Maternal Health Data and Quality Task Force Meeting Notes -- Draft

September 24th, 2025 | 10:00 a.m. – 12:00 p.m.

VCU Health Community Memorial Hospital, Education Conference Room

Members Present: VDH Commissioner Dr. Karen Shelton (Co-Chair), DMAS Director Cheryl Roberts, Julie Bilodeau, Tanya Callender, Kelly Cannon, Jumelie Miller, Shannon Pursell, Ann Russell

Members Present Virtually: Delegate Amanda Batten, Gabriela Ammatuna, Dr. Daphne Bazile, Nikki Cox, Dr. Kurt Elward, Leah Kipley, Nicole Lawter, Sheila Mathis, Joely Mauck, Dr. Lee Ouyang, Eric Reynolds, Kenda Sutton-El, Dr. Louis Thompson, Ashley Wiley, Ildiko Baugus, Stephanie Spencer, Mandolin Restivo, John Mandeville (Designee for Paula Tomko)

Health and Human Resources Staff: Leah Mills, HHR; Jona Roka, HHR; Mindy Diaz, HHR; Cheryl Oppan, HHR; Bella Griffin, HHR; Elizabeth Gillanders, HHR; Dane De Silva, VDH; Rebecca Edelstein, VDH; Lauren Kozlowski, VDH; Mariam Siddiqui, DMAS; Karla Callaham, DMAS

Welcome Remarks and Introductions

The Honorable Janet V. Kelly, Secretary of Health and Human Resources
Dr. Karen Shelton, Commissioner, Virginia Department of Health (Co-Chair)
Sheldon Barr, President, VCU Health Community Memorial Hospital

The meeting opened with remarks from Janet V. Kelly, Secretary of Health and Human Resources (HHR), who welcomed members and noted that this was the seventh meeting of the Maternal Health Data and Quality Measures Task Force. She emphasized that maternal health has been a top priority for the Governor, who has a personal connection to the issue through his mother's work in the field. She reflected on several accomplishments to date, including:

- Passage of the Safety Bundle legislative package to update maternal care protocols.
- Implementation of safety bundles to standardize protocols across maternal health providers.
- Creation of a rural health transformation program from the U.S. Department Health and Human Services that will be carried by The Office of the Secretary of Health and Human Resources.
- Twelve listening sessions in rural areas focused on challenges with accessing quality healthcare in rural Virginia and potential solutions.

Secretary Kelly then introduced Sheldon Barr, President of VCU Health Community Memorial Hospital. President Barr began by thanking Secretary Kelly and the HHR team and described the myriads of programs and supports her hospital has set up to address both health and social needs. She emphasized that maternal health is not only a medical issue, but the cornerstone of community well-being—when mothers thrive, communities prosper. She stressed that every woman deserves the opportunity to have a safe and healthy childbirth.

Drawing on the 2024 VCU Community Health Needs Assessment, President Barr highlighted several realities her hospital faces: 60% of their patients are Medicaid enrollees, who experience higher rates of maternal morbidity; one-third of patients are victims of domestic violence; and adverse outcomes are far too common for children born in their facility. She reminded the group that "these are our neighbors, friends, and families," and that many babies are fighting for survival from the very first days of life. She

shared a moving story about a baby born at 24 weeks, where the care team's resuscitation efforts helped the child not only survive but double weight, birth weight—demonstrating that delivering high-risk babies can be done.

VCU Health Community Memorial Hospital delivers approximately 200 babies each year, including 15–20 high-risk cases supported through virtual care. To expand access, they have added a second nurse practitioner and continue to ask how comprehensive care resources best support mothers can. Sister facilities in Richmond provide additional capacity, including 1,300 ultrasounds. President Barr described ongoing training for providers on domestic and intimate partner violence, as well as substance abuse, and highlighted initiatives to improve maternal health and infant outcomes in rural communities.

She emphasized the hospital's strong community connections, which encompass education, partnerships with nonprofits, and other postpartum initiatives. One innovative program provides new mothers with wristbands identifying them as postpartum patients, helping raise awareness and support in the community.

President Barr also underscored the geographic barriers faced by mothers in rural Virginia. Many in South Hill must travel long distances to receive care since the nearest birthing center is in Danville, which is an hour and a half away. About one in five Medicaid patients never make it to scheduled doctor appointments, raising the question of how providers can build trust and engage patients more effectively. She noted that one of their nurse practitioners is pursuing a Doctor of Medical Technology (DMT) degree, further strengthening their workforce.

In closing, President Barr emphasized that maternal health challenges are not just the hospital's problem but the community's problem. She called on local governments, providers, and community leaders to align efforts and find creative ways to improve maternal health outcomes, thanking the Task Force for leading this effort.

Rural Health Transformation Update
The Honorable Janet V. Kelly, Secretary of Health and Human Resources

Secretary Kelly stressed the importance of data as the foundation of the Task Force's work and thanked members for their contributions. She described a new federal rural health initiative that will provide $500 million in non-competitive funds and another $500 million in competitive funds for states. The federal government is seeking what she described as a "major transformation" in rural health. Virginia's application is due November 5, 2025.

