## TOWN HALLS - Pregnancy Associated Mortality Review

**Every Mother Initiative Project**

**Purpose:** To gather qualitative data through Town Hall meetings from healthcare providers to:

1. Share 10 years of Missouri data related to the causes of Maternal Mortality
2. Provide an opportunity for participants to share barriers and prevention strategies for women in the interconception, prenatal and postpartum periods
3. Gather perceived impact of chronic health conditions on the outcome of pregnancy

**Target Audience:** Health Care Providers that care for women of reproductive age

The meetings were held in two urban cities (Kansas City and St. Louis) and one rural City (Cape Girardeau)

**Participants:** There were 73 participants and consisted of physicians, nurses, residents and fellows, local health department staff, epidemiologists and community organizations that serve women and families.

Questions asked during the meetings:

* What maternal mortality issues are you seeing in your practice?
* What are the barriers to caring for reproductive women?
* What messages can be delivered to women during preconception, pregnancy and postpartum to prevent morbidity and mortality?
* What additional assistance can we provide?

### Summary of Participant Comments from three meetings across Missouri

➊Kansas City, MO 5/01/15 ➋St. Louis, MO 5/28/15 ➌Cape Girardeau, MO 6/10/15

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| **Issues Identified (Main Subject Themes)** |
| Access to Care  -Insurance (Private and Medicaid)  -Culturally Appropriate Care  -Referral Resources |
| Access to Healthy Lifestyle  -Healthy foods  -Exercise  -Maternity Leave/Benefits |
| Chronic Health Conditions |
| Mental Health |
| Substance Abuse |
| Health Literacy/Education |
| Health Policy |
| Provider Access to Information |

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| **MESSAGES**  **What messages can be delivered to women during preconception, pregnancy and postpartum to prevent morbidity and mortality?** |

| COMMENT | SUBJECT |
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| **Medicaid** – Education should be provided on how to apply for Medicaid. This education should start with providers but include patients/public. | Access to Care (Medicaid) &  Provider Access to Information |
| **Depression** – Providers should be educated on the importance of depression screening during and after pregnancy (depression scale use). | Mental Health & Provider Access to Information |
| **Obesity** – Women should be given the message about the dangers of obesity and other lifestyle risk factors that can greatly influence their health and risk of complications during pregnancy, delivery and postpartum. (Providers stressed how difficult it is to get patients to truly understand this message.) | Chronic Health Conditions & Health Literacy |
| **Dangers of Pregnancy** – women need to understand that pregnancy is a condition that warrants being seen by a health care provider on a regular basis. Women need to understand the risks of pregnancy in comparison to contraceptive options. | Health Literacy |
| **Contraceptive Options** – women need more information about what contraceptive options are available, how they are used and where these options can be accessed. | Health Literacy/Access to Care |
| **Prenatal Care** – women should be told that they can seek prenatal care when they receive their temporary Medicaid status and not wait for their Medicaid card. The importance of early prenatal care should be addressed. | Health Literacy/Access to Care |
| **Prevention** – young women should be given prevention messages starting in grade school. Prevention messages should include: stop smoking, STDs/sexual activity, and the importance of nutrition. The importance of beginning these messages prior to pregnancy is stressed. | Health Literacy/Chronic Health Conditions |
| **C-section Avoidance** – women should be encouraged to advocate for themselves and avoid having a c-section when it is safe. Women should be educated on the safer profile of vaginal deliveries and the future risks that may be encountered when c‑section is the delivery method. | Health Literacy |
| **Preconception Care** – women should be educated on the importance of preconception care and the role that it plays in reducing the risks/complications during pregnancy. | Health Literacy |
| **Chronic Illness** – Women should be told that the risk of a stillbirth increases with the addition of chronic illness/obesity. One physician commented that her patients respond to this message more than other attempts at education about the hazards of chronic health conditions. | Chronic Health Conditions |
| *Additional comment about message formatting:* Text messages are easy to send and teens and young adults communicate frequently using text messages. Teens need dramatic messages about health and wellness to catch their attention. A suggestion was made to have “Text4baby” messages sent to pre-pregnancy teens. | |

