

HANDOUT F

UAMS[®]

Maternal Health in Arkansas: Needs, Progress & Opportunities

*Presented by the University of Arkansas for Medical Sciences
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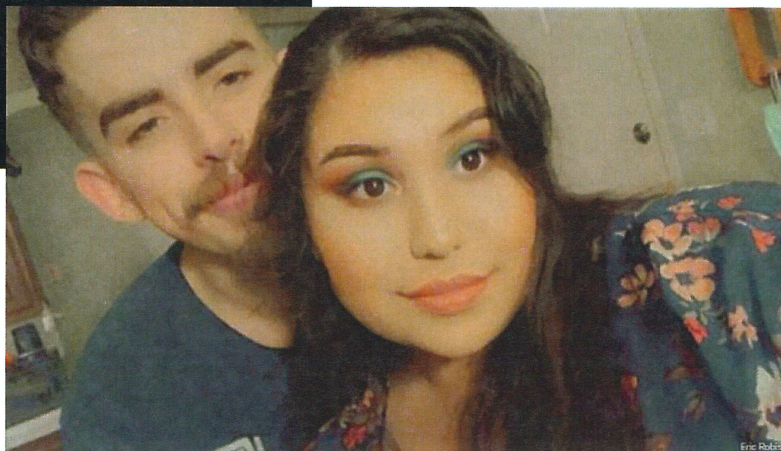
Maternal Health Needs in Arkansas



Lost Mothers

An estimated 700 to 900 women in the U.S. died from pregnancy-related causes in 2016. We have identified 134 of them so far.

*by Nina Martin, ProPublica, Emma Gilheens and Alessandra Freitas, special to ProPublica
July 17, 2017*



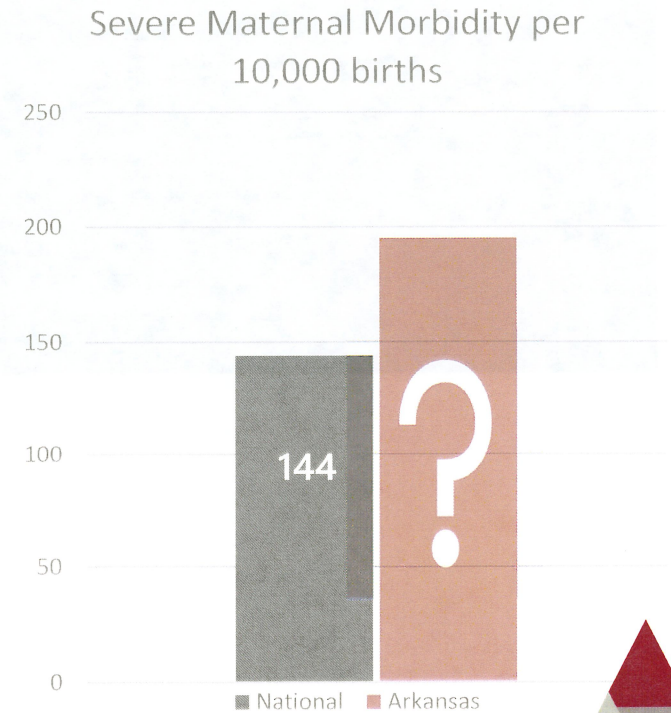
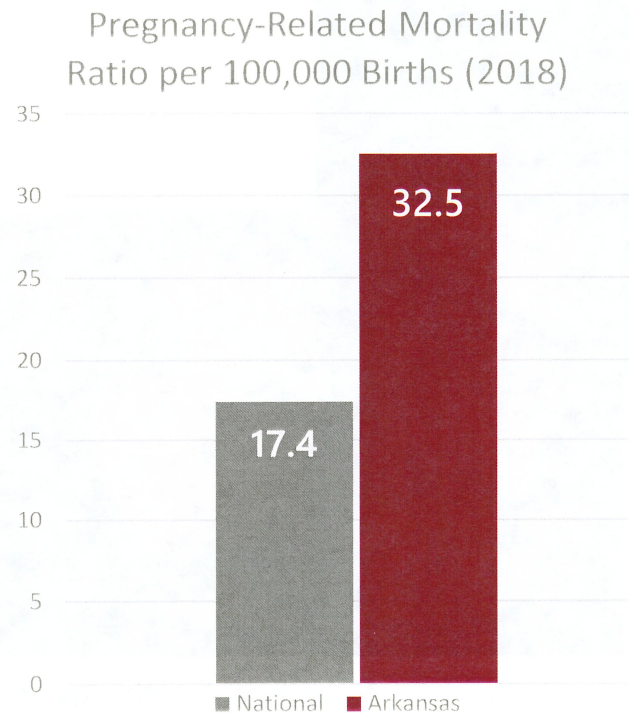
Emily Robison from Fort Smith, Arkansas, lost September 2021
Delivered by C-section in ICU at 7 months

