



Maternal Health in Minnesota

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Maternal health in Minnesota

Maternal and infant health

- Maternal health is interconnected with infant health.
- Babies of mothers who do not get prenatal care are more likely to be born low birth weight and to die within their first year of life.
- Minnesota's infant mortality rate is two times greater among infants born to Black and American Indian parents than among non-Hispanic white parents.
- Prematurity, birth before 37 weeks, is the leading cause of infant mortality in Minnesota.
- Black, American Indian, and multiracial parents have highest rates of preterm births.
- Premature births mean higher health care costs during birth and sometimes throughout life.

Social determinants of health – Key variables



Incarceration



Food insecurity



Transportation

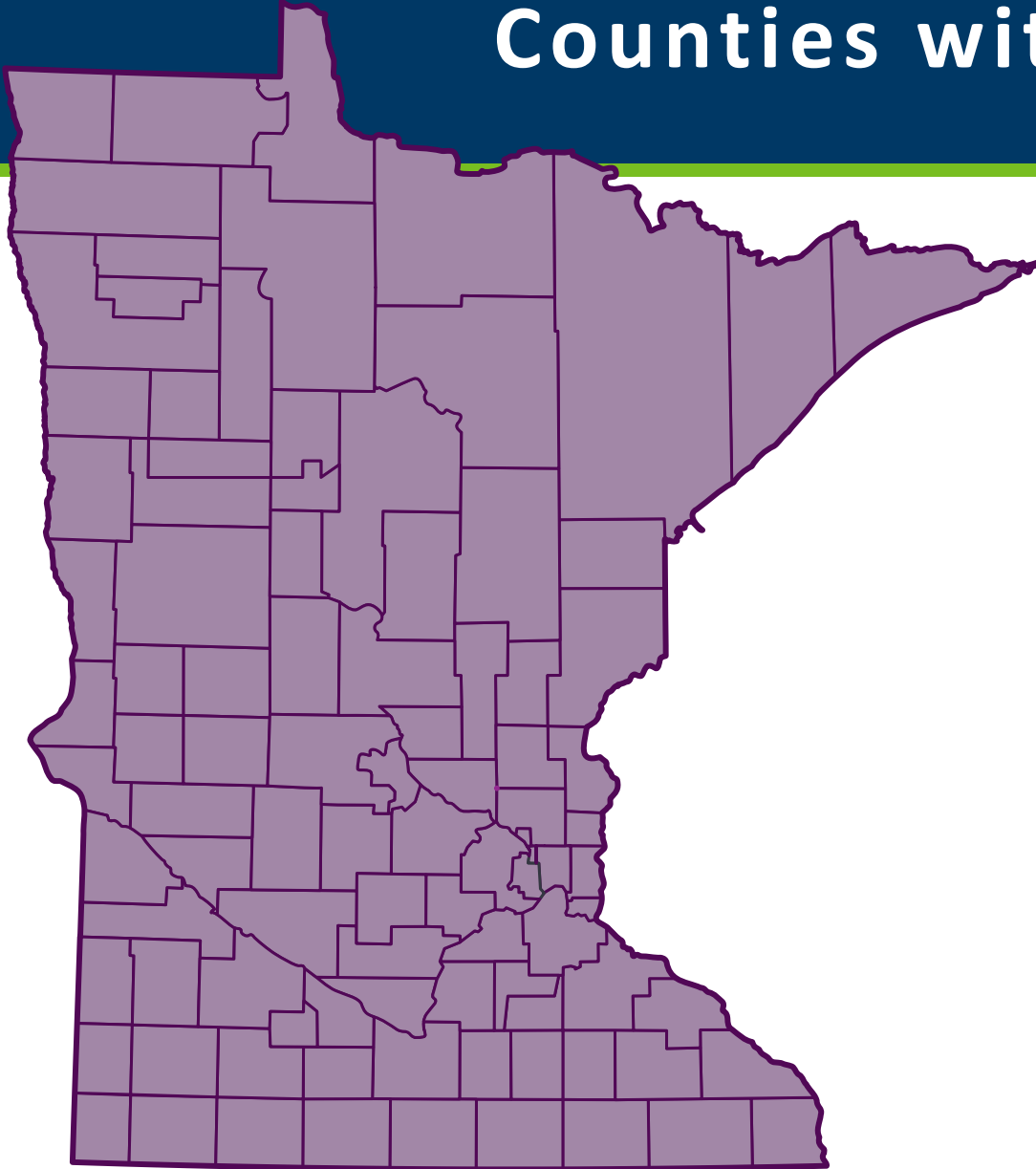


Low income



Homelessness

Counties without birthing hospital



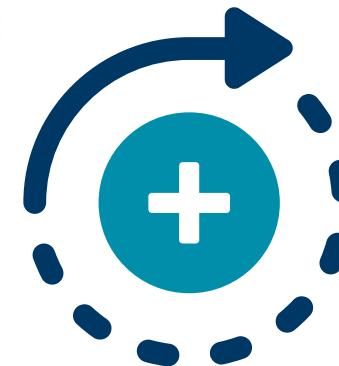
36
out of
87
counties

**Maternal
Mortality Review
Committee**



**Innovations for
Maternal Health
Outcomes in
Minnesota**

**Pregnancy Risk
Assessment
Monitoring
System**



**Transforming
Health Model**

Pregnancy Risk Assessment Monitoring System

Goal:

Improve the health of mothers and babies in Minnesota by reducing the risk of adverse birth outcomes like low birthweight, preterm birth, as well as infant and maternal morbidity and mortality.

