception, pregnancy, labor and delivery, and postpartum services;
3. Develop sustainable financing models for the provision of maternal and obstetrics care;
4. Improve maternal and neonatal outcomes

And four focus areas:

1. Rural Hospital Obstetric Service Aggregation
2. Network Approach to Coordinating a Continuum of Care
3. Leveraging Telehealth and Specialty Care
4. Financial Sustainability

RMOMS (cohort 2) has four goals:

1. Improve maternal and neonatal outcomes within the rural region;
2. Develop a sustainable network approach to increase the delivery and access of preconception, pregnancy, labor and delivery, and postpartum services;
3. Develop a safe delivery environment with the support and access to specialty care for perinatal women and infants; and
4. Develop sustainable financing models for provision of maternal and obstetrics care in rural hospitals and communities.

And four focus areas:

1. Rural Regional Approaches to Risk Appropriate Care
2. Network Approach to Coordinating a Continuum of Care
3. Leveraging Telehealth and Specialty Care
4. Financial Sustainability

All four focus areas are required and no one should be prioritized over the others.
Ask your program director or supervisor to share:

- Region/county-specific maternal health data
- The roles and responsibilities of each person on your RMOMS team as well as introductions to network members
- What strategies has your network developed for each focus area?
- A workplan and/or timeline to implement these strategies
- A list of partnering organizations and/or network members
Your RMOMS Team

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MHLIC Coach:

Your MHI Team’s Goals and Activities

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Focus Areas:

Key Partners:

Outcome Measures:
Other National Maternal Health Initiatives

**ERASE MM: Enhancing Reviews and Surveillance to Eliminate Maternal Mortality**

Maternal Mortality Review Committees (MMRCs) are multidisciplinary committees in states and cities that perform comprehensive reviews of deaths among women within a year of the end of a pregnancy. They include representatives from public health, obstetrics and gynecology, maternal-fetal medicine, nursing, midwifery, forensic pathology, mental and behavioral health, patient advocacy groups, and community-based organizations. CDC has made 24 awards, supporting 25 states for the ERASE MM Program. This funding directly supports agencies and organizations that coordinate and manage MMRCs to identify, review, and characterize maternal deaths; and identify prevention opportunities. Learn more

**AIM: Alliance for Innovation on Maternal Health**

Established in 2014 by the American College of Obstetricians and Gynecologists (in cooperative agreement with HRSA), AIM is a nationwide alliance working in 41 states and Washington, DC (as of April, 2021) to improve maternal health and safety. It offers multidisciplinary healthcare providers, public health professionals, and cross-sector stakeholders an infrastructure based on collaborative learning, quality improvement, and innovation to increase the utilization of evidence-based practices in clinical settings and community-based organizations. Learn more
**AIM-CCI: Alliance for Innovation on Maternal Health Community Care Initiative**

In 2019, HRSA awarded the National Healthy Start Association (NHSA) a cooperative agreement for a five-year project to support the development and implementation of non-hospital focused safety bundles within community-based organizations and outpatient clinical settings across the United States within communities that experience high maternal morbidity and mortality rates. NHSA's efforts in the project will address maternal morbidity and preventable maternal mortality among pregnant and post-partum women, as well as enhance efforts and create communities for equity-driven development. [Learn more]

**Merck for Mothers Safer Childbirth Cities**

Established in 2018, The Safer Childbirth Cities Initiative funds community-based organizations in U.S. cities to implement evidence-based interventions and innovative approaches to reduce maternal morbidity and mortality. [Learn more]

**Levels of Care Assessment Tool (LOCATe)**

Definitions and monitoring of levels of care vary widely among states. To address this issue, CDC developed the CDC Levels of Care Assessment Tool (LOCATe). This web-based tool helps states and other jurisdictions create standardized assessments of levels of maternal and neonatal care. CDC LOCATe is based on the most recent guidelines and policy statements issued by the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine. [Learn more]

**Perinatal Quality Collaboratives**

Perinatal quality collaboratives (PQCs) are state or multistate networks of teams working to improve the quality of care for mothers and babies. PQC members identify health care processes that need to be improved and use the best available methods to make changes as quickly as possible. [Learn more]

