



# ***A (Still Not So) Radical Idea***

## **Making Progress Towards Safe and Healthy Pregnancies for Everyone**

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Associate Commissioner

May 6, 2026



Department of  
**HEALTH &  
HUMAN SERVICES**

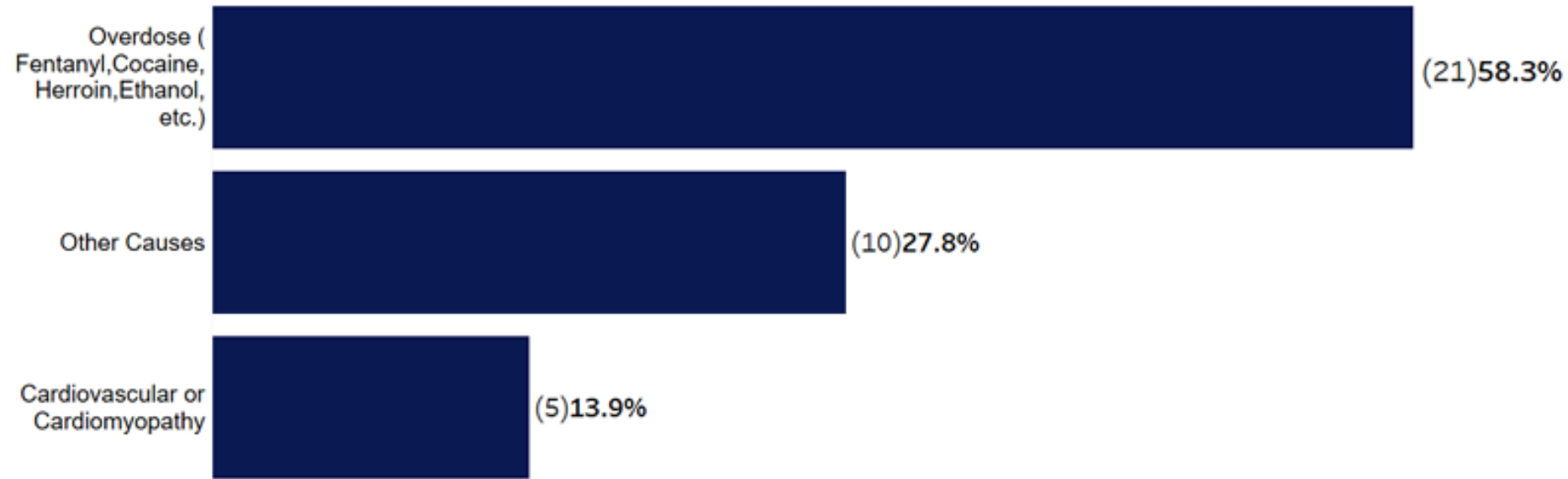


**We have a problem.**



# Too Many New Hampshire Pregnant and Postpartum People Are Dying

Causes of Pregnancy-Associated Confirmed Deaths Occurring Among NH Residents (2017-2022)



\*Other Causes: Amniotic Fluid Embolism, Suicide by Hanging/Neck Wounds/Gunshot wounds, Hemorrhage, etc. the counts were small hence aggregated

False Positive and out of state residents were excluded

Data Source: NH Vital Records and Maternal Mortality Review Committee and Vital Records Death Certificate Data

Prepared by MCH Epidemiologist

2024

2024

83% of maternal deaths  
in New Hampshire are  
thought to be  
*preventable*

2024

**61% of maternal deaths  
in New Hampshire  
*occur postpartum***

2024

# DHHS Commitment and Partnership

1. Increase rate of women receiving postpartum care.
2. Reduce maternal death from overdose.
3. Expand access to doula care.



**We did it!**  
**(mostly)**



# Because of You: More Women Have Access to Postpartum Care

More than 1600  
low-income  
New Hampshire  
women have  
received 12 months  
of continuous  
postpartum care  
through Medicaid.