Maternal Health Needs in Arkansas

Maternal Mortality & Morbidity

Maternal mortality and morbidity rates are higher for:

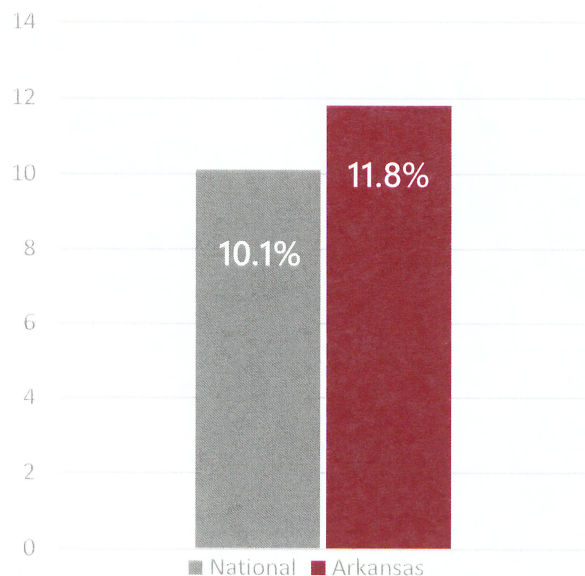
- Rural Women
- Low-Income Women
- Black Women



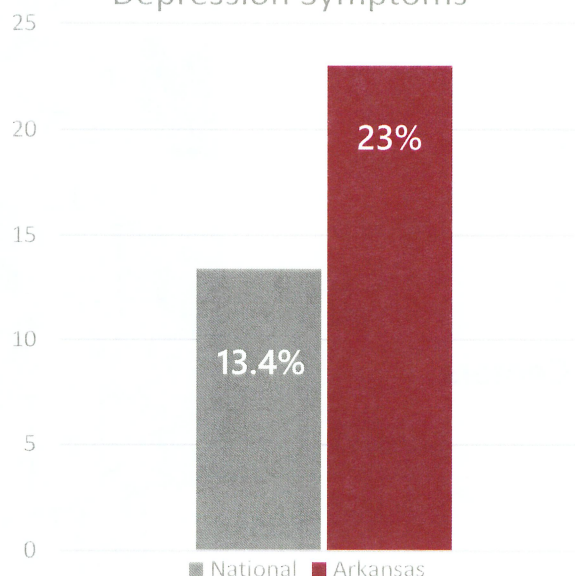
Maternal Health Needs in Arkansas

Other Adverse Maternal Outcomes

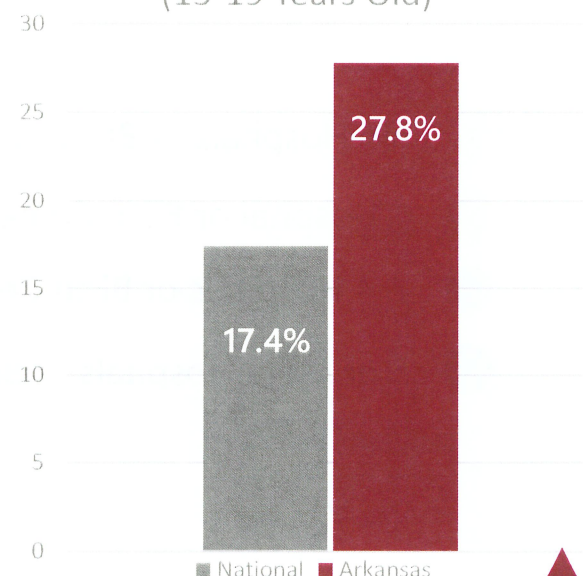
Preterm Birth Rates



Mothers with Postpartum Depression Symptoms



Teen Birth Rates (15-19 Years Old)

