

HRSA Efforts to Address Maternal Mortality and Morbidity

ORWH Advisory Committee Meeting

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HRSA Mission



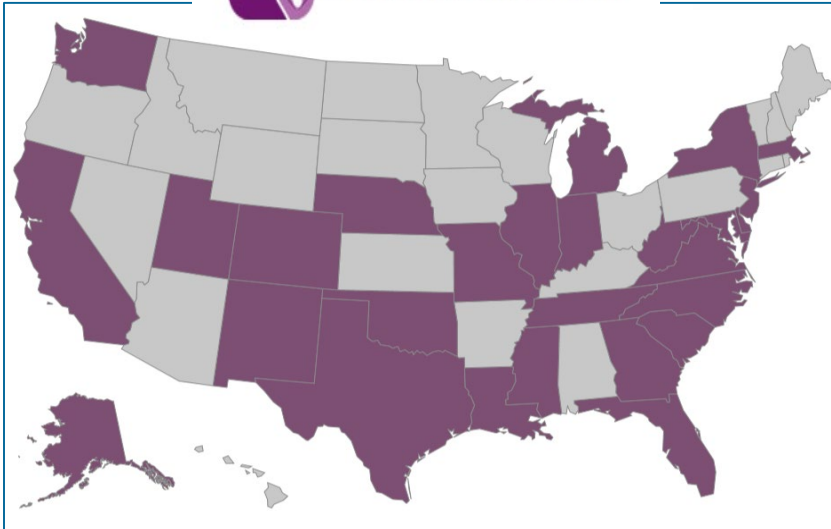
Mission:
To improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs.

HRSA's Maternal and Child Health Bureau



Mission:
To improve the health and well-being of
America's mothers, children, and families.

MCHB Focused Investments in Maternal Health



Alliance for Innovation on Maternal Health (AIM)

- Hospital and clinic-based maternal safety bundles
- As of August 2019: **27** states enrolled and approximately **1,300** hospitals participating



New Funding in FY2019

- State Maternal Health Innovation Awards (\$23M)
- AIM (\$3M)
- Funding to support clinical providers at Healthy Start sites (\$12M)



Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program

FY 2019 Budget = \$400M (Mandatory)



Program Features

- Voluntary
- Evidence-based
- Support at-risk pregnant women and parents of young children



In FY2018:

- **150,000** participants
- **896** US counties
- **930,000** home visits

78% of caregivers were screened for depression within 3 months of enrollment or 3 months of delivery



Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program

Impacts on Family Outcomes of Evidence-Based
Early Childhood Home Visiting

Results From the Mother and Infant Home Visiting Program Evaluation



Mother and Infant Home Visiting Program Evaluation (MIHOPE):

- Home Visiting may **improve maternal health** by:
 - Improving women's general health
 - Increasing health insurance coverage
 - Reducing in symptoms of depression

Key MCHB Support to States & Communities: Title V Block Grant Program

FY 2019 Budget = \$677.7 M

Title V Maternal and Child Health (MCH) Services Block Grant to States

- **56 million** people in FY2017
 - **86%** of all pregnant women, **99%** of infants, **55%** of children
- Partial or complete funding support for **maternal mortality activities**



Key MCHB Support to States & Communities: Healthy Start Program

FY 2019 Budget = \$122.5M



Healthy Start Initiative: Eliminating Disparities in Perinatal Health

- Focus on communities with **highest infant mortality rates**
- Support community-driven efforts to decrease infant mortality
- New funding in FY19 (\$12M)
- In FY2019, the program's 100 grantees will serve women, children, and families in 34 states, D.C., and Puerto Rico

MCHB Focused Investments in Maternal Health

- **Screening and Treatment for Maternal Depression and Related Behavioral Disorders**
 - Address critical and growing mental/behavioral health issues with limited funding
- **Women's Preventive Services Initiative & Bright Futures**
 - Provides blueprint for preventive care
- **National Survey of Children's Health**
 - Provide national and state-level estimates on key child health indicators



MCHB Focused Investments in Maternal Health



**Remote
Pregnancy
Monitoring**



**Addressing Opioid
Use Disorder in
Pregnant Women
and New Moms**

- **MCHB Remote Pregnancy Monitoring Challenge**

- Tech-based innovations to improve the ability of prenatal care providers to monitor pregnant women's health remotely, as well as empower women to make informed decisions about their own care

- **MCHB Opioid Use Disorder Challenge**

- Tech-based innovations to improve access to quality health care for pregnant women and new mothers struggling with opioid use disorder (OUD)

Contact Information

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CDC Efforts to Prevent Maternal Mortality



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Division of Reproductive Health

October 23, 2019

CDC Efforts to Prevent Maternal Mortality

- Strengthening Data
 - Pregnancy-related Mortality Surveillance System Data
 - Maternal Mortality Review Committees
- Improving Quality of Care
 - State Quality Improvement Efforts
 - Improving Risk Appropriate Care

