



HRSA

Enhancing Maternal Health Initiative



EXECUTIVE SUMMARY

Maternal health is a cornerstone of the Biden-Harris Administration, and the [Health Resources and Services Administration](#) (HRSA) serves as a primary agency to reduce maternal mortality and health disparities by improving access to health care for people who are geographically isolated, uninsured, and economically or medically vulnerable, including delivering health services to people with HIV, pregnant people, mothers and their families, those with low incomes, residents of rural areas, American Indians and Alaska Natives, and those otherwise unable to access high-quality health care.

Each year, around 3.6 million women give birth in the United States.¹ Unfortunately, over 800 of these women lose their lives due to maternal complications annually, and roughly 30,000 encounter unintended labor and delivery outcomes that lead to serious short- or long-term health effects.^{2 3} In response to these critical challenges, HRSA leaned into the local reach of grantees to elevate the successful community-based actions that are improving outcomes for mothers and pregnant women.

On January 25, 2024, HRSA launched a year-long national *Enhancing Maternal Health Initiative* (EMHI) to strengthen, expand, and accelerate HRSA's work to address maternal mortality and maternal health disparities in partnership with mothers, grantees, community organizations, and state and local health officials across the country. The initiative focused on areas of the country that have both high maternal mortality rates and a significant number of HRSA-funded programs that can work together to help advance better outcomes.

HRSA's *Enhancing Maternal Health Initiative* aimed to:

- **Maximize Impact:** Ensure measurable progress in leveraging HRSA grants and programs to address maternal mortality and improve maternal health outcomes.
- **Foster Collaboration:** Build new partnerships among grantees, providers, and community organizations to address maternal health challenges.
- **Strengthen Internal Capacity:** Enhance HRSA's ability to coordinate and maximize the effectiveness of its maternal health programs and resources.

Throughout the year, HRSA held 12 state-wide convenings, bringing together people with lived experience, grantees, HRSA-supported providers, and community leaders from across each of the states to foster cross-program and cross-state relationships to drive progress in maternal health in: **Arizona, Alabama, Georgia, Illinois, Kentucky, Maryland, Michigan, Missouri, Montana, North Carolina, Oregon, and the District of Columbia.**

¹ Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2022. National Vital Statistics Reports; vol 73, no 2. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc:145588>

² Hoyert DL. Maternal mortality rates in the United States, 2022. NCHS Health E-Stats. 2024. DOI: <https://dx.doi.org/10.15620/cdc/152992>

³ HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). September 2024. Agency for Healthcare Research and Quality, Rockville, MD. <https://datatools.ahrq.gov/hcup-fast-stats>

Accomplishments and Highlights

Statewide Convenings and Collaboration

Over the past year, HRSA has put the voices of mothers and families at the forefront through the *Enhancing Maternal Health Initiative*. By prioritizing input from Healthy Start participants, home visitors, case workers, community health workers, and other stakeholders on the frontlines, the convenings created a space for real-world insights to inform policy and programmatic approaches. This emphasis on lived experiences and frontline expertise reinforced the importance of delivering low-barrier, high-touch, relationship-driven care. It highlighted the nuanced realities of maternal health challenges, including the critical role of addressing social drivers of health alongside clinical factors. By elevating these perspectives, the convenings fostered collaborative innovation, breaking down silos between providers and community members. This approach ensured that solutions were grounded in the realities of those most impacted and strengthened the foundation for sustainable progress through continuous engagement and policy support.

Programmatic Advancements

We launched new “Find a Program” tools on the [HRSA homepage](#) to make it easier for families to locate maternal health services in their communities.

We implemented key programmatic actions to improve maternal health, including:

- **Expanded home visiting services.** HRSA secured bipartisan legislation, doubling funding to \$880 million for voluntary, evidence-based home visiting services for eligible families across the country. Through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, local organizations can provide home visits from nurses, social workers, and other trained health workers who work with families to improve maternal and child health, child development and school readiness.
- **Expanded Healthy Start services.** In 2024, HRSA invested \$105 million in community-based organizations to improve maternal and infant health across the country through Healthy Start. Healthy Start funding will better support moms and babies to improve health in communities experiencing high disparities in maternal and infant health outcomes.
- **Increased maternal health care support in rural communities.** HRSA funds the Rural Maternity and Obstetrics Management Strategies (Rural MOMS) Program to increase access to maternal and obstetrics care in rural communities and improve health outcomes for mothers and infants. HRSA also awarded nearly \$9 million over four years to five

Outcomes from Convenings

- New partnerships between HRSA grantee organizations to ensure seamless referrals and warm handoffs for pregnant and postpartum women.
- Enhanced maternal mental health support through widespread promotion of the National Maternal Mental Health Hotline (833-TLC-MAMA), which has now handled more than 50,000 contacts.
- Development of innovative training resources for maternal health professionals, including new educational modules for nurse-midwifery students.
- Strengthened family-centered services that engage all family members, including fathers, in maternal health support.

organizations to expand access to and coordinate health care services before, during, and after pregnancy in rural communities in the South.

- **Enhanced National Maternal Mental Health Hotline (1-833-TLC-MAMA)** by updating promotional materials based on feedback from the state convenings to ensure they meet the needs of mothers, families, and providers. The updated materials reflect more inclusive language, expanded resources, and improved accessibility.
- **Spurred new efforts to identify and address key drivers of maternal mortality tailored to individual state needs** through the State Maternal Health Innovation program, including by funding State Maternal Health Task Forces that bring together health care providers, policymakers, patients, payers, and other stakeholders to develop shared solutions specific to their state's needs and to better support pregnant women and new moms.
- **Launched a new research network that will support minority serving institutions of higher learning to study the disparities in maternal health outcomes** and identify effective methods and strategies for addressing them through an investment of \$50 million over five years.
- **Reached a milestone of nearly 2,000 birthing facilities participating in the HRSA-supported Alliance for Innovation on Maternal Health (AIM)** to help medical facilities adopt proven, HRSA-supported best practices to make childbirth safer.
- **Created the first ever obstetrics and gynecology Rural Track residency program** in the country, as well as supported the development of six additional family medicine residency programs with enhanced obstetrical training in rural communities.
- **Grew and diversified the perinatal workforce which included doulas.** HRSA has increased the number of obstetrician-gynecologists (OB/GYNs), nurses, midwives, doulas, and community health workers, especially in places without them, through grants, scholarships, and loan repayment. For example, HRSA launched new programs to train more nurse midwives who reflect the communities they serve, train, and deploy more community-based doulas, and support the training of more nurse practitioners with a focus on maternal health, including in underserved and rural areas.
- **Invested in new community health center efforts to address maternal health disparities.** HRSA invested more than \$65 million in 35 HRSA-funded health centers across the country to implement innovative approaches to improve maternal health outcomes and reduce disparities for patients at highest risk.

In October 2024, we launched a Maternal Mental Health Hotline Champions campaign. Champions committed to promote the National Maternal Mental Health Hotline (1-833-TLC-MAMA) to their customers, users, or members by publicizing mental health resources for moms and pregnant women in everyday locations across all 50 states, Washington, D.C., Puerto Rico, and the U.S. Virgin Islands.

Path Forward

Through the development of new partnerships and collaborations among grantees over the past year, HRSA strengthened internal capabilities to enhance the effectiveness of its maternal health

grants, programs, and resources. In addition to the goals HRSA has committed to addressing in the [White House Blueprint for Addressing the Maternal Health Crisis](#), HRSA aims to continue this vital work until the United States becomes the safest country in the world to give birth.

Continuing Engagement

HRSA's Office of Intergovernmental and External Affairs (IEA) will maintain relationships with partners and provide ongoing support through its 10 regional offices.

Current and future Maternal Mental Health Hotline Champions will continue to be engaged across the U.S. to reach millions of mothers, pregnant women, and their families in everyday locations where they live and work.

Sustaining Progress

HRSA will sustain the relationships built during EMHI by ensuring progress is integrated into ongoing maternal health initiatives, including through \$9 million in new funding to facilitate further state convenings of maternal health experts, health center patients, community organizations and individuals with lived experience, state and local health officials and HRSA-funded grantees, including health workforce, rural health, maternal health, HIV/AIDS and other HRSA-supported grantees, to continue to foster cross-program collaborations and to share evidence-based models or promising practices that support improved maternal health.

Additionally, a new HRSA-funded review by the *National Academies of Science, Engineering, and Medicine (NASEM)* is convening an expert committee to review and make recommendations regarding the clinical services necessary for preventing cardiovascular conditions among women—one of the leading causes of pregnancy-related morbidity and mortality.

Future Collaboration

HRSA will continue to implement feedback from participants to refine strategies and address emerging maternal health challenges, with a focus on reducing disparities and improving equity.

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BACKGROUND

Maternal health is a cornerstone of the Biden-Harris Administration, and the [Health Resources and Services Administration](#) (HRSA) serves as a primary agency to reduce maternal mortality and health disparities by improving access to health care for people who are geographically isolated, uninsured, and economically or medically vulnerable, including delivering health services to people with HIV, pregnant people, mothers and their families, those with low incomes, residents of rural areas, American Indians and Alaska Natives, and those otherwise unable to access high-quality health care.

