Maternal and Infant Health in Prince George's County: Progress, Partnership, and Promise

Every Mother, Every Baby, Every System

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Board of Health Presentation
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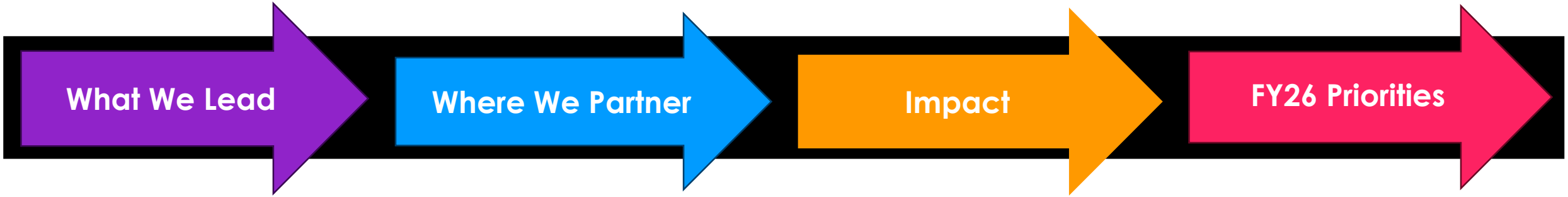

- Setting the Context:
  - Why maternal and infant health remain urgent county priorities and how inequities persist: Epidemiological Landscape
- What We Lead (Direct Health Department Programs):
  - Healthy Beginnings, RHRC & MCH Centers, WIC & Breastfeeding, Postpartum Hypertension Initiative.
- Where We Partner (Shared and External Investments):
  - Hospitals and FQHCs, Medicaid & MCOs, Community and Faith Organizations, Philanthropy.
- Measuring Impact:
  - Program participation and outcome metrics
- Priorities for FY26

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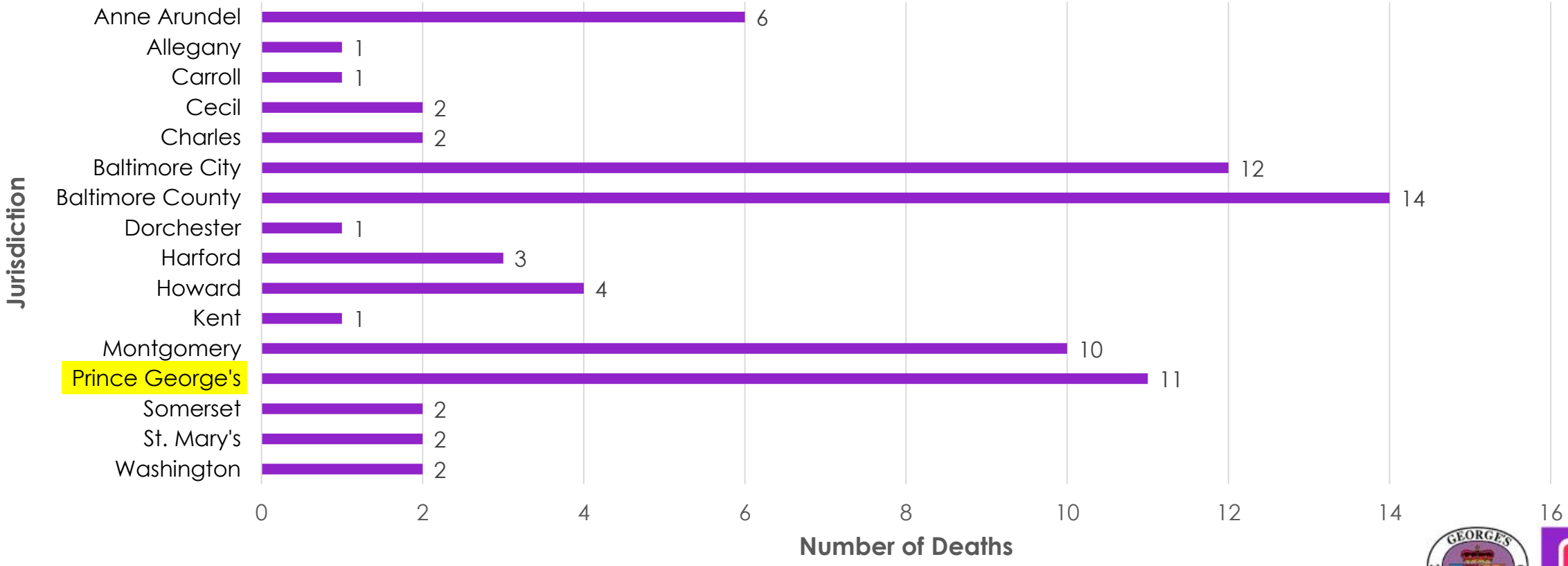
Epidemiological Landscape

