# Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.

Silence your cell phone

Close the door

Close browser windows

Check your audio and video

Stretch

Take a few deep breaths

Emotionally release your to-do list

Take a bio break

2021 Healthy Start Virtual Grantees' Meeting

***Improving Perinatal Outcomes in Rural Communities***

Wednesday, November 3, 2021 || 3 pm to 4:20 pm ET

CELEBRATING 30 YEARS 1991–2021

HEALTHY start TA & SUPPORT CENTER

NICHQ National Institute for Children's Health Quality

# Improving Perinatal Outcomes in Rural Communities

## *Breakout Session*

Wednesday, November 3, 2021

3:00pm – 4:20pm ET

*The Healthy Start TA & Support Center is operated by the National Institute for Children's Health Quality (NICHQ). This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 1 UF5MC327500100 titled Supporting Healthy Start Performance Project.*

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HEALTHY start TA & SUPPORT CENTER

# Agenda

| | |
|---|---|
| **Housekeeping** | **Chantal Hoff**, National Institute for Children's Health Quality (NICHQ) |
| **Welcome & Introduction** | **Chantal Hoff,** NICHQ |
| **Improving Perinatal Outcomes in Rural Communities** | **Zita Magloire**, Cairo Medical Care, LLC |
| **Q&A** | All |
| **Closing** | **Chantal Hoff**, NICHQ |

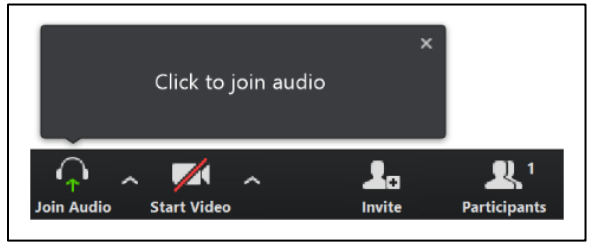
This session is being recorded.

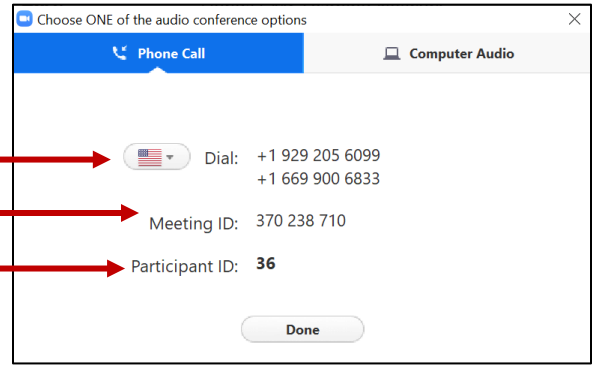
All participants are muted upon entry. We ask that you remain muted to limit background noise.

Participants are encouraged to share comments via the Chat module and ask questions via the Q&A module in Whova (on the mobile app or browser).

# Audio

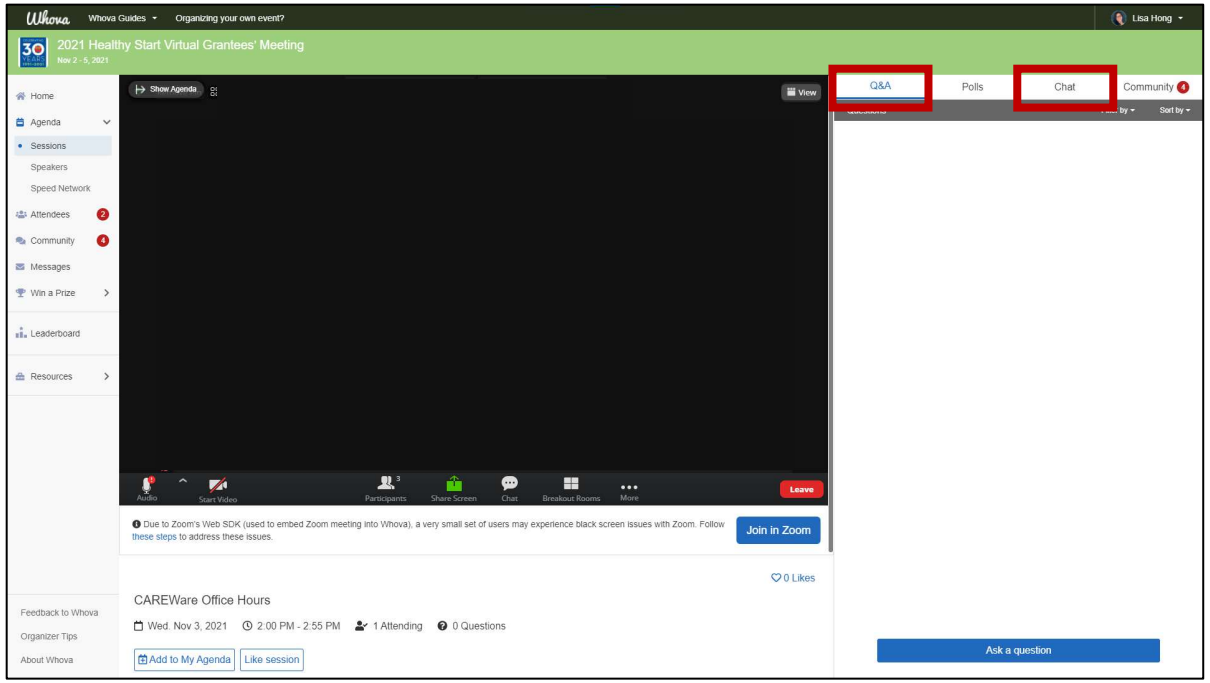
- After you join the Zoom session, an audio conference box may appear.
  - If you do not see the box, click **'Join Audio'**
- From the audio conference box, select **'Phone Call'** or **'Computer Audio'**
  - If using the phone:
    - Dial one of the given numbers next to **'Dial'**
    - You will be prompted to enter the **Meeting ID**
    - Then you will be prompted to enter the **Participant ID**



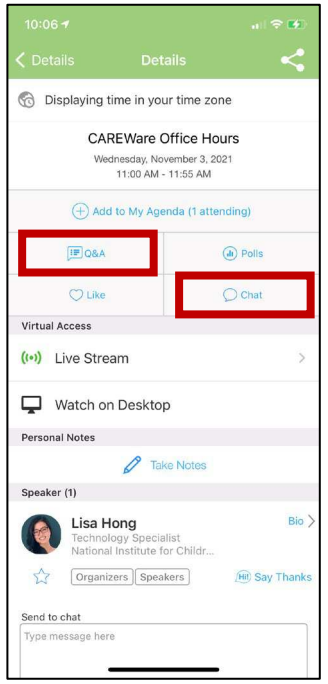



# Chat and Q&A modules in Whova

## Chrome Browser




## Mobile Application



# Like what you see?

*The Healthy Start TA & Support Center is now active on social media!*

1. Take a picture or a screenshot
2. Share on Instagram or Twitter!
3. Don't forget to tag @HS_TASC and @NICHQ and include hashtags #HealthyStartVGM2021 and #HealthyStartStrong

# Technical Issues

If you experience any technical challenges with Whova, please email support@whova.com.

# Welcome & Introduction


**Chantal Hoff**

National Institute for Children's Health Quality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*Improving Perinatal Outcomes in Rural Communities*
*Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021*

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# Welcome to the VGM!

We hope you have been enjoying today's sessions so far!

# In this breakout, you will:

- Discuss the epidemiology of maternity care access in rural areas and the associated outcomes.
- Describe specific educational needs for rural maternity care to improve maternal outcomes.
- Explain the needed screening and ongoing monitoring of women with high-risk pregnancies with consideration for available local resources to prevent adverse maternal and infant outcomes.
- Identify possible strategies to increase rural access to maternity care and improve outcomes

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*Improving Perinatal Outcomes in Rural Communities*
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# Our Speaker

**Zita Magloire, MD**
Family Medicine and Obstetrics
Cairo Medical Care, LLC

**#HealthyStartVGM2021**
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*Improving Perinatal Outcomes in Rural Communities*
*Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021*

# Questions during the session?

Use the Q&A module in the Whova platform and make sure to identify the speaker to whom you are directing your question(s).

Questions will be answered during the session if time permits. Otherwise, questions will be addressed post-session.

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# Rural Maternity Care

Zita Magloire, MD

Healthy Start Virtual Grantees' Meeting

November 3, 2021

# Addressing Maternal Mortality and Morbidity in the US:

## Epidemiology

# Zoom Poll Question 1

What factors increase maternal mortality?

