

# Maternal Health Innovation

Strategic Plan



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

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"I believe mental health care should be more available and accessible for both the mother and father—especially for first time parents—during and after pregnancy. I believe this would greatly help improve the quality of care the baby gets and help keep parents together."

- Pregnancy Risk Assessment Monitoring Survey (PRAMS) participant

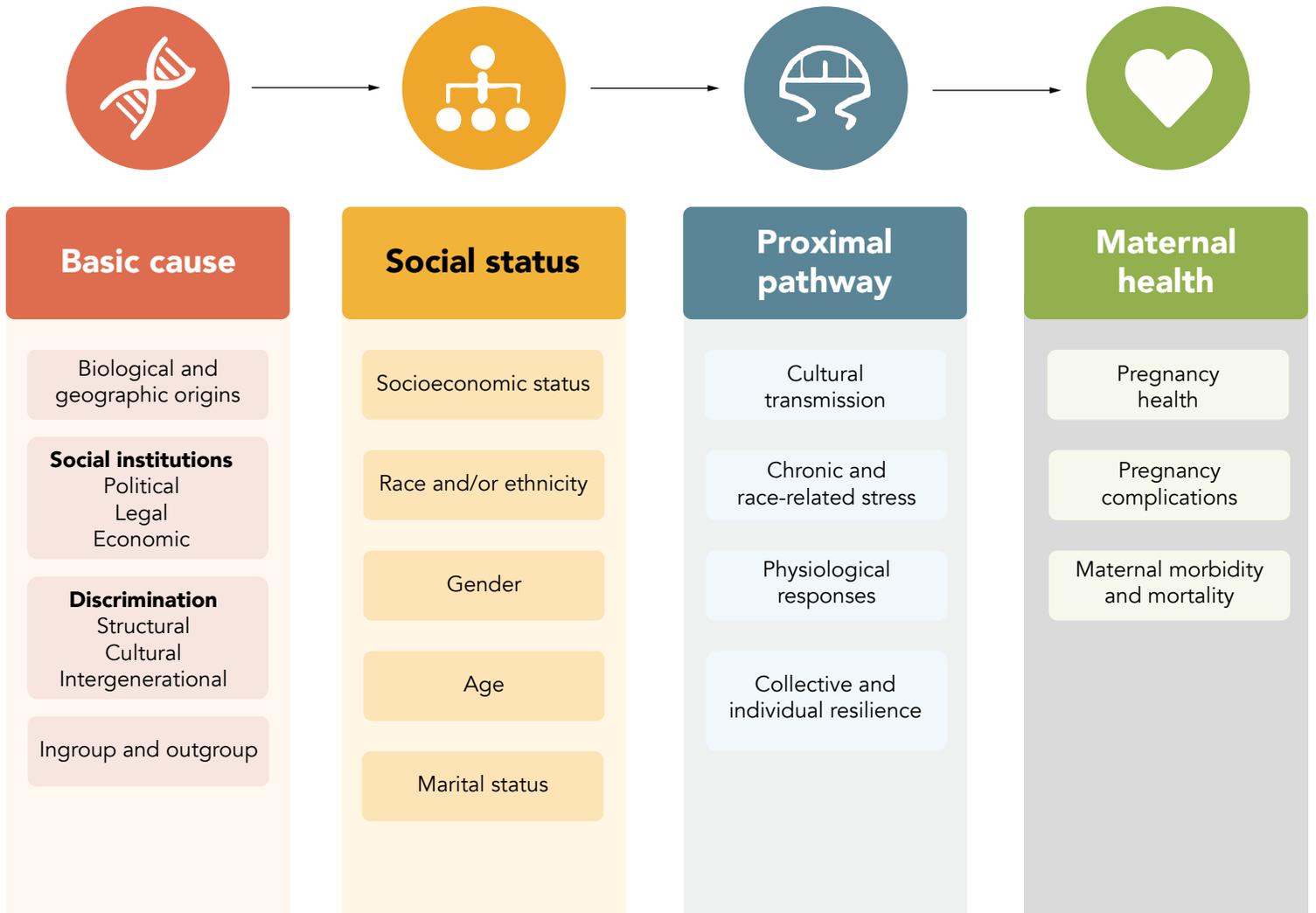


## Why this work matters

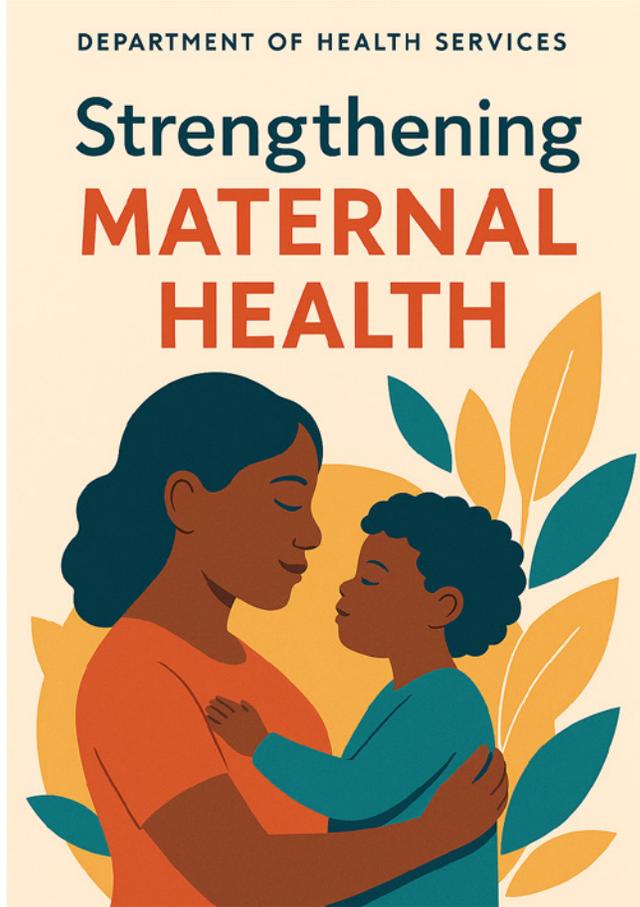
**M**aternal health outcomes in Wisconsin reflect an urgent public health crisis. These outcomes, ranging from severe maternal morbidity to preventable maternal deaths, are not the result of individual behavior, but of systemic practices.

