

Championing Change: Transforming Maternal Care Through Innovation and Community Partnerships in VA

VCHA 2025 Annual Membership Meeting & Conference
September 26, 2025

*Lauren Kozlowski, MSW, MPH
Maternal and Infant Health Programs Coordinator
Office of Family Health Services*

*Samara Lott, MPH
Local Health District MCH Coordinator
Office of Family Health Services*

Questions for You!

Who is in the room?

Agenda

- Title V Block Grant
- A Bit of Data
- Current Work at VDH
- Resources



Title V Maternal and Child Health (MCH) Block Grant

Virginia Title V is committed to Title V's defined purpose:

Social Security Act of 1935 [Sec 501(a)(1)(A)]

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”



Virginia Title V Programs by Domain

Women/Maternal Health

- Contraceptive Access Initiative
- Pregnancy Loss Project
- State Substance-exposed Infants Plan
- MMRT Recommendation Implementation
- Local Health Districts Initiatives

Perinatal/Infant Health

- Five-Star Breastfeeding Hospital Designation
- Homevisiting Collaboration
- Safe Sleep Initiatives
- Perinatal Mental Health
- Local Health Districts Initiatives

Child Health

- Developmental Screenings
- Injury prevention curriculum
- School-based dental health initiatives



Adolescent Health

- Get Real®
- Suicide Prevention trainings
- School Health Mental Health Toolkit
- School Health Immunization Initiatives
- School-based Dental Health Clinics

Children & Youth with Special Health Care Needs

- Child Development Centers (CDCs)
- Care Connection for Children (CCCs)
- Pediatric/Adult Sickle Cell Programs
- Virginia Bleeding Disorders Program
- Birth Defects Surveillance Program

Cross-Cutting & Systems Building

- Community Engagement through Local Health Districts
- Transition to adulthood workgroup
- Workforce capacity measurement & strengthening
- Workforce education and training
- MCH Intern & Young Professional development
- Data Products enhancement & availability

Title V Local Health District Focus Areas

Virginia Title V is **ALL IN** and will take a broad and comprehensive approach – local, regional, and state level approach with multiple partners in multiple spaces

Title V Local Health District Focus Areas - enhance, expand and/or transform services to:

- 1) Reduce Maternal Morbidity and Mortality (Postpartum Visit)
- 2) Increase Community Engagement
- 3) Increase Regional Collaboration

Title V Local Health District Focus Areas

Postpartum Support – education and resources, improved access to postpartum visits, expanded home visits, screenings, linkage to care/care coordination, data-sharing

Community Engagement - outreach efforts including focus groups, baby showers, classes, surveys, and listening sessions

Regional Collaboration - cross-sector collaboration with partners at local organizations, hospitals, coalitions, and other health districts to create a coordinated system of care that offers strengthened referrals, data sharing, wrap around support, and incentives to meet clients' needs

Importance of the Postpartum Visit



The American College of Obstetricians and Gynecologists (ACOG) recommends that everyone have contact with their maternal health provider within the first three weeks postpartum, followed by a comprehensive postpartum visit within 12 weeks after birth.



The follow-up appointment provides an opportunity to improve maternal health by offering screening, counseling, and health care services management that adheres to professional guidelines and national quality standards.



Family planning services, including contraceptive counseling, and preliminary screening for anxiety and depression are among the key components recommended.

Data Highlights for Today

8.6 MILLION
VIRGINIA RESIDENTS

22.1%
CYSHCN AGES 0-17



35 LOCAL HEALTH DISTRICTS



VIRGINIA
— BY THE —
NUMBERS

92,639 ANNUAL BIRTHS



9.7% PRETERM BIRTHS
(Compare to **10.4%** National average)

