



Maternal Health Briefing

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Women's Health Action Plan Goals

Equity, Choice, and Access in Maryland

1

Protect reproductive rights and expand access to reproductive health services, including abortion care.

2

Advance birth equity, with a focus on Black maternal and infant health, through the perinatal continuum.

3

Support behavioral health needs across the life course.

4

Improve access to comprehensive high-quality somatic services through the life course.

5

Increase place-based and community-centered approaches to promote health and prevent diseases.

6

Expand, support and diversify the perinatal workforce.

Action Plan Framework

- Reproductive Justice
- Life Course
- Socio-ecological model

Maternal health begins well before pregnancy

- Importance of reproductive health planning and preconception health
 - Supporting individuals to plan if, when, and under what circumstances they want to become pregnant improves birth spacing, reduces unintended pregnancies, and allows time to optimize physical and mental health prior to pregnancy. Preconception care including chronic disease management, behavioral health support, substance use treatment, preventive care, and supports healthier pregnancies and births.
 - Contraception visits can connect individuals to other reproductive health services such as STI testing and treatment, cervical cancer screening, infertility counseling, or referrals for specialized care.
 - Addressing social determinants of health pre-pregnancy can help reduce adverse maternal health outcomes driven by systemic inequities.

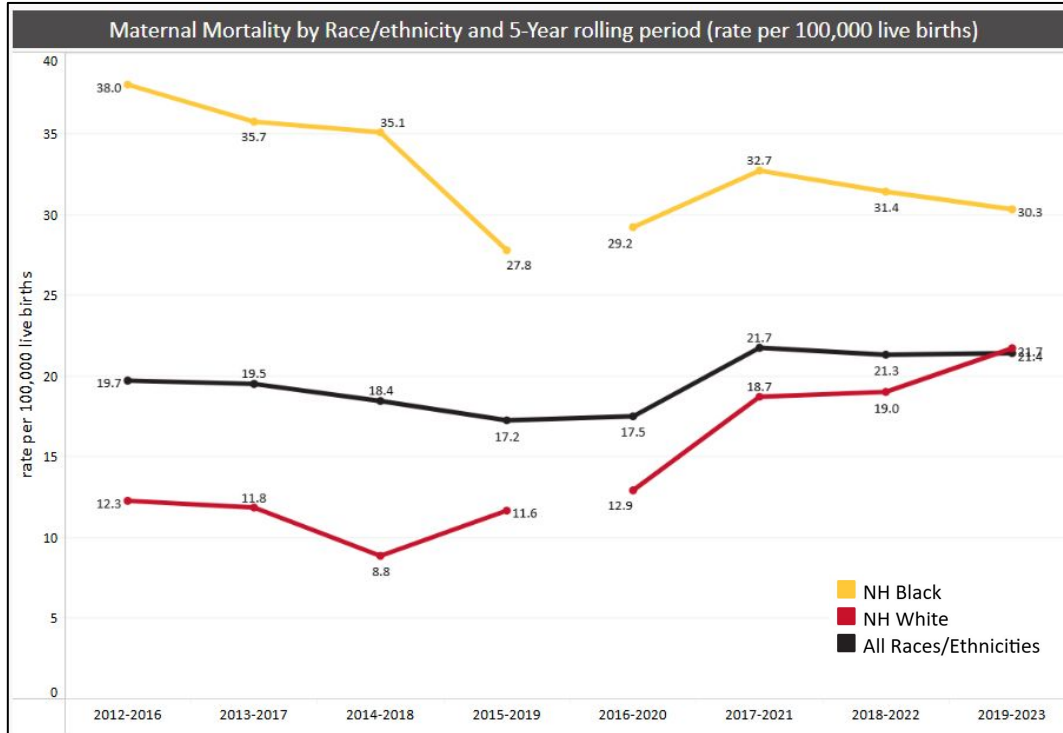
Landscape of Maternal Health

Mortality Definitions

- Pregnancy-related vs pregnancy-associated deaths
 - A *pregnancy-associated* death is the death of a woman while pregnant or within one year of pregnancy conclusion regardless of the cause of death.
 - The Maryland Maternal Mortality Review Team (MMRT) reviews each of these pregnancy-associated deaths and determines whether the case is *pregnancy related*, meaning the cause of death is related from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

