H.06(b)

ARKANSAS MATERNAL AND PERINATAL OUTCOMES QUALITY REVIEW COMMITTEE

Legislative Report
December 2023

Table of Contents

This report is produced by the Arkansas Department of Health, Center for Health Advancement as a requirement of Act 1032 of 2019.

Executive Summary

The Arkansas Maternal and Perinatal Outcomes Quality Review Committee (AMPOQRC) is dedicated to enhancing maternal and perinatal outcomes across the state. This commitment involves the implementation and maintenance of risk-appropriate perinatal care, grounded in evidence-based criteria for the designation and assignment of maternal and neonatal care levels. Additionally, the committee is responsible for reviewing birth data and formulating strategies aimed at reducing infant mortality and improving birth outcomes. This year's primary objective has centered around fostering collaborations with emerging state entities to augment health promotion and sustain ongoing campaigns.

As Arkansas's inaugural connection to the National Network of Perinatal Quality Collaboratives, the AMPOQRC has been instrumental in securing significant advancements. With the Committee's advocacy, Arkansas garnered $1.2 million in funding from the Centers for Disease Control and Prevention. This funding facilitated the establishment of the Arkansas Perinatal Quality Collaborative (ARPQC) at the University of Arkansas for Medical Sciences. The ARPQC, in collaboration with the Arkansas Department of Health (ADH), focuses on enhancing maternal and infant health outcomes by refining healthcare processes through the adoption of optimal methods for expedited improvements.

Arkansas's enrollment as the 48th state in the Alliance for Innovation on Maternal Health (AIM) marks another significant stride. AIM, a quality improvement initiative, endorses best practices to enhance birth safety, maternal health outcomes, and save lives. It generates safety bundles - structured sets of evidence-informed best practices formulated by multidisciplinary experts to address specific clinical conditions in pregnant and postpartum individuals. The ARPQC initiated the Safe Reduction of Primary Cesarean Birth program in 2023. Moreover, the Department of Health has partnered with the UAMS HRSA State Maternal Health Innovations for perinatal regionalization site visits, supporting the assessment of maternal and neonatal care levels.

The "Count the Kicks" program, an evidence-based initiative, educates expectant parents on monitoring fetal movements to reduce stillbirths. This collaboration between ADH and UAMS successfully concluded its first year, attracting 5,406 website visits.

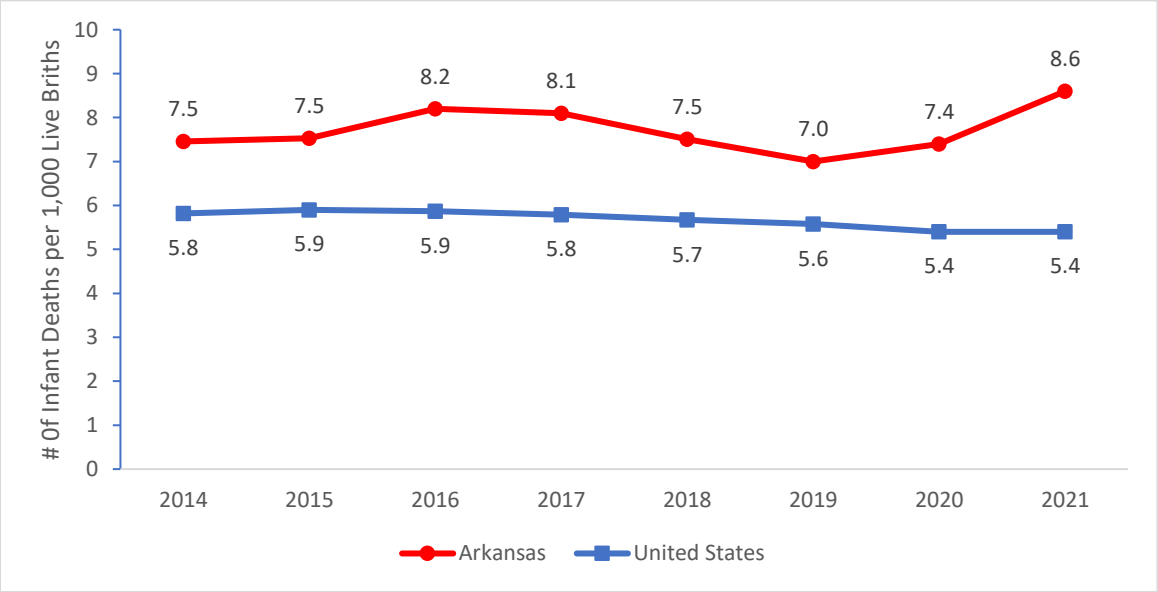
While Arkansas surpasses national averages in several maternal and perinatal health indicators, the establishment of a collaborative and extensive infrastructure over the past year represents a critical precursor to maternal and neonatal improvement initiatives. The upcoming year's implementation efforts are pivotal in achieving the desired improvements in outcomes.

