



Integrated Maternal Health Services Initiative

Maternal Child Health Bureau
Maryland Department of Health

May 19, 2026

Agenda

- I. Maternal Morbidity and Mortality in Maryland
- II. Women's Health Action Plan & Perinatal Care Coordination
- III. Integrated Maternal Health Services Initiative
 - A. Design
 - B. Rollout
 - C. Results and Future Direction

Maternal & Child Health Bureau

Healthy Pregnancies, Healthy Children, Healthy Families, Healthier Communities

Vision:

All individuals and families are valued, safe, and informed, with equitable access to resources and services

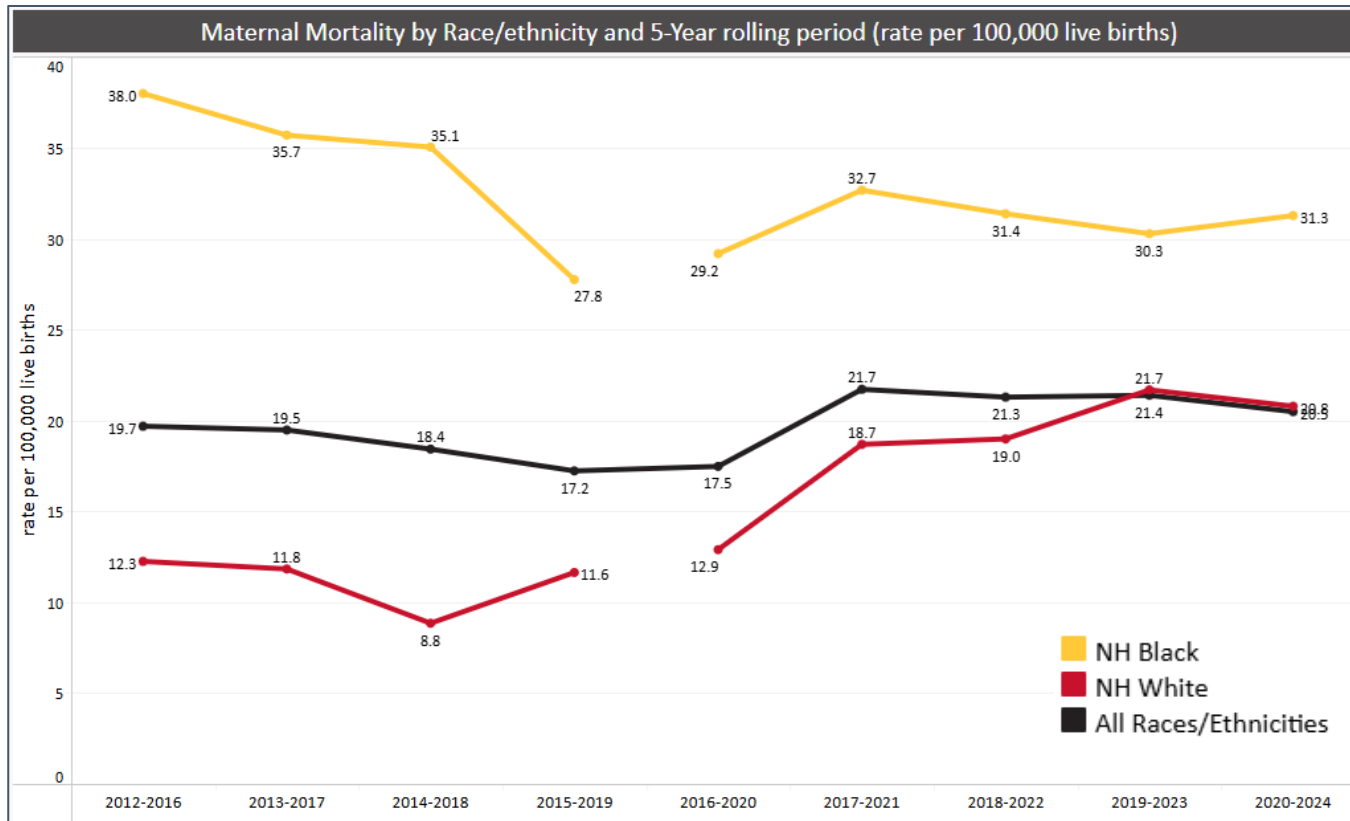
Mission:

To reduce health inequities and improve the health and wellbeing of all individuals, families, and communities in Maryland

Values:

- Quality
- Collaboration
- Respect
- Innovation
- Communication
- Compassion
- Employee Well Being

