MATERNAL MORTALITY IN RURAL GEORGIA

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Maternal and Infant Death Crisis

• Maternal death rates have more than doubled in the US since 1987

• The US is currently 46th in the world for maternal deaths

• Georgia is 50th in the nation for maternal deaths
Layers of Risk

• Rural women in Georgia have a significantly higher maternal mortality rate than in urban Georgia.

• Rural African American women have double the maternal mortality rate of rural White women.
Layers of Risk

• Rural African American women have a 30% higher maternal mortality rate than their urban African American counterparts (121 vs 93)

• Rural White women have a 50% higher maternal mortality rate than their urban White counterparts (60 vs 40)
Layers of Risk

• The risks associated with demographics are layered, interconnected, and complex
• Relate back to fundamental barriers to healthy outcomes
Resources

- Rural residents face increased burden associated with
  - Transportation
  - Shift work (time off)
  - Supportive organizations
  - Social services availability
- Leads to baseline differences in health status and subsequent inadequate prenatal and postpartum care
Access to Care

- 93 rural GA counties have no hospital with a labor and delivery unit
- 43% closed past 20 yrs
- 2/3 of rural births outside home county
- No rural counties have a MFM specialist
Access to Care

• Direct barrier to receipt of prenatal care, high-risk OB services, and postpartum care

• Prevents establishment of continuity of quality care

• Happens within context of lack of preconception primary care, greater EMS response time, greater distance to hospitals when postpartum emergencies occur, etc.
Access: The Medicaid Myth

- More than 50% of births are covered by Medicaid
- Widely-held misconception that this covers all pregnancy needs
- Right from the Start coverage ends 60 days after birth; ACOG guidelines extend for 90 days
- Lack of primary care for the years leading up to pregnancy have a profound effect
Social Determinants

- Economic stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment
Core Issues in Creating Solutions

What do the Data Say?

How to Help Now?

How to Change the System?
Core Issues in Creating Solutions

• Interpretation of maternal mortality data – especially when approximating cause – is very challenging

• MMRC results inherently lag behind other types of data
Core Issues in Creating Solutions

What do the Data Say?

- Solution: consider both direct death certificate data ("O" codes) and official MMRC results in creating strategies
- Solution: provide support to speed up the MMRC process
Core Issues in Creating Solutions

How to Help Now?

• There is an immediate need for initiatives to support women at most risk for maternal mortality

• Barriers currently exist for providing full support (e.g., Right from the Start cutoffs)
Core Issues in Creating Solutions

- Solution: expand access to case management and home visiting programs
- Solution: expand Right from the Start coverage to minimum 90 days post-partum, and ideally 1-year
- Solution: expand Planning for Healthy Babies IPC to women at risk for maternal mortality (e.g., hemorrhage)
Core Issues in Creating Solutions

- Rural Georgia must have new models for delivery of prenatal and postpartum services
- Policy changes to support new models are needed
Core Issues in Creating Solutions

• Solution: explore strategic placement of tiered services based on local need
• Solution: create billing pathway for MCH-focused community health workers
SOUTH GEORGIA HEALTHY START

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South Georgia Healthy Start

• Project Goal: Eliminate disparities in maternal and infant mortality in 7 rural Georgia counties: Appling, Bulloch, Candler, Emanuel, Jenkins, Tattnall, and Toombs

• Serve at least 700 per year

• 5-Year Project, through March 2024

• Funded by HRSA
Maternal Death Crisis

USA: 18

Urban GA: 55

Rural GA: 69

Service Region Overall: 85

African-American Women in Service Region: 132

Syria: 68

North Korea: 82

Maternal deaths per 100,000 births
Seven Areas of Activity

• Clinical Care
• Case Management
• Health Education
• Community Engagement
• Workforce Development
• Policy Change
• Research
Case Management

• Risk-based service tiers
• Regular check-ins
• Home visits
• Core Characteristic: supporting women from pre-conception through 18 months post-partum
Policy Change

- Working with ACGME to grant a first-in-the-nation waiver to allow OB residents to rotate through rural areas

- Current policy prevents telehealth-based supervision, which prevents nearly all rural rotations
Research

• We will be following 700 participants per year for up to 3 years

• Provides unique opportunity to robustly examine maternal and infant mortality prospectively
Our Vision...

A Georgia Where ALL Mothers and Babies Survive and Thrive

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