Future plans include maintaining and expanding collaborative efforts, with a particular emphasis on the implementation of care site visits, promoting perinatal regionalization, and addressing emergent maternal and neonatal health concerns. This will be achieved through the dedicated work of established subcommittees focusing on site visits, education, and quality improvement initiatives.

Below are a few common terms used when examining infant mortality:

Infant mortality	•The death of an infant before his or her first birthday
Infant mortality rate	•The number of infant deaths for every 1,000 live births
Neonatal mortality	•The death of an infant in the first 28 days of life (0-27 days)
Post-neonatal mortality	•The death of an infant that is more than 27 days and less than one year of age

- Arkansas's infant mortality has consistently been above the national average. The number of infant deaths per 1,000 live births steadily decreased after 2016 But increased in 2020 and 2021.



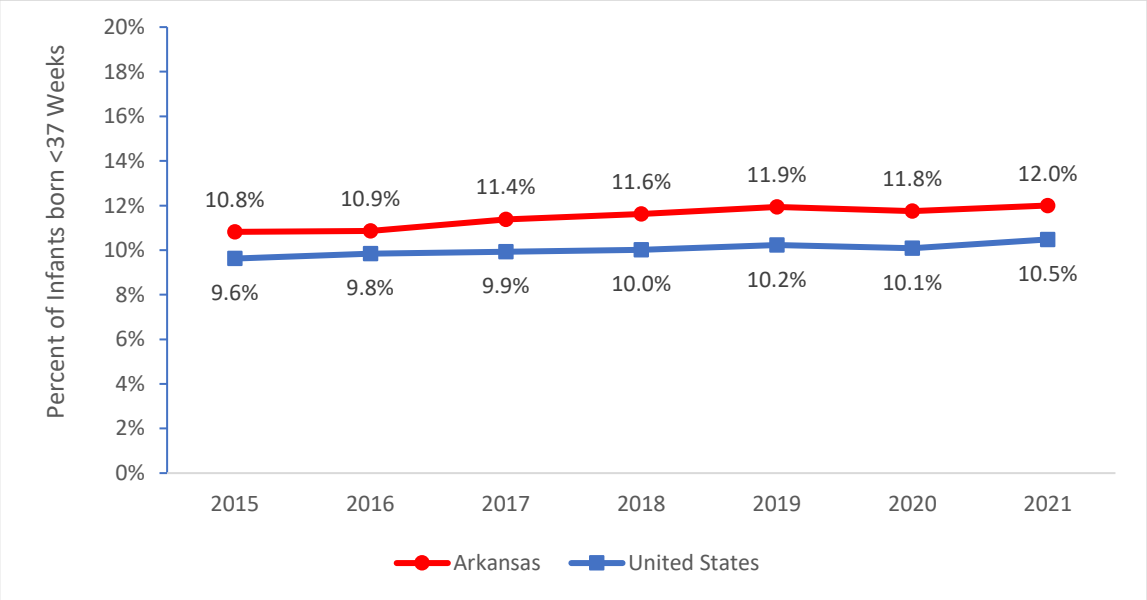
1. **Top Causes of Neonatal Death**
   - ❖ Among the 309 infant deaths in Arkansas in 2021, 185 (59.9%) occurred during the first 27 days of life. The leading causes of death were:
     - Congenital malformations, deformations, and chromosomal abnormalities (53 deaths)
     - Disorders related to short gestation and low birth weight, not elsewhere classified (38 deaths)
     - Newborn affected by maternal complications of pregnancy (11 deaths)
     - Newborn affected by complications of placenta, cord, and membranes (10 deaths)

