Infant Mortality and Maternal Mortality in Georgia

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September 20, 2017
Infant and Maternal Mortality

• What is the epidemiology in Georgia?
• What are the primary causes?
• What are current efforts to prevent mortality?
• What does the future hold?
America’s Health Rankings

Overall Rankings for Women and Children’s Health

Infant mortality: #43

Maternal mortality: #48

Source: United Health Foundation
INFANT MORTALITY
Infant Mortality


Source: CDC National Vital Statistics

[Graph showing the trend of infant mortality in Georgia and the U.S. from 1990 to 2016. The graph shows a decrease in deaths per 1,000 live births over time.]
Infant Mortality by Geography, GA, 1994-2016

Source: DPH OASIS
Infant Mortality by Race, GA, 1994-2016
Top Causes of Infant Mortality, U.S.

1. Birth defects (21%)
2. Preterm/ LBW (18%)
3. Maternal factors (7%)
4. Sleep-related (7%)
5. Other

Birth Defects

Critical Congenital Heart Disease

Zika

The Aedes aegypti mosquito spreads Zika virus which can cause serious health issues.
Percent Preterm Births, GA, 2008-2016

Source: DPH OASIS
Interpregnancy interval, GA, 2014 – 2015

Percentage of full term birth and preterm birth across different interpregnancy intervals:

- <1 YEAR: 87.66% Full Term, 12.34% Preterm
- 1 TO <2 YEARS: 90.22% Full Term, 9.78% Preterm
- 2 YEARS: 92.10% Full Term, 7.90% Preterm
- >2 YEARS TO 3 YEARS: 92.33% Full Term, 7.67% Preterm
- 3-4 YEARS: 91.76% Full Term, 8.24% Preterm
- 4-5 YEARS: 91.29% Full Term, 8.71% Preterm
- >5 YEARS: 89.32% Full Term, 10.68% Preterm

Legend:
- Blue: Full Term Birth
- Red: Preterm Birth

Term

- Non-Hispanic White: 49%
- Non-Hispanic Black: 14%
- Hispanic: 30%
- Other: 7%

Preterm

- Non-Hispanic White: 43%
- Non-Hispanic Black: 12%
- Hispanic: 5%
- Other: 40%

Source: College of Public Health, University of GA in partnership with March of Dimes

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Long-acting Reversible Contraceptives (LARCs)

Every $1 invested in DPH Family Planning resulted in $20.61 saved in Medicaid costs.
Regional Perinatal Centers

**Mission Statement:** The purpose of the Regional Perinatal Centers is to coordinate access to optimal and appropriate maternal and infant health care.
Improved Prenatal and NICU Care

- Oral Health
- Health insurance/access
- Decrease elective C-sections
- Neonatal steroids
- Centering Pregnancy
- Banked Breast Milk
- 17p
WIC’s Reach in Georgia

**January 2017:** 242,423 participants total (moms, babies and children)

16,668 Prenatal moms

- Breastfeeding: 29%
- Prenatal: 27%
- Postpartum - Non Breastfeeding: 44%
- Infants: 22%
- Children: 52%

We Protect Lives.
WIC Services

- Information about nutrition and health
- Breastfeeding support
- Assistance in finding health care and other community services
- WIC offers – vegetables and fruits, milk, eggs, bread, cereal, juice, peanut butter, and much more
Safe to Sleep

ABC’s
Alone
Back
Crib
MATERNAL MORTALITY
Maternal Mortality in the U.S.

Source: The Pew Charitable Trusts
Maternal Mortality Review Committee

<table>
<thead>
<tr>
<th></th>
<th>Pregnancy-related (N=32)</th>
<th>Pregnancy-associated (N=47)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 40+</td>
<td>18.7%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>65.6%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Rural</td>
<td>25.0%</td>
<td>27.7%</td>
</tr>
<tr>
<td>Pre-existing medical condition</td>
<td>68.8%</td>
<td>48.9%</td>
</tr>
</tbody>
</table>
Causes of Death

2012
Hemorrhage
Hypertension
Cardiac
Embolism

2013
Cardiomyopathy
Hemorrhage
Embolism
Other

50% Preventable
Ongoing Strategies

- Family planning
- Regional Perinatal Centers
- Perinatal Case Management
Perinatal Case Management (PCM)

• Purpose:
  – Improve maternal and infant health outcomes
  – Promote coordinated and early referral to appropriate care and resources based on a comprehensive assessment that includes social determinants of health

• Key elements:
  – Serve Medicaid eligible pregnant women
  – Initial assessment and care plan development at local health department
  – Transition of case management to CMO
FUTURE IS BRIGHT
Perinatal Quality Collaborative

“Networks of teams working to improve health outcomes for mothers and babies. PQC members identify health care processes that need to be improved and use the best available methods to make changes as quickly as possible.”
New Initiatives

Hemorrhage

Hypertension

Cardiomyopathy

Evidence-based patient care safety bundles

+ Leveraging existing partnerships

+ Rapid-cycle data analysis
What is AIM?

• National quality improvement initiative
• ‘Aims’ to reduce maternal mortality and severe maternal morbidity
• Funded through 4 year cooperative agreement with the Federal Maternal and Child Health Bureau
AIM Patient Safety Bundles

- Obstetric Hemorrhage
- Severe Hypertension
- Safe Reduction Primary C-section
- Maternal VTE Prevention
How Does AIM Work?

AIM provides implementation support and data tracking for open access Patient Safety Bundles and Tools. Enrollment is based on voluntary participation and has a rolling onboarding process.

- Take a short Maternal Safety Needs Assessment Survey
- Connect with your state or hospital system coordinator
- Learn about AIM-supported Patient Safety Bundles and Tools that fit your needs
- Receive Bundle implementation support through technical assistance and a vibrant online community
- Track and benchmark your progress through the AIM Data Center

Learn more at www.aim-tbd.org.
Measuring Impact

• **Year 1**- hemorrhage bundle + functional data system
• **Year 2**- HTN/ cardiomyopathy + robust perinatal quality collaborative
• **Year 3-5**- Measurable decrease in maternal and infant morbidity and mortality
WE INVITE YOU AND YOUR HOSPITAL TO JOIN OUR STATEWIDE INITIATIVE

Contact info:
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THANK YOU!