



HEALTHY MOMS, VIBRANT FUTURES

PENNSYLVANIA'S MATERNAL HEALTH
STRATEGIC ACTION PLAN

2025



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A NOTE ON LANGUAGE

The language contained in this document mirrors that used in Pennsylvania's Maternal Mortality Review Report and is intended to be universal and inclusive. We use the term "maternal health" throughout this report.

Perinatal is a broader term encompassing the period from conception through the first year after birth and is used throughout this plan.

This report defines the postpartum period as one year after the end of a pregnancy, regardless of outcome.

This report uses the term "behavioral health" to include mental health and substance use disorders (SUD).



VISION

THE SHAPIRO ADMINISTRATION ENVISIONS A PENNSYLVANIA WHERE EVERY INDIVIDUAL HAS READY ACCESS TO HIGH-QUALITY CARE THROUGH PREGNANCY, DELIVERY, AND POSTPARTUM EXPERIENCES.

This care must be comprehensive and recognize whole-person needs that are essential to good health and a positive perinatal experience and outcomes, including behavioral health and health-related social needs if they arise. High-quality care must be accessible for all Pennsylvanians, regardless of race and ethnicity, geography, age, and other lived experiences.

Healthy Moms, Vibrant Futures seeks to build a Pennsylvania where mothers can trust that their pregnancy and postpartum experience will support good health and overall wellbeing for themselves, their children, and their families during the perinatal period and beyond.

MISSION

• Through *Healthy Moms, Vibrant Futures*, the Shapiro Administration will implement a dynamic maternal health strategic plan with actionable strategies to address the state's maternal mortality and morbidity rates — particularly among Black women — and promote long-term health and wellness.

CORE TENET: EQUITY

Equity, according to the National Education Association, is not just the absence of harm or unjust differences, it's the presence of systems that promote and preserve healing, opportunity, and justice. Equity is at the center of *Healthy Moms, Vibrant Futures* and the driving force behind every action to represent all women in the Commonwealth.

Healthy Moms, Vibrant Futures outlines strategies to foster greater equity in access to high-quality maternal health care to support healthier pregnancies and lives for both parents and children.

OUR VISION: HEALTHY MOMS, VIBRANT FUTURES

A MESSAGE FROM GOVERNOR JOSH SHAPIRO AND FIRST LADY LORI SHAPIRO

Dear Fellow Pennsylvanians,

Ensuring the health and safety of mothers and their babies is a top priority in my Administration and is the overarching goal of this Maternal Health Strategic Action Plan: Healthy Moms, Vibrant Futures.

Since taking office, I have charged my Administration with finding ways to improve the health of mothers and babies, and have prioritized using data and recommendations from the [Pennsylvania Maternal Mortality Review Committee \(MMRC\)](#), and feedback from a statewide survey and regional listening sessions to develop this multi-agency Maternal Health Strategic Action Plan.

In the 2024-2025 budget, we secured a \$2.6 million increase for maternal mortality prevention, especially among Black mothers who are disproportionately affected. Initial funding was invested in the development of regional maternal health coalitions. In addition, the Department of Health launched a pilot project in state health centers to improve access to care for pregnant women and babies in rural communities.

Each strategic investment shares the common goal of protecting mothers and babies. According to the Pennsylvania and Philadelphia Maternal Mortality Review committees, in 2021, 42 women died from pregnancy-related causes, 98 percent of which were found to be preventable.

Behavioral health conditions, which include drug-related overdose deaths and suicides, were the leading cause of pregnancy-related deaths in 2021, demonstrating the continued need for more behavioral health care services for pregnant and postpartum women.

Racial disparities in pregnancy-related deaths continued to be evident in 2021, with African American or Black mothers two times more likely to die of a pregnancy-related death than white mothers.

We cannot accept that statistic — we must use it as a call to action.

Along with our partners in the legislature, we must do more to build trust, strengthen support systems, and foster empowerment so everyone, no matter their background, can have a pregnancy and birthing experience where their voice is heard and honored.

Together, the departments of Health, Human Services, Drug and Alcohol Programs, and Insurance





have worked to create a strategic action plan with clear priorities and actionable steps to drive awareness of the maternal health crisis, the work being done to address it, the needs of those with lived experience and those delivering care, and the steps we can take together to change the trajectory of poor maternal health outcomes and persistent disparities in Pennsylvania.

In development since early 2024, the plan centers on five maternal health priorities:

- Improving detection and treatment of behavioral health conditions, including both mental health and substance use disorders;
- Improving coordination and access to care in rural areas and maternity care deserts;
- Increasing access to high-quality care;
- Integrating initiatives to address health-related social needs into health care; and,
- Expanding and diversifying the maternal health workforce.

The plan contains strategic goals, recommendations, implementation plans, and research data developed to understand and address these priorities in the most effective way possible.

The Shapiro Administration listened to the needs and experiences of women, providers, health systems, stakeholders, and other organizations that share the goal of reducing maternal mortality and morbidity, which culminates in the action plan outlined here.

We are grateful for their willingness to share their stories as well as the work undertaken to create this action plan and for the positive changes ahead in the lives of Pennsylvania's families. New parents deserve care that allows them to focus on what matters most: welcoming their new family member. This plan sets a path forward to help give our Commonwealth a better future.

Governor Josh Shapiro + First Lady Lori Shapiro



IN RECENT YEARS, THE MATERNAL HEALTH CRISIS AND ITS PARTICULARLY DEVASTATING EFFECTS ON BLACK WOMEN HAS BEEN A REGULAR TOPIC IN THE MEDIA, ACADEMIA, HEALTH CARE, AND PUBLIC POLICY.