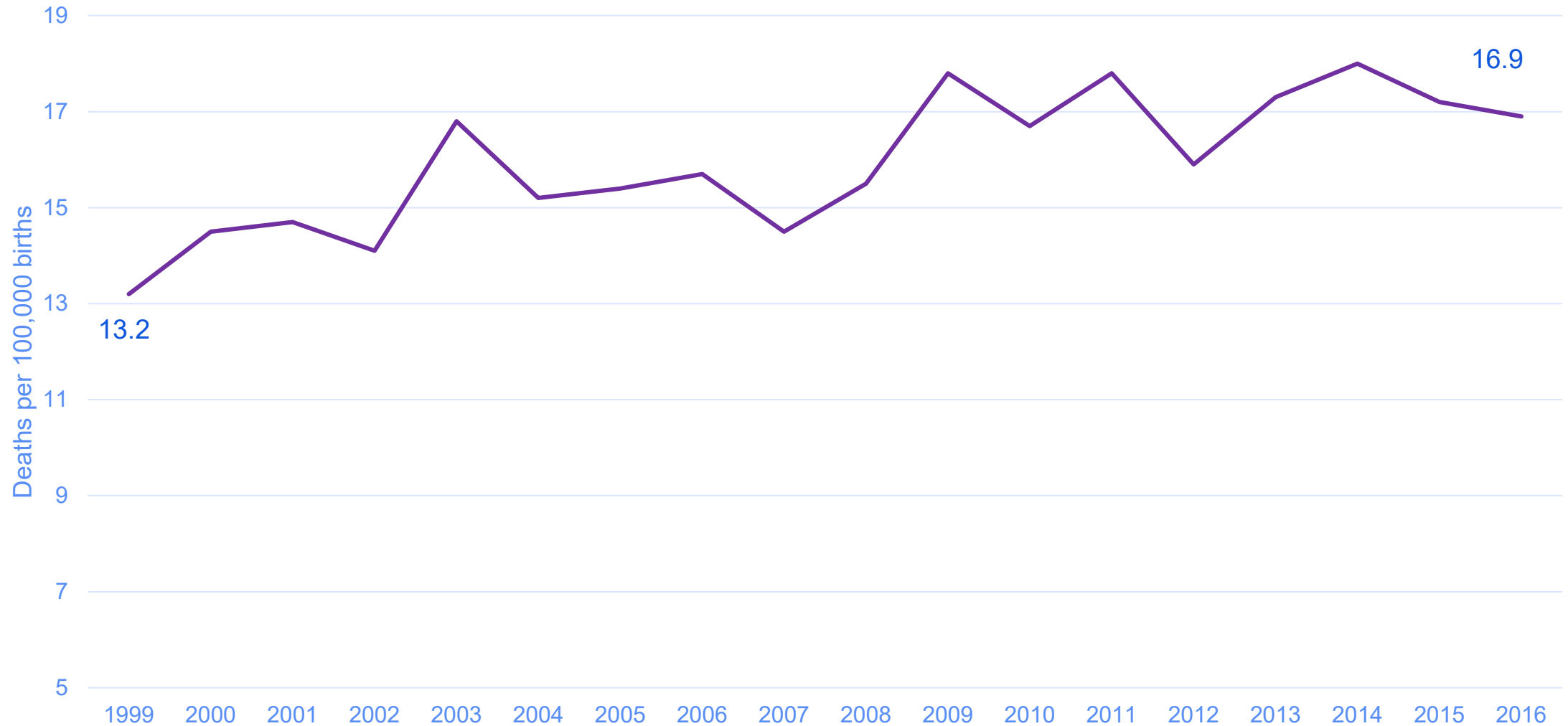


Pregnancy Mortality Surveillance System (PMSS)

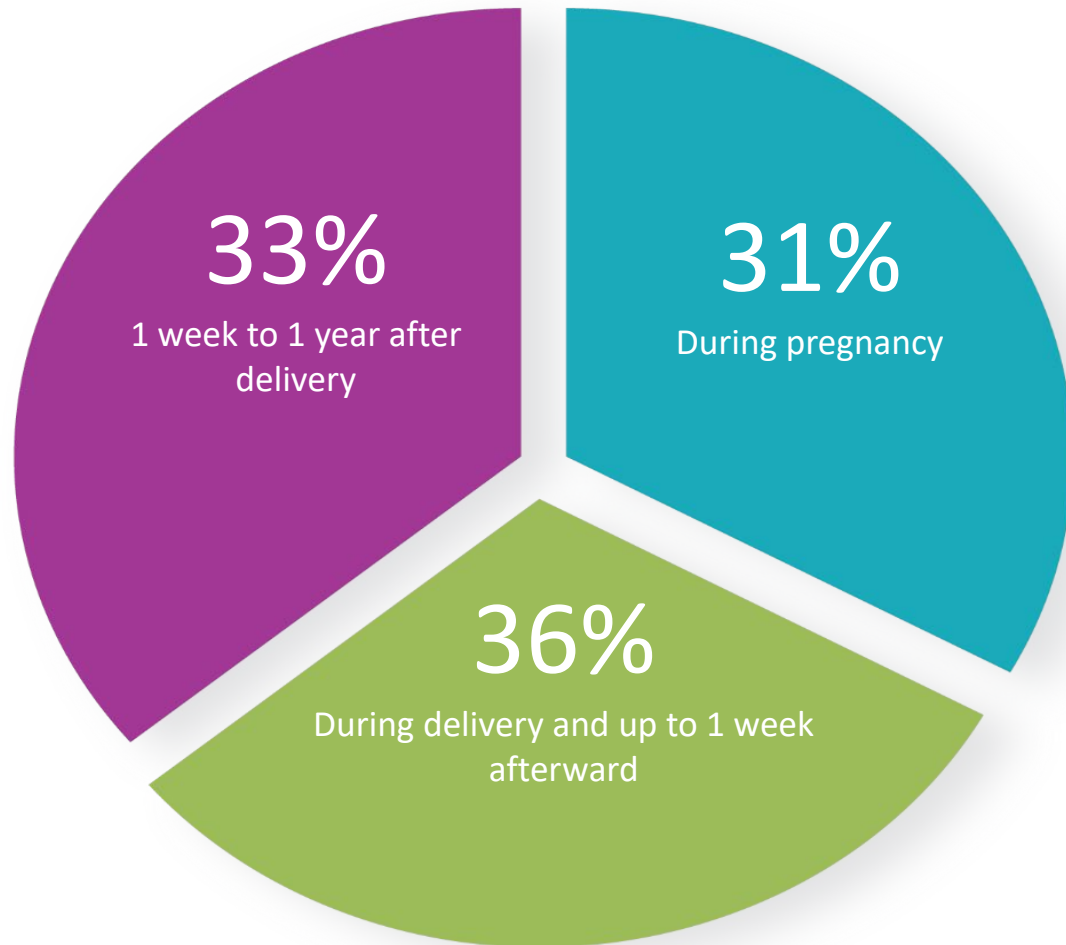
- ACOG/CDC Maternal Mortality Study Group (1986)
- All 50 states, NYC, DC
- Based on death certificates, linked birth or fetal death certificates, and other information as available
- Review each case and determine whether related to pregnancy, and cause of death



