



**HEALTHY
MOMS.
STRONG
BABIES.**

Accelerating Toward a Better Future

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Chief Medical Officer, March of Dimes**

Oklahoma Perinatal Quality Improvement Collaborative Summit | October 2026

Disclosures

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Objectives

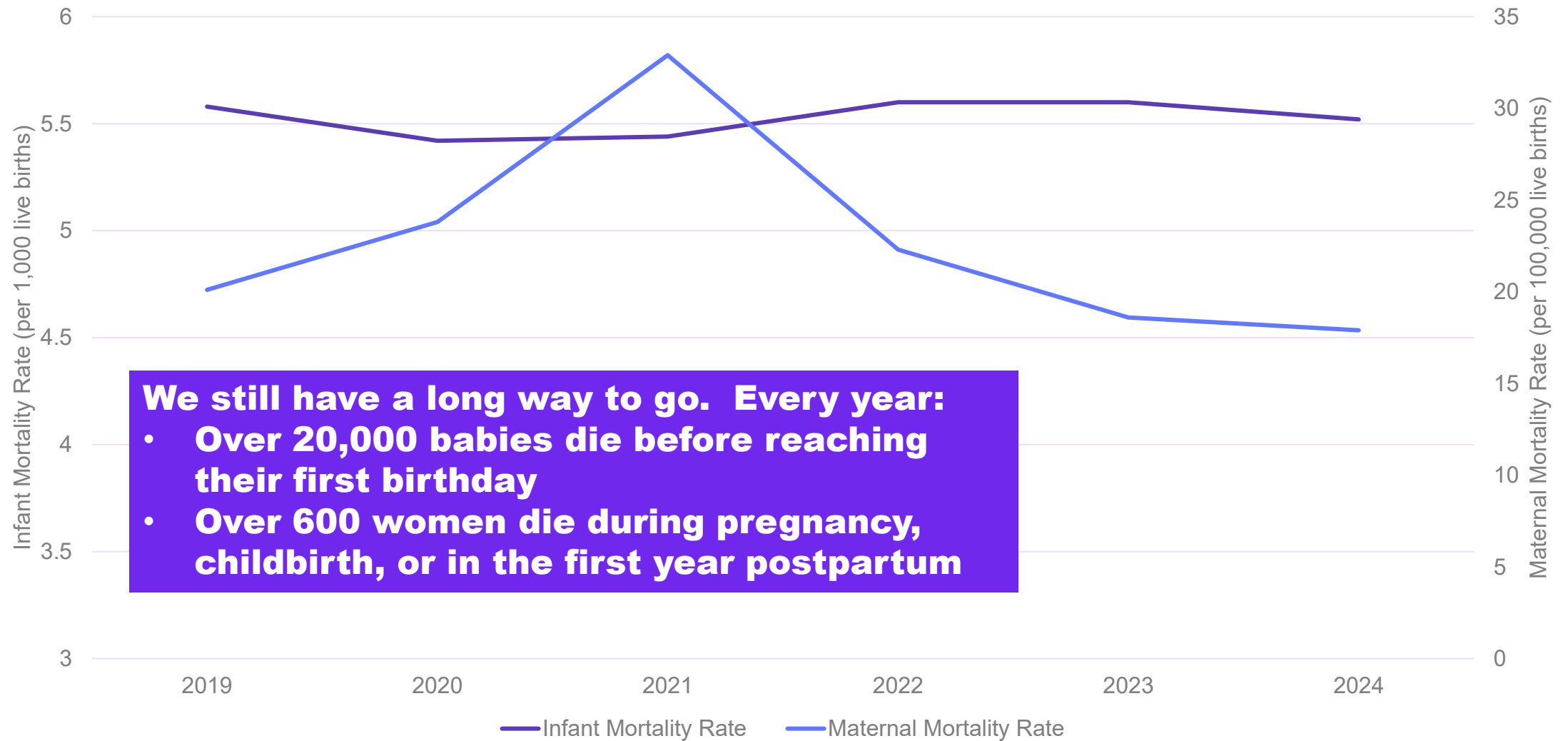
- Describe current maternal and infant health outcomes in Oklahoma and the United States.
- Identify key public health program and policy strategies for improving birth outcomes.
- Highlight the role of cross-sector partnerships to achieve maternal and child health goals.

Setting the Stage: Understanding the Data

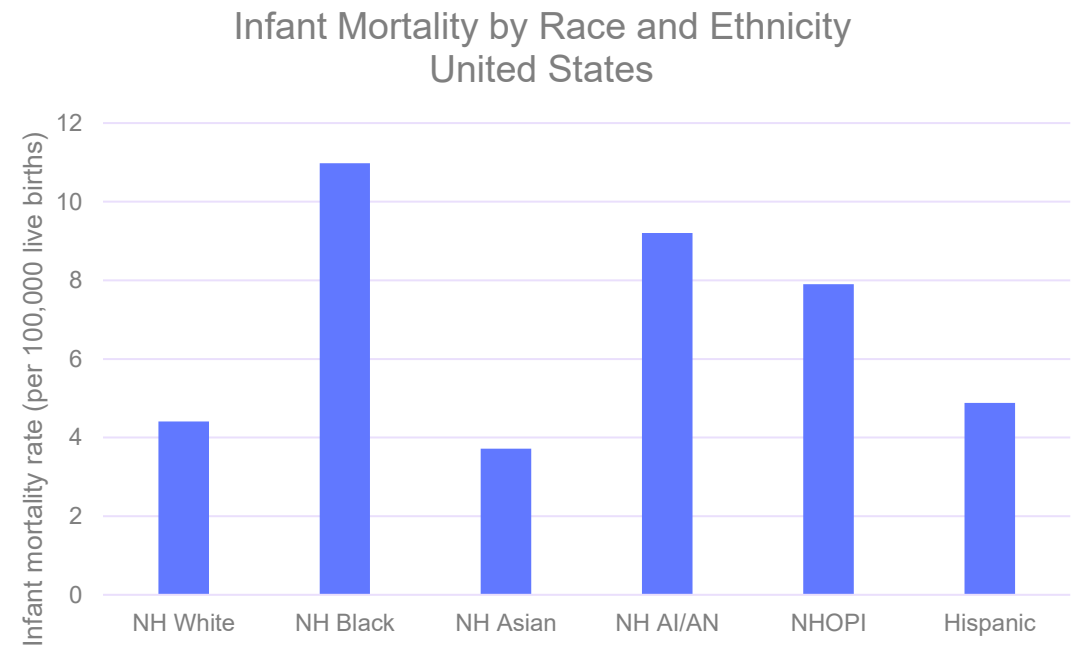
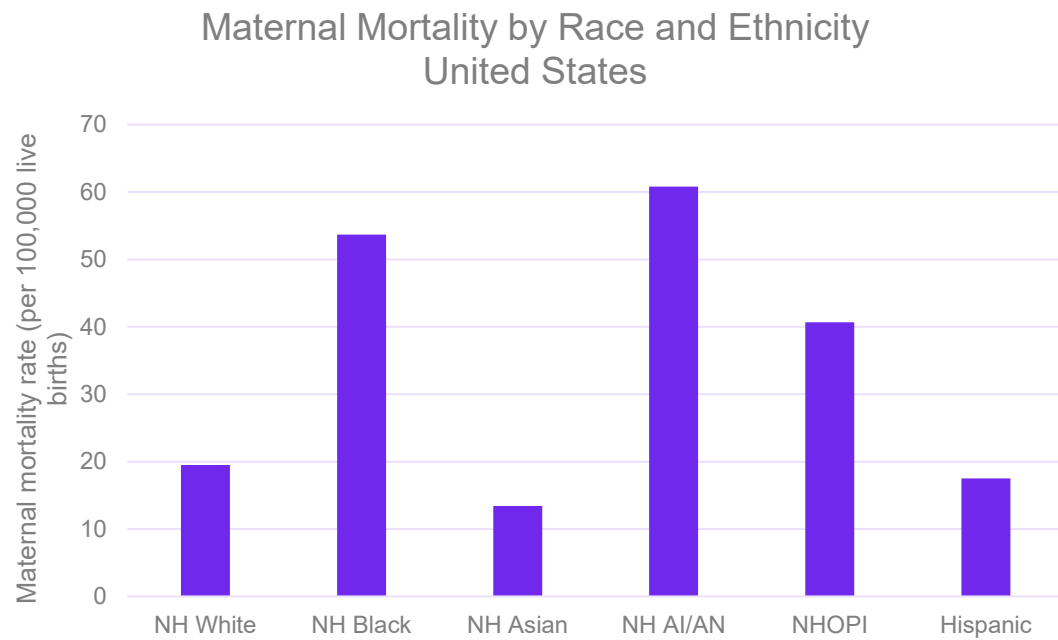
Maternal and Infant Mortality United States, 1915-Present



Maternal and Infant Mortality United States, 2019-Present



Non-Hispanic American Indian/Alaska Native, Black, and Hawaiian/Pacific Islander mothers and babies die at a higher rate than mothers and babies of other races/ethnicities.



Leading Causes of Infant Death

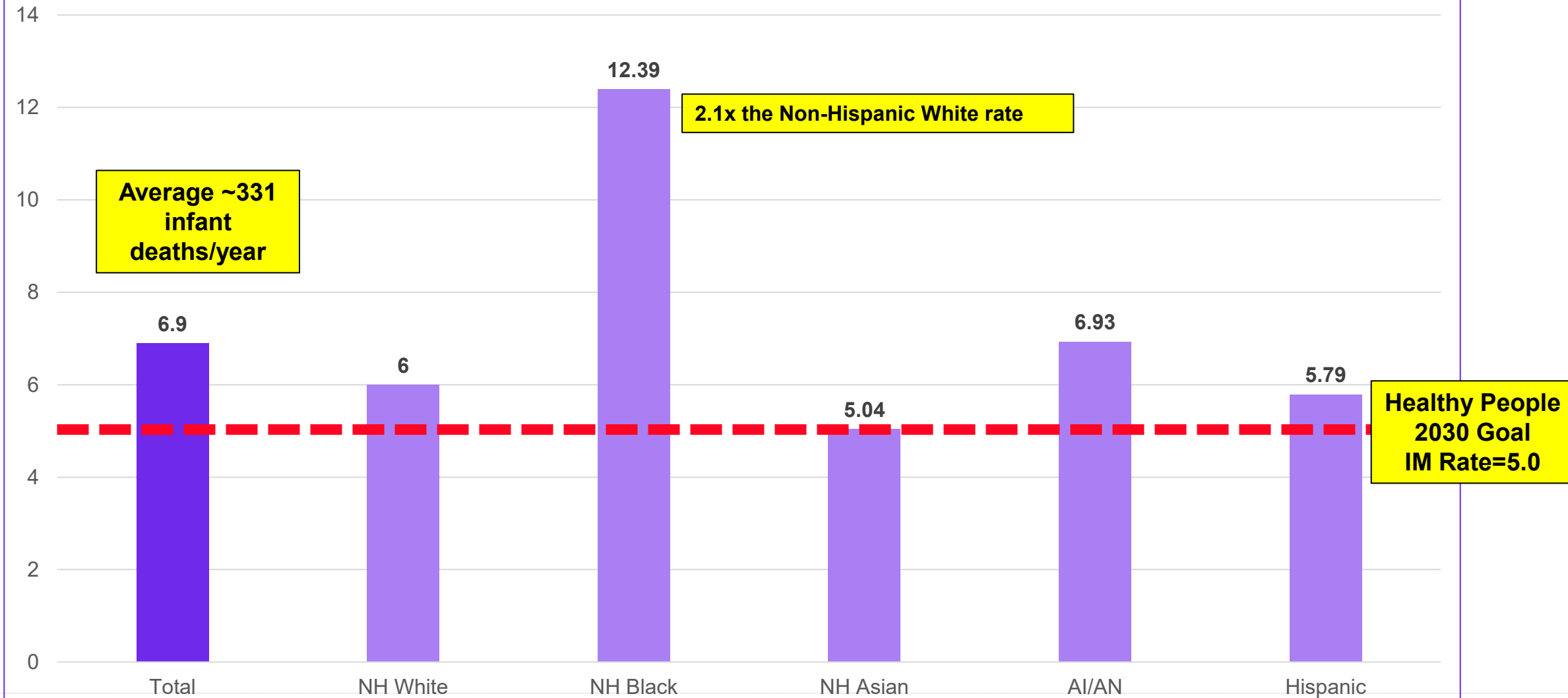
Population Rank	Overall	NH White	NH AI/AN	NH Asian	NH Black	NH NHOPI	Hispanic
1	Congenital malformations, deformations, and chromosomal abnormalities	Congenital malformations, deformations, and chromosomal abnormalities	Congenital malformations, deformations, and chromosomal abnormalities	Congenital malformations, deformations, and chromosomal abnormalities	Short gestation and low birth weight	Congenital malformations, deformations, and chromosomal abnormalities	Congenital malformations, deformations, and chromosomal abnormalities
2	Short gestation and low birth weight	Short gestation and low birth weight	Sudden infant death syndrome	Short gestation and low birth weight	Congenital malformations, deformations, and chromosomal abnormalities	Sudden infant death syndrome	Short gestation and low birth weight
3	Sudden infant death syndrome	Sudden infant death syndrome	Short gestation and low birth weight	Maternal complications of pregnancy	Sudden infant death syndrome		Maternal complications of pregnancy
4	Accidents (unintentional injuries)	Accidents (unintentional injuries)	Accidents (unintentional injuries)	Complications of placenta, cord, and membranes	Accidents (unintentional injuries)		Sudden infant death syndrome
5	Maternal complications of pregnancy	Maternal complications of pregnancy	Maternal complications of pregnancy	Bacterial sepsis	Maternal complications of pregnancy		Accidents (unintentional injuries)

Leading Causes of Pregnancy-Related Death

Rank \ Population	Overall	NH White	NH AI/AN	NH Asian	NH Black	Hispanic
1	Mental health conditions	Mental health conditions	Mental health conditions	Infection (includes COVID-19)	Cardiovascular conditions (includes cardiomyopathy)	Mental health conditions
2	Cardiovascular conditions (includes cardiomyopathy)	Cardiovascular conditions (includes cardiomyopathy)	Infection (includes COVID-19)	Mental health conditions	Mental health conditions	Cardiovascular conditions (includes cardiomyopathy)
3	Infection (includes COVID-19)	Infection (includes COVID-19)	Cardiovascular conditions (includes cardiomyopathy)	Cardiovascular conditions (includes cardiomyopathy)	Hemorrhage	Infection
4	Hemorrhage	Hemorrhage	Hemorrhage	Hemorrhage	Embolism	Hemorrhage
5	Embolism	Embolism			Hypertensive disorders of pregnancy	Hypertensive disorders of pregnancy

Source: Centers for Disease Control and Prevention. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees. Available at: <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/index.html?cove-tab=1>. Last accessed 05/03/2026.