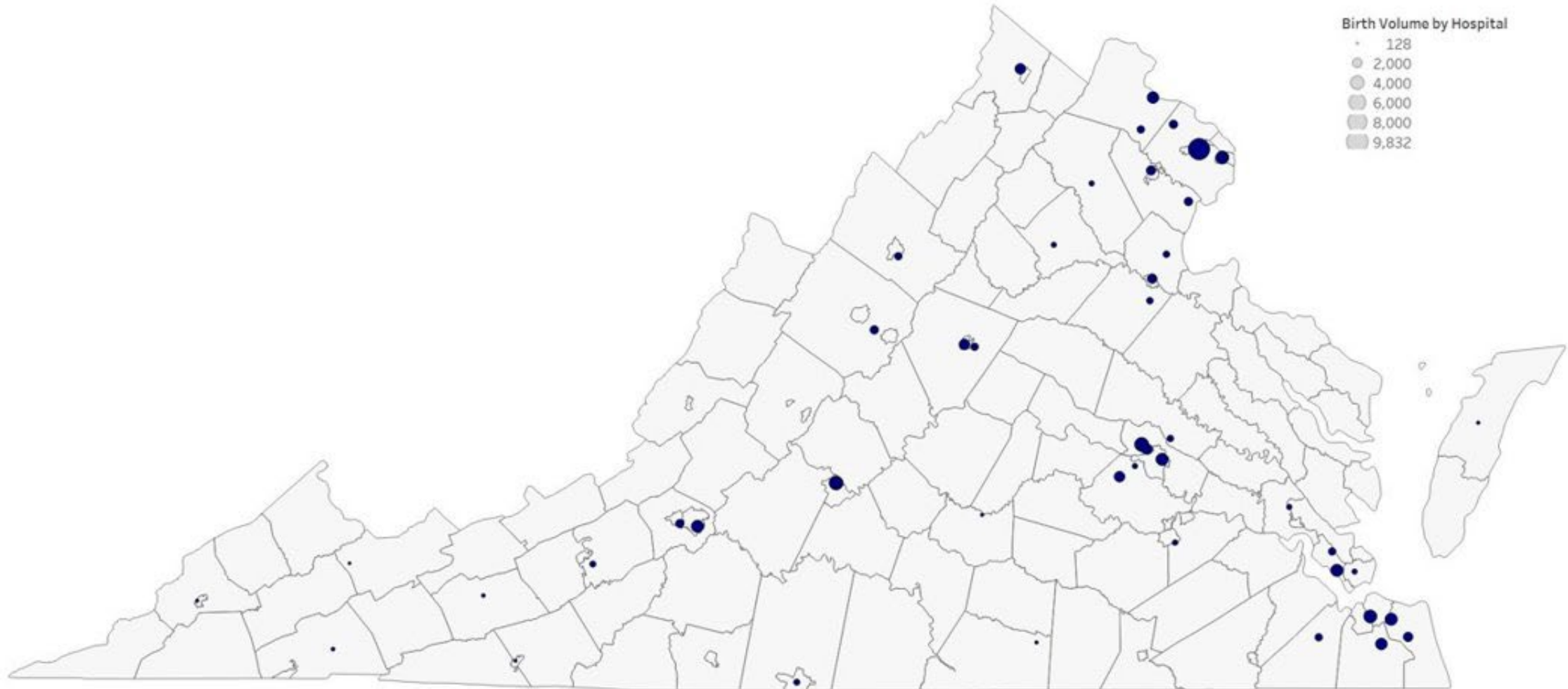
MEDICAID-PAID DELIVERIES



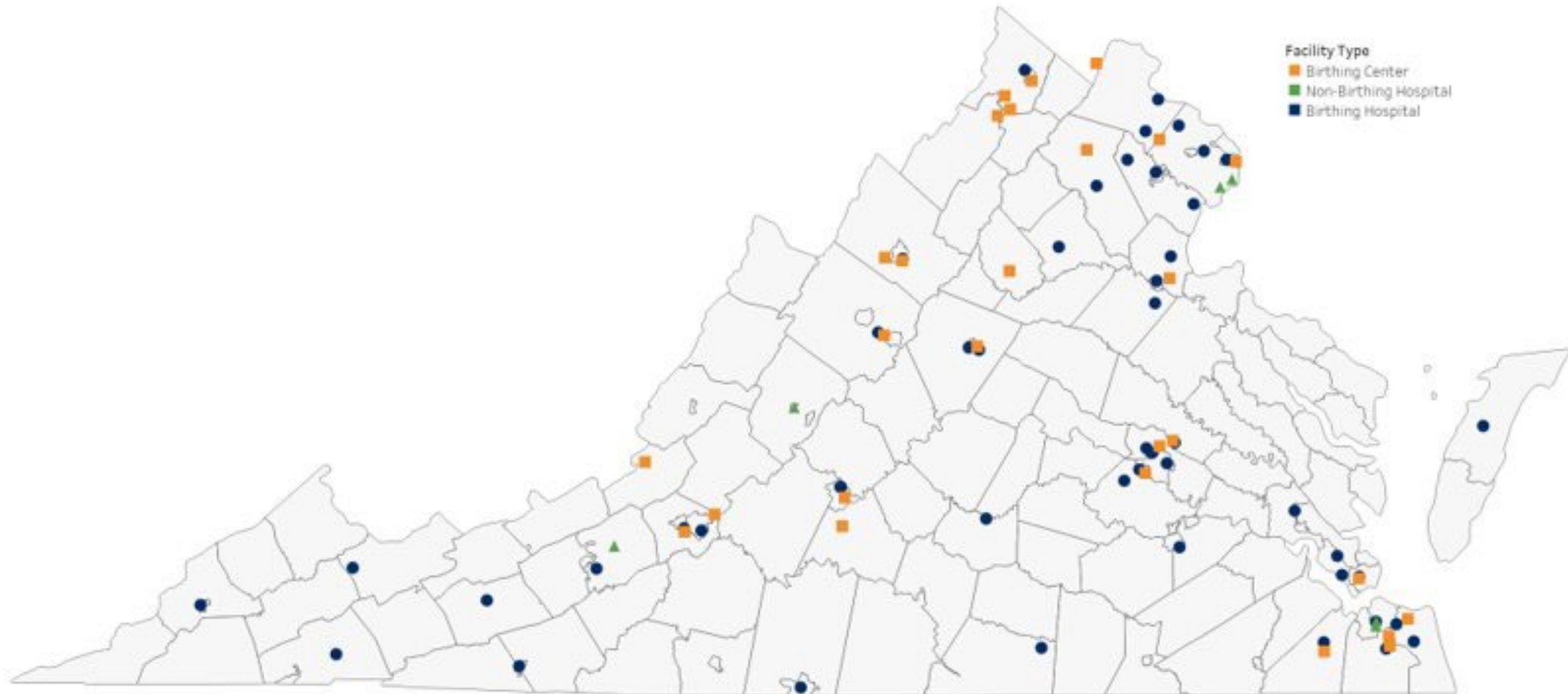
49 BIRTHING FACILITIES

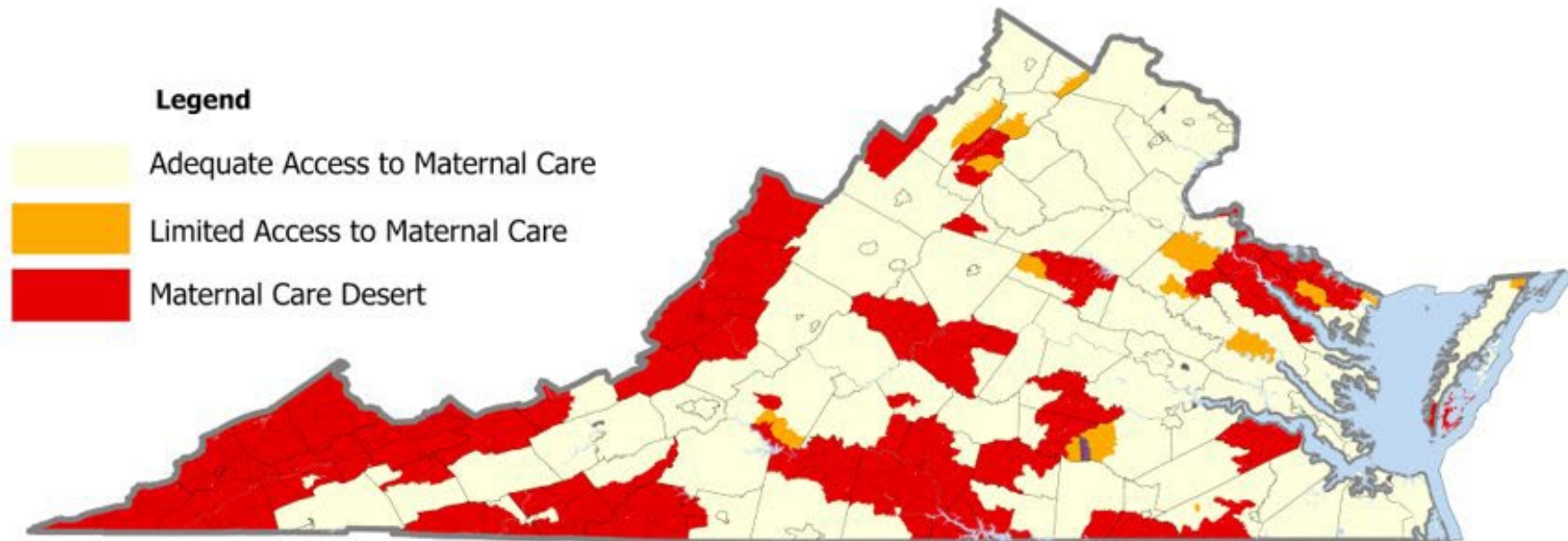


Birthing Hospitals by Birth Volume (2024)



Facilities in Virginia where Births Occurred, Including Birthing Hospitals, Non-Birthing Hospitals, and Birthing Centers





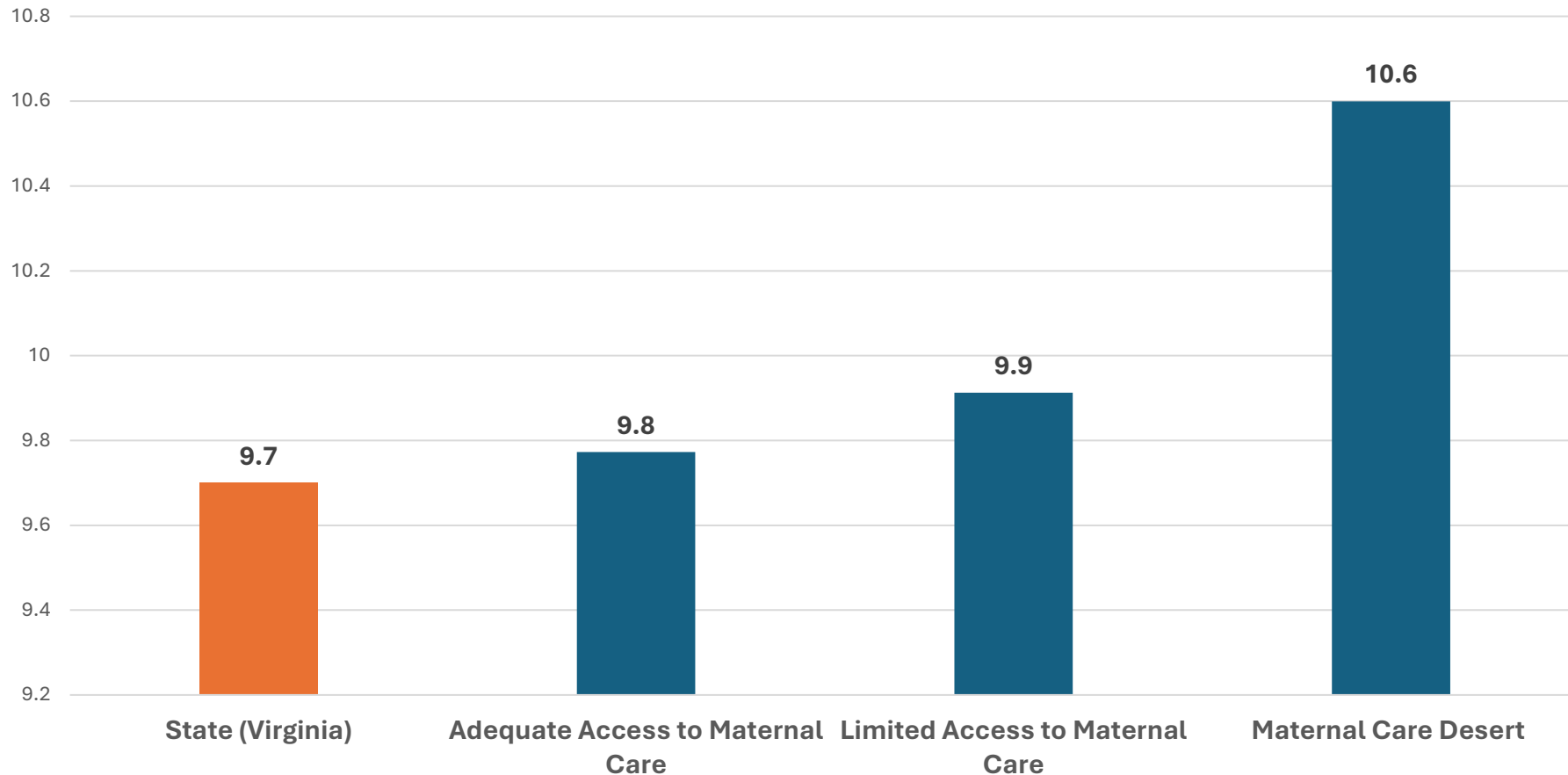
* The Maternal Care Desert was assessed using three indicators: 1. Drivetime exceeding 30 minutes to the nearest OBGYN provider (FTEs), 2. The designation of Health Professional Shortage Area (HPSA), and 3. The percent of the population living below 200% of the federal poverty level (if more than 20%). Desert areas were defined as census tracts that met all three of these criteria.

**Limited access to maternal care is defined as living over 30 minutes from the nearest OBGYN in an area that does not meet the established criteria for a Health Professional Shortage Area (HPSA) or poverty level below 200% of the Federal Poverty Level (FPL).