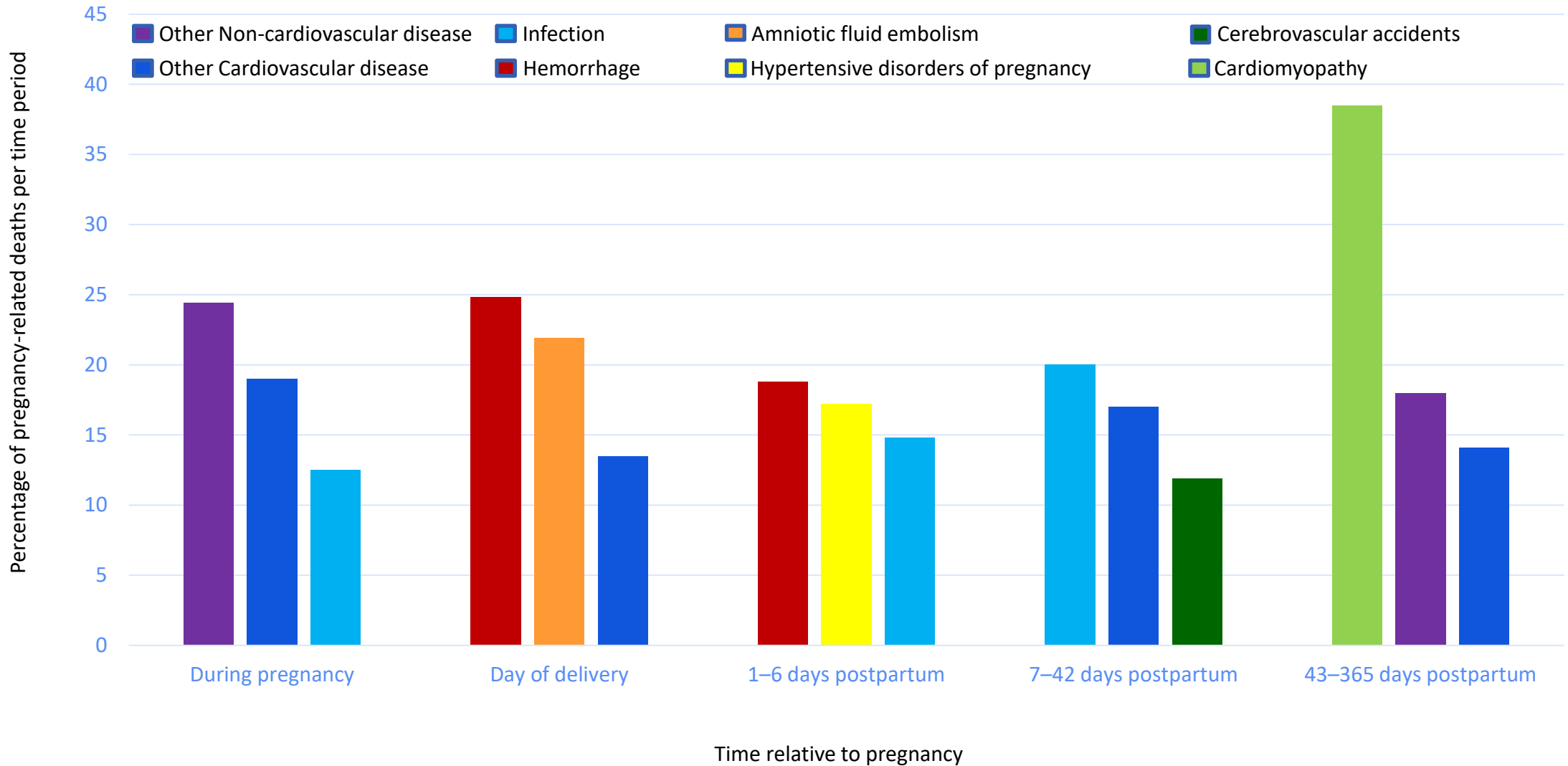
Pregnancy-Related Mortality, PMSS, 1999-2016: Not Improving



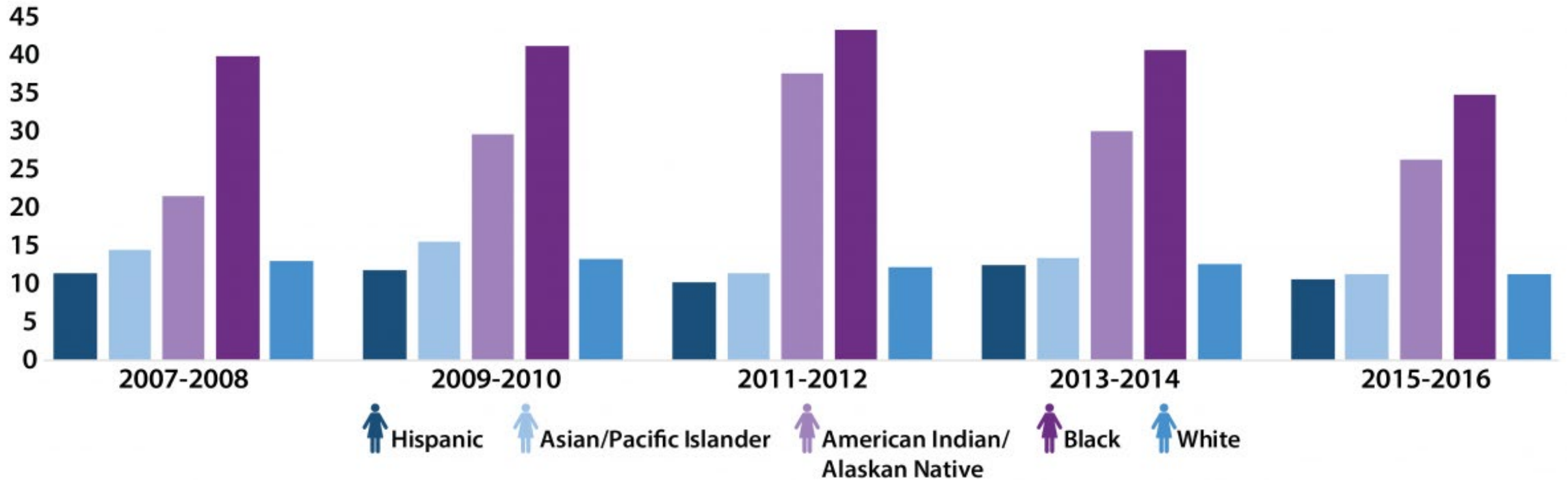
Pregnancy-Related Death can Happen Throughout Pregnancy and the Postpartum Period