- The Centers for Medicare and Medicaid Services 12-month Postpartum Continuous Coverage Option Became Available to States in 2023.
- The New Hampshire legislature placed a requirement in HB2 as part of **Momnibus 1.0** into the 2024-2025 Budget.
  - *The Commissioner of the Department of Health and Human Services shall submit, no later than August 15, 2023, a Medicaid state plan amendment to the federal Centers for Medicare and Medicaid Services (CMS) to establish and implement 12 months of continuous coverage for the entire postpartum period.*
  - **New Hampshire's State Plan Amendment was submitted on time and approved by CMS on 11/3/2023.**
- 48 states have implemented a 12-month postpartum coverage.



# Because of You: Expanding Access for Doulas

## Coverage Status

- As part of Momnibus 1.0, New Hampshire began working on Medicaid coverage for independent Doulas.

## Services To Be Covered

- Services include support during labor/childbirth, prenatal education, and postpartum support.

## Eligibility & Requirements

- Doulas must meet state-approved certification requirements, aligned with national certification standards.
- **Enrollment process has begun!**

## Reimbursement

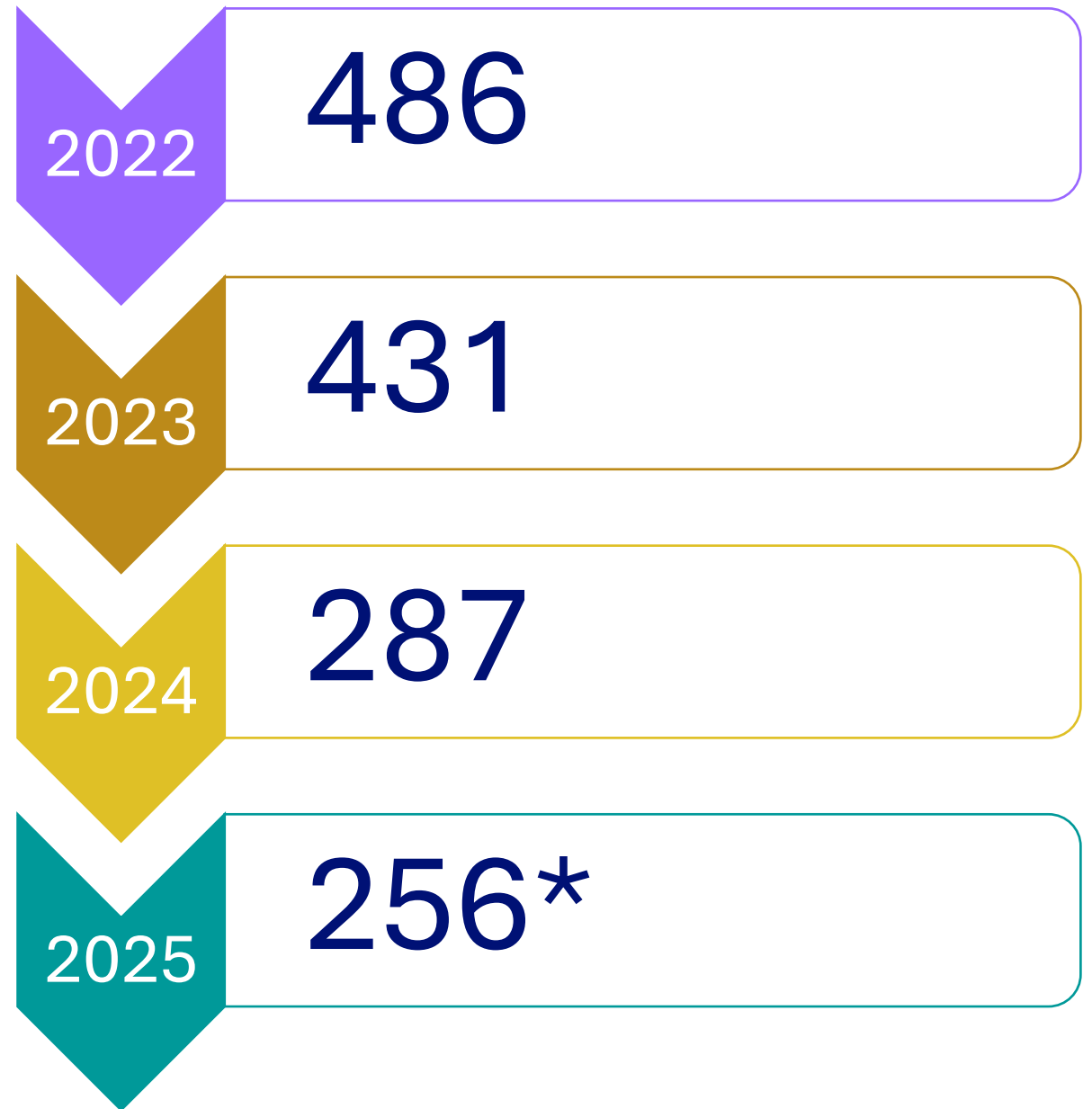
- The state is setting up mechanisms through Administrative Rules for direct Medicaid reimbursement to certified doulas.