Maternal Mortality



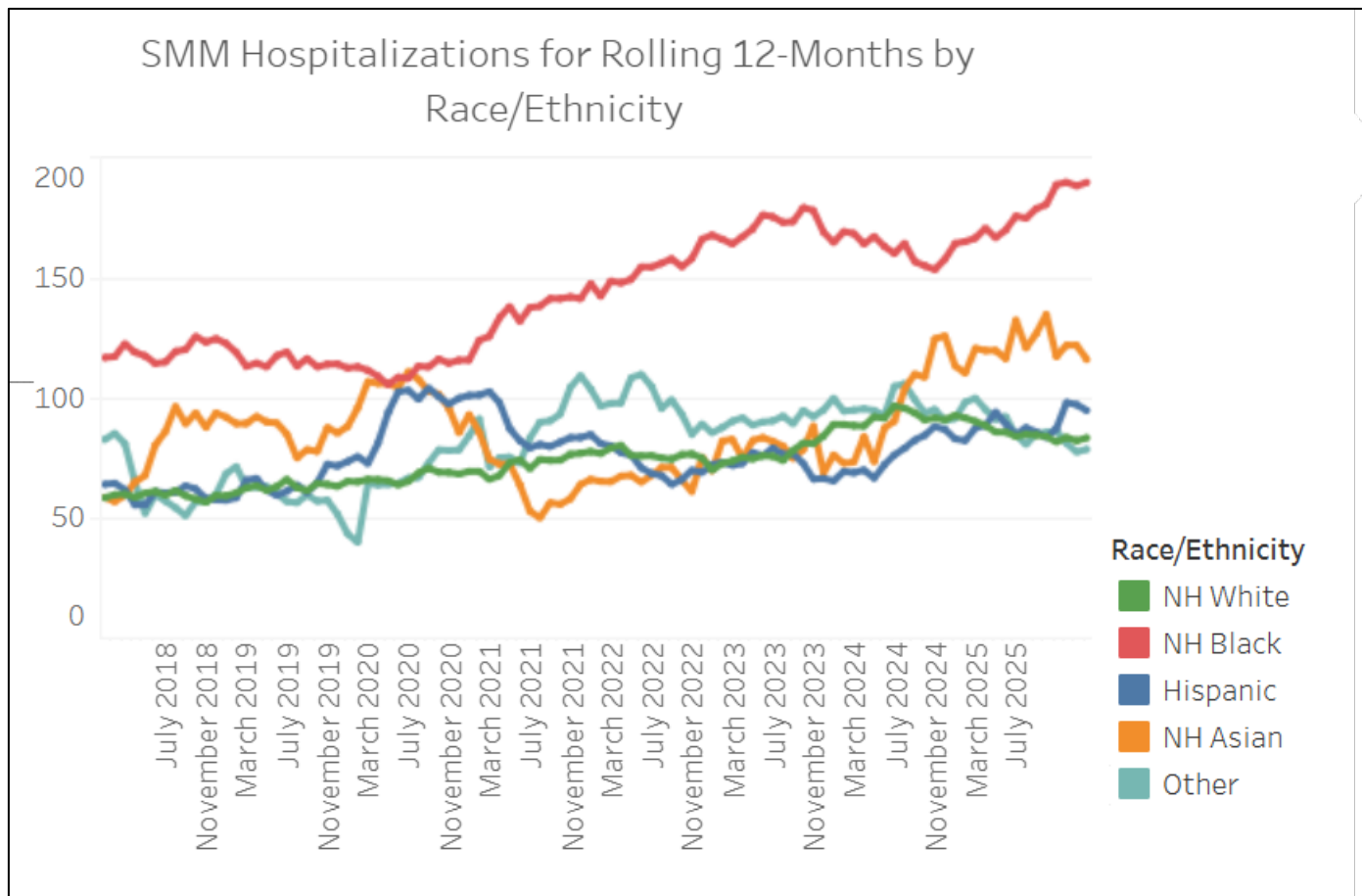
National Comparison

- US: 23.5 (2023)
- MD: 20.5
 - 18th of 47 (2023)
- HP2030 Target: 15.7

Sources: CDC WONDER. Retrieved April 30, 2026 from [Maryland Department of Health - Women's Health Dashboard](#).

America's Health Rankings analysis of U.S. DHHS, CDC, NCHS, NVSS via HRSA, MCHB, FAD Resource Document, United Health Foundation, AmericasHealthRankings.org, accessed 2026.

Severe Maternal Morbidity



Race/Ethnicity	Disparity Index
NH White	1.0
NH Black	2.3
Hispanic	1.1
NH Asian	1.4
Other	0.9
Total	1.4

Source: CRISP Analysis of Health Services Cost Review Commission (HSCRC)
Inpatient Case-Mix Data, accessed 04/30/26

* Rate of SMM per 10,000 delivery discharges

Women's Health Action Plan

All women achieve optimal health and well being and have the agency to make choices regarding their bodies and reproductive and sexual health.