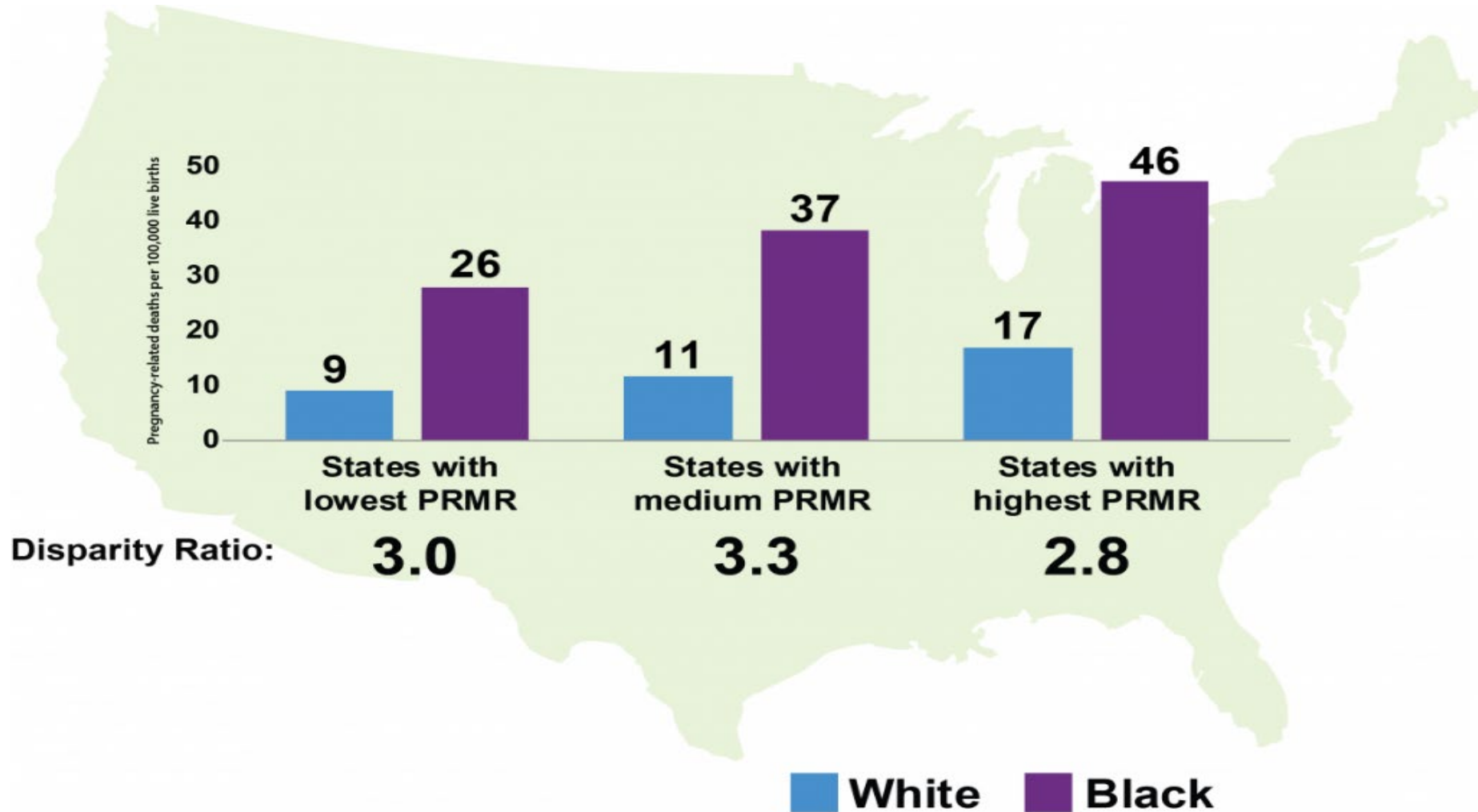
Most Frequent Causes of Pregnancy-Related Deaths by Time 2011–2015