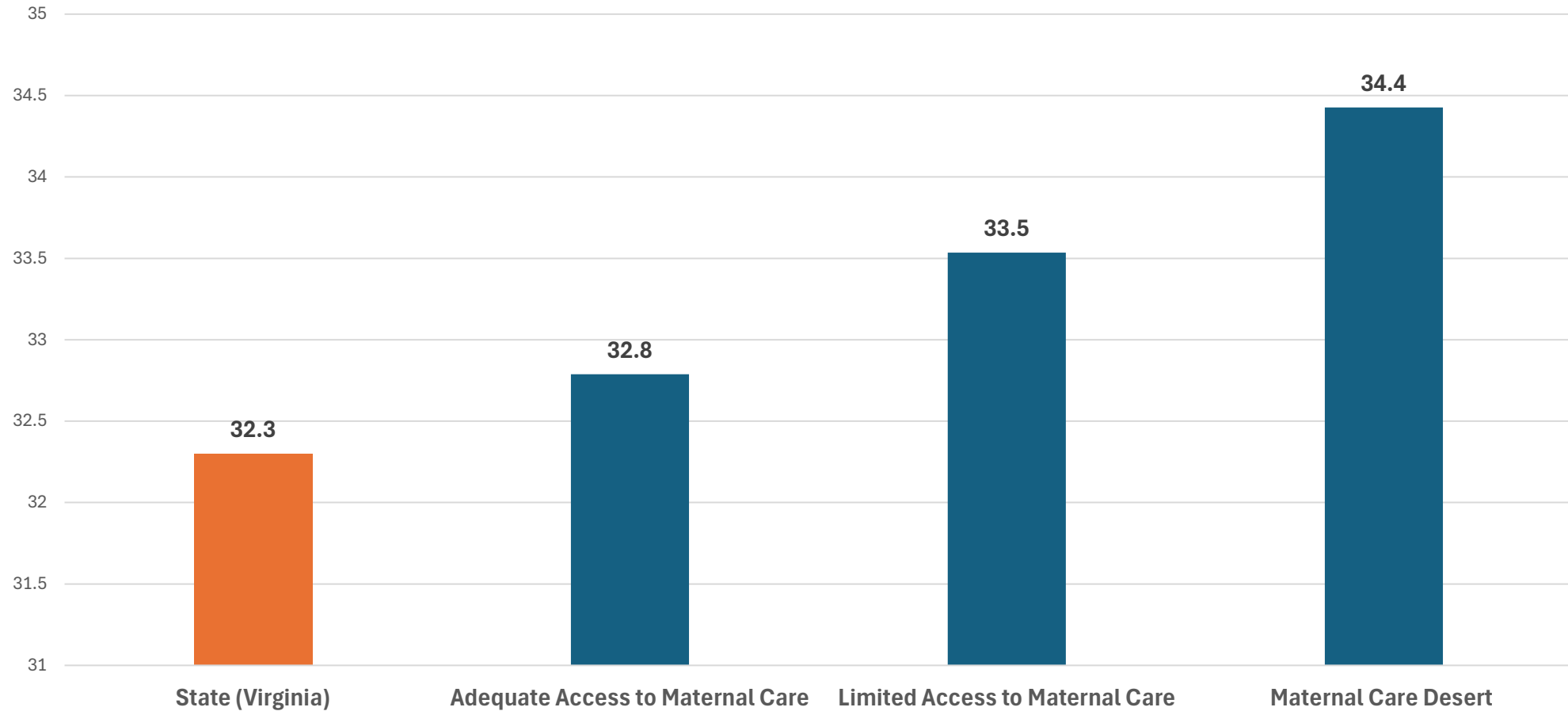
***Adequate access to maternal care is defined as living in areas that do not meet all 3 criteria



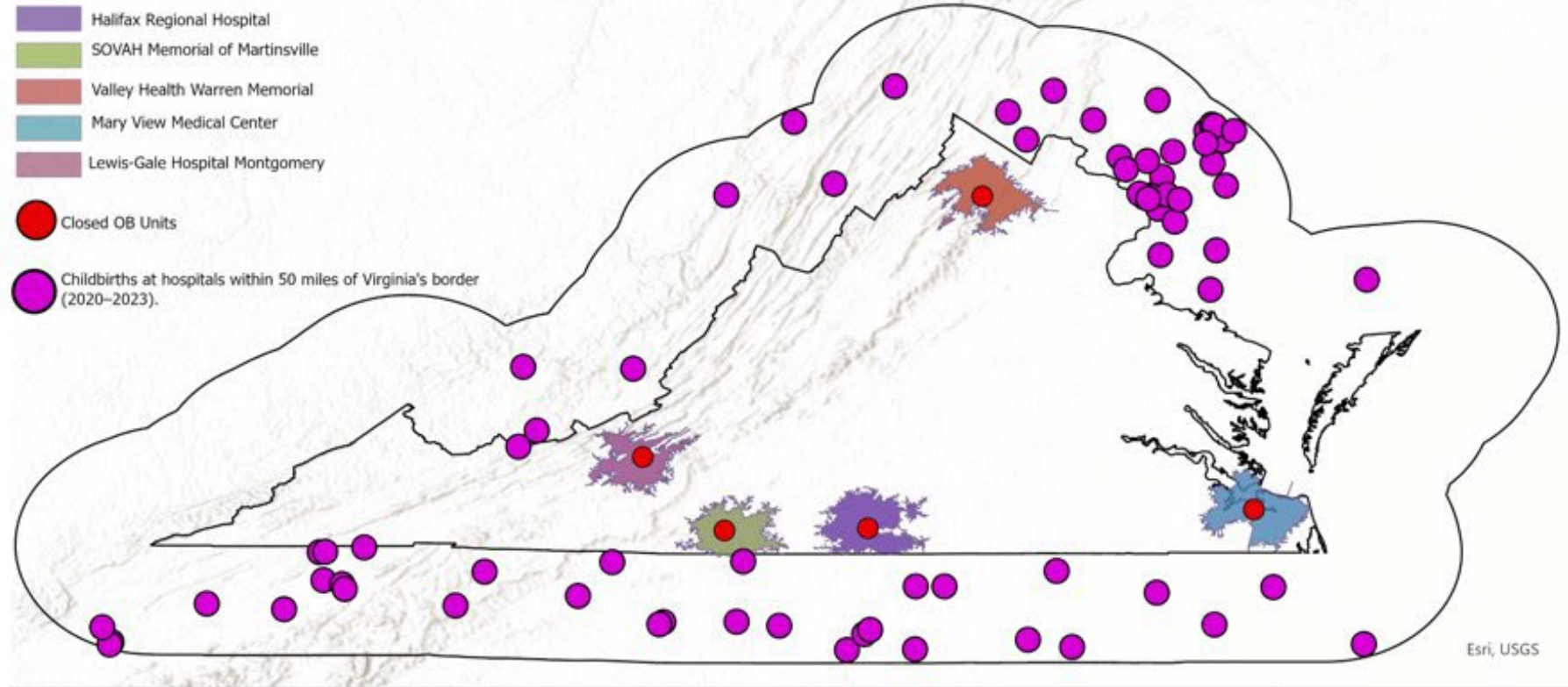
Preterm Birth as a Percentage of Total Births by Maternal Care Access Designation, 2020-2023



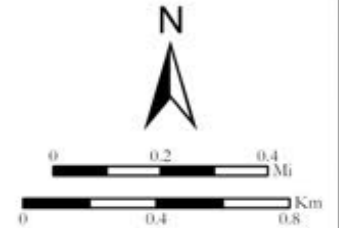
Percentage of All Births with **Cesarean Delivery** by Maternal Care Access Designation, 2020-2023



Geographical Locations of Select Closed Obstetric Units in Virginia (2018-2024)



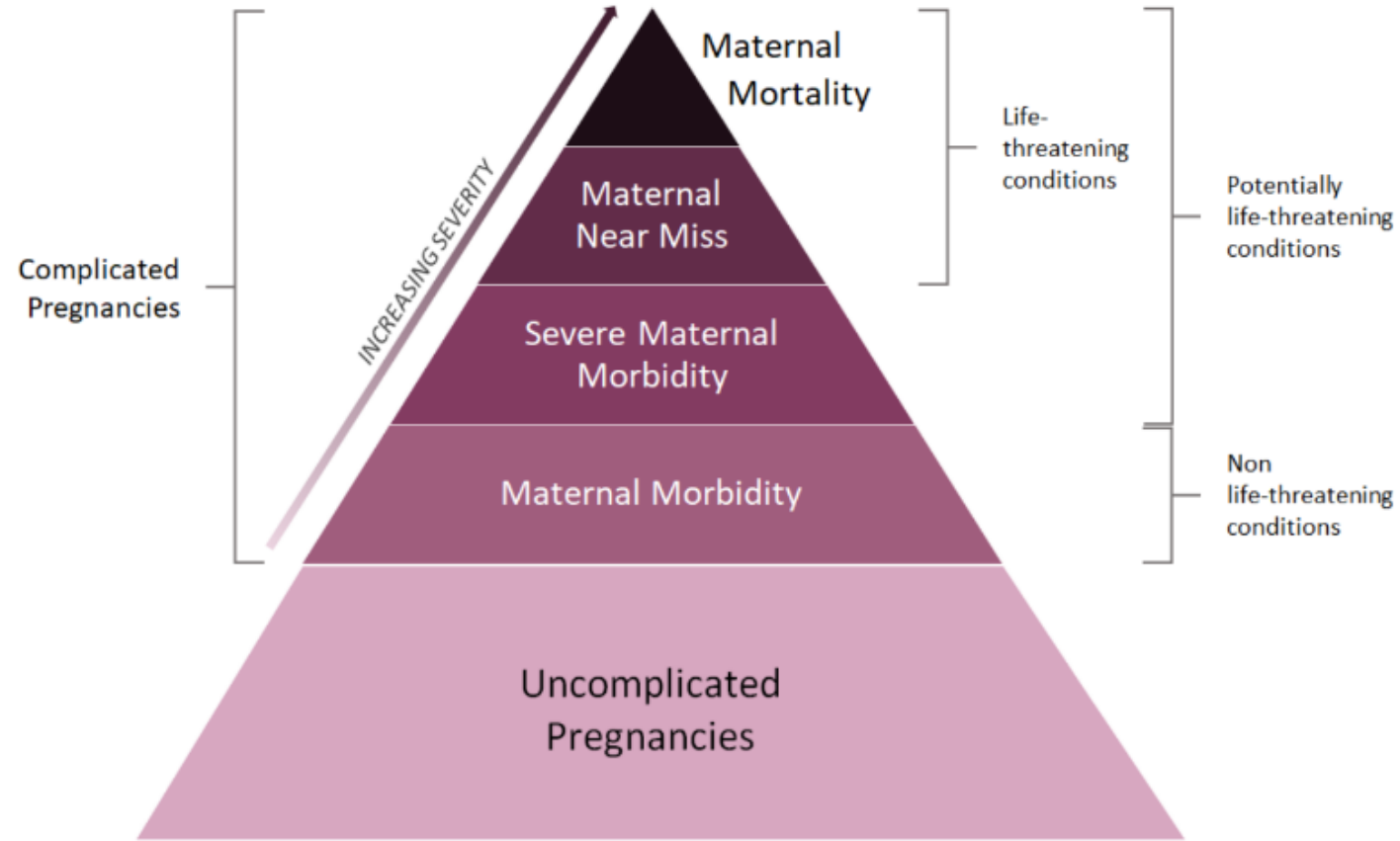
The map shows the locations of five closed OB units and the neighboring out-of-state hospitals that Virginia mothers utilized for births during the study period



Pregnancy-Associated Mortality Data, 2022

- 34.3% of deaths occurred while pregnant or on the day of delivery (N=23).
- 32.8% of deaths occurred 43 days or more past the date of delivery (N=22).
- Leading causes of death:
 - Cardiac Conditions (N=11; 16.4%)
 - Accidental Overdoses (N=11; 14.9%)
 - Cancer (N=7; 10.4%)
 - Hemorrhage (N=6; 9.0%)
 - Infection (N=5; 7.5%)

Severe Maternal Morbidity



Adapted from:

New York City Department of Health and Mental Hygiene (2016). Severe Maternal Morbidity in New York City, 2008 – 2012. New York, NY.