2. **Top Causes of Post-neonatal Death**
   - ❖ 124 infants died during the post-neonatal period (28-364 days postpartum). The leading causes of post-neonatal death were:
     - Sudden infant death syndrome (SIDS) (58 deaths)
     - Congenital malformations, deformations, and chromosomal abnormalities (18 deaths)

Other Infant Health Data

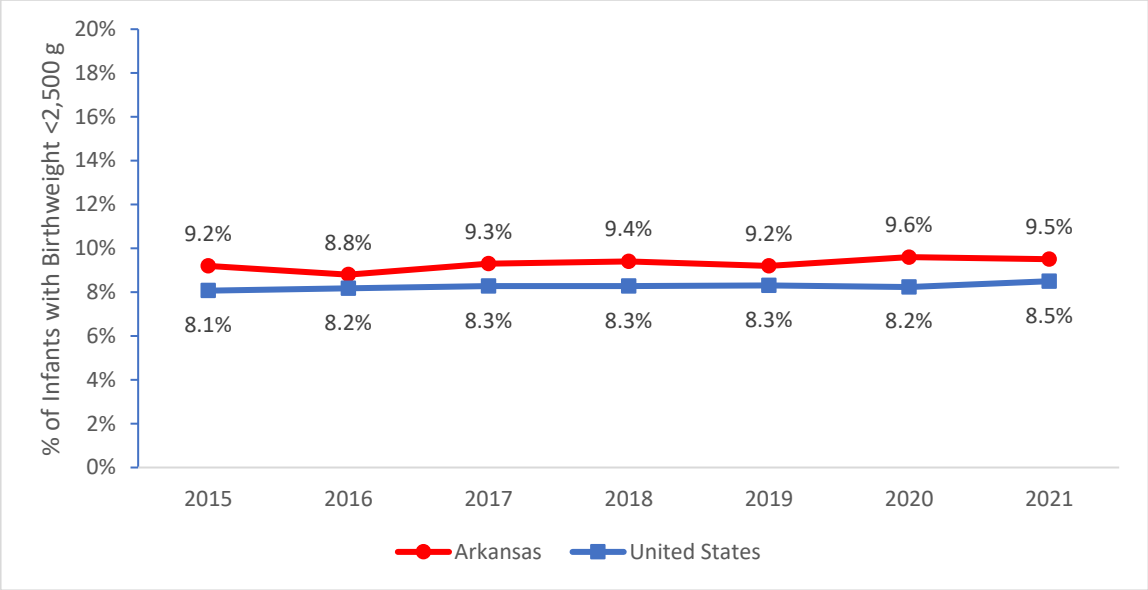
Several risk factors impact an infant's risk of dying including, but not limited to, preterm birth, low birthweight, mother receiving prenatal care, safe sleep practices, and breastfeeding.

3. **Preterm Birth Ranking**
   - ❖ Arkansas has consistently been above the national average in preterm births. Consistent with national trends, the percentage of infants in the state born before 37 weeks gestation has been steadily increasing over time. Arkansas currently ranks 45 out of 50 in preterm birth (50 being worst).



