REPORT BRIEF

Toward a Maternal & Perinatal Health Action Agenda for Kansas: Landscape Analysis & Key Careholder Perspectives

United Methodist HealthMinistryFund

JUNE 2026

Working toward a more sustainable, equitable system for maternal and perinatal care.

Kansas faces significant and interrelated challenges in maternal and perinatal health, shaped by long-standing structural, policy, and system-level factors. Recent reports and strategic plans show declining overall health rankings, persistent racial and geographic inequities, workforce shortages, and widening gaps in access to maternity care — particularly in rural and underserved communities.

Findings from the Kansas Maternal Mortality Review Committee (KMMRC) highlight continued concern regarding maternal mortality and severe maternal morbidity in the state. Consistent with national trends, maternal deaths in Kansas occur most often during the postpartum period and reflect the combined influence of clinical, social, and system-level factors. KMMRC findings emphasize that many maternal deaths are preventable, underscoring opportunities for earlier intervention, stronger care coordination, and targeted system improvements.

The 2024 Kansas Severe Maternal Morbidity and Maternal Mortality Report documents persistent inequities, including:

- The severe maternal morbidity rate for Black women was 75 percent higher than for White women; and
- Women enrolled in Medicaid and women residing in low-income ZIP code areas were more likely to experience severe maternal morbidity.

Recognizing these urgent challenges and the promise of collaborative action, the United Methodist Health Ministry Fund conducted a landscape assessment and convened diverse careholders to establish a shared Kansas Maternal and Perinatal Health Action Agenda. Findings from the landscape assessment and careholder convening resulted in the recommendations below.

KEY HIGHLIGHTS

Findings of an inductive analysis across a landscape assessment, as well as key leader interviews, revealed four opportunity areas with related recommendations:

1. Advance equity in maternal health outcomes.

Address disparities by race, geography, and income through expanded access to health coverage, stronger partnerships with trusted community-based providers, use of technology to extend care in rural areas, and attention to social and economic conditions that shape health.

2. Build connected and accessible systems to support families.

Improve care coordination, regional collaboration, initiative alignment, and shared learning pathways to ensure access to appropriate levels of care.

3. Strengthen the maternal health workforce.

Expand and diversify the workforce, strengthen rural clinical readiness, enhance cultural competency, and expand access to perinatal support roles such as doulas, midwives, lactation consultants, and community health workers.

4. Finance reform to support sustainable maternal infant care.

Reform payment models to reflect the cost of providing safe obstetric services, particularly in rural settings, improve reimbursement, unbundle payments, and advance value-based models that support coordinated, high-quality care.

> *"In rural and frontier areas of the state, access looks very different. People often have to travel long distances to receive care, there are fewer providers, and recruitment is extremely challenging. I've heard from family practice providers who used to deliver babies that it's hard to stay in practice when you're the only provider and essentially on call 24/7, which isn't sustainable. That's one reason we don't see as much family practice delivering in rural areas anymore — it's just not sustainable. So, the question becomes how we rethink the system."*

RECOMMENDATIONS OVERVIEW

1 ADVANCE EQUITY IN MATERNAL HEALTH OUTCOMES.

Expand coverage as a foundation for equity.

Interviewees consistently identified health insurance coverage—before, during, and after pregnancy—as a foundational driver of maternal health and maternal equity. Lack of affordable care prior to pregnancy leads to unmanaged chronic conditions, such as hypertension and diabetes, that significantly increase pregnancy-related risks. Maternal health leaders described Medicaid expansion as essential for enabling preventive care and allowing "Black and Brown families to...enter into pregnancy healthier," noting that equity cannot be achieved without access to continuous, affordable health services. In addition to Medicaid expansion, the 2021 Governor's Commission on Racial Equity and Justice recommends increasing the income eligibility for Medicaid and CHIP to 240% of the Federal Poverty Level and establishing universal health coverage for children from birth to age 5.

Elevate community-based providers as trusted partners.

Community-based organizations (CBOs) and culturally concordant providers play a central role in advancing maternal health equity. These providers often share lived experience with the families they serve and are uniquely positioned to build trust, support engagement, and improve outcomes. Interviewees emphasized that Black women experience fewer disparities when cared for by providers who share cultural understanding.

Utilize technology to reduce access barriers.

Telehealth, remote monitoring, and digital tools offer promising strategies for expanding access and easing workforce shortages, especially in rural and underserved areas.

Address social and economic conditions that shape health.

Interviewees emphasized that maternal health outcomes are shaped as much by social and economic conditions as by clinical care. Statewide assessments highlight transportation barriers, limited housing, food insecurity, childcare shortages, and income inequality as key contributors to poor maternal outcomes. Participants described a vision of maternal health that includes paid family leave, living wages, worker protections, and investments in safe neighborhoods. CBOs are positioned to help address these broader determinants through navigation support, connections to behavioral health services, assistance with transportation and childcare, and culturally grounded support.

2 BUILD CONNECTED AND ACCESSIBLE SYSTEMS TO SUPPORT FAMILIES.

Support families navigating pregnancy and postpartum care.

Navigation support is essential for helping families coordinate appointments, understand care options, and access needed services. Doulas, community health workers, and other perinatal support roles offer culturally grounded, relationship centered assistance that improves engagement and reduces barriers. Interviewees underscored that navigation systems must center maternal autonomy—supporting mothers in choosing care settings and services that align with their needs and preferences.

> *"There is fragmentation across systems - information does not transfer smoothly, and systems are not communicating with each other. This fragmentation negatively impacts outcomes and fails to keep mothers at the center."*

Strengthen coordination across systems.

