



# Collaborative Innovations to Improve **Maternal Health**

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**Unite Us Issue Brief**

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## Introduction

Improving maternal health in the U.S. has become a central focus of many policy objectives. However, we continue to have the highest maternal death rate of all developed countries, and we are the only industrialized nation with a rising rate. **At Unite Us, we know we can do better.** That's why we are dedicated to improving maternal health for all pregnant people and new parents and driving better outcomes.

By joining forces with government, healthcare, and community-based organizations (CBOs), we've achieved measurable success in delivering whole-person coordinated care. This brief highlights maternal health challenges and priorities in the U.S., and how our data-powered, social care solution can drive change and positively impact maternal and infant health outcomes.

## The Maternal Health Crisis

The weeks following birth are the most dangerous for postpartum people of all races in the U.S. New mothers are more likely to die pregnancy-related deaths during these weeks than they are in pregnancy or delivery.<sup>1</sup>



### The challenge:

Pregnancy-related deaths more than doubled from 1987 through 2018, rising from 7.2 deaths per 100,000 live births to 17.4 deaths per 100,000 live births.<sup>2</sup>

### The opportunity to intervene:

In the years 2011 through 2015, a third of all pregnancy-related deaths occurred in the postpartum period; about 12 percent occurred beyond the first six weeks, 43–365 days after delivery.<sup>3</sup>

<sup>1</sup>Admon, L. et. al. (2019). Rural-Urban Differences In Severe Maternal Morbidity and Mortality in the US, 2007–15. Health Affairs, 38(12). <https://doi.org/10.1377/hlthaff.2019.00805>

<sup>2</sup>Enquobarie, D. et. al. (2021). Policies for Reducing Maternal Morbidity and Mortality and Enhancing Equity in Maternal Health. The Commonwealth Fund. <https://doi.org/10.26099/ecxf-a664>

<sup>3</sup>Taylor, J. (2020). Promoting Better Health Outcomes by Closing the Medicaid Postpartum Coverage Gap. The Century Foundation. <https://tcf.org/content/report/promoting-better-maternal-health-outcomes-closing-medicaid-postpartum-coverage-gap/#easy-footnote-bottom-7>

# Contributing Factors to Maternal Health Inequities

## Unaddressed SDoH Needs

Persistently unaddressed social needs including housing insecurity, lack of access to nutritious food and employment opportunities, and an unsafe home environment can all negatively impact pregnancies and related health complications.

## Limited Access to Care

Hospital and obstetric department closures in rural/underserved areas, community-based perinatal workforce shortages, and cultural differences in healthcare utilization can all contribute to insufficient upstream and preventive care access, exacerbating the impact of unmet pregnancy and perinatal health needs.



“Rural residents had a 9 percent greater probability of severe maternal morbidity and mortality, compared with urban residents.”

Research from an eight-year study conducted by Health Affairs. Some of the reasons cited included limited access to prenatal and obstetrics care, transportation, and workforce shortages.<sup>4</sup>

<sup>4</sup>Admon, L. et. al. (2019). Rural-Urban Differences In Severe Maternal Morbidity and Mortality in the US, 2007–15. Health Affairs, 38(12). <https://doi.org/10.1377/hlthaff.2019.00805>

# Policy Priorities to Improve Maternal Health

Improving maternal and child health outcomes is a top priority for decision-makers across the country.

“The federal government is strongly committed to “reducing unacceptably high maternal mortality and morbidity rates and to tackling health disparities.”<sup>5</sup>

Government leaders are calling for new, collaborative approaches to drive systemic change. Innovative and collaborative strategies should focus on removing barriers to accessing care; emphasizing upstream, preventative approaches; and integrating community and clinical interventions.

**Key priorities in this area include:**<sup>6,7</sup>

- 1 Adopting a life-course perspective
- 2 Addressing SDoH upstream
- 3 Accessing real-time, high-quality data
- 4 Leveraging evidence-based, novel interventions
- 5 Strengthening collaborations among stakeholders
- 6 Incentivizing positive outcomes



According to the Office on Women’s Health, babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get prenatal care.<sup>8</sup>

<sup>5</sup>The White House. (2021). Biden-Harris Administration Announces Initial Actions to Address the Black Maternal Health Crisis [Fact Sheet]. <https://www.whitehouse.gov/briefing-room/statements-releases/2021/04/13/fact-sheet-biden-harris-administration-announces-initial-actions-to-address-the-black-maternal-health-crisis/>

<sup>6</sup> U.S. Department of Health and Human Services, Maternal Health Action Plan to Improve Maternal Health in America, 2020

<sup>7</sup>Health Affairs, Addressing The Maternal Health Crisis Through Improved Data Infrastructure, 2021