**But what about maternal  
deaths from overdose?**



**Overall  
New Hampshire  
Deaths from  
Overdose Continue  
to Trend *Downward***



# The Doorways Are Working

In 2025:

**More than 9500  
individuals served**

**More than 22,000  
Naloxone kits  
distributed**

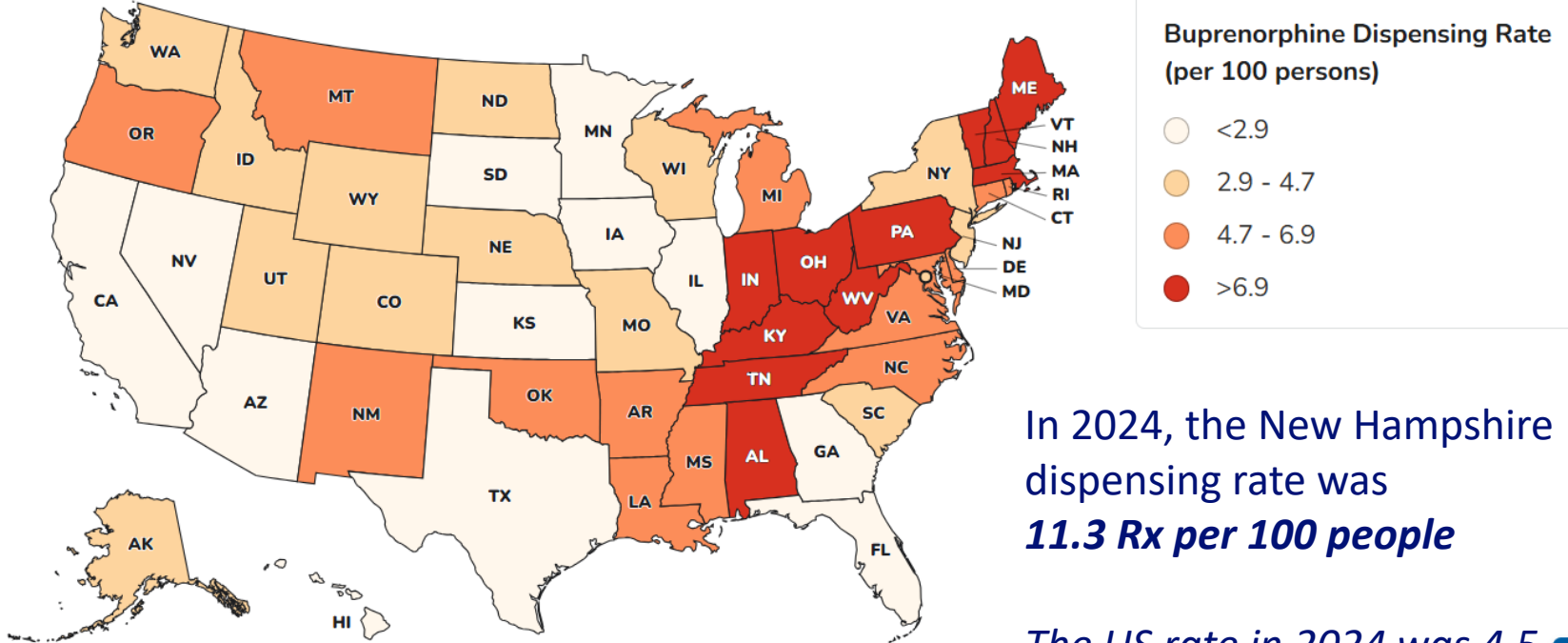


# Long Term Recovery Is Possible

## State Buprenorphine Dispensing Rates

Year

2024