A. Patient age
B. Patient race
C. Where patient lives
D. All of the above

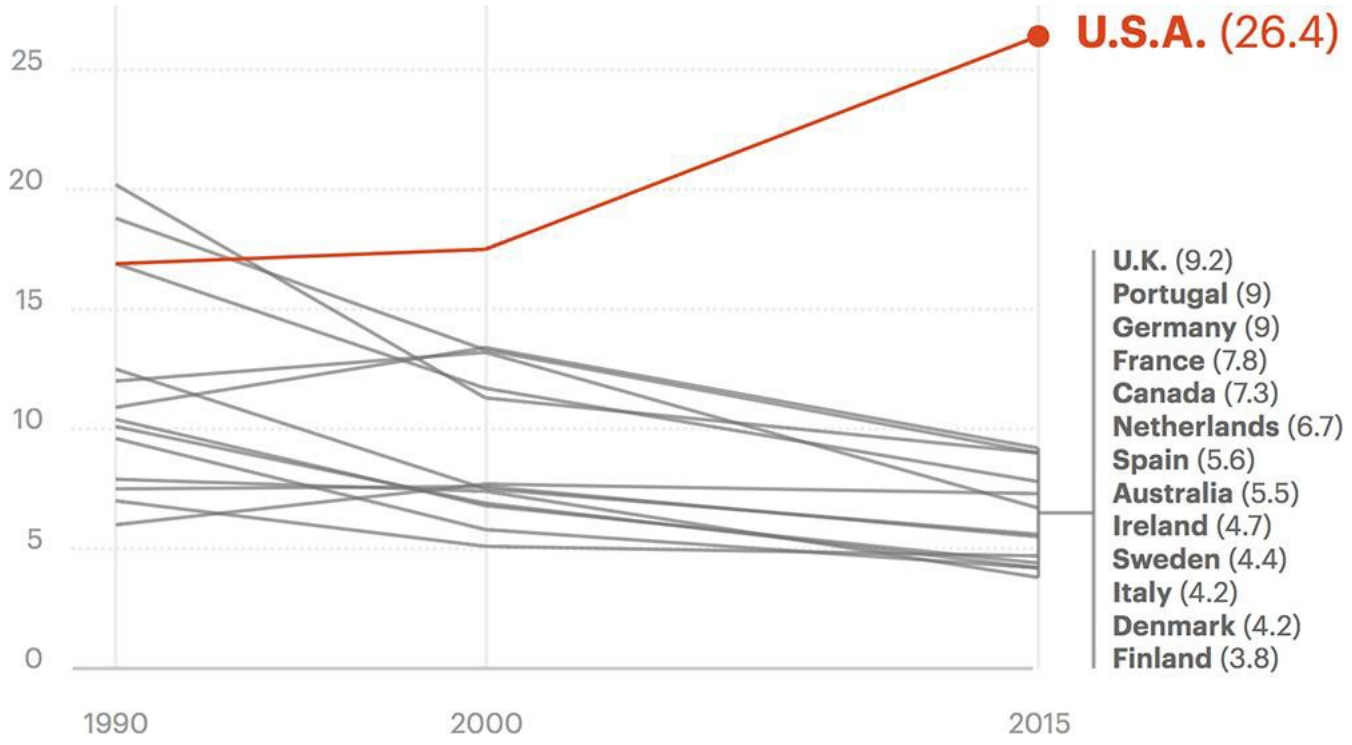
# Zoom Poll Question 2

When do the majority of pregnancy-related deaths occur?

A. Within the first 6 weeks postpartum
B. During the third trimester
C. After patients stop breastfeeding
D. During Delivery

# How did you do?

# Maternal Mortality in US



# Rural Maternal Care Crisis

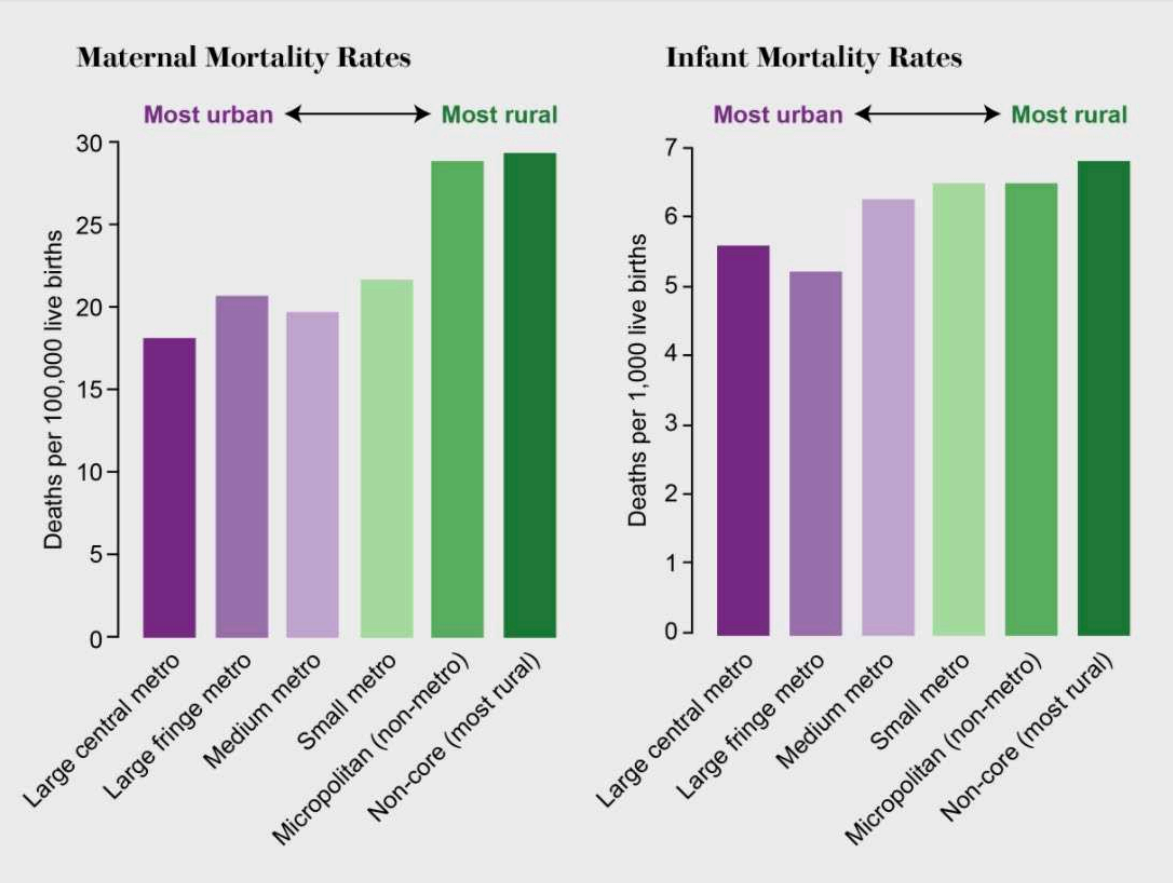
- Almost a quarter of the U.S. population lives in a rural area.
- In 1985, 24% of rural counties lacked hospital-based OB services.
- As of 2014, 54% were without hospital-based obstetrics.
- More than 200 rural obstetrical units closed between 2004 and 2014, with additional rural units at risk.
- Not just hospital closures: lack of transportation, increased poverty, increased rates of chronic diseases.
- Difficulty recruiting and retaining physicians to live and work in rural communities

(Anderson 2019; Hung 2019)

# Maternal Mortality in US

- In May 2020, the National Advisory Committee on Rural Health and Human Services examined maternal health and obstetric care challenges in rural America
- Rural areas had a pregnancy-related mortality ratio of 29.4 per 100,000 live births versus 18.2 in urban areas in 2015. 1
- In Georgia, rural black women have a 30 percent higher maternal mortality rate than urban black women, and rural white women have a 50 percent higher risk than urban white women 2

# Maternal Mortality in Rural Areas




Credit: Amanda Montañez; Source: CDC

# Maternal Morbidity in Rural Areas

- Maternal Morbidity is often overlooked, but occurs more frequently
- In 2014, for every woman who died from pregnancy-related complications, seventy-one suffered from severe maternal morbidity, and may be higher in rural areas [3]
- Risk-factors lack of obstetric providers as well as social determinants of health (transportation, housing, poverty, food security, racism, violence, and trauma) [3]

# Delivery of High-risk Pregnancies

- Maternal vs. Fetal Indications
  - ICU, NICU
- Timing of Delivery
- Location of Delivery
- Follow-up Postpartum

