



Maternal Health and Safety Initiatives Biennial Report 2024

**As Required by
Texas Health and Safety Code Section
34.0156**



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Executive Summary

Texas Health and Safety Code, Section [34.0156](#), requires the Texas Department of State Health Services (DSHS) to provide an update on maternal health and safety initiatives to the executive commissioner of the Texas Health and Human Services Commission (HHSC) by December 1 of each even-numbered year. The report must include recommendations for improving the effectiveness of the initiatives.

DSHS implements and manages multiple public health initiatives to improve maternal outcomes, including the:

- Texas Maternal Mortality and Morbidity Review Committee (MMMRC);
- High-Risk Maternal Care Coordination Services Program (HRMCCSP);
- Hear Her Texas statewide maternal health and safety public awareness campaign;
- Texas Alliance for Innovation on Maternal Health (TexasAIM) Program;
- Texas Collaborative for Healthy Mothers and Babies (TCHMB); and
- Support for maternal levels of care.

DSHS makes the following recommendations to improve the effectiveness of maternal health and safety initiatives:

- Consider ways to replicate HRMCCSP in additional parts of the state.
- Continue Hear Her Texas efforts to increase awareness about urgent maternal warning signs, including both provider and public education.
- Improve public and provider awareness about the importance of preconception health and early entry into prenatal care, especially for women at increased risk of poor maternal health outcomes.
- Continue support of TexasAIM.

Introduction

Texas Health and Safety Code, Chapter [34](#), directs DSHS to support health care providers in using best practices to prevent maternal death, serious illness, or injury associated with pregnancy. The statute requires DSHS to report on multiple initiatives regarding implementation, outcomes, and recommendations.

Health and Safety Code, Section [34.0156](#), directs DSHS to create a maternal health and safety initiative to support health care providers using best practices for the prevention of serious illness or injury associated with pregnancy.

Health and Safety Code, Section [34.01581](#), directs DSHS to implement similar health and safety initiatives to support health care providers as they incorporate best practices for pregnant and postpartum women with opioid use disorder.

Health and Safety Code, Chapter 1001, Subchapter [K \(expired\)](#), directed DSHS to develop, implement, and report progress on the HRMCCSP pilot. DSHS continued to implement the pilot through fiscal year (FY 2024) and collected initial outcomes.

DSHS implements multiple public health initiatives to support safer pregnancy, postpartum, and interpregnancy periods for Texas mothers. These initiatives focus on public awareness, provider education, community efforts, and the Perinatal Quality Improvement Network.¹ DSHS uses MMMRC findings and [recommendations](#) to inform development and implementation of the maternal health and safety initiatives outlined in this report.

This report summarizes TexasAIM, HRMCCSP, Hear Her Texas, and other maternal health and safety initiatives.

¹ The Perinatal Quality Improvement Network is a network of partnerships that coordinate and implement maternal and infant health and safety health care quality improvement initiatives.

High-Risk Maternal Care Coordination Services Program

Development

In 2020 and 2021, DSHS studied existing Community Health Worker (CHW) and maternal care coordination models, trainings, and resources. In 2023, DSHS collaborated with the University of Texas at Austin School of Nursing Community Health Worker Institute (UT-CHWI) to design, develop, pilot, and evaluate a High-Risk Maternal Care Coordination CHW training course series with four modules on the foundations of maternal health and how CHWs can support maternal health before, during, and after pregnancy.

DSHS is refining course content, developing applications for continuing education certification, and preparing the course series for statewide availability through an online learning management system.

Implementation

In July 2023, DSHS launched the HRMCCSP pilot in collaboration with Northeast Texas Public Health District (NETHealth), UT-CHWI, and the University of Texas Health Science Center in Houston (UTHSCH). The program identifies pregnant and postpartum women in Smith County at risk of poor pregnancy, birth, or postpartum outcomes and provides education, care coordination, and referrals to address risk factors and improve outcomes.