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| **BARRIERS**  **What are the barriers to caring for reproductive women?** |

| COMMENT | SUBJECT |
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| There is a stigma surrounding mental health issues and women may be afraid to report mental health issues for fear of having their children removed from the home. | Mental Health |
| It is difficult to treat substance abuse issues when you can’t get at the root of the problem; some of these women have very difficult lives due to socioeconomic factors that we as providers can’t change. There is also a lack of easy-to-understand messages out there regarding drugs and pregnancy. | Substance Abuse |
| Many women live in neighborhoods without access to affordable healthy foods. | Access to Healthy Lifestyle (Food) |
| Women sometimes do not return for their postpartum visit. It is not always clear why they do not return. Women often don’t understand the importance of postpartum follow-up. | Access to Care &  Health Literacy |
| It is difficult to give women the care they need when there is a lack of insurance coverage (postpartum and preconception). | Access to Care (Insurance) |
| Some women do not have maternity leave at their place of employment. | Access to Healthy Lifestyle |
| Many times there is a struggle or inability to meet insurance requirements for treatment to begin which causes a delay in treatment. | Access to Care (Insurance) |
| There are large areas of the state without medical services; long distances to travel for medical care in some rural areas of the state. | Access to Care |
| There is a lack of early prenatal care due to Medicaid enrollment issues. | Access to Care (Medicaid) |
| There is a lack of knowledge (for providers) on how to apply for Medicaid. Many still believe a proof of pregnancy is necessary for prenatal coverage. | Access to Care (Medicaid) |
| There is a lack of prenatal care for those with illegal status. | Access to Care |
| There is a lack of coverage for treatment when miscarriage happens. | Access to Care (Insurance) |
| Some women may refuse treatment or care due to cultural beliefs. | Access to Care (Cultural) |
| There is a great shortage of mental health providers. | Mental Health |
| Many patients do not understand the instructions or precautions that are explained to them. They may not understand how to best access care. | Health Literacy |
| Many patients do not follow the recommendations that are given to them. (There was a long discussion about why patients do not follow recommendations. Some believe it may be due to lack of understanding on the part of the patient, lack of resources available or lack of access to care.) | Access to Care &  Health Literacy |
| Providers have difficulty knowing what resources are available for patients and where to refer them to. | Provider Access to Information |
| There is a delay in women obtaining Medicaid coverage that can be used for prenatal care. Even with temporary Medicaid, it limits what providers can do for the patient. Most testing cannot be ordered because it is not covered by temporary Medicaid. | Access to Care |
| Medicaid does not cover women for a long enough time in the postpartum phase. (This was referred to as the “60 day cliff.”) This lack of coverage impacts women who may have had complications with their pregnancy and have continuing issues (i.e. blood pressure elevation, diabetes), but it also prevents women from seeking primary care preventative medicine and contraceptive options in the year following their pregnancy. | Access to Care |
| Women cannot access primary care and preventive medicine if they are not pregnant. This can limit their ability to maintain or achieve optimum health prior to pregnancy. | Access to Care |
| There are many cultural barriers that physicians/practices have difficulty addressing. Examples given included women who have no idea how our health systems work, even with seemingly simple tasks such as how to make appointments and the frequency of appointments needed at times during prenatal care. | Access to Care (Cultural) |
| There is a lack of access to high-risk obstetrical providers in many rural areas of Missouri. It can be difficult or impossible for some of these women to travel long distances to see a high-risk provider when necessary. | Access to Care |
| The lack of Medicaid expansion in Missouri has limited access to care for women. Many women do not have the option or the resources for health insurance. | Access to Care |
| There is a lack of transportation options in rural areas, including difficulty in scheduling with Medicaid transportation resources unless done weeks ahead of time. | Access to Care |
| Women often do not understand the health/risk consequences of chronic health conditions, particularly obesity and its impact on risks during pregnancy. | Health Literacy/Chronic Health Conditions |

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| **ADDITIONAL ASSISTANCE**  **What additional assistance can we provide?** |

| COMMENT | SUBJECT |
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| Requests are made for access to data that is current and local (not statewide) to be able to determine health issues at a local level. Need more perinatal health data, particularly at zip code, census tract levels and inner city neighborhoods, to identify women with high risk pregnancies. | Provider Access to Information |
| Complaints are voiced regarding current MICA system having very limited data on social determinants of health such as employment, poverty, income, crime and other indicators that could limit access to care for women with high risk pregnancies. | Provider Access to Information |
| The importance of this issue on women’s health and increasing access to care should be given to the legislators. We need to keep asking people what their concerns and needs are and keep taking the message to legislators. | Health Policy |
| More connections should be made between providers and their community. | Provider Access to Information |
| Women should be questioned regarding what barriers they are facing and this information should be shared with providers. | Provider Access to Information |
| We should seek the inclusion of insurance coverage for healthy lifestyle changes. | Health Policy |
| Support providers in offering culturally-appropriate care. | Access to Care (Cultural) |
| Providers want to be able to provide quick and efficient access to resources for their patients with options for care coordination. | Provider Access to Information |
| Information regarding trends in maternal mortality for our state with specific data regarding preventable deaths would be helpful. | Provider Access to Information |
| Providers and the community need to be a focus of ongoing interventions that target maternal mortality. Hospitals should not be the only focus of health interventions because the avoidance of chronic health conditions and complications during pregnancy starts with health behaviors at a local level. | Chronic Health Conditions |