

**Ascension's
maternal
health report**

1 in
50



Ascension



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Ascension care at a glance



1 in 50

Babies in the U.S.
are born at an
Ascension hospital

72,000-78,000

Babies delivered at Ascension's birthing units
across the country annually

41.53%

Babies born who were insured by Medicaid



BIRTHS AT ASCENSION CARE SITES 2019-2024

Ascension's exceptional
maternal care results in
positive health outcomes
for all patients, particularly
those from historically
underserved communities



20.48%

Ascension PC-07
maternal morbidity rate
for **all patients** compared
to national average



32.6%

Ascension PC-07 maternal
morbidity rate for **Black/
African American patients**
compared to national average

\$2.2 billion

Amount of Ascension charity care provided to persons
living in poverty and community benefit in FY2023



FINANCIAL ASSISTANCE DEDUCTIONS
AS PERCENTAGE OF TOTAL GROSS PATIENT REVENUE

3.6%

Ascension

1.6%

Other nonprofit
systems



Since FY2010,
Ascension has
provided more than

\$23.5
billion

in community benefit
and care to those
living in poverty

Ascension care at a glance



Ascension Maternal Health Social System Initiative



Milwaukee, WI

977

high-risk mothers reached



Pensacola, FL

999

high-risk mothers reached



Detroit, MI

536

high-risk mothers reached

Program expansion

Nashville, TN



Austin, TX



8 total sites

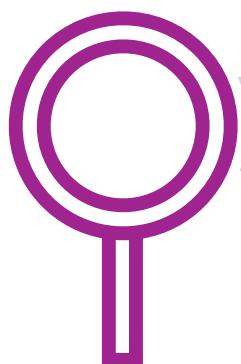
4,000

high-risk mothers
reached in total

January 2024

Summer 2024

2030



Ascension population screening investment

~\$500,000

Yearly
investment
to expand to
18 states

~\$1 million

Investment
in SDOH
screener and
analytics

~\$2.5 million

Total
investment
by 2030

Ascension care at a glance



Ascension
investment
in food and
related
initiatives
since 2021

80,000
served

11 states
included

\$1.2 million
invested



90%

Ascension
patients across all
demographics who
receive at least eight
prenatal care visits



300,000+

Patients and community members
who have used Neighborhood
Resources search since 2021 launch



~\$1 million

Amount invested in
implementation, training and
education to operationalize
Neighborhood Resources



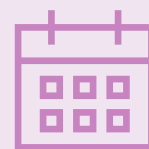
Neighborhood Resources

A free website, offered
by Ascension, that
connects people to
community organizations
that offer free and
reduced-cost services
close to home



1 million

Number of people expected to
use Neighborhood Resources
search by 2030



\$2 million

Additional amount invested
to expand and increase
use through 2030

Maternal mortality crisis



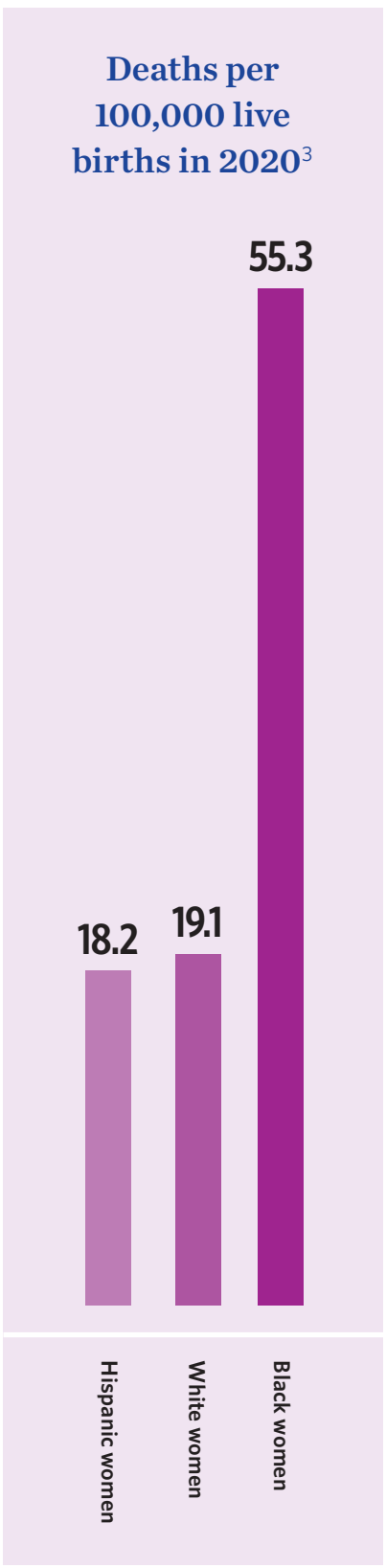
Headlines paint a stark picture of maternal health in America, particularly for those who are marginalized.