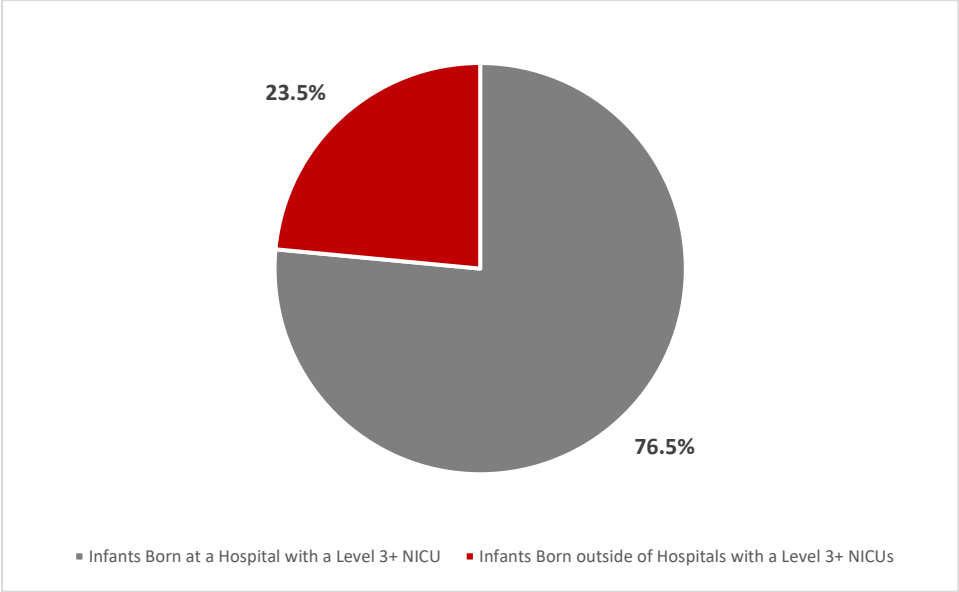
4. Low Birthweight Rank

❖ Arkansas's low birthweight rank has consistently been above the national average Currently, Arkansas ranks 43 out 50 in low birthweight (50 being worst).



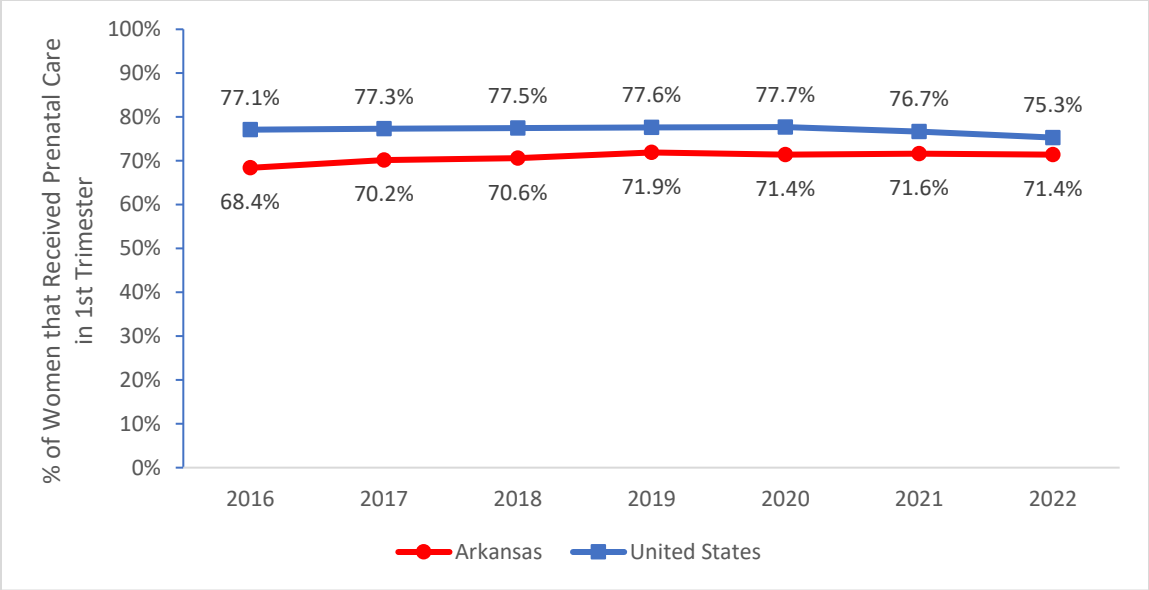
5. Number of Very Low Birthweight Babies Born in Hospitals with Well-Equipped NICUs

