

MHLIC Stakeholder Survey

Thank you to those who have taken the time to complete the Maternal Health Learning and Innovation Center (MHLIC) Stakeholder Survey! We appreciate your insights and the resources that you shared. For those who have not yet taken the stakeholder survey, we welcome your response [here](#).

One of the goals of the MHLIC is to build relationships and connect partners engaged in maternal health. We hope to engage with you and your organization in our collective efforts of advancing federal and state-level initiatives to prevent maternal deaths, reduce morbidity and eliminate health disparities. If you indicated an interest in collaborating with the MHLIC, staff from the Center will be connecting with you soon.

Below we have included a short summary from the survey responses thus far.

About survey respondents

We have received 32 completed surveys predominately from state public health departments. The majority of organizations work in single or multiple states (69%) or nationwide (34%) and represent or serve multiple groups including pregnant women (88%), new mothers (72%), and general wellness care outside the context of pregnancy (56%).

Gaps and things to consider as we embark on this work

The most common gaps included rural/frontier needs (n=5), racial inequality and implicit bias (n=5), need for disaggregated data (n=2), and telehealth strategies (n=2). Below are a few illustrative quotes from respondents.

The issue we often face serving Asian American and Pacific Islander communities when working on issues relating to maternal morbidity and mortality is a **lack of disaggregated data**. Without data on our communities, it makes it difficult to understand the full picture of the issue. Having broken down information by ethnicity would greatly improve our ability to advocate.

Inequities in maternal mortality and morbidity are complex and require unconventional approaches that are driven by those who are most likely to be afflicted.

1. Vast areas of rural America are without prenatal care providers and/or emergency pregnancy/postpartum services.
2. Rural Emergency Departments lack readiness for obstetric emergencies.
3. Socio-economic determinants of health continue to adversely impact health outcomes for many women, especially women of color, poor women, rural women, and gender diverse people.

Most workshops focus on raising awareness and promoting implicit bias training. What other proven or promising strategies are there in addition to the above?

Specific gaps in maternal mental health include lack of:

1. standard language and statistics regarding maternal mental health
2. standard guidelines for screening for maternal mental health challenges
3. incentives for healthcare providers to screen for maternal mental health issues (i.e. lack of reimbursement, no time, lack of resources)

Please Stay in Touch

Thank you again for participating in our [survey](#), and we look forward to learning from you and with you in the coming years.