Better Maternal Outcomes
Public Webinar Series

Providing Safe, Equitable Maternity Care in Rural Communities
WebEx Quick Reference

- Please use chat to “All Participants” for discussion & questions

- For technology issues only, please chat to “Host”
Today’s Agenda

- Welcome & Introductions
- Setting the Stage: Challenges and Assets in Rural Maternity Care
- Community Spotlight: Valdez, AK and Cairo, GA
- Questions and Discussion
- Follow-Up & Staying Connected
Please type your **name** and the **organization** you represent in the chat box and send to “All Participants”

Example: Mara Lee, Midwest Health
Partnering for Improved Birth Outcomes

The Institute for Healthcare Improvement (IHI) Better Maternal Outcomes Initiative and the National Network of Perinatal Quality Collaboratives (NNPQC), coordinated by NICHQ, are partnering to provide participants with a valuable set of webinars on health equity, respectful care and other critical maternal health topics. This partnership recognizes the shared commitment of these two initiatives to improve hospitals and health systems by elevating and spreading evidence-based efforts and examples of improvement from across the country so that families experience better birth outcomes. By bringing all participants together to engage in shared learning, the NNPQC and the Better Maternal Outcomes Initiative will encourage collaboration and innovation among teams with a shared mission, and ultimately accelerate national improvement.
The IHI Better Maternal Outcomes Initiative aims to reduce maternal morbidity and mortality by supporting national efforts to implement reliable evidence-based care for women and newborns around the time of birth, and by facilitating locally driven, co-designed rapid improvements in four communities, targeting the interface of health care delivery, the experience of birthing people, and community support systems.

The National Network of Perinatal Quality Collaboratives (NNPQC), coordinated by NICHQ, supports the development and enhances the ability of state perinatal quality collaboratives to make measurable improvements in statewide maternal and infant healthcare and health outcomes by providing resources and expertise to nationwide state-based perinatal quality collaboratives (PQCs). The National Institute for Children’s Health Quality (NICHQ) serves as the National Coordinating Center for NNPQC.
Setting the Stage and Community Spotlight: Valdez, AK

Dr. John Cullen
John S. Cullen, MD, FAAFP, a family physician in Valdez, Alaska, is the immediate past chair of the American Academy of Family Physicians Board of Directors. The AAFP represents 134,600 physicians and medical students nationwide. In this role, Dr. Cullen advocates on behalf of family physicians and patients to inspire positive change in the US health care system. Dr. Cullen has practiced the full scope of family medicine in a rural community of 4,000 people in Alaska for more than 25 years. Dr. Cullen works in an independent small group practice and is director of emergency medical services at Providence Valdez Medical Center where he also provides maternity and inpatient care. He has been actively involved in residency and medical student teaching for more than 20 years, providing comprehensive training in rural health care. He is an associate clinical professor at the Geisel School of Medicine at Dartmouth College.
Rural and Frontier hospitals care for major trauma, pregnancies, surgical cases

Transportation can be limited by time, distance, and weather.

Air transportation can be hazardous

Limited medical staff
Why Rural Maternity Care

- Obstetrical need
  - Obstetrical emergencies
- Improved capabilities
- Stronger medical team
Percent of Adverse Birth Outcomes to Rural Washington State Residents by Community Outflow

Stress

• Separation from family and social support
• Childcare
• Cost of travel & housing
• Loss of income
• Risks associated with travel
Distance Matters
Exhibit 3. Predicted marginal probabilities of severe maternal morbidity and mortality among rural and urban residents, United States 2007-2015 (N = 6,793,342)
Maternal Mortality by Race and Ethnicity

Institutional Racism

Number of Preparedness Elements Based on Percent of Women Giving Birth who were African American

For every 10% increase in the total percentage of African American women who gave birth, there was a decrease of one preparedness element.

Maternal Mortality Rate
California and United States; 1999-2013

California: ~500,000 annual births, 1/8 of all US births

- California Rate
- United States Rate

Maternal Deaths per 100,000 Live Births

Year

CMQCC
Toolkits and Collaboratives
CA Mortality Review Committee
Preventing pregnancy-related death every step of the way.

Death can happen up to a year after delivery.

- **33%** 1 week to 1 year after delivery
- **31%** During pregnancy
- **36%** During delivery and up to 1 week afterward

SOURCE: CDC Vital Signs, May 2019

[Visit CDC Vital Signs for more information](www.cdc.gov/vitalsigns/maternal-deaths)
Even if a community is not planning on offering maternity care, they will continue to maternity care, but they won’t be ready for the obstetrical emergencies
What Valdez is doing

- No Trial of Labor after Cesarean (TOLAC) in Valdez
- Few elective inductions
- Fewer pitocin inductions
- Drills for low frequency high acuity events
- Prior, first stage, and second stage Huddles with assigning of roles.
What Valdez is doing

• Few Epidurals
• Intrathecal anesthesia
• Laboring patients encouraged to move
• OP aggressively identified and reduced
• More time allowed for 1st and second stage.
Caveats

