



IOWA
HHS

MATERNAL HEALTH PROGRAMS

STRATEGIC PLAN 2021

ASSESS. COLLABORATE. SUCCEED.

“By working together we can support moms, save lives, and set the foundation for a healthier nation.”

The Surgeon General’s Call to Action to Improve Maternal Health, 2020

WELCOME TO THE 2021 MATERNAL HEALTH STRATEGIC PLAN

We support the continuous improvement of maternal health outcomes in Iowa.

The Iowa Department of Health and Human Services (HHS) have been charged with supporting the state’s maternal health efforts for over eighty years. We are grateful for the tremendous efforts of the state’s local public health agencies, health systems and community-based partners who also support Iowa’s maternal health efforts.

As new data and information becomes available to inform the state’s maternal health needs, it is vitally important we create awareness and elevate issues that require attention and advocacy.

We must be responsive, knowledgeable and consistent in identifying evidence based resources and best practice solutions to reduce disparities in maternal health outcomes, therefore improving population health across the state.

The 2021 Maternal Health Strategic Plan identifies strategic priorities to lead the state’s maternal health efforts. Developed through engagement with community, clinical, and provider perspectives, and in alignment with national public health goals, our strategic priorities will guide HHS efforts.

Current HHS and partner activities supporting the strategic priorities have been identified and captured in a supplementary report.

We intend for this document to guide the work of Maternal Health programs to ensure resources are maximized, information sharing remains ongoing, and that we work collectively towards meeting the maternal health needs of all people living in Iowa.

WE ARE
COMMITTED
TO THE
WORK.

WE HAVE
PASSION
FOR WHAT
WE DO.

WE ARE
PROUD OF
OUR TEAM.

Several team members involved in Maternal Health Programs helped support the development of the 2021 Maternal Health Strategic Plan. Each member had a significant role in advising during the planning process, analyzing the data and providing feedback on what we have learned.

HHS Maternal Health Strategic Planning Leadership Team:

- Molly Gosselink, BSN, MPH
- Nalo Johnson, PhD
- Marcus Johnson-Miller
- Debbie Kane, PhD, RN
- Sylvia Navin, MPH
- Stephanie Trusty, RN, BSN

Maternal Health Strategic Planning Advisory Committee:

- Mary Kay Brinkman, Oral Health
- Heather Strachan, NAMI IOWA, MCH Advisory Council Member
- Angie Friedmann, Oral Health
- Janet Horras, Home Visiting
- Lindsey Jones, Family Planning
- Stephanie Radke, IMQCC
- Olivia Samples, Health Equity Advisory Committee Community Advisor
- Faith Sandberg Rodriguez, Department of Human Services

GLOBAL GOALS & OUTCOMES

Our work has vital importance to save and improve the lives of pregnant and birthing people and their babies.

Our goals in pursuing the identified strategic priorities and general recommendations are to improve the state's number of healthy deliveries and births, along with ensuring that every person has access to the care they need during pregnancy.



REDUCE MATERNAL MORBIDITY & MORTALITY

Reducing short- and long-term health problems or deaths that result from or are worsened by being pregnant and giving birth, from conception through one year postpartum.



REDUCE MATERNAL HEALTH DISPARITIES

Nationally, women of color have higher rates of severe maternal morbidity events. This also holds true for Iowa. Black women in Iowa have the highest overall SMM rate compared to White women and Hispanic women. Of SMM conditions, Black women in Iowa have higher rates of hemorrhage complications and renal complications compared to White women and Hispanic women. Hispanic women in Iowa have higher rates of respiratory complications compared to White women and Black women¹.

¹ SMM calculated by HHS staff using the Iowa Hospital Discharge data file, calendar years 2018-2020. Iowa hospital discharge data are collected by the Iowa Hospital Association on behalf of HHS in accordance with Iowa Code section 135.166. The Iowa Department of Health and Human Services may use these data to conduct public health surveillance and evaluate public health surveillance programs.

