Maternal Health Workforce Innovations

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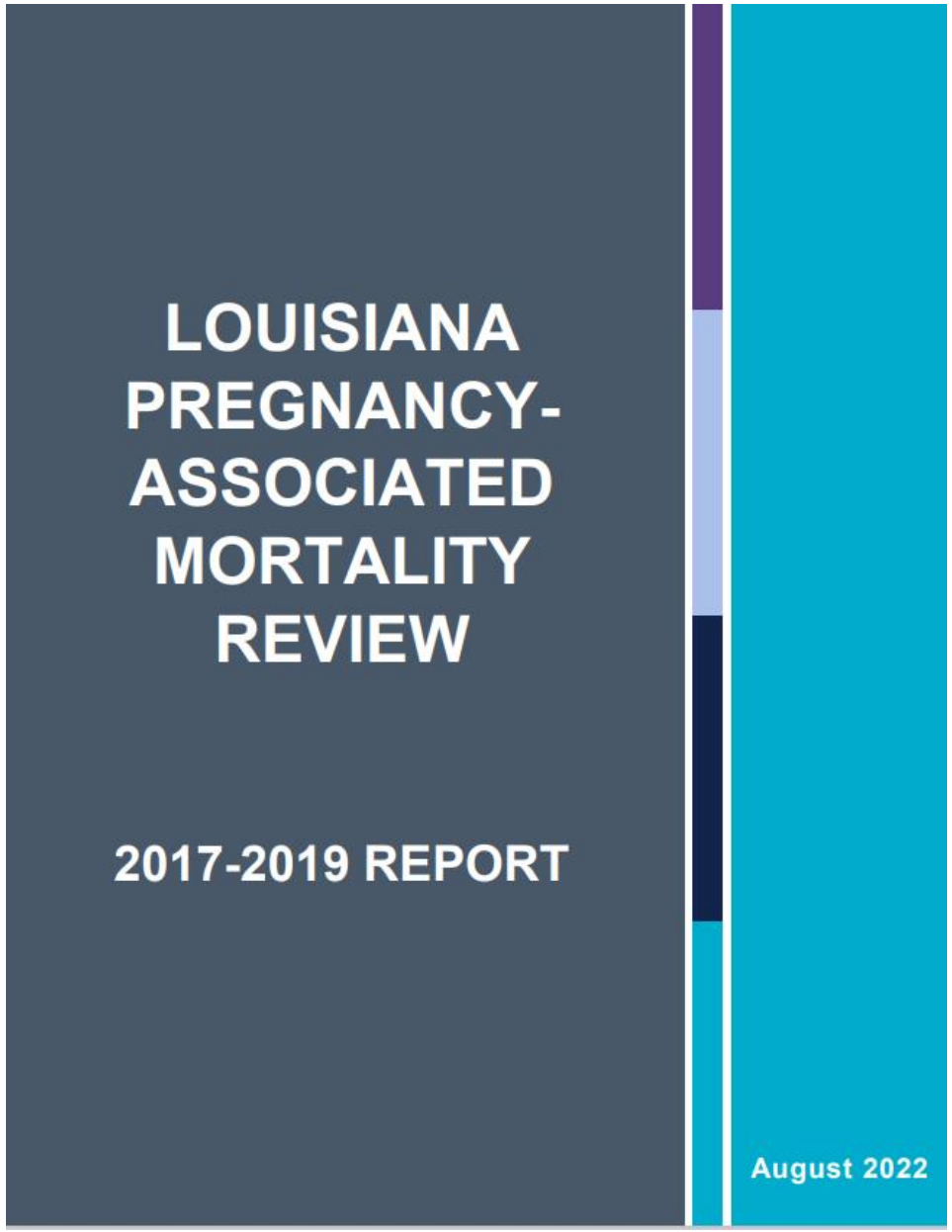
Objectives

- Identify knowledge gaps and solutions in provider workforce
- Discuss methods to diversify the workforce
- Identify strategies to implement telehealth