Each year, around 3.6 million women give birth in the United States.⁴ Unfortunately, over 800 of these women lose their lives due to maternal complications annually, and roughly 30,000 encounter unintended labor and delivery outcomes that lead to serious short- or long-term health effects.⁵ ⁶ In response to these critical challenges, HRSA leaned into the local reach of grantees to elevate the successful community-based actions that are improving outcomes for mothers and pregnant women.

On January 25, 2024, HRSA launched an innovative, year-long *Enhancing Maternal Health Initiative* (EMHI) to strengthen, expand, and accelerate HRSA's work to address maternal mortality and maternal health disparities in partnership with mothers, grantees, community organizations, and state and local health officials across the country.

The initiative focused on parts of the country where HRSA has significant investments, there are significant opportunities for new partnerships and collaborations, and there is high need, including: **Arizona, Alabama, Georgia, Illinois, Kentucky, Maryland, Michigan, Missouri, Montana, North Carolina, Oregon, and the District of Columbia.**

The HRSA *Enhancing Maternal Health Initiative* aimed to:

- **Maximize Impact:** Ensure measurable progress in leveraging HRSA grants and programs to address maternal mortality and improve maternal health outcomes.
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- **Strengthen Internal Capacity:** Enhance HRSA's ability to coordinate and maximize the effectiveness of its maternal health programs and resources.

EMHI introduced an innovative approach to improving maternal health care by prioritizing the voices of the community during each convening. A brief description of each convening can be found in Appendix A. The roundtable model was designed to ensure that those with lived experiences were at the forefront of the discussion. Each session began with individuals sharing their personal stories about maternal health and their direct interactions with HRSA programs. This

⁴ Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2022. National Vital Statistics Reports; vol 73, no 2. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc:145588>

⁵ Hoyert DL. Maternal mortality rates in the United States, 2022. NCHS Health E-Stats. 2024. DOI: <https://dx.doi.org/10.15620/cdc/152992>

⁶ HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). September 2024. Agency for Healthcare Research and Quality, Rockville, MD. <https://datatools.ahrq.gov/hcup-fast-stats>

grounding in real-life experiences set the tone for the rest of the conversation, ensuring that the discussion was not abstract or theoretical but deeply rooted in the realities of those most affected by maternal health challenges.

Roundtables

Facilitated by the HRSA Administrator, Deputy Administrator, Associate Administrators, and Deputy Associate Administrators, the morning roundtable provided a platform for hearing diverse perspectives—especially community members, case workers, and healthcare providers on the front lines. The inclusion of community voices was a key feature of the roundtable, ensuring that the solutions discussed were not only informed by data and policy but also by the lived realities and challenges faced by those receiving and delivering services.

Small Group Discussions

The inclusion of community voices in the roundtable laid the foundation for focused afternoon discussions, ensuring that the strategies considered were responsive to the specific needs and challenges identified by participants. In the afternoon, smaller group discussions among grantees and stakeholders focused on critical issues including:

- **Expanding awareness of the National Maternal Mental Health Hotline**
- **Connecting people to social services**
- **Increasing early engagement in prenatal care**
- **Ensuring services in high-need communities**

To close each convening, participants were invited to propose actionable steps and commitments that their organizations could make to advance maternal health goals in their communities and across the state. This approach emphasized community-driven solutions, ensuring that the conversation was not only about identifying problems, but also about creating tangible, locally relevant solutions for advancing maternal health.

PARTICIPANT OVERVIEW

In addition to federal staff, representatives from HRSA-funded programs, people with lived experience who receive services, and maternal health stakeholders participated in the convenings bringing perspectives from urban, rural, and tribal communities. These included:

- **Clinical Workforce:** Medical professionals (OB/GYN, pediatrics, family medicine), residents, nurses (including perinatal and neonatal nursing), nurse midwives, and family planning specialists.
- **Family Support:** Home visitors, social workers, community health workers, case management/care coordination/patient navigators, doulas, fatherhood coordinators, peer recovery coaches/counselors, and family support specialists.
- **Tribal Representation:** Maternal health coordinators, Inter-tribal councils, and representatives from tribal nations (such as the Navajo Nation) and Indian Health Boards.

- **Academia:** Students, teachers, and administrators- encompassing both early learning and higher education institutions.
- **Epidemiology, Research, and Biostatistics.**

The HRSA-funded programs represented included:

- **[Advancing Nursing Education Workforce \(ANEW\)](#)**, a program supporting advanced nursing education programs for registered nurses preparing to become primary care nurse practitioners, primary care clinical nurse specialists, and nurse midwives.
- **[Alliance for Innovation on Maternal Health \(AIM\)](#)**, a national effort promoting the development and use of maternal care clinical quality improvement bundles.
 - **[The Alliance for Innovation on Maternal Health—Community Care Initiative \(AIM CCI\)](#)** is focused on improving maternal health outcomes through the use of Maternal Safety Bundles in non-hospital setting. AIM CCI partners with community organizations in areas with high maternal mortality and morbidity.
- **[Centers of Excellence in Maternal and Child Health Education, Science, and Practice \(CoE\)](#)**, strengthening and expanding the MCH workforce by training graduate and post-graduate public health students, and advancing science, research, practice, and policy through a well-trained MCH workforce.
- **[Delta Region Maternal Care Coordination Program](#)**, improving and increasing access to care for pregnant women and new mothers during and after pregnancy in 252 rural Delta Regional Authority counties and parishes across Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee.
- **[HRSA Health Centers](#)**, which provide affordable, accessible, and high-quality health care to underserved communities at over 15,500 sites across the country.
- **[Healthy Start](#)**, community-based organizations that provide services for pregnant women and their babies.
- **[Maternal, Infant, and Early Childhood Home Visiting](#)**, local programs that provide voluntary, ongoing home visits from trained professionals.
- **[Infant-Toddler Court Program \(ITCP\)](#)** works to change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families through the use and spread of research-based infant-toddler court teams.
- **[Integrated Maternal Health Services \(IMHS\)](#)**, fostering the development of a Maternity Medical Home/Pregnancy Medical Home by providing comprehensive care for pregnant and postpartum people who experience health disparities and have limited access to basic social and health care services.
- **[Maternity Care Nursing Workforce Expansion \(MatCare\)](#)**, which supports accredited nurse midwifery programs to train nurse midwives through trainee scholarships, stipends, curriculum enhancement, and community-based training.
- **[Maternal Health Research Collaborative for Minority Serving Institutions \(MSIs\)](#)**, which through studies and methods, aims to better understand maternal health disparities and

how to address them, build the skills of MSIs to conduct this research and find community-based solutions.

- [Opioid-Impacted Family Support Program \(OIFSP\)](#), which supports training programs that increase the number of providers who work on integrated, interprofessional teams in providing services to families impacted by OUD and other SUD.
- [Ryan White HIV/AIDS Program](#), which provides crucial HIV care, treatment, and support services to more than half a million people with diagnosed HIV.
- [Rural Communities Opioid Response Program \(RCORP\)](#), aiming to prevent or treat opioid use disorder for people in rural areas.
- [Rural Maternity and Obstetrics Management Strategies \(RMOMS\) Program](#), which seeks to improve access to and delivery of maternity and obstetrics care in rural areas.
- **State and local health departments, including the [Title V Maternal and Child Health Services Block Grant](#)**, a key source of support for promoting and improving the health of the Nation's mothers and children.
- [State Maternal Health Innovation \(SMHI\)](#), which supports Maternal Health Task Forces and implements innovative strategies to strengthen a state's health care system.
- [Screening and Treatment for Maternal Mental Health and Substance Use Disorders \(MMHSUD\)](#), which expands health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum people for mental health and substance use disorders (SUD).

Many of the convenings also included a State Health Official, State Secretaries of Health, elected officials, and media. A summary of each convening location, number of participants, and program areas represented can be found in Appendix B.

ROUNDTABLE KEY TAKEAWAYS

Enhancing maternal health outcomes and addressing maternal health disparities requires a comprehensive approach, including access to high-quality medical care, mental health services, and social determinants of health at the individual level, with policy and programmatic innovations to address drivers of disparities and strengthen the overall state healthcare system at the community and societal levels.^{7 8}

Roundtable participants shared their insights through personal stories with maternal health and lived experience with HRSA programs, grounding the rest of the discussion in common challenges such as limited access to care, transportation barriers, and provider shortages, particularly in rural areas and maternity care deserts. Despite these challenges, **innovative practices in access to high-quality, collaborative care, workforce development, and community-based relationship-**

⁷ Zephyrin LC. Changing the Narrative and Accelerating Action to Reduce Racial Inequities in Maternal Mortality. *Am J Public Health*. 2021 Sep;111(9):1575-1577. doi: 10.2105/AJPH.2021.306462. Epub 2021 Aug 26. PMID: 34436918; PMCID: PMC8589067.

⁸ Noursi S, Saluja B, Richey L. Using the Ecological Systems Theory to Understand Black/White Disparities in Maternal Morbidity and Mortality in the United States. *J Racial Ethn Health Disparities*. 2021 Jun;8(3):661-669. doi: 10.1007/s40615-020-00825-4. Epub 2020 Jul 27. PMID: 32720294.

driven services, such as peer support groups, have led to promising solutions to improve maternal health outcomes.

