State Maternal Health Innovation & Data Capacity Program[1]

Maternal Health Strategic Plan

HOPE for Georgia Moms

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Executive Summary

The purpose of the State Maternal Health Innovation Program (MHI), which we call HOPE for Georgia Moms (Healthy Outcomes and Positive Experiences), is to improve access to high-quality, appropriate care; enhance statewide data surveillance and capacity; and to support and carry out innovative interventions that improve outcomes for persons disproportionately affected by maternal mortality and severe maternal morbidity (SMM) in Georgia. In 2022, the Health Services and Resources Administration (HRSA) first awarded the MHI grant to Northeast Georgia Health System (NGHS) Medical Foundation and re-funded NGHS in 2024 (HRSA-24-047) for another 5-year period.

HOPE for Georgia Moms' vision is that every person giving birth in Georgia receives high-quality care that is compassionate, respectful, and tailored to their individual needs. We are especially focused on addressing the leading causes of maternal mortality and severe maternal morbidity, namely mental health and cardiac conditions, by improving access to care, strengthening how we collect and use data, and supporting innovative clinical and community-driven solutions.

Guiding this work is the Maternal Health Task Force, a group of 65 dedicated individuals from across the state who bring knowledge, expertise, and experience in maternal health. Together, they help shape the priorities in the strategic plan, offering recommendations and designing activities that reflect the needs of Georgia mothers and families.

This FY26 Strategic Plan is a living document. It will evolve as we learn more, listen more, and work together. It is here to support the Task Force, inform partners and policymakers, and share our vision with the public. Above all, it reflects a shared belief that every mother in Georgia deserves to feel safe, supported, and seen before, during, and after pregnancy.

Acknowledgments

This Strategic Plan is the product of many collaborative discussions, email enquiries, expert reviews, and personal research. HOPE for Georgia Moms is deeply grateful for the task force members, staff, and guest contributors who have taken the time and effort to share their expertise, and the openness to discuss their ideas with us and others. Your input has made all the difference in making the content of this Strategic Plan valuable to the program, implementers, and the women and families in Georgia who want healthy and joyous lives before, during, and after giving birth. For this, we are truly thankful to each of you.

I. Maternal Health Landscape in Georgia

Strengths

Georgia leverages its strengths in policy, state public health, community programming, and data sources to shape and improve maternal health and wellness outcomes.

1. Legislative Policy Supports

Georgia has demonstrated a strong and growing commitment to improving maternal health through legislation, strategic public health programming, and targeted investments. By leveraging its policy infrastructure, community partnerships, and robust data systems, the state continues to shape a more responsive and equitable maternal health landscape. Recent legislative actions at both the state and federal levels reflect a coordinated effort to expand access to care, strengthen support for birthing people, and address the root causes of maternal mortality and morbidity. These policies, alongside significant funding initiatives, lay a powerful foundation for sustainable change and innovation in maternal health across Georgia.

Key legislative actions in Georgia include:

- **Georgia Commission on Maternal and Infant Health** was established through House Bill 1046 in 2024. A total of 14 members comprise the Commission and consist of clinical practitioners, legislators, and stakeholders who are tasked with establishing quality metrics and making policy recommendations on perinatal health programs. In June 2026, the Commission will submit a detailed report on findings and recommendations to the Governor and General Assembly.
- **Regional Perinatal System Advisory Committee** was established in July 2025 per HB 89. The Committee works with the Department of Public Health to assess and make recommendations to the Commissioner of Public Health on the adequacy of the regional perinatal system. A report with recommendations is due on July 1, 2026, and every 4 years thereafter.
- **Certificate of Need** House Bill 1339 was passed in April 2024, which removes thresholds for certificates of need for health facilities, and allows exemptions for birthing centers, perinatal services, and psychiatric and substance use services.
- **12-Month Postpartum Extension of Pregnancy Medicaid** was federally approved through a State Plan Amendment to extend Medicaid postpartum eligibility from 6 months to 12 months for women enrolled in the Georgia Right from the Start (RSM) Pregnancy Medicaid program. This extension received unanimous support in the 2021-2022 legislative session via Senate Bill 338 and was officially implemented in Georgia on November 1, 2022.
- **Georgia Pathways to Coverage** is a program for any eligible Georgians ages 19-64 who have a household income of up to 100% of the Federal Poverty Level (FPL), are not otherwise eligible for traditional Medicaid, and meet the qualifying activities threshold. It is notable that parents with children under the age of 6 are exempt from this Pathways program work requirement.
- **Healthy Babies Act** (SB 106), passed in May 2023, establishes a 3-year pilot to provide coverage for remote maternal clinical services under Medicaid.

- **Paid Leave for State Employees** (HB 1010) was extended from 3 weeks to 6 weeks in July 2024 and includes public sector professionals.
- **Temporary Assistance to Needy Families (TANF)** program (House Bill 129), passed in May 2023, expands financial assistance through TANF program to pregnant women. House Bill 565 to expand TANF was proposed in 2024 but did not pass.
- **Georgia Autopsy Bill (**SB 496) mandates that medical examiners perform autopsies for pregnancy-related deaths since 2022.
- **Designation of Perinatal Centers Legislation** was implemented in FY 2019 and in partnership with the Georgia Department of Public Health, The Joint Commission, the American Academy of Obstetricians and Gynecologists, and the American Academy of Pediatrics; it allows DPH to designate hospitals according to their level of care.
- **Georgia Perinatal Quality Collaborative (GaPQC),** first formed in 2012, was formally established in 2018 with DPH serving as its lead. It is supported through CDC funding under a Cooperative Agreement.
- **Maternal Mortality Review Committee (MMRC)** was established in 2014 through the Georgia Department of Public Health.

Key legislative actions at the Federal level that affect Georgia include:

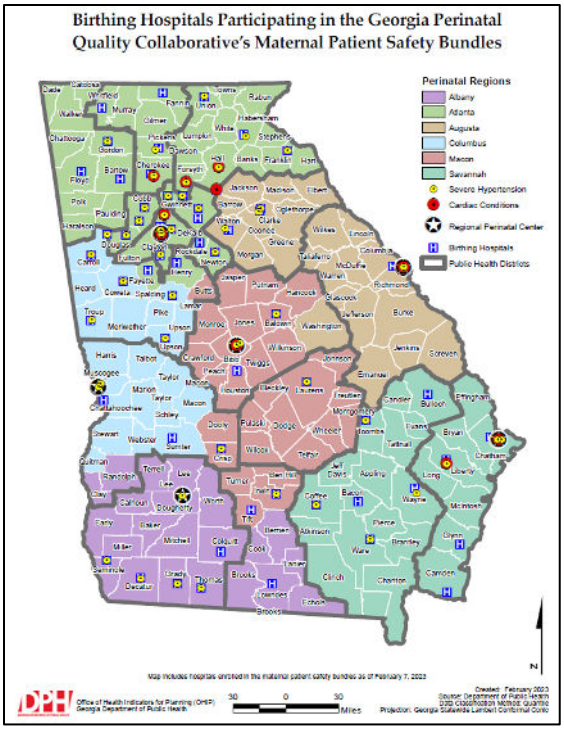
- **Improving Coordination for Healthy Moms Act (S 3362)** presents a combined and coordinated effort of two US Department of Health and Human Services (HHS) programs: Healthy People's Maternal, Infant, Child Health (MICH) Workgroup and the Maternal Health Working Group to optimize efforts and obtain more efficient data to address the maternal health crisis.
- **Kira Johnson Act (S 2239)**, introduced to Congress in July 2023, seeks to end preventable maternal mortality and severe maternal morbidity. The bill would establish funding for community-based organizations to improve maternal health outcomes for pregnant and postpartum women of color and other underserved communities; training for health care providers on reducing racism, bias, and discrimination in healthcare settings; and programs promoting respectful care in healthcare settings. This bill is part of the Black Maternal Health Momnibus Act.
- **Preventing Maternal Death Reauthorization Act of 2025 (HR 1909)** was introduced in March 2025 to reauthorize support for state-based maternal mortality review committees; amend MMRCs to include obstetricians and gynecologists with clinical specialties; coordinate with death certifiers the collection of death record reports on cause of death information on the death certificate; and have the CDC, in consultation with HRSA, disseminate best practices to hospitals, state professional societies, and perinatal quality collaboratives. The bill would increase MMRC funding 2025-2029.

2. State Organizational Supports

The Georgia Department of Public Heath (DPH) has activities and initiatives to support maternal and child health programming, services, and dissemination of professional learning. The Division of Women, Children, and Nursing Services is uniquely positioned to serve as the central point of coordination for multiple statewide programs, such as the Maternal Mortality Review Committee

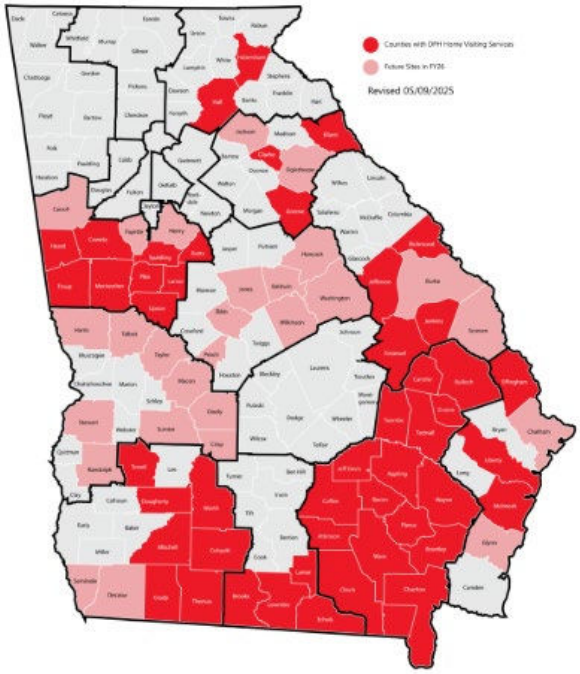
(MMRC), the Georgia Perinatal Quality Collaborative (GaPQC), the Regional Perinatal Centers (RPC), the Maternal Health ECHO program, Levels of Maternal Care, and the DPH Home Visiting Program (formerly called the Perinatal Health Partnership).