To ensure sustainable improvements, it is critical to examine how care is accessed, delivered, and resourced. The key drivers of maternal health outcomes in Wisconsin are complex and interconnected [As illustrated in Figure 1]. Factors like limited access to prenatal and postpartum

care, geographic and technological constraints, fragmented social and economic support, and varying health literacy levels all contribute to elevated risks that drive poor maternal health outcomes. Improving these outcomes requires a coordinated shift in how maternal health care is designed, delivered, and supported. The Wisconsin Department of Health Services (DHS), Division of Public Health's (DPH) Maternal Health Innovation (MHI) Program is committed to addressing these systemic drivers by supporting care that is accessible, community-driven, and grounded in trust. The plan lays out a clear path forward that centers the voices of families, leverages state and local innovation, and creates lasting, measurable changes across the prenatal period. Only through system-level change can we ensure safe and effective maternal health care throughout pregnancy and postpartum periods.



**Figure 1:** Williams-Slaughter Acey Framework exploring factors influencing maternal health outcomes.<sup>1</sup>



## About this plan

**T**his strategic plan was designed to guide and unify efforts to improve maternal health outcomes across Wisconsin. Led by the Wisconsin's DHS MHI Program, this plan brings together input from community organizations, health care providers, researchers, local and Tribal public

health departments, state leaders, and people with lived experience. The MHI Program is responsible for overseeing the implementation of this plan, in partnership with the Maternal Health Task Force and collaborators across the state. The plan is grounded in three overarching themes: Community-Centered Care and

Support, Data-Driven Decision Making and Transparency, and Sustainability Through Funding and Resource Allocation. These themes reflect what was heard from communities, what was learned from data, and what was known to be needed to create lasting change in maternal health.

**Over the following pages,** the plan provides:

- A summary of current maternal health outcomes and resource gaps across Wisconsin.
- Background on the Maternal Health Task Force, its membership, and structure.
- An overview of initiatives funded by the MHI Program.
- A detailed action plan organized by work group priorities and strategic themes.
- A logic model framework to guide implementation and evaluation.

- Descriptions of funded projects and innovations designed to address key maternal health challenges.
- A timeline with the Title V Needs Assessment and other statewide strategies.
- A call-to-action for individuals and organizations across Wisconsin to apply strategies and leverage resources in the MHI Strategic Plan to improve maternal outcomes locally and statewide.

This plan, incorporating data, lived experience, and expert guidance, outlines a clear, collaborative path forward to improving maternal health for all families in Wisconsin.

**- MHI-funding project partner**



# I

# Overview

# The heart of the matter of Wisconsin's maternal health

The key drivers of maternal health outcomes in Wisconsin are complex, interconnected, and can be improved through systems-level change. Improving access to quality care, economic opportunity, and responsive services will resolve persistent gaps in maternal health outcomes. These outcomes are not the result of individual choices but of systems that have failed to meet the needs of all communities. Meaningful progress requires transforming those systems through community-led solutions, trusted care models, and structural changes that prioritize long-term improvement.

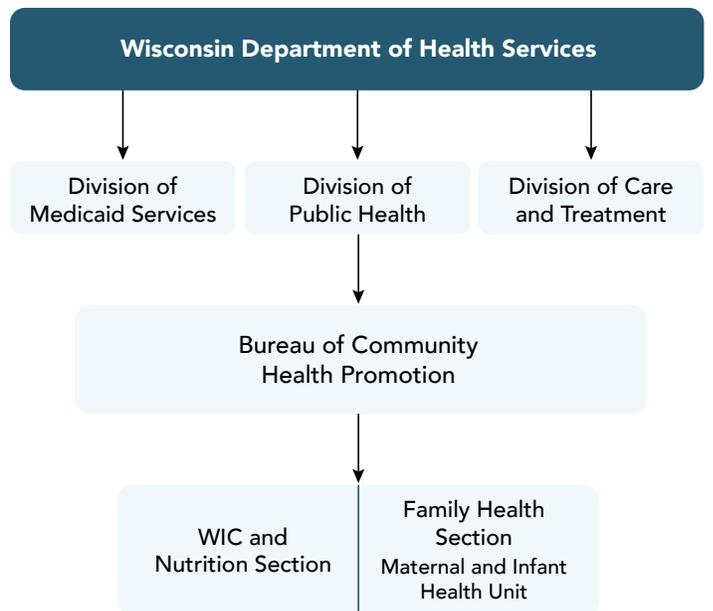
Maternal mortality and morbidity reflect the health and well-being of a state, and in Wisconsin, they reveal urgent areas for action. Like many states, Wisconsin faces significant challenges in improving maternal health outcomes. With populations spread across urban and rural areas, representing vast cultural and demographic backgrounds, Wisconsin's maternal health landscape is influenced by various social, economic, and geographic factors.

**To address these challenges, the Wisconsin Department of Health Services Maternal Health Innovation Program was created to:**

- Establish a state-focused Maternal Health Task Force to create and implement a strategic plan incorporating activities outlined in Wisconsin's most recent Title V Needs Assessment.
- Improve state-level maternal health data and surveillance.
- Promote and execute innovation in maternal health service delivery by addressing critical gaps in direct clinical care, workforce, maternal health data, and partnership and community engagement.
- Ensure alignment between DHS maternal child health efforts while supporting and elevating statewide and local maternal health efforts.

The MHI Program will implement evidence-based strategies to improve outcomes across the state. To lead this work, DPH established the MHI Task Force, which brings together state, community, and clinical partners to guide and implement the plan. This plan outlines Wisconsin’s existing maternal health resources, identifies areas of strength and opportunity, and defines the mission and vision of the MHI team. The MHI Program’s three key themes will guide workgroup priorities over the next four years and drive community-driven innovations that truly resonate with the needs and values of Wisconsin’s residents.

The MHI Program incorporates voices from Wisconsin communities and experts, spanning clinical, community, state, non-profit, academic, and government perspectives. The MHI Program is dedicated to: 1) hosting listening sessions and attending community-based events to discuss their work, 2) maintaining a robust MHI Task Force with work groups dedicated to action, and 3) connecting actions of the MHI Task Force across major maternal health-focused programs and DPH leadership. This model of intentional, bidirectional communication will ensure that the work of the MHI work groups is not done in isolation, leverages the existing strengths of the Wisconsin community, and identifies and prioritizes focus areas that are actionable and sustainable.



