

Maternal-Infant Health Issues

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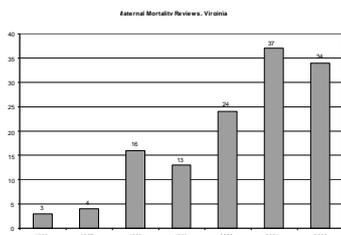
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MCH Major Health Issues

- ✓ Maternal Mortality
- ✓ Infant Mortality
- ✓ Low Birth Weight
- ✓ Access to Care

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Maternal Deaths in Virginia



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Maternal Mortality Ratios

	CDC	Expanded Definition
2001	9	38 (21 natural)
2002	5	34 (13 natural)
2003	12	55 (32 natural)

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Healthy People 2010 Goal

- 3.3 maternal deaths/100,000 live births.
- 2010 goal was not reached nationally or in Virginia.

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Reasons for reduction in maternal mortality

- ✓ Sulfa and antibiotic drugs
- ✓ Decrease infections secondary to illicit abortions
- ✓ Availability of banked blood
- ✓ Safer surgical procedures, including Cesarean

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Leading medical causes of maternal death in US & VA

- ✓ Hemorrhage, including ectopic pregnancy
- ✓ Pregnancy-Induced Hypertension
- ✓ Pulmonary Embolism

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Most obstetric complications leading to maternal deaths are difficult to predict, but *some* are preventable.

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Maternal Death Review Components

- ✓ Investigation of individual maternal death
- ✓ Multidisciplinary discussion of each case
- ✓ Recommendations to prevent future deaths

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Maternal mortality is reduced by:

- ✓ Quality intrapartum care
- ✓ Access to emergency obstetric care
- ✓ Other issues with access to care

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Infant mortality is a health status indicator that is widely recognized as a measure of a nation's, as well as a state's, maternal and child health status.

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- The United States ranks 28th in infant mortality compared to other industrialized nations (Organization for Economic Coop. & Development Health Data 2002)

US 6.63/1,000 live births in 2001 and 7.0 in 2002 (CDC)

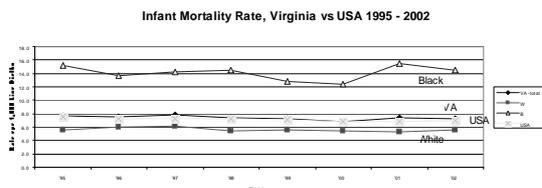
- Virginia 7.3/1,000 live births in 2002 and 7.6 in 2003 (VHS)

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Countries with lower infant mortality rates than the U.S. have comprehensive medical care systems that provide a system of care for all pregnancy and infant health care visits.

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African-American babies are more likely to die in America than their white counterparts when born with the same medical risks.



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Social standing in a community is linked to favorable outcomes in perinatal care even when access to services is inconsistent

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The improvement in infant mortality rates is not an indicator that babies are healthier, but medical technology is enabling sicker babies to survive.

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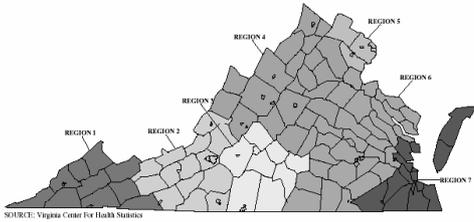
Regionalization of perinatal care was successful in the 1970s and 1980s by concentrating the births of very low birth weight infants to the tertiary centers.

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The Regional Perinatal Councils (RPCs) are public/private coalitions charged with the goal to improve the system by which perinatal health care is provided within Virginia.

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LOCAL JURISDICTIONS BY PERINATAL REGIONS
COMMONWEALTH OF VIRGINIA
2003



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Strategies to reduce infant mortality:

- ✓ Expand Medicaid eligibility
- ✓ Simplify & shorten Medicaid eligibility requirements
- ✓ Provide family planning services
- ✓ Provide “wrap-around” services (Nurse Case Management)

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Unintended Pregnancies

Provision of family planning services to those men and women who would otherwise not be able to access such services.

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Case Management

BabyCare - case management services after completion of a “risk assessment” with coordination, follow-up and monitoring.

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Resource Mothers - home visiting mentors for pregnant teens and their families.



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VA Eliminating Disparities in Perinatal Health

- Virginia Healthy Start Initiative - mentoring services for pregnant women; nutrition services for prenatal patients and infants; male support services for fathers; and community-based infant death reviews.

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Quality of Care

- ✓ Guidelines for Perinatal Care
-ACOG/AAP
- ✓ Toward Improving the Outcomes of Pregnancy -
March of Dimes
- ✓ National Fetal and Infant Mortality Review

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Universal Screening

- ✓ Domestic Violence
- ✓ Substance Abuse
- ✓ Depression

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National Fetal & Infant Mortality Review (NFIMR) Program

- * Established in 1990
- * Public-private partnership:
 - American College of Obstetricians and Gynecologist (ACOG)
 - Maternal and Child Health Bureau
 - March of Dimes Birth Defect Foundation

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FIMR

- ✓Community-based, action-oriented process
- ✓Early warning system that describes health care
- Method of continuous quality improvement
- ✓Means to implement core public health functions

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FIMR Objectives

- ✓Initiate an interdisciplinary review of fetal and infant death from medical and social records and maternal interview.
- ✓Describe significant social, economic, cultural and systems factors that contribute to mortality.
- ✓Design and participate in implementing community-based interventions determined from review findings.

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Low Weight Births:

- ✓Increased between 1992 and 2003
- ✓7.2% of all Virginia Births (1994) & 8.2% (2003)
- ✓Single most important contributor to infant death
- ✓Not met Health Peoples 2010 objective of 5.0

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Low Birth Weight is associated with multiple factors

Medical Risk

- High parity
- Chronic diseases
- Previous Low Birth Weight infant
- Genetic factors
- Multiple gestation
- Poor weight gain
- Infection
- Placental problems
- Premature rupture of membranes
- Fetal anomalies
- Maternal stress

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Low Birth Weight (continued)

Demographic Risk Factors

- Age < 17 years and > 34 years
- African-American race
- Low socioeconomic status
- Unmarried
- Low education

Behavioral Risk Factors

- Smoking
- Poor nutrition
- Toxic exposures
- Inadequate prenatal care
- Substance abuse

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Long-term effects of Low Birth Weight

- ✓ Neurologic disorders
- ✓ Learning disabilities
- ✓ Delayed development

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Preterm Labor & Birth

The etiology of preterm labor and premature birth is unknown.

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Prevention

- ✓ Early and regular use of prenatal care is a strong predictor of positive pregnancy outcomes.
- ✓ Early prenatal care is an indicator for access to health care services.

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Access to Care

-  Governor's Work Group on Obstetrical Care Services
 - Members of the Va. General Assembly, physicians (obstetricians, family, pediatricians, neonatologists, certified nurse midwife, trial attorneys, local government, non-profit organ....
 - To evaluate four issues: 1) quality of care, 2) reimbursement, 3) medical malpractice and 4) barriers to access
 - Recommendations
 - August 12, 2004 Governor issued emergency regulations to increase Medicaid payments for obstetrical care by 34 percent, effective September 1, 2004

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Conclusion

- ✓ Studies of underlying factors that contribute to morbidity and mortality are needed.
- ✓ Review of quality of health care and access to care for all women and infants is needed.
- ✓ Racial/ethnic disparities need to be eliminated.

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Thank You



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