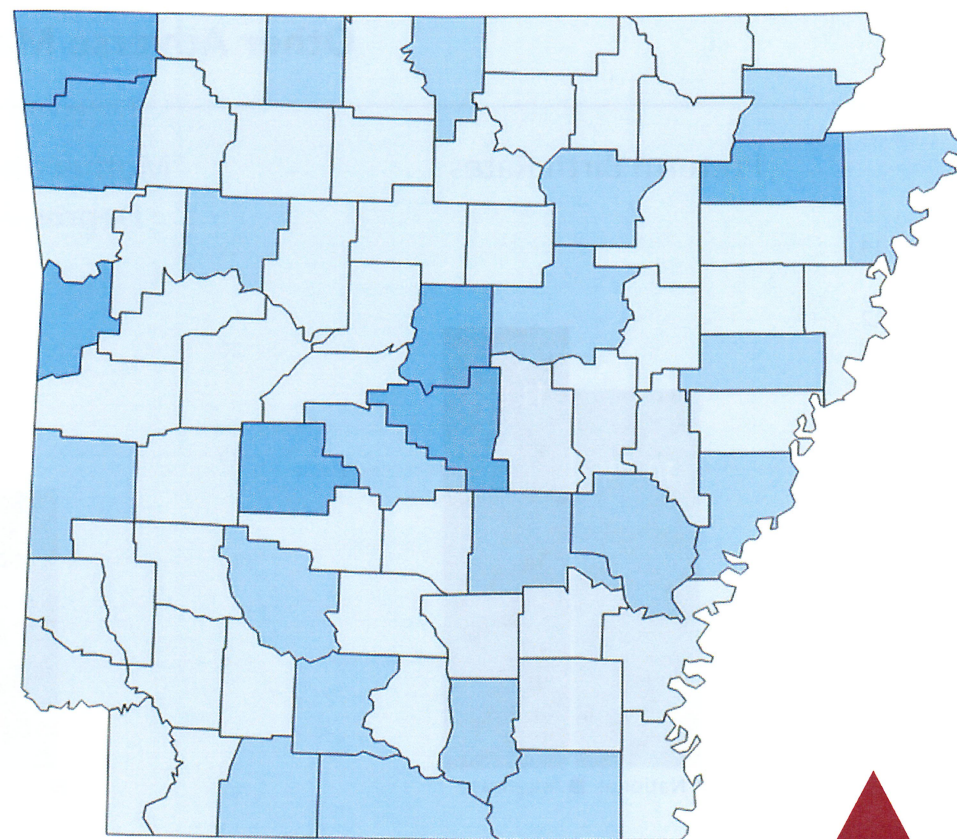


Maternal Health Needs in Arkansas

Access to Maternity Care Providers

Access to Hospitals or Birth Centers

- No Hospitals or Birth Centers
- 1 Hospital or Birth Center
- 2-4 Hospitals or Birth Centers
- 5 or More Hospitals or Birth Centers



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Progress
in Meeting
Maternal
Health
Needs



Progress in Meeting Maternal Health Needs

State Maternal Mortality Initiatives

- Arkansas Maternal Mortality Review Committee (MMRC) established in 2020
- Arkansas Maternal & Perinatal Outcomes Quality Review Committee (MPOQRC)
- Joined 48 states as a member of the Alliance for Innovation in Maternal Health (AIM), October 2022
 - *Supported by UAMS and Arkansas Department of Health*



Progress in Meeting Maternal Health Needs

High-Risk Pregnancy Program (ANGELS)

Goal: to create access to high-risk obstetrics services no matter where you live in Arkansas through:

- Evidence-Based Guidelines
- Outreach, Education & Support
- 24/7 Consultation Call Center
 - 172,346 Total Call Volume*
- Case Management
- Telemedicine Network & Clinics
 - 2,719 Total Telemedicine Visits*
 - 968 patients avoided emergent care*



* UAMS High-Risk Pregnancy Program Annual Report, 2020-21

Progress in Meeting Maternal Health Needs

Perinatal Outcomes Workgroup through Education & Research (POWER)

Goal: to help Arkansas's 37 delivering hospitals implement maternal safety bundles to improve patient outcomes.