NOTE: This work uses the term *women*. We recognize and respect that people including pregnant, birthing, postpartum, and parenting people have a range of gender identities, and do not always identify with *women*.

Women's Health Action Plan

Women's Health Action Plan: **Equity, Choice, and Access in Maryland**

KEY GOALS

- 1** Protect reproductive rights and expand access to reproductive health services, including abortion care.
- 2** Advance birth equity, with a focus on Black maternal and infant health, through the perinatal continuum.
- 3** Support behavioral health needs across the life course.
- 4** Improve access to comprehensive high-quality somatic services through the life course.
- 5** Increase place-based and community-centered approaches to promote health and prevent diseases.
- 6** Expand, support and diversify the perinatal workforce.

Full Plan Available at: health.maryland.gov/womens-action-plan

Perinatal Care Coordination in MD



Perinatal Experience

Prenatal Provider
(OB/GYN,
Midwife, etc.)

LHD/MCO*

Birth Hospital

Social Support

- Transportation
- Food security
- Housing assistance
- Insurance/Navigation

Community Support

- Diaper banks
- Doulas
- Home visiting
- Parenting classes

Behavioral Health

- PPD Screenings
- SUD Support
- Crisis intervention
- Counseling/Therapy

Healthcare

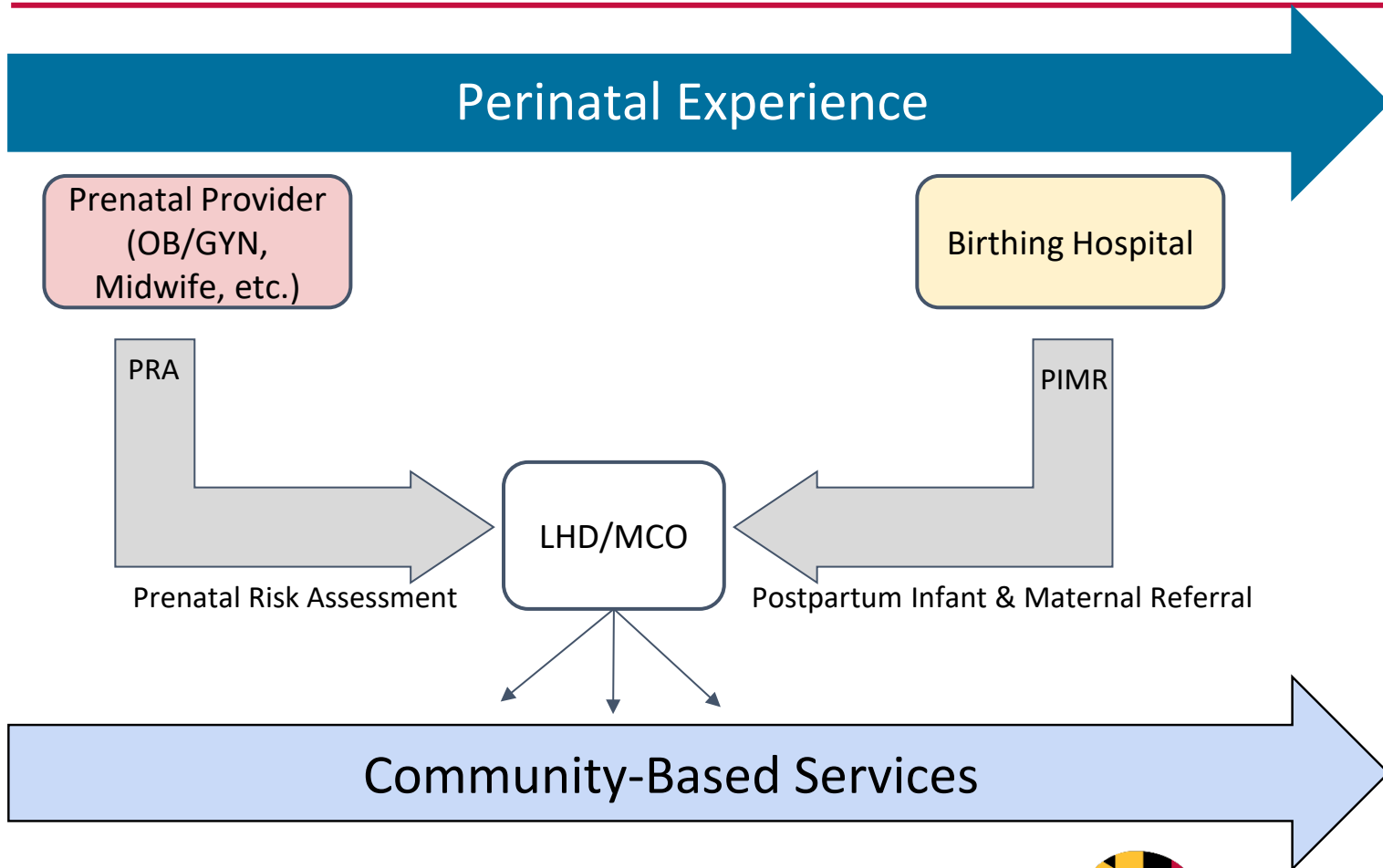
- Prenatal care
- Dental health
- Health Ed
- Subspecialty care

