Childcare as a Partner in Maternal and Family Health

Maternal Health Trends, Community Supports, and Opportunities for Collaboration in Mississippi

Victoria M. Gholar, DNP, PMH - BC

June 15, 2026



UMMC™
Myrlie Evers-Williams Institute for the Elimination of Health Disparities

Acknowledgments

- Representative Summers
- Childcare Center owners, directors, and staff
- MLICCI
- Mothers/Pregnant moms across MS



Why Maternal Health Matters in MS

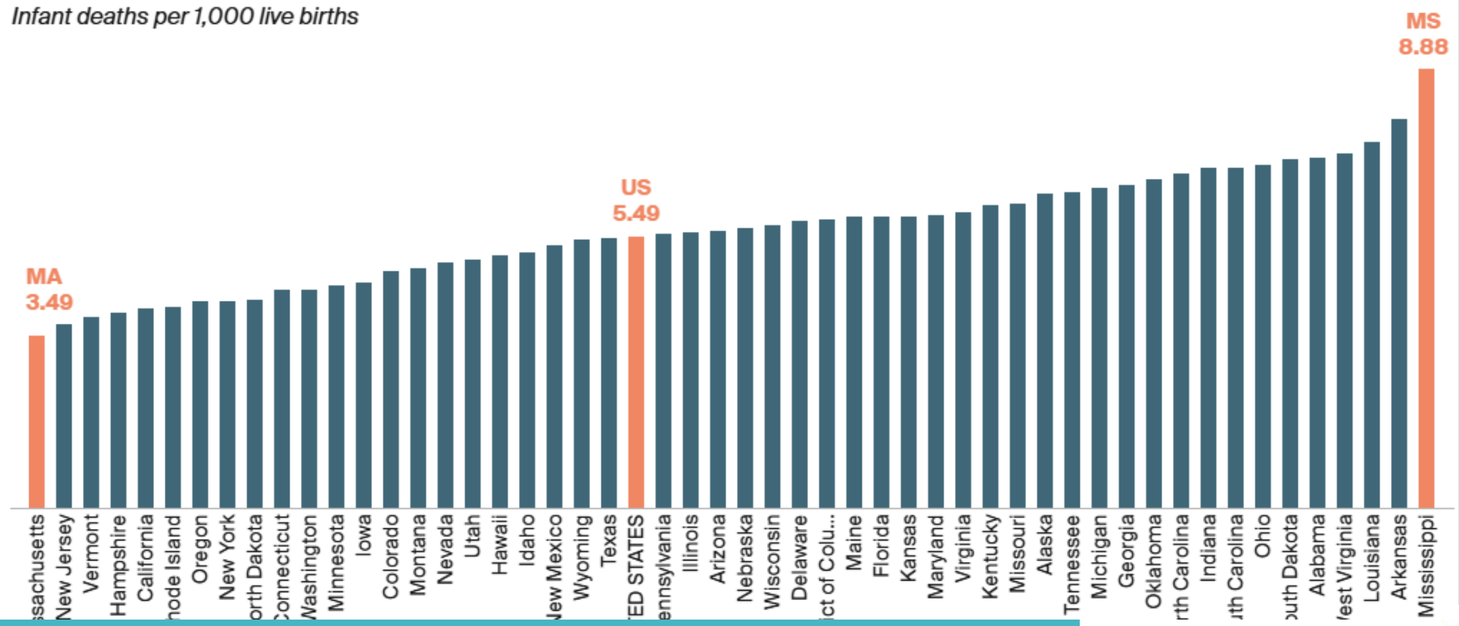
- Ranks 50th in the nation for infant mortality
- Black mothers experience disproportionately worse outcomes - up to 4x the rate of white women
- Many women have to drive more than 40 minutes to receive maternal healthcare services



Sources:

- https://www.wlbt.com/2021/10/07/mississippi -mother -unborn -child -die-due-no-available -24-hour -emergency -care-their -rural -city/
- MSDOH (2025). Mississippi Maternal Mortality Report

Infant mortality per 1,000 births varied widely across states from 2020 to 2022.



