



Infant Mortality and Maternal Mortality in Georgia

Lara Jacobson, MD
Division of Health Promotion
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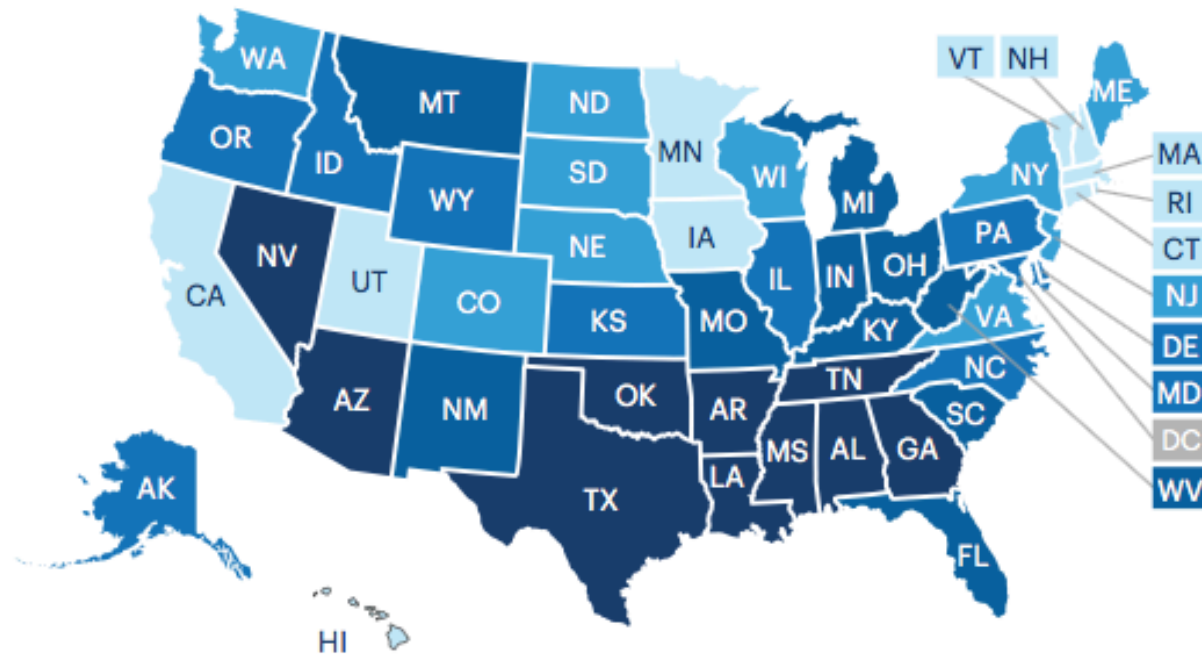
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Infant and Maternal Mortality

- 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

RANK: 1 to 10 11 to 20 21 to 30 31 to 40 41 to 50 Not Ranked

Source: United Health Foundation

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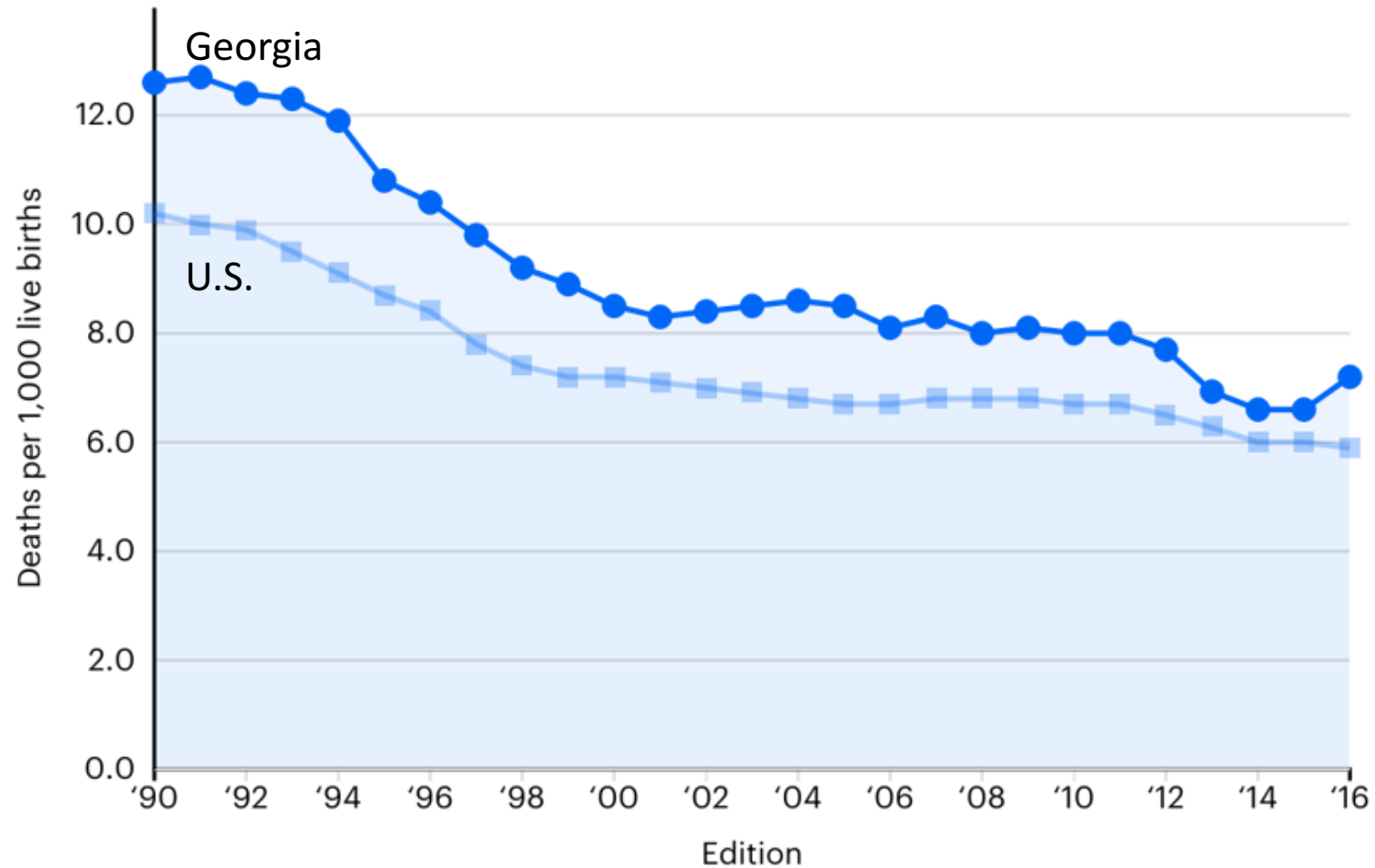