Pregnancy to 42 days postpartum

Maternal Mortality (MM) Rate, Maryland



MM Rates*
(2019-2023):

- MD: 21.4
 - State ranking: 18th of 47
- US: 23.5
- HP2030 target: 15.7

*Rates are per 100,000 live births

Maryland Maternal Mortality Review Program

- The MMR program reviews all pregnancy-associated deaths among Maryland residents.
 - Death certificate data from Vital Statistics Administration
 - Autopsy reports from the Office of the Chief Medical Examiner
- The Maternal Mortality Review Team (MMRT) is a multidisciplinary team of members with clinical expertise, expertise in quality improvement for pregnant or postpartum patients, community-based organizations focused on health equity, and public health expertise.
- The MMRT meets monthly to conduct comprehensive reviews where they decide whether the death was pregnancy-related or non-pregnancy-related, determine the preventability of each death, and develop recommendations for the prevention of maternal deaths.

Postpartum maternal mortality

- In the ten year period from 2011 to 2020, the leading cause of early postpartum (0-42 days) death was hemorrhage, all of which were considered pregnancy-related and most of which occurred among NH Black individuals.
- The second leading cause included non-cardiovascular medical conditions, approximately half of which were related to the pregnancy.
- Additional leading causes included pregnancy-induced hypertension (seen more among NH Black and Hispanic individuals) and substance use disorder/unintentional overdose (predominantly among NH White individuals and predominantly not considered pregnancy-related).

Postpartum Maternal Mortality

- From 2011-2020, the leading cause, by far, of late postpartum deaths was substance use disorder/unintentional overdose, and nearly 3 in 4 occurred among NH White individuals.
- Though less frequent than SUD/OD, other significant causes in the late postpartum period included non-cardiovascular medical conditions and injury.

Maternal Mortality Trends

- For eight consecutive years (2013-2020), substance use disorder or unintentional drug overdose was the leading cause of pregnancy-associated deaths
- Pre-existing behavioral health diagnoses, including depression, were observed as comorbidities in nearly half of all pregnancy-associated deaths and in nearly 75% of deaths due to substance use disorder or overdose in 2020.
- While reviewing the pregnancy-associated deaths, the Maternal Mortality Review Team identified significant problems with care coordination during the postpartum period and the transition from the birth setting into the outpatient space.

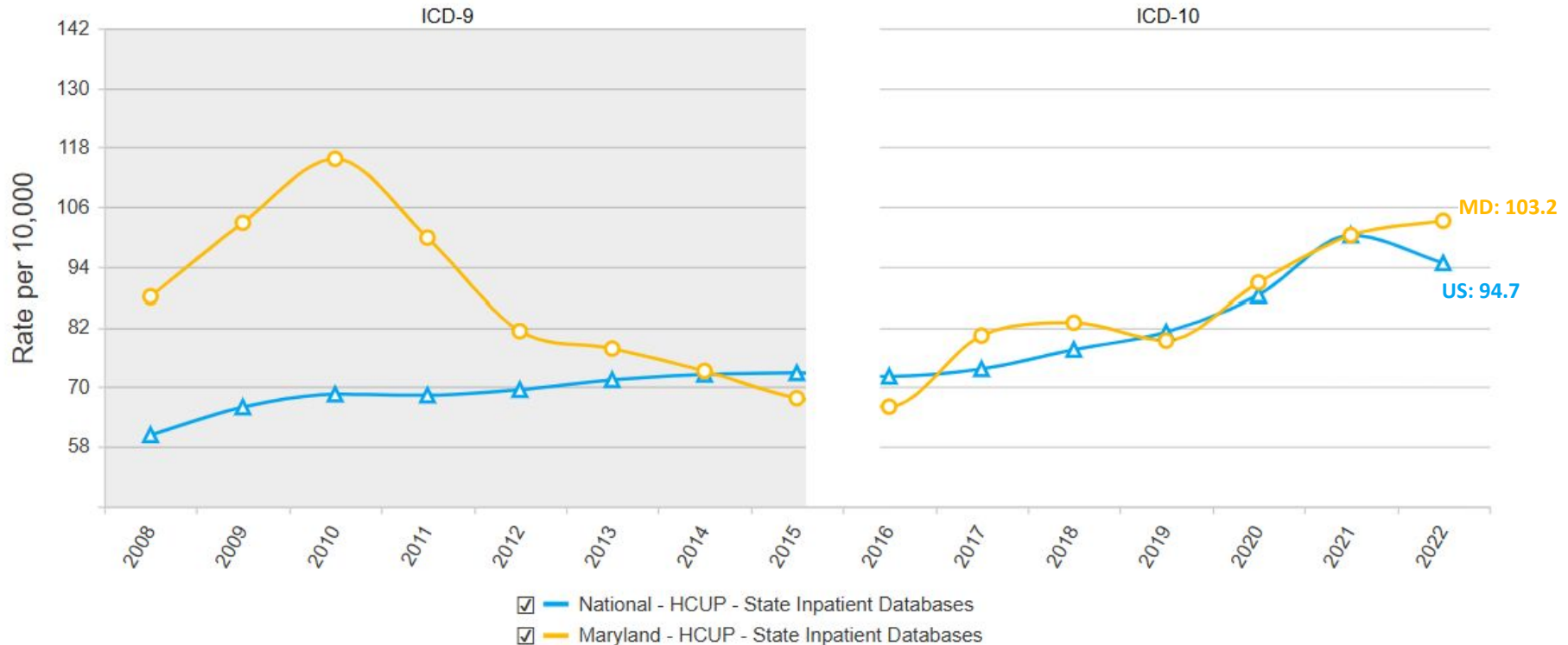
Severe Maternal Morbidity (SMM) definitions and trends

