THANKS FOR JOINING

Protecting Mothers:

Key Takeaways from the 2024 Maternal Mortality and Morbidity Prevention Report

RELIAS

Quick Reminders

Everyone is muted in “listen-only mode”, but we still want to hear your questions and feedback! Please use the “Q&A” tab to submit your questions.

All registrants will receive an email with a link to the recording and presentation slides. You can also download the slides and other resources from the “Handouts” tab at any time.

There are no CEs or certificates of completion for this event.

PRESENTER

Lora Sparkman, MHA, RN, BSN

Partner, Clinical Solutions, VP Patient Safety & Quality, Relias

Lora Sparkman holds a Master of Health Administration from Lindenwood University, a Bachelor of Science in Nursing from the University of Missouri, and a Diploma in Nursing from Barnes Hospital School of Nursing. She has been a nurse for over 38 years. Prior to coming to Relias, she was leading healthcare transformation in clinical operations, strategy, quality, patient safety, and high reliability at Ascension and consulting with large health systems across the country. Lora's work includes using software and technology to advance healthcare education to improve patient outcomes. For the past 8 years, she has served as a clinical leader at Relias, one of the largest healthcare education and solutions providers succeeding in workforce readiness in the U.S.

In 2022, Sparkman was recognized as the top 10 Women Leaders in Healthcare Software in 2022 by Beckers, and top 25 Women Leaders in Healthcare Software in 2022 by The Healthcare Technology Report. Additionally, she completed a mini docuseries on Maternal Mortality sponsored by the BBC Storyworks and the International Council of Nurses in 2022. https://www.relias.com/nurses. Sparkman leads as a healthcare strategy thought leader and clinical expert in patient safety, risk reduction, high reliability, operations, and quality improvement in acute care.

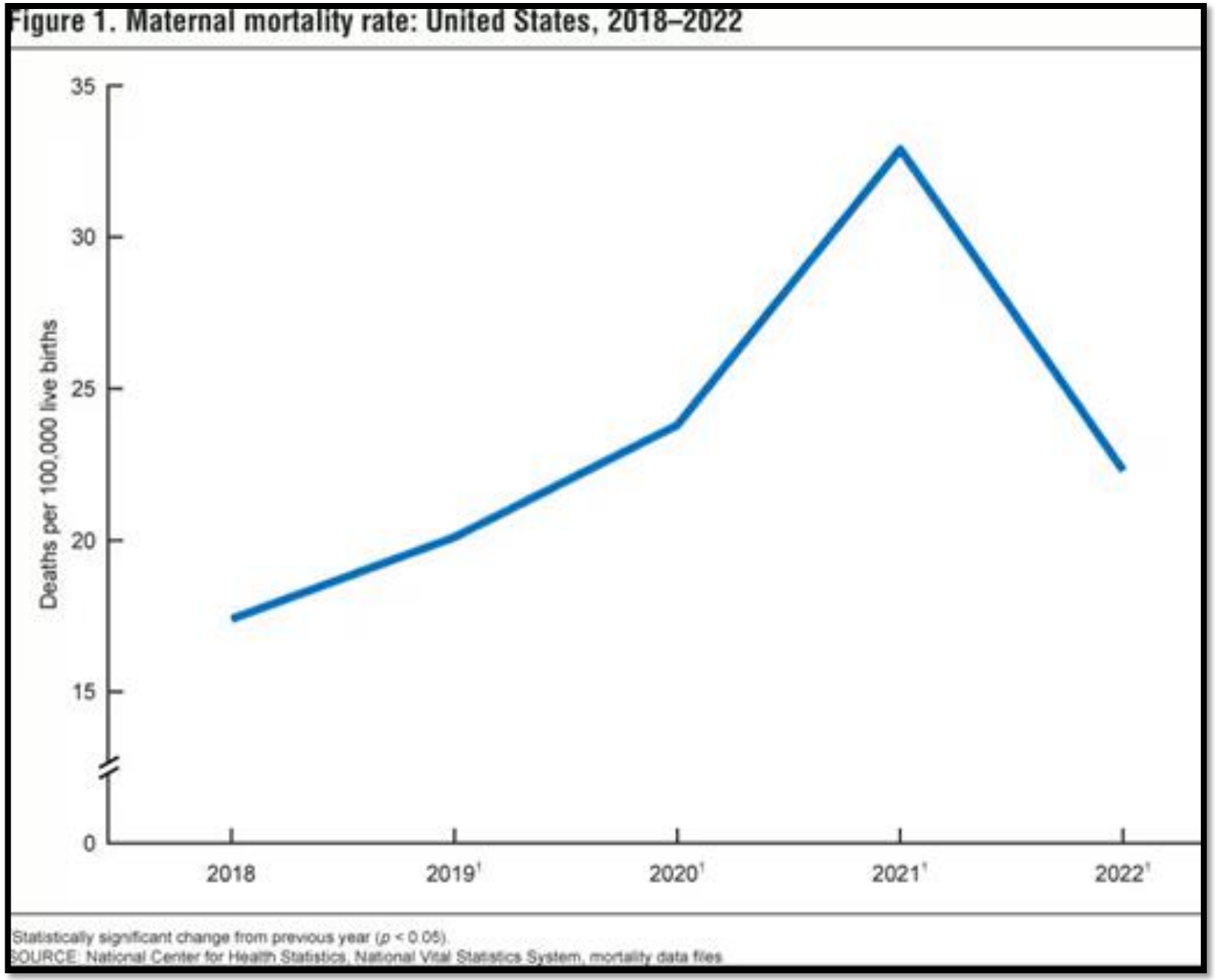
RELIAS' MISSION

To measurably improve the lives of the most vulnerable members of society and those who care for them.

U.S. Maternal Mortality Rate, 2018-2022

In 2022, 817 women died of maternal causes in the United States, compared with 1,205 in 2021, 861 in 2020, 754 in 2019, and 658 in 2018 (cdc.gov)

Approximately **22** maternal deaths for every 100,000 live births in the United States — far above rates for other high-income countries. U.S. maternal mortality is lowest for Asian American women and highest for Black women. (Commonwealth June 2024)