The Biden Administration highlighted women's health as a major policy focus, noting persistent gaps in research, quality of care, and health outcomes for women across their lifespans. More broadly, addressing maternal health needs is a focus in states, hospitals, and community-based organizations across the country.

This focus is necessary because significant inequities persist. Racial and geographic disparities in maternal health are affecting when, where, and if women get care.

Maternal health outcomes are strongly influenced by wide-ranging social factors such as racism, housing, income and education, as well as economic, cultural, and geographic factors that influence access to health care. Access to and quality of care and supports during pregnancy, delivery, and the postpartum period affect both parents and children throughout their lifespans. Interventions and investments that target maternal health can have multigenerational benefits for individuals, families and communities.

MATERNAL MORTALITY AND MORBIDITY IN PENNSYLVANIA

The [Pennsylvania Maternal Mortality Review Committee Report \(MMRC\)](#), in an analysis of 2021 data, found that Pennsylvania's overall pregnancy-related mortality ratio (PRMR) was 32 deaths per 100,000 live births. The PRMR for non-Hispanic white individuals was 28 deaths per 100,000 live births, while Black or African Americans had the highest PRMR at 60 deaths per 100,000 live births, which is nearly double the state average.

In 2021, multiple factors contributed to pregnancy-related deaths, but, according to the MMRC, the leading causes were:

- Behavioral health conditions, which includes substance use (34%);
- Cardiac and coronary condition (22%); and
- Hemorrhage (14%).

Most pregnancy-related deaths are preventable — a fact that

MAKING MATERNAL HEALTH A PRIORITY

underpins the necessity and urgency of this action plan and provides the basis for what mitigation strategies need to be developed.

It's important to note that there are fewer deaths that are pregnancy-related, so the numbers for the PRMR are small. It is important to interpret the PRMR cautiously when comparing it to the birthing population as a whole.

Maternal mortality is not the only threat. Severe maternal morbidity is rising in Pennsylvania, especially compared to national rates. Severe maternal morbidity is an unexpected outcome of labor and delivery that results in significant short- and/or long-term impacts on a pregnant individual's health. Ramifications of severe maternal morbidity can affect a mother's health well beyond the perinatal period and can have social and financial impacts on individuals, families, and communities.

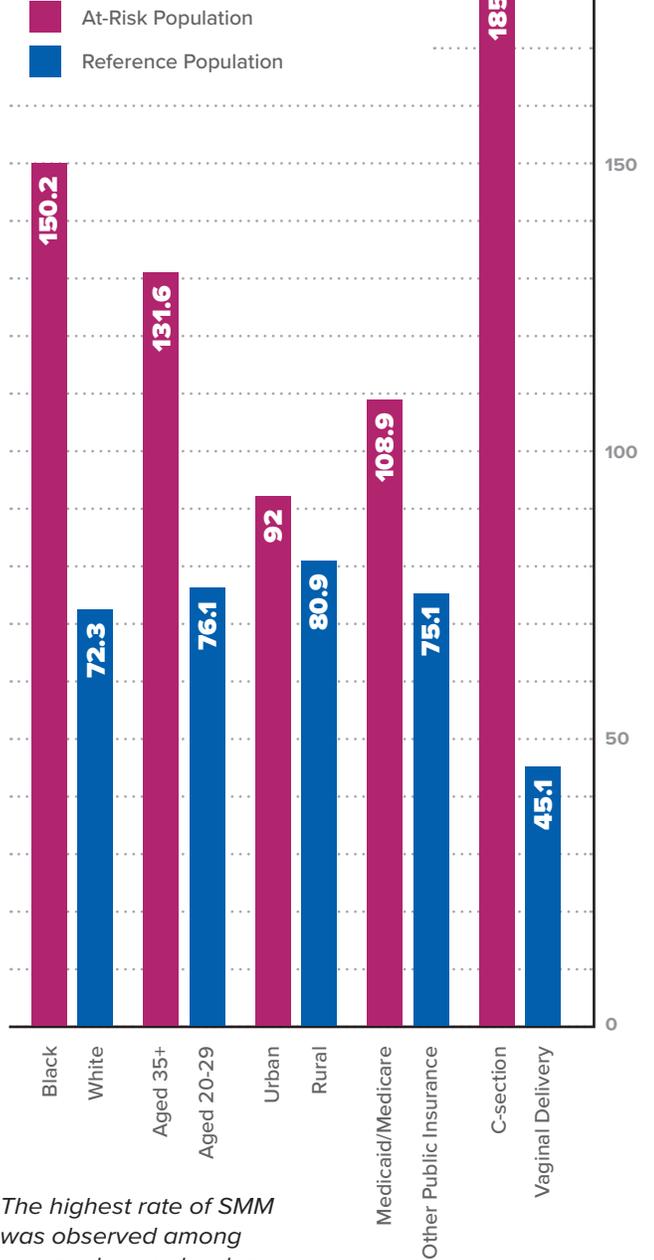
Data on hospital births in Pennsylvania from 2016-22 published by the [Pennsylvania Health Care Cost Containment Council \(PHC4\)](#) shows that instances of severe maternal morbidity rose from 75.2 to 105.2 per 10,000 delivery hospitalizations, which is an average annual increase of almost six percent. The highest rate of severe maternal morbidity was observed among non-Hispanic Black or African American pregnant or postpartum individuals who are 35 years and older, reside in urban geographic areas, had a cesarean section delivery, and use Medicaid as their primary payer.