## The state of maternal health

Each year, approximately 60,000 Wisconsin residents give birth, and maternal health outcomes across the state reflect both areas of progress and serious, ongoing challenges.<sup>2</sup> Wisconsin's severe maternal morbidity rate has steadily increased in recent years, reaching 77.9 per 10,000 delivery hospitalizations in 2023. Hemorrhage and renal complications are among the most common contributors.<sup>2</sup> On average, 21 individuals in Wisconsin die each year from pregnancy-related causes, most commonly due to mental health conditions, cardiovascular issues, and infections.<sup>3</sup> Alarming, nearly half of pregnancy-related deaths occur in the postpartum period, and the Wisconsin Maternal Mortality Review Team found that 95% of these deaths were preventable.<sup>3</sup>

Pregnancy-related mortality also reflects stark racial and ethnic differences in Wisconsin (MMR 2020–2022):

- **Statewide average:** 34.5 pregnancy-related deaths per 100,000 live births
- **Non-Hispanic Black:** 72.3 per 100,000 live births
- **Hispanic:** 39.4 per 100,000 per live births
- **Non-Hispanic white:** 24.8 per 100,000 live births

Similar differences are evident in severe maternal morbidity (MMR 2019–2023):

- **Statewide average:** 77.9 events of severe maternal morbidity per 10,000 delivery hospitalizations
- **Non-Hispanic Black:** 111 per 10,000 delivery hospitalizations
- **American Indian/Alaskan Native:** 82 per 10,000 delivery hospitalizations
- **Non-Hispanic Asian/Pacific Islander:** 82 per 10,000 delivery hospitalizations
- **Hispanic:** 76 per 10,000 delivery hospitalizations
- **Non-Hispanic white:** 63 per 10,000 delivery hospitalizations

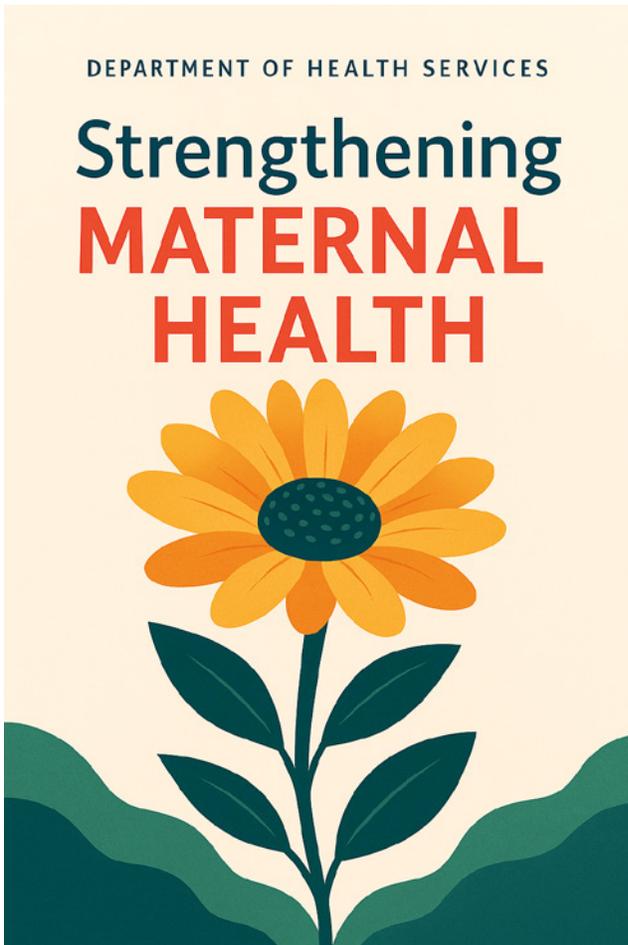
**To directly address the core challenges in maternal health, the MHI Task Force established three work groups focused on areas of need in Wisconsin where both work group members and Wisconsin DHS have the ability to influence positive change:**

**Access to quality care:** Access to timely, quality care is uneven across the state. While most pregnant individuals access prenatal care, barriers such as delayed appointments, lack of transportation, and uncertainty about pregnancy timing remain.<sup>4</sup> Access is particularly limited in rural regions, where nearly one-third of residents live more than 30 minutes from a birthing hospital.<sup>5</sup> Postpartum care access is also inconsistent, with some people skipping follow-up visits due to feeling fine, being too busy, or facing logistical challenges.<sup>4</sup>

**Trust and safety in health care settings:** Trust and safety are essential to high-quality maternal health care, yet many pregnant individuals in Wisconsin report concerning experiences during labor and delivery. While most individuals are satisfied with the respect and advice received during prenatal care, nearly 19% reported limited involvement in decision-making during their labor and delivery, and some felt pressured into interventions like induction,

epidural use, or cesarean delivery. (WI PRAMS, 2020) Additionally, 5.7% said providers withheld information, 7.6% felt disrespected, and 3.1% reported feeling unsafe. (WI PRAMS, 2020) These experiences highlight the need for more culturally responsive care, stronger provider-patient communication, and greater emphasis on informed, respectful decision-making during the birthing process.

**Maternal mental health and substance use:** Mental health continues to be a leading concern in maternal health. Depression during pregnancy affects nearly 1 in 5 pregnant individuals, and close to 1 in 10 report depressive symptoms after birth.<sup>4</sup> Substance use remains an important consideration, with a portion of pregnant people reporting use of alcohol, marijuana, or prescription pain relievers before or during pregnancy.<sup>4</sup> While the majority of individuals report strong social support, these data point to gaps in care and support systems that must be addressed to improve outcomes in Wisconsin.



**"People come in late because they are scared, we will work on measuring trust so that we know how we can improve."**

– MHI-funding project partner

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# Grant-funded initiatives supported by the Wisconsin Maternal Health Innovation Program

Beginning in May 2024, the Wisconsin Maternal Health Innovation Program initiated two major funding opportunities to support innovative maternal health projects across the state. For examples of the broad statewide partnerships, initiatives, and research conducted in Wisconsin, please see our addendum on page 36.

## MHI project grants:

Announced in May 2024, with application submitted by July 2024. Fifty-six applicants underwent a rigorous peer-review process, were scored, and interviewed. Final recipients were selected on August 1, 2024, and contracts begin on October 1, 2024, renewable for up to three years. The MHI coordinator will monitor all project contracts to ensure alignment with strategic goals. Each project must address at least one of the following focus areas: 1) Direct Clinical Care, 2) Workforce Training, 3) Maternal Health Data Enhancements, or 4) Community Engagement.