INFANT MORTALITY

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Infant Mortality

Trend: Infant Mortality Georgia, U.S. 2016 Annual Report

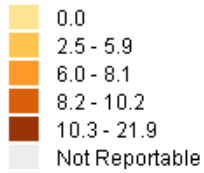


Source: CDC National Vital Statistics

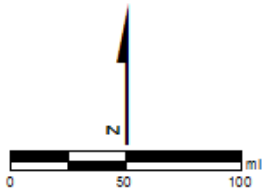
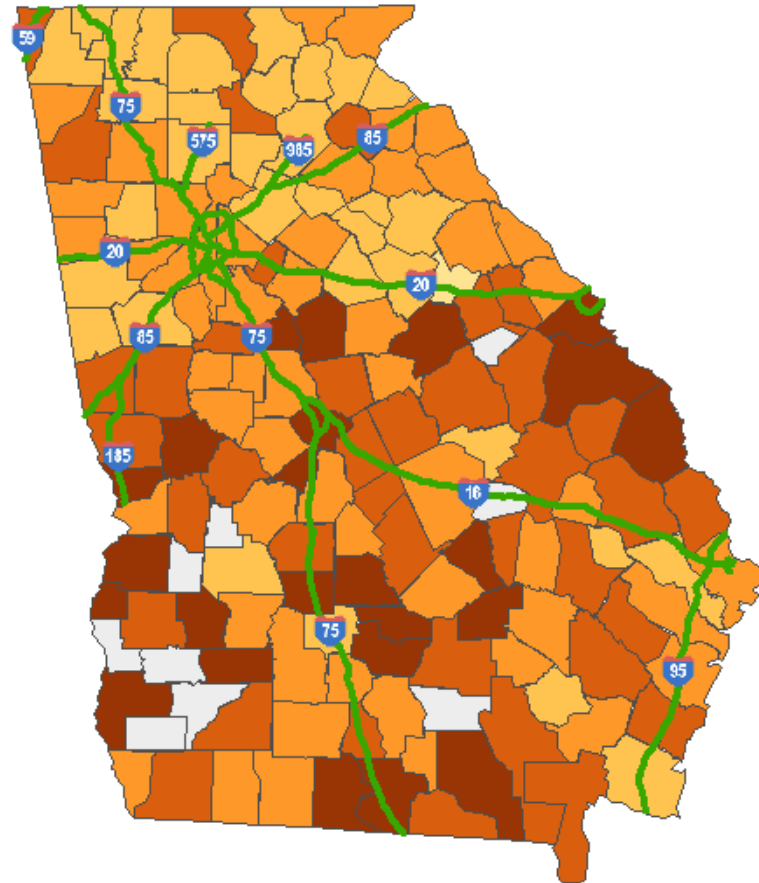
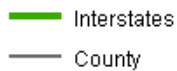
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Infant Mortality Rate by County, GA, 2007-2016