Vandenberghe G, Roelens K, Van Leeuw V, et al., The Belgian Obstetric Surveillance System to monitor severe maternal morbidity. Facts, Views & Vision in Obgyn. 2017;9(4):181-188.

Current Work at VDH

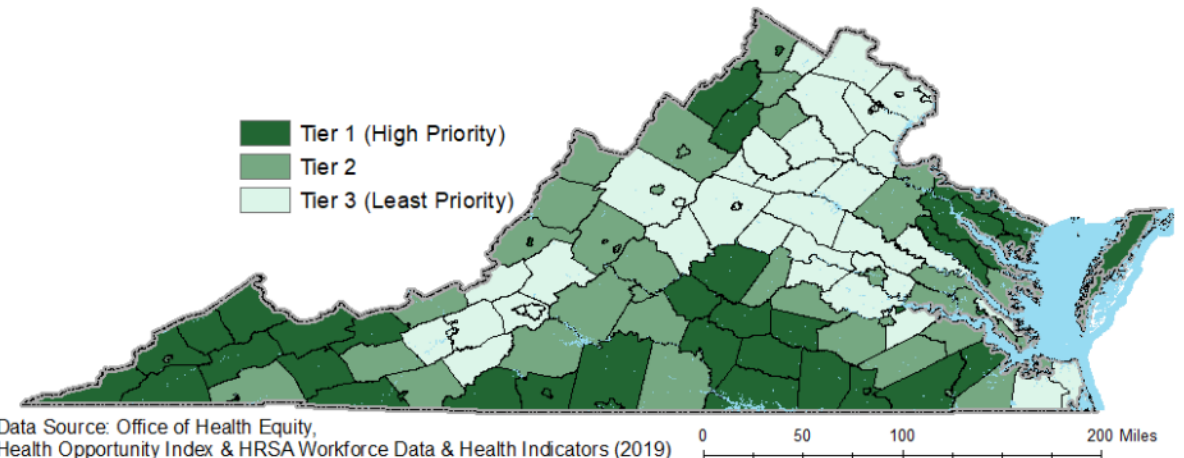
Workforce Incentive Programs to Increase Provider Access

- VDH offers at least two programs to place nurses, nurse midwives, and OBGYNs in areas of high need
 - [Nurse Practitioner/ Nurse Midwife Scholarship Program](#)
 - [Virginia Conrad 30 Waiver Program](#)

The map on the right shows the parts of the Commonwealth where VDH prioritizes placement of eligible J-1 OBGYNs through the Conrad 30 Program.

- Currently, two Maternal Fetal Medicine J-1 Physicians are practicing in the Norfolk area.

High Priority Target Area (HPTAs) - OBGYN Indicator
Health Opportunity Index, Pre-Pregnancy Diabetes & Hypertension, Low Birth Weight, Prenatal Care (2nd and 3rd Trimester) Rate, & OBGYN Provider Rate *



Data Source: Office of Health Equity, Health Opportunity Index & HRSA Workforce Data & Health Indicators (2019)

* The Index is a composite measure of Virginia Health Opportunity Index (HOI), Prenatal Care-LBW, Pre-Diabetes & Hypertension and OBGYN Pop Physician-Ratio. The index is the geometric mean of normalized indices for each of the three dimensions. It simplifies the comparison among all the counties in Virginia by combining the three variables into a single number. The index varies between 0 and 1 with the score close to zero indicating greater distance from the maximum to be achieved on the aggregate of the variables composing the index. However, a score close to 1 indicates greater achievement relative to the maximum attainable on the aggregate of the variables used in constructing the index.

BabyCare: In our Local Health Districts

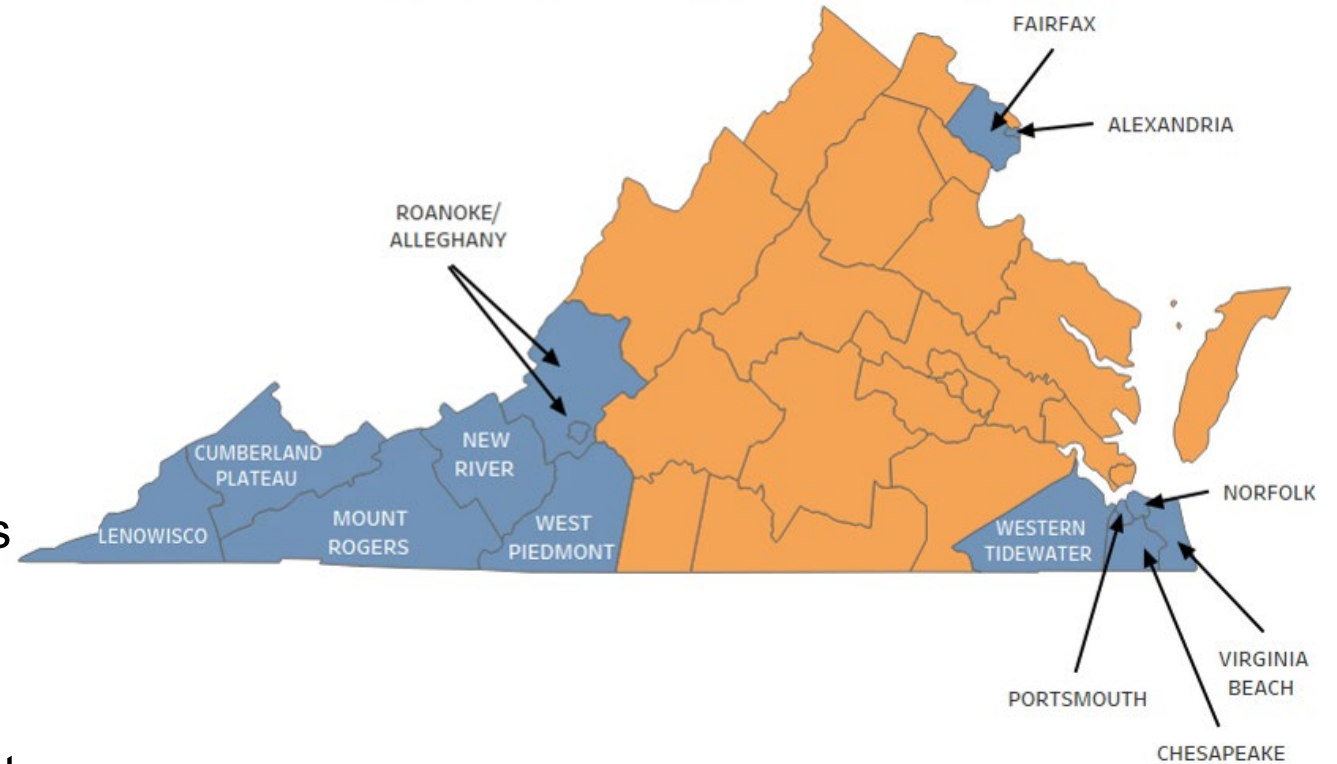
In 2023, approximately 35.3% of all births in Virginia were covered by Medicaid.

BabyCare is Virginia's Medicaid home visiting program administered by 13 of the local health districts and is aimed to improve pregnancy and birth outcomes.

The program provides behavioral risk screening, case management services, and expanded prenatal services for pregnant women and infants up to age 2.

BabyCare participation criteria is broadly defined as being “at risk” allowing the local health district to tailor their program to suit the needs of their community.