Racial/Ethnic Disparities in Pregnancy-Related Deaths United States, 2007–2016

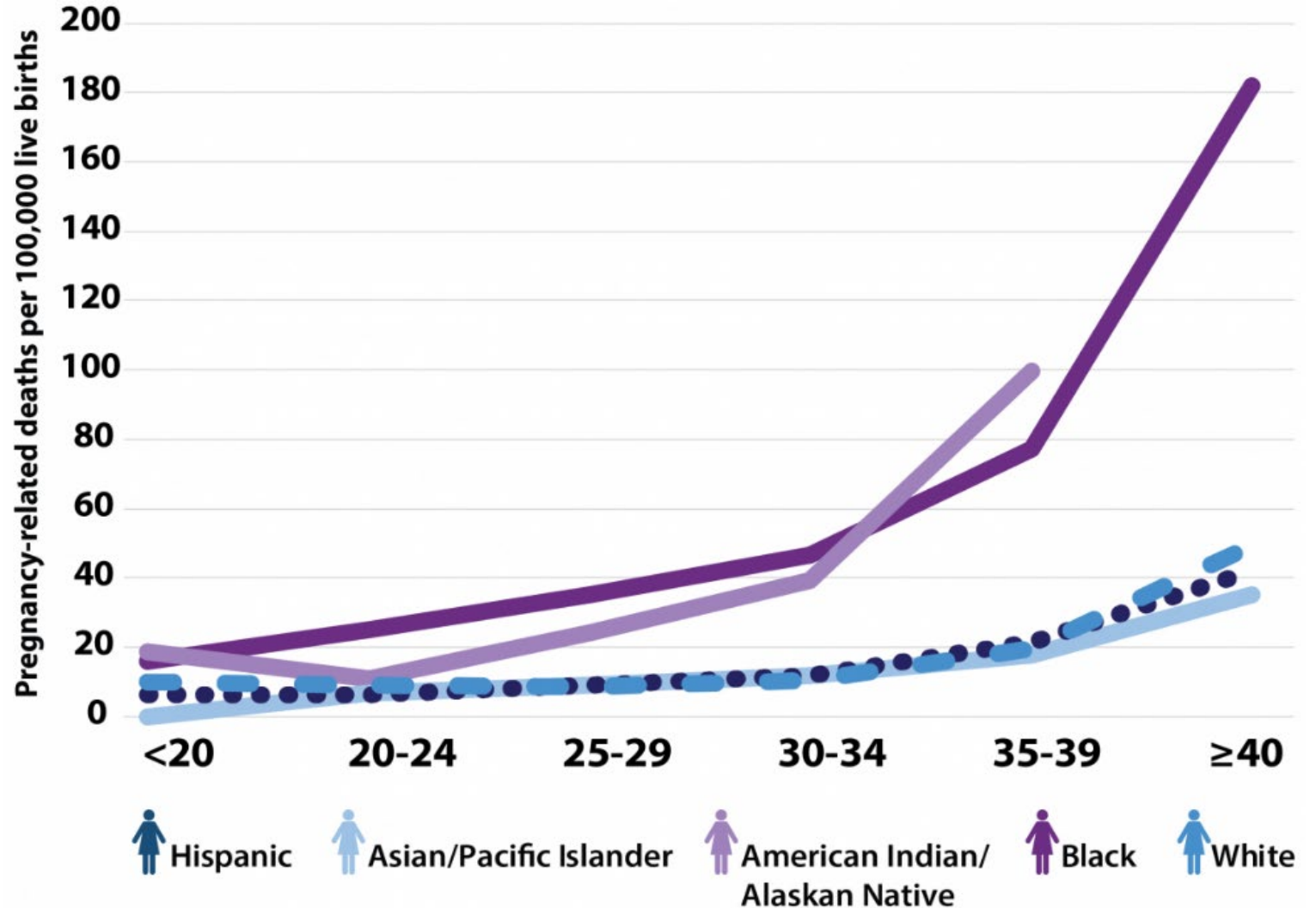


Disparities in Pregnancy-Related Mortality Ratios Persist across Geography

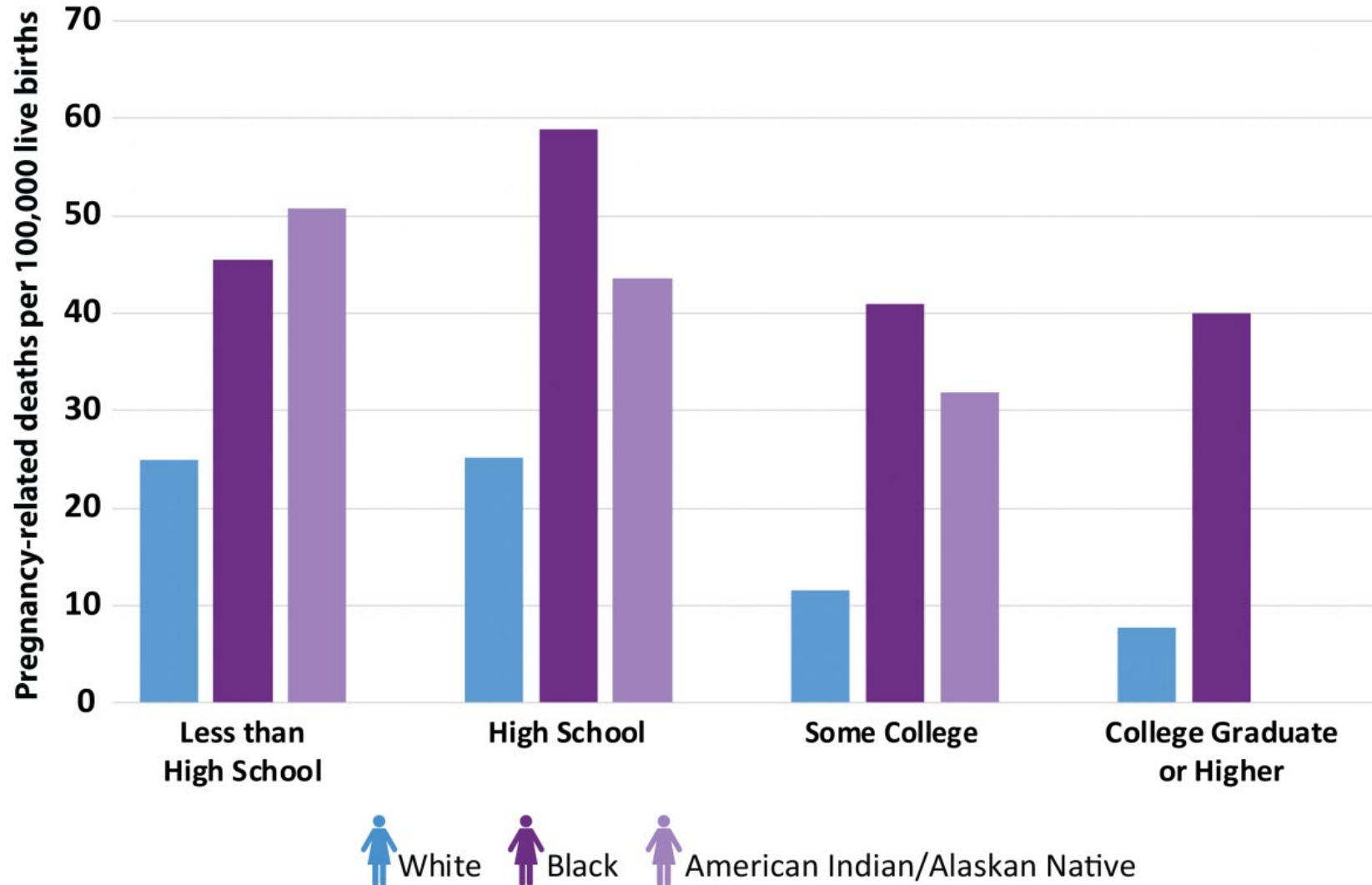


Disparities Increase with Age

Inequities increase by age, with the disparity for black and AI/AN women older than 30 years four to five times that of their white counterparts.



Disparities in Maternal Mortality By Race and Education



The PRMR for black women with at least a college degree was 5 times as high as white women with a similar education.