Funded organizations, focus, and target populations are:

### Sixteenth Street Community Health Centers:

- Providing direct clinical care and community engagement through a comprehensive prenatal care program in group settings (Grupo de Apoyo Prenatal)
- The project will serve low-income and minority patients in Milwaukee and Waukesha, addressing cultural, linguistic, and economic barriers.
- Focus: Direct Clinical Care, Community Engagement

### City of Milwaukee Health Department:

- Investing in innovative fatherhood doula services to bolster the role of fathers throughout the birthing spectrum to improve birth outcomes for Milwaukee's residents
- Focus: Workforce Training, Community Engagement

### The African American Breastfeeding Network:

- Increasing access to community-based doulas in underserved areas of Milwaukee and Kenosha
- Available to residents of 53206, 53210, 53216, and Kenosha County
- Focus: Workforce Training, Community Engagement

### The Ostara Initiative:

- Providing doula support and prenatal education for pregnant, birthing, and postpartum women in Wisconsin state correctional institutions
- Focus: Workforce Training, Community Engagement

**We All Rise:**

- African American Resource Center: Delivering the Welcome Baby Program to pregnant and parenting women in Brown County, modeling how co-advocacy can improve birth outcomes
- Focus: Workforce Training, Community Engagement

**Medical College of Wisconsin:**

- Providing holistic, multidisciplinary care and support of patients impacted by opioid and substance use in pregnancy, the postpartum period, and early childhood
- Milwaukee and surrounding counties will be served (Waukesha, Jefferson, Dodge, Washington, Fond du Lac, Ozaukee, and Racine)
- Focus: Direct Clinical Care, Maternal Health Data Enhancements, Community Engagement

**Maternal Health Innovation bridge project grants:**

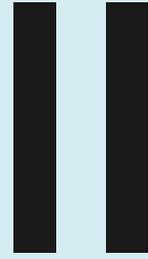
Contracts are implemented from January 1, 2025 to September 30, 2025. These bridge grants are intended to support short-term, high-impact, statewide projects that address immediate maternal health needs while laying the groundwork for long-term sustainability.

**Maternal Health Innovation data enhancements and data dashboard development:**

A comprehensive Maternal Health Innovation Data Dashboard will be developed starting in January 2025. New data sets will be released annually until 2028, providing valuable insight and supporting data-driven decision-making in maternal health. This initiative is monitored and led by the MHI epidemiologist.

**Rationale for innovation:**

Wisconsin's Maternal Health Innovation Program is built on the recognition that traditional approaches in maternal health have not adequately addressed persistent differences in outcomes. The MHI Strategic Plan leverages community-driven innovation, workforce expansion, and data-informed decision-making to develop sustainable, high-impact solutions that improve maternal health. Wisconsin is laying the foundation for a responsive and sustainable maternal health system by funding community-based solutions, modernizing maternal health data infrastructure, and integrating innovative workforce models. These innovations prioritize patient-centered care, acknowledge the importance of community expertise, and drive long-term improvements in maternal health outcomes.



# **Maternal Health Innovation Task Force**

# 01

## Purpose

The MHI Task Force was developed as part of the MHI Program to guide the development and implementation of this strategic plan. The task force brings together clinical, community, state, and academic partners to inform action planning, recommend strategies, and ensure accountability. discover in this plan.

# 02

## Mission

The MHI Task Force aims to improve maternal health through community-driven innovation. It will foster collaboration, transparency, and access, focusing on the unique needs of communities across Wisconsin.

# 03

## Vision

The MHI Task Force envisions a future where everyone can access compassionate, responsive maternal health care. Through strong partnerships and coordinated efforts from pre-conception through postpartum, the MHI Task Force will ensure that every family receives seamless care and essential resources for safe, supported perinatal, delivery, and postpartum experiences.

# 04

## Key drivers

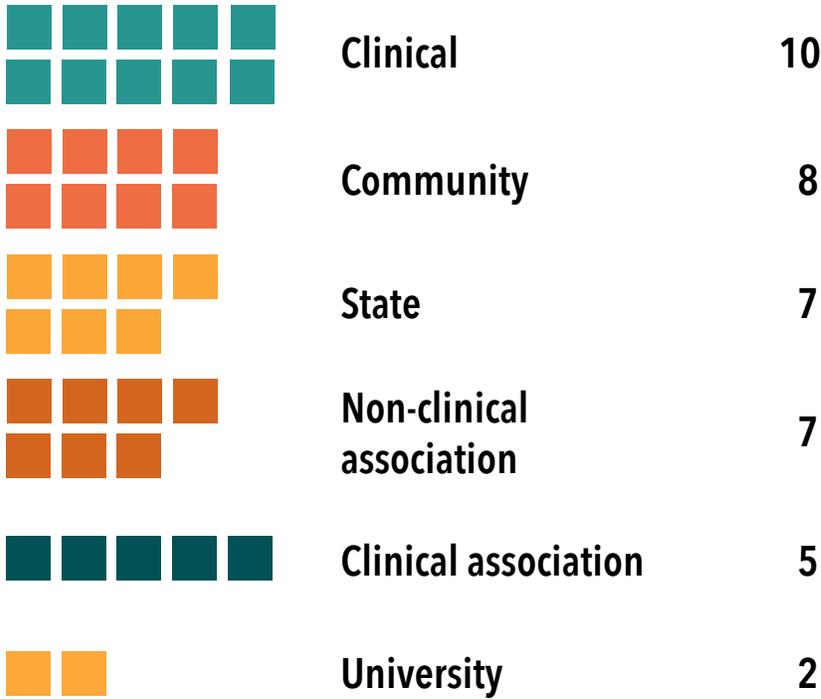
This work is informed by shared commitments across the MHI Task Force to ground themes and work groups in responsive and patient-centered care, development of integrated maternal health systems and service coordination, and actionable work that results in sustainable improvements to care.

