

Women and Maternal Health Annual Plan

North Dakota Maternal and Child Health Priority Goal: Identify, reduce, or eliminate barriers preventing women from receiving recommended postpartum care components, including but not limited to mental health screening, breastfeeding support, and care coordination (October 1, 2026-September 30, 2027).

The postpartum period, often called the “fourth trimester,” is a critical time for the health and well-being of mothers and infants. During this period, mothers are recovering from birth, and are often managing both physical and emotional changes while also bonding with and caring for their newborns. It also provides a key opportunity for providers to identify urgent postpartum concerns, support chronic condition management, and connect families with needed services.

This period matters because many serious maternal complications occur after delivery. Nationally, more than half of pregnancy-related deaths (63%) happen in the postpartum period, and many of these are preventable. Mental health conditions, including postpartum depression, remain one of the most common complications after childbirth.⁴ In North Dakota, maternal health patterns reflect these national concerns, with preventable deaths linked to conditions such as hemorrhage, cardiomyopathy, pre-eclampsia, gestational diabetes, substance use, and postpartum depression.

Despite its importance, there are differences in people’s ability to access postpartum care. National guidance from the American College of Obstetricians and Gynecologists (ACOG) recommends that postpartum care begin with a visit to a health care provider within 3 weeks of birth and continue as needed, with a comprehensive visit by 12 weeks postpartum. Although about 9 out of 10 women (90.3%) report having a postpartum visit nationally in 2023, postpartum visit attendance and the quality of care delivered at that visit vary by insurance status and by socio-demographic and clinical characteristics.

North Dakota 2023 data from the Pregnancy Risk Assessment Monitoring System (PRAMS) show a rate similar to the national average, with 91.5% of women reporting a postpartum visit, but lower rates among Medicaid-covered women (82.3%) compared with 97% of women on private insurance. Medicaid claims data show a much lower rate

(25.7%) of documented postpartum follow-up, pointing to persistent gaps in access and in how care is captured and measured.

These gaps matter because attendance alone is not sufficient. A comprehensive postpartum visit should include depression screening, contraception counseling, follow-up for pregnancy-related conditions, breastfeeding support, and a transition plan to primary care. For Medicaid-enrolled women in particular, these services are essential because they are more likely to have chronic health needs and face barriers to continuous care due to interruptions in insurance coverage after delivery. North Dakota's recent extension of postpartum Medicaid coverage to 12 months is an important step toward addressing this, providing more women with the continuity of coverage they need to access and complete postpartum care. Despite this, receipt of recommended services such as contraceptive counseling and postpartum depression screening remains significantly lower among Medicaid-enrolled women and women of racial minority groups.

According to North Dakota PRAMS data, the percentage of Medicaid-insured women who reported being asked about depression or anxiety during their postpartum visit increased from 75.4% in 2022 to 83.7% in 2023, showing some improvement. However, PRAMS self-reported data likely overestimate these rates, since 2023 claims data show that very few women received postpartum depression screening (6.5%) and that twice as many received contraceptive counseling and services, largely because these services are provided outside the postpartum visit. Still, this data reflects gaps in the quality and delivery of postpartum care that many mothers continue to experience.

The state recognized access to postpartum care as an area of focus, particularly for Medicaid-enrolled women, who are less likely to receive timely care after delivery. The state selected National Performance Measure 1 (NPM1) to align with ACOG's updated postpartum care guidelines and to track whether mothers receive the recommended services during their visits.

This measure focuses on improving maternal health by increasing timely and comprehensive postpartum care and is comprised of: The percent of women who attend a postpartum checkup within 12 weeks of giving birth, and the percent of those women who receive recommended services such as depression screening, contraceptive counseling, chronic condition follow-up, and infant care guidance.

North Dakota responded by developing two Evidence-based State Measures (ESMs) to track postpartum care among Medicaid-enrolled women: postpartum visit attendance and postpartum depression screening.

ESM 1.1 is intended to track postpartum visits among Medicaid-enrolled women using the ICD-10 diagnosis code Z39.2, which identifies a routine postpartum follow-up visit in Medicaid claims data. Initially, the goal was to raise the percentage of women who received their visit from 25.7% in 2023 to 35% by 2030.

