NATIONAL ASSOCIATION OF
Community Health Centers

MATERNAL MORTALITY

In the U.S., significant racial and ethnic disparities exist in maternal and infant perinatal outcomes. Native American and Black women are less likely to receive adequate prenatal care and face higher rates of maternal mortality and severe maternal morbidity compared to White women.

The March of Dimes 2022 Maternity Care Deserts Report found that over 2.2 million women of childbearing age and nearly 150,000 babies are affected by maternity care deserts, areas with no hospitals or birth centers offering obstetric care and no obstetric providers.

The increasing prevalence of chronic health conditions such as hypertension, heart disease, and substance use disorder among pregnant individuals in the U.S. is associated with higher risks of complications, including preterm delivery, Cesarean births, and severe maternal morbidity and mortality. These conditions are more prevalent in low-income and rural communities, exacerbating health disparities.

Telehealth has emerged as a crucial tool for providing maternity care in regions with limited access to healthcare facilities. However, rural areas often face challenges such as poor broadband connectivity, which limits the effectiveness of telehealth services. Enhancing broadband infrastructure and standardizing telehealth reimbursement policies can improve access to prenatal and postpartum care, potentially reducing disparities and improving maternal and neonatal outcomes.

Brigance, C., Lucas R., Jones, E., Davis, A., Oinuma, M., Mishkin, K. and Henderson, Z. (2022). Nowhere to Go: Maternity Care Deserts Across the U.S. (Report No. 3). March of Dimes. https://www. marchofdimes.org/research/maternity-care-deserts-report.aspx

Key Facts

- From 2018 to 2021, the maternal death rate in the United States increased from 17.4 to 32.9 per 100,000 live births.
- Black women are three times more likely to die from a pregnancy-related cause than White women (CDC).
- Native Hawaiian and other Pacific Islander, Black,, and American Indian and Alaska Native persons have the highest rates of pregnancy related deaths. Approximately 80% of pregnancy related deaths are preventable.
- Non-Hispanic black women have the highest rates for 22 of 25 severe morbidity indicators used by the Center for Disease Control (CDC) to monitor population estimates for severe maternal morbidity.

Howell EA. Reducing Disparities in Severe Maternal Morbidity and Mortality. Clin Obstet Gynecol. 2018 Jun;61(2):387-399. doi: 10.1097/GRF.0000000000000349. PMID: 29346121; PMCID: PMC5915910.

Njoku A, Evans M, Nimo-Sefah L, Bailey J. Listen to the Whispers before They Become Screams: Addressing Black Maternal Morbidity and Mortality in the United States. Healthcare (Basel). 2023 Feb 3;11(3):438. doi: 10.3390/healthcare11030438. PMID: 36767014; PMCID: PMC9914526.

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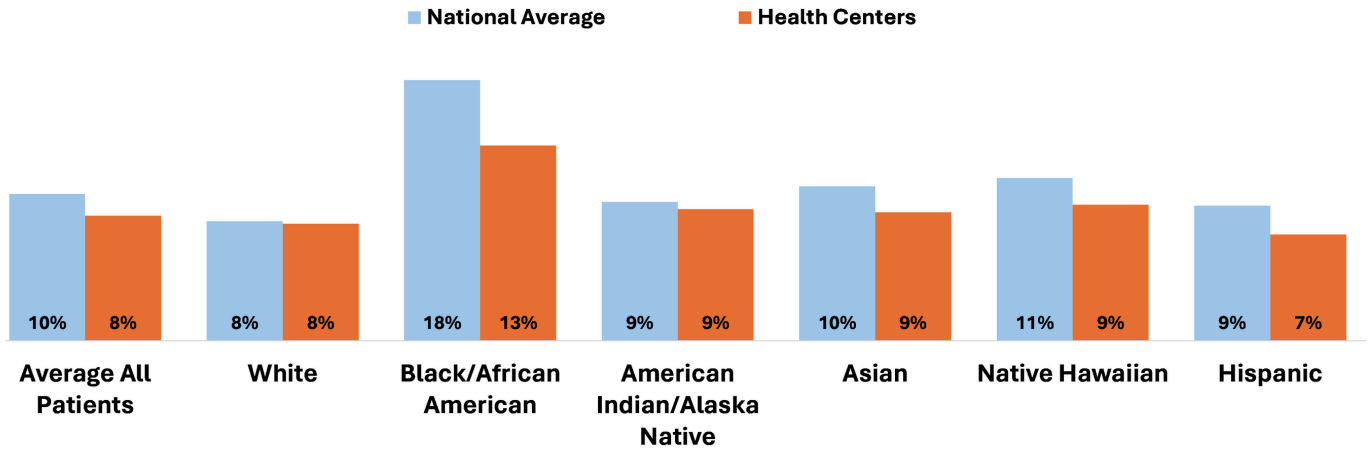
Timeliness of Prenatal Care