# Organization and roles

Membership by organization and roles. Chair organization is in **bold**

Access Health WI • MCH nurse – leadership  
 African American Breastfeeding Network • executive director  
 Association of Women’s Health, Obstetric, and Neonatal Nurses • WI section chair  
 Breastfeeding Coalition • representative  
 Co-chair of the Wisconsin MMRT Team • co-chair  
 Department of Children & Families • manager (FFHV)  
 DHS • Title V director  
 DHS Secretary’s Office • representative  
 Division of Care and Treatment Services • women’s substance use disorder treatment coordinator  
 Division of Medicaid Services • representative  
 Division of Public Health • health officer  
 Division of Public Health • state epidemiologist  
 FQHC- Access Community Health Center • doctor/prenatal nurse manager  
 FQHC- Family Health Center • representative  
 Harambee Village Doulas • founder, CEO  
 Health Dept- Madison/Dane County • public health supervisor for our Maternal and Child Program  
**Indigenous Birth Services • founder and executive director**  
 Medical College of Wisconsin (MCW) • MPH senior medical director, Medica Health Plans professor, family medicine  
 MMR Impact Team member representative • Member  
 MMR Impact Team member representative / City of Milwaukee Health Department • member and deputy commissioner of family and community health  
 Moms Mental Health Initiative • co-founder, executive director  
 Oneida Nation • nurse  
 Periscope Project (MCW) • medical director  
 Rural Health Department • Healthy Beginnings division manager  
 University of Wisconsin–Madison Prevention Research Center • director  
 University of Wisconsin–Madison School of Medicine and Public Health • professor, MMRT team member  
 University of Wisconsin–Madison School of Nursing • clinical assistant professor  
 Urban Health Department • health office  
 Us 2 Behavioral Health • director  
 Wisconsin Association for Perinatal Care • executive director  
 Wisconsin Chapter of the American College of Obstetricians and Gynecologists • representative  
 Wisconsin Collaborative for Healthcare Quality • chair  
 Wisconsin Doulas of Color Collective • representative  
 Wisconsin Guild of Midwives • president  
 Wisconsin Hospital Association • quality director  
 Wisconsin MMRT Team Rep • representative  
 Wisconsin Perinatal Quality Collaborative • representative  
 Wisconsin Women’s Health Foundation • director of programs

# Maternal Health Innovation Task Force distribution



**TOTAL 39**



## Frequency and activities

The Maternal Health Innovation Task Force had their first meeting in July of 2024, and completed a Communication and Engagement survey immediately following the meeting. The response rate was 96% (n = 27 out of 28 Task Force members). Task Force members requested monthly updates about strategic plan development and desired updates to occur by e-mail or at existing MHI Task Force meetings. MHI Task Force meetings are scheduled quarterly through September 2028, with additional obligations aligned with member availability and interest, such as action planning sessions and workgroup meetings.

# Contributors to the strategic plan

This effort reflects a deeply collaborative process designed to center community voice, health care expertise, and systems-level leadership. Four consultants and the Maternal Health Innovation coordinator facilitated the strategic planning process,

conducted listening sessions, and compiled notes from interactions across Wisconsin. Throughout 2024, the MHI Program convened individuals through a series of structured sessions, including:

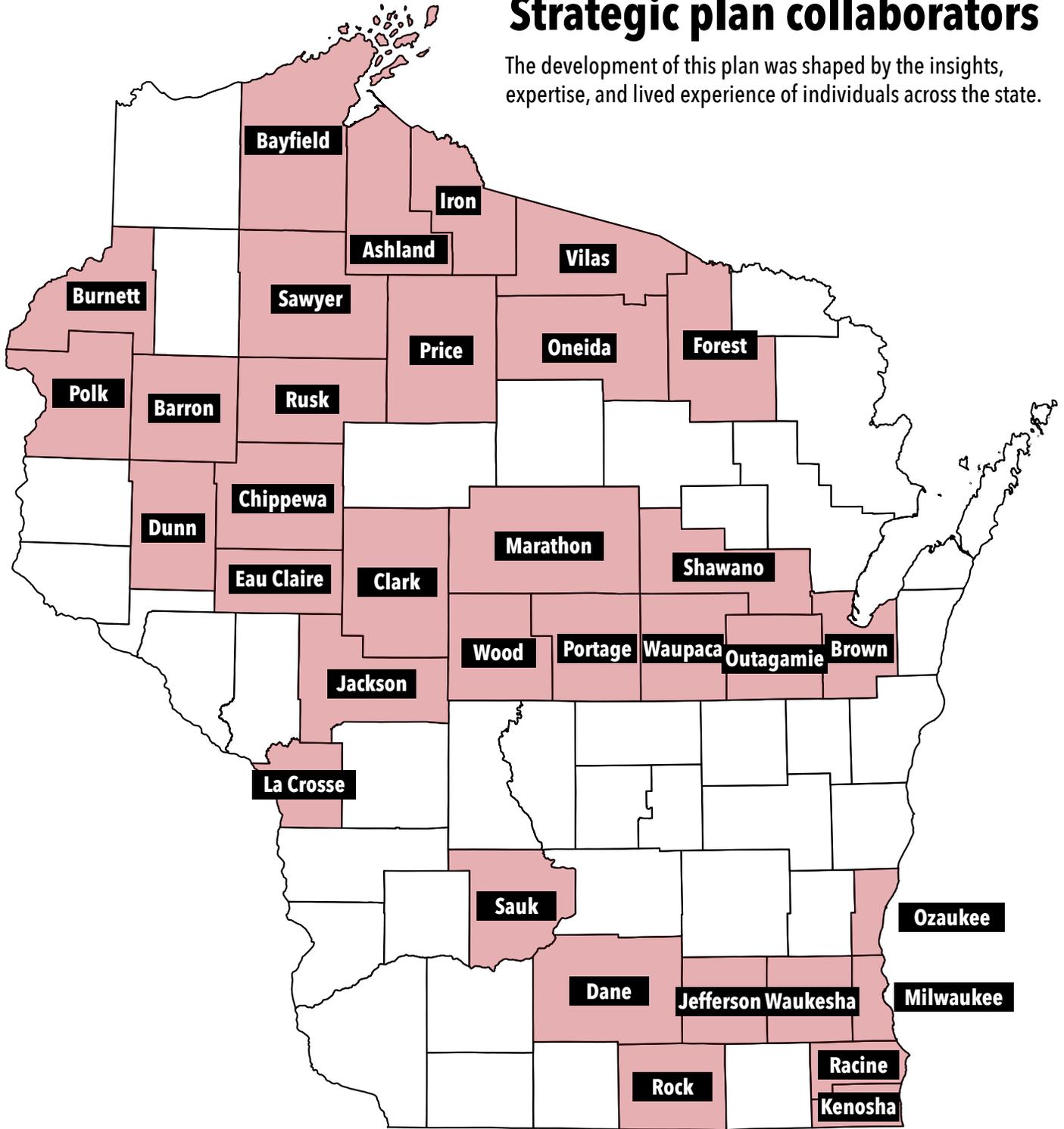
- Five open listening sessions (three for Task Force members, two for community members).
  - Subcommittee meetings for community members with workforce experience.
  - Subcommittee meetings for community members with lived experience.
    - Maternal Mortality Review Team (MMRT) listening sessions.
    - Three Maternal Health Innovation Task Force action planning meetings.
    - Strategic Action Planning onboarding and learning exchanges.
    - Site visits with MHI funded organizations.

