



## Introduction from HRSA

NASEM Committee on Clinical Preventive Services for Addressing Cardiovascular Disease Risk to Reduce Pregnancy-Related Deaths Among Women

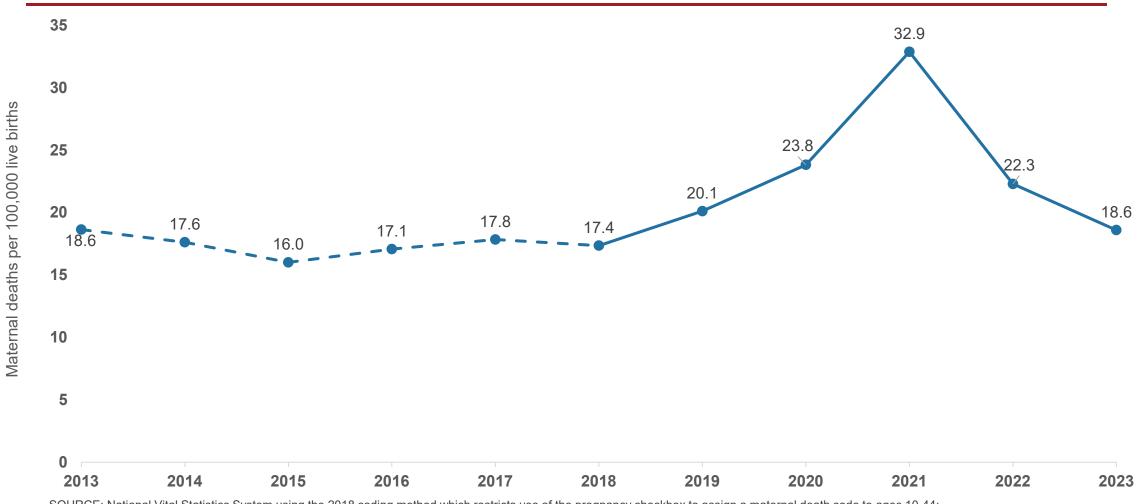
April 1, 2025

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Vision: Healthy Communities, Healthy People



## **Maternal Mortality Trends, 2013-2023**

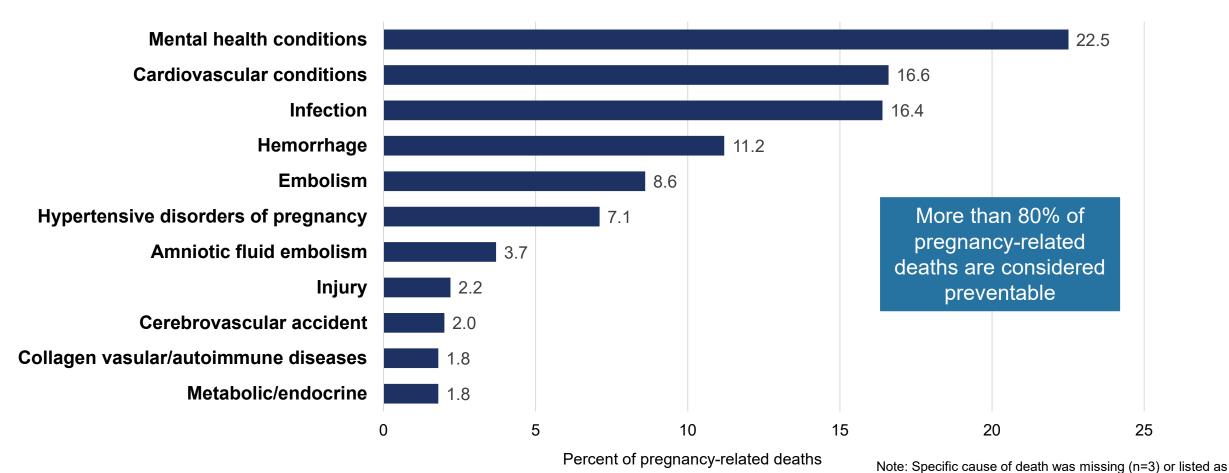




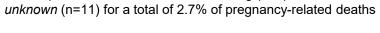
SOURCE: National Vital Statistics System using the 2018 coding method which restricts use of the pregnancy checkbox to assign a maternal death code to ages 10-44;

Data before 2018 were restricted to ages 10-44; Data from 2013 – 2018 only includes states with a pregnancy checkbox on the death certificate which increased from 41 states to all states during this time