MATERNAL HEALTH PRIORITIES

Balancing the feedback from our information-gathering process captured through surveys reaching wide audiences, focus groups to refine the themes, and assessing existing plans and strategies, we have determined the following strategic priorities:



**Elevate Focus on
Maternal Mental
Health
(MMH)**



**Advance
Workplace
Policies
(WP)**



**Improve Health
Before, During &
After Pregnancy
(IH)**



ELEVATE FOCUS ON MATERNAL MENTAL HEALTH

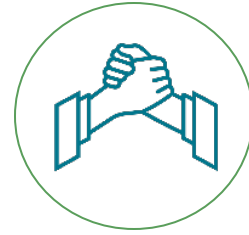


The World Health Organization (WHO) defines maternal mental health as “a state of well-being in which a mother realizes her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her community.” Mental health conditions are the most common complication of childbirth impacting 1 in 5 individuals during pregnancy and the year following pregnancy. Untreated maternal mental health conditions can have negative and long-term impact on pregnant and postpartum women and her infant. Mental health conditions are a leading and preventable cause of maternal mortality. Despite these negative consequences, depression and anxiety largely goes undiagnosed and untreated during pregnancy and postpartum periods. The state’s shortage of all mental health provider types (psychiatrists, psychologists, social workers, and marriage and family therapists), contributes to the lack of access for maternal mental health supports.

General Recommendations to Improve Maternal Mental Health (MMH)

- a. Empower healthcare providers and birthing hospitals to:
 - 1) Assure all pregnant and postpartum women are screened for depression and, when appropriate, referred to treatment.
 - 2) Embrace the necessity of recognition and treatment of mental health concerns and assure individuals receive counsel on ongoing care, follow-up and care coordination.
- b. Implement system wide changes to support universal screening for depression, anxiety and substance use, as well as access to consultation and treatment for all pregnant and postpartum individuals.
- c. Increase access to mental health providers and treatment for depression and other mental health issues.
- d. Identify opportunities for the development of a statewide resource for health care providers and professionals caring for pregnant and postpartum individuals struggling with mental health or substance abuse to easily link to mental health and addiction medicine experts for consultation and referral when needed. (Identified by the IMQCC Mental Health and Substance Use Disorder Subcommittee; and a 2021 Maternal Mortality Review Committee Recommendation)

ADVANCE WORKPLACE POLICIES



Workplaces benefit from addressing the needs of their employees, including the needs of pregnant and parenting people. Having a workplace that supports access to prenatal and postpartum care, including accommodations within the workplace to support pregnant and parenting people's physical and emotional needs during the perinatal period, and complying with medical recommendations, helps support successful pregnancies as well as healthy moms and babies.

General Recommendations to Advance Workplace Policies to Support Maternal Health (WP)

- a. Normalize breastfeeding practices and ensure appropriate, dedicated space and time is provided while at work.
- b. Review of current family leave policies to provide consideration for modern family structures, time to adjust to new life norms, and to recover mentally and physically from the birthing experience.
- c. Expand insurance coverage (Medicaid and private insurance) for pregnancy related services such as lactation services, doula services, and extending postpartum Medicaid coverage for 12 months.
- d. Support findings and recommendations of the Breastfeeding State Plan that is currently being developed (Anticipated Completion Date of September 2022).

IMPROVE HEALTH BEFORE, DURING & AFTER PREGNANCY



A healthy pregnancy begins before conception. Chronic illness can create complications in every phase of reproduction, can be exacerbated as a result of pregnancy and often contribute to maternal morbidity and mortality. Birth outcomes are improved with increased attention to the health of individuals of reproductive age before, during, and after pregnancy.

General Recommendations to Improve Health Before, During, and After Pregnancy (IH)

- a. Elevate the focus on social determinants of health including screening and treatment for domestic violence and substance abuse, offering transportation support to maternal health care appointments, and improving neighborhoods and communities to increase safety, physical activity, and access to healthy food.
- b. Encourage broader education about and use of family planning resources to support the full spectrum of maternal health needs.
- c. Include chronic disease prevention and management in maternal health care, linking management of health complications to their impact on pregnancy. Common chronic diseases in women of reproductive age include obesity, diabetes, hypertension, and cardiac disease.
- d. Explore solutions to strengthen postpartum follow-up, including referrals to support programs and services.

“In a modern healthcare system, pregnancy-related deaths should never occur.”

HRSA Maternal Health Action Plan, 2020

CRITICAL IMPACT AREAS

There are three critical impact areas the maternal health strategic priorities are designed to affect.

