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# Reducing Disparities in Maternal- Infant Health Outcomes in Virginia

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# OVERVIEW OF PRESENTATION

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- History of ACOG's focus on racial disparities in maternal health
- Current and future focus on systematic improvement in maternal health care to reduce morbidity, mortality and disparities
- Suggested policy solutions which can help achieve these goals

# ACOG HISTORY OF ADDRESSING MATERNAL MORTALITY AND MORBIDITY AND RACIAL DISPARITY

*“Every Mom. Every time.”*

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- ACOG Committee Opinions 317 and 649
  - CO 317 (October 2005), Committee on Health Care for Underserved Women
    - Provided recommendations to reduce racial disparities in health and outlined OB-GYNs could help meet the objective
  - CO 649 (2015; reaffirmed 2018) replaced CO 317
    - **Recommended that all OB/GYNs:**
      - raise awareness about the prevalence of racial and ethnic disparities
      - Understand the role that practitioner bias can play in health outcomes
      - Encourage the adoption of federal standards for collection of race and ethnicity information in clinical and administrative data
      - Promote research that identifies structural and cultural barriers to care and the effectiveness of interventions to address the barriers
      - Educate patients in a culturally sensitive manner about steps they can take to prevent disease prevalent in their racial and ethnic groups
      - Recruit OB-GYNs from racial and ethnic minority groups

# ACOG HISTORY OF ADDRESSING MATERNAL MORTALITY AND MORBIDITY AND RACIAL DISPARITY

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- ACOG Executive Board 2017: Racial Bias Statement of Policy
  - Validates the impact of racial bias, implicit and explicit, on the lives of people of color and states OB-GYNs must work to clearly understand the impact of racial bias and how it manifests in the provider’s and patient’s lives.
  - Duty of the OB-GYN to acknowledge how implicit bias affects how the provider takes care of women and to consciously ensure they treat all patients equitably.
  - Racial and ethnic disparities cannot be reversed without addressing racial bias, both implicit and explicit.
  - Examples of ways OB-GYNs can confront the issue including:
    - Being aware of one’s own bias
    - Perform research on how biases and discrimination are associated with health outcomes in women
    - Integrate issues of racial injustice into teaching of students, residents, fellows and practitioners
    - Engage with activists and advocates within communities of color to foster communication
    - Examine and address the ways health care systems perpetuate inequity in communities of color
    - Encourage racial and ethnic diversity at all levels within the profession
    - Create an Alliance for Innovation on Maternal Health (AIM) disparity bundle for obstetrics

# AIM - Maternal Mortality and Morbidity Prevention

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- In partnership with the U.S. Health Resources Services Administration (HRSA), ACOG is working to reduce maternal mortality and eliminate disparities through the Alliance for Innovation on Maternal Health (AIM).
  - AIM is a national cross-sector, data-driven maternal and quality improvement initiative focused on the adoption of maternal safety best-practices and safety bundles.
  - Through the Virginia Neonatal Perinatal Collaborative, the Obstetric Hemorrhage Safety Bundle has been implemented in Virginia and the 4<sup>th</sup> Trimester Care Bundle is next

# AIM PATIENT SAFETY BUNDLES - SUMMARY

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- Common structure across all bundles
  - Readiness
  - Recognition and Prevention
  - Response
  - Reporting and Systems Learning
  - Respectful Care (incorporates elements of disparity reduction bundle)
- Composed of recommendations that should be applied across all OB units
  - Reduce variability in care processes
  - Reduce impact of bias

# HEMORRHAGE BUNDLE - EXAMPLE

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## RECOGNITION & PREVENTION

*Every patient*

- Assessment of hemorrhage risk (prenatal, on admission, and at other appropriate times)
- Measurement of cumulative blood loss (formal, as quantitative as possible)
- Active management of the 3rd stage of labor (department-wide protocol)