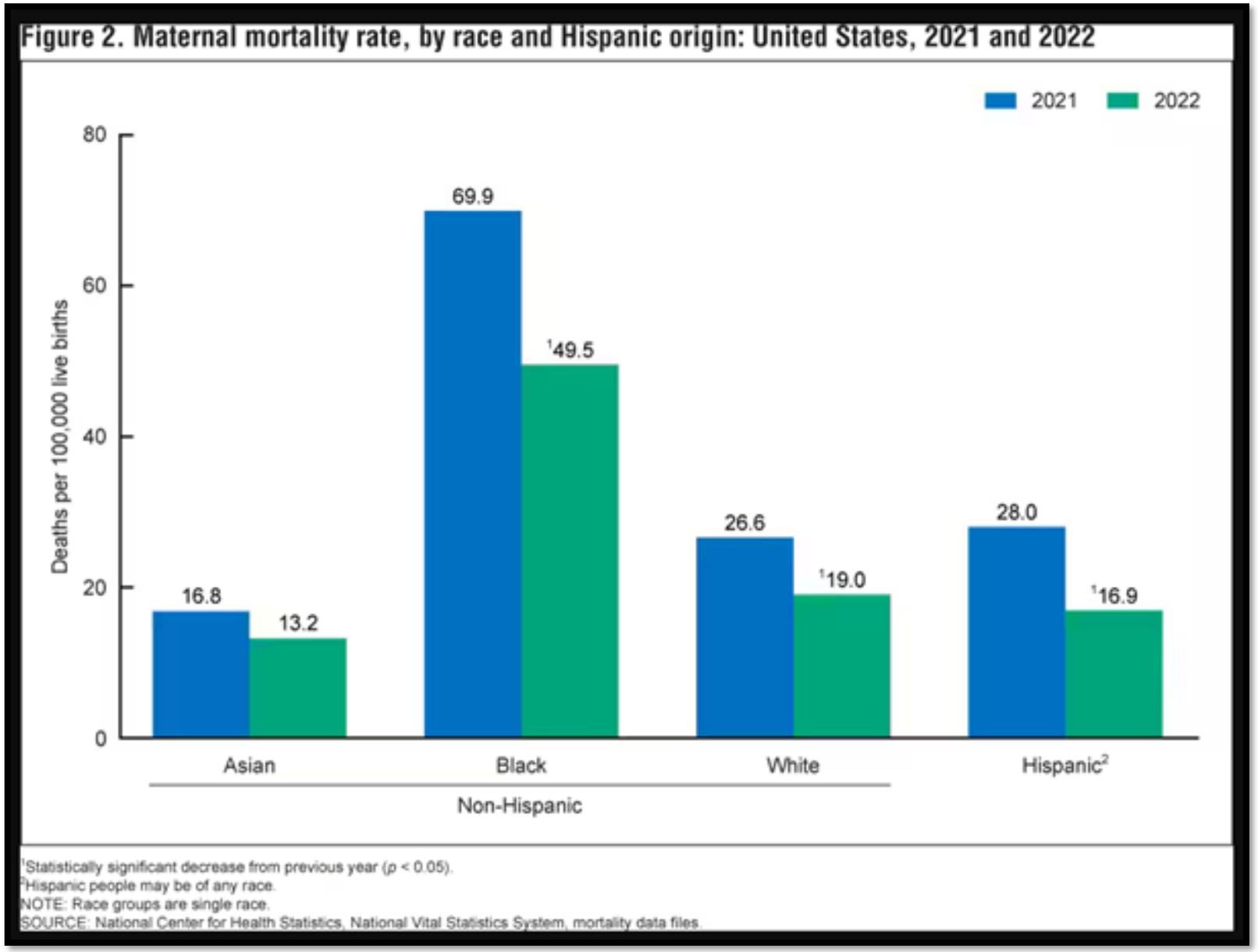


2022 Data

Maternal mortality rates decreased significantly for Black non-Hispanic (subsequently, Black), White non-Hispanic (subsequently, White), and Hispanic women.

The observed decrease for Asian non-Hispanic women (subsequently, Asian) was not statistically significant.

In 2022, the maternal mortality rate for Black women was **49.5** deaths per 100,000 live births and was significantly higher than rates for White (**19.0**), Hispanic (**16.9**), and Asian (**13.2**) women. (cdc.gov)



White House Blueprint for Improving Maternal Mortality and Morbidity

Maternal-Health-Blueprint.pdf (whitehouse.gov)

Goal 1 - Increase access to and coverage of comprehensive high-quality maternal health services, including behavioral health services

Goal 2: Ensure those giving birth are heard and our decision makers in accountable systems of care

Goal 3: Advance data collection, standardization, harmonization, transparency, and research

Goal 4: Expand and diversify the perinatal workforce

Goal 5: Strengthen economic and social supports for people before, during, and after pregnancy

Poll Question

Are you familiar with Birthing Friendly?

Very familiar

Familiar

Somewhat familiar

Not at all familiar

Birthing Friendly Update

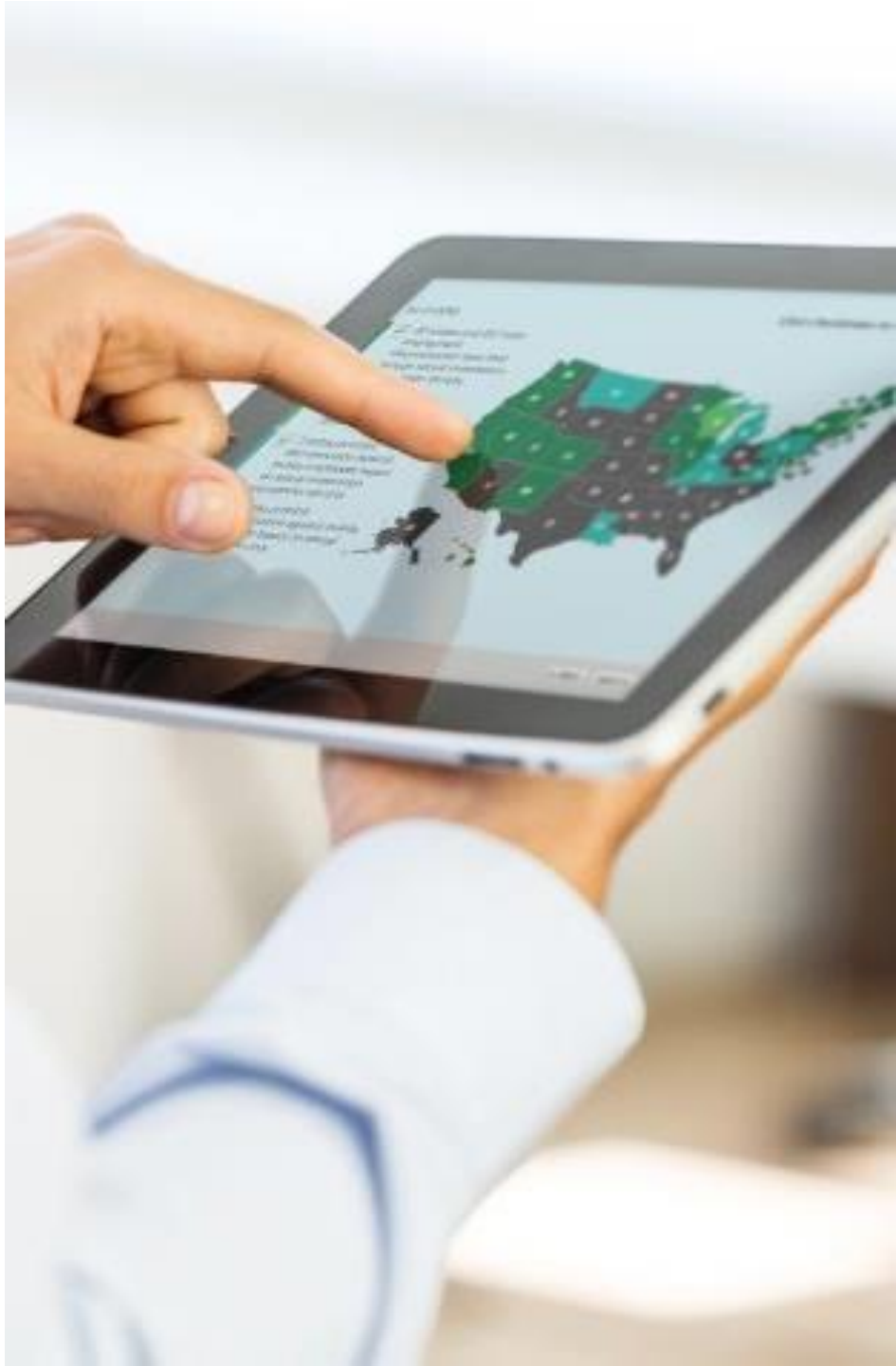
Birthing Friendly was initiated in 2021 and has evolved