<sup>8</sup>Prenatal Care. (2019, April 1). Office on Women’s Health. <https://www.womenshealth.gov/a-z-topics/prenatal-care>

# Our Unique Perspective and Solutions

For nearly a decade, we’ve gained specialized knowledge, expertise, and capabilities to design effective programs focused on improving maternal health outcomes. We’re uniquely positioned to foster a collaborative approach to improving maternal health outcomes across government, hospitals and health systems, health plans, CBOs, and the safety-net system that emphasizes and invests in the importance of upstream, preventative, whole-person care for pregnant people and their children. We empower organizations to drive change by:

## 1 Adopting a life-course perspective:

Our data-powered, secure platform enables care teams serving pregnant people and new parents across systems to share visibility on the total care journey, and to seamlessly coordinate care around the person’s needs. A life-course perspective promotes a multidisciplinary approach to understanding the overall health of individuals incorporating mental, physical, and social health of while also taking into account both life span and life stage concepts to determine health outcomes.

## 2 Addressing SDoH upstream:

We fully integrate health and social care by building strong community networks to help pregnant people and new parents stay healthy and get support at home and in the community. Social needs impact an individual’s ability to take care of their clinical needs. Rather than waiting until a social or clinical care crisis, we see the opportunity to predict, engage, and address social needs before costly escalation. Our end-to-end solution helps to proactively target SDoH risk and efficiently deliver social care to improve maternal and child health outcomes.

## 3 Accessing real-time, high-quality data:

**Unite Us Insights** data solutions take a human-centered approach to identifying needs and improving outcomes. Our analytics solutions allow you to:

- ✓ Understand unique social care needs and preferences for pregnant people and new parents.

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- ✓ Design tailored, actionable engagement plans and care strategies for these individuals.

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- ✓ Use precision and insight to close gaps in care, target resource investment, and improve health outcomes at scale.

Subsequently, our team members leverage these analytics to drive targeted and specialized outreach to these parents and children, and connect them with accountable and credible community partners. Shifting the burden of coordination away from pregnant people and new parents, we increase access to timely and quality services.

#### 4 Leveraging evidence-based, novel interventions:

We help select and integrate evidence-based interventions that address the unique experiences of Black and Brown parents and their babies. For example, community-based doulas have proven extremely effective in improving outcomes—including lower rates of C-sections and preterm births—for people of color, low-income people, and other marginalized communities.<sup>9</sup> With the support of our Research and Evaluation experts, we identify a “bundle” of credible, evidence-based community solutions that are available and relevant to a specific population’s needs. Once integrated in the Unite Us Platform, healthcare and community providers can easily collaborate, increasing access to timely and quality wraparound services. We can further monitor the performance of services provided over time, and impact on bridging care gaps and improving outcomes.

#### 5 Strengthening collaboration among stakeholders:

We enhance and scale effective community partnerships, connecting clinical and social providers as well as government programs, including WIC, SNAP, Medicaid, and pre-K. Real, impactful collaboration goes beyond sharing a list of community resources or sending out a referral. Using the **Unite Us Platform**, care teams coordinate services in a collaborative care model. After sharing one or more referrals, they continue to communicate, monitor any emerging needs, and track 100 percent of outcomes (closed-loop referral). We strengthen collaboration with our secure interoperable technology, shared data infrastructure, and connected workflows, leading to increased efficiency, more effective use of resources, and measurable impact across the community.

#### 6 Incentivizing positive outcomes:

Actionable data drives better investment. **Unite Us Payments** is a first-of-its-kind solution designed to streamline social care funding for all funders, including health plans, managed care, government, and charitable organizations, allowing them to invest in interventions that drive positive outcomes. Our platform users can track funding streams in real time; identify areas of high activity or any gaps to inform future investment decisions; and meet the increasing demand for transparency and accountability.

“I spoke with ‘Liz,’ a single mother with a new baby and a five-year-old in the home as well. She had been exposed to coronavirus during recovery and was in quarantine immediately after being discharged. Although she had intended to return to work and have her mom help with the baby, due to quarantine, [she] had lost all of her income and could not have family over. When talking to ‘Liz,’ she was in panic mode and incredibly anxious about what the future held for her and the baby in this perfect storm. As a case manager, I was able to first help her calm down, then set a schedule for her to file weekly unemployment benefits. Additionally, I was able to ensure follow-up from a home visitor to make sure she was equipped to handle the newborn during social isolation. Lastly, we were able to provide direct assistance from the United Way Coronavirus Recovery Fund and, combined with savings, she did not miss a rent payment. Our home-visiting partner is following up every week, and the new baby is happy and healthy with no signs of COVID-19.”