A comparison with other developed nations shows the **maternal mortality rate in the U.S. could be triple that of most other wealthy countries**, causing many to label the situation a maternal mortality crisis.¹ This trend may be worsening over time as the maternal mortality rate in the U.S. has been reported by some sources to be on the rise since 2000. Within the U.S., disparities in maternal health outcomes based on race and ethnicity reflect profound care inequalities. Black women are reported to be more than 3 times more likely than White women to die from a pregnancy-related cause.²

Studies of U.S. healthcare show that 4 in 5 pregnancy-related deaths are potentially preventable. Within these data, it is crucial to note that more than half of deaths are occurring distant from the delivery experience, between 7 days to 1 year after delivery. Leading causes of death include mental health conditions (23%), excessive bleeding (14%), cardiac issues (13%), infections (9%), blood clots (9%), heart muscle disease (9%), and high blood pressure-related disorders (7%).⁴

Women of childbearing age disproportionately live in poverty. From 2020 to 2021 about 1 in 8 or 12.9% of women of childbearing age in the U.S. were living with household incomes below the Federal Poverty Level, with an estimated 8 million of these women being uninsured.⁵ Socio-economic status can be a significant factor in birthing outcomes.⁶ Chronic stress associated with poverty is linked to poor birthing outcomes. The stress experienced by pregnant mothers facing trauma at home, uncertain about their next meal or place to sleep, can lead to chronic hypertension, diabetes and obesity, all conditions that contribute to birth complications and experienced at disproportionate rates among Black women.⁷

While **Black women and children experience poverty at rates nearly double the national average**,⁸ and 65% of births covered by Medicaid are to Black mothers, implicit bias and systemic racism are potentially more to blame for poor maternal health outcomes among Black women than complications resulting from poverty.⁹ Studies show the risk of poor health outcomes for pregnant Black women span evenly across all income and educational levels. As an example, it has been revealed the wealthiest Black woman in California is at higher risk of maternal mortality than the least wealthy White woman in the state.¹⁰





1 out of 50

babies born in the U.S. over the past five years have taken their first breath in an Ascension hospital

This statistic is more than just a number — it reflects our commitment to maternal care and represents a beacon of hope for better outcomes in maternal and infant health. At Ascension, we want to ensure every person is treated with reverence, equity and compassion.

This report details positive health outcomes at Ascension for mothers and babies achieved through a combination of clinical excellence, community engagement and partnerships with other bold organizations. While highlighting promising outcomes data, we recognize that U.S. healthcare has a long way to go to provide equitable access and excellent outcomes.

This report details our plans to expand existing programs and identify new initiatives to establish an inclusive maternal healthcare system outside of our walls that prioritizes every mother's needs, regardless of background or circumstance.



Ascension's commitment



Rooted in the loving ministry of Jesus as healer, our Mission guides us to provide holistic care that benefits individuals and uplifts entire communities.

We have a long legacy of serving in communities where others have turned their backs, and responding to the needs of moms and infants has been part of our history for centuries. Since the mid-1800s, when they provided home care, through the expansion of hospital-based services during the Baby Boom era, and now in a blended format of hospital, clinic and community-based care, the religious orders that preceded us formed the basis for what Ascension is today. We continue to follow in their footsteps, responding to the changing needs of our communities, embodying compassion and kindness, while also demonstrating boldness and innovation in our approach to healthcare delivery.



As advocates for a compassionate and just society, we aim to drive positive outcomes by listening and understanding the unique challenges families, mothers and babies in our communities face and responding with solutions that go beyond the walls of our clinics. We believe that every mom and baby desire quality care — before, during and after delivery. Our vision of the future is one in which every family has the right support and resources to flourish — including access to safe, quality healthcare, nutrition, childcare, transportation, housing and more.

Ascension's enduring Mission calls us to care for individuals and communities. When matched with the depth of our experience in delivering tens of thousands of babies annually, we are uniquely compelled and qualified to address this endemic challenge head on. Our legacy inspires us to address the disparities that exist in today's healthcare system by delivering care that is safe, compassionate and equitable.

Ascension's
maternal
health report

Quality
clinical
outcomes



Quality clinical outcomes reflect impact on advancing maternal health



Ascension’s outcomes underscore our dedication to supporting families, moms and babies in our communities, a commitment that is backed by empirical data. While we acknowledge there is still work to do to address long-standing health disparities impacting the patients and communities we serve, we are proud of our clinical initiatives and programs which, evidenced by outcomes data, are some of the nation’s best.

An independent metric referred to as PC-07 measures the rate of patients experiencing severe obstetric complications which occur during inpatient delivery hospitalization.¹¹ Although these complications arise during the delivery process, there are frequently antecedent barriers to access and other medical conditions that contribute. The Centers for Medicare & Medicaid Services (CMS) follows the The Centers for Disease Control and Prevention’s (CDC) guidance in identifying 21 factors that classify as severe obstetric complications, including sepsis, blood transfusion, ventilation and more.

