

Maternal Morbidity and Mortality Prevention Activities



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Defining Terms

Maternal Mortality

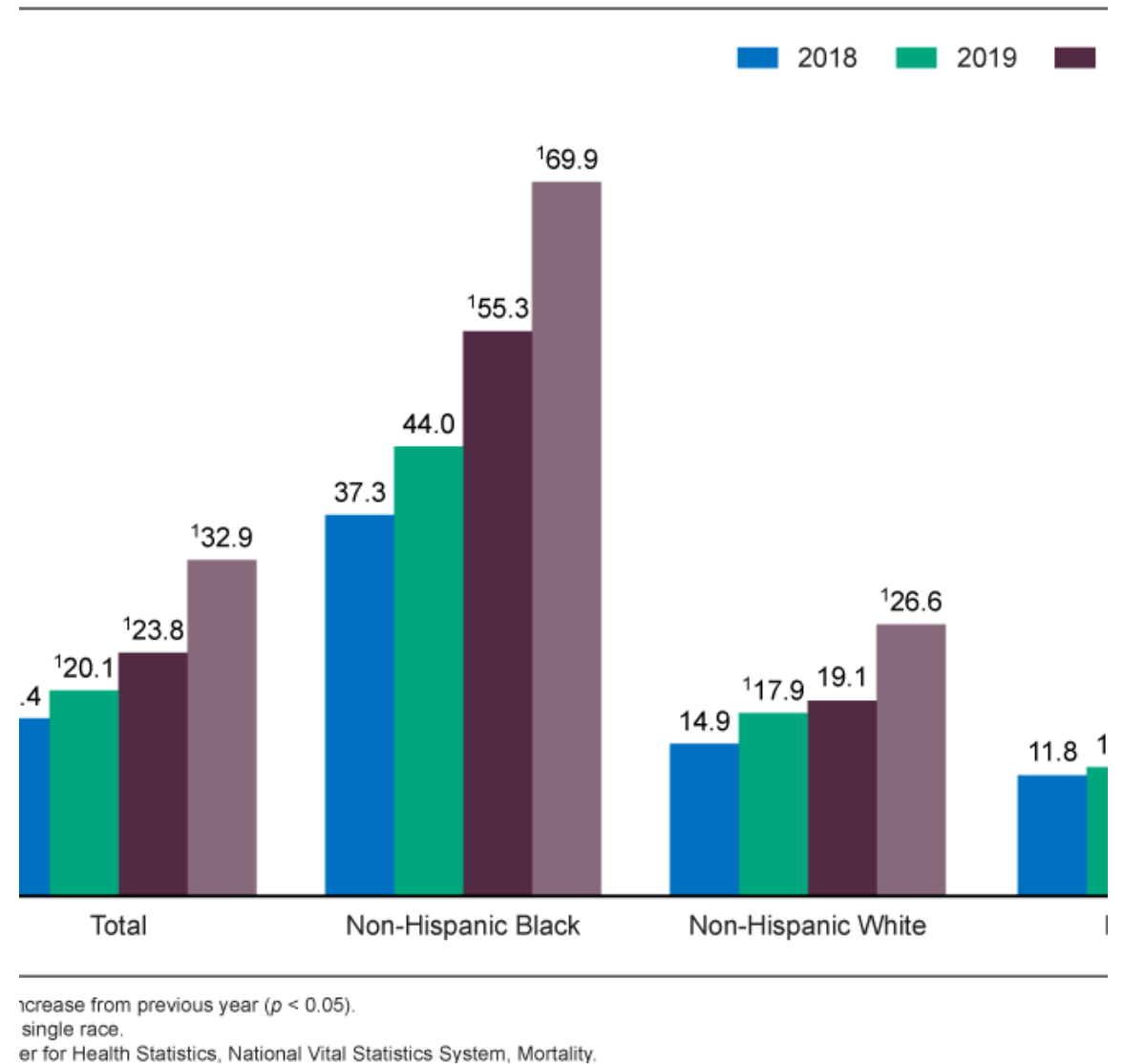
- Also known as maternal death
- Death during or up to one year after the end of pregnancy

Maternal Morbidity

- Unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health

Scope of the Problem:

- Among developed countries, the United States experiences the highest maternal mortality ratio.
- 84% of maternal deaths are preventable
- Maternal Morbidity and Mortality disproportionately affects people of color in the US



A Deeper Dive

The problem is big, but we can break it down.



Rural vs. Urban

- Over 1 in 3 U.S. counties are maternity deserts. Of these, 2 in 3 are rural.
- Family medicine is the fastest growing specialty in rural maternity care deserts.
- For these patient populations, family physicians are the only front line.



Regional

- The South has high maternal mortality across all race and ethnicity groups.
- Black individuals had the highest maternal mortality rates in parts of the Northeast.
- In the Midwest and Great Plains states are where maternal mortality rates are highest for American Indian and Alaskan Native Women.



