

Maternal Morbidity and Mortality

MEDICAID'S ROLE

Maternal Mortality Annual Report

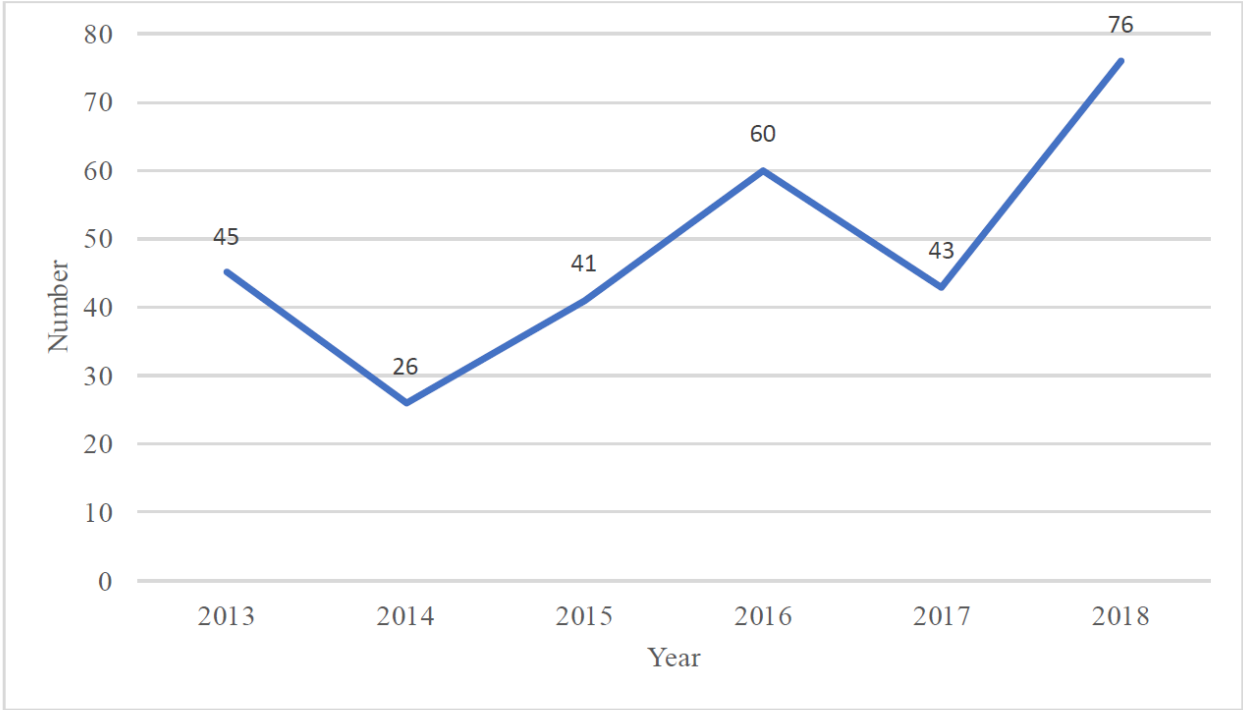
KRS 211.684 Maternal Mortality Annual Report **R**

Department of Public Health Division of Maternal and Child Health

- Most recent report came out November 2020
- Committee consists of representatives from: Public Health, Medicaid, DCBS, BHDID, law enforcement, KASPER, chief medical examiner, domestic violence & human trafficking, anesthesia, women's cardiology, birthing hospitals, providers, and the controlled substance registry

