Maternal-Infant Health Issues

Division of Women’s and Infants’ Health
Virginia Department of Health
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Major Issues Regarding Maternal-Infant Health
- Maternal Mortality
- Infant Mortality
- Low Birth Weight
- Access to Care

Maternal Deaths in Virginia

Healthy People 2010 Goal to Reduce Maternal Deaths

The Year 2010 goal is 3.3 maternal deaths per 100,000 live births. 2000 goal 3.3 was not reached nationally or in Virginia.

Reasons for reduction in maternal mortality:
- Sulfa and antibiotic drugs
- Decrease infections secondary to illicit abortions
- Availability of banked blood
- Safer surgical procedures, including Cesarean

The 3 leading causes of maternal death in the United States and Virginia:
- Hemorrhage, including ectopic pregnancy
- Pregnancy-Induced Hypertension
- Pulmonary Embolism
Most obstetric complications which lead to maternal deaths are difficult to predict, but some could be prevented.

Components of maternal death reviews
- Investigation of individual maternal death
- Multidisciplinary discussion of each case
- Recommendations to prevent future deaths

VA Maternal Death Reviews

Maternal mortality is reduced by:
- Quality intrapartum care
- Access to emergency obstetric care
- Other issues with access to care

Infant mortality is a health status variable which is widely recognized as a measure of a nation's, as well as a state's, maternal and child health status.

- The United States ranks 28th in the world in infant mortality in 1999 (Organization for Economic Coop. & Development Health Data 2002)
- US 6.8/1,000 live births in 2001 and 7.0 in 2002 (CDC)
- Virginia 7.3/1,000 live births in 2002 and 7.6 in 2003 (VHS)
Countries with lower infant mortality rates than the U.S. have comprehensive medical care systems that provide a system of care for all pregnancy and infant health care visits.

Social standing in a community is linked to favorable outcomes in perinatal care even when access to services is constant.

The improvement in infant mortality rates is not an indicator that babies are healthier, but medical technology is enabling sicker babies to survive.

Regionalization of perinatal care was successful in the 1970s and 1980s by concentrating the births of very low birth weight infants to the tertiary centers.

The Regional Perinatal Councils (RPCs) are public/private coalitions charged with the goal to improve the system by which perinatal health care is provided within Virginia.
Strategies to reduce infant mortality:
- Expand Medicaid eligibility
- Simplify and shorten eligibility requirements
- Provide “wrap-around” services

Role of men and families in pregnancy and childbirth:
- Encourage reduction of risky behaviors such as smoking, drug and alcohol use
- Follow healthy nutrition
- Promote early and regular prenatal care
- Increase assistance with household and daily chores
- Observe for complications of pregnancy

Unintended Pregnancies
Provision of family planning services to those men and women who would otherwise not be able to access such services.

Case Management
Baby Care - case management services after completion of a “risk assessment” with coordination, follow-up and monitoring.
Quality of Care
- Guidelines for Perinatal Care - ACOG/AAP
- Toward Improving the Outcomes of Pregnancy - March of Dimes
- National Fetal and Infant Mortality Review

FIMR is:
- Community-based, action-oriented process
- Early warning system that describes health care
- Method of continuous quality improvement
- Means to implement core public health functions

FIMR Objectives:
- Initiate an interdisciplinary review of fetal and infant death from medical and social records and maternal interview.
- Describe significant social, economic, cultural and systems factors that contribute to mortality.
- Design and participate in implementing community-based interventions determined from review findings.

VA Eliminating Disparities in Perinatal Health
- Virginia Healthy Start Initiative - mentoring services for pregnant women; nutrition services for prenatal patients and infants; male support services for fathers; and community-based death reviews.

National Fetal & Infant Mortality Review (NFIMR) Program
- Established in 1990
- Public-private partnership:
  - American College of Obstetricians and Gynecologists (ACOG)
  - Maternal and Child Health Bureau
  - March of Dime Birth Defect Foundation
Low Weight Births:
- 7.9% of all Virginia Births (2002)
- Increase between 1992 (7.4) and 2002
- Single most important contributor to infant death
- Not met Health Peoples 2010 objective of 5.0

Low Birth Weight is associated with multiple factors:
- High parity
- Chronic disease
- Previous Low Birth Weight infant
- Genetic factors
- Multiple gestation
- Poor weight gain
- Infection
- Placental problems
- Premature rupture of membranes
- Fetal anomalies
- Maternal stress

Low Birth Weight (continued)

Demographic Risk Factors
- Age < 17 years and > 34 years
- Non-White or Asian
- Low socioeconomic status
- Unmarried
- Low education

Behavioral Risk Factors
- Smoking
- Poor nutrition
- Toxic exposures
- Inadequate prenatal care
- Substance abuse

Long-term effects of Low Birth Weight
- Neurologic disorders
- Learning disabilities
- Delayed development

Preterm Labor
The etiology of preterm labor and premature birth is unknown.

Prevention
- Early and regular use of prenatal care is a strong predictor of positive pregnancy outcomes.
- Early prenatal care is an indicator for access to health care services.
Access to Care

Governor’s Work Group on Obstetrical Care Services
- Members of the Va. General Assembly, physicians (obstetricians, family, pediatricians, neonatologists, certified nurse midwife, trial attorneys, local government, non-profit organ. . .
- To evaluate four issues: 1) quality of care, 2) reimbursement, 3) medical malpractice and 4) barriers to access
- Recommendations
- August 12, 2004 Governor issued emergency regulations to increase Medicaid payments for obstetrical care by 3% percent, effective September 1, 2004


Provision of culturally competent care

Resident Total Infant Deaths By Race and Perinatal Region, Va. 2002

Conclusion

- Studies of underlying factors that contribute to morbidity and mortality are needed.
- Review of quality of health care and access to care for all women and infants is needed.
- Racial/ethnic disparities need to be eliminated.

Thank You