Similarly, ESM 1.2 tracks postpartum depression screenings for Medicaid-enrolled women administered at the postpartum visit, with the goal of increasing the screening rate from 6.5% in 2023 to 20% by 2030.

Together, these measures will help North Dakota strengthen both access to and the quality of care during the postpartum period. While contraceptive counseling and use will continue to be monitored, they will not be captured in a dedicated ESM because these services are frequently provided outside the postpartum visit. Interconnected strategies to improve access to and quality of postpartum care, especially in special populations, are proposed: Title V staff will involve partners and families in the postpartum period, particularly with a consideration that partners can experience depression after their baby is born and need support, continue to identify and eliminate challenges and barriers to care, including ensuring depression screening and referral to resources in the postpartum period, and engage Title X clinics to improve postpartum access to care.

The Title V team is committed to fostering a family-centered approach across all objectives and strategies used to address postpartum care. Utilizing a family-centered approach aids in maternal recovery and strengthens the emotional connection between fathers and their infants, and also enhances the well-being of the entire family unit.

In particular, Title V recognizes the critical role that fathers and any partners play in supporting maternal recovery, infant bonding, and overall family well-being during the postpartum period. By promoting partner involvement in postpartum visits and care planning, Title V aims to create a supportive environment that acknowledges the unique challenges partners face, including stress and the risk of postpartum depression, which often goes unrecognized. In addition to addressing these challenges, engaging partners in these processes fosters a more comprehensive approach to maternal health by emphasizing the importance of family-centered care that includes fathers/partners as active participants in their children's health and well-being.

During the year, Title V will continue to collaborate with community partners to develop a family-centered postpartum care program that addresses the critical need for educational resources for fathers and coordinated interventions. As part of this effort, the Title V team will identify one facility to implement a quality improvement project aimed at capturing and analyzing data on father participation at postpartum visits. By tracking the partners that attend postpartum visits, the team will have a starting point for

examining potential interventions that could empower fathers to engage meaningfully in their families' health journeys, ensuring that all families receive the essential postpartum care necessary for promoting healthier outcomes for mothers, infants, and families as a whole.

North Dakota is home to over 31,000 Native Americans, which is approximately 4.9% of the population. Ensuring the health of all, it is critical to understand the specific needs of this population. Therefore, Sacred Pipe Resource Center, a nonprofit agency serving the tribal population in the area, partnered with the Title V team to coordinate an educational and interactive fatherhood program, with group sessions to help fathers understand the shift from traditional to modern fatherhood roles, with an emphasis on maternal support and follow-up medical care. Group sessions included medical and cultural guest speakers, and educational books and materials were provided to attendees. Sacred Pipe Resource Center also launched a statewide Doula Task Force to develop recommendations to increase access to doula services in North Dakota, with a focus on women who may benefit most from doula support. In the upcoming year, Sacred Pipe Resource Center will build on the initial work of the statewide Doula Task Force by continuing efforts to develop and advance recommendations to improve access to doula services across North Dakota.

Also in the upcoming year, the Title V team will collaborate with Baraza La Afrika to coordinate a series of activities supporting the fatherhood initiative. Baraza is an ethnic and male-led nonprofit that has strong ties to the African-born community in the Fargo-Moorhead area. Baraza will lead educational sessions, facilitate focus groups, and create father-focused educational materials to support fathers in prenatal and postpartum support, incorporating feedback from the focus groups. Their involvement will ensure partners' and males' perspectives are included in the postpartum work of the Title V team.

Throughout the year, Title V partnered with Sacred Pipe, as mentioned above, to provide culturally tailored education and support to postpartum women in the Bismarck-Mandan area. North Dakota is home to five tribes, and the connections built through this partnership will provide valuable insight into the barriers facing these communities to enhance programming going forward.

In the first year, the Title V team talked with many entities working with postpartum mothers to identify what barriers were preventing women from attending their visits. In addition, data was reviewed, such as the number of women screened for postpartum depression and the number of Medicaid-enrolled mothers who had a Medicaid-billed postpartum care appointment.

