Maternal Mortality and the need for Well Woman Care

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CONFLICT OF INTEREST & COMMERCIAL RELATIONSHIP DISCLOSURES

• No commercial funding has been accepted for this activity

• I do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity
Learning Objectives

• After this talk, participants will be able to…
  • Outline how all physicians support women’s health
  • Emphasize strategies to address risk factors for maternal mortality
  • Address how to optimize women’s health
  • Present “Every Woman Every Time”
MATERNAL MORTALITY AND MORBIDITY

US

“U.S. Has The Worst Rate Of Maternal Deaths In The Developed World”---NPR 2017


“Hospitals know how to protect mothers. They just aren’t doing it.” USA Today July 2018
## CAUSES OF DEATH MATERNAL MORTALITY NEW YORK STATE

<table>
<thead>
<tr>
<th>MMR Cause of Death</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embolism (not cerebral)</td>
<td>18</td>
<td>29</td>
</tr>
<tr>
<td>Hemorrhage</td>
<td>11</td>
<td>17.7</td>
</tr>
<tr>
<td>Infection</td>
<td>9</td>
<td>14.5</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>7</td>
<td>11.3</td>
</tr>
<tr>
<td>Hypertensive</td>
<td>6</td>
<td>9.7</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>4</td>
<td>6.5</td>
</tr>
<tr>
<td>Cardiac arrest/failure NOS</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Hematopoietic (Sickle cell, thalassemia, ITP)</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Intracerebral hemorrhage</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Pulmonary problems</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
<td>100</td>
</tr>
</tbody>
</table>
HOW BEST CAN ALL PHYSICIANS SUPPORT WOMEN’S HEALTH

• Discussion of reproductive goals for family
• Discussion of overall health for woman and family
• Discussion of maternal mortality/ morbidity and pregnancy intendedness is a key question
Unintended Pregnancy

55% of all pregnancies in 2010 in New York State were unintended (unwanted or mistimed).

Since over half of NYS pregnancies are unplanned, well woman care and pregnancy intendedness must be addressed with all women, at every encounter, regardless of where they access care.

Source: Guttmacher Institute
Goals to Address Unintended Pregnancy

Healthy People 2020

• Increase proportion of pregnancies that are intended from 51% → 56%
• Reduce proportion of females experiencing pregnancy despite reversible contraception use from 12.4% → 9.9%

http://healthypeople.gov/2020/
http://www.cdc.gov/WinnableBattles/TeenPregnancy/index.htm
Contraception:

Two-thirds of U.S. women at risk of pregnancy who practice contraception consistently account for only 5% of unintended pregnancies.
Well Woman Care

• Many women do not view themselves as “preconception”
• Women’s health before, between, and after pregnancies matters
• A woman's health affects a potential future pregnancy
• Common medical conditions create risk factors for future pregnancies
On average, women had 2.9 prenatally-identified risk factors in 2012-2013, compared to 1.9 in 2006-2008, including these co-morbidities.

<table>
<thead>
<tr>
<th>Most frequent co-morbidities:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematologic</td>
<td>30%</td>
</tr>
<tr>
<td>Cardiac</td>
<td>21%</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>21%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>21%</td>
</tr>
<tr>
<td>Endocrine</td>
<td>19%</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>13%</td>
</tr>
</tbody>
</table>
Pre-Pregnancy Health Status
New York State Pregnancy-Related Maternal Mortality, 2012-2013

Source: NYSDOH Maternal Mortality Review Initiative
Severe maternal morbidity rates increased from 219 cases per 10,000 hospital deliveries in 2008 to 273 cases per 10,000 hospital deliveries in 2014.

Leading diagnoses among women who experienced severe maternal morbidity:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemorrhage</td>
<td>68.8%</td>
</tr>
<tr>
<td>Anemia (including sickle cell)</td>
<td>64.4%</td>
</tr>
<tr>
<td>Hypertensive disorders</td>
<td>26.0%</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>7.7%</td>
</tr>
<tr>
<td>Cardiac complications</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Source: MMR Initiative
The Need to Improve Women’s Health Throughout Her Life
Elements of Well Woman Care

Health promotion

Risk assessment

Medical and psychosocial interventions
Discussing Well Woman Care in Your Healthcare Setting

- All health care providers serving women play an important role
- Every patient encounter is an opportunity to discuss pregnancy intendedness and current health
- Well woman care is important for all, but crucial for those with chronic conditions who may become pregnant
WELL WOMAN CARE

Surgical History

Cesarean delivery
Abdominal surgeries

Medical History

Acute Conditions
WELL WOMAN CARE

Chronic Conditions

• Hypertension
• Diabetes
• Anemia
• Asthma
• Thromboembolism
• Heart Disease
• Neurologic Disease
• Kidney Disease
• Thyroid
Well Woman Care

Medications & Allergies
• Prescription and over the counter
• Supplements

Behavioral Health
• Depression & Anxiety
• Other psychiatric conditions

Nutrition & Exercise History
• Adequate mineral/vitamin intake (Folic Acid, Calcium, Iron)
• Dietary risks (caffeine, vegan diet, milk intolerance, etc.)
• Healthy weight
• Exercise activities

Psychosocial History
• Social determinants of health
• Environmental and occupational exposures
• Intimate Partner Violence and other violence
• Substance use (smoking, drug, alcohol use)
“Social determinants of health – including income, educational attainment, employment status, and access to food and housing – affect an array of health outcomes, particularly among low-income populations."

Thomas-Henkel and Schulman

http://www.chcs.org/media/SDOH-Complex-Care-Screening-Brief-102617.pdf
Address Chronic Disease Before Pregnancy

Assess chronic condition in potential pregnancy

- Determine likelihood of chronic condition affecting pregnancy
- Determine likelihood pregnancy affecting the woman’s health

With certain chronic conditions, advise modifications

- Advise modification of treatment, when appropriate
- Advise avoidance or timing of conception, when appropriate

Refer to counseling

- Refer patient to counseling with an expert in managing the chronic condition before pregnancy, when appropriate
Incorporating “Every Woman, Every Time” into Your Healthcare Setting
Incorporating
Every Woman, Every Time

🌟 **Involves all healthcare settings**, not only those directly involved in reproductive health

- **Addresses pregnancy intendedness and birth spacing** at every encounter

- **Finds and addresses chronic conditions** that could compromise maternal or infant health

- Recognizes that **preconception care is high quality healthcare**, for women, that addresses prevention and chronic health conditions, irrespective of pregnancy intentions
Healthcare providers are urged to initiate conversations with their female patients about their pregnancy intentions.

**Goal:** reduce preventable maternal mortality and morbidity rates by focusing on health-related factors that impact those most at risk for poor pregnancy outcomes.

Thank You!
Racial Disparities in New York State Maternal Mortality

*Causes of death from death records A34, O00-O95, O98-O99. Source: NYS Vital Records
“Wouldn’t it be more efficient to limit preconception health promotion information to women who are intending to become pregnant in the near future?”

No, because:

• At least 50% of pregnancies in NYS are unintended
• Preconception health is well woman health; it is appropriate for all women, irrespective of pregnancy plans
• Preconception care includes delaying or preventing pregnancy, if desired
• Women are not likely to come for an additional encounter for preconception care