Measure	CMS/Joint Commission beta testing sites	Ascension
Delivery encounters	69,081	74,449
Diversity	Geographic, hospital size, payor mix, race, ethnicity	Geographic, hospital size, payor mix, race, ethnicity
PC-07*	249: All patients 362: Black/African American	198: All patients 244: Black/African American**

*Observed rate/10,000 delivery hospitalizations, not risk-adjusted **Both numbers represent 12-month rolling, through October 2023

- Ascension’s PC-07 maternal morbidity and mortality rate for all patients, from October 2022 to 2023, was 20.48% below the national average, standing at 198 per 10,000 compared to the national average of 249 per 10,000 (p<0.00001).
- In the same timeframe, among Black/African American patients, Ascension’s PC-07 maternal morbidity and mortality rate was significantly lower than the national comparator group by 32.60%, standing at 244 per 10,000 compared to the national average of 362 per 10,000 (p<0.00001).
- Ascension maternal mortality rates for 2021 were 21% and 41% lower than U.S. maternal mortality rates for all patients and for Black/African American patients respectively. Although more recent national benchmarks have yet to be made available, Ascension’s 2022 rates were 48% and 17% lower than 2021 rates for all patients and for Black/African American patients respectively, signaling continued progress in reducing maternal mortality rates.

Neonatal safety program success



The HANDS (Handling all Neonatal Deliveries Safely) Program was implemented at five pilot sites from 2010-2013.

The original HANDS bundle elements included the Early Elective Delivery (EED) bundle, e-learning programs in Fetal Assessment and Monitoring, and Managing Shoulder Dystocia, as well as simulation and team training utilizing TeamSTEPPS®, the Shoulder Dystocia Bundle and Communicate Openly Resolve Early program. The pilot locations demonstrated significant improvements, including a 98% success rate in delivering babies within three minutes during shoulder dystocia emergencies, and a 18% decrease in birth trauma.

Following the success of the program, it was adopted System-wide across all Ascension hospitals with obstetrics services in January 2014. Subsequent data analysis showed sustained and continued improvement even 3.75 years after implementation. There were notable reductions in the number of shoulder dystocia cases per 1,000 live births at the study sites.

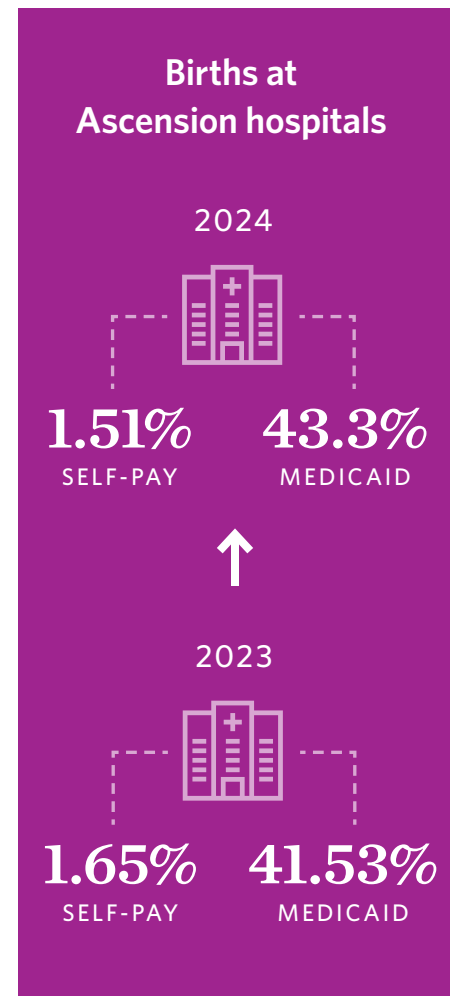
Ascension serves the most vulnerable populations



In 2020, the maternal mortality rate among non-Hispanic Black women was 55.3 deaths per 100,000 live births, which is 2.9 times higher than the rate for non-Hispanic White women. With Black women in the U.S. nearly 3 times more likely to die from a pregnancy-related cause than White women, Ascension is paying special attention to those who need it most. **Nearly 50% of deliveries at Ascension were to mothers living in medium-high and high social vulnerability index regions; of that 50%, a disproportionate number were Black.**

Despite facing some of the highest levels of medical and socioeconomic risk cases among large health systems in America, including neonatal intensive care unit (NICU) resuscitating infants born as early as 22 weeks gestation, **Ascension's maternal and infant outcomes consistently surpass national averages across all metrics.**

While our Mission encompasses serving all people, we listen to identify where the greatest need lies and place special emphasis on supporting those confronting economic hardship. Ascension provided nearly \$2.2 billion in care of persons living in poverty and community benefit in FY23 alone. **Since fiscal year 2010, Ascension has provided more than \$23.5 billion in community benefit and care to those living in poverty.** Ascension's financial assistance deductions, as a percentage of total gross patient revenue, has traditionally averaged 3.6%, which well exceeds the median hospital contributions which were recently reported as 1.5% to 1.6% among other nonprofit systems.