Infant Care

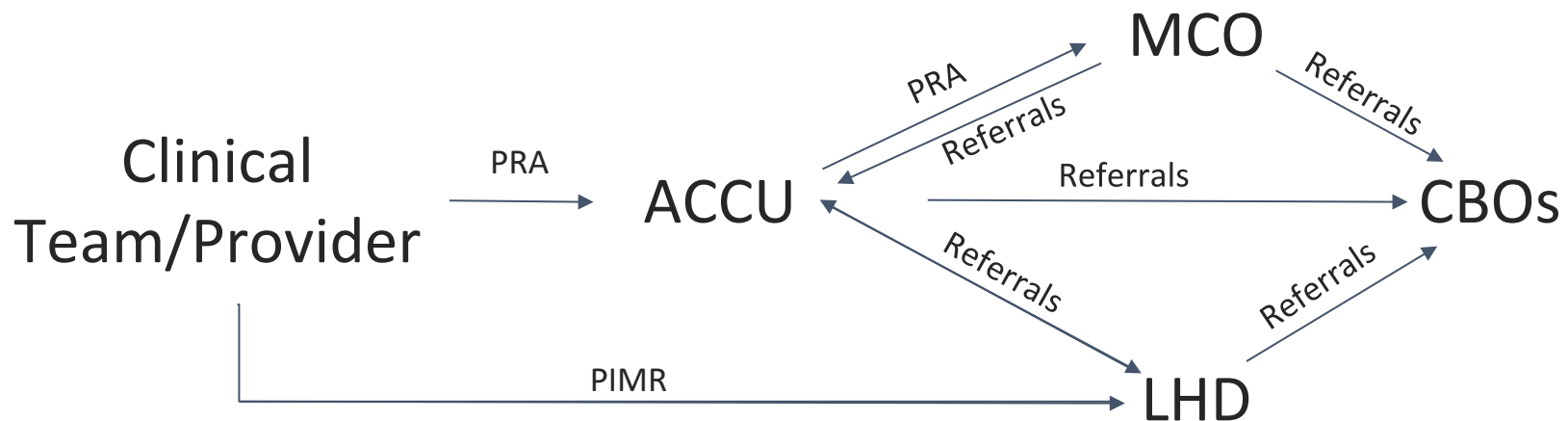
- Immunization
- Pediatric care
- Breastfeeding support

*LHD = Local Health Department; MCO = Medicaid Managed Care Organization

Perinatal Care Coordination in MD



Perinatal Care Coordination in MD



ACCU: Administrative Care Coordination Unit

CBO: Community-Based Organization

LHD: Local Health Department

MCO: Medicaid Managed Care Organization

Perinatal Care Coordination in MD

Result:

- Low MPRA Completion Rate:
 - 2018 - 2021: ~30%
 - 2022: 22.4%
- Highly Variable PIMR Completion Rate

Advantages of Digital over Paper:

- Automatically reflects latest version of form
- Required fields improve form usefulness
- More reliable connection/communication
- Opportunity for feedback loop to referral source
- Integrates with digital delivery of healthcare



