STRENGTHENING MATERNAL HEALTH IN NEW HAMPSHIRE: PERSPECTIVES FROM THE NH PERINATAL QUALITY COLLABORATIVE (NHPQC)

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BACKGROUND

Although New Hampshire ranks relatively high on national maternal health indicators, recent data highlight growing inequities and preventable deaths. Between 2019 and 2023, the state's Maternal Mortality Review Committee identified mental health and substance use as the leading causes of pregnancy-related deaths, accounting for over half of cases. Nearly 79% of these deaths were considered preventable, with most occurring in the postpartum period (43 days–1 year after delivery).
Contributing factors include limited postpartum support, gaps in behavioral health services, and maternity care deserts following the closure of eleven hospital delivery units since 2000. These findings underscore an urgent need for statewide coordination to strengthen perinatal care and address social determinants of health.

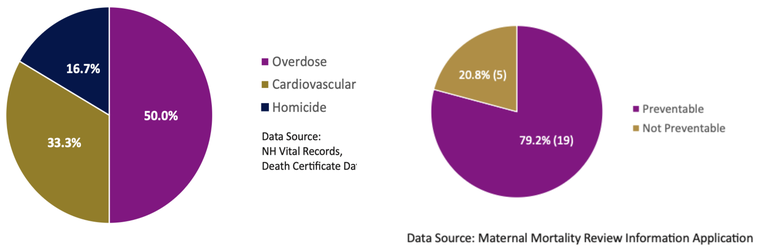

Figure 1. Distribution of pregnancy-related deaths in NH (2019–2023)

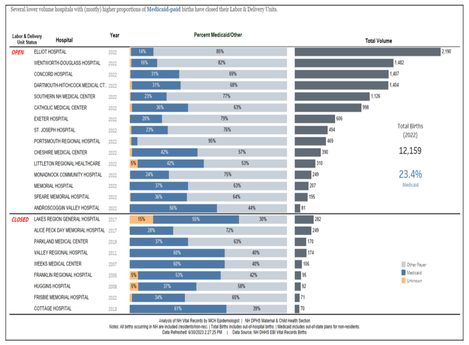

Figure 2. Unplanned birthing center closure in NH (2018–2022)

In response to these concerning trends, the NHPQC was established to coordinate statewide efforts aimed at improving maternal outcomes and reducing preventable deaths. Distinct from other state PQCs, the NHPQC fosters partnerships among healthcare professionals, clinicians, social service organizations, and community members to advance maternal health through a community-based approach. This qualitative project explores the NHPQC's early progress, priorities, and the unique strategies underpinning its community-centered model.

Figure 3. Conceptual framework linking statewide maternal health challenges with NHPQC strategies and expected outcomes.

The project aimed to:

- Explore the Collaborative's formation and structure.
- Identify early initiatives and focus areas.
- Understand perceived barriers and opportunities for collaboration.

METHODS

This qualitative project explored the early development and priorities of four coalitions (**Nashua, Rochester/Dover, Manchester and Claremont**) in the newly formed NHPQC through semi-structured interviews with founding members. The study sought to understand the Collaborative's structure, initial initiatives, and perceived challenges in advancing maternal health equity across New Hampshire.

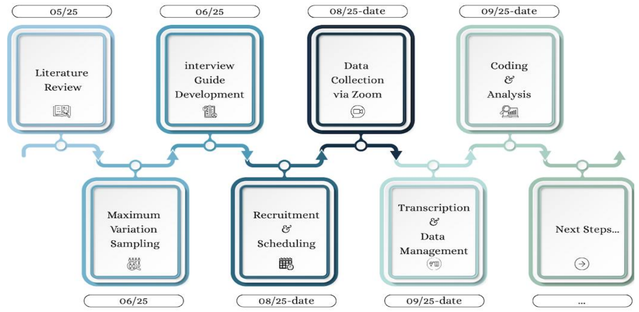

Figure 4. Sequential process used to design, collect, and analyze qualitative data on the early development and initiatives of the New Hampshire Perinatal Quality Collaborative (NHPQC).

