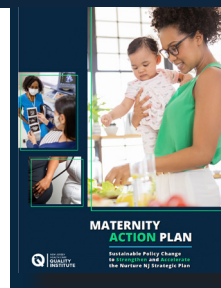


# MATERNITY ACTION PLAN OVERVIEW:

## COLLECT AND USE DATA TO IMPROVE EQUITY AND QUALITY

New Jersey is ranked 47th in the United States for maternal health outcomes. Black women in the state were 7 times more likely to die from a pregnancy-related complication than white women. These unacceptable statistics and the ability to effectively collect and use maternal-infant health (MIH) data to improve quality, equity, and outcomes will lead us to action and birth equity.



### The benefits of MIH data collection and reporting include:

- Enabling hospitals, other providers, and health plans to benchmark their results and be held accountable for their performance.
- Enabling providers and health plans to stratify data by demographics and use data to reduce disparities.
- Making MIH data transparent to empower birthing people, providers, purchasers, and policymakers to make informed decisions and look for better quality.
- Using the data for Quality Improvement action.

Better alignment and sharing of the data could accelerate the pace of change and heighten awareness of the issues and disparities.

## DATA COLLECTION AND USE POLICY RECOMMENDATION 1

### Improve data collection and reporting.



Defining and using quality measures and terms that are congruent across the entire state allows for unambiguous data comparison. This alignment makes collaboration towards MIH quality and equity goals achievable for the many entities involved in this field.

Patient reported experience data is also needed to gain a full understanding of what is meaningful to patients, particularly those who have been historically marginalized. These tools must be free of bias and openly describe how the data will be used.

## DATA COLLECTION AND USE POLICY RECOMMENDATION 2

### Use the data in quality improvement, payment models, and public reporting to improve equity and quality.

Data can only lead to improved health outcomes if it is valid, understandable, and most importantly, available. While challenging, patient race, ethnicity, language, and other demographic data must be uniformly collected to recognize and address disparities. Stratified data should be used by health plans creating networks, ensuring access to care, and implementing alternative payment models for perinatal care.