- Live and virtual education sessions
- Interactive video meetings
- Workshops and simulations
- Dedicated site facilitator
- Telemedicine opportunities



Progress in Meeting Maternal Health Needs

CenteringPregnancy®

Goal: to provide evidence-based group prenatal care to Arkansas mothers that includes their regular health checkups and extra time for health education & social support.

- **12.4% reduction** in chances of having low birth weight, and a **6.3% reduction** in chances of having a very low birth rate
- More beneficial health outcomes for high-risk women
- Participants spend **4 times** the amount of time with a provider
- **~600 women** served through CenteringPregnancy



Progress in Meeting Maternal Health Needs

Remote Patient Monitoring (RPM)

Goal: to use digital technology to provide extra monitoring and support to rural and high-risk patients and connect them with a provider quickly if there are concerns.

UAMS RPM Programs:

- Remote Blood Pressure Monitoring for Postpartum Hypertensive Women
- Remote Blood Pressure Monitoring for High-Risk Pregnant Women for Elevated Blood Pressure
- Remote Glucose Monitoring for Women with Gestational Diabetes



Progress in Meeting Maternal Health Needs

Community-Based Programs

Goal: to provide culturally-appropriate, tailored services to at-risk families at home and in the community.

UAMS Community-Based Programs:

- Following Baby Back Home (served more than 1,500 families)
- Healthy Start (served more than 1,000 families)
- Community Health Worker training





Opportunities for Transformation

Opportunities for Transformation

1. Build data systems for decision making

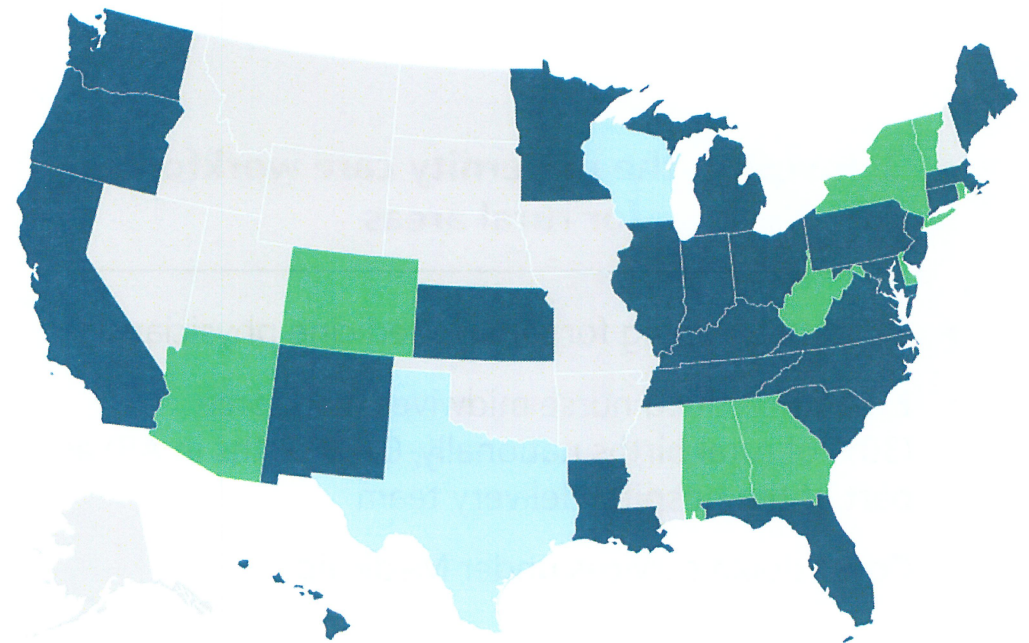
- Severe maternal morbidity surveillance
- Maternal service availability & real time capacity
- Quality measures for maternity care
- Disseminate MMRC findings



Opportunities for Transformation

2. Expand Medicaid to 12 months postpartum

- State Plan Amendment allowed under the 2021 American Rescue Plan
- Reduces unenrollment & "churn"
- Improves utilization of care for women with severe maternal morbidities