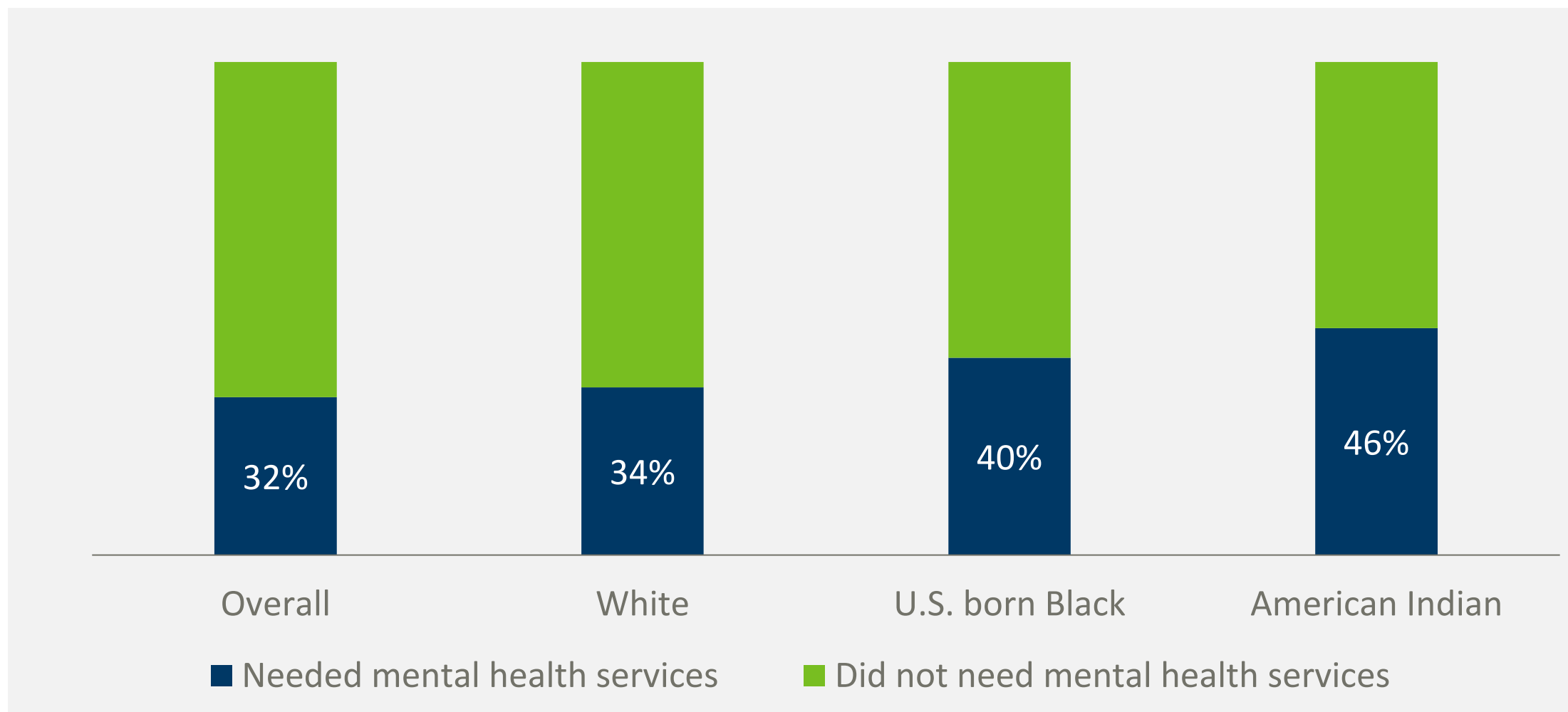


PRAMS program investment and impact

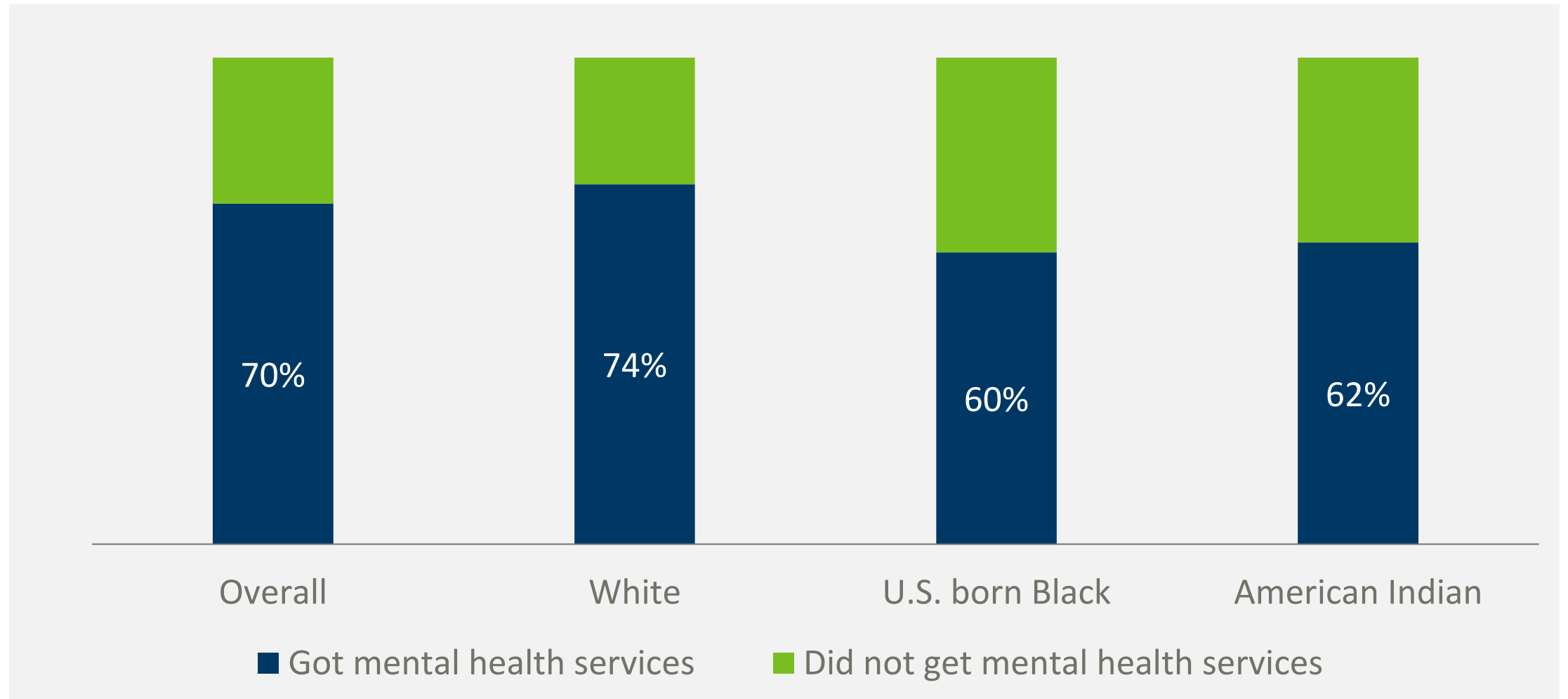
- \$175,000 CDC (36% of the total)
- \$485,000 total program expenses