Pregnancy-Related Deaths, 2016-2020
By Jurisdiction of Residence



Pregnancy-Related Death (CDC): A death during pregnancy or within 1 year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

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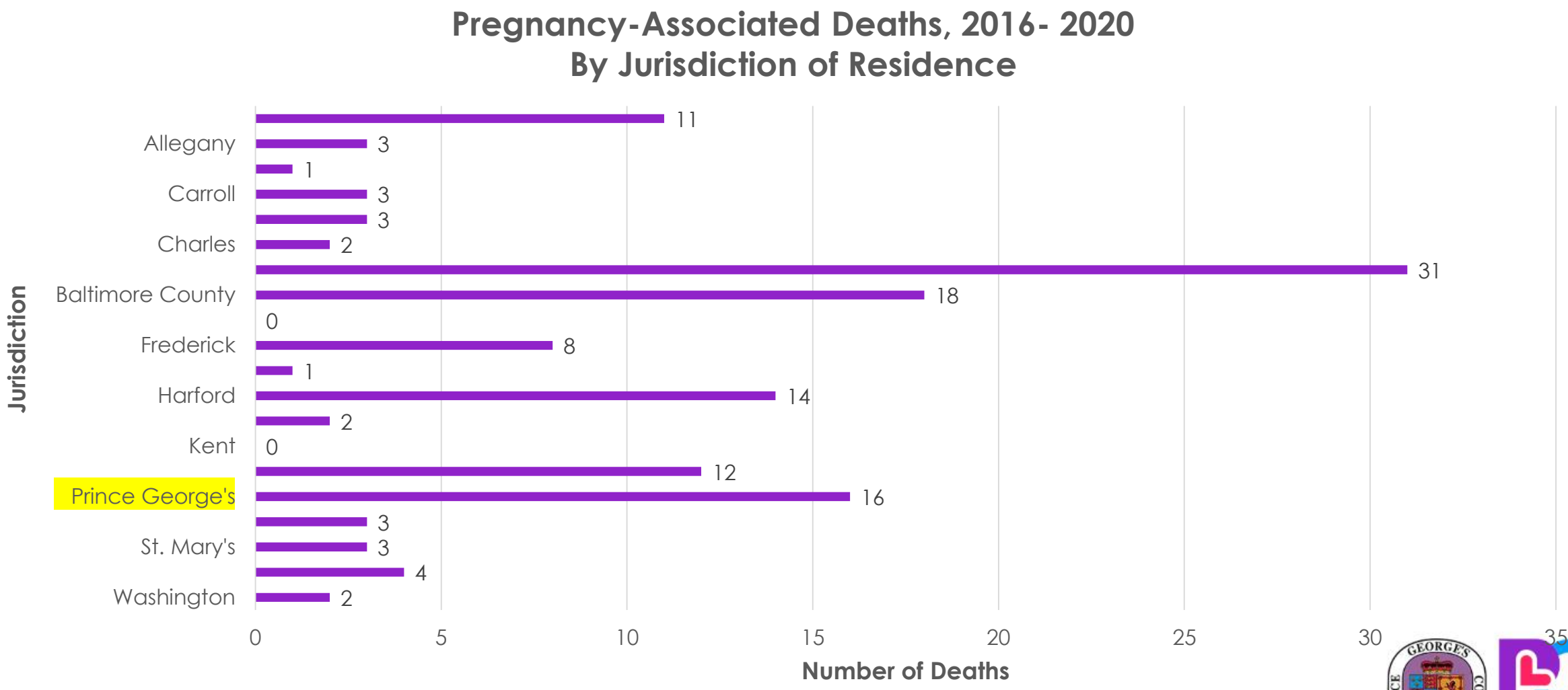
Epidemiological Landscape



Pregnancy-associated death: Death of a woman while pregnant or within 1 year of pregnancy conclusion, irrespective of the duration and site of pregnancy, regardless of the cause of death.

