Maternal Health Data and Quality Measures Task Force: Survey Findings & Recommendations

A1 - OPPORTUNITIES AND UNMET NEEDS

Which opportunities or unmet needs do you feel are of the highest priority for this Task Force to advance?

- A1a - Expanding support and resources for maternal health deserts
- A1b - Promoting maternal mental health
- A1c - Addressing substance use, especially cannabis use, during pregnancy
- A1d - Building partnerships and collaborations among public and private service providers
- A1e - Ensuring early access to care and 4th trimester care
- A1f - Ensuring financial resources for pregnant women and new mothers

A2- POLICY AND PROGRAM RECOMMENDATIONS

What specific policy or programmatic actions would you recommend to address these opportunities or unmet needs?

- A2a - Allocate funding to support maternal health in rural areas
- A2b - Allocate funding to ensure transportation and childcare for pregnant women in underserved areas
- A2c - Expand and invest in workforce development
- A2d - Create a public awareness campaign about the work of midwives, doulas, and how to access their services
- A2e - Create a public awareness campaign around cannabis use during pregnancy
- A2f - Create educational resources for maternal health providers about substance use and screening
- A2g - Create a program or use an existing program (e.g. the Emergency Department of Care Coordination program) to streamline efforts and ensure continuity of care between hospitals, obstetricians, midwives, and community providers
- A2h - Implement presumptive Medicaid for pregnant mothers, and ensure protection of Medicaid

A3 - INFORMATION DISSEMINATION

WHAT INFORMATION WOULD YOU RECOMMEND ON A CENTRALIZED MATERNAL HEALTH RESOURCE WEBSITE?

- A3a - An up-to-date, searchable list of providers
- A3b - Maternity case management agencies
- A3c - A list of mental health and crisis hotlines
- A3d - A directory of funding resources
- A3e - Information on Medicaid/steps to sign up
- A3f - Educational resources
- A3g - Educational resources on cannabis use
- A3h - Current guidelines for maternity care
- A3i - Updates on policies and legislation
- A3j - Maternal health statistics in Virginia, disaggregated by race, ethnicity, geography, insurance status, provider type, and outcomes

WHAT DATA COULD BE BETTER UTILIZED OR PUBLISHED TO IMPROVE MATERNAL HEALTH IN VIRGINIA?

- A3l - Longitudinal studies tracking maternal health outcomes
- A3m - Hospital / ED visits (not including labor)
- A3n - In-hospital and out-of-hospital birth rates and outcomes
- A3o - C-section rates
- A3p -Findings of a statewide community needs assessment
- A3q - Postpartum coverage gaps
- A3r - Maternal mortality and morbidity rates
- A3s - Infant health outcomes
- A3t - Information on successful programs

METHODOLOGY

Findings were collected via an online survey sent to all Task Force members; the survey was open from July 15 - August 1, 2025. There were a total of 26 responses, including 2 legislators, 7 nonprofit staff members, 4 out-of-hospital providers, 8 in-hospital providers, 4 government agency representatives, and 1 insurance company representative.

Compiled by the Center for Public Policy
within the Wilder School of Government and Public Affairs at Virginia Commonwealth University

Maternal Health Data and Quality Measures Task Force: August 22 Panelists' Responses

QUESTIONS ASKED OF THE PANELISTS

- What trends are you seeing in maternal health and the quality of maternal health care in your region?
- In your experience, what barriers are preventing your patients from accessing prenatal and postpartum health care?
- What are best practices that improve patient care?

B1 - SERVICES AND PROGRAMS

- B1a - Increase access to care in rural areas
- B1b - Reduce disparities in access to fertility treatment
- B1c - Extend Medicaid postpartum coverage, and create clear reimbursement structures
- B1d - Strengthen access to care
  - Transportation
  - Child care
  - Broadband access for telehealth appointments
  - Understanding how to complete paperwork (i.e. health literacy)
- B1e - Invest in maternal mental health
- B1f - Expand private insurance coverage for doula care
- B1g - Create infrastructure for group care models (i.e. centering programs)

B2 - EDUCATION AND AWARENESS

- B2a - Provide maternity health navigators to help patients better access and understand different types of care
- B2b - Provide information on services provided by midwives and doulas, as well as information on how to access these services
- B2c - Raise awareness of pre-conception counseling
- B2d - Invest/establish in centering programs that provide screening and education

B3 - DATA AND INFORMATION

- B3a - Quantify maternal health needs to support resource requests
- B3b - Obtain data on the number of women who are receiving prenatal mental health screenings
- B3c - Obtain data on maternal morbidity and mortality rates, as well as "near misses" that fall outside standard pregnancy-related reporting
- B3d - Obtain data on fetal health outcomes (Virginia Neonatal Perinatal Collaborative is currently working on this)
- B3e - Obtain data on preventable deaths
- B3f - Collect patient satisfaction data to evaluate quality of care
- B3g -Obtain data on the number of patients who have access to primary care providers, and who actually have primary care providers
- B3h - Identify the number of patients who would benefit from social work services

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