- **Georgia Perinatal Quality Collaborative (GaPQC)**: GaPQC began initiating AIM Bundles in 2018. Over two-thirds (78%) of birthing hospitals participated in the AIM Maternal Hemorrhage and Severe Hypertension Bundles. The GaPQC began implementing the AIM Cardiac Conditions in Obstetric Care Bundle in June 2022, making Georgia the first state in the country to implement this bundle.
- **Maternal Mortality Review Committee (MMRC)**: The MMRC reviews all deaths within a year of the end of pregnancy to determine opportunities for prevention. The MMRC determines causes and contributing factors for pregnancy-related deaths based on medical records, other records, and informant interviews. New members were selected in 2025.
- **PEACE for Moms**: DPH contracts with Emory University's Women's Mental Health Program to implement PEACE for Moms, the state's perinatal psychiatry access program that provides free consultations with perinatal psychiatrists to any clinician with prescriptive authority on managing mental health conditions in the perinatal period and skills groups to prevent perinatal depression.
- **Regional Perinatal Centers (RPC)**: Georgia has a total of six RPCs (Albany, Atlanta, Augusta, Columbus, Macon and Savannah) with at least a level III neonatal intensive care unit (NICU) and provide a safety net for the surrounding smaller hospitals in the region. Each RPC has maternal and neonatal medical directors, in addition to maternal and neonatal outreach educators, who provide education and training to delivering and non-delivering hospitals in the region (see map below). As a Regional Perinatal System, the six RPCs serve as hubs of specialized care for high-risk mothers and newborns, ensuring access to the appropriate level of care, support surrounding hospitals with consultation and education, and facilitate timely transfers.



Map of Birthing Hospitals Participating in Patient Safety Bundles by Regional Perinatal Region

- **Georgia Maternal Health ECHO (Extension for Community Healthcare Outcomes)**: The virtual Maternal Health ECHO program, which was launched in September 2021, seeks to increase professional collaboration and disseminate resources for providers to respond to factors impacting maternal morbidity and mortality in Georgia.
- **DPH Home Visiting Program**: the DPH Home Visiting Program provides monitoring and services to detect warning signs, complications and problems with provider appointments and follow-up for mothers and infants during pregnancy and for one year postpartum, This service is provided at no additional cost to patient or provider and streamlines care services and coordination for these more vulnerable populations. This home visiting program came about with the signing of Senate Bill 106, "Healthy Babies Act" in May 2023. Currently eight health districts (Albany, Athens, Augusta, Gainesville, LaGrange, Savannah, Valdosta, Waycross) covering 48 counties in Georgia are implementing programs, with an additional 27 counties planned in FY26. (https://dph.georgia.gov/healthy-pregnancy/dph-home-visiting-program)



Sites with existing home visiting programs (red) and planned FY26 sites (pink)

- **Perinatal Level of Care Verification:** DPH is collaborating with the American Academy of Pediatrics (AAP) and The Joint Commission (TJC) to conduct surveys to verify levels of maternal and neonatal care.
- **Title V Maternal and Child Health Program:** The Title V Maternal and Child Health (MCH) Services Block Grant addresses the health service needs of mothers, infants, and children, including infants and children with special health care needs, and their families. Through the MCH Block Grant, each state or jurisdiction supports and promotes the development and coordination of systems of care for the MCH populations, which are family-centered, community-based, and culturally appropriate. In Georgia, the Division of Women, Children, and Nursing Services of the Georgia Department of Public Health (DPH) administers the Title V Block Grant. In 2025, DPH conducted a 5-year needs assessment that included a comprehensive review of MCH population needs, program capacity, and partnerships/collaborations that are critical components of a state's system of care for addressing the needs of its MCH populations (more in section on Title V alignment).

3. MHTF Community Organizations

Community organizations, coalitions and alliances are improving equity and maternal health outcomes through advocacy, research, data reporting, professional training, clinical and professional referrals, and programming. Included in the Maternal Health Task Force are representatives from these community organizations:

- 4Kira4Moms and 4Kira4Dads
- A Light After Nine
- Black Mamas Matter Alliance

- Center for Black Women's Wellness
- Center for Rural Health and Health Disparities
- Dr. Shalon's Maternal Action Project
- Friends of Refugees
- Georgia Community Doula Coalition
- Georgia Council for Recovery
- Georgia Health Initiative
- Georgia Watch
- Healthy Mothers, Healthy Babies Coalition of Georgia
- HomeTown Health
- Honorable MENtion
- Innerlight Holistic Doula & Perinatal Consulting
- Institute for Perinatal Quality Improvement
- March of Dimes
- Morehouse School of Medicine's Center for Maternal Health Equity
- Newtown Florist Club
- Not On My Watch Consulting Partners
- Partnership for Southern Equity
- PEACE (Perinatal Psychiatry, Education, Access and Community Engagement) for Moms
- Positive Childhood Alliance Georgia
- Postpartum Support International - Georgia Chapter
- Reaching Our Sisters Everywhere (ROSE)
- Sista Girl Birth Initiative
- South Georgia Healthy Start
- The ROBIN Project
- United Way of Hall County
- YOUnity Birthwork

4. Maternal Health Reports and Publications

With the *White House Blueprint for Addressing the Maternal Health Crisis* (June 2022), the federal Administration at that time brought visibility at the national level to the higher rate of deaths from pregnancy-related causes in the U.S. than in any other developed nation. The *White House Blueprint* lays out specific actions that address the inequity that exists in maternal death for those birthing people who live in rural areas and for Black and Native American birthing people. The goals are to:

- Expand coverage to quality maternal care, including mental health
- Ensure that those people giving birth are heard and are decision makers
- Advance data collection, standardization and transparency
- Expand and diversify the perinatal workforce
- Strengthen economic and social support for people before, during and after pregnancy

In Georgia, several reports were written in 2025 to review the status of Georgia systems. The Georgia Health Initiative commissioned NORC at the University of Chicago to carry out a 10-year retrospective in

2025 of maternal health initiatives, recommendations, and progress made in the state.[2] Fifteen priority recommendations were provided, which are mainly aimed at systems, such as Medicaid, AIM Patient Safety Bundles, state maternal death data analysis and death certificates, and the Women, Infants, and Children (WIC) program. Georgia Watch, a consumer advocacy organization, analyzed the state of prenatal care in Georgia with a focus on the lives of women receiving Medicaid and the potential of the expanding maternal health workforce.[3]

Selected sources of maternal health publications and reports in Georgia:

- **Black Mamas Matter Alliance (BMMA) Briefs and Reports**; https://blackmamasmatter.org/literature/
- **Georgia Health Initiative (GHI): Publication and Releases;** https://georgiahealthinitiative.org/our-work/publications-and-releases/
- **Healthy Mothers, Healthy Babies Coalition of Georgia (HMHBGA): 2025 State of the State Report**; https://www.hmhbga.org/2025-state-of-the-state-report
- **HRSA Maternal and Child Health Services Title V Block Grant FY 2026 Application/FY 2024 Annual Report (Georgia)**
- **March of Dimes: 2024 Report Card for Georgia**; https://www.marchofdimes.org/peristats/reports/georgia/report-card
- **MMRC Maternal Mortality Report 2019-2021 and Factsheet 2020-2022**; https://dph.georgia.gov/maternal-mortality
- **Morehouse School of Medicine's Center for Maternal Health Equity;** https://centerformaternalhealthequity.org/our-work/publications/

5. Maternal Health Data Access

In 2025, HOPE for Georgia Moms commissioned an environmental scan of maternal health data sources to evaluate the relevance, data quality, and accessibility for SMM and SDoH data research in Georgia.[4] The chart (Appendix A) shows a side-by-side comparison of the data sources categorized and ranked by the degree that the SMM indicator was available to the user. Interestingly, less than half of the data sources in Georgia included SMM data and more than two-thirds (73%) were open access, meaning users can view data without any special requests for data access or fees. The most robust sources with SMM indicator-level detail and the ability to manipulate and filter SMM data were through the Georgia All-Payer Claims Database (https://apcd.georgia.gov/) custom report, and HCUP Central Distributor (https://cdors.ahrq.gov/), which provides access to State Inpatient Databases. Both of these data sources are not open access, however, and require approval and/or fees.

[2] Pyatt, T., Stewart, N., Lewis, J., & Gonsahn, M. (2025, September). Progress towards vitality: A 10-year retrospective analysis of systems focused efforts to improve maternal health in Georgia. NORC at the University of Chicago. https://georgiahealthinitiative.org/wp-content/uploads/2025/09/NORC_10_Year_Retrospective_Analysis_Report_September2025.pdf

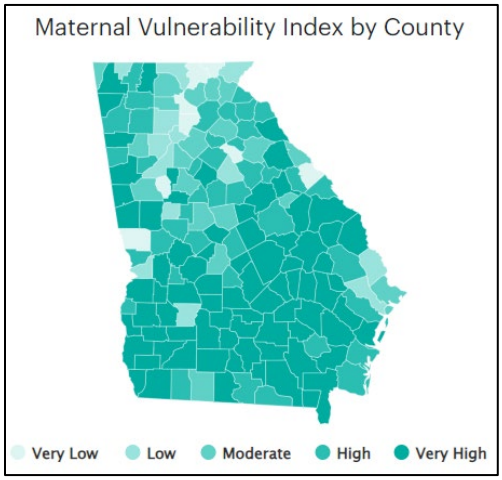
[3] https://georgiawatch.org/wp-content/uploads/2025/02/Accessing-Prenatal-Care-in-Georgia.pdf

[4] Giusti, J. (2025). Environmental Scan: Utility of Data Sources on Severe Maternal Morbidity and Social Drivers of Health in Georgia. Prepared for HOPE for Georgia Moms, Data Subcommittee. Just Performance, LLC. April 2025

Challenges

HOPE for Georgia Moms is challenged as a program by the desire to amplify and expand the work currently being done by state agencies, health facilities, companies, and community organizations around maternal health, while avoiding duplicating any of their efforts.

Georgia faces regional challenges across the state due to the majority of counties being rural (120 out of 159 counties) and considered obstetric deserts for its rural residents. Subsequently, residents in the southern and southeastern areas outside of some larger cities, such as Atlanta, Athens, Augusta, Columbus, and Savannah, have worse outcomes and higher "maternal vulnerability" according to measures of reproductive healthcare, physical and mental health, substance abuse, general healthcare, socioeconomic determinants, and physical environment (see map with Maternal Vulnerability Index).



2024 March of Dimes Maternal Vulnerability Index, with higher scores indicating worse outcomes
https://www.marchofdimes.org/peristats/reports/georgia/report-card

Gaps

Despite the dedication and progress made across Georgia to improve maternal health, significant gaps remain. These gaps reflect systemic challenges in how care is delivered, how data is collected and shared, and how resources are distributed, especially in rural and underserved communities. They also reveal deeper issues tied to equity, access, and trust in the healthcare system.