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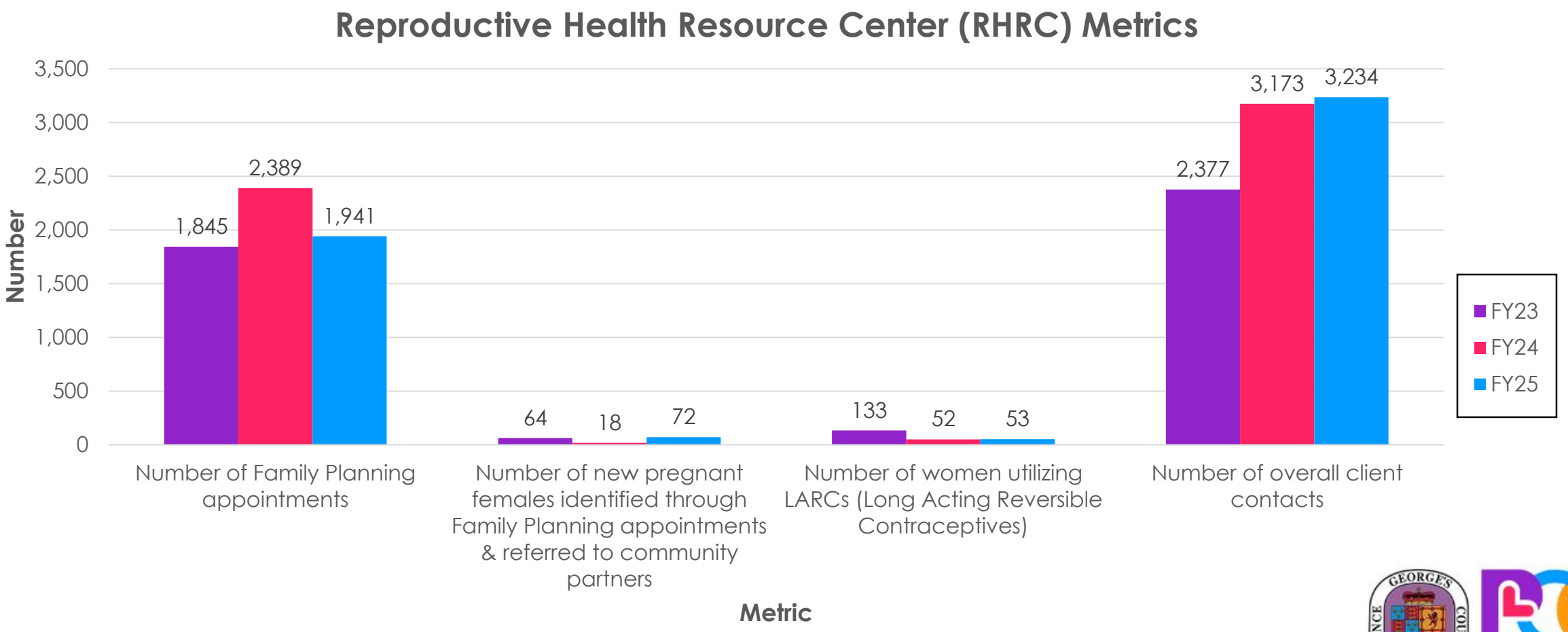