Improving the Quality and Speed of Data

- Improve the identification of pregnancy-associated deaths
 - Collaboration with NCHS to improve the accuracy
 - Developing Certifier Guidance
 - Quality Assurance of the Pregnancy Check box
 - Partnership with National Association for Public Health Statistics and Information Systems (NAPHSIS) to speed the review process
- Dig deeper to understand the drivers and identify the strategies to prevent future deaths, even with more timely data

Strengthening Data to Better Understand and Prevent Maternal Deaths

- Challenging to track pregnancy-related deaths with vital statistics alone
- Maternal Mortality Review Committees (MMRCs) review deaths within one year of pregnancy
- MMRCs gather data from multiple sources to provide a deeper understanding

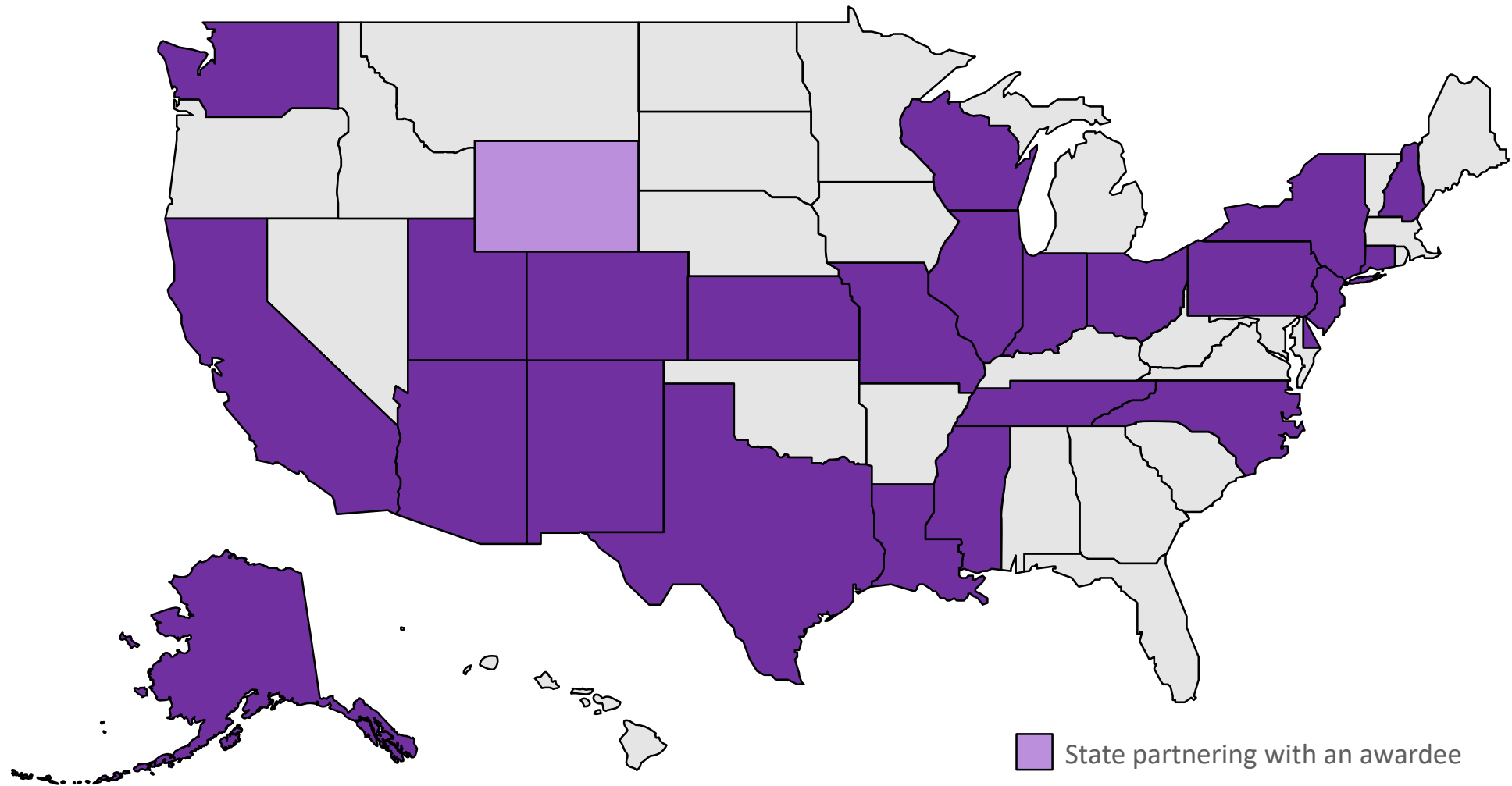


Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program

- CDC made 24 awards, supporting 25 states, which represents 66% of births
- Funds Maternal Mortality Review Committees to identify, review, and characterize maternal deaths and identify prevention opportunities. To:
 - Understand the drivers of maternal mortality and morbidity.
 - Determine what interventions at which levels will have the most impact.
 - Implement initiatives in the right places for families and communities who need them most.



