

2024

# MISSOURI COMMUNITY FORUMS REPORT

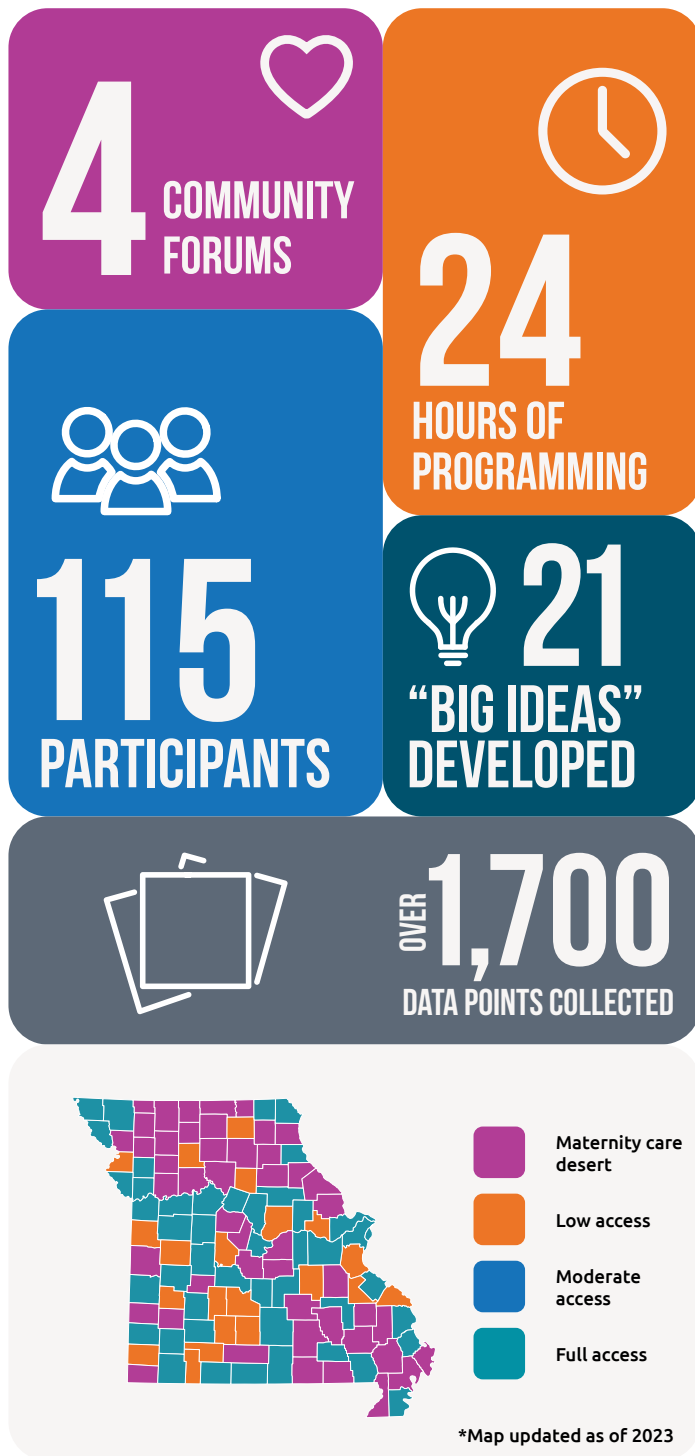
## on Maternal Rural Health Care



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# INTRO



The Missouri Perinatal Quality Collaborative (PQC) in partnership with the Missouri Hospital Association (MHA) set out to capture the voice of their state on rural maternal health issues. The MO PQC and MHA were committed to coalescing the perspectives of key stakeholders throughout the maternal deserts in their state. In Missouri, 51.6 percent of counties are defined as maternity care deserts compared to 32.6 percent in the U.S.<sup>1</sup> The MO PQC team analyzed this data and identified locations throughout the state which were located in the heart of these deserts. The ambition to capture the voices of those maternal health stakeholders from the communities located in these deserts was operationalized through a series of Maternal Health Community Forums.

The communities of Miner, Chillicothe, Hannibal and Joplin were chosen as the four sites to hold these Community Forums which would help MO PQC and MHA ascertain the strengths, weaknesses, opportunities and actions which should be considered as we all strive to enhance maternal health outcomes.

An incredibly diverse group of stakeholders were brought to the table for these discussions. The MO PQC, MHA and Do Tank teams engaged with more than 100 stakeholders at these four Community Forums held across the state. Doctors, nurses, doulas, nutritionists, social workers, health educators, case managers, community health workers and administrators are just a handful of the different personas who participated in this Community Forum series.

The knowledge gained from this diverse and broad pool of key stakeholders reinforces the importance of cross-pollinating our thoughts and de-siloing the work that needs to be done across the state to improve maternal health outcomes. The following report outlines the key strengths, weaknesses, hopes, opportunities and ideal future state actions to consider, which were gained from this Community Forum series.



# THE APPROACH

The MO PQC and MHA worked with Do Tank, a human-centered design firm with expertise in the maternal equity space, to design and operationalize the Community Forum series. The design of the series was driven by a few key drivers:

- 1. The need to assess the gaps within Missouri's maternity care deserts**
- 2. The desire to identify what supports are needed to improve outcomes**
- 3. The opportunity to challenge stakeholders to ideate ideal future state actions that they believe would enhance maternal health outcomes**