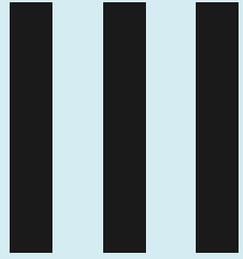
Contributors in these sessions include members of the Maternal Health Innovation Task Force (see make-up of group above), community members, birth workers, participants in statewide listening sessions, DHS leadership and staff from programs including Title V, WIC, and MMRT, and organizations and individuals

funded through MHI Innovation and Bridge Project Grants. Our collective effort reached an estimated 223 individuals statewide and ensured that the strategies outlined in this plan are responsive, actionable, and grounded in the lived realities and strengths of Wisconsin families.

## Strategic plan collaborators

The development of this plan was shaped by the insights, expertise, and lived experience of individuals across the state.





# **State MHI**

## **Program goals and strategic action plan**

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# Overarching themes

The themes for the MHI Program Strategic Plan were developed over a six-month period, through listening sessions with trained facilitators, surveys, and reviews of existing data. In April and May of 2024, three listening sessions were held with MHI Task Force Members, and two were held for Wisconsin community members.

In June and July of 2024, the Maternal Health Innovation Team reviewed existing data, including the MMRT recommendations, Wisconsin PRAMS data, the 2023 Governor's Health Equity Council Report, and comprehensive data from the Wisconsin Collaborative for Healthcare Quality. In August and September of 2024, data was compiled into 12 themes and refined over six action-planning sessions with the Wisconsin Department of Health Services leadership, the Wisconsin Maternal Mortality Team, three small groups of the MHI task force, and the Maternal Morbidity and Mortality Review Team.

The MHI Strategic Plan is organized around three core themes that guide all action planning and implementation:

**Data driven decision-making and transparency:**

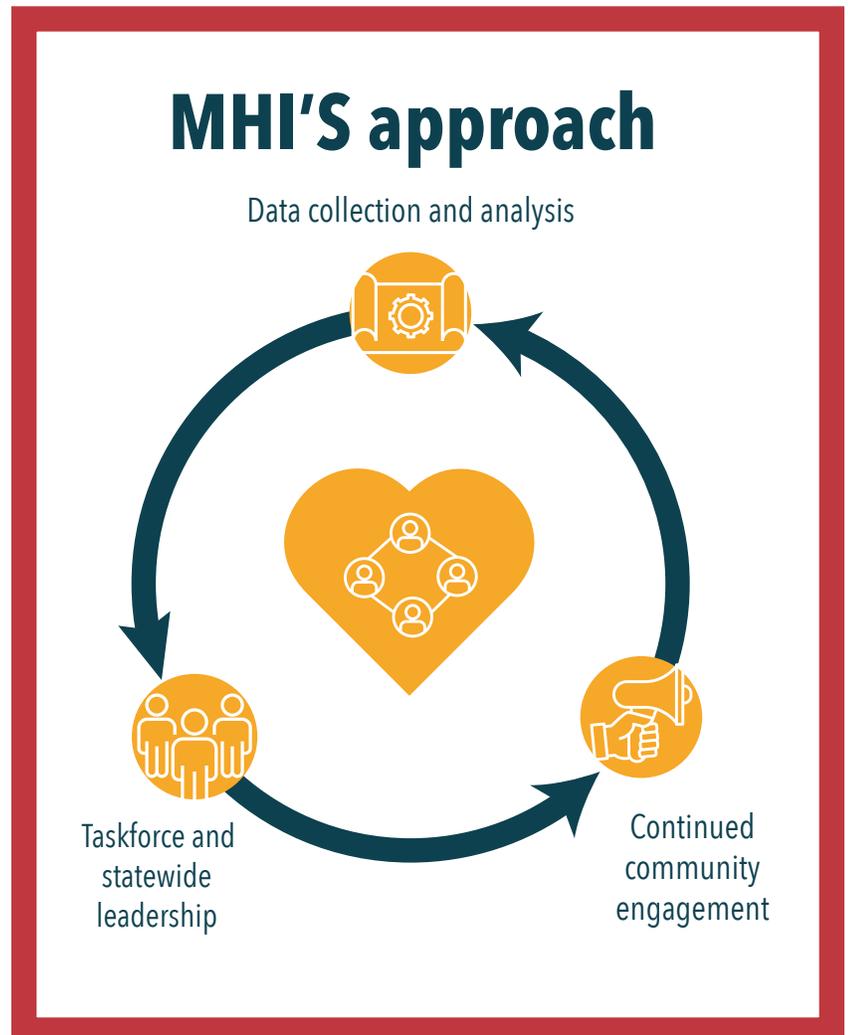
This theme focuses on strengthening the collection, sharing, and application of data to drive informed decision-making. The MHI Program will advance centralized data systems to uncover service gaps, promote consistent care, and support system-level improvements. A key priority is to gather data not only on outcomes, but also on how health care systems function. We will examine how structures and operations shape maternal health experiences and results. By conducting root cause analyses, the program will identify the underlying drivers of maternal health outcomes and pinpoint opportunities for action through policy, practice, and innovation. All data efforts will be grounded in both evidence-based strategies and the lived experiences across Wisconsin communities. This theme will serve as the central focus for work group activity in Years 1 and 2.

**Sustainability through funding and resource allocation:**

This theme supports long-term investment in maternal health by promoting integrated care models, sustainable funding strategies and resource distribution. In Years 3 and 4, work groups will shift their focus to this theme, identifying needs to sustain progress and expand the impact of evidence-based practices statewide.

**Continued community engagement:**

This theme focuses on a dedication to sustained, bidirectional communication between the communities served, the MHI Program, and the Wisconsin DHS. By prioritizing engagement across sectors, we ensure that the MHI Program's work is both relevant to Wisconsin communities and sustainable in the long term. Engagement opportunities will be available throughout the funding period, responsive to evolving needs, ongoing feedback, and emerging challenges. The MHI Program will continue to host listening sessions, attend community-based events, and support dialogue between local leaders, care providers, and families. This iterative approach reinforces trust, supports co-created solutions, and ensures that maternal health strategies reflect the lived experiences and expertise of those most impacted.



# Strategies

## 1

### **Logic model framework**

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To ensure strategic alignment and measurable impact, the MHI Task Force will adopt a logic model framework to guide the activities of its work groups. This structured approach will help define clear goals, incorporate all perspectives, and ensure that each activity is grounded in both community voice and data.