Virginia BabyCare Program - Location by District



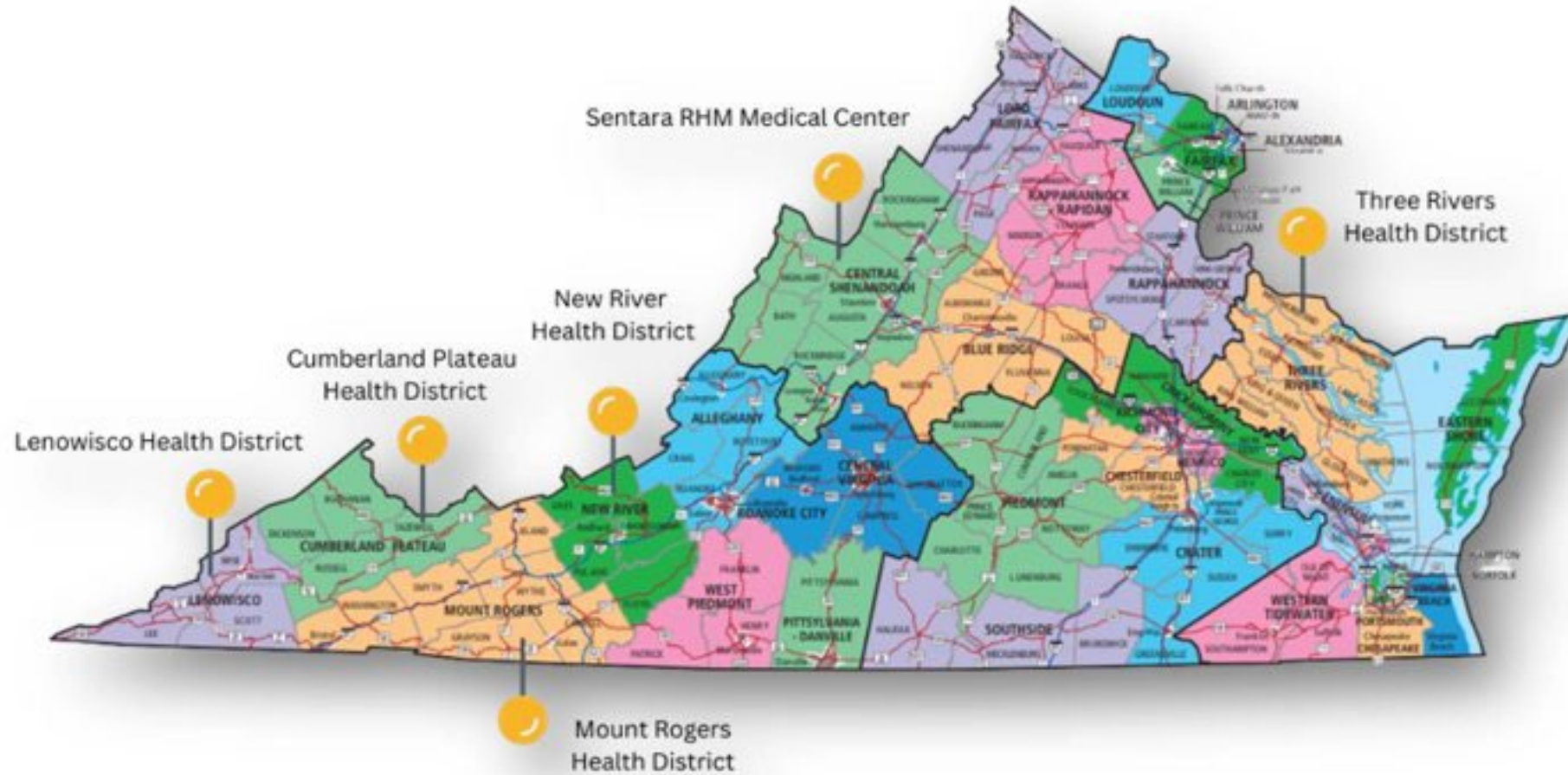


FY25 Programmatic Data	Number Served
Newly Enrolled Clients	154
Prenatal Encounters	586
Postpartum Encounters	1,269
Babies Born	119

- Resource Mothers offers critical support to pregnant and parenting teens in southwest, northwest, and central Virginia, and the Northern Neck.
- Continuation of the Resource Mothers program is key to ensuring positive birth outcomes for families without access to adequate support.
- Program goals include increasing healthy birth outcomes, reducing infant mortality, and preventing a subsequent teen pregnancy.
- Resource Mothers staff meet with teens and their families at least twice per month using evidence-based curricula. (Growing Great Kids and AIM for Teen Moms)
- Resource Mothers staff provide health education, life skills development, and mentorship to ultimately guide the teen in making a successful transition to parenthood.
- Resource Mothers receives \$1mil in state general funds and Title V grant funding for professional development/training for RM staff (Est. \$20K).

Additional information regarding the Resource Mothers program can be found here:
<https://www.vdh.virginia.gov/resource-mothers/>

Resource Mother Locations



State-Certified Doulas



- The primary goal is to improve the birth outcomes of pregnant women and infants in Virginia through community-based doula services and to eliminate the maternal and infant mortality racial disparities across the Commonwealth.
- Doulas educate mothers on staying healthy and empower them to confidently make some of the most important decisions of their lives. They are trained, community-based nonmedical professionals who provide continuous physical, emotional, and informational support to pregnant families. They will continue support throughout pregnancy, at labor and delivery and continue support into the postpartum period.

Community Health Workers (CHWs)

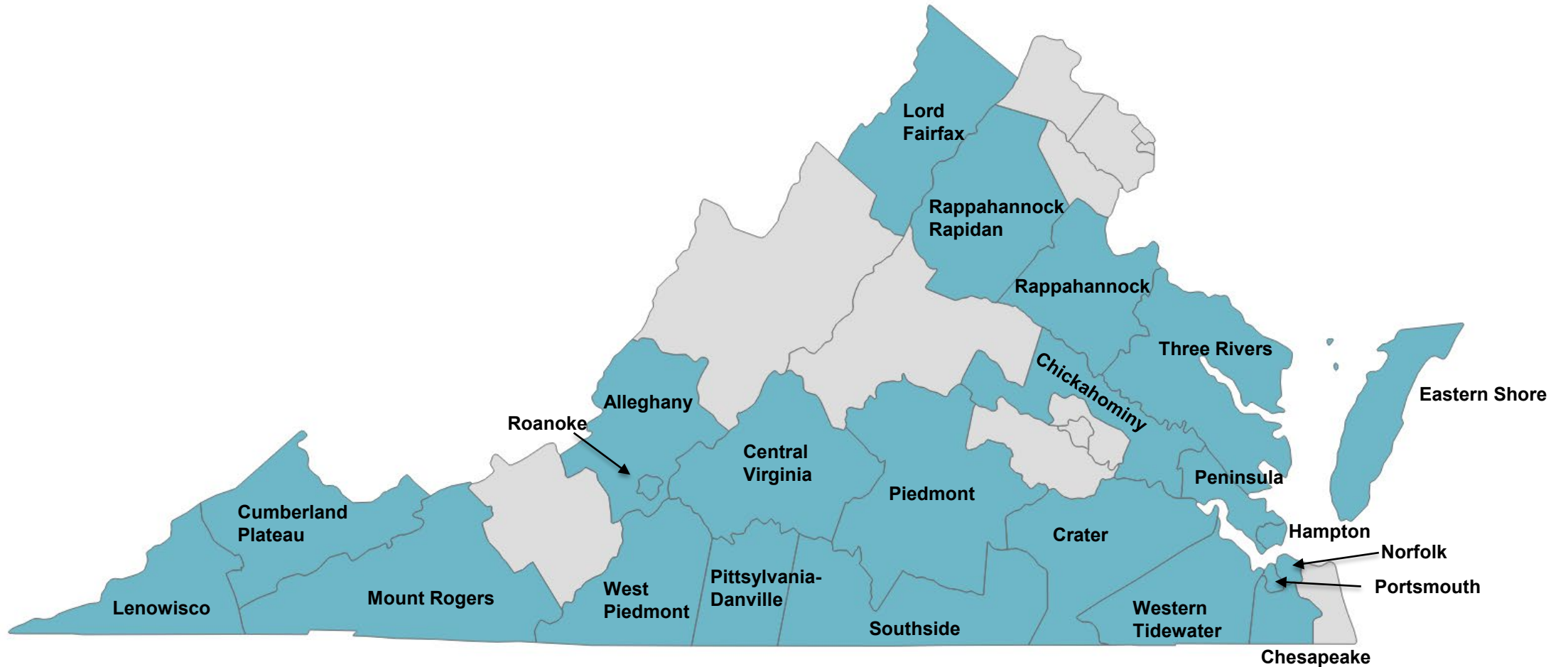
During the 2024 Special Session I, budget bill [HB6001](#) passed:

Out of this appropriation, \$3,200,000 the first year and \$3,200,000 the second year from the general fund shall be provided to support Community Health Worker positions at Virginia's local health districts. The agency shall prioritize supporting Community Health Worker positions at local health districts that serve localities with the highest rates of maternal mortality.

Areas of Measurable Impact: Title V National Performance Measures

- 1: Postpartum visit
- 2: Postpartum mental health screening
- 3: Postpartum contraceptive use
- 4: Perinatal care discrimination
- 5: Risk-appropriate perinatal care
- 6: Breastfeeding
- 7: Safe sleep
- 8: Housing instability: Pregnancy and Child
- 12: Food insecurity

MCH Community Health Workers (CHWs)