PENNSYLVANIA IS ACTING

Since taking office, Governor Shapiro has made maternal health a priority. In the 2023-2024 budget, Governor Shapiro secured the first-ever state investment in reducing maternal mortality with \$2.3 million allocated to the Department of Health (DOH) to expand maternal health programs and for the implementation of prevention strategies to reduce maternal mortality and morbidity. That success was built upon in the 2024-2025 budget through an additional \$2.6 million allocated to DOH for maternal mortality prevention.

SEVERE MATERNAL MORBIDITY (SMM) RATES AMONG AT-RISK WOMEN IN PENNSYLVANIA

Per 10,000 delivery hospitalizations;
Data year 2020



The highest rate of SMM was observed among pregnant or postpartum individuals aged 35 years and older, with Medicaid/Medicare as their primary payer, of non-Hispanic (N-H) Black race/ethnicity, who delivered by cesarean section and residing in urban geographic areas.



The Hospital + Healthsystem
Association of Pennsylvania

HAP ACTION PLAN FOR MATERNAL HEALTH

In 2024, the Hospital and Healthsystem Association of Pennsylvania (HAP) convened a task force on maternal and child health. The task force published the Action Plan for Maternal Health to ensure access to high-quality and equitable maternal health care, requiring collaboration between the health care community, government, community organizations, patients, families, and other stakeholders. HAP's work mirrors many of the priorities of the Commonwealth's plan, and each recommendation in our strategic plan will be considered through the lens of HAP recommendations as we continue to work together to achieve measurable improvements women's whole person health.

[Read the HAP Report »](#)

Beyond these budget investments, executive agencies are making maternal health initiatives a priority in the following ways:

- In 2023, the Pennsylvania Department of Human Services (DHS) established the [Women's Service Program](#), which created a network of six regional grantees and local partners to provide access to perinatal supports, parenting programming, menstrual and reproductive health education, and referrals for other physical or behavioral health needs, among other services.
- DHS added doula services to its state Medicaid plan in 2024. Certified doulas may now enroll as providers and bill directly for services rendered to people covered by Medicaid. The Pennsylvania General Assembly also passed Act 115 of 2024, which codified that doula services be included as a covered service for Medicaid recipients, demonstrating Pennsylvania's commitment to expanding evidence-based, culturally responsive support.
- Pennsylvania is one of eight states selected to be a part of a two-year academy with the National Academy for State Health Policy (NASHP), supported by the Health Resources and Services Administration, Maternal and Child Health Bureau. NASHP is providing in-depth technical assistance, including peer-to-peer learning opportunities, and in-depth analyses on leading state policy innovations and strategies. The Pennsylvania team includes members of the Governor's policy office, DHS, DOH, and the Pennsylvania Insurance Department (PID), along with support from Department of Drug and Alcohol Programs (DDAP). The other states selected for this program are California, Colorado, Kentucky, Ohio, Virginia, Washington, and Wyoming.
- DOH was awarded the State Maternal Health Innovation Program (MHIP) grant through the federal Health Resources and Services Administration (HRSA). The focus of the grant is to reduce maternal mortality and morbidity by improving access to comprehensive perinatal care, enhancing state maternal health surveillance and data capacity, and identifying and implementing innovative interventions to improve outcomes for populations disproportionately impacted by maternal morbidity and mortality.

- DDAP is working with the Jewish Healthcare Foundation and single county authorities on an environmental scan of resources related to rural maternal health. The work includes a focus on Black maternal health and substance use disorders (SUD) in several PA counties classified as maternal health care deserts and those that have moderate access to care for people with SUD who are pregnant/postpartum. The effort is intended to inform recommendations for improvements for DDAP's consideration.
- PID applied for and was awarded \$635,352 for the Expanding Access to Women's Health Grant. As part of this work, PID fielded the Women's Health Survey (May 21-July 7, 2025). The survey aims to understand misconceptions and lack of awareness of preventive services, reproductive care, and maternal care. Further, PID proposed two projects to enhance and expand access to reproductive health and maternal health coverage and services: (1) Development of best practices and tools to regulate and enhance review of insurance filings to ensure meaningful coverage of women's health services including contraception, preventive care, maternal health care, and reproductive care; and (2) A statewide multimedia campaign to educate women in the Commonwealth about the ability to obtain no-cost preventive services and reproductive, maternal health, and contraceptive care.

These are examples of some of the robust work happening in Pennsylvania to improve health outcomes for mothers and their families. More information about these and other initiatives is available on the Pennsylvania Maternal Health Strategic Action Plan's website: [Healthy Moms, Vibrant Futures](#).

In developing this strategic plan, the Shapiro Administration hopes to build on our ongoing progress and catalyze tangible improvements in both health trends and individual experiences during pregnancy and the postpartum period.