- Maryland MCHB uses the CDC's standardized definition based on hospital claims data.
 - This approach identifies SMM when any of 20 indicators occur during a delivery hospitalization.
- Hemorrhage, renal, and respiratory complications are the primary drivers of the increase in SMM in recent years.
- Maryland's statewide ranking is 34 out of 47 for 2022 SMM rates*.
- Maryland's sustained increase in SMM mirrors national trends, with significant and persistent racial inequities, particularly for NH Black women.**
 - Contributing factors include COVID-19 impacts, rising comorbidities. (hypertension, obesity, mental health), and preventable clinician- and system-level gaps, underscoring the need for stronger quality improvement, timely risk management, and better postpartum follow-up.

*https://www.americashealthrankings.org/explore/measures/severe_maternal_morbidity

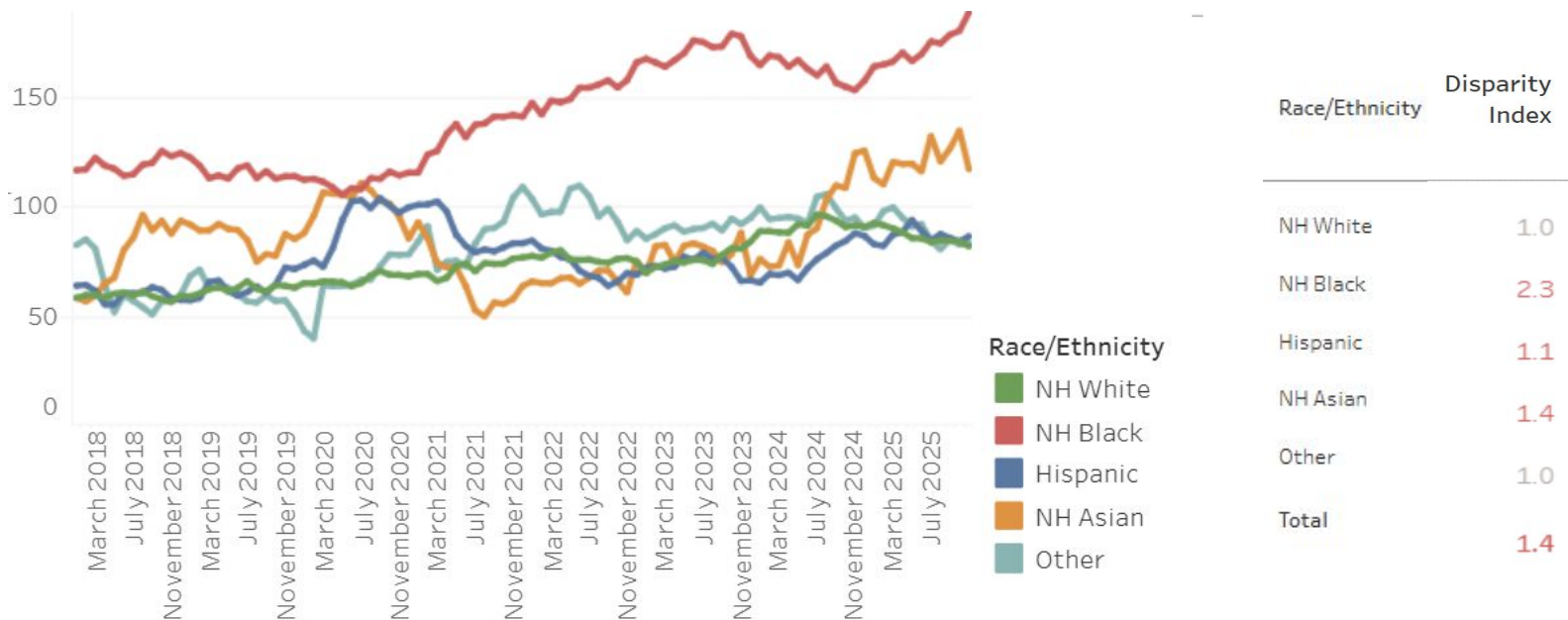
**Maryland Health Services Cost Review Commission. Statewide Integrated Health Improvement Strategy: SIHIS 2023 Annual Report. March 2024, hscrc.maryland.gov/Documents/Modernization/Statewide%20Integrated%20Health%20Improvement%20Strategy/SIHIS%202023%20Annual%20Report%20FINAL%2003252024%20.pdf.

Severe Maternal Morbidity (SMM), US & Maryland



