

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

Maternal Mortality: United States

For women in the United States, each year:

50,000

650
die

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

“Maternal Mortality Rate in U.S. Rises, Defying Global Trend, Study Finds” ---NY Times 2016

“Hospitals know how to protect mothers. They just aren’t doing it.” USA Today July 2018

CAUSES OF DEATH MATERNAL MORTALITY NEW YORK STATE

MMR Cause of Death	Count	Percent
Embolism (not cerebral)	18	29
Hemorrhage	11	17.7
Infection	9	14.5
Cardiomyopathy	7	11.3
Hypertensive	6	9.7
Cardiovascular	4	6.5
Cardiac arrest/failure NOS	2	3.2
Hematopoietic (Sickle cell, thalassemia, ITP)	2	3.2
Intracerebral hemorrhage	2	3.2
Pulmonary problems	1	2
Total	62	100

HOW BEST CAN ALL PHYSICIANS SUPPORT WOMENS" 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.*

Goals to Address Unintended Pregnancy

Healthy People 2020

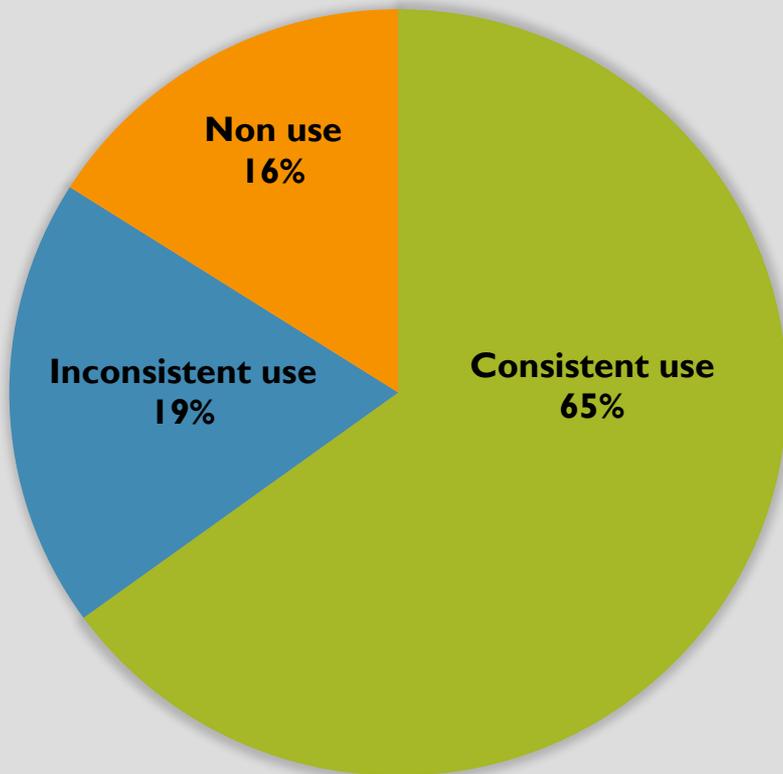
- Increase proportion of pregnancies that are intended from 51% → 56%
- Reduce proportion of females experiencing pregnancy despite reversible contraception use from 12.4% → 9.9%