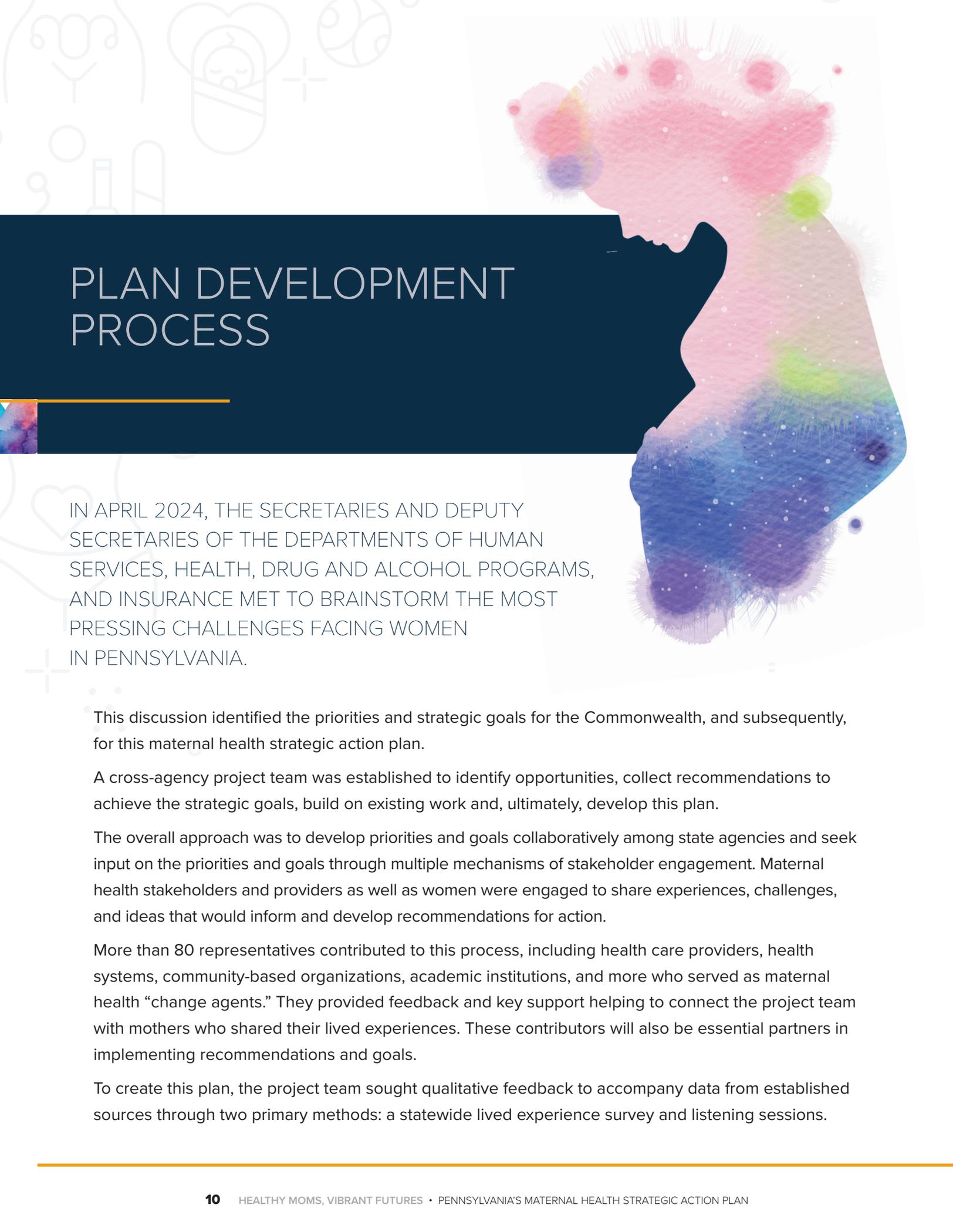
PA PERINATAL QUALITY COLLABORATIVE (PA-PQC)

The PA PQC was established in April 2019 by the Jewish Healthcare Foundation and over 140 advisory and work group members across the Commonwealth to serve as an action arm of DOH's Maternal Mortality Review Committee (MMRC), with initial funding from PA DDAP and the Henry L. Hillman Foundation.

Through the PA PQC, over 75 hospitals, representing 90% of live births in Pennsylvania, are now implementing best practices to improve maternal and infant health outcomes. The PA PQC's current quality improvement initiatives focus on Opioid Use Disorders and Neonatal Abstinence Syndrome with funding from PA DDAP and implementing patient safety bundles with funding from HRSA. The PA PQC has also led quality improvement initiatives to improve perinatal depression screening and follow-up with funding from PA DHS and Thriving PA.

The perinatal care teams from the PA PQC sites form a team, participate in quarterly learning sessions, launch quality improvement initiatives, access quality improvement resources, and report aggregate data to drive improvement around the PA PQC's focus areas.

The PA PQC has met or exceeded its goals around universal substance use screenings, non-pharmacologic care for newborns with NAS, access to contraception care options, sepsis protocols, health equity strategies for perinatal depression screening and follow-up, and training for trauma-informed care, among other topics.



PLAN DEVELOPMENT PROCESS

IN APRIL 2024, THE SECRETARIES AND DEPUTY SECRETARIES OF THE DEPARTMENTS OF HUMAN SERVICES, HEALTH, DRUG AND ALCOHOL PROGRAMS, AND INSURANCE MET TO BRAINSTORM THE MOST PRESSING CHALLENGES FACING WOMEN IN PENNSYLVANIA.

This discussion identified the priorities and strategic goals for the Commonwealth, and subsequently, for this maternal health strategic action plan.

A cross-agency project team was established to identify opportunities, collect recommendations to achieve the strategic goals, build on existing work and, ultimately, develop this plan.

The overall approach was to develop priorities and goals collaboratively among state agencies and seek input on the priorities and goals through multiple mechanisms of stakeholder engagement. Maternal health stakeholders and providers as well as women were engaged to share experiences, challenges, and ideas that would inform and develop recommendations for action.

