MATERNAL MORTALITY IN RURAL GEORGIA

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Maternal and Infant Death Crisis

- Maternal death rates have **more than doubled** in the US since 1987
- The US is currently **46th in the world** for maternal deaths
- Georgia is **50th in the nation** for maternal deaths

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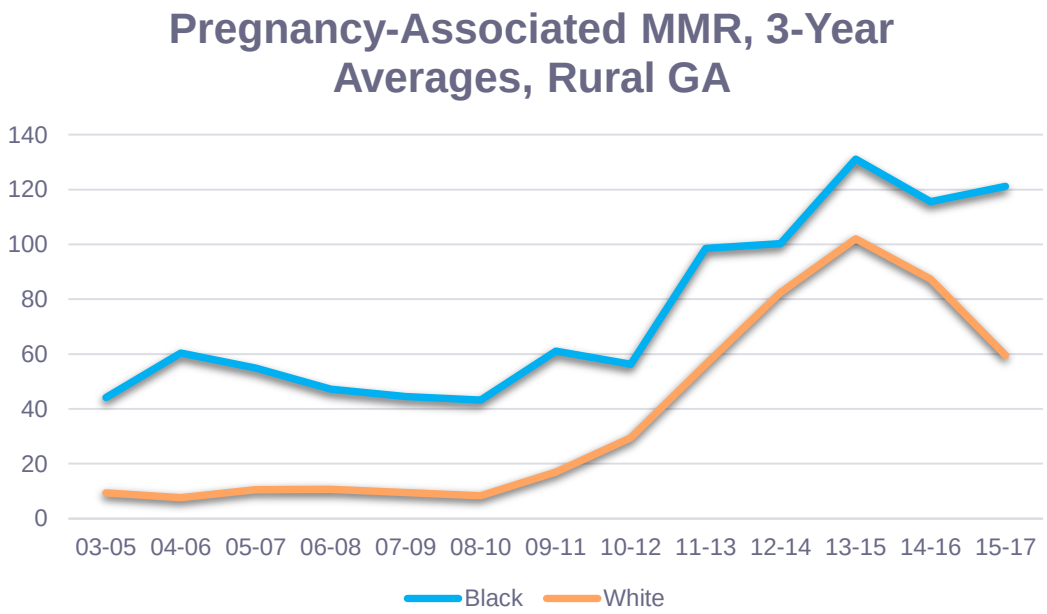
Layers of Risk

- Rural women in Georgia have a significantly higher maternal mortality rate than in urban Georgia
- Rural African American women have double the maternal mortality rate of rural White women



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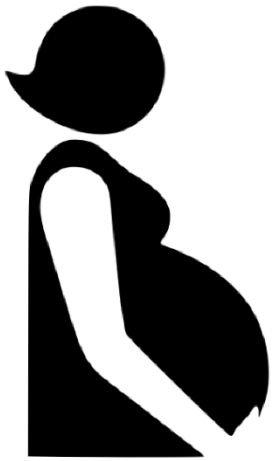
Layers of Risk

- Rural African American women have a 30% higher maternal mortality rate than their urban African American counterparts (121 vs 93)
- Rural White women have a 50% higher maternal mortality rate than their urban White counterparts (60 vs 40)

Layers of Risk



- The risks associated with demographics are layered, interconnected, and complex
- Relate back to fundamental barriers to healthy outcomes

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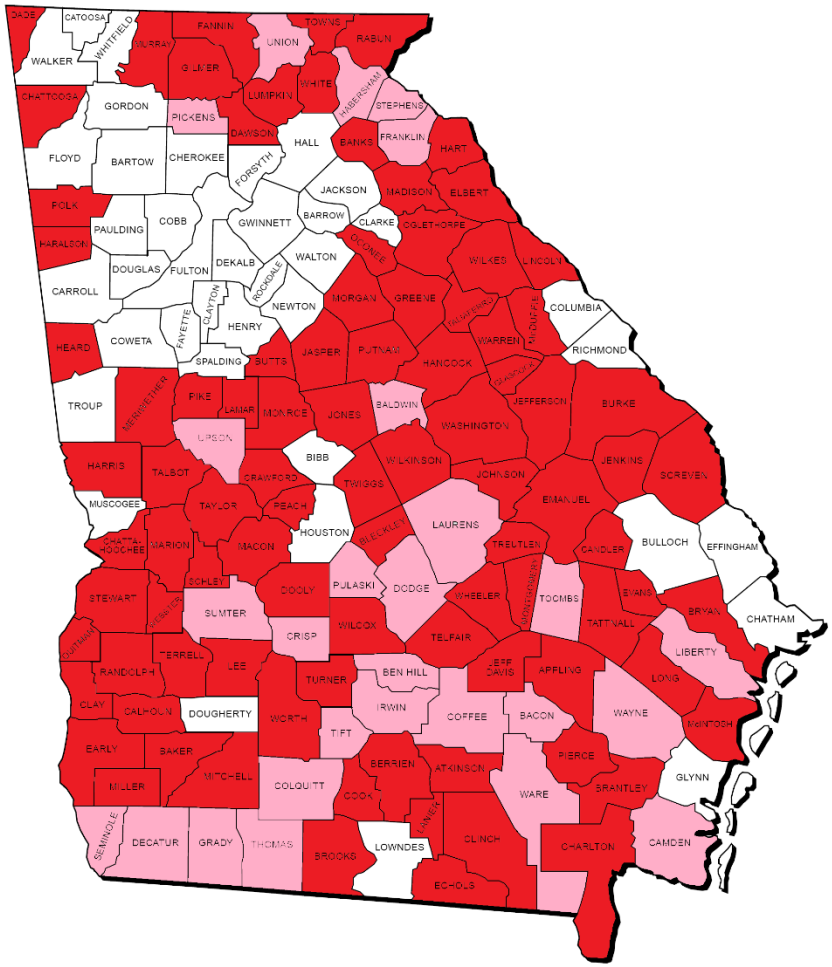
Resources