Unconscious bias training

Unconscious biases are the unconscious stereotypes that can influence our actions and decisions. Recognizing and addressing bias is a critical step toward eliminating health disparities and achieving health equity. As part of Ascension's ABIDE (Appreciation - Belongingness - Inclusivity - Diversity - Equity) framework, "Unconscious Bias in Medicine," teaches associates what they can do to recognize and disrupt the impact of unconscious bias. Health equity is achieved when every person has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. An understanding of unconscious bias can play an important role.

Ascension's broad reach enhances quality care



For each of the past five years, Ascension's birthing units across the country have delivered between 72,000 and 78,000 babies annually, which represents approximately 2% (1 in 50) of the 3.6 million babies born in the U.S. each year, according to the CDC.¹² This number has remained level in spite of declining birth rates across the country and birthing unit consolidations.



Across the country, births have been steadily declining for many years. Data suggests the U.S. saw 600,000 fewer births between the years 2007 and 2019, indicating a 13% reduction.¹³ **Birth rates across Ascension have remained steady over the past five years despite declining births across the U.S.**

As one of the largest nonprofit healthcare providers in the country, we make the most of our scale and scope, using all we know about healthcare to deliver quality care to some of our most vulnerable patients. We recognize that positive outcomes rely on measuring and utilizing real-time data.

Maternal outcomes are related to the volume of delivery at a given site, so we closely monitor our volumes, and conduct additional quality reviews. Some Ascension facilities have high-volume birthing centers that deliver several thousand babies each year. The **high volume of deliveries provides meaningful data that can be analyzed for insights.**

Ascension's broad reach enhances quality care



Our size and structure enable us to take insights and share them across ministries, standardize best practices, and align resources to address supply chain challenges — ensuring necessary medication or critical equipment is available when and where our patients require them.

Access to this data enables us to identify patterns and develop more personalized care plans that serve a diverse population of patients with varying levels of needs across our ministries. We continuously look for patterns, such as a significant number of patients in one community experiencing health complications caused by malnourishment.

These trends serve as a trigger for us to delve deeper into that community to better understand barriers, such as the nearest food bank being 30 miles away. In response, we are able to develop and deploy one of Ascension's existing food programs, which are currently operational and have shown positive health outcomes in other communities we serve.

Food is the best medicine

Ascension Texas has embarked on a community partnership through its Food is the Best Medicine program, designed to reduce food insecurity among women who have recently given birth at Ascension Seton Medical Center Austin (ASMCA).

In response to alarming rates of maternal deaths and severe maternal morbidity across the state, the Ascension Texas Council on Racial and Health Equity focused on barriers to healthy food, which is a root cause that exacerbates these conditions. The hospital partnered with a local Farmshare and the University of Texas School of Public Health to provide the equivalent of 120 nutritious meals and fresh foods to women who identify as food insecure during the critical 8-week postpartum period.

**Ascension investment
in food and related
initiatives since 2021**



**80,000
served**



11 states



\$1.2 million



In alignment with the Ascension Foundation for Health Equity and Ascension's Community Impact strategy, investments in food-related solutions for patients and communities are set to double by 2030.

Trendspotting and solution sharing



Blood transfusions, particularly during or after delivery, are critical medical interventions often necessary in cases of excess bleeding. Postpartum hemorrhage is the leading cause of morbidity and mortality in childbirth.¹⁴ As a form of proxy measurement, CMS has identified blood transfusion as one of the 21 indicators of severe maternal morbidity (SMM).

When Ascension initially examined the 21 SMM indicators provided by CMS, transfusions stood out nationally. None of the other 20 indicators came close to the frequency of transfusions, prompting us to delve deeper into understanding the underlying reasons behind this trend. Were pregnant and delivering patients experiencing anemia? Were transfusions being administered unnecessarily? These questions guided our investigation of strategies to minimize the need for transfusions.



In Wisconsin, a concerted effort was made to address the high incidence of transfusions among maternal patients.

The investigation revealed a pattern of women with low blood counts at the time of delivery. Further digging exposed iron wasn't always being offered at prenatal appointments — a crucial element in managing anemia during pregnancy. In response, Wisconsin developed a toolkit with resources outlining specific times for screening for anemia during pregnancy and providing clear instructions on the appropriate actions to take based on the results.



Michigan faced a different challenge. While anemia was not as prevalent among maternal patients, transfusions were still being administered at high rates. Upon closer examination, the teams discovered that patients were receiving transfusions when an iron IV or oral supplement could suffice, indicating a potential lack of awareness of these alternative options to a transfusion. To address this issue, Michigan developed a comprehensive policy focusing on IV iron supplementation as an alternative to transfusions.

Trendspotting and solution sharing



The success of the two distinct interventions was immediately evident as both the Wisconsin and Michigan markets witnessed a significant decline in transfusion rates with no negative impact on outcomes. While the underlying causes for high transfusion rates in these two markets differed, this variation provided valuable insights that enabled Ascension to develop a comprehensive four-pronged strategy. Subsequently, this strategy was implemented across all Ascension markets.