❖ As of 2021, most infants of very low birthweight were born at hospitals with Level III+ NICUs (76.5%).



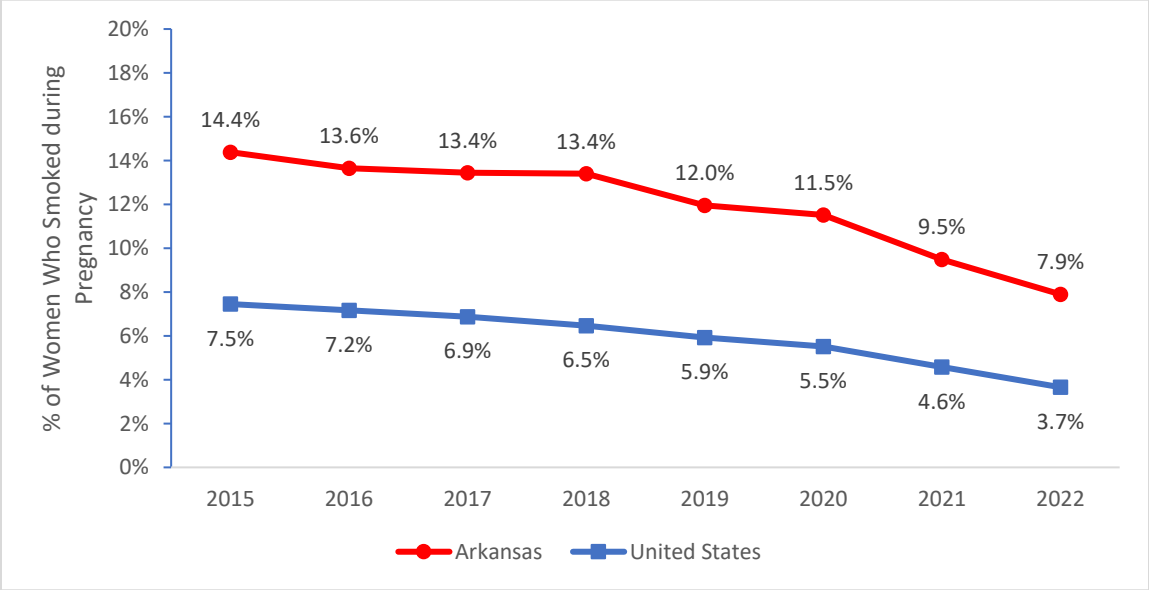
6. **Percent of Pregnant Women Who Received Prenatal Care Beginning in the 1st Trimester.**

   ❖ In early prenatal care, Arkansas has consistently been below the national average. However, the percentage of women who receive prenatal care beginning in the 1st trimester has been steadily increasing over time.



7. **Percent of Women Who Smoked During Pregnancy**

   ❖ The percentage of pregnant women who smoke has been steadily decreasing over time.



8. Safe Sleep Practices

	2020	2021	2022
Percent of Infants Placed to Sleep on Their Backs	79.1	76.9	77.8
Percent of Infants Placed to Sleep on a Separate Approved Sleep Surface	34.2	36.8	38.0
Percent of Infants Placed to Sleep Without Soft Objects or Loose Bedding	40.8	44.3	47.8

9. Breastfeeding

	2018	2019	2020	2021	2022
Percent of Infants Ever Breastfed	73.8	70.9	70.1	76.2	74.9
Percent of Infants Exclusively Breastfed Through 6 Months	20.4	19.2	19.4	19.9	24.4

Conclusion and Next Steps

The Arkansas Maternal and Perinatal Outcomes Quality Review Committee will continue to serve the mission of improving healthcare quality, with transparency in efforts and results, and the following recommendations:

1. Set a quality agenda for improvement initiatives

    a. Assess current position with relation to state and regional data.

    b. Address disparities in outcomes.

    c. Survey participating facilities on current areas of focus/priorities.