More than 80 representatives contributed to this process, including health care providers, health systems, community-based organizations, academic institutions, and more who served as maternal health “change agents.” They provided feedback and key support helping to connect the project team with mothers who shared their lived experiences. These contributors will also be essential partners in implementing recommendations and goals.

To create this plan, the project team sought qualitative feedback to accompany data from established sources through two primary methods: a statewide lived experience survey and listening sessions.



STATEWIDE LIVED EXPERIENCE SURVEY

To reach more people with diverse lived experiences, the project team developed a survey in English and Spanish that asked respondents about their personal experiences with maternal health care services, including physical and behavioral health. The survey received responses from more than 700 people in 56 of Pennsylvania's 67 counties.

Demographics and characteristics screened for included: county of residence, gender identity, sexual orientation, age, race, and insurance status, among others. The survey was developed to be as flexible as possible, including select-all-that-apply questions, multiple choice questions, and the option to skip questions. Questions sought input on five key factors found to impact care and outcomes during pregnancy and postpartum:

- Behavioral health;
- Health care access;
- Health-related social needs;
- Maternity care deserts; and,
- Experiences with the maternal health workforce.

More information about the statewide survey is available on the [Healthy Moms, Vibrant Futures website](#) and on Page 13 of this plan.



LISTENING SESSIONS

The project team hosted 16 listening sessions — 12 in-person and four virtual — to hear directly from people with lived experience, care providers, community-based organizations, legislators, and other leaders. Conversations were generally unstructured but sought to understand experiences — positive and negative — with the health care system and other supports people used during and after pregnancy, to learn about barriers to care, and to share feedback and ideas on where greater support is needed to help establish areas of focus for the project team and inform the plan's development. Listening sessions were held across Pennsylvania and planned and hosted in collaboration with advocacy organizations and groups such as Healthy Start Pittsburgh, North10Philadelphia, and St. Luke's Health.

Additional sessions are being planned to interact with fathers and partners, female veterans, and Spanish-speaking families.

Through the listening session conversations, the following themes were identified:

Health-Related Social Needs

Participants in nearly every listening session raised challenges with transportation, child care, and housing as barriers to care and good health through pregnancy and postpartum. This was especially true of participants who had experienced intimate partner violence.

Transportation challenges were pervasive regardless of geography and provider availability. Even in communities where public transportation is available, it may not be a practical option due to schedules, length of commute, or proximity to actual provider locations. Ride share is also often cost prohibitive and not sustainable. Transportation challenges were often described as daunting and insurmountable.

Provider Accessibility

Lack of providers in rural communities was described as a significant barrier to accessing care.

Improving Education

To improve patient experiences, women and their families need to have ready access to credible, accurate information about reproductive health and the perinatal period. Being well informed can lead to easier self-advocacy and a more positive birthing experience. Providers and community-based organizations at all levels of care that work with pregnant and postpartum people should also receive training and education on aspects of pregnancy that pose the greatest risks of maternal morbidity and mortality. This will help those organizations to better recognize and communicate with mothers and help contribute to better care outcomes.

Insurers and payers should also strengthen trainings related to preparation and care for pregnancy and postpartum so they may play an active role in healthier, successful pregnancies.

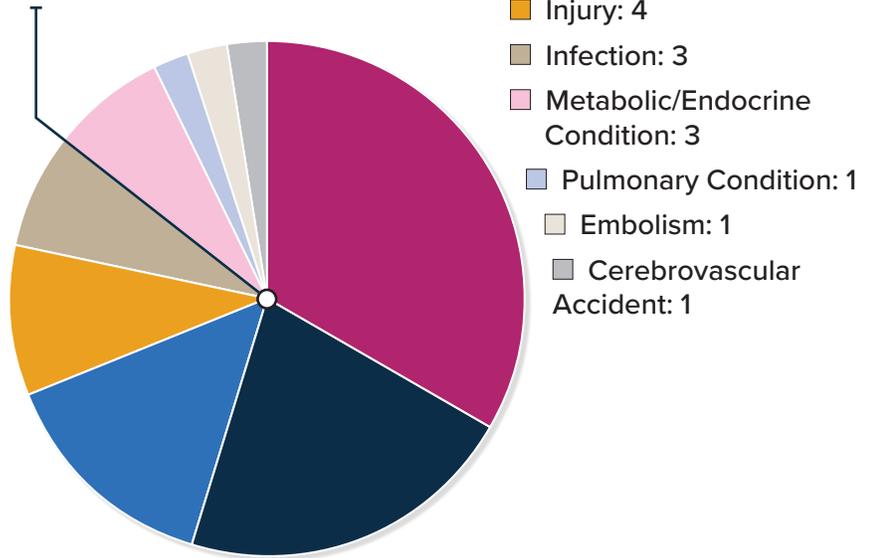
Language access, cultural competency, and characteristics of communities served should be considered for development and execution of any education and training.

Building Better Connections Between Patients and Providers

Participants in listening sessions raised concerns with treatment by

CAUSES OF PREGNANCY-RELATED DEATHS IN PENNSYLVANIA

Data year 2021



PROJECT TEAM LISTENING SESSIONS

Stakeholders from across multiple Pennsylvania state agencies met — in person and virtually — to brainstorm the most pressing challenges facing women in the Commonwealth.