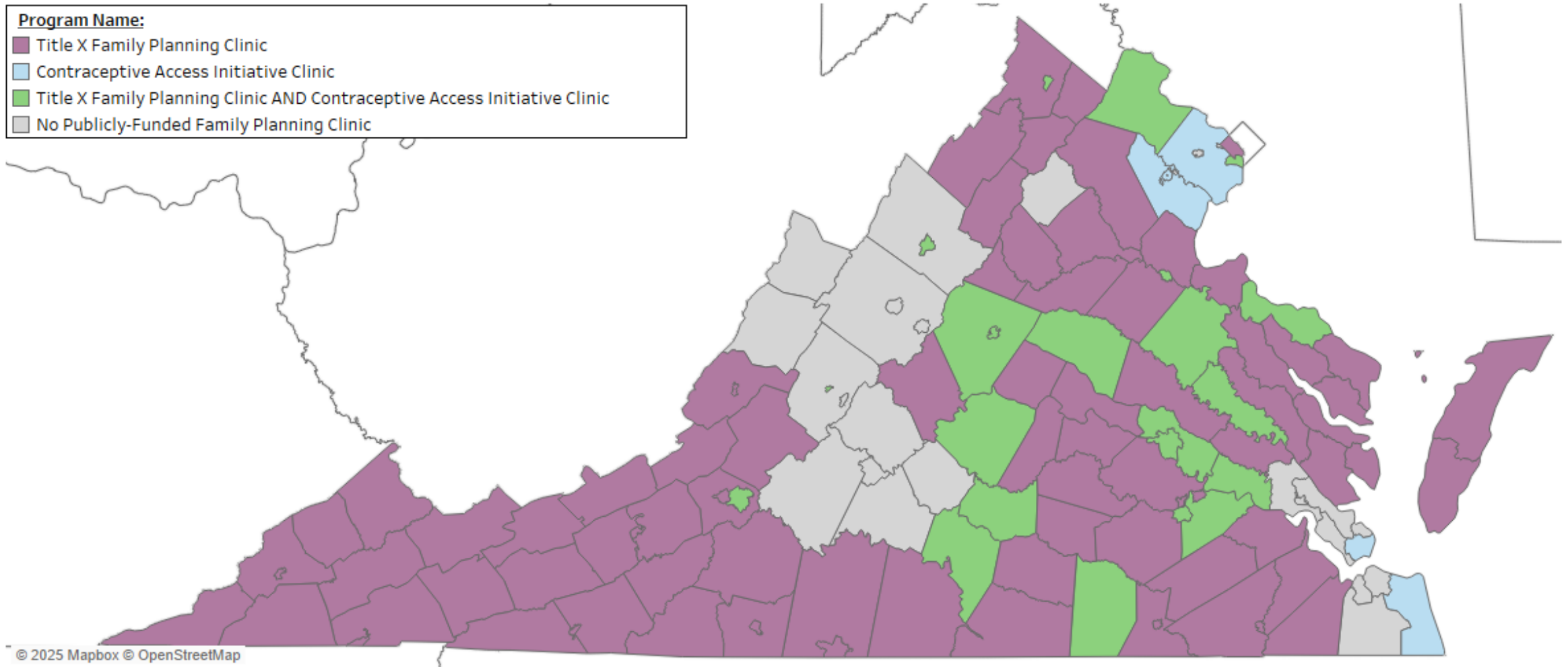


Access, Affordability via Title X Clinics

2025 Publicly-Funded Family Planning Clinic Locations by Locality

Program Name:

- Title X Family Planning Clinic
- Contraceptive Access Initiative Clinic
- Title X Family Planning Clinic AND Contraceptive Access Initiative Clinic
- No Publicly-Funded Family Planning Clinic



© 2025 Mapbox © OpenStreetMap

NOTE: This map only including family planning clinics that receive public family planning funds from VDH.

VMAP FOR MOMS+

Training for Maternal and Pediatric Healthcare Providers



Call VMAP for Moms+ 1-888-371-8627 x 2


Who is VMAP for Moms+ For?

VMAP for Moms+ was developed for Virginia healthcare professionals who screen or provide clinical care for pregnant and/or postpartum persons, including OB/GYNs, primary care clinicians, midwives, pediatricians, and psychiatrists.

- Provider-to-provider consults
- Care navigation services
- Trainings for health care providers


Moms Under Pressure: Supporting Community-Based Work

- Hypertension is a common condition in pregnancy:
1 in 12 pregnancies
- Preeclampsia occurs in 1 in 25 pregnancies
- HELLP Syndrome 1 in 1,000 pregnancies



Moms Under Pressure Overview

- Self-monitoring blood pressure program for pregnant persons and women across the state of Virginia
- **Self Enrollment:** MUP allows pregnant persons and women to enroll themselves or we accept referrals
- **Education & Empowerment:** Individuals enrolled will receive a cuff kit and access to educational materials
- **Community Engagement:** Stakeholder involvement is essential to improving maternal health outcomes
- **Targeted Outcomes: (SCOPE of work)**
 - Training 11 Doulas and/or CHW through the Virginia Healthy Heart Ambassador program
 - Enroll 110 patients within the first year through clinical sites.
 - Establish fruitful partnerships with clinical sites within the designated census tracts



MOMS UNDER PRESSURE

VDH and Huddle Up Moms partnership goals:

- Focus initially on census tracts with the highest hypertension prevalence rates.
- Train Healthy Hearts CHWs
- Expanding to health education classes
- Partnership with Preeclampsia Foundation
- BP monitoring for chronic hypertension pp (at 3,6,9,12 months)
- Mobile-friendly BP education videos & care

Pregnancy Loss Initiative: Our “Why”

- VDH recognizes the profound impact pregnancy loss has on one’s mental health, interpersonal relationships, one’s ability to become pregnant, and one’s ability to parent.
- Many times, the cause of the pregnancy loss is never identified. Individuals may blame themselves, live in guilt about losing the pregnancy, and fear losing a future pregnancy.
- While pregnancy loss is common, resources for families are limited.

An estimated 10% to 20% of known pregnancies end in miscarriage, and an additional 1% end in stillbirth. Many families don’t have spaces to talk about their loss or share their experience.

Pregnancy Loss Initiative: Currently Funds 5 Organizations

HOW TO SUPPORT GRIEVING FAMILIES

Here are some ways to better acknowledge and communicate with parents experiencing grief.

✓ Do Say:

- "I am sorry."
- "I'm here to listen if you want to talk."
- Share happy memories – as appropriate.
- "I know this must be a very difficult time for you. Is there anything you need that I can help with?"
- Share your feelings of pain and loss for the deceased. It will let them know you share their grief.
- Silence can be okay.

✗ Avoid Cliches Such As:

- "At least you're young; you can try again."
- "At least you have other children."
- "I know how you feel" – unless you've had the same loss.
- "I'm glad she's no longer suffering" first. Let them say it first.
- "Everything happens for a reason."

Lack of understanding:
"This was a program I didn't know I needed."

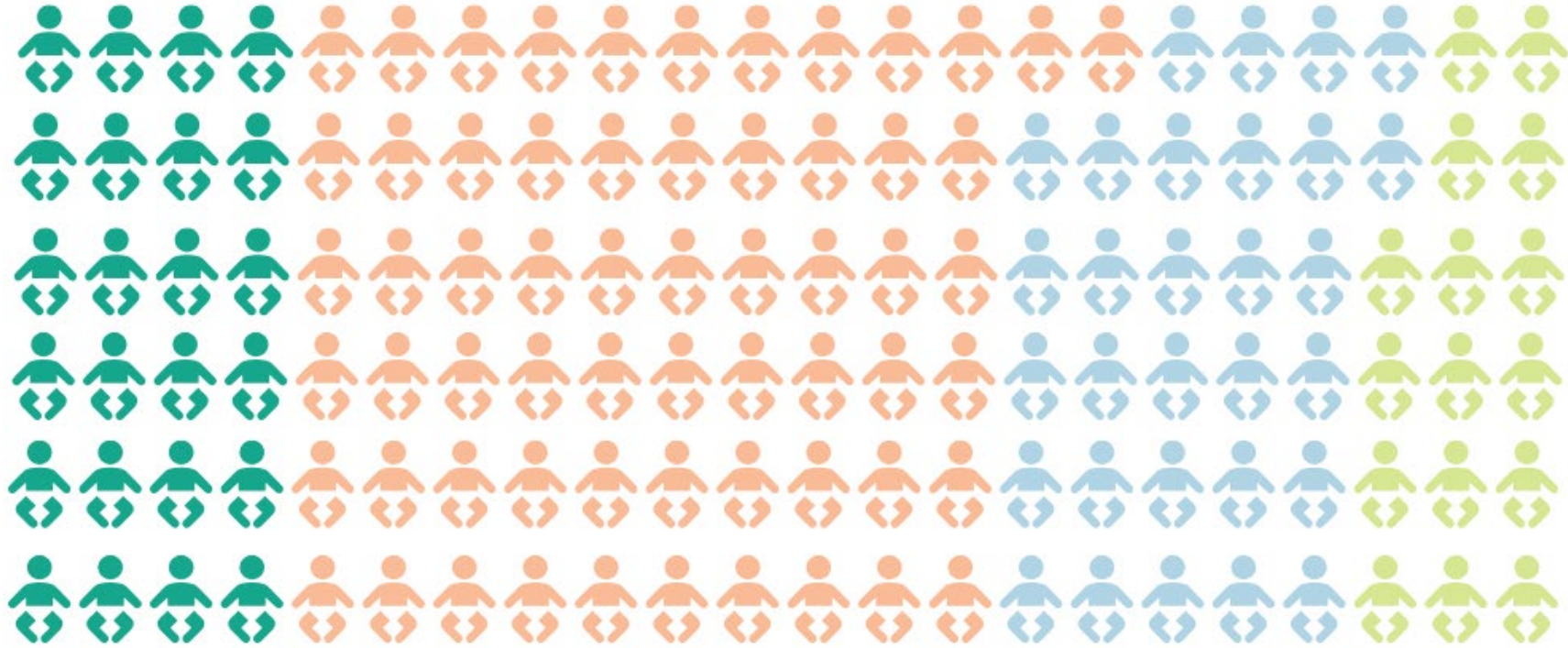
Lack of sensitivity:
"There's not a lot you can say to help, but there's a lot you can say to hurt."

Lack of appreciation about the impact of pregnancy loss on future pregnancies or parenting.