Buprenorphine Dispensing Rate (per 100 persons)

- <2.9
- 2.9 - 4.7
- 4.7 - 6.9
- >6.9

In 2024, the New Hampshire dispensing rate was **11.3 Rx per 100 people**

The US rate in 2024 was 4.5



New Hampshire outpaces the country in making life-saving and ongoing treatment available



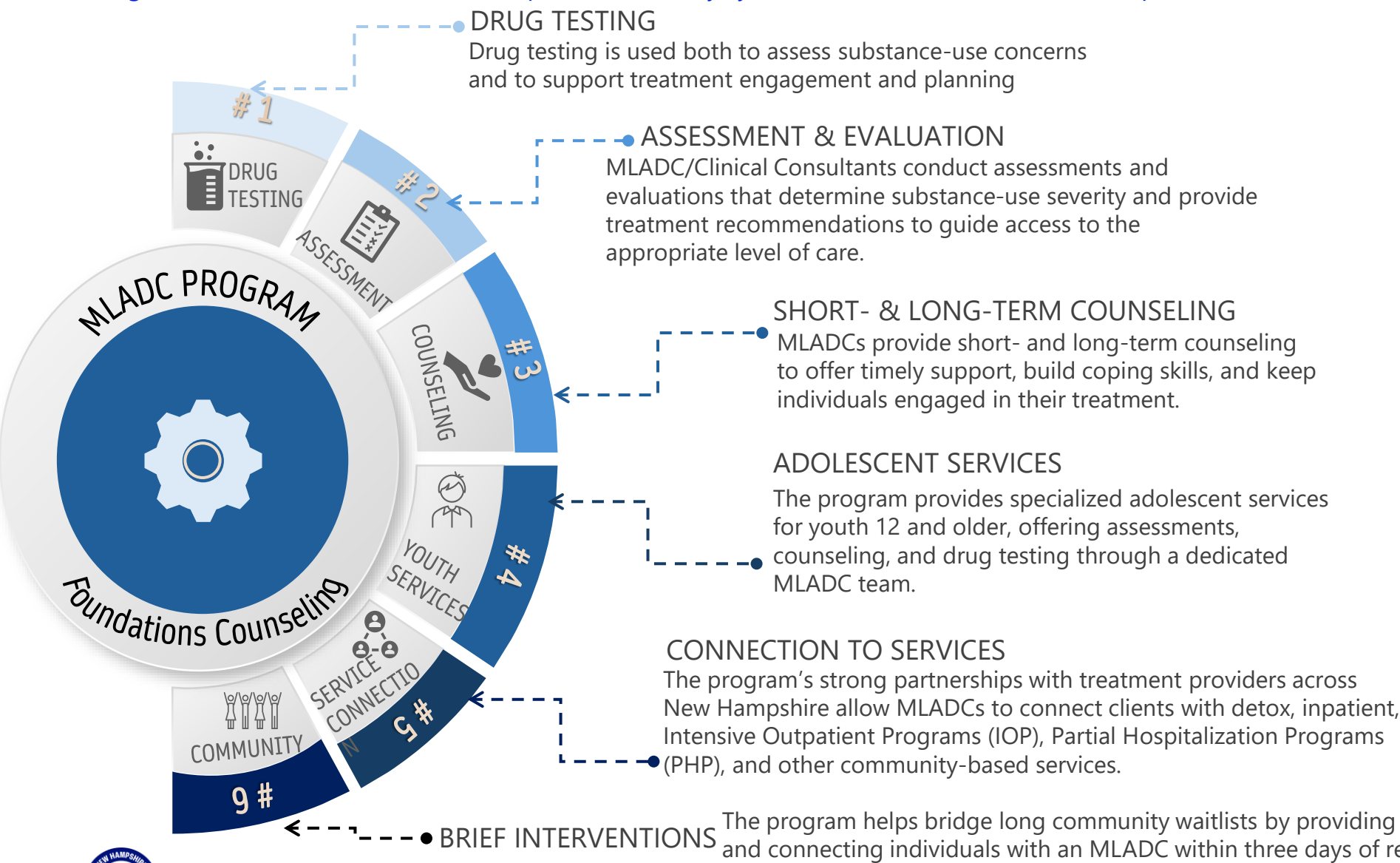
# Emerging Innovative Partnerships: DCYF and the Claremont Perinatal Quality Collaborative Coalition

