Addressing Maternal Health in New Jersey

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Objectives

- Understand the magnitude of maternal mortality, morbidity, and disparities crisis in New Jersey
- Understand New Jersey's response to the maternal health crisis and be aware of innovative practices and programs developed to improve maternal outcomes and reduce disparities
- Understand some of the ways COVID19 is impacting labor and delivery practice and how New Jersey is responding to the challenge of COVID19

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MATERNAL MORTALITY IN NEW JERSEY

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Nationwide the CDC reports:

Source: CDC VitalSigns, Pregnancy-related deaths, 2019, accessed: https://www.cdc.gov/vitalsigns/maternal-deaths/index.html.

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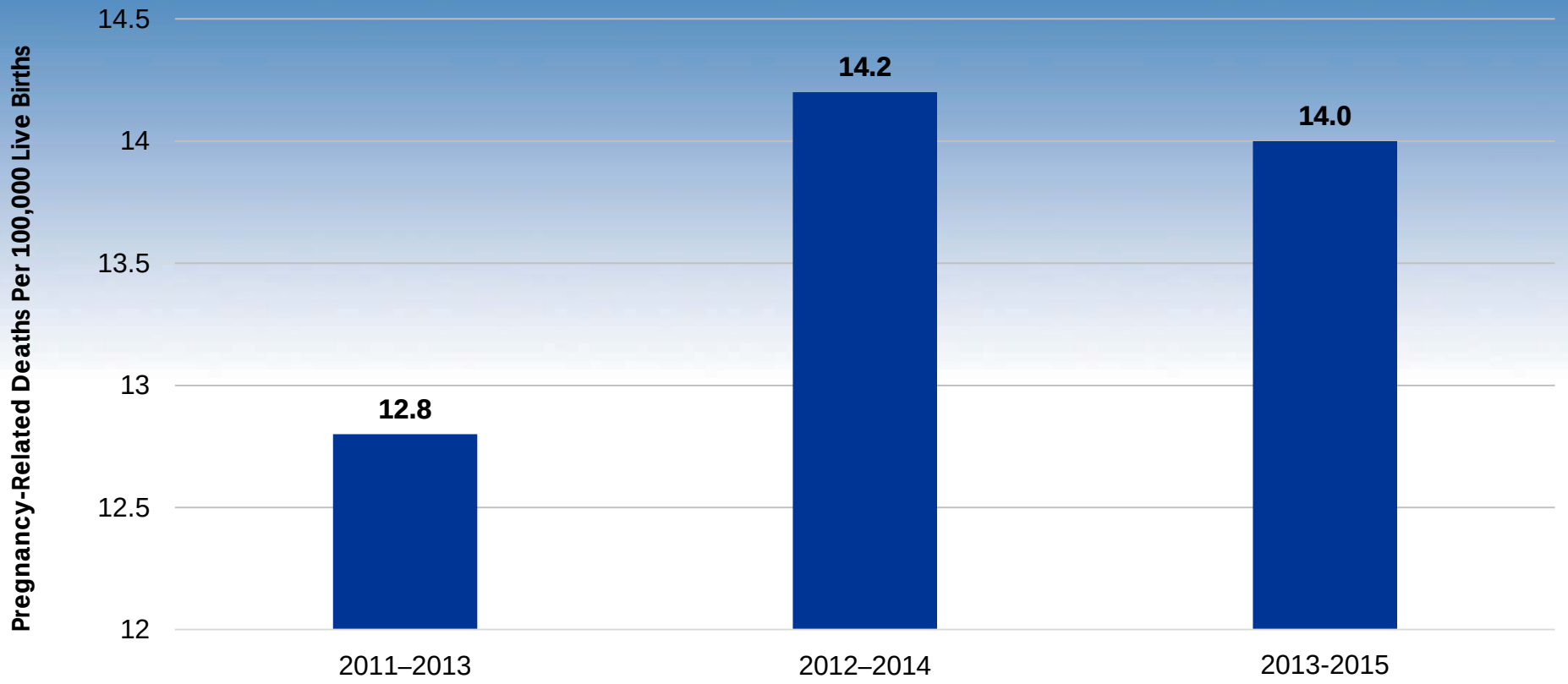
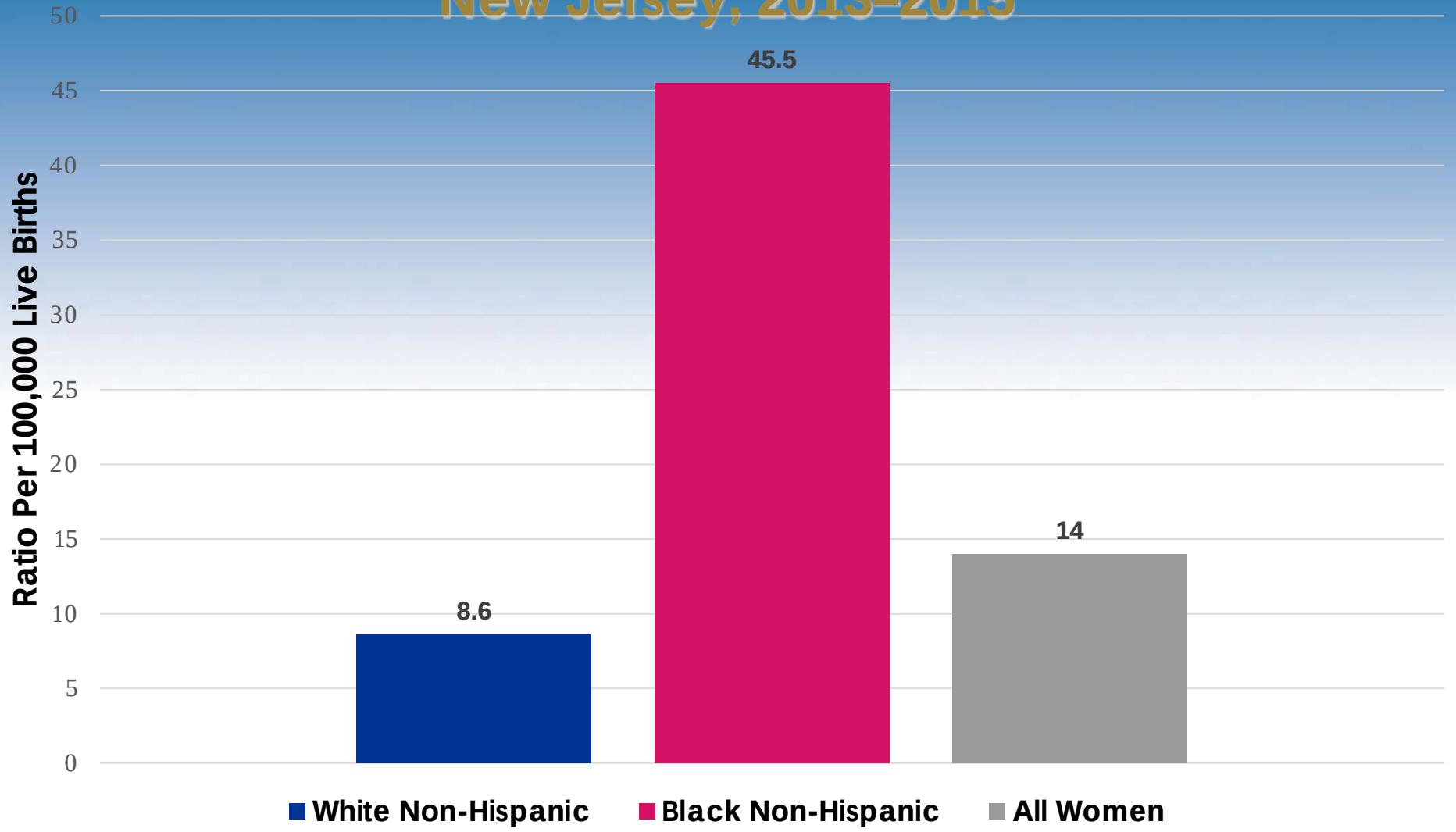
Pregnancy-Related Death Ratios, New Jersey, 2013–2015