# Addressing Maternal Mortality and Morbidity in the US:

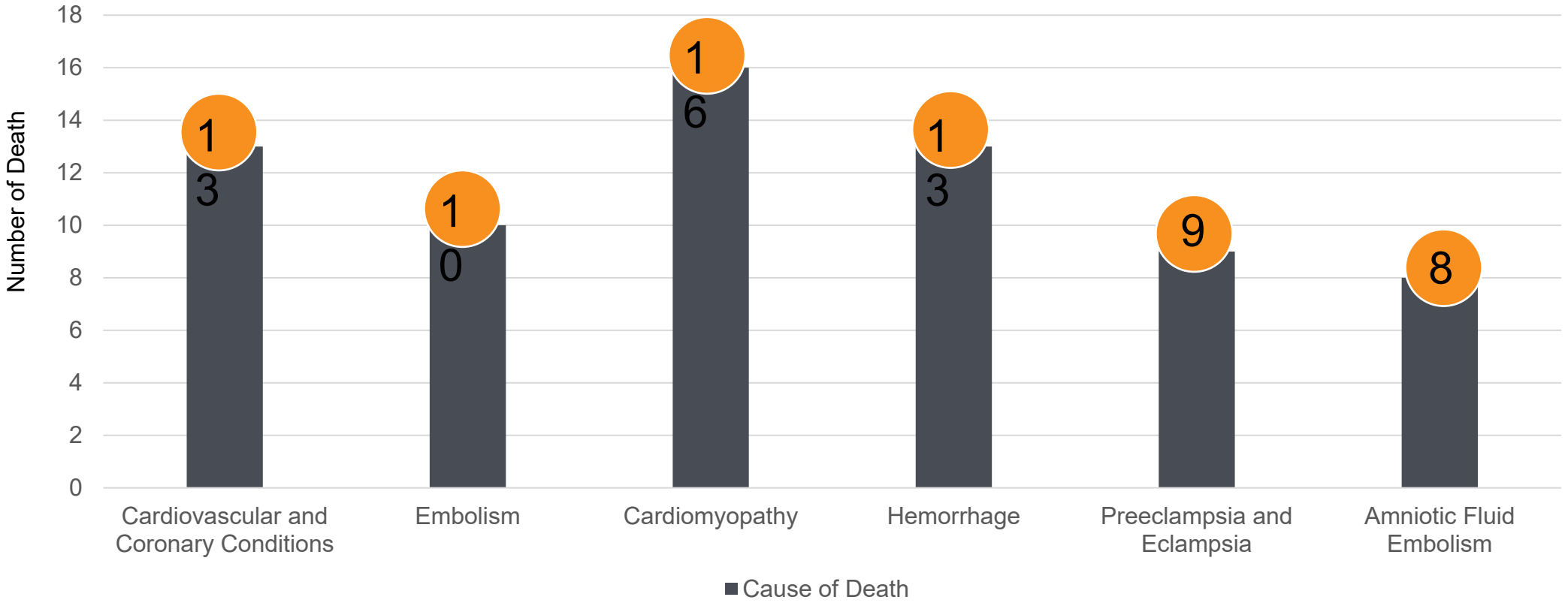
## Educational Needs

# Zoom Poll Question 3

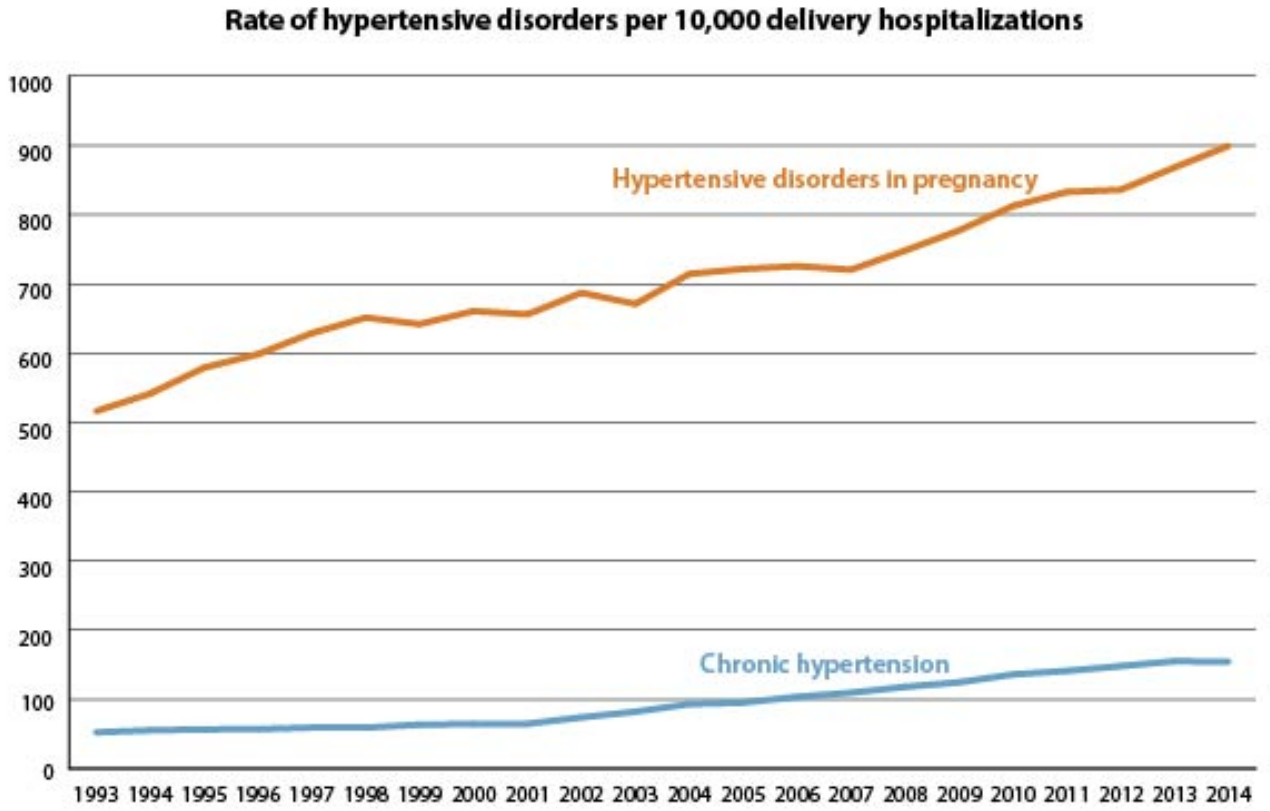
What factors increase risk of exposure to implicit bias?

A. Age
B. Body habitus
C. Color
D. Disability
E. Economic status
F. Gender/Gender identity
G. Immigration status
H. Mental health
I. Nationality
J. Race/Ethnicity
K. Religion
L. Sexual orientation
M. All of the above