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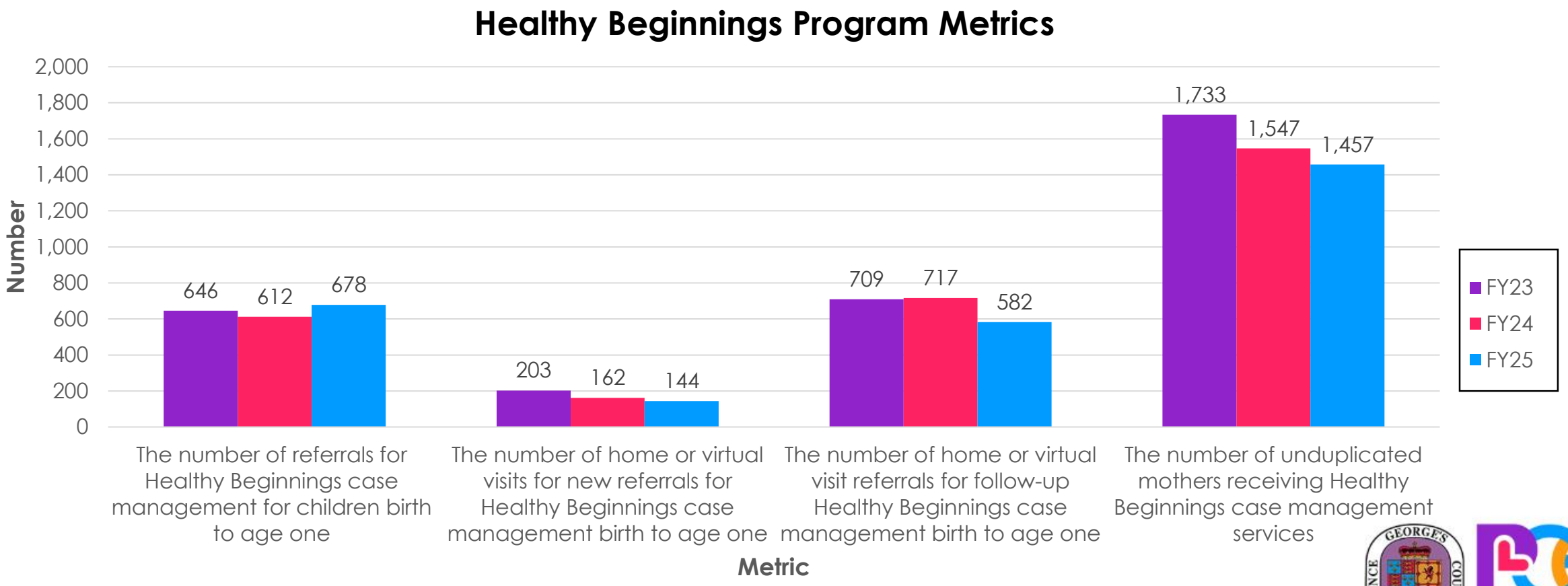

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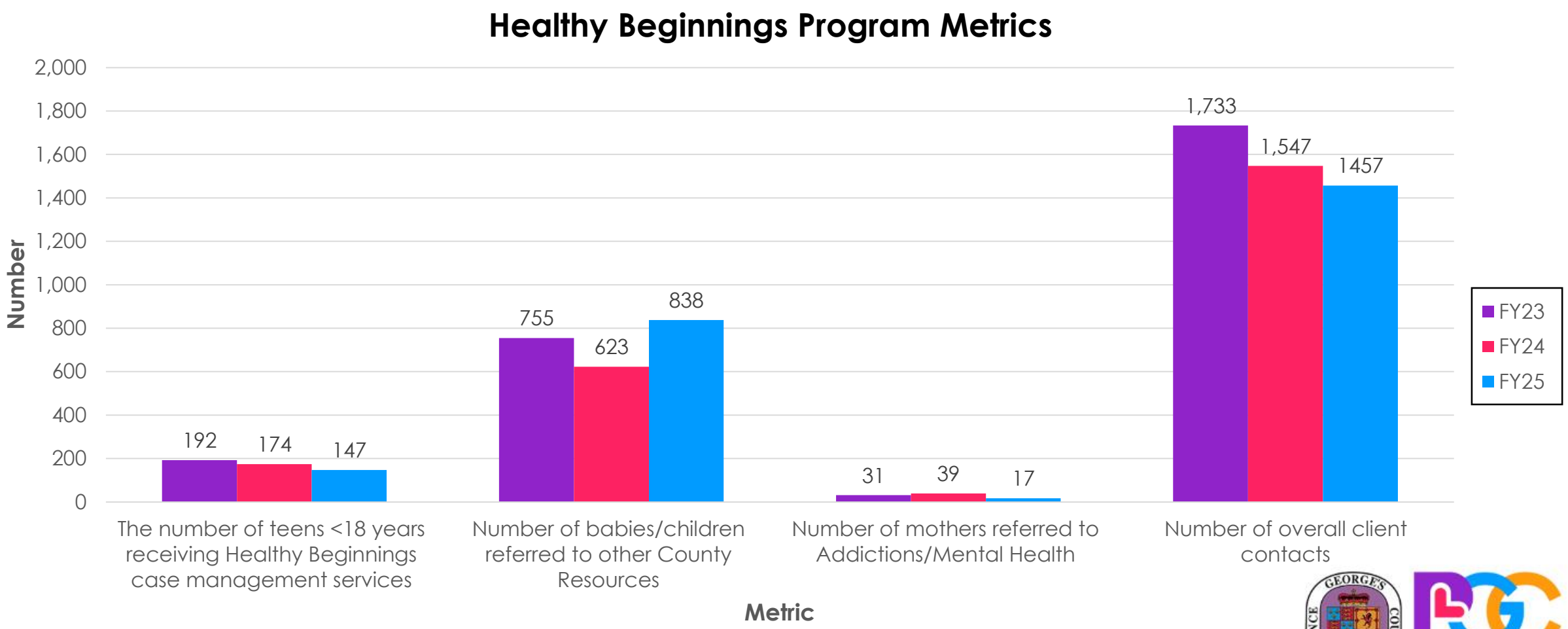
Epidemiological Landscape



