

Partners Involved
Goals
State Health Improvement Plan
Maternal Health Success in Action –
Brief Examples

MYANA App
Medical Legal Partnership

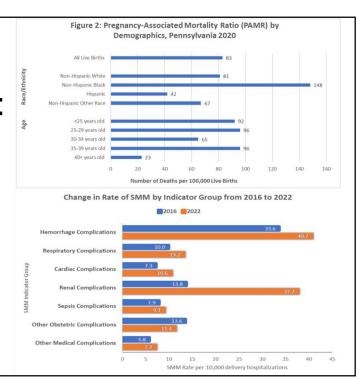
Breakout Groups
Next Steps and Adjournment



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# 2024 Maternal Mortality Report

- In PA, the PAMR was 83 deaths per 100,000 live births.
- Black/AA women had a higher ratio of 148 deaths per 100,000 live births compared to white women who had 81 per 100,000.
- Hemorrhage complications represented the highest rates among all complications.
- Renal complications had the greatest increase in rates between 2016 and 2022.



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## **Drivers of Maternal Mortality in PA**

**Pregnancy-Associated** - "a death that is attributable to a condition that is *unaffected* by the pregnancy and occurs within 1 year of the pregnancy."<sup>1</sup>

#### 2021 Data (NEW):

Mental Health and Substance Use
 Disorder

We will know more specifically when in the postpartum period these spikes in mortality occur.

**Pregnancy-Related** - "...the death of a birthing individual while pregnant or within 1 year of the end of a pregnancy regardless of the outcome, duration, or site of the pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes." 1

#### 2021 Data (NEW):

- Mental Health and Substance Use
   Disorder
- 2. Cardiovascular Disease

We will know more specifically when in the postpartum period these spikes in mortality occur.

1. Campbell J, Matoff-Stepp S, Velez ML, Cox HH, Laughon K. Pregnancy-Associated Deaths from Homicide, Suicide, and Drug Overdose: Review of Research and the Intersection with Intimate Partner Violence. *J Womens Health (Larchmt)*. 2021;30(2):236-244. doi:10.1089/jwh.2020.8875

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#### Social Determinants of Health and Racism in Medicine **Are Drivers of Maternal Morbidity and Mortality** Healthcare access Inadequate & inequity Prenatal care Racial & ethnic disparities Education & Health literacy Adverse maternal & fetal outcome: Insufficient community services & support instability Food insecurity Postpartum services & support

The **intent** of the Collaborative is not to educate advocates and stakeholders about the state of the problem but rather to **present solutions**.

#### The overall goals of the Collaborative are to:

- Engage a diverse group of stakeholders (see lists below) particularly those who may remain unconnected to PDOH work in this area but who will find virtual participation and sharing of solutions.
- Share information on current activities to address maternal morbidity, health disparities, and SDOHs, including their success and potential for spread and sustainability;
- Develop a strategy for identifying ongoing racist practices within maternity care and ways to mitigate these practices.
- Identify promising and successful models, particularly those which have strong data or the potential to show impact, for spread and sustainability;
- Unite individuals and institutions in advancing such successful efforts, through collaboration or replication, and through new funding; and
- Consider the potential for the Collaborative to continue and formalize, via a leadership structure and annual scope of activity.
- Disseminate findings through scholarship

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### **Additional goals**

- Continue to expand
- Continue to share initiatives (1-2 programs spotlighted each meeting)
- · Draft name, mission and vision, logo
- Identify "low hanging fruit" and start developing action steps
- Communication sharing:
  - Website: <a href="https://www.fmec.net/pa-maternal-health-collaborative">https://www.fmec.net/pa-maternal-health-collaborative</a>
  - Listserv or Google Group list?
  - Directory of participants and/or programs
  - Other



# Maternal Health Success in Action



- MYANA App (Mothers you are not alone)
- Medical-Legal Partnership

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# Breakout Groups

- ✓ Please identify a notetaker who will be asked to briefly report out after the breakouts, as time allows.
- ✓ Also feel free to record your own notes and put them in the chat after we reconvene.

#### **Discussion Prompts:**

- What clinical innovation is needed to address both the parent and the child's health during well-child visits?
- What are the barriers that currently exist?
- What can organizations/practitioners do to overcome these barriers?

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