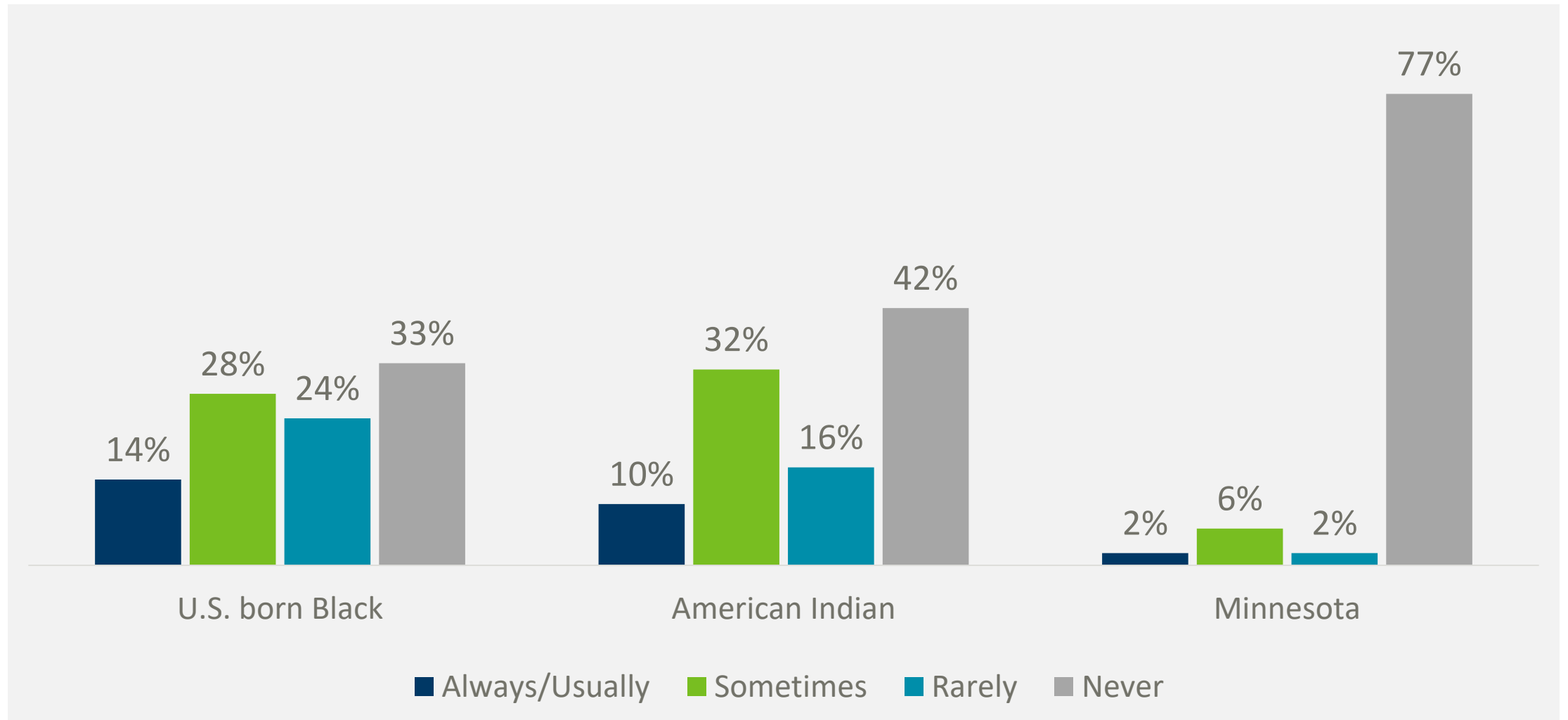
Mental health services related to birth



Finding mental health services

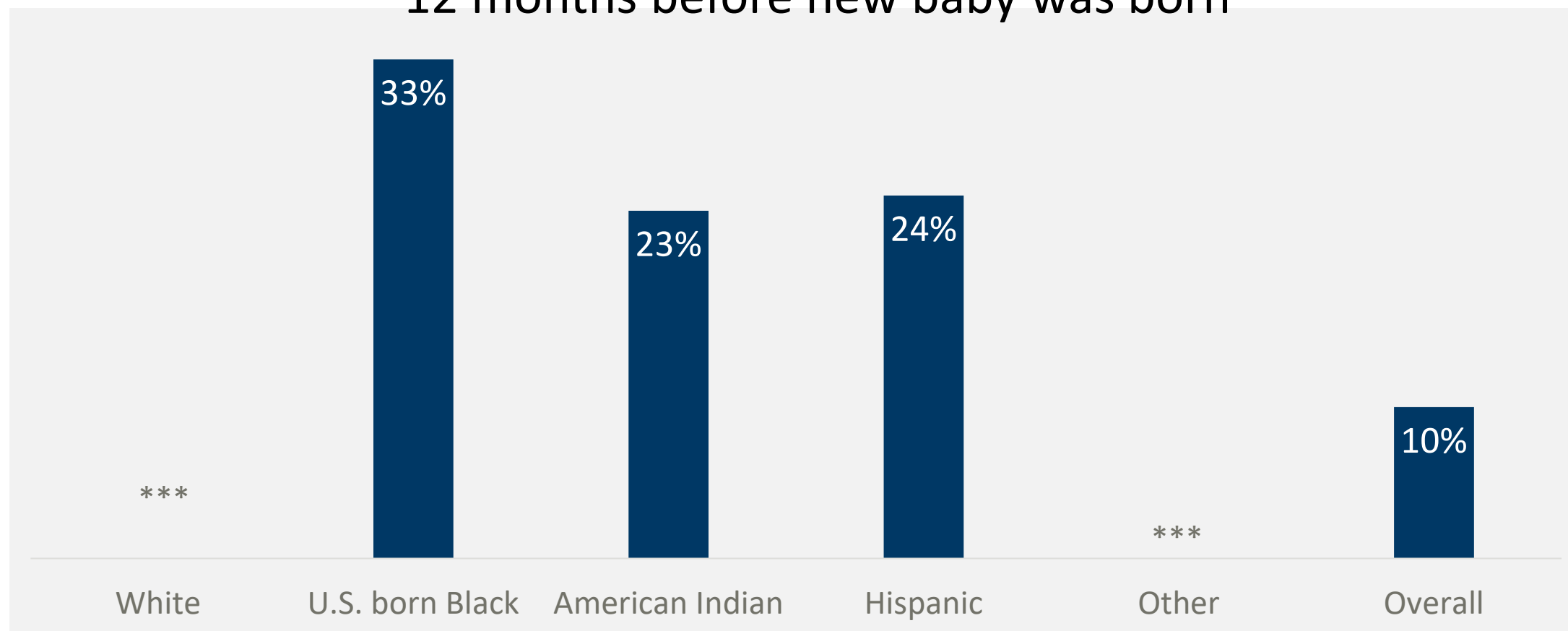


Mothers who felt they were treated badly