NETHealth was the pilot site to test, assess, and refine HRMCCSP components using a community-based high-risk care coordination approach. This approach uses CHWs to help with care coordination, make referrals to providers, and educate clients on available services. NETHealth's program is called "Delivering Resources and Empowering All Mothers" (DREAM) and provides monthly care coordination services based on client needs.

Outcomes

In FY 2024, NETHealth tested processes and program elements while serving 40 active clients. CHWs provided tailored health referrals for addressing health concerns, such as gestational diabetes, thyroid issues, mental health support, and hypertension. CHWs screened and counseled clients for tobacco and e-cigarette

dependence and provided clients with counseling and support to recognize risks, seek care, and self-advocate for their health. DSHS provided ongoing technical assistance and training to the program's CHWs on preconception, pregnancy, and postpartum health; risk behaviors; substance use including tobacco and pregnancy; tobacco cessation programs; care coordination; and referrals.

During its pilot stage, DSHS and NETHealth were able to track positive outcomes, indicating the effectiveness of the community-based high-risk care coordination approach. Examples of these outcomes include:

- Eight clients reported quitting smoking upon learning of their pregnancies, and one received support to quit during the program.
- CHWs provided substance use education and referrals to four participants.
- While most program clients reported having existing family and friend support networks, five who lacked support were able to build their network by participating in program classes and engaging with other program clients.

The pilot helped identify common challenges faced by these at-risk women to better inform future efforts. The most frequently reported client needs were food, utilities, clothing, childcare, housing, and transportation. CHWs referred clients to the Women, Infant, and Children's (WIC) program; food banks; and housing assistance services.

DSHS has continued funding to NETHealth using the federal Title V Maternal and Child Health grant. NETHealth will continue the DREAM program, further refine processes, and scale up to expand to Cherokee County in East Texas.

Hear Her Texas Campaign

DSHS launched the statewide public awareness campaign, [Hear Her Texas](#), in October 2021 with a statewide social media strategy and campaign website aligned with the Centers for Disease Control and Prevention's (CDC) national Hear Her campaign and the American College of Obstetricians and Gynecologists Urgent Maternal Warning Signs.²

The campaign encourages women who are pregnant or who have been in the past year to know their health risks and urgent maternal warning signs, and to speak up when they have concerns about their symptoms. The campaign also encourages providers, caregivers, friends, and family to listen to the mother's concerns and take action to prevent severe maternal morbidity and mortality. The primary audience includes women of childbearing age (ages 18-44 years), with a focus on populations most impacted by severe maternal morbidity and mortality.

In FY 2023 and FY 2024, Hear Her Texas received nearly 87 million impressions and engaged over 300,000 individuals. The campaign website receives an average of 10,000 visits per month. In FY 2023 and FY 2024, DSHS also engaged over 3,500 providers by distributing campaign messages at conferences and learning events targeting health care providers, hospital staff, and other community organizations working with pregnancy and post-partum women.

In FY 2023, DSHS launched an expanded campaign website and completed the following activities:

- Showcased testimonials of five Texas women who experienced health complications during or after pregnancy;
- Conducted stakeholder research to gain insight on strategies for effectively incorporating emergency departments (EDs) in existing maternal health and safety programs;
- Expanded campaign content with Texas specific educational resources; and
- Implemented an ongoing comprehensive social media strategy.

In FY 2024, DSHS released new resources, including a Hear Her Texas [flip book](#) for health care providers, conducted statewide research with women and stakeholders,

² For more information, visit [Urgent Maternal Warning Signs | AIM \(saferbirth.org\)](#).

and made all campaign assets available on the website and for ordering in print at no cost to the public. In FY 2025, the campaign continues its comprehensive media strategy, outreach, and stakeholder engagement efforts.

TexasAIM

In 2018, DSHS launched TexasAIM in partnership with the Texas Hospital Association to support Texas hospitals in adopting evidence-based maternal patient safety bundles. The [DSHS TexasAIM website](#) provides a more detailed program overview.

