

## **Promoting Maternal Health in Texas: A Call to Action**

**Announcer:** Welcome to this podcast hosted by Texas Health Steps Online Provider Education. This is one of two podcasts about promoting maternal health in Texas. In this episode, we will cover action steps that health-care providers and organizations can take to prevent maternal morbidity and mortality. All the guidelines we'll discuss are based on data about pregnancy-related health risks facing Texas women.

We are speaking with two experts today. The first is Dr. Manda Hall, Associate Commissioner for Community Health Improvement at the Texas Department of State Health Services. Dr. Hall is the point person for the state's efforts to reduce maternal mortality and morbidity. Dr. Hall, welcome.

**Dr. Hall:** Thank you, I'm glad to be here.

**Announcer:** Our second guest is Dr. John Hellerstedt, a pediatrician and former health-care executive who now serves as the Commissioner of the Texas Department of State Health Services. Welcome, Dr. Hellerstedt.

**Dr. Hellerstedt:** Thank you, I'm glad to be here as well.

**Announcer:** Dr. Hall, before we talk about action steps, please give us a brief overview of the data and the initiatives that are underway to promote maternal health in Texas.

**Dr. Hall:** So I think it's important to talk about how we look at the data when we're talking about maternal morbidity and mortality. First, we talk about a maternal mortality rate, which is a death that occurs within 42 days of the end of a pregnancy. We also look at maternal deaths up to one year and that's really the work of our Maternal Morbidity and Mortality Task Force. And what that allows us to do is to really do an in-depth review of each individual case. So with the review of the Task Force, along with being able to look at administrative data to get statewide data trends, we're really able to use that information to paint a picture of what we're seeing here in Texas. And then through that data, we're then able to move forward programs and initiatives to help improve maternal health outcomes.

What the data has shown us is that the majority of deaths actually take place more than 60 days postpartum, and then when we look at the causes of death, the top cause of death is actually drug overdose. But when we look at that zero-to seven-day time period, which we use as a proxy for an inpatient stay, we know that top causes of death include obstetric hemorrhage and eclampsia.

When our Task Force looked at cases, they actually found that about 40 percent of the cases that they reviewed are what we call pregnancy related, meaning that if that woman had not been pregnant, she would not have died. We also, as a Task Force, look at the preventability of those maternal deaths. We know that the majority of cases that were reviewed were actually determined to be

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preventable. We also know that some of the top causes of death included coronary conditions, cardiovascular issues, infection, and sepsis. We also know that obstetric hemorrhage was one of those top causes as well.

When we look at a maternal death case, we know that there are multiple factors that contribute to that woman's death. And those factors are at the individual level, at the provider level, at a facility level, and at a systems level. And so by looking at those statewide data trends and then also looking at those individual cases, we can then start looking at initiatives that can help improve maternal health outcomes here in Texas.

**Announcer:** Let's dive in to some of the specific recommendations about how to address major causes of maternal morbidity and mortality. One of the key conclusions seems to be that many causes of complications can be prevented. How do we go about preventing them?

**Dr. Hellerstedt:** Well, that's really the challenge, I think, is to understand what the risk factors are, so we have a pretty good idea about that, and then educating, really, the patients themselves as well as doctors and the care team about knowing what those risk factors are. Asking questions about it and taking appropriate ways to treat an underlying condition, for example, and mitigate the risk, or to be aware of those risk factors and then be looking for the emergence of some complication that may be related to those risk factors. So it's improving the awareness and the responsiveness and the knowledge base of both the patients and the physicians. We want patients to be educated as well so that they can speak up for themselves, so that they can understand the importance of their own medical history and how that may or may not contribute to their risk factors.

**Dr. Hall:** And so we know that one way to help address that too is through care planning and care coordination. So that is helping women who may be at high risk get linked to the appropriate services and supports they need so that we can all be working towards the healthiest outcome we can.