Step 1 - Attested to be part of the Hospital Inpatient Quality Reporting

- Participate in national perinatal collaboratives and adopt evidence-based practice guidelines to improve maternal outcomes.

Step 2 – In 2023, CMS started reporting on Hospital Compare website listing hospitals that completed this first step

- Over 2,000 birthing hospitals did, and with little burden.
- The goal is to assist consumers in choosing hospitals that have demonstrated a commitment to maternal health through their participation.



American Rescue Plan

- Expand Medicaid to a full year while 40% of all deliveries in the country are paid for by Medicaid. With the expansion, ~720,000 individuals are covered, representing a nearly 50% growth in coverage with this population.

- Expansion desired is a full year; this will support access to care in the postpartum period.

Distribution of Critical Factors Among Pregnancy-Related Deaths

System of Care Factors

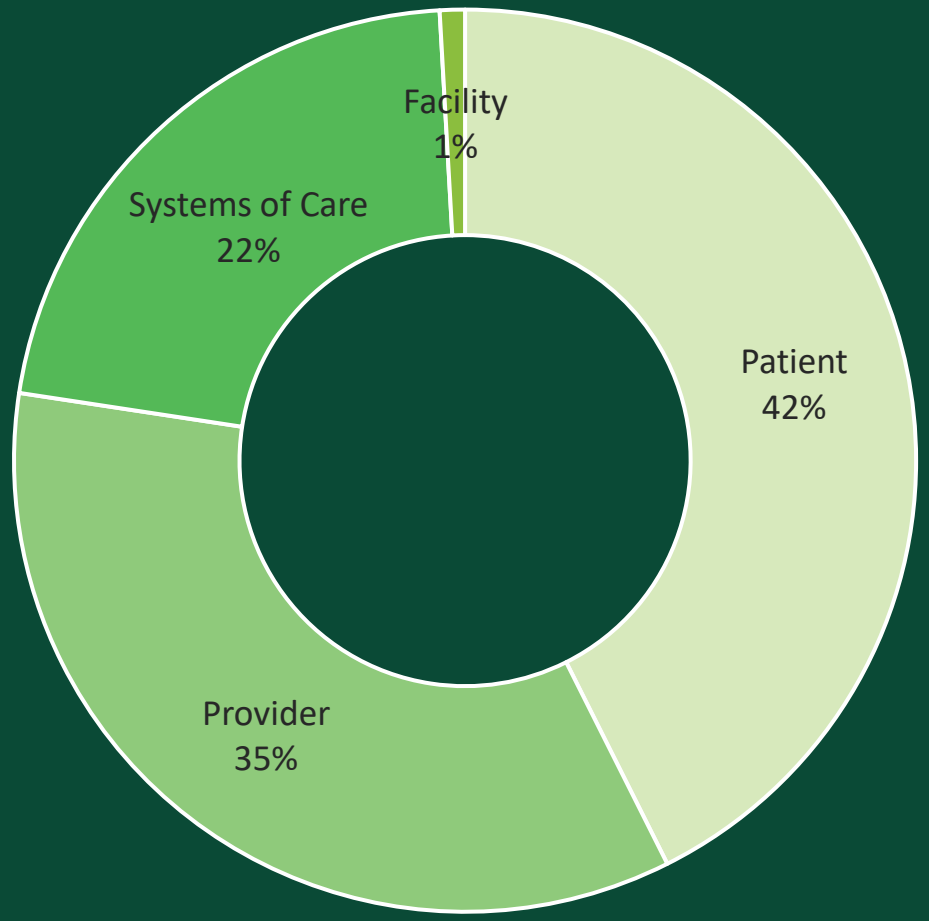
- Lack of coordination in patient management
- Lack of communication between patient providers

Provider Factors

- Failure to perform clinical assessment
- Wrong or delayed diagnosis, delayed treatment
- Lack of communication between patient and providers
- Lack of follow-up by the providers

Patient Factors

- Absence of social support systems
- Inability to recognize the need to seek care
- Disruptive relationships and housing
- Lack of adherence to medication(s)



Policy Center for Maternal Mental Health with the George Washington University Report Card

"2024 Maternal Mental Health State Report Cards Released – The U.S. improved from a D to D+, as state grades inched up – May 14, 2024"

- ~ 600,000 (20%) of U.S. mothers a year are affected
- No one is immune, but women of color are more vulnerable
- 50% of mothers are not diagnosed by a healthcare professional and of that, 75% of women never get the treatment they need
- Untreated maternal mental health disorders are estimated to cost the U.S. $14.2 billion annually
- Thirty-four state grades improved; three states earned Bs (an increase from 1 state in 2023) and five states earned failing grades (down from 15 states in 2023).

NEW REPORT

Relias' 2024 Maternal Mortality and Morbidity Prevention Report

Background

We examined current perceptions among obstetric care providers and nurses in the acute and behavior health care areas about maternal healthcare practices at their organizations.

Survey Design

Our survey collected insights from **749** nurses and physicians across the U.S. who care for obstetric patients. We looked at three main areas of concern: **clinical, behavioral,** and **social** maternal mortality and morbidity risks.