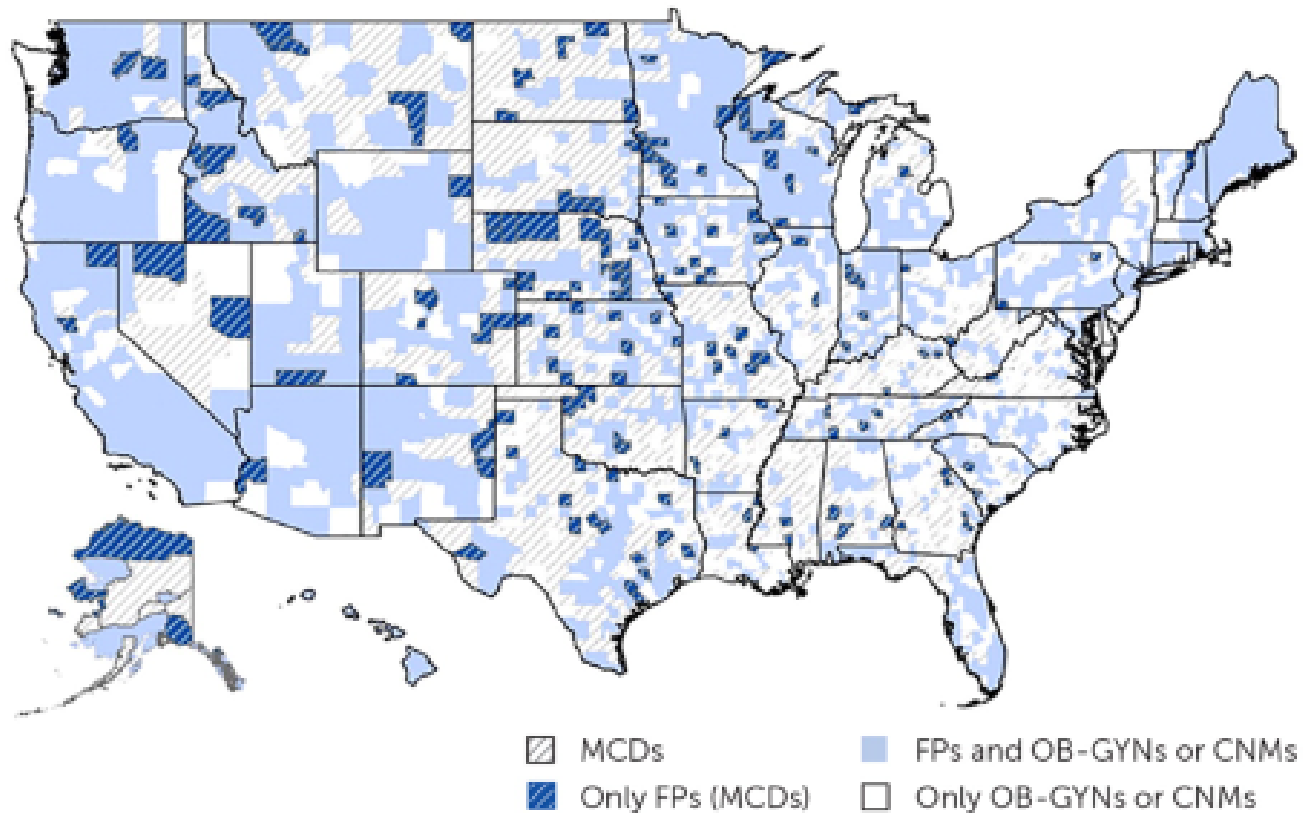
Population Disparities

- All minority racial and ethnic groups are at greater risk for any severe maternal morbidity.
- American Indian, Black and Asian patients had increased risk of death compared to white patients.

The Role of Family Physicians

- Family Physicians improve access to healthcare services in underserved areas.
- Family Physicians have been expressing concern about Maternal Morbidity and Mortality from the front lines.
- Family Physicians are well positioned to take action on care across the lifespan, including prenatal, perinatal and post-partum periods.
- Family Physicians are trusted members of the communities they serve.
- Family Physicians are relationship focused.

Family physicians provide maternity care in 63% of MCDs



Map of MCDs and of obstetric care clinicians by specialty in the United States.

CNMs = certified nurse midwives; FPs = family physicians; MCDs = maternity care deserts; OB-GYNs = obstetrician-gynecologists.

Sources: American Board of Family Medicine, 2011–2019; Area Health Resource File, 2021

- Recent research found that family physicians are providing maternity care in **63%** of maternity care deserts in the United States.
- FPs are the only maternity care providers in **181** counties in the United States, mostly rural counties.