<http://healthypeople.gov/2020/>

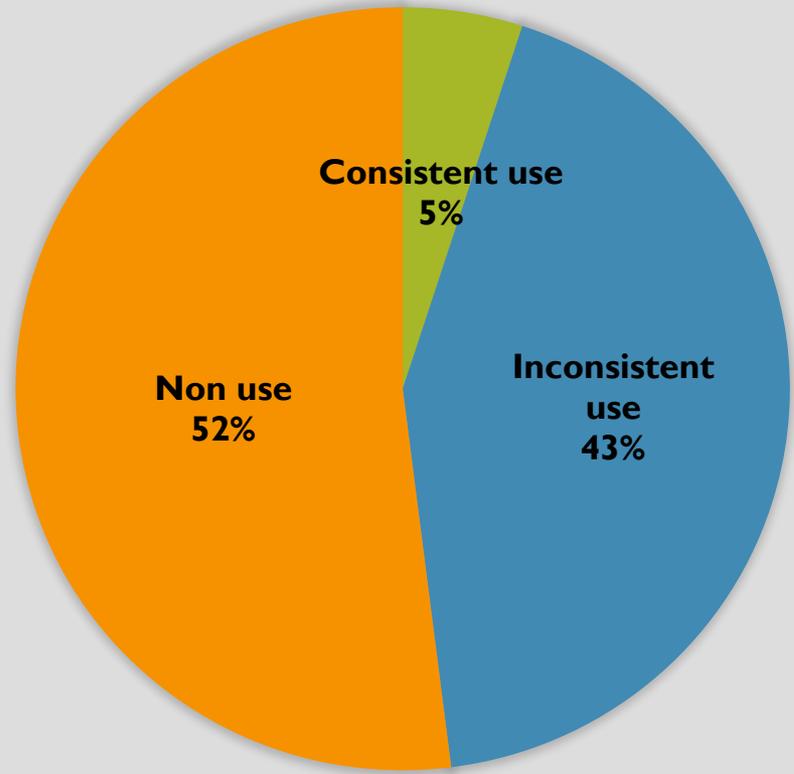
<http://www.cdc.gov/WinnableBattles/TeenPregnancy/index.htm>

Contraception:

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



**WOMEN AT RISK
(43 MILLION)**



**UNINTENDED PREGNANCIES
(3.1 MILLION)**

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

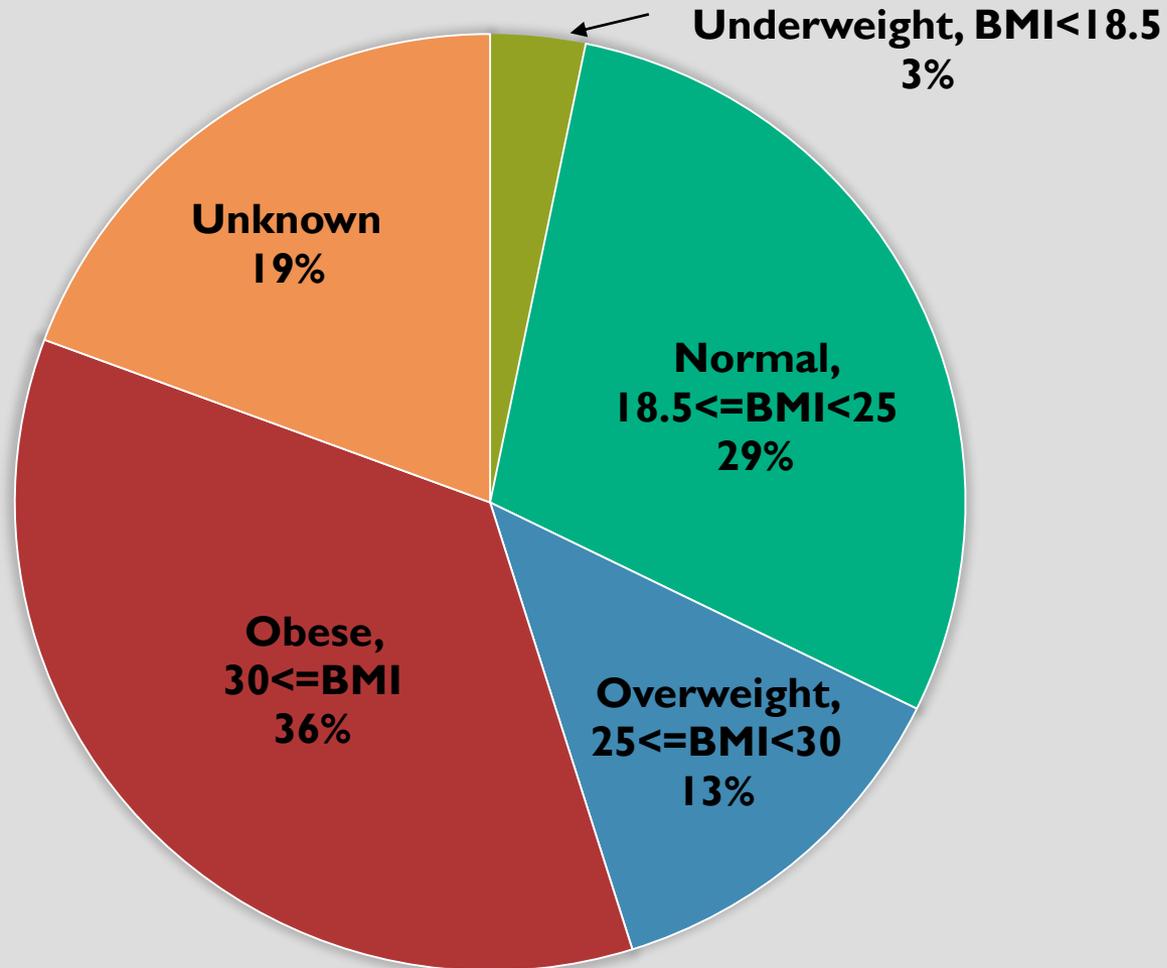
Pre-Pregnancy Health Status in Review of Maternal Mortalities