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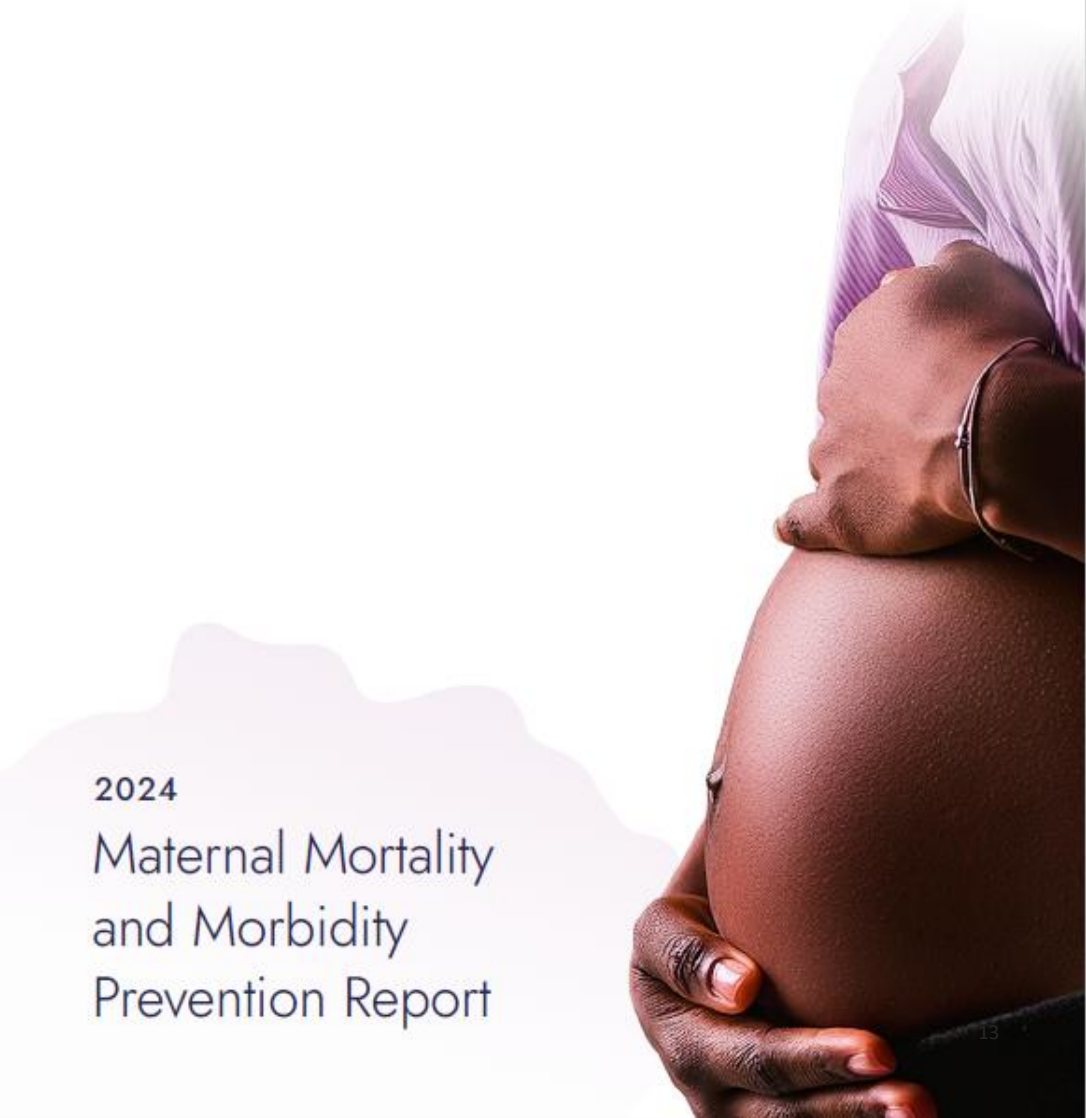
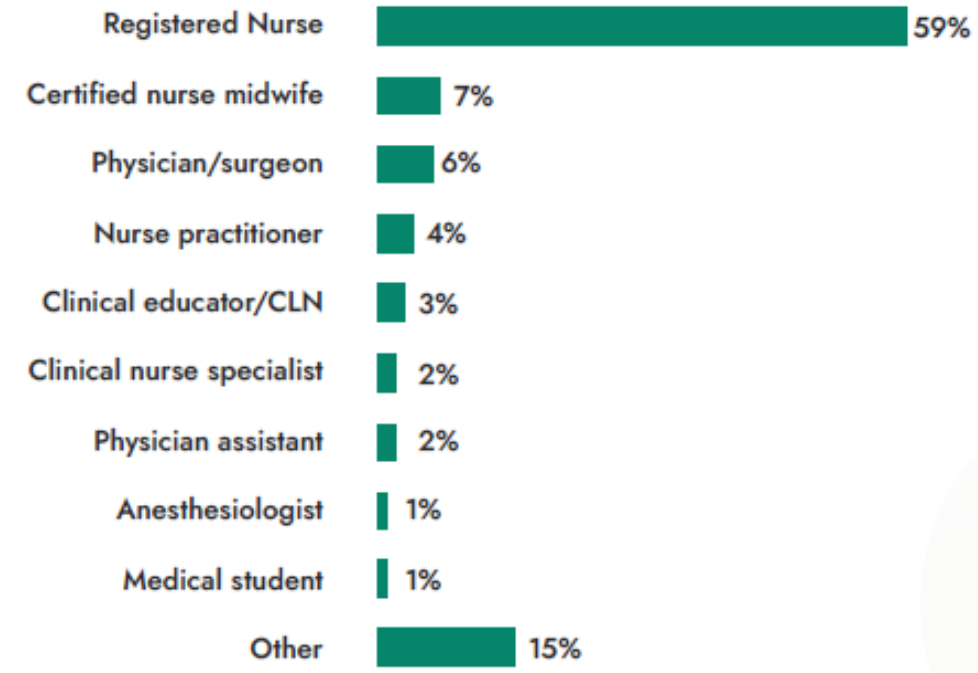


Demographics

Of 749 qualified survey completions, all participants worked with obstetric patients in these roles:



Our *Maternal Mortality and Morbidity Prevention Survey* launched in October 2023 and closed in December 2023.

Of 749 qualified survey completions, all participants worked with obstetric patients in these roles.