Factors that impact accessibility to care include transportation, insurance status, primary language, immigration status, and socioeconomic status. Finding a provider, enrolling in insurance, and scheduling appointments can be complicated and time-consuming and become barriers to accessing the necessary quality healthcare services by pregnant women. These gaps exist in the prenatal and postpartum periods with a lack of access, consistent follow-up and referrals particularly among high-risk mothers. Understanding and addressing these gaps are essential to shaping meaningful solutions that honor the lived experiences of Georgia's mothers and ensure that every person, regardless of background or circumstance, can thrive before, during, and after pregnancy.

Identified gaps in Georgia are:

- **Mental Health Providers for Follow-up Care**. Lack of adequate psychiatric providers to provide follow-up care for those identified with mental health or substance use disorder. Based on the State of Georgia Physician Workforce 2021-2022, there were a total of 1,083 psychiatrists in

Georgia and the number ranges from 0 to 786 per 100,000 residents. There are many counties in the central, southwestern and eastern regions with no psychiatrist.

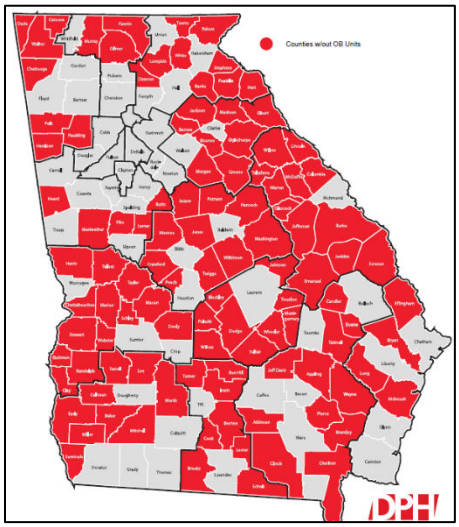
- **Timeliness, Accuracy and Transparency of Data.** There continues to be opportunities for current and inclusive state-level data on maternal mortality and morbidity, available and transparent to all people in Georgia. Despite the success of the Georgia DPH in managing the infrastructure for collecting and analyzing maternal mortality data, and now reviewing within 2 years of death, there is a lag due to time needed to analyze MMRC data and publish reports.
- **AIM Bundle Implementation.** Even with a seasoned perinatal quality collaborative that has been in place for over 8 years, there are still challenges with birthing hospitals engaging in the AIM Bundle implementation initiatives, particularly the most recent AIM Cardiac Conditions in Obstetric Care (CCOC) Bundle. Out of 67 delivering hospitals, 56 (84%) have participated in at least one of the previous AIM Bundle implementations but only 24 are currently engaged in the AIM CCOC Bundle implementation.
- **Contributing Factors of Pregnancy-related Deaths.** Based on MMRC data from 46 states, including Georgia (*Maternal Mortality Review Committees 2021, August 22, 2025*), the most frequent contributing factor classes among preventable pregnancy-related deaths were knowledge gaps, clinical skill/quality of care gaps, lack of continuity of care, lack of access/financial resources, and few programs addressing substance use disorder
- **Distribution of Resources into Rural Areas.** Thirty-five percent of Georgia counties are classified as maternal healthcare deserts, according to the 2023 March of Dimes report for Georgia. Within the six perinatal regions, hospitals with labor and delivery are concentrated around Atlanta, with very few in the eastern and southwestern parts of the state.
- **Social Determinants of Health.** Social Determinants of Health (SDOH), such as insurance coverage, secure housing, poverty, and food insecurity, continue to create barriers for equitable, respectful, and quality care. Stigma and bias around SDOH, substance use disorder (SUD) and single mothers create fear and mistrust of the healthcare system and impact the quality and respectfulness of the care delivered to many birthing people in Georgia.
- **Medicaid Support Limited.** Non-qualified adult immigrants, i.e. non-citizens without eligible immigrant status for full coverage or undocumented adult immigrants may be eligible for emergency medical assistance from Medicaid, without being required to provide a social security number or documentation of immigrant status. The emergency assistance covers the cost of labor and delivery; however, undocumented women face challenges in accessing complete prenatal and postpartum care, because only a limited number of providers are available.

Population Data

- Postpartum Visits. The percentage of women in Georgia who attended a postpartum visit within 12 weeks of giving birth was 89.3% in 2024, a slight decrease from 90.7% in 2023. The percentage is lowest among non- Hispanic Black women (88% and) and Hispanic women (81%), according to the Pregnancy Risk Assessment Monitoring System (PRAMS) data.
- Differences in Severe Maternal Morbidity (SMM). Of the total SMM events from 2020-2022, non-Hispanic Black women had the highest rate at 140.4 SMM events per 10,000 delivery hospitalizations compared to 77.2 for non-Hispanic White women, 82.6 for Hispanic women, and 83.3 for women with unknown or other race and ethnicity. Women with Medicaid had the highest SMM rate at 111.3 per 10,000 compared to women with an insurance other than Medicaid or private type, followed by women with private insurance at 87.3 per 10,000.

Workforce and Access to Care

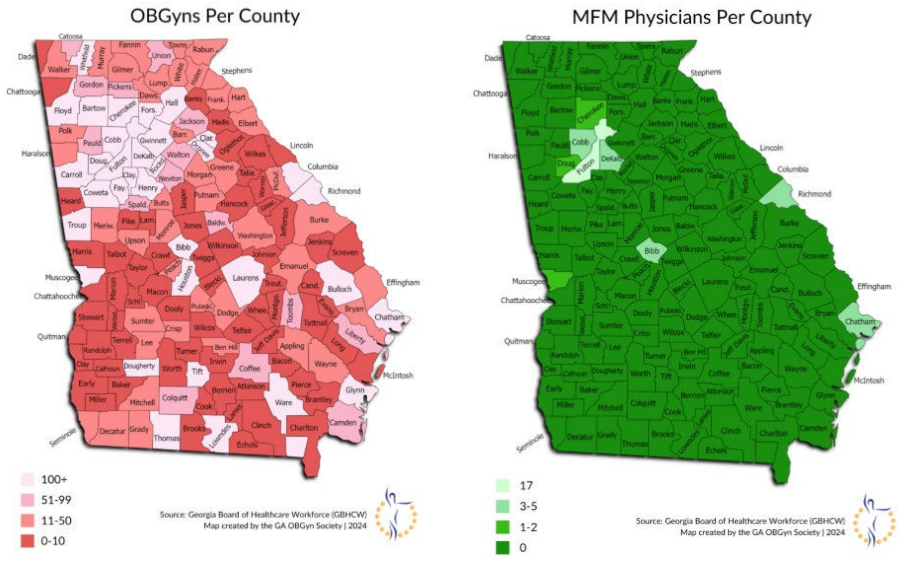
- Labor & Delivery Services. There are currently 67 delivering hospitals in Georgia. From 2014 through September 2025, there were 16 labor and delivery unit closures, with all but 1 outside of the Atlanta metropolitan area. With respect to the areas with the highest populations of women of reproductive age (15-44 years), closures occurred in Richmond and Columbia Counties (Augusta area), Lowndes County (southern Georgia border) and Barrow County (East of Atlanta). St. Mary's Sacred Heart has shared publicly that it will close its L&D on 10/31/25. With this closure, Georgia will have 66 birthing facilities in 51 counties and 108 counties without any birthing facilities. See Map 1 below depicting in red all counties with no L&D because of closures through October 2025



Map 1: Counties without any Labor and Delivery Unit(in red) as of 10/2025[5]

- Availability of and access to birthing workforce in state. Georgia faces a shortage in its maternal health workforce, which directly impacts access to safe and timely care for birthing people across the state. The overall physician-to-patient ratio in Georgia is 23%, which is lower than the national average. The workforce shortage in obstetrics and gynecology is significant but especially pronounced in maternal and fetal medicine which are both critical roles in the care of pregnant and postpartum women. Out of Georgia's 159 counties, 82 counties do not have a single practicing OB/GYN. This means that more than half of the state's counties lack essential providers for prenatal, delivery, and postpartum care. The shortage is even more severe in rural areas, where families often must travel long distances to access care, if they can access it at all. Without a strong and well-distributed birthing workforce, many communities are left vulnerable, and the risk of poor maternal outcomes increases. See the Workforce Maps from 2024.

[5] Georgia Department of Public Health, Office of Women's Health



Workforce Maps of OB-GYNs per County (left) and Maternal and Fetal Medicine (right)
https://gaobgyn.org/resources/workforce-maps/

- Availability and access to mental and behavior health specialists. While the rate of screening increases, there is a lack of psychiatric providers to provide consistent treatment and follow up care for mothers identified with mental health or substance use disorder. Based on the State of Georgia Physician Workforce (2023-2024), there were a total of 1,005 psychiatrists practicing in Georgia.[6] Of the psychiatrists that are practicing, the distribution is uneven across regions with numbers ranging from 0 in some regions to 777 per 100,000 residents in other regions, which is a decrease in practitioners from the previous year. There are many counties in the central, southwestern and eastern regions with no psychiatrist.

Existing Maternal Health Initiatives

Select Initiatives in Georgia:

- **AIM Community Care Initiative (CCI)**, Center for Black Women's Wellness (https://www.cbww.org/programs/maternal-child-health/)
- **Alliance for a Healthier Generation** (https://www.healthiergeneration.org/)
- **Atlanta Healthy Start Initiative**, Center for Black Women's Wellness (https://www.cbww.org/programs/maternal-child-health/)
- **Building Perinatal Support Professionals**, Healthy Mothers, Healthy Babies Coalition of Georgia (https://www.hmhbga.org/education/building-perinatal-support-professionals/)
- **Community Action Network (CAN)**, Center for Black Women's Wellness (https://www.cbww.org/programs/maternal-child-health/)
- **Find Help Georgia**, Positive Childhood Alliance Georgia (https://findhelpga.org
- **Family Connection** (https://gafcp.org/)
- **Georgia Home Visiting Program**, Georgia Department of Public Health (https://dph.georgia.gov/homevisiting)
- **Georgia Rural Health Innovation Center** at Mercer University School of Medicine

[6] Georgia Data Analytics Center, State of Georgia Health Care Workforce, https://gdac.georgia.gov/

- **Healthy Start Program**, Southside Medical Center (https://southsidemedical.net/healthy-start-program/)
- **Heart of Georgia Healthy Start**, South Central Health District (https://heartofgeorgiahealthystart.org/)
- **HRSA Center of Excellence in Maternal and Child Health Education, Science, and Practice**, Emory University School of Public Health (https://mch.emory.edu/about/)
- **March of Dimes Collective Impact Initiatives** (https://ignitingimpacttogether.marchofdimes.org/)
- **MotherToBaby Georgia**, Department of Behavioral Health & Developmental Disabilities (DBHDD) and Emory University (https://mothertobaby.org/affiliates/mothertobaby-georgia/)
- **Perinatal Psychiatric Consult Line**, Postpartum Support International (https://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/)
- **Pickles and Ice Cream Georgia**, Healthy Mothers, Healthy Babies Coalition of Georgia (https://picklesandicecreamga.org/)
- **South Georgia Healthy Start** (https://www.southgeorgiahealthystart.org/)

Through annual surveys, Maternal Health Task Force members identified the following task forces, coalitions, workgroups and committees in Georgia that strive to improve maternal health outcomes.