Infant Mortality Rate



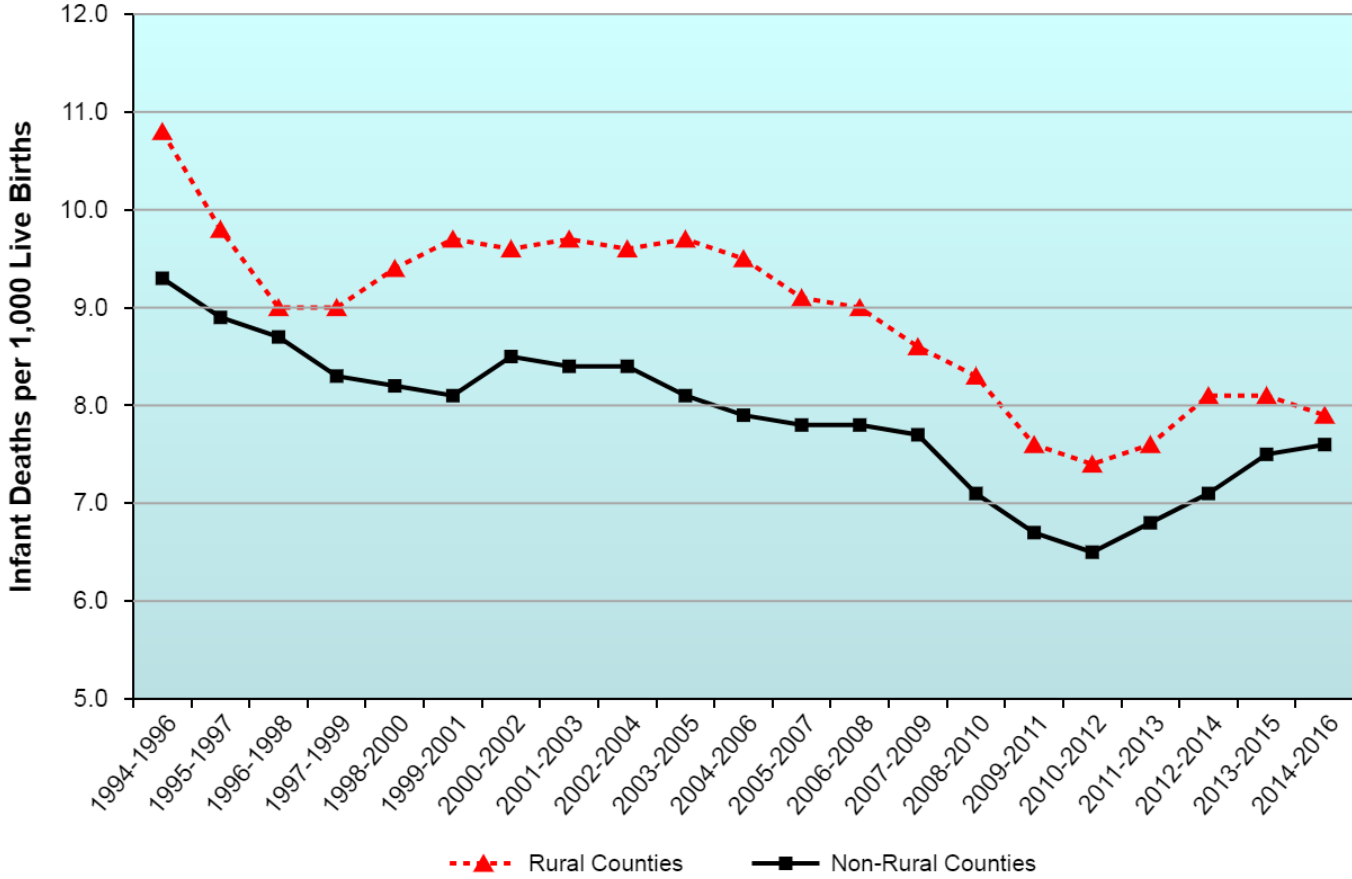
Legend



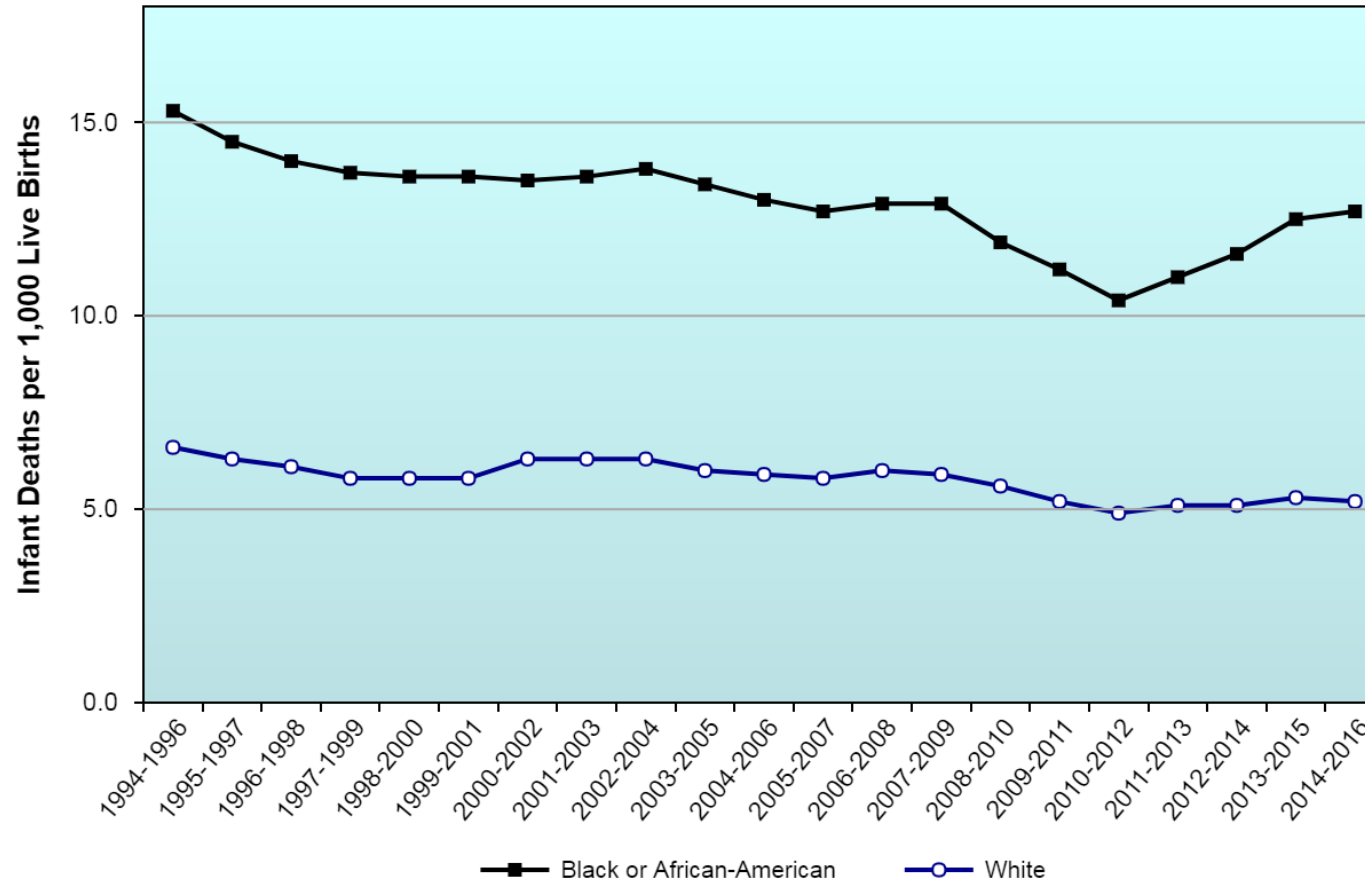
Source: DPH OASIS

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Infant Mortality by Geography, GA, 1994-2016



Infant Mortality by Race, GA, 1994-2016



Top Causes of Infant Mortality, U.S.

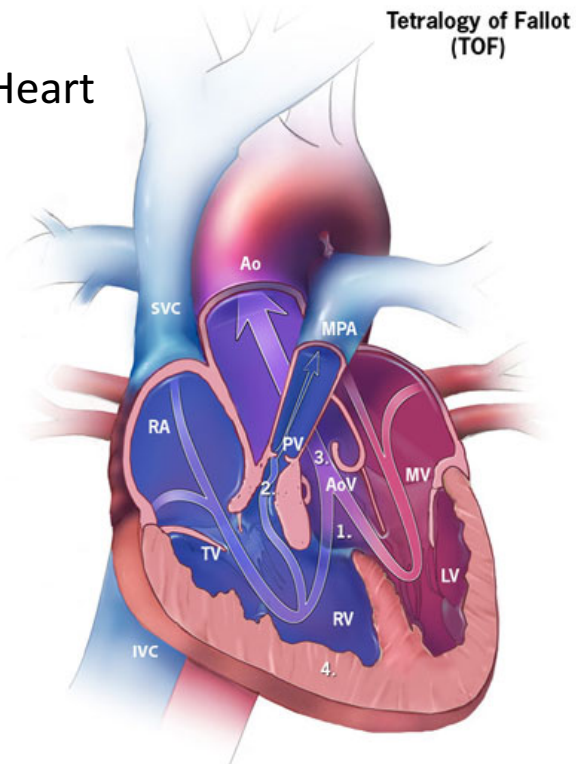
1. Birth defects (21%)
2. Preterm/ LBW (18%)
3. Maternal factors (7%)
4. Sleep-related (7%)
5. Other

