OFFICE OF THE COUNTY EXECUTIVE

Marc Elrich
County Executive

Richard S. Madaleno
Chief Administrative Officer

MEMORANDUM

April 3, 2025

TO: Chris Cihlar, Director
Office of Legislative Oversight

FROM: Richard S. Madaleno, Chief Administrative Officer

SUBJECT: Draft OLO Report OLO Report 2025-7: *Racial Disparities in Pregnancy-Related Maternal and Infant Health Outcomes*

Thank you for the opportunity to comment on the Office of Legislative Oversight's (OLO) Draft Report 2025-7: *Racial Disparities in Pregnancy-Related Maternal and Infant Health Outcomes*.

Montgomery County has a long and trusted history of supporting maternal and infant health. This work began in 1989 with the introduction of the Maternity Partnership Program, now called the Montgomery Perinatal Program (MPP). This program is a vital resource for the County's high-risk mothers, birthing individuals, and their babies. Utilizing Community Health Workers and Community Health Nurses, clients receive home visitation services, education and advocacy skills training, enrollment support, case management, and tangible resources such as cribs and diapers.

Recognizing the growing disparity among our Black/African American mothers, the County supplemented this work through two targeted programs: Start More Infants Living Equally (SMILE) and Babies Born Healthy (BBH). Both programs provide similar services as MPP but deliver services through a culturally responsive lens, which recognizes the unique challenges and vulnerabilities associated with birthing while Black. BBH focuses its services on mothers with Medicaid who live in zip codes identified as disparity hot spots. SMILE has the ability to serve mothers with private insurance and higher incomes.

The draft report includes the following recommendations.

<u>Discussion Issue #1</u>: **What can the County learn from existing data on the outcomes of the County's maternal health programs, and what additional data are needed?**

<u>CAO Response</u>: We agree with this recommendation.

Montgomery County has significant work to do in addressing maternal health disparities. It is worth noting that County performance exceeds that of Maryland and the nation in many key maternal health outcomes.[1] The data in the OLO report provides a helpful snapshot of the outcomes of Montgomery County's maternal health programs; however, it does not provide the full picture. To fully appreciate the data, it is crucial to understand how participants are recruited into the County's maternal health programs and how they may differ from the general population.

Participants are enrolled in the MPP and BBH following a screening from the Perinatal Administrative Care Coordination Team (PACCT). The PACCT team reviews all newly eligible Medicaid clients and screens them to assess their risk level. Only clients screened as "high risk" are referred to receive home visiting services. These clients have multiple risk factors, including clinical and social determinants, for poor birth outcomes. They also live in neighborhoods with the highest rates of poor birth outcomes. It is reasonable to assume that these clients' outcomes would have been worse if the programs had not been involved.

There also exist limitations in constructing an appropriate comparison group for clients in the County's maternal health programs. For example, comparing BBH participant outcomes to all Medicaid recipients' outcomes fails to consider that almost 97% of BBH participants are Black/African American compared to 22% of pregnant persons with Medicaid[2], or BBH participant outcomes to all Black/African Americans are not fully valid comparisons. It would be more valid to compare BBH with Black/African American recipients of Medicaid in the BBH-identified high-risk zip codes.

When examining the outcomes of County maternal health programs, it is also critical to consider program outcome data. Program Outcome data is directly related to the case management services provided by the programs. For example, one of the primary goals of BBH is to educate program participants about the importance of prenatal care and help remove barriers that prevent participants from attending their prenatal care appointments. Birth certificate data analyzed by the Department of Health and Human Services (DHHS)/Public Health Services Epidemiology team identified that during the years of 2018-2021, BBH participants had an average of 11.12 prenatal care visits, whereas other pregnant people enrolled in Medicaid had only 10.09 prenatal care visits. Understanding the critical role that access to early prenatal care has on birth outcomes, this programmatic outcome is significant. It is likely a direct reflection of the support provided by the BBH staff. Other important program outcomes include:

---

[1] Montgomery County, Maryland, Department of Health and Human Services, Health Planning and Epidemiology. Maternal and Infant Health in Montgomery County, MD, 2012-2021, Montgomery County, Maryland. Rockville, Maryland. 2024.
[2] Liu, Chunfu. Table 2. Characteristics of Overall Birth, Medicaid, Self-Pay, and BBH Participants, Montgomery County, 2018-21

- Length of breastfeeding,
- Baby attending regular pediatrician visits,
- Baby being up to date on vaccines,
- Mom linked with a primary care provider,
- Mom linked to a dentist, and
- Mom has a reproductive health plan.

All three programs, BBH, SMILE, and MPP, collect this programmatic data. DHHS will develop a data collection protocol to ensure that all three programs collect comparable data in consistent manner and report it in a single, central database.

Recommendation #2: **Following the recent Medicaid expansion, how could the Montgomery Perinatal Program (MPP) better serve Black birthing people?**

CAO Response: We agree that there are opportunities to identify efficiencies and potentially realign services to better serve Black birthing people.