- **Georgia Black Doula Network** (https://gabdn.org/)
- **Georgia Black Maternal Health Taskforce** convened by Black Mamas Matter Alliance
- **Georgia Clinicians for Climate Action (GaCCA)** (https://states.ms2ch.org/ga/gcca/)
- **Georgia Community Doula Coalition**
- **Georgia Doula Access Working Group (GDAWG)** convened by Healthy Mothers, Healthy Babies Coalition of Georgia (HMHBGA)
- **Georgia Maternal Substance Use Task Force**
- **Georgia Perinatal Mental Health Task Force** convened by HMHBGA; and Postpartum Support International - Georgia Chapter
- **GRACE-MH (Georgia Research and Community Engaged for Maternal Health)** convened by Emory University Rollins School of Public Health
- **Healthier Generations Community Action Network (CAN)** convened by the Center for Black Women's Wellness
- **Lived Experience Integration Program** from GaPQC
- **March of Dimes Collective Impact: Dismantling Racism and Unequal Treatment Workgroup**
- **Maternal Cardiac Advisory Committee** from GaPQC
- **Maternal Mortality Review Committee (MMRC)** from Georgia Department of Public Health

Alignment with Georgia Title V & MMRC

The Georgia Department of Public Health receives federal funding through Title V to carry out maternal and child health initiatives. This year Georgia completed its 5-year needs assessment and identified new priority areas for its next 5-year cycle. The Title V Needs Assessment process includes the collection and examination of information from the state's capacity and infrastructure, needs and desired outcomes for the MCH population, and legislative mandates, etc. This information is utilized to determine priority goals, develop a plan of action, and to allocate funds and resources. The priority area in women/maternal

health is to enhance support services and improve coordination between community resources and clinical care throughout the perinatal period.

HOPE for Georgia Moms broadly aligns with Title V in their shared support for maternal and child health equity-based strategies, activities, and programming. Some of the specific Title V Program strategies that HOPE is supporting relate to postpartum visits, implementation of the AIM Cardiac Care in Obstetrical Care bundle, and mental health resource coordination and screenings. HOPE also contributes to clinical initiatives, such as the Georgia Maternal Health ECHO curriculum and Levels of Care designations for health systems and works closely with staff from the Georgia Perinatal Quality Collaborative (GaPQC) and its Regional Perinatal Centers.

Title V funds have been used for services to support women of reproductive age through organizations, such as Healthy Mothers, Healthy Babies Coalition of Georgia (HMHBGA), March of Dimes, Postpartum Support International - Georgia Chapter, and the Georgia Obstetrical and Gynecological Society (GOGS). Further, the DPH Office of Women's Health partners with Perinatal Psychiatry, Education and Community Engagement (PEACE) for Moms and the Center for Black Women's Wellness to promote mental and physical wellness. All these organizations have representation on the HOPE for Georgia Moms' Maternal Health Task Force.

MMRC Recommendations

Recommendations in the Georgia Department of Public Health's *Maternal Mortality Report, 2019-2021* (February 2025), which HOPE for Georgia Moms goals and strategies address to some extent.

- OB care systems including providers, insurance, and hospitals should provide case management services for women during pregnancy and 1 year postpartum
- OB providers should implement a standardized cardiovascular disease screening tool during pregnancy
- Providers should implement a blood pressure check at 72 hours after discharge when patients have preeclampsia
- Providers and hospitals should educate patients and families on an ongoing basis of urgent maternal warning signs and symptoms that could indicate a life-threatening situation and when to seek care
- Health systems should implement the AIM CCOC bundle on an ongoing basis
- Providers and facilities should improve communication and care coordination, results and plan of care during the whole perinatal period
- The obstetric care system should reform postpartum care to include follow up prior to six weeks postpartum and throughout the first year postpartum for individuals with risk factors
- Public health should implement educational campaigns on post-birth warning signs on an ongoing basis
- Community based organizations and care settings should offer peer support for individuals with mental health condition during the perinatal period
- Providers should provide education on postpartum depression to patients and families prior to discharge
- Obstetric providers and mental health providers should consult with perinatal psychiatrist or access the PEACE for Moms Perinatal Psychiatry Access Program to manage mental health condition during pregnancy and up to one year postpartum

II. Maternal Health Task Force

The backbone of the work carried out by HOPE for Georgia Moms is its Maternal Health Task Force (MHTF) members. HOPE for Georgia Moms first identified members through an iterative process of searching for state and community organizations and their leaders working in maternal health, professional organizations serving the perinatal population, and individuals presenting at clinical and public health conferences. Referrals were also made by leaders and support staff from the GaPQC, the Health Resources and Services Administration (HRSA), Maternal Health and Learning Information Center (MHLIC), and Race4Equity. In its initial stages, HOPE created a composition analysis to consider personal characteristics (age, gender, race and ethnicity, and language), roles within the system, and the resources the individual might bring to the task force. A "snowball" approach is used to ask members and stakeholders for any additional individuals or organizations to be considered. Candidates are currently interviewed on a rolling basis, with a focus on engaging persons with lived experience, and encouraging diversity in terms of geography, gender, maternal health experience and expertise.

Mission, Vision, Values and Key Drivers

Mission

To advance a foundation of respectful and equitable care for all birthing persons to not only survive but thrive across Georgia.

Vision

Healthy outcomes and positive equitable experiences for all birthing persons in Georgia.

Values and Guiding Principles

- Compassion and respect for all people
- Intentional collaboration and synergy
- Diversity, inclusiveness, equity and social justice
- Culturally aware and responsive perinatal care
- Decisions informed by data and best practice

Key Drivers

- Cross-sectoral, multidisciplinary collaboration and teamwork built on trust and accountability
- Equity-centered, anti-racist approach to all strategic and implementation work
- Use of data and evidence to inform strategic planning and activities
- Administrative, technical, and instrumental support to carry out activities

MHTF Roles and Responsibilities

HOPE for Georgia Moms convenes the Maternal Health Task Force (MHTF) annually to provide members an opportunity to plan and make decisions that lead to statewide recommendations and activities that address the goals of HOPE for Georgia Moms and its Strategic Plan.

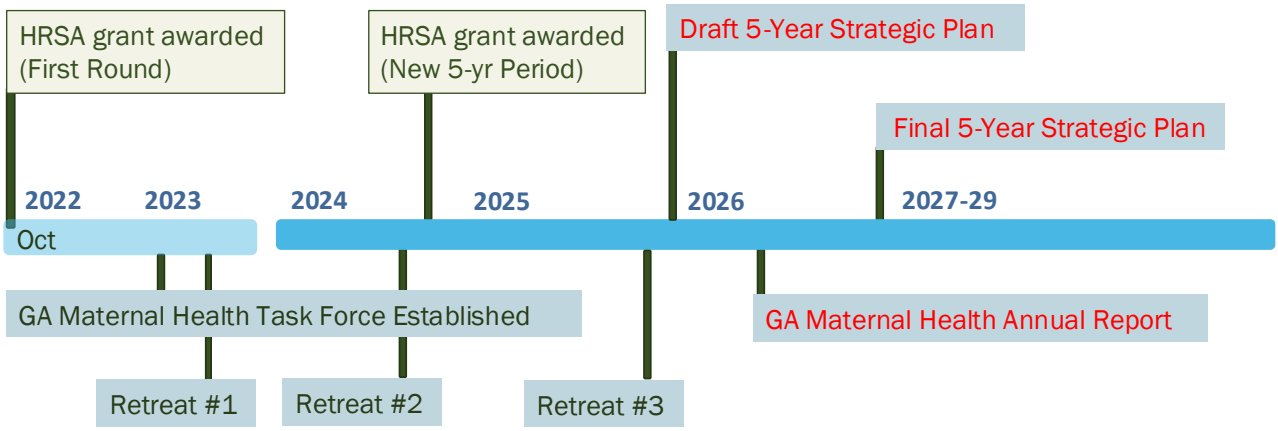
It is the expectation that members:

- Foster collaboration and serve as a resource to public health professionals; providers; payers; mothers and families; and members of the community.
- Contribute to developing the 5-year Strategic Plan that aligns with DPH's Title V and MMRC recommendations, and address critical gaps in perinatal services in Georgia.

- Implement the Strategic Plan by supporting processes of reviewing project proposals, decision-making, and making recommendations within the focus areas laid out in the Strategic Plan.

Meeting Structure and Timeline

The Maternal Health Task Force (MHTF) has virtual quarterly meetings for 90 minutes. In between quarterly meetings, Subcommittees meet to discuss how to implement the strategies laid out in the Strategic Plan. In addition, HOPE convenes an annual in-person retreat, with a total of three MHTF retreats having been carried out up to now in 2023, 2024, and 2025. The graphic depicts a timeline of when HRSA awarded funding, accomplished MHTF events (in black), and future deliverables (in red).



