

# Maternal & Child Health

February 14, 2023

## KEY TAKEAWAYS

1. The quality of a mother's health before, during, and after pregnancy has lifelong impacts on the health and well-being of both mother and baby.
2. The maternal mortality crisis is compounded in Texas by the number of maternity care deserts across the state.
3. The best approach for preventing maternal death is ensuring adequate health care services before, during, and after pregnancy.
4. Midwives, doulas, home-visiting nurses, and community health workers can help bolster the maternal care workforce, especially in rural communities.
5. Ensuring adequate and timely data collection and analysis of state maternal and infant morbidity and mortality is important to monitor trends.

## PROBLEM

**The quality of a mother's pregnancy determines the well-being of her infant and is also the time when the foundations of a child's *lifelong* health are built. (1)**

- Prenatal experiences like maternal malnutrition, elevated levels of stress hormones, or exposure to toxins are linked to disease outcomes later in life through: (a) physiologic changes that can impact either the developing fetus directly or (b) the health of the mother, which in turn affects fetal development. (2,3)

**Pregnancy can also impact the health of the mother beyond the birth of her child.**

- Some women will develop medical issues like pre-eclampsia or gestational diabetes during pregnancy. (4) These issues can lead to long-lasting impacts.
- Women with these conditions see higher lifelong risks for cardiovascular disease, type 2 diabetes, and stroke. (5)
- Pre-eclampsia, a serious form of high blood pressure during pregnancy, is linked to hemorrhaging, one of Texas's leading causes of pregnancy-associated deaths. (6,7)



**FOR YEARS, THE U.S. HAS HAD THE HIGHEST MATERNAL MORTALITY RATES OF ANY OTHER HIGH-INCOME COUNTRY**

**The maternal mortality crisis in the U.S. is well documented.**

- The most recent data published in 2022 by the National Center for Health Statistics show 23.8 maternal deaths for every 100,000 live births in 2020, up 36% in just two years from 17.4 per 100,000 in 2018. (8)
- Racial disparities in maternal mortality have persisted for years. (9) Black women in the U.S. are almost three times as likely to die from pregnancy complications than white women are, regardless of socioeconomic status. (8)

**Texas accounts for nearly 10% of all live births in the U.S.**  
**Texas had the 5<sup>th</sup> highest birth rate in 2020 with nearly 370,000 babies born. (10)**

The Maternal Mortality and Morbidity Review Committee (MMMRC) was established in 2013 during the 83<sup>rd</sup> Texas Legislature through SB 495. (11) This committee uses standardized methods to review every maternal death to identify contributing causes of each death and determine whether these deaths were preventable. (7)

**In 2019, the leading causes of maternal death were: (7)**

- Obstetric hemorrhage
- Embolism
- Cardiovascular conditions
- Mental health conditions
- Injury
- Infection

**90% of these deaths were deemed preventable. (7)**

**The maternal mortality ratio among Black women in Texas is more than twice the ratio among White women, and four times that of Hispanic women. (7)**

Data from the MMMRC and Texas Department of State Health Services Joint Biennial Reports are collected from hospitals, Medicaid databases, and death certificates.

- **Texas is the only state that requires all maternal mortality records to be redacted before they are reviewed.**
- Data analysis then becomes complicated and less transparent, and our ability to understand and prevent maternal death becomes hampered. (12)

**THE MATERNAL MORTALITY RATE IN TEXAS TOTALS 20.2 PER 100,000 LIVE BIRTHS (7)**

**Ensuring access to timely, high-quality healthcare before, during, and after pregnancy is important in improving the health of the mother and infant.**



It is recommended that moms schedule their first appointment with an Obstetrician-Gynecologist (OB-GYN) during the first trimester. **Texas has the lowest proportion of mothers who meet this recommendation compared to any other state**, with only 66% of mothers receiving prenatal care in the first trimester, as opposed to 76.1% nationally. (10)



**Of all 50 states, Texas has the 3rd highest percentage of births to women not receiving adequate prenatal care, at 20.6%. (13)**

- Approximately half of women of reproductive age in the U.S. skip or delay needed care due to costs, likely driven by the lack of adequate medical insurance coverage. (14)

# Postpartum Data

## Many moms also put off accessing medical care after delivery.

Currently, about 40% of women do not attend their postpartum visits, which means chronic health conditions and contraception are not effectively managed in the inter-pregnancy period. Attendance rates are lower among populations with limited resources, exacerbating existing health disparities. (17)