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The Human Story: From Data to Impact

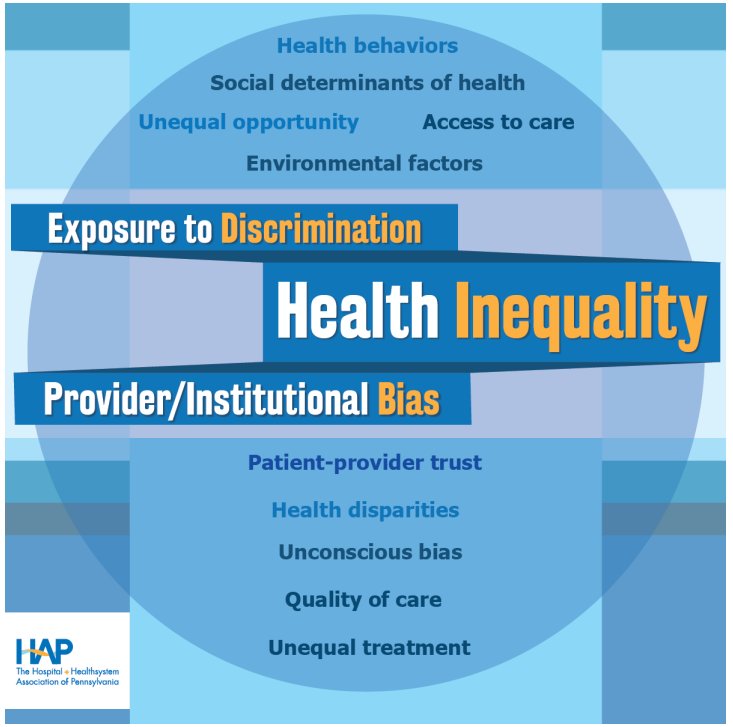
- A local mother's journey: Three days after giving birth, our nurse knocked on her door with a blood pressure cuff and reassurance that she was not alone.

- This moment captures why our programs matter.

Persistent Disparities

- Disparities remain among Black and Hispanic birthing individuals.
- Progress is measurable but inequities persist.