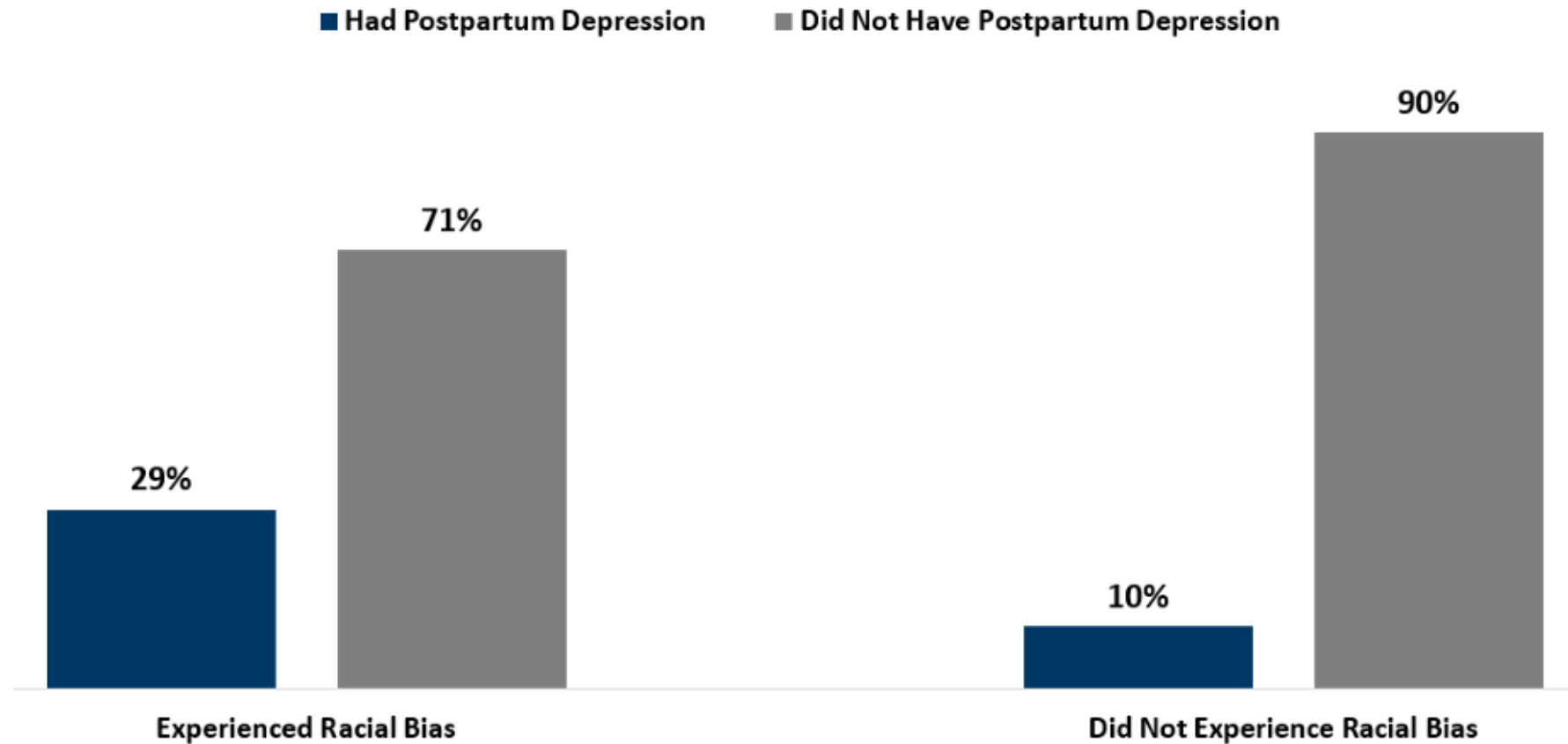


Being emotionally upset due to racial discrimination

Percent being emotionally upset because of racial discrimination
12 months before new baby was born