**Announcer:** One of the concepts that's often discussed is *life course*. Can you tell us a little bit about that?

**Dr. Hall:** Life course is that understanding that the decisions you make now can have impact down the road. It's also the understanding that the decisions you make now are not just going to impact you, but they're going to also impact others. And so when we think about life course, it's those concepts around those decisions I make around health, those decisions that I make around being as healthy as I can. I may not be deciding to become pregnant today but whether that's 10 years from now, someday starts now. We want to start thinking about those things now because the health choices I make today are going to impact

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my health in the future and therefore we know that down the road we want to go into pregnancy, if that's what a woman chooses, to be as healthy as possible.

**Dr. Hellerstedt:** One of the concepts that we deal with a lot as population health, so we think of this in a population health context as well. So what does that mean? Well in population health, you're looking at a group of people who all have something in common with one another and you're saying, well what are the diseases? What are the health conditions that they all have in common because of their common demographic, if you will.

So in particular, when you're looking at maternal morbidity and mortality, it's a perfect example of population health. Who's the population you're looking at? Well, at the very narrow end, we're looking at maternal mortality, so those women who die in a circumstance that's related to their pregnancy. Well but then beyond that, as we mentioned earlier, for every maternal death, there's probably anywhere between 50 to 100 episodes of severe maternal morbidity. And then what influences that? Well, ultimately it is, in fact, the life history of those individuals and it's the health of the population in general.

So if you want to affect maternal mortality, then you need to affect those factors that affect maternal morbidity, and in order to do that, you really have to look at the health factors of all pregnant women. And if you want to affect the health of pregnant women, you need to look at the health of all women of childbearing age. So it suddenly becomes clear that we're really all about trying to improve the health of women of childbearing age, and then have a significant impact on maternal morbidity and maternal mortality.

**Dr. Hall:** And so when we think about the work that we do and the programs that we have, we think about those that we know are going to be able to address those things that are happening emergently in the context of a hospital. But there's these other periods of times that are really important, and it's these interconception and these preconception periods. So these are the periods of time before a woman would get pregnant or in between pregnancy. And those are really good opportunities for physicians to screen women and think about those different risk factors such as obesity, underlying hypertension, underlying diabetes, smoking. We know that all of these contribute to maternal health outcomes, and if we're screening and we're intervening during these time periods, when women choose to become pregnant, they can go into a pregnancy as healthy as possible.

**Announcer:** What about screening a woman after she's had the baby? For example, postpartum depression screening?

**Dr. Hall:** So we know that postpartum depression, we understand that that impacts not only the woman but it also impacts her infant. We also know that when we look at the causes of maternal death and we look at the timeline analysis that we've

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been able to use administrative data for, we know that if you look 60 days or greater postpartum, one of the leading causes of death is actually suicide. So what are those things that we can be doing to be screening these women to help make sure that they're getting the services and supports that they need?

So one of the things that is important is around screening, not only during pregnancy, but also in that postpartum period. I know that one of the things that has happened here in Texas is that pediatricians can actually get reimbursed for doing that postpartum depression screening within the pediatric office. So that's another point in time where physicians can be screening a woman and then helping to make sure that she gets the help that she needs.

**Dr. Hellerstedt:** Correct. And that's a Medicaid benefit here in Texas.

**Dr. Hall:** Another aspect of things that can be done within the context of a physician's office is when we think about the role of opioids and maternal health and maternal death, we know that actually that drug overdose is the leading cause of death. So those opportunities around screening and intervention, referral and treatment really there's an opportunity for that within the context of a physician's office that can help get women linked to services that they may need.

We know that that then can help with the linkage of when this woman may be moving from that outpatient setting into that inpatient setting. And so when they go in to deliver, ensuring that they are getting, once again, those services and supports they need within the context of the hospital but also that outpatient setting is also very important.

**Announcer:** What are the key ways you're working with providers to promote maternal health?

**Dr. Hellerstedt:** So right now, a lot of our energy, and I think rightly so, this is going to be a multi-year effort, ideally it's something that will be continuous, we'll always be trying to improve on maternal morbidity and mortality, so our work will never be done. Right now the emphasis is on those inpatient AIM initiatives that are around maternal hemorrhage. We are piloting, in fact, some things that have to do with maternal opioid misuse bundle and that will have, as Dr. Hall mentioned, both an inpatient and an outpatient component.

