MSD for Mothers in the United States

It all starts with a mother—she's the beginning of a much bigger story. A healthy pregnancy and safe childbirth lead to a lifetime of benefits, both for her own health and prosperity as well as that of her children, family, community and nation—for generations to come. **We call this the "Mom Effect."**

About MSD for Mothers

MSD for Mothers is MSD's global initiative to help create a world where no woman has to die while giving life. Our grantees and collaborators have reached more than 13 million women in nearly 50 locations around the world with programs to support healthier pregnancies and safer childbirths, contributing to the global effort to help end maternal mortality and morbidity. Applying MSD's business and scientific resources, we are working across sectors to improve the health and well-being of women during pregnancy, childbirth and the months after.

Our Approach in the United States

The United States (U.S.) is the only high-income country where maternal mortality is on the rise.[1] A woman living in the U.S. today is more likely to die from complications of pregnancy and childbirth than her own mother was in 1990.[2] More than 60 percent of maternal deaths in the U.S. are preventable[3] and racial inequities in maternal health outcomes are stark and persistent. Black women and American Indian/Alaskan Native women are two to three times more likely to die from a pregnancy or childbirth-related complication than white women. These unacceptable, inequitable outcomes persist across varying levels of education — the Centers for Disease Control and Prevention (CDC) found that maternal mortality rate among Black women with a completed college education or further was 1.6 times higher that of white women with less than a high school diploma.[4] Increasingly, experts agree that systemic racism is a driving factor for these poor maternal health outcomes.[5]

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Geography is another critical factor that contributes to the social determinants of health and, in turn, to disparities in maternal health outcomes. Where a woman lives and works influences her ability to access the care and essential services needed for a healthy pregnancy and safe childbirth.[6]

MSD for Mothers is taking a comprehensive approach to tackling the maternal health crisis in the U.S. The programs, research and convenings we support address both the clinical and community factors that contribute to poor maternal health. We work with a diverse group of collaborators, including community-based organizations, quality improvement leaders, maternal health advocates, researchers, state and national public health leaders and others with the goal of ending preventable maternal mortality in the U.S.

Our Focus Areas

Understanding Why Women are Experiencing Poor Pregnancy and Childbirth Outcomes

Investing in better maternal death data

For many years, the U.S. lacked adequate data on maternal mortality to understand why women were dying — critical information to prevent future tragedies. Until recently, most states did not have functioning Maternal Mortality Review Committees, multidisciplinary teams that reviews these deaths.

Today, we have a better understanding of the number of maternal deaths and why these women died thanks to efforts by the CDC and others. Supported by independent grants from MSD for Mothers to the CDC Foundation, the CDC has helped states across the country standardize how they review maternal deaths, report findings and recommend changes in policy and practice to prevent future loss.

The Preventing Maternal Deaths Act of 2018[7] mandates federal funding to support state Maternal Mortality Review Committees and local surveillance of maternal mortality, which will expand and sustain this important work. States now have dedicated resources to build their capacity for reviewing maternal deaths and to contribute their data to the national Maternal Mortality Review Information Application, enabling the CDC to identify national trends in maternal mortality. In 2019, the CDC published its most recent multi-state report on trends in maternal mortality.[3] Among several findings, the report noted that one-third of maternal deaths occurred one week to one year after childbirth — critical insights that are informing our ongoing efforts.[3]

Collaborator: CDC Foundation in collaboration with the CDC, Association of Maternal and Child Health Programs (AMCHP)

Understanding the toll of life-threatening complications

Experts estimate that more than 60,000 women nearly die during pregnancy and childbirth each year in the U.S.[8] To better understand the prevalence and cost of these often disabling and traumatic experiences, referred to as severe maternal morbidity, MSD for Mothers supported efforts by the New York City Department of Health and Mental Hygiene to analyze life-threatening complications during pregnancy and childbirth — the first ever city-wide review of maternal morbidity.[9] With a grant from MSD for Mothers to catalyze the development of the maternal mortality review program, the New York City Department of Health and Mental Hygiene is now including the perspectives of community members who have experienced a life-threatening childbirth event to inform more comprehensive findings and recommendations.