Ensuring Access to Comprehensive Services

Integrated physical and mental health services are critical for maternal and infant well-being, for example, coordinating health care services through multidisciplinary teams.

- Cross-program partnerships among home visiting programs, health centers, and HIV/AIDS clinics demonstrated the value of coordinated care. Examples of successful approaches described by participants included accompanying mothers to appointments, combining postpartum visits with newborn care, and integrating HIV care with mental health and social services.
- Incentives for providers to work in underserved areas, along with flexible delivery models like telehealth and home visits, were key to addressing service gaps. Integrating medical services with social supports, such as transportation and mental health services, ensured comprehensive, wraparound care for families.

A Collective Responsibility

- The saying, "It takes a village", was a recurring theme in the convenings, highlighting that mothers shouldn't navigate pregnancy and postpartum alone. When fathers and partners were present at the convenings, their role was further emphasized. Fathers play a key role in reducing maternal stress, which improves a mother's well-being. They can offer emotional, physical, and financial support, attend appointments, participate in childbirth classes, and assist with postpartum care. Fathers can also help recognize and respond to postpartum depression, easing the mother's recovery by sharing infant care responsibilities. But it's important to have leaders like Fatherhood Coordinators who can help dads navigate this time and the relationship with the mother and child.
- Mothers valued the support of home visitors, community health workers, and social workers, seeing them as part of their extended "village." These professionals provided practical help and emotional connection, linking moms to parent support groups, and fostering long-term bonds.

"I love that it's a one-stop-shop. I continue to bring my kids there and I have my personal appointments there too. I know that we're all getting great healthcare" – A patient shares about going to a HRSA-funded health center.

"When it comes to discussions about maternal health, dads need to be at the table. I focus on the protective factors of fatherhood; that resonates with dads as they want to be seen as protectors (of the child). Dads want to be at the table." – Fatherhood Coordinator

"I'm so grateful for Sonya [my case manager]. Sonya is more than just a person who brings me diapers. Sonya is courteous, non-judgmental and leads with an open heart." – A Healthy Start client

Many mothers expressed gratitude for this support, sharing milestones with their home visitors long after the initial postpartum period.

Addressing Social Determinants of Health

- Addressing social determinants of health is a central priority of many programs. Participants described programs that provided housing support, transportation, food assistance, and educational resources – recognizing that these factors are essential for positive maternal health outcomes.
- In rural and underserved areas, transportation services were particularly crucial, while community-based organizations and home visiting programs effectively built trust and delivered holistic support.
- Streamlining referral processes and building networks of community partners also helped to improve access to services such as housing and childcare.
- States that had implemented centralized resource directories and asset mapping noted enhanced coordination and reduction in service gaps.
- In-person collaboration, such as Perinatal Council meetings, fostered stronger partnerships across programs enhancing the network of referral and follow-up.

“We need more opportunities to practice directly within our own communities-ensuring Indigenous health is led by Indigenous practitioners to create spaces where patients feel culturally safe and respected.... Relationships [between Indigenous and non-Indigenous peoples] should be built with the Seventh Generation Principle in mind, aiming for decisions that foster sustainable and positive relationships for 7 generations to come.” – Tribal representative

Culturally Competent and Trusted Care

- Delivering care that respects cultural and linguistic needs is key to reducing disparities.
- Doulas, community health workers (CHWs), and patient navigators are important to fostering trust and improving engagement.
- Initiatives offering group prenatal care in languages like Spanish and Haitian Creole enhanced outcomes, while training former clients as doulas helped strengthen community ties and address barriers to care.

Support For Maternal Mental Health

- Increasing awareness of maternal mental health resources, such as national hotlines, was a priority noted among many participants.
- Successful strategies included community engagement, large-scale awareness campaigns, and integrating mental health screenings into prenatal care.
- Innovative tools, such as mobile apps for mental health screening and safety planning, help reduce stigma and improve access.

“I signed up to receive National Maternal Mental Health Hotline promotion materials and I hand out flyers and magnets to my patients, especially within the Latino population. We don’t have enough Spanish speaking mental health providers in the area, but this resource can help in the moment when my patients need it the most.”
- Family Medicine Practitioner

Enhancing Engagement in Prenatal and Postpartum Care

- To overcome barriers to early prenatal care, some participants discussed how their programs offered combined mother-baby appointments, transportation incentives, and preconception counseling.
- Building trust through patient-centered care was essential for improving engagement and consistency in care.

Improving Maternal Health Outcomes Through Best Clinical Practice

- Federally supported initiatives like the AIM program helped standardize practices and improve outcomes.
- Adoption of patient safety bundles, such as protocols for managing obstetric hemorrhage and substance use disorder, proved effective when combined with culturally competent care.
- Connecting rural providers to obstetrical and gynecological, perinatal, and mental health and substance abuse specialists helped to build competency and consistency across the community of perinatal providers.

“Support communities where their roots are. Rather than have outsiders come in, incentivize community members to go to school, get certified and help within their community. Along the same lines, being a client makes you a better worker.

Certifications should use lived expertise as credits.”

– Community Health Worker

Workforce Development and Retention

- Workforce development programs aimed to increase the number of doulas, midwives, and CHWs, particularly in underserved areas.
- Strategies included training pipelines, professional development, and support for providers in underserved areas, addressing challenges like housing and childcare was critical to retaining maternal health providers.
- These initiatives underscored the importance of supporting a diverse workforce to better address the needs of mothers and infants.

COMMITMENTS AND NEXT STEPS

The *Enhancing Maternal Health Initiative* (EMHI) convenings provided a unique opportunity for participants to make actionable commitments toward advancing maternal health across communities. A central innovation of these convenings was the emphasis on community voices, particularly those directly impacted by maternal health challenges, and frontline workers who are often overlooked in traditional discussions. By beginning each session with personal stories and lived experiences from individuals interacting with HRSA programs, the discussions were grounded in real-world challenges and solutions. This approach ensured that the strategies discussed were directly informed by the needs of underserved populations, fostering a more inclusive and responsive dialogue.

Throughout the afternoon breakout groups, participants committed to a range of initiatives aimed at addressing key maternal health issues. These commitments included raising awareness and increasing access to resources like the HRSA National Maternal Mental Health Hotline, expanding partnerships to strengthen local networks, addressing social determinants of health, and improving maternal health education and training. Additionally, participants focused on improving data-sharing practices, sustaining, and expanding existing programs, and sharing knowledge and best practices across states. These commitments reflect the collaborative spirit of the convenings and demonstrate a unified effort to address the challenges facing maternal health at both local and state levels.

A question guide for these breakout groups can be found in Appendix C.

Participant Commitments

- **Raising Awareness and Increasing Access to Resources:** Participants committed to increasing awareness of maternal health resources, particularly the HRSA National Maternal Mental Health Hotline (1-833-TLC-MAMA), and incorporating its materials into their outreach efforts, especially for underserved populations. This included distributing hotline information through home visiting programs, health fairs, and community health centers.
 - *A hospital system in Missouri committed to finding non-traditional ways to support, educate, and empower pregnant women and moms, and to promote the Hotline.*
 - *A non-profit in Georgia will include Hotline materials in “First Steps” resource bags that are provided to new families at the hospital. They will also provide blood pressure kits to educate parents on how to monitor their own symptoms.*
 - *Local health departments, universities, and tribal partners across Michigan committed to sharing more HRSA resources, particularly the Hotline, with staff and the families they serve.*
 - *Health care providers, community health workers, and maternal health advocates in Oregon committed to conducting test calls to the National Maternal Mental Health Hotline to assess its accessibility, responsiveness, and cultural relevance.*
- **Expanding Partnerships and Collaboration:** Participants emphasized the importance of strengthening collaborations with regional, statewide, and local partners, including health care providers, community organizations, and advocacy groups. In several states, participants noted that the convenings helped them form new connections with each other and build a stronger community network of maternal health professionals and advocates. Several commitments focused on inviting new perspectives, such as involving patients, fathers, CHWs, and medical professionals in collaborative efforts. Participants shared the importance of building connections and sharing best practices across different groups to help improve coordination and address common challenges in maternal health.
 - *Two health centers in Arizona committed to engaging with their local Healthy Start and Nurse-Family Partnership (home visiting) programs to bolster postpartum support for mothers.*