Awardees for CDC's New ERASE MM Program

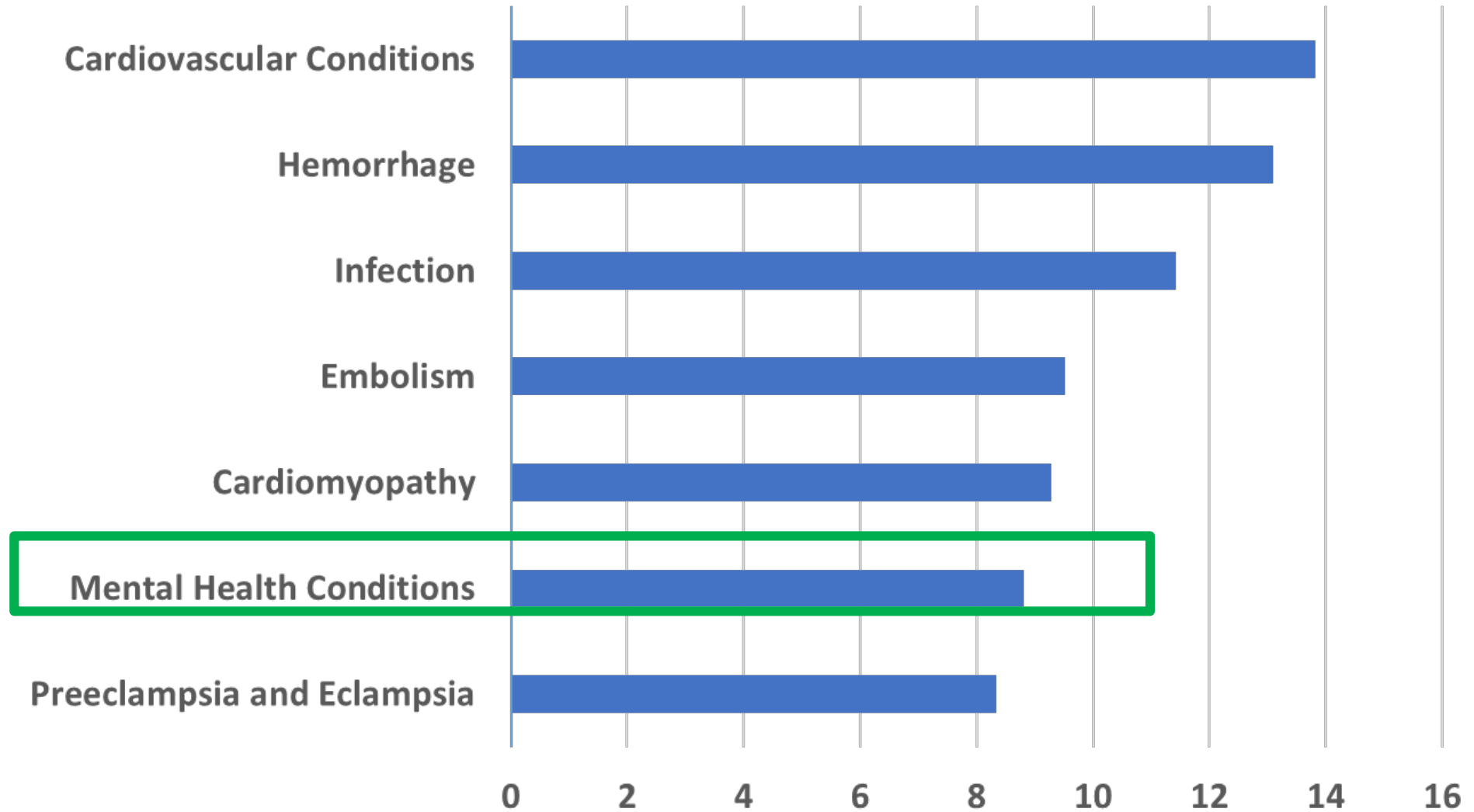


Developed a Common Language: Maternal Mortality Review Information Application (MMRIA)

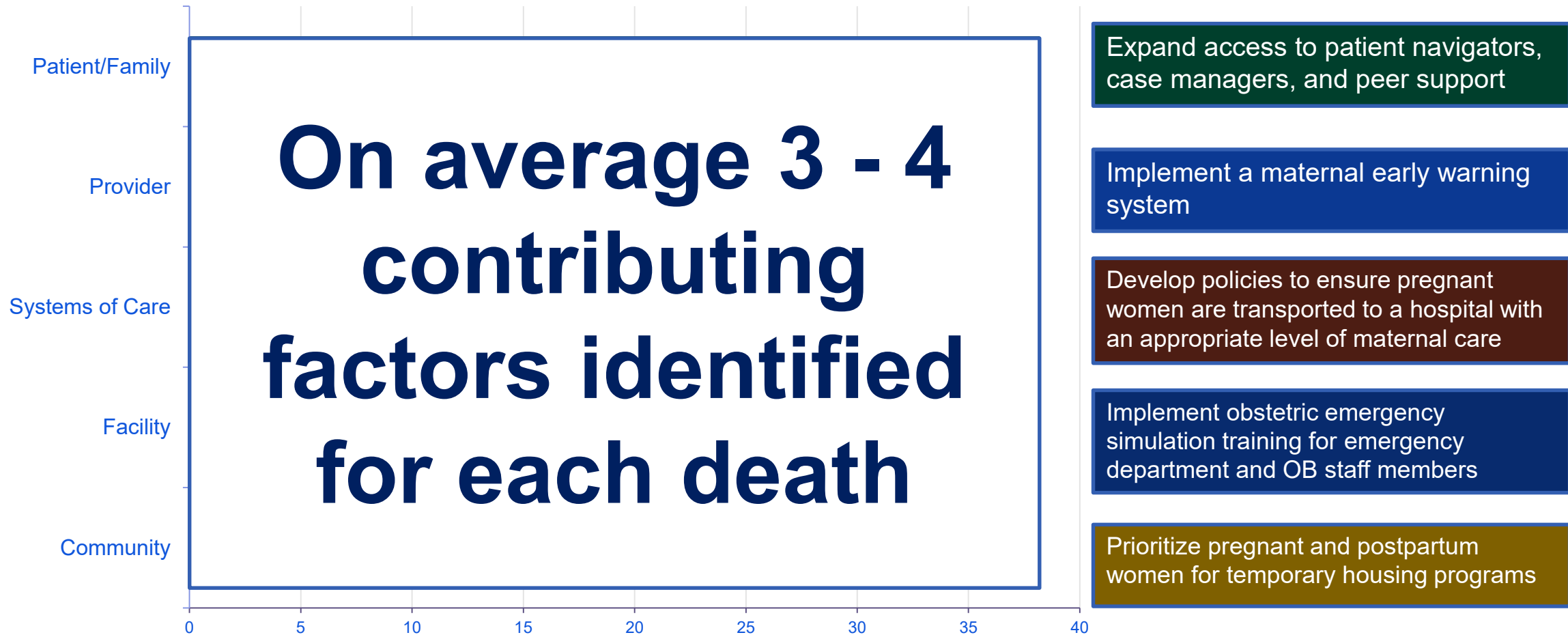
- Designed by CDC, in partnership with the CDC Foundation
- Walks a committee through the review process
- Gathers the documentation, data, and committee decisions
- Consistent definitions and process allows CDC to bring together data across jurisdictions for a comprehensive picture of the problem



