Maternal Mortality: Trickle Down Theory

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The greatest and most persistent racial/ethnic disparities are present in:

- Maternal mortality
- Infant mortality
- Prematurity rates
African Americans have the highest rates of maternal death, infant death, and preterm delivery of all racial/ethnic groups in the U.S.
MATERNAL MORTALITY (CDC)

Death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.
Maternal Mortality Rate: Texas and the United States

Prepared by: Office of Program Decision Support, Division for Family and Community Health, Texas Department of State Health Services.

Data Sources: Centers for Disease Control and Prevention, National Center for Health Statistics.

Underlying Cause of Death and Natality public use data 2005-2015 on CDC WONDER Online Database.

MMR computed within 42 days following the end of pregnancy, using ICD-10 codes A34, O00-O95, O98-O99.
MATERNAL CARE: PRENATAL CARE

First Trimester Entry Into Prenatal Care by Race/Ethnicity, Texas 2005-2013

Percent of Live Births

- White
- Black
- Hispanic
- Other
- Texas Average

2008 2009 2010 2011 2012 2013*

51.6 51.1 51.8 54.2 53.1 51.7

70.3 69.8 70.4 71.8 72.0 72.0

*2013 Texas data are preliminary
Source: 2005-2013 Birth Files
Prepared by: Office of Program Decision Support

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<th>Cause of Death</th>
<th>While Pregnant</th>
<th>0-7 Days Postpartum</th>
<th>8-42 Days Postpartum</th>
<th>43-60 Days Postpartum</th>
<th>61+ Days Postpartum</th>
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<td>0</td>
<td>1</td>
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<td>Suicide</td>
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<td><strong>9</strong></td>
<td><strong>7</strong></td>
<td><strong>20</strong></td>
<td><strong>3</strong></td>
<td><strong>38</strong></td>
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INCREASED MATERNAL MORBIDITY AND MORTALITY FOR BLACK WOMEN
Severe Maternal Morbidity (SMM)

Maternal Mortality

Severe Maternal Morbidity
PERCENT OF INFANTS BORN PRETERM
(United States and Texas 2007 – 2016)

2016 data are preliminary.
Premature birth and its complications are the largest contributors to infant death, and can cause long term health problems.

Long term problems can include cerebral palsy, intellectual disabilities, chronic lung disease, blindness, and hearing loss.

Increasing rates, especially in communities of color.

Babies have a higher chance of premature birth based on race/ethnicity and zip code.

Many women do not get the evidence-based care that can help prevent prematurity.

4 million babies born each year. 380,000 (1 in 10) are premature.

In addition to the human toll, the societal cost of prematurity is more than $26 billion per year.
INFANT MORTALITY RATES
UNITED STATES & TEXAS

INFANT MORTALITY RATE BY RACE/ETHNICITY (2007–2015)

Source: 2007-2015 Texas Birth and Death Files
Prepared by: Maternal and Child Health Epidemiology Unit, October 2017
REDUCING HEALTH DISPARITIES: SYSTEMS

- Improving provider knowledge about disparities
- Improving provider awareness of disparities
- Closely evaluating how different populations are represented in research
- Improving access to health care
- Patient centered health systems
- Empowering individuals to advocate for their health care needs
SOLUTIONS - INDIVIDUAL

• STOP
  BLAMING THE VICTIM
  DENYING IMPLICIT BIAS REGARDING GENDER, SOCIOECONOMIC STATUS AND RACE

• LOOK
  PATIENTS IN THE EYES
  FOR OPPORTUNITIES TO EMPOWER
  FOR EVIDENCE BASED BEST PRACTICES

• LISTEN
  WITHOUT JUDGEMENT
  WITH EMPATHY
As we challenge ourselves to improve the health of our nation

- standing with mothers and babies
## TEXAS BABIES

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<tr>
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<td><strong>U.S.</strong></td>
<td>6.0</td>
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<td>8.1</td>
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<td><strong>TEXAS</strong></td>
<td>5.6 (21st)</td>
<td>10.2 (12th)</td>
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<td>7.1</td>
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<td>5.2</td>
<td>9.8</td>
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<td><strong>OTHER</strong>**</td>
<td>3.4</td>
<td>9.3</td>
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<tr>
<td><strong>Black</strong></td>
<td>10.9</td>
<td>13.6</td>
<td>13.2</td>
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* Infant Death Per 1,000 live births.
** Percentage of birth before 37 completed weeks of gestation based on the obstetric estimate.
*** Percentage of birth less than 2500 grams.
( ) ranking in state comparisons
Data Source: Texas Birth and Death Certificate data.
Prepared by: Texas Department of State Health Services, Center for Health Statistics
REASONS FOR INCREASES IN U.S. MMR

Possible Factors:
- Intermittent insurance coverage of some mothers with underlying medical conditions.
- Increase in older mothers
- Increases in obese and very obese mothers
- Increases in requested caesarian births
- Emerging infections
- Racial disparities remain high
RACIAL DISPARITIES IN MMR

Factors:

- Lack of prenatal care
- Lack of access to adequate care
- High rates of co-morbidity, or preexisting conditions.

Socioeconomic disadvantages thus lower access to and use of prenatal care.
RACIAL DISPARITIES IN MMR

Factors:

- Transportation problems
  - Skepticism regarding professional healthcare
  - Greater likelihood to develop certain complications such as peripartum cardiomyopathy, and hypertension
- “...even when one controls for these potential confounders, African American women still bear a significant proportion of the maternal mortality burden”

(Lang and King, 2008, pg. 522)
RACIAL DISPARITIES IN MMR

Factors:

Potential factors not fully appreciated include:

- Differences in nutrition
- Stress levels
- Family structures
- Genetics

A greater appreciation of these and other factors is needed to guide prevention and treatment strategies.
DEMOGRAPHIC SHIFT: RACE/ETHNICITY OF MOTHERS

- Races in the “Other” category have increased their percentage of births in the past 10 years
  - In 2013, 25.5% of women in the “Other” category were Indian and 12.5% were Vietnamese
- Blacks have maintained a steady proportion of resident births in Texas since 2006
MEDICAID COSTS

- ~54% of all Texas births (204,000) paid by Medicaid
- $2.2 billion per year in birth and delivery-related services for moms and infants through first year
  - >67% of Medicaid costs for hospitalized newborns tied to billing codes for prematurity
- **Newborn costs (1st year)**
  - Preterm infant: $54,400
  - Term infant: $480
SOLUTIONS

- Thorough review of maternal mortality and severe morbidity cases

- Standardization of care through implementation of evidence based practices, e.g., AIM

- Promote safe birth spacing via access to contraceptive methods
SOLUTIONS

- Increase first trimester entry into prenatal care presumptive eligibility; media campaigns on importance of early and consistent prenatal care

- Use available geo mapping data on disparities to focus public health campaigns

- Raise community awareness regarding the magnitude of as well as preventability of maternal mortality and severe morbidity, e.g., Honey Child Program
SOLUTIONS

- Support programs that emphasize primary care, disease prevention and the integration of reproductive and primary care, e.g., One Key Question

- Increase access to high-quality healthcare to manage chronic illness during inter-conception periods of life

- ADVOCATE FOR UNIVERSAL ACCESS TO CARE — HEALTHCARE SHOULD BE A RIGHT FOR ALL NOT A PRIVILEGE