

Addressing Maternal Healthcare Disparities in a Culturally Aware Manner

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Goals for Today

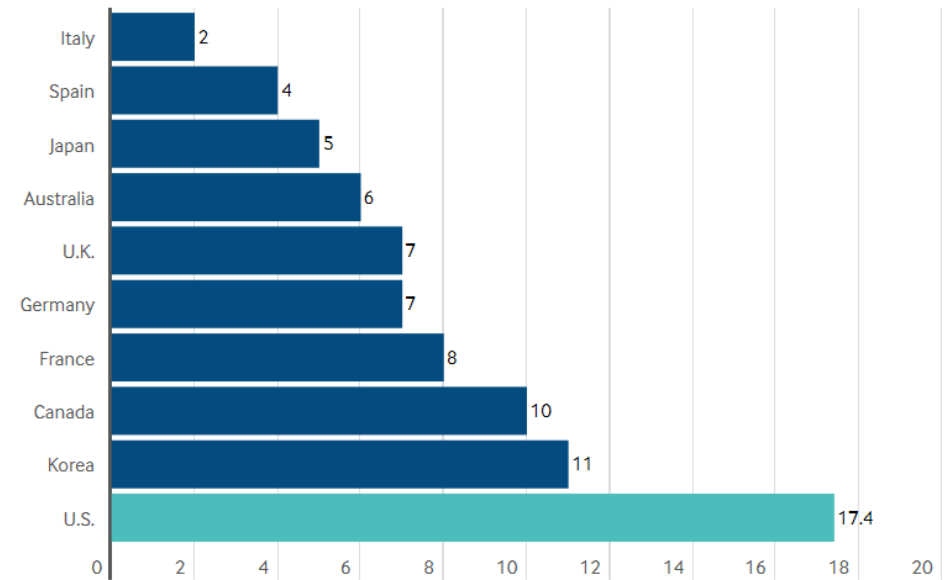
- Describe the state of maternal health in the US
- Identify the pathway to improvement
- Leave with a “Test by Tuesday”

Scope of the Problem in the US

- Maternal mortality in the US is higher than any other developed country
- Globally, maternal mortality rates are declining

U.S. Maternal Mortality Ratio Compared to Industrialized Countries with 300,000+ Births, 2017–2018

Maternal deaths per 100,000 births



[Download data](#)

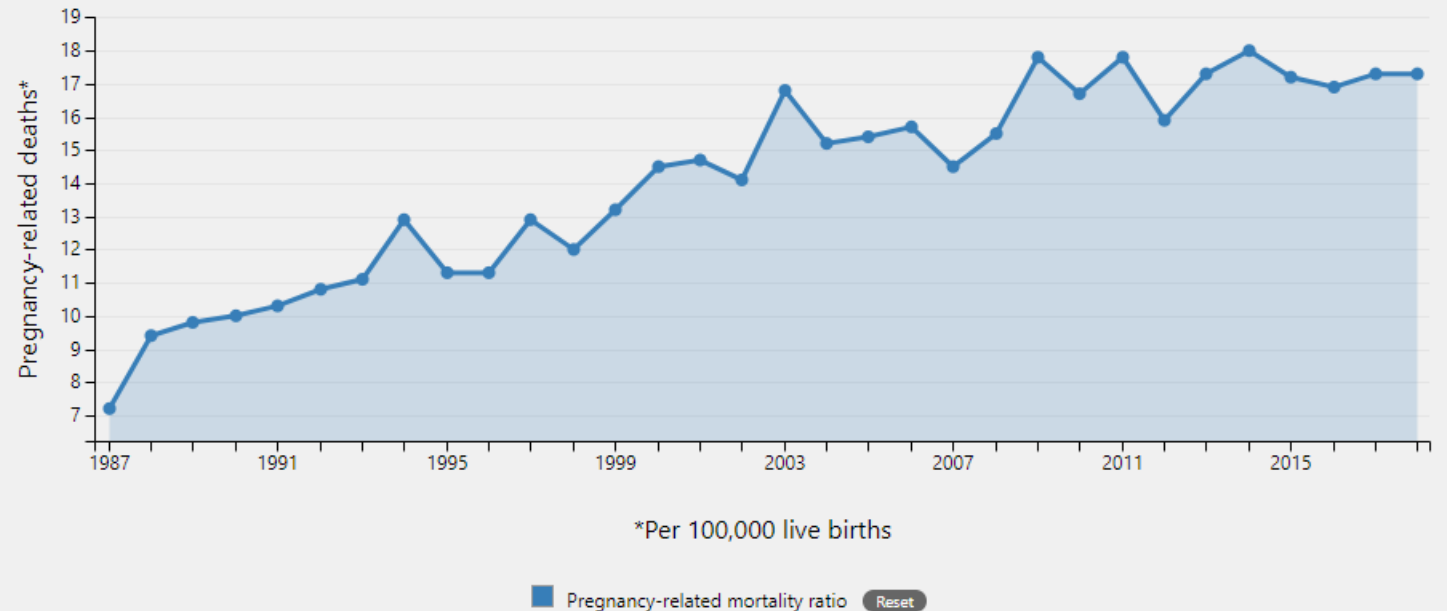
Source: Laurie Zephyrin, M.D., and Eugene Declercq, Ph.D., "Measuring Maternal Mortality," *To the Point* (blog), Commonwealth Fund, Feb. 6, 2020. <https://doi.org/10.26099/c14w-nq52>

Scope of the Problem in the US

- Maternal mortality has consistently increased in the US over the last 30 years
- In 2020, the maternal mortality ratio was 23.8 per 100,000 live births