Rolling 12 Month Periods, January 2018 - November 2025

SMM by Race/Ethnicity, Maryland



Source: CRISP Analysis of Health Services Cost Review Commission (HSCRC) Inpatient Case-Mix. Retrieved January 28, 2026 from the Statewide Integrated Health Improvement Strategy (SIHIS) Dashboard.

* Rate of SMM per 10,000 delivery discharges

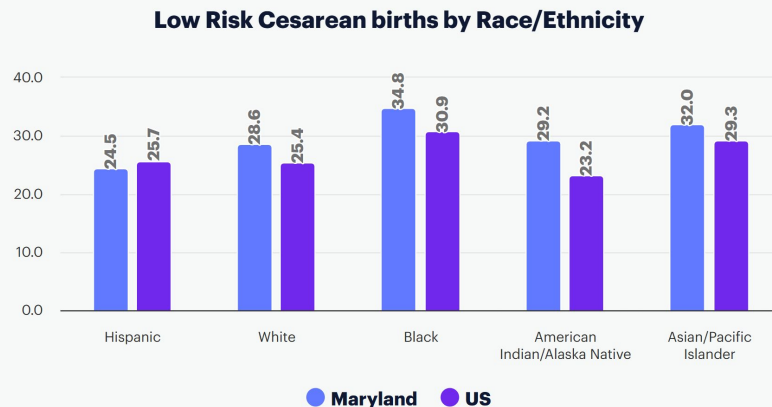
Low-Risk Cesarean Births

Percent of low-risk births* delivered by cesarean section (2023):

- MD: 30.3%
 - State ranking: 50th of 50
- US: 26.6%
- HP2030 target = 23.6%

*Low risk defined as NTSV: Nulliparous (first time giving birth), Term (37+ weeks), Singleton, Vertex (head facing downward presentation)

Low Risk Cesarean births by Race/Ethnicity: Maryland and US, 2021-2023 Average



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Sources:

National Center for Health Statistics, final natality data. Retrieved January 28, 2026 from March of Dimes [Peristats](#).
America's Health Rankings analysis of U.S. DHHS, CDC, NCHS, NVSS, Natality Public Use Files via CDC WONDER Online Database, United Health Foundation, AmericasHealthRankings.org, accessed 2026.

