

# Promising Practices to Reduce Maternal Mortality in New Jersey

## Background

According to the Centers for Disease Control and Prevention (CDC), about 700 women die each year due to pregnancy-related complications – three out of five of those deaths are preventable.<sup>1</sup> Maternal mortality is greatest among Black and Indigenous communities throughout the nation; however, some states have had more significant challenges than others. In 2018, New Jersey was ranked 47<sup>th</sup> in the nation for maternal mortality overall, with Black women five times more likely to die from pregnancy-related complications than white women.<sup>2</sup> To address these significant disparities and curb the rate of preventable deaths, New Jersey First Lady Tammy Murphy created [Nurture New Jersey](#) (Nurture NJ), with the goal of making the state the safest and most equitable place in the nation to give birth and raise a baby. Since its launch in early 2019, Governor Phil Murphy has signed thirty-five pieces of legislation and the First Lady has created workgroups with various stakeholders to develop strategies to improve birth outcomes. In January 2021, Nurture NJ released its [strategic plan](#) outlining work to date and next steps, in the form of detailed recommendations and a robust implementation and evaluation strategy.

Nurture NJ is an umbrella that breaks down silos between stakeholders, bringing them together to tackle issues related to maternal and child health (MCH). Seated in the First Lady's office, the program facilitates collaborative partnerships with the Governor's office, 18 state agencies and national MCH organizations. The initiative has also partnered with state legislative caucuses to brief legislators on issues

affecting the MCH population.<sup>3</sup> Direct funding is earmarked for the Nurture NJ campaign, including much of their community outreach work; however, the initiative also works with partners to obtain support for various programs under the larger umbrella. For example, state budget dollars in 2020 were allocated to increase Medicaid reimbursement for midwives and fund implicit bias training at labor and delivery hospitals, as well as Federally Qualified Health Centers, as a part of advancing Nurture NJ's mission.<sup>4</sup> The initiative also receives support from organizations like the Nicholson Foundation, Community Health Acceleration Partnership, and the Burke Foundation for various projects, including the New Jersey Adverse Childhood Experiences Collaborative and the Nurture NJ Maternal and Infant Health Strategic Plan.<sup>5</sup> Furthermore, Nurture NJ has worked with partners to secure federal grants, such as the CDC Preventative Health Services Block Grant for the New Jersey



Department of Health (NJDOH) Healthy Women Healthy Families Program.<sup>6</sup> Overall, the initiative has assisted in procuring around \$19 million for various MCH-related programs in the state thus far.<sup>7</sup>

### State Agencies Partnering with Nurture NJ

- Board of Public Utilities
- Department of Agriculture
- Department of Banking and Insurance
- Department of Children and Families
- Department of Community Affairs
- Department of Corrections
- Department of Education
- Department of Environmental Protection
- Department of Health
- Department of Human Services
- Department of Labor and Workforce Development
- Department of State
- Department of Transportation
- Department of Treasury
- Economic Development Authority
- Motor Vehicle Commission
- Office of Information Technology
- Office of the Secretary of Higher Education

### Nurture NJ Strategic Plan

Nurture NJ has a mission for the state to achieve significant, sustained improvement in maternal and infant morbidity and mortality rates focusing on equity among women of color, particularly Black women. Achieving this mission required the development of a [strategic plan](#), which began in early 2020.<sup>8</sup> To develop the strategic plan, Nurture NJ worked with a team led by Dr. Vijaya Hogan, a perinatal epidemiologist and Clinical Associate Professor at the University of North Carolina, Chapel Hill. Dr. Hogan’s diverse team consisted of 14 other practitioners and experts collectively holding over 125 years of experience in a range of fields associated with MCH and health equity.<sup>9</sup> Initially, the team conducted a statewide assessment of existing infrastructure, community investments, clinical and social factors, private sector engagement, and policy development.<sup>10</sup> The plan was further informed by interviewing mothers, partnering state agencies, prominent health providers and community-based organizations. National best practices to identify areas where state activities could better align with scientific evidence were also included in the plan’s development. All their work culminated into 70 actionable recommendations for stakeholders and a concrete implementation plan to ensure equity for mothers, babies, and their families. The recommendations are guided by nine action areas:

1. Build racial equity infrastructure and capacity.
2. Support community infrastructures for power-building and consistent engagement in decision-making.
3. Engage multiple sectors to achieve collective impact on health.
4. Shift ideology and mindsets to increase support for transformative action.
5. Strengthen and expand public policy to support conditions for health in New Jersey.
6. Generate and disseminate information for improved decision-making.
7. Change institutional structures to accommodate innovation.
8. Address the social determinants of health.
9. Improve the quality of care and service delivery to individuals.