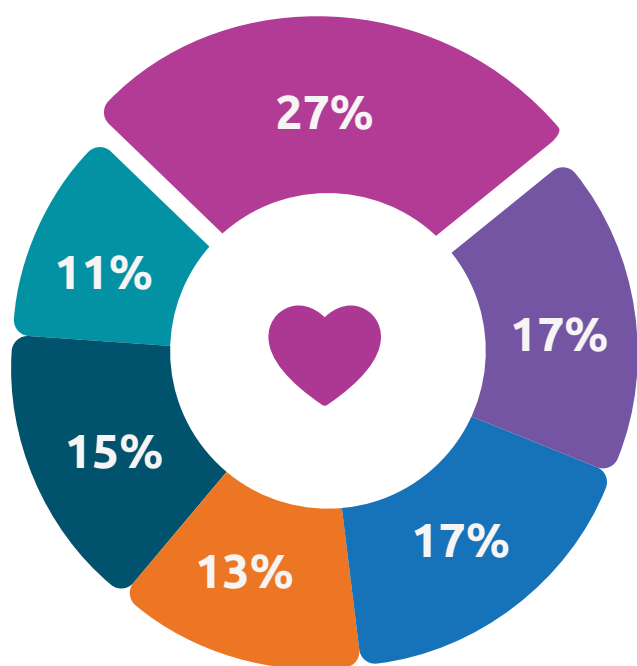
Do Tank embraces human-centered design thinking and methodologies whenever they engage with stakeholder groups. This was an opportunity to truly canvas regions throughout the state and do proper exploration and definition of the current state, and ideal future state, of maternal health throughout the state of Missouri from stakeholders in maternity care deserts. We utilized visual canvases to guide the Community Forums through a series of human-centered design exercises aimed at achieving the three key drivers listed above.

These visual canvases are simple structures to hold complex conversations. We strung together a series of four visual canvases which helped us identify the strengths, weaknesses, hopes, opportunities and ideal future state within each region. Every participant at the Community Forums was placed at a table with stakeholders from other organizations and those tables worked together throughout the six-hour Community Forum meeting to share their knowledge and craft their strategies.

# STRENGTHS

The beginning of the Community Forum was dedicated to a current state analysis to stimulate discussion and data collection around the ongoing strengths and weaknesses for maternal health in these four regions. The findings can be organized into the six overarching themes below:

## Missouri Statewide



### **Provider and Workforce Development:**

Development and support of healthcare providers and the maternal health workforce, as well as the values, mindsets, and motivations of the maternal health workforce

### **Opportunities to Enhance Access:**

Advancements in providing better access to maternal healthcare services

### **Increased Awareness and Advocacy:**

Progress made in raising awareness about maternal health issues and advocating for improved services and policies

### **Positive Impacts and Outcomes:**

Positive impacts and outcomes achieved in maternal health

### **Community Collaboration:**

Partnerships and collaborative efforts within the community to improve maternal health outcomes

### **Funding and Resources:**

Adequate funding and resources to support maternal health programs and services

The distribution of these six themes was analysed at a statewide level, as well as across each of the four regions individually. At a state level, **Provider and Workforce Development** was the most significant area of discussion, with 27% (62 data points) of the discussion around strengths focusing on this theme.

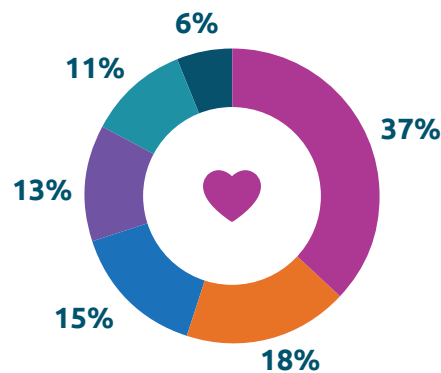
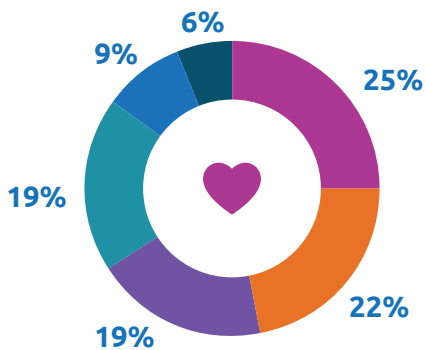
This trend aligns with regional findings, as Provider and Workforce Development was the most significant area of discussion at every site except Miner. The specific strengths regarding Provider and Workforce Development that were discussed include, but are not limited to, the values, passions, and competencies of providers, as well as the fact that many of the providers are community members themselves. Programs for provider training and supportive administration were also mentioned.

# Regional

There were over 200 data points collected on current strengths regarding maternal health in Missouri, including 90 from Miner, 32 from Chillicothe, 45 from Hannibal, and 62 from Joplin.

## Chillicothe

**Provider and Workforce Development** was the area of strength most frequently mentioned. The conversations in Chillicothe surrounding this theme focused on programs for training, support from upper management, and passionate employees, among other things. In addition to Provider and Workforce Development, both Opportunities to Enhance Access and Funding and Resources were widely discussed as strengths.

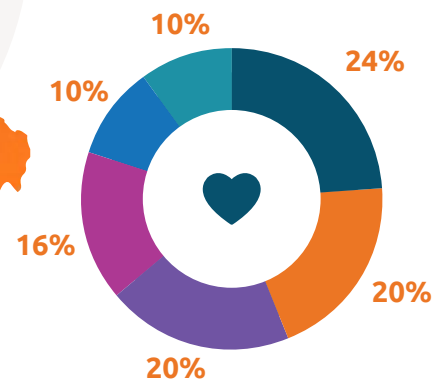
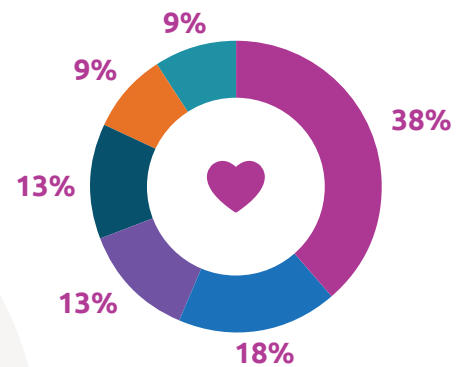


## Joplin

**Provider and Workforce Development** was once again the area of strength most frequently mentioned by a significant amount, with over one-third of the conversation around strengths pertaining to this theme. Discussions included but were not limited to diversifying OB service lines, continuing education for providers, education of doula and midwifery services, and diversity in hiring.

## Hannibal

**Provider and Workforce Development** was the area of strength most frequently mentioned. Over one-third of the conversation regarding strengths in Hannibal focused on this theme, with discussions around supportive administration, mission-driven providers, openness to midwifery, and new positions, such as an OB coordinator, developing.