Infant Mortality Rate (Total and by Race/Ethnicity) Oklahoma, 2020-2024



Infant Mortality in Oklahoma

Key Points

- Infant deaths account for the majority (54%) of all child deaths in Oklahoma
- The infant mortality rate varies significantly by race
- Leading causes of infant deaths include:
 - Congenital anomalies
 - Preterm birth/low birth weight
 - Sudden unexpected infant death (SUID)

The preterm birth rate in Oklahoma was **11.0%** in 2024, the same as the rate in 2023

PRETERM
BIRTH
GRADE

D

U.S. RATE



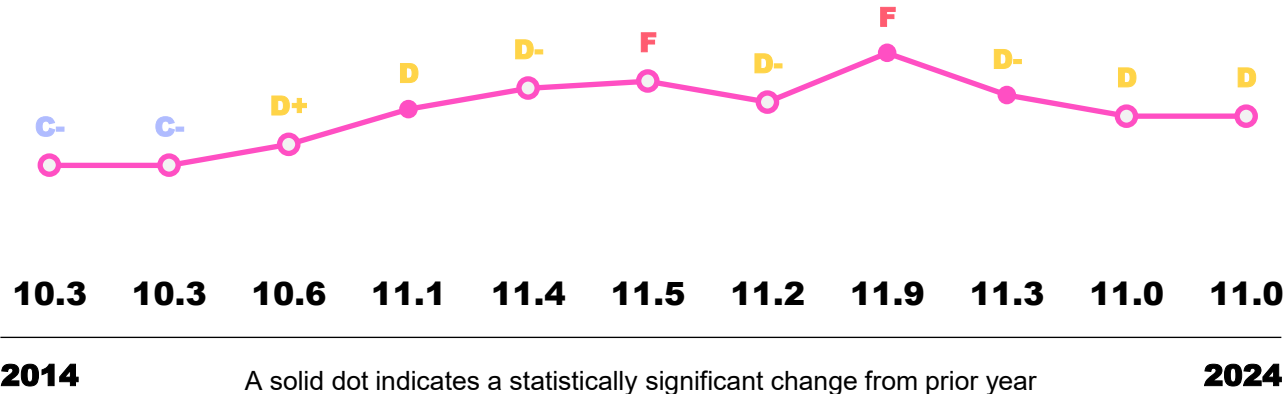
OK RATE



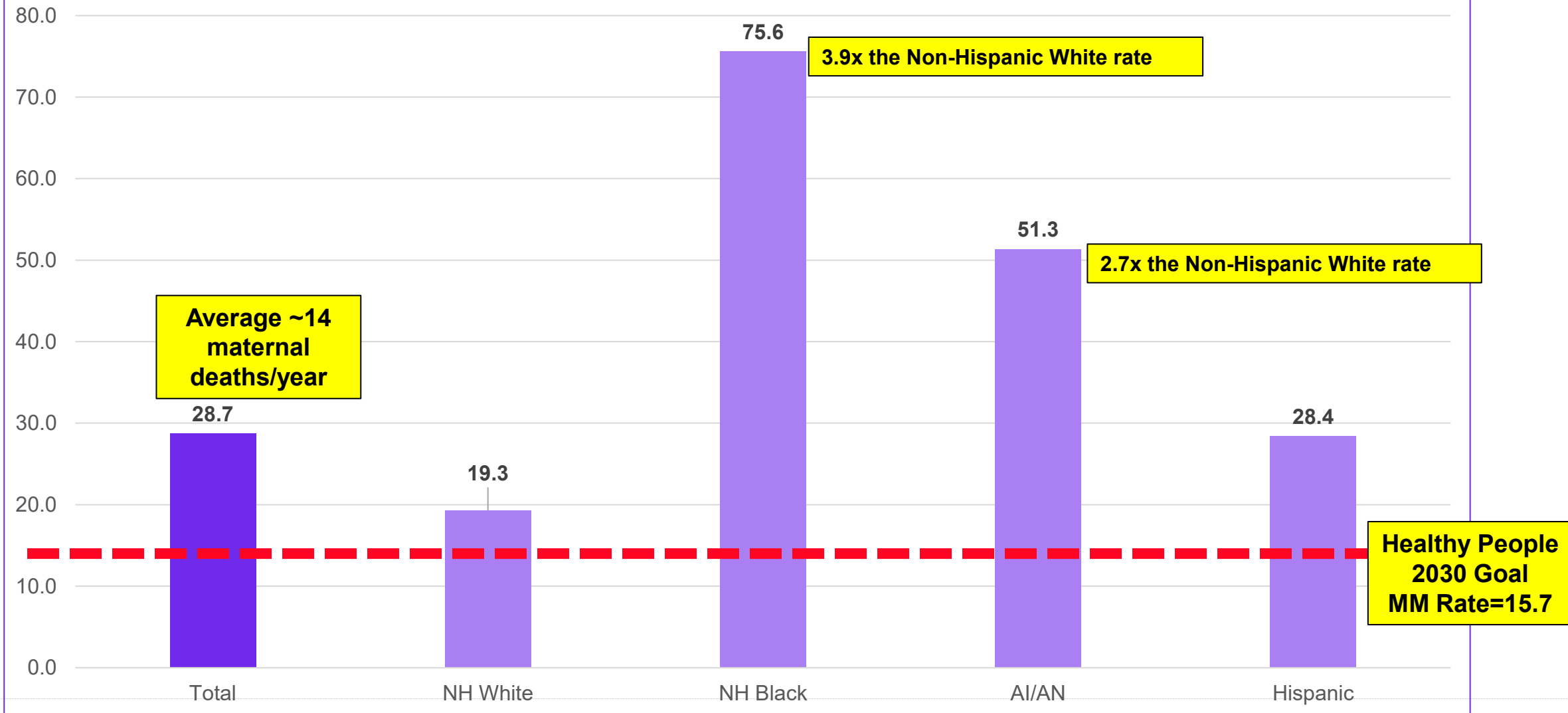
OK RANK



Percentage of live births born preterm



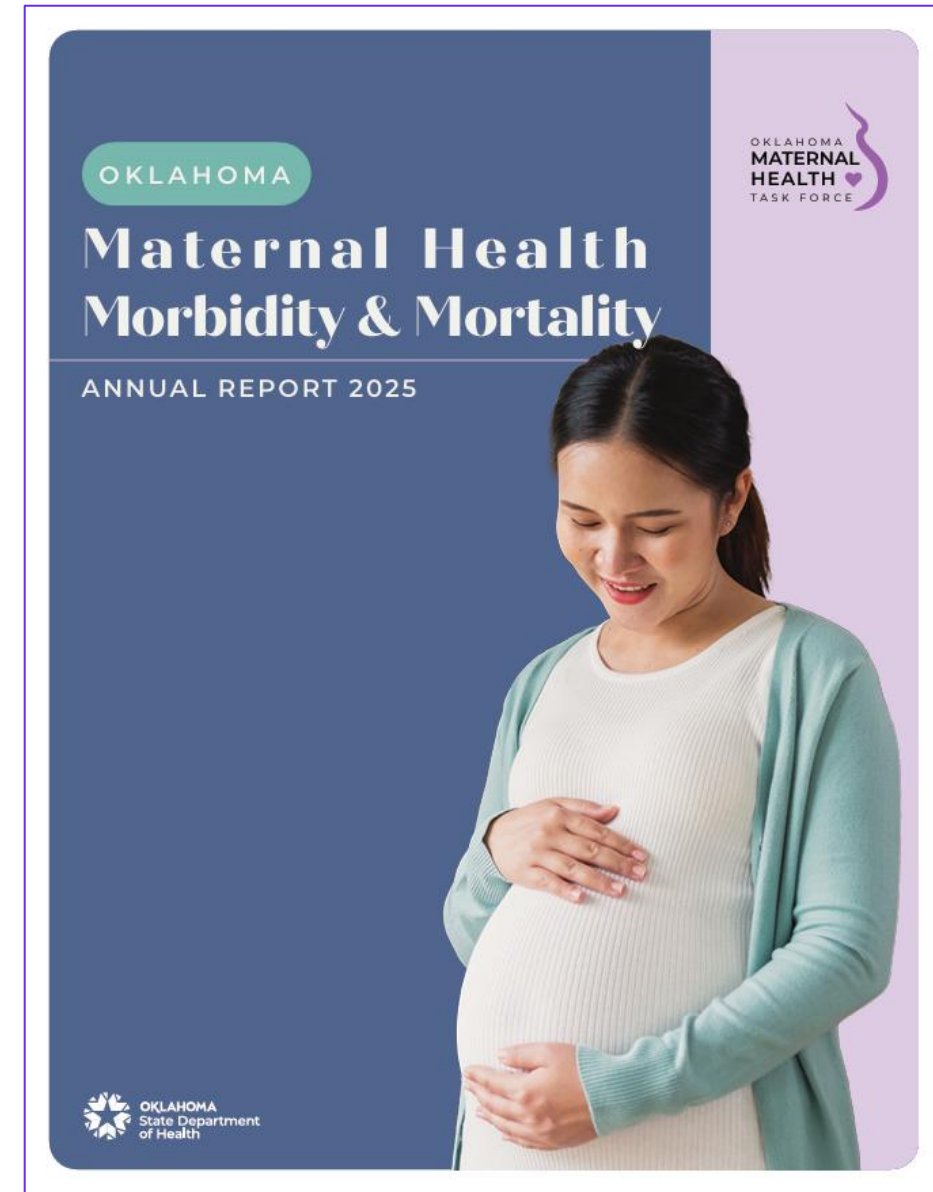
Maternal Mortality Rate (Total and by Race/Ethnicity) Oklahoma, 2020-2024



Maternal/Pregnancy-Related Mortality in Oklahoma

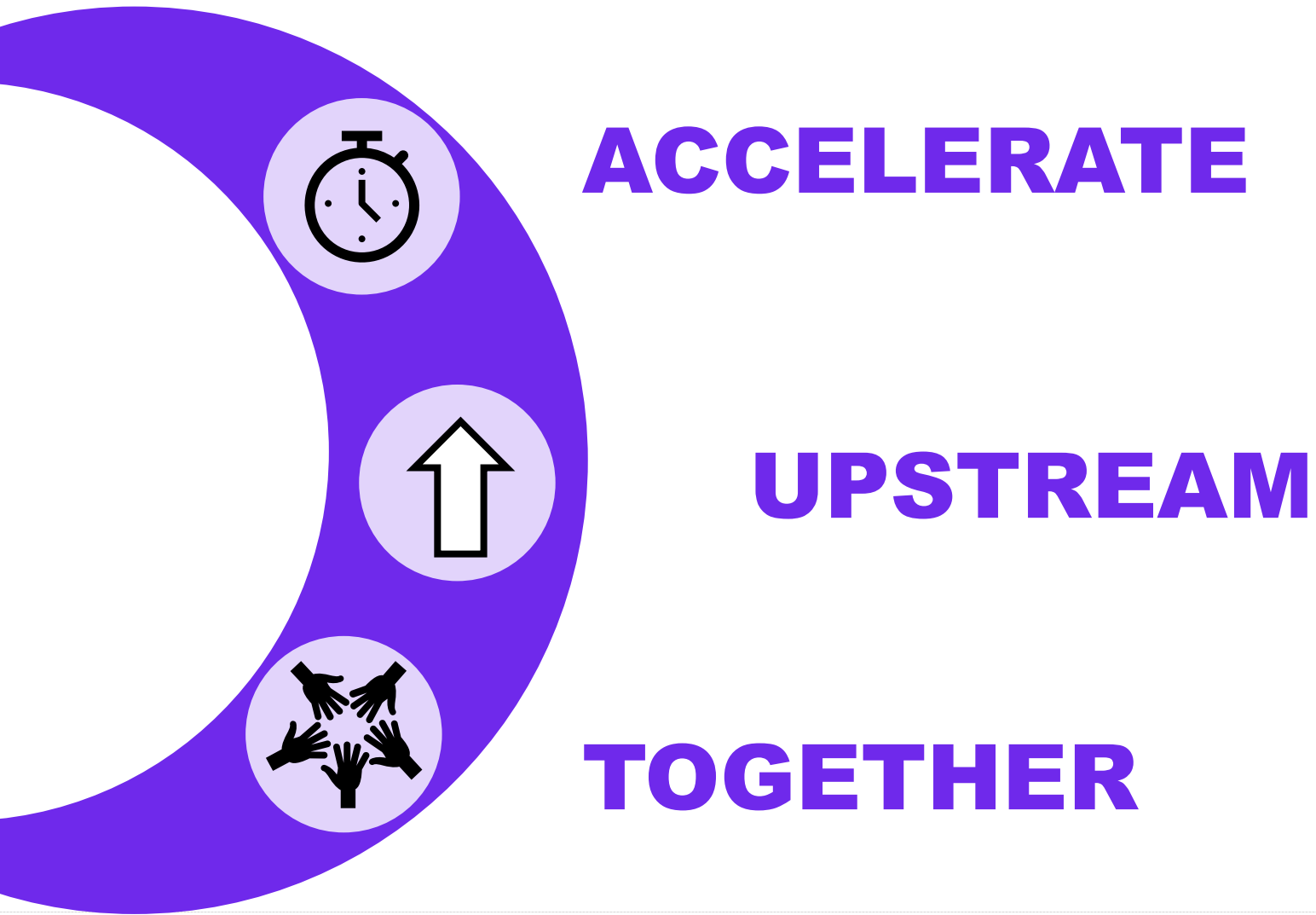
Key Points

- Maternal mortality improving in recent time periods (2021-23 vs 2019-21)
- Maternal death rate highest for Non-Hispanic Black and American Indian/Alaska Native women
- Among pregnancy-related deaths:
 - Leading causes include: hemorrhage, infection, and cardiovascular conditions
 - Nearly 40% occur 1 week-1 year after delivery
 - 67% were deemed preventable

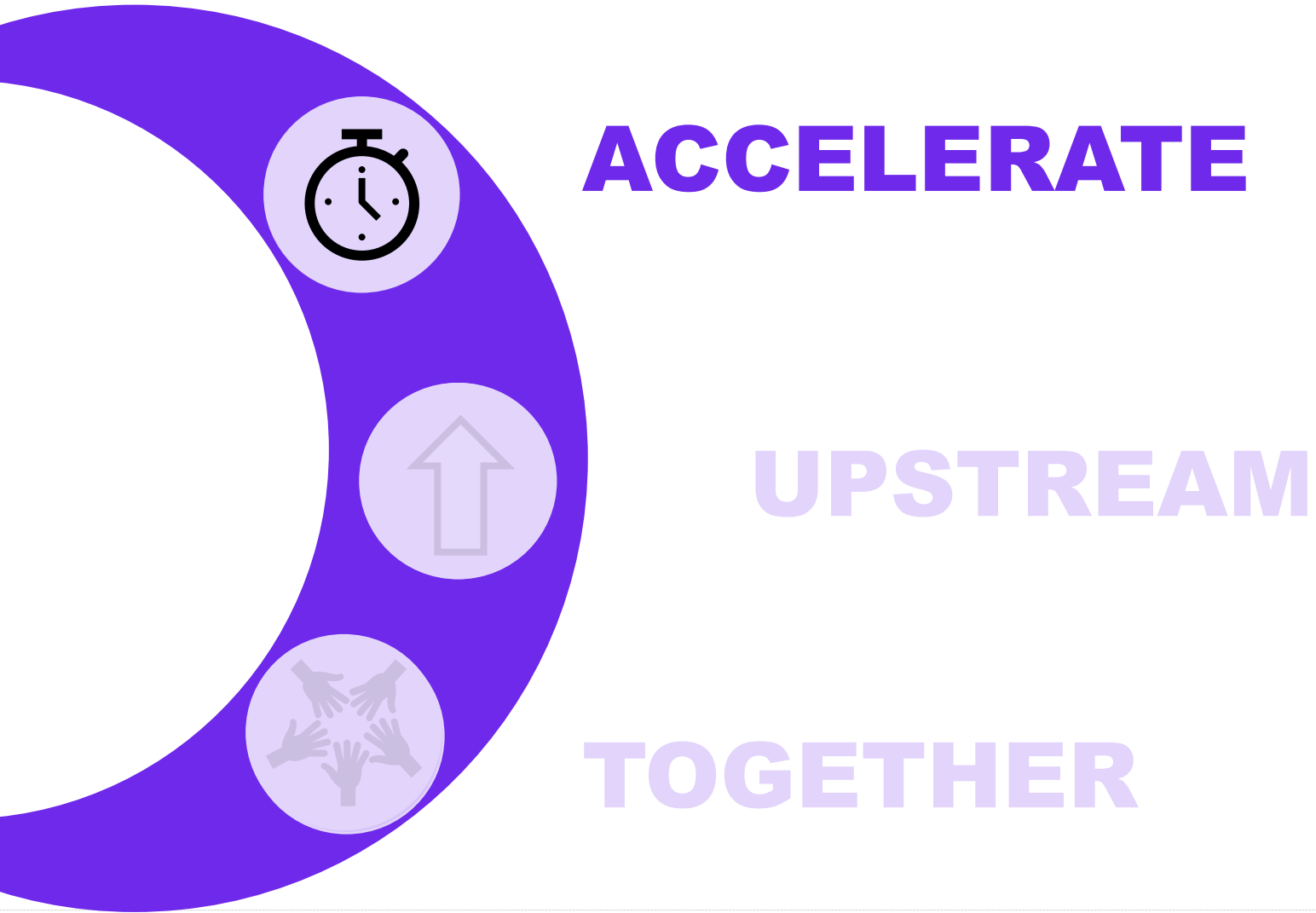


Unpacking the data: How do we address the problem?