MDH infrastructure and programming

Addressing Severe Maternal Morbidity and Maternal Mortality

Responding with coordinated, collective impact approach

- Shared measurement and surveillance
- MCHB serving as the backbone infrastructure & guiding quality improvement
- Mutually reinforcing programs & service delivery strategies
- Sustainable investment and mechanisms for scaling

Sustainable Investment & Scaling Mechanisms

Resources that enable spread, innovation, and long-term systems change.

- Maternal and Child Health Improvement Fund

Mutually Reinforcing Programs & Service Delivery Strategies

Interventions that improve care, prevention, and support across the continuum.

- Integrated Maternal Health Services Initiative
- CenteringPregnancy (group-based prenatal care)
- Supplemental funding for home visiting
- Doula workforce capacity building

Shared Measurement and Surveillance

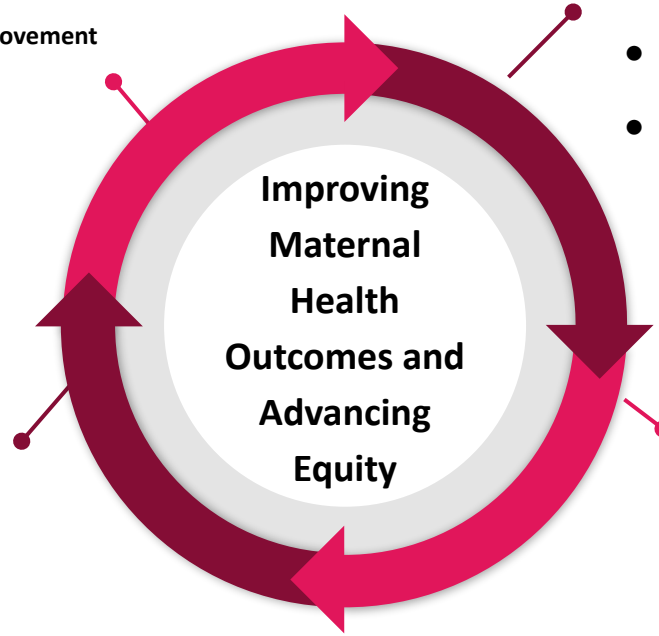
Data systems that track outcomes, identify disparities, and guide action.

- PRAMS (Pregnancy Risk Assessment Monitoring System)
- Maternal Mortality Review Program