2. Align/partner with other state and local efforts.

    a. Arkansas Perinatal Quality Collaborative.

    b. Arkansas Children's Hospital Nursery Alliance.

3. Adopt and implement facility verification plan and conduct site visits and assess a maternal and neonatal levels of care. Adopt a standardized annual self-verification process.

    a. Develop a standardized site-visit process and schedule to conduct site visits for level III-A, III-B, and IV hospitals, as well as hospitals requesting to achieve a higher level of designation.

4. Ensure transparency in efforts and results.

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas *As Engrossed: H2/18/19 H2/20/19 S4/4/19*
92nd General Assembly **A Bill**
Regular Session, 2019 HOUSE BILL 1441

By: Representatives Bentley, D. Ferguson, Barker, Brown, Burch, Capp, Cavenaugh, Clowney, Crawford, Dalby, C. Fite, V. Flowers, D. Garner, Godfrey, M. Gray, Lundstrum, McCullough, Petty, Rushing, Scott, Speaks, Vaught, Della Rosa, *Eaves*
By: Senators Irvin, Bledsoe, J. English, Elliott, L. Chesterfield

For An Act To Be Entitled

AN ACT TO IMPROVE MATERNAL AND PERINATAL OUTCOMES BY CREATING THE MATERNAL AND PERINATAL OUTCOMES QUALITY REVIEW COMMITTEE; AND FOR OTHER PURPOSES.

Subtitle

TO IMPROVE MATERNAL AND PERINATAL OUTCOMES BY CREATING THE MATERNAL AND PERINATAL OUTCOMES QUALITY REVIEW COMMITTEE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. DO NOT CODIFY. Legislative findings and intent.

(a) The General Assembly finds that:

(1) In 2018, Arkansas's infant mortality rate was seven and eight-tenths (7.8) per one thousand (1,000) live births compared to five and nine-tenths (5.9) per one thousand (1,000) live births nationally;

(2) Arkansas ranks forty-sixth in the nation for infant mortality per America's Health Rankings;

(3)(A) In 2018, almost eleven percent (11%) of babies born in Arkansas were preterm.

(B) Of those babies born preterm, eight and eight-tenths percent (8.8%) had low birth weights; and

(4) The quality for maternal and perinatal outcomes could be

improved drastically in this state.

(b) It is the intent of the General Assembly to establish a maternal and perinatal outcomes quality review committee in the State of Arkansas and to improve the maternal and perinatal outcomes in the state.

SECTION 2. Arkansas Code Title 20, Chapter 15, is amended to add an additional subchapter to read as follows:

Subchapter 23 — Maternal and Perinatal Outcomes Quality Review Committee

20-15-2301. Maternal and Perinatal Outcomes Quality Review Committee.

(a)(1) The Department of Health shall establish the *Maternal and Perinatal Outcomes Quality* Review Committee to review data on births and to develop strategies for improving birth outcomes.

(2) The committee shall be multidisciplinary and composed of members as deemed appropriate by the department.

(b) The department may contract with an external organization to assist in collecting, analyzing, and disseminating maternal mortality information, organizing and convening meetings of the committee, and other tasks as may be incident to these activities, including providing the necessary data, information, and resources to ensure successful completion of the ongoing review required by this section.

20-15-2302. Powers and duties.

