



# **Alabama**

# **Maternal Health Innovation &**

# **Data Capacity Program**

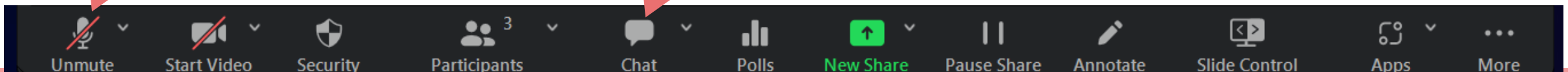
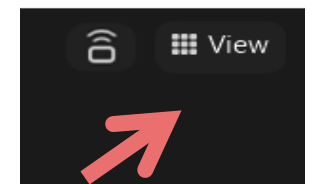
## **Task Force Informational Webinar**

Tuesday, January 31<sup>st</sup>, 2023  
1:00 PM – 2:00 PM CST



# Welcome

- Please type your **name** and **organization** you represent in the chat box and send to "Everyone."
- Please click on the three dots in the **upper right corner of your Zoom image**, click "Rename" and put your name and organization. Please also do for all those in the room with you viewing the webinar.
- In the **upper right-hand corner of your screen**, select view to change the layout to ensure you can see presenters and interpreters.
- Attendees are automatically muted to reduce background noise.
- You may enter questions/comments in the "chat" box during the presentation. We will have a Q&A session at the end.
- We will be recording this call to share, along with any slides.



# Meet our Facilitator

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**Nadine Doyle**  
**Professional Facilitator &**  
**Principle, Doyle Strategies**

# Challenges

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***What do you believe is the single greatest challenge impacting maternal health in Alabama?***

*Click the link in the chat box*



# Agenda

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1. Meet the Team and Invited Partners
2. A History of Partnership: Alabama Department of Public Health
3. The State Maternal Health Innovation & Data Capacity Program
4. Maternal Health Learning & Innovation Center
5. The Alabama Maternal Mortality Review Committee
6. Overview of the Alabama Maternal Health Task Force
7. Questions



# Today's Objective

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To introduce partners across the state to the new Alabama Maternal Health Innovation and Data Capacity Program and associated Alabama Maternal Health Task Force, including gaining a broad understanding from guest speakers of national efforts and resources that will support Alabama's progress in reducing maternal mortality and morbidity.



# Overview

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- The Alabama Perinatal Quality Collaborative was awarded funding by the Health Resources and Services Administration to participate in the, “State Maternal Health Innovation and Data Capacity Program”.
- The program will mobilize the Alabama Maternal Health Task Force
- The Alabama Maternal Health Task Force will:
  - Develop and implement a strategic plan to centralize efforts across the state and to reduce maternal mortality based on recommendations from the MMRC
  - Align current initiatives and partner activities to reduce duplication and scale-up evidence-based interventions
  - Identify and implement new and innovative programs and initiatives that support maternal health and well-being



# Meet the UAB School of Public Health Team

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**Martha Wingate, DrPH, MPH**  
Principle Investigator



**Britta Cedergren, MPH, MPA**  
Program Director



**Mattie Logan, MPH**  
Program Manager



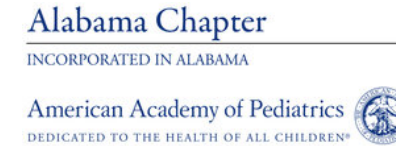
**Anne Brisendine, DrPH, CHES**  
Science Director  
Applied Evaluation & Assessment  
Collaborative



**Elizabeth Blunck, MPH**  
Program Manager  
Applied Evaluation & Assessment  
Collaborative



# Invitations





# A History of Partnering

**Dr. Karen Landers, M.D., FAAP**

*Chief Medical Officer*

*Alabama Department of Public Health*





# State Maternal Health Innovation and Data Capacity Program

Dr. Lud Abigail Duchatelier-Jeudy, PhD, MPH

*Public Health Analyst – Division of Healthy Start & Perinatal Services*

*Maternal and Child Health Bureau*

*Health Resources and Services Administration*





# Advancing Maternal Health through Collaboration and Partnership

## Alabama Maternal Health Innovation & Data Capacity Program

Task Force Informational Webinar  
*January 31, 2023*

**Lud Abigail Duchatelier-Jeudy, PhD, MPH**  
Public Health Analyst  
Division of Healthy Start and Perinatal Services  
Maternal and Child Health Bureau (MCHB)

**Vision: Healthy Communities, Healthy People**



# Maternal and Child Health Bureau Strategic Plan

## Mission

To improve the health and well-being of America's mothers, children, and families.

## Vision

Our vision is an America where all mothers, children, and families thrive and reach their full potential.

## MCHB Goals

### ACCESS

Assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations.