AAFP Acts for Women's Health



Advocacy

Works with Black Maternal Health Caucus in support of Momnibus Act

Advocated for 12-month Medicaid coverage post-partum

Researchers role of family physicians in reproductive care



Education

Interprofessional and multidisciplinary training programs: ALSO & BLSO

Live & On-Demand Courses for CME

Journal articles in *American Family Physician*



Equity

The Everyone Project

Neighborhood Navigator

Organizational partnerships



Resources

Center for Women's Health web portal

Webinars and expert conversations

Basic Life Support in Obstetrics (BLSO)

- Designed to improve the management of normal deliveries, as well as obstetric emergencies by **standardizing the skills** of first responders, emergency personnel and pregnancy care providers.
- Designed to train pre-hospital care providers.

BLSO Impact

- Trained over 2,000 pregnancy care clinicians in the US since its launch in 2017.
- Training includes 251 family physicians and family physician residents and over 460 medical students.
- Used in over 40 countries across the globe.

Advanced Life Support in Obstetrics (ALSO)

- Equips the entire pregnancy care team with skills to effectively manage obstetric emergencies.
- Encourages a standardized team-based approach amongst physicians, residents, nurse midwives, registered nurses, and other members of the pregnancy care team to improve patient safety and positively impact pregnancy outcomes.

ALSO Impact

- Trained almost 85,000 pregnancy care learners.
- Approximately 1,000 Family Physicians actively serve as ALSO Instructors. 550 courses are held in an average year.
- Utilized in over 50 countries throughout the world, in addition to a partnership with MSF (Doctors without Borders).

Why ALSO Matters:

Docs in rural areas and low-resource settings and other underserved communities can face some special challenges (in maternity care). Even in a country with lots of resources and good transportation, there are times where you're the one, and you need to know how to manage these emergencies that can arise without warning.

Lee Dresang, MD



Focus on the Fourth Trimester?

A whole-person model that reimagines postpartum care as a continuum that begins with prenatal anticipatory guidance and continues with postpartum care tailored to the individual's circumstances.



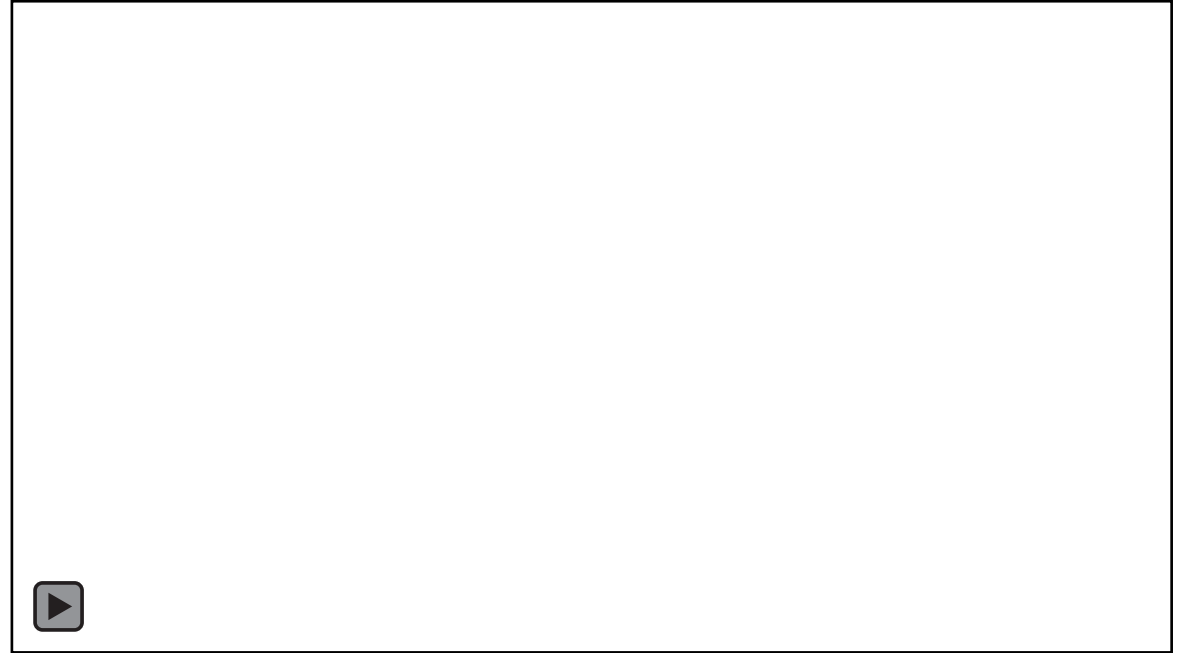
Why Does the 4th Trimester Matter?