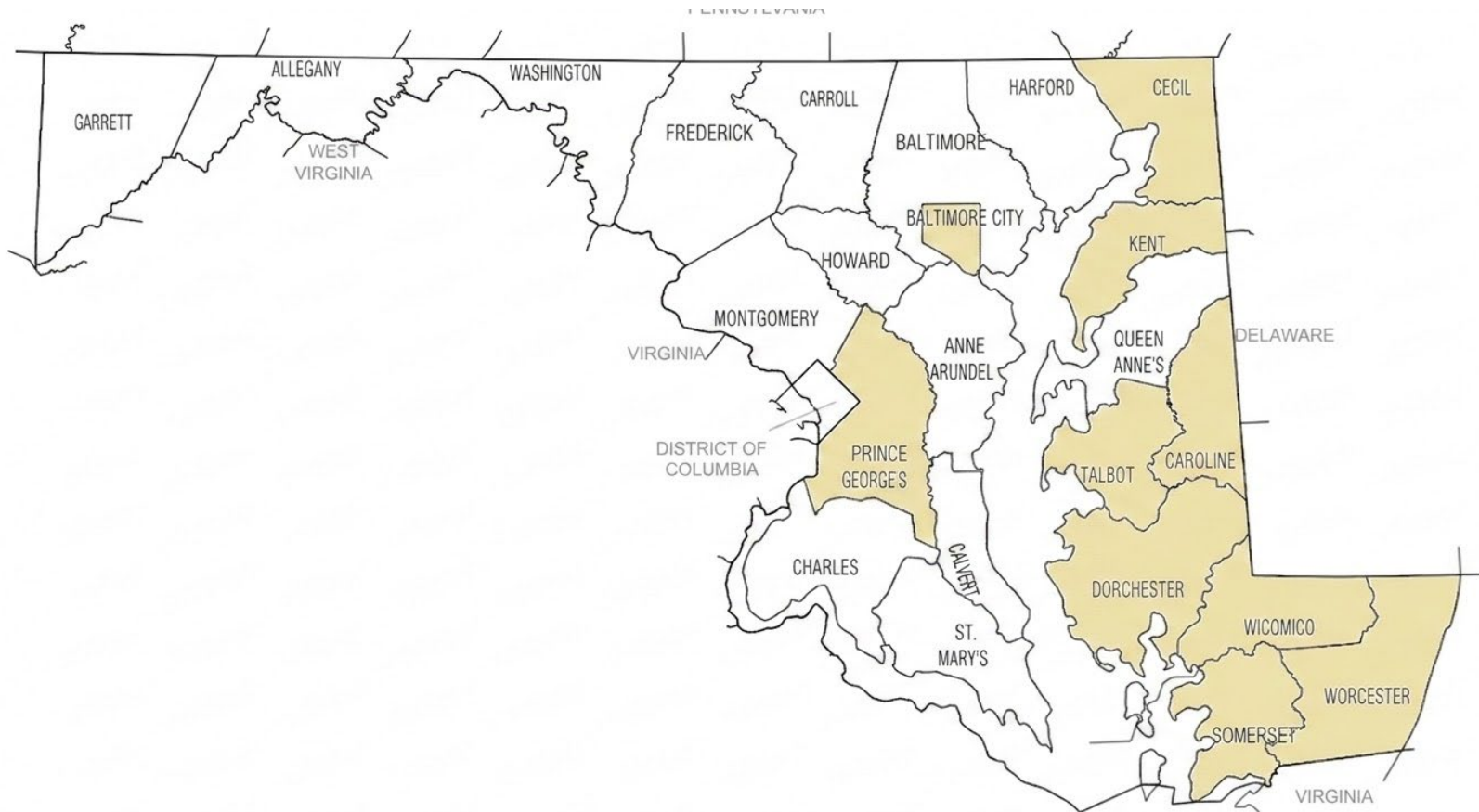
Integrated Maternal Health Services Initiative

The initiative discussed in today's presentation was supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling \$9,092,793.00 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the US Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

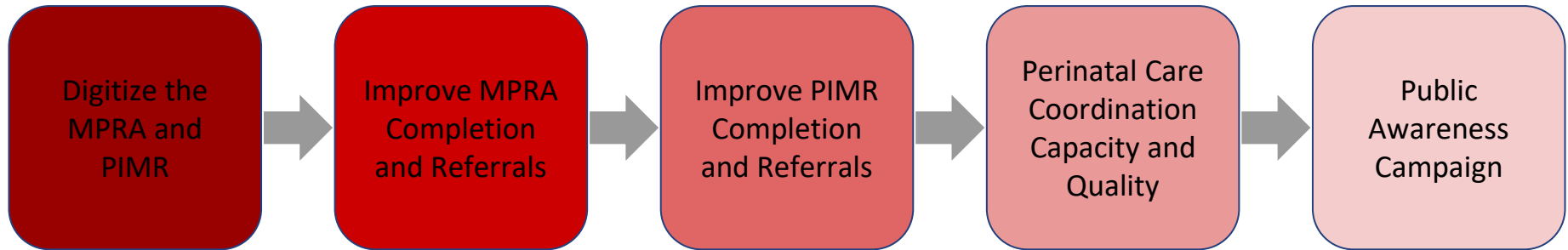
Objectives

1. To improve rates at which high risk pregnant and postpartum people are connected to needed services in their communities via the [Maryland Prenatal Risk Assessment \(MPRA\)](#) and [Postpartum Infant and Maternal Referral \(PIMR\)](#) forms.
2. To understand the impact of improved use of that integrated system on completed referrals and maternal health outcomes, including maternal mortality in Maryland.