- Rural residents face increased burden associated with
  - Transportation
  - Shift work (time off)
  - Supportive organizations
  - Social services availability
- Leads to baseline differences in health status and subsequent inadequate prenatal and postpartum care

Access to Care



- 93 rural GA counties have no hospital with a labor and delivery unit
  - 43% closed past 20 yrs
- 2/3 of rural births outside home county
- No rural counties have a MFM specialist

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Access to Care

- Direct barrier to receipt of prenatal care, high-risk OB services, and postpartum care
- Prevents establishment of continuity of quality care
- Happens within context of lack of preconception primary care, greater EMS response time, greater distance to hospitals when postpartum emergencies occur, etc.

Access: The Medicaid Myth

- More than 50% of births are covered by Medicaid
- Widely-held misconception that this covers all pregnancy needs
- Right from the Start coverage ends 60 days after birth; ACOG guidelines extend for 90
- Lack of primary care for the years leading up to pregnancy have a profound effect

Social Determinants

- Economic stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment

Core Issues in Creating Solutions

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Core Issues in Creating Solutions

- Interpretation of maternal mortality data – especially when approximating cause – is very challenging
- MMRC results inherently lag behind other types of data

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Core Issues in Creating Solutions

What do the Data Say?

- Solution: consider both direct death certificate data ("O" codes) and official MMRC results in creating strategies
- Solution: provide support to speed up the MMRC process

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Core Issues in Creating Solutions

- There is an immediate need for initiatives to support women at most risk for maternal mortality
- Barriers currently exist for providing full support (e.g., Right from the Start cutoffs)

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Core Issues in Creating Solutions

- Solution: expand access to case management and home visiting programs
- Solution: expand Right from the Start coverage to minimum 90 days post-partum, and ideally 1-year
- Solution: expand Planning for Healthy Babies IPC to women at risk for maternal mortality (e.g., hemorrhage)

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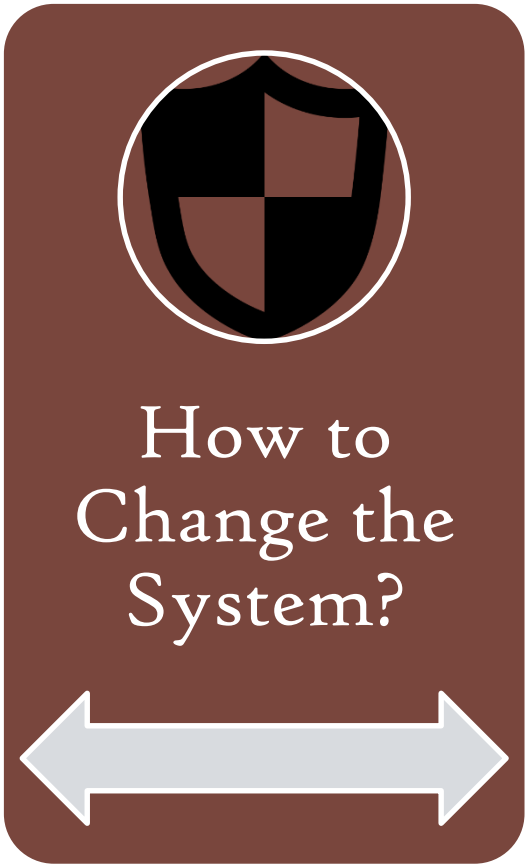
Core Issues in Creating Solutions