- *A university in Missouri discussed involving students in community-based work during their practicums.*
- **Addressing Social Determinants of Health:** There were specific commitments to collaborate with state agencies and other partners, such as home visiting programs and perinatal mental health partners to address social determinants of health.
 - *An organization that convenes stakeholders from community, non-profit, for-profit, government, and academic institutions in Missouri committed to inviting more HRSA partners to coalition meetings to address SDOH barriers.*
 - *A health system in Georgia is working on a statewide workgroup as part of the Maternal Health Task Force to focus on prenatal care among women who are immigrants and/or undocumented.*
- **Enhancing Maternal Health Education and Training:** Participants expressed a commitment to training more doulas, particularly from at-risk rural communities, to improve outcomes and support maternal health. Additionally, there is a commitment to incorporating maternal health education into the training of future healthcare providers, including nurse-midwives.
 - *Programs in Michigan are exploring opportunities such as Nurse Corps and other reimbursement and incentive programs to attract and retain highly trained staff in their rural communities.*
 - *A health system in Georgia committed to partnering with a school of medicine to train family medicine physicians and residents on screenings for maternal cardiac symptoms and maternal depression.*
- **Improving Data Sharing and Quality Improvement (CQI):** Several organizations committed to improving data-sharing practices to enhance maternal health outcomes, streamline processes, and reduce administrative burdens on both staff and patients.
 - *A community-based organization in Kentucky that provides direct connection to resources and healthcare services committed to more staff training on warm hand-off referrals to ensure seamless care coordination for families.*
 - *Organizations across Illinois committed to improve data-sharing where possible and reviewing internal systems to reduce burden on patients and staff.*
 - *Convening participants in DC will explore opportunities to collaborate with state and local administrative offices to streamline and reduce redundancies in social services application processes.*
- **Sustaining and Expanding Programs:** Participants committed to exploring sustainable funding options, expanding home visiting programs, and utilizing programs like Medicaid to support at-risk communities.
 - *The state health department in Montana will connect with local organizations/partners, identify opportunities to align efforts with state partners/funding sources, and identify opportunities for innovative pilot projects for increasing services.*
- **Sharing Knowledge and Best Practices:** Many participants pledged to share the knowledge and resources they gained during the session with their colleagues and communities, ensuring that the learnings from the session extend beyond the event itself.

- *An Area Health Education Center in Alabama shared that outreach and education are at the top of the list to advanced maternal care in their state.*
- *A university in Kentucky will work to build and strengthen partnerships created during the EMHI convening, looking for new opportunities to collaborate across their state.*

HRSA's Role in Supporting These Commitments

HRSA will support these commitments by encouraging partnerships, data-sharing, and collaboration to improve maternal health outcomes across communities.

- Providing ongoing technical assistance, sharing resources, and facilitating connections among participants.
- Assisting in strengthening collaborations through regional and national networks, fostering partnerships, and offering guidance on funding opportunities.
- Helping to track progress by encouraging participants to share best practices, challenges, and lessons learned, and will provide platforms for these groups to connect and collaborate regularly.
- Promoting the use of the National Maternal Mental Health Hotline and other resources to ensure accessibility and improving reach, including the launch of the [Maternal Mental Health Hotline Champions Campaign](#). Current HRSA Hotline Champions are promoting mental health resources for moms and pregnant women in everyday locations by hanging up posters in prominent locations across their stores, sending out newsletters and other targeted materials, posting to social media, and more:
 - **Albertsons Companies**, with over 2,200 stores in 34 states and the District of Columbia, such as Safeway, Vons, Jewel-Osco, Shaw's, Acme, Tom Thumb, Randalls, United Supermarkets, Pavilions, Star Market, Haggen, Carrs, Kings Food Markets, and Balducci's Food Lovers Market.
 - **Babylist**, which was used by 97 million people in 2023 to access products and services across commerce, media, and health for growing families.
 - **Children's Hospital Association**, which represents more than 200 children's hospitals across the country.
 - **CVS Health**, which serves 185 million people across Aetna, CVS Pharmacy, MinuteClinic, CVS Caremark, Oak Street Health and Signify Health.
 - **National Diaper Bank Network**, which includes over 240 diaper bank programs assisting families in 50 U.S. states, the District of Columbia, and Puerto Rico.
 - **Walgreens**, with nearly 9,000 stores across all 50 U.S. states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

HRSA GRANTEE CASE STUDIES

The following grantee case studies highlight the transformative work being undertaken by HRSA grantees to address critical challenges in maternal health. These case studies showcase a range of

impactful strategies, including workforce training programs to equip providers with skills in culturally competent and trauma-informed care, hospital technical assistance efforts that enhance the quality and safety of maternal health services, and telehealth initiatives that bridge gaps in care for rural and underserved populations. Additionally, grantees are pioneering flexible and innovative care models that meet mothers where they are—whether through community-based clinics, home visiting programs, or mobile health units. Together, these approaches reflect a commitment to reimagining maternal health systems to be more accessible, equitable, and responsive to the diverse needs of families.

Alabama

- **Cahaba Medical Care**, a community health center funded by HRSA, provides essential primary care services to individuals living in rural areas, as well as critical maternal care to pregnant individuals in regions lacking adequate maternal health services. In fiscal year 2023, Cahaba received the Quality Improvement Fund for Maternal Health award to tackle widespread chronic conditions such as hypertension and diabetes, which negatively affect maternal health outcomes. With a commitment to patient-centered care, Cahaba implemented an initiative that includes a chronic care management program focused on remote patient monitoring. Cahaba has assembled a dedicated team of community health workers who provide invaluable peer support. These workers bridge the gap between healthcare and patients, offering compassionate guidance and encouragement. In addition, Cahaba offers personalized behavioral health counseling, which is essential in equipping expecting mothers with the mental health support they need throughout their pregnancy and into the postpartum period. The first year and a half of the QIF-MH grant has unveiled a wave of positive feedback from patients, as Cahaba integrates these transformative activities into its existing services. The dedicated team is passionately exploring sustainable strategies, all aimed at creating a lasting impact on the health and well-being of mothers and their babies for years to come.
- **Christ Health Center**, an HRSA-supported community health center in Birmingham, Alabama, provides affordable, high-quality, and cost-effective primary health care that is essential for many patients in rural areas. The health center is dedicated to promoting equitable access to care and is committed to training the next generation of healthcare providers. In collaboration with St. Vincent's East Hospital, Christ Health offers a Family Residency Program that provides residents with experience in urban, rural, and immigrant communities, focusing on primary and maternal care, as well as mental health services and pharmacy. There is a strong emphasis on obstetrics, with faculty comprising five family medicine physicians who have completed obstetrics fellowships (FM-OBs). Residents receive training in both prenatal and postpartum care, with hands-on experience in clinics and deliveries at St. Vincent's Birmingham. Christ Health also serves as a feeder program, supplying family medicine providers to rural and urban community health centers across the country.

Arizona

Arizona's State Maternal Health Innovation Program (MHI) program has developed community-driven initiatives with tribal communities that integrate cultural traditions, language, and

multigenerational support systems to improve maternal and infant health outcomes. The Arizona MHI program created the Tribal Maternal Health Task Force (MHTF) which includes all 22 federally recognized tribes through partnerships with the Inter-Tribal Council of Arizona (ITCA), the Navajo Nation Department of Health, and Diné College. In 2021, the Tribal MHTF started the “Indigenous Doula Project” to provide training sessions to support mothers, fathers, and family members during pregnancy, birth, postpartum, and the “fourth trimester.” Additionally, Arizona MHI implemented the “Maternal Health and Family Wellness from an Indigenous Perspective” training series for tribal workforce and community participants to improve care for tribal families. To date, there have been over 200 training sessions in-person and virtual with over 4000 participants.

Georgia

Georgia Title V Maternal and Child Health Services Block Grant program partners with the **Center for Black Women's Wellness**, a community-based organization, on implementation of **Alliance for Innovation on Maternal Health Community Cares (AIM CCI)** initiative bundles. The Atlanta AIM-CCI pilot is a HRSA-funded population-based approach to addresses preventable maternal mortality outside of the hospital setting. The program is piloting the Management of Chronic Conditions maternal safety bundle and developed a Local Maternal Safety Workgroup comprised of community prenatal and postpartum care providers and stakeholders. The Workgroup developed a community data dashboard to inform the community about maternal health needs and drive quality improvement.

Illinois

Illinois’ **State Maternal Health Innovation** awardee, ImPROve Maternal OuTcomEs in Illinois (*PROMOTE-IL*), based at the University of Illinois at Chicago, launched the Two-Generation Clinic to improve health outcomes for mothers and infants. The Clinic makes healthcare easier for families by providing access to behavioral health and primary care in one place. Mothers and children can see their providers together, reducing barriers to care. Over 100 patients have received personalized support, including:

- Collaborative care with doctors and behavioral health experts to improve well-being.
- Help with family planning goals.
- Guidance from lactation specialists to address breastfeeding challenges.

The Clinic has been a success, creating a sustainable model that now operates independently of the initial State Maternal Health Innovation funding. Illinois was the first state to conduct a state-level Digital Storytelling Project focused on maternal health. The *Illinois Maternal Health Digital Storytelling Project* shares 10 digital stories created by Illinois women about their experiences of pregnancy, birth and postpartum.

Kentucky

In spring 2024, the Louisville Metro Health and Wellness Department and Black Birth Justice Inc. both received **Healthy Start** awards. Black Birth Justice’s team includes staff who were once Healthy Start participants. They use their personal experiences to support and empower clients, strengthen support networks, and provide care throughout pregnancy and postpartum. Healthy Start programs in Louisville also focus on supporting fathers. They offer classes to help dads stay actively involved and strengthen family relationships—fostering their children’s healthy growth and

development. The Fatherhood Coordinator at Louisville Metro Health Department developed the “502 Fatherhood” program, which includes a dad-bootcamp curriculum. This program offers monthly classes and creates a confidential space where fathers can discuss their challenges and concerns and support each other.