Maternal Health Task Force (MHTF) Membership List

Last Name	First Name	Organization	Role
Adeniyi-Miller	Tosi	Center for Black Women's Wellness	Lead Program Coordinator
Aina	Angela	Black Mamas Matter Alliance	Co-founder, Executive Director
Albert	Gabrielle	4Kira4Moms	Executive Director
Ard	Quantrilla	PWLE	Person with Lived Experience
Aristide	Stephanie	Black Mamas Matter Alliance	Policy & Advocacy Associate
Barkin	Jen	South Georgia Healthy Start, Mercer University School of Medicine	Executive Director
Blake	Sarah	Maternal and Child Health Center of Excellence, Emory University Rollins School of Public Health, Dept. of Health Policy and Management	Director
Boland	Jennifer	GaPQC, Ga DPH: Maternal Quality Improvement	Women's Health Clinical Liaison
Boone-Clark	Marie	Dr. Shalon's Maternal Action Project	Chief of Staff
Bugg	Kimarie	Reaching Our Sisters Everywhere (ROSE)	Chief Executive Officer
Bussey	Robyn	Partnership for Southern Equity	Director: Just Health
Byfield	Renee	Institute for Perinatal Quality Improvement	Program Director
Byrd	Teresa	Wellstar Kennestone Regional Medical Center	Residency Program Director, Obstetrics & Gynecology
Callins	Keisha	Community Health Care Systems, Mercer University School of Medicine	Physician (OBGYN), Clinical Assistant Professor
Cargill	Shontel	Postpartum Support International - Georgia Chapter	Board President
Chandrasekaran	Suchitra	Emory University School of Medicine	Physician (MFM)
Cheek	Kristina	Sista Girl Birth Initiative	Founder/Executive Director
Conley	Keri	Georgia Hospital Association	Chief Health Policy Officer
Cooper	Hannah	Emory University School of Public Health	Professor, Chair Substance Use Disorders Research
DeAbreu	Alexander	CMS Atlanta	Local Engagement and Administration
Dudley	Jessica	United Way of Hall County	President, CPO
Dumas	Rachell	A Light After Nine	Founder
Dunlop	Anne	Emory University School of Medicine	Professor & Director of Clinical Research
Duran	Gabriela	PWLE	PWLE
Durrence	Diane	Title V GA, Division of Women, Children, and Nursing Services	Director
McCray	Matthew	PWLE	PWLE
Ellis	Jane	Atlanta Regional Perinatal Center/ Emory University School of Medicine, Grady Hospital	RPC Medical Director/Physician (MFM)
Franklin	Cheryl	Morehouse School of Medicine	OBGYN, Associate Professor
Goldsmith	Toby	Emory University School of Medicine, PEACE for Moms	Psychiatrist/ Professor, Director
Goodfriend	Miriam	Healthy Mothers, Healthy Babies Coalition of Georgia	Policy Manager
Guerrero	Laurisa	Georgia Council for Recovery	Executive Director

Last Name	First Name	Organization	Role
Haley	Shaconna	InnerLight Holistic Doula & Perinatal Consulting	Owner/Founder
Horton	Rose	Not On My Watch Consulting Partners	Founder and CEO
Immanuelle	Asha	Center for Black Women's Wellness	Maternal Health Equity Program Consultant
Irving	Wanda	Dr. Shalon's Maternal Health Action Project	Co-founder
Jacobs	Theresa	Georgia Primary Care Association	Clinical Director
Jones	Antoinne	PWLE	PWLE
Kopp	Katie	GA DPH: Office of Women's Health	Director of Maternal Programs
Kottke	Melissa	Emory University School of Medicine	Professor
Lam	Kristina	GA Department of Public Health	Medical Epidemiologist
Layne	Laura	GA DPH, Office of Women's Health	Director
Lindberg	Ky	Georgia Health Initiative	Vice President of Community Engagement
Mason	Tamara	March of Dimes Maternal and Child Health Collective Impact	Director
Master	Margaret	Healthy Mothers, Healthy Babies Coalition of Georgia	Executive Director
McCray	Denielle	PWLE	Person with Lived Experience
Nguyen	Minh	CareSource	Georgia Market Chief Medical Officer
Oriakhil	Muzhda	PWLE	PWLE
Pierce	Sylvester	YOUnity Birth work	Founder
Rohe	Paige	The ROBIN Project	Founder
Ruffin	April	Anthem Blue Cross and Blue Shield	Medical Director
Serano	Andrea	Reaching Our Sisters Everywhere (ROSE)	Chief Executive Officer
Snyder	Angie Bauer	Georgia Health Policy Center, GSU	Director Health Policy & Financing, Professor
Spires	Shelley	Albany Area Primary Health Care	Chief Executive Officer
Stewart-Lucas	Kimberly	Positive Childhood Alliance Georgia	Training & Resource Coordinator
Stringer	Marsha	Georgia Heart Institute, Newtown Florist Club	Nurse Practitioner
Stryker	Chanel	Georgia Community Doula Coalition	Co-founder/Executive Director
Taylor	Natasha	Georgia Watch	Deputy Director
Tester	Virginia	Friends of Refugees	Program Director
Thomson	Kristy	HomeTown Health	Chief Operating Officer
Vernon	Marlo	Medical College of Georgia Augusta University	Associate Professor
Walker	Makayla	PWLE	Person with Lived Experience
Woodham	Champa	Augusta Regional Perinatal Center / Medical College of Georgia (MCG)/Wellstar MCG Health Medical Center	RPC Medical Director / Professor / Physician (MFM)
Yangandawele	Tembele	Northeast Georgia Health System	Family Medicine Physician
Zayas	Teresa	CMS Atlanta	Local Engagement and Administration

III. HOPE for Georgia Moms

Overarching Goal

HOPE (Healthy Outcomes and Positive Experiences) for Georgia Moms is the name given to the State Maternal Health Innovation and Data Capacity grant awarded by the Health Resources and Services Administration (HRSA). The name reflects the desire for the program to connect resources and be action-oriented so that all birthing persons survive and thrive in Georgia. To do this, the program purposefully seeks out the experiences of birthing persons, key organizational stakeholders, community members, and clinicians serving birthing persons to derive and provide the most appropriate resources needed to achieve its mission.

Overarching Goal

The Maternal Health Innovation Program, HOPE for Georgia Moms, seeks to improve access to comprehensive, high-quality, equitable and respectful care, during the prenatal, labor and delivery, and postpartum periods by addressing leading contributors to maternal death and morbidity in Georgia which are Cardiac and Mental Health Conditions.

Background

In 2022, Northeast Georgia Health System (NGHS) was one of nine recipients in the U.S. to receive the grant, which seeks "to support the capacity of Georgia to improve maternal health and address maternal health disparities through quality services, a skilled workforce, enhanced data quality and capacity, and innovative programming that aims to reduce maternal mortality and severe maternal morbidity." NGHS is a not-for-profit community health system consisting of five hospital campuses serving 19 counties in northeast Georgia and the Atlanta area. NGHS is uniquely positioned to serve as a pilot site for innovative clinical initiatives, to strengthen AIM data capacity and to conduct clinical outreach across health systems in the state, while building on and supporting a partnership with the Georgia Perinatal Quality Collaborative (GaPQC). In 2024, HOPE for Georgia Moms was re-funded for a five-year period.

Program Deliverables

According to the Notice of Funding Opportunity (HRSA-24-047), HOPE for Georgia Moms will meet the following objectives:

- By September 29, 2025, HOPE for Georgia Moms will develop a draft 5-year Maternal Health Strategic Plan to improve maternal health.
- By September 29, 2025, HOPE for Georgia Moms will identify core measures to assess and report on program activities reported, including innovations, throughout the period of performance.
- By September 29, 2026, HOPE for Georgia Moms will submit a final 5-year Maternal Health Strategic Plan.
- By September 29, 2029, HOPE for Georgia Moms will increase the number of community members from populations with the highest rates of maternal mortality and severe maternal morbidity that participate on the state's Maternal Health Task Force and in the implementation of its activities.
- HOPE for Georgia Moms will release a public Maternal Health Annual Report each year of the period of performance about maternal health topics relevant to the state.

- By September 29, 2029, HOPE for Georgia Moms will identify and share innovations with potential for replication, scalability, and sustainability to improve maternal health.

IV. Action Plan for Addressing Maternal Health Needs

Action Plan Development

During the first year of the program, members of the Maternal Health Task Force (MHTF) self-selected into areas of expertise and experience around maternal health policy; maternal health data; clinical care coordination and resource alignment; and community education and engagement. At its 2023 retreat, members brainstormed, discussed and found consensus on trends, root causes of the problem, and strategies to reduce or eliminate the problems standing in the way of healthy outcomes and positive birthing and postpartum experiences. In FY24-25, HOPE for Georgia Moms grouped its strategies around five focus areas that would allow the group to prioritize and implement specific strategies.

The Strategic Focus Areas are:

1. Maternal Cardiac
2. Advocacy and Respectful Care
3. Postpartum Care Access
4. Maternal Mental Health
5. Maternal Health Data

FY 26 Action Plan

The Action Plan is based largely on strategic planning discussions with MHTF members at the in-person retreat and virtual planning session, as well as surveys and interviews of members. Specific activities, timelines, and the implementation process will be defined at the beginning of this fiscal year, which starts in October 2025. Within the fiscal year, MHTF members may revise and add to the clarity of Objectives and Strategies described in the following section based on further identified gaps and needs.

Strategic Focus Areas: Goals, Objectives, and Strategies

Maternal Cardiac

Moving Towards...	Goal
Mobilizing community partners and healthcare professionals to identify and treat cardiac conditions	Expand cardiovascular risk awareness and screening to reduce cardiac-related maternal mortality and SMM.

Objective

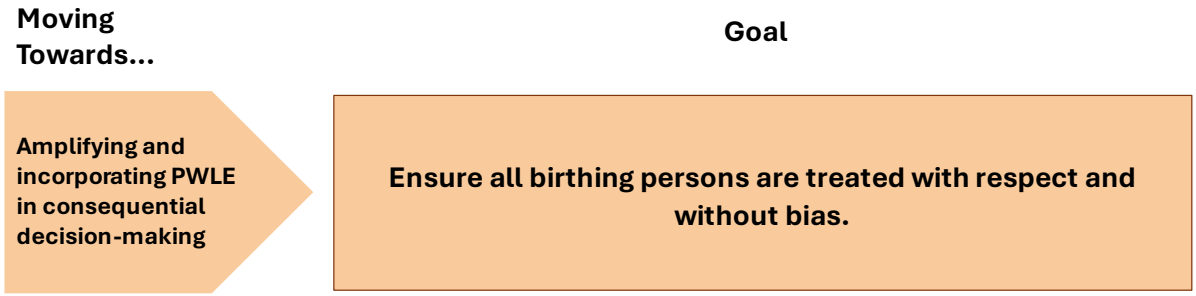
1. Increase CVD risk screening awareness among providers and patients by ___% by 2029.
2. Standardize the use of CVD risk assessment screening tool in the ED by 2029.
3. Increase the use of self-monitoring and remote patient monitoring programs by ___% by 2029.