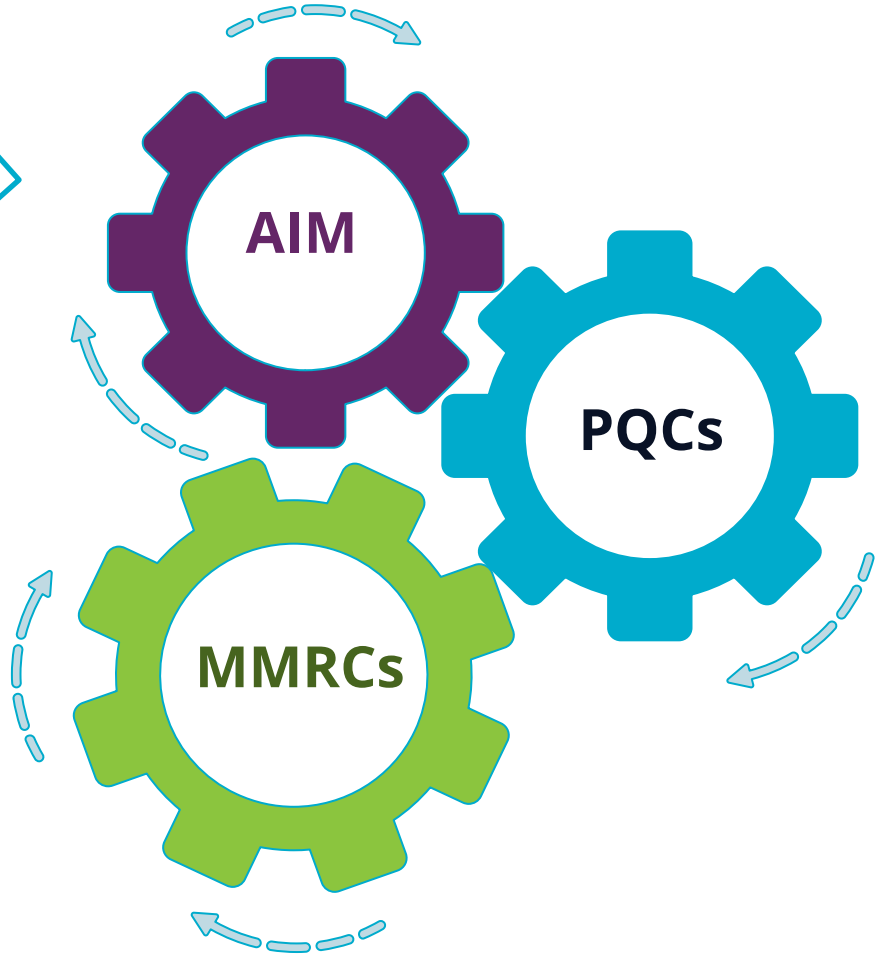
- **Pregnancy Associated Mortality Review Committee**
  - Reviews all maternal deaths defined as the death of an individual while pregnant or within one year of pregnancy, regardless of cause
  - Works to understand the drivers of maternal mortality, complications of pregnancy, understand disparities
  - Determine interventions at the level of individuals, families, providers, birthing facilities, health systems, and communities
  - Inform the implementation of initiatives

Priority Areas for Prevention

- Improve care coordination before, during and after pregnancy, including support for continued healthcare during the fourth trimester
- **Ensure pregnant people receive the appropriate level of care based on the complexity and severity (acuity) of their medical issues and risk factors present**
- **Expand the obstetric healthcare workforce through telehealth and include specialists such as cardiologists, psychiatrists and behavioral/mental health specialists**
- **Address racial and cultural bias across the network of care that serves pregnant and postpartum individuals**
- **Improve and expand identification of and treatment for substance use and mental health during pregnancy**
- Increase awareness of Louisiana Pregnancy Associated Mortality Review Committee and support the need for data sharing
- Contribute to the public health evidence base to increase capacity and better understand and address pregnancy-associated mortality

Opportunities for Collaboration

Alliance for Innovation on Maternal Health moves established guidelines into practice with a standard approach to improve safety in care