Maryland

In 2023, HRSA launched the **Maternal Health Research Collaborative for Minority-Serving Institutions** focused on reducing disparities in maternal health and finding community-based solutions. Morgan State University is leading this effort as the Coordinating Center, helping other Minority Serving Institutions (MSIs) build capacity to conduct maternal health research. In its first year, the Coordinating Center mentored 16 students from MSIs. Morgan State University is also running a Research Center focused on:

- Supporting and growing the doula workforce, including creating training programs.
- Studying the role of Black fathers in improving maternal health.

The Research Center also started an Affiliate Pilot Grant Program. This program supports research on community-led solutions to improve maternal and family health in Baltimore. One of its first projects involves storytelling sessions for young Black fathers to support family health and engagement.

Michigan

- The Michigan **Maternal, Infant and Early Childhood Home Visiting (MIECHV)** program offers free, voluntary support to expectant and new parents to improve maternal and child health. Local nurses, social workers, and other trained home visitors work with families on early and ongoing engagement in prenatal care and postpartum support, breastfeeding, safe sleep for babies, language, and child development, and connecting families with community resources – like housing, affordable childcare or job and educational opportunities. In FY2024, the Michigan MIECHV program served 3,508 parents and children and conducted nearly 20,000 home visits. Additionally,
 - 76% of mothers enrolled in the Michigan MIECHV program received a postpartum visit with a healthcare provider within 8 weeks of delivery;
 - 88.5% of children enrolled had a family member who read, told stories, and/or sang with them on a daily basis; and
 - 85.5% of children enrolled received a timely screen for developmental delays using a validated parent-completed tool.

By addressing challenges and promoting early intervention, the MIECHV Program empowers families, strengthens communities, and fosters long-term well-being for children and caregivers.

- **Wayne State University (WSU) College of Nursing (CON)** in Detroit, Michigan, collaborates with the Michigan Area Health Education Center (MI-AHEC), to enhance the preparation of Family Nurse Practitioners (FNP) and Psychiatric Mental Health Nurse Practitioners (PMHNP) who will be ready to work in medically underserved areas (MUAs) through the use of an innovative clinical education model within three academic-practice partnerships in the Southeast/Mid-Michigan areas. The innovative clinical teaching model improves value-based

care, quality improvement, health equity, and advances nurse practitioner (NP) clinical training transformation that is sustainable in Michigan’s federally designated health-provider shortage areas (HPSAs). This unique model: 1) builds and expands academic-clinical partnerships to create experiential learning opportunities that prepare trainee’s to address health equity and Social Determinants of Health for urban underserved populations, 2) increases the diversity of the nursing workforces to effectively address the needs of the populations they serve by using faculty, preceptors, and students, including those from diverse populations such as disadvantaged backgrounds and underrepresented minorities, and 3) increases the number of FNP and PMHNPs trained to serve in urban underserved populations.

Missouri

- **Affinia Healthcare**, a community health center funded by HRSA, is dedicated to improving maternal health and reducing racial and ethnic disparities in maternal health outcomes. In 2023, to enhance maternal health care, Affinia Healthcare introduced midwifery services as part of its comprehensive maternal health team, which includes OB-GYNs, family physicians, nurse practitioners, and doulas. The addition of midwifery services has allowed Affinia Healthcare to expand healthcare resources for women and infants in the community, addressing a significant gap in maternal care. Certified Nurse-Midwives provide specialized care during pregnancy, childbirth, and the postpartum period. This initiative reflects Affinia Healthcare’s commitment to eliminating health disparities for women by honoring their humanity through respectful and compassionate care.
- As part of the FY2021 Cohort of the **Rural Maternity Obstetrics Management Strategies (RMOMS)** program, **Missouri Highlands Health Care**, a Federal Qualified Health Center, leads a diverse network of partners comprised of hospitals, county health departments, 2 home visiting programs, a substance use disorder (SUD) treatment organization, and a community-based young parent mentoring program. This network, named RMOM-Southeast Missouri Partnership (RMOM-SMP), serves seven counties by improving maternal health care accessibility and continuity through a variety of services. RMOMS-SMP implemented several programs including instituting maternal-fetal medicine (MFM) telehealth services, creating a remote patient monitoring program (RPM) to support hypertension and diabetes management, provides comprehensive patient navigation towards a variety of community support services, and improve regional obstetric readiness through providing birth simulation training.

Montana

- With funding from HRSA’s **Screening & Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD)** program, the Montana Perinatal Behavioral Health Initiative or Meadowlark, is a team-based system of care that integrates behavioral health services with prenatal and postpartum care through a collaborative team of medical providers, behavioral health clinicians and social services agencies. These efforts are complemented by care coordinators who assist with addressing social challenges such as housing and transportation, ensuring holistic support for families. Montana plans to expand the Meadowlark system of care model to 33 communities, which includes all counties in the state with a delivery hospital and all 12 Federally Recognized Indian Tribes in Montana. In addition, the

program supports the PRISM for Moms initiative, which enhances healthcare providers' capacity to screen, assess, treat, and refer pregnant and postpartum individuals experiencing mental health and substance use disorders. The program trains healthcare providers (e.g., family practitioners, obstetricians, midwives) to recognize and address perinatal mental health conditions and ensure patients have access to therapy, medication, and resources. The Montana MMHSUD program also supports the Healthy Mothers, Healthy Babies Linking Infants & Families to Supports (LIFTS) initiative which links Montana families, including indigenous families, who are expecting or raising young children to community supports and resources through an on-line, one-stop-shop resource guide.

North Carolina

- **North Carolina's Title V Maternal and Child Health Services Block Grant** supports initiatives across women's lifespans, including the Preconception Peer Educator (PPE) program. Partnering with Historically Black Colleges and Universities and other colleges statewide, the program trains students on topics like preconception health, family planning, sexually transmitted infections, and tobacco use. Students then share this knowledge with other young adults on campuses and in nearby communities. Currently, 20 colleges participate. The goal is to improve maternal health by making sure young adults are healthy before they become pregnant. Three "Improving Community Outcomes for Maternal and Child Health" sites collaborate with colleges to run health education and outreach programs for individuals of reproductive age, focusing on underserved populations. These programs promote healthy habits, social support, and pre-pregnancy services, emphasizing the importance of pregnancy planning. Another innovative North Carolina Title V initiative is the "I Gave Birth" bracelet. New mothers receive an "I Gave Birth" bracelet to help healthcare providers, emergency room staff, and EMS quickly identify that they have recently given birth. This initiative aims to raise awareness of postpartum warning signs and prevent complications or deaths. Efforts are underway to educate mothers and providers about the bracelet through media campaigns and success stories.
- **East Carolina University (ECU) College of Nursing (CON)(ECUCON)** is supporting the education of the nurse-midwifery workforce throughout North Carolina by building on the strengths of the 31-year-old nurse-midwifery program at ECUCON through longitudinal clinical and academic training experiences in rural and underserved communities. During this first year of funding, ECUCON's Nurse Midwifery program has integrated comprehensive substance use disorder (SUD) and mental health training into its curriculum. The enhancements include SUD screening, treatment, and Medication-Assisted Treatment, emphasizing routine mental health screenings. Students are also gaining hands-on experience through a one-day clinical rotation at SUD treatment facilities, including the ECU Brody School of Medicine OB/GYN SUD clinic, Horizons in Chapel Hill, and Mountain AHEC in Asheville.

Oregon

- **Multnomah County:** Through collaborative efforts between Oregon Health & Science University (OHSU), Legacy Hospital, and the HIV Health Services Center (HHSC), pregnant women and children with HIV receive comprehensive and coordinated care. The HHSC team

maintains continuous communication with OB/GYN providers throughout pregnancy, ensuring integrated HIV and obstetric care. Post-delivery, mothers are referred to pediatricians specializing in infectious diseases or general pediatrics, ensuring seamless care for both mother and child. HHSC case managers play a critical role, providing consistent prenatal and postpartum support to facilitate transition back into HIV care. In 2020, these efforts led to the successful delivery of healthy babies without evidence of perinatal HIV transmission for all seven pregnant women referred for care.

- **One Community Health's** Tiny Hearts program offers comprehensive care for pregnant individuals and their babies. The program provides participants with education and consistent support throughout their pregnancy journey and beyond. Each participant is paired with a dedicated community health worker (CHW) who is available to answer questions and provide personalized health education, resources, and care coordination. This support includes help with scheduling provider appointments, accessing dental care, receiving behavioral health services, and ensuring postpartum care. Many participants leave the program with a strong and lasting connection to both their doctor and their perinatal community health worker.

Washington, D.C.