Trends in Pregnancy-Related Deaths

Trends in pregnancy-related mortality in the United States: 1987-2018

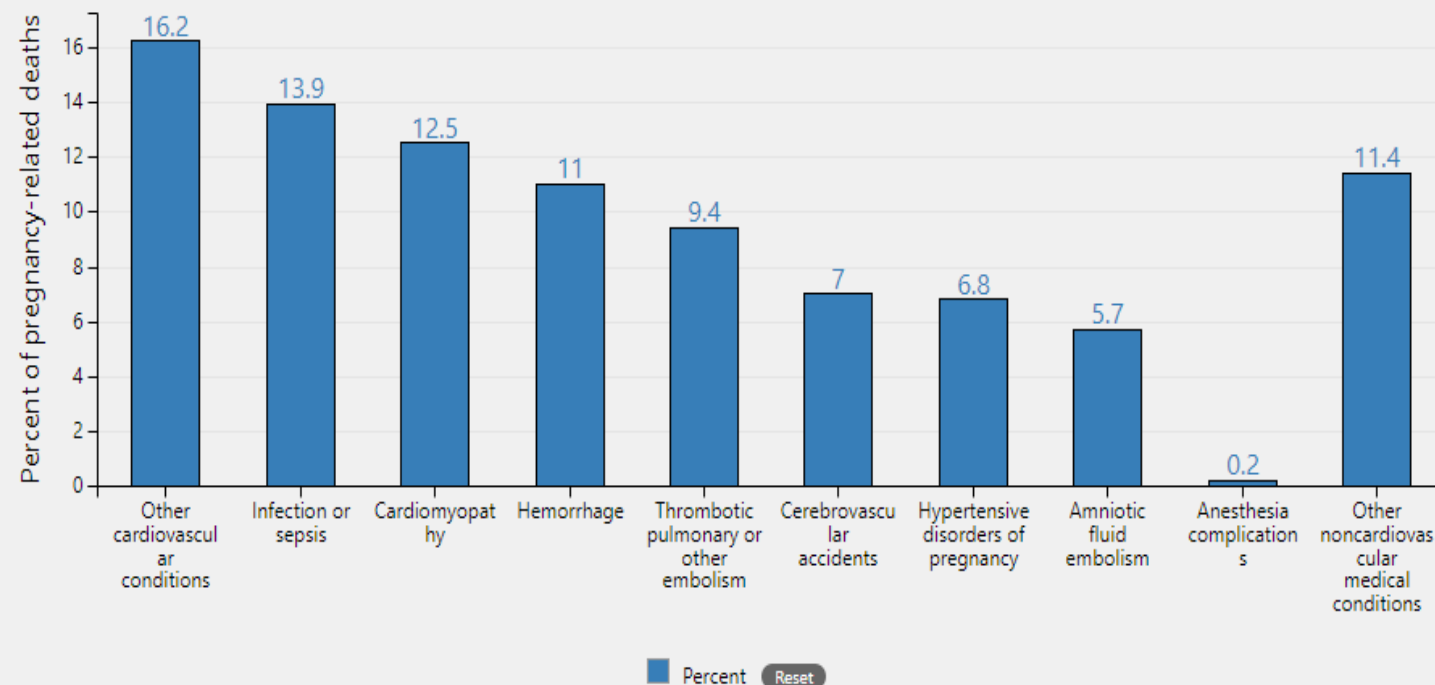


Ref Centers for Disease Control and Prevention Division of Reproductive Health.
National Center for Chronic Disease and Prevention and Health Promotion.
Pregnancy Mortality Surveillance Systems

Scope of the Problem in the US

- Cardiovascular conditions were the leading causes of pregnancy-related deaths between 2016-2018.

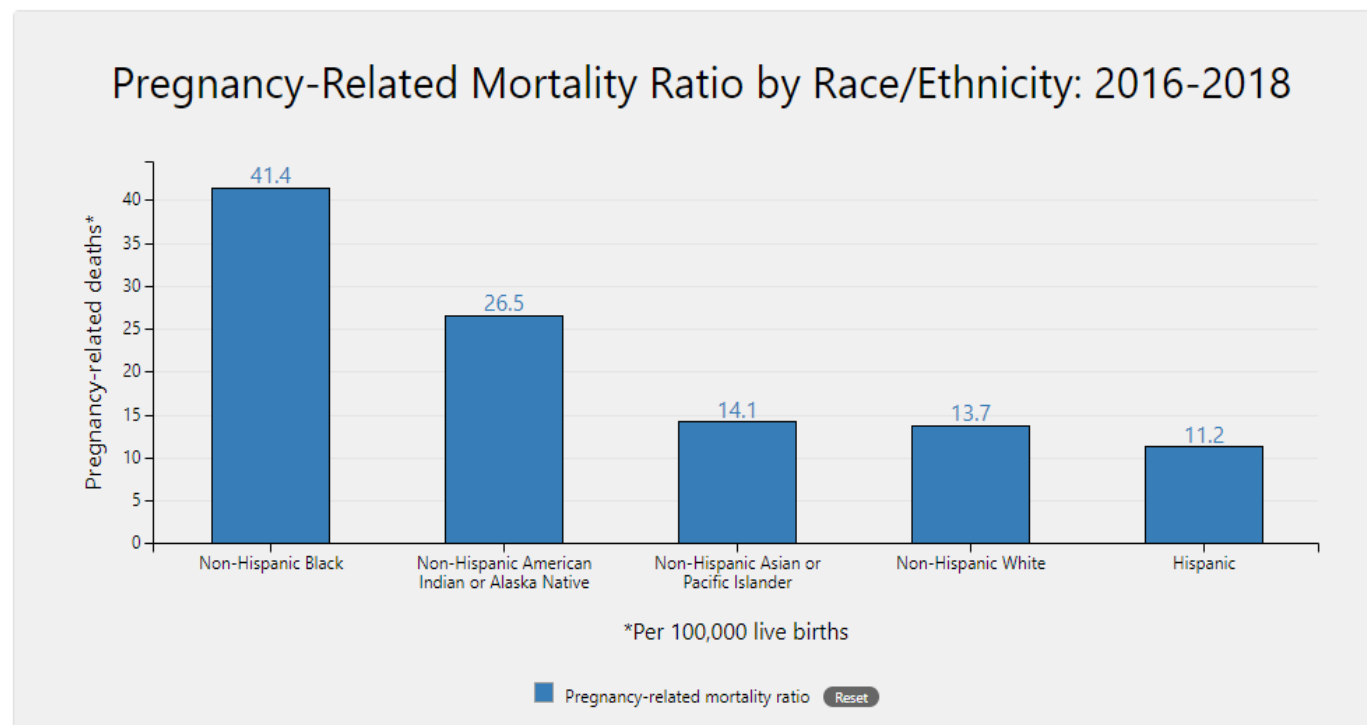
Causes of pregnancy-related death in the United States: 2016-2018