Most frequent co-morbidities:

Hematologic	30%
Cardiac	21%
Pulmonary	21%
Hypertension	21%
Endocrine	19%
Psychiatric	13%

On average, women had 2.9 prenataly-identified risk factors in 2012-2013, compared to 1.9 in 2006-2008, including these co-morbidities

Pre-Pregnancy Health Status New York State Pregnancy-Related Maternal Mortality, 2012-2013



Severe Maternal Morbidity During Delivery Hospitalizations, 2008-2014

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:	
Hemorrhage	68.8%
Anemia (including sickle cell)	64.4%
Hypertensive disorders	26.0%
Thrombocytopenia	7.7%
Cardiac complications	6.9%

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

Nutrition & Exercise History

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

Behavioral Health

- Depression & Anxiety
- Other psychiatric conditions

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

“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

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

Well Woman Health Promotion

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.



ANDREW M. CUOMO
Governor

Department
of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

August 10, 2016

Dear Colleague:

I am writing to provide important information about prevention of maternal mortality and morbidity and to ask you to initiate conversations with women in your care about preconception health, to improve women's health in New York State (NYS).

In November 2015, the New York State Department of Health (Department) joined with the American Congress of Obstetricians and Gynecologists District II, the New York City Department of Health and Mental Hygiene, the Healthcare Association of NYS, the Greater New York Hospital Association, and the New York Academy of Medicine, to form the **New York State Partnership for Maternal Health (NYSPMH)**. The goal of the NYSPMH is to reduce disparities in preventable maternal mortality and morbidity in NYS by focusing on those factors that impact the health of women most at risk of poor pregnancy outcomes.

Maternal mortality and morbidity are key indicators of the health of a society. NYS ranks 46th among 50 states in maternal mortality rates, and NYS rates remain 1.5 times higher than the *Healthy People 2020* objective of 11.4 maternal deaths per 100,000 live births. Despite moderate improvement, significant disparities in maternal deaths persist.

Approximately 45% of births in NYS are unintended, meaning the pregnancy was mistimed, unplanned or unwanted at the time of conception. Therefore, the chance to prepare for a healthy pregnancy and have a proactive conversation with a health care provider has been lost, especially for women with chronic conditions, where preconception health management is critical. In order to address this, the NYSPMH has chosen to focus on **preconception care** as a starting point to reduce maternal mortality and morbidity. Preconception care is important for all women but especially for those with chronic conditions. As a provider in NYS, you play an important role in assuring the health care women receive supports their pregnancy intentions.