By leveraging Wisconsin's centralized maternal health data dashboards, work groups will have access to timely, actionable insights. The logic model will also support ongoing evaluation: tracking progress, identifying challenges, and refining strategies to stay aligned with the goals of the strategic plan.

## 2

### Direct clinical care

Ensuring access to high-quality, patient-centered maternal health care is foundational to improving outcomes in Wisconsin. The state is committed to enhancing direct clinical care by expanding evidence-based maternal health services, integrating innovative care delivery models, and addressing barriers to access. Projects funded by the MHI Program that expand access to critical maternal health services through responsive, community-centered approaches that directly address gaps in care include:

- Comprehensive, group-based prenatal care tailored to address community needs.
- Fatherhood doula programs, recognizing the role of partners in birth experiences and seeking to improve birth outcomes while strengthening family engagement throughout pregnancy and postpartum.
- Trauma-informed approaches to maternal care that improve providers' understanding of their patients' lived experiences, emphasizing transparency and community involvement in clinical settings.



By expanding access, responsiveness, integration, and sustainability, Wisconsin's maternal health system is poised to sustain the delivery of high-quality clinical care that is patient-centered and community-driven, responding to needs expressed by community partners, funded projects, and the MHI Task Force.

**“We have to be intentional about how we show up in communities and ensure that we’re not just extracting information—we’re building relationships that last.”**

– MHI-funding project partner

**"For a very long time, maternal health has been seen as a mothers-only club, when in reality, if you want to change maternal health, you have to make it a family focus."**

– MHI-funding project partner

### 3

#### Workforce training

"One of the biggest gaps we're seeing is a lack of standardized training across providers, especially in integrating trauma-informed care into maternal health services. We need a structure that supports continued learning for those working directly with families."

– MHI Task Force member

The Maternal Health Impact coordinator will be vital in workforce training across DHS and DPH initiatives. They will ensure that the recommendations of the Maternal Mortality Review Team translate into action, ensuring that policy, workforce training, and program implementation align with identified needs. The role bridges the work of the MMRT (which identifies key drivers of maternal mortality) and the MHI Program (which funds innovation projects and supports work groups to address those issues). Given the connection to maternal health work across DHS programs, this position will ensure that clinical and community-based providers receive training and resources to improve maternal health outcomes.

## 4

### Maternal health data enhancements

The MHI Program is developing a Maternal Health Data Dashboard to improve data collection, integration, and accessibility for tracking maternal health outcomes. The dashboard, developed in partnership with state epidemiologists, will provide real-time insights into severe maternal morbidity, prenatal care, and postpartum care. The first three dashboards will launch by early 2026: Severe Maternal Morbidity, Prenatal Care, and Postpartum Care. Additional datasets will be added annually until 2028. Each dashboard will be vetted by the MHI Task Force to ensure navigability and usability, and hosted on the DHS website. The PRAMS survey will be oversampled to better capture all communities in Wisconsin. PRAMS for Dads will ensure the inclusion of perspectives from fathers. These efforts will support data-driven decision-making, ensuring maternal health policies and programs are informed by timely, comprehensive data.

## 5

### Community engagement

The MHI Program is committed to ensuring that maternal health initiatives are community-driven and reflective of the lived experiences of birthing women across the state. The program fosters trust, transparency, and meaningful engagement to improve maternal and infant

**“Prenatal depression and anxiety are often under discussed and less known than postpartum, more people should know about this while they are pregnant, and it should be more normalized.”**

– PRAMS participant

health outcomes through collaborative partnerships, funding opportunities, and direct outreach.

The MHI Task Force also plays a pivotal role in ensuring that priorities are guided by community-driven insights. The program will continue to expand community engagement efforts by:

- Sustaining partnerships with community-based organizations, birth workers, and health care providers.
- Ensuring ongoing dialogue between state agencies and local maternal health advocates.
- Developing mechanisms for feedback to adapt programs to meet evolving community needs.

Through deep community engagement, Wisconsin’s Maternal Health Innovation Program ensures that maternal health improvements are sustainable and culturally responsive.

# Timeline to initiate strategies in the MHI program

- MHI Program Staff
- MHI Staff + Statewide Government Offices
- MHI Staff + Contractors
- MHI Staff + Organizations
- MHI Staff + Community Members



\*New project re-budgeted and approved Summer 2024.

# IV

## Title V alignment

**Assessment needs  
and state action plan**

The Title V Needs Assessment is a comprehensive evaluation conducted by the Wisconsin Department of Health Services to identify the state's maternal and child health priorities.<sup>6</sup> It examines key areas such as access to prenatal care, maternal mental health, birth outcomes, and healthy communities in Wisconsin. The assessment aims to inform program development and resource allocation to address those needs, ensuring high quality care for all mothers and children in Wisconsin. In 2024, the Title V Needs Assessment included 18 focus groups with 141 community members, community-based surveys with 2,210 individual responses, and organization-based surveys with 534 individuals representing 40 different types of organizations responding.

The Wisconsin Title V State Action Plan outlines two maternal and infant priorities with supporting objectives and strategies.

**Priority #1:** All women experience the safe and stable supports they need to live and thrive from preconception through 12 months postpartum.

**Objective:** Increase women who have a postpartum visit within 12 weeks after giving birth and receive recommended care components.

**Strategies:**

- Improve access to mental health resources like counseling, peer support groups, and educational materials.
- Increase community access to holistic resources and support for pregnant individuals and support persons.
- Collaborate with Medicaid to advocate for expanded Medicaid coverage to one year.

**Priority #2:** All infants experience the safe and stable supports they need to live and thrive starting from birth to celebrating their first birthday.

**Objective:** Decrease the number of women who experience racial and ethnic discrimination while getting health care during pregnancy, delivery, or postpartum.

**Strategies:**

- Increase the accessibility of doula support for all who want one.
- Support agencies to reduce rates of preterm birth, SUID, stillbirth, and low birthweight.

**01****Improving access to maternal health services**

The MHI Program will expand access through community-based, evidence-driven care. A centralized maternal health data system will help identify service gaps and inform resource distribution, directly supporting Title V goals to provide consistent, quality care for all.

# MHI programs

## Alignment tools

**03****Addressing health differences**

The MHI Program will reduce differences through trust-building, culturally responsive care, and community-based solutions shaped by those most impacted. Our efforts aim to positively impact maternal health outcomes throughout Wisconsin, reflecting Title V's responsiveness to community and state needs.

## 02

### **Enhancing maternal mental health**

The MHI Program supports innovative approaches to screening, treatment, peer support, and culturally appropriate counseling across Wisconsin. These efforts integrate best practices and lived experience to promote well-being across the perinatal period, in line with Title V's focus on mental health as a core component of maternal care.