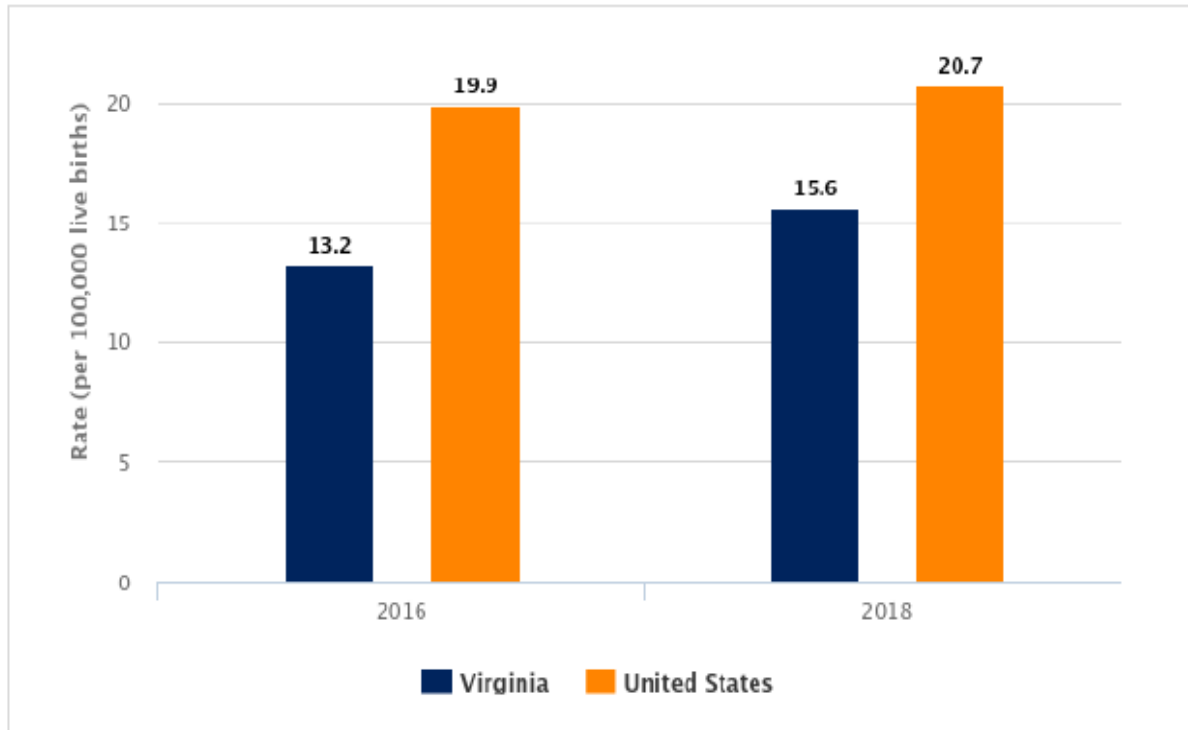
## RESPONSE

*Every hemorrhage*

- Unit-standard, stage-based, obstetric hemorrhage emergency management plan with checklists
- Support program for patients, families, and staff for all significant hemorrhages