Scope of the Problem in the US

- **Black women are 3 times** more likely to experience a pregnancy-related death
- **American Indian and Alaska Native women are 2 times** more likely to experience a pregnancy-related death

Pregnancy-Related Deaths by Race/Ethnicity



Ref Centers for Disease Control and Prevention Division of Reproductive Health. National Center for Chronic Disease and Prevention and Health Promotion. Pregnancy Mortality Surveillance Systems

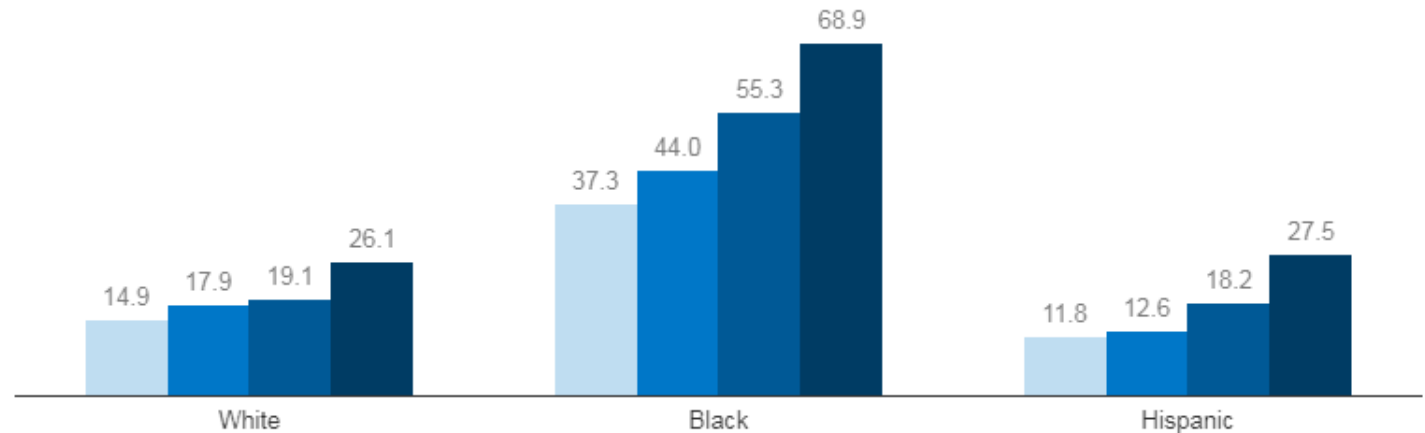
Scope of the Problem in the US

- The racial disparity gap worsened during the pandemic for Black women

Figure 2

Maternal Mortality (per 100,000 births) by Race/Ethnicity, 2018-2021

2018 2019 2020 2021



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Other races are not shown due to small numbers. Maternal deaths are defined as deaths that occur while pregnant or within 42 days of being pregnant. The 2021 mortality data are provisional and subject to change; however, the data are based on over 99 percent of deaths for 2021 as of August 2, 2022.

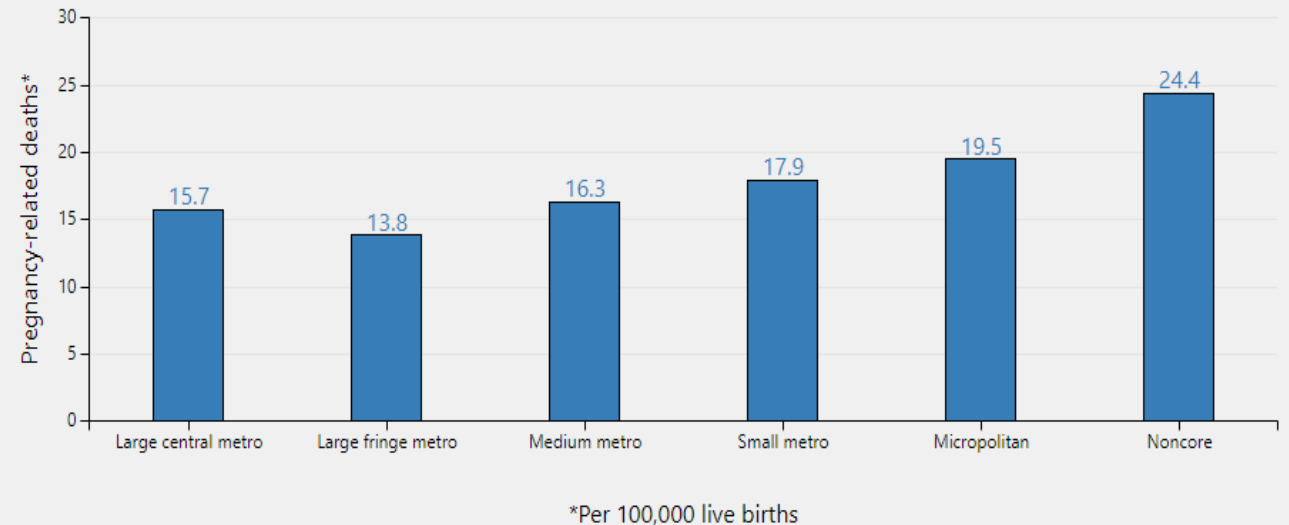
SOURCE: United States Government Accountability Office (GAO), Maternal Health: Outcomes Worsened and Disparities Persisted During the Pandemic, GAO-23-105871 (Washington, D.C.: Oct 2022). • PNG