Strategy-1a.
Build CVD risk awareness and establish CVD screening processes by carrying out an annual Maternal Cardiac Roundtable aimed at clinicians and maternal health stakeholders across the state.
Strategy Type ☒ Quality Services (Clinical services, workforce training, etc.) ☐ Data Capacity ☒ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
This strategy aligns with the GaPQC focus on increasing the number of birthing facilities engaged in the implementation of the AIM CCOC Bundle. HOPE for Georgia Moms is hosting the second Maternal Cardiac Roundtable in October 2025 with a focus on engaging Program Directors from Residency Programs in Obstetrics, Cardiology, Emergency Medicine and Family Medicine, as well as hospital facilities engaged in the CCOC AIM bundle, doulas, home visitors, other state PQC leaders, and individuals with lived experience. The purpose is to increase multidisciplinary engagement and use of the CVD risk assessment screening tool to provide early recognition and appropriate referral for perinatal patients.
Strategy-1b.
Implement and evaluate the Maternal Cardiac Program at Northeast Georgia Health System.
Strategy Type ☒ Quality Services (Clinical services, workforce training, etc.) ☒ Data Capacity ☐ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
The Maternal Cardiac Program consists of the implementation of a standardized process for CVD risk assessment screening and referral of pregnant and postpartum patients at Northeast Georgia Health System (NGHS). A validated CVD risk tool developed by the California Maternal Quality Care Collaborative (CMQCC) was integrated into the Epic electronic health record (EHR). It is currently implemented in the inpatient the day after delivery and in the outpatient setting in the OB offices. A third-party Vendor is carrying out an evaluation of the implementation process and outcomes.
Strategy-1c.

Collaborate with GaPQC to provide education to health facilities and promoting participation in AIM Bundle implementation.
Strategy Type ☒ Quality Services (Clinical services, workforce training, etc.) ☐ Data Capacity ☒ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
HOPE has a Clinical Outreach manager and hired a Community Outreach Coordinator to support GaPQC in educating health facilities with intentional regional outreach across the state.
Strategy-1d.
Carry out maternal cardiac risk awareness campaign for the community
Strategy Type ☐ Quality Services (Clinical services, workforce training, etc.) ☐ Data Capacity ☒ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
Continue maternal cardiac risk awareness campaigns on social media and in the community. Possible approaches are to share stories of women with lived experience and match at-risk mothers with trained peer survivors for support. Additional potential focus on promoting cardio protective factors, such as breastfeeding and weight loss, and pre-pregnancy health awareness. A dedicated communications plan can include organizations with connections in the community to increase campaign reach.
Strategy-2a.
Develop standardized CVD risk assessment screening processes collaboratively with ED clinicians and professional organizations
Strategy Type ☒ Quality Services (Clinical services, workforce training, etc.) ☐ Data Capacity ☒ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
With the regional OB deserts, deficit in the number of delivering hospitals, and continued hospital closures, many women seek care in emergency departments throughout the state. It is critical that Emergency professionals are aware of CVD risk assessment screening and process of referral for women who screen positive. This strategy aligns with the GaPQC focus on increasing engagement and use of the CVD screening tool for screening by Emergency Medicine.
Strategy-3a.
Support environmental scan of the use of technologies that allow for self-monitoring and remote patient monitoring.
Strategy Type ☐ Quality Services (Clinical services, workforce training, etc.) ☒ Data Capacity ☐ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
The use of self-monitoring and remote patient monitoring can help close the gap to follow up with mothers with complications. The environmental scan would identify the type of monitoring and programs that are currently implemented across Georgia. The information gained would help inform viable remote blood pressure monitoring programs and community-based sites where remote and self-

monitoring is being done successfully and will provide guidance for expansion. There may be an opportunity to collaborate with DPH Home Visiting Program for increasing monitoring opportunities.

Advocacy and Respectful Care



Objective

1. Increase the number of persons with lived experience (PWLE) serving on the task force by 5-10% each year.
2. Integrate advocacy and respectful care into every aspect of HOPE for Georgia Moms programming throughout grant period.

Strategy-1a.
Offer seats annually for MoMMA's Voices advocacy training to PWLE serving on task force.
Strategy Type ☐ Quality Services (Clinical services, workforce training, etc.) ☐ Data Capacity ☒ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
This strategy reflects a desire to increase diversity in the MHTF membership overall, as well as increase representation of Persons with Lived Experience (PWLE). First, the terms "lived experience" and "diversity" need to be defined before this strategy can be carried out. Diversity can reflect desired characteristics, such as the person's or organization's geographic location, SES, race/ethnicity, language, insurance type, and other SDOH considerations deemed relevant to maternal health outcomes. The training program is designed specifically for individuals with lived experience who want to actively participate in maternal health quality improvement. Upon completion, participants gain the tools needed to build successful partnerships to influence change.
Strategy-1b.
Recruit PWLE (geography, race/ethnicity, cardiac, mental health, payor source) from each perinatal region in Georgia.
Strategy Type ☐ Quality Services (Clinical services, workforce training, etc.) ☐ Data Capacity ☒ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
HOPE staff with support of the MHTF will strive to recruit and retain persons with lived experience in its taskforce.
Strategy-2a.
Include advocacy and respectful care in all programmatic decision-making.

☐ Quality Services (Clinical services, workforce training, etc.) ☐ Data Capacity ☒ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
This strategy supports input by task force members on how advocacy and respectful care skills and information can be integrated into programmatic materials and approaches in all HOPE strategic focus areas, in particular maternal cardiac, mental health, and postpartum care access.

Postpartum Care Access

Goal

Maximizing access to perinatal support professionals in clinical and community settings

Enhance continuity, coordination and individualization of postpartum care for up to one year after birth to ensure respectful quality support across clinical and community settings

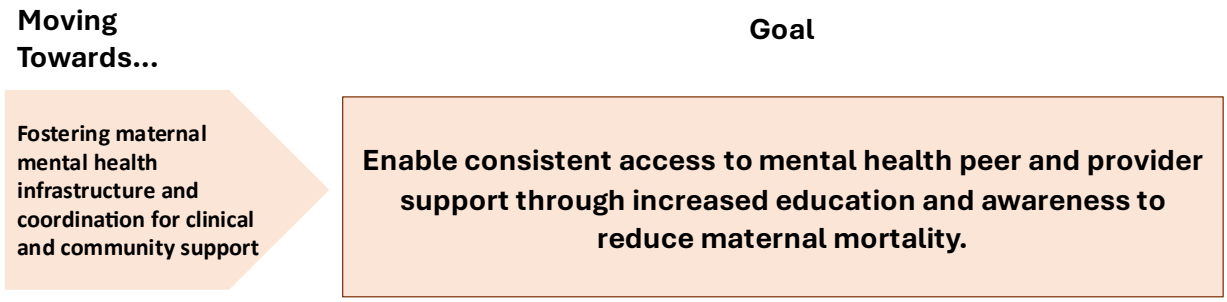
Objective

1. Improve postpartum care coordination from clinical to community settings
2. Increase the use of telehealth consultations by ____% across regions without access to maternal care facilities.

Strategy-1a.
Establish standardized postpartum care recommendations for mothers up to one year after birth
☒ Quality Services (Clinical services, workforce training, etc.) ☐ Data Capacity ☒ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
Postpartum care plans and support are needed to be defined for community and clinical service providers. Many women will return to their primary care provider after their 6-week check-up with the OB/GYN but there is a need to have clearly defined postpartum care guidelines that all perinatal professionals are aware of and follow. Using guidelines from ACOG will serve this strategy from a clinical perspective. A community-based postpartum care plan could also be developed to support this strategy. There may be an opportunity to collaborate with the DPH Home Visiting Program in the development and execution of postpartum plans.
Strategy-1b.
Improve information and data sharing during the perinatal period to clinical and community perinatal professionals
☐ Quality Services (Clinical services, workforce training, etc.) ☒ Data Capacity ☐ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description

This strategy seeks to identify better data-sharing mechanisms and platforms for patients moving from the clinical to community setting.
Strategy-2a.
Capture the availability and use of telehealth to ensure respectful, equitable and patient-centered care in the postpartum period, particularly in the rural areas
Strategy Type ☒ Quality Services (Clinical services, workforce training, etc.) ☐ Data Capacity ☒ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
This strategy would involve scanning and evaluating existing telehealth programs. Other strategies will be developed around telehealth to support the Objective.

Maternal Mental Health



Objectives

1. Increase awareness of and provider engagement with PEACE for Moms by __% by 2029.
2. Establish a Peer Support Certificate Program in maternal and mental health for Certified Peer Specialists by 2029.

Strategy-1a.
Build awareness among patients and providers of PEACE for Moms
Strategy Type ☒ Quality Services (Clinical services, workforce training, etc.) ☐ Data Capacity ☒ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
PEACE for Moms (Perinatal Psychiatry, Education, Access, and Community Engagement) is the state's perinatal psychiatry access program that provides free consultations with perinatal psychiatrists to any clinician with prescriptive authority on managing mental health conditions in the perinatal period and skills groups to prevent perinatal depression. Funded through the Georgia Department of Public Health, this program enables clinicians throughout Georgia to access perinatal mental health care and improve their ability to identify, treat, and potentially prevent mental health disorders among pregnant and postpartum patients. One way this strategy will be implemented is through a PEACE for Moms awareness campaign in which provider and patient cards will be disseminated in health systems in different regions of the state. This awareness campaign can extend to mental health efficacy for mothers and family support persons. Father-focused cards to support mental health and first aid training are possible next steps.

Strategy-2a.
Support the creation of a Maternal Health Peer Support (MHPS) Program
Strategy Type ☒ Quality Services (Clinical services, workforce training, etc.) ☐ Data Capacity ☒ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
Georgia Council for Recovery (GC4R) is creating a Maternal Health Peer Support (MHPS) Certificate as part of their CARES program. This program is a part of a training academy for Certified Peer Specialists in either Addictive Disease or Mental Health, who would receive an additional certificate in maternal health (CPS-MH). Through MHTF partnerships and HOPE for Georgia Moms funding, GC4R will build the MHPS curriculum, recruit and conduct training for peer specialists, and pilot this program in Georgia. Partnerships with OB staff, as well as navigators for Perinatal Mood and Anxiety Disorders (PMADs) will play a critical role in rolling out this model in community settings. PEACE for Moms can connect individuals to advocacy and support groups as well.

Maternal Health Data

Moving Towards...	Goal
Fostering clarity and transparency of maternal health data in Georgia	**Enable consistent statewide data collection and access to foster transparency, understanding and ongoing data-informed decision-making.**

Objective

1. Enhance understanding of severe maternal morbidity (SMM) & social determinants of health (SDoH) data relating to maternal health outcomes in Georgia by ____ % by 2029.