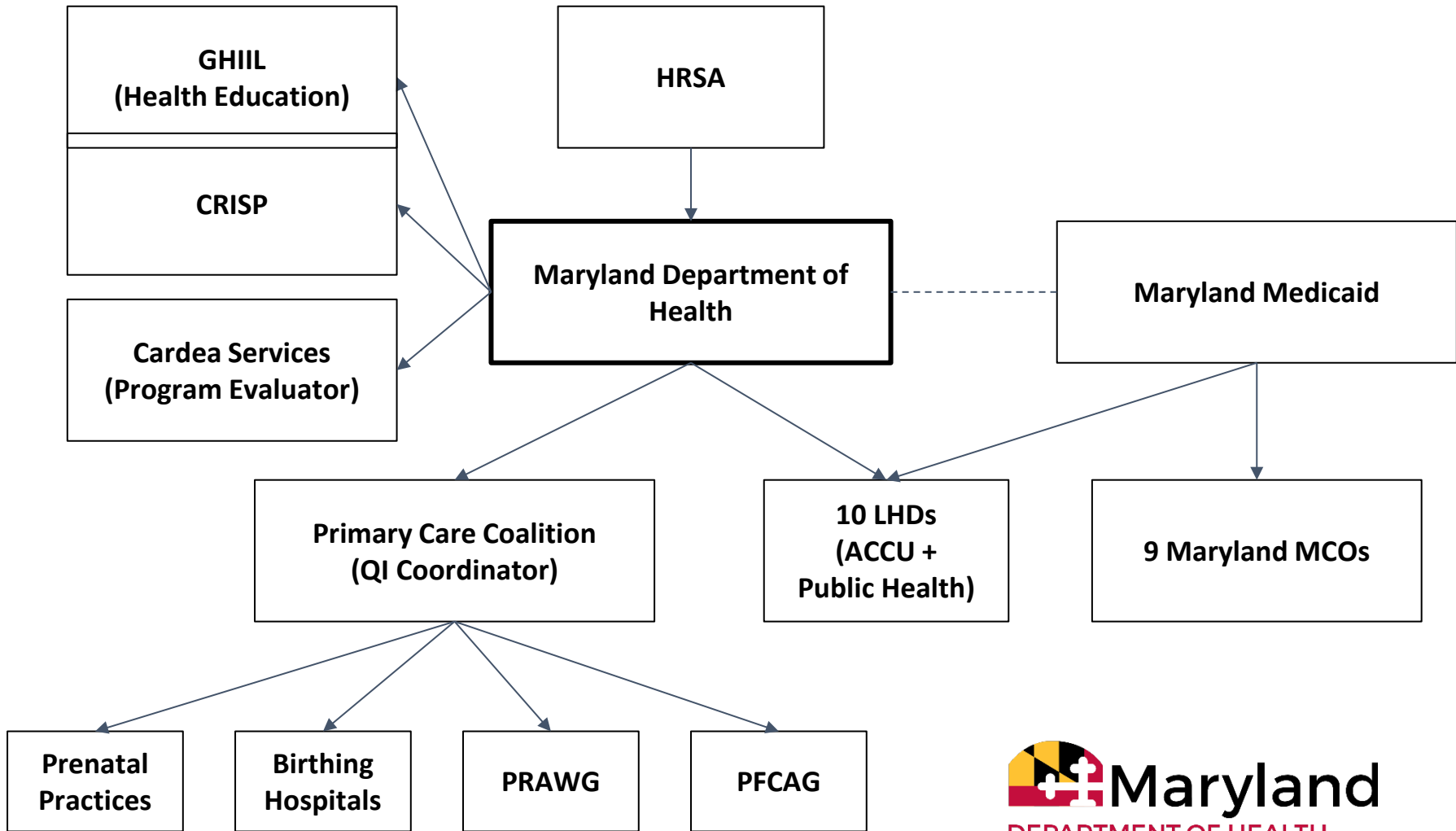
IMHS Service Area



IMHS Stages



Key Partners



Stakeholder Input - PRAWG

Perinatal Risk Advisory Working Group (PRAWG)

- 100+ representatives from MDH, regional perinatal health facilities, and implementing partners (including CRISP)
- Convene monthly to discuss the digitization processes, approaches to incorporating data, and care management design
- Input informed the IMHS team's understanding of the current and future ideal perinatal risk assessment practices

Stakeholder Input - PFCAG

Patient, Family, and Caregivers Working Group (PFCAG)

- 8-12 current/former perinatal patients with lived experience of high-risk pregnancies and/or deliveries
- Ideally received supportive services in the IMHS area through MPRA and/or PIMR assessments
- Convene monthly to share their experiences receiving care in the current system and recommendations for improvement

Stakeholder Input - RCT

Regional Coordination Team

- 15 PRAWG members across Eastern Shore (6), PG County (6), and Baltimore City (2-3)
- Build relationships with other clinical practices and program partners within the service area to facilitate digital MPRA/PIMR implementation support from CRISP