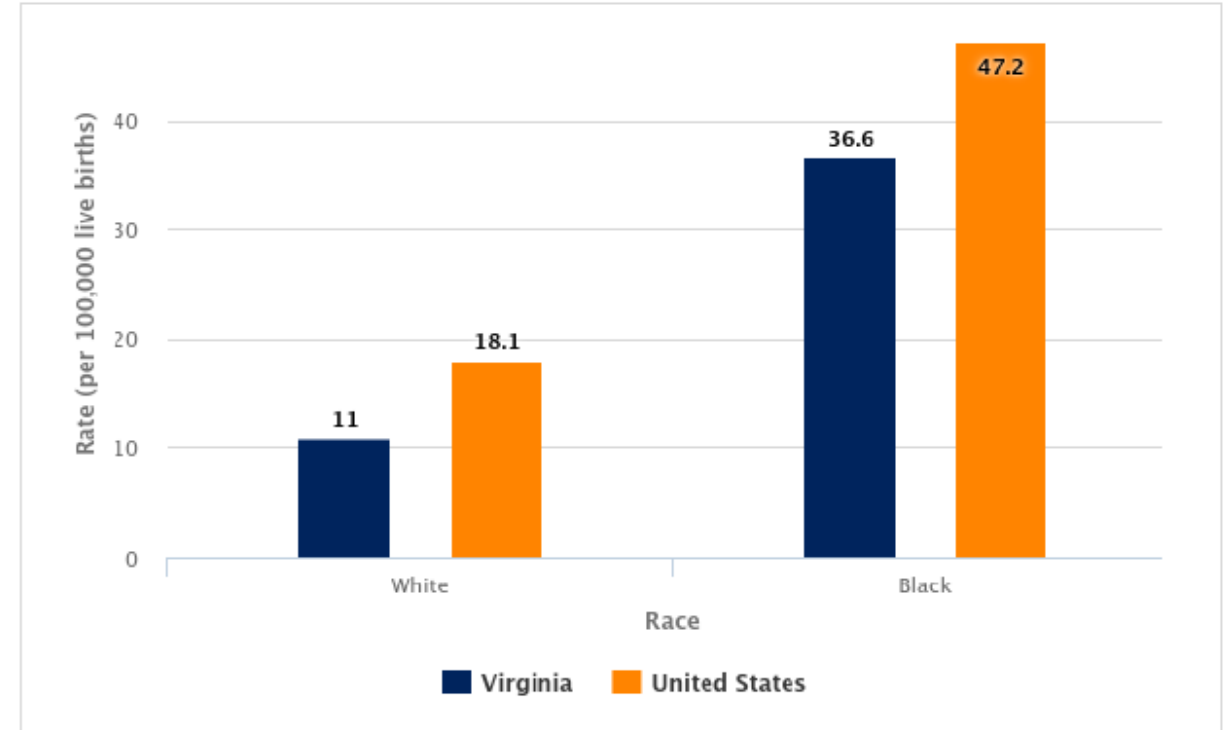
# MATERNAL MORTALITY IN VIRGINIA

Maternal Mortality Rate (per 100,000 births), By Year



Source: CDC WONDER; retrieved from American Health Rankings 2016 and 2018

Maternal Mortality Rate, by Race/Ethnicity



SOURCE: CDC Wonder; retrieved from American Health Rankings 2018



# MATERNAL MORTALITY IN VIRGINIA

Cause of death	White (67.6%)	Black (19.2%)	Other (13.2%)
Hemorrhage	38.5%	26.9%	34.6%
Pulmonary Embolism	40.0%	53.3%	6.6%
Infection	63.2%	30.3%	6.0%
Hypertension	42.9%	57.1%	0
Cardiac	49.4%	47.1%	3.6%
Cardiomyopathy	25.0%	75.0%	0

Black women experience disproportionate rate of maternal mortality for several major causes of maternal death

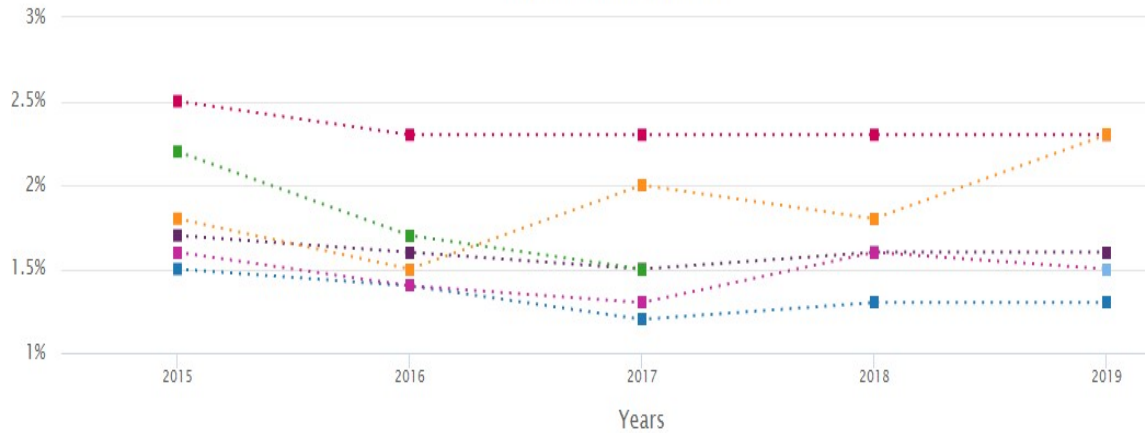
Virginia Pregnancy-Associated Mortality Surveillance System, Office of the Chief Medical Examiner, Virginia Department of Health

# SEVERE MATERNAL MORBIDITY IN VIRGINIA

## AIM Severe Morbidity

Severe Maternal Morbidity

Aggregate Collaborative Average



■ All Races \* ■ Non-Hispanic Black \* ■ Hispanic \* ■ Non-Hispanic White \* ■ Non-Hispanic Other \* ■ Not Reported/Missing \* ■ Unknown Race \*

## AIM Severe Morbidity (excluding transfusion)

Severe Maternal Morbidity Excluding Blood Transfusions

Aggregate Collaborative Average



■ All Races \* ■ Non-Hispanic Black \* ■ Hispanic \* ■ Non-Hispanic White \* ■ Non-Hispanic Other \* ■ Not Reported/Missing \* ■ Unknown Race \*

