

Request for Applications (RFA)

Bridging Barriers in Maternal Health Access Community of Practice

I. Summary Information

Purpose: The Association of State and Territorial Health Officials (ASTHO), with support from CDC, is launching the Bridging Barriers in Maternal Health Access Community of Practice (CoP). The CoP will bring together state health agency staff and [Levels of Maternal Care](#) (LoMC) leaders to address challenges in maternal health. Specifically, the CoP will focus on Levels of Maternal Care as a critical lever to address maternal morbidity and mortality. ***The CoP is designed to be a low-lift, high-value learning opportunity that supports participants through peer learning, technical assistance, access to subject matter experts, and contribution to a national resource.***

There will be no direct funding available for participants. Travel and lodging will be covered in full for one representative per jurisdiction to attend an in-person convening in late January/early February 2026.

Proposal Due Date and Time: Monday, November 3, 2025, by 11:59 PM ET.

Selection Announcement Date: Thursday, November 6, 2025.

Estimated Engagement Period: November 2025 – July 2026.

Eligibility: Each team may apply with a team of up to three members. The project lead must work on Levels of Maternal Care implementation within their jurisdiction (state health department staff, PQC lead, hospital association staff etc...), while additional team members may include partners such as providers, hospital representatives, transportation officials, or other stakeholders involved in levels of maternal care implementation. **At least one team member must be from a state health agency.**

ASTHO Point of Contact: Ramya Flores and Lexie Giragosian, Maternal & Child Health Team, rac@astho.org. Please include “RFA: Bridging Barriers in Maternal Health Access CoP” in the subject line.

II. Description of RFA

Background

The United States continues to face a maternal health crisis, with rising rates of severe maternal morbidity and mortality. Many pregnant women face barriers to receiving the right care, in the right

place, at the right times. These challenges highlight the need for strategies which address gaps in maternal health delivery.

Risk-appropriate care (RAC) is a strategy to ensure that pregnant women and infants with high risk of complications receive care at facilities with personnel who offer services at the required level of specialized care. Implementing and strengthening maternal RAC systems can improve health outcomes for pregnant women and reduce the incidence of severe maternal morbidity and mortality. Access to RAC can be improved through state-level implementation of Levels of maternal care (LoMC) which support standardized, complete, and integrated systems of maternal care. LoMC are a classification system that assesses the capacity of facilities to address maternal risk factors and complications. This Community of Practice will use Levels of Maternal Care as a lever to strengthen maternal health systems and improve health outcomes.

To understand barriers to implementing LoMC systems, ASTHO conducted key informant interviews with 13 states to explore implementation approaches across the country. The main themes from these interviews are listed below. These focus areas will inform CoP activities described later in this section:

- **Maternity Care Deserts and Birthing Hospital Closures**
Hospital and labor and delivery unit closures, especially in rural and tribal areas, impact timely access to care and the effectiveness of LoMC implementation. States are responding by strengthening referral networks, coordinating cross-state transport, and expanding telehealth and EMS training. However, gaps remain due to broadband limitations, workforce shortages, and challenges in providing services in underserved communities.
- **Maternal Health Workforce Capacity**
Persistent shortages of maternal health specialists (e.g., maternal–fetal medicine providers, obstetricians, midwives) and limited capacity within hospitals and public health agencies affect the implementation of LoMC. These shortages also limit readiness for maternal health emergencies, underscoring the need for expanded training, cross-coverage models, and stronger partnerships.
- **Hospital Leadership and Consumer Awareness of LoMC**
Hospital leadership is critical for adopting and sustaining LoMC practices across facilities and states. At the same time, patients and family members often lack clear information on what each level of maternal care means, how it affects where they deliver, and what options they have. Strengthening both leadership engagement and patient understanding is key to building effective LoMC systems.
- **Understanding and Assessing LoMC**
Assessing hospital levels of care through designation and verification is central to LoMC implementation. Another key component is the use of CDC’s Levels of Care Assessment Tool (LOCATe®), which provides decision makers with a statewide picture of hospitals’ levels of care and supports efforts to improve RAC access. However, states face barriers to implementing and sustaining these activities, including limited resources and uncertainty about how assessment results will be used to drive change. Addressing these challenges is critical to ensuring hospitals have the capacity and readiness to provide LoMC.
- **Funding and Sustainability**
Sustaining LoMC activities requires reliable funding, supportive legislation or policy, and engagement from state and local partners. States are exploring strategies to braid or blend funding sources, secure policy commitments, and build infrastructure to maintain maternal health system improvements over time.

