

Trustee Insights

HEALTH EQUITY, DIVERSITY AND INCLUSION



Digging into data to address maternal health challenges

Analytics can guide trustees in identifying deficiencies and prioritizing actions to improve outcomes

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Last place. That is where the United States currently ranks compared to other developed countries on maternal mortality.

Maternal mortality rates have more than tripled since 1987 in the United States. This is in direct contrast to other developed countries that have seen a decrease in

maternal mortality rates during the same time.

Each year, as many as 60,000 U.S. women suffer severe health problems related to pregnancy. In 2020 alone, 861 women died from pregnancy and delivery-related complications. In addition, childbirth continues to be more dangerous for communities of color who are disproportionately impacted by maternal mortality and morbidity.

This does not have to be the case; we do not have to remain in last place. The Centers for Disease Control and Prevention (CDC)

recently released data finding that more than 80% of maternal deaths are preventable. Hospitals and health systems have a significant opportunity to improve maternal health and trustees can play a role in those efforts.

Understanding National, Community and Patient Data

As a starting point, trustees should become familiar with national data on maternal health, which can provide insight into how hospitals can improve maternal health outcomes.

For example, a deeper look at the CDC data shows that 13% of the pregnancy-related deaths studied occurred on the day of delivery and 53% happened seven to 365 days after delivery. These data show that hospitals can improve care delivery, but they also highlight the need for a community approach to monitor new mothers and address non-medical social needs during the postpartum period.

In addition, the CDC data identified mental health conditions as the leading cause of maternal deaths, followed by hemorrhage, cardiac and coronary conditions, infection, thrombotic embolism and cardiomyopathy. While hospitals must examine their own data to know what is impacting their patients, these data point hospitals to possible solutions, including improving access to mental health services for new mothers or adopting interventions to address

these clinical conditions.

National data continue to show inequities in maternal care. These are areas where hospitals and community stakeholders can work together to improve.

- **Racial inequities.** Black, American Indian and Alaska Native women are three times more likely to die of pregnancy complications than white women, irrespective of income or education. Recent CDC data also show a sharp jump in maternal mortality rates for Hispanic women. Another study has shown that Asian women may be up to nine times more likely to report thoughts of suicide in the immediate postpartum period compared to white women.

- **Gender inequities.** Research shows that women and people of color are more likely to have their symptoms dismissed by medical providers. This experience, referred to as medical gaslighting, can result in diagnostic errors, lower quality of care and worse patient outcomes.

- **Geographic inequities.** According to research from the University of Minnesota, rural residents had a 9% greater chance of experiencing severe maternal morbidity and mortality compared to urban residents. This was due to lack of access to obstetrics services as well as several clinical and non-clinical factors.

- **Generational inequities.** With each generation, the hope is that we will improve outcomes. However, women today are 50% more likely to die in childbirth than their mothers.

In addition to national data, trustees should learn what is happening in their communities. Trustees can review data from local health

Taking Action to Improve Maternal Health

The AHA has highlighted several ways the hospital field is improving maternal outcomes. [Examples](#) include:

- Northwell Health, the largest health care provider in New York, developed its Maternal Outcomes and Morbidity (MOMs) Collaborative Navigation program to decrease preventable maternal morbidity and mortality, especially for women of color. Northwell has established best practices, eliminated redundant services, developed a digital platform to educate and provide navigation support and required care teams to participate in implicit bias training. Results include reductions in 30-day readmission rates and hospitalizations from pregnancy-related complications.
- UPMC Magee-Womens Hospital, which serves the greater Pittsburgh area, has effectively engaged mothers using technology, including an app that helps women and care providers track key health metrics, a digital engagement platform to monitor blood pressure and symptoms among pregnant and postpartum women and telemedicine visits for high-risk patients. These efforts have increased engagement with new mothers and resulted in improved glucose control, reduced C-section rates and reduced prematurity in babies.
- St. Peter's Health, in Helena, Montana, created its Taking Care of You program to address postpartum depression for mothers. This evidence-based program partners with multiple community-based organizations to fill gaps in assessment and screening of maternal mental health disorders. Parents are screened for perinatal mood and anxiety disorders two weeks postpartum. Caregivers then work with mothers and families to connect them to community resources that support their needs. The program has served more than 300 patients and raised awareness about maternal mental health.

departments or the hospital's community health needs assessment. Trustees can also connect with community-based organizations that may have a better sense of the challenges and the steps needed to overcome them.

Trustees also must understand what is happening to patients within the hospital. Trustees can review patient safety data and quality metrics related to labor and delivery. They should also request that this data be stratified by race, ethnicity and language preference (REaL); sexual orientation and gender

identity (SOGI); and other socioeconomic data. This will provide a better lens into disparities that may exist between population groups. Last, it will be helpful for trustees to understand hospital policies and procedures surrounding maternity care and quality improvement efforts.

Trustees' Role in Improving Maternal Health

There are many steps trustees and boards can take to improve maternal health. The first step, however, is elevating this issue in the board-

room and as a strategic priority for their organizations.

In addition to highlighting the need to improve maternal health outcomes, trustees can also make a business case for prioritizing maternal health. Today, women make up slightly more than half of the population. As the primary health care decision maker for themselves and their families, women control 80% of health care decisions. Research has shown that the number one driver of a woman's loyalty to a health care provider is their previous experience. Maternal health is an opportunity to create a positive experience and build loyalty.

Trustees can also use community and local data to identify opportunities for improvement. They can then guide hospital leaders as they develop and implement strategies to improve maternal care delivery. There are many strategies that can be implemented (see sidebar on page 2), however it will be critical to align this work with the needs of the hospital's patients and the communities it serves. Trustees can also help identify goals and metrics that will be used to track progress and measure overall success.

In addition, trustees should be aware of new digital solutions that can be used as strategies to improve maternal health. There

TRUSTEE TAKEAWAYS



Boards can ask the following questions to enhance their discussions about maternal health

- What are the demographics of the women our hospital serves?
- What health disparities and inequities exist in our patient population and community?
- What steps can our organization take to address these disparities and inequities?
- What organizations can we collaborate with to improve maternal health?
- Are there improvements that can be made related to women's health outside of the pregnancy period?
- How can this work be incorporated into our strategic plan?
- How will we assess progress on women's health, including maternal health?

has been much excitement around and investment in these solutions that improve outcomes by monitoring mothers at home, connecting expectant mothers with their doctors and resources, increasing patient engagement and improving clinical decision making at the

bedside.

Trustees can guide the hospital's work to reduce inequities in maternal care, including promoting tailored strategies to fight persistent racism and racial inequities. As a first step, trustees can encourage board members, hospital leadership and care teams to receive implicit bias training. This can then be followed by examining any disparities that are identified and taking action to eliminate them.

Last, as liaisons between the hospital and the community, trustees can elevate awareness. A recent study from The Root Cause Coalition found significant gaps nationwide in the understanding of maternal health as well as the impact poor maternal outcomes have on communities. Creating opportunities for dialogue on these issues will help drive collaboration and increase efforts to improve maternal health.

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Please note that the views of authors do not always reflect the views of the AHA.