Location	Date
North 10 Philadelphia	September 2024
Title V Providers convening	October 2024
East Stroudsburg University	October 2024
Healthy Start Pittsburgh	October 2024
Mercy Center for Women Erie	October 2024
St. Luke's Allentown	November 2024
Lincoln University	November 2024
Scranton Primary FQHC	November 2024
TriCounty Community Action	December 2024
Disability Community (Virtual)	December 2024
PCADV (Virtual, 2 sessions)	December 2024
Governor's Commission for LGBTQ Affairs (Virtual)	January 2025
Chester County Dept of Drug and Alcohol Services	January 2025
Once Upon a Preemie	October 2025



KEY CHALLENGES IDENTIFIED IN PRELIMINARY RESEARCH AND PUBLIC ENGAGEMENT

In preparation for public engagement and development of the strategic plan, the project team reviewed existing research and reporting on maternal health and perinatal care. This review assessed themes identified through the listening sessions, survey, and conversations with stakeholders against existing maternal health work.

Poor detection of behavioral health risks results in a lack of care and treatment for pregnant and women.

According to the [Maternal Mental Health Leadership Alliance](#), untreated maternal mental health conditions during pregnancy and the postpartum period have the potential to adversely impact both maternal and infant health. Untreated mental health conditions can lead to: breastfeeding challenges, and questioning their competence as mothers. In addition, these conditions can lead to preterm birth, low birth weight, stillbirth, infants having longer stays in the neonatal intensive care unit, and chronic health conditions for mother and baby.

The [Pennsylvania Maternal Mortality Review Committee](#) found that for calendar years 2020 and 2021, mental health and substance use, including overdose, were the leading cause of pregnancy-related deaths. Postpartum depression usually develops within the first few weeks after giving birth but can develop anytime in the first year postpartum. Symptoms may impact breastfeeding, interpersonal relationships, and for those at risk, increased substance misuse.

More recently, a [study](#) published in May 2025 in the Journal of the American Medical Association, indicated that mothers in the United States experienced a sharp drop in mental health since 2016. The study looked at 198,417 mothers with children 17 and under, finding large declines in self-reported maternal mental health and small declines in physical health from 2016 to 2023. One in 12 women rated their mental health as “fair” or “poor,” with single mothers and those whose children who are on Medicaid or uninsured faring the worst. Meanwhile, the number of mothers who said their mental health was “excellent” declined in that time period.

Now more than ever, access to credible information and education for mothers and their partners and families as well as screenings and active connections to further treatment are essential to ensuring mothers experiencing postpartum depression and other mental health conditions are connected to evidence-based treatment.



KEY CHALLENGES IDENTIFIED IN PRELIMINARY
RESEARCH AND PUBLIC ENGAGEMENT (continued)

Lack of coordination can hinder care for mothers living in rural communities and maternity care deserts

According to a [2023 March of Dimes report](#), Pennsylvania had, at the time of publication of this plan, seven counties classified as maternity care deserts. Maternity care deserts are defined as a county without access to obstetric care facilities and providers and includes counties without hospitals or birth centers that offer obstetric care. From 2019 to 2020, there was a 14 percent decrease in hospitals that offer labor and delivery care in Pennsylvania.

Even in cases where a county is not a maternity care desert, mothers may still feel their pregnancy and parenting supports are limited or isolated. In rural communities in Pennsylvania, 47.6% of women live more than 30 minutes from a birthing hospital. And just 0.3 percent of maternity care providers licensed in Pennsylvania practice in rural counties.

Greater assistance is needed to increase awareness of and connections to supports for health-related social needs

A [Kaiser Family Foundation study from 2023](#) indicated that women's health outcomes are shaped not only by access to care, health coverage, and affordability, but also by social and economic factors like socioeconomic status, education, housing and transportation reliability, neighborhood and physical environment, and family and social support networks. Support to meet these health-related social needs can improve health status and outcomes leading into pregnancy and throughout the perinatal period.

Diversity and cultural competency in health care workforce can improve patient experience and outcomes

Just as support for health-related social needs impacts health outcomes, the [2023 Kaiser Study](#) also found that a person's experience with their health care providers, feelings (or a lack) of trust and safety, and instances of racism and discrimination can affect quality of care, care utilization, and health outcomes. Also, [Penn Medicine researchers found](#) patients who share the same racial or ethnic background as their providers were more likely to report higher satisfaction with care. A workforce that reflects the diversity of its communities, as well as cultural competency trainings and greater attention to language access, can improve patient experience and follow through with care to support better outcomes.

Healthy Moms, Vibrant Futures seeks to align our assessment of the barriers, challenges, and opportunities Pennsylvania women experience with existing work happening by leaders in the Commonwealth and nationwide. We share our goals of a better future for parents and children, and this strategic plan charts the Shapiro Administration's role to move this work forward.



YEAR ONE GOALS + RECOMMENDATIONS

YEAR ONE GOALS

Goals identified for Year One align existing research with feedback gathered in engagement efforts. As implementation moves forward, the project team will monitor progress towards goals and may adjust goals, specify subgoals, or add new goals. These five primary goals will guide recommendations and work for Year One of this strategic plan:

1. Improve perinatal health outcomes by supporting access to and utilization of high-quality perinatal care.
2. Improve detection of behavioral health needs vs. risks during pregnancy and postpartum and improve referrals and uptake of treatment and supports.
3. Strengthen maternity care resources in rural communities and maternity deserts.
4. Increase awareness of and utilization of supports that address health-related social needs.
5. Build improved trust and better connections between patients and providers.