We'd really like to also get started on maternal eclampsia, high blood pressure, stroke protocols that can be used in an inpatient setting. We are hoping that we will get the ability and the resources to do more of that case management and outreach to provide resources for doctors and health-care professionals in their offices to recognize and to respond appropriately.

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**Dr. Hall:** And there are certain initiatives that would be a great opportunity for physicians and hospitals and systems that wanted to participate in. We are very fortunate that we have the majority of hospitals that provide birthing services participating in Texas AIM, but being a part of that quality improvement team, and really being a champion within your hospital, within your practice, around maternal health and safety and quality improvement is very, very important. I think there's also different programs that are available that physicians could be a part of.

Another example of that would be participating in our state perinatal quality collaboratives, the Texas Collaborative for Healthy Mothers and Babies, who's focusing on quality improvement initiatives to improve both maternal and infant health outcomes. And they're working on a wide variety of initiatives that would be a great place for physicians to be able to be a part and participate in. And then really understanding what resources are available, as Dr. Hellerstedt had talked about, and really how that can be implemented within the context of their practice.

**Announcer:** What do the data tell us about health disparities among different demographic groups?

**Dr. Hellerstedt:** We don't really understand it all. So some of the health disparities seem to exist independent of income or independent of education and we don't really understand what that is. So the Maternal Morbidity and Mortality Task Force in Texas has formed a subcommittee specifically to look at the disparities and try and discern what exactly is the root cause and what can be done to improve it.

**Dr. Hall:** And I think there are other initiatives that are ongoing at DSHS, specifically with our local partners that really is looking at those risk factors that can be associated with maternal health outcomes. And so when we think about healthy lifestyles and the role of chronic disease, one of the programs that we have had ongoing is one called Preconception Peer Educator Program. This is a program that has focused on historically Black colleges and universities to really talk about the role of chronic disease, the role of healthy lifestyle choices, but we're really working now with our local partners because we want to see this program rolled out in all universities here in Texas. We want to see it at the community college level, we want to be able to be as far reaching as we can because we want to be able to impact as many women as we can.

And then we do work at the local level that happens within the context of a community through our local Healthy Texas Mothers and Babies community coalitions. And so this is really going into communities where they're partnering with other community organizations to see what they can do at the community level to improve both infant and maternal health outcomes. So if you go to the different coalitions, they may look a little bit different because they're focusing

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on what they have seen work within their communities. And so it's really an opportunity to work, not only at the state level, but at the community level.

**Announcer:** So, what are the key takeaways for all of this?

**Dr. Hellerstedt:** I think one of the key takeaways is that it's something that, first of all, that Texas is very determined to improve the statistics that we have and the outcomes of maternal morbidity and mortality. So that's very important to remember. And so we're going to be sticking with it and it's going to be a concerted effort that again, we think will be essentially a continuous way to improve the outcomes and improve the care in Texas.

I think the other thing is to realize that the work of the morbidity and mortality task force has shown that in a given maternal death, there are often many different factors that contribute to that bad outcome. Some of those may be medical factors, others may be socioeconomic factors. But there are many contributing factors that are there. So in order to have an effect of reducing the maternal deaths, we're going to have an effect on the health of all women of childbearing age ultimately to get to the point where we make those kinds of improvements. So it's a very broad way of trying to improve the health of every pregnant woman so that we can avoid these terrible outcomes.

**Dr. Hall:** And we have an opportunity across a woman's life course to really think about where there are points of intervention to help ensure that we have the healthiest outcome possible. So it's looking not only at that acute setting, where there may be an emergency within a hospital, but thinking about those other time periods, that preconception period, that interconception period where we have the opportunity to think about those risk factors that we know exist, how do we screen for them, and then how do we intervene so that we can look towards having the healthiest outcomes possible.

**Announcer:** Thank you. Next up is a companion podcast where we talk in more detail about maternal health data and trends. Please join us and encourage your colleagues to listen too. And remember you can find links to the resources mentioned by the speakers on the podcast page at [TXHealthsteps.com](https://TXHealthsteps.com). That's [TXHealthsteps.com](https://TXHealthsteps.com).