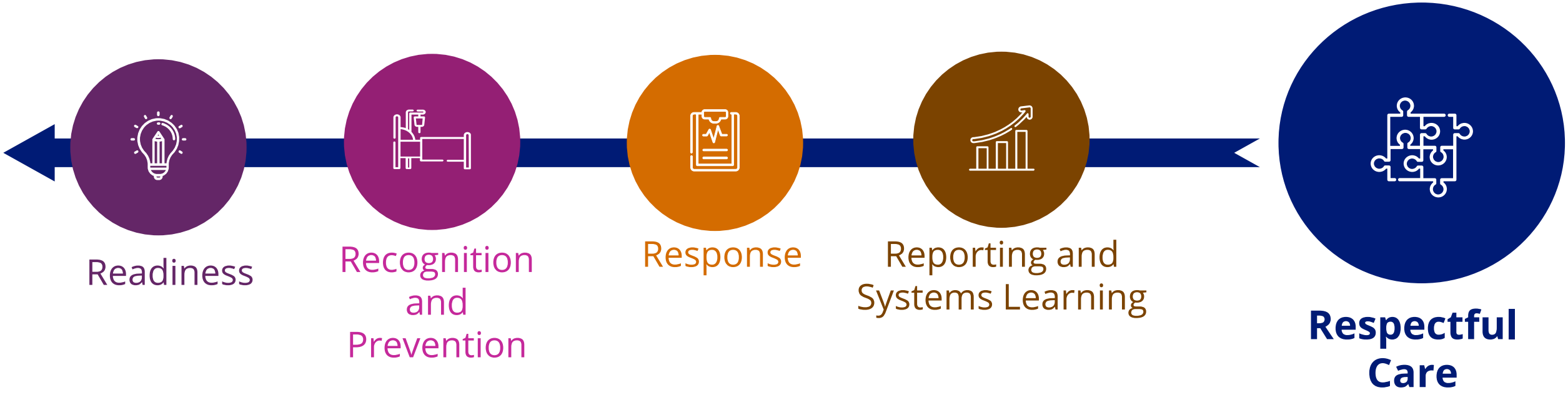


Perinatal Quality Collaboratives mobilize state or multi-state networks to implement clinical quality improvement efforts and improve care for perinatal patients and their babies

Maternal Mortality Review Committees conduct detailed reviews for complete and comprehensive data on maternal deaths to prioritize statewide prevention efforts

Created from a Centers for Disease Control, Division of Reproductive Health source

Alliance for Innovation on Maternal Health (AIM) for Bundle Components



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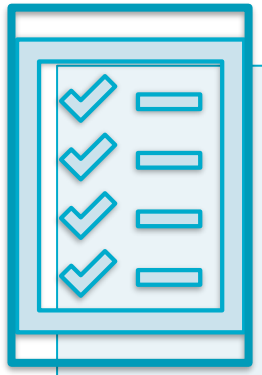
Reducing Maternal Morbidity Initiative

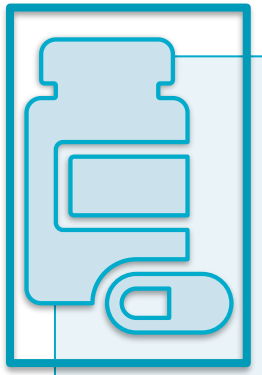


Risk assessment on admission

Increased by 78.3%

Quantification of blood loss at delivery

Increased by 171.8%



Patients receiving timely treatment of hypertension

Increased by 210.8%

LaPQC

Louisiana Perinatal Quality Collaborative

Workforce Challenges

N= number of OBGYNs	2018	2030
Supply	50,850	47,490
Demand	50,850	52,660
Deficit		- 5170

- By 2030, the demand for OBGYN's will outpace the supply
- Metropolitan vs. Nonmetropolitan: Greatest deficit will be in nonmetropolitan areas
- By region, the greatest deficit will be in the West and the South
  - Northeast: 300
  - Midwest: - 500
  - South: -2270
  - West: - 2700

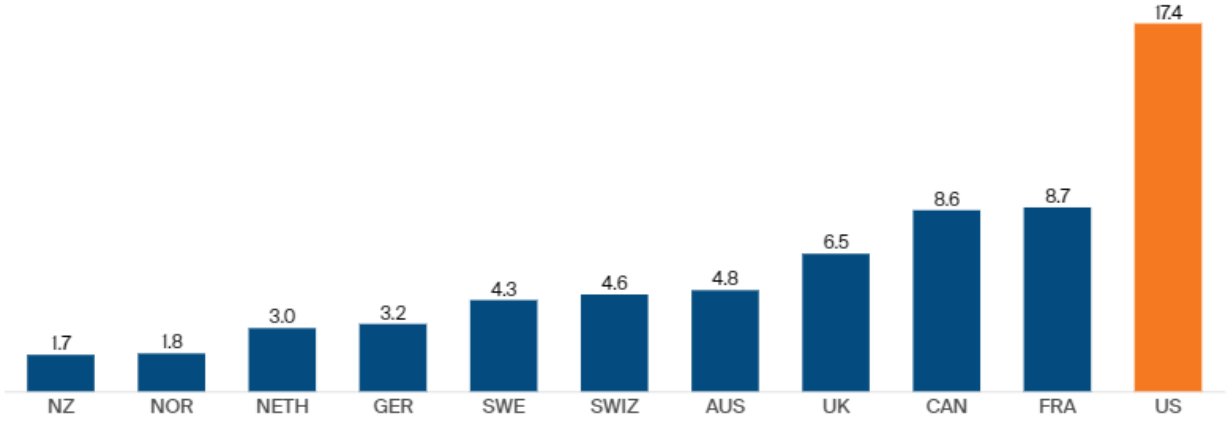
Ref Projections of Supply and Demand for Women's Health Service Providers: 2018 – 2030. HHS. HRSA. Published March 2021. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/projections-supply-demand-2018-2030.pdf. *Retrieved April 8, 2023.*