"Black maternal mortality remains 3x higher than White counterparts"



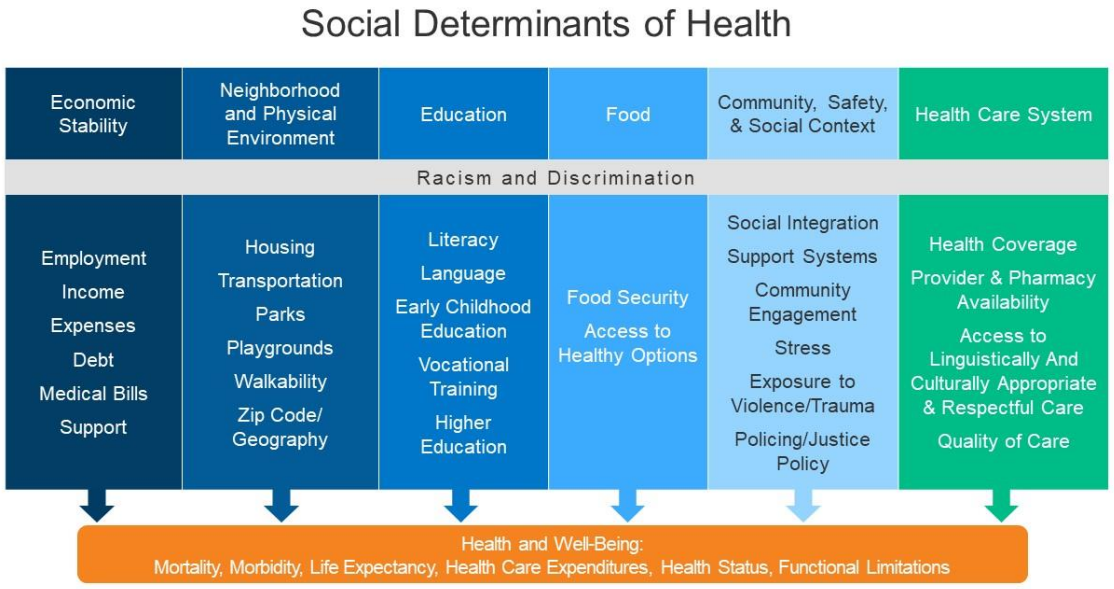
Drivers of Disparity

System-level →

Provider-level →

Patient-level

- Coverage gaps
- Implicit Bias, Bias, Microaggression
- Access barriers
- Postpartum continuity



MCH Programmatic Portfolio

- Healthy Beginnings
- Dental Services
- Vaccines for Children and Adults
- TB Surveillance and Control
- STI and HIV Surveillance
- Reproductive Health
- WIC
- Black Maternal Health
- FIMR and CFR
- ACCU
- Chronic Disease Management: Prevention Link
- MCHP

Our 2022 Commitments

- **Doula Pilot Program (Medicaid Reimbursement)**

  Eligibility

  - Maryland Medicaid member
  - Pregnant, or have been pregnant within the last 180 days
  - Get a referral from your doctor, or other licensed clinician, like a social worker or nurse practitioner.

- **GW Collaboration (Center of Excellence)**
  - The Center will provide educational, training and research opportunities for faculty and students, as well as agencies, organizations, and communities in Washington, D.C.
  - Evaluate outcomes of MCH programs to establish and promote improved maternal child health and wellbeing with a focus on Black Maternal Health