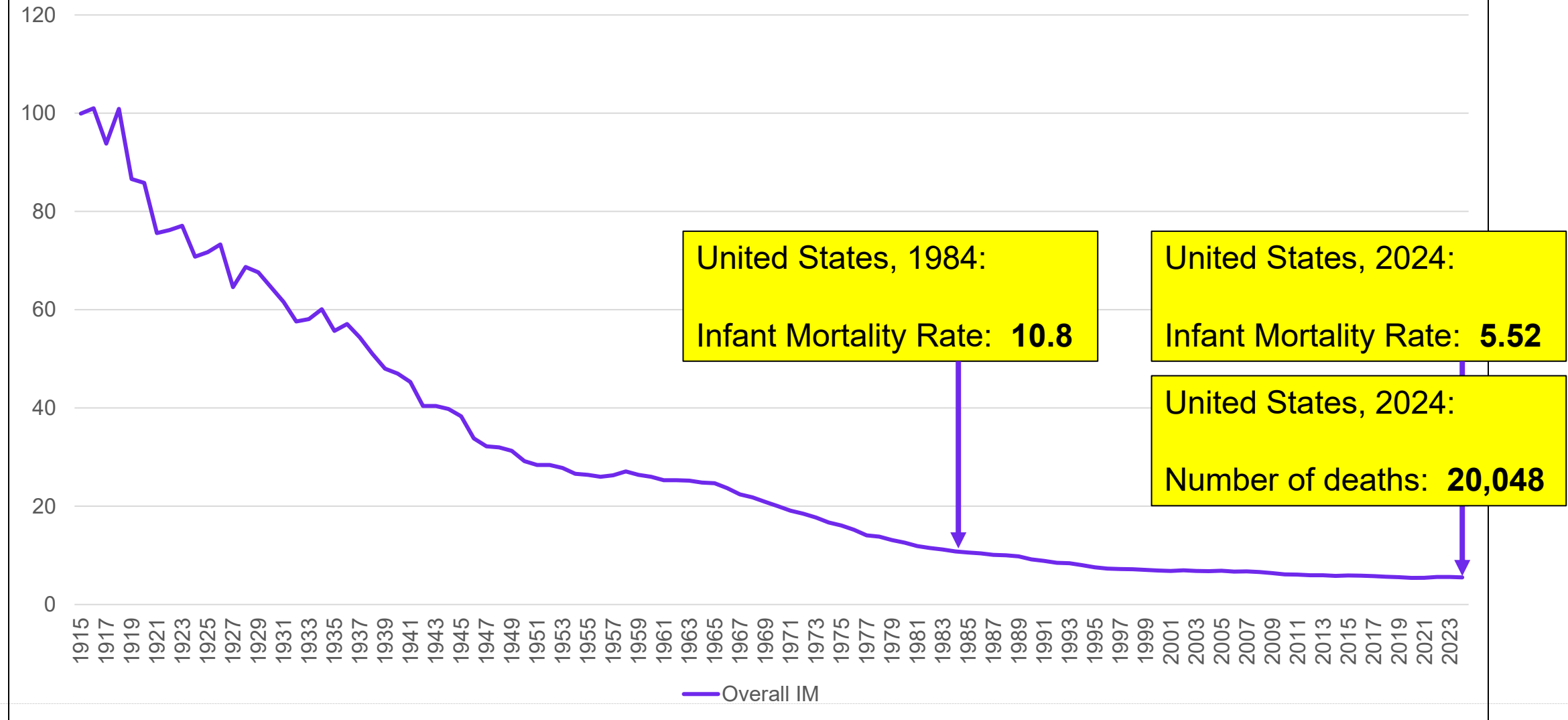
Paradigm for Improving Maternal and Infant Health



Paradigm for Improving Maternal and Infant Health



Infant Mortality Rate United States, 1915-2024



Sources: CDC, National Center for Health Statistics. Infant Mortality rates for 1915-1993; 1993-2009; 2009-2017; 2018-2022; 2023; 2024.





The annual number of infant deaths in the United States is roughly equivalent to the number of deaths if a jet plane crashed, killing everyone on board, once a week for an entire year.

Maternal Mortality in the United States

“...no available figures show a decrease in the United States in recent years...”

“...certain other countries now exhibit more favorable rates...”

“...clearly that maternal mortality is in great measure preventable...”

LETTER OF TRANSMITTAL.

U. S. DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Washington, September 25, 1916.

SIR: I transmit herewith a report entitled "Maternal Mortality from all Conditions Connected with Childbirth in the United States and Certain Other Countries," by Dr. Grace L. Meigs, in charge of the hygiene division of this bureau. This report has been prepared because the bureau's studies of infant mortality in the urban and rural districts reveal a connection between maternal and infant welfare so close that it becomes plain that infancy can not be protected without the protection of maternity.

In this study Dr. Meigs undertakes to do no more than to assemble and interpret figures already published by the United States Bureau

U. S. DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Washington, September 25, 1916.

will become an integral part of all plans for public health protection.

The generous assistance of the United States Bureau of the Census in the preparation of this report is gratefully acknowledged.

Dr. Meigs desires that special mention be made of the assistance of Miss Emma Duke, head of the statistical division of the Children's Bureau, and of Miss Viola Paradise, research assistant in the division of hygiene.

Respectfully submitted.

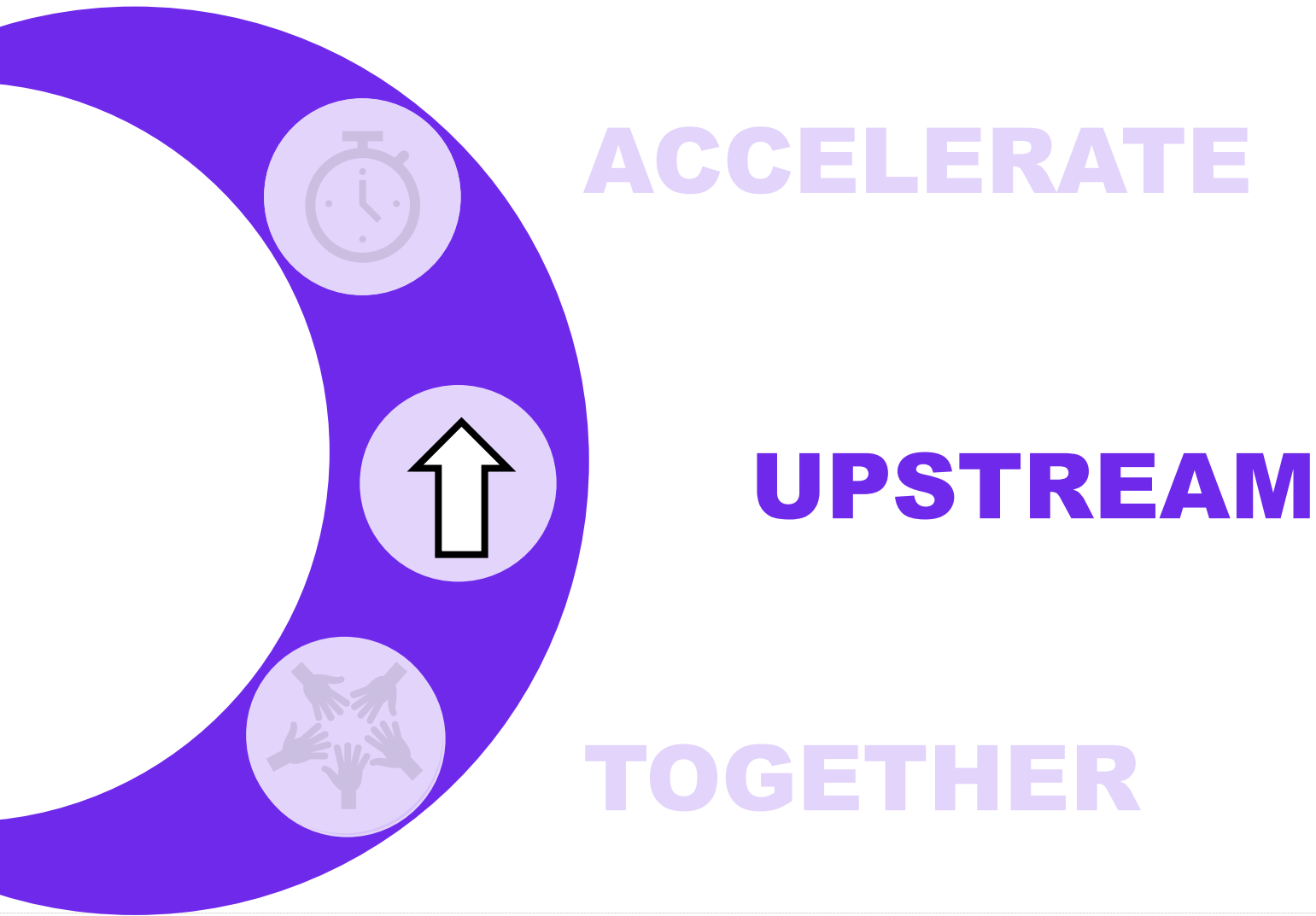
JULIA C. LATHROP,
Chief of Bureau.

HON. WILLIAM B. WILSON,
Secretary of Labor.

5

Source: US Children's Bureau. Maternal mortality from all conditions connected with childbirth in the United States and certain other countries. 1917. Available at Georgetown MCH Library: <https://www.mchlibrary.org/collections/childrens-bureau.php>. Last accessed 03/03/2026.

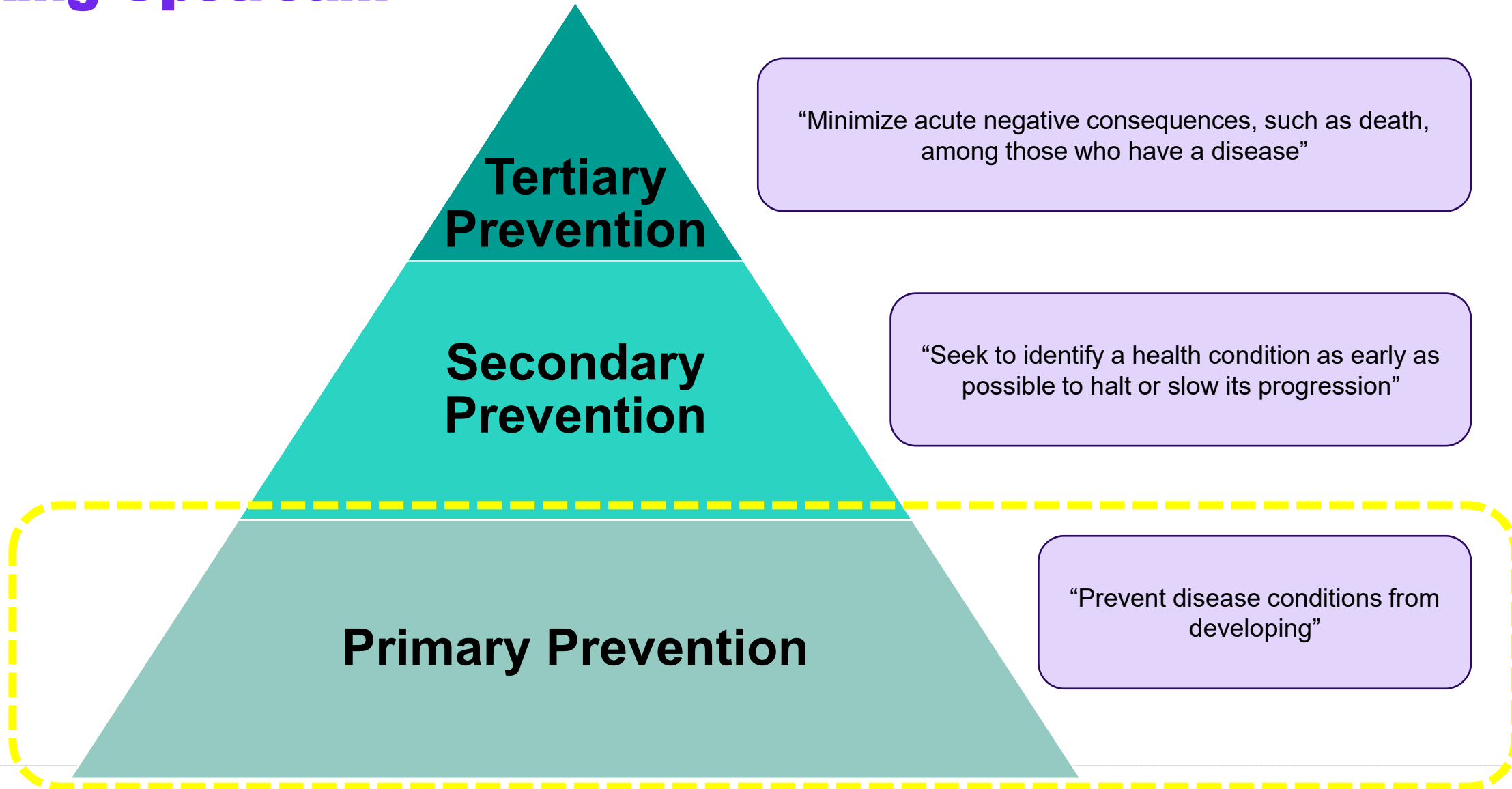
Paradigm for Improving Maternal and Infant Health