The MCH Home Visiting Programs have the capacity to serve approximately 1,800 pregnant and postpartum families per year and have prioritized Black/African American pregnant and postpartum people as the highest risk and needing home visiting/case management services. The programs are having difficulty identifying additional Black/African American mothers to enroll for home visiting services. The PACCT team receives the cases to screen and triage from the State Medicaid rolls. Unfortunately, the State only sends the PACCT names of people newly enrolled in Medicaid via the Healthy Babies Equity Act and Medicaid Expansion. They do not receive the names of people who became pregnant while already enrolled in Medicaid. It is those pregnant individuals who are perhaps the most at risk, as they are at a lower income and are more likely to be native-born than the Healthy Babies Equity Act/Medicaid Expansion enrollees. The MCH Program staff have been working to gain access to Chesapeake Regional Information System for our Patients (CRISP) or other data systems that would provide the necessary information, but this process is slow.

If the MCH Home Visiting Programs could enroll more Black or African Americans in the home visiting programs, some necessary program revisions would be required. Ideally, the BBH and SMILE programs would continue to serve Black/African American participants, as cultural congruence has been proven essential in providing effective case management. Both the BBH and SMILE programs would need to increase staff numbers to accommodate the increased demand. The Maternal and Child Health (MCH) programs have been discussing the potential of re-distributing resources from the MPP to BBH.

Recommendation #3: **What opportunities are available to add additional elements to the County's existing maternal health programs?**

CAO Response: We agree with this recommendation.

There are always opportunities to enhance the County's maternal health programs. For example, the MCH programs recently supported 15 staff Community Health Nurses and Community Services Aides in becoming Certified Lactation Specialists, which will better support program participants in breastfeeding. Other projects in the works include providing over-the-counter family planning options at the Silver Spring Health Center and the Germantown Health Center to help clients with an immediate reproductive health plan as the staff works with them to find a long-term option.

The MCH program administrators, managers, and staff are always interested in new and innovative ways to best serve the population. The current concern about the ability to enhance existing programs lies in the potential for cuts to the grant funding the program receives. The program receives about $1.8 million in grant funding from the Maryland Department of Health, all of which originates from the federal government. Additionally, if Medicaid funding is cut, the MCH Programs will have to quickly pivot to find prenatal care for the approximately 3,800 clients who receive their Medicaid through the Healthy Babies Equity Act or Medicaid Expansion. This would exhaust the existing resources and our ability to continue to support moms in the County.

Recommendation #4: **Could Montgomery County work collaboratively with County and BIPOC community stakeholders, including birth workers, partner organizations, and healthcare providers, to expand access to racially congruent midwifery services?**

CAO Response: We agree with this recommendation.

We agree with the recommendation to expand culturally congruent midwifery care. Currently, there are minimal midwifery services available in Montgomery County. For many years, there were no midwives performing hospital births. Shady Grove Adventist and White Oak Adventist now have hospitalist midwives on staff to perform deliveries for their clinic patients, as well as for patients from CCI Health Services and Mary's Center. Holy Cross Hospital, the largest delivery hospital in the State, does not give midwives birthing privileges.

In addition, there exists no free-standing birth center. The lone free-standing birth center, Family Health and Birth Center, closed in 2013 due to financial sustainability challenges driven by inadequate reimbursement rates. This is a perfect opportunity for the County to explore options to establish a new free-standing birth-center led by Black, Indigenous, and People of Color (BIPOC) midwives.

The time is right to start making changes in the system. Maternal Health disparities indicate that we must do something, and the current system is not working. Montgomery County's Health Officer, Dr. Kisha Davis, and the Chief of Public Health Services, Dr. Nina Ashford, hosted a Maternal Health Summit on March 14, 2025, to bring together partners across the County to address many of these issues. Attendees included all birthing hospitals, MCH program staff, community partners, doulas, midwives, and payers. This summit was the first of a series of conversations aimed at developing solutions to address the maternal health crisis and eliminate Black maternal health disparities.

A healthy community starts in the womb. As a County, we are committed to ensuring our mothers, birthing individuals, and their infants have the supports and resources they need to thrive. While Montgomery County performs well on key measures of Maternal and Infant Health at the County level, we recognize that not all residents experience these benefits. This report highlights crucial areas to focus as we target our work.

We look forward to discussing these items at the Council work session.

RM/na

cc: Fariba Kassiri, Deputy Chief Administrative Officer, Office of the County Executive
Tricia Swanson, Director of Strategic Partnerships, Office of the County Executive
Sonia Mora, Assistant Chief Administrative Officer, Office of the County Executive
Dr. Earl Stoddard, Assistant Chief Administrative Officer, Office of the County Executive
Dr. James Bridgers, Director, Department of Health and Human Services
Dr. Kisha Davis, County Health Officer, Department of Health and Human Services
Dr. Nina Ashford, Chief of Public Health, Department of Health and Human Services
Rebecca Smith, Senior Administrator of Maternal Child Health Programs, Department of Health and Human Services