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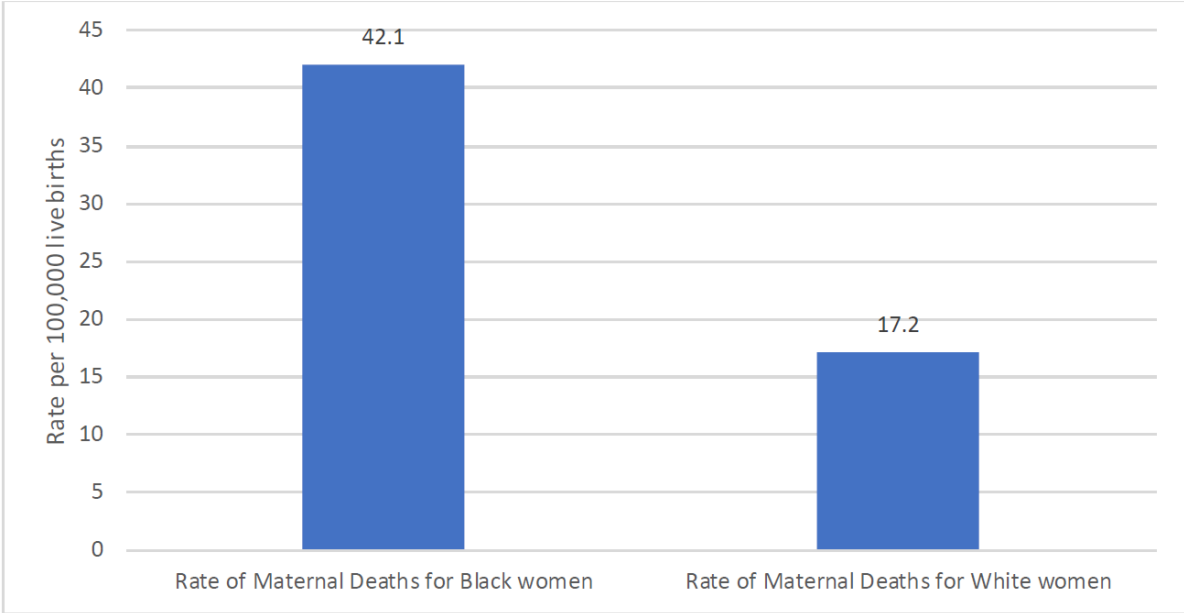
Figure 1: Total Number of Maternal* Deaths; Kentucky, 2013-2018**



*Maternal death is defined as any female between the ages of 15-55 that was pregnant within one year prior to death or pregnant at death and died from any cause.

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Figure 3: Difference in Maternal* Deaths by Race; Kentucky, 2018**



*Maternal death is defined as any female between the ages of 15-55 that was pregnant within one year prior to death or pregnant at death and died from any cause.

**2018 data is preliminary and numbers may change

Data Source: KY Vital Statistics files, linked live birth, and death certificate files years 2018

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Deaths among black mothers are higher in Lexington and Louisville where providers, birthing hospitals and regional referral centers are located

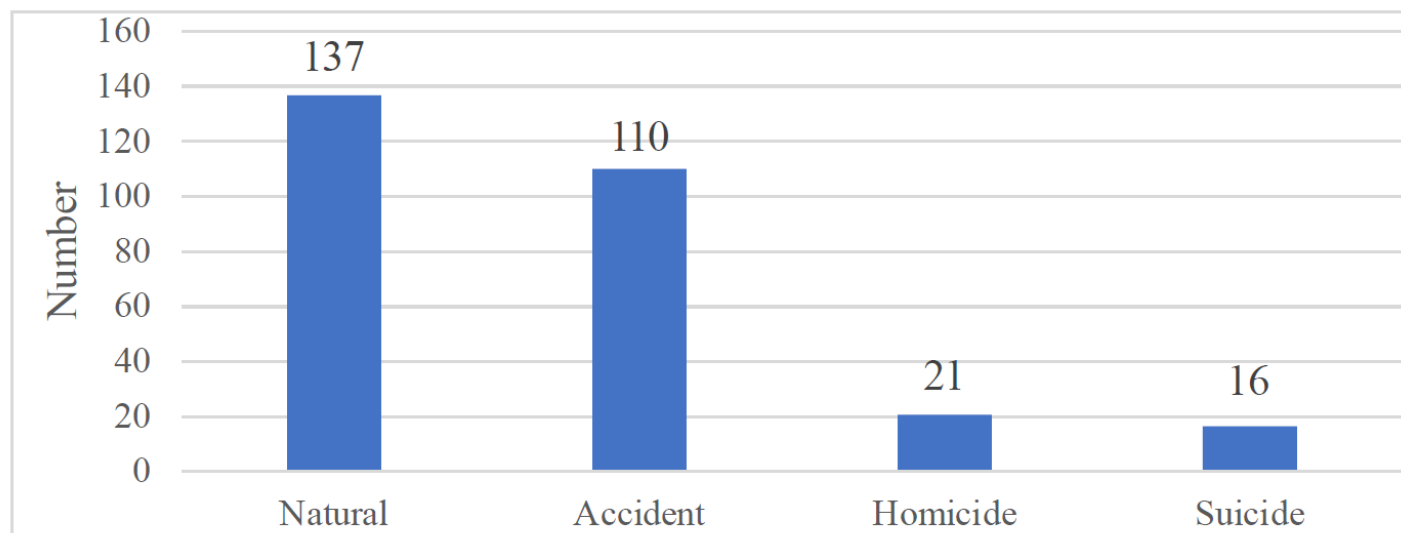
This is a disconnect....it doesn't make since