KFF

Scope of the Problem in the US

- The pregnancy-related mortality ratio is highest in the “non-core” or rural population
- According to the [March of Dimes](#), 35% of the US is considered a maternity care desert – no hospitals or birth centers, OBGYNs or midwives per 10,000 births

Pregnancy-related mortality ratio by urban-rural classifications: 2016-2018



Ref Centers for Disease Control and Prevention Division of Reproductive Health. National Center for Chronic Disease and Prevention and Health Promotion. Pregnancy Mortality Surveillance Systems

Maternal Mortality is just the tip of the iceberg



- The rate of Severe Maternal Morbidity has increased from 74 to 140 per 100,000 hospitalizations between 1998 to 2014

Ref Centers for Disease Control and Prevention, "[Severe Maternal Morbidity in the United States](#)," last updated Feb. 2, 2021

The Financial Burden

- The cost from child's conception until 5th birthday from severe maternal morbidity

\$18,723.7 million
Medical cost



\$895 million for
Cesarean delivery

+ **\$13,576.8 million**
Nonmedical cost



\$350 million for
increased
postpartum stay

= \$32,300.6 million
Total cost

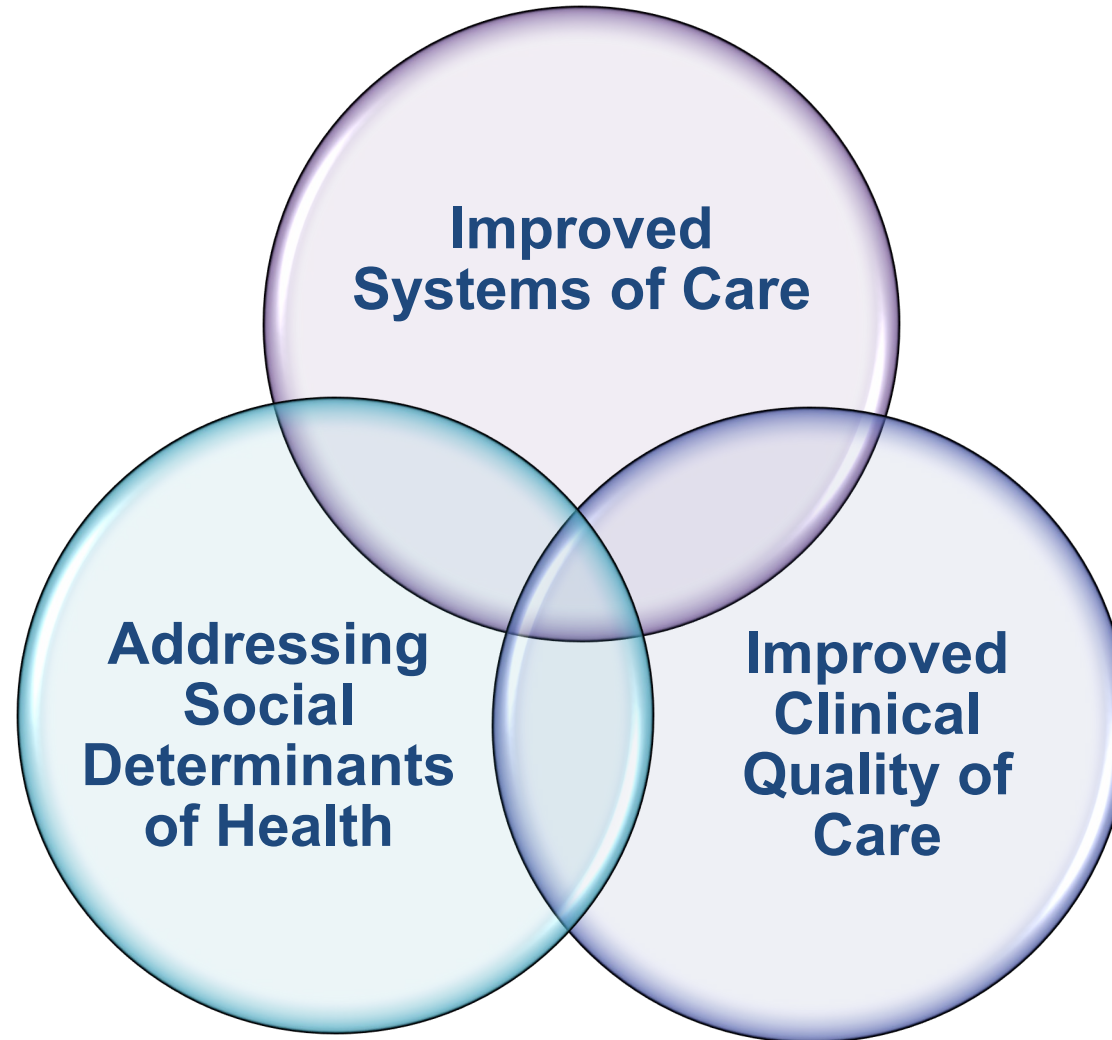


\$13.7 billion for
preterm births



\$2.1 billion for
respiratory distress
syndrome

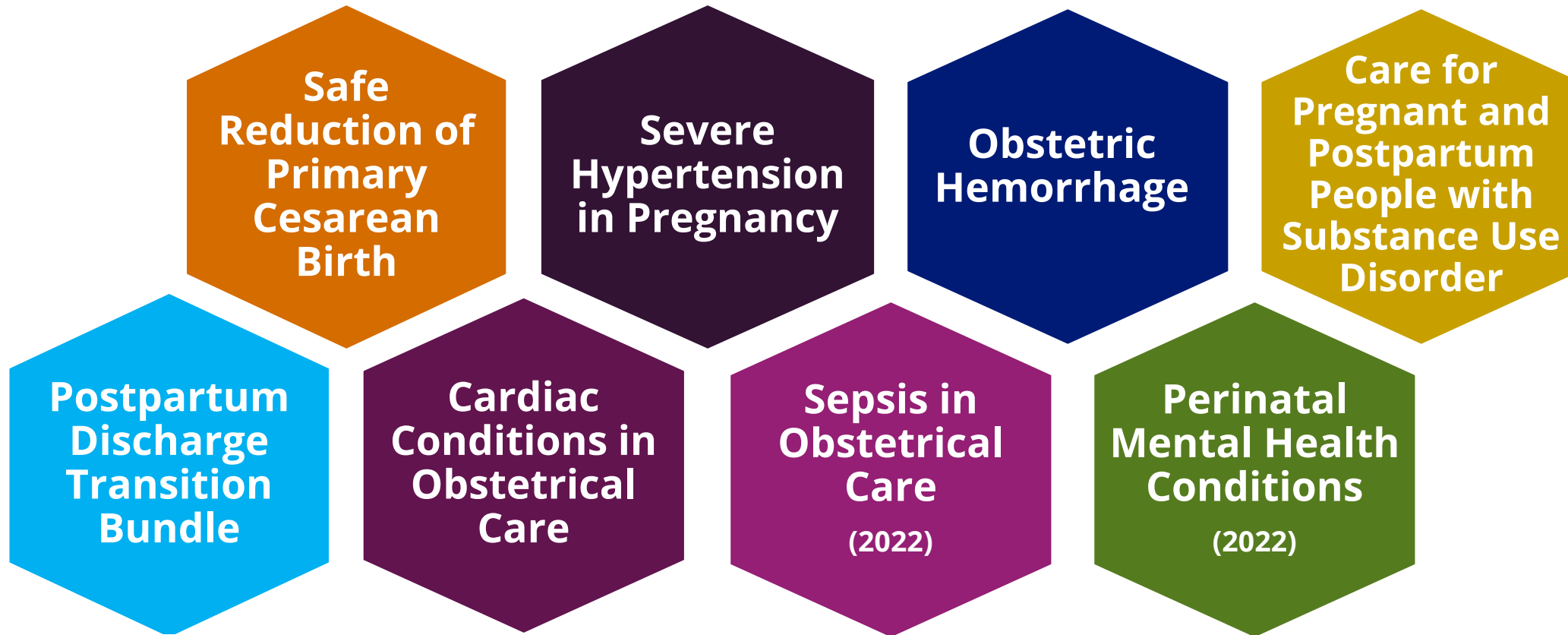
The Pathway to Improvement



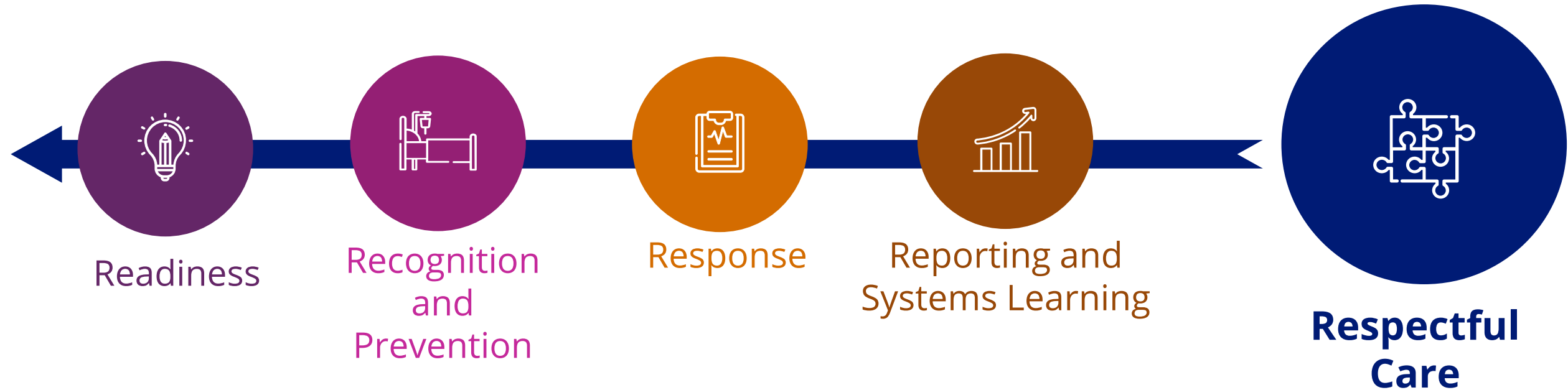
Improving quality through patient safety bundles

- **Alliance for Innovation on Maternal Health**
 - Promoting safe care for every U.S. birth via engagement with state-based multidisciplinary implementation teams.
 - Engaging multidisciplinary partners at the national level
 - Developing and providing tools for implementation of evidence-based patient safety bundles.
 - Utilizing data-driven quality improvement strategies.
 - Aligning existing efforts and disseminating evidence-based resources.