## Miner

The area of strength most frequently mentioned was **Positive Impacts and Outcomes**. This indicates that the Southeast region is seeing positive trends in their patient outcomes and community morale is high. Some of the Positive Impacts and Outcomes addressed include positive birth stories, a greater focus on evidence-based care, and empowerment for clients.

# WEAKNESSES

Several of the themes for weaknesses are similar to the themes for strengths, as these themes are nuanced with both positive and negative aspects. While improvements and strengths do exist in these areas, there are continuing challenges as well.

## Missouri Statewide

### **Communication Challenges, Politics, and Poor System Practices:**

Issues related to communication breakdowns, a lack of collaboration between organizations, information sharing challenges, political barriers, bureaucracy, and general shortcomings of the healthcare system

### **Workforce and Staffing Inadequacy:**

Challenges related to workforce shortages, staff turnover, and difficulties in recruiting and retaining qualified healthcare professionals in maternal health

### **Stigma, Mindsets, and Poor Provider Practices:**

Concerns related to stigma surrounding mental health, substance use disorders, negative attitudes or biases towards specific patient populations, and poor provider practices

### **Resources and Funding Challenges:**

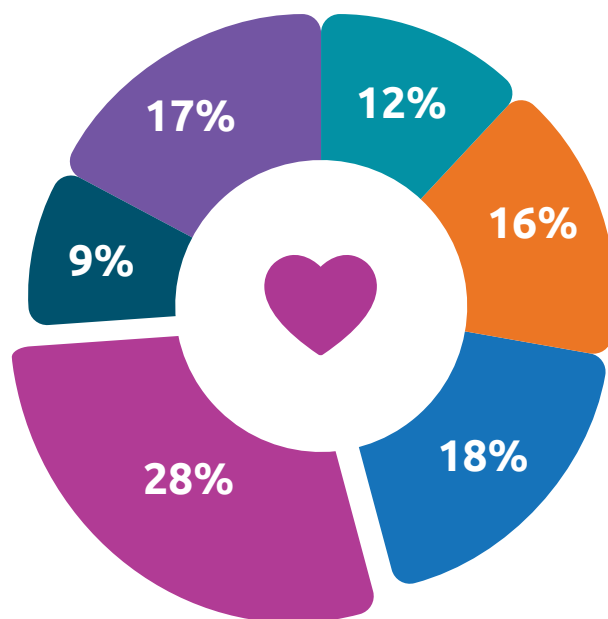
Concerns related to funding constraints, a lack of resources, and allocation of financial support for maternal health programs and services

### **Access to Care Challenges:**

Issues related to the availability and accessibility of maternal healthcare services, such as transportation barriers, distance to facilities, and limited service options

### **Social Determinants of Health (SDOH):**

Broader social factors that impact maternal health, such as poverty, housing, and education



At a state level, **Communication Challenges, Politics, and Poor System Practices** was the area of weaknesses most frequently discussed. Topics discussed in regards to this theme include, but are not limited to, distrust between organizations, a lack of transparency and collaboration, insurance difficulties, time restraints, the political climate, policy changes, and decisions made by state leaders without input.

This points toward a need for more streamlined communication systems and processes across maternal health deserts in Missouri. It also points toward a need for increased lobbying and government involvement at a state level.

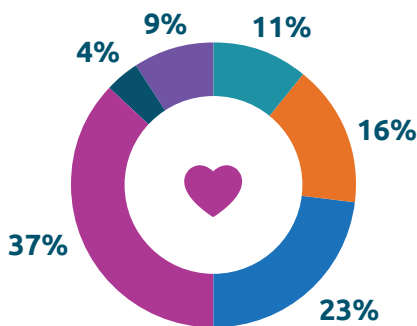
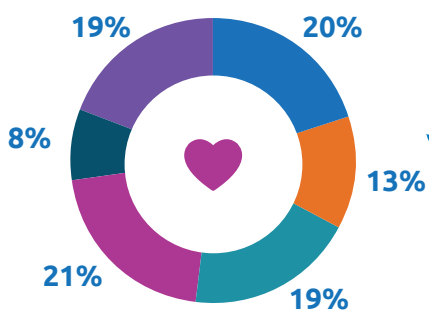


# Regional

There were over 480 data points collected on current weaknesses regarding maternal health in Missouri, including 197 from Miner, 84 from Chillicothe, 75 from Hannibal, and 133 from Joplin.

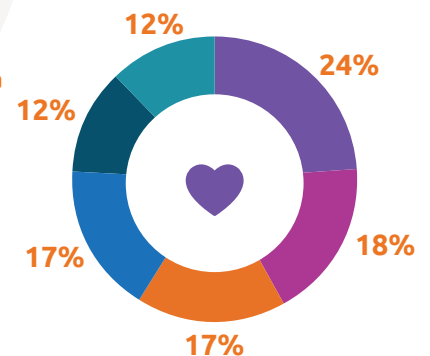
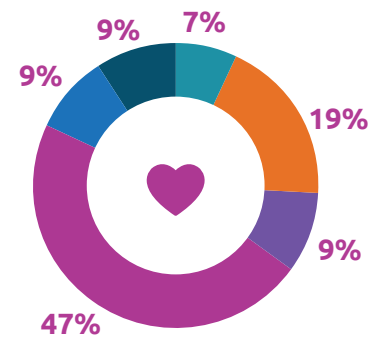
## Chillicothe

**Communication Challenges, Politics, and Poor System Practices** was the area of weakness most frequently discussed. This theme was followed closely by Stigma, Mindsets, and Poor Provider Practices and Workforce and Staffing Inadequacy. Discussions around these themes included system silos, political interference, a lack of public trust, and provider shortages.



## Hannibal

**Communication Challenges, Politics, and Poor System Practices** was the area of weakness most frequently discussed, with nearly half (47 percent) of the conversation around weaknesses focusing on this theme. Specific points mentioned include regulation, political winds, silos, and a focus on healthcare profit areas only.