21 categories of severe illness complicating pregnancy, childbirth and post-partum period, not resulting in death

# PERINATAL MORTALITY IN VIRGINIA

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- Fetal deaths after 28 weeks + neonatal deaths 1<sup>st</sup> 7 days of life

2017	All Races	White	Black	Hispanic
Fetal death/1000 births	4.7	4.1	6.6	4.0
Early neonatal death/1000 births	4.0	3.2	7.3	3.5

# PROGRESS IN VIRGINIA TO REDUCE ADVERSE OUTCOMES OF PREGNANCY

## Efforts by Virginia to Prevent Maternal Deaths

2018	2019	2020	
✓	✓	✓	Maternal Mortality Review Committee
✓	✓	✓	Perinatal Quality Collaborative
✗	✓	✓	Medicaid Expansion
✓	✓	✓	Reports Maternal Mortality Data by Race/Ethnicity
*	*	✓	Alliance for Innovation on Maternal Health

Exists in the State



In Progress



Does Not Yet Exist



Not Measured in Past Years



# ACOG's POLICY PRIORITIES TO IMPACT MATERNAL MORTALITY AND MORBIDITY AND RACIAL DISPARITIES

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- ACOG focuses on and supports public policy that will improve access to care and improve all women's social and economic equality
  - A focus on improving social and environmental determinants of health
  - Ensuring women have access to care despite economic status and ability to pay
  - Policies that will develop effective interventions to reverse disparities
  - Expanding how and where women can access and receive maternal and gynecological care

# ACOG's RECENT NATIONAL POLICY ADVOCACY EFFORTS

*“Every Mom. Every Time.”*

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- 2020 – ACOG's top legislative priority – the Preventing Maternal Deaths Act.
  - The Act provides federal funding for Maternal Mortality Review Teams (MMRC's), which are interdisciplinary groups of local experts and physicians to review maternal death causes using data collection to prevent future deaths.
    - ✓ Passed
- 2020 – 2021 – ACOG is leading a coalition for the passage of H.R. 4995, the Maternal Health Quality Improvement Act and H.R. 4996, the Helping Medicaid Offer Maternity Services Act.
  - The two bills include provisions to address maternal mortality and eliminate racial disparities

# ACOG – VIRGINIA’S RECENT STATE POLICY ADVOCACY EFFORTS

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- 2017

- ✓ Passed - Advocated for the establishment of and funding for the Virginia LARC (long acting reversible contraception) Program, to provide women will access to a free LARC

- 2018

- ✓ Passed - Supported legislation and state funding to improve access to substance abuse treatment and prevention services for opioid dependent pregnant women
- ✓ Passed – Supported the expansion of Medicaid

- 2019

- ✓ Passed - Advocated for the legislation and state funding to establish Virginia’s Maternal Mortality Review Team
- ✓ Passed – Supported legislation to require hospitals and providers to provide new mothers and their families with information about and how to access care for postpartum perinatal anxiety
- ✓ Passed – Advocated for the state to establish and fund the Virginia Neonatal Perinatal Collaborative
- ✓ Passed – Supported increasing funding for Virginia’s LARC Program

# ACOG – VIRGINIA’S RECENT STATE POLICY ADVOCACY EFFORTS

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- 2020

- ✓ Passed – Advocated for the extension of Medicaid coverage to 12 months postpartum for new mothers eligible for Medicaid
- ✓ Passed – Supported Medicaid coverage and funding for doula services
- ✓ Passed – Supported legislation to allow pharmacists to dispense hormonal oral contraception and other medications
- ✓ Passed – Supported the establishment of a home visiting program in Medicaid  
*(funding was unallotted in the 2020 Special Session)*

- 2021

- ✓ Passed – Supported legislation to study to re-establish a Fetal and Infant Mortality Review Team
- ✓ Passed – Advocated for legislation to establish a task force on Maternal Health Data and Quality Measurers
- ✓ Passed – Supported funding to provide Medicaid beneficiaries with 12 months of contraception
- ✓ Passed – Advocated for funding for the monitoring of high-risk pregnancy Medicaid beneficiaries via telemedicine



# PROPOSED POLICY SOLUTIONS

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- Continue support for the Virginia Neonatal Perinatal Collaborative
  - Statewide implementation of bundles to reduce morbidity, mortality and disparities
- Support establishment of Fetal-Infant Mortality Review
  - Report from workgroup - December 2021
- Support implementation of Levels of Maternal Care
- VBIF scope
- Unbundle LARC for all payers