How MS compares to the US

Table 1: Mississippi and United States Maternal Mortality, 2014-2024

Year	Mississippi Maternal Mortality Rate	US Maternal Mortality Rate
2014	12.9	21.5
2015	2.6	20.9
2016	29.0	21.8
2017	16.1	21.6
2018	18.9	17.4
2019	35.5	20.1
2020	19.7	23.8
2021	79.6	32.9
2022	23.1	22.3
2023	23.2	18.6
2024	32.9	19.8

[1] Includes deaths with pregnancy within 42 days of death or with an underlying cause of death of A34, O00-O95, O98-O99
[2] Rate calculated as maternal deaths per 100,000 live births

Sources:
- Maternal Mortality in the United States, 2025. The Commonwealth Fund.
- MSDOH (2025). Mississippi Maternal Mortality Report

Outcomes in MS - Key Trends

Women with chronic health conditions have a

39%

increased likelihood of preterm birth compared to women with none.

Maternal mental health disorders impact 20% of the perinatal population

24.3% of women

had no birthing hospital within 30 minutes compared to 9.7% in the U.S.

Chronic Conditions

Nearly one out of every fourth delivery had coexisting hypertension; more than ¼ of these were associated with preterm births

Maternal Mental Health

State health data shows 16% of pregnancy -related deaths in Mississippi from 2019 to 2021 were linked to mental health conditions