Source: <http://www.cdc.gov/nchs/products/databriefs/db229.htm>

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Birth Defects

Critical Congenital Heart Disease



RA. Right Atrium
RV. Right Ventricle
LA. Left Atrium
LV. Left Ventricle

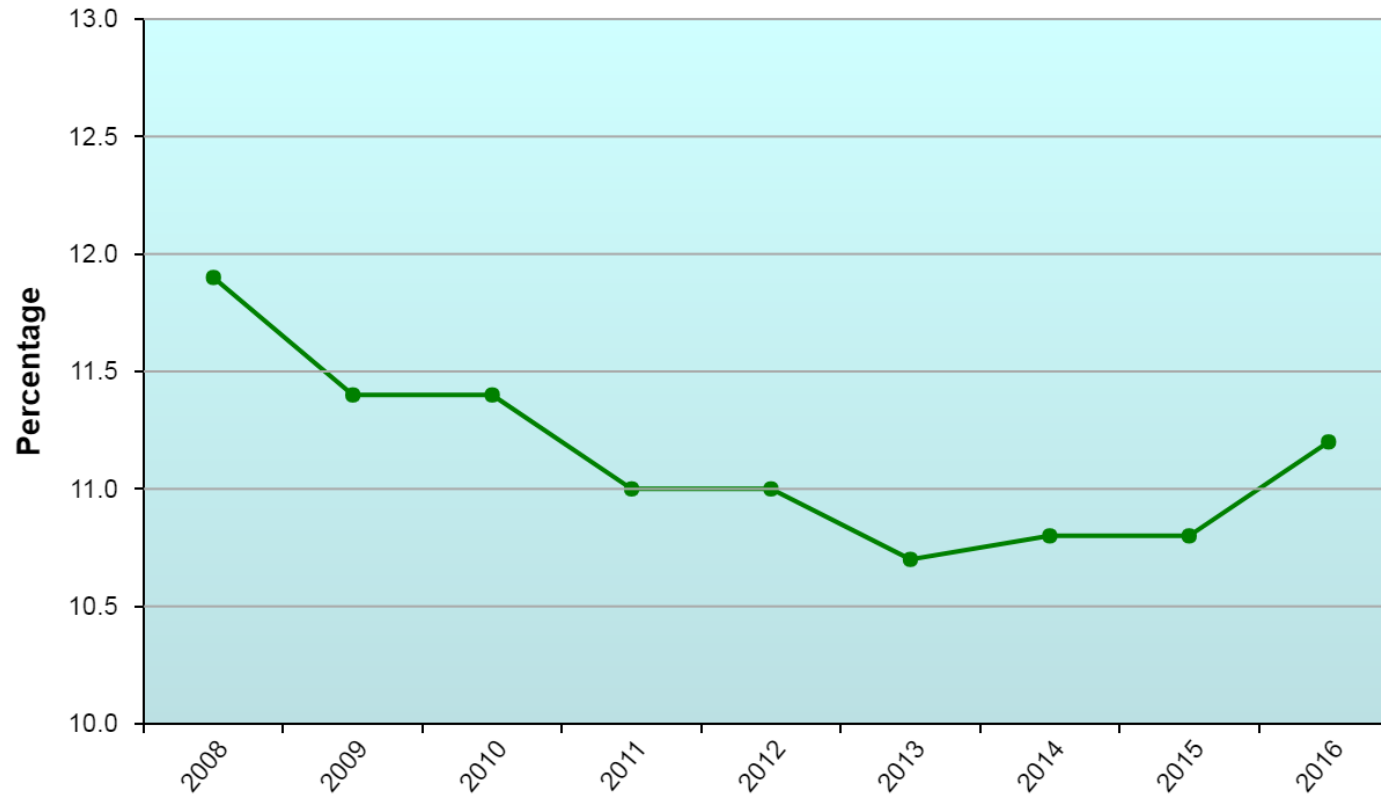
SVC. Superior Vena Cava
IVC. Inferior Vena Cava
MPA. Main Pulmonary Artery
Ao. Aorta