AIM Patient Safety Bundles



AIM Bundle Components



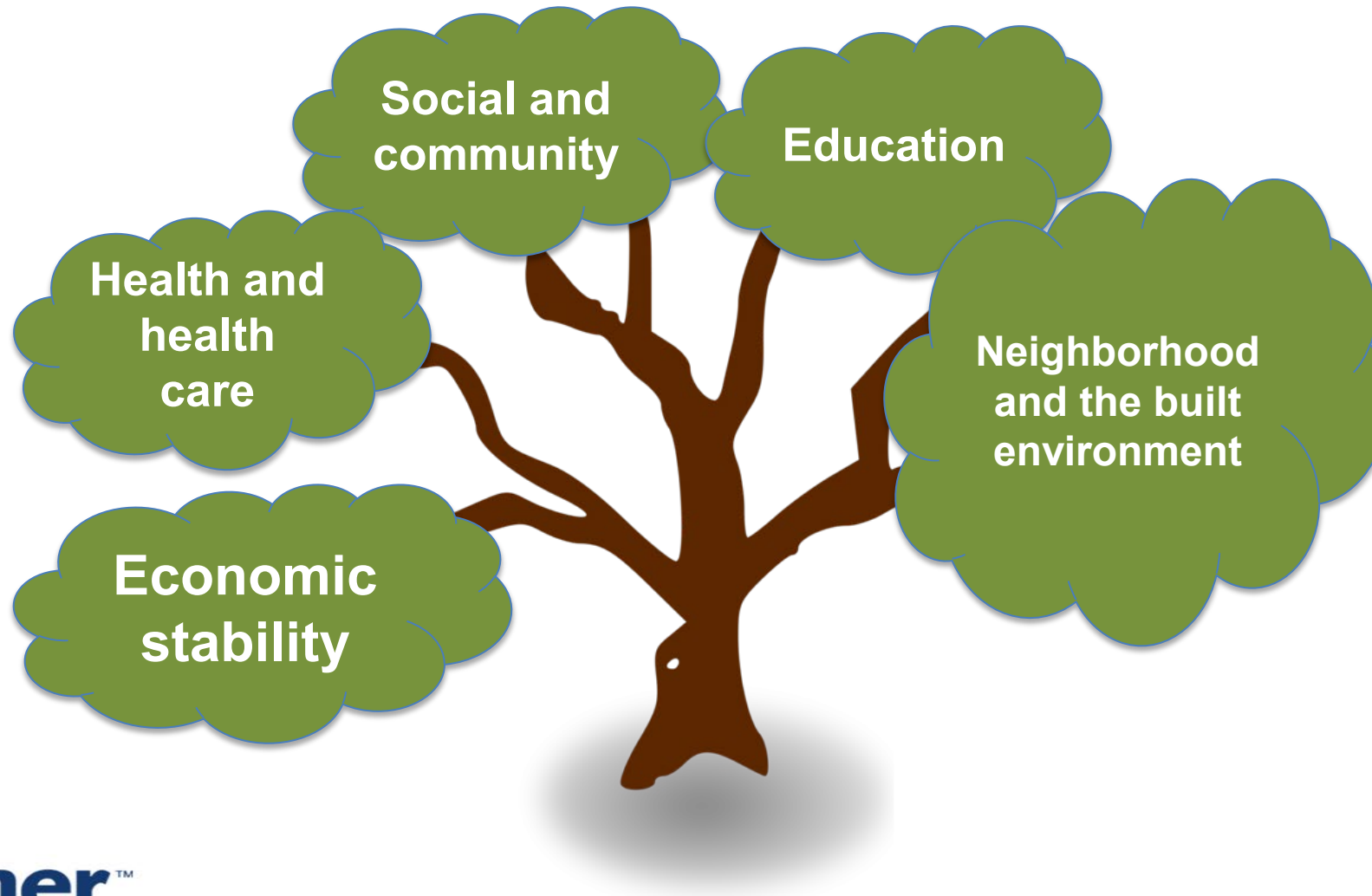
Improved Systems of Care



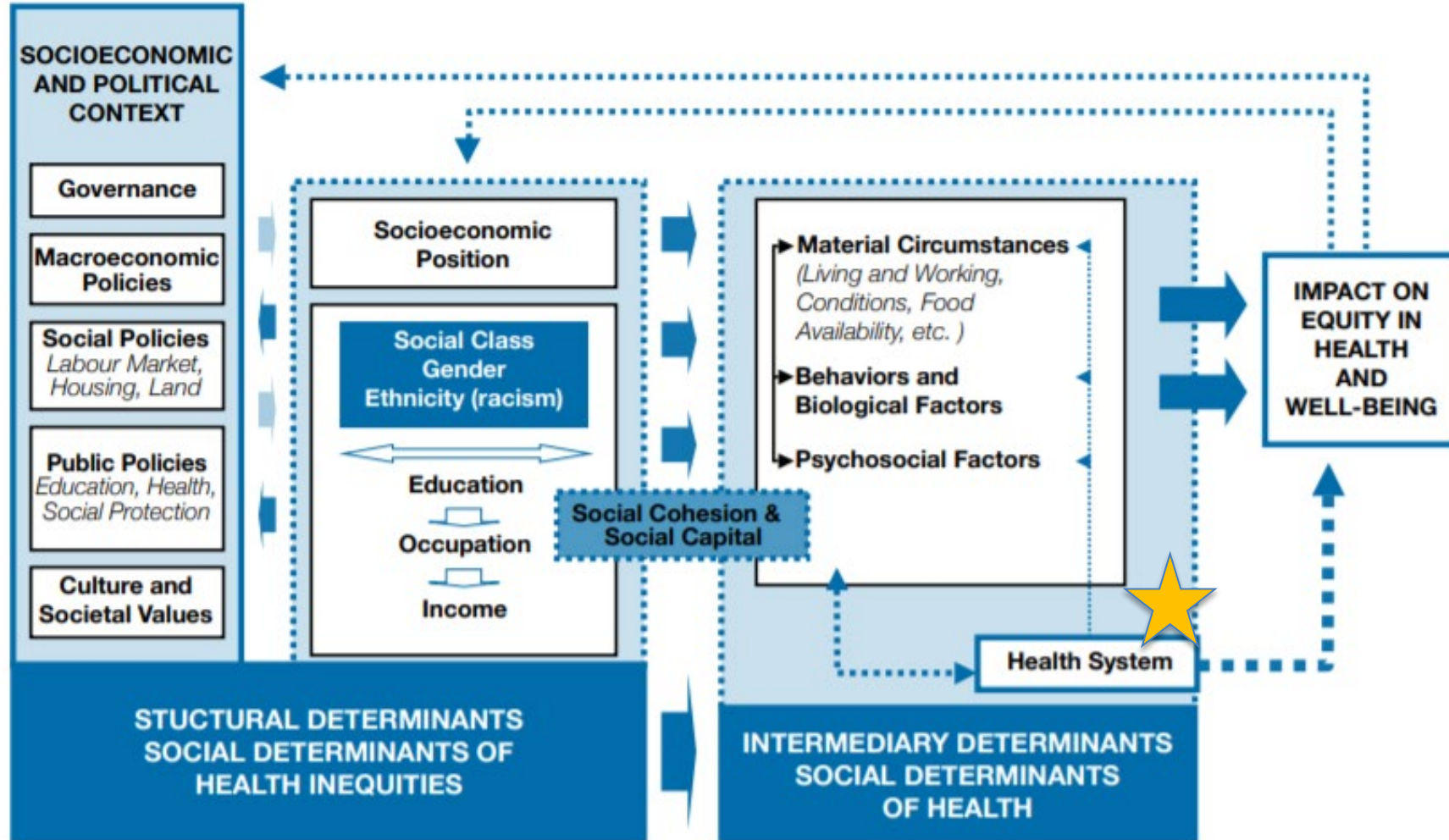
This Photo by Unknown Author is licensed under CC BY-NC