Strategy-1a.
Identify data points relevant to maternal health outcomes in prioritized topic areas
Strategy Type ☐ Quality Services (Clinical services, workforce training, etc.) ☒ Data Capacity ☐ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
MHTF members will scan and prioritize areas in need of data concepts, such as hypertensive disorders of pregnancy, perinatal mood and anxiety disorders (PMAD) screening, perinatal social needs screening and intervention, and risk-appropriate perinatal care.
Strategy-1b.
Identify and share data to inform HOPE focus area committees for decision-making and strategic implementation purposes
Strategy Type ☐ Quality Services (Clinical services, workforce training, etc.) ☐ Data Capacity

☐ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☒ Other (specify)
Description
This strategy supports input by task force members on how data relevant to maternal cardiac, mental health, and postpartum care access can be integrated into programmatic decision making and discussions.
Strategy-1c.
Create web-based compilation of data sources to point users in the right direction in the form of a map or other interface, as a resource for legislators, grant awarding organizations, and task force members
Strategy Type ☐ Quality Services (Clinical services, workforce training, etc.) ☒ Data Capacity ☒ Maternal Health Gaps (Addressing needs of different populations & geographic regions) ☐ Other (specify)
Description
Map data outcomes to geographic areas to determine needs in rural areas and whether telemedicine would serve these needs.

V. Evaluation and Continuous Quality Improvement

HOPE for Georgia Moms is actively assessing the approach, process and effects of implementing its program components. The HOPE Logic Model (see Appendix B) describes seven programmatic areas and the partners engaged in FY25 and potentially in FY26. These areas are 1) the Maternal Health Task Force, 2) Maternal Health Data, 3) Maternal Cardiac, 4) Mental Health, 5) Postpartum Care Access and Continuum of Care, 6) Advocacy and Respectful Care, and 7) Monitoring & Evaluation. In addition, the Maternal Cardiac Program has a dedicated logic model to describe its activities and expected outcomes in the short, medium, and long term (see Appendix C).

Evaluation Questions and Core Measures

Core measures are being developed to reflect what is meaningful, feasible, and actionable during the grant period. These measures seek to answer some key questions about the impact of programs being implemented and supported by HOPE for Georgia Moms (please see Table below).

Key Questions	Core Measure (in development)
What is the level of diversity and representativeness of the Maternal Health Task Force?	% of Maternal Health Task Force members by race/ethnicity, geography, specialty, organization type, etc.
How do users find and access maternal health data when researching maternal health outcomes in Georgia?	Environmental scan of data sources and access User experiences with data repositories
What effect does the peer coaching program have on the support provided by peer coaches to moms with mental health and/or substance use conditions?	Mental health outcomes for perinatal people with peer coaching Peer coach experiences serving moms in need of support
How much are providers and patients using the services offered by PEACE for Moms?	# and % of providers using PEACE for Moms services # and % of patients using PEACE for Moms services Provider and patient experiences
To what extent are perinatal support persons (doulas, CHWs, etc.) being accepted or utilized by health system staff?	# and % of patients using perinatal support persons. # and % of physician referrals to perinatal support persons. Physician attitudes towards the use of perinatal support persons
To what extent can providers and patients recognize the warning signs and symptoms of cardiac conditions during and after pregnancy?	# and % of provide/patient interactions where warning signs and symptoms of cardiac conditions were recognized, both during and after pregnancy.
To what extent have negative health outcomes among pregnant and postpartum patients with increased CVD risk decreased/changed since implementing the CVD risk assessment?	# and % of patients with CVD risk who have negative health outcomes Patient and provider experiences with CVD risk assessment and follow-up care
To what extent have SMM indicators for pregnant and postpartum patients decreased/changes since implementing the CVD risk assessment?	# and % of patients with CVD risk who have SMM indicators
To what extent has the Maternal Cardiac Program (CVD risk assessment) expanded to more settings (e.g., OB offices, outpatient settings, ED, other health systems)?	# and % of relevant healthcare settings adopting CVD risk assessment What processes change or need to be adapted according to the type of setting the CVD risk tool is implemented?

Appendix A. Environmental Scan of Maternal Health Data Sources in Georgia

Data Source	Open Access	Data Manipulation / Custom Queries	SMM Detail	SDoH Data	Geographic Granularity	Average Data Lag	Best Use Case	Key Limitations
GA-APCD - Custom Reports (Restricted)	✗	✓ (if access granted)	★★★ (Full)	★ (Limited)	State/County	2–3 years	Custom SMM analysis, ICD-10 filtering	Restricted, fee-based, lagged
HCUP Central Distributor	✗	✓ (if purchased)	★★★ (Full)	★ (Limited)	State/National	2–3 years	Research requiring raw inpatient data	Restricted, fee-based, complex
GHA Georgia Discharge Data System	✗	✓ (if purchased)	★★★ (Full)	★ (Limited)	Zip Code/State	2–3 years	Research requiring raw inpatient data	Restricted, fee-based, complex
AHRQ CloudQI	✗	✓ (with data upload)	★★ (Partial)	★★ (Moderate)	State/Area	2–3 years	Risk-adjusted SMM, demographic analysis	Restricted, requires software
DPH MMRC Report (2019–2021)	✓	✗	★★ (Partial)	★ (Limited)	State/District	2–3 years	GA-specific SMM & mortality summaries	Static reports, lagged data
HCUP Fast Stats - AHRQ	✓	✓ (limited)	★★ (Partial)	★ (Limited)	State/National	2–3 years	National SMM benchmarking, demographic splits	No ICD-10 drilldown, lagged
America's Health Rankings	✓	✗	★★ (Partial)	★★ (Moderate)	State	3–4 years	State SMM, policy context, SDoH	Limited SMM detail, lagged

Data Source	Open Access	Data Manipulation / Custom Queries	SMM Detail	SDoH Data	Geographic Granularity	Average Data Lag	Best Use Case	Key Limitations
CDC WONDER - Natality Database	✓	✓ (moderate)	★ (Limited)	★ (Limited)	State/County	1–2 years	Birth stats, some maternal indicators	No SMM, limited morbidity
GaPQC (GA Perinatal Quality Collaborative)	✗	✗	★ (Limited)	★ (Limited)	Hospital	1–2 years	QI initiatives, hospital performance	Members only, limited scope
March of Dimes PeriStats	✓	✗	★ (Limited)	★★ (Moderate)	County/State	2–3 years	County-level trends, easy access	Limited SMM, summary only
GA-APCD - Public Data	✓	✗	✗	✗	State/County	2–3 years	General health claims trends	No SMM or maternal data
GDAC (GA Data Analytics Center)	✓	✗	✗	★ (Limited)	State/County	1–2 years	Health system performance, SDoH	No SMM or maternal outcomes
Georgia Health Data Hub - GA Rural Health Innovation Center	✓	✓ (robust)	✗	★★★ (Comprehensive)	County/Region	1–2 years	Rural SDoH and health disparities	No SMM or maternal outcomes

Data Source	Open Access	Data Manipulation / Custom Queries	SMM Detail	SDoH Data	Geographic Granularity	Average Data Lag	Best Use Case	Key Limitations
Georgia PRAMS	✗	✓ (with request)	X	★★ (Moderate)	State	2–3 years	Maternal experience, SDoH research	Restricted, no SMM, lagged
HMHBGA (Healthy Mothers, Healthy Babies Coalition of GA)	✓	✗	X	★ (Limited)	State/County	2–3 years	Advocacy, summary maternal/child health data	No SMM, summary only
OASIS - GDPH	✓	✓ (robust)	X	★★ (Moderate)	State/County/Zip	1–2 years	Demographic & vital stats, SDoH mapping	No SMM, no ICD-10 drilldown
State of Georgia Healthcare Workforce	✓	✓ (interactive)	X	✗	County	1–2 years	Provider access and disparities	No SMM or maternal outcomes
Area Deprivation Index (ADI) - Univ. Wisconsin	✓	✓ (download)	X	★★★ (Comprehensive)	Census Block	5–6 years	Neighborhood SDoH, deprivation mapping	No maternal/SMM data, lagged
HRSA - Maternal &	✓	✓ (mapping)	X	★★ (Moderate)	County	2–3 years	SDoH, health resources, mapping	No SMM data, public only

Data Source	Open Access	Data Manipulation / Custom Queries	SMM Detail	SDoH Data	Geographic Granularity	Average Data Lag	Best Use Case	Key Limitations
Infant Health Mapping Tool								
Kaiser Family Foundation (KFF) Website	✓	✓ (limited)	X	★★ (Moderate)	State	2–3 years	Policy, insurance, state-level SDoH	No SMM, summary only
Maternal Vulnerability Index (MVI) - Surgo Ventures	✓	✓ (interactive)	X	★★★ (Comprehensive)	County	3–4 years	SDoH vulnerability, county comparisons	No maternal/SMM data, lagged
National Healthcare Quality and Disparities Reports (NHQDR)	✓	✓ (query tool)	X	★★ (Moderate)	State	2–3 years	Quality/disparities, some maternal health	No SMM, summary only
NVSS Birth Data Website (Public Access)	✓	✓ (moderate)	X	★ (Limited)	State/County	1–2 years	Vital stats, downloadable birth data	No SMM, summary only
Pregnancy Risk Assessment Monitoring	✗	✓ (with request)	X	★★ (Moderate)	State	2–3 years	Maternal/infant risk factors, SDoH	Restricted, no SMM

Data Source	Open Access	Data Manipulation / Custom Queries	SMM Detail	SDoH Data	Geographic Granularity	Average Data Lag	Best Use Case	Key Limitations
System (PRAMS)								
Social Deprivation Index (SDI) - Robert Graham Center	✓	✓ (download)	X	★★ (Moderate)	County/Tract	2–3 years	Community SDoH, deprivation mapping	No maternal/SMM data
Vital Statistics Online Data Portal - CDC NCHS	✓	✓ (download)	X	★★ (Moderate)	State/County	1–2 years	Downloadable vital stats, research	No SMM, summary only

★★★ Full SMM data (20 CDC indicators) / Comprehensive SDoH detail (indices, multiple domains, robust filters)
★★ Partial SMM data (multiple or aggregated indicators without full indicator set) / Moderate SDoH detail (demographics, insurance, economic/environmental factors)
★ Limited SMM detail (composite or summary details) / Limited SDoH elements (Basic elements - race/ethnicity, insurance, or a single domain)