Source: New Jersey Maternal Mortality Review Committee, New Jersey Department of Health.

Pregnancy-Related Death Ratios by Race/Ethnicity, New Jersey, 2013–2015



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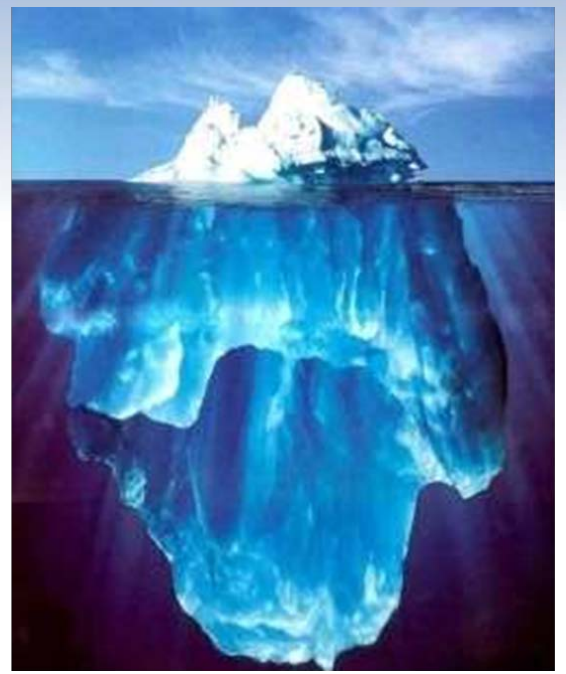
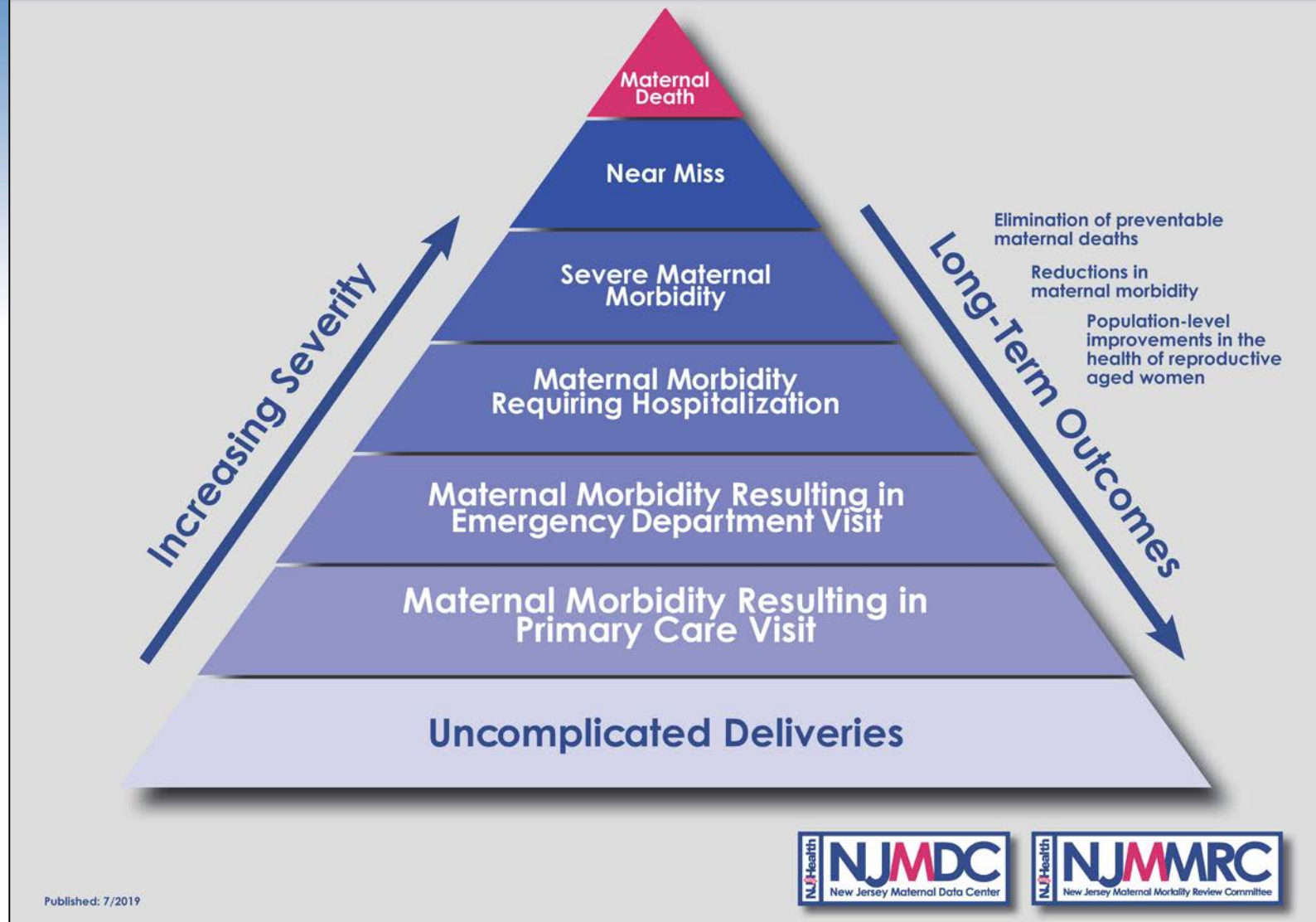


