Arkansas Maternal Health Community of Practice

Initial Meeting
5/18/2023

Arkansas Department of Health

UAMS
University of Arkansas for Medical Sciences

Arkansas Perinatal Quality Collaborative

PRIMROSE

Agenda

10:00	Community of Practice goals & expectations – William Greenfield, MD
10:15	State of maternal health in AR
10:30	Breakout session
10:45	Centering equity in Community of Practice work –Zenobia Harris, DNP
11:00	Strategic plan & next steps – Krista Langston, MBA
11:15	Questions/discussion
11:30	Adjourn

Origin of the Community of Practice

- Five-year “Maternal Health Innovation” award for Arkansas from the Health Resources and Services Administration:
  - ➢Convene a state maternal health taskforce
  - ➢Develop a maternal health strategic plan
  - ➢Pilot “innovations” to improve outcomes & disparities

Community of Practice Goals

1. To increase coordination between maternal health stakeholders in the state of Arkansas.

2. To provide a venue for disseminating information related to maternal health policies, resources, and initiatives.

3. To develop a strategic plan to address maternal health needs in Arkansas.

Community of Practice Composition

Policy advocates/ experts

Healthcare providers

Social services and support programs

Patient and community advocates

Funders and philanthropy

- Recommend key voices to include.

Introduce yourself in the chat:

Name

Organization

Which role(s) would you list for yourself (policy, provider, patient/community, funder/philanthropy)?

Community of Practice Expectations

Come prepared to learn. Different organizations and initiatives working to improve maternal health will present at each meeting.

Come prepared to share. Members will contribute their perspectives to the strategic planning process and have opportunities to present their organization's work.

Come prepared to connect. To foster coordination and collaboration, each session will include a breakout session for informal relationship building.

Learning

Put aside distractions.

Listen with curiosity.

Take information back to your organization.

Sharing

Volunteer for presentation slots in upcoming meetings.

Contribute to the priority setting surveys.

Provide your feedback on how to maximize the impact of this community of practice.

Connecting

Engage with others in the breakout groups.

Ask for partners and collaborators as needed.

Continue the conversation outside these meetings.

State of Maternal Health in Arkansas

William Greenfield, MD, MBA, FACOG
Professor
Obstetrics & Gynecology
University of Arkansas for Medial Sciences
Medical Director of Family Health
Arkansas Department of Health

Maternal Mortality

- United States Deaths of Maternal causes
  - 1,205 in 2021
  - 861 in 2020
  - 754 in 2019
- The maternal mortality rate:
  - 2021 -> 32.9 deaths per 100,000 live births
  - 2020 ->23.8 deaths per 100,000 live births
  - 2019 ->20.1 deaths per 100,000 live births

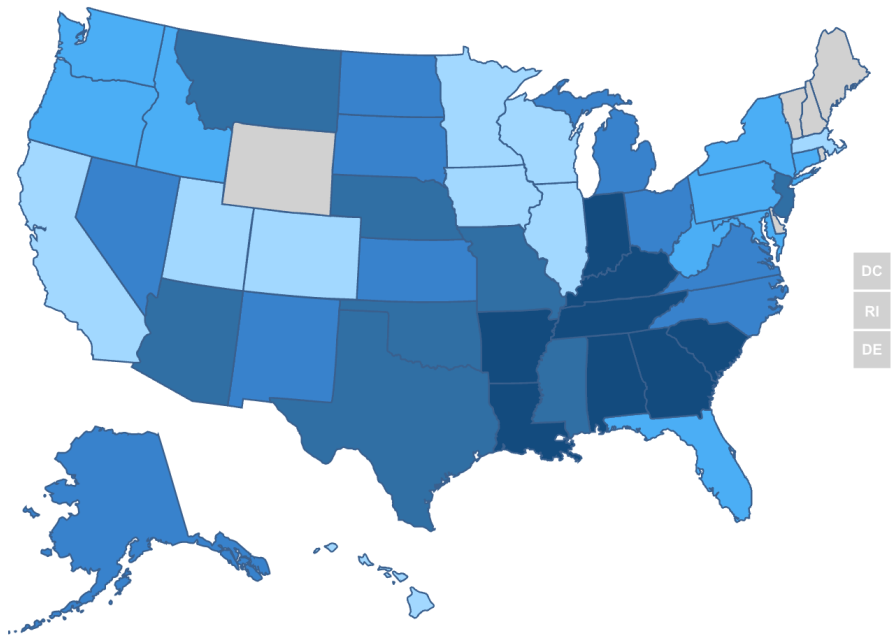
Severe Maternal Morbidity (SMM)