About three out of four prenatal care patients at health centers (73%) receive care during the first trimester of pregnancy. The percentage of patients receiving care in first trimester at health centers is comparable to that of commercial PPOs and slightly lower than at HMOs (commercial or Medicaid).

Health centers delivered a lower percentage of low or very weight births for Blacks, Asian, Native Hawaiian, and Hispanic patients in comparison to national average.

Low and Very Low-Weight Births (Inverse Measure)



Sources: 1) 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. 2) National Center for Health Statistics, National Vital Statistics System, Natality, 2021 https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf.
1) HEDIS 2022 https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/ 2) HRSA UDS 2022 * Note: HEDIS includes prenatal care visits in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. UDS includes prenatal care patients who entered prenatal care during the first trimester only.

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NACHC'S EFFORTS TO IMPROVE MATERNAL HEALTH

Maternal Health Quality and Post-Partum Care

The National Association of Community Health Centers (NACHC) is partnering with three health center networks and the California Maternal Quality Care Collaborative (CMQCC) to improve the continuum of maternal care from the prenatal period through the post-partum period. Recognizing the inadequacy of typical EHR systems and workflows in managing maternal quality care, they aim to create a cohesive workflow and health information technology (HIT) decision support module. This initiative focuses on comprehensive care areas including contraception, gestational diabetes follow-up, hypertensive disorders, substance abuse treatment, and post-partum depression and anxiety screening. The goal is to develop quality measures, workflows, and best practices with well-specified data dictionaries to enhance maternal care quality.

Maternal Mortality: NACHC's Care Team Digest

Health centers, collaborating with NACHC, Maternal Mortality Review Committees (MMRCs), and Perinatal Quality Collaboratives (PQCs), are improving prenatal and postpartum care to reduce maternal mortality and enhance health outcomes by analyzing maternal health data and addressing social determinants of health.

- At Sun River Health, in New York state, Dr. Quratulain Zeeshan and team implemented the Global Use of Aspirin during pregnancy for pre-eclampsia prevention. Clinicians prescribe 81 mg. aspirin, rather than recommend patients obtain over-the-counter aspirin, to help patients have access to the medication. Almost all patients are candidates for aspirin use and and Sun River Health standardizes an order set for the first prenatal visit. All prenatal patients receive an educational package which includes information on the use of aspirin for the prevention of pre-eclampsia.
- By prescribing aspirin use, implementing a standing order set, and educating prenatal patients about risk factors, Sun River Health achieved a compliance rate of 85%. Prenatal patients deemed to be high-risk for preeclampsia were four times more likely to adhere to use.

CONTINUUM OF CARE INTEGRATION: The Health Center Advantage for Maternal Health

NACHC, with CDC support, is facilitating partnerships between Maternal Mortality Review Committees (MMRCs), Perinatal Quality Collaboratives (PQCs), and Community Health Centers (CHCs) in Illinois and Florida to address disparities in pregnancy-related deaths. Stakeholders are working collaboratively to prevent pregnancy-related deaths, address barriers to care, and enhance integrated care for disproportionately impacted populations.

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