Ongoing Efforts to Address Maternity Care Deserts in Virginia

- **HRSA-24-007 – Rural Health Network Development Planning Program Grant - July 1 2024- June 30 2025** – Awarded to IPHI in partnership with VDH to build Cumberland Plateau Cumberland Plateau Perinatal Health Network (CPPHN) to improving maternal and child health across the Cumberland Plateau Health District (Buchanan, Dickenson, Russell, and Tazewell counties). Network composition: Healthcare and social service providers, community leaders and advocates, associated public health and nonprofit organizations. Together, members address local challenges, including workforce shortages, healthcare disparities, and social barriers, through collaborative solutions and shared learning.
- **HRSA-25-038 – Rural Health Care Services Outreach Grant Program Grant - July 1 2025 - June 30 2029** – Awarded to Virginia Rural Health Association (Network backbone) in partnership with IPHI and VDH to advance CPPHN's goal of improving access to integrated, coordinated perinatal health services for families in the rural Cumberland Plateau region of Virginia. This goal will be met through the following objectives: 1. By April 30, 2029, the PHN will improve expectant and postpartum individuals' ability to navigate the complex healthcare system by investing in peer support, doula, and community health workers for the Cumberland Plateau Health District; 2. By April 30, 2029, the PHN will support learning opportunities through community trainings, forums, and a perinatal health project ECHO; and 3. By April 30, 2029, the PHN will develop innovative, multi-sectoral approaches to ensure the continued availability and sustainability of affordable perinatal services in the service area.

869 babies were born to residents of Virginia's Cumberland Plateau Health District in 2022



18%

47%

23%

12%

(153) were
born in the
Health District

(262) were born in neighboring
states of TN, WV, and NC

(194) were born in
other Health
Districts

(108) did
not have a
facility
listed

Ongoing Efforts to Address Maternity Care Deserts in Virginia

- Virginia's birthing and non-birthing hospitals are engaging with VNPC's SAFE Birth Va (Standardized Approaches For Emergencies in Birth – Virginia) initiative to implement standardized protocols for identifying and responding to serious obstetric emergencies— such as hemorrhage, preeclampsia, and eclampsia (*VHHA*)
- VDH and DMAS were selected to participate in a technical assistance opportunity from the National Academy for State Health Policy (NASHP) to address the issue of maternity care deserts in Virginia (will discuss more shortly)

Resources

“Understanding that rurality is extremely difficult to define, once you've visited one rural community, you have visited one rural community.”

From the Executive Summary of the Virginia Rural Health Plan

Rural Health Plans



Virginia Rural Health Plan

Healthy Moms and Babies



Virginia Rural Health Plan 2022-2026



Virginia State Office of Rural Health
Virginia Department of Health

Rural Maternal Health Toolkit

Rural Maternal Health Toolkit



Welcome to the Rural Maternal Health Toolkit. The toolkit compiles evidence-based and promising models and resources to support rural communities implementing maternal health programs across the United States.

University of Minnesota Rural Health Research Center and NORC Walsh Center for Rural Health Analysis, 2021. Rural Maternal Health Toolkit [online] Rural Health Information Hub. Available at: <https://www.ruralhealthinfo.org/toolkits/maternal-health> [Accessed 8 November 2024]

Maternal & Child Health Dashboard

- The [MCH Dashboard](#) (2015-2022) was recently revamped and launched in May 2024
- The data indicators include:
 - Total Births (serves as denominator for several indicators)
 - Preterm Births, Low Birthweight, Late/No Prenatal Care, Maternal Smoking, Medicaid Births (counts and percentages)
 - Infant Deaths (Counts) and Infant Mortality (rate per 1,000 Live Births)
 - Total Pregnancies, Teen Pregnancies (rate per 1,000 females 15-19)
 - Population Counts (Female 15-44, Females 15-19)
- Dashboard to be updated annually with prior year data by December
- Upcoming dashboards: severe maternal morbidity hospitalizations; maternal mortality; maternal opioid use

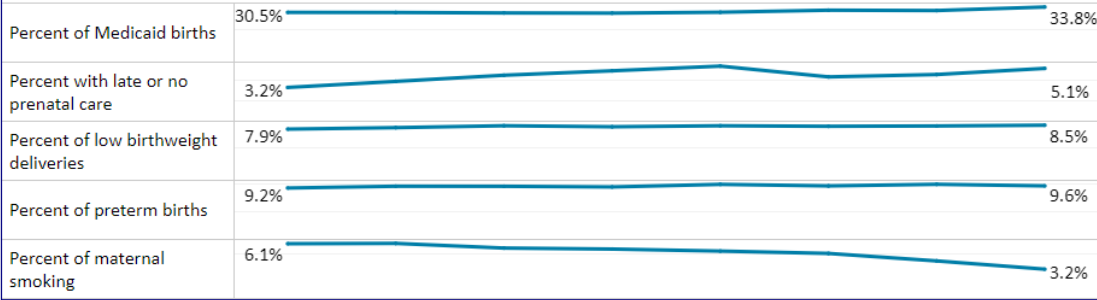
View of MCH Dashboard

Select Year: Show data by: Geography Name or Racial/Ethnic Group:

2022 Snapshot of MCH Population: All races/ethnicities

Females of reproductive age (15-44) [^]	1,697,768	Total pregnancies	113,862
Number of teen pregnancies	4,174	Total live births	95,615
Teen females aged 15-19 [^]	267,017	Number of Infant deaths	593
Teen pregnancy rate [^]	15.6	Infant mortality rate	6.2

2015 - 2022 Percent Trends for Select MCH Indicators: All races/ethnicities

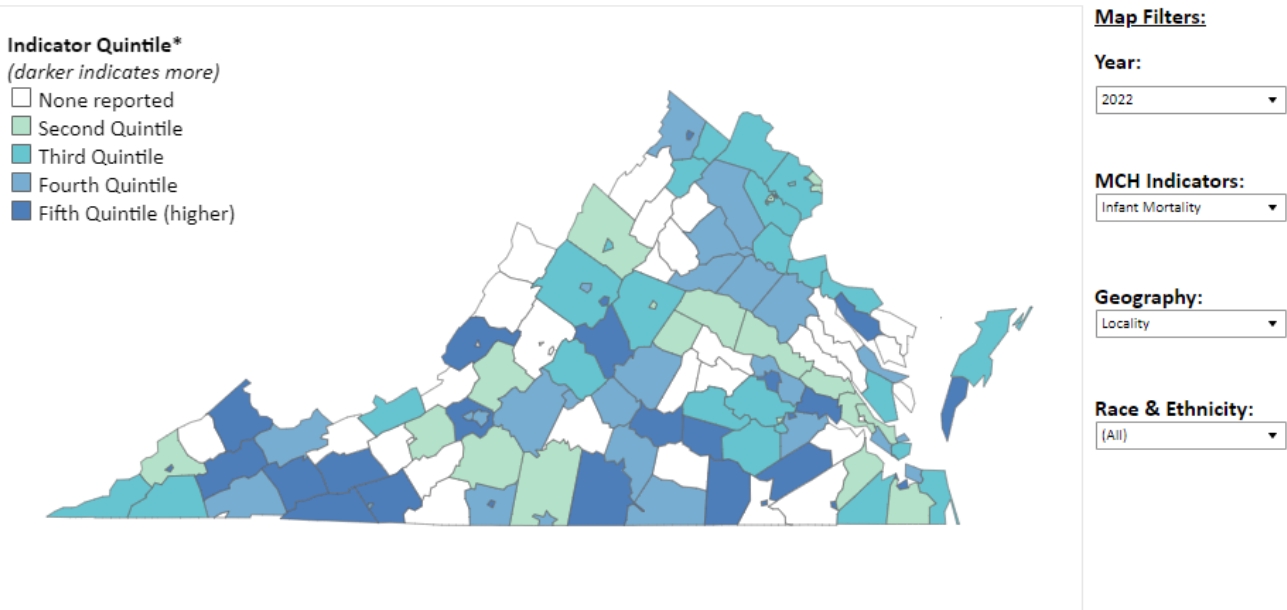


2015 - 2022 Rate Trends for Select MCH Indicators: All races/ethnicities



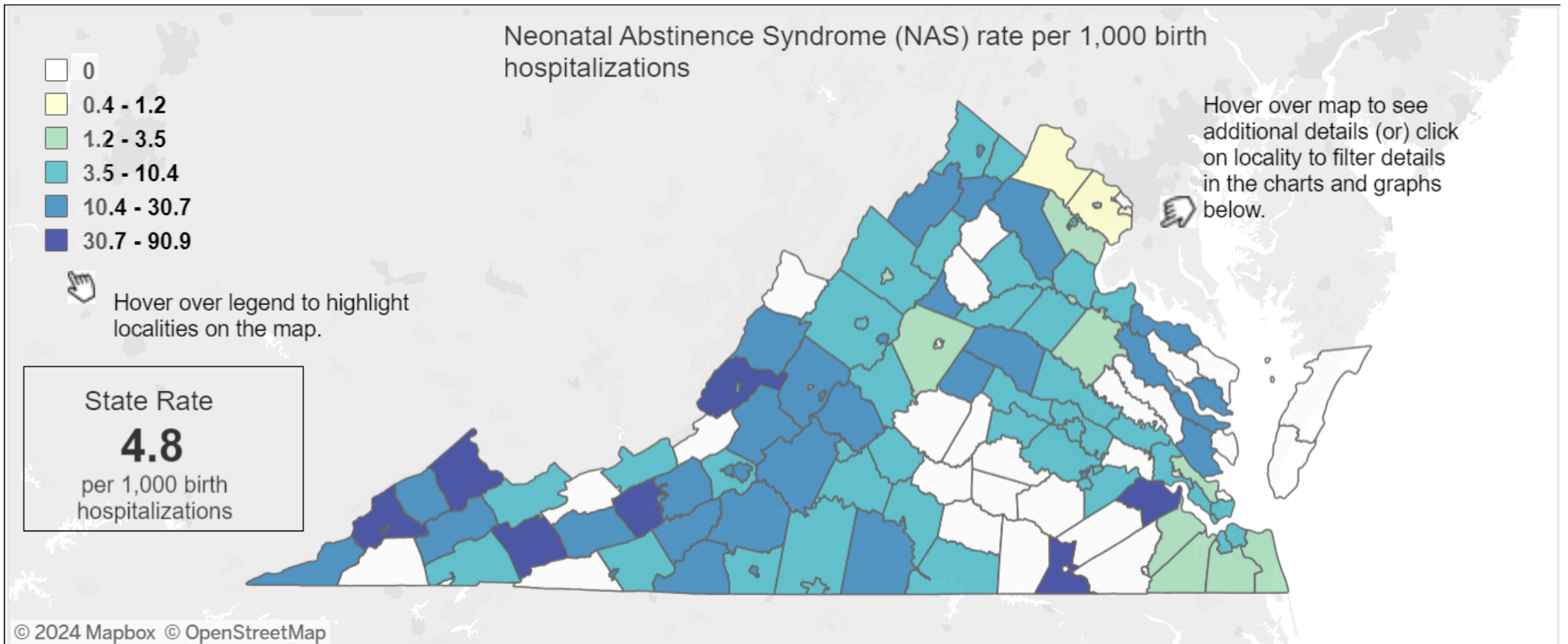
- Years available include 2015-2022
- Geography includes selections from Locality, District, or Region
- Race/Ethnicity = 5 categories (will expand in future)
- Data reported in Quintiles (Map) and Percent/Rate (Trends)