“Near miss” events that could have resulted in death

- Unexpected outcomes of labor and delivery
- Result in significant short- or long-term consequences to a woman’s health
- SMM 50,000 to 60,000 women annually

Maternal Mortality by State

Number of deaths related to or aggravated by pregnancy (excluding accidental or incidental causes) occurring within 42 days of the end of a pregnancy per 100,000 live births

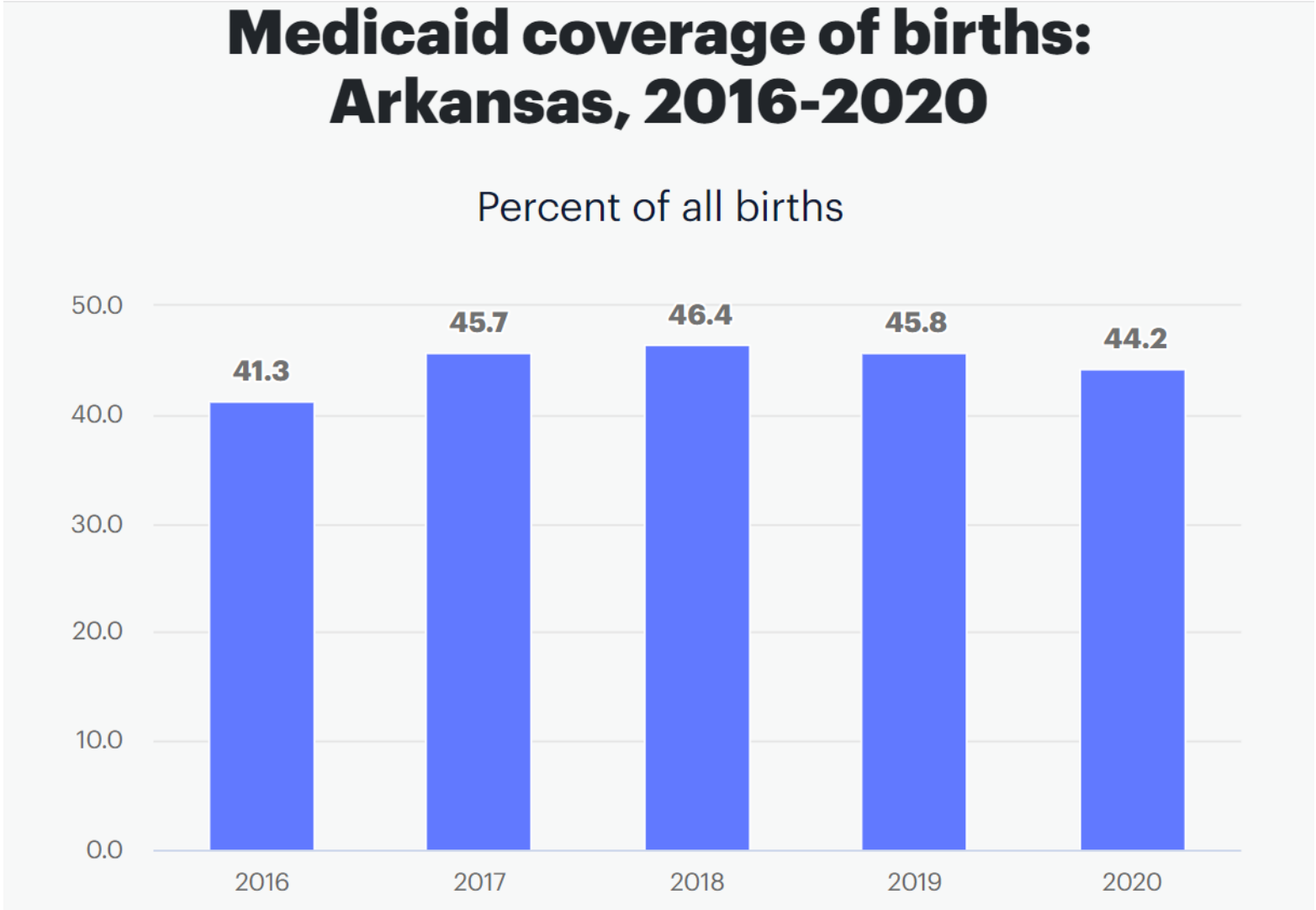


Data from Federally Available Data, Maternal and Child Health Bureau, Health Resources and Services Administration, 2016-2020