Project Activities

Applicants will be expected to participate and actively engage in the following activities, including:

- **Virtual CoP Calls:** Bi-monthly sessions from November 2025 through July 2026 (five meetings which are 60 minutes each)
- **In-Person Meeting:** Late January/Early February 2026 (travel and lodging will be covered for **one** participant per state/territory), 2461 S Clark St STE 200, Arlington, VA 22202

Expected Outcomes

Each participating representative will contribute to bi-monthly discussions designed to advance implementation of LoMC. Through structured state case presentations, facilitated dialogue, and peer-to-peer exchanges of strategies, participants will provide feedback to shape ASTHO's LoMC Implementation Toolkit and strengthen the collective knowledge base around LoMC.

ASTHO provides various types of technical assistance, including resource development, data and evaluation support, capacity building, and facilitating cross-sector and peer-to-peer connections.

The expected outcomes of this initiative include:

- Increased capacity among participants to identify and address barriers in maternal health access.
- A national LoMC Implementation Toolkit that highlights promising state solutions and provides practical strategies to support implementation across diverse contexts.
- Enhanced collaboration among states health departments, subject matter experts, and national partners.
- As part of the CoP, ASTHO will develop a LoMC Implementation Toolkit that elevates promising strategies, case studies, and evidence-based approaches for strengthening maternal health care access. This effort will be informed by a national Advisory Group of subject matter experts and by state perspectives gathered through the Community of Practice.
- The Association of State and Territorial Health Officials (ASTHO) invites applications from state-level LoMC implementation leaders to participate in the Bridging Barriers in Maternal Health Access CoP. ASTHO will accept up to 15 applications for participation. This CoP will convene state teams to discuss how to address challenges in maternal health access including the focus areas listed above.

III. Selection Criteria

Eligibility

ASTHO seeks up to **three representatives per team** to participate in the Community of Practice.

- The project lead must work on Levels of Maternal Care implementation within their jurisdiction (state health department staff, PQC lead, hospital association staff etc...), **At least one team member must be from a state health agency.**

- The additional two team members may be drawn from the health department or from partner organizations directly involved in maternal health access or LoMC-related work. These may include, but are not limited to, transportation officials, hospital system representatives, provider champions, PQC representatives, or other key stakeholders.

Teams are encouraged to apply if they:

- Already have an implemented LoMC system in their jurisdiction, **or**
- Are in the process of establishing a LoMC system, **or**
- Are interested in building capacity to implement LoMC and would like to learn from peers and national experts.

Why Apply

A sample of the curriculum is attached. Participation in CoP is a unique opportunity to:

- **Shape a national resource.** Influence the content of ASTHO's LoMC Implementation Toolkit so it reflects the realities of state implementation.
- **Elevate your state's work.** Contributing states may be highlighted in the Toolkit and featured in ASTHO's national webinar in July 2026.
- **Learn from peers.** Engage in bi-monthly discussions with colleagues tackling similar barriers and opportunities.
- **Expand your reach.** Benefit from facilitated conversations that highlight your work to other states and national leaders.
- **Access dedicated technical assistance.** Receive tailored support from ASTHO and subject matter experts to strengthen your state's maternal health access efforts.

IV. Submission Information

Application Procedure

Applicants are asked to complete the application on Page 6. ASTHO must receive applications by Monday, November 3, 2025, by 11:59 PM ET. Please copy the application below and return a signed Word or PDF document to the RAC team at rac@astho.org by **Monday, November 3, 2025, by 11:59 PM ET**. Please include "RFA: Bridging Barriers in Maternal Health Access CoP" in the subject line.

Applicant Information

Teams should have three team members.

Team Lead (Primary Contact)

Name:
Agency/Organization:
Title:
E-mail:

Team Member 2

Name:
Agency/Organization:
Title:
E-mail:

Team Member 3

Name:
Agency/Organization:
Title:

E-mail:

Jurisdiction Team Interest

Please keep responses to three (3) total pages.

Provide a brief overview of your jurisdiction's work related to Levels of Maternal Care (LoMC). Please describe any current initiatives, key activities, and targeted outcomes. If your state/territory does not yet have a formal LoMC system, please describe related maternal health activities and your interest in building LoMC implementation capacity.

Out of the five initial focus areas listed below, please rank them from highest priority (1) to least priority (5) for your jurisdiction:

- Addressing Maternity Care Deserts
- Strengthening the Maternal Health Workforce
- Engaging Leadership and Supporting Consumer Awareness of LoMC
- Understanding and Assessing LoMC
- Securing Funding and Ensuring Program Sustainability

Describe how participation in this Community of Practice will support your current and future maternal health work. What does your team hope to gain from participation (e.g., peer learning, technical expertise, implementation strategies)?

What types of technical assistance, training, or resources would be most valuable to your team in advancing LoMC implementation in your jurisdiction? Please include any areas where additional expertise or support would be especially helpful.