A preliminary literature review of state and national maternal health reports guided development of the semi-structured interview guide and informed the sampling framework. Using a maximum variation sampling strategy, four NHPQC coalitions were selected to capture perspectives from healthcare professionals, social service workers, birthing individuals, and members of disproportionately affected groups. Recruitment emails and invitation letters were distributed to approximately five members from each coalition (one healthcare provider, one social service worker, one birthing individual and one or two individuals from disproportionally affected groups). Individual interviews were conducted via Zoom, each lasting 30–60 minutes, with informed consent obtained from all participants. Interviews were transcribed verbatim using Rev.com and cross-checked to ensure accuracy, de-identified, and imported into Dedoose for qualitative data management and analysis. Thematic coding and iterative analysis are currently in progress to identify cross-cutting themes related to collaboration, equity, and implementation challenges within the NHPQC using purposeful sampling based on a maximum variation sampling strategy.

RESULTS

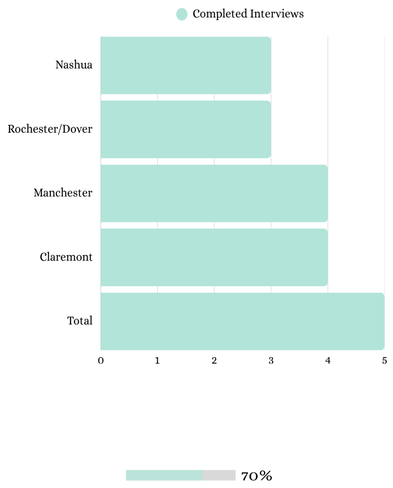

Figure 5. Overview of the Interview progress

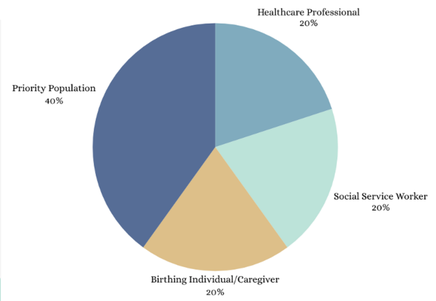

Figure 6. Recruitment Guidelines for Qualitative Interviews

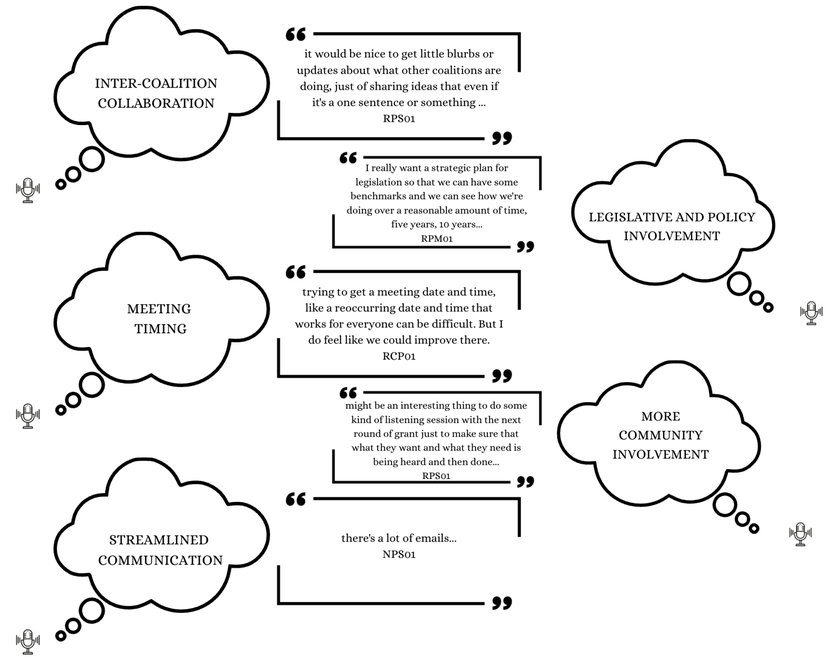

Figure 7. Preliminary themes identified with key phrases from participant interviews

NEXT STEPS

- Continue recruitment to reach the full sample of 20 participants across the four NHPQC coalitions or until point of saturation, ensuring balanced representation of clinical and community perspectives.
- Ongoing coding and analysis in Dedoose will refine themes related to collaboration, communication, and equity priorities within the NHPQC.
- Findings will be synthesized for dissemination to NHPQC stakeholders and state partners in the form of a formal report or journal publication to inform ongoing quality improvement and policy planning.
- Insights from this study will inform ongoing NHPQC initiatives and support data-driven strategies to reduce preventable maternal deaths across New Hampshire.

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- NHPQC Members
- The Dartmouth Institute (TDI)

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Interview data collected by author, 2025