## Core Activities & Shared Goals



# The DCYF MLADC Clinical Care and Consultation Program

Provides quick access to substance use disorder treatment for parents and adolescents involved with DCYF, helping them remain safely in their homes. The program also strengthens coordination with New Hampshire's Doorway system to streamline referrals and improve access to treatment for priority populations.



- Performance Measures:**
- ❖ **95%** of referrals received outreach within 3 business days.
  - ❖ Clinical Consultants (MLADCs) spent **47%** of their time delivering direct services
- Impact of counseling services:**
- ❖ **77%** of families in **Assessments** who engaged in short- or long-term treatment remained safely at home.
  - ❖ **74%** of families with **open cases** who engaged in short- or long-term treatment reunified or avoided out-of-home care.
  - ❖ **61%** of youth involved with **Juvenile Justice** who engaged in short- or long-term treatment remained at home with their families.

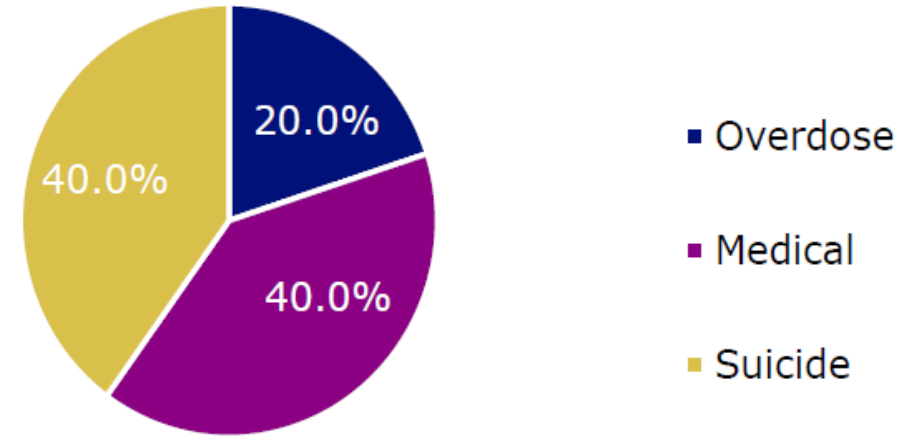
# Maternal Deaths in 2024

In 2024, five pregnancy-associated deaths were recorded in New Hampshire.

**Unlike previous years, only one overdose death was identified.**

There were two deaths due to suicide and two from medical causes.

Three deaths occurred during the postpartum period (43 days to one year postpartum).



The Overall Rate of Maternal Mortality in New Hampshire Continues to **Decrease**





# Zero Maternal Deaths in New Hampshire from Overdose in 2025



# While we are celebrating, how do we build momentum, partnerships, and policy to address the themes across the PQC?

Communication quality determines experience

Mental health support is critical and often inadequate

Peer support and community connections are protective

Economic and social stressors compound health risks

Patients want agency and respect in their care

Fear and stigma prevent care engagement

Access barriers create dangerous situations



**It's up to you.  
Where do we go next?**