Continuum of Maternal Morbidity Showing Variation in Severity



Maternal Morbidity Rates by Race/Ethnicity, New Jersey, 2016

- **In 2016, Non-Hispanic Black mothers suffered:**
  - The highest rate of **severe maternal morbidity** with transfusion
    - At a rate of 31.2 per 1,000 delivery hospitalizations while the rate for Non-Hispanic White mothers is the lowest at 13.4 per 1,000 delivery hospitalizations.
  - The highest rate of **post-admission infections**
    - At a rate of 11.8 per 1,000 delivery hospitalizations while the rate for Non-Hispanic White mothers is the lowest at 3.9 per 1,000 delivery hospitalizations.
  - The highest rate of **postpartum hemorrhage**
    - 54 per 1,000 delivery hospitalizations and the rate for Non-Hispanic White mothers is 50 per 1,000 delivery hospitalizations while the rate for Other/Multi-racial mothers is the lowest at 40 per 1,000 delivery hospitalizations.

Source: Birth Certificate Data and NJ Hospital Discharge Data Collection System, Health Care Quality Assessment, Healthcare Quality and Informatics, NJ DOH.

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NEW JERSEY RESPONSE TO THE MATERNAL HEALTH CRISIS

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First Lady's Challenge:

Make New Jersey the Safest Place to Give Birth

New Jersey's Unique Maternal Health Context:

- Despite longstanding efforts, among worst outcomes
- Committed stakeholders and partners
  - e.g. NJMMRC, MCH consortia, NJ Perinatal Quality Collaborative
- Diverse sustained programs and novel new initiatives
  - e.g. *Healthy Women, Healthy Families,* payment reforms
- Whole-of-government focus and gubernatorial leadership

NJDOH's Process in 2018 and 2019:

- Broad stakeholder and expert engagement process
- Comprehensive environmental scan
- Concerted internal 'de-siloing'
- Use of national best practices to process and analyze data
- Efforts to acquire federal funding to support continued efforts to achieve better maternal health outcomes

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Focus On: Healthy Women, Healthy Families Initiative

Healthy Women Healthy Families (HWHF), a five year state-wide grantee program implemented on July 1, 2018, includes six community-based grantees in 12 regions and is focused on improving birth outcomes and reducing black infant mortality.

- Doulas
- Centering Programs
- Fatherhood Support
- Breastfeeding Support

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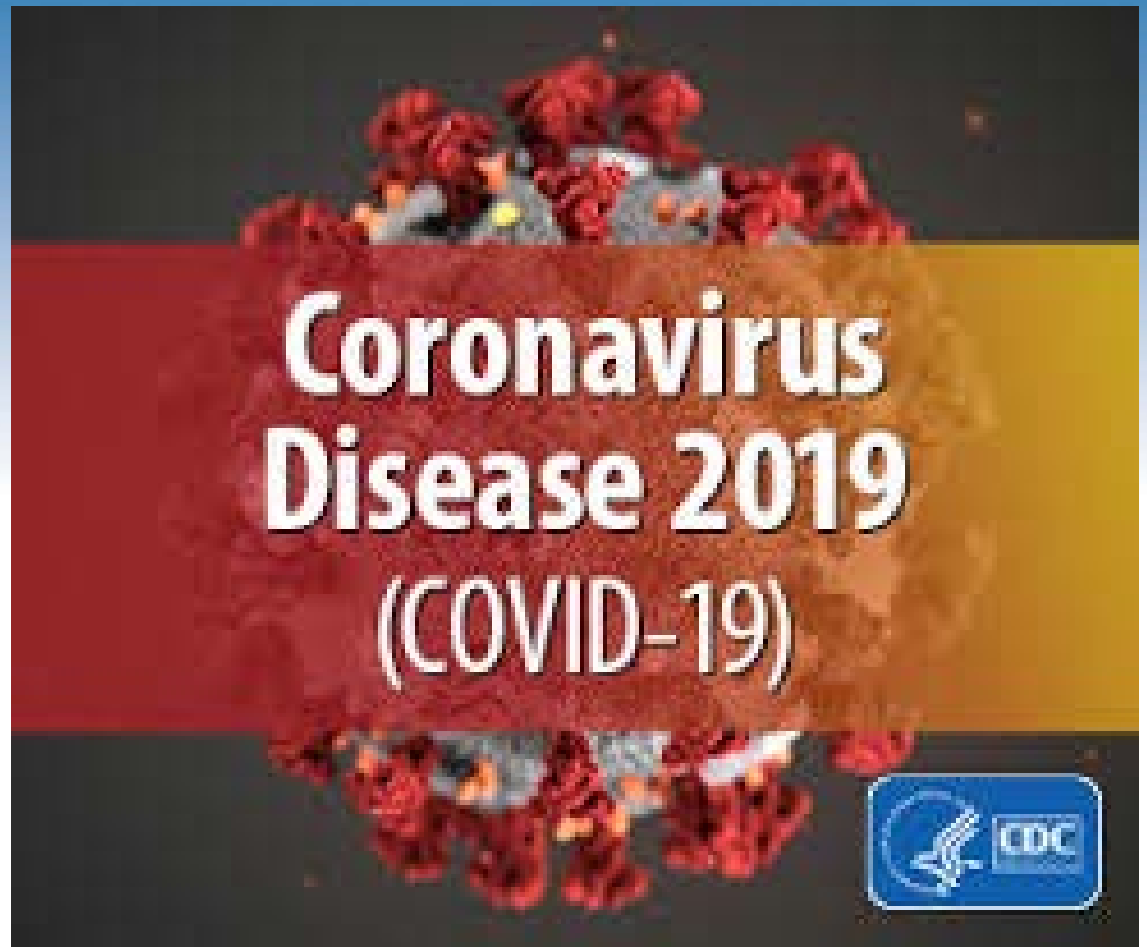