# Pregnancy-Related Cause of Death 2012-2014

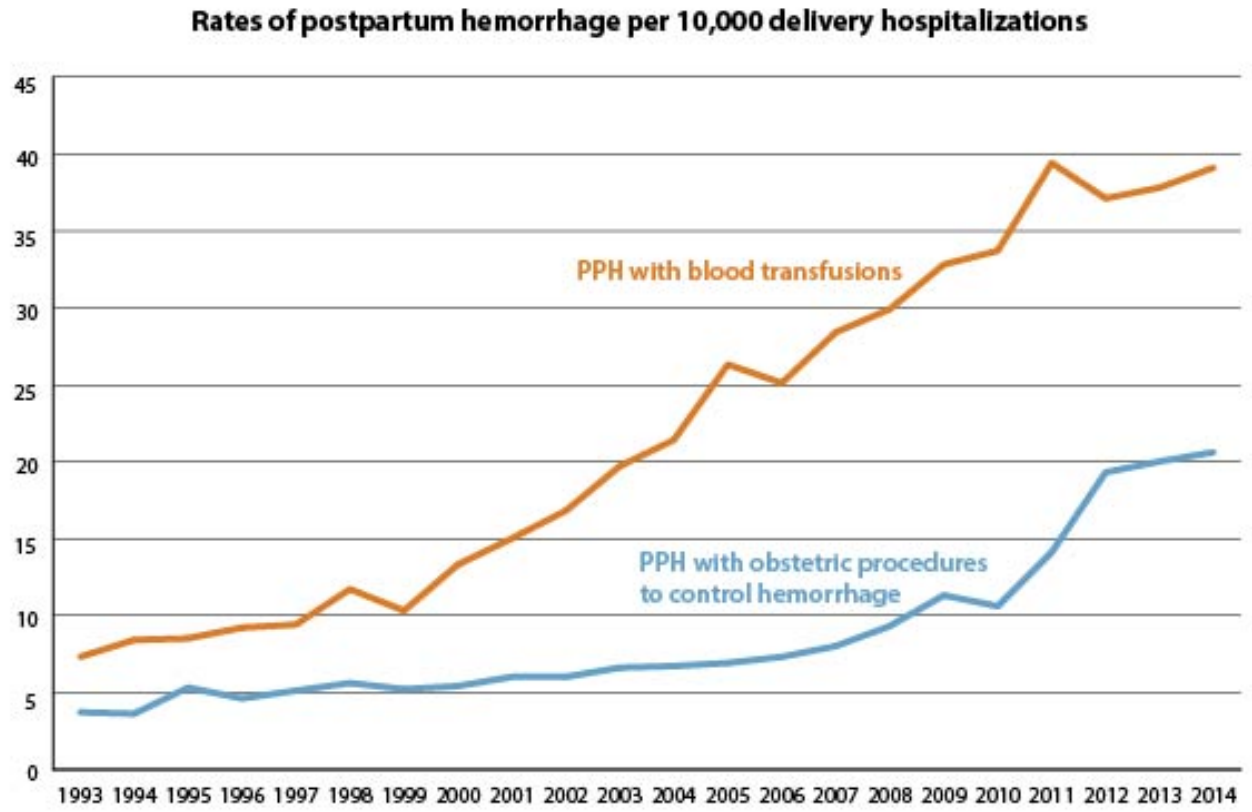


# Trends



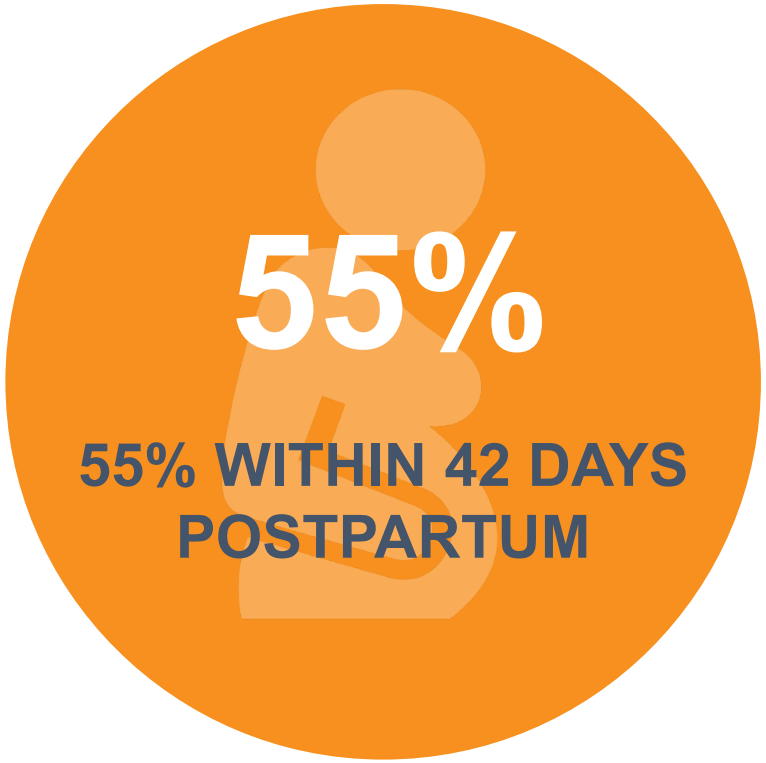

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications-data.htm

# Trends

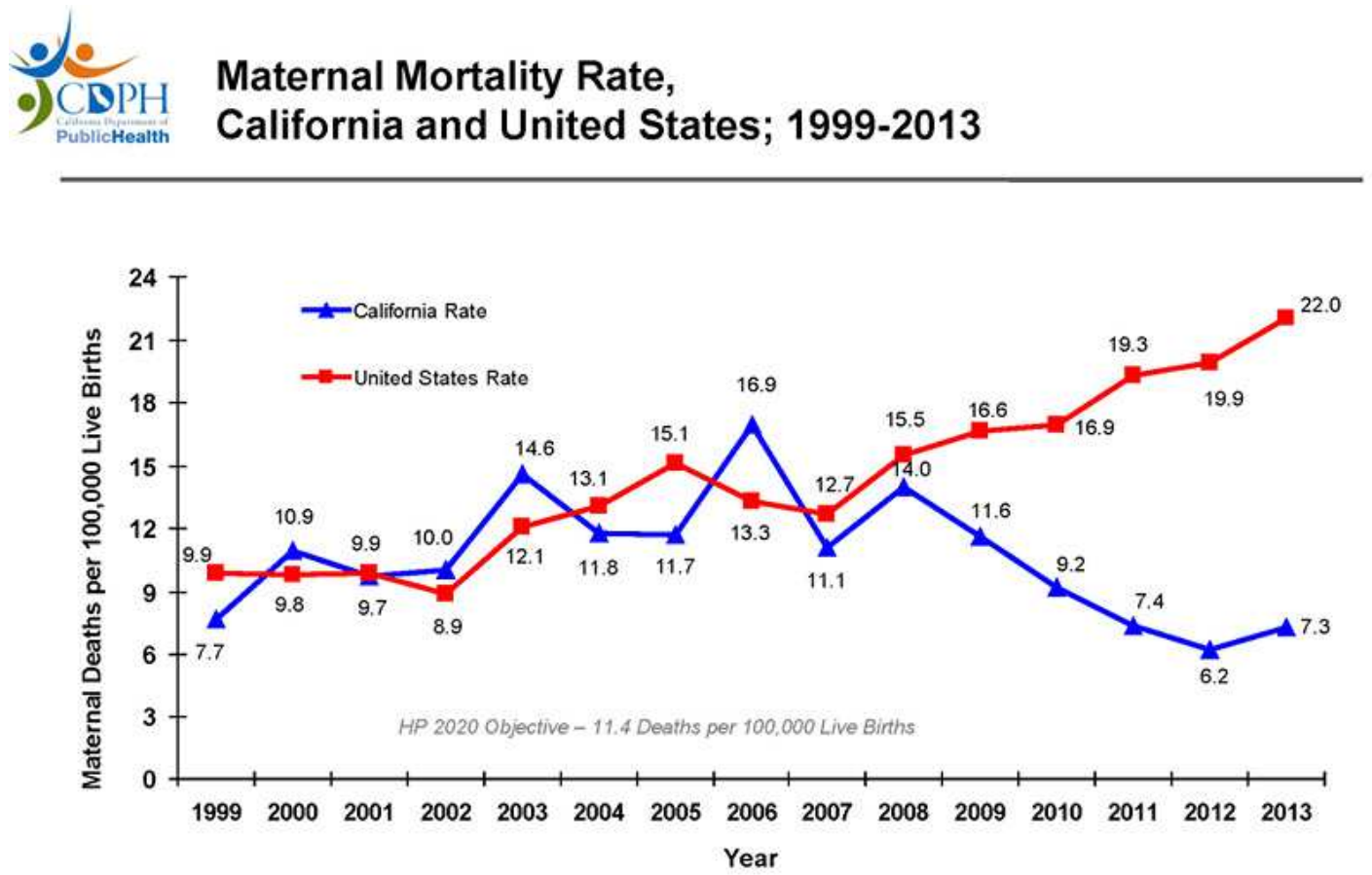



https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications-data.htm

# Timing of Pregnancy-Related Deaths 2012-2014

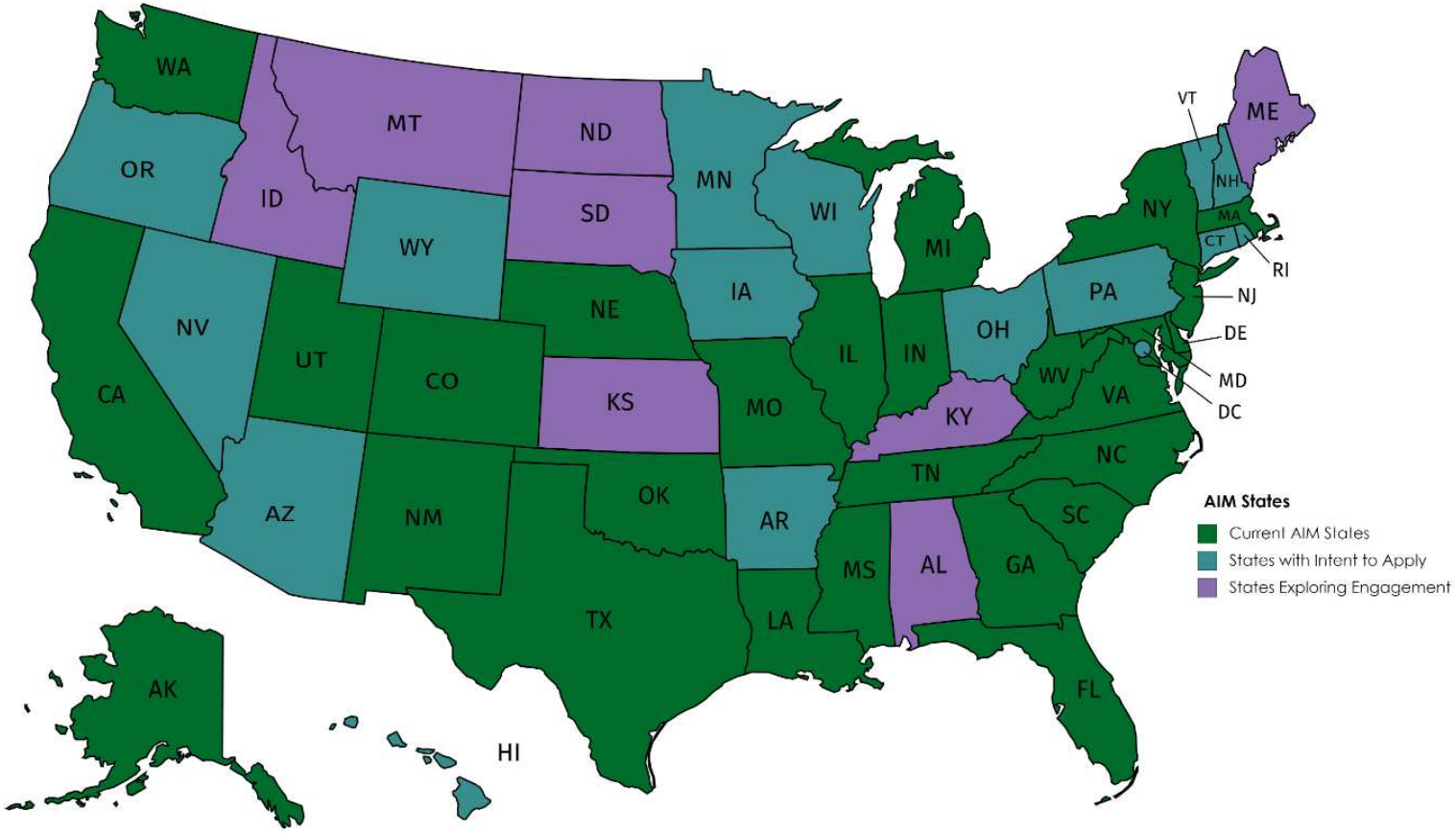

# Perinatal Quality Collaboratives



# Implementation

- AIM - Alliance for Innovation in Maternal Health
- Sets of best practices for maternal care
- Include recommendations for hospital-based protocols, policies, practice changes, drills, and system of data tracking
- Represent national consensus

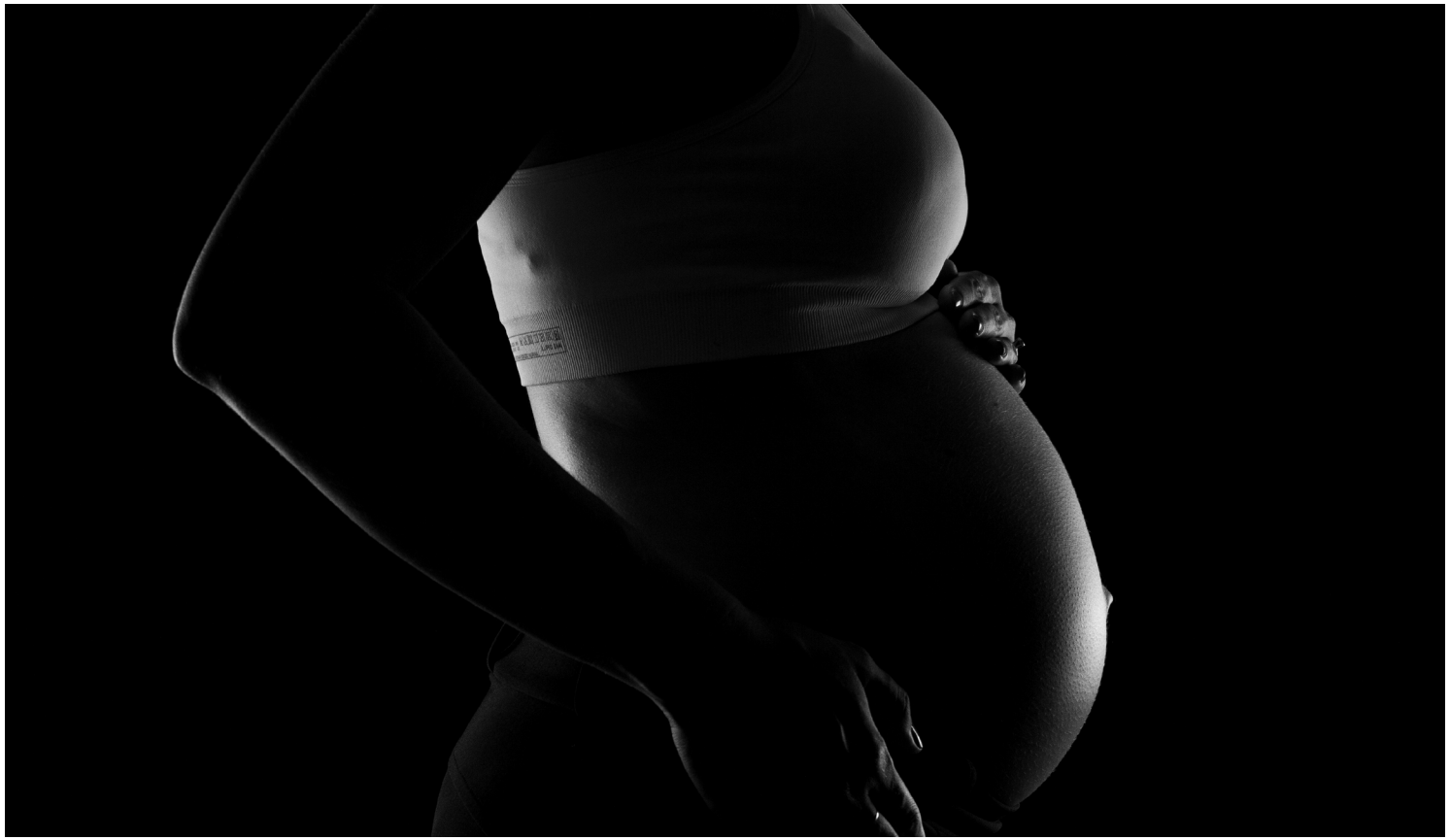
# Alliance for Innovation in Maternal Health



# AIM-SUPPORTED PATIENT SAFETY BUNDLES

- Maternal Venous Thromboembolism Prevention
- Postpartum Care Basics for Maternal Safety From Birth to the Comprehensive Postpartum Visit
- Postpartum Care Basics for Maternal Safety Transition From Maternity to Well-Woman Care
- Obstetric Care for Women with Opioid Use Disorder
- Obstetric Hemorrhage
- Reduction of Peripartum Racial/Ethnic Disparities
- Safe Reduction of Primary Cesarean Birth
- Severe Hypertension in Pregnancy
- Severe Maternal Morbidity Review
- Support After a Severe Maternal Event

# Level of Maternity Care



- Updated Classification System
- Level 1 (Basic) to Level 4 (Regional centers)
