

Better Health for Mothers and Babies Initiative

Reducing Maternal Mortality and Morbidity



Despite the dedicated efforts of hospitals and health systems in the United States, preventable maternal morbidity and mortality remain a serious issue. Every year, about 700 women die of maternal causes,¹ defined as deaths occurring within one year of pregnancy. While the maternal mortality rate declined from 22.3 to 18.6 deaths per 100,000 live births² in 2023, it remains relatively high for a developed country. In fact, the U.S. continues to have nearly double the maternal mortality rate of other high-income countries.³

The hard data makes clear that there are significant disparities in maternal mortality. Black women are nearly three times more likely and American Indian and Alaska Native women are two times more likely to die from pregnancy-related complications than white women.⁴ These disparities persist regardless of income and education level. The pregnancy-related mortality rate for Black women with a college degree or higher is 5.2 times more than white women with the same educational attainment, and 1.6 times more for Black women with less than a high school diploma.⁵ Additionally, infants born to Black women are over twice as likely to die than those born to white women (10.4 vs. 4.4, respectively, per 1,000).⁶ Infant mortality is also nearly twice as high for American Indian and Alaska Native women (7.7 per 1,000) when compared to white women.⁷

Not only are women dying from pregnancy and childbirth, but many also experience birth trauma, or maternal morbidity. Experts estimate that each year, 50,000 new mothers experience severe maternal morbidity—defined as unexpected and life-threatening complications from childbirth.⁸ According to a Journal of the American Medical Association study, the rate of severe maternal morbidity has increased steadily by 25% between 2007-2021.⁹

Maternal morbidity and mortality are not inevitable and can be improved—more than 80% of all pregnancy-related deaths are preventable.¹⁰ While the hospital field has worked to improve maternal morbidity and mortality, we must continue to work toward reducing disparities in health outcomes. Hospitals, health care systems and communities must come together to forge a path forward to make pregnancy and childbirth safer so that all mothers and their babies can thrive throughout the perinatal period.

The AHA's [Better Health for Mothers and Babies Initiative](#) (BHMB) offers tools and resources that hospitals and health systems can use to eliminate preventable maternal mortality and reduce morbidity related to pregnancy and childbirth for the families they serve.

Underlying Causes of Adverse Maternal Outcomes

Nearly two-thirds of pregnancy-related deaths occur after childbirth and during postpartum,¹¹ suggesting that improving maternal outcomes will require a coordinated approach for care offered outside of the hospital setting. The leading medical causes of maternal mortality occur across the continuum of pregnancy and postpartum, and include mental health conditions (22.5%), cardiovascular events (16.6%) and infection (16.4%).¹²

Myriad medical, social and structural factors contribute to disparate outcomes. They include:

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Access to health care services

- **PRENATAL CARE:** Access to prenatal care is crucial for a healthy pregnancy in order to identify risk factors and provide timely treatment and services. Yet, 15% of pregnant women receive inadequate prenatal care, and 6% receive late or no prenatal care.^{13,14}
- **RURAL MATERNITY CARE:** Due to declining birth rates, inadequate reimbursement and workforce shortages, 58% of rural hospitals in the U.S. do not provide labor and delivery services.¹⁵ Between 2022 and 2025, over 80 rural hospitals stopped delivering babies.¹⁶ Furthermore, fewer than 50% of rural women have access to perinatal services within a 30-mile drive from their home,¹⁷ making it challenging to access prenatal and postpartum care.
- **POSTPARTUM CARE:** Because a majority of maternal morbidity and mortality occurs during postpartum, pregnancy care needs to extend beyond hospital walls to address the medical, social and behavioral health needs of postpartum women.
- **MENTAL HEALTH CARE:** Between 50-70% of women with perinatal depression are undetected and undiagnosed, and nearly 85% are untreated.¹⁸ Compounding this issue, reliable data demonstrates that Black women are less likely to access treatment for mental health conditions.¹⁹ When perinatal mental health conditions are detected, patients may not be able to access appropriate mental health care due to 70% of U.S. counties lacking maternal mental health resources.²⁰

Federal Public Policy and Legislative Solutions for Improving Maternal Health

To help improve maternal health, the AHA supports recommendations at the federal level that address rural maternal care, mental health care, coverage, funding and societal factors that influence health of women and children.