Key Findings

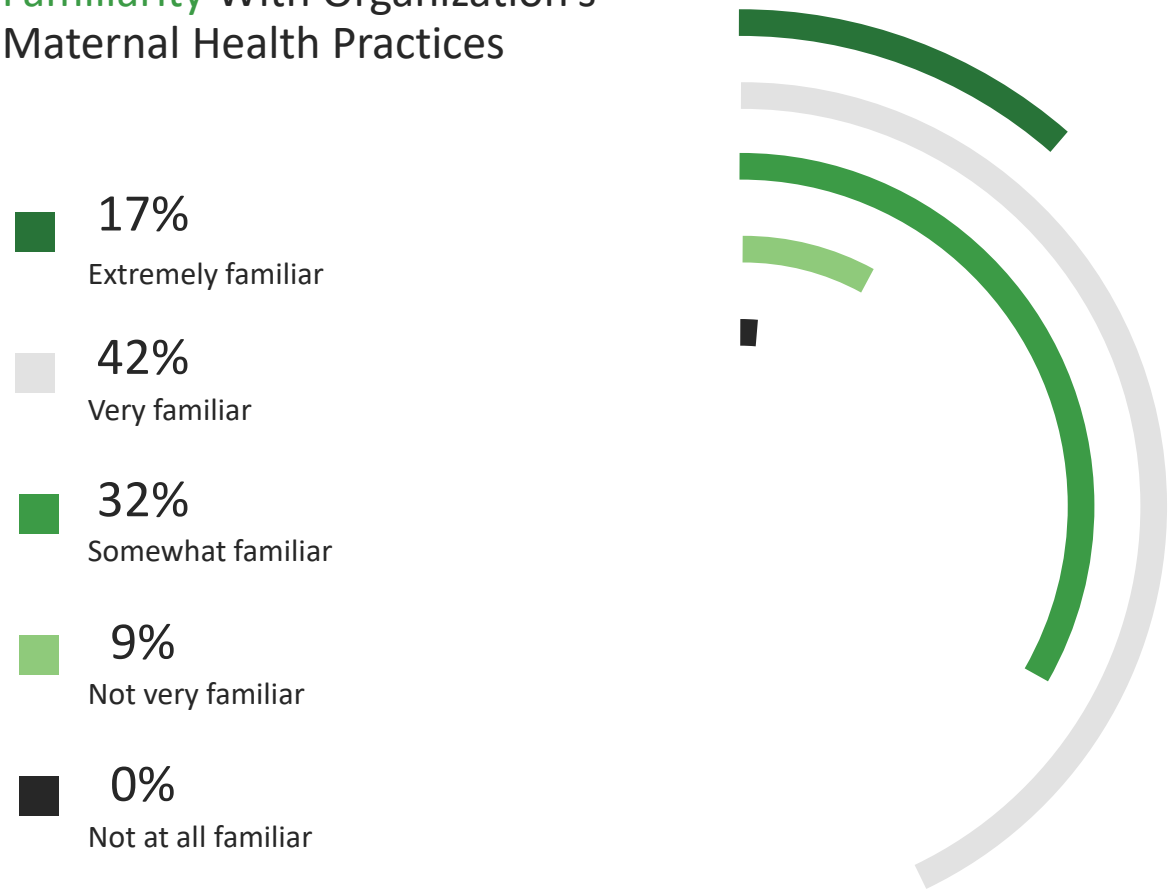
1. Gaps in Maternal Health Practice Knowledge and Priority
2. Maternal Clinical Risk Prevention Practices Vary
3. Maternal Behavorial Health Practices Lacking
4. Racism, Implicit Bias, and Social Determinants of Health Recognized as Maternal Risks
5. E-learning the Most Used, Most Effective Training Modality for Behavioral and Social Maternal Risks

Finding 1: Gaps in Maternal Health Practice Knowledge and Priority

Survey participants reported on their familiarity with their organization's practices relating to maternal health, revealing that there is substantial room for improvement in practice knowledge.

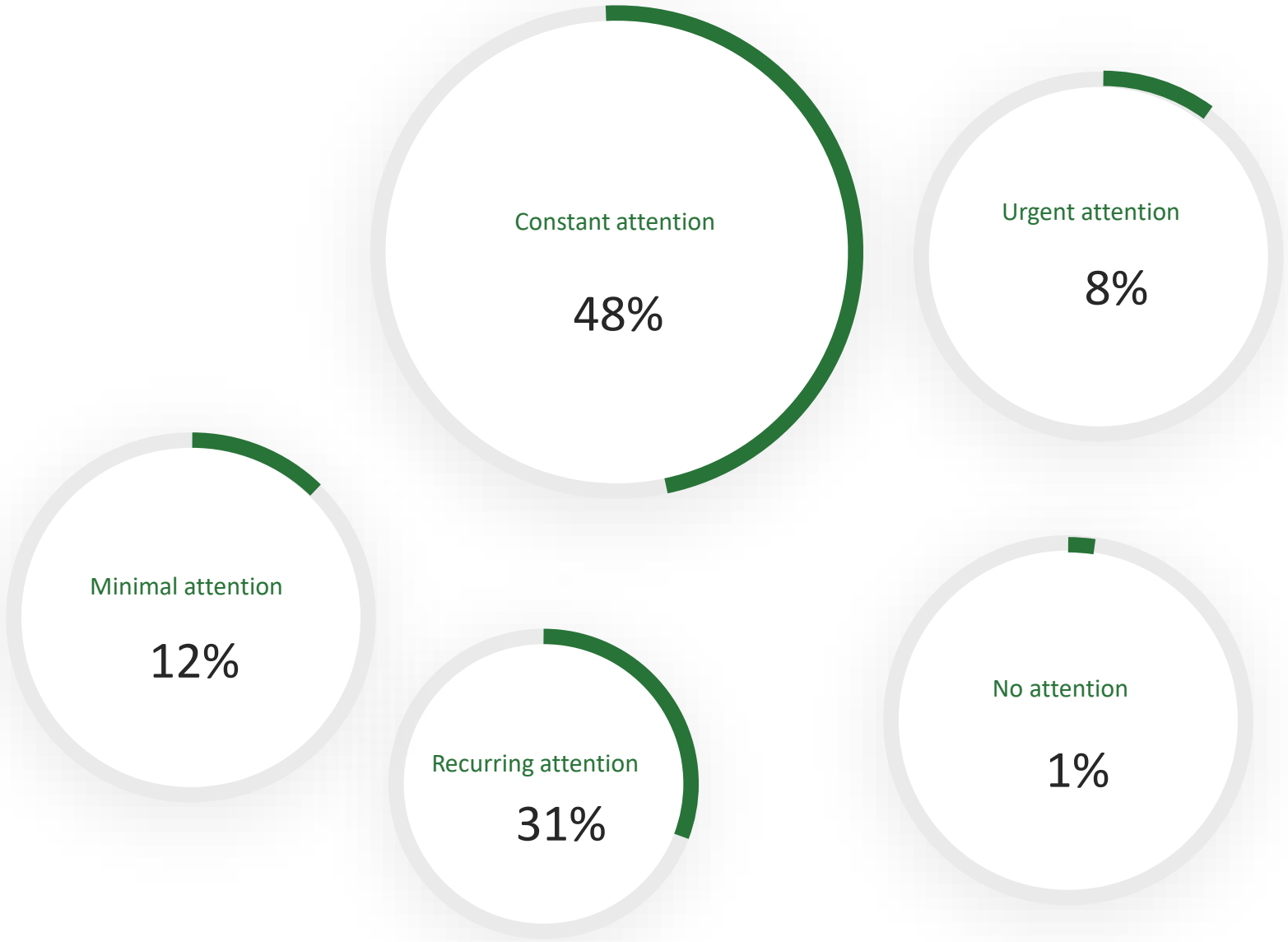
Only **59%** of clinicians surveyed said they were “very” or “extremely” familiar with their organization’s maternal health practices, which are fundamental for reducing variation in care and improving patient safety.

Familiarity With Organization’s Maternal Health Practices



Priority Level

Providers' and Clinicians' Attention to Maternal Mortality and Morbidity Prevention



Finding 2: Maternal Clinical Risk Prevention Practices Vary

Six high-risk clinical focus areas for maternal mortality and morbidity prevention are **hemorrhage, hypertensive disorders, sepsis, unnecessary C-sections, shoulder dystocia, and fetal heart rate monitoring.**

For **only three** of the clinical risk areas, over **60% of participants** reported that they always use evidence-based practice protocols to prevent maternal harm.

For the other three risks, 50% or less of participants reported the use of evidence-based protocols.