- Facilities with no maternity departments
  - Need for “OB-Ready” sites for unintended deliveries as well as critically ill pregnant women
  - Advanced/Basic Life Support in Obstetrics (ALSO/BLSO)
  - Neonatal Resuscitation Program (NRP)

# Addressing Maternal Mortality and Morbidity in the US:

## High-risk Pregnancies

# Common High-Risk Pregnancy Conditions

- Pregnancy History
  - Preterm delivery/early pregnancy loss
  - Previous DVT/PE or risk factors
  - Hypertensive Disorders
- Hypertensive Disorders
- Endocrine Disorders
  - Diabetes
  - Hypothyroidism
- Hematological
  - Isoimmunization
- Substance Use and Dependence
- Smoking Status
- Genetic
  - Abnormal screens
- Fetal Abnormalities

# Monitoring of women with high-risk pregnancies

- Early Interventions and screening based on pregnancy history
- Referral to Maternal Fetal Medicine or other Subspecialists
- Limited Resource Areas
  - Use of telemedicine
  - In-office ultrasonography (growth, cord dopplers, BPP)
  - Fetal non-stress test
  - Relationship with referral center
- Other tests and interventions
  - IV iron infusions
  - Continuous glucose monitoring
  - Holter/Event Monitor

# Addressing Maternal Mortality and Morbidity in the US:

Are we our own worse enemy?

# Implicit Bias

- Implicit bias is defined as, “the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.”
- Also known as: Unconscious bias, Implicit social cognition
- It is a contributing factor to health disparities.