Backbone Infrastructure & Quality Improvement

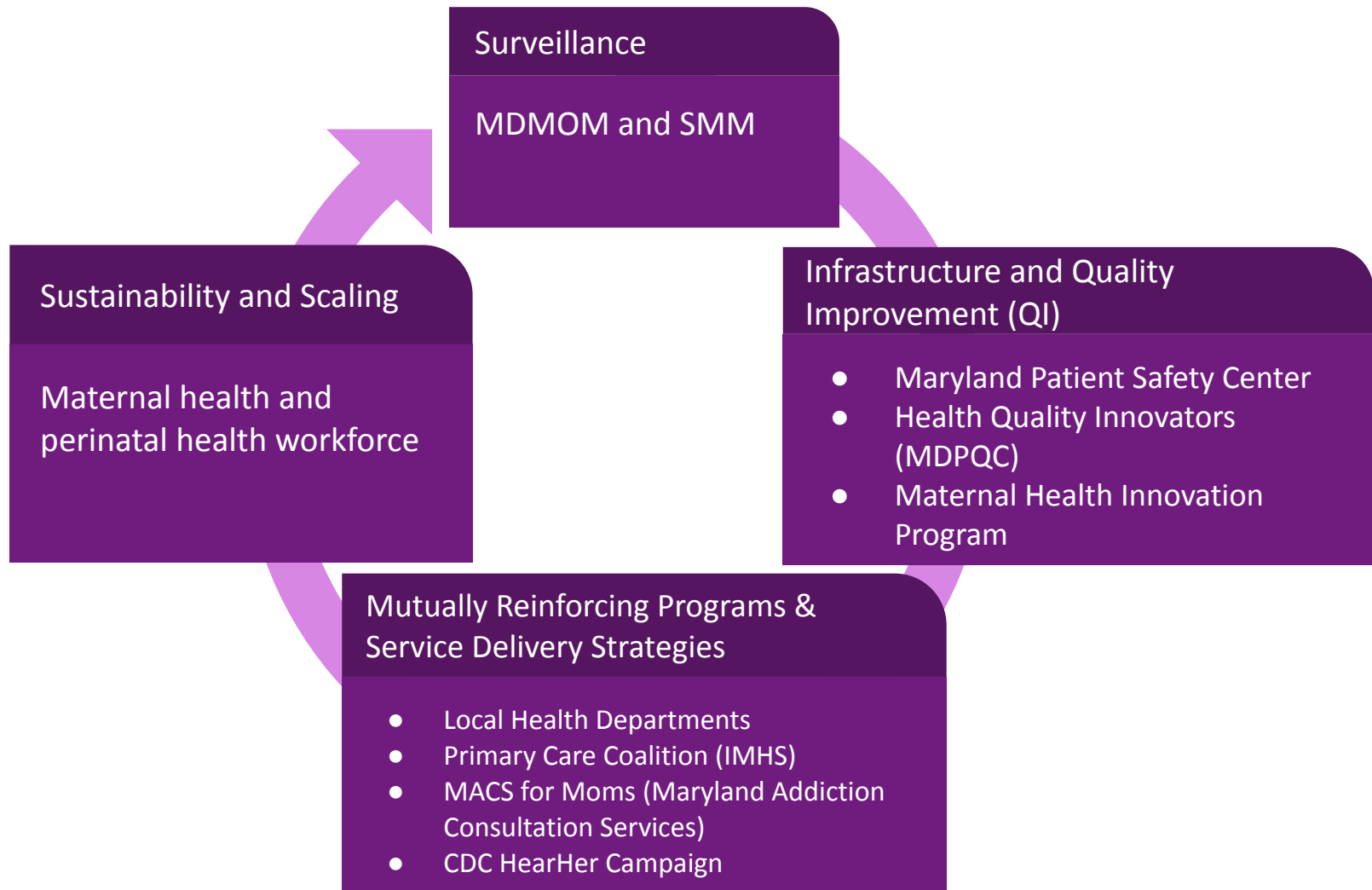
Statewide structures that support coordination, clinical improvement, and accountability.

- Maryland Perinatal Neonatal Quality Collaborative (MDPQC)
- AIM Capacity grant
- Perinatal System Standards of Care



MDH Partnerships

Addressing Severe Maternal Morbidity and Maternal Mortality



Strategies to Decrease SMM and MM

<u>In Place</u>	<u>In Progress</u>	<u>To Explore</u>
Expand diverse, community-based perinatal workforce infrastructure	Streamline care coordination and referral pathways	Standardize and implement safe, supportive postpartum discharge practices across all birthing hospitals
<p>Improve access to perinatal behavioral health care in low-resource communities</p> <ul style="list-style-type: none"> ● Partnership with Postpartum Support Int'l (PSI) to expand the perinatal mental health workforce ● MACS for MOMs to strengthen perinatal and SUD provider training ● Expand residential treatment and recovery housing for pregnant/parenting women with children 	Support hospitals in implementing community-responsive clinical policies and practices	

Scaling Impact and Improvements

Through local innovation, demonstration projects, and regional activities

<u>In Place</u>	<u>In Progress</u>	<u>To Explore</u>
<p>Findings from UM Capital Region Postpartum Hypertension Collaborative</p> <ul style="list-style-type: none"> ● Partnership, communication, barrier reduction 	<p>B'More for Healthy Babies central intake and comprehensive support</p> <ul style="list-style-type: none"> ● Informs IMHS Initiative 	<p>Frederick County Universal Family Connects</p> <ul style="list-style-type: none"> ● Workgroup exploring expansion
<p>Howard County P.E.A.C.E. Project – Doula Partnership Program</p> <ul style="list-style-type: none"> ● Medicaid credentialing, referrals, capacity building 	<p>Expansion of evidence-based, nurse-driven home visiting programs enrolling patients prenatally</p> <ul style="list-style-type: none"> ● Includes Montgomery and Anne Arundel counties through SIHIS 	<p>Chesapeake Health Care OB/MFM Services</p> <ul style="list-style-type: none"> ● FQHC expanding access on the Lower Eastern Shore

Thank you!