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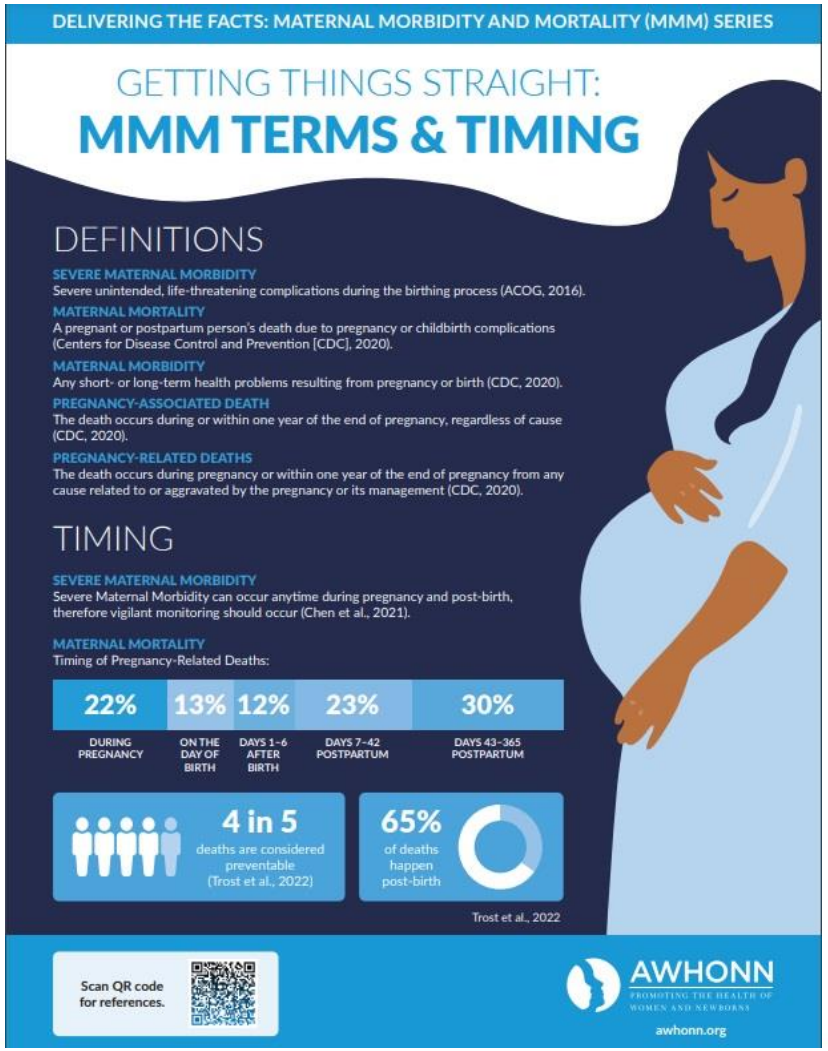
Jasmine's Story:
The Human Cost of Bias in Maternal Health



1. Dismissed Concerns
2. Escalation and Crisis
3. Preventable Harm

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FHS Spotlight: Postpartum Hypertension Collaborative

- Nurse-led home visits and telehealth within 3 days.
- Doula and CHW support under ROB framework.
- Depression screening (EPDS, PHQ-9).
- SMARTIE Goals:
  - ➢15% reduction in readmissions.
  - ➢85% follow-up compliance.

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RHRC Cheverly and MCH Laurel

- **RHRC:** Family planning, PrEP initiation, STI management.
- **MCH Laurel**: Pediatric, adolescent, and immunization care.

Improving Patient Experience Through Innovation.

Operational Efficiency, Client-Centered Access, Accountability

- Centralized lab and check-in system at Cheverly.
- Self-check-in kiosk pilot.
- Ombudsman role improving client experience.
- Black Maternal Health Initiative

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Shared Responsibility: Our Partners

Partner	Core Responsibility	Example of Shared Outcome
Hospitals & Birthing Centers	Implement AIM bundles for hypertension and hemorrhage; ensure 3-day postpartum follow-up	Reduced severe maternal morbidity
FQHCs & Community Clinics	Conduct postpartum blood-pressure checks, lactation and behavioral-health support	Increased early follow-up and continuity of care
Medicaid MCOs & Payers	Expand doula coverage; reimburse remote BP monitoring; remove prior authorization barriers	Increased access to culturally competent care
DSS & County Social Services	Provide transportation, housing, and nutrition supports; connect families to benefits	Reduced missed appointments and social stressors
PGCPS	Strengthen health education, parenting support, and early childhood readiness	Improved prevention and family well-being
Community & Faith Organizations	Lead outreach, peer-support, and culturally relevant education	Increased trust and engagement across communities

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Partner Opportunities

Partner	Opportunity for Impact	Desired Outcome / Alignment to CR-099-2025
Hospitals & Birthing Centers	Adopt and sustain AIM bundles for hypertension, hemorrhage, and mental-health screening; ensure 3-day postpartum discharge follow-up and warm handoffs.	Reduced severe maternal morbidity and mortality; standardized, accountable quality care.
FQHCs & Community Clinics	Expand telehealth and hybrid postpartum visits; integrate behavioral-health and lactation services.	Increased continuity of care and access for low-income or transportation-limited families.
Medicaid MCOs & Commercial Insurers	Reimburse doula and postpartum home-visiting services; fund remote BP monitoring kits; remove prior authorization for hypertension meds.	Improved access to culturally competent and timely care; coverage equity.
Philanthropy & Corporate Partners	Support maternal cash-transfer pilots, diaper and transportation funds, and workforce pipeline initiatives for community health workers and doulas.	Address social determinants of health; strengthen community trust and workforce capacity.
Academic & Evaluation Partners	Conduct implementation-science research and real-time evaluation of interventions.	Continuous learning and dissemination of effective models statewide.