(AAFP, 2019)

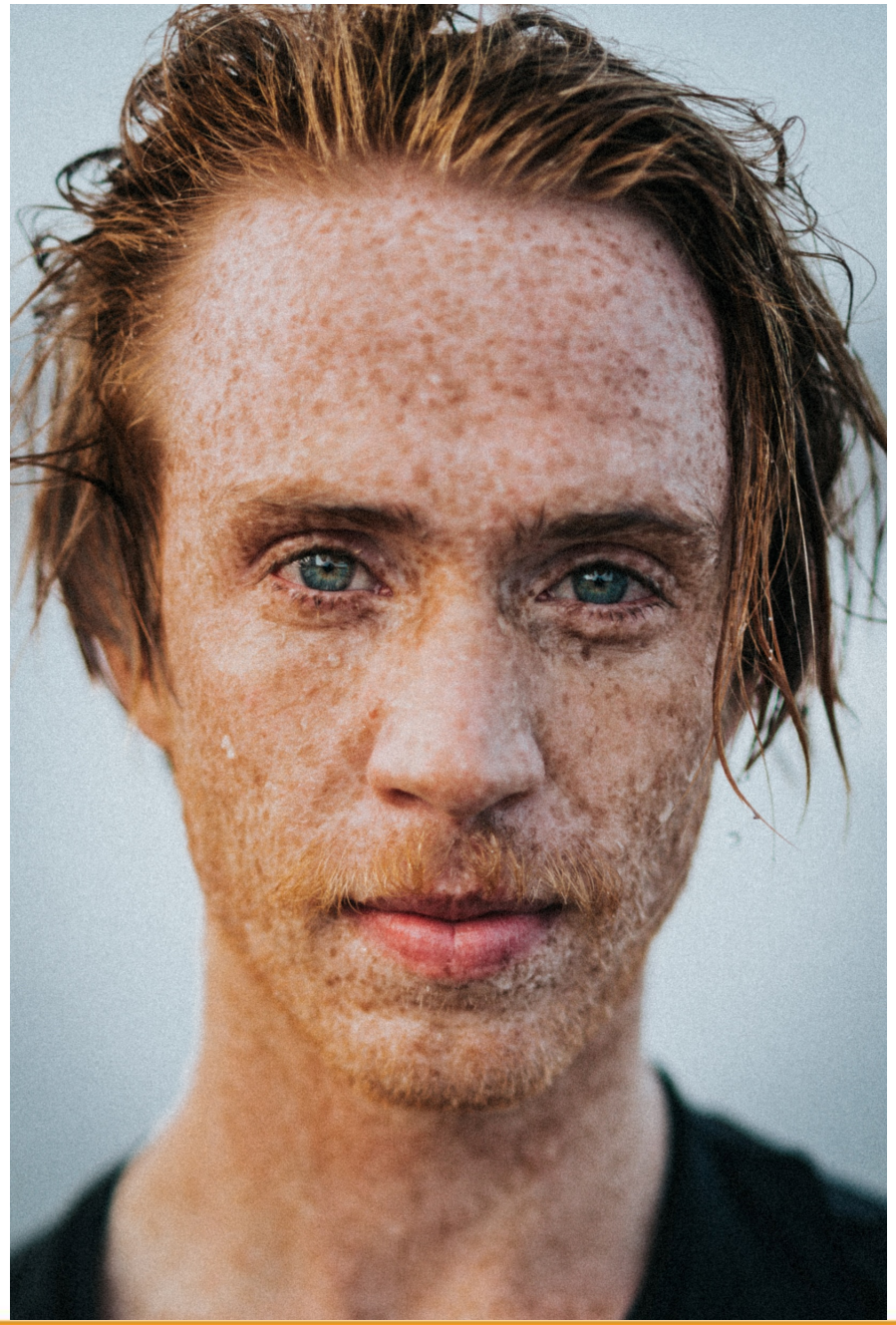
# Zoom Poll Question 4

Members of the health care team are usually aware of their own implicit bias?

A. True
B. False

# Types of Implicit Bias

- Affinity
- Anchoring
- Attribution
- Beauty
- Confirmation
- Conformity
- Contrast
- Gender
- Halo
- Horns



# Question 5

On a scale of 0 to 5 (0 being not at all and 5 being extremely uncomfortable), how uncomfortable did the previous exercise make you feel?

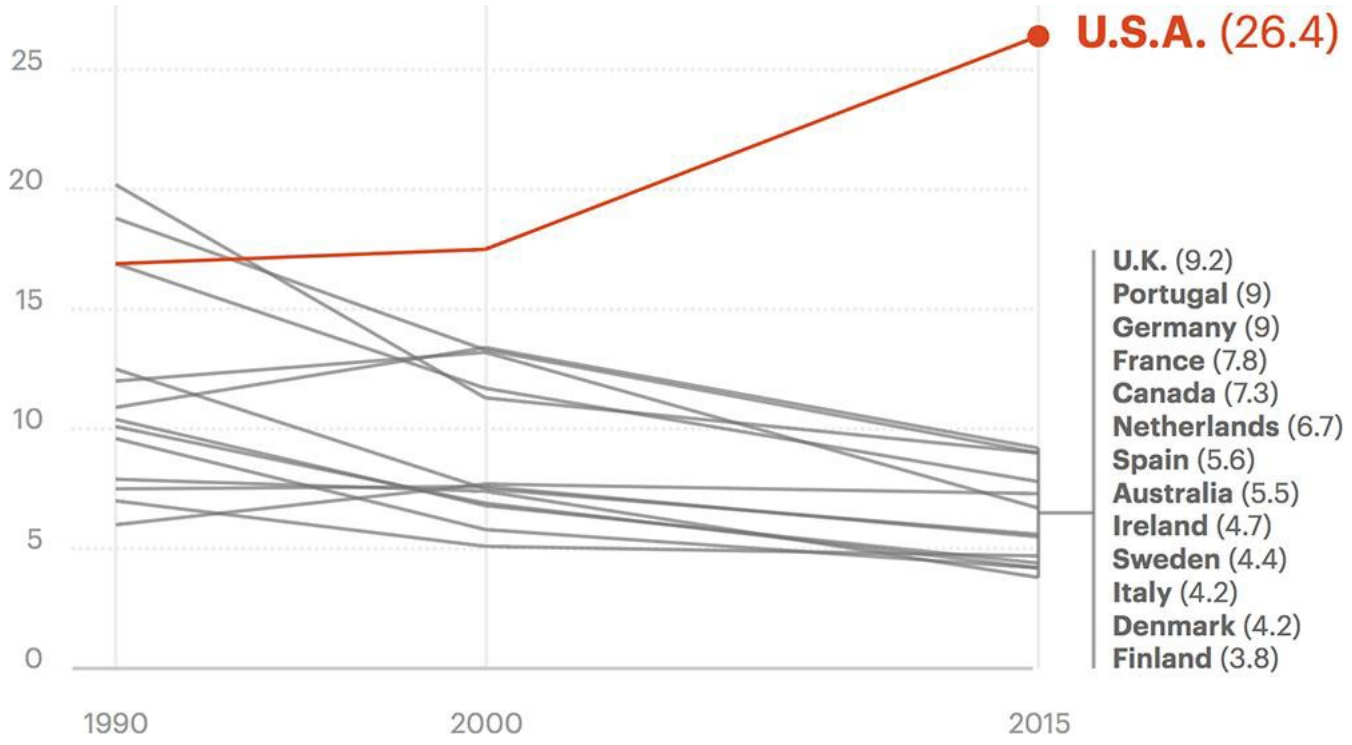
A. 0 — Not at all
B. 1
C. 2
D. 3
E. 4
F. 5 — AAAAGHHH!!!!

# QUESTION 6

- Who is more likely to die during pregnancy and the postpartum period?