## Medical care in the postpartum period is necessary.



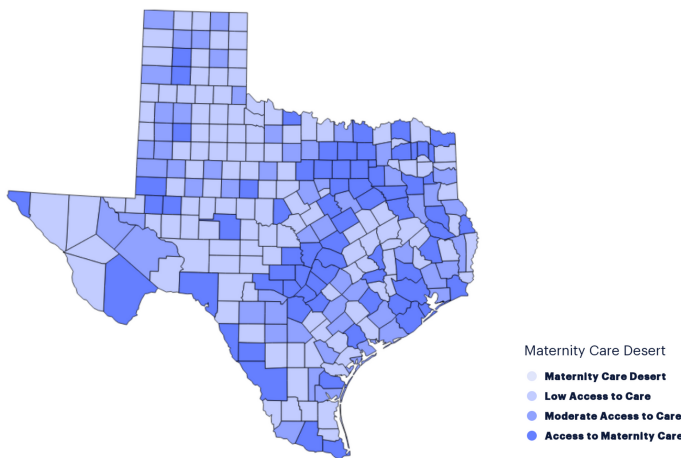
**40%** maternal deaths occur in the first 6 weeks

**52%** maternal deaths occur within the first year after birth

Substance use disorder and mental health disorders are leading causes of maternal death. It is imperative for women to receive integrated, comprehensive healthcare for the duration of the postpartum period. (15, 16)

## MATERNITY CARE DESERT

Texas, 2020



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## Maternity Care Deserts

Consistent, high-quality medical care is essential to protect the health of all moms and babies. However, geographical access to healthcare is another issue many families in Texas face, particularly in maternity care access.

Cochran, Duval, Valverde, and Culberson counties in Texas have the highest percentage of women (more than 55%) not receiving prenatal care during the first trimester. (10)

March of Dimes defines a maternity care desert as any county without a hospital or birth center offering obstetric care, and without any obstetric providers. (18)

**12.0%**

births nationwide take place in counties with limited or no access to maternity care. (18)

**21.7%**

Texas counties have low access to maternity care. (19)

**48.8%**

Texas counties meet the criteria defining *maternity care deserts*. (19)

**55.5%**

Texas counties do not have a single OB provider. (19)



Studies show that failing to invest in the well-being of women and children during pregnancy and the early years of life results in major losses of economic productivity and higher burdens of healthcare costs. (1)

Policy solutions to these issues include:

### 1) Expanded Access to Maternal Healthcare

- a) Postpartum Medicaid Coverage
  - *To ensure that women have the means to access necessary health care during the medically vulnerable postpartum period, Medicaid coverage should be increased from 6 months to 1 year.*
- b) Increased use of Group Prenatal Care
  - Group Prenatal Care provides education, support, and obstetric care to women with similar gestational age in a group format. (20) In Texas, Group Prenatal Care is billable to insurance, including Medicaid Managed Care Organizations, and even receives enhanced reimbursement rates.
- c) Support Texas Child Mental Health Care Consortium's upcoming PeriPAN initiative
  - A pilot expansion of the Child Psychiatry Access Network (CPAN), the Perinatal Psychiatry Access Network (PeriPAN) is a hotline for clinician-to-clinician consultation between psychiatrists and obstetricians, Certified Nurse Midwives, or primary care providers who serve pregnant women and new mothers experiencing mental distress. (21)

### 2) Create a Broader Maternal Care Workforce

- The roles of Certified Nurse Midwives, doulas, home visiting nurses, and community health workers are especially important in the context of maternity care deserts in rural areas where there is a scarcity of obstetricians.
- For moms with uncomplicated pregnancies, clinical professionals like Certified Nurse Midwives may be a more accessible alternative to traveling for OB-GYN appointments. (22)
- Home visiting programs like Nurse-Family Partnership provide care and support from specially trained nurses to moms and families, starting in early pregnancy until the child's second birthday. (23)



### 3) Making Maternal Health Data More Accessible

- To optimize our ability to quantify, understand, and prevent maternal death, the collection, review, and release of Texas maternal morbidity and mortality data must be streamlined. (22)
- Coordinated data collection approaches across entities, as well as data transparency and availability, can help us to assess and intervene on maternal morbidity and mortality effectively.
- Disaggregating data by race and ethnicity can also allow for prevention and intervention strategies that specifically address the causes of racial disparities in maternal morbidity and mortality.

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# NEXT STEPS

Connect with our team for more information on how TX RPC can help you.

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