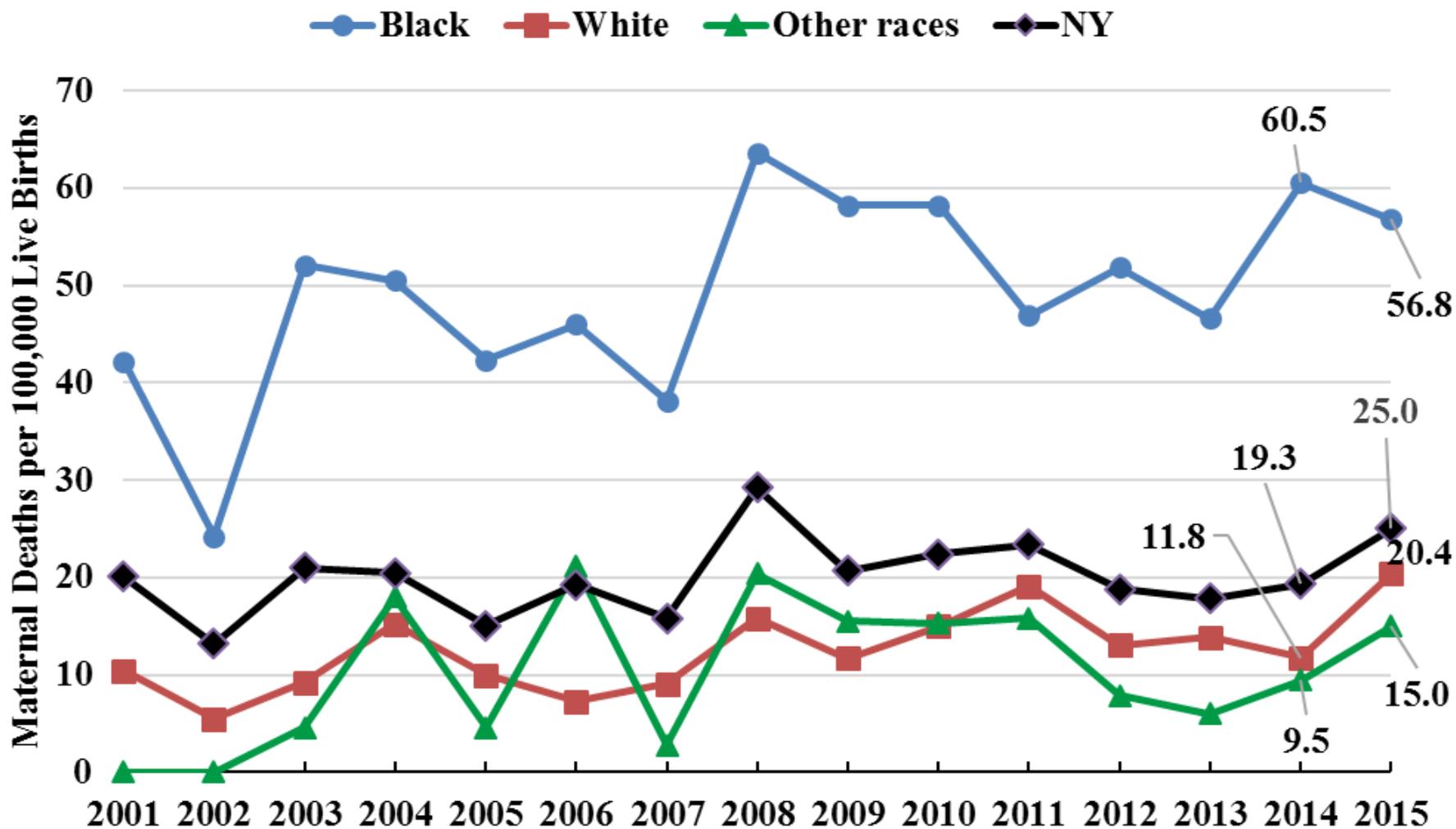
I am asking that you join us by initiating conversations with all female patients of reproductive age, including those being seen for well visits, and ask this one essential question: "Would you like to become pregnant within the next year?". Asking this one essential question is the responsibility of all health care providers, which include primary care and specialist providers, not just reproductive health providers. A woman's response will guide her primary and specialty care and improve her health outcomes.

Preconception care is key to improving maternal health, and is a goal of the NYS Prevention Agenda. The Prevention Agenda recognizes that women of reproductive age have an increased burden of chronic disease. This means, when they do become pregnant, they may be at a higher risk of pregnancy complications and poor health outcomes. It is imperative for providers to work with their patients and understand patients' pregnancy goals as a step toward improving maternal health. Primary care providers are well positioned to ask women whether they intend to get pregnant, assure they have the right resources to achieve their goal, and assure that other specialists can also support their choice. Additionally, specialists who care for high-risk women should integrate questions on reproductive planning into their visits to adequately address any issues.

Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov

Thank You!

Racial Disparities in New York State Maternal Mortality



“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