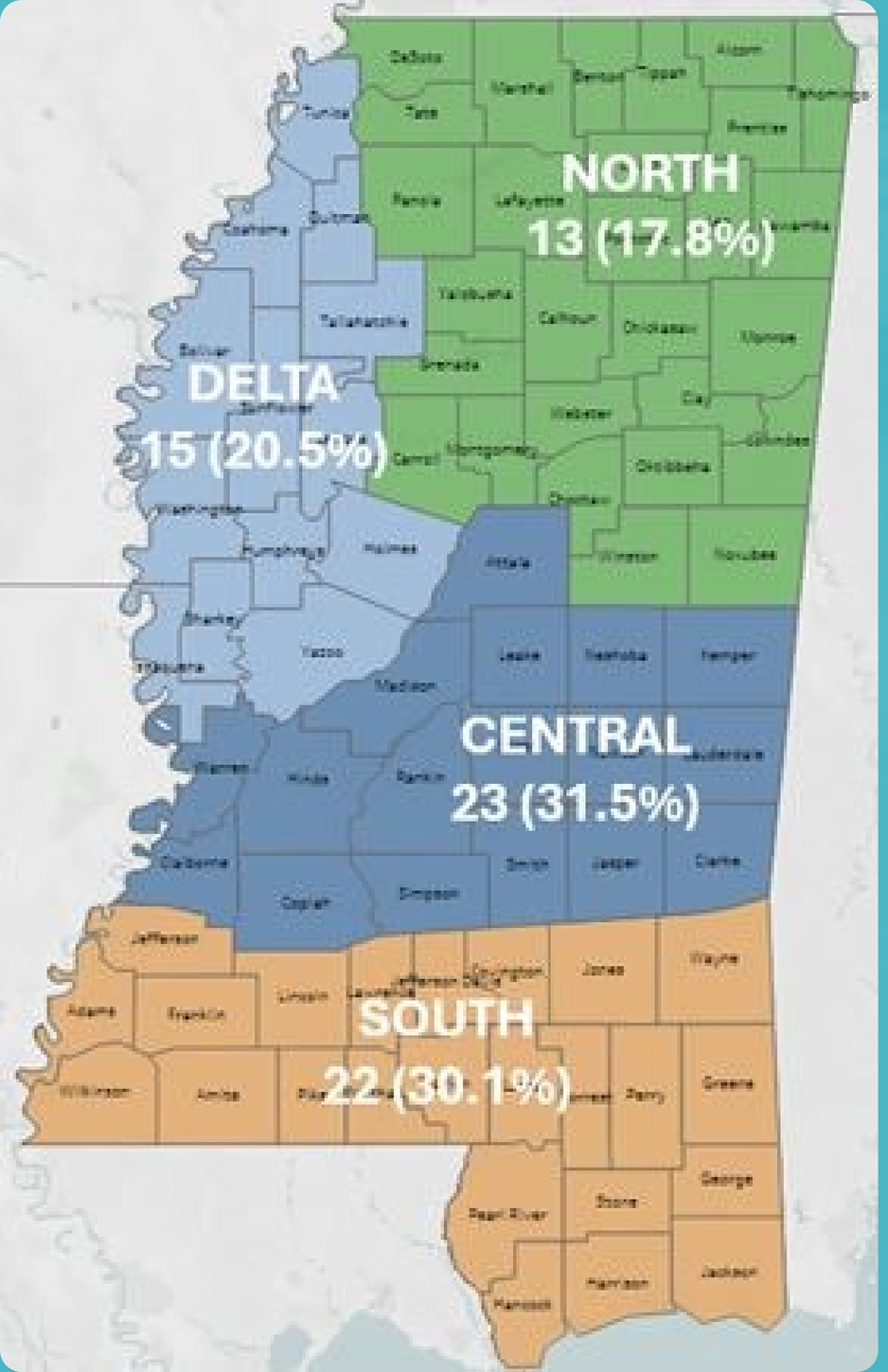
Gaps in Access to Care

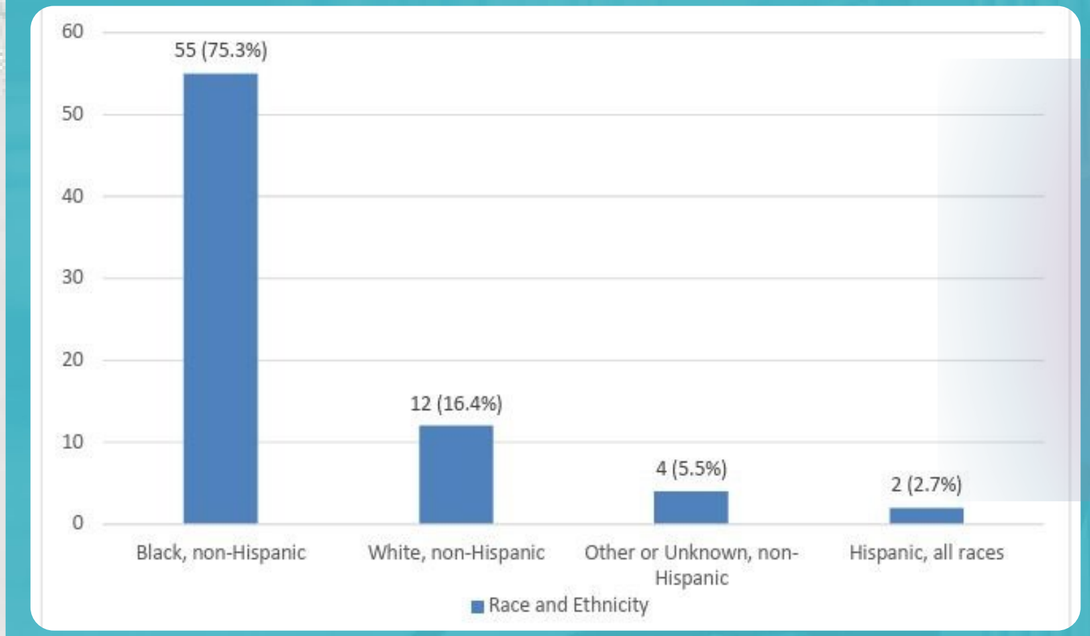
Barriers such as poverty, limited access in rural areas, and lack of social supports increase risks

