



The State of Maternal Health: Challenges, Shifts, and What's Needed Now

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Today's Speakers



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AGENDA



- **Welcome and Opening**
- **Setting the Stage: Insights from Kim Seals**
- **Moderated Panel Discussion**
- **Audience Q&A**
- **Closing Reflections and Wrap-Up**



Maternal Health in Challenging Times

Earlier this year, we began our discussions with an overview of CMS's Conditions of Participation for obstetrical services, setting the stage for quality and compliance in maternal healthcare. Today, we shift our focus to the broader landscape, exploring:

- » The current state of maternal health in the U.S.
- » Persistent disparities impacting mothers and families
- » Policy and funding shifts creating new challenges
- » Practical realities faced by programs on the ground
- » How external support and partnerships can help organizations adapt and sustain impact

As federal developments introduce new uncertainties, these conversations are more critical than ever for protecting maternal health and advancing meaningful change, even amid uncertainty.

The State of Maternal Health: Challenges, Shifts, and What's Needed Now

Kimberly N. Seals, EdDc, MSPH, MPA

July, 9, 2025

Overview

- Understand briefly current trends and disparities in maternal health
- Discuss funding and policy shifts impacting programs
- Explore adaptive strategies for sustainability
- Identify the role of consultants and partners in maternal health work

Challenges: The Crisis Continues

The United States continues to grapple with a maternal health crisis characterized by significant racial and ethnic disparities in morbidity and mortality.

- U.S. has the highest maternal mortality rate among developed countries (CDC, 2024)
- Black women are 3x more likely to die from pregnancy-related causes (CDC, 2023)
- Mental health, access to care, and structural racism remain key contributors

Challenges: Disparities and Racial Gaps

- Systems-level barriers in healthcare contribute to delayed diagnosis, poor treatment, and lower quality care (Hardeman et al., 2020).
- Data disaggregation by race/ethnicity reveals deep inequities in outcomes
- Equity-centered approaches must be embedded in strategy and practice

Challenges: New Crisis Brewing

- Successes and efforts to address the maternal health crisis have been challenged in recent months by rapid and unprecedented federal funding and infrastructure cuts.
- The current administration has suspended Title X family planning and preventive health services funding, initiated widespread layoffs of federal health agency staff, and removed public data essential to public and maternal health care
- Expected cuts to Medicaid will directly impact efforts to improve maternal health, especially among those most at risk.



