Reducing Maternal Mortality & Morbidity

Problem Statement

The United States (U.S.) has consistently had higher maternal mortality rates than most other high-income countries, with non-Hispanic Black women experiencing rates three times that of non-Hispanic White women between 2007 and 2016.[1,2]

In Nebraska, between 6-17 women died every year from 2014-2022 either during pregnancy or within one year of a pregnancy ending.[3] Each death is a tragedy and can affect a family for generations. Considering that **many maternal deaths are preventable**, there is an opportunity to improve outcomes.[2] Severe maternal morbidity (SMM) can offer additional insight into maternal health. SMM includes events that occur during labor and delivery that can have significant health consequences.[4] **From 2017-2021, women in Nebraska experienced SMM at a rate of 58.5 events per 10,000 delivery hospitalizations** with hemorrhage complications being the most frequent event.[4] Receiving adequate prenatal and postpartum care serves to prevent or minimize these pregnancy complications and reduce the risk of maternal morbidity and mortality from preventable causes.

Criterion 1: Disproportionate Outcomes Exist Among Subgroups of the Population

Maternal health disparities in Nebraska reflect a mix of factors like racial/ethnic discrimination and socioeconomic status. While Nebraska performs better than the U.S. overall in some maternal health areas, there are significant gaps by race, age, education, and location.

In the U.S., there are considerable racial and ethnic disparities in maternal mortality rates[2] and Nebraska is no exception; non-Hispanic Black women have the highest pregnancy associated mortality ratio (PAMR) when compared to non-Hispanic White women and Hispanic women for deaths occurring from 2014-2022.[3] Women aged 40 and older are also at higher risk, with a PAMR of 150.5 deaths per 100,000 live births.[3] Women with only a high school education face pregnancy-associated deaths at twice the rate of those with college education or more.[3]

Disproportionate outcomes also exist when examining severe maternal morbidity (SMM) events (Figure 1). From 2017-2021 in Nebraska, non-Hispanic Black women experienced SMM events at a rate of 86.8 per 10,000 hospitalizations, compared to 43.8 for non-Hispanic White women.[4] When compared to non-Hispanic White women, Hispanic women had higher rates of hemorrhage, while non-Hispanic Black women had higher rates of renal complications.[4]

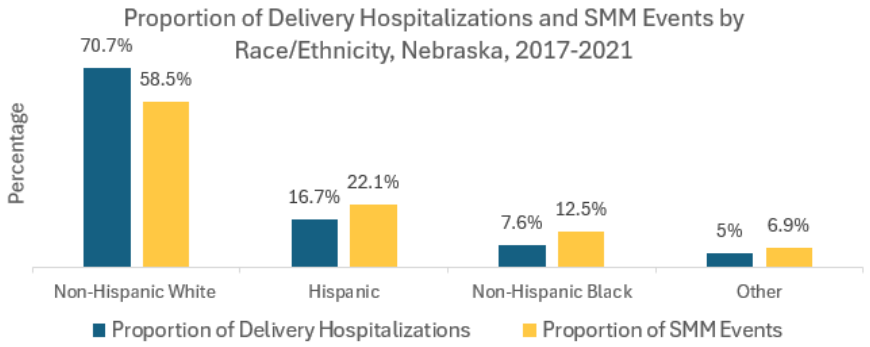

Figure 1. Source: 2024 Severe Maternal Morbidity Report, Nebraska Department of Health and Human Services[4]

Finally, people who live in maternity care deserts (counties with no birthing hospitals, birth centers, or obstetric providers) have a higher risk of receiving inadequate prenatal care which is necessary to prevent pregnancy complications.[5] 51.6% of Nebraska counties are defined as maternity care deserts, compared to 32.6% of counties in the U.S.[5]

Criterion 2: Strategies Exist to Address the Problem/An Effective Intervention is Available

The following Maternal and Child Health Evidence Accelerators and evidence-based strategies address maternal health from the early prenatal period through postpartum, which will impact maternal mortality and morbidity.

