Maternal Health and Safety

*Manda Hall, M.D.*  
Associate Commissioner, Community Health Improvement

*Jon Huss*  
Associate Commissioner, Consumer Protection

Perinatal Advisory Council • April 24, 2018
Original Research


Sonia Baeva, MA, Debra L. Saxton, MS, Karen Ruggiero, PhD, Michelle L. Kormondy, BS, Lisa M. Hollier, MD, MPH, John Hellerstedt, MD, Manda Hall, MD, and Natalie P. Archer, PhD

762 VOL. 131, NO. 5, MAY 2018

OBSTETRICS & GYNECOLOGY
Number of Maternal Deaths within 42 Days Following End of Pregnancy, Texas, 2012

147

Maternal deaths identified using death certificates alone
(STANDARD METHOD TOTAL)

STEP 1
Maternal deaths identified using death certificates alone matched with birth/fetal deaths

23 + 24

STEP 2
For unmatched deaths, records reviewed for evidence of pregnancy including miscarriage

STEP 3
All female deaths matched with birth/fetal deaths to identify additional maternal deaths

9

Maternal deaths identified using data-matching and record review
(ENHANCED METHOD TOTAL)

56

Enhanced Maternal Mortality Rate in 42 Days Following End of Pregnancy by Race/Ethnicity, Texas, 2012

From: Baeva et al., Obstetrics & Gynecology, 2018
Prepared by: DSHS Maternal & Child Health Epidemiology
Public Health Implications

• What does this recent research mean for maternal mortality and morbidity in Texas?
  • While the numbers changed, the 2016 recommendations and related legislative charges remain relevant

• Why does the analysis of maternal mortality still matter?
  • 1 maternal death should not be viewed in isolation
  • 1 maternal death represents 50-100 women suffering from severe maternal morbidity in Texas
## Healthy Texas Mothers and Babies

### Individual and Public Awareness and Knowledge

- **Increase Knowledge to Change Attitudes and Behaviors** for improved Maternal and Infant Health Outcomes
  - Someday Starts Now
  - Conception Peer Education Program
  - Peer Dads Program
  - One Key Question
  - Support from Day One
  - Information for Parents of Newborn Children

### Professional Education

- **Strengthen Competencies and Prepare Professionals** to Optimize Clinical Outcomes
  - Online Provider Education
  - HTMB Life Course Conferences
  - DSHS Grand Rounds
  - Lactation Management Trainings and Skills

### Community Empowerment

- **Engage Community Partners** to Strengthen Networks for Collaboration, Innovation, and Collective Impact
  - HTMB Community Coalitions
  - Collaborative Improvement and Innovation Networks
  - State and National Networks
  - Community Forums

### Community Improvement

- **Foster Development of Environments** that reduce barriers, promote healthy lifestyle choices, and optimize maternal and infant health outcomes
  - Texas Mother-Friendly Worksite Program
  - Child Care
  - Health Care
  - Public Spaces

### Perinatal Quality Improvement Network

- **Drive System Changes** to support adoption and diffusion of quality improvements for maternal and infant health and safety
  - Maternal Mortality & Morbidity Task Force
  - Texas Collaborative for Healthy Mothers and Babies
  - Texas Ten Step Star Achiever Initiative
  - Maternal Safety Initiatives
  - Special Forums
  - Strategic Planning

---

**DSHS Maternal and Child Health Epidemiology, Surveillance, Research, and Analytics**
Individual and Public Awareness and Knowledge

• To emphasize importance of:
  ➢ Healthy living
  ➢ Timely prenatal care
  ➢ Role of health disparities
  ➢ Chronic disease risk factors

• Key initiatives:
  ➢ Someday Starts Now
  ➢ Preconception Peer Education
  ➢ One Key Question
Perinatal Quality Improvement Network

• To drive adoption and diffusion of quality improvements for maternal and infant health and safety

• Key initiatives:
  ➢ Risk appropriate maternal care
  ➢ AIM maternal safety bundles
Risk Appropriate Maternal Care

• To ensure pregnant women at high risk receive care in facilities prepared to provide required level of specialized care

DSHS Activities

• DSHS Consumer Protection responsible for establishing rules for maternal level of care designation

• DSHS Maternal and Child Health (MCH) Epidemiology calculating maternal health outcome measures for ongoing program evaluation, monitoring, and re-designation by DSHS Consumer Protection
Ensuring Risk Appropriate Maternal Care

Level of Care Designation

DSHS Consumer Protection
- Establishes rules
- Oversees program requirements based on peer surveys
- Performs ongoing program evaluation and monitoring for re-designation every 3 years*

Regional Planning & Coordination

Perinatal Care Regions & Regional Advisory Councils
- Provide participation through collaboration, resources, and support

Program Support

DSHS MCH Epidemiology
- Calculates outcomes measures for ongoing program evaluation, monitoring, and re-designation by DSHS Consumer Protection*

*Denotes DSHS cross-division collaboration
# Annual Outcome Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cesarean Birth: Low Risk-NTSV</td>
<td>DSHS Birth File</td>
</tr>
<tr>
<td>Elective Delivery</td>
<td>DSHS Birth File</td>
</tr>
<tr>
<td>Antenatal Steroids</td>
<td>DSHS Birth File</td>
</tr>
<tr>
<td>Maternal Mortality &lt;42 days, &lt;365 days</td>
<td>DSHS Death, Birth, &amp; Fetal Death Files</td>
</tr>
<tr>
<td>Vaginal Birth After Cesarean (VBAC) Rate, All</td>
<td>DSHS Birth File</td>
</tr>
<tr>
<td>VLBW (&lt;1500g) NOT delivered at a Level III NICU</td>
<td>DSHS Birth File</td>
</tr>
<tr>
<td>Cesarean Birth: Overall</td>
<td>DSHS Birth File</td>
</tr>
<tr>
<td>Cesarean Birth: Primary</td>
<td>DSHS Birth File</td>
</tr>
<tr>
<td>Transfusion ≥ 4 units pRBC</td>
<td>DSHS Inpatient Public Use Data Files</td>
</tr>
</tbody>
</table>
Sec. 241.183. LEVEL OF CARE DESIGNATION RULES.

(a) The executive commissioner, in consultation with the department, shall adopt rules:
(1) establishing the levels of care for neonatal and maternal care to be assigned to hospitals;
(2) prescribing criteria for designating levels of neonatal and maternal care, respectively, including specifying the minimum requirements to qualify for each level designation;
TexasAIM Maternal Safety Bundles

• To reduce severe maternal morbidity using evidence-based systems to enhance maternal care

• Implementing AIM bundles for:
  ➢ Obstetric hemorrhage
  ➢ Obstetric care for women with opioid use disorder
  ➢ Severe hypertension in pregnancy

• Next steps:
  ➢ Enrolling hospitals on a voluntary basis
  ➢ TexasAIM Leadership Summit & Orientation (June 4th)
  ➢ Maternal Safety Needs Assessment Survey

• For more information, visit www.dshs.texas.gov/mch/TexasAIM.aspx
Sec. 34.0156. MATERNAL HEALTH AND SAFETY INITIATIVE.

(a) Using existing resources, the department, in collaboration with the task force, shall promote and facilitate the use among health care providers in this state of maternal health and safety informational materials, including tools and procedures related to best practices in maternal health and safety.
Thank you