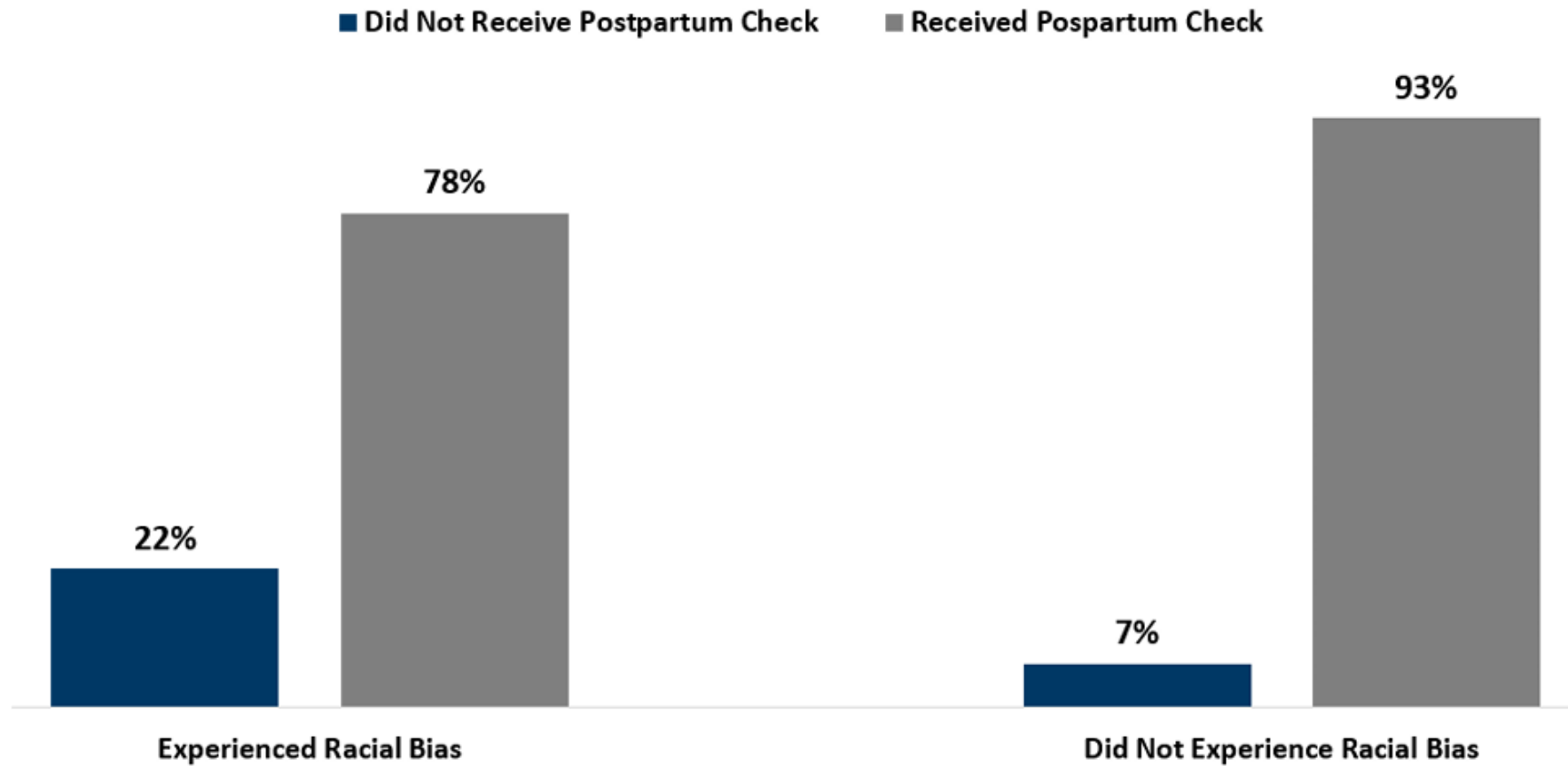


Higher risk of postpartum depression



Source: Minnesota Pregnancy Risk Assessment Monitoring System (MN PRAMS)