Early and regular prenatal care helps prevent or minimize complications from conditions like high blood pressure, anemia, infection, depression, and gestational diabetes.[6] The *Becoming a Mom* Prenatal Education Program has emerged as a promising potential field based approach utilizing a **community collaborative care model (moderate evidence)**.[7] The approach mitigates disparities by combining clinical services with prenatal education and support services.[7] In 2015, *Becoming a Mom* was implemented in Kansas where participants were more likely to be younger and more ethnically diverse when compared to all Kansas resident births.[7] Additionally, over half of participants reported being connected with local services like healthcare clinics; the USDA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); breastfeeding support; and parenting/early childhood services.[7]

In Nebraska, over 60% of pregnancy-associated deaths from 2014-2022 occurred after delivery and up to 12 months postpartum.[3] The postpartum period is crucial for preventing long-term complications and promoting lasting health.[8] Several evidence informed and evidence-based strategies exist to increase the number of women who report attending a postpartum visit within 12 weeks after giving birth. These include engaging community health workers to provide postpartum care (emerging evidence), mobile medical clinics (emerging evidence), home visiting (moderate evidence), Medicaid expansion/extension (moderate evidence), and telehealth and remote monitoring (moderate evidence).[9]

Rural populations may have limited community services and encounter geographical barriers when trying to access resources for postpartum support. **Home visiting programs (moderate evidence)** have been shown to successfully engage rural families and connect them with sources of support.[10] Family Connects is a universal newborn home visitation program in Lincoln and Lancaster County.[11] Mothers are offered free in-home postpartum visits by a registered nurse.[11] The visit includes a health check for the baby, a postpartum health check for mom, breastfeeding support, education on newborn and maternal care, help scheduling check-ups, and referrals to community resources as needed.[11]

Criterion 3: Capacity to Address the Problem

Nebraska has made significant progress in building capacity to address maternal mortality and morbidity. Key efforts include collaboration among public and private partners, institutions, and services with support from the Nebraska Perinatal Quality Improvement Collaborative (NPQIC) and the Maternal Mortality Review Committee (MMRC). Key partners promoting maternal health include ALIGN Nebraska, I Be Black Girl, The Malone Center, A Mother's Love, Better Birth Project, and local health departments and providers.

Nebraska has a well-trained healthcare workforce but faces challenges in rural areas. State and federal funding, including Medicaid, supports maternal health services. In Nebraska, NPQIC promotes best practices and the MMRC provides data-driven insights. Training programs continue to enhance the expertise of maternal healthcare providers.

Criterion 4: Problem is Worse than the Benchmark or Worsening

Nebraska's maternal mortality rate from 2018-2022 averaged similar to the U.S.[12] but was higher than the Healthy People 2030 target (Figure 2).[13]

Maternal Mortality Rates in Nebraska and Nationally Compared to the 2030 Healthy People Target

Figure 2. Sources: Maternal deaths and mortality rates: Each state, the District of Columbia, United States, 2018-2022, National Center for Health Statistics, Centers for Disease Control and Prevention; Healthy People 2030 Report, United States Department of Health and Human Services[12,13]

The March of Dimes classifies counties without a single birthing facility or obstetric clinician as maternity care deserts. In 2023, 32.6% of counties across the U.S. were maternity care deserts.[5] Nebraska had one of the highest percentages of counties classified as maternity care deserts (51.6%) in the United States.[5] Between 2020-2019, the number of birthing hospitals in Nebraska decreased by 8%.[5] The farther a woman has to travel to receive maternity care, the greater the risk of adverse outcomes.[5] In Nebraska, 15.9% of women have no birthing hospital within 30 minutes of their home, compared to 9.7% nationally.[5]

Criterion 5: Community Readiness to Address the Problem

Nebraska's maternal health improvement efforts are built upon active community participation. NPQIC involves clinicians, hospital staff, and other healthcare professionals who work together to implement quality improvement projects. These initiatives address the unique needs of communities across the state, including rural areas where maternal healthcare access is limited. The MMRC includes a diverse set of stakeholders, such as public health experts, medical professionals, and community leaders, ensuring that community input and the perspectives of those directly affected by maternal morbidity and mortality are involved in the decision-making process.

In 2024, the MMRC hosted listening sessions across Nebraska. The sessions elevated the need for connected social support, inclusivity and human dignity, and getting the right care for women at the right time. The MMRC promotes work that centers these themes to reduce maternal mortality and morbidity.

Since 2023, I Be Black Girl has led a Statewide Maternal Health Initiative Task Force to enhance state data sharing and elevate Black leadership in the field. Their approach centers on those who have experienced disproportionate maternal health outcomes and prioritizes improving Black maternal health and pregnancy outcomes.

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If this issue is selected as one of the Title V MCH priority needs in 2025, what do you expect this issue to look like five years from now? What kind of progress can you expect for the next five years?

If selected as a priority, there is great potential to reduce the incidence of maternal mortality and morbidity in Nebraska over the next five years. Nebraska could significantly reduce the stillbirth rate and improve maternal health outcomes in communities with disproportionately poor outcomes. Through community-based education programs, families could connect with parenting and early childhood support services and be more likely to speak to their provider about options for family planning. Home visiting programs would screen families for postpartum mental health needs and refer for treatment as necessary.

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