The Maternal and Perinatal Outcomes Quality Review Committee shall:

(1) Create a unified message and strategy that builds on best practices;

(2) Develop clear measurements to evaluate targeted outreach, progress, and return on investment;

(3) Develop recommendations for levels of care by establishing systems designating where infants are born or transferred according to the level of care they need at birth;

(4) Create a system of continuous quality improvement that will include the ability of designated and nondesignated hospitals to compare performance to peer facilities;

(5) Create a collaborative framework, in addition to quality improvement for birthing hospitals that will allow for better outcomes,

better overall long-term care and decrease cost of care; and

(6) Disseminate findings and recommendations to policy makers, healthcare providers, healthcare facilities, and the general public.

20-15-2303. Access to records.

(a) Healthcare providers, healthcare facilities, and pharmacies shall provide reasonable access to the Maternal and Perinatal Outcomes Quality Review Committee to all relevant medical records associated with a case under review by the committee.

(b) A healthcare provider, healthcare facility, or pharmacy providing access to medical records as described by subdivision (a) of this section is not liable for civil damages or subject to any criminal or disciplinary action for good faith efforts in providing such records.

20-15-2304. Confidentiality.

(a)(1) Information, records, reports, statements, notes, memoranda, or other data collected under this subchapter are not admissible as evidence in any action of any kind in any court or before any other tribunal, board, agency, or person.

(2) Information, records, reports, statements, notes, memoranda, or other data collected under this subchapter shall not be exhibited or disclosed in any way, in whole or in part, by any officer or representative of the Department of Health or any other person, except as necessary for the purpose of furthering the review of the Maternal and Perinatal Outcomes Quality Review Committee of the case to which they relate.

(3) A person participating in a review shall not disclose, in any manner, the information so obtained except in strict conformity with such review project.

(b) All information, records of interviews, written reports, statements, notes, memoranda, or other data obtained by the department, the committee, and other persons, agencies, or organizations so authorized by the department under this subchapter are confidential.

(c)(1) All proceedings and activities of the committee under this subchapter, opinions of members of the committee formed as a result of such proceedings and activities, and records obtained, created, or maintained pursuant to this subchapter, including records of interviews, written

reports, and statements procured by the department or any other person, agency, or organization acting jointly or under contract with the department in connection with the requirements of this subchapter, are confidential and are not subject to the Freedom of Information Act of 1967, §§ 25-19-101 et seq., relating to open meetings, subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

(2) However, this subchapter does not limit or restrict the right to discover or use in any civil or criminal proceeding anything that is available from another source and entirely independent of the committee's proceedings.

(d)(1) Members of the committee shall not be questioned in any civil or criminal proceeding regarding the information presented in or opinions formed as a result of a meeting or communication of the committee.

(2) This subchapter does not prevent a member of the committee from testifying to information obtained independently of the committee or which is public information.

20-15-2305. Disclosure.

Disclosure of protected health information is allowed for public health, safety, and law enforcement purposes, and providing case information on maternal deaths for review by the Maternal and Perinatal Outcomes Quality Review Committee is not a violation of the Health Insurance Portability and Accountability Act of 1996.

20-15-2306. Immunity from liability.

State, local, or regional committee members are immune from civil and criminal liability in connection with their good-faith participation in the maternal death review and all activities related to a review with the *Maternal and Perinatal Outcomes Quality* Review Committee.

20-15-2307. Reporting.

(a) Beginning in 2020, the Maternal and Perinatal Outcomes Quality *Review Committee shall file a written report on the maternal and perinatal outcomes and its recommendations on or before December 31 of each year* to:

(1) The Senate Committee on Public Health, Welfare, and Labor;

(2) The House Committee on Public Health, Welfare, and Labor;

and

(3) The Legislative Council.

(b) The report shall include:

(1) The findings and recommendations of the committee; and

(2) An analysis of factual information obtained from the review of the birth outcome data and local or regional review panels that do not *violate the confidentiality provisions under this subchapter.*

(c) The report shall include only aggregate data and shall not identify a particular facility or provider.

/s/Bentley