Thinking Upstream

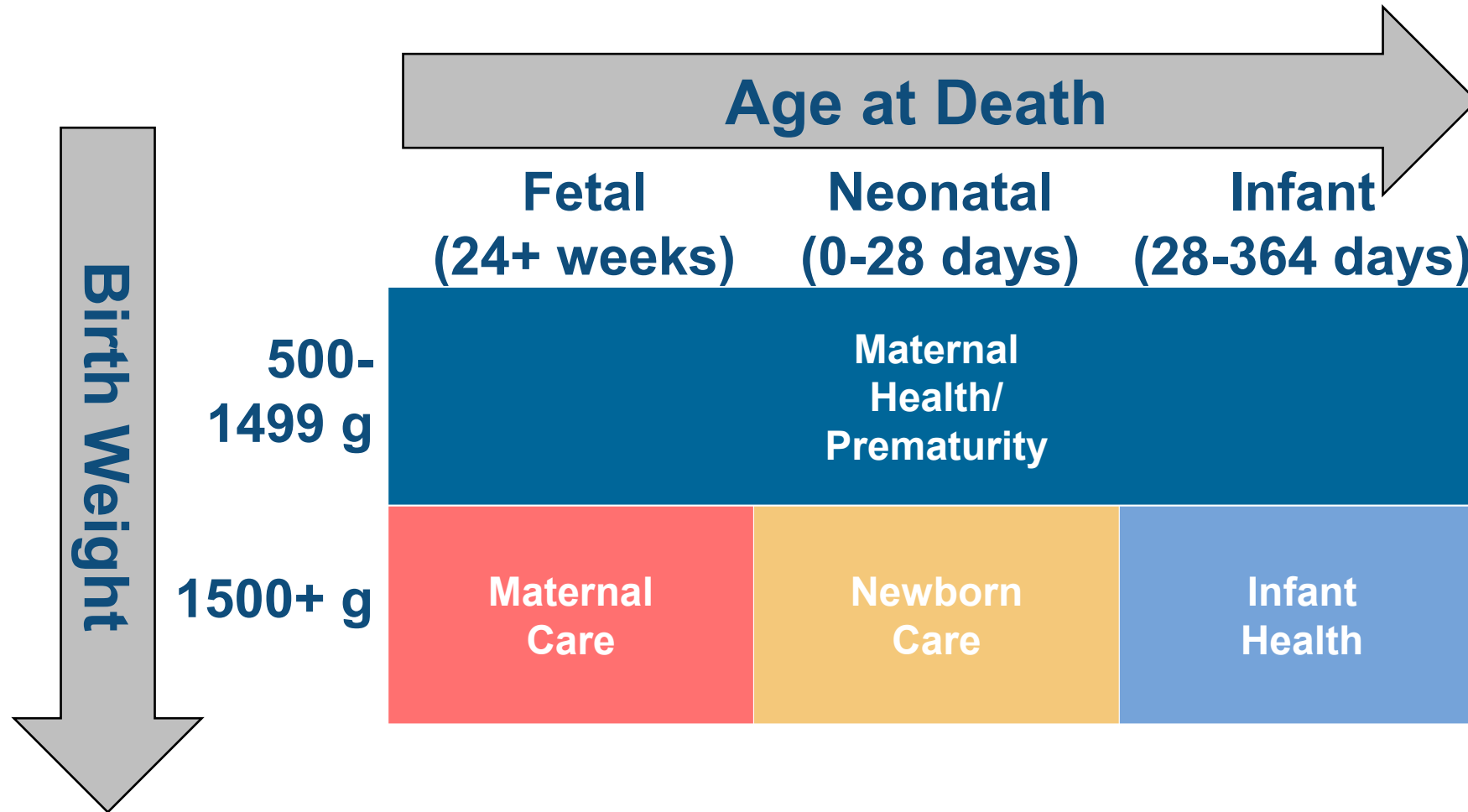


Thinking Upstream

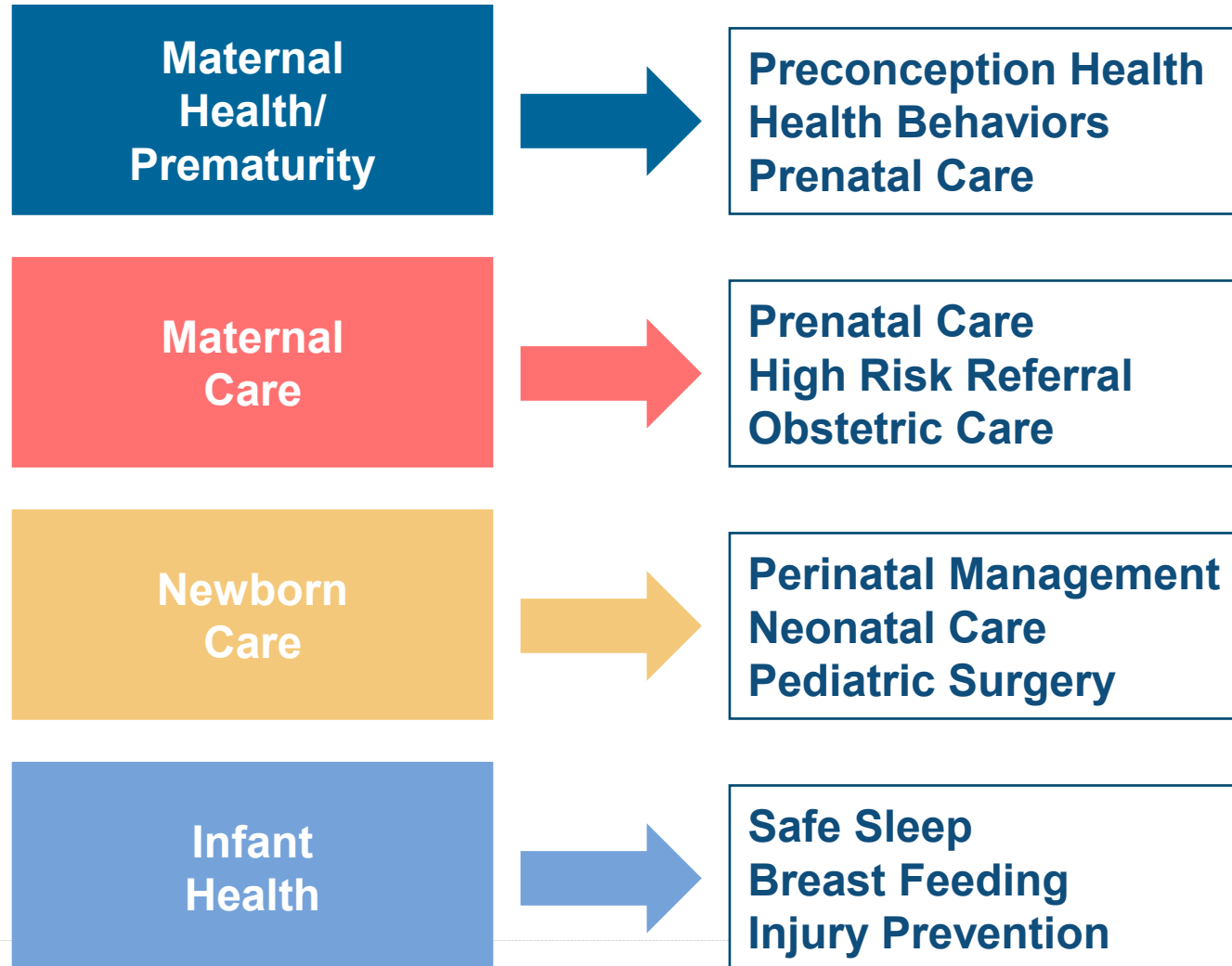


Thinking Upstream

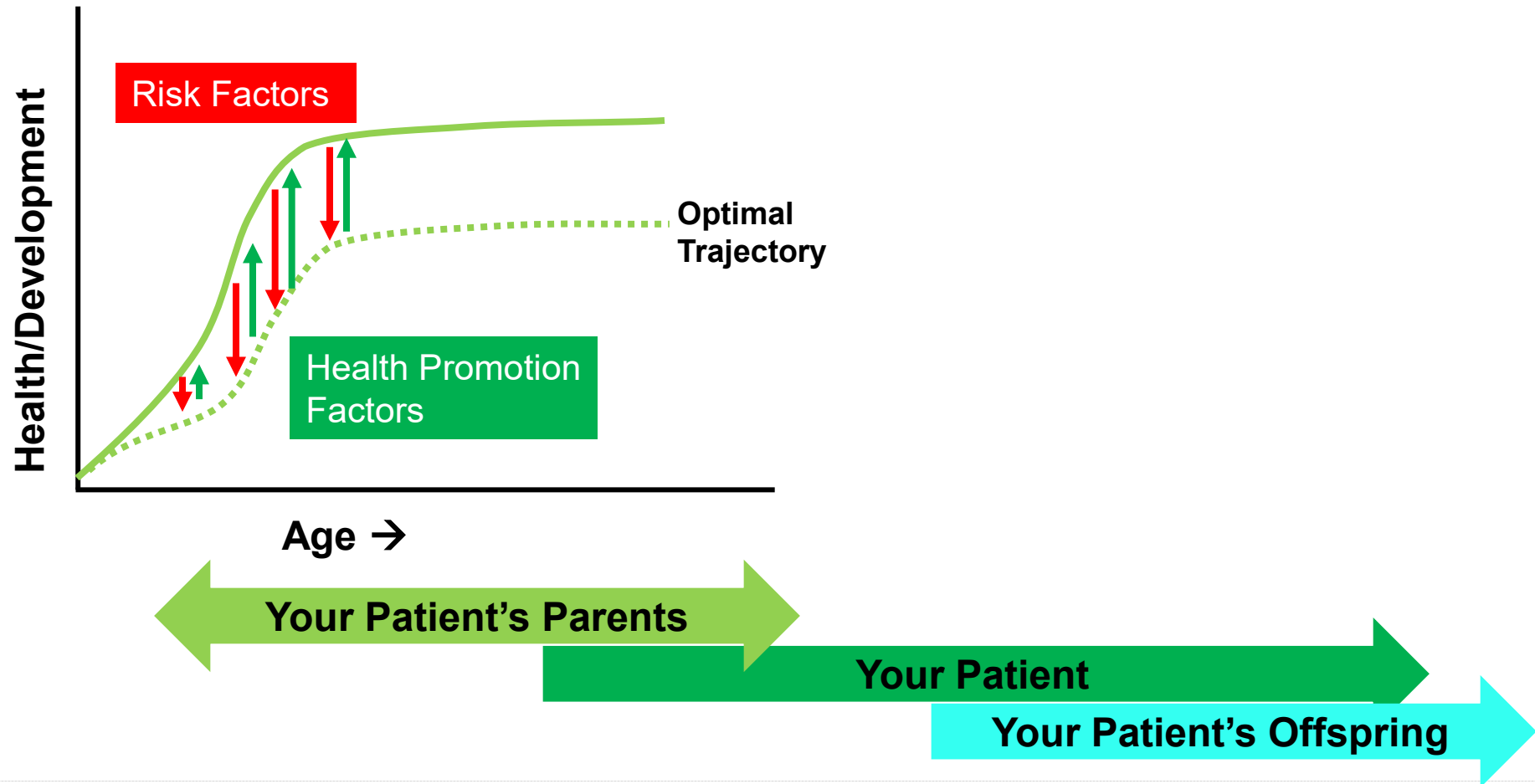
Perinatal Periods of Risk (PPOR)



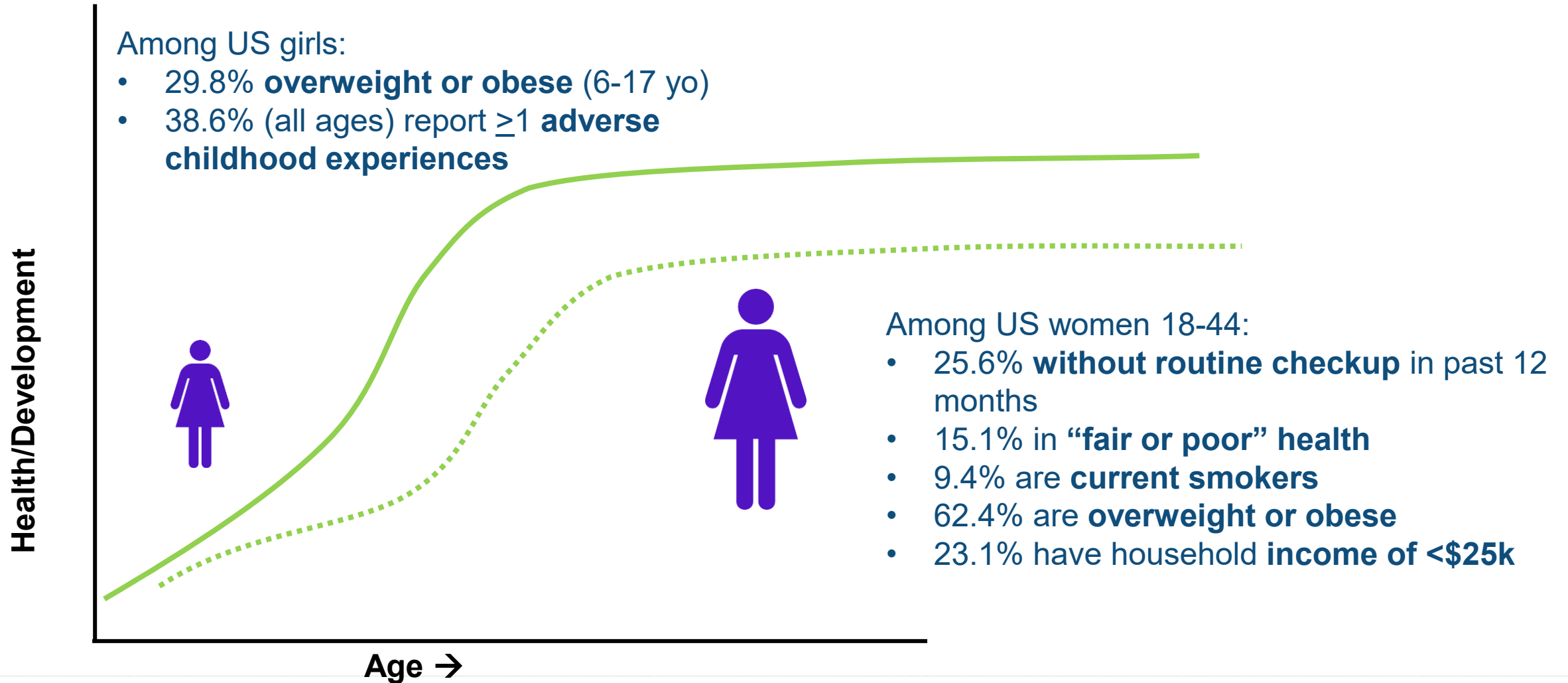
Perinatal Periods of Risk (PPOR) Opportunities for Intervention