## Joplin

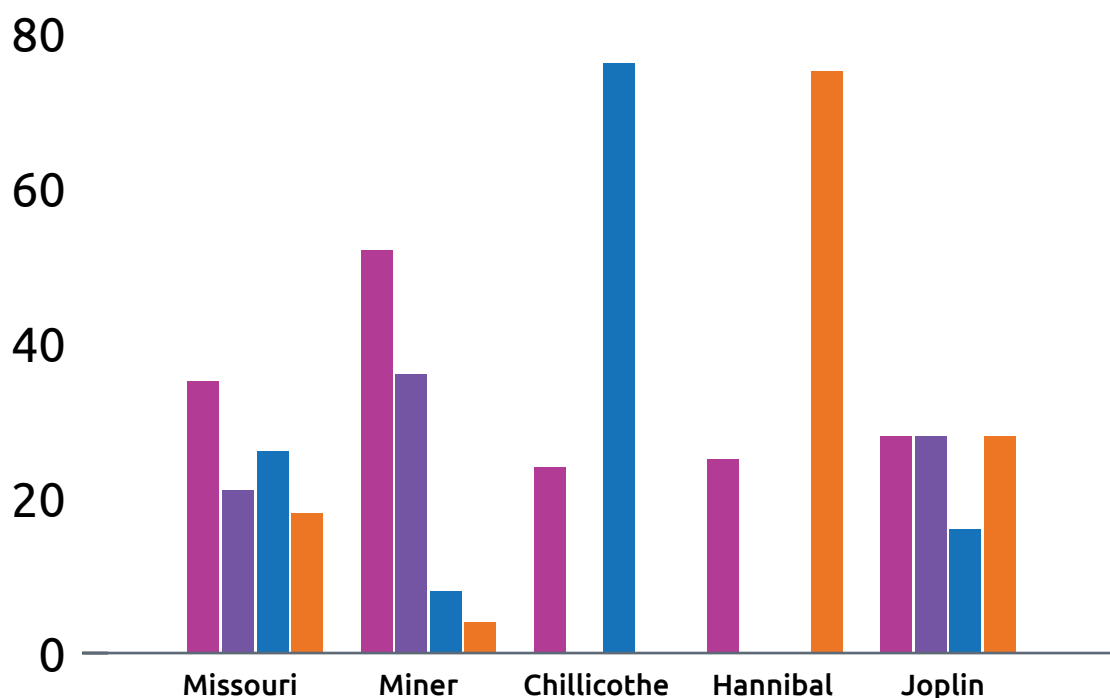
**Communication Challenges, Politics, and Poor System Practices** was once again the area of weakness most frequently discussed. Specific conversations for this region included administrative delays, organizational culture, politics impairing collaboration, and the political climate. During the Joplin Community Forum, there was also discussion of hosting an advocacy day with legislators in Springfield, MO to combat political barriers.

## Miner

The most frequently discussed area of weakness was **Stigma, Mindsets, and Poor Provider Practices**. Conversations around this theme included stereotypes, stigma around mental healthcare, racism, negative assumptions about clients, distrust between patients and providers, patients being afraid to ask for help, and close mindedness.

# HOPEs

During each of the four sessions, participants were prompted to envision the ideal future state for maternal health in Missouri and generate a list of their hopes. A total of 68 data points on hopes were collected across the state, with 25 data points from Miner, 17 from Chillicothe, 8 from Hannibal, and 18 from Joplin.



## The data on future state hopes was categorized into four high-level themes:

- Accessible and Equitable Care:** Ensuring that all birthing people and their families have access to high-quality, respectful care regardless of their background, location, or financial situation. This includes eliminating barriers to care, providing culturally competent services, and addressing disparities in health outcomes.
- Comprehensive and High-Quality Services:** Offering a full range of services to address the diverse needs of birthing people and families throughout the perinatal period. This includes expanding service availability, integrating mental health care, and ensuring staff competency.
- Empowered Patients and Families:** Equipping birthing people and families with the knowledge, resources, and support they need to make informed decisions about their care and advocate for themselves. This includes providing education and fostering strong patient-provider relationships.
- Positive Change and Sustainability:** Creating a system that is continuously improving, responsive to community needs, and supported by adequate resources and strong leadership.

While all four themes were discussed as future state hopes in Miner and Joplin, only two of the four themes were discussed in Chillicothe and Hannibal. At a state-level, **Accessible and Equitable Care** was the most frequently mentioned hope — a finding that makes sense given the vastness of Missouri's maternal health deserts. This was also the one theme that was discussed as a hope across all four regions.

In Miner, **Accessible and Equitable Care** was the most frequently discussed theme, with participants mentioning hopes of limiting OB deserts, keeping providers in the region, and adopting midwife models of care. The theme of Empowered Patients and Families was also discussed frequently, with mentions of mom-centered care and patients being empowered to break negative cycles. These two themes were discussed substantially more than the other two.

In Chillicothe, the conversation around future state hopes focused on **Comprehensive and High-Quality Services**, including specialty care, greater collaboration, and a closed loop electronic referral system.

In Hannibal, only two themes were discussed: **Accessible and Equitable Care** and **Positive Change and Sustainability**, with the later being the main focus. Discussions around Positive Change and Sustainability included increased knowledge, resources, and support.

In Joplin, the discussion around hopes was more evenly distributed among the four themes than at the other sites. **Accessible and Equitable Care**, **Empowered Patients and Families**, and **Positive Change and Sustainability** were all discussed equally, indicating that the list of future hopes generated in Joplin was very holistic.

