

PERINATAL HEALTH EQUITY INITIATIVE 2025



The Perinatal Health Equity (PHE) Strategy Supports:

- Joint Commission Standard NPG.04.01.01 and the Maternal Levels of Care
- NCQA/HEDIS measures PPC 1, PPC 2, PND-E, PDS-E and Health Outcome Accreditation
- AIM Safety Bundles
- CMS Maternal Care Requirements/ State TQC needs

Why this work matters:

- NM has 1.5x higher maternal mortality rate than national avg, and AI/AN rate is 2.3x national avg. Also at higher risk: families on Medicaid (54% of all births in state), those in rural communities, with history of substance use, with lower education levels, and single parents
- #1 cause of death is mental health related (suicide/homicide, overdose), and 50% of all deaths had mental health, substance use, and discrimination listed as contributing factors.
- #2 and #3 top causes of death are cardiac conditions, and obstetric hemorrhage
- 20% of deaths occur during pregnancy, and only 65% of pregnant people are receiving timely prenatal care
- 47.7% of deaths occur between 43-365 days postpartum
- But 83% of all deaths, and 100% of AI/AN deaths, are preventable**

Perinatal Health Equity Scorecard Elements 2025		Key Strategies 2025	Board Measure Alignment 2025	
Measure	Key Target		Board Measure	Alignment
Equity: PHP Postpartum visit	74.4%	Deploy telehealth and other strategies in partnership with PDS and network providers to increase access for high-risk perinatal patients in low-access areas.	Journey to Zero Preventable Harm	Integrated system action
Equity: PMG Postpartum depression screening	84.1%	Ensure universal postpartum depression screening and integrated interventions in PMG.	Would Recommend	Compassionate/ equitable care
PHS Maternal death or serious injury in low-risk pregnancy	0	Ensure access to expanded maternal-child health team (e.g. CHWs, doulas, and lactation consultants) for all PHP members and at PHS facilities.	Hospital Experience	Compassionate/ equitable care
PHS Death or serious injury of neonate	0	Adopt and revamp safety bundles to reduce maternal morbidity and mortality.	Medical Cost Ratio	ED Utilization
		Screen, refer, and invest in health-related social needs resources for pregnant patients.		
		Implement Food as Medicine for high-risk perinatal members.		
		Participate in statewide perinatal equity collaborative.		
		Community Investment.		

PHE Activities in 2025:

- PHE added as an enterprise scorecard measure
- Hired 2 new Perinatal CHWs hired for RDS, 2 for CDS
- Voices for Equity completed 14 focus groups with perinatal patients and families
- New Perinatal Health Equity Enterprise Lead was hired in August

Since August 2025:

- Conducted a landscape assessment and RDS needs assessments through 80+ key informant interviews, literature review, site visits, and participation in several MCH conferences
- Funded 3 Native Led organizations building community birthing capacity and supporting Indigenous patients
- Funded 4 organizations to facilitate community training and education
- Developed 10 perinatal nutrition videos
- Participated in NM MHTF (on all 4 subcommittees), NM MMRC, Navajo MHTF, HCA CARA Workgroups (all 6)
- Developed multi-year perinatal equity plan, in line with Healthy People 2030 perinatal goals, and MMRC recommendations
- Expanded PHE Steering Committee from 15 to 65 to increase representation across enterprise

ROI for 2025:

- Provided over \$115,000 in community investment
- Conducted 5+ PHE consultations
- From April-Dec, provided 6,204 lbs of food, 38% locally grown, to perinatal patients in ABQ and Socorro
- Supported 4 hospitals for TJC Maternal Levels of Care Surveys
- Engaged in 10+ internal and external collaborations

PHE Plans for 2026 and Beyond:

- Engage additional community partners and fund expanded activities
- Prioritize culturally and psychologically safe care, meeting AIM, CMS, and TJC standards
- Engage in high impact internal and external communication of programs and services
- Expand accredited perinatal health equity training opportunities for providers, staff, and community
- Pilot/implement innovative patient-centered care models
- Improve clinical community linkages and frontline mental health supports
- Continue to focus on social drivers of health
- Improve data reporting and shared measurements to enhance accountability