- We must meet patients where they are
 - Connected Maternity Online Monitoring (MOM)
- We must innovate care delivery
 - Telestork

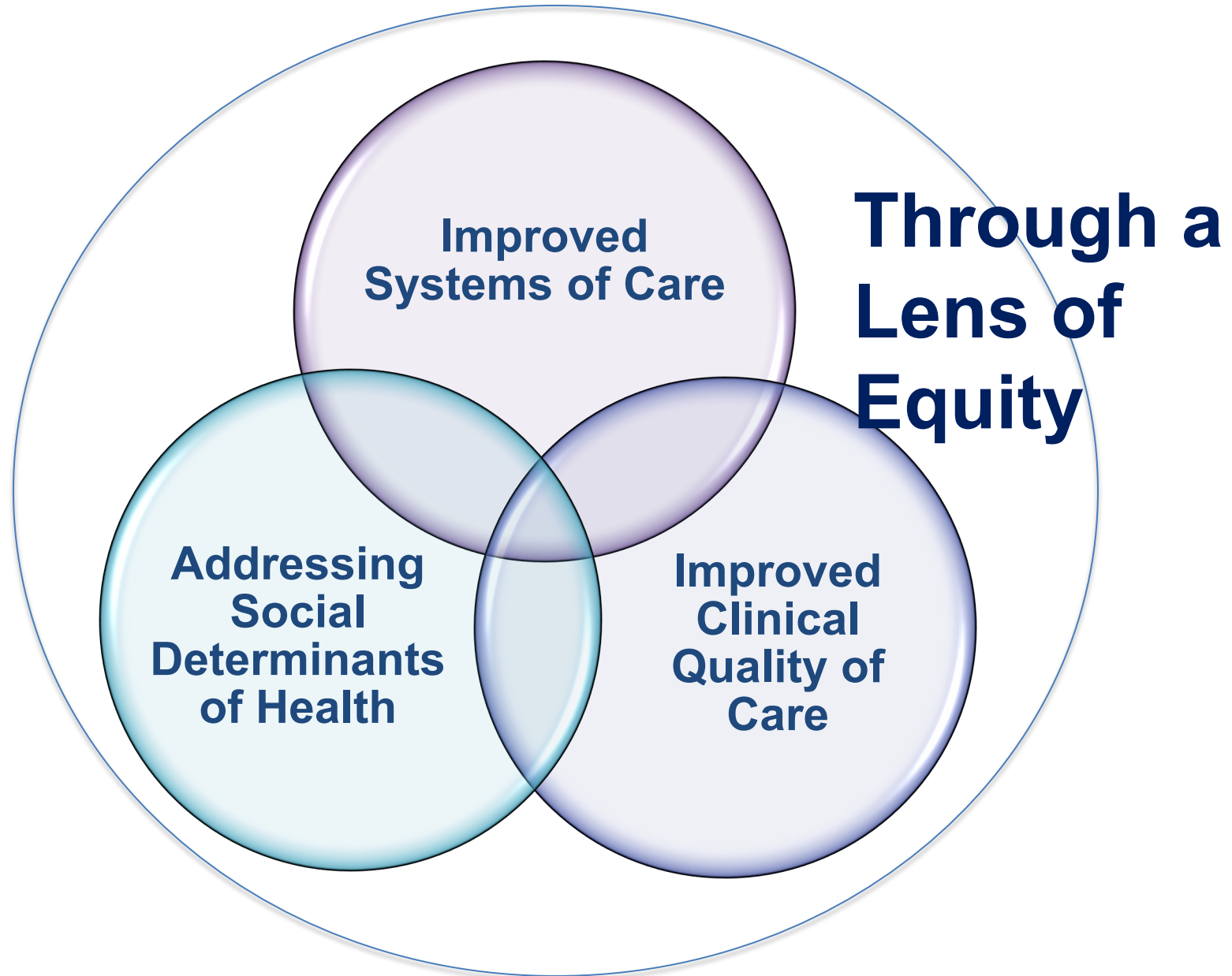
Social Determinants of Health



World Health Organization Framework for SDoH



The Pathway to Improvement



You cannot have quality without equity

- The Institute of Medicine defines quality as *“the degree to which health services for individuals and populations increase the likelihood of desired **health outcomes** and are consistent with current professional knowledge”*
- **Health disparities are the health outcome measure of progress toward health equity**