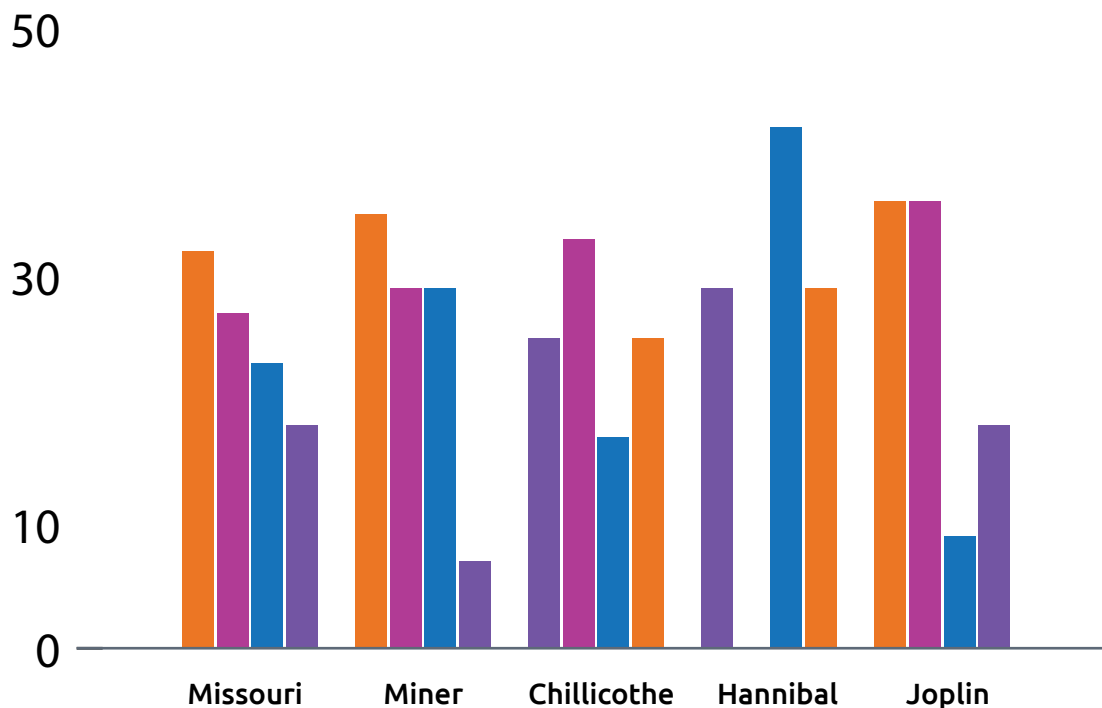
Overall, the data points toward hopes for improved access across Missouri, in addition to more patient-centered care, specialty care, collaboration, and sustainable change.



11.2% of babies were born to women who live in rural counties, while 3.7% of maternity care providers practice in rural counties in Missouri.

# OPPORTUNITIES

After reflecting on their hopes, participants brainstormed the existing opportunities to improve maternal health in Missouri. A total of 62 data points on opportunities were collected across the state, with 14 data points from Miner, 12 from Chillicothe, 7 from Hannibal, and 11 from Joplin.



The data on existing opportunities was categorized into four high-level themes:

- Access and Service Delivery:** Opportunities to improve access to care. This includes expanding service models, improving transportation, and leveraging technology.
- Collaboration and System Strengthening:** Opportunities to enhance partnerships, coordination, and communication within the maternal care system. This includes building relationships, streamlining processes, and fostering a shared vision.
- Funding and Advocacy:** Opportunities to fight against the financial and policy barriers to improved maternal healthcare. This includes securing funding, advocating for policy changes, and optimizing resource allocation.
- Workforce Enhancement:** Opportunities to bolster the quantity and quality of the maternal health workforce. This includes recruitment, training, retention, and optimizing provider roles.



In Miner, **Workforce Enhancement** was the most frequently discussed theme. Notably, there was little discussion around opportunities for **Funding and Advocacy**.

In Chillicothe, **Access and Service Delivery** was the most frequently discussed area for opportunity, with discussions around maternal telehealth and EMS.

In Hannibal, **Collaboration and System Strengthening** was the most frequently discussed area for opportunity, with discussions around perinatal networks, collaboration between small hospitals, and communication improving with technology.

In Joplin, **Workforce Enhancement** and **Access and Service Delivery** were the most frequently discussed themes. Notably, there was little discussion around opportunities for **Collaboration and System Strengthening**.

Overall, the data indicated there are opportunities to improve the maternal health workforce with increasing doulas, training, and mentorship across Missouri, in addition to opportunities to expand the use of maternal telehealth and coordinate EMS services in the Northwest region and increase networking and collaboration in the East region.



**Women living in maternity care deserts traveled 3.6 times farther than women living in areas with full access to maternity care in Missouri.**



# IDEAL FUTURE STATE

During the community forums, participants were guided through the KISS model, an ideation tool which helps define what actions should be taken to achieve the ideal future state. During this activity, participants defined what existing structures they should **Keep**, what existing structures they should **Improve**, what they should **Start** doing, and what they should **Stop** doing.

The data from the four regions was aggregated and analyzed together to create 4 statewide themes for each of the KISS model categories (Keep, Improve, Start, and Stop). Those themes are discussed below. In addition, each region's data was analyzed separately.

The top theme for each KISS category is provided for each region on the following page. A more comprehensive discussion of the themes pulled from the individual regional analyses can be found in the regional reports (see appendix).

## KEEP

### **Access to Care & Resources:**

Removing barriers to essential medical care and social services for birthing people and babies. Examples include existing home visiting, telehealth, transportation, and Medicaid expansion.

### **Community Engagement & Collaboration:**

Fostering strong relationships between healthcare providers, community organizations, and individuals to improve coordination of care and address social determinants of health.

### **Funding & Sustainability:**

Securing and allocating adequate financial resources to support staff and infrastructure, ensuring program viability and growth. Examples include existing mileage reimbursement, incentives, and funding for all home visiting.

**Quality Improvement & Workforce Development:** Strategies that enhance quality of care, track progress, support professional development, and cultivate a skilled and motivated workforce. Examples include the Bootheel Perinatal Network in the Southeast region.

## IMPROVE

### **Access to Care:**

The structures in place that ensure all mothers and birthing people have timely access to necessary healthcare services. Examples include access to transportation, telehealth, midwifery services, and prenatal care and education.

### **Provider Support & Education:**

The structures in place to equip healthcare providers with the knowledge and support they need to provide quality maternal care. Examples include loan forgiveness, OB residency spots, and implicit bias and postpartum depression training.

### **Mental Health & Wellbeing Support:**

The structures in place to help recognize and address the mental health needs of mothers and birthing people throughout the perinatal period (pregnancy and postpartum), including prevention, screening, and access to treatment.