While exploring challenges, the team identified that care coordination is a primary reason for women being lost to follow-up and potentially not getting the mental health services needed. In response to this, the team will pilot a program called MAMMHA in one facility in 2026-27. MAMMHA was created by physicians and mothers, to allow providers and health systems to screen, refer, support, and educate pregnant and postpartum women facing maternal mental health challenges like depression and anxiety. One facility has already expressed interest in piloting MAMMHA, and the team will support them through implementation in 2026-2027.

The state Title V team will continue to gather perspectives from communities in North Dakota and will reach out to foreign-born populations for their perspective. This population is growing in North Dakota, yet the team has not worked with them regarding postpartum needs. As mentioned above, Baraza La Afrika will be supporting the team to work with foreign-born populations. Prior to engaging them in this work, Baraza staff will take extensive training on postpartum mental health in year two through Postpartum Support International (PSI). Ensuring this ethnic-based organization has developed a strong understanding of the mental health issues during the postpartum period will be an important first step for this group to take a leadership role in postpartum education and support for foreign-born families. While they engage in training, they will begin volunteering and integrating their work with the local PSI chapter, and will also assist in identifying at least one additional group that could be trained.

Once training is complete, Baraza will lead discussions for foreign-born populations and for men. Sessions will provide education and support for fathers in the postpartum period. In addition, the perceptions and insights shared will have a data-collection component as well: these groups will be asked about their personal experiences and perceived barriers to postpartum care, including mental health. Combined with the quality improvement project described above, Baraza's work will create a deeper understanding of fatherhood involvement in the postpartum period, especially among foreign-born individuals, to allow an intervention to address ongoing challenges.

Baraza will continue to distribute previously developed packets over the year, including resource packets for postpartum families. Baraza will also help develop podcasts to address family concerns during the postpartum period. Finally, they will develop a men's health webinar for men's health week in 2027, which will include information on postpartum support and resources specific to men.

Title V will also continue to work with Title X clinics to expand access and care for postpartum clients by implementing core relationships and staff development opportunities. MyAlly Health provides the Red River Valley and surrounding areas of North Dakota with confidential reproductive health services, counseling, and education.

MyAlly has implemented a standardized, evidence-informed workflow designed to improve the identification and support of women who have experienced a pregnancy within the past year.

Recent pregnancy, regardless of outcome, is a key indicator of physical, mental, and reproductive health needs. To ensure these needs are consistently recognized, MyAlly integrated a universal screening question into both its patient assessment process and its electronic medical record (EMR) system. As a result, every woman of reproductive age is now routinely asked whether she has been pregnant in the last 12 months, creating a reliable mechanism for early identification of postpartum health risks, contraceptive needs, and opportunities for client-centered counseling.

Building on this successful implementation, MyAlly Health will expand its impact statewide by providing individualized technical assistance (TA) to family planning clinics interested in adopting the same screening practice. Through one-on-one support, MyAlly will assist clinics in understanding the clinical and public health rationale for recent pregnancy screening, integrating the question into existing intake workflows and EMR systems, training staff to implement the screening consistently and sensitively, and troubleshooting operational challenges and adapting processes to each clinic's context. This strategy strengthens the safety net and ensures more mothers receive timely and comprehensive follow-ups, even outside of OB/GYN settings.

North Dakota's Title V postpartum care approach is grounded in the belief that every birthing person deserves timely, high-quality, and compassionate care. Through a person- and family-centered process, the state prioritizes listening, partnership, and trust-building to better understand and address the diverse needs of postpartum families. By advancing coordinated strategies that strengthen partner involvement, reduce barriers to care, and expand access through Title X clinics, this plan reflects a comprehensive effort to improve postpartum outcomes. Initiatives such as piloting innovative care models, enhancing data collection, and investing in culturally responsive partnerships will generate critical insights to inform ongoing quality improvement. Collectively, these efforts support the development of sustainable, evidence-informed practices to ensure Medicaid-enrolled mothers and their families across North Dakota have access to the care and support needed to thrive during the postpartum period and beyond.