



Maternal Health Data and Quality Task Force Meeting Notes

March 19, 2025

Patrick Henry Building, 2:00 p.m.–4:15 p.m.

Members Present: Secretary Janet Kelly, VDH Commissioner Dr. Karen Shelton (Co-Chair), DMAS Director Cheryl Roberts, Dr. Siobhan Dunnivant (Co-Chair), Nicole Lawter, Melanie Rouse, Stephanie Spencer, Kenda Sutton-El, Dr. Louis (Tom) Thompson, Paula Tomko, Delegate Amanda Batten, Julie Bilodeau, Kelly Cannon, Nikki Cox, Eric Reynolds, Sheila Talbott, Delegate Kim Taylor, Dr. Daphne Bazil, Shannon Purcell

Members Present Virtually: Gabriela Ammatuna, Ildiko Baugus, Senator Emily Jordan, Leah Kiple, Lee Ouyang, Ashley Wiley

Health and Human Resources Staff: Leah Mills, HHR; Jona Roka, HHR; Mindy Diaz, HHR; Kelly Conatser, VDH; Dane De Silva, VDH; Dr. Vanessa Walker-Harris, VDH; Cynthia deSa, VDH; Rebecca Edelstein, VDH; Lauren Kozlowski, VDH; Julie Keeney, VDH; Jennifer Macdonald, VDH; Parker Parks, VDH; Allie Atkeson, DMAS

Opening Remarks and Member Introductions – Janet Vestal Kelly, Secretary of Health and Human Resources

Secretary Kelly welcomed everyone to the meeting and thanked the Health and Human Resources Team for their tremendous work, as well as Delegates Amanda Batten and Kim Taylor, and Senators Emily Jordan and Tara Durant, during the 2025 General Assembly (GA) session to improve maternal health outcomes. It was a short session this year, but incredibly productive and impactful.

Secretary Kelly provided an overview of Governor Youngkin’s Executive Directive Eleven which directs the Virginia Department of Health (VDH) to “enhance the Maternal and Child Health Data Dashboard to include actionable data on pregnancy-associated and pregnancy-related mortality and causes, and to establish a centralized maternal health website to provide families with essential resources in one accessible location.” Thanks were given for the work of the Task Force, and other essential partners. The great progress that has been made could not have happened without this work.

VDH Commissioner Dr. Karen Shelton was introduced, and she welcomed the membership and guests, expressing gratitude for their work and dedication. Roundtable introductions were made, including members participating virtually. Commissioner Shelton reviewed the November meeting notes and then gave a brief overview of the meeting agenda.

2025 Maternal Health Legislative Update – Leah Mills, Chief Deputy Secretary of Health and Human Resources

Chief Deputy Secretary Mills thanked everyone for being an active part of this crucial work and gave a maternal health legislative update that covered the 2025 session of the GA. She noted that legislation is currently being considered by Governor Youngkin before the GA reconvenes on April 2. Deputy Mills highlighted that nearly \$500 million is spent on maternal health services in the Commonwealth. She also discussed several of the maternal health legislative proposals addressed by the GA during the 2025 GA Session. She also highlighted Executive Directive Eleven, issued by Governor Youngkin, which directed the VDH to enhance the Maternal and Child Health Data Dashboard to include actionable data on pregnancy-associated and pregnancy-associated mortality and causes and establish a centralized maternal health website to provide families with essential resources in one accessible location. Deputy Mills stated that maternal health was a bipartisan topic of interest this year and that more information would be forthcoming after the reconvened session.

Virginia Hospital & Healthcare Association (VHHA) Data Presentation – David Vaamonde, Vice President of Analytics, VHHA and Andre Tolleris, Director of Data Analytics, VHHA

Mr. Vaamonde and Mr. Tolleris presented information on maternal health data and measures, maternal health disparities, barriers to data collection, the role of social determinants of health (SDoH), and severe maternal morbidity (SMM) trends. VHHA gathers, processes, and disseminates patient-level information from its member hospitals, including inpatient data, emergency department statistics, and a limited amount of patient data. Most of the maternal health analyses and resources offered by VHHA are derived from the inpatient database. VHHA leverages the inpatient data to calculate supplementary metrics, including readmission rates, Agency for Healthcare Research and Quality (AHRQ), and geo-spatial analytics. VHHA provides dashboards and analytics to its member organizations via the VHHAAnalytics.com platform. Below is a summary of the data.

Summary of the Data:

- There were 690,425 births between 2017 and 2024, which was an average of 88k births per year with a slight decline in recent years.
- Commercial insurance (53.4%) remains the largest payer of births followed by Medicaid (36.1%).
- The C-section rate for 2023 was 33.05% (aligned with national average), but low-risk C-sections (26.7%) exceeded target (23.6%).
- SMM has increased over time: 1.74% (2017), 3.26% (2021 peak), 2.64% (2024).
- The Medicaid SMM rate (2.85%) slightly exceeds the commercial insurance SMM rate (2.34%).
- Black & Hispanic-Black mothers face the highest SMM rates.
- Chronic conditions, including the following, are present in 40% of deliveries: anemia, obesity, and mental health, which increases risks. Addressing chronic conditions earlier through screening can improve outcomes.
- VHHA, Virginia Health Information, and VDH all have access to inpatient level data, but do not share the same access to data regarding emergency department care, outpatient care, the All Payer's Claim Database, and real-time hospital admissions data.
- Several key challenges limit the collection and accuracy of maternal health data in Virginia:
 - True maternal health mortality rates are hard to measure since a sizeable percentage of deaths occur post-discharge.