Examining the services and supports in our urban centers are imperative

Healthy Start, a program located in Louisville, is aimed at reducing the infant mortality rate by promoting healthy families. This program is bringing in home services and supports to the zip codes with the highest infant mortality rates in the city

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Figure 6: Total Number of Maternal* Deaths by Manner of Death; Kentucky, 2013-2018**
Combined



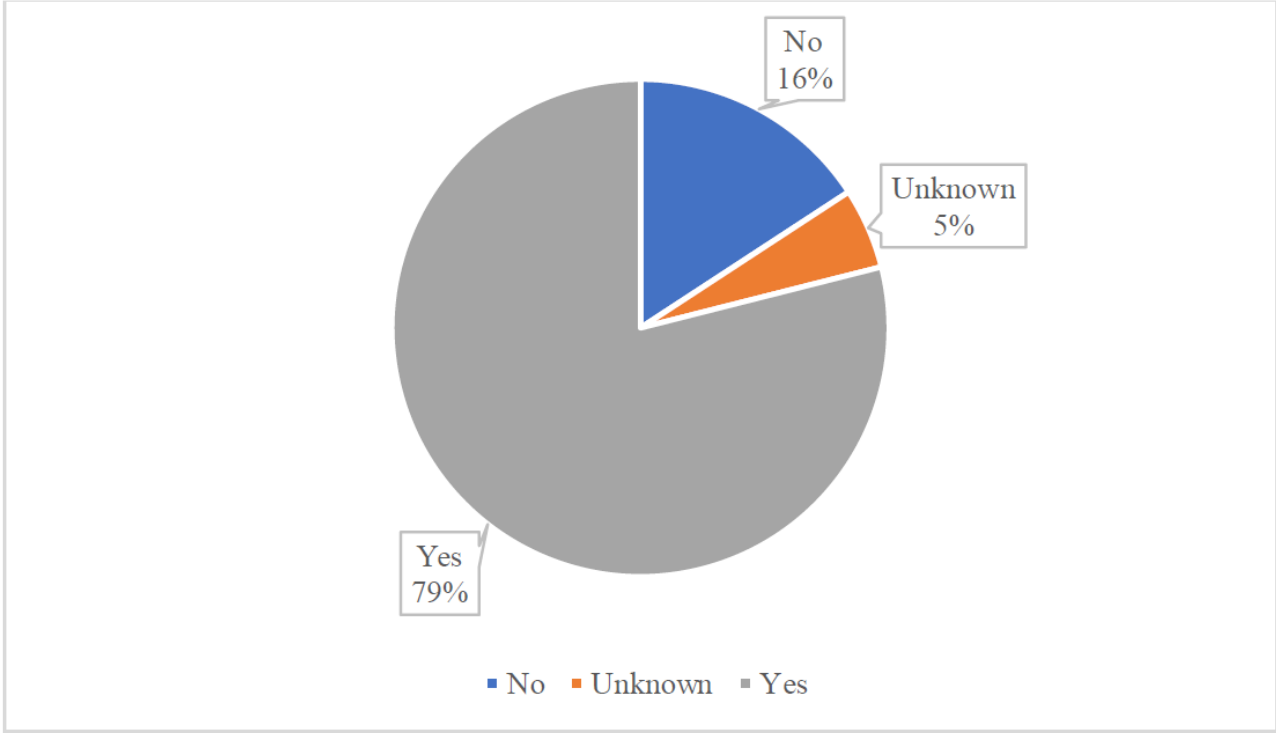
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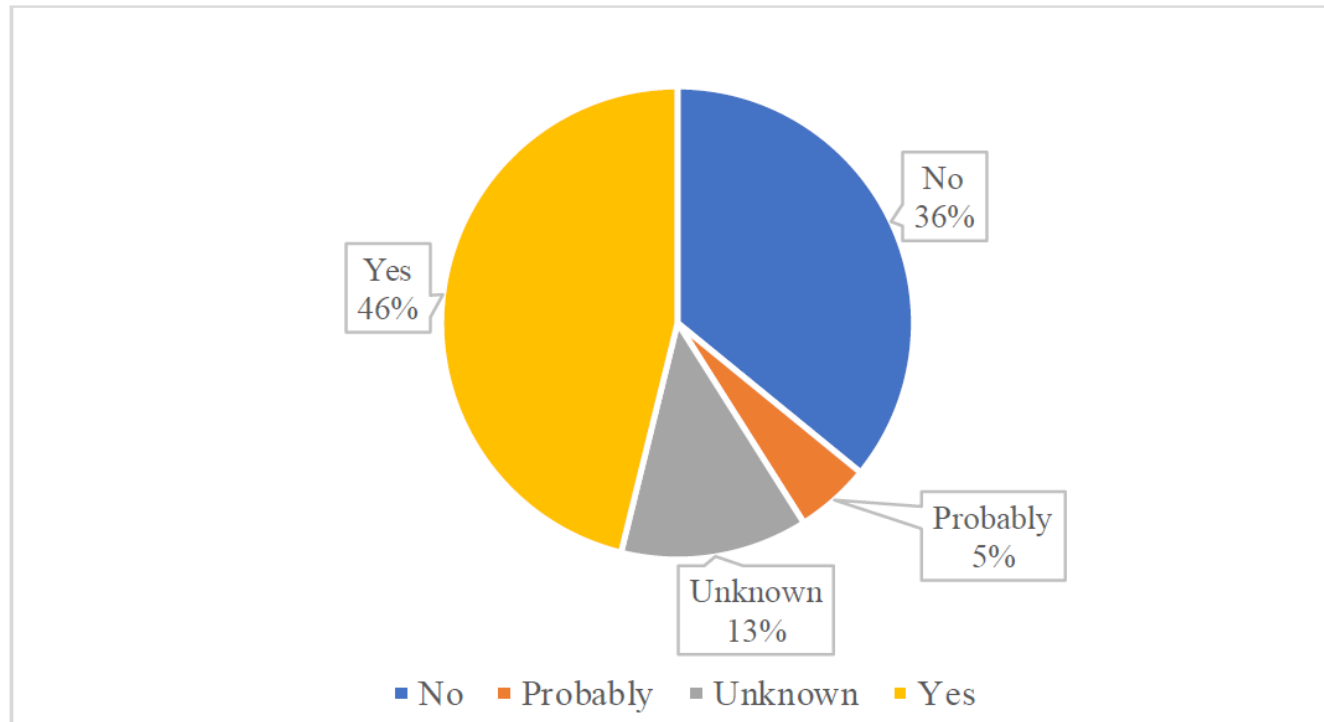
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Figure 11: Was the Death Preventable?