- **MedStar** exemplifies a strong collaborative approach for addressing HIV with subrecipients who deliver multidisciplinary care for the Women, Infants, Children, and Youth (WICY) population, including pregnant women, exposed infants, and pediatric/adolescent patients. This partnership emphasizes fostering adherence to care and antiretroviral therapy (ART). Weekly grand rounds bring together the recipient and subrecipients to review and align on treatment plans and goals for specific WICY patients, ensuring cohesive and patient-centered care.
- **Community of Hope** envisions a world where every baby and mother can experience a healthy start, free from disparities in health outcomes for Black birthing individuals and their infants. To bring this vision to life, Community of Hope launched the Housing Our Newborns, Empowering You (HONEY) program in FY 2023, supported by funding from HRSA's Quality Improvement Fund for Maternal Health. Through the HONEY program, housing case managers and pregnant clients receive invaluable education and support from a dedicated Perinatal Care Coordinator, who bridges the connections among case managers, perinatal care providers, and clients. In partnership with the DC Department of Human Services, perinatal navigators connect pregnant individuals experiencing homelessness to crucial prenatal care, while Perinatal Care Coordinators ensure that clients remain linked to their healthcare providers throughout their pregnancy and postpartum journey, coordinating transportation, specialty care, health education (including safe-sleep training), and providing essential supplies like diapers and wipes. The HONEY program stands as a powerful testament to how community partnerships can uplift community health and create a lasting impact for generations to come.

MEDIA PRESENCE AND PUBLIC ENGAGEMENT

To highlight EMHI as well as to increase awareness of HRSA and its programs, HRSA's Office of Communications took a targeted approach to the media outreach strategy, from [launching the initiative](#) to including issuing national and state press releases, media advisories for each EMHI state convening, targeted outreach to local news outlets, and follow-up pitching.

Pairing an announcement with the state convenings was critical to securing media attendance at the events and broader media coverage. For nearly all the state convenings, HRSA announced funding or highlighted programs aimed at improving maternal health, including:

- [\\$105 Million in Community-Based Organizations to Improve Maternal and Infant Health Across the Country through the Healthy Start Program](#)
- [HRSA Announces \\$15 Million in New Investments to Address Maternal Health Needs and Disparities in Rural Communities](#)
- [HRSA Announces Major Expansion of Funding Available for Montana Home Visiting Program](#)
- [Biden-Harris Administration Invests \\$11 Million to Expand Medical Residencies in Rural Communities](#)
- [Biden-Harris Administration Announces More Than \\$68 Million to Improve Access to HIV Care for Women, Infants, Children and Youth](#)
- [HRSA Announces Major Expansion of Funding Available for Kentucky Home Visiting Program](#)
- [HRSA Awards \\$440 Million to Support Pregnant and New Moms, Infants, and Children through Voluntary Home Visiting Programs Proven to Improve Maternal and Child Health, Child Development, and School Readiness](#)
- [Biden-Harris Administration Awards Nearly \\$19 Million to Help States Improve Maternal Health](#)
- [HHS Launches a Nationwide Public Awareness Campaign to Promote the Maternal Mental Health Hotline \(1-833-TLC-MAMA\)](#)
- [HRSA Celebrates Rural Health Day](#)

The HRSA Administrator and senior leaders participated in over **60 interviews, including 12 interviews in Spanish**. These interviews resulted in **more than 175 news pieces spanning TV, radio, online, and print** mediums across the country. In all, over \$600 million for maternal health was announced over the year. By aligning funding announcements with convenings, HRSA successfully engaged local and national media, amplifying the impact of EMHI, and raising awareness of HRSA's maternal health programs.

Noteworthy Coverage

- AP: [America is trying to fix its maternal mortality crisis with federal, state and local programs](#)
- CNN: [Biden administration announces expansion of maternal home visit programs](#)

- NPR: [Deadly high blood pressure during pregnancy is on the rise](#)
- Raleigh News & Observer: [North Carolina receives millions in federal grants to address maternal mortality 'crisis'](#)
- The St. Louis Post-Dispatch: [St. Louis is first stop in federal effort to address maternal health crisis](#)
- St. Louis Public Radio: [Federal health officials aim to keep Missouri mothers and infants from dying after childbirth](#)
- The Atlanta Journal Constitution: [Georgia becomes focus of maternal health discussion with visit from Biden administration](#)
- WMAZ-TV (GA): ['Why not make sure that they're safe': Federal funding coming to Central Georgia to fight maternal and infant mortality](#)
- KTVK-TV (AZ): [HRSA Visits to Flagstaff, AZ to announce new funding for maternal health](#)
- AZ Family: [\\$4 million of federal funding awarded to help pregnant women, moms in rural Arizona](#)
- Montana Free Press: [Health officials tout funding for maternal home-visiting programs](#)
- NBC Montana: [Initiative makes funding available to address maternal health crisis](#)
- The Baltimore Sun (MD): [Morgan State University leads nationwide, federally funded research on maternal health disparities](#)
- WEAA-FM (MD): [HRSA's Carole Johnson discusses critical health issues, Morgan State maternal health research collaboration](#)
- WBAL-TV (MD): [Baltimore hosts Maternal Health Tour; Morgan State receives grant to research maternal health](#)
- Louisville Public Media: [Maternal health headlines federal visit in Louisville](#)
- Kentucky Lantern: [Roundtable explores ways to improve Kentucky maternal health](#)
- The Detroit News: [Federal funds to boost maternal health, home visit programs in Michigan](#)
- WGN Chicago: [Illinois gets funding boost in expanded maternal home visit program](#)
- WBMA-TV (AL): [HRSA leaders visit Centreville to discuss rural maternal health on national awareness day](#)
- WTOP-FM (DC): [Maryland, DC and Virginia get more money for house calls for moms and infants](#)
- McCook Gazette (NE): [HHS launches nationwide campaign to promote maternal mental health hotline](#)

CONCLUSION

The *Enhancing Maternal Health Initiative* (EMHI) has demonstrated key insights that can drive long-term improvements in maternal health outcomes. Central to its success is the active involvement of participants, partners, and federal staff, with program staff playing a critical role in identifying the best locations for convenings over the past year. Three key factors emerged as essential for creating impactful, sustainable change in maternal health:

Importance of Input from Lived Experience and Frontline Workers: A critical takeaway from the initiative is the profound value of including voices from those with lived experiences and those working directly on the frontlines, such as community health workers, case managers, and home

visitors. Their insights provide a reality-based understanding of the challenges faced by mothers and families, ensuring that policies and programs are not only designed with data but are grounded in the lived experiences of those most affected.

Low-Barrier, High-Touch Services for Better Engagement and Outcomes: The initiative reinforced the importance of low-barrier, high-touch services that prioritize relationship-building and community connections. Evidence from participating states showed that addressing both clinical and social determinants of health through consistent, personalized care is essential for improving maternal health. By offering accessible, relationship-driven services, the initiative emphasized how community engagement plays a pivotal role in ensuring mothers have the support they need to thrive.

Cross-Program and Cross-Funding Stream Collaboration: The collaboration across various programs and funding streams, such as maternal health, rural health, HIV/AIDS, and others, emerged as a key strategy for overcoming systemic challenges and sharing best practices. Bringing together diverse stakeholders—healthcare providers, community organizations, advocacy groups, and government entities—facilitated a more holistic approach to maternal health, ensuring that all aspects of care, from clinical to social support, are coordinated and strengthened.

Path Forward

Through the development of new partnerships and collaborations among grantees over the past year, HRSA strengthened internal capabilities to enhance the effectiveness of its maternal health grants, programs, and resources. In addition to the goals HRSA has committed to addressing in the [White House Blueprint for Addressing the Maternal Health Crisis](#), HRSA aims to build upon the achievements and insights gained from the *Enhancing Maternal Health Initiative*.

Continuing Engagement

HRSA's Office of Intergovernmental and External Affairs (IEA) will maintain relationships with partners and provide ongoing support through its 10 regional offices.

Current and future Maternal Mental Health Hotline Champions will continue to be engaged across the U.S. to reach millions of mothers, pregnant women, and their families in everyday locations where they live and work.

Sustaining Progress

HRSA will sustain the relationships built during EMHI by ensuring progress is integrated into ongoing maternal health initiatives, including through \$9 million in new funding to facilitate further state convenings of maternal health experts, health center patients, community organizations and individuals with lived experience, state and local health officials and HRSA-funded grantees, including health workforce, rural health, maternal health, HIV/AIDS and other HRSA-supported grantees, to continue to foster cross-program collaborations and to share evidence-based models or promising practices that support improved maternal health.

Additionally, a new HRSA-funded review by the *National Academies of Science, Engineering, and Medicine (NASEM)* is convening an expert committee to review and make recommendations regarding the clinical services necessary for preventing cardiovascular conditions among women—one of the leading causes of pregnancy-related morbidity and mortality.

Future Collaboration

HRSA will implement feedback from participants to refine strategies and address emerging maternal health challenges, with a focus on reducing disparities and improving equity.

The *Enhancing Maternal Health Initiative* has underscored the importance of integrating lived experiences, fostering relationship-based services, and promoting cross-sector collaboration to reduce disparities in maternal health. Continued policy support, community involvement, and a focus on equitable care will be essential for ensuring lasting improvements in maternal health outcomes across the nation.

