Executive Summary

In June of 2022, the executive branch of the federal government released the *White House Blueprint for Addressing the Maternal Health Crisis* (hereinafter the Blueprint).[1] The Blueprint acknowledges nationwide disparities most prevalent among women who identify as Black/African American or American Indian and Alaskan Native (AIAN) as well as those residing in rural areas.[1] The COVID-19 pandemic adversely contributed to maternal health outcomes especially related to perinatal mood and anxiety disorders (PMAD).[1] The federal executive team developed five actionable goals which encompass the maternal health experience in the United States. They include: 1) Increasing access to and coverage of comprehensive maternal health services; 2) Ensuring birthing people are heard and improving accountability in systems of care; 3) Advancing data collection, standardization, transparency, research, and analysis; 4) Expanding and diversifying the perinatal workforce and; 5) Strengthening economic and social support during the perinatal period.[1]

New Hampshire (NH) hosted 12,159 live births to in-state and out-of-state residents (i.e., occurrent births[2]) of the 3.6 million live births occurring nationally in 2022.[3] The total resident births was 12,072 while out of state births born in NH were 1,383. Clinical care indicators of maternal health status include women receiving adequate prenatal care (86.8%, 2019-2022) and low risk cesarean deliveries[4] (28.4%, 2022).[5] Mental health was the leading contributing factor to pregnancy associated overdose related deaths which occurred between 2017-2021 in New Hampshire; substance overdose was the leading cause of death among pregnancy associated deaths.[6] These findings reflect a growing need for comprehensive maternal substance use/mental health screening and treatment services in the state.[4] Between 2017-2021, 32 maternal deaths occurred among New Hampshire residents, 17 of which were

[1] The White House. *White House Blueprint for Addressing the Maternal Health Crisis*. Services HaH; 2022. June 2022. Accessed January 05, 2023. https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf
[2] Occurrent births: live births that occurred in NH to both in-state and out-of-state residents
[3] Vital Statistics Rapid Release, Number 28 (June 2023) (cdc.gov)
[4] Cesarean deliveries (aka C-sections) can prevent injury and death in women and infants at higher risk of complicated deliveries however C-sections are linked to increased risk of infections and poor outcomes for women who are low risk. Scheduled C-Sections for low-risk women can be an indicator of long travel time to birthing facility. The 28.4% statewide rate is limited to occurrent (all births in NH) hospital births.
[5] Nyamasege C. MCH Vital Records Analysis. Concord, NH: New Hampshire Department of Health and Human Services Maternal and Child Health Section 2023.
[6] MMRC. *Annual Report on Maternal Mortality to New Hampshire Health and Human Services Legislative Committee*. Section MaCH; 2022. October 2022. Accessed January 16, 2023.

categorized as pregnancy-related[7] (see **Glossary**).[8] The 5-year aggregate Severe Maternal Morbidity (SMM) between 2017-2021 was 75.1 per 10,000 deliveries by NH residents (excluding blood transfusions) and 150.8 including blood transfusions.[9] The three leading causes of SMM were Disseminated Intravascular Coagulation (DIC), Hysterectomy and Acute Renal Failure (ARF).

In recent years, the New Hampshire Pregnancy Risk Assessment Monitoring System (PRAMS), funded by the CDC, has made great strides in increasing data collection and representation of state level interests in maternal health via survey for the purpose of improving public health practice and outcomes. Recent PRAMS selected survey topics include preconception health, maternal mental health, and tobacco use. In addition to the PRAMS surveys, vital records data provided by the NH Division of Vital Records Administration (NHDVRA), hospital discharge data (HDD), and publicly accessible sources such as County Health Rankings are presented in this report to best describe existing knowledge of maternal health outcomes and experiences in NH.

The pregnancy experience in New Hampshire is influenced by circumstances including rural obstetric service closures and shortages as well as social determinants impacting access to care and quality of care for birthing people. The nationwide goals for improving maternal health represent similar areas of need in New Hampshire. Understanding how New Hampshire's maternal health resources must evolve to meet the changing needs of its community is an important step in the path forward to reducing disparity and adverse health outcomes during pregnancy. In this report, the latest projects and data on NH maternal health will be presented as it relates to the five goals outlined by the Blueprint to describe the unique needs and characteristics of birthing people, identify gaps in knowledge and maternal health disparities, and produce actionable recommendations. This report is intended to describe New Hampshire's Department of Health and Human Service's (NH DHHS), Maternal and Child Health section and collaborating partners' commitment to decreasing rates of maternal mortality and morbidity, reducing disparities in maternal health outcomes, and improving the overall pregnancy, birth, and postpartum experience for birthing people across the state.

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[7] Pregnancy-Related Death**:** A death during or within one-year of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. (Reference: footnote 8)
[8] MMRC. *Annual Report on Maternal Mortality to New Hampshire Health and Human Services Legislative Committee*. Section MaCH; 2022. October 2022. Accessed January 16, 2023.
[9] Nyamasege C. MCH Hospital Discharge Data Analysis. 2023 ed. Concord, NH: New Hampshire Department of Health and Human Services; 2023.