Medically at-risk patients

- **PRE-EXISTING CONDITIONS:** Pre-existing conditions that contribute to high-risk pregnancies and complications include obesity, diabetes, high-blood pressure and heart conditions,²¹ all of which are more prevalent among women of color.^{22,23}
- **ADVANCED MATERNAL AGE:** As more women become pregnant later in life, there are increasing risks of complications. Pregnant women over age 35 are at a higher risk of gestational diabetes, preeclampsia, cesarean delivery and preterm delivery.²⁴

Social and cultural factors

- **SOCIETAL FACTORS THAT INFLUENCE PREGNANCY:** Societal factors such as low income, lack of transportation, lack of health literacy, poor housing conditions and inadequate access to nutritious food can negatively affect the physical and mental well-being of a pregnant woman, increasing the risk of adverse outcomes for the mother and baby.²⁵
- **DISPARATE TREATMENTS:** Data shows that minority populations report disparate or poor treatment during their pregnancy and deliveries: 1 in 3 Black, Hispanic, and multiracial mothers reported mistreatment during maternity care²⁶, while 4 in 10 reported discrimination.²⁷ They also experience pressure for c-sections²⁸ and often feel unheard.²⁹

Answering the Call: How Health Care Organizations Can Improve Maternal Outcomes

Hospitals and health care systems support women throughout the perinatal period and therefore must be responsive to their unique situations and preferences throughout the continuum. To help mothers, parents and children thrive in each of these phases, hospitals are holistically implementing promising practices and solutions, some of which are:

- **PREGNANCY:** Provide access to prenatal care; screen for mental health conditions and substance use disorders; identify social needs such as food or housing insecurity and transportation issues; and offer education and health literacy services.
- **LABOR AND DELIVERY:** Implement quality improvement tools and guidelines; train providers and care team members on person-centered care; and foster an interdisciplinary workforce including physicians, nurses, doulas, midwives and/or community health workers.
- **POSTPARTUM:** Develop systems to engage women in their postpartum care; screen for and address maternal mental health and substance use; invest in remote patient monitoring software and devices; offer lactation support; establish infant loss and bereavement programs and provide psycho-social support services related to pregnancy, birth, and NICU stays and postpartum issues.



The AHA is working with hospitals and health care systems to create strategies and programs that enable safer and less disparate outcomes.

The Better Health for Mothers and Babies Initiative encourages hospitals, health care systems and their partners to adopt four core principles to guide their strategies to improve maternal and infant health.

- **EXAMINE QUALITY AND OUTCOMES DATA TO GUIDE STRATEGY.** Systematically collect data, review metrics and identify disparities to drive strategies for improvement in health outcomes.
- **CONSIDER THE CAUSES OF DISPARITIES IN HEALTH OUTCOMES.** Investigate how clinical and community-based strategies work toward reducing disparate outcomes.
- **INVOLVE PATIENTS AND COMMUNITY IN THEIR OWN CARE.** Engage patients, families and community stakeholders to design care that is responsive to their needs and preferences.
- **ENGAGE THE WORKFORCE.** Deploy interdisciplinary care teams who are trained to provide person-centered care.

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Core Principles in Action

Hospitals and health systems across the country are already embedding these core principles in their maternal and infant health improvement efforts. The examples below show hospitals in action.