Digital Form Timeline - MPRA

KAP Assessment #1

(January 2025)

- Layered issues with paper forms
- Burdensome and redundant process
- Inconsistent MPRA reimbursement
- Fragmented communication and care coordination
- Lack of clinical provider awareness of the PIMR

Digital MPRA Design

- Designed a detailed, user-friendly form
- Executed data-sharing agreements
- Ensured end-user access and readiness across distinct interaction points
- Developed training and TA materials
- CQI support for clinical sites

MPRA Go-Live

(April 1, 2025)

- Overall successful rollout to all users
- Unforeseen technological glitches required several revisions
- Fragmented visibility of patient data
- Misalignment with paper form
- Good-faith parallel submissions that undermined efficiency

KAP Assessment: Knowledge, Attitudes, and Practices
Assessment

Lessons Learned

- Value of piloting the PIMR with a smaller number of providers before full rollout
- Strong feedback loop resulted in timely, detailed feedback and response coordination
- Structural revisions to reduce skipped/incomplete entries

Digital Form Timeline - PIMR

Digital PIMR Design

- Replicated MPRA structure and features
- Ensured alignment with paper-based form
- Developed training and TA materials
- Ensured end-user readiness across distinct interaction points

PIMR Pilot

(July 1, 2025)

- Identified one provider and one LHD to test PIMR submission
- Extended pilot timeline to accommodate adoption
- Closely monitored implementation through a feedback loop
- Mended glitches in the PIMR referral alert system

PIMR Go-Live

(July 21, 2025)

- Overall successful rollout to remaining users
- Established weekly office hours to support clinical providers
- Live-tested PIMR submissions with CRISP to facilitate troubleshooting
- Introduced a PIMR cheat-sheet for clinical providers

Lessons Learned

- LHD-provider communication key to improving clinical submission
- Digital form enabled engagement from previously unconnected MCOs

Example CRISP Referral Form

Maternal Demographic Information	
First Name*	Middle Name Last Name*
Address*	
City*	State
Date Of Birth*	
Phone Number*	
Race	
Com	
Other	

Emergency Contact Information		
Name Of Emergency Contact*	Relationship Of Emergency Contact*	Emergency Phone*

Infant Demographics Information		
First Name*	Middle Name	Legal Last Name*
Sex*	Date Of Birth*	Gestational Age At Birth*
Birth Weight*	Apgar Score	

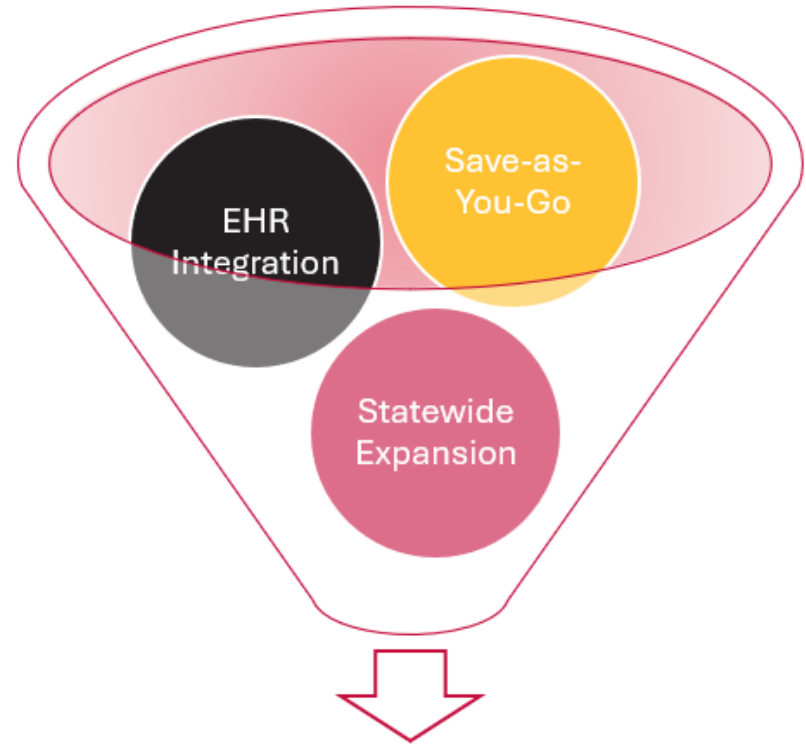
PIMR Questionnaire	
Payment Status	
Services Received This Pregnancy (Check all that apply):*	
Did the mother receive prenatal care in her pre	
Infant Care Received (choose all that apply):*	
Full Time Nursery	
Special Care Nursery	
NeoNatal Intensive Care	