### **Systemic & Community Support:**

Communication, collaboration, and structures addressing social determinants of health. This includes policy, community engagement, and advocacy.

# START

## **Access to Care:**

Removing barriers that prevent individuals from receiving care. Examples include building new facilities, developing more transportation options in rural communities, developing mobile clinics, and creating incentives for providers to practice in rural communities.

## **Community Empowerment & Education:**

Equipping individuals and communities with the knowledge, skills, and resources to make informed health decisions and advocate for themselves.

## **Systemic Change & Collaboration:**

Improving the healthcare system through policy changes, innovative care models, and strong partnerships.

## **Financial Sustainability:**

Securing and allocating resources to ensure the long-term viability of maternal health programs and services.

# STOP

## **Systemic Inequities and Discrimination:**

Issues of racism, sexism, and other forms of discrimination that create barriers to equitable healthcare.

## **Outdated Practices and Resistance to Change:**

Practices that are no longer effective or beneficial, and the resistance to adopting new, improved approaches.

## **Financial and Resource Mismanagement:**

Issues related to funding, resource allocation, and the financial pressures impacting healthcare.

## **Lack of Patient-Centered Care and Communication:**

Not prioritizing patient needs and concerns, and miscommunication within the healthcare system.

## Regional

### MINER

**KEEP:** Existing Programming and Resources

**IMPROVE:** Quality Care

**START:** Community Education and Having Increased Shelters, Resources and Provisions

**STOP:** Not Treating the Patient as an Individual

### CHILLICOTHE

**KEEP:** Addressing Workforce and Staffing Challenges

**IMPROVE:** Workforce Development and Support

**START:** Providing Healthcare Workforce Training and Infrastructure to Improve Access

**STOP:** Cultural and Social Barriers

### HANNIBAL

**KEEP:** Workforce and Professional Development

**IMPROVE:** Communication and Knowledge Sharing

**START:** Community-Based Programs and Support

**STOP:** Ineffective Practices

### JOPLIN

**KEEP:** Collaborative Care and Service Delivery

**IMPROVE:** Resources and Infrastructure

**START:** Offering Options for Access and Navigation and Working Toward Systemic Improvements

**STOP:** Systemic Barriers to Equitable Care

# THE BIG IDEAS

The last visual canvas we put in front of attendees at each Community Forum was the Big Idea Canvas. After a day of reflecting on the current state and ideating what the ideal future state might look like, we challenged the teams to frame out one specific problem and solution. Across the four Community Forums we had a total of 21 teams, and each of these teams took time to tee up concrete action steps that could be taken to enhance maternal health outcomes.

The 21 teams constructed 21 “Big Ideas”, framing out the problems they wanted to solve and the approaches they think should be taken. Out of those Big Ideas arose a handful of cross-cutting themes and aim statements, which have all been referenced in some way, shape, or form earlier in this report:

Access to Care

Workforce  
Development

Patient  
Empowerment  
and Education

Collaboration  
and Partnerships

In this section of the report we play back these key themes which arose from the Big Ideas, giving a clear sense of what needs to be addressed and how some of these themes should be addressed. The appendix of this report includes the prescriptive aim statements from each team accompanied with their Big Idea canvas.

# 43%

OF AIM STATEMENTS  
FOCUSED ON  
ACCESS TO CARE

## Access to Care Summary

The Access to Care aim statements reveal a strong commitment to improving maternal health outcomes in Missouri by addressing systemic challenges, expanding access to care, and empowering both patients and providers.

*Here is a breakdown of the core themes:*

**Access to Care:** This was the most dominant theme, with many statements focusing on increasing access to care, particularly in rural and underserved areas.

- **Transportation initiatives:** Addressing transportation barriers is a key focus, with proposals for grant-funded transportation programs and assistance with accessing existing services.
- **Expanding services in rural areas:** This includes opening new OB practices in maternity deserts, providing care and resources directly in rural communities, and attracting/supporting healthcare providers in those areas.
- **Telehealth:** Utilizing telehealth to increase access to care for remote and underserved populations.



**Comprehensive Care:** Several aim statements emphasize a holistic approach to maternal health, going beyond basic medical care.

- **Whole-person care:** This includes providing resources and support throughout the entire birthing process, addressing social determinants of health, and offering comprehensive pre and postnatal care.
- **Specialized support:** Providing patients with specialized nurses, navigators, and doulas to guide and support them through their maternal health journey.

**Strengthening the System:** Improving the overall maternal health system across all providers and cross-pollinating our efforts must be achieved if we are to achieve enhanced outcomes.

- **Collaboration and partnerships:** This includes fostering collaboration between programs, agencies, and strong community outreach.
- **Optimizing existing services:** Improving the quality and utilization of existing maternal health services and working to ensure those services are accessible to birthing people and their families.
- **State-wide standards:** Developing a standardized level of care across Missouri. MO PQC and MHA could play a key role in setting the table for this.

**Advocacy and Resources:** Securing resources and advocating for change are key asks from the state.

- **Funding:** Many aim statements express concerns about funding and seeking assistance with grant writing, securing financial support, and legislative buy-in.
- **Lobbying and awareness:** Advocating for legislative changes and raising public awareness about maternal health issues is paramount. An ask to enhance the lobbying capacity of those on the front line was also a theme. Don't just get the talking points to the paid lobbyists but upskill and empower those on the front lines to be a part of the advocacy efforts in the maternal health space.

These themes paint a picture of a dedicated effort to improve maternal health outcomes in Missouri through a multifaceted approach that addresses access, comprehensiveness, system-wide improvements, and advocacy.

## Workforce Development Summary

The aim statements within the Workforce Development category collectively focus on improving the quality of maternal healthcare by strengthening the workforce and fostering a patient-centered approach.

- **Enhanced Training and Support for Healthcare Providers:** This includes establishing a nurse co-operative, promoting recruitment and retention, and creating a positive work environment.
- **Introducing a Patient Advocate Role:** An OB/CHW health navigator would act as a liaison between patients and the healthcare system, addressing barriers to care and improving outcomes.
- **Prioritizing Patient-centered Care:** This involves valuing patient experiences, listening to their needs, and reducing existing stigmas.