Landscape of Virginia Birth Hospitals in Rural Health Update
Dr. Karen Shelton, Commissioner, Virginia Department of Health (Co-Chair)

Dr. Shelton presented an overview of Virginia's birthing hospitals and maternal health access in Virginia. Currently, there are 49 birthing hospitals, while 93 localities lack a birthing hospital**.** She explained that adverse outcomes are more common in areas where residents must travel more than 30 minutes to receive care, particularly when 20% or more of the population lives under 200% of the poverty line.

Several hospitals have closed obstetric units, especially in rural areas, increasing average driving times from 18 minutes to 38 minutes. Medicaid reimbursement challenges have made it difficult to attract OB/GYN providers, and perinatal workforce shortages persist.

Dr. Shelton noted that maternity care deserts are associated with:

- Higher rates of preterm births.
- Increased C-sections.
- More instances of low birth weight.

She highlighted specific cases, including closures at Lewis Gale Medical Center in 2024, which increased drive times in Halifax County, and limited utilization of obstetric services at Warren Memorial Hospital. Even when hospitals remain open, provider availability may not keep pace.

Ongoing initiatives include:

- Collaborative Safe Births to improve hospital readiness for emergency deliveries.
- NICU transport team training.
- A Health Resources and Services Administration (HRSA) planning grant to build the Cumberland Plateau Perinatal Network, addressing maternal care across four counties.

Dr. Shelton emphasized that transportation barriers are raised in nearly every rural health listening session and called for ideas from Task Force members.

Facilitated Recommendations Discussion

Gina Barber, Director of Administration and Senior Consultant, VCU Center for Public Policy

Gina Barber, Director of Administration and Senior Consultant at the VCU Center for Public Policy, facilitated an exercise designed to help Task Force members identify and refine priority recommendations. She began by asking members to reflect individually on the most urgent needs in maternal health, after which participants joined small groups for deeper discussion. The small groups included both in-person and virtual participants to ensure all voices were captured.

During group discussion, several themes emerged. Members stressed the need for increased workforce incentives in rural areas to attract and retain skilled providers. Expanding the availability of birthing centers and ensuring Medicaid support for maternal services were also frequently cited. Many members highlighted the importance of continuity of care, ensuring that mothers experience seamless transitions between providers and systems, while still maintaining confidentiality and data integrity.

Another strong theme was the integration of doulas and midwives into care models to improve maternal outcomes and provide culturally responsive support. Members also underscored the necessity of including postpartum care and support as a core component of the Task Force's recommendations, rather than limiting focus to pregnancy and delivery.

Finally, some participants expressed concern that discussions were not sufficiently data-centered, cautioning that recommendations must be grounded in robust evidence. Some members emphasized the importance of aggregating, analyzing, and publishing existing data to inform decision-making, build public trust, and track progress over time

Each group reported back to the full Task Force, and the results were compiled using an online participation tool (MentiMeter) to highlight common themes and areas of alignment.

The following are the identified priorities of the in-person and virtual participants:

- **Addressing substance use during pregnancy**, with particular concern about rising cannabis use and its effects on maternal and infant health.

- **Allocating funding for transportation and childcare** in underserved areas to reduce access barriers for families.
- **Expanding workforce development efforts** to address provider shortages, particularly in rural and underserved regions.
- **Streamlining care coordination** across hospitals, OB/GYNs, midwives, doulas, and community providers to reduce fragmentation.
- **Collecting and publishing infant and fetal health outcomes** to improve transparency and guide evidence-based interventions.
- **Increasing access to care in rural areas**, including the deployment of maternity health navigators and strengthening the role of primary care providers.

National Academy for State Health Policy Annual Conference Update

Lauren Kozlowski, Maternal and Infant Programs Coordinator, Virginia Department of Health
Mariam Siddiqui, Senior Advisor, Department of Medical Assistance Services

Lauren Kozlowski (VDH) and Mariam Siddiqui (DMAS) reported on Virginia's participation in the National Academy for State Health Policy (NASHP) Policy. The initiative runs through June 2027 and focuses on the Cumberland Plateau region. Goals include increasing awareness of maternity benefits, strengthening referral pathways, and developing recommendations for addressing care deserts.
Key takeaways from other states include:

- **California**: Framework and roadmap for maternity care transformation.
- **Iowa**: Alliance for Innovation on Maternal Health (AIM) Project and job simulator training.
- **MedStar DC**: "Safe Babies, Safe Moms" five-year initiative, a clinical and community partnership that addresses disparities in maternal and infant care.

Task Force Meeting Concludes and Closing Remarks

Dr. Karen Shelton, Commissioner, Virginia Department of Health (Co-Chair)

Dr. Shelton thanked participants and shared that VDH will soon launch a maternal health website hub. She reminded members that the next Task Force meeting will be held on October 29, 2025, from 10:00am – 12:00pm in Richmond at the Patrick Henry Building.