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Centering Representation, Opportunity, Belonging (ROB)

ROB Principle	What It Means in Practice	Example of Implementation in FHS / County
Representation	Our workforce, leadership, and advisory bodies must mirror the community we serve.	• Leadership diversity benchmarks embedded in hiring. • Recruitment pipelines for bilingual and community-based staff. • Inclusion of community members on advisory committees and review panels.
Opportunity	Every staff member, resident, and partner must have equitable access to resources, advancement, and decision-making.	• Paid internship and fellowship pathways for County residents. • Transparent professional development and training tracks. • Equitable funding opportunities for community organizations.
Belonging	Every person interacting with the Health Department should feel seen, respected, and valued.	• Ombudsman role for client concerns. • Trauma-informed service and communication training. • Recognition programs that celebrate inclusive leadership.

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Data Modernization

Modernizing our systems transforms how we monitor, respond, and lead.

Through integration with regional and state partners, the Health Department is building a real-time maternal health intelligence network that supports proactive, equitable decision-making.

Priority Area	What We Have Achieved / Are Building	Why It Matters
System Integration	Interoperability with **CRISP** and **Epic** allows secure exchange of maternal and infant data between hospitals, clinics, and public health.	Enables seamless tracking across care settings and eliminates data silos.
Real-Time Dashboards	**Power BI dashboards** provide live data on program participation, postpartum follow-up, and hypertension outcomes.	Supports timely resource allocation and performance accountability.
Equity Analytics	Data are **disaggregated by geography, race, ethnicity, and insurance status.**	Makes inequities visible and guides targeted interventions.
Quality & Security	Data governance aligned with state privacy standards and CR-099-2025 reporting mandates.	Protects patient privacy while increasing transparency.
Future Vision	Predictive analytics for early identification of at-risk populations and automated alerts to providers.	Shifts from reactive response to prevention.

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Look Ahead: 2026 and Beyond Possibilities

Goal Area	SMARTIE Commitment	Expected Impact / Alignment to CR-099-2025
Severe Maternal Morbidity (SMM)	**Reduce SMM by 20 % by FY 2028** through targeted hypertension management, improved discharge protocols, and data-driven outreach.	Fewer preventable complications and measurable improvement in maternal safety.
Postpartum Follow-Up	**Achieve universal 3-day postpartum contact** (in-person or telehealth) for all County-served mothers by FY 2026.	Ensures early identification of complications and sustained connection to care.
Doula Access	**Establish universal access to doula support** across County-funded and Medicaid-eligible clients by FY 2027.	Expands culturally competent, trusted support and advances birth equity.
ROB Implementation	**Embed the Representation-Opportunity-Belonging (ROB) framework** across all Family Health Services programs and workforce initiatives by FY 2026.	Institutionalizes equity as operational practice, not initiative.
Data Modernization	**Full integration of maternal-health indicators** within Power BI dashboards and CRISP by FY 2026.	Real-time accountability and public transparency.
Systems Alignment	**Launch performance-based contracting pilot** for maternal-health programs by FY 2027.	Links funding to measurable outcomes and continuous improvement.

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Call to Action for the Board of Health

- ❑**Champion Accountability:**
  - ✓Support performance reporting and continued transparency in maternal health outcomes across County systems.
- ❑**Expand Coverage:**
  - ✓Advocate for sustainable funding and Medicaid alignment for postpartum home care, hypertension management, and doula services.
- ❑**Strengthen Collaboration:**
  - ✓Convene hospitals, payers, and community partners to embed the ROB framework and data-driven improvement into every maternal health touchpoint.
- ❑**Support Best Practices in Obstetric Care:**
  - ✓Folic Acid for neural tube defect prevention
  - ✓Low Dose Aspirin as preeclampsia prevention

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Closing Message

- Every mother deserves safety, respect, and care worthy of her life.
- When mothers thrive, families thrive. When families thrive, communities flourish. And that is the legacy we are building together in Prince George's County.