Top States	Rank	Value
California	•	8.4
Wisconsin	•	9.7
Minnesota	•	10.4
Utah	•	11.7
Iowa	•	12.1

Bottom States	Rank	Value
Tennessee	•	31.6
Arkansas	•	34.1
Kentucky	•	34.6
Alabama	•	38.7
Louisiana	•	38.7

Medicaid coverage of births: Arkansas, 2016-2020



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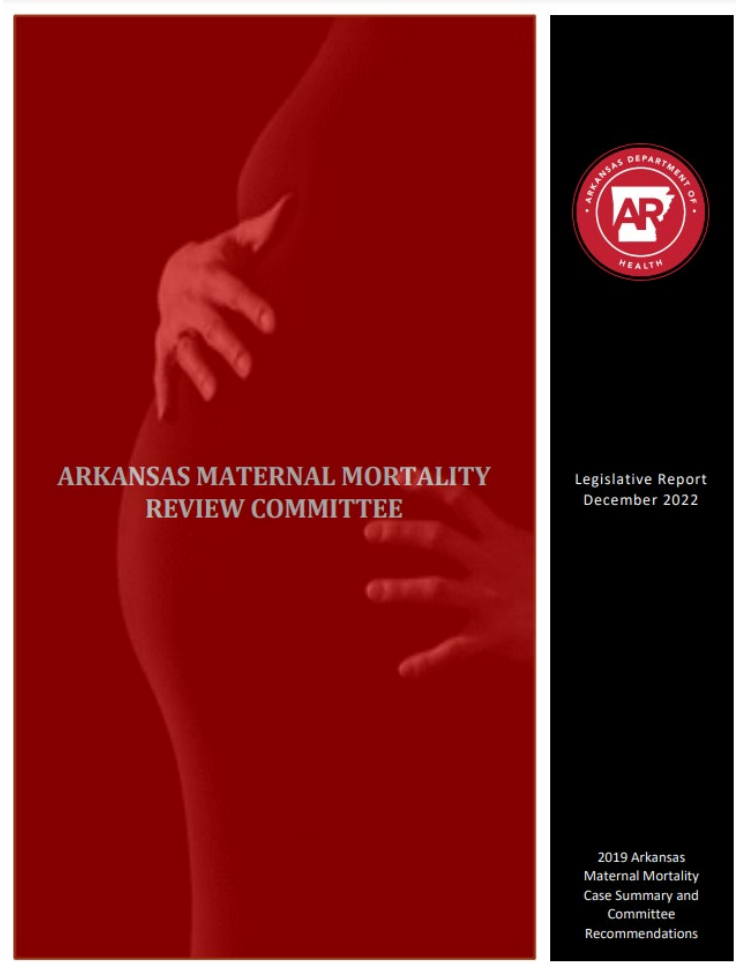
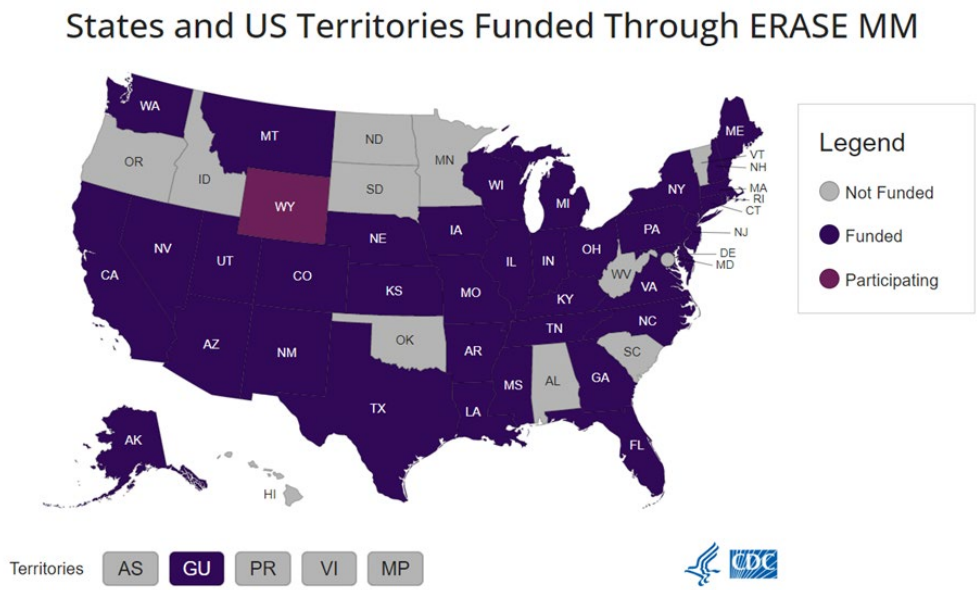




