Targeting the maternal health crisis

Partnerships drive progress, continuous learning and blueprints for other health disparities



Maternal mortality – defined as death during pregnancy or up to a year afterward – is a mounting crisis in the United States.

In 2021, the U.S. maternal mortality rate was 32.9 maternal deaths per 100,000 live births – more than 10 times the estimated rates of other high-income countries including Australia, Austria, Israel, Japan and Spain. The crisis in maternal morbidity and mortality, and disparities in outcomes demands a response. As a partner with states, we can work together in several ways to address the crisis and improve maternal and child health outcomes.

Working together to improve maternal health

Addressing the maternal care crisis means:



Implementing policies to support safe pregnancies and childbirth



Identifying health disparities and key areas of improvement for mothers and children



Improving outcomes

Most states are making progress in some or all of these areas. Whatever your state's maternal health goals and wherever you are in achieving them, Optum can partner with you to ideate, prioritize and develop solutions. Leveraging our consulting, analytics and programming expertise, our partnership can be calibrated to the level that works best for you.

Racial disparities

Race is a primary factor for mortality, with Black women 3 times more likely to die from a pregnancy-related cause than white women.²



Optum can partner with your state to:



Identify drivers

Leverage policy, outcomes and more to prioritze the focus on maternal health.



Collect, analyze, assess data

Use analytics to identify acute areas of need and potential solution areas.



Prioritize partnerships

Establish collaboration among maternal health community stakeholders to prioritize and design intervention programs.



Cocreate a business case

Develop a maternal health business plan with key stakeholders to meet specific state goals.



Implement and measure

Implement and iterate a model based on findings and identify areas for ongoing improvement.



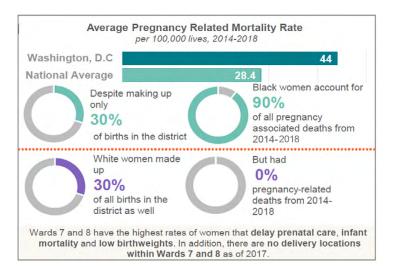
Replicate

Apply maternal health best practices to other health disparities for continous community impact.

Read on to learn how partnerships are making a difference in Washington, D.C.

The power of partnerships: A Washington, D.C., case study

The maternal mortality rate in Washington, D.C., is almost twice the national average. 3 Race is a key factor, especially for Black women residing in Wards 7 and 8. 3



Beginning in 2021, a stakeholder group comprising Washington, D.C.-based federally qualified health centers, community benefit organizations, government agencies, UnitedHealthcare and Optum collaborated to identify cross-stakeholder solutions to the problem. The group leveraged analytics, drilling down to the county, ZIP code and member level to spot acute areas of need, vulnerabilities

A public-private partnership between DC Department of Human Services, a federally qualified health center, community stakeholders, maternal health advocates, and Optum is helping birthing people in Washington, D.C. navigate housing and perinatal services simultaneously. and factors that impede maternal health. Optum assessed public and proprietary claims data, market level insights, housing status, surveys and more to track outcomes and drive greater impact. In addition, the stakeholders accessed foundational work from the DC Calling All Sectors Partnership led by DC Health. More than 20 stakeholder interviews revealed several needs specific to maternal health disparities in Washington, D.C. Based on stakeholder guidance, existing efforts, outside research and strategic assets, the group focused on two priorities:

1. Homelessness

2. Perinatal care

Optum then partnered with Community of Hope, a DC federally qualified health center with experience in both maternal and child health and homelessness, to develop a program to help birthing people experiencing homelessness get connected to perinatal care services.

- First, intake staff associated with Virginia Williams Family Resource Center (within the Department of Human Services (DHS)) identify birthing persons who are experiencing homelessness. DHS is responsible for ensuring people access the appropriate services and housing supports.
- Then, individuals are connected to onsite perinatal care coordination and navigation through Community of Hope, and to prenatal care at DC's federally qualified health centers.

As you consider maternal health priorities in your state, partnering with a strong analytics and consulting vendor can prove to be key. Together we can support your maternal health goals and work toward health improvements for all citizens.

Let's work together to make an impact on maternal health in your state. Visit us today.

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- $1. \ \underline{https://www.npr.org/sections/health-shots/2023/03/16/1163786037/maternal-deaths-in-the-u-s-spiked-in-2021-cdc-reports}$
- 2. https://www.cdc.gov/healthequity/features/maternal-mortality/index.html#:~:text-Black%20women%20are%20three%20times.structural%20racism%2C%20and%20implicit%20bias.
- Maternal Mortality in DC, American University, 2020. https://www.american.edu/spa/metro-policy/upload/maternal-mortality-in-dc-poster-spr-2020.pdf



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