Postpartum Coverage Tracker Map

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- 12-month extension implemented (26 states, including D.C.)
- Planning to implement at 12-month extension (8 states)
- Limited coverage extension proposed (2 states)

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Opportunities for Transformation

3. Invest in the maternity care workforce for rural areas

- Obstetric training for family medicine physicians
- Expand certified nurse midwives workforce (30% of rural births nationally, 0.4% births in AR) as part of the hospital delivery team
- Cover doula services under Medicaid



Opportunities for Transformation

4. Expand remote monitoring for prenatal and postnatal care of rural patients

- Reduces costs
- Empowers patients
- Improves outcomes



Opportunities for Transformation

5. Expand CenteringPregnancy® to rural communities

- One of the only interventions shown to reduce disparities
- Currently only available in Little Rock & Northwest Arkansas
- Planning to expand to rural north central Arkansas and the Delta

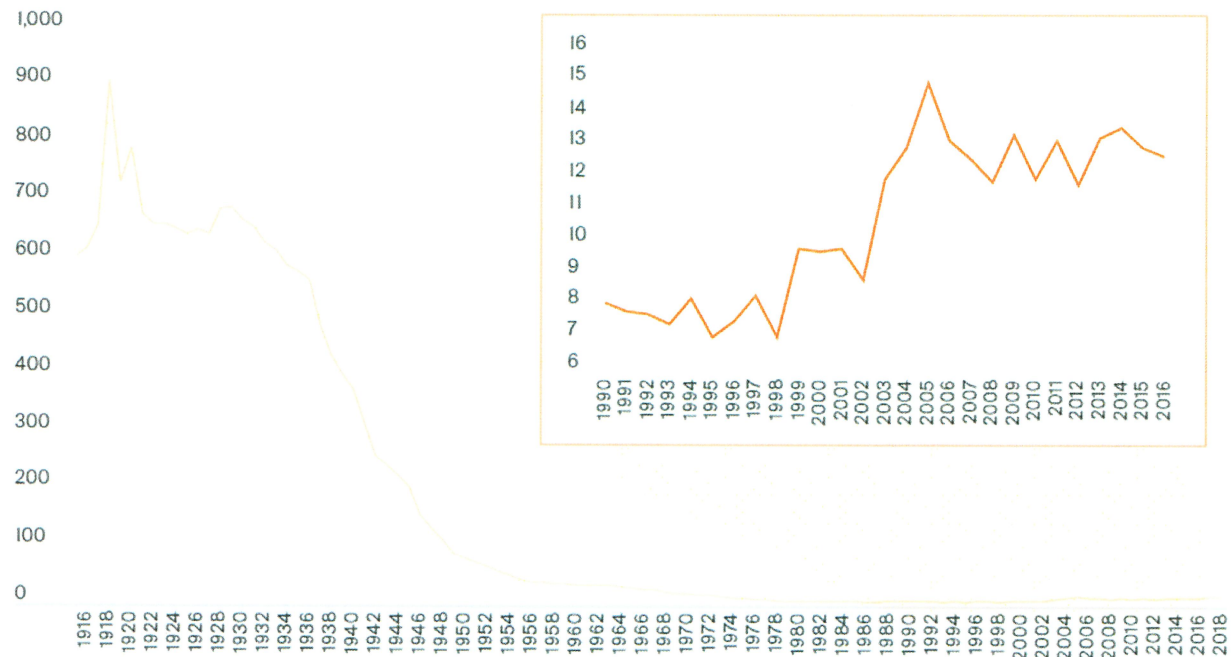




Questions & Discussion

Maternal mortality had been gradually declining before recently rising.

Deaths per 100,000 births



Data: NCHS, Maternal Mortality and Related Concepts, Vital & Health Statistics, Series 33, #3. & annual data reports. 1915–1960 data from NCHS, Vital Statistics Rates in the United States, 1940–1960.

Source: Eugene Declercq and Laurie Zephyrin, *Maternal Mortality in the United States: A Primer* (Commonwealth Fund, Dec. 2020). <https://doi.org/10.26099/ta1q-mw24>