

# GAO Highlights

Highlights of [GAO-24-106209](#), a report to congressional committees

## Why GAO Did This Study

Pregnant veterans are more likely than other pregnant women to have physical and mental health conditions that may contribute to adverse maternal health outcomes, according to research. Veterans' hospital deliveries, a service VA pays for by referral to community providers, grew by about 85 percent (from 2,567 to 4,766 deliveries) from fiscal years 2011 through 2020.

Congress included a provision in statute for GAO to review veterans' maternal health. This report, among other objectives, examines available VA data on, and VA's monitoring of, maternal health outcomes, as well as mental health screenings for pregnant and postpartum veterans.

GAO analyzed VA data on deaths and severe maternal morbidity among pregnant and postpartum veterans from fiscal years 2011 through 2020 (the most recent data available); reviewed VA policy and guidance on maternity care coordination; and interviewed VA officials and VA medical center staff. Staff were from four medical centers GAO selected for variation in the average number of deliveries among veterans, among other factors.

## What GAO Recommends

GAO is making two recommendations to VA to monitor (1) trends in severe maternal morbidity by veteran characteristics, such as race and ethnicity; and (2) maternity care coordinators' screening of veterans for mental health conditions, including the completion of these screenings and screening results. VA concurred with GAO's recommendations.

View [GAO-24-106209](#). For more information, contact Alyssa M. Hundrup at (202) 512-7114 or [hundrupa@gao.gov](mailto:hundrupa@gao.gov).

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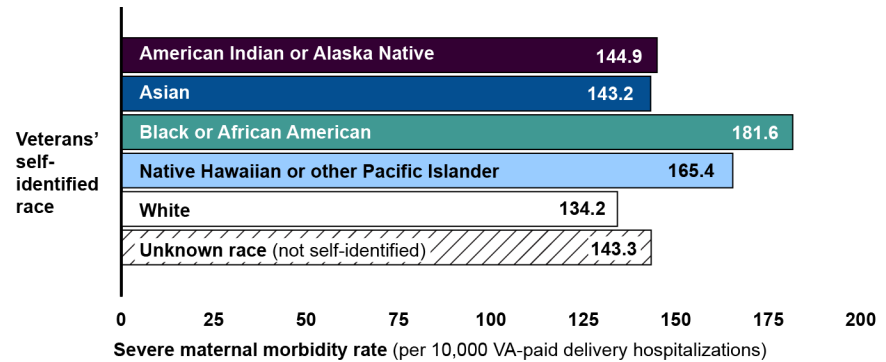
## VETERANS HEALTH

### VA Should Improve Its Monitoring of Severe Maternal Complications and Mental Health Screenings

## What GAO Found

The Department of Veterans Affairs (VA) set a goal to understand and reduce veterans' maternal deaths and severe maternal morbidity, which is an unexpected outcome or complication of labor and delivery resulting in significant health consequences. VA data showed that 13 veterans died from pregnancy-related causes out of about 40,000 VA-paid delivery hospitalizations from fiscal years 2011 through 2020, 11 of whom were White. Further, GAO's analysis indicates the severe maternal morbidity rate increased from 93.5 per 10,000 VA-paid delivery hospitalizations in fiscal year 2011 to 184.6 per 10,000 in fiscal year 2020. This rate was highest among Black or African American veterans. VA monitors information on maternal deaths by race and ethnicity, and intends to start monitoring severe maternal morbidity rates. However, VA has not specified whether it will monitor these rates by race and ethnicity, among other veteran characteristics. Doing so would enhance VA's ability to improve this adverse maternal health outcome by identifying needed medical interventions or care coordination improvements for particular populations.

Severe Maternal Morbidity Rates by Veterans' Race, Fiscal Years 2011–2020



Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-24-106209

Note: VA data capture the number of veterans who had at least one severe maternal morbidity that was not a blood products transfusion as of labor and delivery, using the Centers for Disease Control and Prevention's definition of such morbidity and the Office of Management and Budget's categories of race. American Indian or Alaska Native, Asian, and Native Hawaiian or other Pacific Islander veterans had fewer than 1,000 VA-paid delivery hospitalizations each from fiscal years 2011 through 2020; thus, rates for these groups may be subject to fluctuations if calculated for different periods.

According to research, mental health conditions may increase the risk for severe maternal health complications, as well as the risk of maternal death by suicide. VA requires that each VA medical center designate a maternity care coordinator to serve as a liaison among pregnant and postpartum veterans and their health care providers. These staff are required to screen veterans for depression, suicide risk, and, as of October 2023, anxiety and post-traumatic stress disorder. VA officials have taken initial steps to monitor the occurrence and results of these screenings by hiring knowledgeable staff to help identify relevant data. However, VA officials have yet to determine when they will begin such monitoring or how frequently it will occur. As a result, VA may not have necessary information to ensure screenings are completed, which may be particularly important as the new screenings are implemented. Further, VA may lack information on ways to improve maternity care coordination based on screening results.