- Rural Georgia must have new models for delivery of prenatal and postpartum services
- Policy changes to support new models are needed

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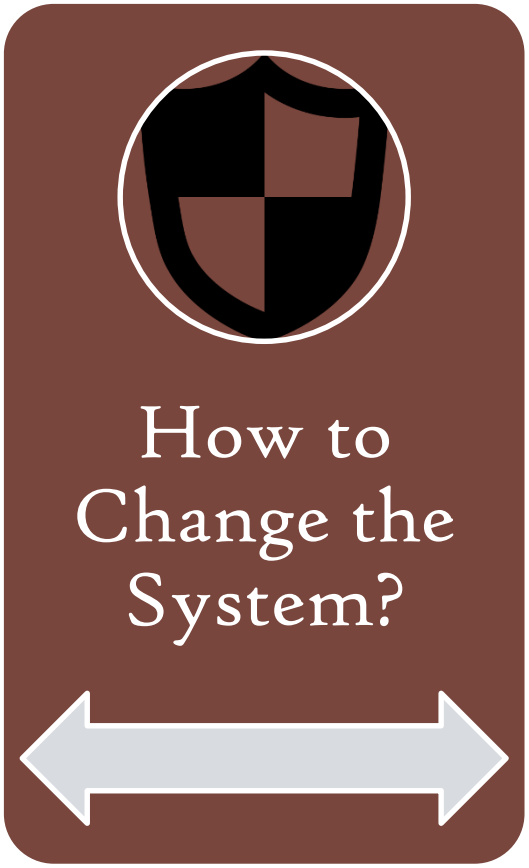
Core Issues in Creating Solutions



- Solution: explore strategic placement of tiered services based on local need
- Solution: create billing pathway for MCH-focused community health workers

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SOUTH GEORGIA HEALTHY START

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South Georgia Healthy Start

- Project Goal: Eliminate disparities in maternal and infant mortality in 7 rural Georgia counties: Appling, Bulloch, Candler, Emanuel, Jenkins, Tattnall, and Toombs
- Serve at least 700 per year
- 5-Year Project, through March 2024
- Funded by HRSA

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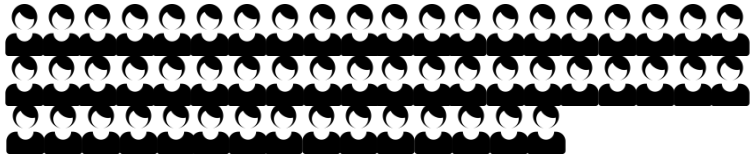
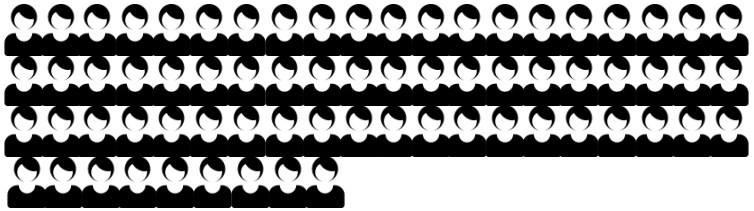
Maternal Death Crisis

USA: 18

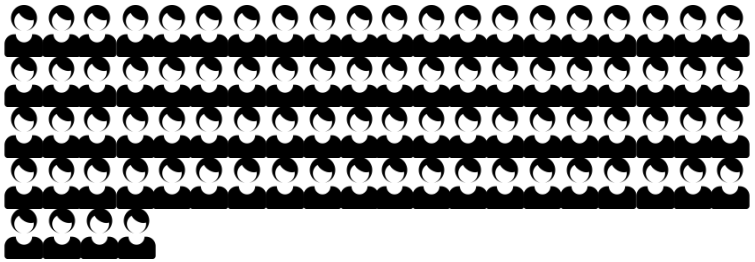
Urban GA: 55



Rural GA: 69



Service Region Overall: 85



African-American Women in Service Region: 132

Syria: 68

North Korea: 82

Maternal deaths per 100,000 births

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Seven Areas of Activity

- Clinical Care
- Case Management
- Health Education
- Community Engagement
- Workforce Development
- Policy Change
- Research

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Case Management

- Risk-based service tiers
- Regular check-ins
- Home visits
- Core Characteristic: supporting women from pre-conception through 18 months post-partum

Policy Change

- Working with ACGME to grant a first-in-the-nation waiver to allow OB residents to rotate through rural areas
- Current policy prevents telehealth-based supervision, which prevents nearly all rural rotations

Research

- We will be following 700 participants per year for up to 3 years
- Provides unique opportunity to robustly examine maternal and infant mortality prospectively

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Our Vision...

A Georgia Where ALL Mothers and Babies Survive and Thrive

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