Midwifery Care in the US

Exhibit 1

Maternal Mortality Ratios in Selected Countries, 2018 or Latest Year

Deaths per 100,000 live births



Download data

Notes: The maternal mortality ratio is defined by the World Health Organization as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

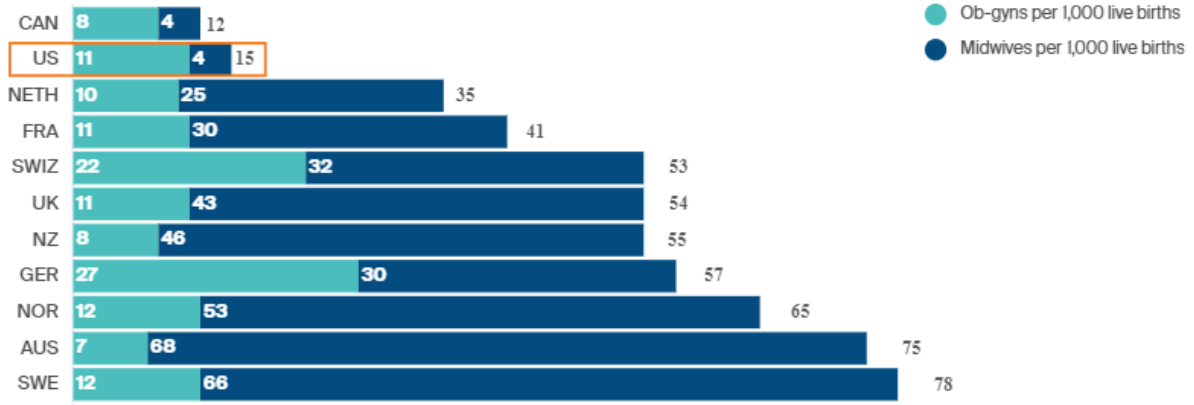
Data: OECD Health Data 2020, showing data for 2018 except 2017 for Switzerland and the UK; 2016 for New Zealand; 2012 for France.

Source: Roosa Tikkanen et al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries* (Commonwealth Fund, Nov. 2020). https://doi.org/10.26099/411v-9255