TV. Tricuspid Valve
MV. Mitral Valve
PV. Pulmonary Valve
AoV. Aortic Valve

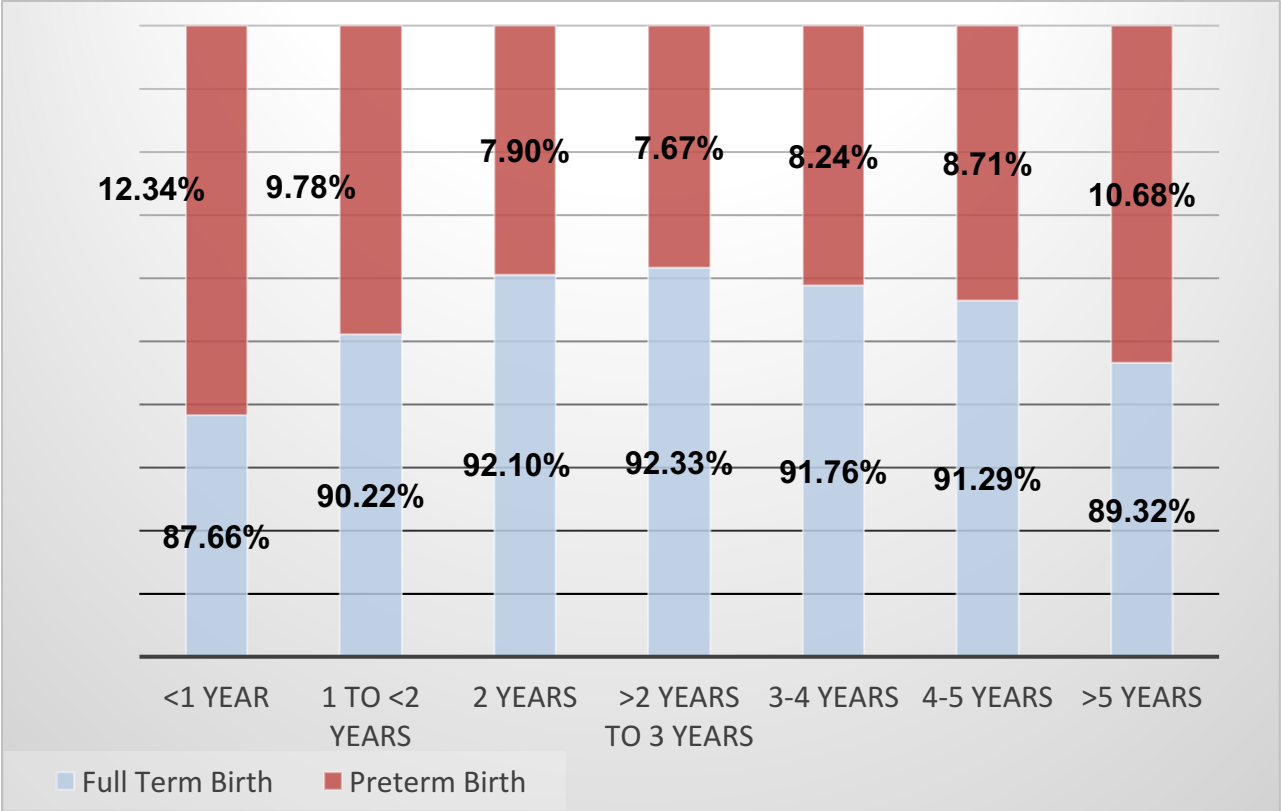
Zika



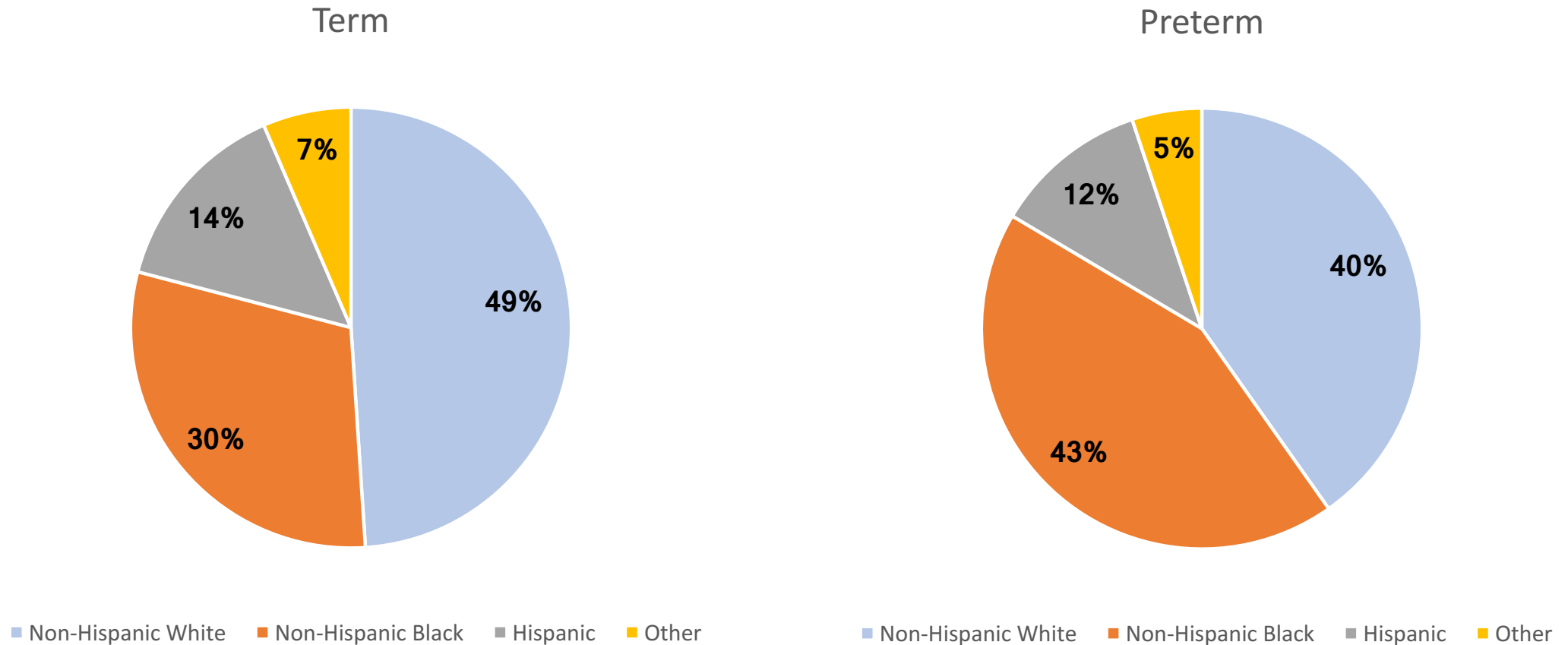
Percent Preterm Births, GA, 2008-2016



Interpregnancy interval, GA, 2014 – 2015

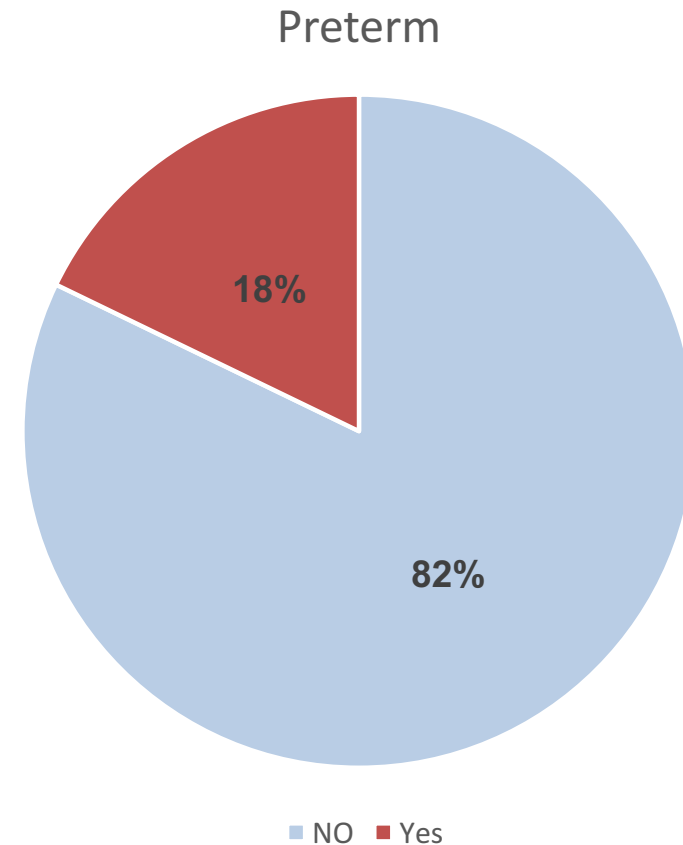
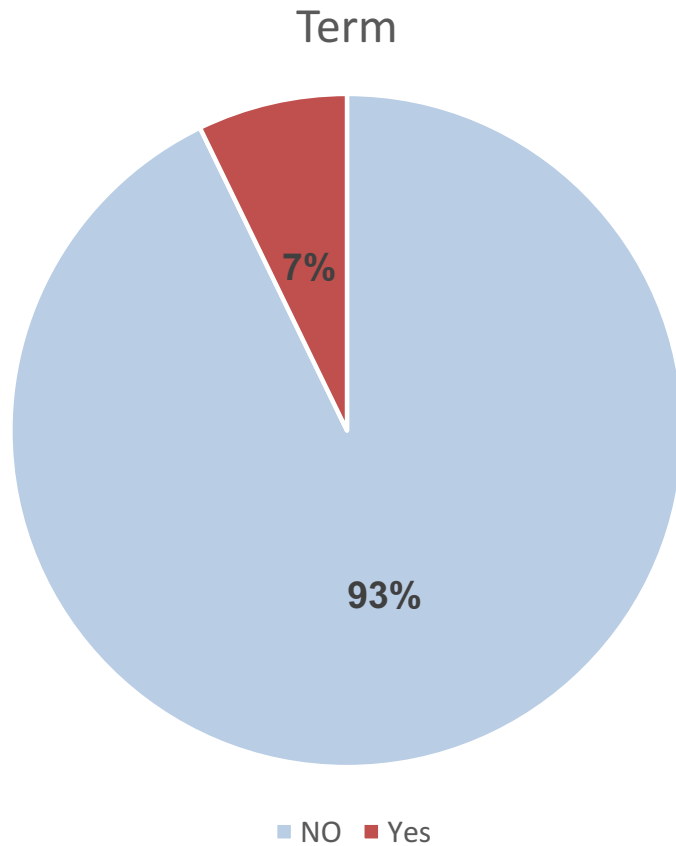


