

Medications Optimizing Maternal Safety (MOMS™) Program

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BACKGROUND

- In the United States, Mississippi ranks first in individuals living in maternal health care deserts at 23.6%.
- Mississippi also has the country's highest infant mortality rate at 9.7 deaths per 1,000 live births.
- The Mississippi State Department of Health (MSDH) declared Public Health Emergency on Infant Mortality in August 2025.
 - In direct response to this emergency, the state describes a multi-pronged strategy that specifically includes expanding community health worker (CHW) programs to connect mothers and babies with care and resources where they live.
- More than 22,000 mothers receive services covered by the Mississippi Division of Medicaid (MDOM) annually, according to the Center for Mississippi Health Policy.
 - MDOM is committed to providing enhanced maternal care services through utilizing state-allocated funds and has plans to direct the three Medicaid managed care organizations (MCOs) to improve maternal and fetal outcomes in the 2026 & 2027 fiscal years.

PURPOSE

To evaluate the feasibility of a pharmacy-based maternal care program piloted at three locations, engaging patients in their first trimester through CHW outreach, with services continuing through delivery.

SERVICE DESCRIPTION

Monthly MOMs Pack

Includes adherence packaging of prenatal vitamins, iron, and low-dose aspirin (LDASA) if indicated

Monthly Check-Ins

To connect patients with resources for any health-related social needs she may have

Comprehensive Screenings

Includes vaccine eligibility, PHQ9, and blood pressure check each trimester

COMMUNITY OUTREACH

In addition to pharmacist-led in-service sessions to local providers, a pharmacy-based community health worker (CHW) conducted targeted outreach to local high schools, health departments, women's centers, and family health centers to promote program awareness and facilitate referrals.



Patient-Facing Flyer



Provider-Facing Flyer

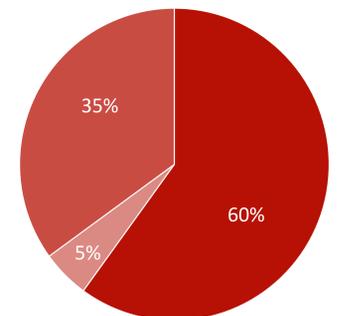
PRELIMINARY RESULTS

- As of October 1, 2025, 20 patients have been enrolled into the pilot and are receiving monthly MOMs Packs.
- All 20 patients are scheduled to close ≥ 1 vaccine gap (Tdap, Flu, RSV).
- Low-dose aspirin (LDASA) therapy has been initiated for pre-eclampsia prevention in 3 patients, per American College of Obstetricians & Gynecologists (ACOG) guideline-directed therapy (GDT).
- CHW has worked with patients to close gaps in transportation, access to care, financial insecurity, health literacy, lack of adequate food, inadequate housing, and loneliness.

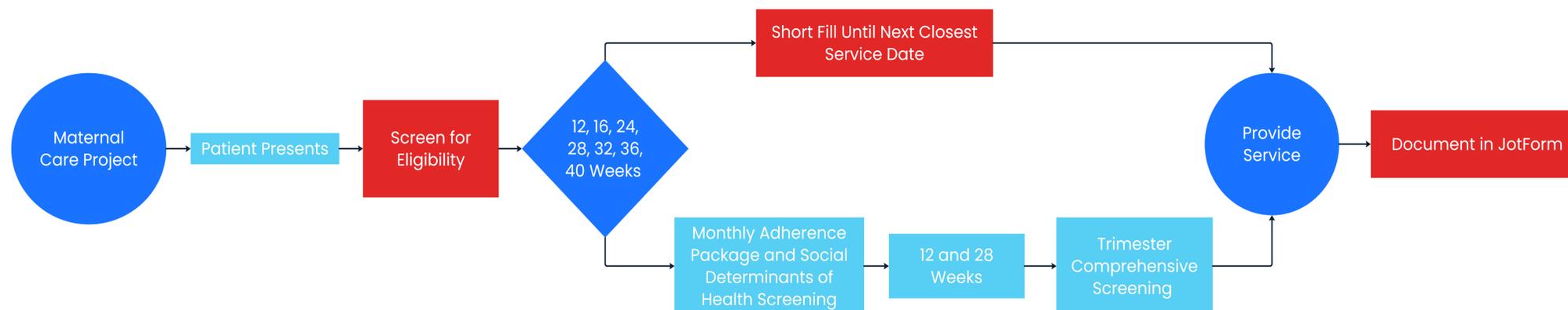
Table 1. Demographic Information	N (%)
Age	
20-24 years	7 (35%)
25-29 years	7 (35%)
30-34 years	4 (20%)
35-39 years	2 (10%)
Race	
White	10 (50%)
Black or African American	6 (30%)
Preferred Not to Answer	1 (5%)
Unknown	3 (15%)
Insurance Type	
Medicaid	11 (55%)
Commercial	1 (5%)
Uninsured	5 (25%)
Unknown	3 (15%)

Figure 1. Health-Related Social Needs Identified

- Access to Care
- Transportation Insecurity
- No known health-related social needs



METHODS



NEXT STEPS

- CPESN Mississippi has received additional funding from the Community Pharmacy Foundation (CPF) to expand this pilot program to 17 additional pharmacies across the state of Mississippi.
- CPESN Mississippi will continue working with MSDH to establish statewide standing orders for pharmacist-prescribed prenatal vitamins.



DISCLOSURES

This pilot project is funded in part by a research grant entitled "Engaging Community Pharmacy Technicians in SDOH Patient Referrals in Mississippi" from the Community Pharmacy Foundation (CPF). (Principal Investigator: Dr. Amy Catherine Baggett, Managing Network Facilitator of CPESN Mississippi).