

May 25th, 2026

**Texas Department of State Health Services
Attention: Maternal and Child Health
Via Email: TitleV@dshs.texas.gov**

Re: Comments on FY25 Maternal Health Annual Report and FY27 Maternal Health Plan

To Whom It May Concern,

On behalf of the Texas Women's Healthcare Coalition (TWHC), thank you for this opportunity to provide comments on the FY27 Maternal Health Plans for the Title V Block Grant Application. We appreciate the Department of State Health Services (DSHS)'s continued leadership in advancing maternal health through quality improvement and data transparency.

TWHC is a group of 75+ healthcare, faith, and community-based member organizations - dedicated to improving the health and well-being of Texas women, babies, and families by advocating for access to preventive healthcare for all Texas women. Access to preventive and preconception care – including health screenings and contraception – means healthy, planned pregnancies and the early detection of cancers and other treatable conditions.

In alignment with this mission, TWHC has the following recommendations for DSHS regarding the projects, initiatives, and actions proposed in the FY27 Maternal Health Plan:

1. Increase Funding to TexasAIM

We strongly support Texas AIM as an evidence-based program that is reducing severe maternal morbidity, improving maternal health, and strengthening families across Texas. With more than 200 birthing hospitals enrolled, representing over 90 percent of birthing facilities in the state, Texas AIM is making measurable progress by implementing standardized Patient Safety Bundles (PSBs). These bundles address leading causes of maternal complications, including obstetric hemorrhage, severe hypertension, substance use disorders, and sepsis. They provide hospitals with essential tools, including clinical protocols, staff training, timely risk assessments, and coordinated care strategies, to promote safer, more consistent, and equitable care.

TWHC is grateful to the Texas Legislature for increasing funding for the Texas AIM program from \$6.7 million for the 2024-2025 biennium to \$10 million for the 2026-2027 biennium, to reflect the urgent need for sustained investment in maternal health. This funding has enabled Texas AIM to implement the Sepsis Bundle and prepare to implement a future Cardiac Conditions Bundle in 2028.

With this increased state investment, we support the TexasAIM initiatives outlined in the FY27 Maternal Health Plan. In particular, we wish to express our enthusiastic support of DSHS' plans to:

- Introduce new Mental Health and Substance Use Disorder Bundles;
- Engage at least 150 Texas birthing hospitals in PSB improvement, sustainability, and capacity development activities;
- Enroll a minimum of 6 outpatient clinics in the new Outpatient Mental Health and Substance Use Disorders Collaborative bundle;
- Partner with experts to provide individualized coaching, mentorship, and collaborative learning to enrolled clinics while supporting them in testing local change processes using plan-do-study-act cycles;
- Promote Continuing Education (CE) courses to reach at least 50 first-time health care professional users on the TexasAIM On-Demand CE platform;
- Consult with faculty and subject matter experts to develop CE course outlines and agendas for at least 4 new courses;
- Continue providing technical assistance and maternal health care QI support to multidisciplinary hospital teams through the work of TexasAIM and TCHMB; and
- Continue supporting participating hospitals in collecting and disaggregating process and outcome data by race, ethnicity, and other demographics to track and address health disparities.

These AIM initiatives, particularly in rural and underserved areas, will help build a stronger maternal health workforce and a more resilient system of care, both of which are very much needed. 49.6% of Texas counties are defined as maternity care deserts, or counties that have no hospital offering obstetric care, no birth center, and no obstetric clinician.¹ This far exceeds the national average of 35%.² Between 2015 and 2025, 14 rural hospitals closed, and only 41% of the remaining rural hospitals still offer labor and delivery services.³⁴

2. Supporting the MMMRC (Maternal Mortality and Morbidity Review Committee)

TWHC believes that the MMMRC's work is crucial to understanding and combating maternal mortality and adverse maternal health outcomes in Texas. Because of this, we support the proposed initiatives intended to support the MMMRC and combat maternal mortality across Texas in the FY27 Maternal Health Plan, particularly DSHS' plans to:

- Identify at least 95% of pregnancy-associated deaths statewide within 18 months of the date of death;

¹ “Maternity Care Desert: Texas, 2024 Report.” PeriStats, March of Dimes.

² Nowhere to Go: Maternity Care Deserts Across the US; 2024 Report, March of Dimes, 14 Aug. 2024.

³ Rural Hospitals at Risk of Closing, Center for Healthcare Quality and Payment Reform, Jan. 2026.

⁴ “Stopping the Loss of Rural Maternity Care.” Saving Rural Hospitals, Center for Healthcare Quality and Payment Reform.

- Coordinate with the Vital Statistics Section, Center for Health Statistics, HHSC Medicaid and CHIP Services, and other partners to identify quality improvement opportunities for data on pregnancy-associated deaths and enhance case reviews;
- Partner with the University of North Texas Health Science Center to manage timely case preparation and entry of committee decisions into the case review system; and
- Have the MMMRC use enhanced data collection tools and social support impact analysis to gain a better understanding of pregnancy-related deaths.

Our state holds a significantly high maternal mortality rate of 29.3 deaths of birthing mothers per 100,000 births. Texas also has a high rate of cesarean section procedures for first-time mothers (comprising 27.9% of all first-time births in the state) and a high rate of preterm births (with 11.1% of Texas live births being preterm).⁵ Additionally, the Texas MMMRC itself found that the majority of pregnancy-related deaths in Texas are preventable, and 25% of the pregnancy-related deaths in 2020 occurred between 43 days and one year postpartum.⁶

The MMMRC goals and initiatives proposed by DSHS above will enable the MMMRC to collect higher-quality data more quickly, thereby enabling agency representatives and lawmakers to understand better and address pregnancy-related deaths and maternal health trends across Texas.

Thank you for your continued efforts to improve maternal health outcomes. If you have any questions or need further information, please contact me at rwolleben@healthyfutures-tx.org.

Respectfully,
Rachel Wolleben
Policy and Advocacy Coordinator
Texas Women's Healthcare Coalition (TWHC)

⁵ “2025 March of Dimes Report Card for Texas.” PeriStats, March of Dimes.

⁶ Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2024