www.cdc.gov/erasemm

Maternal Mortality Review 2018-2019

	2018-2019
Live births*	73,307
Initial pregnancy-associated deaths identified and reviewed by staff	71
Deaths excluded from Committee review	17
Not pregnant at time or within one year of death	6
Not an Arkansas resident	5
Motor vehicle accident**	4
Accident/trauma	2
Pregnancy-associated deaths reviewed by Committee	54
Pregnancy-related deaths	23
Pregnancy-associated, but not related deaths	20
Pregnancy-associated, but unable to determine relatedness	11

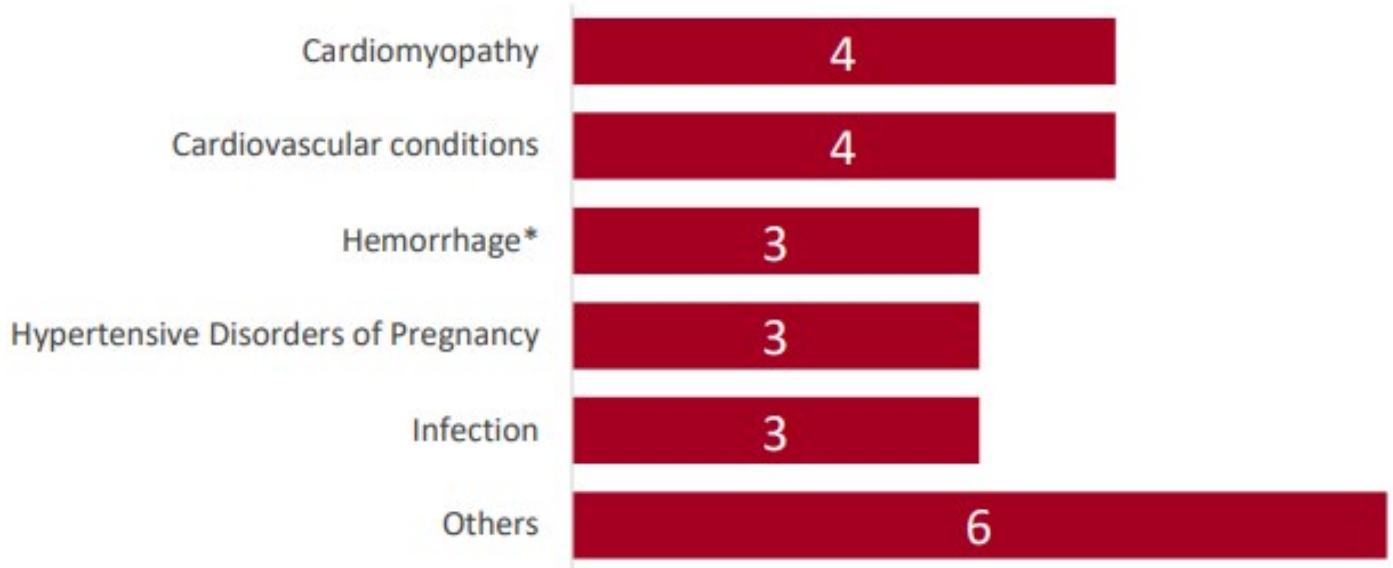
** Birth data are provisional and subject to change.*

*** The Committee reviewed two maternal deaths caused by motor vehicle accidents. These cases are included in the "Pregnancy-associated deaths reviewed by Committee" section of this table.*

Between 2018 and 2019, Arkansas had 54 pregnancy-associated deaths. This represents a pregnancy-associated mortality ratio of 73.7 deaths per 100,000 births.

Causes of Death

As determined by the Committee, the top underlying causes of pregnancy-related deaths were cardiovascular conditions, hemorrhage, and cardiomyopathy.