2022 Map of MCH Indicators by Geography and Race/Ethnicity



*For any given indicator, the range of values has been divided into five equal groups or quintiles. A higher quintile indicates higher or worse outcome, as indicated by darker shading.
[^]Population counts for 2021 and 2022 are based on 2020 estimates due to National Center of Health Statistics no longer producing bridged-race estimates. Updated population counts are forthcoming.

Neonatal Abstinence Syndrome Dashboard



Maternal Mortality Dashboard

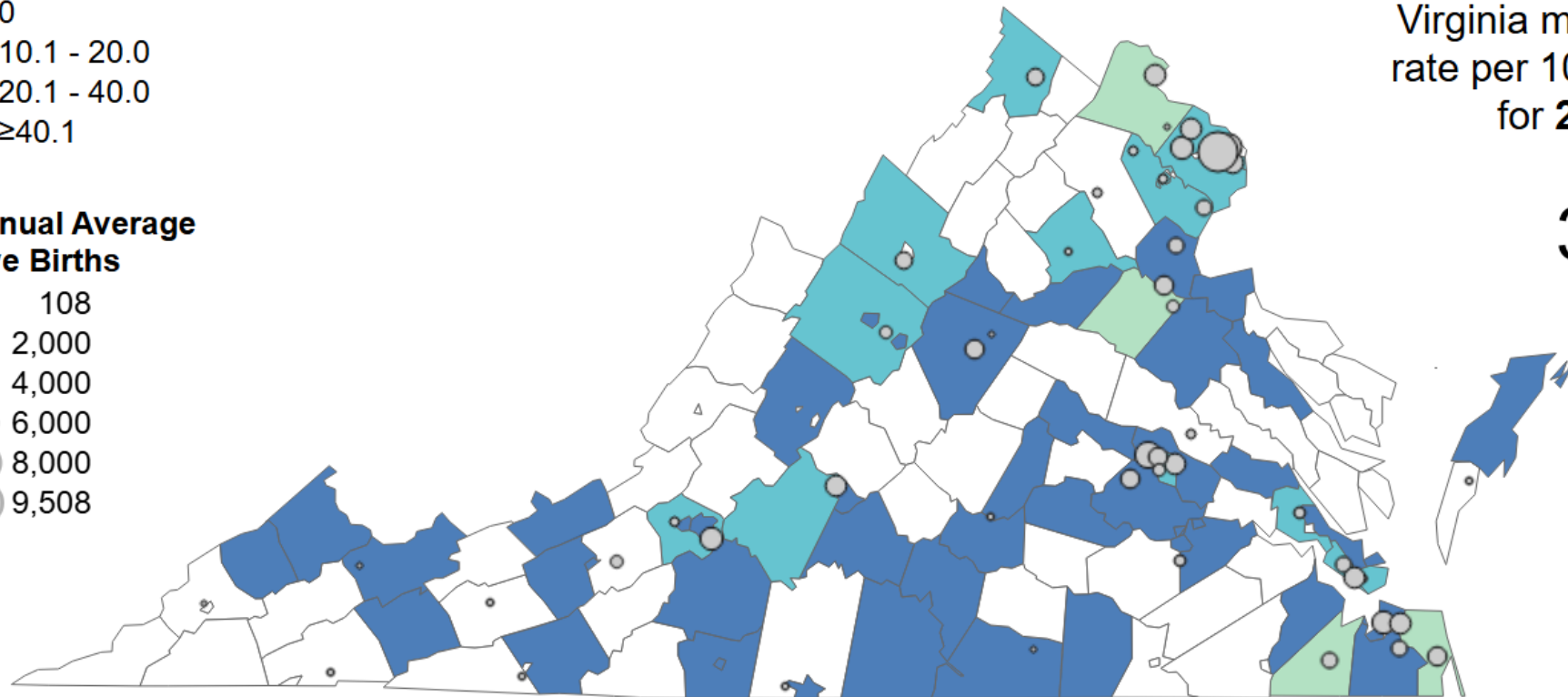
Map of Maternal Mortality Rates by Locality for 2019-2023

Maternal Mortality Rate

- 0
- 10.1 - 20.0
- 20.1 - 40.0
- ≥40.1

Annual Average Live Births

- 108
- 2,000
- 4,000
- 6,000
- 8,000
- 9,508



Virginia maternal mortality rate per 100,000 live births for **2019-2023**

34.5

VDH Links

- Virginia's Title V Block Grant Application/Report, click on our state: [State Application Or Annual Report \(hrsa.gov\)](#)
- VDH Family Planning: [Family Planning - Family Planning \(virginia.gov\)](#)
- State Breastfeeding-Friendly Hospital Designation: [Virginia Maternity Center Breastfeeding-Friendly Designation Program - Breastfeeding-Friendly Designation](#)
- Request Data from VDH: [Population Health Data Request Form \(virginia.gov\)](#)

You **DO** have somewhere to refer pregnant/postpartum families in need of mental health support!

National Maternal Mental Health Hotline

New mom or about to be?



CALL OR TEXT

1-833-TLC-MAMA



FREE SERVICES FOR FAMILIES



Please scan QR code, visit our website at postpartumva.org, or call 703-829-7152 to access our Support Services.

Support Groups



In-person support groups. Select a group by location, date/time, or topic. Information about our 6-week Mothers and Babies groups can also be found [here](#).

Care Coordination



Care Coordination helps families connect with mental health providers, doulas, or other support services. **Call our Warmline 703.829.7152 or email: care@postpartumva.org**

Peer Mentors



This program pairs individuals with a trained volunteer who has recovered from a perinatal mental health issue for one-on-one support.

Spanish Support Services



We offer care coordination, support groups, local resources, and peer support, for Spanish-speaking families.

Warmline



If you need direct support, are overwhelmed or just want to chat, please call the PSVa Warmline for support (English or Spanish) (703) 829-7152 or text (540) 698-1277 (English) (757) 550-4234 (Spanish)

Shelane's Fund



Shelane's Fund provides financial assistance to offset the cost of mental health care or other services needed to heal from the effects of a perinatal mental health issue.

URGENT MATERNAL WARNING SIGNS

CLICK THE SYMPTOMS BELOW TO LEARN MORE



Headache that won't go away or gets worse over time



Dizziness or fainting



Thoughts about hurting yourself or your baby



Changes in your vision



Fever



Trouble breathing



Chest pain or fast-beating heart



Severe belly pain that doesn't go away

You **DO** have 1 thing you can share with families that are pregnant or postpartum!

National Resources

- **988 Suicide and Crisis Lifeline:** [Available via call, text, chat 24/7/365](#)
- **National Domestic Violence Hotline:** [Call, chat, text](#)
- **SAMHSA's National Hotline** for families facing mental and/or substance use disorders: [1-800-662-HELP](#)
- **MotherToBaby:** specializes in answering questions about the benefit/risk of exposures, such as medications, vaccines, chemicals, herbal products, substances of abuse, maternal health conditions and much more, during pregnancy or breastfeeding. English & Spanish. [Call, text, chat.](#)

Requests/Next Steps

Strengthening LHD & FQHC Partnerships:

Recommended Activities for Community Engagement Priority

Implement Cross-training

Cross-train between LHD and FQHC about roles, processes, and available services to ensure fully integrated programs



Formalize Collaboration

Designate points of contact
Create joint planning process
Develop formal referral system



Expand CHW Workforce

Empower CHWs to act as liaisons between LHDs and FQHCs
Enhance CHW outreach efforts and care coordination
Leverage CHW's strong understanding of community needs



Strengthen engagement

Integrate health service network for shared populations
Expand collaborative regional initiatives
Increase healthcare access



Opportunities!

- How can we help facilitate connections to your LHD?
- How can we help you leverage the LHD Title V focus areas, programs, and resources?
- What else do you need from VDH/LHDs?
- How can we learn from you?
- Is there an opportunity to pilot within a VDH region?

<https://forms.office.com/g/nc1fpKh20i>

Advancing MCH Collaboration
with VDH and the Local Health
Districts



Thank You!
Questions?



Contact Us!
Lauren Kozlowski
Lauren.Kozlowski@vdh.virginia.gov
Samara Lott
Samara.Lott@vdh.virginia.gov