# Effect on patient health and outcomes.

# Maternal Mortality in US

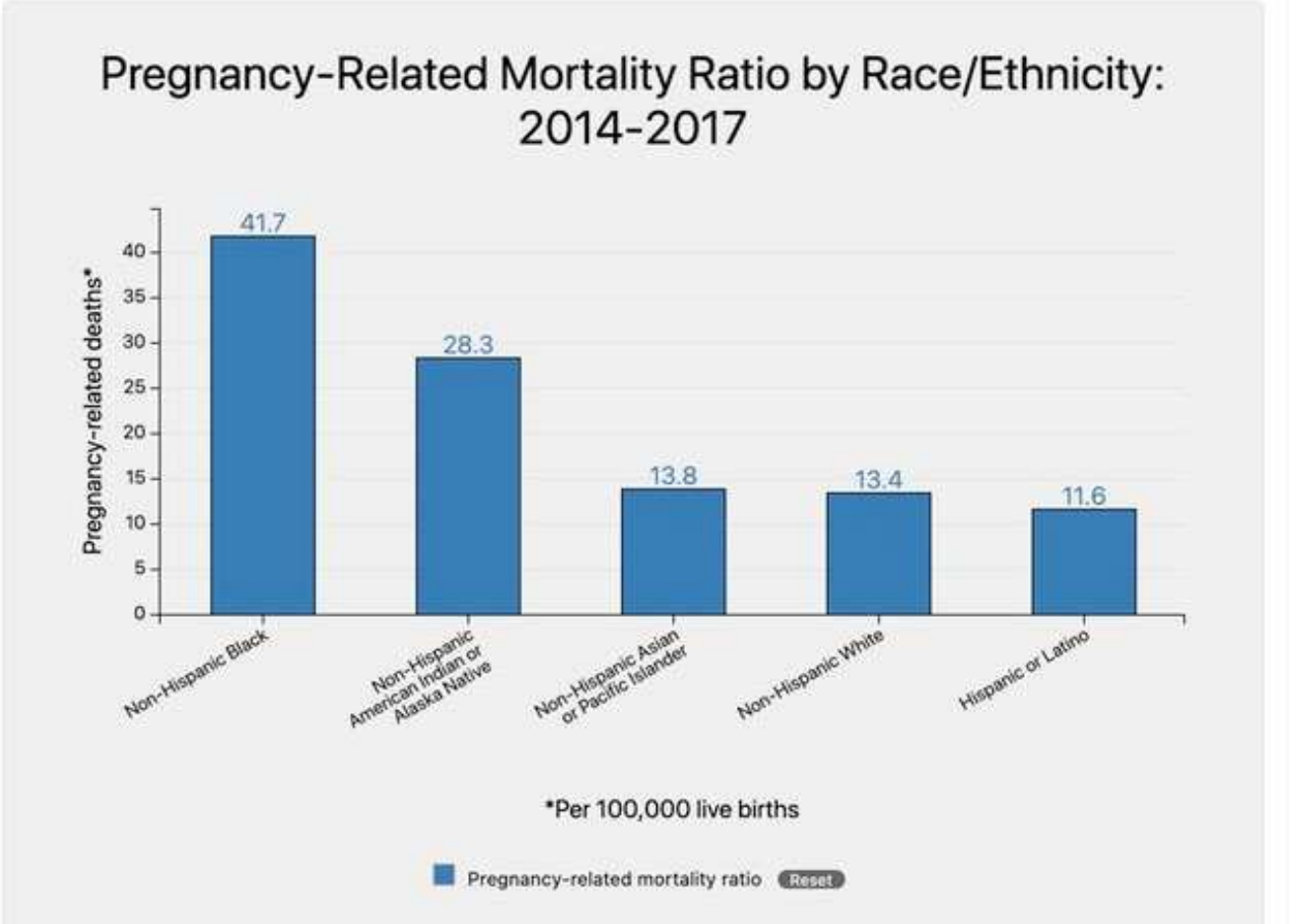


# Patient Health and Outcomes: African American Women

- Implicit bias towards African-American women is a contributing factor for racial and ethnic disparities in adverse maternal and child health outcomes
- Also resulted in lower quality of care, including
  - Lower rates of contraception use
  - Less access to prenatal care, and
  - Less clinical decision-making in the intrapartum and postpartum periods.

(Jackson, 2017; Slaughter-Acey, 2019)

# Patient Health and Outcomes: African American Women




(CDC, 2019)

# Patient Health and Outcomes: Pain

- One study involving non-black, non-hispanic medical students found they viewed black patients' pain levels as lower than white patients' pain levels and made less accurate treatment recommendations for black patients.
- A study by the University of Miami suggests that both men and women underestimate female patients pain compared with males' pain.

Hoffmann, 2016; Lanlan 2021

# Identify strategies to mitigate implicit bias in the care of pregnant and postpartum patients.

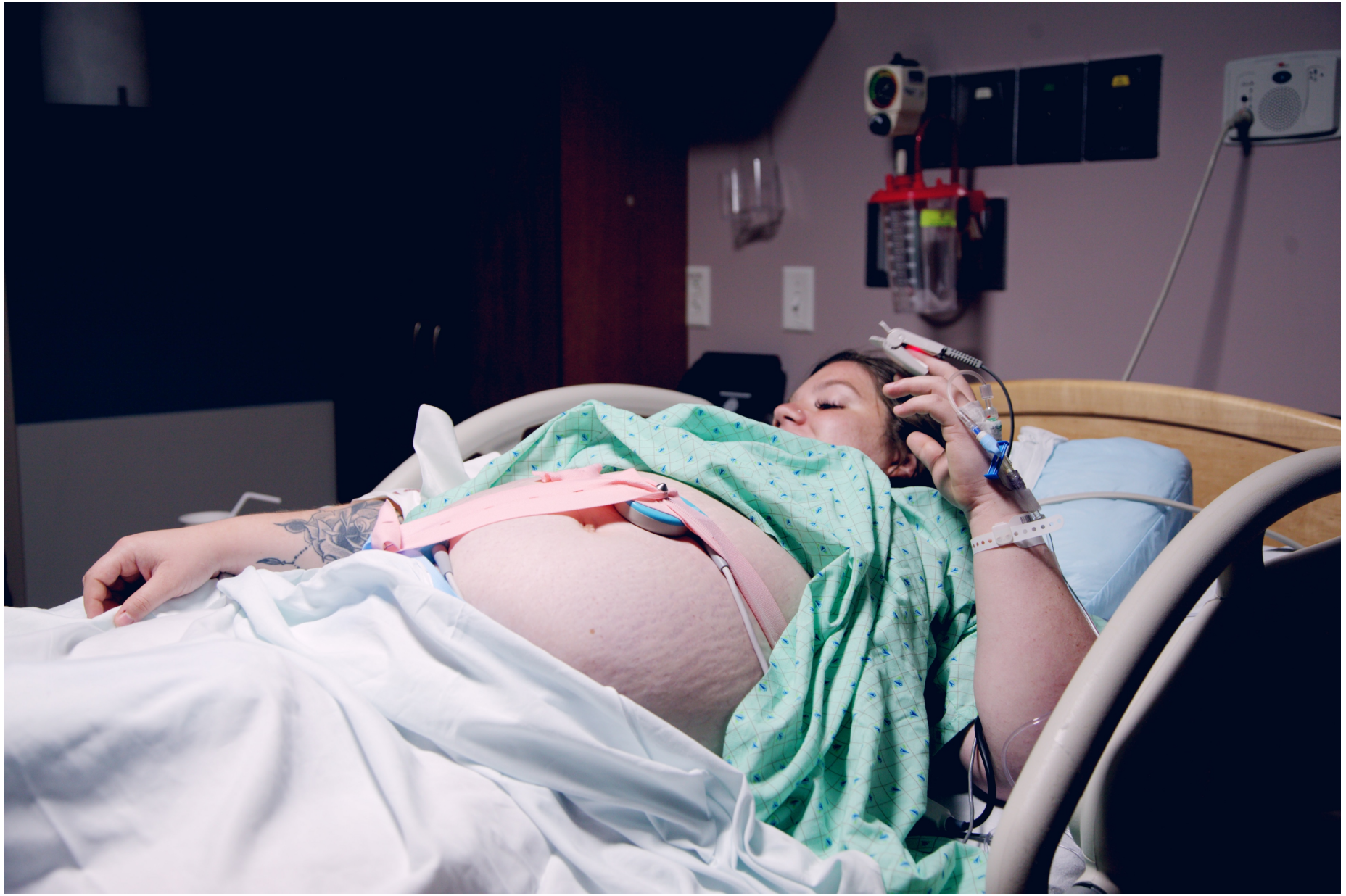
# Mitigating Implicit Bias

- Awareness
- Protocols
- Case Reviews
- Patient Feedback

# Strategy-based Interventions: Sort Level B

- **Stereotype replacement** – The individual learns to recognize responses to an individual or scenario that rely on stereotypes, then actively replaces the biased response with an unbiased one.
- **Counter-stereotypic imagining** – After the individual learns to recognize his/her stereotypical response to an individual from a particular background, the individual then remembers interactions with other persons from the same background who counter the stereotype and prove it inaccurate.
- **Individuating** – The individual learns how to obtain specific details of a different person's background, likes, dislikes, family, work, et cetera, in order to better make judgements based on individual, rather than group, characteristics.
- **Perspective-taking** – The individual actively considers the perspective of a stereotyped person, which may facilitate understanding of the emotional toll borne by those often stereotyped.
- **Increasing opportunities for positive contact** – The individual actively seeks out opportunities to experience or be in contact with positive examples of stereotyped groups.