Researchers found that women with an underlying health issue such as hypertension, diabetes or heart disease were three times as likely to have experienced severe maternal morbidity as women without a chronic condition. Similar to racial disparities in maternal mortality at the national level, the analysis determined that Black women experienced severe maternal morbidity at rates three times that of white women across New York City, irrespective of their income, education, zip code and overall health.[9]

In response to the report's findings, the New York City Mayor's office provided $12.8m to increase surveillance, address implicit bias within maternity care, enhance maternity care and expand public education on maternal mortality and morbidity.

Collaborator: Fund for Public Health in New York City in collaboration with the New York City Department of Health and Mental Hygiene

Learning from women's experiences

The Listening to women — and acting on their feedback — is critical to improving maternal health. In collaboration with Columbia University's Averting Maternal Death and Disability program, MSD for Mothers commissioned research to help understand the experiences of maternity care among low-income women of color.[10] Focus groups with women and doulas and interviews with health providers from the same New York City communities revealed that women experienced a range of disrespectful and abusive treatment during pregnancy and childbirth. Distinctive among the study's findings are the racism and discrimination women reported and the testimonials from providers confirming this behavior. Both women and health providers reported challenges operating within a fragmented health system, making it difficult to build trust between patients and health care workers.

Although the study did not aim to determine a causal link between mistreatment and racial disparities in maternal health outcomes, the findings are useful in understanding how non-clinical factors may be contributing to negative experiences of care and negative health outcomes.

Collaborators: Averting Maternal Death and Disability Program at the Columbia University Mailman School of Public Health

Improving the Quality of Maternity Care

Standardizing hospital care

Inconsistent, poor quality obstetric care has been a major contributor to negative maternal health outcomes. The CDC found that in the US, 16.9% of maternal deaths occurred on the day of delivery, with an additional 18.6% within the first 1-6 days postpartum.[3]

To address the problem of poor quality maternity care, MSD for Mothers supported maternal health professional associations and quality improvement organizations to develop and test evidence-based tools and practices ("safety bundles") aimed at preventing and treating three of the leading causes of maternal death in the U.S. — hemorrhage, hypertension and embolism.

With our support, the California Maternal Quality Care Collaborative (CMQCC), the American College of Obstetricians and Gynecologists (ACOG)'s District II representing New York and Bermuda and Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), implemented safety bundles in more than 300 hospitals across five states, including nearly every maternity hospital in New York. This initial effort — which required collaboration among members of multidisciplinary maternity care teams — has contributed to a culture of safety in these facilities and ongoing quality improvement for obstetric care has been sustained in many hospitals.

MSD for Mothers awarded a grant to the Institute for Healthcare Improvement to help scale obstetric safety bundles to hospitals across the country to help all pregnant and birthing people receive high-quality care during labor and delivery. This initiative, which also includes efforts to reduce medically unnecessary c-sections, is in coordination with the U.S. government's Alliance for Innovation on Maternal Health.

Collaborators: California Maternal Quality Care Collaborative (CMQCC), the American College of Obstetricians and Gynecologists (ACOG) District II, Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Institute for Healthcare Improvement

Raising awareness of postpartum complications

Nearly half of maternal deaths occur in the first 42 days after childbirth, before most new mothers have had a follow-up visit with their provider.[3] MSD for Mothers awarded a grant to AWHONN to raise awareness among discharge nurses as well as new mothers and their families of complications that could arise after leaving the hospital following delivery. After a successful pilot project in Georgia and New Jersey, AWHONN is equipping nurses across the country to provide comprehensive discharge instructions after childbirth so that women and their friends and families are familiar with these warning signs.