• Medicaid expansion with increased payment
• No home deliveries
• Team approach
• Drill and simulations
Family Docs Rock!
Implications

• Obstetric and Gynecologic emergencies
• Emergency medicine
• Critical care
Other Implications

- Nursing confidence
- Community confidence in medical care
- Healthier health care system
- Economic impact.
Providence Valdez Medical Center

Financial Support from City of Valdez
Barriers

- Service line mentality
- Perceived Risk
- Blood Products
- Available Providers
- Global payments
Figure 1. Percentage of third-year family medicine residents intending to perform obstetric delivery (n = 9128) and percentage of practicing family physicians performing obstetric deliveries, by testing cohort: first recertification (n = 8059), second recertification (n = 7186), ≥third recertification (n = 10,589). Data are the means from 2014 to 2016.
Community Spotlight: Cairo, GA

Addressing Maternal Health Disparities in Rural America
Dr. Zita Magloire is a board-certified family physician currently in private group practice in Cairo, Georgia. Dr. Magloire graduated from the Florida State College of Medicine in 2011 and completed her residency training at the University of Kansas Via Christi Family Medicine Residency Program in Wichita, Kansas. In 2014 she joined Cairo Medical Care, LLC and in 2016 became a partner in the practice and now serves as the chief executive officer (CEO) for the group. In addition to practicing both inpatient and outpatient medicine, Dr. Magloire has a special interest in women’s health, and provides full obstetrical services including cesarean sections for her patients. Dr. Magloire is currently the chair for the Department of Obstetrics and Pediatrics at Grady General Hospital, and also is the Georgia Academy of Family Physician liaison to the Georgia Perinatal Quality Collaborative (GaPQC). Dr. Magloire also serves as the Chair for the Obstetrics Member Interest Group for the American Academy of Family Physicians. Her passion is treating whole families, with a special interest in maternal health and patient advocacy.
Family Physicians

• Provide comprehensive care to all ages, genders
• Reproductive and maternity care: including pre-conception, prenatal, pregnancy, and postpartum
• Mental health
• Wellness and chronic disease management
• Understanding of the context of the family and social determinants of health, the community, and the medical neighborhood
What does my practice look like?

• Cairo, Georgia
• Rural
• Partnership, small business
• Full Scope family medicine
• Number of deliveries a year
• Who is on my team
• Local hospital for deliveries
• Referral network
Key Points

• Maternal Health Disparities Overview
• Social Determinants of Health
• Implicit bias
• Impact of Family Medicine
• COVID-19
Maternal Health

• Chronic Diseases
  – Hypertension
  – Diabetes

• Past Pregnancy History

• Pre-pregnancy weight

• Smoking status

• Social
  – Availability of family planning services

• Economic

• Employment

• Insurance
Health Disparities

Demographic
Geographic
Obstetrical Services in Georgia

Shortages of obstetric providers in Georgia, 2011 (left) to 2016 (right). Although several PCAs have improved from "At-Risk" to "Adequate," many PCAs have changed from "Deficit" to having "No OB Services."
Of the 250 maternal deaths reviewed, 101 were determined to be pregnancy-related deaths. 60% of these were preventable. There were 26 pregnancy-related deaths for every 100,000 births.
Maternal Mortality in US

• In May 2020, the National Advisory Committee on Rural Health and Human Services examined maternal health and obstetric care challenges in rural America.
• Rural areas had a pregnancy-related mortality ratio of 29.4 per 100,000 live births versus 18.2 in urban areas in 2015.
• In Georgia, rural black women have a 30 percent higher maternal mortality rate than urban black women, and rural white women have a 50 percent higher risk than urban white women.

Maron, 2017.
Maternal Mortality in Rural Areas

Credit: Amanda Montañez; Source: CDC
Maternal Morbidity in Rural Areas

• Maternal Morbidity is often overlooked, but occurs more frequently
• In 2014, for every woman who died from pregnancy-related complications, seventy-one suffered from severe maternal morbidity, and may be higher in rural areas
• Risk-factors lack of obstetric providers as well as social determinants of health (transportation, housing, poverty, food security, racism, violence, and trauma)

Kozhimannil. 2007
Implicit Bias

• Implicit bias is defined as, “the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.”
• Also known as: Unconscious bias, Implicit social cognition
• It is a contributing factor to health disparities.
• Mitigating implicit Bias
  − Awareness
  − Protocols
  − Case Reviews

Types of Implicit Bias

- Affinity
- Anchoring
- Attribution
- Beauty
- Confirmation
- Conformity
- Contrast
- Gender
- Halo
- Horns
What Can Family Physicians Do?
New Joint Commission Requirements

- Implicit Bias training
- ER Protocol for management of Maternal HTN
Impacts of Level of Maternity Care (LoMC)

Updated Classification System

Level 1 (Basic) to Level 4 (Regional centers)

Facilities with no maternity departments

Need for “OB-Ready” sites for unintended deliveries
Live Course
Georgia Perinatal Quality Collaborative

Vision
Better perinatal outcomes and health equity for every Georgia mother and baby.