POPULATION HEALTH

Population health provides “an opportunity for health care systems, agencies and organizations to work together in order to improve the health outcomes of the communities they serve.” (CDC)

CLINICAL SERVICES

Strategies implemented within the healthcare system, such as hospitals and clinics, to improve maternal health outcomes, generally through services provided one-on-one with a patient.

POLICY

Large-scale policy, such as state and federal laws, that impact health outcomes, as well as smaller scale policies at the program or agency level that impact health outcomes.

ACTION STEPS

Having defined our strategic priorities, specific activities will need to be implemented to achieve our goals of reducing maternal mortality and morbidity and reducing disparities in maternal health outcomes. Three key areas identified as necessary to drive our maternal health activities include:

COMMUNICATION

- Amplify maternal health program branding and public awareness.
 - Share the message of the scope of IDPH Maternal Health Programs.
 - Increase access to and organize both state and federally funded resources.
-

EVIDENCED BASED STRATEGIES

- Modernize traditional health care approaches to meet patient expectations.
 - Investigate best practices locally, regionally, and nationally.
 - Test innovations through coordinated pilot projects.
-

ACCESS TO SERVICES

- Inform the public and providers on reasonable regional service ability based in modern, evidence-based structures.
- Ensure equal access to optimal maternal health services, programs, and providers.
- Ensure services are easy to understand and available to all including prenatal care, birthing facilities, postpartum care, oral health, breastfeeding support, doula, etc.

STRATEGIC PLANNING APPROACH

Multiple methods were used to capture information and perspectives to inform the planning process.

STATEWIDE SURVEY

HHS administered a public, online survey to capture statewide perspectives about strengths, challenges, and areas of focus critical to the state's maternal health needs.

We received over 700 responses, representing 88% of Iowa's counties.

Responses were analyzed using two lenses:

geographic impact (using metropolitan, micropolitan and rural categorization) as well as **perspective insight** (using community member, public health provider and maternal health provider categorization.)

Respondents provided feedback on: focus areas that will have the greatest impact on health in Iowa; level of awareness of available maternal health programs; accessing information; and indicating the quality of available maternal health services.

FOCUS GROUPS

HHS convened focus groups to review the survey results. These conversations helped to identify key themes and challenges as perceived by content experts.

HHS hosted a separate meeting for each of the groups indicated below. Following each meeting, participants were allowed to submit additional feedback in writing.

- Title V and Title X Providers
- Iowa Maternal Quality Care Collaborative (IMQCC)
- IMQCC Community Advisory Board (CAB)
- Maternal and Child Health Advisory Council and the Health Equity Advisory Committee
- Maternal Health Strategic Planning Leadership Team
- Maternal Health Strategic Planning Advisory Committee

EXISTING RESOURCES

The information received through the survey, the focus group discussions and the development of the strategic priorities were balanced with data and recommendations from the following reports:

- 2020 Title V Needs Assessment
- 2014 Obstetrical Care Statewide Strategic Plan
- 2021 Maternal Mortality Review Committee Report
- 2020 Surgeon General Call to Action to Improve Maternal Health
- 2020 HHS Maternal Health Action Plan

A comprehensive summary of the process is available in a supplementary report at www.idph.iowa.gov/family-health

ASSESS. COLLABORATE. SUCCEED.

THANK YOU FOR YOUR DEDICATION TO IMPROVING MATERNAL HEALTH IN IOWA.

The Iowa Department of Health and Human Services works tirelessly with our partners, programs and providers to ensure the best quality of care, service, advocacy and attention are given to maternal health matters in the State of Iowa. We value the contributions made by our partners and providers and have organized the strategic priorities in an effort to further our collaborative conversations, prevent duplication of efforts, and recognize best practices already in place. We are grateful for our collaborative partnerships to assist us in positively impacting Maternal Health outcomes for families in Iowa.



We have noted many of our partners here to provide them special recognition to celebrate their work and their contribution to this strategic plan.

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

CONTACT US

Bureau of Family Health
Iowa Department of Health and Human Services
321 East 12th St.
Des Moines, IA 50319
Phone : +1-800-383-3826
Fax : 515.725.1760
www.idph.iowa.gov/family-health