### EQUITY

Achieve health equity for MCH populations.

### CAPACITY

Strengthen public health capacity and workforce for MCH.

### IMPACT

Maximize impact through leadership, partnership, and stewardship.

# Paradigm for Improving Maternal Health



## Accelerate

Hasten pace of change, innovate, & build evidence



## Upstream

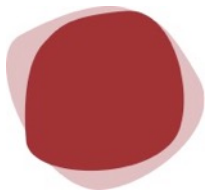
Promote prevention and a life course approach



## Together

Collaborate, include voices of partners and people we serve





# MCHB's Efforts to Advance Maternal Health

## State Systems & Innovations

- State Title V MCH Block Grant
- State Maternal Health Innovation & Data Capacity Program
- Supporting Maternal Health Innovation Program (MHLIC)

## Workforce & Quality Improvement

- Alliance for Innovation on Maternal Health (AIM)
- AIM-Community Care Initiative
- Maternal Depression & Related Behavioral Disorders
- Fetal Alcohol Spectrum Disorders
- Women's Preventive Services Initiative

## Direct Support & Services

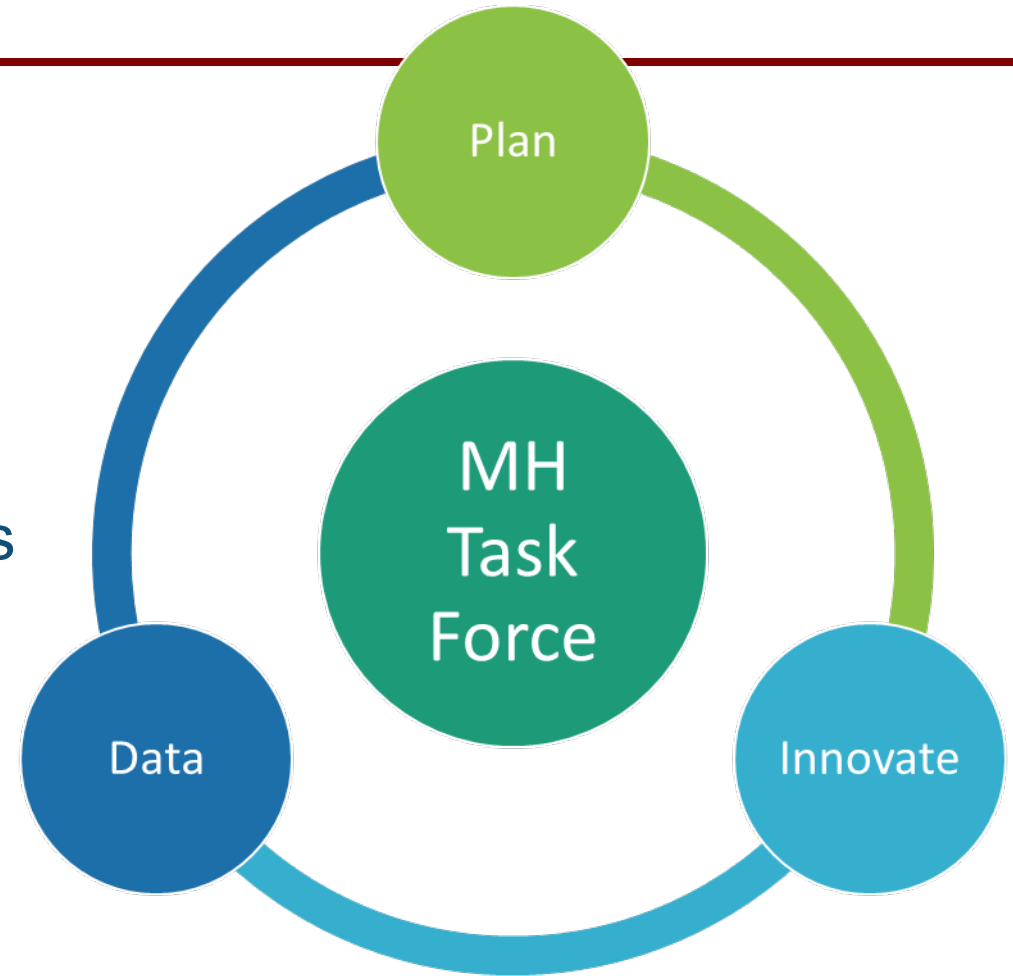
- National Maternal Mental Health Hotline
- Maternal, Infant & Early Childhood Home Visiting
- Healthy Start
- Healthy Start Clinical Care



# State MHI Program Purpose

HRSA launched the State Maternal Health Innovation (MHI) program on September 30, 2019.