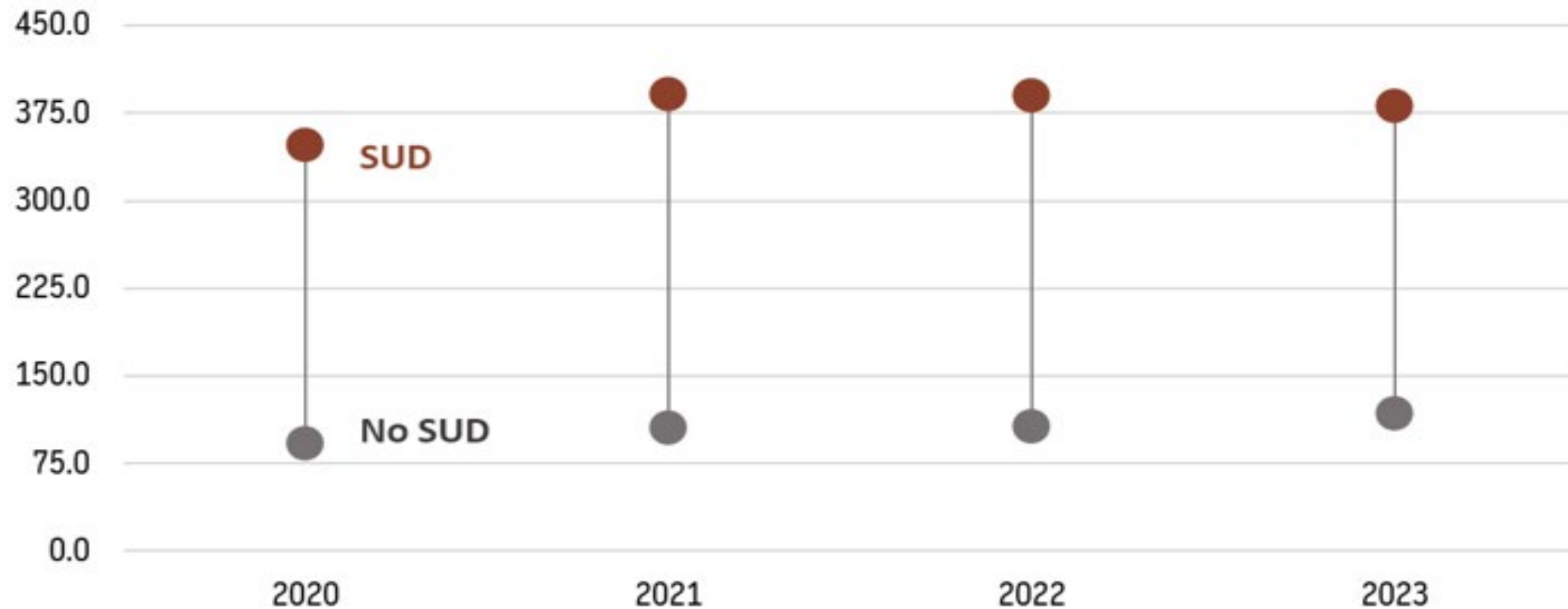
No postpartum check



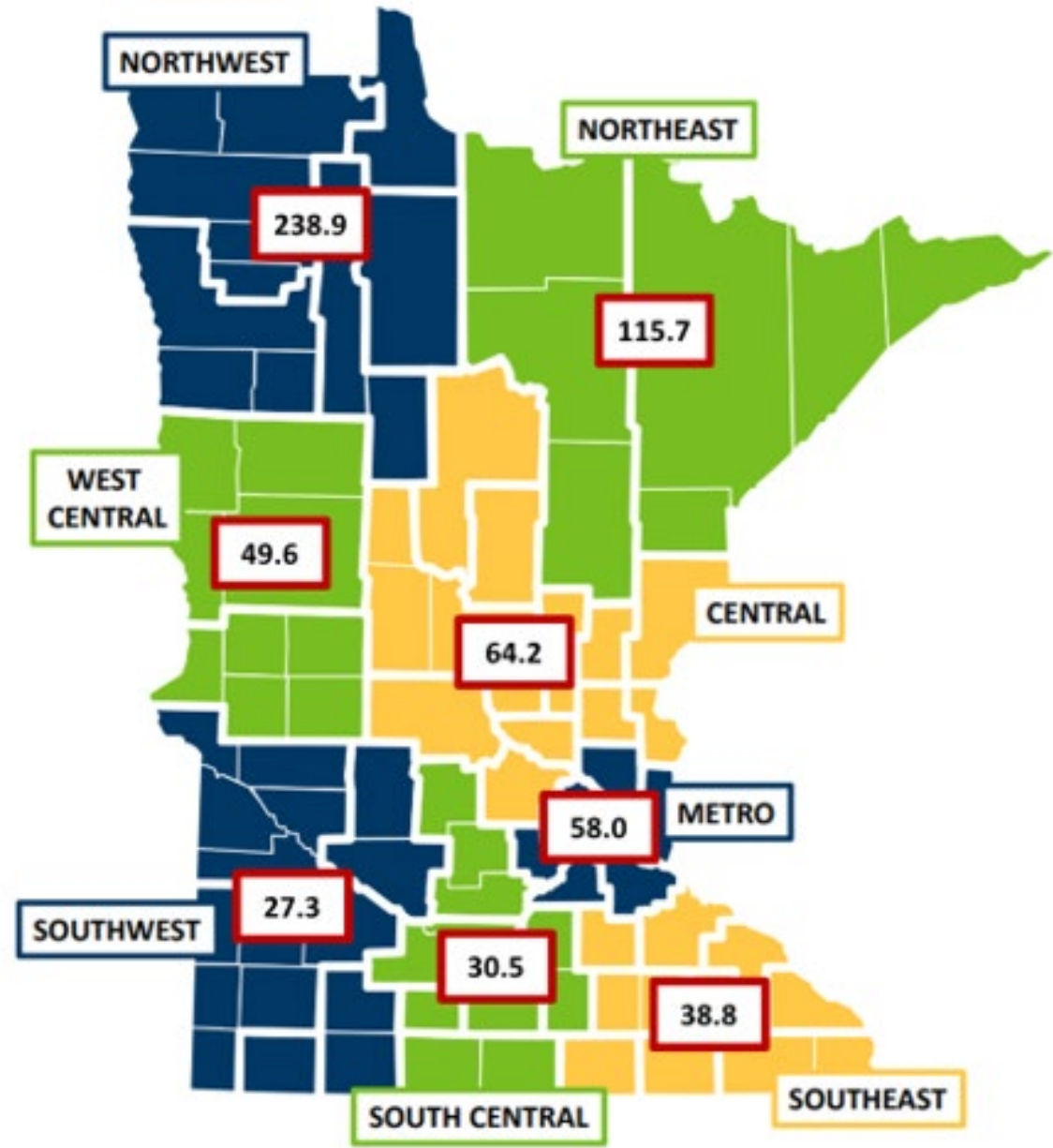
Source: Minnesota Pregnancy Risk Assessment Monitoring System (MN PRAMS)

Substance use disorder and severe maternal morbidity

The rate of severe maternal morbidity at the time of childbirth was higher in people who had a substance use disorder.



Opioid use disorder at time of delivery



Maternal Mortality Review Committee



Examines all Minnesota maternal deaths to identify and reduce preventable contributors and causes of death, including:

- Access to care
- Standardization of care
- Discrimination
- Racism
- Substance use disorders

Minnesota's committee:

- Highest standard for state-based data on maternal mortality
- Multidisciplinary
- Voice of all communities
- Explore system connections