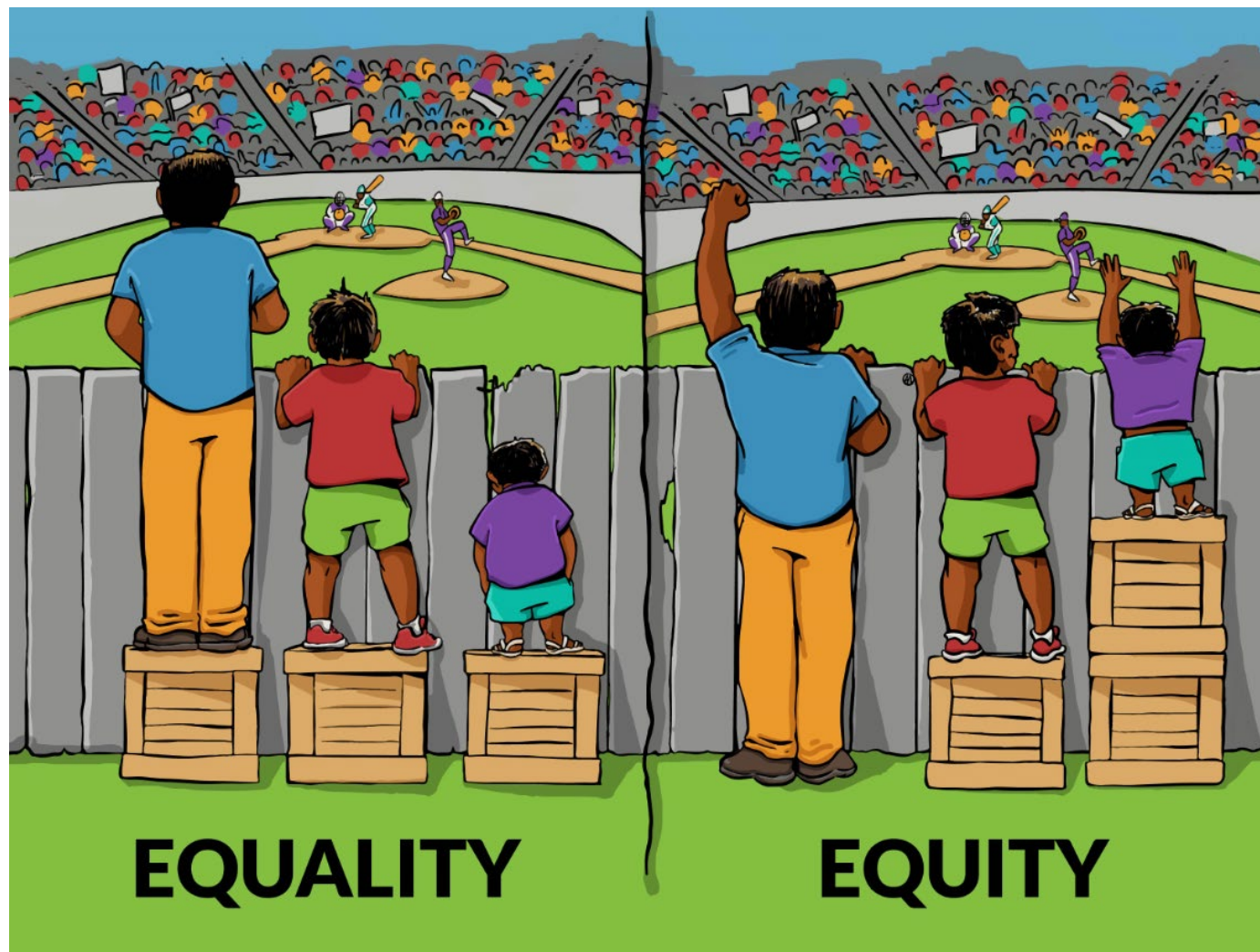
Equity	Safe
	Effectiveness
	Patient-Centered
	Timely
	Efficient

Maternal and Infant Health Disparities

- **Black women are 3 times** more likely to experience a pregnancy-related death and **American Indian and Alaska Native women are 2 times** more likely to experience a pregnancy-related death
- The rate of **preterm birth** among Black women is **50% higher** than that of white women
- The infant mortality rate for Black infants is **2.3 times higher** than that of non-Latino white infants
- The Severe Maternal Morbidity (SMM) rate for a Black woman with a college degree is **2 times higher** than that of a white woman with an eighth grade education



Equal Care is NOT Equitable Care



Equitable Care Is the same QUALITY of care

Neutral



More of the same

Narrowing



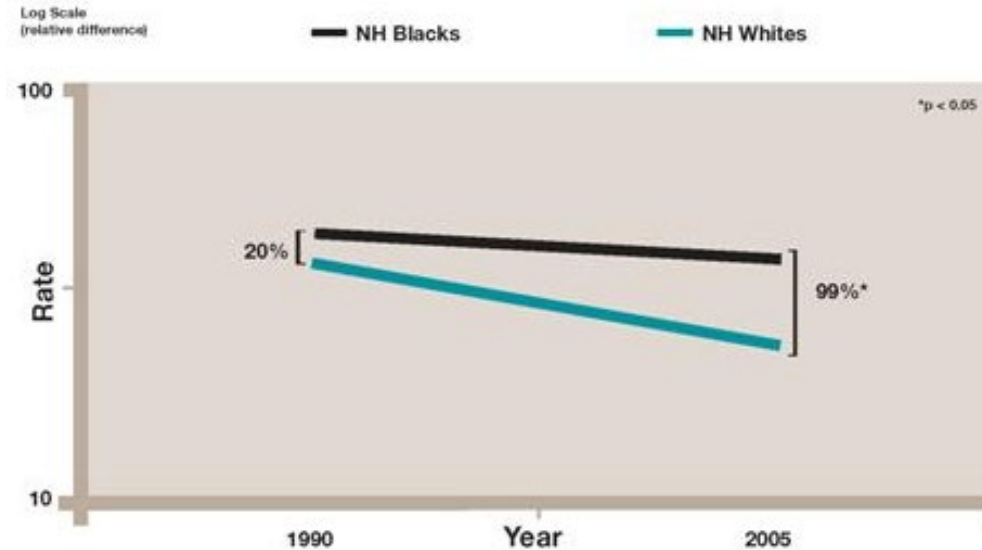
Shows improvement

Widening



Gap worsens

Breast Cancer Mortality Among Non-Hispanic Blacks and Non-Hispanic Whites in Chicago: 1990-2005



IHI: Creating Health Equity



Ochsner's Five Pillar Diversity, Equity, and Inclusion Strategy

Provide equitable care

Develop diverse and inclusive leadership

Create an inclusive environment for patients, their families, our employees and clinicians

Establish a comprehensive supplier diversity program

Develop an inclusive internal and external DEI communications strategy

What is Your Pathway to Change?



- The causes of maternal morbidity and mortality are complex
- Use patient safety bundles to improve clinical quality of care
- All improvement should be done through a lens of equity – stratify your data to see where disparities lie
- Be the change – embrace diversity

Diversity and Inclusion: Why do we need it



"Describe what you can bring to this company."

THANK YOU!

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