**19%**  
OF AIM STATEMENTS  
FOCUSED ON  
WORKFORCE  
DEVELOPMENT

# Patient Empowerment & Education

The aim statements within the Patient Empowerment and Education category all focus on improving maternal and infant health outcomes, primarily through education and enhanced care. They highlight a need for increased access to information, comprehensive prenatal and postnatal support, and community outreach.

**19%**  
OF AIM STATEMENTS  
FOCUSED ON PATIENT  
EMPOWERMENT &  
EDUCATION

- **Empowering Mothers and Birthing People:** Providing education and resources to mothers and birthing people is central. This includes leveraging social media, expanding education programs and focusing on prenatal education like safe sleep practices and breastfeeding support.
- **Comprehensive Care:** Improving the quality and comprehensiveness of care is another major theme. This includes whole-person care, care coordination across departments, and essential perinatal services.
- **Community Engagement:** Reaching out to the community and building support for maternal health initiatives is emphasized. This involves increasing community outreach and education and securing stakeholder alignment.
- **Overcoming Challenges:** The aim statements acknowledge potential obstacles such as copyright concerns, political/religious pushback, and the need for data-driven justification for investment. Essentially, these aim statements reflect a multifaceted approach to improving maternal and infant health, with a strong emphasis on education, comprehensive care, and community engagement.

# Collaboration & Partnerships

The Collaboration and Partnerships aim statements emphasize a collaborative and comprehensive approach to improving maternal health outcomes with a focus on equity and addressing community needs.

**19%**

OF AIM STATEMENTS FOCUSED  
ON COLLABORATION &  
PARTNERSHIPS

- **Strengthening the System:** The aim statements emphasize improving the overall maternal health system. This includes expanding existing programs, increasing collaboration between programs and agencies, developing rural facilities, and establishing a state-wide standard of care.
- **Collaboration and Connection:** Building strong partnerships and fostering connections within the maternal health community is a recurring theme. This involves interagency coalitions, provider networking, and meaningful engagement within the maternal health community.
- **Allocation of Funds and Lobbying:** A focus on enhancing collaborative relationships with key funders and government agencies was a focus within these aim statements. Better partnerships with our key legislative stakeholders and an increase in lobbying over how funds should be allocated were key priorities.
- **Community-Centered Approach:** The statements highlight the importance of community engagement and responsiveness. This includes concerns about listening to community members and providing adequate resources.
- **Overcoming Barriers:** The statements acknowledge potential challenges such as funding limitations and ideological opposition to certain care options. The need for enhanced communication and the need to de-silo our workstreams were other key barriers.

Essentially, these aim statements reflect a commitment to building a more robust, collaborative, and equitable maternal health system that prioritizes community needs and expands access to care.

# CLOSING THOUGHTS

The Missouri PQC and Missouri Hospital Association are committed to working with our members and stakeholders across the state to enhance maternity care outcomes. This Community Forum series was an opportunity for us to canvas the state and garner feedback from those stakeholders which are closest to the community. The prevalence of maternity care deserts in rural areas of Missouri are apparent, with 39.2% of women living over 30 minutes from a birthing hospital compared to 6.9% of women living in urban areas<sup>1</sup>. This report represents the voice of those mothers and birthing people.

Our state has adopted some important policies and functions aimed at enhancing maternity care outcomes throughout the state: Medicaid expansion, a federally funded Pregnancy-Associated Mortality Review program, a Fetal and Infant Mortality Review team, and a strong Perinatal Quality Collaborative<sup>2</sup>. These are foundational components that are going to move our state in the right direction, but, as this report demonstrates, there is a need for more investments if we are to enhance maternity care outcomes.

While there is much work to be done, there is ample energy, strengths, hopes and opportunities to lean into, as evidenced by this report. We can harness these positives and translate that energy into investments which need to be made. The rural stakeholders in maternity care deserts throughout the state voiced those investments they think need to be made for an ideal future state. As evidenced by the “Big Ideas” in this report, our rural constituents are calling for enhancements in access to care, workforce development, patient empowerment/education and collaboration/partnerships. Together, we can and will make a difference for mothers and birthing people across this state.

The Missouri PQC and Missouri Hospital Association are committed to being trusted voices and partners in this effort to enhance maternity care outcomes. Our teams want to thank all of the stakeholders who contributed their voices to these Community Forums and this report. We look forward to working with all of you on our quest to enhance maternity care outcomes for every mother and birthing person in Missouri.



# APPENDICIES

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View the regional reports here:

**Miner**

**Chillicothe**

**Hannibal**

**Joplin**

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## Sources

1. WHERE YOU LIVE MATTERS: MATERNITY CARE IN MISSOURI, March of Dimes, <https://www.marchofdimes.org/peristats/assets/s3/reports/2024-Maternity-Care-Report.pdf>
2. EXECUTIVE SUMMARY, March of Dimes, <https://www.marchofdimes.org/peristats/assets/s3/reports/2024-Maternity-Care-Report.pdf>

# Aim Statements

*from the Big Idea Canvas*

[Here is a link to all 21 of the Big Idea Canvases](#) which teams framed out at the regional meetings. The aim statements in this report were synthesized from inputs into these Big Idea Canvases.