Participation is voluntary and hospitals may choose to enroll in one of two levels – TexasAIM Basic or TexasAIM Plus. Hospitals that participate at Basic level receive the fundamental tools and support to adopt AIM bundles. This includes access to quality improvement webinars, networking events, and technical assistance. TexasAIM Plus hospitals receive enhanced support and tools for bundle implementation and quality improvement activities through learning collaboratives.³

The first implemented TexasAIM bundle focused on obstetric hemorrhage, a leading cause of maternal mortality and severe maternal morbidity (SMM).⁴ Findings show improvements to SMM associated with obstetric hemorrhage since TexasAIM bundle implementation. See [Texas Health Data](#) for additional information.

- After four years of increases, the overall SMM rate decreased in 2022, from 85.5 to 72.9 cases per 100,000 delivery hospitalizations. This trend is true across all races and ethnicities.
- There was a sustained decline in SMM rates related to obstetric hemorrhage, from 30.7 per 100,000 in 2019 to 24.9 in 2022.

Across FY 2023 and FY 2024, TexasAIM engaged health care providers to promote maternal health and safety best practices through the Severe Hypertension in Pregnancy and Opioid and Other Substance Use Disorders patient safety bundles.

Severe Hypertension in Pregnancy Bundle

DSHS initially launched the Severe Hypertension in Pregnancy bundle in December 2020. Following a pause during the pandemic, DSHS relaunched the Severe Hypertension in Pregnancy learning collaboratives in late 2022. This included a

³ A learning collaborative is a systematic approach to process improvement based on the [Institute for Healthcare Improvement Break-through Series Collaborative model](#). During the learning collaborative, organizations test and implement system changes and measure their impact. They share their experiences with peers across organizations to accelerate learning and uptake of best practices.

⁴Severe Maternal Morbidity (SMM) is the unintended outcome of labor and delivery that results in significant consequences to a mother's health.

series of 30 calls to identify needs, set facility-level goals, review measurements, and prepare teams to reengage in collaborative quality improvement.

In 2023, DSHS held events to conduct three simulation scenarios for hospitals to practice technical skills, teamwork, communication, and debriefs to help achieve standardized severe hypertension obstetric emergency responses. DSHS included a simulation on Non-Medical Drivers of Health (NMDOH) to illustrate challenges patients face navigating systems to meet clinical recommendations in postpartum preeclampsia follow-up care.⁵

As of August 31, 2024, 201 of the 218 hospitals with obstetric services (92 percent) are enrolled in the TexasAIM Severe Hypertension in Pregnancy bundle. In 2023, these hospitals served approximately 350,000 women, accounting for roughly 98 percent of Texas births.⁶ Of these, 170 (85 percent) are enrolled as TexasAIM Plus participants. See [Appendix A](#) for a map of participating hospitals and enrollment statistics.

In early FY 2025, the learning collaboratives portion of the Severe Hypertension in Pregnancy bundle will conclude, and participating hospitals will move into sustained bundle implementation, data collection, and patient/family engagement.

Opioid and Other Substance Use Disorders Bundle

From 2019 to 2020, DSHS engaged 10 hospitals to be early adopters and independently pilot the AIM Obstetric Care for Women with Opioid Use Bundle. Based on lessons learned from the pilot and to expand focus to other substance use issues that impact maternal outcomes, implemented a learning collaborative with eight hospitals to refine an opioid and substance use disorder (OSUD) bundle for Texas. See [Appendix A](#).

DSHS launched the OSUD Innovation and Improvement Learning Collaborative (IILC) with a TexasAIM OSUD Summit in August 2023. The event reached 437 participants and brought together TexasAIM hospital teams, patient family partners,

⁵ Conditions in places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Non-Medical Drivers of Health, Texas Health and Human Services, last reviewed June 3, 2024, <https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/non-medical-drivers-health>.