Mission
To engage stakeholders in implementing equitable, evidence-based perinatal care through a robust data-driven quality improvement collaborative.
AIM-SUPPORTED PATIENT SAFETY BUNDLES

- Maternal Venous Thromboembolism Prevention
- Postpartum Care Basics for Maternal Safety From Birth to the Comprehensive Postpartum Visit
- Postpartum Care Basics for Maternal Safety Transition From Maternity to Well-Woman Care
- Obstetric Care for Women with Opioid Use Disorder
- Obstetric Hemorrhage
- Reduction of Peripartum Racial/Ethnic Disparities
- Safe Reduction of Primary Cesarean Birth
- Severe Hypertension in Pregnancy
- Severe Maternal Morbidity Review
- Support After a Severe Maternal Event
GaPQC Activities

- **Monthly collaborative webinars**
- Quarterly data collection/reporting
- Technical assistance calls
- Communications, “stealing”, sharing
- Training
  - Quality Improvement
  - Drills
  - Implicit Bias
- Annual meeting
GaPQC Hospital Participation

• As of 9/1/19
  − 62 participating hospitals (80% of birthing hospitals in the state)
    • 44 hospitals implementing AIM Obstetrical Hemorrhage
    • 36 hospitals implementing AIM Severe Hypertension in Pregnancy
    • 47 hospitals implementing the Neonatal Abstinence Syndrome program from the Vermont Oxford Network (VON)
  − % of GA births impact – 87%
COVID-19
Summary of Recommendations: Outpatient

Update for 2021 –

GET VACCINATED!!!

<table>
<thead>
<tr>
<th>Category</th>
<th>Recommendation</th>
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</thead>
<tbody>
<tr>
<td>Prenatal</td>
<td>Continue to provide essential prenatal care</td>
</tr>
<tr>
<td>Telehealth</td>
<td>Routine prenatal visits can be modified to decrease in-office exposures using alternative schedule to routine office visits that incorporate use of telehealth</td>
</tr>
<tr>
<td>Screen</td>
<td>Screen all pregnant women should be screened for symptoms of COVID-19 at every visit</td>
</tr>
<tr>
<td>Encourage</td>
<td>Encourage enrollment of PUIs/COVID positive patients in nationwide registries</td>
</tr>
<tr>
<td>Develop</td>
<td>Develop a labor and delivery protocol specific for your facility that emphasizes shared decision making and warm hand-offs at discharge</td>
</tr>
<tr>
<td>Vaccination</td>
<td>Vaccination is recommended for all pregnant and lactating women as well as persons age 12 and older</td>
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“Exam Rooms”
Practical Measures to Improve Maternal Outcomes in Wake of COVID-19

- **Explore**: Explore how to expand use of technology to support patients in critical care settings (ICU, NICU)
- **Encourage**: Encourage hospitals to establish protocols for communication with family and support persons
- **Develop**: Develop educational materials for minimizing the risk of transmission from mother to neonate upon discharge
- **Evaluate**: Evaluate the impact of change in practice due to COVID-19 as it relates to maternal breastfeeding, postpartum depression and contraception
- **Review**: Review protocols and identify strategies for mitigating implicit bias
Key Points

• Addressing maternal health disparities requires collaboration with communities, health care organizations and government
• Minorities and those living in rural areas continue to be affected disproportionately
• We must continue to address social determinants of health
• We can help mitigate implicit bias through education and use of evidence-based protocols
• **Continue to support family physicians in caring for women, children and patients living in rural areas**
• Recognize that disparities still exist amid the COVID-19 pandemic, and develop facility-specific protocols to meet patient and community needs
Questions and Discussion

• Please put your questions for our presenters in the chat!
Staying Connected

• All slides, materials, and call recordings will be shared with participants following the call and also posted to the IHI website (www.ihi.org/maternalhealth) and on our Community Page.

• If you’d like to be added to the IHI maternal health email list and/or our Community Page, please contact us at maternalhealth@ihi.org.

• Public webinars are offered every 1-2 months. Information about upcoming calls will be shared ahead of time through IHI and NNPQC listservs.
Thank you for joining us

IHI Better Maternal Outcomes Initiative
National Network of Perinatal Quality Collaboratives
Grzybowski et al. *Distance matters: a population based study examining access to maternity services for rural women.* BMC Health Services Research 2011, 11:147


Fine, D *Maternal Health Care Is Disappearing in Rural America* Smithsonian

*Why are obstetric units in rural hospitals closing their doors?* P Hung, KB Kozhimannil, MM Casey, IS Moscovice. Health services research 51 (4), 1546-1560

*Our Maternal Mortality Rate Is Shameful* Natashia Bujan MD


References


• Labor and Delivery Visitor Policies During the COVID-19 Pandemic. JAMA. Published online May 22, 2020. doi:10.1001/jama.2020.7563. Kavita Shah Arora, MD, MBE, MS¹,²; Jaclyn T. Mauch, BA³; Kelly Smith Gibson, MD¹


• Centers for Disease Control (CDC)