MMRIA: Leading Underlying Causes of Pregnancy-Related Deaths



Contributing Factors & Recommendations from MMRCs



MMRIA: MMRC Recommendation Themes

At the System-Level

- Insurers cover care coordination for every high-risk pregnant woman
- Extend Medicaid coverage for pregnant women to 1 year postpartum
- Increase # providers accepting Medicaid
- Increase availability of group prenatal care and substance use treatment services
- Provide implicit bias training in clinics, provider offices and hospitals
- Expand in-home visitation programs
- Provide better care coordination including patient navigator for care services
- Provide vouchers for transport to office visits
- Offer social work follow up for missed appointments

Improving the Quality of Care for Moms and Babies: Supporting Perinatal Quality Collaboratives

- CDC funds 13 multidisciplinary teams that are working to improve measurable outcomes for maternal health by
 - Advancing evidence-informed clinical practices using QI
 - Reducing variation and optimizing resources to improve care and outcomes
- Examples of Impact:
 - IL: In two years, there as a 50% decrease in SMM among women experiencing hypertension during the delivery hospitalization
 - MS: 20% reductions in SMM related to obstetric hemorrhage

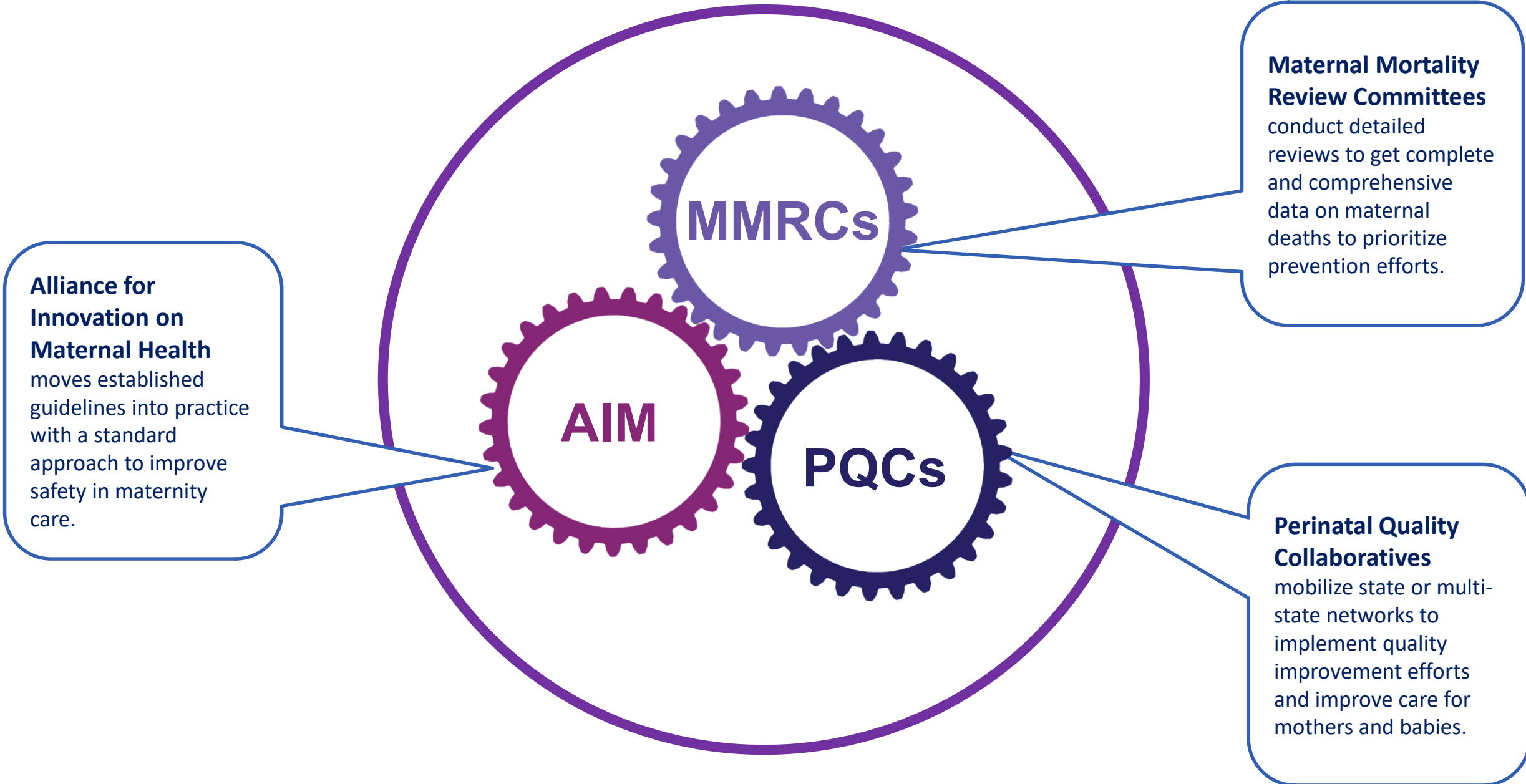


Mapping Risk Appropriate Care: CDC's LOCATe

- CDC worked with ACOG, SMFM, and AAP to develop LOCATe to support states in reviewing and strengthening their systems of care
- Helps states map and develop coordinated regional systems to help ensure that high risk pregnant women and infants receive care at a facility that is best prepared to meet their health needs
- Works to ensure that women get the right care at the right time to improve outcomes



Bringing Together Key Efforts to Save Lives



Maternal Mortality Review Information Application (MMRIA) strengthens critical steps of the MMRC process to empower prevention activities.

Title V Maternal and Child Health Services Block Grant Program provides funding to states and other jurisdictions for improving the health and well-being of mothers and children.

Heathy Start provides individual services and community supports to families in high risk communities.

Facility-based SMM Review identifies severe maternal morbidity cases for quality improvement.



Review to Action provides tools and resources to establish, enhance, and connect MMRCs.

CDC Levels of Care Assessment Tool (LOCATe) assists states and other jurisdictions in assessing and monitoring systems of risk-appropriate maternal and neonatal care.

Levels of Maternal Care (LoMC) describes systems of care that ensure pregnant women deliver at facilities that match their health risks

Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