The comprehensive approach aims to prevent the need for transfusions through the following measures:

- **Preventive measures during pregnancy**
- **Hemorrhage risk assessment during labor**
- **Active management of the third stage of labor**
- **IV iron infusions**

The transfer of best clinical practices from one site or state to another has proven to be incredibly valuable. Rather than reinventing the wheel, we are sharing data, resources, and expertise within our healthcare system to drive positive maternal health outcomes and effect real change across diverse markets.



Ascension's Centers of Excellence: Best outcomes for complex cases



Being a Center of Excellence in healthcare requires a commitment to excellence in treating complex cases, which often comes with caring for more patients, including those who are high risk. Ascension has been recognized for our outstanding neonatology care to premature and other ill infants, which is essential since 9%-13% of infants born in the U.S. require neonatal intensive care unit (NICU) care.¹⁵ For facilities with a lower number of deliveries, we continually evaluate to ensure we are maintaining all capabilities required to deliver safe, quality care — especially for mothers with high risk pregnancies.

Some Ascension facilities have directly felt the impact of the nation's declining birth rate. With delivery volumes plummeting at some locations, if it is determined that capabilities for managing high-risk pregnancies may be at risk, a discernment process is put in place to potentially transition labor and delivery care to a higher volume center in the area.

Ascension's discernment process involves coming to the table and looking at each woman's personal experience. Questions about patient circumstances are asked such as, "if she doesn't have a car, does her bus route include the next nearest unit?" The greatest determining factor is how we can ensure the best outcomes for pregnant women who entrust us with their care. Decisions made to shift or consolidate services to birthing centers that are best equipped to handle the high-risk pregnancies we are seeing are based on ensuring pregnant women have the safest, most appropriate care they need. The goal is to increase access to more comprehensive, appropriate care for our patients.



**Babies
delivered
each year at
Ascension
hospitals**

10,626
Tennessee



10,563
Texas



9,735
Florida



*Ascension Providence
Hospital - Southfield Campus (MI)
Ascension Sacred Heart
Emerald Coast (FL)*



*Ascension Seton Hays (TX)
Ascension Saint Thomas Hospital (TN)
Ascension St. Vincent Clay County (FL)
Via Christi Hospital Manhattan (KS)
Via Christi Hospital Wichita (KS)*



*Dell Children's Medical Center (TX)
is ranked #36 in the country for
neonatal care (2023)*



The underlying causes for the rise in U.S. maternal mortality are often misinterpreted.

With 55% of pregnant women now considered high risk, many assume that this is due to an increase in maternal age. However, Dr. Tom Aloia, Ascension Chief Medical Officer, reports that except for a decrease in teen pregnancies across the U.S., the median age of pregnancy has not increased significantly, so it is less of a contributor to the growing number of high-risk pregnancies. As well, maternal fatalities often occur beyond the actual birth event, instead of just during labor and delivery as many assume.

Why are mothers and babies at risk?

“Chronic health conditions, such as diabetes, high blood pressure and obesity can further complicate maternal outcomes,” said Dr. Aloia. “If a woman is obese, pre-diabetic or diabetic and becomes pregnant, this can compound the risk of pregnancy. And we have to focus on prenatal, perinatal and postnatal women’s health. What many don’t consider is one of the most common contributing factors to maternal mortality — mental health. Sadly, the No. 1 cause of postpartum maternal mortality is suicide and substance abuse disorders,¹⁶ so addressing mental health issues are a priority for us here at Ascension,” said Dr. Aloia. Besides the fact that mothers can suffer life-threatening complications and fatalities up to three months postpartum, neonatal survival is another aspect of maternal care being prioritized at Ascension.

“Black and African American women often face unique medical issues. There’s a much higher tendency toward hypertension, hemorrhaging and other complications, so to save their lives, more things must be put in place inside the hospital. You’ve got to recognize and rescue, and I think Ascension has done really well with that,” said Dr. Aloia.



Thomas A. Aloia
MD, MHCM, FACS, FACHE
*Senior Vice President
and System Chief
Medical Officer at
Ascension*

What we’re doing

Postnatal education

Ascension is providing greater access to needed programs and resources. This includes education on postnatal health, nutrition and common household hazards to help inform mothers and save vulnerable babies.

Maternal health navigators

Dedicated healthcare professionals who keep providers and patients accountable for continuity of prenatal through postnatal/postpartum care and offer prenatal-specific health education, breastfeeding support, new mother resources and community support.

New initiatives

Ascension’s cardio OB program engages our cardiologists to address the epidemic of high blood pressure and the changes that happen to a woman’s heart during pregnancy. Other initiatives are underway to help reduce health disparities.



Ascension's
maternal
health report

Beyond our walls



Beyond our walls



Ascension's positive clinical outcomes showcase a dedication to improving maternal health outcomes through clinical excellence, quality and innovation. We recognize that improving maternal health outcomes relies on excellence within our facilities, but achieving substantial changes also entails treating the symptoms beyond the walls of our clinics



Ascension is meeting patient and community needs by implementing over 2.8 million of our own surveys and learning from other community assessments to understand and address the social barriers to good health outcomes.