Data collection for the Title V needs assessment concluded in September 2024. Data analysis is ongoing during the completion of this document, which is anticipated to be completed in late 2025. Findings will be integrated into Task Force work, guide interventions, and support resource allocation.

## 04

### **Promoting community engagement**

The MHI Program is committed to meaningful engagement with community organizations, health care providers, and families across Wisconsin. Through shared planning and decision making, the MHI team will ensure maternal health initiatives remain relevant, effective, and responsive, advancing Title V's emphasis on community-led public health strategies.

# Aligning innovation

The strategies outlined in this plan are designed to align with broader statewide efforts. The Title V Needs Assessment identified critical maternal and child health priorities in Wisconsin. Based on these findings, the Aligning Innovation section highlights how the Maternal Health Innovation Program will create collaborative infrastructure, strengthen data-driven accountability, and integrate community-based solutions to drive sustainable, systems-level change.

## Develop a collaborative infrastructure for system change

The MHI program will foster spaces and structures within and external to the MHI Initiative where individuals can collaborate across sectors, engage in advocacy efforts to amplify community-informed priorities, elevate success stories, and co-create solutions. This includes establishing regular communication, sharing resources, and aligning with DHS and DPH for systemic impact.

## Support data-driven insight and accountability

The MHI program will create dynamic, bidirectional systems for data sharing and analysis. Use real-time feedback and the centralized MHI Data Dashboard to inform decision-making, monitor progress, and promote transparency in maternal health outcomes.

## Evaluate quality of care and establish best practices

The MHI Task Force will invite representatives from funded projects to participate in relevant workgroups, creating direct channels for collaboration and ensuring that project-level experiences inform statewide strategies.

# Call to action for Wisconsin

This strategic plan was created with the hope that every Wisconsin resident would see their values, their work, and their communities reflected in our journey ahead. The six questions below are meant to inspire reflection on how this plan can come to life across the state. We invite you to take a moment to explore the questions and share your thoughts in the brief survey below. Your voice matters, and our engagement will help us grow the impact of this work together.

1. After reviewing this report, what are some of the trends that stood out to you? After reviewing the recommendations included in this report, what are the top two that are feasible for your organization to implement in the next 90 days? What are the top two that are feasible for your organization to implement in the next year?

2. We know systems-level change is needed to reduce pregnancy-related deaths. What systems changes could take place in your own community or organization? What are tangible steps you can take to help advance this?

3. Mental health conditions was the leading cause of pregnancy-related death in 2020. In what ways have you seen this in your own community or organization? What are tangible steps you can take to help promote optimal mental health for pregnant women in Wisconsin?

4. After reviewing this report, which community-based organizations or systems can you commit to developing or strengthening a relationship with in order to implement some of the key recommendations?

5. What barriers do you anticipate encountering as you work to accomplish the action steps you have committed to above? What strategies will you utilize to overcome them?

6. What are areas of promise or hope you see happening in your organization or surrounding community related to maternal mortality prevention? What is working well that you can support and/or bring more awareness to?



# V

# Addendum

Wisconsin has a strong network of partnerships, including the Maternal Mortality Review Team, community-based organizations, and healthcare providers and leadership. The state has initiated several statewide and research programs aimed at improving maternal health outcomes:

**Statewide Initiative Examples:**

- **The Pregnancy Risk Assessment Monitoring System (PRAMS):** PRAMS provides vital data on maternal health behaviors and outcomes.
- **The Strategic Health Improvement Plan (SHIP):** Currently in formation, this plan will align maternal health goals and address identified gaps.
- **The Title V Needs Assessment:** This survey covers prenatal care, access to healthcare services, maternal mental health, child and infant health, birth outcomes, and community resources. Based on this needs assessment, funding awards impacting maternal health include Doula Training and Sustainability Support, Birth Worker Training and Workforce Development, and Perinatal Mental Health Care Expansion. Awards begin January 1, 2026 and support the projects until 2030.
- **The Periscope Project:** This project works on integrating innovative practices and technologies to improve maternal health.
- **Wisconsin Association for Perinatal Care:** This association supports perinatal professionals through robust educational opportunities
- **The Wisconsin Perinatal Quality Collaborative:** This collaborative supports quality improvement efforts and provides training to improve outcomes and reduce perinatal health disparities.
- **Wisconsin Well Woman Program (WWWP):** WWWP provides health services to support women.
- **Wisconsin Well Badger Resource Center:** This center offers health information and a referral service.

**Research Examples:**

- **Research on Coagulation and Pregnancy Complications (Dr. Rashmi Sood):** This study focuses on the impact of coagulation disorders on pregnancy.
- **Gestational Diabetes and Pharmacotherapy (GAP) Study (Dr. Anna Palatnik):** This randomized trial tests whether insulin initiation at lower versus higher glucose thresholds improves neonatal and maternal outcomes in gestational diabetes.
- **Chronic Hypertension and Pregnancy Study (Dr. Kara Hoppe):** This multicenter trial evaluates whether tighter blood pressure control in pregnant patients with mild chronic hypertension reduces postpartum health care utilization.
- **Social Risks-Focused Lifestyle Intervention to Reduce Preeclampsia (SAIL) Study (Dr. Anna Palatnik):** This study investigates lifestyle interventions to reduce preeclampsia.
- **Intensive Postpartum Antihypertensive Treatment (IPAT) Study (Dr. Anna Palatnik):** This randomized trial compares lower versus higher postpartum blood pressure thresholds for initiating antihypertensive therapy and tracking cardiovascular outcomes.
- **Addressing Maternal Health Disparities from Preconception to Postpartum (Dr. Janet Rader):** This study focuses on reducing maternal health disparities throughout the perinatal period.
- **Culturally Informed Interdisciplinary Prevention Program for Perinatal Depression (Dr. Karin Robinson):** This program develops culturally informed interventions for perinatal depression.
- **Safer Medication Treatment During Pregnancy Using Fetal MCG and Pharmacological Modeling (Dr. Janette Strasburger):** This research uses non-invasive fetal magnetocardiography in mother-fetus pairs to assess medication effects on heart rhythms and pharmacogenomic data to build predictive models for safer, individualized dosing during pregnancy.

# Maternal Health Innovation

Strategic plan

Wisconsin Department of Health Services

Division of Public Health

Bureau of Community Health Promotion

Maternal Health Innovation Program



**MHI Strategic Plan Survey**

Please take our survey to give feedback and get connected to the MHI program.

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