## Miner

1. We aim to expand our existing maternal health programs and increase collaboration between programs by improving education, streamlining feedback processes, securing more funding, and developing our rural facilities. The impact of this work will be increased knowledge and access, improved maternal health equity, and more community voices being elevated. Prior to starting this work, we are worried about failing to listen to community members and providing inadequate resources as a result. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us secure funding, educate providers, and provide networking opportunities for providers.
2. We aim to ensure better patient care and birthing outcomes for mothers by valuing patient experience, listening to patients, instituting implicit bias training, and reducing existing stigmas. The impact of this work will be more fulfilling birth experiences, equitable care, improved quality of care for all, and improved mortality rates. Prior to starting this work, we are worried about distrust, close-mindedness, a lack of collaboration, and a lack of funding being barriers to our success. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us coordinate collaboration, provide training, and access funding.
3. We aim to provide whole-encompassing maternal and child health resources by having perinatal and postnatal nurse navigators that provide patients with resources throughout the entire birthing process. The impact of this work will be increased access to resources and education that leads to healthier lives. Prior to starting this work, we are worried about a lack of maintenance of the system we set up and a lack of collaboration. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us create resources, advertise them, and collect data on the success of this initiative.
4. We aim to increase access to information by leveraging social media and providing education on pregnancy and breastfeeding. The impact of this work will be more informed and empowered moms. Prior to starting this work, we are worried about copyright, permissions, and information being misinterpreted. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us provide social media training and share resources and content from other healthcare systems.
5. We aim to increase access to care by securing a grant to launch a transportation initiative. The impact of this work will be increased access to care, improved patient outcomes, and a healthier Missouri. Prior to starting this work, we are worried about securing funding and having strong community outreach. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us secure funding.
6. We aim to increase the use of maternal health services by improving the existing services in our community. The impact of this work will be improved health outcomes for Missouri. Prior to starting this work, we are worried about the demands being greater than our infrastructure can meet or existing services continuing to be unused. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help organize transportation to existing services and outreach about these services.



## Chillicothe

7. We aim to reduce geographical barriers to maternal health care by meeting the patients where they are with care, services, and resources. The impact of this work will be an improved maternal and child mortality rate in this region. Prior to starting this work, we are worried about having adequate finances to fund this initiative. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us secure transportation.
8. We aim to increase the training available to nurses by establishing an OB nurse co-operative. The impact of this work will be more competent nurses, higher staff recruitment and retention, and improved care. Prior to starting this work, we are worried about costs and collaborating across different standards of care. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us by encouraging collaboration and providing a stipend for participation.
9. We aim to increase community outreach and education by increasing education programs for moms and providers. The impact of this work will be more individualized care and better care for patients. Prior to starting this work, we are worried about political/religious pushback. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us increase support for health education in the community and help us secure funding for the initiative.
10. We aim to decrease maternal and child mortality by increasing awareness of existing services and developing interagency coalitions and partnerships. The impact of this work will be healthier pre/post-natal care, healthier kids, and healthier moms. Prior to starting this work, we are worried about cost and conservative ideologies against birth control being barriers. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us expand our clinics and develop a state-wide standard of care.
11. We aim to improve maternal health in maternity deserts by securing resources to open OB practices in rural areas. The impact of this work will be healthier families and a healthier community. Prior to starting this work, we are worried about getting hospitals to participate and the cost. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us recruit and secure funding.

## Hannibal

12. We aim to improve maternal health outcomes by addressing social determinants of health (SDOH), increasing access to care through telehealth, and supporting healthcare providers with education and resources, ultimately leading to a positive impact on mothers and families. In order to minimize risks and succeed at this initiative, we would like MO PQC and MHA to help us collect impactful data and implement standards in clinics.
13. We aim to foster meaningful connections and collaboration within the maternal health community by providing opportunities for in-person engagement, knowledge sharing, and relationship building, ultimately leading to positive change and improved outcomes. Prior to starting this work, we are worried about cost and a lack of participation inhibiting our efforts. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us build relationships by hosting more in-person meetings and regional meetings.
14. We aim to strengthen the maternal healthcare workforce by promoting recruitment, supporting retention, and fostering a positive work environment, ultimately leading to improved patient outcomes and a more sustainable system of care. We plan to achieve this by focusing on workforce pipeline development, housing for employees, job shadowing opportunities, increasing residency spots, providing daycare at hospital facilities, starting HOSA programs in schools, holding career fairs, and advocating for paid maternity/paternity leave. Prior to starting this work, we are worried about costs, a lack of administrative support, and providers not having enough of a work-life balance. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us advocate for less administrative burden, lobby and provide staff training on how to lobby.
15. We aim to improve access to maternity care in rural Missouri by attracting and supporting healthcare providers, reducing travel burdens for patients, and fostering community development, ultimately leading to healthier families and thriving rural communities. Prior to starting this work, we are worried about there being a lack of facilities and resources to make this work possible. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us with planned funding expansion and program management.

## Joplin

16. We aim to improve maternal health outcomes in Missouri by optimizing care, providing more care options for patients, and providing patients with specialized nurses and navigators. Prior to starting this work, we are worried about time and financial constraints, as well as a lack of administrative buy-in. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us secure legislative support and buy-in for funding.
17. We aim to improve maternal health outcomes by allocating funds appropriately to decrease maternity deserts and increase accessibility to care. Prior to starting this work, we are worried about resistance to change and securing stakeholder buy-in. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us with gathering data to show this is a need, creating a database for funding sources, lobbying, and securing stakeholder buy-in.
18. We aim to advance maternal health and reduce infant mortality by promoting prenatal education, including safe sleep practices, breastfeeding education and support, and other essential perinatal services. Prior to starting this work, we are worried about transportation being a barrier to education, a lack of funding in this space, and not having stakeholder buy-in for this work. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us get the data to prove that this is a necessary investment, secure stakeholder alignment and buy-in, and develop a standardized program.
19. We aim to improve maternal health outcomes and reduce infant mortality by providing comprehensive prenatal and postnatal care. We will focus on whole person care and care coordination across multiple departments to do this. Prior to starting this work, we are worried about resistance to change and close mindedness being barriers to success. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us with lobbying and provider education.
20. We aim to improve access to comprehensive maternal health care, including pre and postnatal care, doulas, nurse navigators, and more. Prior to starting this work, we are worried about time restraints, liability, and a lack of understanding around doulas. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us with lobbying, spreading awareness, and data analysis.
21. We aim to improve the quality of maternal healthcare by having an OB/CHW health navigator available in clinical settings. This single role would act as a patient advocate while being respected by the system and would overcome multiple different barriers to improving outcomes at once. Prior to starting this work, we are worried about resistance from funders and securing ongoing support from leadership. In order to minimize these risks and succeed at this initiative, we would like MO PQC and MHA to help us with funding, collecting data, and developing a training program for the role.



## Notes

[illegible]

## Notes

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