Due to the **success of Ascension's Maternal Health Social System Initiative (MHSSI)** driving positive outcomes in five of our communities, plans are in place to expand to three additional sites, increasing the total investment to more than \$1.1 million and extending reach to more high-risk mothers.



The Ascension Foundation for Health Equity has announced maternal health as a main priority, investing in innovative programs reaching women during the vulnerable year following childbirth. The Foundation will give at least 20 unsolicited grants in 2024 to organizations pushing the boundaries of traditional brick-and-mortar healthcare and serving postpartum women in communities where Ascension is not present, extending compassionate care to more women and families than ever before.

The remainder of this report highlights programs and initiatives outside of clinical settings and details Ascension's plans for programmatic expansion to broaden our reach and impact.

A lasting legacy: Ascension's impact in communities



Mothers, like other patients, come to us with a set of unspoken expectations: please keep me safe; help me navigate my care; provide me with the right care; give me tools to help me stay well; and treat me with respect. We put the patient at the center of all we do as a way to promote and defend human dignity.

As advocates for a compassionate and just society, we aim to drive positive outcomes by listening and understanding the unique challenges mothers and babies in our communities face and responding with solutions that go beyond the walls of our clinics.

And when we provide equitable care, we fulfill our Mission to provide care to all, especially those who are experiencing poverty and vulnerability. In these ways and more, Catholic healthcare's identity represents a resolute commitment to quality care.

Ascension's 2030 commitment

This year, Ascension formalized its unwavering commitment to maternal care by participating in the White House Challenge to End Hunger and Build Healthy Communities. Through this initiative, Ascension pledges to end hunger, improve nutrition, and increase physical activity by 2030, joining forces with 141 partners to contribute over \$1 billion toward this vital cause.

The commitments made by Ascension align with Pillar Two: "Integrating nutrition and health" within the Five Pillar National Strategy on Hunger, Nutrition, and Health framework. Ascension pledges to expand social determinants of health (SDOH) screenings and training; expand MHSSI by five additional sites; double emergency food pantry access; establish a new food access point in New Orleans; address nutritional security gaps, particularly impacting mothers and babies in areas of extreme poverty through the Ascension Foundation for Health Equity; and aid associates in accessing curated food resources offering food retail, enhancing healthy eating habits, and piloting closed-loop SDOH referrals.



A lasting legacy: Ascension's impact in communities



Ascension goes beyond Community Health Needs Assessment (CHNA) requirements to understand and respond to patient and community needs, even when they are not directly related to healthcare services. Many of the programs supported by Ascension's community benefit funding are purposely aimed at promoting health equity and responding to the social determinants of health (SDOH).

Advancing health equity begins by listening to and understanding the needs of the populations we serve. Using a standardized screening tool, **our providers have collected more than 2.8 million SDOH screenings**. The tool's questions cover topics such as loneliness, violence, food insecurity, housing, education and financial issues — all things that can influence a patient's overall health and well-being.

These screenings provide robust system data to support the identification of group disparities. On average, 50% of patients seen in Ascension care facilities are screened. This information helps us to better shape care that uniquely addresses the needs of the vulnerable populations we serve.

Ascension SDOH screening tool investment

\$1 million

Amount invested to
implement SDOH screening
tool and associated analytics

\$500,000

Yearly investment to
expand to all 18 states
across system

\$2.5 million

Total investment
anticipated by 2030



Prenatal visits enable preventive care



Prenatal visits allow mothers to establish a relationship with a physician, and also provide an opportunity to identify and manage social challenges, as well as chronic health conditions or health conditions that arise from pregnancy.

The more prenatal visits, the better likelihood of success for moms and babies alike — yielding less prematurity, more ideal birth weight and fewer days spent in the NICU. Ensuring mothers have a primary care provider after the birth event is also important — yielding fewer mental or cardiac conditions that can impact mothers up to a year after having a baby.

The World Health Organization (WHO) considers eight prenatal visits as “adequate” prenatal care. Attendance at the appropriate number of prenatal appointments improves outcomes for both mothers and babies and is correlated with a healthy birth weight and delivery at full term. This is particularly significant as preterm delivery is the leading cause of neonatal death.

With this knowledge, **Ascension is focused on addressing the correlation between chronic missed prenatal appointments and maternal health success.** It is only by understanding the underlying needs that we can successfully address barriers to maternal health — one market ... one community ... one mom at a time.

90%

Ascension patients across all demographics who receive a minimum of eight prenatal care visits.

This is a nationally recognized benchmark of performance and a key driver to help support improved outcomes for patients.

PopSpot

Recognizing the lack of childcare as a primary barrier keeping women from attending their eight prenatal appointments, Ascension St. Joseph Hospital teamed up with the city of Milwaukee to create a children’s waiting area named “PopSpot.” This renovated space provides supervised childcare by nursing students, enabling parents to attend medical appointments without childcare obstacles.