– Jarrett Brunny, United Way of South Hampton Roads

<sup>9</sup>Katon, J. et. al. (2021). Community-Based Models to Improve Maternal Health Outcomes and Promote Health Equity. The Commonwealth Fund. <https://doi.org/10.26099/6s6k-5330>



## Unite Us in Action: “Mary’s” Story



“Mary,” a new, young mother in COVID quarantine, is isolated in a hotel room. She is hungry, breastfeeding, and without resources. We immediately activate our food partner (The Food Depot) to organize a priority delivery of shelf-stable and fresh items, as well as newborn diapers.



“When I entered the Unite Us Platform, I realized ‘Mary’ was already in our system. She was identified by a community navigator from Sante Fe Community Services as in need of newborn resources, including clothes and a sleeping box. I contacted another partner in our network, Many Mothers, and arranged to have these items included in our delivery.



“I followed up and found ‘Mary’ was stable and doing well while she waited to head home. This is a really positive example of five agencies moving efficiently, quickly, and without replicating services to provide some comfort in the middle of chaos.”

—Jeanette Iskat, Client Services Manager at Kitchen Angels  
Santa Fe Connect, New Mexico

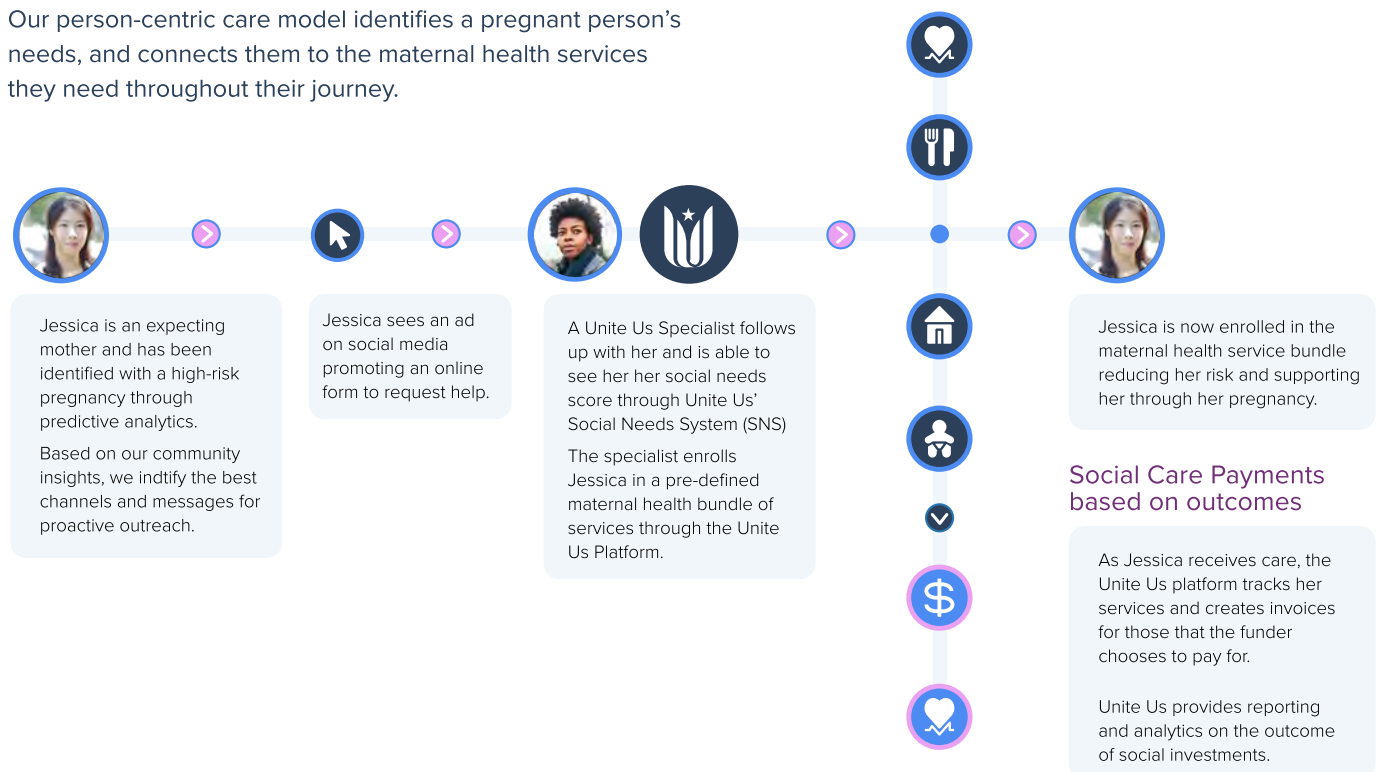
# Empowering Partners to Drive Change

We believe innovative and collaborative strategies should focus on removing barriers to accessing care, emphasizing preventative approaches and integrated community programs. Our shared, community-wide platform makes it easier for health, human, and social service providers to:

- ✓ **Connect** underserved pregnant people and new parents to coordinated care and resources, so they can get the care they need when they need it.
- ✓ **Leverage** proactive interventions such as home-visitation programs, prenatal care providers, and breastfeeding support.
- ✓ **Increase** access to high-quality maternal care by partnering with credible provider networks and social service agencies. Building strong partnerships and learning collaboratives with public and private stakeholders help advance equitable maternal health care in the U.S.

