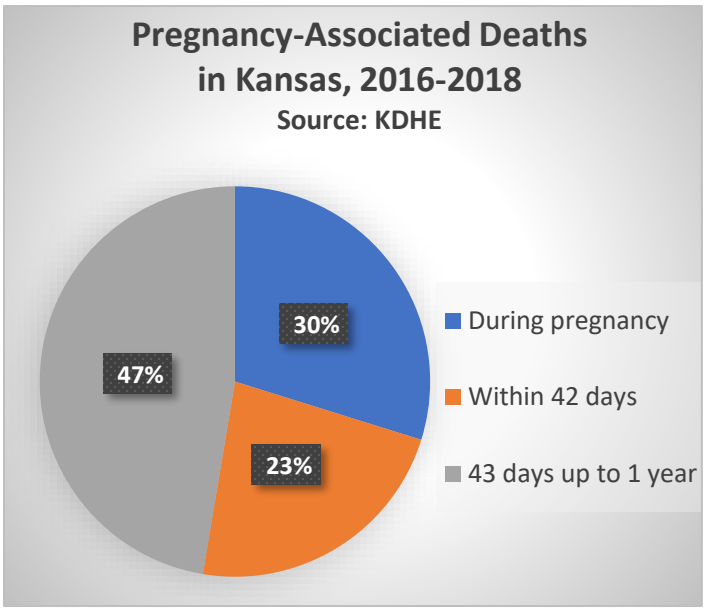
United Community Services
of Johnson County

Maternal Health Outcomes

Maternal health refers to the health of women during pregnancy, childbirth, and the postnatal period. The goal for optimal maternal health is that every woman has a positive experience at each stage and that women and babies reach their full potential for health and well-being. Maternal mortality and severe maternal morbidity are two relevant indicators in the maternal health system, indicating whether and how well the health care system is adequately responding to the social, emotion, and medical needs of mothers and their facilities.

Maternal Mortality

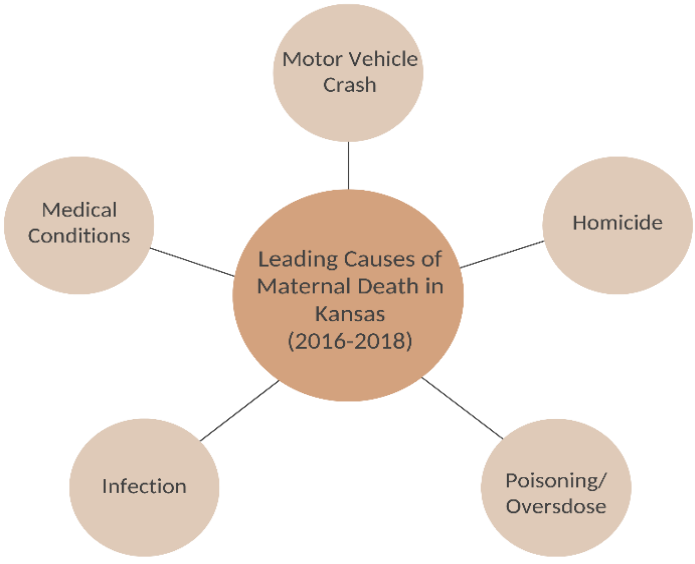
Maternal mortality can be monitored by tracking the occurrence of pregnancy-related deaths in a population. According to the U.S. Centers for Disease Control (CDC) and the Kansas Department of Health and Environment (KDHE), a *pregnancy-related death* refers to the death of a women during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. *Pregnancy-associated deaths* has a slightly broader definition; this term refers to the death of a woman during pregnancy or within one year of the end of pregnancy from a cause that is not necessarily related to pregnancy itself.



KDHE's 2020 Kansas Maternal Mortality Report reviewed pregnancy-associated deaths occurring from 2016-2018, during which period there were 57 pregnancy-associated deaths in Kansas. In 2020, there were 861 pregnancy-related deaths total in the United States.

Causes of Death

Most maternal deaths are due to preventable or treatable causes. The leading causes of death in Kansas were motor vehicle crash, followed by homicide, poisoning/overdose, and infection. Substance use disorder contributed to almost 30% of deaths, and mental health conditions contributed to almost 20% of deaths. Contributing medical conditions included cardiovascular and coronary conditions, preeclampsia and eclampsia, embolism, obesity, and infection.



Source: Kansas Maternal Mortality Report , KDHE, 2020

The research shows that family, community, and system factors can also contribute to maternal deaths. According to KDHE, there were 51 factors that contributed to these deaths in some way, including institutional factors such as issues in the facilities/hospitals where women sought care; and factors within the family and community systems that influence lifestyle, care, support, and access to health services.

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Maternal Morbidity

Maternal death is just one indicator of maternal health challenges. Severe maternal morbidity (SMM) is also prevalent among women in Kansas. SMM refers to unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman's health, and it occurs nearly 100 times more frequently than maternal death. It is sometimes viewed as a "near miss" for maternal mortality because without proper intervention and care, severe maternal morbidity might lead to maternal mortality. According to KDHE, of the 132,643 delivery hospitalizations of Kansas residents, about 1 in 173 women who delivered a baby experienced SMM.

Differences in Maternal Mortality and Morbidity Rates

Maternal health disparities are apparent in the maternal mortality and morbidity data. Data on pregnancy-associated deaths analyzed by KDHE indicate that the below factors that may predict maternal health outcomes.

Race: Non-White women were nearly two times as likely to die within a year of pregnancy as White women. The SMM rate for non- Hispanic Blacks was significantly higher than any other race and ethnicity. Black women experience severe morbidity at a rate that is 58.3% higher than the rate among Hispanics, 72.2% higher than the rate among Asian/Pacific Islanders, and 87.3% higher than the rate among White women.