**Hear Her Campaign**

The social media Hear Her Campaign seeks to elevate the importance of pregnancy-related complications. It is supported through a partnership with the CDC Foundation and funding from Merck through its Merck for Mothers Program. Hear Her is a trademark of the U.S. Department of Health and Human Services. [Learn more]
Maternal Health Learning and Innovation Center (MHLIC)

Comprised of a multidisciplinary team of capacity-building and maternal health experts from around the country, with a central hub at the University of North Carolina at Chapel Hill, the MHLIC provides resources and capacity-building assistance in three specific areas:

- maternal health policy
- community and provider engagement, and
- maternal health innovation.

The MHLIC team includes experts from the American College of Obstetricians and Gynecologists (ACOG), Association of Maternal and Child Health Programs (AMCHP), Georgia Health Policy Center, R.A.C.E. for Equity, Reaching Our Sisters Everywhere, and the UNC Gillings School of Global Public Health, the Jordan Institute for Families at the UNC School of Social Work and the UNC School of Medicine.

MHLIC directly supports MHI and RMOMS programs in addition to serving as a national hub to connect maternal health advocates, practitioners, scholars, and others. It aims to provide information about what works, support organizations to design plans and implement changes, and connect programs to one another to share ideas and build community with each other.

**MHLIC Resources for MHI and RMOMS:**

- Coaches for each team

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<tr>
<th>MHI State</th>
<th>Coach</th>
<th>MHI State</th>
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<tbody>
<tr>
<td>Arizona</td>
<td>Kimberly Harper</td>
<td>New Jersey</td>
<td>Jimmy Dills</td>
</tr>
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<td>Illinois</td>
<td>Amy Mullenix</td>
<td>North Carolina</td>
<td>Dorothy Cilenti and Piia Hanson</td>
</tr>
<tr>
<td>Iowa</td>
<td>Katherine Bryant</td>
<td>Ohio</td>
<td>Kimberly Harper</td>
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<tr>
<td>Maryland</td>
<td>Erin McClain</td>
<td>Oklahoma</td>
<td>Sarah Verbiest</td>
</tr>
<tr>
<td>Montana</td>
<td>Leslie deRosset</td>
<td>All RMOMS teams</td>
<td>Tanisa Adimu</td>
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- An annual Learning Institute co-designed with MHLIC, HRSA, and the state MHI and RMOMS teams with a focus on active application of new knowledge and skills
- Communities of Practice in which teams or team members can work together to build knowledge around specific tools or concepts
- Periodic webinars addressing topics of interest identified by MHI and RMOMS teams
- An online platform for engagement and discussion between teams
- An annual Symposium open to the general public to inspire change, innovation and the advancement of solutions to improve maternal health outcomes
• Password-protected resources and information, like previously recorded Learning Institute sessions

More information is available at the MHLIC website: www.maternalhealthlearning.org

For additional information or with specific questions about how the MHLIC can help you or your team, contact Piia Hanson at piia@email.unc.edu.
Glossary of Acronyms in this Document

AI/AN - American Indian/Alaska Native
HHS - U.S. Department of Health and Human
HRSA - U.S. Department of Health and Human (exists within the HHS)
MHLIC – Maternal Health and Learning Innovation Center
MHI - Maternal Health Innovation Program
PRMR - pregnancy-related mortality ratio
RMOMS - Rural Maternity and Obstetrics Management Strategies Program
SMM - Severe maternal morbidities

Useful Websites
American College of Obstetricians and Gynecologists (ACOG) -- www.acog.org
Association of Maternal & Child Health Programs (AMCHP) – www.amchp.org
Georgia Health Policy Center -- https://ghpc.gsu.edu/
Maternal Health Learning and Innovation Center – https://maternalhealthlearning.org/
Reaching Our Sisters Everywhere (ROSE) -- http://www.breastfeedingrose.org/
RACE for Equity-- https://www.raceforequity.net/
Rural Maternity and Obstetrics Management Strategies (RMOMS) Program --
https://www.hrsa.gov/rural-health/community/rmoms
References