

Public Burden Statement: The State Maternal Health Innovation (State MHI) program Maternal Health Annual Report (MH data focused work that grantees accomplish. The purpose of the State MHI program is to reduce maternal mortality and s throughout the preconception, prenatal, labor and delivery, and postpartum periods; enhancing state maternal health sur disproportionately impacted by maternal mortality and SMM. An agency may not conduct or sponsor, and a person is not number for this information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is required extent permitted by the law. Public reporting burden for this collection of information is estimated to average 12 hours pe collection of information. Send comments regarding this burden estimate or any other aspect of this collection of informa Room 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resou>

2023 State MHI MHAR Data Table

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OMB Control No. 0906-XXXX XX/XX/202X

Measure	Definition	Source	Numerator	Denominator
Total number of live births	Total number of live births	Live birth certificate	Total number of live births	N/A
Total number of pregnancy-related deaths	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[i]	MMRIA[ii]/MMRC (if MMRC not available, use PMSS[iii])	Total number of pregnancy-related deaths	N/A
Percent of live births where the mother had health insurance	Source of payment at delivery other than self-pay	Live birth certificate	Total number of live births with a source of payment at the time of delivery that is not self-pay	Total number of live births
Rate of low-risk cesarean delivery	Cesarean delivery among nulliparous (no prior births), term (37 or more completed weeks based on obstetric estimate), singleton (not a multiple birth), and cephalic or vertex (head-first) births [iv]. Also referred to as NTSV (nulliparous, term, singleton, vertex) births.	Live birth certificate	Number of cesarean delivery among term (≥37 weeks gestation), singleton, vertex births to nulliparous women	Number of term (≥37 weeks gestation), singleton, vertex births to nulliparous women
Percent of women with a recent live birth who received a postpartum visit	Percent of women with a recent live birth who reported receiving a postpartum checkup	Pregnancy Risk Assessment Monitoring System (PRAMS, Core Question 46 of the Phase 8 Questionnaire) or similar	For reference (numerator does not need to be reported): Number of women with a recent live birth receiving a postpartum checkup (defined as a regular checkup about 4-6 weeks after a recent live birth)	For reference (denominator does not need to be reported): Number of women with a recent live birth.
Percent of women with a recent live birth screened for postpartum depression	Percent of women with a recent live birth who were asked during a postpartum checkup if they were feeling down or depressed	PRAMS (Core Question 47 of the Phase 8 Questionnaire) or similar	For reference (numerator does not need to be reported): Number of women with a recent live birth screened for postpartum depression by the 4-6 week checkup	For reference (denominator does not need to be reported): Number of women with a recent live birth (Note: women without a postpartum checkup are classified as "no screening")
The following breakdown should be used to report disaggregated data for each of the measures above, where available and appropriate				
Data by age	Use the following age ranges: ≤24 25-39 40+			
Data by race/ethnicity	American Indian or Alaska Native Asian Black or African American Hispanic or Latino Middle Eastern or North African (e.g., Egyptian, Israeli) Native Hawaiian or Pacific Islander White Other (please note what “Other” includes)			
Data by education	Less than a High School graduate High School graduate or GED completed Some college or Associate's degree Bachelor's or advanced degree			
Data by geography	<p>Indicate geographical breakdown of <u>urban</u> versus <u>rural</u> using the following definitions:</p> <p>The National Center for Health Statistics has an urban-rural classification scheme for counties that includes six urbanization levels (four metropolitan and two nonmetropolitan) on a continuum ranging from most urban to most rural.[v]</p> <p>Metropolitan classifications (to be used when referring to <u>urban</u> areas for the purposes of this report):</p> <ol style="list-style-type: none">1) Large metro metropolitan statistical area (MSA) population of 1 million or more which is broken down into large central metro and large fringe metro2) Medium metro MSA population less than 250,0003) Small metro MSA population less than 250,000 <p>Nonmetropolitan classifications (to be used when referring to <u>rural</u> areas for the purposes of this report):</p> <ol style="list-style-type: none">1) Micropolitan urban cluster population of 10,000 – 49,9992) Noncore <p>When indicating the geographic breakdown of urban versus rural for the maternal health outcomes data based on the NCHS Urban-Rural Classification Scheme, please use the county of residence rather than the county of occurrence.</p> <p>It may also be important to examine your data by regions that make sense for your state (North/South/East/West; North/Central/Southern, etc.)</p>			
Use the 2023 MHAR Data Table as the format for reporting the data. Upload the data in the EHBs as an Excel spreadsheet.				

[i] Pregnancy-related death: <https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html>[ii] MMRIA – Maternal Mortality Review Information Application: <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/MMRIA.html>[iii] PMSS – Pregnancy Mortality Surveillance System: <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>[iv] Low-risk cesarean definition (Page 6): Osterman MJ, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2021. National Vital Statistics Reports; vol 72, no 1. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://dx.doi.org/10.15620/cdc.122047>.[v] National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme for Counties: https://www.cdc.gov/nchs/data_access/urban_rural.htm