Appendix B. HOPE Logic Model

Program Components	Inputs	Activities	Outputs	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
1.GA Maternal Health Task Force (MHTF)	Contracted partners: Forum Communications (FY25) Headwaters (FY25-FY26) Jackson Spalding (FY25-FY26)	Continued strategic planning with the Maternal Health Task Force (MHTF)	MHTF workplan by action priority areas	5-Year Maternal Health Strategic Plan (MHSP)	5-year Strategic Plan addressing strategies across sectors	Engagement across sectors in improving maternal health in Georgia
		Continuously assess the makeup of the MHTF for equitable representation of stakeholders	Representative MHTF Membership	Key members to the MHTF added (increase diversity, PWLE)	MHTF with increased representation of geographic regions, org. types, sectors, etc.	MHTF representative of all stakeholders affecting maternal health outcomes in GA
		Define MHTF supported resource allocation process	Integrated MHTF resource allocation process for organizational recipients	MHTF understand role in grant allocation process for organizational proposals	Transparent and fair grant allocation process established for organizational proposals	Transparent, fair and sustainable HOPE grant allocations
2.Maternal Health Data	Contracted partners: Just Performance (FY25) Partner: Georgia Hospital Association (GHA) (FY26)	Establish MHTF focus on data	Identify maternal health data sources for GA	Increased understanding of process for accessing data	Improved state-level maternal health data understandability, accessibility, and understanding of how to access	Health system-specific and statewide databases established for reporting maternal health outcomes
		Create collaboration for sharing data	Identify maternal health data/SMM elements relevant to maternal health outcomes	Increased understanding of maternal health data to collect within health systems		

Program Components	Inputs	Activities	Outputs	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
3.Maternal Cardiac	<u>Contracted partners</u>: Georgia Academy of Family Physicians (FY25) Operation MIST (FY25) Wellstar OB Residency Program (FY25) <u>Partners</u>: Georgia Perinatal Quality Collaborative (GaPQC) (FY25-FY26) Northeast Georgia Health System (NGHS)	Maternal Cardiac Program (MCP) at NGHS	Maternal Cardiac Roundtable	Referral to Cardiology (Women's Heart Center) Early recognition, testing, and treatment Improved (decreased barriers) access to providers and establish relationship with cardiology providers Patient education on modifiable risk factors (e.g., stop smoking, better nutrition, etc.) for future pregnancies	• Better cardiac management in present and future pregnancies • Improved trust / relationships with cardiology providers	• Reduced maternal mortality and SMM • Reduced disparities in maternal mortality and SMM outcomes
		Implement RPM and Self-monitoring	Patients with high blood pressure receive vital signs monitoring equipment, education (Operation MIST, NGHS)	Improved recognition of concerning vital signs by Operation MIST through wearables Increased # of visits (in the short term) Increased patient education re BP risks, management, outcomes Messaging, monitoring, follow-up-triage, referrals via vendor or MyChart Vital signs going into MyChart and	• Better BP management earlier • Medication management, exercise, diet changes • Reduced readmission and ED visits • Recognition of cardiomyopathy before it's severe/acute	

Program Components	Inputs	Activities	Outputs	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
				recognized by providers for patient management	• Prevent severe preeclampsia / eclampsia seizure • Reduced long-term health impacts (e.g., chronic hypertension or other related cardiac conditions) • Address SDOH that would limit access to care (e.g., rural, low-SES)	
		Incorporate simulation and education and training of multiple AIM bundles through AWHONN OPS workshops	OB and ED clinicians trained and educated	• Better recognition of signs and symptoms of cardiac conditions in the expanded settings	• Earlier and appropriate treatment of hypertension and cardiac conditions by providers in expanded settings	
		Engage and collaborate with EDs, paramedics, and EMTs	Collaborations between EDs, paramedics, and EMTs			

Program Components	Inputs	Activities	Outputs	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
		Tailor CVD program (screening) for EDs, urgent care, OBs	Programs tailored to EDs, urgent care, OBGYNs	• Implementation of Maternal Cardiac Program into outpatient, urgent care, and ED settings	• Innovations identified and shared for replication, scale-up, & sustainability	
		Continue implementation of CVD risk assessment in other settings (ED, Urgent Care, OB practices)	Positive patient screens (NGHS)			
		Educate Family Medicine on CVD risk in perinatal populations	Module for Family Medicine Residents on CVD risk in perinatal population (GAFP)			
		Disseminate maternal cardiac program (CCOC / AIM bundle) across state	Disseminated materials	Increased awareness of facilities in GA of CCOC Bundle through outreach		
4.Mental Health	<u>Contracted partners</u>: Mother's Nest (FY25) Georgia Council for Recovery	Create (by GC4R) new Mental Health / Maternal Health Peer Support (MHPS) program with curriculum and certificate	Program and curriculum created	Increased access to trained Peer Coaches for mothers with mental health and SUD	• Certified peer coaches engaged in helping mothers in pilot areas	All regions of Georgia will have access to mental health peer support
		Listening sessions (by GC4R)		Curriculum topics identified	• Mental health peer specialist	

Program Components	Inputs	Activities	Outputs	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
	(GC4R) (FY25-FY26) Postpartum Warriors (FY25) <u>Partner</u>: PEACE for Moms (FY25-FY26)	Implement (by GC4R) certificate program for maternal mental health peer coaches	Mental health peer coaches trained and certified		services will be Medicaid billable	
		Disseminate PEACE for Moms as resource	PEACE for Moms provider and patient cards PEACE for Moms media campaign	Increase patient and provider awareness of PEACE for Moms services	• Increased provider use of PEACE for Moms services • Increased provider access to mental health resources • Improved provider access (decreasing barriers) to psychiatric medication consults	
		Disseminate mental health resources to persons with lived experience (Postpartum Warriors)	Mental Health Care Packages	Increased awareness of mental health resources in Georgia	• Increased access to maternal mental health resources	

Program Components	Inputs	Activities	Outputs	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
5. Postpartum Access & Continuum of Care	(Under Development in FY26)	Establish standardized postpartum care recommendations	Partnerships with OBGYN, family medicine, primary care	• Increased awareness of postpartum care opportunities • Increased knowledge of telehealth use in Georgia • Increased knowledge of data sharing barriers and opportunities	Postpartum care recommendations that take clinical and community settings into account Increased telehealth use that is appropriate and needed Data sharing infrastructure in place	Total and consistent postpartum care for mothers and babies in Georgia
		Environmental scan of telehealth use and availability	Environmental scan			
		Improve data sharing between clinical and community settings	Defined data sharing needs and opportunities			
6. Advocacy & Respectful Care	<u>Contracted partners</u>: IRTH App, Narrative Nation (FY25) Conchus Lab and Healthy Mothers, Healthy Babies Coalition of Georgia (HMHBGA) (FY25)	Expand use of IRTH App across state	Increased number of IRTH App reviewers and users	• Increased use of the IRTH App by patients • Increased awareness of bias in health care in GA	• Identification of ways to reduce bias in clinical care • Increased equitable access to perinatal support for all mothers	Respectful and equitable care perceived by all mothers giving birth in Georgia
		Support development of father-based curriculum (by 4kira4moms)	Paternal Center of Care curriculum classes			
		Multilingual perinatal support workforce	Rohingya-language perinatal support persons available (Embrace)	• Considerations of multi-cultural and lingual perinatal education needs		
		Hospital collaboration on	Gamification platform for doulas	• Increased understanding by		

Program Components	Inputs	Activities	Outputs	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
	Embrace-Friends of Refugees (FY25) 4kira4moms (FY25)	doulas with HMHBGA	and clinical providers (Conchus)	health systems of role of doulas • Culture change / trust building in health systems to support use of doulas		
7. Monitoring & Evaluation	<u>Contracted partner</u>: Karna LLC (FY25-FY26)	Develop evaluation plan	Evaluation plan	Core measures to assess and report on are identified	Performance measurement, program evaluation, CQI	Trend analysis of how programs are performing over time
		Implement monitoring of strategies / indicators	Implemented strategies / indicators			

Appendix C. NGHS Maternal Cardiac Program Logic Model

NGHS Maternal Cardiac Program Logic Model				
The Maternal Cardiac Program seeks early recognition and response to women at risk of cardiovascular events due to maternal health risk factors and provides them with inpatient and outpatient Cardiology consults. The program uses a standardized CVD screening approach that implements an evidence-based, validated screening tool for women before, during, and after pregnancy.				
Inputs	**Activities**	**Short-Term Outcomes (1-3 years)**	**Medium-Term Outcomes (2-4 years)**	**Long-term Outcomes (3-5 years)**
NGHS Clinical staff Time IT Technical Assistance Electronic Medical Record (EPIC) Infrastructure for Telehealth & Analytics Service line support: Georgia Heart Institute, Women's and Children, Nursing Excellence, Office of Research Administration, Professional Development and Competency Partnerships: Georgia Perinatal Quality Collaborative (GaPQC), Georgia Hospital Association (GHA)	Assess risk for cardiovascular disease (CVD) in primary care setting	Increased recognition of perinatal patients at high risk for CVD Increased awareness of how to Integrate standardized evidence-based management for women who screen high risk for CVD	Collaborative process among Cardiology, OB/GYN and other specialty providers to identify, assess, and treat women with maternal and cardiovascular health needs	Decrease in negative health outcomes due to severe maternal morbidity (SMM) Decrease in negative health outcomes for pregnant and postpartum women with increased CVD risk Decrease in maternal mortality due to pregnancy-related complications Decrease in health disparities in negative health outcomes and maternal mortality
	Cardiology consults with high-risk patients during perinatal inpatient visits			
	Develop and implement algorithm/order sets for women who screen high risk of CVD			
	Implement Remote Patient Monitoring (RPM) at discharge planning	Improved monitoring through RPM and telehealth (Maternal, Cardiology service lines) Ease of access to scheduling telehealth visits Improved data capturing capacity for tracking patients over time	Individualized patient-centered care plan for women who screen high risk for CVD Improved adherence to provider recommendations for treatment	
	Integrate RPM into Electronic Medical Records and MyChart			
	Enhance telehealth and telemedicine strategies			
	Engage in GaPQC, Cardiac Conditions AIM Bundle webinars and data reporting	Improved data capturing capacity for tracking patients over time	Expanded data capacity to improve GaPQC data reporting	Automated monitoring and referral system for major predictors of CVD in

	Educate on CVD in pre-pregnancy, pregnancy, and postpartum women Present outcome, process and structure metrics to GHA	Collaborations with Georgia hospitals for quality improvement Efficacy to train clinicians on CVD risk in maternal health	Established training protocols disseminated in GA hospitals through the GaPQC	patients in all stages of childbearing
Collect, analyze and report data to Alliance for Innovation on Maternal Health (AIM)				
Assumptions: Maternal health indicators are trending towards an increase in cardiac co-morbidities in NGHS patient population				
External Factors: Political backing from key healthcare proponents in Georgia Legislature