YEAR ONE RECOMMENDATIONS

1. Improve perinatal health outcomes by supporting access to and utilization of high-quality perinatal care.

- Explore with hospitals, payors, and stakeholders the possibility of establishing a Pennsylvania-specific Birthing-Friendly Hospital framework similar to what is used by the Centers for Medicare and Medicaid Services.
- Work with providers and payors to increase collaborations, partnerships and referrals that use non-clinical supports and allow for greater cultural competency in providing care. This may include doulas, community health workers, peer services, and home visitors.
- Promote — with managed care organizations, commercial insurers, and maternity care providers — the value of home visiting programs and establish methods of making pregnant and postpartum mothers and aware of this resource.
- Work with commercial insurers and managed care organizations to develop resources that help members identify providers that are accessible to a person's home, either based on walking distance or proximity to public transportation.

2. Improve detection of behavioral health risks during pregnancy and postpartum and improve referrals and uptake of treatment and supports.

- Develop a standard template for a postpartum discharge packet that includes resources, services, apps, and information on how to access behavioral health services that may be provided to PA hospitals and other health care providers. Packet should include sharable collateral templates with resources that may be easily reproduced.
- Create a repository of education resources for behavioral health services available in the perinatal period that will be available on PA.gov and can be replicated by partners.
- Analyze usage and results of the Perinatal TiPS program, which helps OB-GYNs and other provider types (e.g., primary care physicians) quickly and reliably contact a behavioral health specialist if a person screens for, or states that they may have, behavioral health needs. Review will be used to determine opportunities to continue to promote and strengthen the TiPS resource. See sidebar on Page 18.
- Develop a mechanism for universal postpartum depression and mental health and SUD screenings and effective and timely referrals to meet individual mental health needs. This can reduce stigma, improve access to care and resources for women and experiencing peripartum mental health needs, and improve integrated care programs.



PennState Health

PERINATAL TiPS

The Perinatal TiPS program was established with funding from the departments of Human Services and Health in partnership with the Jewish Healthcare Foundation and currently funds three grantees — the Philadelphia Department of Public Health in Southeastern PA, UPMC in Western PA and Penn State Health in PA's Northeastern and Lehigh/Capital regions. Each grantee customizes services to best serve the women in their regions.

More about Penn State Health's program:

Penn State Health's team of reproductive psychiatrists and addiction medicine physicians provide perinatal telephonic psychiatric services — behavioral health and substance use disorder (SUD) consultation — to obstetrics, family medicine, psychiatric, pediatric and other community health care providers. These services help when managing patients with perinatal depression, generalized anxiety disorder, panic disorder, bipolar disorder, post-traumatic stress disorder (PTSD), schizophrenia, schizoaffective disorder, SUDs, etc.

Penn State Health also has an addiction medicine specialist with perinatal experience available for consultations focused on SUD or medications for opioid use disorder. For patients who require psychiatric evaluation, Penn State Health offers both telemedicine and in-person consultations with clinicians focused on improving access to behavioral health treatment during the perinatal period, especially for patients with complex mental health conditions and SUDs.

Penn State Health offers care coordination so patients can access local services. Care coordinators conduct follow-ups to ensure care is provided and ongoing.

Another service is short-term or bridge therapy sessions to assist perinatal patients with emotional well-being, coping strategies and supportive reassurance while they are connected to therapy services in the community.

Penn State Health offers educational training lectures to providers and professionals in the perinatal field with topics ranging from postpartum depression/peripartum mood and anxiety disorders to treating co-occurring psychiatric diagnosis for perinatal patients with SUD.

3. Strengthen maternity care resources in rural communities and maternity deserts.

- Collaborate with state agencies and other partners supporting rural health care development to leverage existing resources, determine needs, and create collaborative efforts to address lack of maternal care.
- Work with Federally Qualified Health Centers (FQHCs) to establish current availability of maternity care and related supports and to identify what supports are lacking and how they may be expanded or procured.
- Develop training for emergency medical service, first responders, and emergency department personnel working in areas with limited or no labor and delivery hospitals on how to recognize obstetric emergencies, perinatal behavioral health crises, and other perinatal emergencies.

4. Increase awareness of and utilization of supports that address health-related social needs.

- Develop promotional resources about public assistance programs specifically for pregnant and postpartum women in a toolkit that can be shared with partners and stakeholders.
- Develop a transportation landscape analysis, working collaboratively with state agencies, counties, transportation providers, and community-based organizations to catalog available transportation resources, identify gaps, and strategize ways to address the transportation barriers that can prevent or delay women from obtaining needed care.
- Explore and support existing policies and programs to improve housing, food security, and access to transportation for pregnant and postpartum individuals and their families, including:
 - Leveraging the approved Section 1115 Demonstration Waiver (Keystones of Health) to address food insecurity and homelessness among pregnant and postpartum individuals to improve maternal health and pregnancy outcomes. Continue close collaboration with DHS and partners as the 1115 waiver is implemented.
 - Promoting the use of consistent, easy-to-administer screening tools for health-related social needs and implementing use among providers, including clinicians, social workers, community health workers, doulas, home visitors, and community-based organizations.
 - Expand promotion of PA Navigate among providers and community-based organizations that work with pregnant and postpartum women and encourage their participation on the platform. Work with Medicaid managed care organizations, commercial insurers, and partners to develop and disseminate promotional resources for PA Navigate targeted toward pregnant and parenting people.