Birth by Maternal Race & Ethnicity, GA, 2014-2015



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

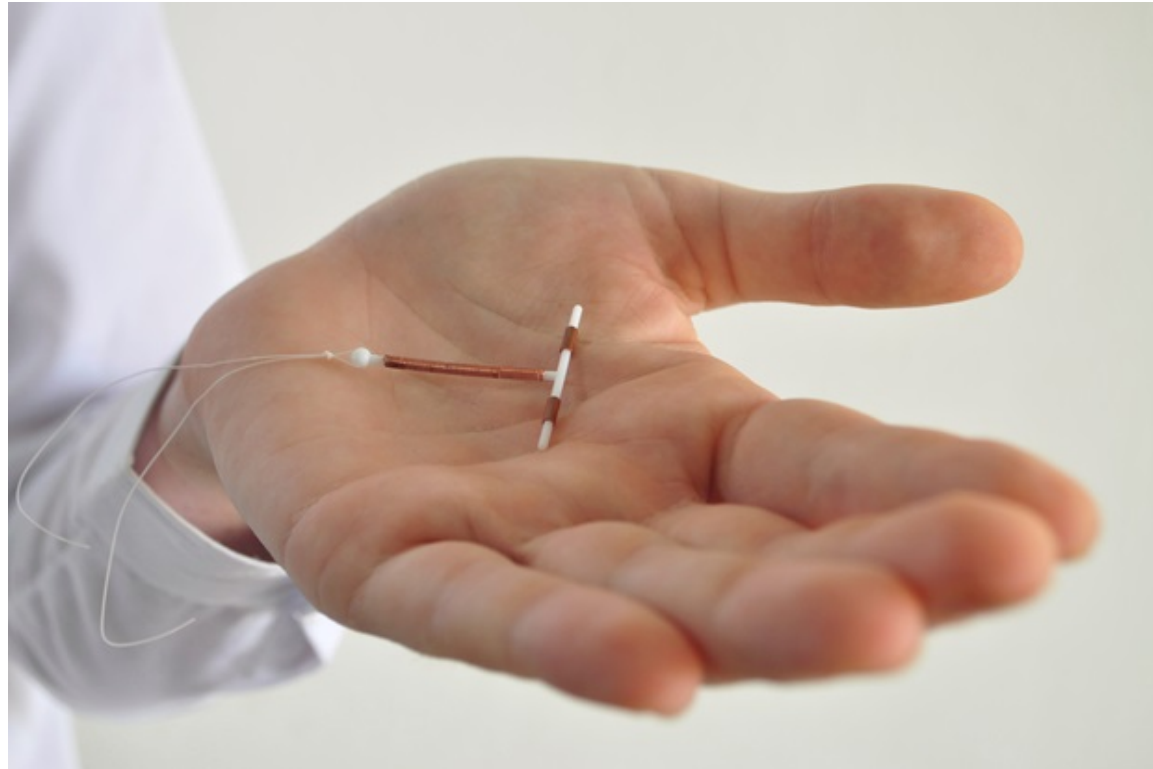
Maternal complications, GA, 2014 – 2015



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

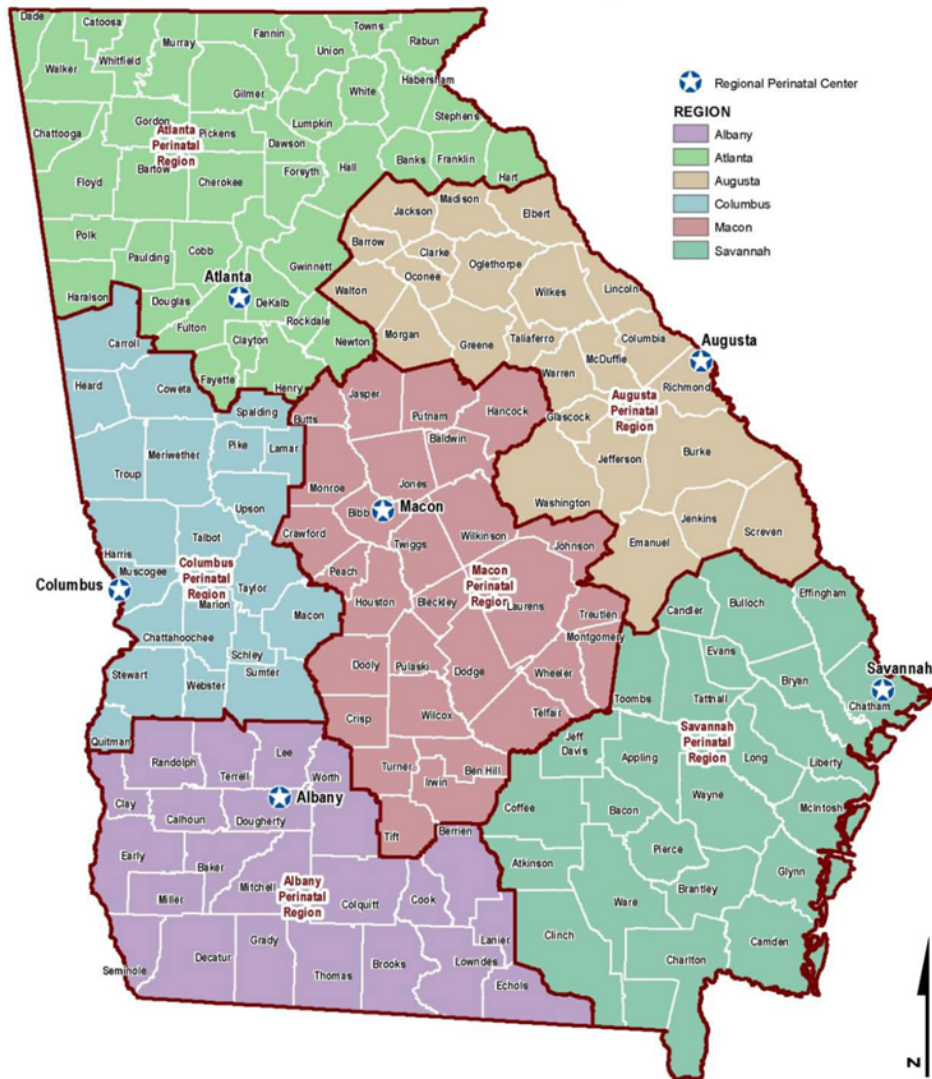
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Long-acting Reversible Contraceptives (LARCs)



