



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

[Health.Mo.Gov](https://health.mo.gov)

**DHSS Vision:** Optimal health and safety for all Missourians, in all communities, for life.

**DHSS Mission:** To promote health and safety through prevention, collaboration, education, innovation, and response.

**DHSS Values:** excellence, collaboration, access, integrity, and accountability

- Five strategic priorities
- Two crosscutting priorities
- Objectives designed to ensure progress towards achieving our vision



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

**WE PROMOTE HEALTH AND SAFETY THROUGH PREVENTION, COLLABORATION, EDUCATION, INNOVATION AND RESPONSE**

**INVEST IN INNOVATION TO MODERNIZE INFRASTRUCTURE**

Develop and implement a master data system modernization plan

Provide ample resources to implement the foundational public health services model across Missouri

**RE-ENVISION AND STRENGTHEN THE WORKFORCE**

Develop and implement the DHSS workforce development plan

**BUILD AND STRENGTHEN PARTNERSHIPS**

Prepare for and sustain effective staff engagement with partners

Support resource sharing and collaboration between public health, health care and direct service providers

**USE CLEAR AND CONSISTENT COMMUNICATION TO BUILD TRUST**

Examine DHSS communication channels through a citizen journey lens to understand and meet the needs of Missourians

Empower people with public health data that is contextual, transparent, relevant and tailored

Develop and implement resources for programs to align with DHSS standards and amplify messaging through partners

**EXPAND ACCESS TO SERVICES**

Maximize funding resources to support and sustain programs

Develop and implement an access plan to address unmet needs throughout Missouri

Establish a community voices partnership

Strengthen the public health, health care and direct service workforce

**CROSSCUTTING PRIORITY:  
INCLUDE DIVERSITY AND INCLUSION IN ALL PRACTICES, PROGRAMS AND SERVICES**

Create an inclusive work environment that promotes input and trust from all levels and people

Collaborate with health care partners to access data and tailor services to resolve access issues for underserved areas and populations