Frequency of Protocol Use

	Always	Usually	Sometimes	Rarely	Never
Fetal heart rate complications	64%	18%	11%	5%	2%
Maternal and postpartum hemorrhage	63%	18%	10%	7%	2%
Severe maternal hypertensive disorders and preeclampsia	62%	20%	12%	6%	1%
Maternal sepsis	50%	24%	14%	10%	2%
Complications from shoulder dystocia	49%	25%	14%	9%	3%
Unnecessary C-sections	37%	30%	17%	12%	5%

Does your hospital, department, clinic (depending on where you work), do a good job in screening for maternal mental health?

Respond in the chat!

Finding 3: Maternal Mental Health Screenings and Follow-up Are Not Standard

We asked about efforts related to maternal mental health and found that **behavioral risk reduction practices** lagged compared to practices related to the clinical risks.

57%

Only **57%** of clinicians said they always conduct mental health screenings.

50%

Only **50%** always screen for substance abuse disorders.

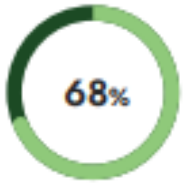
72%

Only **72%** reported that their organization "usually" or "always" conducts follow-up when these risks are identified.

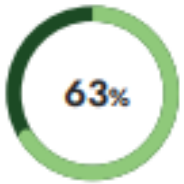
Maternal Behavioral Health Risk Reduction Practices

Participants' organization:	Always	Usually	Sometimes	Rarely	Never
Uses a standardized screening tool to assess patients for peripartum **mental health risks**	57%	21%	11%	8%	4%
Screens peripartum patients for risks of **substance use disorders**	50%	27%	14%	7%	2%
Follows an established protocol for **treatment and follow-up** for peripartum patients with identified behavioral health and/or substance use risks	42%	30%	15%	10%	3%

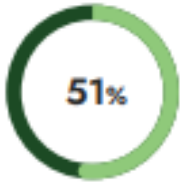
Behavioral Maternal Risk Reduction Practices Used at Participants' Organizations



Standardized assessment of mental health and/or substance use risks with 100% of patients screened using a recommended assessment tool

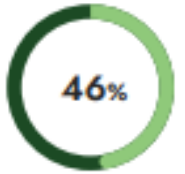


Patient education and resources



Connecting patients with resources prior to discharge or holding patients for treatment if needed

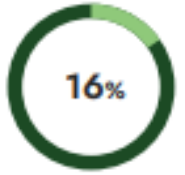
Protocol to act on identified mental health and/or substance use risks



Patient follow-up and treatment plans

Behavioral health training and resources for the clinical team

Data collection and data-targeted evaluation/case and adverse event reviews



Participation in statewide perinatal safety initiative

Finding 4: Racism, Implicit Bias, and Social Determinants of Health Recognized as Maternal Risks

We asked about maternal mortality and morbidity prevention efforts related to social factors, including racism, implicit bias, and the social determinants of health.

1/5

Nearly **one-fifth** of clinicians surveyed did not perceive racism and implicit bias to be a factor in maternal mortality and morbidity.

30%

Although **30%** reported always screening for risks related to the social determinants of health.

60%

Treatment and follow-up were inconsistent, with only **60%** using any standard practice protocols.

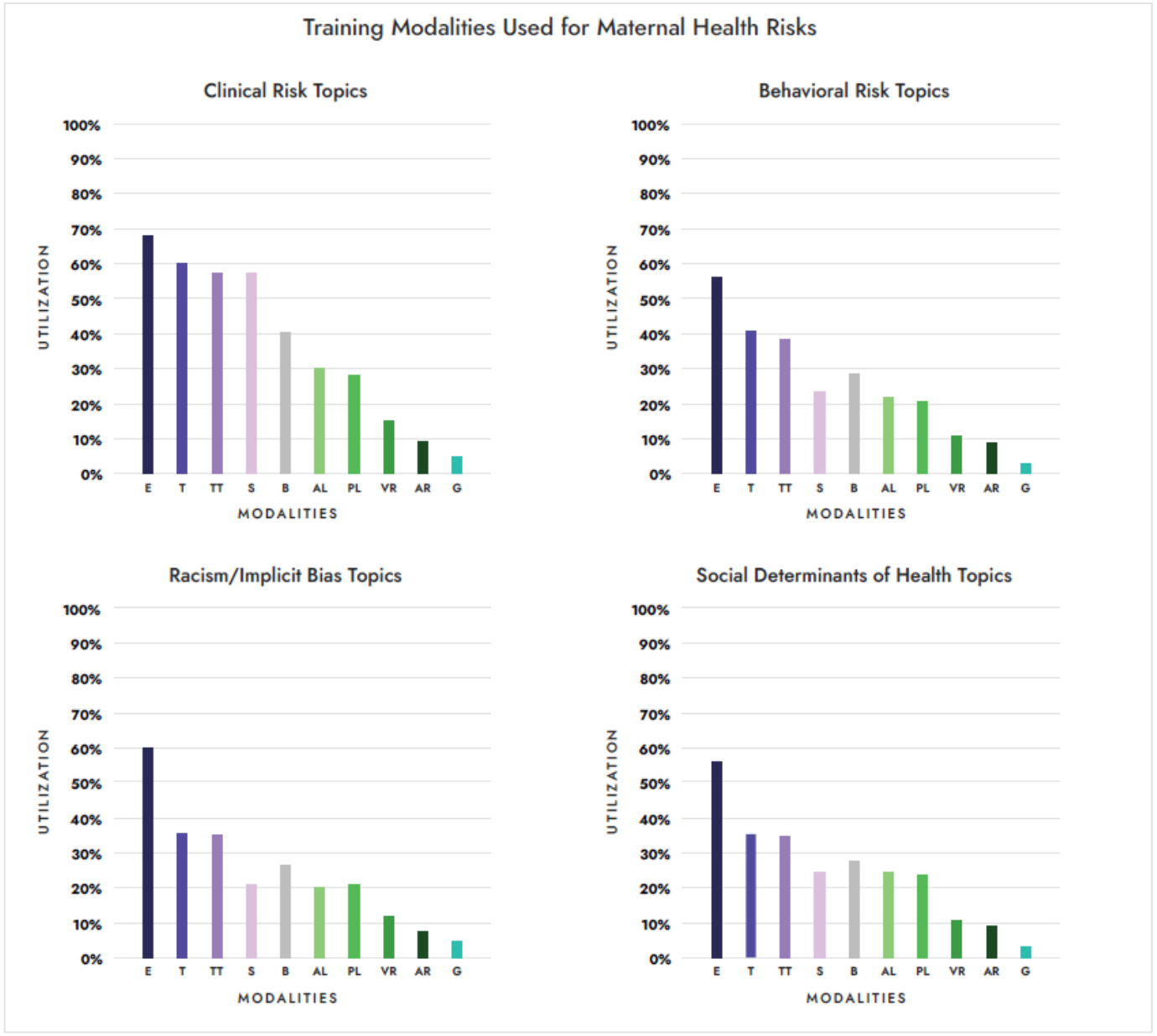
Perceptions of Maternal Health Social Risk Factors

	A severe issue	A significant issue	A moderate issue	A minor issue	Not an issue
To what extent do you perceive racism or implicit bias (i.e., automatic or unintentional bias) to be a factor in maternal mortality and morbidity?	9%	25%	26%	22%	19%
To what extent do you perceive social determinants of health to be a factor in maternal mortality and morbidity?	13%	36%	25%	14%	12%

Finding 5: E-Learning the Most Used, Most Effective Training Modality for Behavioral and Social Maternal Risks

We investigated how healthcare organizations are using education as a tool for preventing adverse maternal outcomes.