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COVID19

- **Compounding a crisis**
- **Causing complications**
- **Partnering for creative solutions**
  - Virtual doula visits
  - Virtual centering
  - Virtual Early Intervention
  - Telehealth

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Challenges with Updating Information and Guidance

- Centers for Disease Control
- American College of Obstetricians and Gynecologists
- Association for Maternal and Child Health Programs
- Midwife Organizations
- Doula Organizations
- Society for Maternal Fetal Medicine
- State and local organizations
- Health care providers and other experts
- Keeping families included.

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CDC Guidelines for COVID19

- The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine are aware that the Centers for Disease Control and Prevention (CDC) recently removed pregnant people from their webpage that outlines "people who are at higher risk for severe illness" from COVID-19. Consistent with available data, the CDC continues to recognize that pregnant women have been at risk for severe illness, morbidity, or mortality compared with the general population in other related coronavirus infections (including severe acute respiratory syndrome coronavirus (SARS-CoV).

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Labor and Delivery concerns with COVID19

Are fathers, doulas, others allowed in the delivery room?

How do we keep everyone safe?

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Implementing Restrictions

Keeping everyone safe.

Take into consideration patient care and well-being.

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DOH Guidance for Labor and Delivery

- **The Department of Health considers one support person essential to patient care throughout labor, delivery, and the immediate postpartum period. Therefore, hospitals are required to allow one designated support person to be with the expectant mother during these times.**

Labor and Delivery Support

- This person can be the patient's spouse, partner, sibling, doula, or another person they choose. In these settings, this person will be the only support person allowed to be present during the patient's care. They may not transfer these duties to another person. This restriction must be explained to the patient in plain terms, upon arrival or, ideally, prior to arriving at the hospital. Hospital staff should ensure that patients fully understand this restriction, allowing them to decide who they wish to identify as their support persons.

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Guidance on L&D Support Persons

- **L&D support persons must be asymptomatic for COVID-19 and must not be a suspect or recently confirmed case. Additionally, hospital staff must screen the support person for symptoms of COVID-19 (i.e. fever, cough, or shortness of breath), conduct a temperature check prior to entering the clinical area, and every twelve hours thereafter, and screen for potential exposures to individuals testing positive for COVID-19.**

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Personal Protective Equipment

- Personal Protective Equipment (PPE) should be given to and worn by designated support persons. Once in the labor and delivery unit, the designated support person must have extremely limited access to other areas of the hospital and not be permitted to leave and re-enter the unit.
- Hospitals may restrict the presence of a designated support person should a shortage of PPE require use of the resources by direct patient care givers.

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Partnering for further guidance in light of limited evidence to date and continuing to seek innovative approaches to new realities.

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NEW JERSEY COVID-19 INFORMATION HUB:
COVID19.NJ.GOV

NEW JERSEY MATERNAL DATA CENTER:
NJ.GOV/HEALTH/MATERNAL

NJDOH NEWSLETTER:
STATE.NJ.US/HEALTH/NEWSLETTER

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