Thinking Upstream Life Course Approach

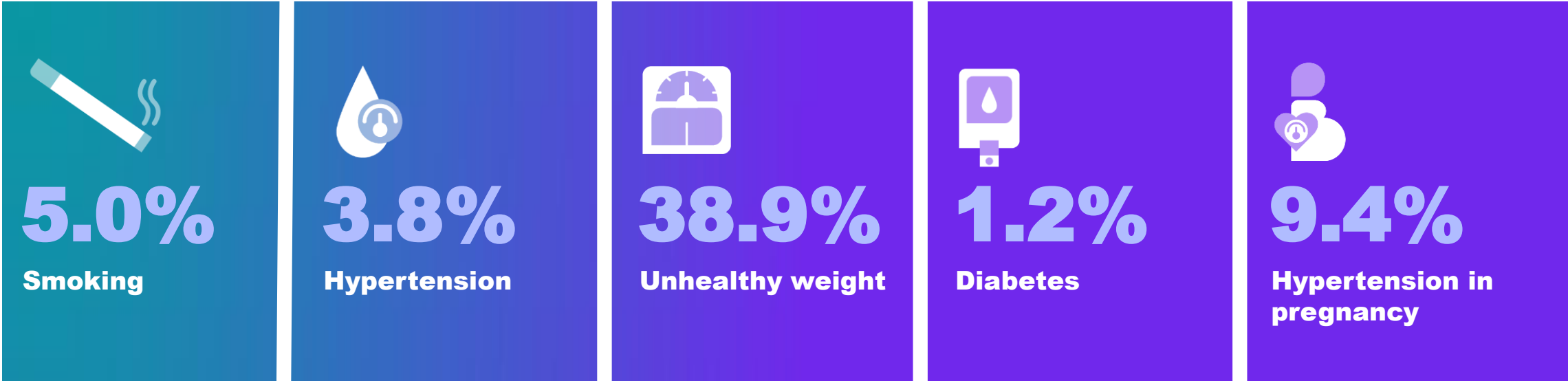


Thinking Upstream Life Course Approach

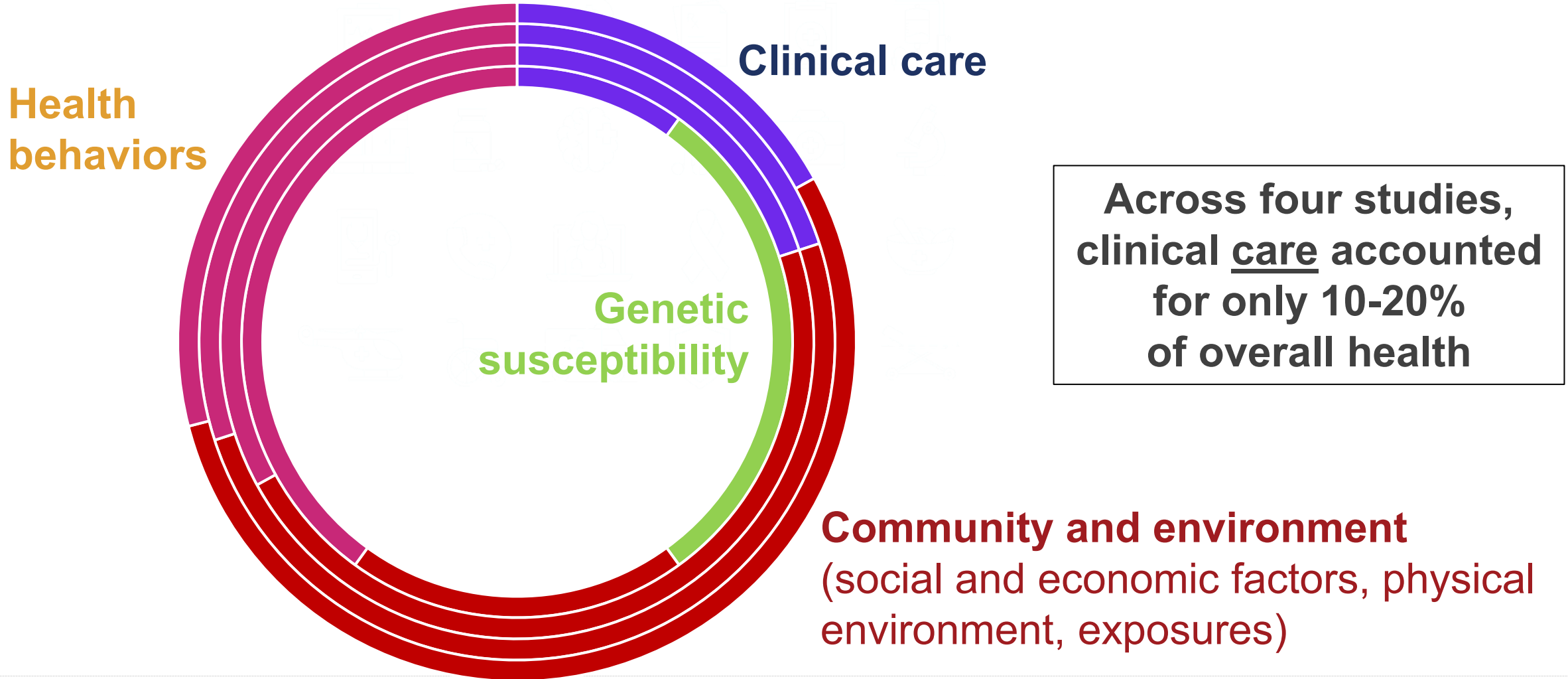


Some health conditions make people more likely to have a preterm birth or experience other poor birth outcomes

The tiles display the percentage of all live births exposed to each condition in 2024.



What Determines Health?



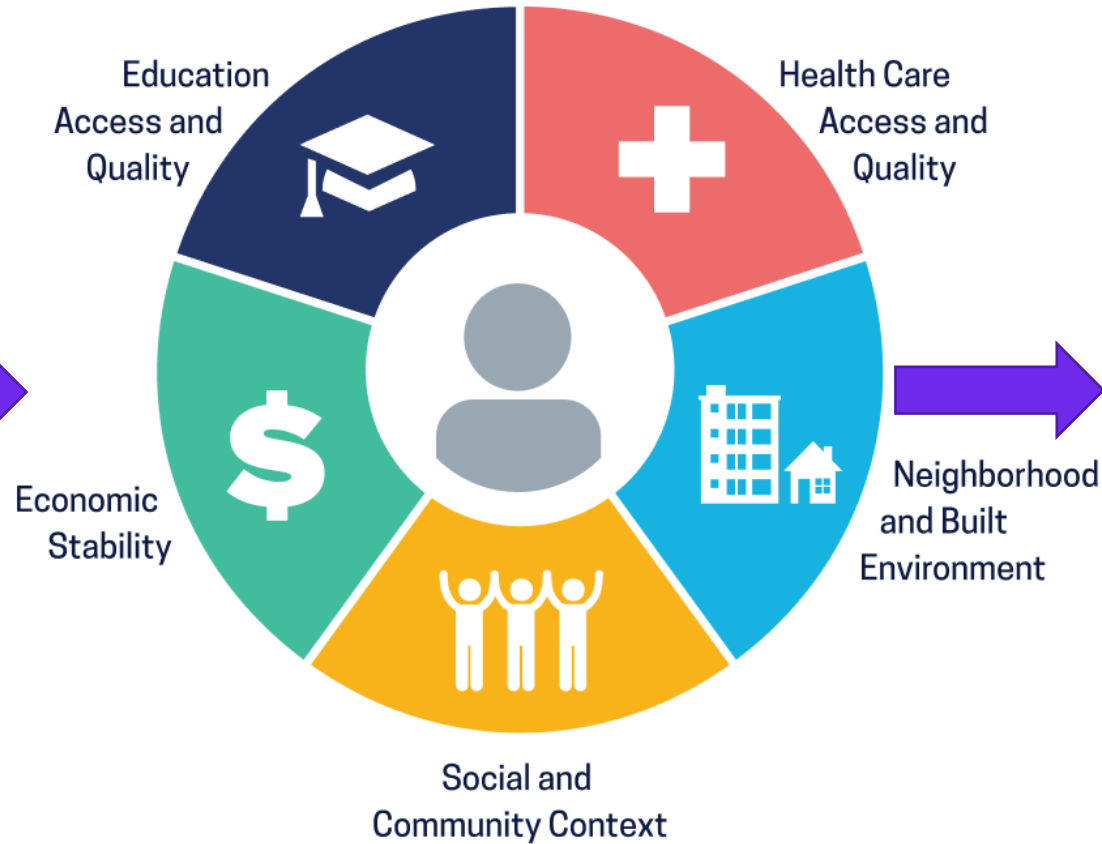
Structural and Social Determinants of Health

STRUCTURAL DETERMINANTS

GOVERNING PROCESSES

ECONOMIC AND SOCIAL POLICIES

RACISM, DISCRIMINATION, BIAS, AND SEGREGATION



EXPERIENCE OF SOCIAL DETERMINANTS

INCOME/POVERTY/WEALTH

EDUCATION

EMPLOYMENT

TRANSPORTATION

HOUSING

FOOD SECURITY

EXPOSURE TO TOXINS

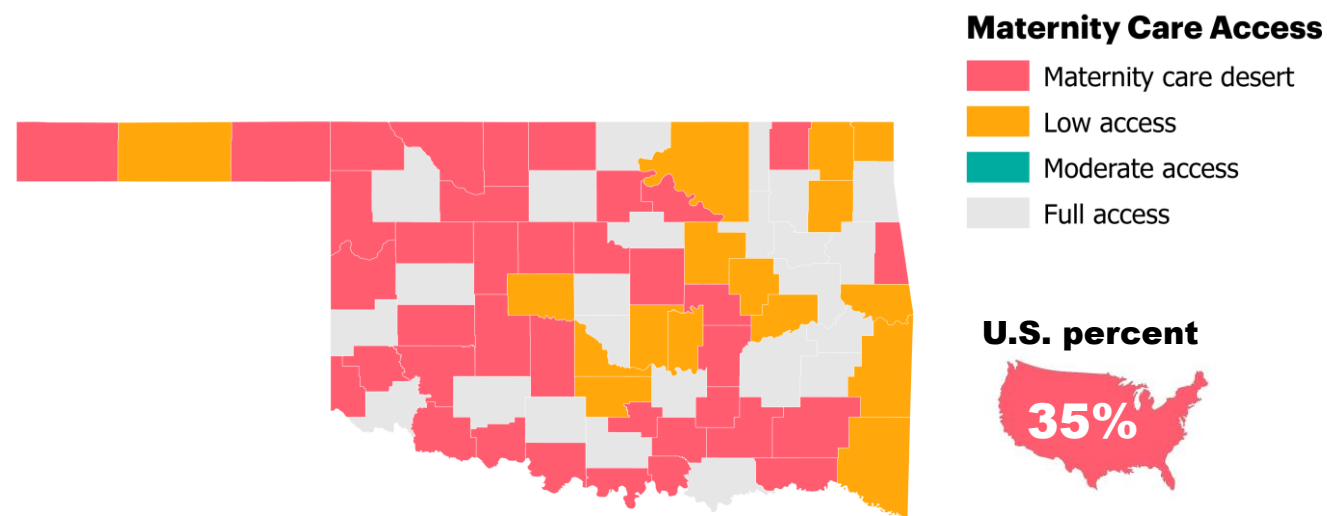
HEALTH INSURANCE

DISTANCE TO SERVICES

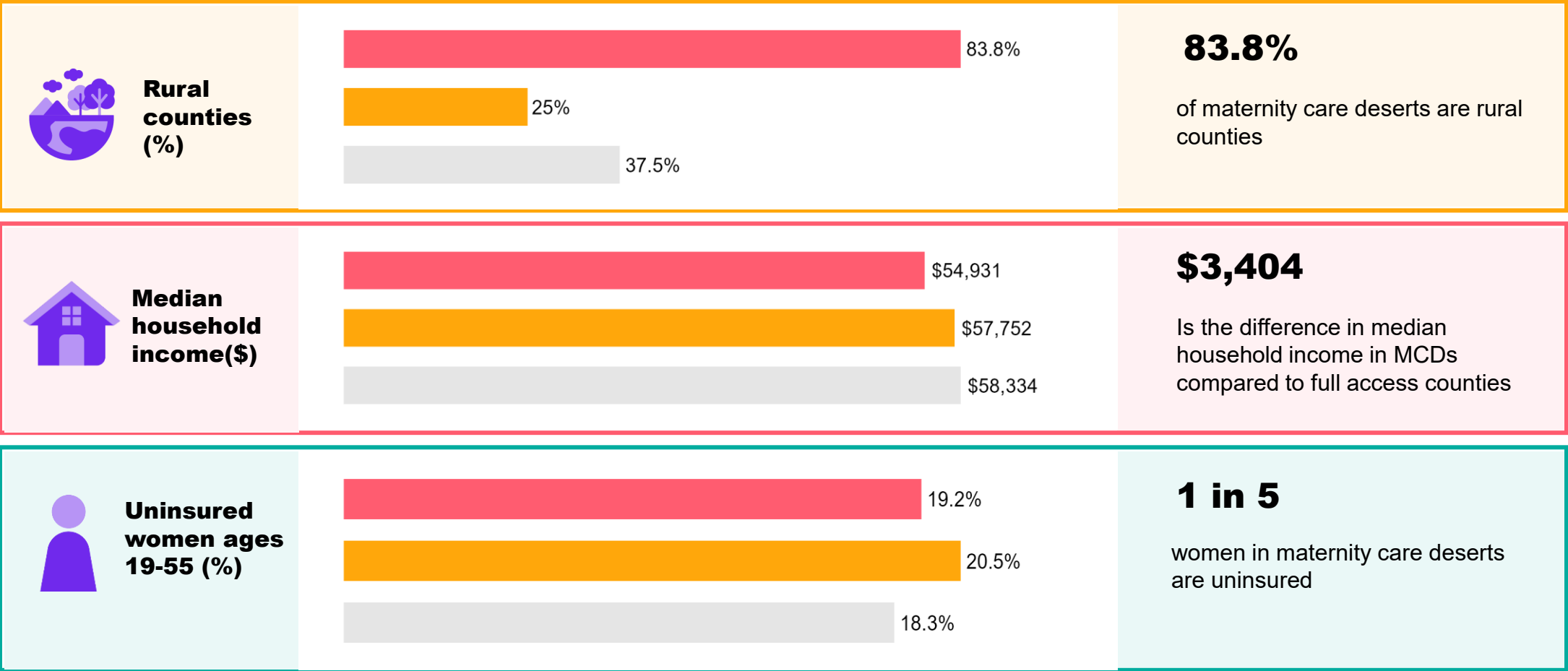


1 in 2 counties in Oklahoma are maternity care deserts, affecting nearly 80,000 women and 5,000 births annually

Maternity care access designations, Oklahoma



County demographics by maternity care access designation



Maternity care access



Full access



Moderate access



Low access



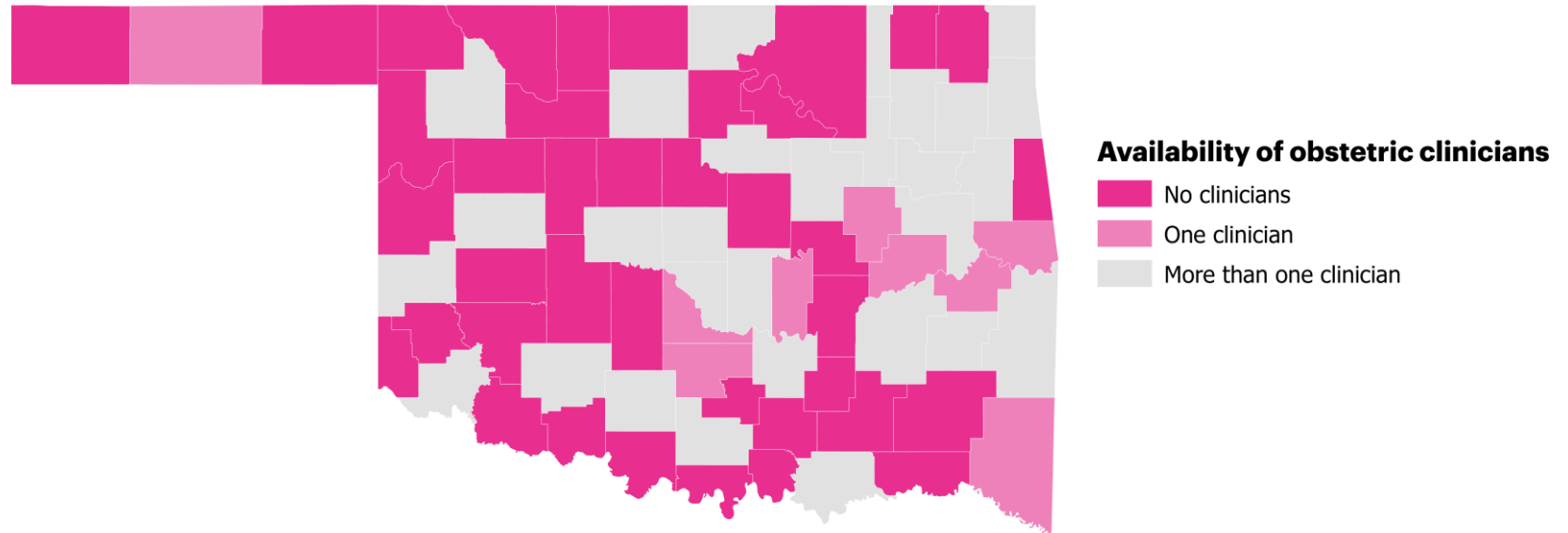
Maternity care desert

Number of obstetric clinicians by county, Oklahoma

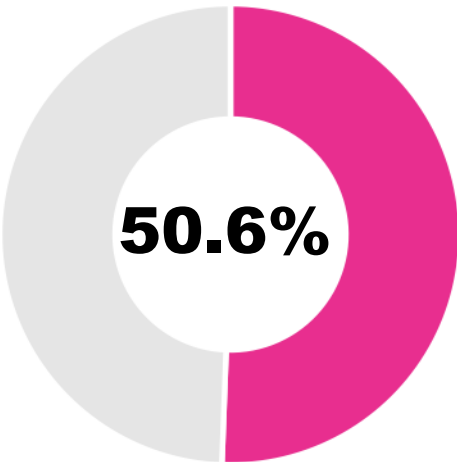
50.6% of counties do not have an obstetric clinician