⁶ Calculated by the Maternal and Child Health Epidemiology Unit using Texas Health Care Information Collection (THCIC) inpatient hospital discharge data for 2023.

maternal stakeholders, state agencies and community partners. The event described the impact of maternal opioid and substance use disorder on Texas maternal mortality, shared insights from women who have experienced SUD, and identified programs, strategies, and resources for answering the call to action to improve maternal health.

DSHS held three learning sessions for participating hospitals: August 2023, January 2024, and June 2024. The learning collaborative phase of this project will conclude in FY 2025. DSHS will collaborate with HHSC beginning in 2025 to determine the most effective components for a statewide bundle.

Sustainability Activities

With the conclusion of the Severe Hypertension in Pregnancy and OSUD learning collaboratives in early FY 2025, participating hospitals will move into sustained bundle implementation, data collection, and patient/family engagement. During this phase, participating hospitals plan for hardwiring the improved maternal care processes they tested during the learning collaborative, so they are consistently and reliably used as part of standard practice. Hospitals are encouraged to continue to track quality data, conduct improvement activities, use TexasAIM resources and chat boards, and seek TexasAIM technical assistance as needed until processes are standardized and sustained.

As resources allow, DSHS will provide additional simulation training and tools. DSHS activities supporting hospital sustainability efforts include:

- Strengthening alignment with maternal levels of care;
- Continued patient and family engagement;
- Supporting self-blood pressure monitoring for women;
- Providing local quality improvement mentoring; and
- Ongoing simulation training and continuing education opportunities.

Future TexasAIM Bundle Activities

According to [Texas Health Data](#), SMM due to sepsis increased from 2016 to 2021, with a slight decrease from 2021 to 2022. Leveraging components from bundles that have already been implemented as well as lessons learned, DSHS, in

consultation with TexasAIM hospitals and faculty, plans to launch the Sepsis in Obstetric Care Bundle in 2025. The Cardiac Conditions in Obstetric Care bundle will be implemented in 2028.

Additional Maternal Health and Safety Initiatives

Texas Collaborative for Health Mothers and Babies

In 2013, DSHS developed [TCHMB](#) as the state’s perinatal quality collaborative (PQC) and currently contracts with University of Houston to facilitate TCHMB operations.⁷ TCHMB advances health care quality and patient safety for all Texas mothers and babies by developing joint quality improvement initiatives, advancing data-driven best practices, and promoting education and training.

In 2023, TCHMB launched the Recognition and Response to Postpartum Preeclampsia in the Emergency Department (PPED) project to reduce maternal morbidity and mortality related to severe hypertensive postpartum patients. The PPED project:

- Educated ED clinicians;
- Supported hospitals to improve processes related to recognition, diagnosis, and treatment of pregnancy and postpartum preeclampsia hypertensive disorders;
- Promoted improved communication and collaboration between emergency and maternal departments; and
- Developed and disseminated ED clinical management tools.

The TCHMB completed data collection for the PPED project in April 2024 and plans to disseminate findings and implement hospital sustainability planning in FY 2025.

Levels of Care Designation

DSHS oversees maternal levels of care designations for hospitals. DSHS works with hospitals, perinatal care regions, and the Perinatal Advisory Council (PAC)⁸ to:

⁷ A perinatal quality collaborative is a state or multi-state network working to improve the quality of care for mothers and babies. Perinatal quality members identify health care processes that need to be improved and use the best available methods to make changes as quickly as possible. More information can be found at:

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm>.

⁸ The Perinatal Advisory Council, an HHSC Advisory Committee, develops and recommends criteria for designating neonatal and maternal care levels. More information can be found at [Perinatal Advisory Council | Texas Health and Human Services](#).

- Improve maternal patient care and outcomes;
- Develop hospital requirements for facility designation; and
- Establish regional maternal care coordination.