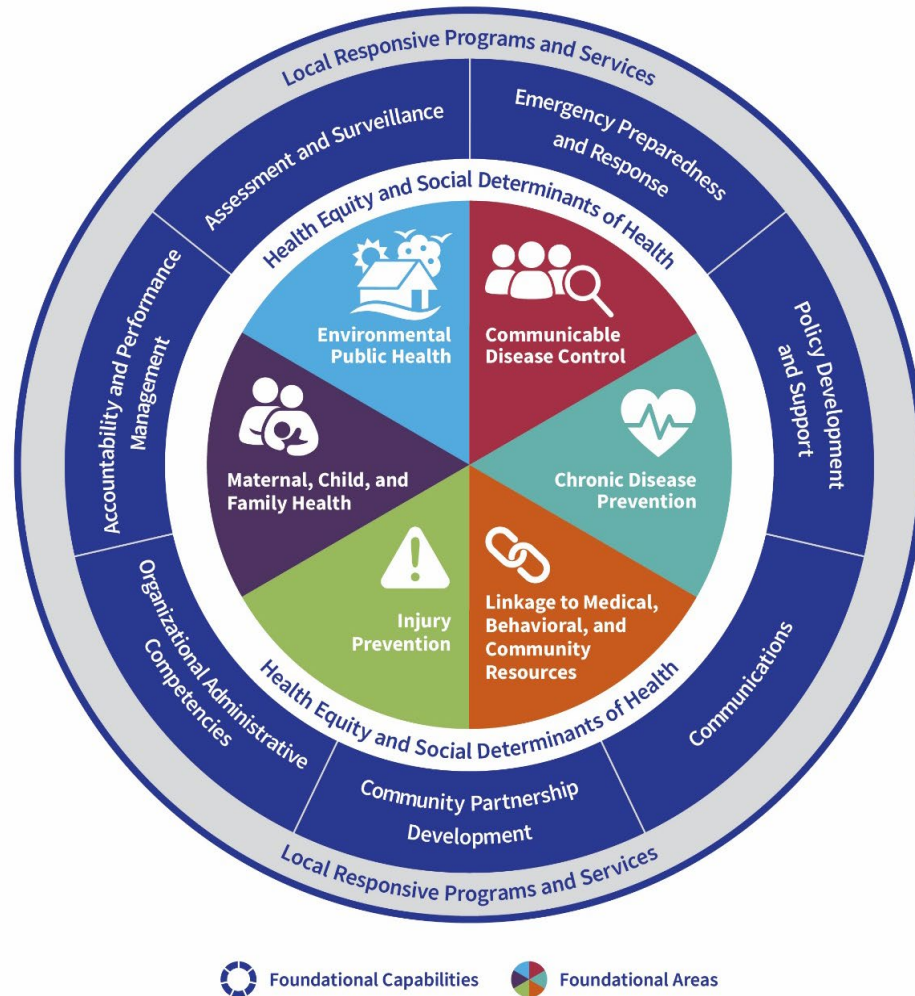
**CROSSCUTTING PRIORITY:  
PLAN FOR THE INCREASE IN THE AGING POPULATION**

Promote opportunities for the aging population to remain or re-engage in the workforce or stay active in their communities through volunteerism

Assess and expand programs and services, and engage partners to support the increase in the aging population

Design and implement a "No Wrong Door" plan to streamline access to social services across state agencies

# Missouri's Foundational Public Health Services



## Maternal, Child and Family Health

- Addressing conditions that affect health behaviors among women, support family health, and ensure children the healthiest start in life
  - Primary trends in maternal, child, and family health in our community
  - Partnering with local organizations to collaborate on maternal, child, and family health issues
  - Changes needed to address health disparities among maternal, child, and family populations
  - Impact of adverse childhood experiences on maternal, child and family health
  - Better understanding of how mental, physical, and social health determine health trajectory across the life course

A Venn diagram illustrating the relationship between three domains of health. It consists of three overlapping circles arranged horizontally. The leftmost circle is light teal and labeled 'Maternal Health'. The middle circle is a medium teal and labeled 'Infant Health'. The rightmost circle is a darker teal and labeled 'Population Health'. The circles overlap in a way that the 'Infant Health' circle is partially contained within the 'Maternal Health' circle, and the 'Population Health' circle is partially contained within the 'Infant Health' circle. The entire diagram is set against a large, rounded rectangular background that is a gradient of orange and teal colors.

**Maternal  
Health**

**Infant Health**

**Population Health**



A multi-year look at

# **MATERNAL MORTALITY IN MISSOURI**

2018-2020 Pregnancy-Associated  
Mortality Review

*Published 2023*



**Top causes of pregnancy-related death were mental health (including substance use disorders or SUDs), cardiovascular issues and homicide.**

**Black women living in Missouri were three times more likely to die within one year of pregnancy than white women.**

**Women on Medicaid in the state of Missouri were 10 times more likely to die within one year of pregnancy than those with private insurance.**

# Maternal & Infant Health Opportunities

## Maternal Mortality

Black Women More Likely to Experience Life-Threatening Conditions like Preeclampsia, Postpartum Hemorrhage, and Blood Clots

## Low Birthweight

MO Ranks 34<sup>th</sup> for Racial Disparity (2.2)

**Disparities**



## Prenatal Care

Inadequate for 40% with Medicaid Coverage

## Oral Health

Low-income and Minority Children Receive Less Basic Dental Care

## Delivery Care

41.7% of Counties Defined as Maternity Care Deserts

## Trauma/Mental Health

Black Children in MO More Likely than White Children to Experience Multiple ACEs

## Infant Mortality

Black Babies >2X as Likely to Die Before 1<sup>st</sup> Birthday

## Preterm Birth

51% Higher for Black Women and Babies

# Maternal Mortality Prevention Plan

## Maternal Quality Care Protocols

Compendium of best practice tools, care guidelines, a hospital-level implementation guide, and educational materials

## Maternal Health Access Project

Access to comprehensive high-quality specialized maternal health services, including mental health services

## Postpartum Plan of Care

Standardized template to plan for and optimize comprehensive postpartum care

## Maternal Care Workforce

### Standardized maternal care provider trainings

- Trauma-informed & responsive care
- Screening, referral and treatment

## MCH Dashboard

# Missouri Interagency Maternal Health Collaborative



# Missouri Interagency Maternal Health Collaborative 2

- First convened June 2023
- Reviewed over 50 policies and programs
  - Evidence-based models
  - State best practices
  - National guidelines
- Nov 2023 – Jan 2024 selected one dozen priorities