Maternal Primary Care Fields	
Provider/Practice Name	
Office Address	
City	State Zip Code
Practice Phone Number	Practice Fax Number

KAP Assessment #2 - March 2026

Key Findings:

- Overall ease of digital forms
- Site-specific workflow solutions
- Strengthened perinatal care coordination



Future Direction of IMHS

KAP Assessment: Knowledge, Attitudes, and Practices
Assessment

Digital Submission Data

Global Filter

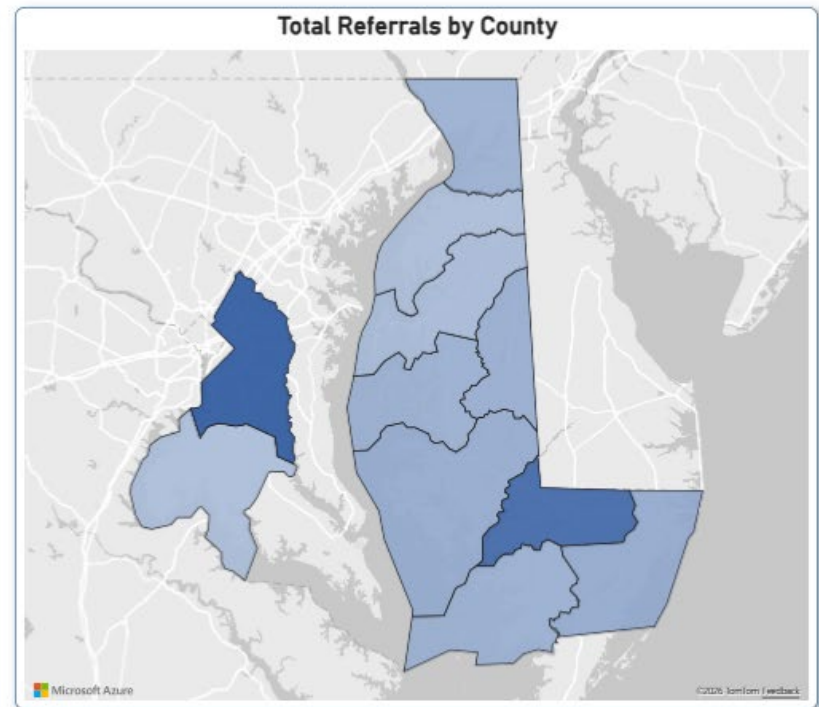
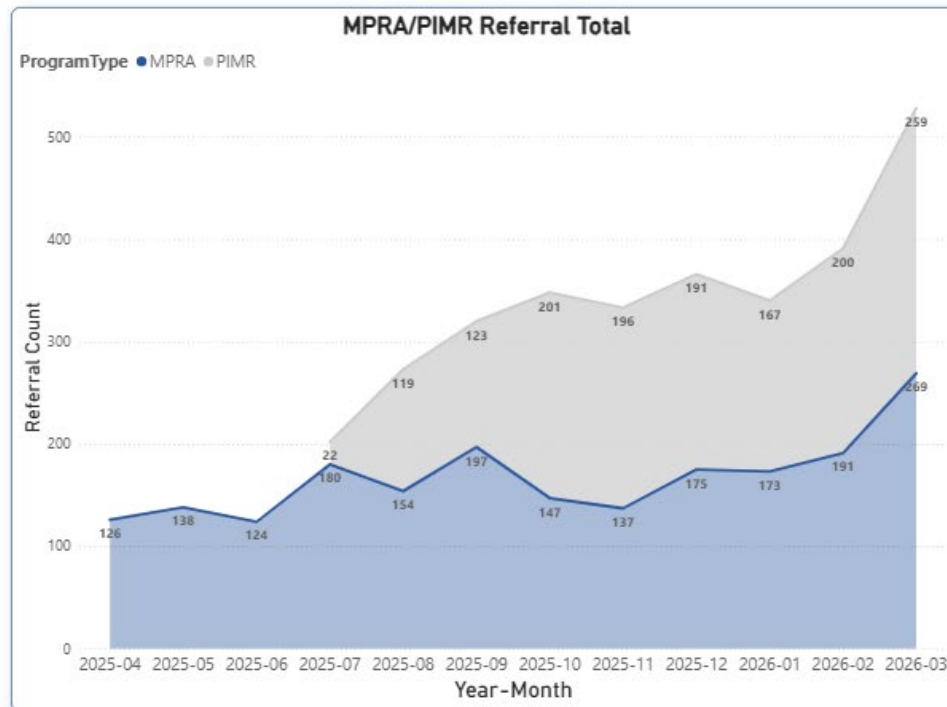
Quarter

Multiple selections

Program Type

All

MPRA	PIMR
2011	1478





Questions and Discussion

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