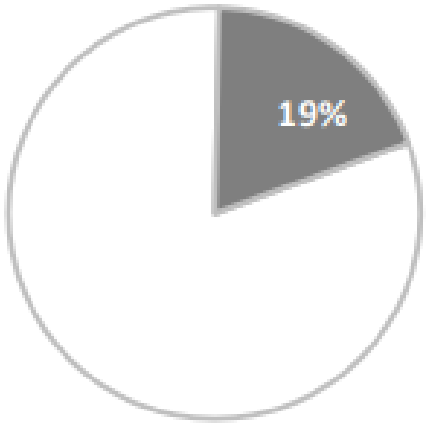


** Hemorrhage excludes aneurysms or CVA*

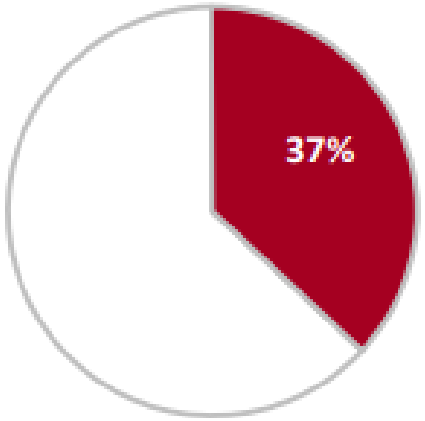
Pregnancy-Associated Deaths

Pregnancy-Associated Deaths by Race/Ethnicity

Pregnancy-associated deaths can happen to women of any race. However, some groups are disproportionately affected.



19% of all births were to Black non-Hispanic women.

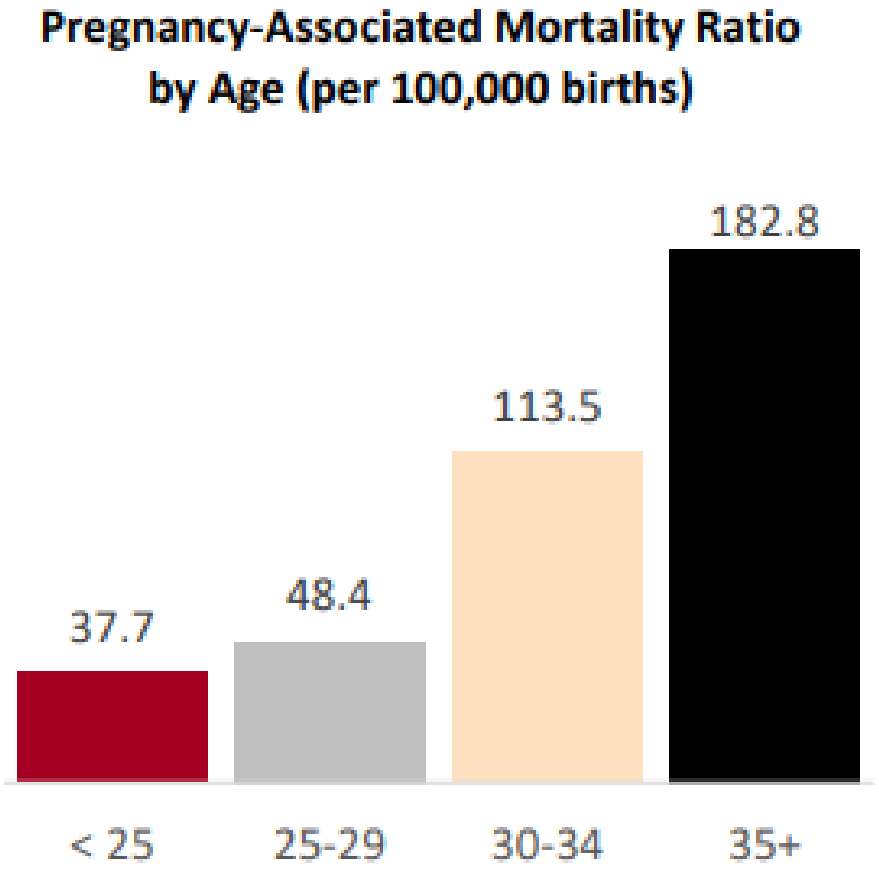


37% of all pregnancy-associated deaths were to Black non-Hispanic women.

Breakdown of Pregnancy-Associated Deaths by Race/Ethnicity

Pregnancy-Associated Deaths by Age

The risk of pregnancy-associated death increases with age. Women ages 35 and older have the highest mortality ratio, which was more than six times the mortality ratio of women younger than 25 years old.



Preventability and Chance to Alter Outcomes

The Committee reviewed all deaths and used the MMRIA Committee Decisions Form to determine if the death could be considered preventable and if there was at least some chance of the death being averted by one or more reasonable changes to patient, family, provider, facility, system and/or community factors.

91% of pregnancy-related deaths were considered potentially preventable.