- Virginia does not have a comprehensive outpatient-level database; this makes it hard to measure prenatal and postpartum care outcomes.
- Data sharing restrictions such as patient privacy and security guardrails can limit data sharing between hospitals, public health agencies, and researchers.
- Many rural areas in Virginia lack obstetric care facilities, leading to potential under-reporting complications that occur outside traditional healthcare settings.

Virginia’s Title V Needs Assessment Update – Dr. Karen Shelton, Commissioner VDH

Dr. Shelton provided the Task Force with an overview of Title V and its defined purpose to, “provide and to assure mothers and children (in particular, those with low income or with limited availability of health services) access to quality maternal and child health services.”

Title V was created in the Social Security Act of 1935 and is the oldest state/federal partnership; these funds became a block grant in 1981. The Title V Assessment is a systematic process required every five years by the Health Resources and Services Administration (HRSA). Qualitative and quantitative methodology is used in identifying and prioritizing maternal and child health services needs. The next report is due in July 2025. To date, 500 stakeholder surveys have been completed, 93 key informant interviews completed, and 20 focus groups facilitated with 83 individuals. In April, work will begin to finalize the Measurable State Action Plan ahead of the July submission of the report to HRSA.

Dr. Shelton noted several overarching themes. One of Virginia’s strengths, as identified in the focus groups, was the presence of programs and providers who also serve as patient advocates. Barriers included provider shortages, insurance limitations, and care coordination challenges.

Dr. Shelton highlighted the maternal health work and programs carried out by VDH and the local health districts (LDHs). The following maternal health programs and services were discussed:

- BabyCare provides comprehensive case management and wraparound services, behavioral risk screenings, and expanded prenatal services for pregnant women and infants up to age two, to reduce maternal and infant mortality and morbidity. The BabyCare program is available in 13 LDHs. The first report on outcomes of the BabyCare program will be completed by July. 2024 data for the program showed the following, reflecting a 10% increase from 2023:
 - 614 mothers served through 4,218 encounters
 - 903 infants served through 7,201 encounters
- Resource Mothers support pregnant and parenting teens through mentorship, education, and case management, to improve health, stability, and navigation of parenthood. Resource Mothers saw increased enrollment and engagement in 2024, with fewer rapid repeat pregnancies. The program is available in 4 LDHs and 1 private hospital. 2024 data for the program showed:
 - 180 teens enrolled
 - 2,117 encounters completed (6% increase from 2023)
 - 1,107 lessons taught (Growing Great Kids and AIM for Teen Moms)
 - 37 repeat pregnancies (subsequent pregnancy within 18 months); 7 less than in 2023

- Home visiting programs are available through the following organizations: VDH, Healthy Families, Healthy Start, Nurse Family Partnership, Parents as Teachers, and Resource Mothers. However, these programs are not offered in every health district. Currently, programs are available in varying degrees and through varying programs in over 60 LHDs. Central Virginia and Western Virginia have large unserved areas.
- District Highlight: The Eastern Shore Health Department (HD) provided prenatal care services to 161 patients with a total of 838 visits in 2024.
- District Highlight: The Chesterfield HD provided direct prenatal care services to women in need for a total of 383 patients with a total of 1839 visits in 2024.
- District Highlight: The Chickahominy HD provided direct prenatal care services to 45 women with a total of 222 visits in 2024.

Dr. Shelton discussed VDH’s Community Health Worker program and the use of maternal mortality for allocation of resources.

Dr. Shelton noted that two dashboards are in development to improve publication of actionable data on maternal health: the Maternal Mortality Dashboard (includes natural deaths up to 42 days postpartum) and the Pregnancy Associated Mortality Dashboard (includes deaths up to one year post pregnancy, regardless of pregnancy outcome). Dr. Shelton gave the Task Force infographics and examples of the data that can be expected through these dashboards. The emphasis is placed on delivering real-time data to guide efforts and action. A comprehensive maternal health resource website is also being planned.

Virginia Medicaid Update – Cheryl Roberts, Director DMAS

Director Roberts provided the total number of deliveries for FY2023 and FY2024, as well as birth outcome summaries, including rates of prematurity, full-term, and post-term births. She shared information on the timeliness of prenatal care for Medicaid members in the Commonwealth, as well as completion rates for postpartum visits between 7- and 84-days following delivery. There was a slight decrease (1.8%) in births from FY2023 to FY2024 and a slight increase in premature births from FY2022 to FY2024.

Task Force Member Discussion – facilitated by Dr. Shelton and Dr. Dunnivant

- The Task Force discussed the use of a screening tool for SDoH and the importance of it being used in addition to mental health screenings. Concern was voiced regarding the importance of both being conducted and reimbursement for SDoH screening.
- Questions were raised regarding referrals for various services offered throughout the Commonwealth. How are individuals made aware of available resources and can referral sources be assessed for their effectiveness? Is the Unite Us platform still being funded by the Commonwealth, how can partners and/or facilities engage with it as a referral system, and how can data from the platform be tracked.
- An update on the *Right Help, Right Now* initiative may be helpful to assess how it has impacted the Commonwealth.
- A Task Force member requested clarification on whether perinatal services can be unbundled and billed for separately under Virginia Medicaid. They asked whether Virginia only offers a global payment for perinatal care and how that impacts the ability to track things like the postpartum visits and mental health screenings. It was later clarified that payments could be unbundled.

- The timeliness of Commonwealth data was also discussed, including delays in processing certain metrics and how these delays affect maternal health efforts — particularly in informing reports, guiding work, and supporting funding requests.

Public Comment Period

No comments provided.

Next Steps

The Task Force is scheduled to be reconvened on May 9, 2025, from 10am–noon. Additional meeting details will be provided closer to the meeting date.