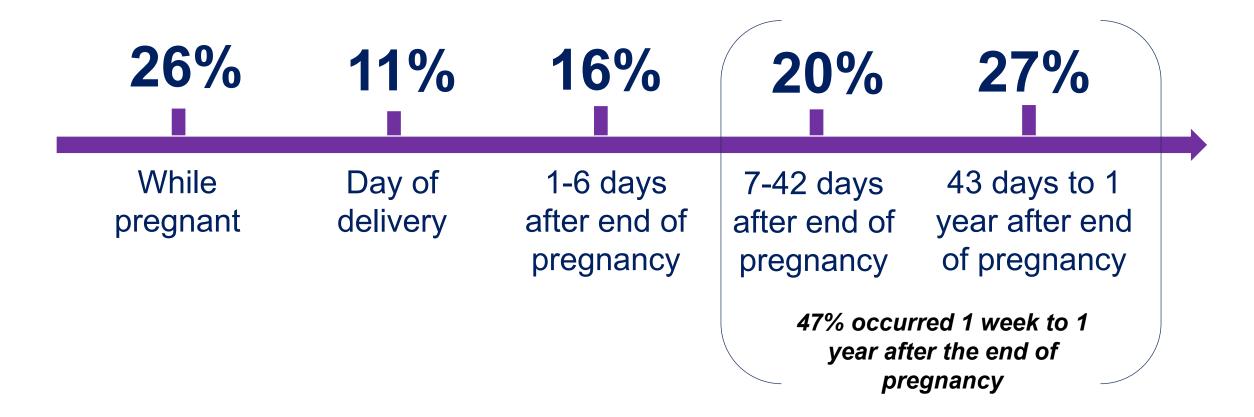
## **Underlying Causes of Pregnancy-Related Mortality, 2020**







## Timing of Pregnancy-Related Deaths, 2020







## **HRSA Activities to Improve Women's Health**

- Community Health Centers
- Maternal, Infant, and Early Childhood Home Visiting
- Healthy Start
- Title V/Maternal and Child Health Block Grant Program
- National Maternal Mental Health Hotline
- Rural Maternity and Obstetrics Management Strategies Program

Promotes *access* to health care services



- Alliance for Innovation on Maternal Health
- State Maternal Health Innovation Program
- Health Center Quality Improvement Fund
- Women's Preventive Services Initiative
- Integrated Maternal Health Services Program

Improves *quality* of care



- Scholarship and loan repayment programs
- Health Workforce Projections
- Maternal Mental Health Teleconsultation Program
- Rural Residency Planning and Development
- Home Visiting Workforce Development
- Community-Based Doula Program

Strengthens the workforce







## **HRSA's Role in Women's Preventive Services**

- Guidelines issued when accepted by Administrator of HRSA
- Plan or issuers must provide coverage without cost sharing for plan years that begin one year after the guideline is issued

#### "SEC. 2713. COVERAGE OF PREVENTIVE HEALTH SERVICES.

"(a) IN GENERAL.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for—

"(1) evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force;

"(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; and

"(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

"(4) with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this paragraph.

"(5) for the purposes of this Act, and for the purposes of any other provision of law, the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention shall

1) 80 FR 41318; 2) Public Law 111-148





42 USC

300gg-13.

## Current HRSA-Supported Women's Preventive Services Guidelines

- Screening for Anxiety
- Screening for Cervical Cancer
- Obesity Prevention in Midlife Women
- Breastfeeding Services and Supplies
- Contraception
- Counseling for Sexually Transmitted Infections (STIs)
- Human Immunodeficiency Virus Infection (HIV)
- Well-Woman Preventative Visits

- Screening for Diabetes in Pregnancy
- Screening for Diabetes after Pregnancy
- Screening for Urinary Incontinence
- Screening and Counseling for Intimate Partner and Domestic Violence
- Breast Cancer Screening for Women at Average Risk
- Patient Navigation Services for Breast and Cervical Cancer Screening





## **Statement of Work**

- Convene an expert committee to review what clinical services are necessary for preventing cardiovascular conditions among women
- Identify gaps in recommended services and screenings for women, including interventions identified as effective in recent research
- Recommendations may include enhancements to specific services already graded A or B by the U.S. Preventive Services Task Force or included in current HRSA-supported Women's Preventive Services Guidelines





## **Committee Considerations**

- What services and screenings are needed to fill gaps in recommended women's preventive services in order to better address cardiovascular disease and associated risk factors such as hypertension among women of reproductive age, during pregnancy, and post-partum?
- Are there considerations associated with the timing of these services (e.g., before, during, and after pregnancy)?
- Are there considerations about which services and screenings should apply to women at different stages of life (e.g., all reproductive age women) and/or women at different levels of risk for cardiovascular disease?
- How can various HRSA programs mitigate or eliminate barriers pertaining to accessibility, provision, uptake, and/or utilization of these services for the prevention of cardiovascular disease among women?
- What research on promising but not yet conclusive interventions could be supported to close identified evidence gaps in recommended services and screenings for cardiovascular disease among women?





# **Contact Information**

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