Exhibit 3

Maternal Care Workforce: Supply of Midwives and Ob-Gyns, 2018 or Latest Year

*Number of providers (head counts) per 1,000 live births**



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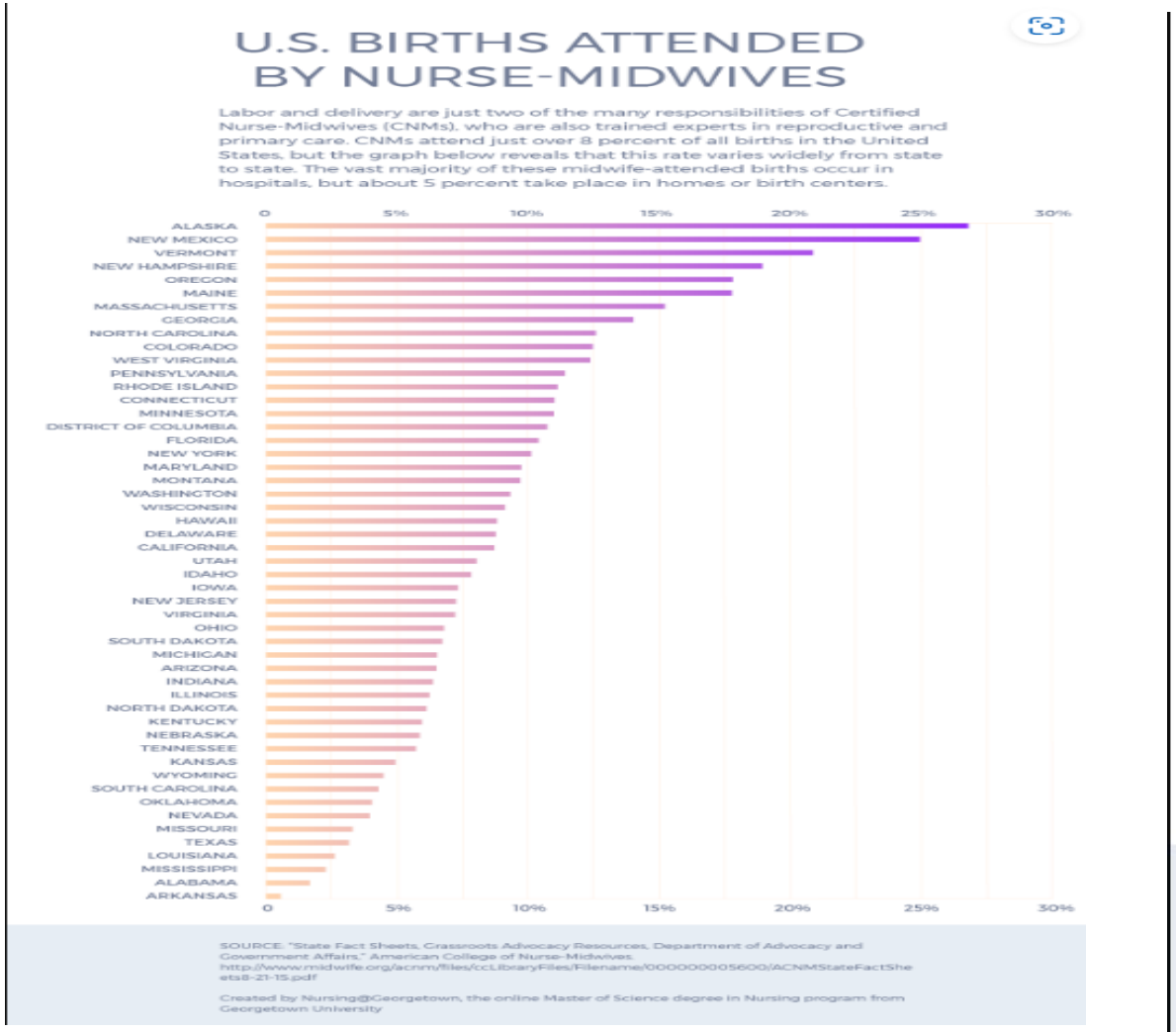
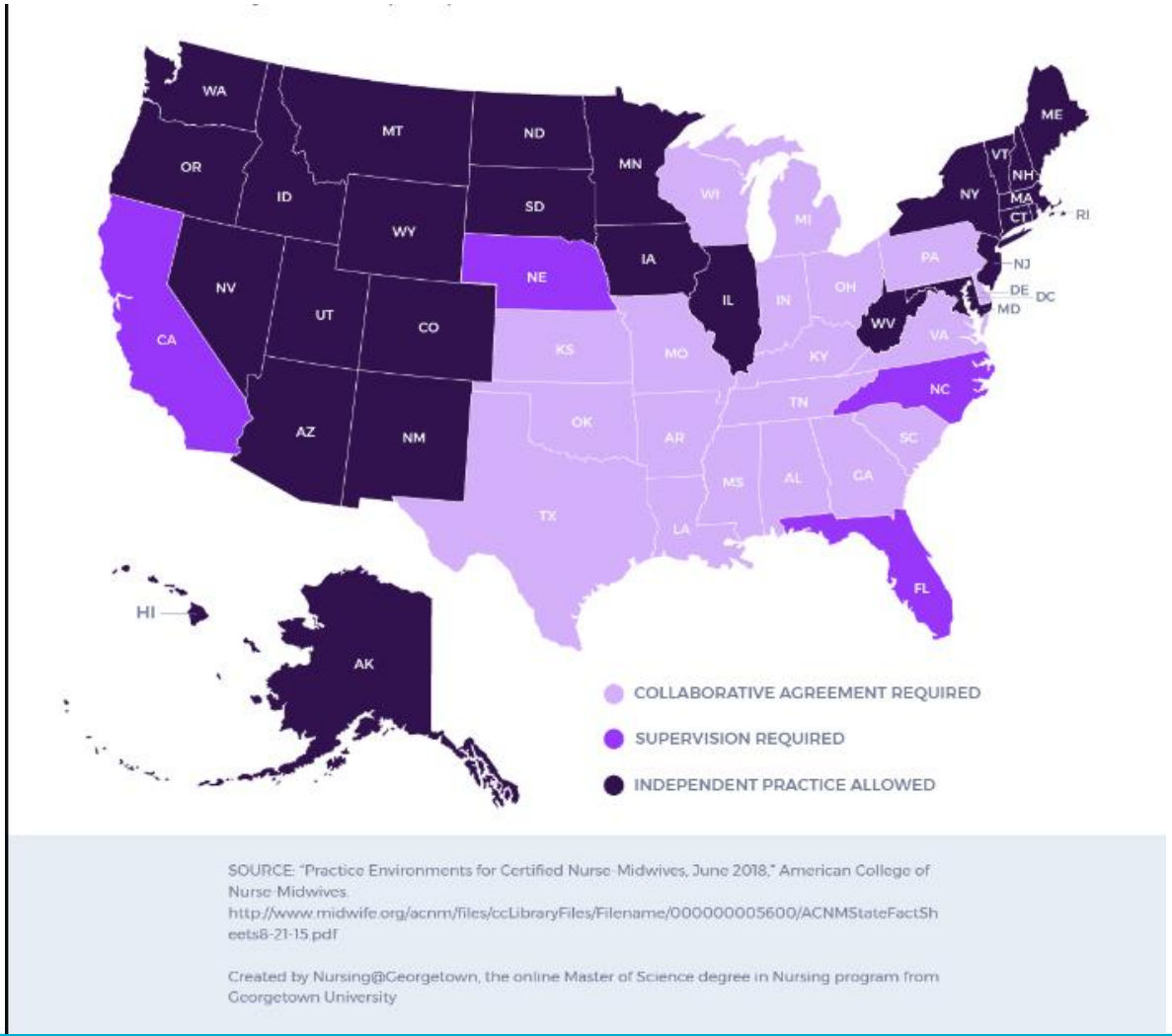
* The "sum" figure shown to the right of horizontal bars may not reflect arithmetic sum of figures shown for Ob-Gyn and midwife providers because calculations were performed on exact figures, while the figure presents rounded figures.