Effective maternity care requires collaborative networks that ensure the right level of care at the right time. This includes clear referral pathways, coordinated transport, shared protocols, and strong relationships between local providers and higher level care facilities. In rural western Kansas, some families rely on hospitals in neighboring states due to closer proximity and stronger referral relationships. Interviewees identified this as both a symptom of fragmentation and an opportunity to build stronger, Kansas based regional networks.

RECOMMENDATIONS OVERVIEW

Align existing initiatives for impact.

Kansas has numerous ongoing maternal and child health initiatives, many with overlapping priorities. Without coordination, these efforts risk duplicating work or creating confusion among partners. Careholders noted the value of aligning goals, clarifying shared metrics, and improving visibility into each initiative's focus. Strengthening existing collaborative structures—rather than creating new ones—could maximize limited resources and reduce fatigue among partners.

Invest in shared data infrastructure.

Shared data systems and coordinated learning platforms are essential for reducing fragmentation and informing evidence based practice. Interviewees described challenges accessing timely, disaggregated data needed to evaluate programs, measure return on investment, and guide decision making. They recommended universal data sharing infrastructure, public dashboards, standardized screening protocols, and improved access to race and income stratified data. Strengthened data systems would support targeted interventions, continuous quality improvement, and coordinated statewide learning. However, barriers of fragmentation and affordability of shared systems were repeatedly identified by interviewees.

3 STRENGTHEN THE MATERNAL HEALTH WORKFORCE.

Grow a diverse maternal health workforce.

Interviewees identified several strategies to strengthen workforce diversity, capacity, and accessibility. These include expanding career ladder opportunities, improving the quality and reach of rural nursing programs, championing apprenticeship models, and creating early exposure pathways for young people interested in maternal health careers. Careholders emphasized that rural residents are willing and capable of serving in these roles when training pathways are made accessible. They also noted the need for integrated and accessible training opportunities for community health workers and doulas, who face inconsistent certification pathways and differing curriculum requirements across systems.

> *"The workforce shortage... affects every type of provider involved in maternity care. There is a shortage of OB-GYNs. There are also shortages of family practice providers, certified nurse midwives, doulas, community health workers, and nurses. It's all of them."*

Workforce training, development and retention.

Two major maternal health training needs emerged: sustaining obstetric skills in low volume settings and strengthening cultural humility and trauma-informed care across the workforce. On sustaining obstetric skills, interviewees highlighted simulation training, rotations to higher volume hospitals, and ongoing skill building opportunities as essential strategies for reducing severe maternal morbidity and mortality in these settings. On strengthening cultural humility and trauma-informed care, interviewees recommended provider training in understanding the patient's experience of care (e.g., what they received, how responsive to their needs) to strengthen accountability, learning, and quality improvement. Careholders also emphasized the need for linguistically appropriate care for Kansas' diverse communities.

Expand and support community-based providers.

There is strong support for expanding the role of community-based providers across the state. This includes expanding the role of community based providers—including home birth midwives, doulas, lactation consultants and community health workers—who provide social, emotional, and culturally grounded care not typically offered in medical settings. Interviewees also noted the need to improve relationships and role clarity between physicians, hospitals, doulas, and CHWs to prevent misconceptions about reimbursement and scope of practice.

RECOMMENDATIONS OVERVIEW

4 FINANCE REFORM TO SUPPORT SUSTAINABLE MATERNAL INFANT CARE.

Align reimbursement with the cost of readiness.

Safe obstetric care requires high fixed costs—such as maintaining on call anesthesia, surgical capability, and trained staff—regardless of the number of deliveries. Current Medicaid reimbursement rates have not kept pace with these costs. Leaders noted that Kansas has not increased obstetric Medicaid reimbursement in more than 30 years, creating unsustainable conditions for providers.

Critical access hospitals reported that without updated reimbursement models that reflect readiness costs, they cannot maintain OB-GYN services—even when committed to doing so. Low reimbursement has also contributed to the closure of birth centers serving Medicaid patients, leaving only private pay options in many areas. Rural hospitals underscored that extremely low delivery volume paired with high overhead costs makes the current model untenable.

> *"Until reimbursement models change, critical access hospitals cannot sustain OB GYN services, even if they are committed and capable."*

Unbundle payments.

Kansas currently uses global maternity payments, bundling prenatal care, delivery, and postpartum care into a single reimbursement. This model undermines sustainability in rural settings because only the delivering facility is reimbursed—even when another provider delivers the majority of prenatal care. As interviewees noted, this suppresses collaboration across FQHCs, birth centers, and hospitals, and leaves some providers unpaid for substantial portions of care. Unbundling or implementing interprofessional billing would support team based care and improve sustainability for low volume providers.

Explore value-based payment models.

Kansas Medicaid (KanCare) primarily reimburses maternal health services through fee for service, which incentivizes volume over coordination. Interviewees pointed to value based models—such as Transforming Maternal Health—as more promising approaches because they reward quality outcomes, collaboration, and whole person care. Careholders emphasized the need for payment structures that support healthy, low intervention pregnancies rather than activities tied only to service volume.

CONCLUSION

This assessment identifies multiple opportunities to build on Kansas' existing strengths and advance maternal and perinatal health statewide. The findings point to a shared commitment to improving equity in outcomes, expanding access across rural and urban communities, strengthening and sustaining the maternal health workforce, and aligning financing with the realities of maternity care delivery.

Careholders consistently emphasized the need for coordinated systems that ensure continuity of care from pregnancy through the postpartum period and highlighted the critical role of community based providers and trusted partnerships in meeting both clinical and non clinical needs. Across interviews and the landscape review, careholders surfaced promising practices, emerging innovations, and shared priorities that—when aligned—can more effectively support mothers, infants, and families across Kansas.

With strategic policy action and intentional coordination, these efforts can reinforce one another and help create a more equitable, accessible, and sustainable system of maternal and perinatal care.