## Promising Practices

Nurture NJ's focus is promoting evidence-based practices that improve racial disparities in birth outcomes. Although the initiative officially launched in 2019, Governor Murphy began the groundwork in 2018 by commemorating [Maternal Health Awareness Day](#) on January 23. The proclamation illustrated a commitment to improved MCH outcomes while raising public and professional awareness about maternal health, safety, and mortality issues. The Murphy administration and Nurture NJ built on this commitment by establishing pathways to better MCH outcomes and increased equity within communities of color, since 2018, through executive and legislative avenues and working with state agency leadership.

### ***Improving Access to Birth Supports***

A growing body of research highlights increased access to doulas as a leading strategy to improve maternal and infant health outcomes and reduce perinatal health inequities. Doulas provide emotional, educational, and physical support before, during and after pregnancy, which includes referrals to reliable resources, communicating medical information, and advocating on the mother's behalf during birth.<sup>11</sup> The evidence-based model is linked to reduced maternal mortality rates, especially in communities of color.<sup>12</sup> Because of the proven outcomes of doula care, Nurture NJ has advocated their importance time and time again. More recently, Nurture NJ worked with the New Jersey Department of Health (NJDOH) to issue an [executive directive](#) exempting doulas from the hospital delivery support person limits during COVID-19. Originally, only one support person could be with the laboring individual at a time due to COVID-19 social distancing restrictions.



In 2019, Nurture NJ established a community doula program by implementing the [Uzazi Village](#) Sister Doula model through partner organizations in Newark, Trenton, and Camden.<sup>13</sup> The Uzazi Village model uses a three-pronged approach focused on 1) culturally congruent, community-based education and services to pregnant women in the community; 2) anti-racism training and cultural respect training for clinicians and service providers; and 3) support, guidance and nurturance for candidates of color entering the perinatal field.<sup>14</sup> The certification is linked to improved equitable outcomes.<sup>15</sup> As of March 2021, the pilot program has recruited and trained 79 community doulas who have assisted in 525 births.<sup>16,17</sup>

Additionally, Nurture NJ worked with Governor Murphy's administration to support a legislative package including legislation to cover doula care through Medicaid.<sup>18</sup> The package, signed in May 2019, also included legislation to establish a perinatal episode of care pilot program in Medicaid, prohibit health benefits coverage for certain non-medically indicated early elective deliveries under Medicaid, and codify current practice regarding completion of Perinatal Risk Assessment form by certain Medicaid health care providers.<sup>19</sup> New Jersey's community doula program requires doulas to receive additional community certification from NJDOH to be reimbursed through Medicaid.<sup>20</sup>

## **Maternal Health Transformation**

[CenteringPregnancy](#) is another evidence-based strategy Nurture NJ has supported. The model supports group prenatal care, which is proven to reduce costs, mitigate disparities, and improve outcomes for mothers and babies.<sup>21</sup> Nurture NJ and NJDOH secured \$445,000 in foundation funding to develop five CenteringPregnancy sites across the state in April 2019.<sup>22</sup> Later that year, the Governor signed a bill to provide Medicaid coverage for group prenatal cares such as CenteringPregnancy.<sup>23</sup>



Nurture NJ has also supported the creation of various groups to promote and monitor the state's progress on improving outcomes for mothers and babies including legislation to establish the New Jersey Maternal Care Quality Collaborative, the New Jersey Maternal Mortality Review Committee, and the New Jersey Maternal Data Center.<sup>24</sup> Governor Murphy signed the legislation in May 2019, formalizing these groups and giving them specific authorities.