APPENDICES

Appendix A – Brief Convening Descriptions

ENHANCING MATERNAL HEALTH INITIATIVE KICK-OFF: JANUARY 25, 2024

Administrator Carole Johnson was joined by Representative Lauren Underwood (D-IL), co-chair of the Black Maternal Health Caucus, to launch the year-long *Enhancing Maternal Health Initiative* to strengthen, expand, and accelerate HRSA’s maternal health work to address maternal mortality and maternal health disparities in partnership with mothers, grantees, community organizations, and state and local health officials across the country. HRSA hosted the kick-off EMHI event at the Kaiser Family Foundation in Washington, DC, inviting maternal health grantees from 11 states and the District of Columbia, as well as key national organizations and experts, providers, and individuals with lived experience. Attendees shared personal perspectives on maternal health care and support, the innovative ways HRSA grantees are making an impact on maternal health, and how they are addressing maternal mental health.

ALABAMA: NOVEMBER 21, 2024

The Alabama convening coincided with National Rural Health Day and was hosted at Cahaba Medical Care which serves mothers and families in Centreville, AL – a rural area of the state. The convening was led by HRSA Federal Office of Rural Health Policy (FORHP) Associate Administrator, Tom Morris, Maternal and Child Health Bureau (MCHB) Associate Administrator, Dr. Michael Warren, and Bureau of Primary Health Care (BPHC) Deputy Associate Administrator, Onyeka Anaedozie. The first portion of the Alabama convening included remarks from HRSA FORHP Associate Administrator, Tom Morris, and MCHB Associate Administrator, Dr. Michael Warren. Following the remarks was a roundtable discussion moderated by HRSA BPHC Deputy Associate Administrator Onyeka Anaedozie. The afternoon session included four small breakout groups led by HRSA IEA Region 4 Acting Regional Administrator, Colleen McCarty and HRSA EMHI Director, Carla Haddad.

ARIZONA: JUNE 3, 2024

The Arizona convening, held at the High Country Conference Center in Flagstaff, AZ and led by HRSA Deputy Administrator Jordan Grossman, brought together HRSA-funded grantees, providers, and individuals with lived experience to address maternal health outcomes. The event featured remarks from Grossman, who announced \$8 million in Rural MOMS awards, and Arizona Deputy State Health Official Sheila Sjolander. Key themes included the need for comprehensive care and support services such as doulas, mental health, and transportation, particularly in rural and tribal areas facing provider shortages and infrastructure challenges. Discussions highlighted culturally appropriate case management, the role of nontraditional providers like midwives, and the importance of fostering trust to reduce barriers to care. Small group breakout sessions explored strategies for increasing awareness of maternal mental health resources, improving access to social services, promoting early prenatal care, and ensuring services in high-need communities. Participants committed to enhancing collaboration, expanding outreach, and implementing actionable steps to advance maternal health goals across Arizona.

GEORGIA: APRIL 29, 2024

The Georgia convening, hosted by Southside Medical Center in Atlanta, GA and led by HRSA Administrator Carole Johnson, gathered HRSA leadership, grantees, providers, and individuals with lived experience to address maternal health challenges in Georgia. The event included remarks from key HRSA leaders and a roundtable focused on improving maternal health outcomes through equitable access to care, reducing stigma around mental health, and integrating public health with primary care. Participants highlighted the importance of health literacy, culturally sensitive care, and community-based resources for underserved populations, including immigrants and teen mothers. Breakout sessions facilitated by HRSA IEA Region 4 Acting Regional Administrator Cheryl Donald identified action steps, such as expanding awareness of the Maternal Mental Health Hotline, strengthening referral systems, and supporting providers in high-need communities. Commitments from organizations included distributing hotline materials, enhancing peer support networks, and addressing barriers for immigrant populations, underscoring the collaborative effort to advance maternal health in Georgia.

ILLINOIS: OCTOBER 9, 2024

The Illinois convening, hosted at TCA Health in Chicago, IL and led by HRSA Deputy Administrator Jordan Grossman and U.S. Representative Robin Kelly (IL-02), brought together HRSA grantees, providers, and individuals with lived experience, alongside key figures like MCHB Title V Division Director, Shirley Payne, and Illinois State Health Official, Dr. Sameer Vohra. Discussions highlighted HRSA's commitment to improving maternal health outcomes and addressing disparities, particularly for Black women, through initiatives like a \$19 million funding announcement, with \$1.5 million for the University of Illinois. Emphasis was placed on partnerships and programs such as Healthy Start and the National Maternal Mental Health Hotline, while Dr. Vohra noted Illinois's focus on expanding coverage, supporting doulas, and addressing provider burnout. Attendees shared feedback on challenges like trust, housing, and prenatal care barriers, and stressed the need for culturally competent services and diversified healthcare staff. Breakout sessions explored strategies to increase awareness of maternal mental health resources, enhance social service referrals, engage patients early in prenatal care, and ensure support for high-need communities. Commitments included promoting HRSA's hotline, strengthening partnerships, improving data systems, and training more doulas, underscoring the vital role of collaboration and community engagement in advancing maternal health across Illinois.

KENTUCKY: AUGUST 8, 2024

The Kentucky convening, hosted by HRSA in partnership with the National Conference of State Legislatures (NCSL), served as a post-conference event for the NCSL Legislative Summit in Louisville, KY. Led by HRSA Administrator Carole Johnson, it brought together a bipartisan group of state legislators, HRSA-funded grantees, providers, and individuals with lived experience to discuss strategies for improving maternal health outcomes. The event featured remarks by key leaders, including Dr. Michael Warren and Kentucky State Representative Kimberly Moser, followed by a roundtable addressing maternal mortality, substance use, HIV care, and support for fathers. The afternoon session, facilitated by HRSA's Region 4 team, included breakout discussions on expanding awareness of the Maternal Mental Health Hotline, connecting individuals to social

services, increasing early prenatal care engagement, and ensuring services in high-need communities. Participants committed to specific actions such as promoting the hotline, enhancing community partnerships, improving referral processes, and advocating for maternal health resources.

MARYLAND: JULY 31, 2024

The Maryland convening at Morgan State University in Baltimore, MD led by HRSA Administrator Carole Johnson, brought together HRSA leadership, state officials, and community stakeholders to discuss maternal health and HIV care initiatives. Notable attendees included Morgan State's President David Wilson, Dean Kim Sydnor, and Maryland Secretary of Health Dr. Laura Herrera Scott. Administrator Johnson announced \$68 million in Ryan White HIV/AIDS Program funding to support comprehensive, family-centered care. Discussions focused on improving maternal health outcomes through integrated healthcare services, addressing social determinants of health, and providing culturally competent care via trusted community health workers. Morgan State's role as the Coordinating Center for HRSA's Maternal Health Equity Research Collaborative was highlighted, supporting maternal health research across 16 minority-serving institutions. Participants emphasized partnerships between federal programs, state agencies, and community organizations to enhance service delivery. Breakout sessions identified key strategies such as raising awareness of the Maternal Mental Health Hotline, expanding benefits access, increasing early prenatal care, and improving provider support in underserved communities. Commitments included collaboration across agencies, promoting breastfeeding benefits, and addressing social determinants to advance maternal health goals statewide.

MICHIGAN: AUGUST 27, 2024

The Michigan convening, hosted at Wayne State University in Detroit, MI, was led by HRSA Administrator Carole Johnson, with HRSA Maternal and Child Health Bureau Associate Administrator Dr. Michael Warren and Michigan State Health Official Elizabeth Hertel in attendance. Participants included HRSA-funded grantees, healthcare providers, community leaders, and individuals with lived experience from across Michigan. The first portion of the convening focused on HRSA's commitment to improving maternal health outcomes and fostering collaboration statewide. Key discussions centered on addressing barriers to prenatal care and developing strategies to enhance maternal health services, particularly in underserved communities, with an emphasis on collaboration, workforce diversification, and innovative care models to improve outcomes for vulnerable populations. Participants committed to advancing maternal health by enhancing awareness and utilization of the HRSA maternal health hotline, implementing strategies from the Michigan Department of Health and Human Services' Maternal Mortality Surveillance program, attracting, and retaining healthcare staff in rural areas through programs like the Nurse Corps, and exploring new funding opportunities to support community public health initiatives. This same day, Vice President Kamala Harris announced \$440 million to support pregnant women, new mothers, and their children through home visiting programs that will improve health outcomes, child development, and access to resources for years to come.

MISSOURI: APRIL 3, 2024

The Missouri convening, hosted by HRSA Administrator Carole Johnson at Saint Louis University in St. Louis, MO, brought together HRSA's Maternal and Child Health Bureau Associate Administrator, Dr. Michael Warren, Missouri State Health Official, Paula Nickelson, HRSA-funded grantees, providers, and individuals with lived experience. The event featured opening remarks, a roundtable discussion, and breakout sessions addressing maternal health challenges and solutions in Missouri. Key themes included the need for comprehensive care, improved access to behavioral health services, rural healthcare delivery challenges, leveraging nontraditional providers, and policy support to overcome systemic barriers. Facilitated by Nancy Rios, the breakout sessions identified actions to raise awareness of maternal mental health resources, streamline access to social services, promote early prenatal care, and support underserved communities. Participants committed to enhancing collaboration, sustaining doula programs, and strengthening community engagement, while follow-up efforts will explore further collaboration opportunities and potential future convenings.