FINDING 5: E-LEARNING MOST USED, MOST EFFECTIVE FOR BEHAVIORAL AND SOCIAL MATERNAL RISKS



Training Modalities

E = E-Learning

T = Live or in-person training

TT = Team training

S = Simulations

B = Blended learning

AL = Assessment-driven learning

PL = Personalized learning

VR = Virtual reality

AR = Augmented reality

G= Gamification

FINDING 5: E-LEARNING MOST USED, MOST EFFECTIVE FOR BEHAVIORAL AND SOCIAL MATERNAL RISKS

Most Beneficial Training Factors

- For **clinical risks**, the top beneficial training factors were all close, with four attributes selected by 50% or more.
- For **behavioral risks**, only one factor was selected by more than half of participants: “It keeps me interested.”
- The top training factor for **racism or implicit bias** was "most appropriate or relevant for my field or role."
- The top training factors for **social determinants of health** was "most convenient, fastest or most efficient" and "easy to use/navigate."

	Clinical risk topics	Behavioral risk topics	Racism/ implicit bias topics	Social determinants of health topics
I like that it is interactive.	57%	46%	40%	41%
It keeps me interested. or implicit bias	56%	51%	45%	45%
It is most appropriate or relevant for my field/role.	55%	48%	48%	46%
It is the most convenient, fastest, or most efficient way for me to learn.	50%	49%	47%	47%
I like that it is adaptive to my knowledge/skills.	49%	44%	40%	41%
It provides comprehensive training.	48%	42%	41%	37%
It is easy to use/navigate.	44%	46%	45%	47%
It makes me feel the most competent and confident.	43%	33%	32%	29%
I am most familiar/comfortable with the training modality.	15%	13%	13%	11%

KEY TAKEAWAY

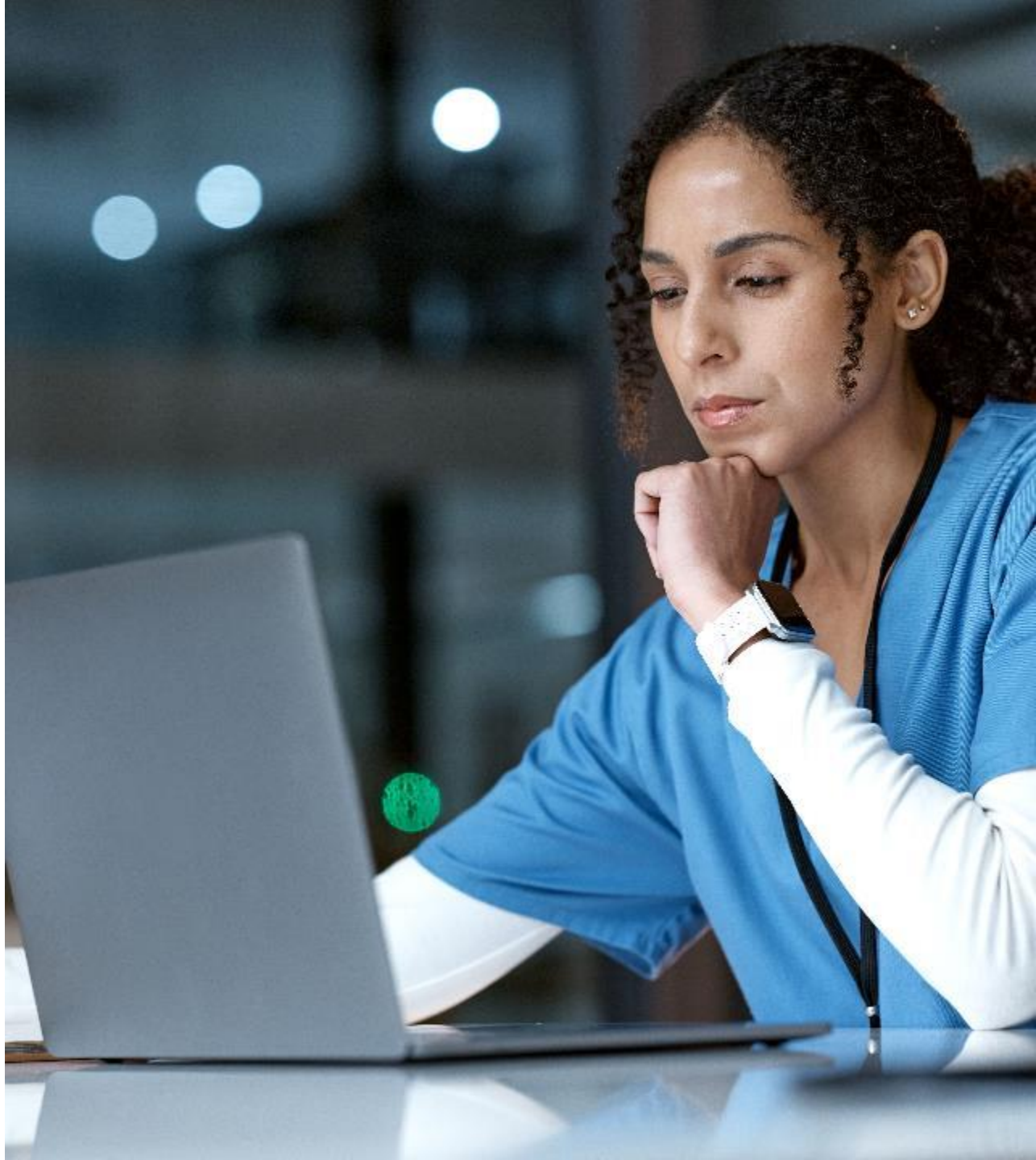
1: Gaps in Maternal Health Practice Knowledge and Priority

1. Leaders can gain important insights by assessing how well their organization disseminates maternal health practice knowledge to ensure that clinicians are confidently striving to prevent maternal harm.
2. In addition, leaders can reinforce maternal mortality and morbidity prevention as an organizational priority, emphasizing the connections between awareness, attention, and outcomes.

KEY TAKEAWAY

2: Maternal Clinical Risk Prevention Practices Vary

1. Healthcare leaders should assess whether their clinicians and providers effectively address these risk areas, and
2. Ensure their organization's clinical care protocols support consistent attention to preventing harm using the evidence based guidelines.