- ▶ **The New Jersey Maternal Care Quality Collaborative (NJMCQC)** is a multidisciplinary team focused on decreasing maternal deaths, injuries, and racial and ethnic disparities. The collaborative is made up of nine specifically defined members such as the Commissioner of Health, the Director of the Office of Minority and Multicultural Health, the Commissioner of Banking and Insurance and 25 public members appointed by the Governor and representing organization and associations in the state.<sup>25</sup> The group meets quarterly and is funded through a five-year Health Resources and Services Administration grant.<sup>26</sup> The NJMCQC oversees the New Jersey Maternal Mortality Review Committee and New Jersey Maternal Data Center, who provide the collaborative with birth outcomes data to include in publications and reports.<sup>27</sup> Through NJMCQC, the state has released two [Hospital Maternity Care Report Cards](#), which are a required annual update per state statute.<sup>28</sup>
- ▶ **The New Jersey Maternal Mortality Review Committee (NJMMRC)** was formalized in 2019. Previously, the state had a Maternal Mortality Case Review Team operating under NJDOH, which is one of the oldest MMRCs in the country.<sup>29</sup> Although the team produced important information on maternal mortality, they did not meet regularly or use standardized data sets across periodic reports, making it difficult to track progress or identify areas of need.<sup>30</sup> The NJMMRC established funding through a Centers for Disease Control and Prevention grant in 2019 with the goal of identifying and reviewing all pregnancy-associated deaths in the state.<sup>31</sup> The committee includes four specific members including the State Medical Examiner, the Director of the Office of Emergency Medical Services, the Director of the Maternal Data Center, and the Medical Director of the Division of Medical Assistance.<sup>32</sup> The remaining 20 members include seven Governor appointees representing specific MCH-focused organizations and thirteen medical professionals from various MCH-focused fields appointed by the Commissioner of Health.<sup>33</sup> The NJMMRC's primary roles are to develop mandatory and voluntary maternal death reporting processes, conduct an investigation of each reported case of maternal death, review the statistical data on maternal deaths to identify medical and nonmedical contributing factors, and produce an annual report with recommendations to the Governor, NJDOH, and Legislature.<sup>34</sup>

- ▶ **The New Jersey Maternal Data Center (NJMDC)**'s primary objectives are to develop protocols and requirements for birth outcomes and racial and ethnic disparity data indicators, collect this data from relevant health care facilities, conduct data analytics, develop public facing [reports and dashboards](#), and disseminate information to the NJMCQC and NJMMRC.<sup>35</sup> The Center is funded through annual membership fees from facilities then allocated to a Maternal Data Center Fund overseen by the NJDOH. The participating facilities can access the data.<sup>36</sup>

## **Community Engagement**

Nurture NJ also aims to engage directly with community members. Community events include:



**Family Festivals** bring community, provider, and state partners to one location to directly share information with families. The festivals are held in various communities throughout the state and operate as a one-stop-shop for families and pregnant individuals to gather knowledge and meet providers. Family festivals were put on hold during the COVID-19 pandemic; however, they will be held again as of May 2021 with a new structure to accommodate social distancing guidelines.

**The Black Maternal and Infant Health Leadership Summit** has been held annually since 2018, serving as a venue for experts and community members to discuss topics and policies to prevent maternal and infant mortality. Attendees include hospital representatives, physicians, community organizations, state agencies, doulas, and mothers. A Summit was hosted virtually in 2021 focused on engaging stakeholders on the implementation of the Nurture NJ Strategic Plan.

**The Ask an Expert** interview series – established as a response to questions around COVID-19 – is another pathway to disseminate information through Nurture NJ. In the series, First Lady Murphy sits down with experts on Facebook Live to address key issues affecting families and pregnant individuals. For example, in April 2020 First Lady Murphy conducted an [interview](#) with Dr. Lisa Gittens-Williams on ways women could navigate pregnancy during the COVID-19 pandemic. Other interviews include conversations with doulas, midwives, OBGYNs, and home visitors.