In 2021, the PAC recommended changes to the maternal levels of care rules to incorporate patient safety practices for placenta accreta spectrum disorder.⁹ The rules went into effect January 2023 and are a requirement for a level IV hospital designation (hospital providing comprehensive care), which can be found in [25](#) Texas Administrative Code, Section [133.209](#).

In May 2024, DSHS held the first of three calls for maternal levels of care surveyors. This continuing education event provided an overview of TexasAIM and maternal patient safety alignment opportunities with hospitals currently required to report maternal levels of care. DSHS has plans for two more calls in FY 2025 to promote ongoing alignment.

⁹ Placenta accreta spectrum disorder (PAS) is a complication of pregnancy where the placenta attaches to the wall of the uterus (womb) in an abnormal way. The placenta is the organ that provides oxygen and nutrients to the developing fetus. Normally the placenta attaches quite superficially to the wall of uterus but, in PAS, the placenta adheres or invades in an abnormal way during the first trimester of pregnancy, pushing too deeply into the uterine wall (myometrium).

Recommendations

In accordance with Texas Health and Safety Code Section 34.0156, DSHS makes the following recommendations to improve the effectiveness of maternal health and safety.

Consider ways to replicate HRMCCSP in additional parts of the state.

DSHS completed the pilot phase in August 2024. In FY 2025, NETHealth will expand their reach to Cherokee County. DSHS will work to identify ways to replicate the program in additional parts of the state.

Continue Hear Her Texas efforts to increase awareness about urgent maternal warning signs, including both provider and public education.

Continuation of the Hear Her Texas campaign will encourage pregnant and postpartum women to know the urgent maternal warning signs, voice concerns about their health, and seek medical help if something does not feel right. DSHS will use existing funding, as available, to create new maternal morbidity and mortality prevention messages and strategies for families, providers, and communities.

Improve public and provider awareness about the importance of preconception health and early entry into prenatal care, especially for women at increased risk of poor maternal health outcomes.

Preconception health awareness and early entry into prenatal care can reduce maternal mortality and morbidity and factors like chronic disease that increase a woman's risk for poor outcomes. Maternal mortality and morbidity contributing factors are complex and occur over the life course. DSHS will work with partners like HHSC, THA, and the Texas Medical Association (TMA) to identify additional opportunities to raise awareness.

Continue support of TexasAIM.

DSHS recommends continuing hospital support with TexasAIM patient safety bundle implementation. DSHS will continue to refine how it supports hospitals with new and ongoing bundle implementation, quality improvement, and data analysis.

Conclusion

DSHS, in collaboration with partners, continues to conduct maternal health and safety activities that cover a broad range of activities. These include the:

- MMMRC;
- HRMCCSP;
- Hear Her Texas;
- TexasAIM;
- TCHMB; and
- Support for maternal levels of care.

DSHS also continues to track data on the outcomes of these efforts to identify future improvements. In FY 2025 and FY 2026, DSHS will work to identify opportunities to continue HRMCCSP, continue support of TexasAIM, and improve public and provider education through activities like Hear Her Texas.

Appendix A. TexasAIM Plus Severe Hypertension Pregnancy Bundle

Figure A-1. Hospitals Enrolled in the Severe Hypertension in Pregnancy Bundle, August 2024

Hospitals Enrolled in the TexasAIM Severe Hypertension in Pregnancy (HTN) 2.0 Learning Collaborative as of August 31, 2024 by TexasAIM Cohort Region