Nine out of ten pregnancy-related deaths (91.3%) were considered preventable. Among those preventable deaths, all (100%) were determined to have either a good chance or some chance to alter the outcome.

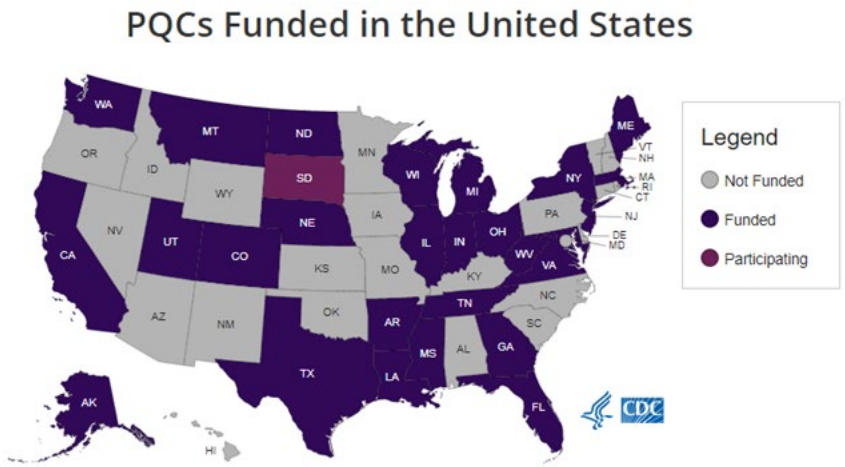
Perinatal Outcomes Workgroup Education and Research (POWER)

- Collaborative workgroup that identifies topics or areas of patient care that need improvement
- Develops plans to implement those improvements
- Has worked to improve maternal and neonatal outcomes by supporting maternal safety bundle implementation in delivering hospitals

Perinatal Improvement of Outcomes and Safety for Everyone (PRIMROSE)

- Address critical gaps in data systems, health services availability and quality of care to improve maternal health outcomes and reduce disparities in Arkansas
    - Establish a state maternal health taskforce and strategic plan
    - Strengthen data systems for maternal health surveillance
    - Contributing to regionalization of perinatal care
    - Supporting patient engagement in quality improvement
    - Delivering evidence-based group prenatal care to disproportionately-impacted patients in maternity care deserts
    - Preparing emergency providers in rural areas to respond to obstetric emergencies through simulation training

Arkansas Perinatal Quality Collaborative



- State or multistate networks of teams
- Work to improve the quality of care for mothers and babies
- Examples of work
  - Implement National Safety Bundles
  - Support remote education and training
  - Engage and support providers beyond obstetricians
  - Support networks of care and telehealth

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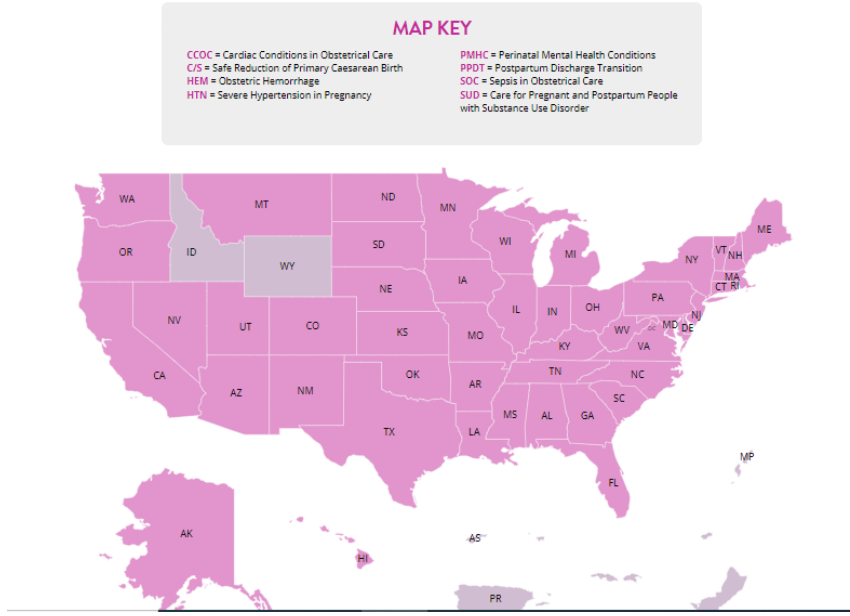
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

AIM

- A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives

- Develops multidisciplinary, clinical-condition specific patient safety bundles to support best practices that make birth safer