Core Principle	Hospitals in Action
<p>1 Examine quality and outcomes data to guide strategy</p>	<p>Chester County Hospital, part of Penn Medicine, suspected that their Hispanic patients may have been experiencing disparate maternal health outcomes. When they investigated the data, they found data indicating that Hispanic moms had a higher postpartum complication rate, particularly around infection and hemorrhage. They engaged their patients to inform how they would change their care model. During this process, they identified a crucial communication gap: many patients did not retain the information shared at discharge. To address this need, they embedded interpreters on the team, made all educational materials available in Spanish and changed their teaching style. Since implementing this new strategy, Chester County Hospital has seen a significant decrease in postpartum complications for their Hispanic moms.</p> <p>Listen to the AHA podcast.</p>
<p>2 Consider the causes of disparities in health outcomes</p>	<p>Ascension's Maternal Health Social Initiative screens and addresses their pregnant patients' social needs. Ascension offers education and assistance with transportation and housing, along with food specific to the needs of women with anemia, hypertension and diabetes. Maternal health navigators and community health workers connect referrals via phone calls, clinic visits or home visits. Since July 2022, Ascension has expanded the Maternal Health Social Initiative to Wisconsin, Florida, Michigan, Tennessee and Texas. Overall, postpartum visit completion rates increased from 22% to nearly 73%, and prenatal visit completions increased by 10%. The hospitals also report providing more referrals, decreases in missed appointments and increases in infants born at full term and at a healthy birth weight, as well as a reduction in NICU stays.</p> <p>Listen to the AHA podcast.</p>
<p>3 Involve patients and community in their own care</p>	<p>When implementing the CenteringPregnancy model, Summa Health partnered with community-based organizations to offer more targeted care for Black women. Together with Summa Health Medical Group, Project Ujima and Minority Behavioral Health Group, Summa Health's modified CenteringPregnancy program offers women weekly services and resources with a consistent care team, such as consultations with a Black OB/GYN, certified community health workers, breastfeeding support, mental health counseling and social services. Summa Health saw a reduction in health outcome disparities, including an increase in breastfeeding rates and postpartum visits and a decrease in preterm deliveries and infant mortality.</p> <p>Read AHA blog to learn more.</p>
<p>4 Engage the workforce</p>	<p>Massachusetts Child Psychiatry Access Program (MCPAP) for Moms, a program funded by the Massachusetts Department of Mental Health and developed by faculty at UMass Chan Medical School and UMass Memorial Health, helps increase the capacity of clinicians like obstetricians and nurse midwives to better address their patients' perinatal mental health needs. MCPAP for Moms developed clinical guidance, recommendations and verbiage for sensitive conversations with patients. Additionally, it provides technical assistance for obstetric practices in developing and embedding workflows to identify, detect and treat perinatal mental health conditions.</p> <p>Listen to AHA podcast.</p>

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Explore the Better Health for Mothers and Babies Initiative

The AHA is supporting hospitals' efforts to provide high-quality maternal and infant care that addresses the medical, emotional and social needs that arise during pregnancy, postpartum and beyond. Through the Better Health for Mothers and Babies initiative, the AHA is developing resources and education on key topics that will lead to improved maternal and infant outcomes.

Toolkit

Use these prompts to foster conversation and action around maternal health in your community:

- Explore the [infographic](#) to see the latest maternal health data.
- Bring your maternal health strategy to life with the [action plan](#).
- Facilitate conversations in your organization and with community leaders and stakeholders using the [discussion guide](#).

Resources

Find case studies, guides, podcasts and webinars on how hospitals and health care systems can address key facets of maternal health, including:

- [Improving Quality Outcomes](#)
- [Maternal Mental Health](#)
- [Person-centered Care](#)
- [Societal Factors that Influence Pregnancy](#)
- [Digital Strategies](#)
- [Interdisciplinary Workforce](#)
- [Rural Maternity Care](#)
- [Infant Health](#)

Conclusion

Hospitals and health systems play a critical role in improving maternal and infant health outcomes throughout the perinatal period. Through the Better Health for Mothers and Babies Initiative, the AHA is catalyzing hospitals' ongoing commitment to reducing disparities in maternal health outcomes. By developing strategies around the core principles, hospitals can make a significant impact on the overall well-being of mothers and babies. Together, we can reach our shared goal of eliminating preventable maternal mortality and reducing morbidity related to pregnancy and childbirth.

For more information and resources, visit AHA's Better Health for Mothers and Babies Initiative webpage at www.aha.org/bhmb.

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Endnotes

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