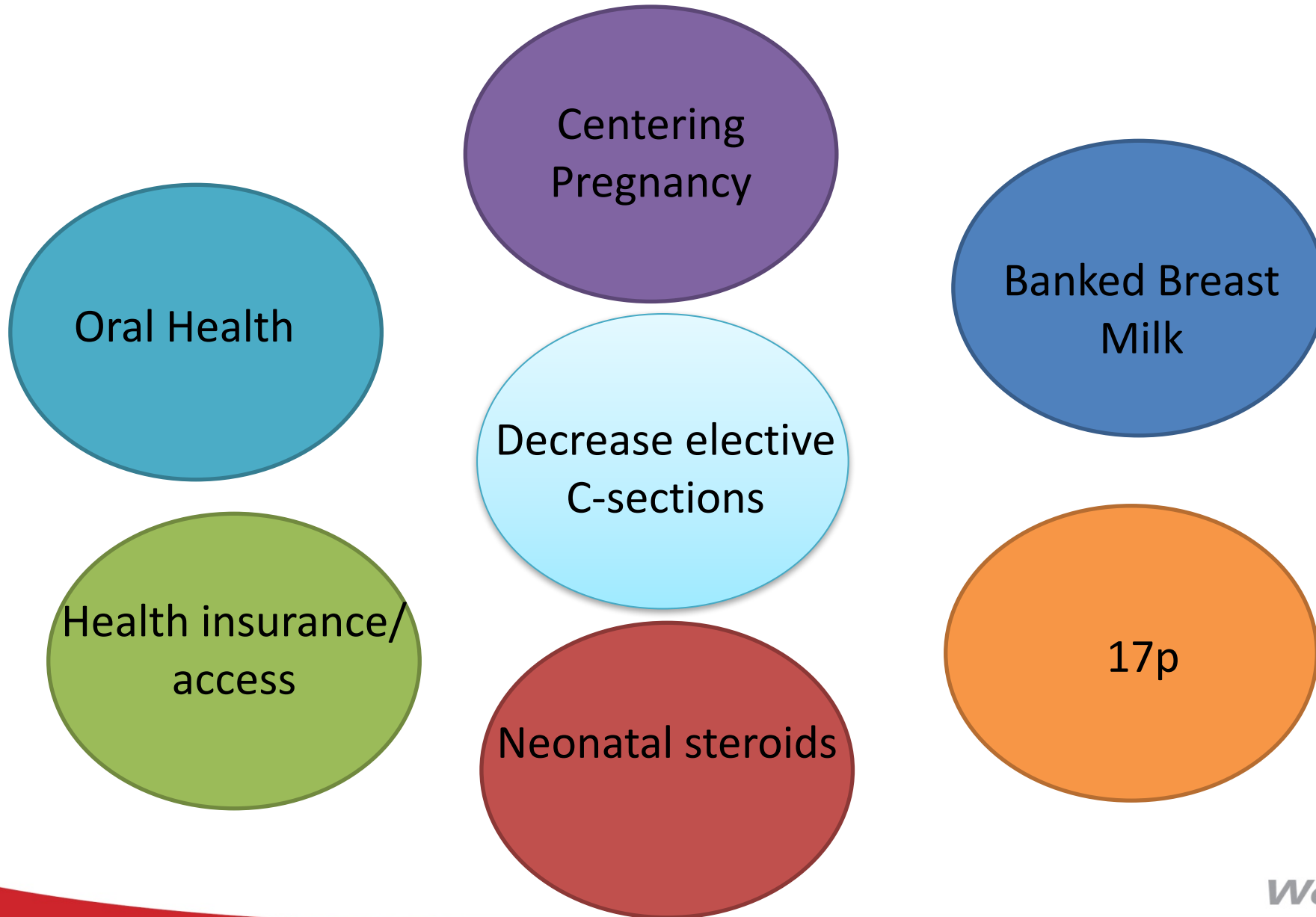
Every \$1 invested in DPH Family Planning resulted in \$20.61 saved in Medicaid costs.

