



County Strategies for Reducing Maternal Health Disparities

National Association of Counties

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United
Healthcare

Although the United States was spending more on healthcare than any other country in the world, **more than two women die during childbirth every day**, making maternal mortality in the United States the highest when compared to 49 other countries in the developed world

The CDC reported a 27% increase in the maternal mortality ratio in the United States between 2000 and 2014

It is estimated that **20-50% of these deaths are due to preventable causes**, such as: hemorrhage, severe high blood pressure, and infection



Most common causes of maternal mortality



Hemorrhage

Mental health

Cardiomyopathy



To decrease maternal mortality, we need to:

Support providers in the care they provide “in between” care

Fourth trimester care

Implicit bias education and training

Integrate data with intervention





Definition of *fourth trimester* :

the three-month period immediately following giving birth in which the mother typically recovers from childbirth and adjusts to caring for her infant



“That’s What they Do”



**“Data are just stories with the
tears wiped away.”**

Maternal Health Crisis & Medicaid

- Pregnant women in the United States are increasingly experiencing adverse maternal and birth outcomes.
- For **Black, Indigenous, and people of color (BIPOC)**, the rates are **2.5 to 3.5 times** higher as those for non-Hispanic, White pregnant individuals.
- **Geographic and socio-economic factors** also significantly impact the maternal mortality rate.
- **More than half of recorded maternal deaths occur after the day of birth and 1/3 occur during pregnancy.**
- With **approximately half of births in the United States covered by Medicaid**, state and county Medicaid programs are acutely impacted by the implications of these growing trends.



Addressing the Maternal Health Crisis



UnitedHealthcare Catalyst™ Model

UnitedHealthcare Catalyst™ creates community-based collaborations that leverage the capabilities and capacities of community partners to address community health challenges.

The model establishes and powers cross-sector collaboratives in communities across the country.

The approach uses data to identify a community health issue to focus its efforts with measurable goals and clear responsibilities.

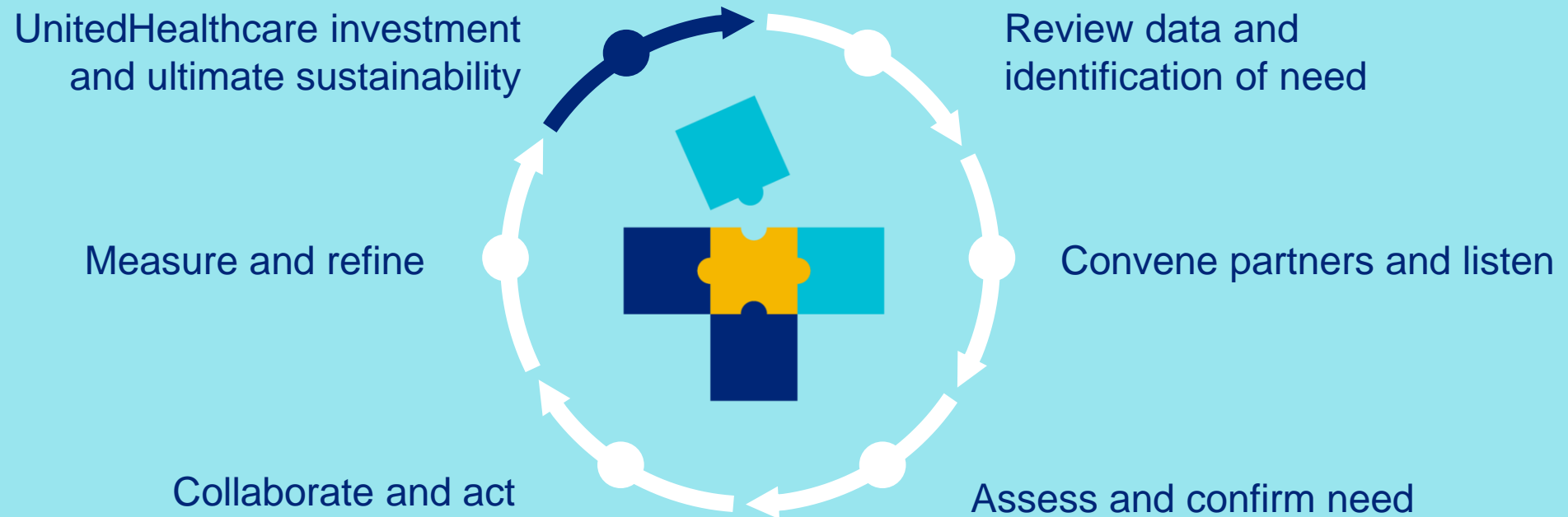
The collaborative is built from the ground up to create lasting local relationships and enduring change at a community level.

The goal is to help achieve health equity — one community at a time



UnitedHealthcare Catalyst Model

Achievement of a community health outcome





Bringing Key Stakeholders Together

A new approach to transforming community health

Collaborations are foundational to the success and there are critical roles to play.



Catalyst in Action: Addressing Maternal Health Disparities



 **SAMUEL U. RODGERS**
HEALTH CENTER

NORTHLAND
HEALTH CARE ACCESS



Catalyst in Action: Addressing Maternal Health Disparities

Key Strategies:

- Education
- Case Manager Support
- Behavioral Health and Dental Care
- SDoH Screenings
- Post-Natal Care Follow-Up
- Cultural Expertise



▲ **30%**

increase in the number of completed behavioral health screenings and dental care provided as part of pre-natal care plans

▲ **3.6%**

increase in number of individuals delivering at full-term (at least 38 weeks)

▲ **90%**

increase in individuals attending all of their post-partum care appointments