# New Care Models Focus on the Whole Person

Our person-centric care model identifies a pregnant person’s needs, and connects them to the maternal health services they need throughout their journey.





# Partner Spotlight: A Model of Coordinated Care Powered by Unite Us

We're proud to partner with organizations like **First 1,000 Days Sarasota**, which connects families with community resources—such as financial assistance, healthcare, and food—during pregnancy and in the first 1,000 days of life. Participants can sign up free of charge, and they are assigned a case manager to help them with any challenges.



### Vision

A safe, healthy, caring, and culturally sensitive community that supports families and helps newborns thrive and children to achieve their potential

**56%** (1200+)

Babies born at Sarasota Memorial Hospital were born to low-income or poverty stricken families.

### 65+ Partners

- [Healthcare](#)
- [Government](#)
- [Parenting Education](#)
- [Addiction Services](#)
- [Mental Health Services](#)
- [Education](#)
- [Philanthropy](#)

### Components

- [Parent Empowerment](#)
- [Care Coordination](#)
- [Parents with Lived Experience](#)
- [Integrative Activities](#)
- [Partner Collaboration](#)
- [Targeted Services](#)

**Care coordination:** Sixty-five organizations and over 110 unique programs have joined **Unite Florida** in Sarasota County, connecting CBOs, pediatricians, obstetricians, and local government agencies to provide care coordination to low-income families and their children.

**Parent empowerment:** To spread knowledge to parents in the community, **First 1,000 Days Sarasota** developed a parent portal website where parents can learn about brain development, sign up for a free, developmental activity text-messaging service, and reach out for help through our Assistance Request form.

**Parent participation:** A parent advisory committee ensures parents' voices are woven into every aspect of the initiative. The group meets every other month and offers guidance on their social media campaign, community murals, and initiative marketing strategies.

**Partner innovation and collaboration:** Ongoing workgroups have met over the last year to work on barriers in the community. The client navigation workgroup assisted with our Screening Tool and Assistance Request forms.

**Targeted interventions:** First 1,000 Days Sarasota formed a county-wide Plan of Safe Care task force. The Plan of Safe Care is a federal mandate to identify and support pregnant people with a history of substance use by providing ongoing care coordination for the families after birth and until the child is five years old. Sarasota County is pioneering an innovative program by partnering with us to pilot their care coordination platform.

## Top 5 Services Requested\*

- 1 Individual and Family Support Services (specifically Social Service Case Management).
- 2 Food Assistance
- 3 Education
- 4 Housing and Shelter
- 5 Mental and Behavioral Health

\* First 1000 Days, Sarasota County, Jan. 2020 - Aug. 21



“Having a baby is a life-changing event. Even for the best-supported families, it can ‘take a village.’ Unite Us is one of the key solutions for the First 1,000 Days initiative to ensure families have the support they need to help their children thrive. It is not only an outcomes-focused, closed-loop, electronic referral platform, but [it] provides an accurate view of resources and a real-time data dashboard to view gaps in services and where to focus our initiative efforts. The launch of Unite Us in Sarasota County was extraordinarily successful, which speaks to the power of partnerships in our community. I am honored to be part of such a large, countywide system change that will have an impact for many years to come.”

– Dr. Pam Beitlich, Executive Director of Women and Children’s Services, Sarasota Memorial Health Care System

## A New Vision for Maternal Health

With critical policy tools, willing community partners, and the right SDoH solutions coming into place, we are ready to turn this crisis around. No family should have to grieve during what should be one of the most celebratory times in life.

Improving maternal health outcomes requires a collaborative effort, with the ability to share data and resources across policy areas and stakeholders in the care continuum. Unite Us is committed to advancing health equity for pregnant people and their children. Our end-to-end solution identifies and elevates the needs of individuals, builds an inclusive infrastructure to increase access to resources, and improves the health of all communities.

We look forward to connecting with your organization. To learn how we can help you improve maternal health outcomes in your community, contact us [here](#).



Learn more at  
[www.UniteUs.com](http://www.UniteUs.com)