- These counties are home to nearly 90,000 women and 6,000 babies

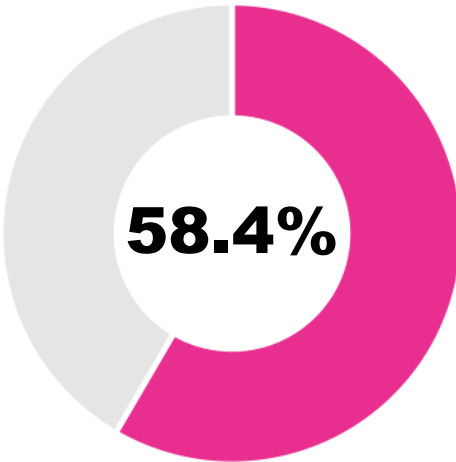
11.7% of counties have only one obstetric clinician



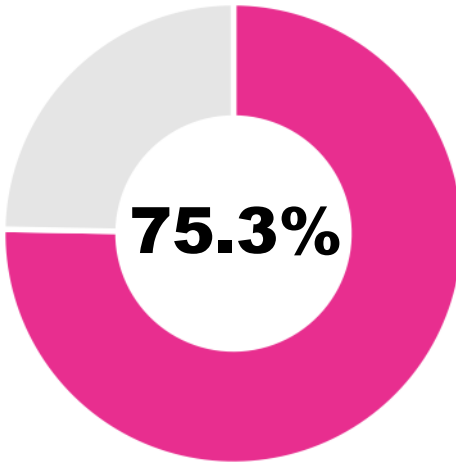
Percentage of counties without obstetric clinicians, by type



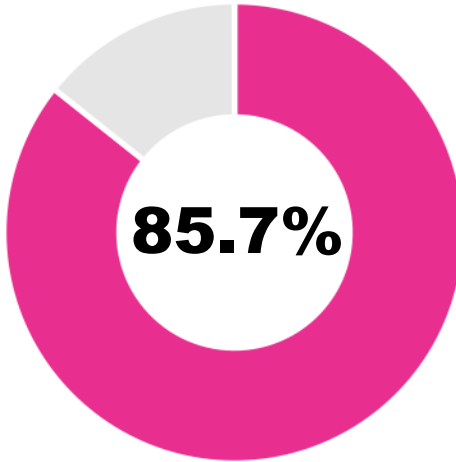
No obstetric clinicians



No OB-GYN



No CNM/CM

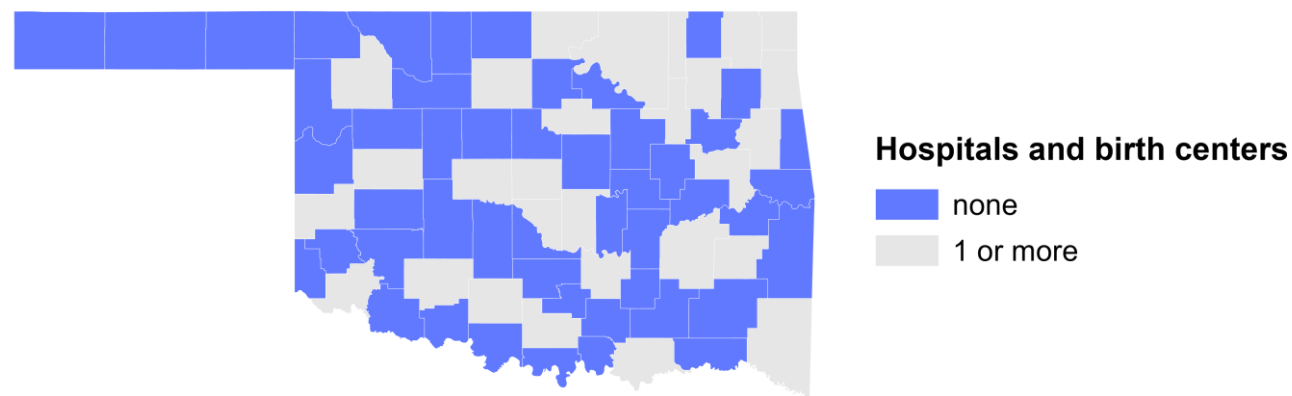


No family physician who delivers babies

Number of birthing facilities by county, Oklahoma

63.6% of counties do not have a hospital with labor and delivery services or birth center

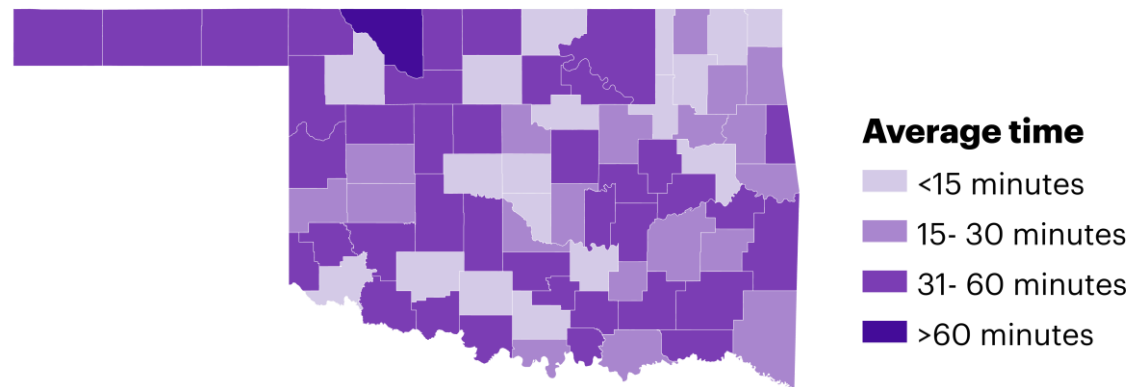
- **These counties are home to nearly 166,000 women and 11,000 babies**



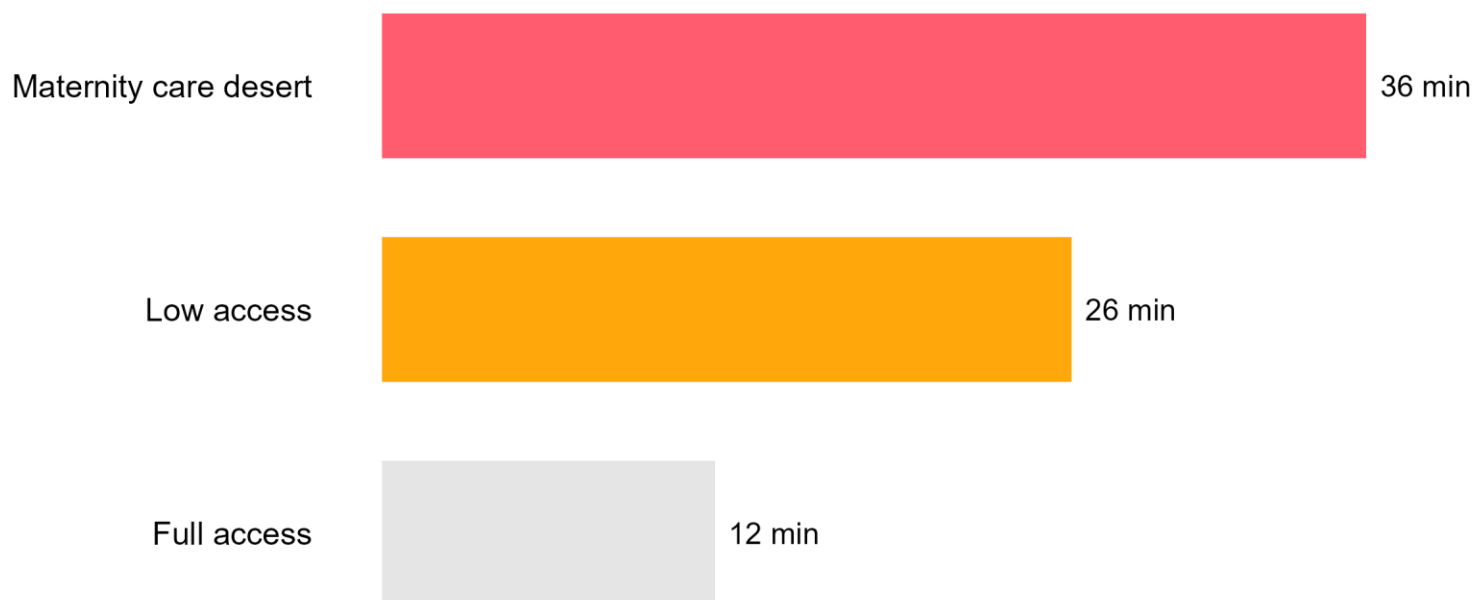
The average travel time to care in Oklahoma is 18 minutes

105K women in Oklahoma live more than 30 minutes from a hospital with labor and delivery services

Travel time to nearest hospital with labor and delivery services by county, Oklahoma



Minutes to nearest birthing hospital by maternity care access designation, Oklahoma

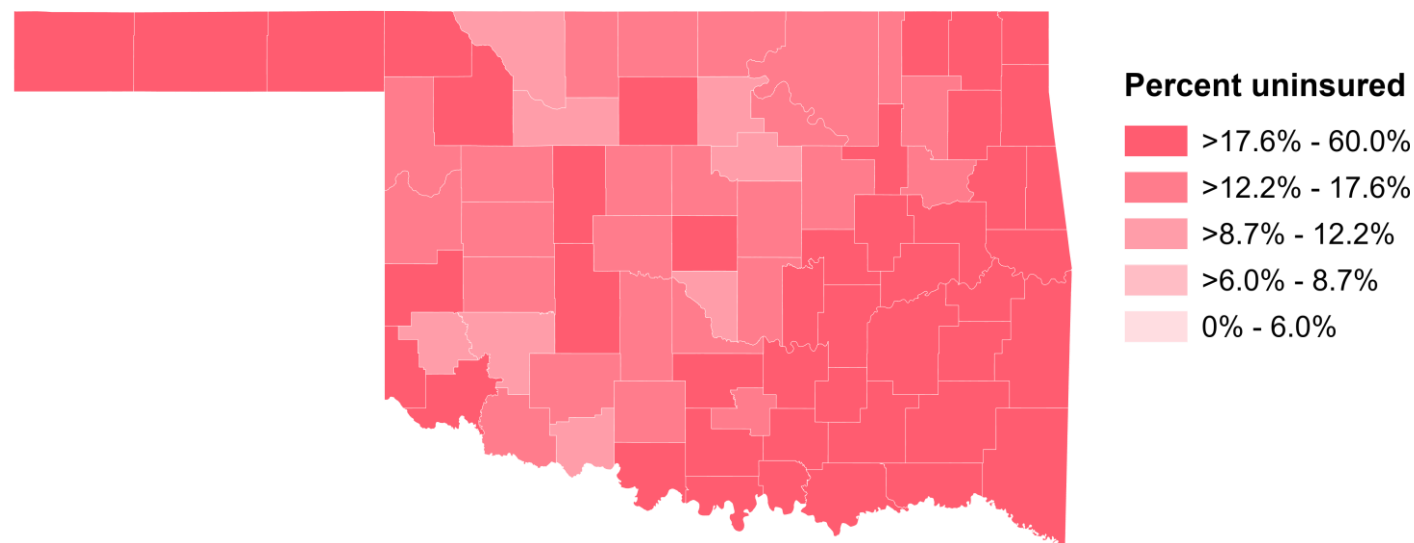


Maternity care desert residents travel 3 times longer to reach their nearest hospital with labor and delivery services than those living in full access counties

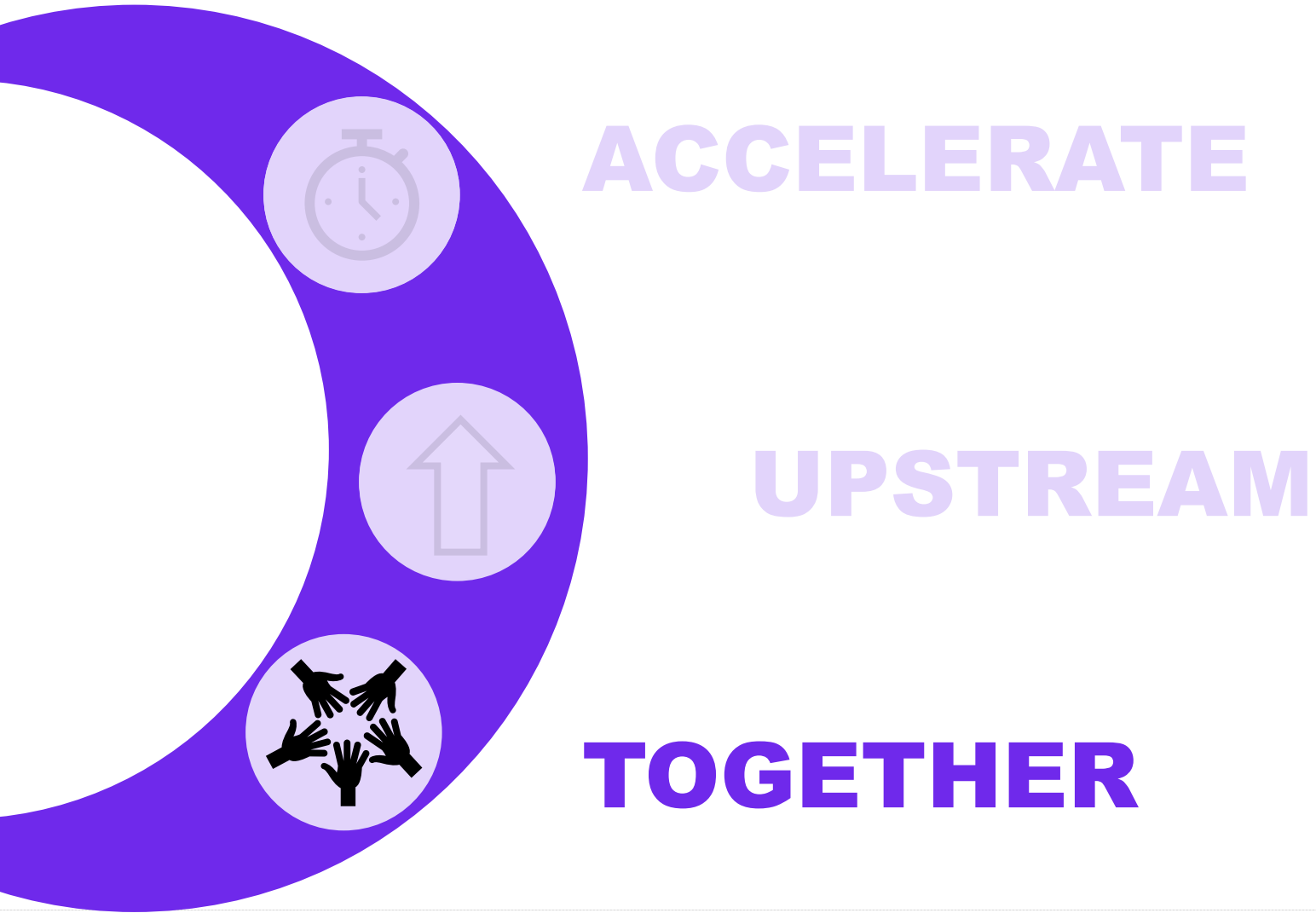
**About 1 in 6 (17.5%)
women ages 19 to 54
are uninsured in 2024**