Education: Women with a high school education or less were more than four times as likely to die within one year of pregnancy as women who had more than a high school education.

Health Insurance Status: Women on Medicaid during pregnancy or for delivery were more than three times as likely to die within one year of pregnancy as women with private insurance.

Family Networks: Unmarried women were nearly four times as likely to die within one year of pregnancy as married women.

Access to Care: Women who did not enter prenatal care during the first trimester were nearly twice as likely to die within one year of pregnancy as women who entered prenatal care during the first trimester.

Community of Residence: Women who resided in ZIP Codes with the lowest median household income were more than two times as likely to die within one year of pregnancy as women who lived in the highest median household income areas.

This data indicates severe inequity in maternal health. Health inequity describes the condition that would be achieved if one's social identity no longer statistically determined how they fair in maternal health outcomes such as mortality and morbidity.

Solutions

To confront the challenges of negative outcomes and disparities in maternal health, a range of supports must be present for women and their families through pregnancy, labor, delivery, and beyond. This includes prenatal care and postpartum care, regardless of where the mother lives. Maternity care deserts are counties in which access to maternity health care services is limited or absent, either through lack of services or barriers to a woman's ability to access that care. According to a 2020 study from March of Dimes, Kansas has 45 counties classified as maternity care deserts, with 35,317 women 15 to 44 years old lacking those essential services, especially in rural communities. Additionally, there are 24 counties with low access to maternity care, representing an additional 58,131 women.

For maternal health care to be truly responsive to the disparate outcomes that mothers experience, it must be culturally relevant. Culturally relevant care respects the beliefs of perspectives of the individual patient, considering

not only the medical factors but also historical, cultural, community, and familial factors that might influence the patient care and outcomes. Culturally relevant pregnancy and birth care is seen as an especially important resource to support improved outcomes for the mother and the baby. The provider does not need to share the same cultural background of the patient necessarily, but the provider must be able to listen to the patients concerns and share relevant information with them.

Prenatal care

Prenatal care describes pregnancy-related health services provided to a woman between conception and delivery. The Adequacy of Prenatal Care Utilization (APNCU) Index characterizes adequacy (inadequate, intermediate, adequate, or adequate plus) of prenatal care. According to the APNCU assessment, 16.2 percent of people who gave birth in Kansas in 2019 received less than adequate prenatal care, with 11.2% having inadequate care and 4.9% intermediate care. In Johnson County, more than 9 in 10 women received prenatal care that was at least adequate.

Despite prenatal care being a critical support for the health of women and their babies, not everyone has access to it. According to data from the 2018-2019 Kansas Pregnancy Risk Assessment Monitoring System (PRAMS) survey, more than 4 in 5 Kansas women (86.9%) with a recent live birth reported receiving prenatal care as early as they wanted.

Access to care is critical to reduce the disparities in care that may lead to disparities in maternal health outcomes.

Among women who did not get **prenatal care** as early as wanted, or at all, the barriers indicated include:

- they could not get an appointment when wanted
- the doctor or health plan would not start care as early as needed
- they had too many other things going
- they did not have enough money or insurance to pay for visits
- they did not have transportation
- they did not know they were pregnant or wanted to keep the pregnancy a secret.

For women living in Johnson County, registered nurses from Johnson County Department of Health and Environment (JCDHE) are available for in-home, office or community site visits with pregnant women residing in the county. Nurses provide physical assessments, blood pressure monitoring and education/counseling.

Postpartum care

Postpartum care describes the health services provided to a woman after she is no longer pregnant. While there is no universal definition for how long postpartum care should be available, it can range from six weeks up to one year after the end of the pregnancy. During this time, new mothers experiencing many physical, social and psychological changes. Because of this, access to postpartum care visits with health care providers may improve a mother's mental health, particularly for women at high risk of family dysfunction, health issues, or postpartum depression. Postpartum care may include discussions or assessments of:

- Timing of future pregnancies and contraceptive options
- Pregnancy complications
- Mental health, including postpartum depression
- Concerns about infant care
- Care referrals for preexisting or developing medical conditions
- Medical care

In Kansas, more than 92% of women have at least one postpartum checkup, according to data from PRAMS.

Postpartum visits are less common among:

- Women younger than age 20 compared with women older than 30.
- Women who identified as Hispanic or Latino.
- Uninsured women and women with public insurance.
- Women with unstable housing, transportation barriers or difficulties understanding the language used by medical providers.

Once again, for women living in Johnson County, registered nurses from Johnson County Department of Health and Environment (JCDHE) are available for in-home, office or community site visits with new mothers and infants. Nurses provide physical/social assessment, assistance with blood pressure monitoring and infant weight checks and education/counseling.

More than 30% of Kansas births are covered by Medicaid, or KanCare. Given the health risks for women who are underinsured and publicly insured, policies targeting these women may increase their chances for good outcomes in the postpartum period. Under the federal American Rescue Plan Act, the Kansas Legislature and Gov. Laura Kelly passed Senate Bill 267 during the 2022 legislative session, which provides funding to the Kansas Department of Health and Environment to extend postpartum services to women. As a result, the state's Medicaid postpartum coverage is expanded from the 60 days following birth to 12 months. Provisions of the law are expected to improve postpartum services of an estimated 9,000 Kansas mothers. This includes routine check-ups to help with recovery from childbirth, behavioral health care, family planning, breastfeeding support, select dental services, screenings for postpartum depression, and referrals to other services. A family of 3 must make less than $39,384 (approximately 170% FPL) to qualify for Kansas Medicaid services geared towards pregnant women.

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