The review process



Identifying



Selecting/
collecting



Developing
an abstract,
conducting
interviews

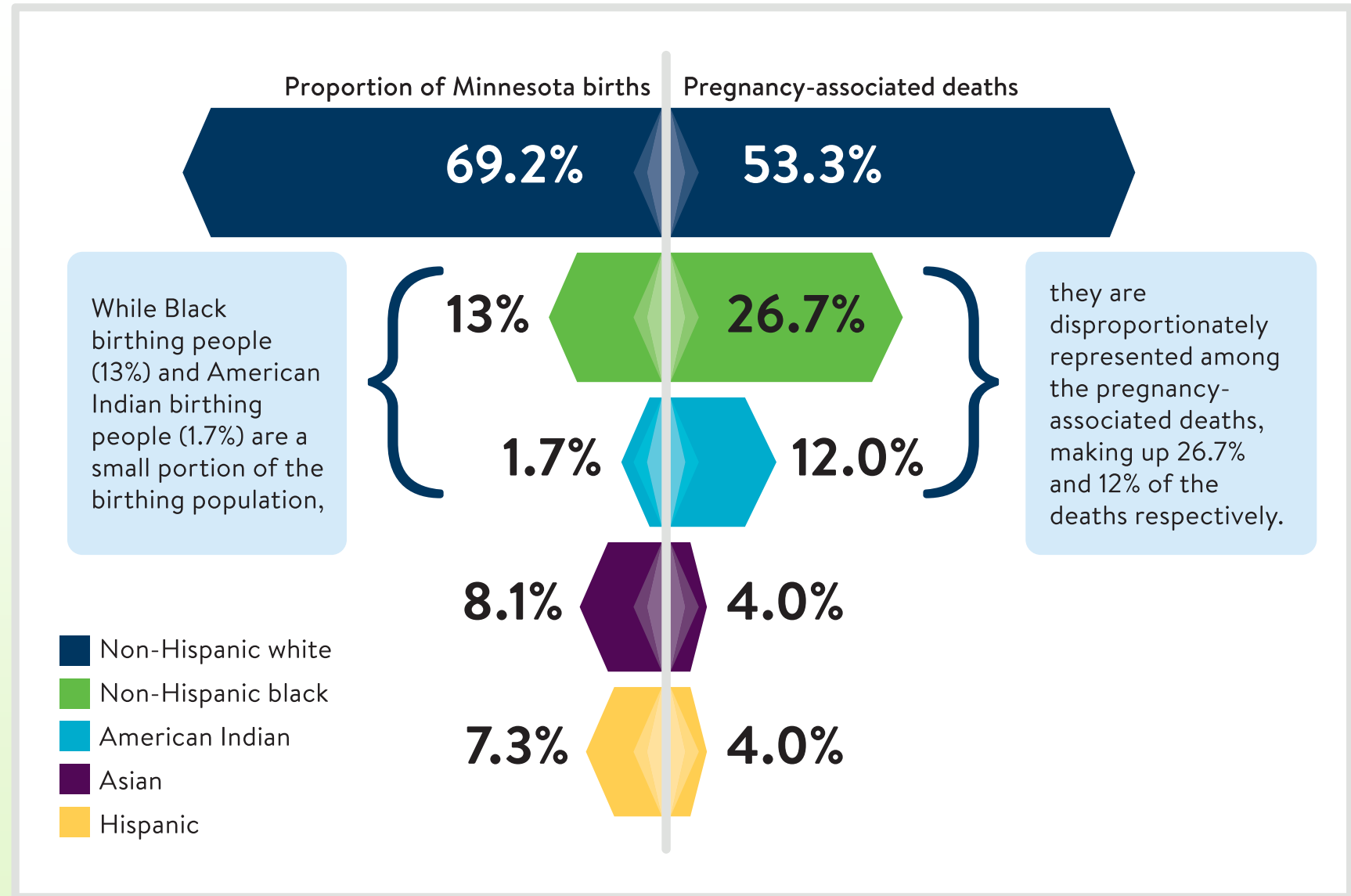


Reviewing

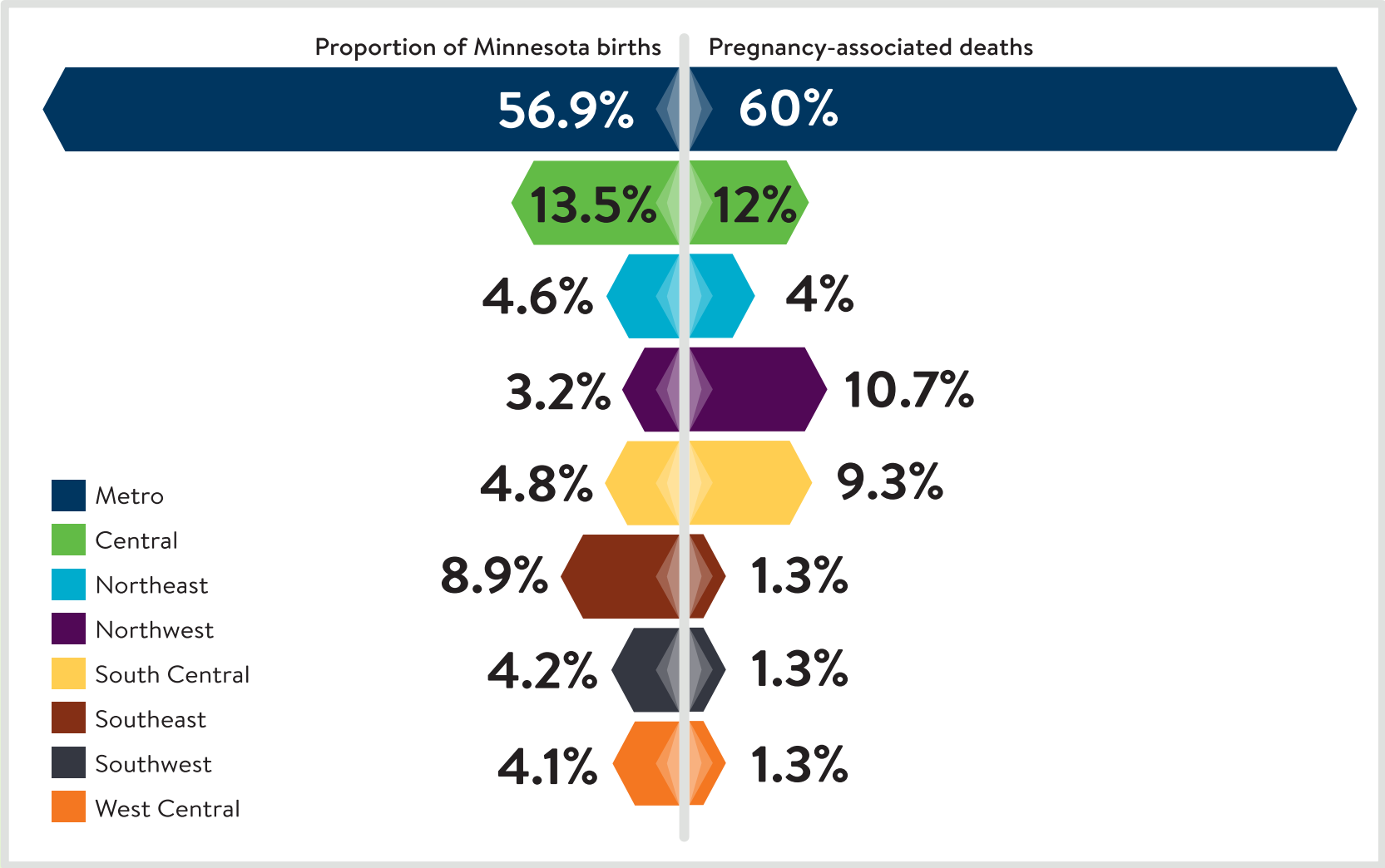


Disseminating

Pregnancy-associated deaths, race/ethnicity



Pregnancy-associated deaths, location of residence



Leading causes of maternal deaths

Cause of death	Number	Percentage
Injury, including suicides and homicide	26	34%
Mental health conditions, including substance use disorder	16	21%
Cancer	7	9%
Infection	4	5%
Could not be identified	4	5%