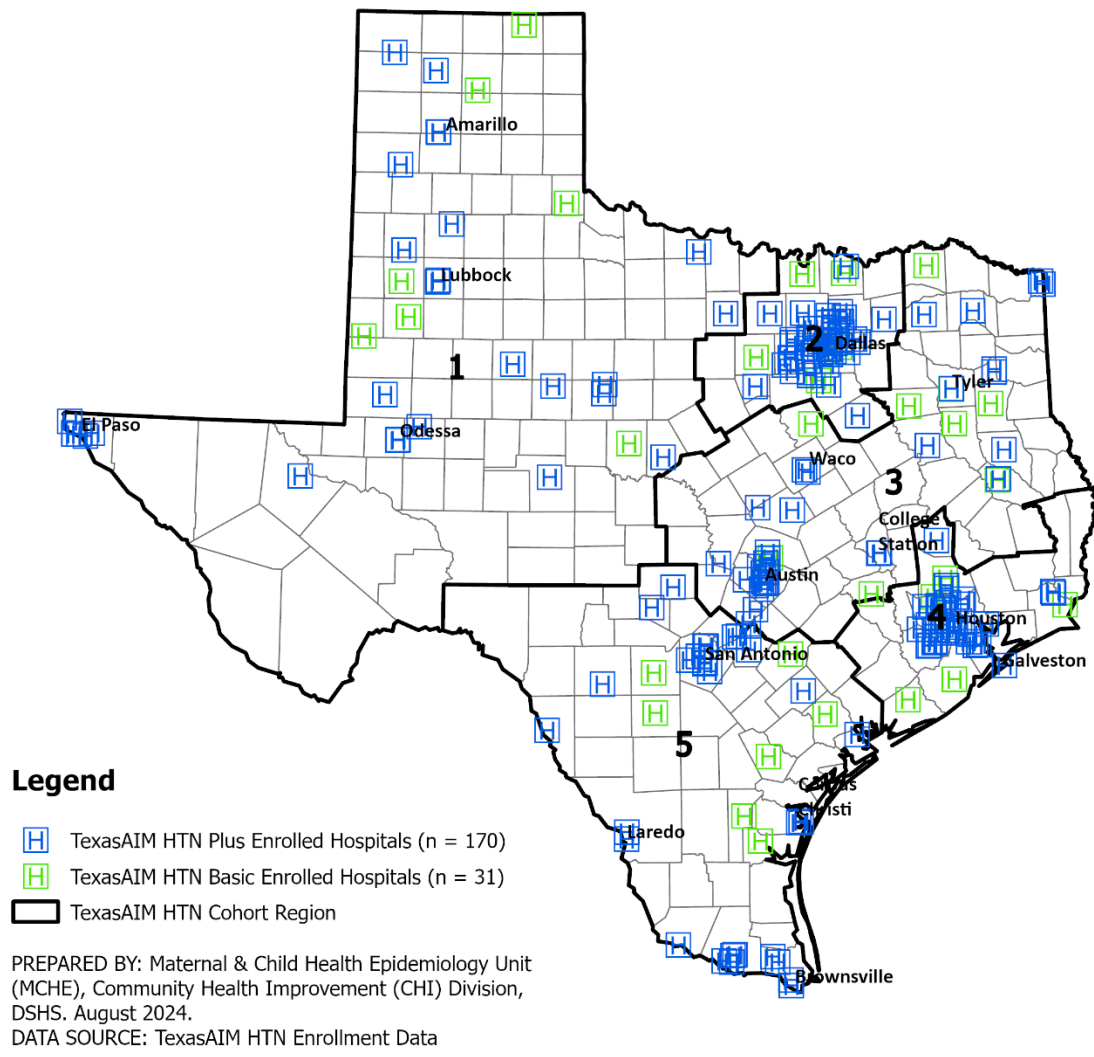


Figure A-2. TexasAIM Plus Learning Collaborative Cohorts by Perinatal Care (PCR)