Data: OECD Health Data 2020, representing "practicing midwives" except: Canadian data reflect "professionally active" midwives; U.S. data reflect midwives "licensed to practice." Data for professionals "licensed to practice" tend to be higher than data for "professionally active," while numbers of "practicing" professionals tend to be the lowest. Data for 2018 except 2017 for Australia, Canada, Sweden, and 2015 for the U.S. Reflects midwifery professionals and midwifery associate professionals as defined by the International Standard Classification of Occupations (ISCO-08 codes 2222 and 3222, respectively). U.S. data reflect certified nurse-midwives (CNM), certified midwives (CM), and certified professional midwives (CPM) by the AMCB, and the NARM, but excludes noncertified midwives (i.e., lay midwives). "Sum" does not reflect total maternity care workforce, since primary care physicians/family practitioners also deliver some care in many countries (not shown here).

Source: Roosa Tikkanen et al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries* (Commonwealth Fund, Nov. 2020). https://doi.org/10.26099/411v-9255

Midwives and Scope of Practice in the US





Ref How Does the Role of Nurse-Midwives Change from State to State? https://online.nursing.georgetown.edu/blog/scope-of-practice-for-midwives/#scope-image

Doula Care in Obstetrics

- Decreased birth complications, increase in breastfeeding initiation, decrease in low-birth weight infants
- Community-based doulas can assist in achieving equity and addressing social determinants of health
- Doulas as part of the healthcare team is supported by the American College of Obstetricians and Gynecologists (ACOG) and the Society of Maternal Fetal Medicine (SMFM)

Telehealth

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- Examples: Ochsner Health's Connected Maternity Online Monitoring (MOM) and Telestork
  - Connected MOM: for patients with a hypertensive disorder of pregnancy, more BP submissions than usual care
  - Telestork: 27% reduction in unexpected NICU admissions for term infants; 8% reduction in Cesarean deliveries

Opportunities for Legislators

- Consider opportunities to support for statewide perinatal quality collaboratives as facilitators of implementation of the Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundles
- Consider policies that increase the number of midwives and doulas to address workforce challenges and improve outcomes
- Consider policies that increase reimbursement for telehealth services including reimbursement for equipment for telehealth, value-based models that incorporate telehealth, and improve infrastructure to increase accessibility in rural areas

Thank you!

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