

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

Measure	Key Target
Equity: PHP Postpartum visit	74.4%
Equity: PMG Postpartum depression screening	84.1%
PHS Maternal death or serious injury in low-risk pregnancy	0
PHS Death or serious injury of neonate	0

Key Strategies 2025

Deploy telehealth and other strategies in partnership with PDS and network providers to increase access for high-risk perinatal patients in low-access areas.

Ensure universal postpartum depression screening and integrated interventions in PMG.

Ensure access to expanded maternal-child health team (e.g. CHWs, doulas, and lactation consultants) for all PHP members and at PHS facilities.

Adopt and revamp safety bundles to reduce maternal morbidity and mortality.

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.

Board Measure Alignment 2025

Board Measure	Alignment
Journey to Zero Preventable Harm	Integrated system action
Would Recommend	Compassionate/equitable care
Hospital Experience	Compassionate/equitable care
Medical Cost Ratio	ED Utilization

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

DETERMINED TO IMPACT HEALTH EQUITY.