AR MOMS

- HRSA grant that targets all women of childbearing age in **11 counties in southwest Arkansas**
- Intent is to create a coordinated, responsive network to improve maternal and neonatal outcomes for at least **550 mothers in rural southwestern Arkansas**
- Supporting a local, **accessible continuum of obstetric care and family strengthening for mother and child health** and wellness. AR MOMS teams will provide care in our network hospitals, Cabun Rural Health Services clinics, and **CHI St. Vincent - Hot Springs primary care clinics**.
- Each county (Calhoun, Clark, Columbia, Dallas, Hot Spring, Howard, Montgomery, Ouachita, Pike, Polk, and Sevier) meets the HRSA parameters for rural designation and all 11 are classified as Primary Care Health Professional Shortage Areas (HPSA) in their entirety.
- Network formed from a committed group of long-time partners including Sevier County Medical Center, Howard Memorial and Dallas County Medical Center; acute care hospital, Magnolia Regional Medical Center; three FQHCs operated by Cabun Rural Health Services; Arkansas CMS; and the Arkansas Rural Health Program (Department of Health).

Arkansas State Health Improvement Plan
AR SHIP Maternal and Infant Health

- Arkansas Department of Health
- Work group oversees the implementation of strategies and work plans connected to two indicators related to Maternal and Infant Health
  - Indicator 1: Infant Mortality Rate
  - Indicator 2: Maternal Mortality Rate

ARKANSAS MATERNAL AND PERINATAL OUTCOMES QUALITY REVIEW COMMITTEE

- Create a continuous quality improvement process that includes but is not limited to:
  - Reviewing maternal and neonatal data from labor and delivery units, nurseries, and neonatal intensive care units in the state
  - Sharing of aggregate data with the committee aligned with improvement efforts
- Education
- Quality
- Level of Care Site Visits

Arkansas Children's Hospital
Nursery Alliance

A quality collaborative focused on improving neonatal clinical outcomes through partnership and best practice

- Align and recommend best practices across network
- Raise awareness of practice guidelines
- Work to keep patients close to home
- Allocate resources to partners (educations, policy, consultations)
- Capture and present data for benchmarking
- Collaborate on initiatives to support reducing infant mortality
- Post-discharge follow-up by monitoring and measuring late morbidities through an expanded High-Risk Newborn Clinic network

Breakout Session

1. Introduce yourself.
2. Share one thing that your organization/you are working on related to maternal health that you want others to know about.
3. Share one thing that you would like to achieve through the the community of practice.