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

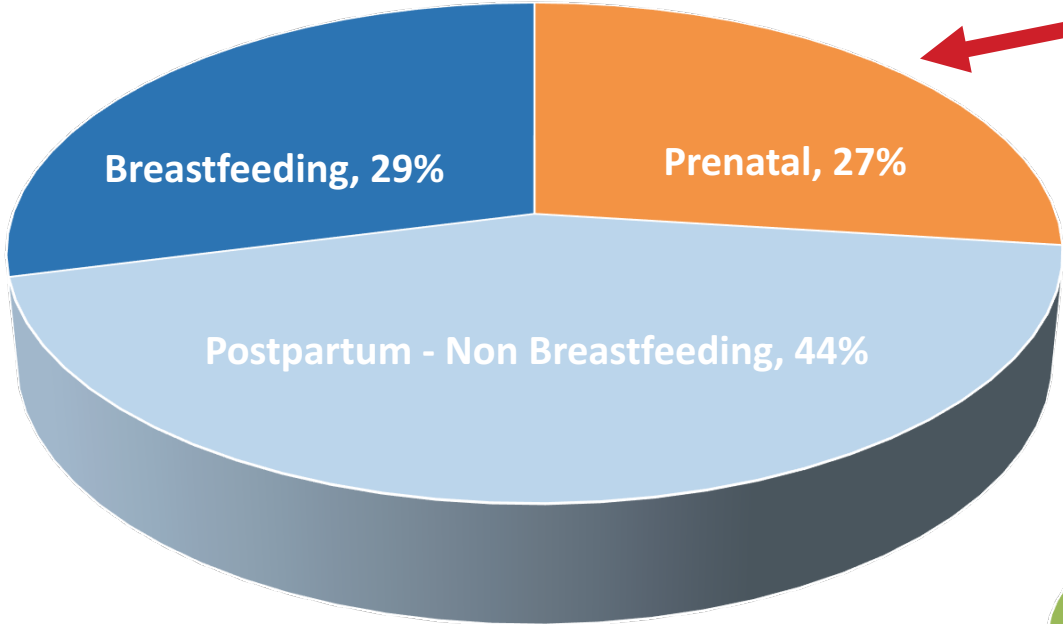


Breast Feeding Support

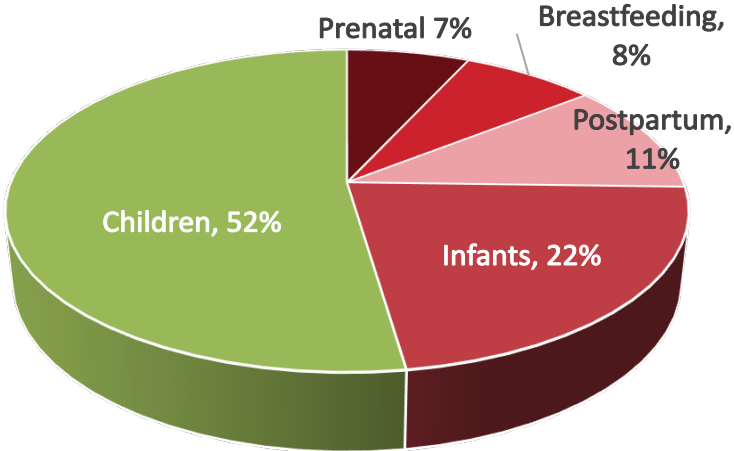


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WIC's Reach in Georgia



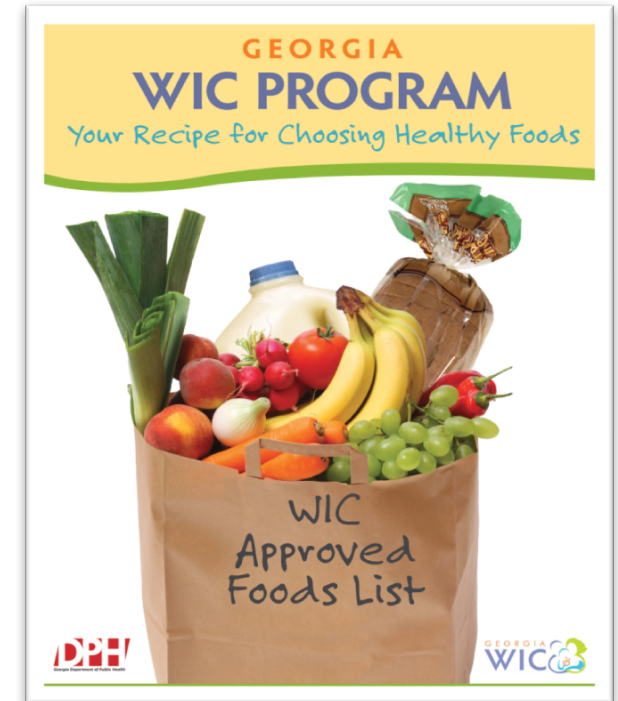
16,668 Prenatal moms



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

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



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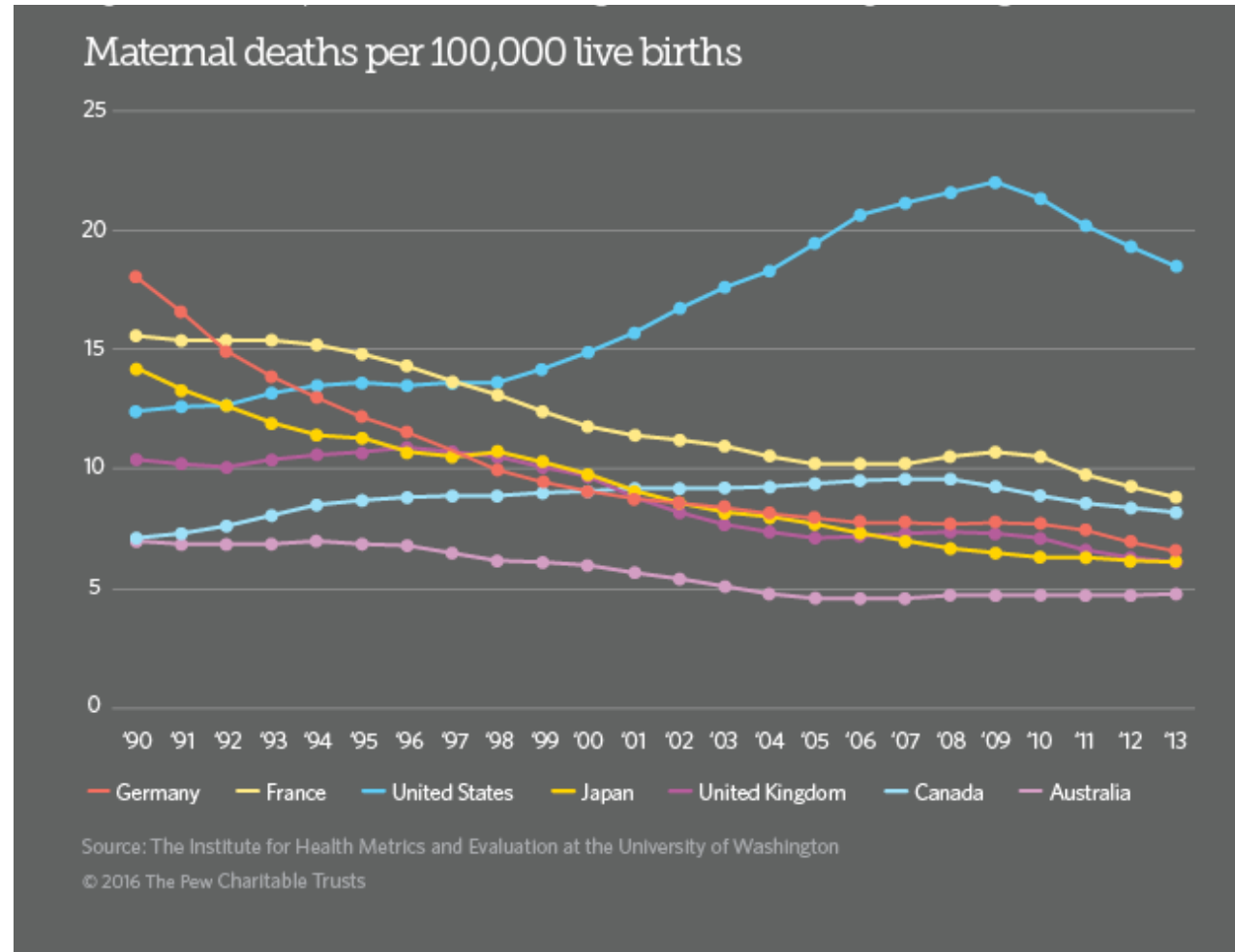
Safe to Sleep



ABC's
Alone
Back
Crib

MATERNAL MORTALITY

Maternal Mortality in the U.S.



Source: The Pew Charitable Trusts

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Maternal Mortality Review Committee

2013	Pregnancy-related (N=32)	Pregnancy-associated (N=47)
Age 40+	18.7%	2.1%
Black or African American	65.6%	34.0%
Rural	25.0%	27.7%
Pre-existing medical condition	68.8%	48.9%

Causes of Death

2012

Hemorrhage

Hypertension

Cardiac

Embolism

2013

Cardiomyopathy

Hemorrhage

Embolism

Other

50% Preventable

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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

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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

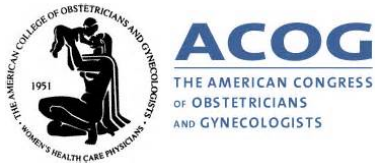
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Rapid-cycle data analysis

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



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AIM Patient Safety Bundles

- Obstetric Hemorrhage
- Severe Hypertension
- Safe Reduction Primary C-section
- Maternal VTE Prevention



The graphic is a vertical rectangular box with a white background and a purple border on the right side. At the top left is the logo for the Council on Patient Safety in Women's Health Care, featuring a cluster of colored squares (blue, purple, green) and the text "COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE" and "safe health care for every woman". The right side of the box is a purple vertical bar with the text "PATIENT SAFETY BUNDLE" at the top and "Obstetric Hemorrhage" written vertically in white. The main content area is divided into four sections, each with a green header bar: "READINESS", "RECOGNITION & PREVENTION", "RESPONSE", and "REPORTING/SYSTEMS LEARNING". Each section lists specific actions for "Every unit" or "Every patient".

**COUNCIL ON PATIENT SAFETY
IN WOMEN'S HEALTH CARE**
safe health care for every woman

PATIENT SAFETY BUNDLE

Obstetric Hemorrhage

READINESS

Every unit

- Hemorrhage cart with supplies, checklist, and instruction cards for intrauterine balloons and compressions stitches
- Immediate access to hemorrhage medications (kit or equivalent)
- Establish a response team - who to call when help is needed (blood bank, advanced gynecologic surgery, other support and tertiary services)
- Establish massive and emergency release transfusion protocols (type-O negative/uncrossmatched)
- Unit education on protocols, unit-based drills (with post-drill debriefs)

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

REPORTING/SYSTEMS LEARNING

Every unit

- Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities
- Multidisciplinary review of serious hemorrhages for systems issues
- Monitor outcomes and process metrics in perinatal quality improvement (QI) committee

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How Does AIM Work?

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.



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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:

Diane Durrence@dph.ga.gov

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THANK YOU!

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