KEY TAKEAWAY

3: Maternal Behavorial Health Practices Lacking

1. Healthcare organizations are not adequately addressing maternal mental health through standardized screening and coordination of treatment and follow-up.
2. Even when organizations routinely screen for peripartum mental health risks, treatment and follow-up are not consistent.

KEY TAKEAWAY

4: Racism, Implicit Bias, and Social Determinants of Health Recognized as Maternal Risks

1. Maternal risks related to social factors received the least attention.
2. Current research shows that disparities in U.S. maternal mortality and morbidity rates increasingly stem from **social inequities**, healthcare organizations can make a difference by increasing their focus on social risks.

KEY TAKEAWAY

5: Most Effective Training Modalities

1. Healthcare leaders should consider increasing their education on behavioral and social maternal risk factors.
2. Expanding e-learning offerings on these topics could be an efficient and cost-effective way to rapidly improve maternal health outcomes.

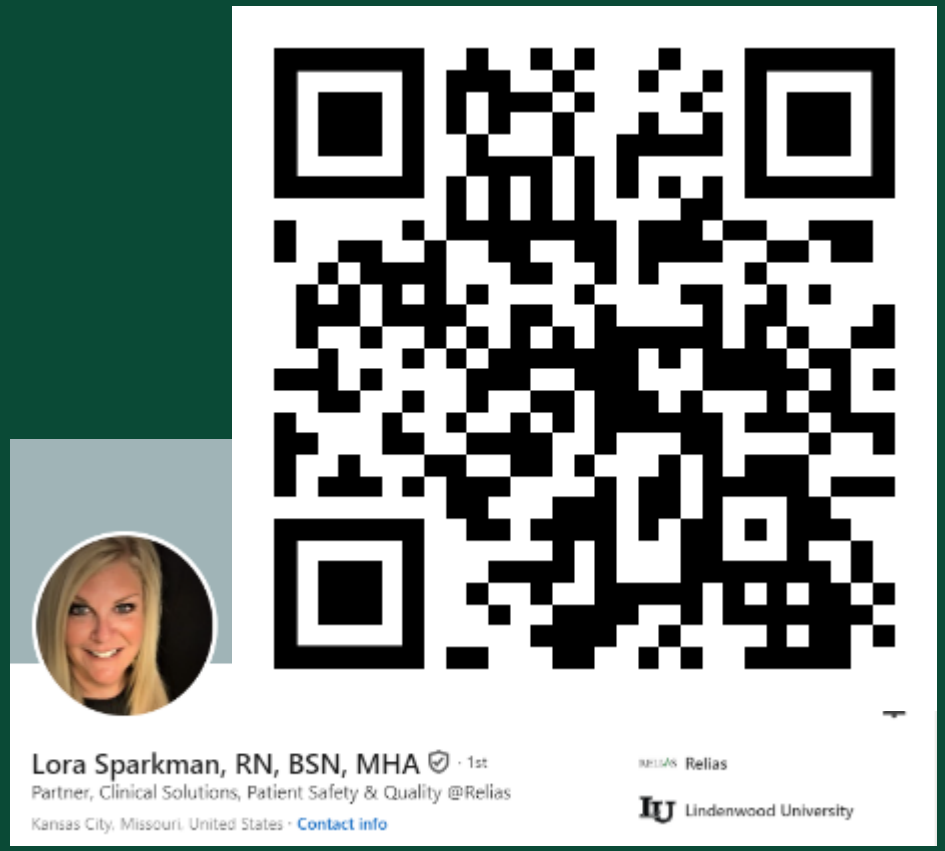
Holistic Maternal Care

- **Know** Your Patients, Know Your Data
- **Integrate Universal mental health screening** and coordination of care into obstetric care
- **Take a closer look** at the late postpartum period.
- **Know** your communities and expand outreach services
- **Educate** your staff

Questions?

Please use the Q&A tab to submit questions.

Connect With Lora



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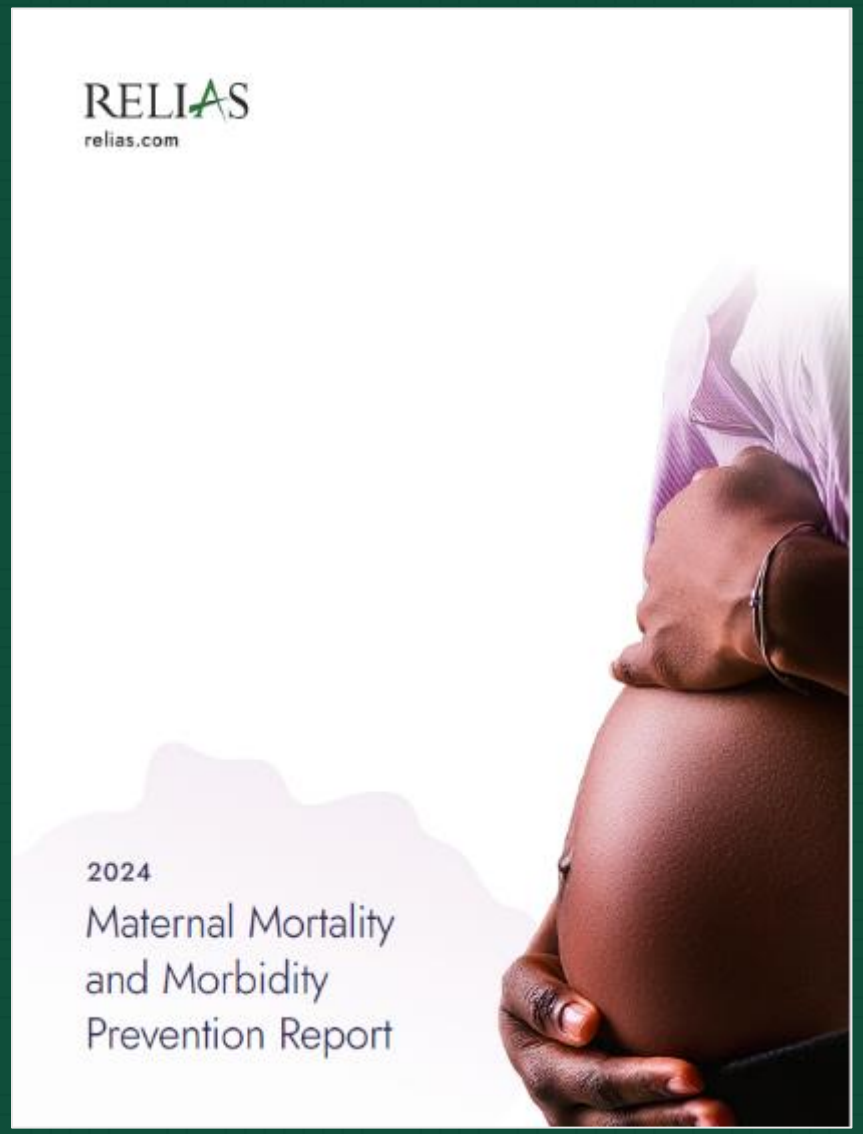
NEW REPORT



Download the Report

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