(AAFP, 2019)



# Develop a plan to implement implicit bias training in your facility

# Implicit Bias Training Resources

- AAFP
  - https://www.aafp.org/dam/AAFP/documents/patient_care/restricted/implicit-bias-training-facilitator-guide.pdf
- March of Dimes
  - https://www.aha.org/march-dimes-implicit-bias-training-breaking-through-bias-maternity-care
- Department of Health Perinatal Quality Collaborative

# Implicit Bias Training

- There are few published evidence-based strategies specific to health care.
- The Implicit Association Test (IAT)
  - No clear gold standard for comparison
  - Generally accepted as a good approximation of unconscious biases.
- The EveryONE Project
- Breaking Through Implicit Bias in Maternal Health Care

# Implicit Bias Training

- Specific features that lead to improved outcomes is not available
- My “two cents”
  - Recurring, regular basis
  - Integrated with continuing education (PPH drill)
  - Multidisciplinary (physicians, nurses, CNM, RT, etc)
  - Include patients!
  - Take a closer look at your organization

# Let’s Practice!!

# Addressing Maternal Mortality and Morbidity in the US:

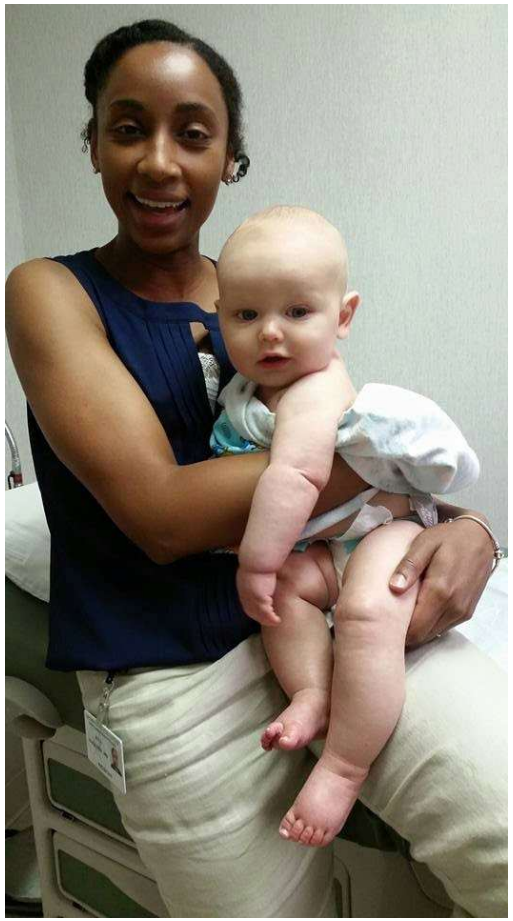
## Increasing Rural Access to Maternity Care

# How Do We Address the Rural Maternal Care Crisis?

- High priority for family physicians and the AAFP
- **Require a collaborative, multi-disciplinary approach**
- Provide excellent care in the patient's community while building and maintaining strong support networks for continuing education and streamlined referral system

# Family Physicians and Rural Health

- 15% of family physicians practice in a rural area (areas with less than 20,000)
- 26% of those rural family physicians deliver babies and are a key part of the team.
- Numbers are dropping for both family physicians and obstetricians



*Source: 2018 AAFP Member Census, 2018 AAFP Member Satisfaction, and 2018 AAFP Practice Profile*

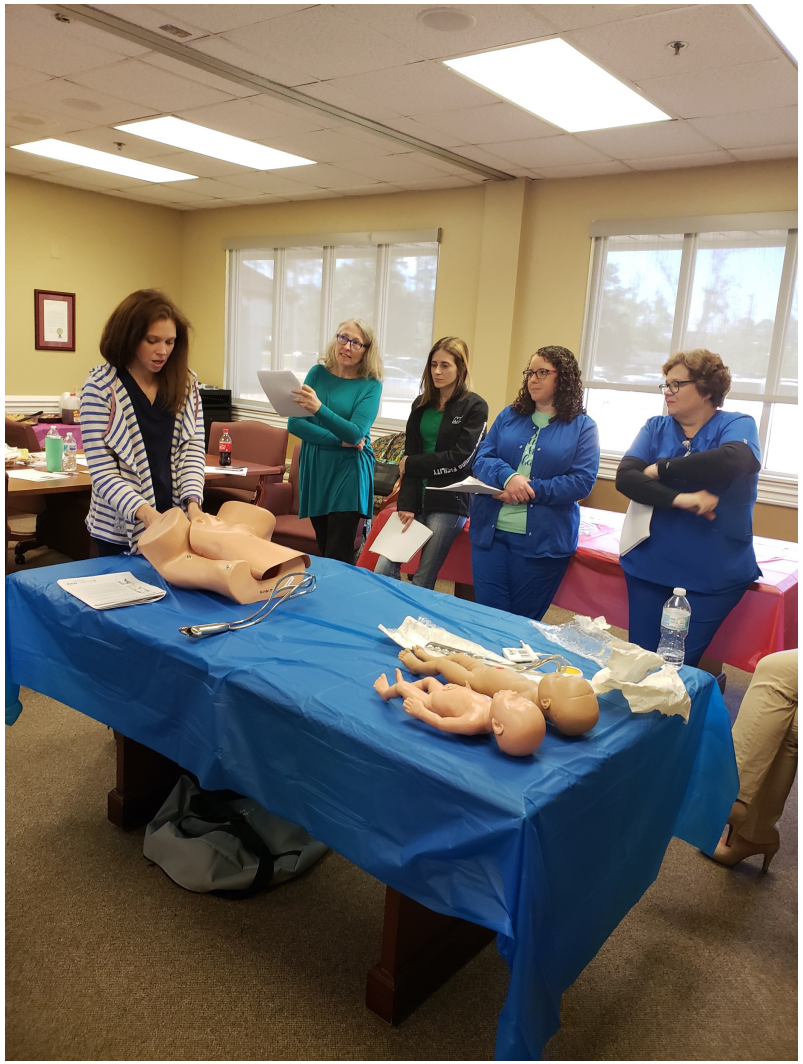
# Recruitment and Retention

# What does my practice look like?

- Cairo, Georgia
- Rural
- Partnership, small business
- Full-scope family medicine
- Approx. 300 deliveries a year
- Local hospital for deliveries
- Referral network


EXAM
ROOM 11

ALSO®



# Addressing Maternal Health Disparities

- Family physicians account for more patient visits in rural areas than any other specialty
  - Can provide both chronic disease management and obstetrical and neonatal care
- Health care coverage
  - Medicaid payer parity
  - Pregnancy Medicaid coverage for 1 year postpartum
  - Revise existing programs (i.e., planning for healthy babies)
- Clinical practice
  - Quality Improvement (AIM Bundles)
  - Drills
  - Implicit Bias

# Practice Recommendations

- Use of evidence-based protocols for common obstetrical problems reduces maternal mortality and morbidity (SORT A)
- Multidisciplinary team training in evidence-based life support courses can reduce maternal mortality and morbidity (SORT B)
- Increasing access to maternity care for rural patients can reduce maternal mortality and morbidity (SORT C)
  - Facilities with no maternity departments “Level Zero”
    - Need for “OB-Ready” sites for unintended deliveries

# References


1. Maron, DF. Maternal Health Care Is Disappearing in Rural America. Scientific American. (2017). Retrieved from: https://www.scientificamerican.com/article/maternal-health-care-is-disappearing-in-rural-america/
2. Warren, Jacob. Maternal Mortality in Georgia. Retrieved from http://www.house.ga.gov/Documents/CommitteeDocuments/2019/MaternalMortality/Mercer_University_Rural_Maternal_Health_Presentation.pdf
3. Severe Maternal Morbidity in the United States. (2017, November 27). Retrieved from https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html.
4. Kozhimannil, K. B., Interrante, J. D., Henning-Smith, C., & Admon, L. K. (2019, December). Rural-Urban Differences In Severe Maternal Morbidity And Mortality In The US, 2007-15. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/31794322
5. https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-mortality-surveillance-system.htm
6. Anderson B, Gingery A, McClellan M, Rose R, Schmitz D, Schou P. NRHA Policy Paper: Access to rural maternity care. January 2019. Accessed July 8, 2019. https://www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/01-16-19-NRHA-Policy-Access-to-Rural-Maternity-Care.pdf.
7. Hung P, Kozhimannil K, Henning-Smith C, Casey M. Closure of hospital obstetric services disproprotionately affects less-populated rural counties. University of Minnesota Rural Health Research Center Policy Brief. April 2017. Accessed July 8, 2019. http://rhrc.umn.edu/wp-content/files_mf/1491501904UMRHRCOBclosuresPolicyBrief.pdf.
8. https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf

# Thank you!

# Q&A

Please submit questions using the Q&A module in the Whova platform.

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*Improving Perinatal Outcomes in Rural Communities*
*Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021*


# Thank you for joining us!

## If you need any support...

**Please email healthystart@nichq.org**

**Upcoming Session:** 4:30 pm ET
**Collaborative Approaches to Addressing Maternal and Infant Health Disparities**

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