5. Diversifying the Workforce to Build Improved Trust and Better Connections Between Patients & Providers

- Make maternal health care professions and training opportunities more accessible and equitable by working to develop health care apprenticeship opportunities that focus on training underrepresented populations to expand the number of Black, Indigenous, People of Color (BIPOC) midwives, doulas, community health workers, and home visitors.
- Identify and promote existing scholarships that make advanced education and career paths more accessible to BIPOC students.
- Work with hospitals and health systems, community-based organizations, commercial insurers and managed care organizations, and state agencies to establish a health care mentors program. Focus should be to identify diverse leaders, especially those working in maternal health, who are willing to promote health care careers to students in their communities.
- Consider funding existing successful programs that promote health care careers and track participation and outcomes.

YEAR ONE IMPLEMENTATION: PERINATAL ACTION COLLABORATIVE

IMPLEMENTATION OF THIS PLAN will be a primary focus of Pennsylvania's new maternal health task force, the Perinatal Action Collaborative (PAC). The PAC's members include stakeholders, providers, community-based organizations, and people with lived experience who are tasked with helping to prioritize recommendations and mobilize action to implement strategies that will improve the health of women — pregnant and postpartum — in the Commonwealth.

PAC members will focus on the five priority areas/ goals to implement actionable strategies and

improve maternal health in Pennsylvania

This work will include determining work plans to act on each recommendation, including necessary partners to engage as part of this work. Implementation teams will be charged with ensuring each tactic and its implementation is specific, actionable, measurable, scalable, adaptable, and expandable.

Implementation teams are listed on the Healthy Moms, Vibrant Futures website. Progress from Year One will be reported on in the Healthy Moms, Vibrant Futures Year Two Update.

NEXT STEPS: YEARS TWO THROUGH FIVE

THE PROJECT TEAM IS CONFIDENT that as Healthy Moms, Vibrant Futures Year One plans are implemented, monitored, analyzed, and revised, there will be measurable outcomes that demonstrate clear successes and a path forward for Years Two through Five.

Successful outcomes should grow year-over-year to lead to cumulative increases in access, education, equity and understanding, whole-person support and a vibrant, healthy future for Pennsylvania's moms, their families, and communities.

CONCLUSION

THE PROJECT TEAM IS GRATEFUL for the encouragement, support and input from Governor Shapiro's office, the departments of Health, Human Services, Drug and Alcohol Programs, and Insurance, as well as the many stakeholders, providers, and most importantly, those with lived expertise who contributed to this plan. We look forward to our continued progress and work on behalf of mothers and children in Pennsylvania.



ACRONYMS

BIPOC: Black, Indigenous, and People of Color

CBO: Community-Based Organization

CHW: Community Health Worker

DDAP: Department of Drug and Alcohol Programs

DHS: Department of Human Services

DOH: Department of Health

EPO: Exclusive Provider Plans

FQHC: Federally Qualified Health Center

HRSA: Health Resources and Services Administration

HRSN: Health-Related Social Needs

JAMA: Journal of the American Medical Association

MA: Medical Assistance

MHIP: Maternal Health Innovation Program

MMRC: Maternal Mortality Review Committee

PAC: Perinatal Action Collaborative

PAMR: Pregnancy-Associated Mortality Rate

PID: Pennsylvania Insurance Department

PPO: Preferred Provider Plans

SMM: Severe Maternal Morbidity

SUD: Substance Use Disorder

TiPS: Telephonic Psychiatric Consultation Service Program

DEFINITIONS

1115 Waiver: A Section 1115 waiver is a federal program that allows states to temporarily waive certain Medicaid rules to design and evaluate new pilot projects. Generally, section 1115 demonstrations are approved for an initial five-year period and can be renewed.

Behavioral Health: Refers to a person's mental and physical well-being, including their emotions, behaviors, and includes both mental health and substance use conditions.

Care Coordination: The organization of and individual's treatment across several health care providers. Medical homes and Accountable Care Organizations are two common ways to coordinate care.

Commercial Health Insurers: Regulated at the state level, commercial health insurance are fully-funded insurance products including preferred provider plans (PPOs) and exclusive provider organizations (EPOs). Each state has its own minimum requirements for commercial insurance. This definition does not include self-funded insurance plans that are overseen by the federal government.

Community Health Workers (CHWs): A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Doula: A trained professional who provides continuous physical, emotional, and informational support to their client before, during and after childbirth to help them achieve the healthiest, most satisfying experience possible.

Equity: Not just the absence of harm or unjust differences, it's the presence of systems that promote and preserve healing, opportunity, and justice.

Federally Qualified Health Center (FQHC): Federally funded nonprofit health centers or clinics that serve medically underserved areas and populations. Federally qualified health centers provide primary care services regardless of your ability to pay.

Home Visiting Programs: Home visiting programs provide support and education to parents and pregnant women through regular visits from a professional or paraprofessional.

Medicaid, or Medical Assistance (MA): Program that provides free or low-cost health coverage to some low-income people, families and children, pregnant women, the elderly, and people with disabilities. Medicaid benefits, and program names, vary somewhat between states. In Pennsylvania, it is referred to as Medical Assistance (MA).

Primary Care Provider: A physician (M.D./Medical Doctor or D.O./Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.

Substance Use Disorder (SUD): A treatable illness that causes a person to be unable to control their use of substances such as drugs, alcohol, or medications. SUDs can range from mild to severe, and can affect people of any race, gender, income level, or social class.

Whole Person Care: Caring for the entire person rather than one diagnosis or issue. This includes recognizing how physical, behavioral and emotional health, and social well-being are interconnected.

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PENNSYLVANIA'S MATERNAL HEALTH
STRATEGIC ACTION PLAN

2025