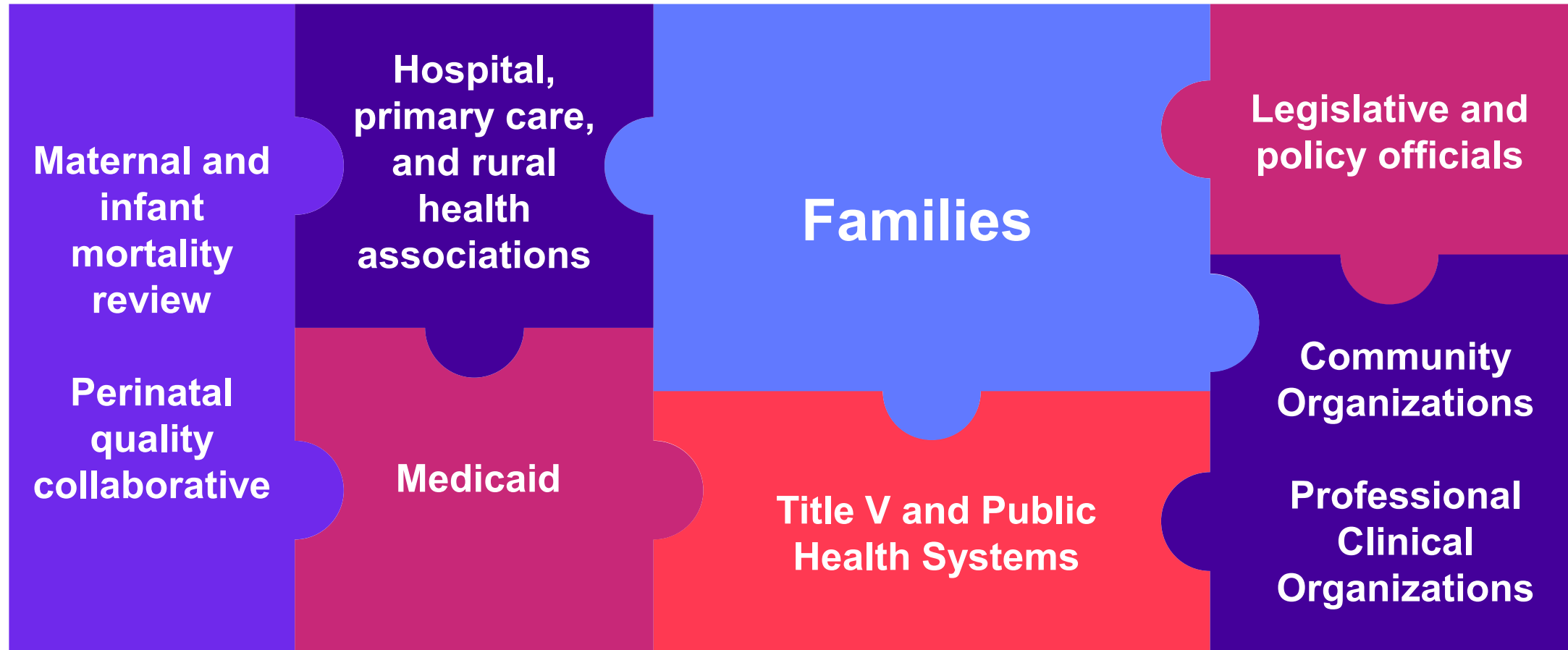
**Since the passage of
the Affordable Care
Act in 2013, uninsured
rates among women
ages 19 to 54 in
Oklahoma have
decreased 33%**

Percentage of uninsured women ages 19 to 54 by county, Oklahoma, 2024



Paradigm for Improving Maternal and Infant Health





Opportunity: Spread and Scale through OPQIC



<https://opqic.org/>

TeamBirth

OB Readiness in the ED

Perinatal Substance Use and Mental Health

Maternal Morbidity and Mortality

The Midwifery Project

Low Dose Aspirin

Empowering Pregnant and Postpartum Patients

Infant Mortality

Newborn Screening

Therapeutic Hypothermia

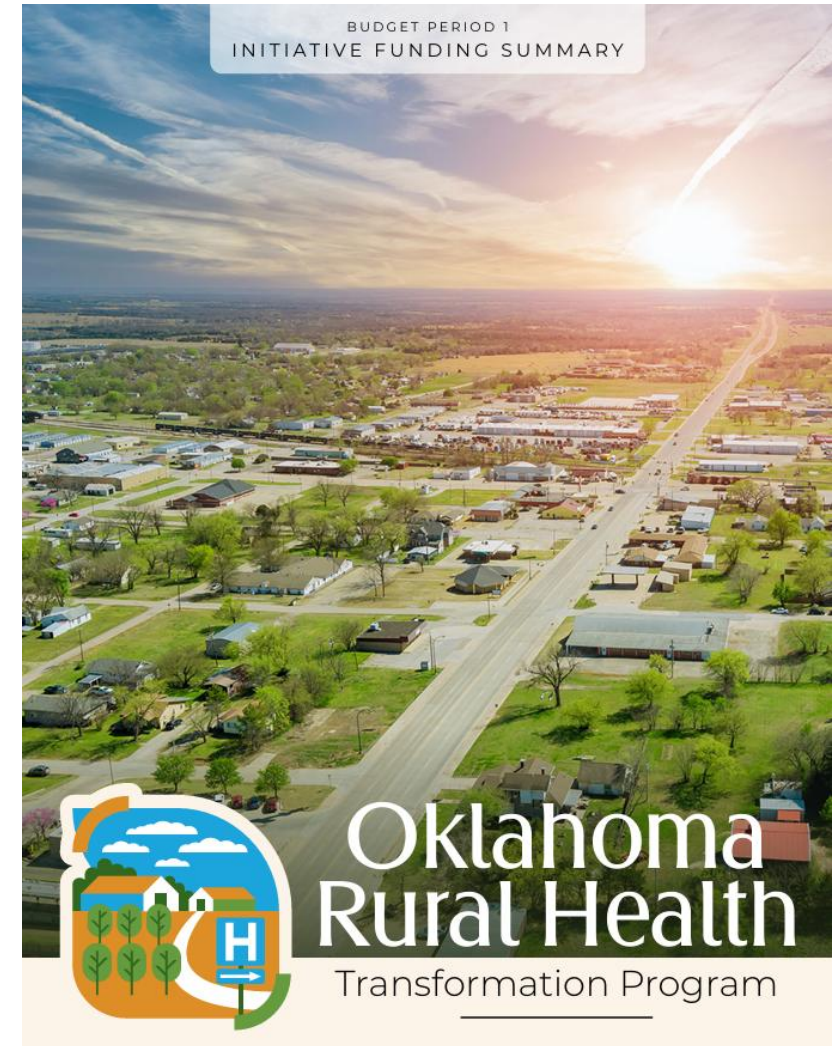
Congenital Syphilis

Hospital Recognition

Opportunity: Rural Health Transformation

Funded Projects

- **Remote Patient Monitoring**
 - Blood pressure cuffs with remote monitoring and integration into electronic health records
 - Provider and patient education
- **Maternal-Fetal Medicine Telehealth Expansion**
 - Rural health telehealth and ultrasound
 - Upskilling for local sonographers, nurses, coordinators
 - Care coordination staffing
- **Maternal Health Value-Based Payment Model Support**
 - Hospital and clinic incentives for participation in model
 - Clinically integrated networks



Opportunity: Title V Action Plan

Relevant Title V/MCH Block Grant 2025-2030 Priorities

- Improve quality health care access for the MCH population
- Improve the mental and behavioral health of the MCH population
- Reduce differences in health outcomes for the MCH population
- Help reduce the risk and impacts of chronic disease in the MCH population
- Expand access to resources and educational opportunities for parents and families.

Key Performance Measures

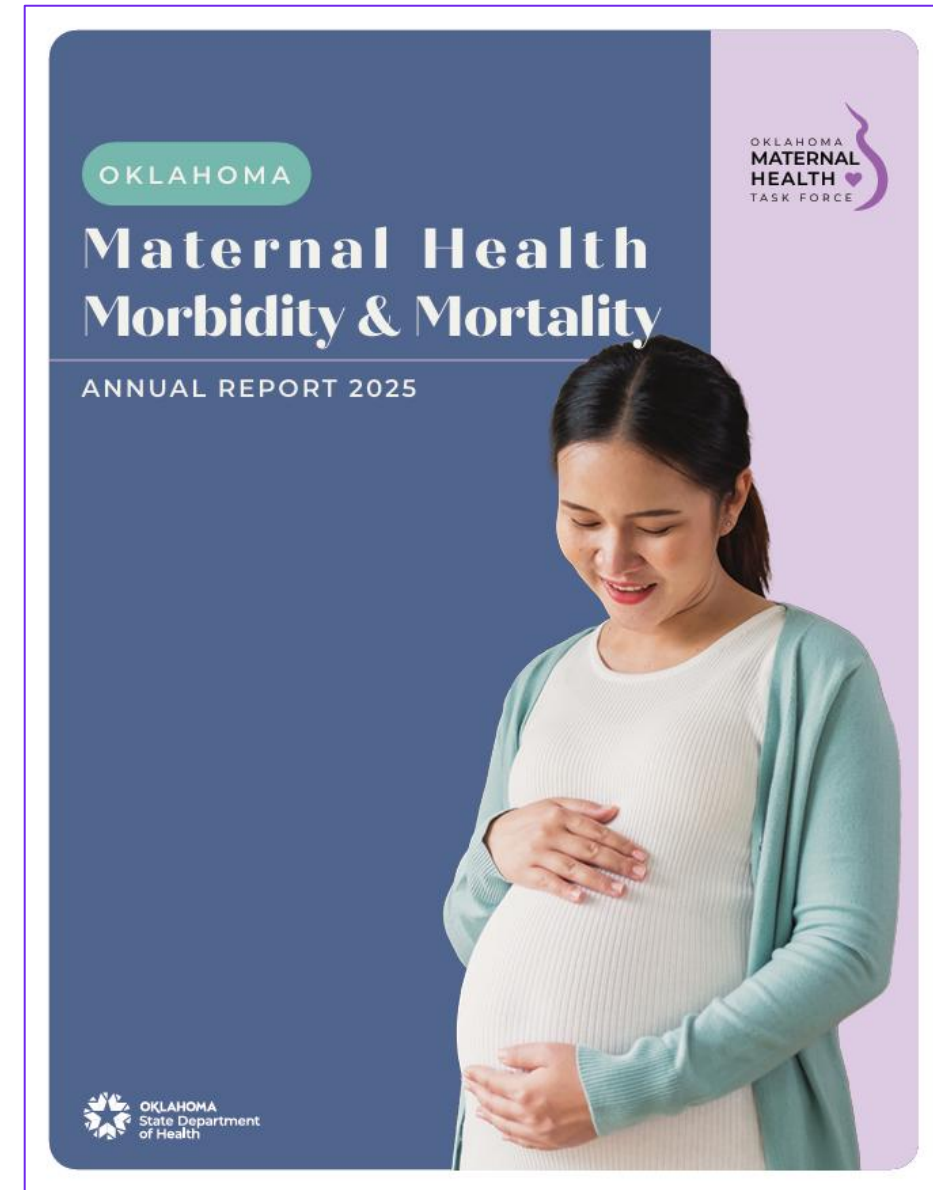
- Postpartum visit
- Safe sleep practice
- Infant mortality disparities

- Oklahoma State Department of Health
- Oklahoma Health Care Authority
- Medicaid
- Title X Family Planning
- County health departments
- Pregnancy resource navigators
- Community health workers
- Maternity clinic staff
- Tulsa and Oklahoma City-County health departments
- Oklahoma Birth Defects Registry
- WIC
- OPQIC
- PURPLE hospitals
- Family Support and Prevention Service
- Oklahoma Breastfeeding Resource Center
- Fetal Infant Mortality Review
- Maternal Mortality Review Committee

Opportunity: Maternal Mortality Review Recommendations

Maternal Mortality Report Key Recommendations

- Facilities should implement **obstetric early warning score (EWS) systems** to monitor vital signs and other clinical indicators, providing early detection of deteriorating conditions
- Providers should **screen every pregnant patient for mental health conditions and substance use disorders**, document screenings, and refer to resources accordingly in the perinatal period, in accordance with professional recommendations
- Health care workers (providers, social workers, midwives, community health workers, etc) should provide consistent touchpoints to **encourage engagement with available resources** throughout the perinatal period
- The MMRC should establish an **advisory group to address perinatal mental health and substance use**
- The MMRC should advocate for legislative action to prioritize **housing support for pregnant and postpartum individuals**