## **Next Steps**

Nurture NJ's work is only just beginning. With their state agency partnerships, the initiative is working to amend submitted an 1115 Medicaid waiver to extend Medicaid coverage to women 365 days postpartum to increase continuity of care per [research](#) put out by the CDC.<sup>37</sup> They are also launching a pilot to implement implicit bias training in 49 labor and delivery hospitals and federally qualified health centers throughout the state.<sup>38</sup> They are also building a rental assistance pilot program for pregnant women with unique wrap around services. Additional recommendations and plans are included in their [Year-One Playbook and Toolkit](#), which breaks down activities, strategies and recommendations for specific stakeholder groups over the next 365 days. Among these are engaging business leaders to establish a Nurture NJ Business Roundtable, developing a statewide communications campaign to increase the understanding of a life course approach to health care, build a maternal and infant health research and innovation center, and implementing a system of community-designed, real-time maternal feedback on quality of care.<sup>39</sup>

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*\*Lauren Block's contributions to this publication were made during her tenure at NGA.*

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<sup>3</sup> Lagos, S. & Lalicon, L. (2021, February 26). Phone interview [Phone interview].

<sup>4</sup> New Jersey Office of Management and Budget. (February 2020). State of New Jersey FY2021 Budget in Brief <https://www.state.nj.us/treasury/omb/publications/21bib/BIB.pdf>

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<sup>6</sup> New Jersey Department of Health. (March 4, 2019). Nurture NJ increases services to address black infant mortality: 6 month accomplishments of the healthy women healthy families program. <https://www.nj.gov/health/news/2019/approved/20190304a.shtml>

<sup>7</sup> Lagos, S. & Lalicon, L. (2021, February 26). Phone interview [Phone interview].

<sup>8</sup> Office of Governor Phill Murphy. (January 23, 2020). First Lady Tammy Murphy announces partnership to develop statewide strategic plan to reduce New Jersey's mortality rate by fifty percent and eliminate racial disparities in birth outcomes. <https://nj.gov/governor/news/news/562020/approved/20200123a.shtml>

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<sup>10</sup> Ibid

<sup>11</sup> International Childbirth Education Association. (October 2015). The role and scope of birth doula practice. [https://icea.org/wp-content/uploads/2016/01/Role\\_Scope\\_Doula\\_PP.pdf](https://icea.org/wp-content/uploads/2016/01/Role_Scope_Doula_PP.pdf)

<sup>12</sup> American College of Obstetricians and Gynecologists (ACOG), Committee Opinion Number 766: Approaches to Limit Intervention During Labor and Birth, (Washington DC: ACOG, February 2019), <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/02/approaches-to-limit-intervention-during-labor-and-birth>

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<sup>15</sup> Lagos, S. & Lalicon, L. (2021, February 26). Phone interview [Phone interview].

<sup>16</sup> "Bringing Community-Based Doula Care To New Jersey," Health Affairs Blog, August 27, 2020. DOI: 10.1377/hblog20200826.348190

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<sup>18</sup> Office of Governor Phill Murphy. (May 8, 2019). Governor Murphy signs legislative package to combat New Jersey's maternal and infant health crisis. <https://www.nj.gov/governor/news/news/562019/approved/20190508a.shtml>

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<sup>20</sup> Lagos, S. & Lalicon, L. (2021, February 26). Phone interview [Phone interview].

<sup>21</sup> Centering Healthcare Institute. (April 18, 2019). State and private partnerships fund centering to improve infant and maternal mortality in New Jersey. [https://www.centeringhealthcare.org/uploads/page\\_images/CHI\\_NJ\\_pressrelease\\_final\\_3.18.19.pdf](https://www.centeringhealthcare.org/uploads/page_images/CHI_NJ_pressrelease_final_3.18.19.pdf)

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<sup>24</sup> A.B. 1862, 218th Leg, Sess., 2018-2019 Reg. Sess. (N.J. 2019). [https://www.njleg.state.nj.us/2018/Bills/PL19/75\\_.PDF](https://www.njleg.state.nj.us/2018/Bills/PL19/75_.PDF)

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<sup>26</sup> New Jersey Department of Health. (September 24, 2019). First Lady Tammy Murphy and New Jersey Department of Health announce \$10.5m federal grant to improve maternal health. <https://www.nj.gov/health/news/2019/approved/20190924a.shtml>

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<sup>34</sup> Ibid

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<sup>37</sup> Lagos, S. & Lalicon, L. (2021, February 26). Phone interview [Phone interview].

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<sup>39</sup> Nurture NJ. (January 2021). Year-One Playbook and Toolkit. <https://nurturenj.nj.gov/wp-content/uploads/2021/01/20210120-Year-One-Plan.pdf>