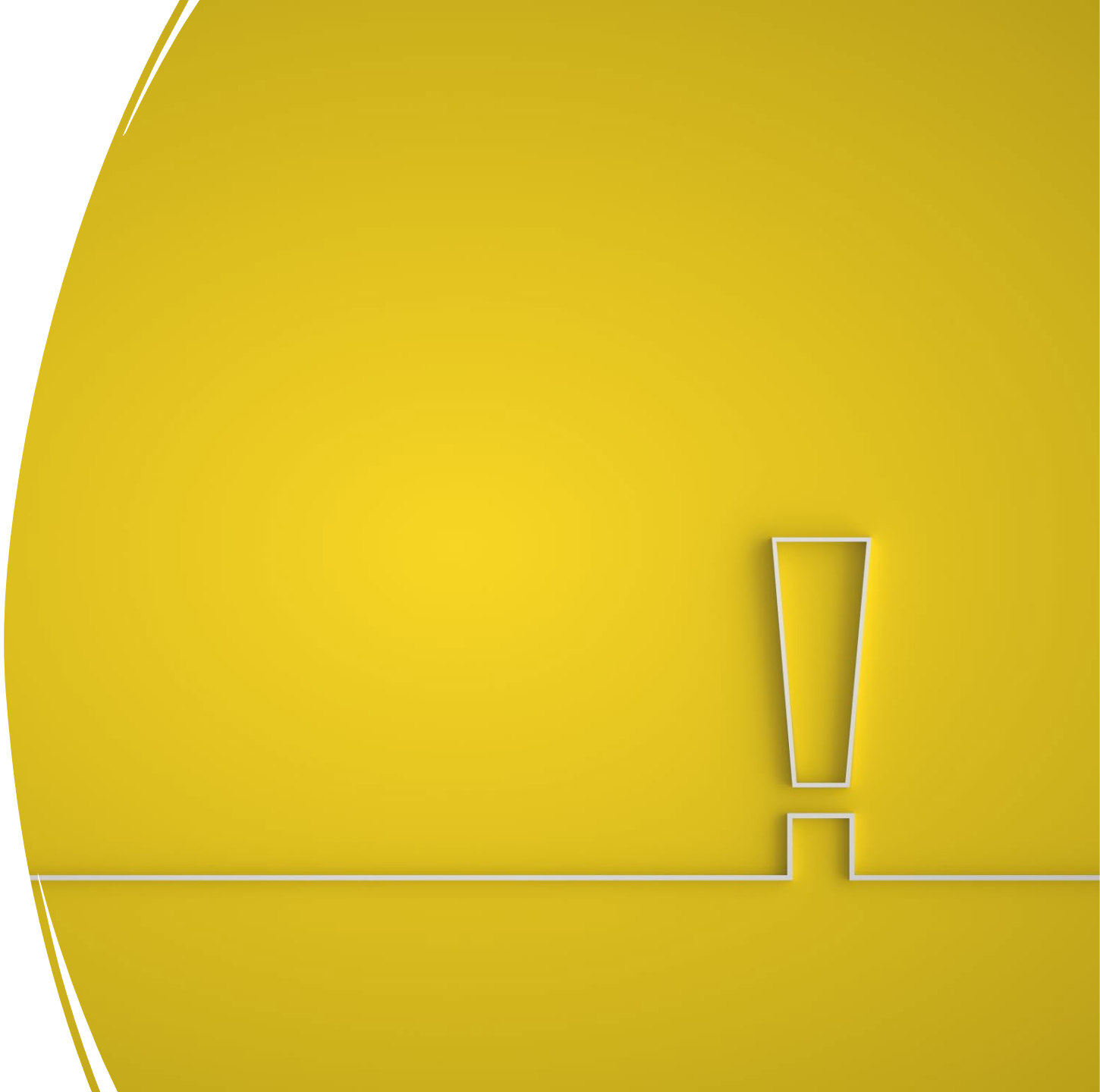
CENTERING EQUITY IN MATERNAL HEALTH

Zenobia Harris, DNP, MPH, RNP

Executive Director, Arkansas Birthing Project

CALL TO ACTION IN ADDRESSING POOR MATERNAL HEALTH IN AMERICA

- - Adverse Maternal Health Outcomes
- -Troubling Racial/Ethnic Disparities
- -Rising Costs of Maternity Care
- Maternity Deserts



VALUE-ADDED MATERNITY HEALTH CARE

- Promotes Care that Prduces better Outcomes and Better Health.

Is Equitable

Is Respectful

Is Culturally Competent

Has consistently good quality

Integrates gender identity, race, income, social and behavioral health

Honors and Values patient preferences

Does no Harm

WHAT DOES HIGH VALUE MATERNITY CARE LOOK LIKE?

- Team-based care including midwives, doulas and community health workers
- Birth Center/Midwifery Model
- Pregnancy Medical Homes and Maternity Care Homes
- Culturally Competent Group Prenatal Care

HIGH VALUE MATERNITY CARE

- Screening and Management of Prenatal and Postpartum mood and anxiety disorders
- Lactation Support
- Home Visiting Programs
- Nurse Family Partnership

- Source: www.maternalhealthhub.org

HIGH VALUE MATERNITY CARE

- Medication Assisted treatment for Opioid Use Disorder
- Reproductive Health Planning
- Naming and Addressing Racism, Sexism and Classism in Health care

WHAT MUST BE DONE TO ELIMINATE HEALTH DISPARITIES

- Treat Equity as a Central Value on par with Quality and Costs
- Create a System of Care that Recognizes and Honors Preferences
- Promote Best Practices and Better Health

Strategic Plan Development

Krista Langston, MBA
Executive Director of Community Programs
UAMS Institute for Community Health Innovation

Strategic Plan

Strategic plan objectives focused on PRIMROSE activities

Broader objectives specific to Arkansas MCH needs

Draft due September

Strategic Plan Development

Delphi Process

Survey 1: May 22-July 15

5 question survey, be intentional

Strategic Plan

What are the biggest maternal health challenges in Arkansas?

What factors contribute the most to maternal health disparities in Arkansas?

What strategies are most promising to improve maternal health outcomes in Arkansas?

Strategic Plan

What strategies are most promising to reduce maternal health disparities?

If you could wave a magic wand and do one thing to improve maternal health in Arkansas, what would it be?

Questions?

Adjourn

Next meeting: August 17