MONTANA: JUNE 11, 2024

The Montana convening, hosted by the Montana Healthcare Foundation in Bozeman, MT and led by HRSA Administrator Carole Johnson, brought together HRSA-funded grantees, providers, and individuals with lived experience to address maternal health outcomes in the state. Administrator Johnson announced \$5.4 million in federal funding for the Maternal, Infant, and Early Childhood Home Visiting program and facilitated discussions that highlighted the critical role home visitors play in supporting families. Participants, including program beneficiaries and healthcare professionals, shared insights on improving maternal health, emphasizing the need for culturally competent care, stronger community support networks, and innovative training programs. Breakout sessions focused on expanding maternal mental health resources, increasing access to social services, early prenatal engagement, and ensuring care delivery in high-need communities. Key commitments included promoting the Maternal Mental Health Hotline, strengthening partnerships with home visiting programs, and improving outreach to vulnerable populations through collaboration and education.

NORTH CAROLINA: SEPTEMBER 20, 2023

The North Carolina convening, held at the Wake County Public Health Center in Raleigh, NC, in partnership with the North Carolina Department of Health and Human Services (NC DHHS), was led by HRSA Administrator Carole Johnson as the first roundtable of the initiative. Administrator Johnson announced \$4.1 million in HRSA awards across the state of North Carolina to combat maternal mortality and improve maternal and infant health, particularly in underserved communities, with about half of this funding to NC DHHS to bolster maternal health across the state. Participants included representation from the state and local health departments, Healthy Start grantees and participants, higher education institutions, community health workers, clinical staff, and more. The roundtable focused on the importance of screening, referral, and follow up for maternal mental health, using Healthy Start programs to improve maternal health outcomes, bolstering and diversifying the workforce, and hearing from those with lived experience.

OREGON: NOVEMBER 14, 2024

The Oregon convening was hosted by the Oregon Health and Sciences University (OHSU) in Portland, OR and was led by HRSA Deputy Administrator, Jordan Grossman. HRSA's Bureau of Health Workforce (BHW) Acting Associate Administrator Candice Chen, HRSA's Maternal and Child Health Bureau (MCHB) Title V Division Director, Shirley Payne, the Administrator for the Center for Prevention and Health Promotion at Oregon Health Authority (OHA), Timothy Noe, and the American Association of Pediatrics President and Oregon Title V Co-Director, Ben Hoffman, were also in attendance. Deputy Administrator Grossman announced a partnership with several organizations, including Walgreens, CVS, Albertsons, and the Children's Hospital Association, to serve as National Maternal Mental Health Hotline Champions, spreading awareness of this critical maternal mental health resource. Participants of the roundtable emphasized the importance of culturally competent services, allyship, and representation, and called for HRSA to continue diversifying the workforce to better reflect the communities served. Additionally, patients from tribal communities shared a unique challenge that providers need to think "7 generations before and 7 generations after." The small group breakout session discussed a need for increased awareness and training on the National Maternal Mental Health Hotline among providers, enhanced referral systems and marketing for social services, and addressing barriers to early prenatal care such as transportation, health literacy, mental health or substance use stigma, and provider cultural competency. Recommendations also include bolstering support for services in high-need communities through expanded funding, improved compensation, and innovative care models, while emphasizing the importance of community partnerships and reducing bureaucratic barriers.

WASHINGTON, D.C.: DECEMBER 19, 2024

Hosted at Community of Hope's Conway Health and Resource Center, the D.C. convening marked the final event in HRSA's year-long Enhancing Maternal Health Initiative. The convening brought together HRSA leadership, maternal health experts, providers, and individuals with lived experience to address the pressing maternal health disparities in the nation's capital. Discussions highlighted D.C.'s unique challenges, including the threefold maternal mortality disparity for Black mothers compared to their white counterparts. Melisa Byrd, Senior Deputy Director and Medicaid Director for the District of Columbia's Department of Health Care Finance, joined the event to underscore the importance of Medicaid in addressing maternal health gaps. Ebony Marcelle, Director of Midwifery at Community of Hope, alongside three of her former patients shared her expertise on creating culturally responsive care models and emphasized the importance of empowering underserved communities through midwifery and reproductive justice. The roundtable, moderated by HRSA Administrator Carole Johnson, focused on fostering cross-program partnerships to maximize HRSA investments and improve maternal health outcomes. Afternoon sessions, facilitated by HRSA IEA Region 3 Administrator Leah Suter, included a facilitated action planning discussion to identify concrete steps grantees and stakeholders could take to reduce disparities and expand access to maternal care in D.C. Key themes included integrating housing and healthcare services for vulnerable populations, promoting awareness of resources like the National Maternal Mental Health Hotline, and strengthening community

engagement. Participants emphasized collaboration as vital to ensuring equitable and effective care for mothers and babies in underserved communities.

Appendix B – Summary of Participants

State	Location	# of Non-HRSA Participants	Programs Represented
Alabama	Cahaba Medical Care	45	Health centers; State and local departments of health/public health; Healthy Start; Home visiting; SMHI; AIM; IMHS; MSI; HIV/AIDS
Arizona	High Country Conference Center	42	Health centers; State and local departments of health/public health; Healthy Start; Home Visiting; Infant-Toddler Court Program; SMHI; Rural health; Tribal partners
D.C.	Community of Hope	30	Health centers; local department of health/public health; Healthy Start; Home Visiting; AIM, SMHI; CoE, Workforce, HIV/AIDS
Georgia	Southside Medical Center	33	Health centers; Healthy Start; Home Visiting; AIM; RCORP; SMHI; HIV/AIDS
Illinois	TCA Health	44	Health centers; State and local departments of health/public health; Healthy Start; Home Visiting; SMHI; AIM; CoE Workforce; HIV/AIDS
Kentucky	Louisville Marriott Hotel	32	Health centers; State and local departments of health/public health; Healthy Start; Home Visiting; AIM; HIV/AIDS; SMHI
Maryland	Morgan State University	45	Health centers; State and local departments of health/public health; Healthy Start; AIM; IMHS; MSI; HIV/AIDS; SMHI; Workforce
Michigan	Wayne State University	41	Health centers; State and local departments of

			health/public health; Healthy Start; Home Visiting; Workforce; RCORP; HIV/AIDS
Missouri	Saint Louis University	38	Health centers; State and local departments of health/public health; Healthy Start; Home Visiting; AIM; MMHSUD; RMOMS
Montana	Montana Healthcare Foundation	47	Health centers; State and local departments of health/public health; Home Visiting; SMMI; AIM; Rural health; Tribal partners; MMHSUD
North Carolina	Wake County Public Health Center	26	State and local departments of health/public health; Healthy Start; AIM; Workforce
Oregon	Oregon Health and Sciences University	37	Health centers; State and local departments of health/public health; Healthy Start; Home visiting; SMHI; HIV/AIDS; MMHSUD; Workforce; Tribal Partners

Appendix C – Small Group Discussion Question Guide

IMPROVING MATERNAL HEALTH: A GRANTEE AND STAKEHOLDER DISCUSSION ON CHALLENGES, BEST PRACTICES, AND OPPORTUNITIES FOR ACTION

Overview of Activity: Small group discussions to gather input and commitments.

Time: 60 minutes

Purpose: The purpose of this session is to conduct a deep dive into the topics from the roundtable discussion and gather input from participants on commitments to improving maternal health outcomes in the state.

Objectives:

- Introduce questions based on HRSA metrics to gather input from the small groups.
- Report out to larger group and leverage the discussion to learn about innovative models and identify opportunities for collaboration and engagement.
- Collect commitments from participants.

Small groups will be expected to discuss the maternal health work happening across the state within the context of the guide questions and how it aligns with the four topics below.

Expanding Awareness of Maternal Mental Health Hotline

1. How can safety net providers be better equipped to share information about HRSA's National Maternal Mental Health Hotline with their patients?
2. What strategies have been effective in increasing awareness of mental health resources among vulnerable populations?

Connecting People to Benefits and Social Services

1. How can HRSA programs such as home visiting, health centers, and Ryan White clinics improve their efforts to connect individuals to benefits and social service supports?
2. Are there opportunities for collaboration or coordination with other community organizations to streamline access to these resources?

Increasing Early Engagement in Prenatal Care

1. What barriers exist to early engagement in prenatal care, particularly among vulnerable or marginalized populations?
2. What are the key opportunities to improve timely postpartum care and overall prenatal care engagement?

Ensuring Services in High Need Communities

1. How can HRSA-funded maternal health providers be incentivized or supported to offer services in underserved or high-need communities?
2. Are there specific barriers preventing providers from establishing or maintaining practices in these areas, and how can they be addressed?

Commitment and Next Steps Discussion:

Lead Facilitator will summarize key points and ask the larger group to provide ideas on action steps and commitments organizations can make to further advance maternal health goals within their communities and their state such as:

- Amplify the HRSA Maternal Mental Health Hotline by including posters in lobbies, incorporating pieces in newsletters and links on the website
- Conduct patient education on the HRSA Maternal Mental Health Hotline
- Implement training on HRSA programs and resources to support providers
- Collaborate/Partner with X, Y, Z organization to leverage HRSA maternal health programs and expand efforts

Lead Facilitator will ask participants to complete online commitment form.