# Missouri Interagency Maternal Health Collaborative 3

## Priorities



**24/7 call center for patients + providers**



**Remote telehealth maternal-fetal-med**



**Postpartum home visits**



**Partnerships between prenatal + birthing facilities**



**Rural hospital and obstetric payment reform**



**Doulas + perinatal community health workers**



**Malpractice liability coverage**



**Birth center regulation modernization**



**Integrate midwife obstetrical care**



**EMS obstetric readiness training**



**Rural health workforce pipeline incentives**



**Graduate medical education for OB providers**

# Missouri Interagency Maternal Health Collaborative 4



This effort is in progress and evolving to needs



Uniting + aligning efforts and avoiding duplication



Focus on thriving health before, during, and after pregnancy

# NGA Improving MCH in Rural America: Policy Learning Collaborative

## Project Track: Strategic Planning & Collaboration

We aim to improve health outcomes for mothers, infants and their families because individual lives matter, most maternal and infant deaths are preventable, and maternal and infant health are indicative of overall population health. We do this work because healthy and joyful experiences across the life course (inclusive of pregnancy, birth, postpartum, and beyond) are centric to a prosperous and healthy Missouri. We will do this in unity and collaboration through partnership with diverse statewide partners, including individuals with lived experience, and aim to see improved MCH outcomes, reductions in racial disparities, and systems improvements by 2030.

## Priorities:

1. Develop a statewide maternal health strategic plan.
2. Develop a proposal for a state Maternal Health Innovation Program through HRSA.
3. Implement Medicaid reimbursement for community-based doulas.
4. Expand home visiting programs, including Medicaid reimbursement for home visiting for women with high-risk pregnancies.
5. Develop a specialized MCH training, with emphasis on perinatal health, for CHWs and increase the number of trained CWHs working in MCH.



# Missouri FFY 2021-2025 Title V MCH Priorities

## **Women/ Maternal Health**

**Improve pre-conception, prenatal and postpartum health care services for women of child-bearing age**

**NPM 1**  
**Percent of women, ages 18 through 44, with a preventive medical visit in the past year**

## **Perinatal/ Infant Health**

**Promote safe sleep practices among newborns to reduce sleep-related infant deaths**

**NPM 5**  
**A) Percent of infants placed to sleep on their backs**  
**B) Percent of infants placed to sleep on a separate approved sleep surface**  
**C) Percent of infants placed to sleep without soft objects or loose bedding**

## **Cross-cutting & System Building**

**Address Social Determinants of Health Inequities – Training & Health Literacy**

**SPM 3**  
**Number of DCPH staff and contracted partners working with maternal and child populations who complete core MCH, Health Equity, and Racial Justice trainings**

# Overarching Principles

**Ensure Access to  
Care, including  
adequate insurance  
coverage, for MCH  
population**

**Promote partnerships with  
individuals, families, and  
family-led organizations to  
ensure family engagement  
in decision-making, program  
planning, service delivery,  
and quality improvement  
activities**



# Improving Birth Outcomes

## Successes

- Medicaid Expansion & Postpartum Extension
- General revenue funding for Maternal Mortality Prevention Plan
- Operationalization of Maternal Health Access Project
- Partnership with CBOs serving Black communities
- Pending State Plan Amendment: Medicaid Reimbursement for Doula Services

## Lessons Learned

- Access to care does not necessarily = access to QUALITY care
- Trauma-informed, culturally competent and respectful care is **heart** work
- The value of lived experience – nothing for them without them and through them
- The role of social support and primary prevention MUST be prioritized
- Postpartum is FOREVER

## Opportunities

- Provider diversity, including community-based providers
- Rural maternal health care
- Clinical-community integration
- Transition back to PCP
- Secure housing
- Food security
- Safe neighborhoods & households
- Job-protected parental leave
- Improved health care and support for incarcerated pregnant women & mothers

## Recommendations

- Target federal funding at communities with highest maternal and infant mortality rates and greatest disparities
- Require state MCH Director involvement in all federally-funded MCH initiatives
- Braid federal funding to create system-level transformation
- Policy & funding need to target the social drivers that are the root causes of poor maternal and infant health outcomes



# Questions?

***Together building a maternal-child public health system that addresses the needs of Missouri's mothers, infants, children, adolescents, and families, including children and youth with special health care needs.***



# THANK YOU

Martha Smith, MSN, RN

---

Missouri Maternal Child Health Director



[Martha.Smith@health.mo.gov](mailto:Martha.Smith@health.mo.gov)  
or [MCH.MCH@health.mo.gov](mailto:MCH.MCH@health.mo.gov)



573-751-6435



[health.mo.gov](http://health.mo.gov)