Q&A with a maternal health navigator



Q. What are some common barriers that prevent mothers from attending prenatal appointments?

A: Transportation and childcare are common barriers that I come across. A lack of food, housing and education can also stand in the way of a woman attending her appointments. It's not just the practical stuff; there's this underlying feeling of embarrassment and judgment that a lot of women carry, especially if they're young mothers. This sense of shame not only prevents them from showing up but also from asking important questions or seeking help when they need it most. As their maternal health navigator, I provide a nonjudgmental and supportive environment where women come to trust me and feel comfortable asking questions and expressing their concerns.

Q: How do you support patients as a maternal health navigator?

A: When I first meet a patient, I introduce myself as a maternal health navigator, which often surprises them, as most people have never heard of this position before. I take the time to explain my purpose: to listen, to

understand, and to be a resource for them throughout their pregnancy. I emphasize that I'm here to assist with various needs, including connecting them with healthy meals, transportation, temporary housing, and spiritual and mental health counseling. During our initial conversation, I prioritize uncovering immediate needs by asking, "How can I help you right now?" This approach helps to address the most pressing barriers first, preventing women from feeling overwhelmed by their compounding challenges.

Q: How do you ensure ongoing support and communication with patients?

A: Nine times out of 10, women reach out to me via text. I've found that they feel most comfortable contacting me in a communications channel they frequently use. When a physician or the front desk cannot reach a patient regarding missed appointments, I'll call or text. Because of our personal relationship, I'm more likely to receive a response and reveal the root cause of the missed appointment. I ensure that no woman slips through the cracks due to communication barriers.

MHSSI outcomes

- ▼ **Decrease** in missed appointments
- ▲ **Increase** in prenatal and postpartum visit completion rates
- ▲ **Increase** in infants born full term
- ▲ **Increase** in healthy birth weight
- ▼ **Reduced** neonatal ICU days

Q: How do you collaborate with care teams to support patients?

A: I'm an active member of the care team — this is important because my presence ensures a woman is treated holistically. I participate in pre-appointment huddles, where I provide a line of sight into the social barriers patients face. This enables the care team to adapt their approach and communication style accordingly. Women also seek my advice on how to tell or ask their doctor something. Moreover, I stay involved in appointments, results and clinical outcomes, ensuring that the care team remains well-informed about the patient's social and emotional needs throughout her care journey.

Ascension's Maternal Health Social System Initiative



One of our most effective initiatives to date, Ascension's Maternal Health Social System Initiative (MHSSI) has resulted in improvement in maternal health outcomes. The MHSSI is intentionally introduced in geographic areas where pregnant women are at greatest risk for poor health outcomes.

As a part of the initiative, Ascension embedded maternal health navigators in several Ascension markets. These dedicated healthcare professionals listen and respond to the nonclinical needs of their patients, walking alongside them to ensure they make it to appointments — no matter what barriers they may encounter. They do all of this knowing that the more prenatal appointments these vulnerable moms can make, the better their outcomes will be.

MHSSI pilot programs resulted in significant improvement in health outcomes for mothers and babies

Ascension has reached 1,500 high-risk mothers since 2019.

Nearly \$500,000 has been invested since 2019 to test and evaluate the MHSSI.



Milwaukee, WI

977 high-risk mothers reached

85% of babies born at term

17.1% change over baseline at site (2019) n=527

Pensacola, FL

999 high-risk mothers reached

83.2% of babies born at term

31.4% change over baseline at site (2020) n=431



Detroit, MI

536 high-risk mothers reached

85.9% of babies born at term

12.9% change over baseline at site (2021) n=319

Nashville, TN

January 2024 - Program launch



Austin, TX

Summer 2024 - Program launch

Future expansion

2,500 high-risk moms

3 additional sites

\$1.1M+ total investment

By 2030: **4,000+** moms across **8** sites reached

Ascension's Maternal Health Social System Initiative



Through this work, we seek to impact the 80% of external, nonclinical factors that can often impede access to quality, equitable care.¹⁷ And countless studies suggest these challenges only compound for women of color. Although it may sound simple, it is extremely complex due to its individualized approach. We realize every mom has a unique story to tell.

Next steps involve **connecting mothers to the resources available.**

We conduct a full assessment of resources and partners in our communities to ensure that we do not duplicate what's already available. Through discovery, we uncover where we have the greatest opportunity to make a difference.

Lastly, it's integral that **the women we serve receive a warm transition from birth to motherhood.** That's why we intentionally embed our navigators as part of the multidisciplinary team. They are there to ensure they ask the right questions during appointments as well as receive any follow-up care necessary. This work continues after the baby is born, knowing many of the complications mothers face can be compounded once the baby arrives.

Related to our clinical priority goals, we are working to ensure all of our underinsured, uninsured and Medicaid patients who come to us through the emergency room can establish a primary care provider.