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Figure 8: Substance Use as a Contributing Factor in 2017 Maternal Deaths



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As you can see a major driver of the increased rates has been the increasing prevalence of substance use disorders

A key challenge and major intervention for this population is in increasing both the quantity and quality of postpartum care visits, as well as continued screening and support systems for women in this population

Our MCO partners provide care management services for women with high-risk pregnancies and all women will receive incentives for attending prenatal care visits and postpartum care visits

Maternal Health Initiatives

ASTHO Opioid use Disorder, Maternal Outcome, Neonatal Abstinence Syndrome Initiative (OMNI) learning community
(partners on are Public Health, Medicaid, BHDID, DCBS, KY Hospital Association, KY Primary Care Association)

The OMNI collaboration helped create the Kentucky Perinatal Quality Collaborative (KyPQC), **R** now in its second year

Medicaid Innovation Accelerator Program: Strengthening Partnerships while Developing Data Analytic Capacity to Support Reduction of Maternal Mortality and Severe Maternal Morbidity in Medicaid – partnered with DPH and OHDA

Kentucky was one of the fifteen states awarded a SUPPORT 1003 Planning Grant, Kentucky chose to focus that grant's efforts on women of childbearing age

Recently applied for additional opportunities on MM and Postpartum care with partners within the cabinet

KY Perinatal Quality Collaborative - KyPQC

Dr. Connie White, Deputy Commissioner of Clinical Affairs, DPH Medicaid **R**, is one of the partners and is on the steering committee

Work Groups – Completed Needs Assessment

Obstetrical

Neonatal

MMRC Recommendations

Postpartum Care R

A focus study conducted in 2018 indicated that only 62% of our beneficiaries had a postpartum visit

Among those 62% of women, only 81% were screened for postpartum depression and 44% were screened for substance use disorders

Additionally, 48.5% received any type of contraception between 3 and 60 days postpartum and of those women only 12.3% received a long acting reversible contraceptive

Improved access to birth control R

Helps to space pregnancies – this makes healthier moms and healthier babies

Many BC options available –need to help educate/train PCP to administer the newer options

Having the option of LARC placement before the mom leaves the hospital after delivery

Getting new moms to the postpartum visit is very important, MCO Incentives

All MCOs cover the different BC options

Certified Professional Midwives R

SB 78 – remove barriers to practice for APRNs and Certified Nurse Midwives to improve access to care

KY has a CPM license through the BON

- So far 20 CPM have been certified

Currently, Medicaid does not reimburse CPM

Medicaid met with KY Birth Coalition and discussed this issue we are in the process of gathering more information and looking at how other states are covering CPM

Birthing Centers

Remove certificate of need requirement **R**

More birthing centers may increase access to care for pregnant moms – however most centers are located in the larger cities

As part of the Affinity group we are planning on mapping the birthing hospitals and birthing centers in the state and then overlay maternal morbidity and severe maternal mortality

Decriminalize or Non-mandatory reporting of marijuana positive mothers R

Thought process:

- Positive test may be a barrier to accessing care in the first trimester
- Need to look at the data more closely

Implicit bias trainings

Training in perinatal centers and other facilities that care for pregnant and parenting women **R**

Additionally, training on adverse childhood events (ACES) would help providers better care for this population

Low Birthweight babies R

Smoking leads to low birthweight babies

- 48% of babies born in 2018 to moms with KY Medicaid smoked cigarettes (approximately 1 in 4 babies born in KY)
- MCO Partners all have quit smoking programs as well as DPH some are specific to pregnant and parenting moms

Chronic Stress leads to preterm births and low birth weight babies

- Addressing social determinants of health, such as housing, income security, healthy food, transportation, education
- MCOs have population health management programs to help address SDoH

Perinatal care coordination R

Local Health Departments no longer provide direct patient care for pregnant women

Care Coordination

- Improves access to care and pregnancy outcomes
- MCOs provide Perinatal Care Coordination

Group prenatal care

- Shown to improve pregnancy outcomes in research setting, additional studies need to be done

Questions