Top recommendations to prevent maternal deaths

1. Support statewide improvements for women who have substance use disorders or mental health conditions
2. Develop standardization of referral network
3. Improve the postpartum period by assuring that women have access to care team no later than three weeks postpartum
4. Address bias in systems perpetuating disparities for women and acknowledge historical trauma and racism and the impacts on women
5. Fund community lead networks and support systems to provide culturally informed care to women's needs
6. Listen to and support women

Additional recommendations

- Improve access to an availability of services throughout the pregnancy and postpartum stages
- Develop seamless care for individuals with a substance use condition and/or mental health condition



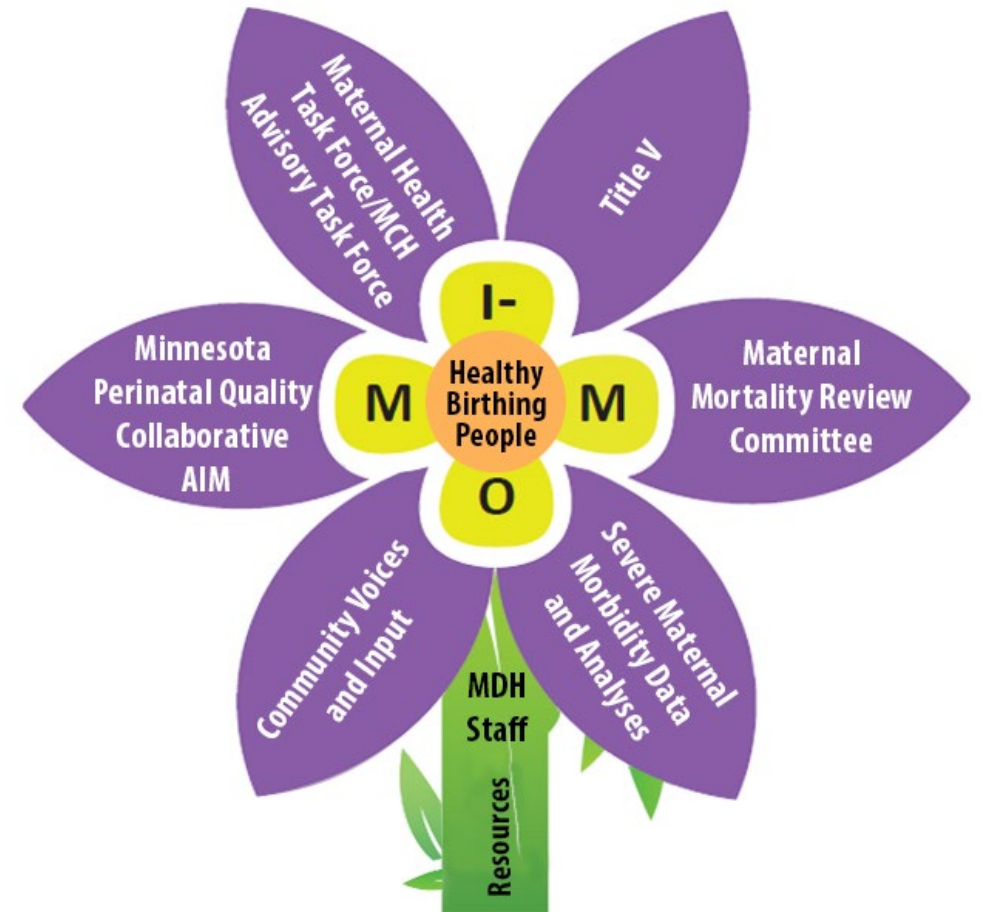
Innovations for Maternal Health

Purpose:

To align and strengthen the implementation of

- innovative
- data-driven, and
- community-informed and supported perinatal health programs

to improve outcomes for communities experiencing the highest rates of disparities.



I-MOM activities

- Innovate programing.
- Increase data capacity.
- Implement statewide quality improvement care initiatives.
- Support building a skilled workforce.



I-MOM recommendations

1. Traditional wisdom
2. Community leadership
3. Education and training requirements
4. Diverse workforce
5. Accountability
6. Health care system policies and practices
7. Advocacy, policy, and legislation
8. Culturally responsive data practices
9. Access to substance use disorder and mental health services
10. Funding for substance use disorder and mental health
11. Screenings and prevention
12. Access to services
13. Care for people who are incarcerated

Transforming Maternal Health Model

- MN DHS is one of 15 state Medicaid agencies selected in January 2025 to participate in the Transforming Maternal Health Model (TMaH)
- MDH is part of the MN core team
- Supports innovative approaches to improving maternal health care services for pregnant and postpartum people

Goals:

- Reduce disparities in access and treatment
- Improve outcomes and experiences for mothers and newborns
- Reduce overall program expenditures

Core elements of the model in Minnesota:

- Increase access to midwifery workforce and birth centers.
- Cover doulas and grow perinatal Community Health Worker workforce.
- Implement Alliance for Innovation on Maternal Health (AIM) patient safety bundles and achieve “Birthing-Friendly” hospital designation.
- Home monitoring of diabetes and hypertension.
- Provide risk assessment, referral and follow-up coverage for perinatal depression, anxiety, substance use disorder and health-related social needs.

Evaluating this new model

Indicators:

- Increase access to midwifery workforce and birth centers.
- Rates of low-risk cesarean section.
- Severe maternal morbidity.
- Incidence of low birth weight infants.
- Changes in experience of care for those who are pregnant, giving birth, or postpartum.
- Changes in Medicaid and Children's Health Insurance Program expenditures.



Questions?