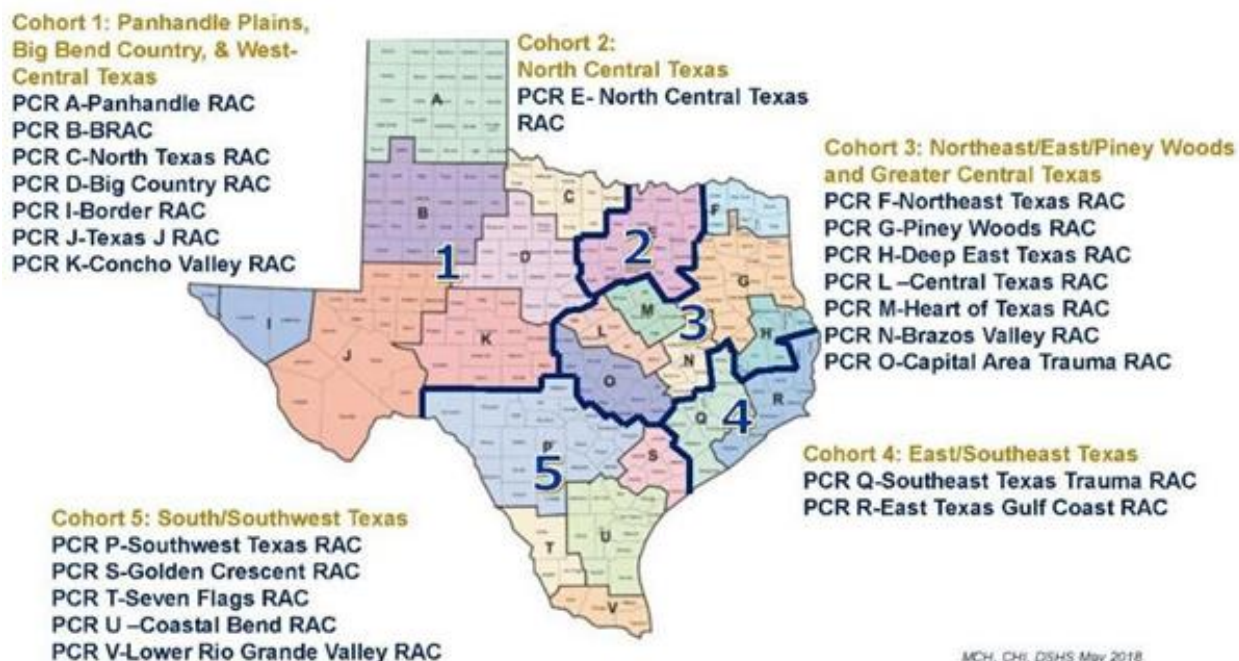


Table A-1. TexasAIM Severe Hypertension in Pregnancy (HTN) Enrollment Among Hospitals with Maternity Services

Segment of TexasAIM Hospitals	Enrollment Statistics
TexasAIM Basic Hospitals	31 (15%) of 201 TexasAIM hospitals are enrolled in HTN as Basic
TexasAIM Plus Hospitals	170 (85%) of 201 TexasAIM hospitals are enrolled in HTN as Plus Hospitals
Total TexasAIM Hospitals	201 of 218 hospitals with obstetric services (92%) are enrolled in TexasAIM HTN
TexasAIM Rural Hospitals	46 (77%) of rural Texas hospitals are enrolled in TexasAIM HTN (10 Basic, 36 Plus)
TexasAIM Urban Hospitals	155 (98%) of urban Texas hospitals are enrolled in TexasAIM HTN (21 Basic, 134 Plus)
TexasAIM Border Hospitals	22 (81%) of Texas hospitals in border counties are enrolled in TexasAIM HTN (1 Basic, 21 Plus)
TexasAIM Non- Border Hospitals	179 (94%) of Texas hospitals in non-border counties are enrolled in TexasAIM HTN (30 Basic, 149 Plus)

Appendix B. TexasAIM Opioid and Other Substance Use Disorder Initiative

Figure B-1. Hospitals Enrolled in OSUD Initiative, August 2024

Hospitals Engaged in the TexasAIM Opioid and Other Substance Use Disorder (OSUD) Initiative as of August 31, 2024 by TexasAIM Cohort Region