March of Dimes Resources

March of Dimes Perinatal Data Center



PERISTATS



**DATA
REPORTS**



**RESEARCH AND
PUBLICATIONS**

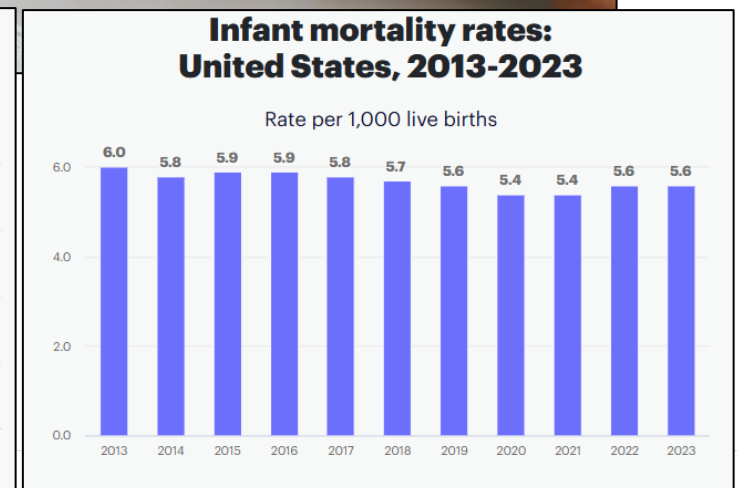
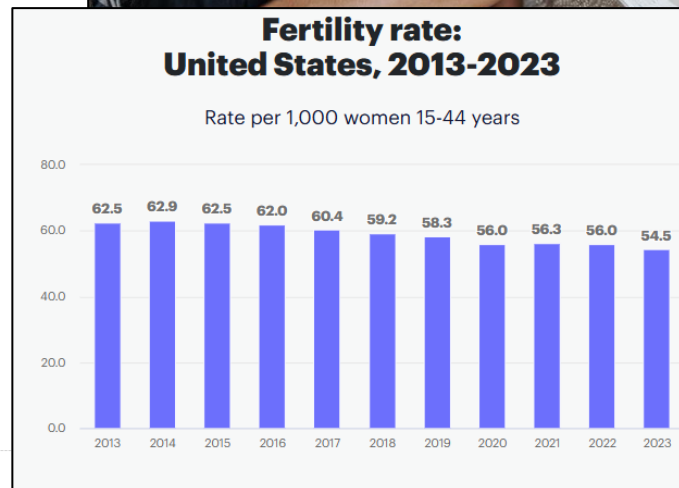
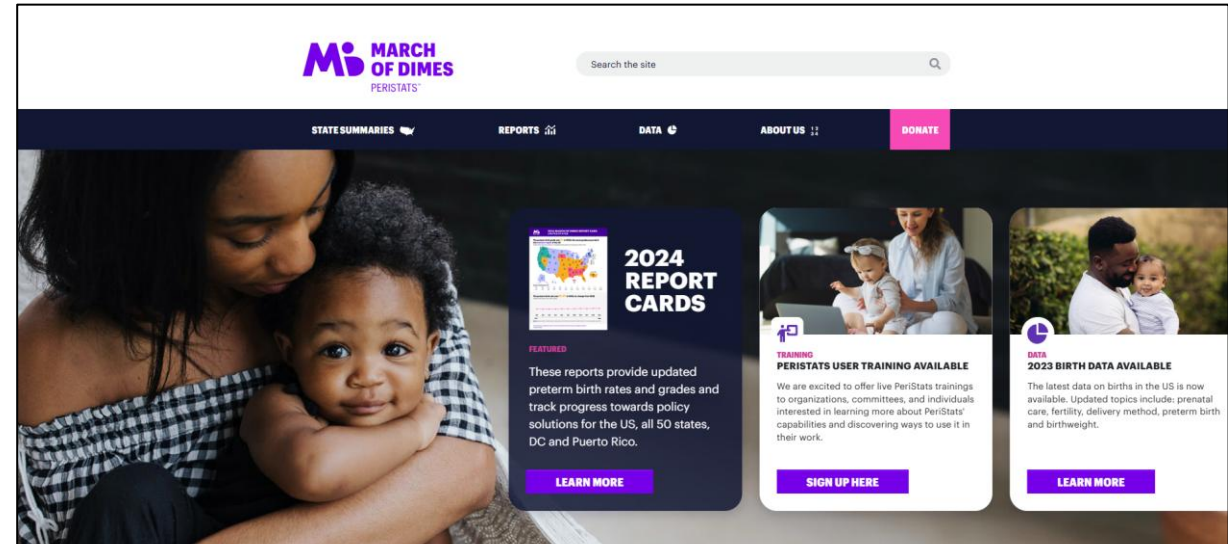


**DATA ANALYSIS
AND SUPPORT**

March of Dimes PeriStats™ Perinatal Database

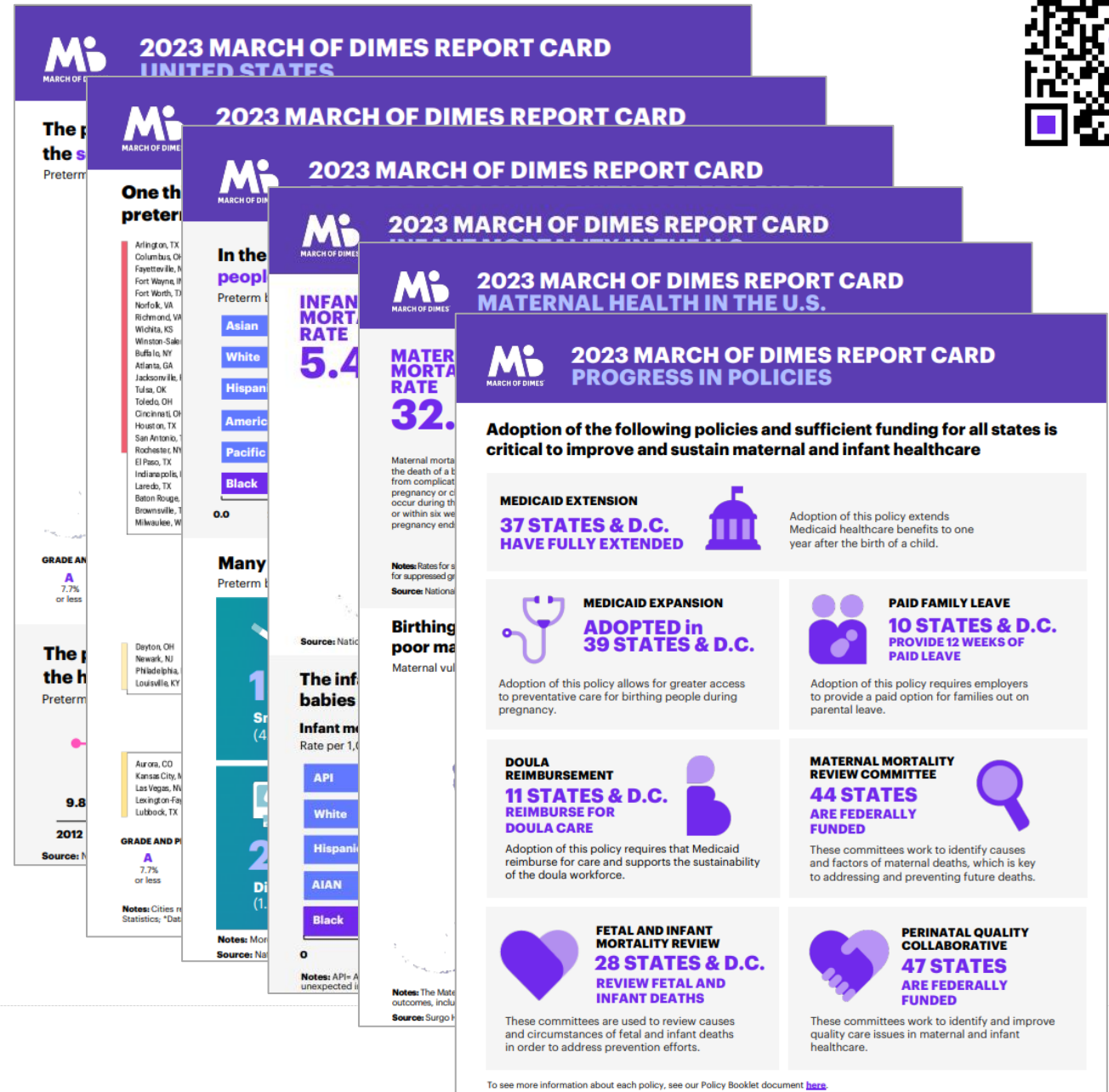


- Over 60,000 graphs, maps, and tables available
- Maternal and infant health statistics on topics such as preterm birth, infant mortality, tobacco use, cesarean births, and health insurance coverage
- Information by race, ethnicity, and maternal age for many indicators is also available.



March of Dimes Report Cards

- The **March of Dimes Report Card** highlights key indicators to describe the **current state of maternal and infant health**
- Includes a **US report** and reports for all **50 states, District of Columbia, and Puerto Rico**



March of Dimes Maternity Care Deserts Report



Since 2018, March of Dimes has explored access to maternity care in America through our maternity care deserts reports. With each launch, the report has evolved to include more comprehensive data and dig deeper into factors related to access.

First national
MCD Report
published

Second national
MCD Report
published

Third national
MCD Report
published

State MCD
Reports

Fourth
National MCD
Report

2024

2018

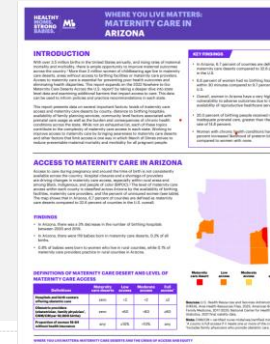
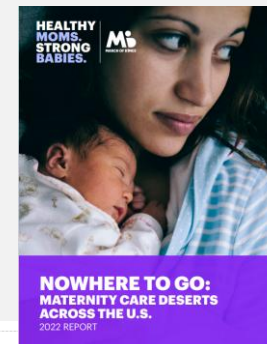
2019

2020

2021

2022

2023



March of Dimes Professional Education Offerings

We champion healthy outcomes for moms and babies by empowering the professionals who care for them. Elevate your practice with accredited continuing education, evidence-based programs that support expectant families, and resources to optimize care and outcomes.



**Scan the QR
code to learn
more.**

Maternal/ Newborn

- Beyond Labels: Reducing Stigma Related To Maternal Mental Health and Substance Use Disorder*
- Preventing Prematurity: Preconception, Prenatal and Postpartum Considerations and Care
- Maternal Mental Health: It's Not Just postpartum. It's Not Just Depression*
- Perinatal Loss: Supporting Parents and Staff Through Difficult Times*
- Family Centered Care for Newborns with Substance Exposure*
- Resources and Strategies to Empower Women to Improve Maternal Health in the Fourth Trimester*
- Skin to Skin: Implementation of Best Practices*
- Social Media and a Multigenerational Workforce*

NICU

- Easing Parent Trauma in the NICU: Trauma-Informed Care for the NICU*
- From Hospital to Home: Improving the Transition for Families with Children with Medical Complexities*
- Overheard: What We Say, What We Mean, and What Families Hear*
- Shorter Stays in the NICU: Impact and Implications for Care*
- Partnering with Families to Prevent Infection in the NICU*
- Improving the Patient Experience in the NICU by Enhancing Parent Education*
- Caring for the Caregiver: Support for Health Care Professionals*

**AWARENESS TO ACTION:
DISMANTLING BIAS IN MATERNAL
AND INFANT HEALTH CARE™**

March of Dimes Free Continuing Education via E-Learning



Prenatal Screenings: Communicating Key Benefits for Maternal and Infant Health

 *Free training with 1.0 CME and ANCC contact hours*



Low Dose Big Benefits: Raising Awareness of Low Dose Aspirin to Reduce the Negative Impacts of Preeclampsia

 *Free training with 1.0 CME, CPE, and CNE*



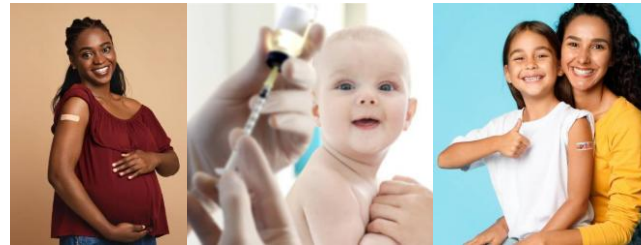
March of Dimes Toolkits



Discover how you can help reduce health-related stigma among all moms and babies so they can get the support and care they need.

Stigma Reduction Toolkit

Stigma can impact the healthcare and support women need, seek and receive.



Vaccine Toolkit

Vaccination is a safe and effective strategy for keeping moms and babies healthy.



Low Dose Aspirin Toolkit

Prescribing low dose aspirin (based on risk) can help reduce the risk of preeclampsia.



March of Dimes Programs

Becoming a Mom (BAM)/ Comenzando Bien®

- Bilingual childbirth education curriculum (group or facilitated)
- Nine comprehensive lessons
- Topics include nutrition, labor and delivery, breastfeeding, and postpartum care



Supportive Pregnancy Care® (SPC)

- Education and resource framework to implement group prenatal care
- Helps achieve equity in birth outcome
- Traditional prenatal care plus perinatal education, all in group setting



Join our March of Dimes Advocacy Network



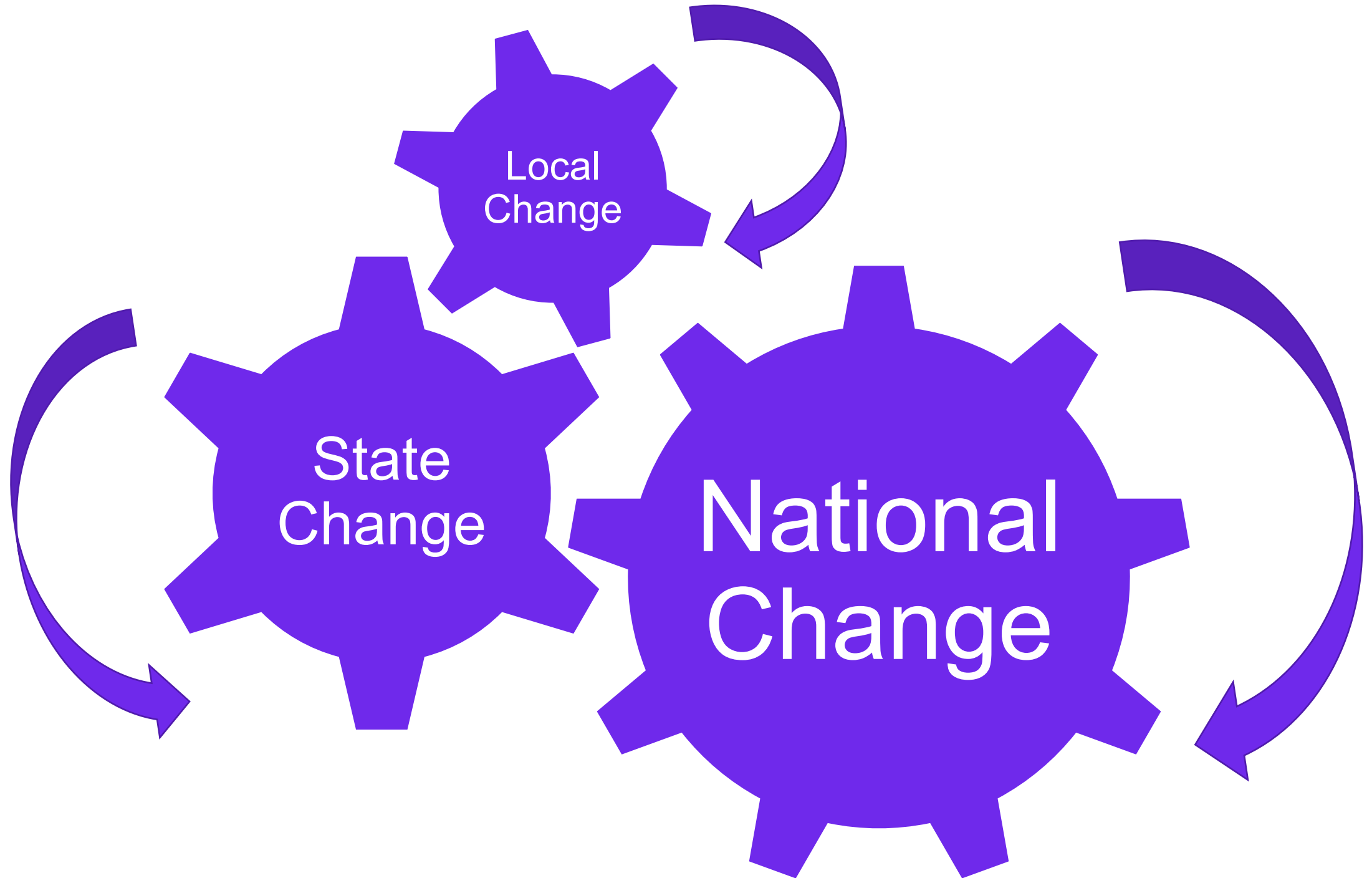
- As an Advocate, you will receive updates about important issues facing moms and babies throughout the nation and invitations to exclusive events.
- Sign up using the QR code.



Summary

Summary

- On average, 330 babies and 14 mothers die each year in Oklahoma. Marked disparities exist by race.
- Many maternal and infant deaths are preventable.
- Oklahoma has numerous initiatives underway to improve maternal and infant health, with many opportunities for cross-sector collaboration.
- Working together, we can accelerate progress and assure that every baby reaches their first birthday and every mom is there to celebrate with them.



THANK YOU!



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<https://www.marchofdimes.org/>