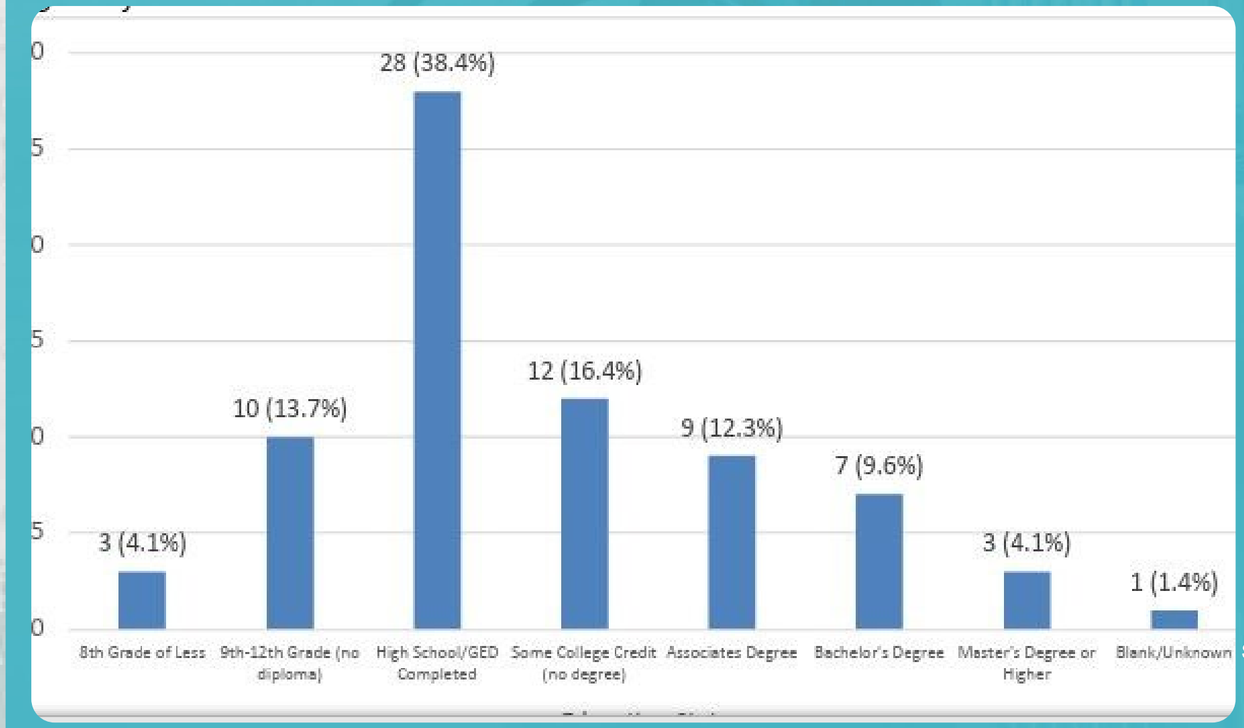
Source:

- March of Dimes. Where you live Matters: Maternity Care Access in Mississippi

Disparities Impacting Maternal Health

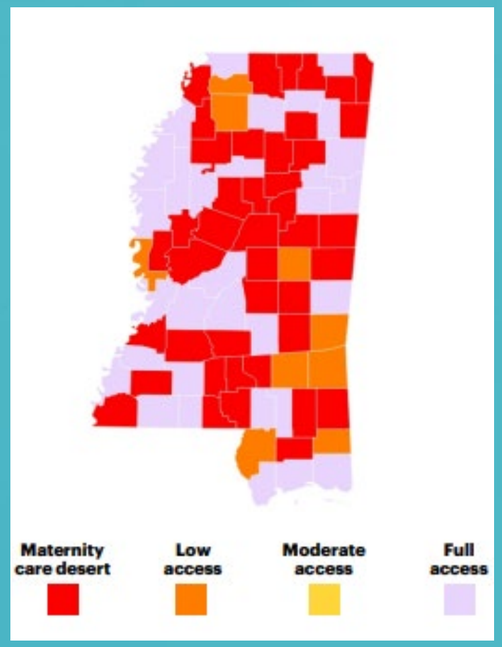






Source:
- MSDOH (2025). Mississippi Maternal Mortality Report

Social Determinants of Health



Source:
- March of Dimes. Where you live Matters: Maternity Care Access in Mississippi

SOCIAL DETERMINANTS OF HEALTH

EDUCATION
Education level and health literacy affect health knowledge, choices, and access to opportunities.