- 53% of pregnancy related deaths occur 7 days to one year post-delivery
- 84% of maternal deaths are estimated to be preventable
- “For every individual who dies as result of their pregnancy, it is estimated that 20 to 30 more experience significant life-long complications that effect their health and well-being”
- All family physicians can contribute

**Family physicians and their teams
are well-positioned to take action
and make a meaningful difference
at the local level with the
4th Trimester approach.**



Why Family Physicians?



Training, Engaging and Mobilizing

The AAFP has already begun leveraging the unique role family physicians have with patients and their families and is working to increase the number of family physicians who are engaging in 4th Trimester care.

Comprehensive training modules launched to encourage uptake of model

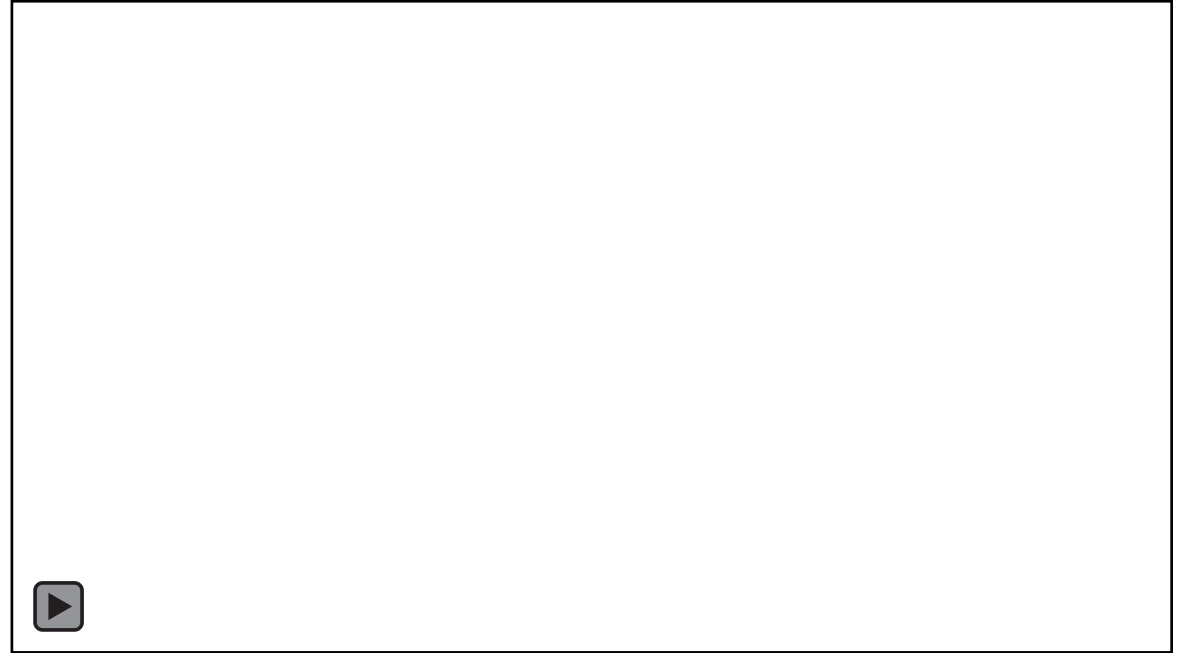
ALSO and BLSO curriculum updates to equip care teams

Audio series to share practice stories of successful implementation of 4th Trimester interventions

Proposal for funding quality improvement projects to implement and evaluate 4th Trimester interventions



Physician Story



4th Trimester Educational Topics

- Introduction (English and Spanish)
- A Role for All Family physicians in the Fourth Trimester
Model of Care: Overview and Case Studies
- Essential Resources for Delivering Optimal Care:
Preconception Through the End of the First Year
Postpartum
- Incorporating Fourth Trimester Care in Diverse Practice
Settings
- Promoting Health and Health Equity Through Group Visits
- Setting the Tone for Success Early in Pregnancy for Better
Postpartum Outcomes
- Anticipating Postpartum Needs and Establishing a Plan
- Coordinating Mental Health Care During the Perinatal
Period
- Shared Decision Making and Patient Centered Care
- Billing for Pregnancy Complications and Non-obstetric
Medical Issues during the Global Period
- Co-Managing High Risk Pregnancy Transitions
- The Osteopathic Approach to the Fourth Trimester
- Challenges and Strategies to Overcome Barriers to Whole
Person Care
- Optimizing Breastfeeding Support in the Fourth Trimester
Model
- Strategies to Support Patients with Adverse Pregnancy
Outcomes
- Resources for Patients at High Risk for Complications
- Leveraging Non-Medical Staff and Community-Based
Organizations to Provide Optimal Care in the Fourth
Trimester; and Urban FQHC Perspective
- The Fourth Trimester: Gateway to Future Health
- Optimizing Postpartum Care Refection and Translation to
Practice



How do you see your organization fitting into the 4th Trimester or ALSO/BLSO?

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