In addition, MSD for Mothers, through an independent grant to the CDC Foundation, supported the CDC in the creation of the Hear Her campaign. Featuring women's stories about complications they experienced after giving birth, this national campaign provides women, health providers, families and communities with information about urgent maternal warning signs.

Collaborators: Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), CDC Foundation

Supporting women during the COVID-19 pandemic

Access to in-person maternity care has been disrupted by the COVID-19 pandemic, leading to increases in the use of virtual care during and after pregnancy MSD for Mothers awarded a grant to the March of Dimes to help ensure that pregnant women and new mothers remain connected to their health providers and have continued access to critical health information. The project involves a series of webinars discussing maternal health and COVID-19.

MSD for Mothers awarded a grant to Every Mother Counts to engage community-based organizations led by midwives and doulas to provide women with continuous virtual emotional and practical support and facilitate linkages to health care through a COVID-19 Response Fund.

Collaborators: March of Dimes, Every Mother Counts

Mobilizing maternal health advocates

Although awareness of maternal deaths has increased in recent years, women's voices remain under-represented in policy discussions and quality improvement efforts. We supported the creation of MoMMA's (Maternal Mortality and Morbidity Advocates) Voices, the first-ever maternal health patient advocacy coalition. MoMMA's Voices unites women who have experienced severe pregnancy and childbirth complications and family members who have lost a loved one to educate policy makers and advocate for quality improvements. The U.S. government has announced that it will continue this work as part of their ongoing work to improve maternal health.

Collaborators: Preeclampsia Foundation

Advancing Community-Based Solutions to Address Health Disparities

The Safer Childbirth Cities initiative is a collaboration to reduce the racial inequities in maternal health outcomes by addressing both the health and social factors that affect a healthy pregnancy and safe childbirth. The initiative is designed to foster local solutions to strengthen health systems so that cities become safer — and more equitable — places to give birth. In collaboration with co-funders, MSD for Mothers currently supports city-based coalitions across the country to implement strategies tailored to the needs of pregnant women in their city. Safer Childbirth Cities are exploring diverse approaches that bridge the community-clinic divide, including integrated models of care, doula support, surveillance systems and trainings for maternity care providers.

Community-based coalitions supported through the Safer Childbirth Cities initiative are participating in a Community of Practice, led by the Association of Maternal and Child Health Programs (AMCHP), the National Healthy Start Association (NHSA) and the National Birth Equity Collaborative (NBEC). The Community of Practice is a forum to learn from one another and strengthen organizational capacity in areas such as coalition building, stakeholder engagement, program evaluation and sustainability.

Ariadne Labs, a center for health systems innovation, is designing and developing the Maternal Wellbeing City Dashboard, a tool that local maternal health advocates and decisionmakers and can use to measure social and community support for pregnant and birthing people and, in turn, improve maternal health using the best available data.

For the inaugural cohort of Safer Childbirth Cities, co-funders included the Burke Foundation, the Community Health Acceleration Partnership, Foundation CHANEL, The Nicholson Foundation, Rhia Ventures and the W. K. Kellogg Foundation. MSD for Mothers was joined by additional co-funders including the George Kaiser Family Foundation, the Yellow Chair Foundation and others in support of the second cohort of city-based community-led projects.

Collaborators: Association of Maternal and Child Health Programs (AMCHP), National Birth Equity Collaborative (NBEC), National Healthy Start Association, Ariadne Labs, AllianceChicago and EverThrive Illinois, Baltimore Healthy Start, Black Mamas Matter Alliance, Black Women's Blueprint, Camden Coalition of Healthcare Providers, Greater Detroit Area Health Council, Greater Newark Healthcare Coalition, Health Federation of Philadelphia, Institute of Women and Ethnic Studies, Jamaa Birth Village and Generate Health STL, Jewish Healthcare Foundation, Mamatoto Village, Maternal Health Equity Collaborative, Mississippi Public Health Institute, REACHUP, Inc., ROOTT, SisterWeb, Trenton Health Team, Tulsa Birth Equity Initiative, Urban Baby Beginnings

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