HOUSING
Safe, stable, and affordable housing supports physical and mental health during pregnancy and beyond.

FOOD SECURITY
Access to nutritious food supports healthy pregnancies and infant growth.

TRANSPORTATION
Reliable transportation helps mothers get to prenatal appointments, pharmacies, and community resources.

ECONOMIC STABILITY
Income, employment, and financial security reduce stress and improve health outcomes.

SOCIAL & COMMUNITY CONTEXT
Social supports, community safety, and reducing discrimination improve maternal well-being.

HEALTHY MOMS
STRONGER FAMILIES
HEALTHIER COMMUNITIES

BETTER MATERNAL HEALTH OUTCOMES

- Healthier Pregnancies
- Improved Infant Health
- Stronger Early Childhood Development
- Stronger Families and Communities

UMMC EversCare

Centering Pregnancy

Transforming Prenatal Care Through Group Visits

- Evidence-based model of group prenatal care that combines health assessment, interactive learning, and peer support
- Group visit of 8-10 women with due dates around the same time
- Visits are 120 minutes, giving mothers more time with their provider
- There is one-on-one time with the provider for a belly/baby check

- Participants are trained to **take** and **record** some of their own health data (BP and weight)
- Facilitated “circle-up” discussions and activities
- Curriculum and materials that include everything from nutrition, common discomforts, stress management, labor and delivery, breastfeeding and infant care

Centering Pregnancy

Evidence of Impact

The evidence for CenteringPregnancy

In more than 100 published studies and peer-reviewed articles, Centering demonstrates improved outcomes, including a 33%-47% decreased risk of preterm birth, more consistent attendance at prenatal and postpartum visits, greater readiness for birth and infant care, higher breastfeeding rates and improved patient and provider satisfaction scores.

Preterm births before 37 weeks gestation by race



The Greenville study showed a flattening of racial disparities for women in Centering with an overall preterm birth rate for black women virtually the same as white women.

Source:
- Centering Healthcare Institute

EversCare Clinic Model







Integrates clinical care with social support to address non-medical drivers of health.

Shared goal: Improve maternal outcomes and patient experience by aligning clinical quality and population health efforts.

Builds a model for system-wide integration of social and clinical supports to enhance whole-person care.

UMMC
EversCare

Centering Space





Tools/Resources

Evers-Williams Institute

About Us | Clinical | Research and Community Engagement | Interdisciplinary Learning Lab

EVERS-WILLIAMS INSTITUTE / CLINICAL

Clinical

- Myrlie Evers-Williams Institute
- About Us +
- Clinical –
  - CenteringPregnancy
  - We Need to Talk
  - EversCare Clinic
  - EversCare Food Pantry
  - Lifestyle Express Clinic
  - Pop Health Grand Rounds
  - Volunteer at EversCare
  - Donate to EversCare
- Research and Community Engagement +
- Interdisciplinary Learning Lab +
- MEWI in Motion Newsletter

We Need to Talk

Contact us at 601-815-6394 (MEWI)

Map & dashboard for mothers-to-be (also embedded below)

Map & dashboard for providers & policymakers



Women in Mississippi are more likely to experience the loss of an infant than any other state in the nation. Mississippi also leads the nation with the highest rate of maternal deaths. Many factors contribute to these troubling statistics, including a high rate of chronic disease, a high rate of uninsured, trouble accessing prenatal care, and maternity care deserts.

UMMC
Myrlie Evers-Williams Institute for the Elimination of Health Disparities

Thank you!

Your time, attention, and engagement are appreciated!

Victoria Gholar
601.984.1020 • vgholar@umc.edu