Shifts: The Ripple Effect



Shifts: The Ripple Effect

Federal MCH Workforce: CDC, HRSA, SAMSA

International Maternal AID: USAID

Maternal Health Data Surveillance

Clinic Funding Freeze

Data/Guidance Removal

Shifts: The Ripple Effect

Disrupted Clinical Care- Increase unintended pregnancies

Inability to assess racial disparities or local hotspots

Grant funding, policy advocacy, and justifications hindered

Providers unsure whether they can legally offer emergency pregnancy care

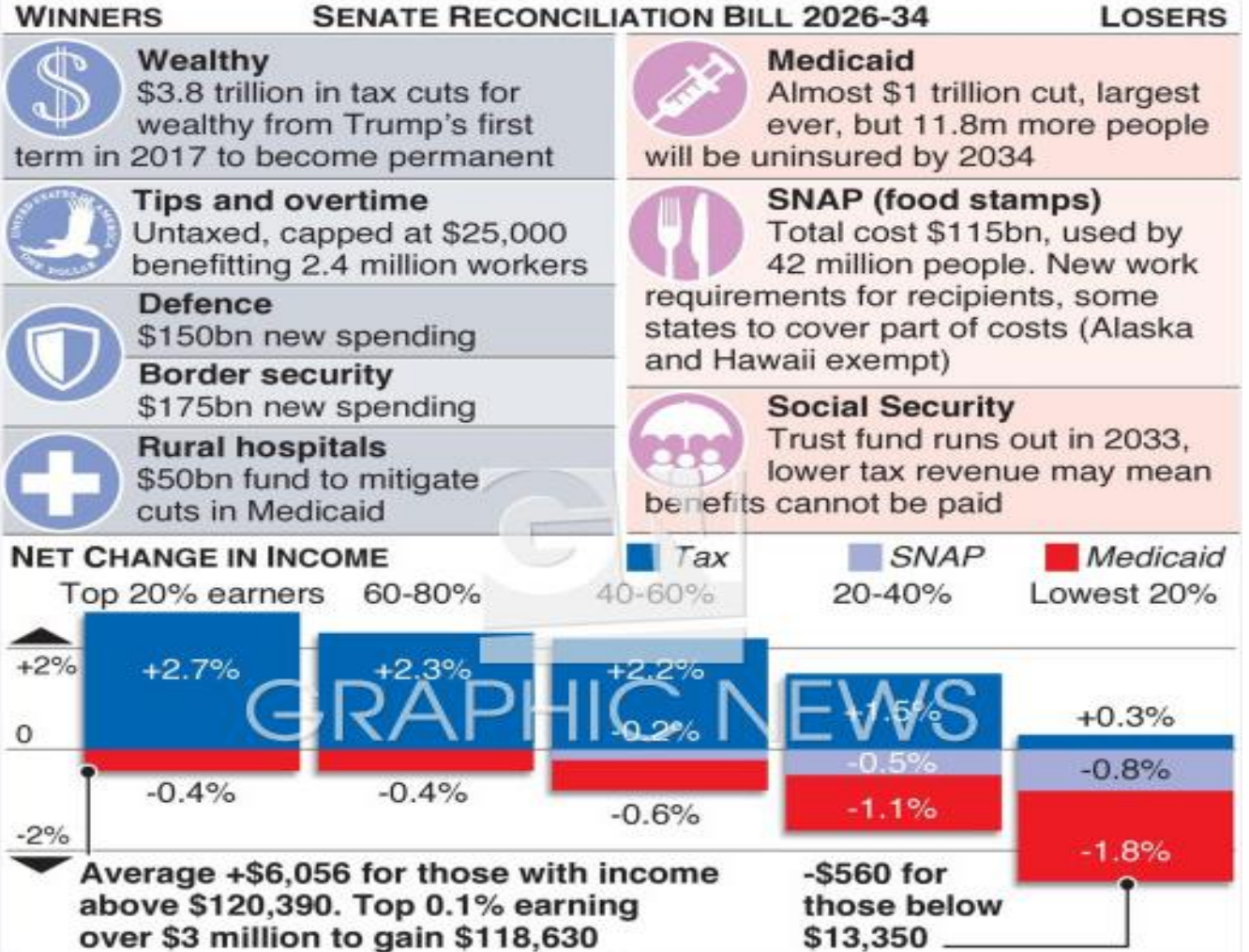
Community confusion about what's available or safe

Poorer Outcomes, and a crumbling public health system

Delays in innovation, collaboration, and implementation of best practices

Potential Impacts

The U.S. Senate has approved President Trump's "big beautiful bill" – which could add at least \$3.3 trillion to the national debt – and will now be sent to the House of Representatives where deep divisions remain



What's Needed: Responding with Urgency and Intention

Protect	<p>Protect essential services from policy disruption and funding volatility</p> <ul style="list-style-type: none">• Organizations must build financial buffers for maternal health protections.
Restore and Invest	<p>Restore and invest in maternal mental health, data infrastructure, and culturally grounded care</p> <ul style="list-style-type: none">• It's necessary!
Amplify	<p>Amplify lived experiences alongside clinical data to drive funding and reform</p> <ul style="list-style-type: none">• Data without human context is not persuasive enough.
Strengthen	<p>Strengthen leadership pipelines in CBOs</p> <ul style="list-style-type: none">• To remain resilient and scalable.

ALWAYS IN



SURVIVAL

MODE?

What Can You Do Today



ADAPTIVE STRATEGIC PLANNING TOOLS

→ FRAMEWORKS LIKE
SCENARIO PLANNING,
MISSION ALIGNMENT
AUDITS, OR SWOT
REFRESHERS CUSTOMIZED
FOR MATERNAL HEALTH
NONPROFITS.



GRANT READINESS AND DIVERSIFICATION CHECKLISTS

→ TEMPLATES FOR
ASSESSING
ORGANIZATIONAL
READINESS FOR
GOVERNMENT GRANTS,
PHILANTHROPIC
PARTNERSHIPS, OR BRAIDED
FUNDING MODELS.



STORYTELLING + DATA FUSION FOR ADVOCACY

→ PRACTICAL MODELS FOR
PAIRING LIVED
EXPERIENCES WITH
QUANTITATIVE OUTCOMES
TO ADVOCATE WITH
LEGISLATORS, MEDIA, AND
COMMUNITY.



DATA VISUALIZATION AND COMMUNITY-CENTERED DASHBOARDS

→ TOOLS LIKE TABLEAU
PUBLIC, FLOURISH, OR
CANVA THAT LET YOU BUILD
REAL-TIME SNAPSHOTS OF
MATERNAL HEALTH IN YOUR
SERVICE AREA.



COLLABORATIVE POLICY BRIEF TOOLKITS

→ EXAMPLES FROM GROUPS
LIKE THE BLACK MAMAS
MATTER ALLIANCE OR
MMHLA THAT SHOW HOW TO
CO-DEVELOP POLICY
MESSAGES AND
COALITIONS.



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CONTACT US.

WE CAN HELP.

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