Mary Paul
*Vice President
of Solidarity
and Social
Accountability*

"Sometimes you have to continually peel the onion to get to the root cause of a barrier. For example, in one site, the issue of 'transportation' began to emerge for many of our mothers. Initially, one may consider partnering with a rideshare service provider to ensure moms make more prenatal appointments — which Ascension does. However, what we learned through deep listening is that some of the mothers who needed transportation were 12 and 13 years

of age. Not only did they not own cars, they couldn't drive themselves nor could they legally use a rideshare service unattended. Had we stopped at 'transportation,' we wouldn't have solved the true problem. Through working with community partners, we were able to find innovative solutions that safely and more consistently got some of our most vulnerable mothers to their appointments."



Postpartum Nudge Program

Because hypertension and heart issues have contributed so largely to maternal mortality, especially for women of color, Ascension launched an initiative that recognizes the widespread use of smartphones and leverages them to ask simple yet crucial questions, such as inquiring about an individual's well-being. Particularly, it targets hypertensive patients who face a higher risk of readmission to hospitals. The voluntary program has dual objectives: first, to ensure effective management of hypertensive disease during pregnancy and postpartum periods, and second, to minimize the need for hospital visits.

This new approach to remote patient monitoring meets patients where they are — on their smartphone. The system regularly sends text messages to patients who choose to participate in the program, primarily focusing on hypertension management. It also provides options for patients to contact hospitals and sets thresholds for when they should reach out. Importantly, the system persistently prompts patients until they respond, ensuring proactive engagement.



Neighborhood Resources

A free and easy-to-use website, offered by Ascension, connects people in need to community organizations that offer free and reduced-cost services close to home, through a simple ZIP code search.

300,000+

Patients and community members who have used Neighborhood Resources search since 2021 launch

\$1 million

Amount invested in implementation, training and education to operationalize Neighborhood Resources

\$2 million

Additional amount invested to expand and increase use through 2030

1 million

Number of people expected to use Neighborhood Resources search by 2030



A catalyst for lasting change

The Ascension Foundation for Health Equity was founded in 2021 to address root causes of health disparities in the U.S., with a particular focus on social determinants of health — the nonclinical factors that can have the most impact on a person’s well-being.

Driven by its belief in a future in which every person, every family, and every community can thrive, the Foundation raises money for, and invests in, community-based organizations working toward a more enduring and just future of good health for all. Collaborations with these groups and other committed funders who share our values serve as catalysts for positive and lasting change within and beyond our clinical footprint.

The Foundation’s reach is not limited to communities where Ascension has a healthcare presence. Rather, as it seeks out the most effective strategies across the country, the Foundation is connecting into communities of need and surfacing programs with great promise to support generational change.

Learn more about
Ascension Foundation
for Health Equity



Investing in moms

A key focus for the Foundation is supporting mothers in the year after childbirth. It’s a period that has been called “Maternity’s most dangerous time,” when more than half of — often preventable — maternal deaths take place.¹⁸ In the U.S., the rate of maternal mortality more than doubled over the past two decades, with painful disparities across races.¹⁹ Today, Black women are three times more likely to die than White women from pregnancy-related causes.²⁰

This is not just a tragedy now. It is a tragedy that affects infants, children and families across generations. The Foundation is working to provide for the needs of the mother so she can provide for the needs of her baby. Investing in two generations can disrupt cycles of generational trauma that perpetuate poverty, inequity, and health disparities.

In 2024, the Foundation awarded its first grants to help nonprofits serving postpartum mothers expand their services. The organizations are located in communities of high need, both rural and urban, and provide support that includes emergency shelter, free diapers, mental health support, addiction recovery services, general and parental education, job training and transitional housing. The Foundation will give at least 20 unsolicited grants in 2024 in preparation for an ongoing grantmaking program and a large-scale fundraising campaign to increase its grantmaking capacity and the impact of grantee partners.



Leveraging Ascension's expertise to extend Ascension's Mission

The Foundation works in close partnership with Ascension's Community Impact team, healthcare professionals, and data scientists, tapping deep experience and insight to help identify and understand the areas of greatest need and to advise on promising interventions. Ascension's overarching commitment to clinical excellence and deep understanding of patient needs undergirds the Foundation's engagement with partners tackling the crisis of maternal mortality.

The Foundation also draws inspiration from the model of Ascension's founders — the religious women and men who looked for the greatest, unmet needs and devoted themselves to serving those communities.



“We focus on areas of profound and unmet need, where Ascension is positioned to fuel generational change. We also believe that the communities that are most affected by these conditions are where we will find the most innovative solutions. That’s where we are focusing our efforts.”

*—Robyn Kress
Senior Vice President,
Ascension Foundation
for Health Equity*



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 - Severe maternal morbidity procedures, which include essential interventions such as blood transfusion, conversion of cardiac rhythm, hysterectomy, temporary tracheostomy, and ventilation.
 - Cases where patients are discharged with the disposition of “expired” are also considered within PC-07.
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Disclaimer: This report is not intended to be a scientific report. All statistics have been vetted and cited.

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