The purpose of the SMHI is to assist states in strengthening their capacity to address disparities in maternal health and improve maternal health outcomes including the prevention and reduction of pregnancy related mortality and Severe Maternal Morbidity (SMM).



# Current Award Recipients - State MHI Cohort I (2019-2024)

State	Award Recipient
<b>Arizona</b>	Arizona Department of Health Services
<b>Illinois</b>	University of Illinois
<b>Iowa</b>	Iowa Department of Public Health
<b>Maryland</b>	The Johns Hopkins University
<b>Montana</b>	Montana Department of Public Health and Human Services
<b>New Jersey</b>	New Jersey Department of Health
<b>North Carolina</b>	North Carolina Department of Health and Human Services
<b>Ohio</b>	Ohio Department of Health
<b>Oklahoma</b>	Oklahoma State Health Department



# Current Award Recipients - State MHI Cohort II (2022-2027)

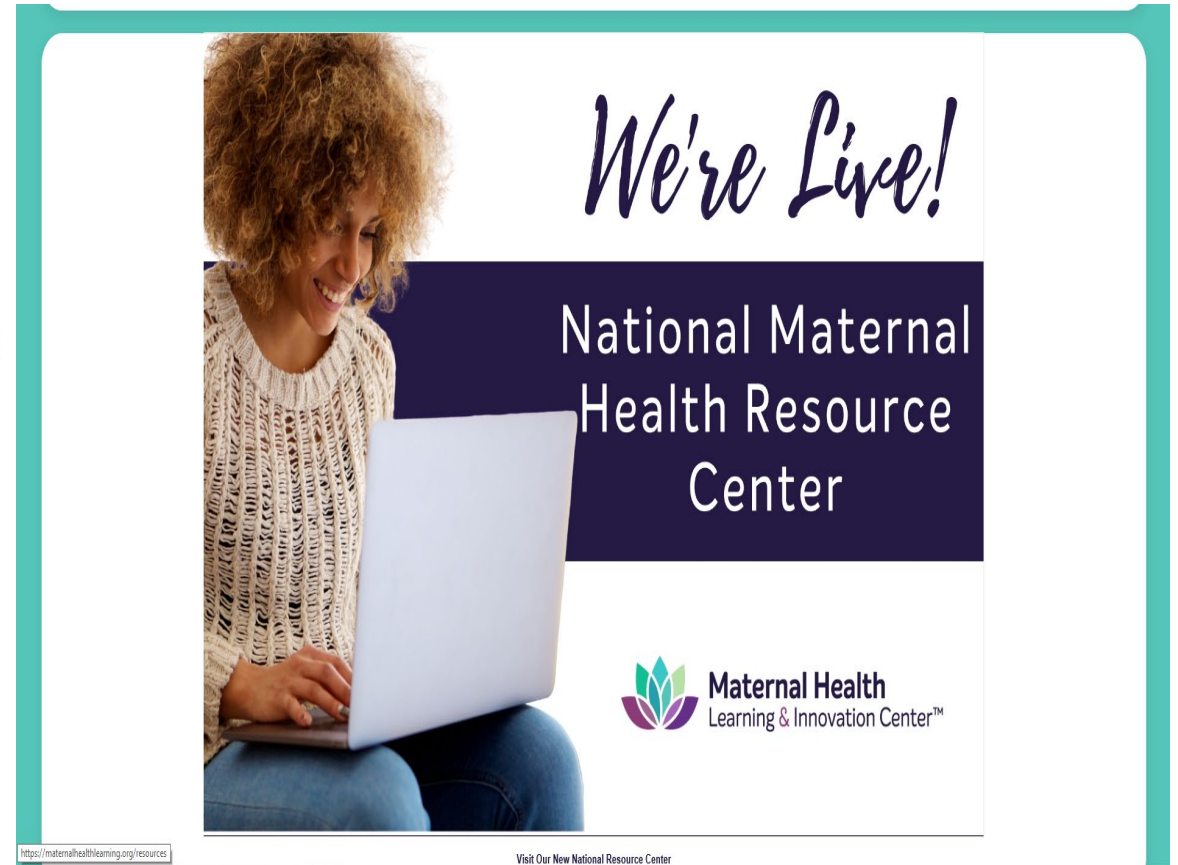
State	Award Recipient
Alabama	University of Alabama at Birmingham
Arkansas	University of Arkansas System
Colorado	Colorado Department of Public Health and Environment
Georgia	The Medical Center Foundation Inc.
Indiana	Indiana State Department of Health
Maine	Maine Department of Health & Human Services
Massachusetts	Massachusetts Department of Public Health
Minnesota	Minnesota Department of Health
Tennessee	Tennessee Department of Health

# Maternal Health Learning and Innovation Center



**Maternal Health**  
Learning & Innovation Center™

<https://maternalhealthlearning.org/>

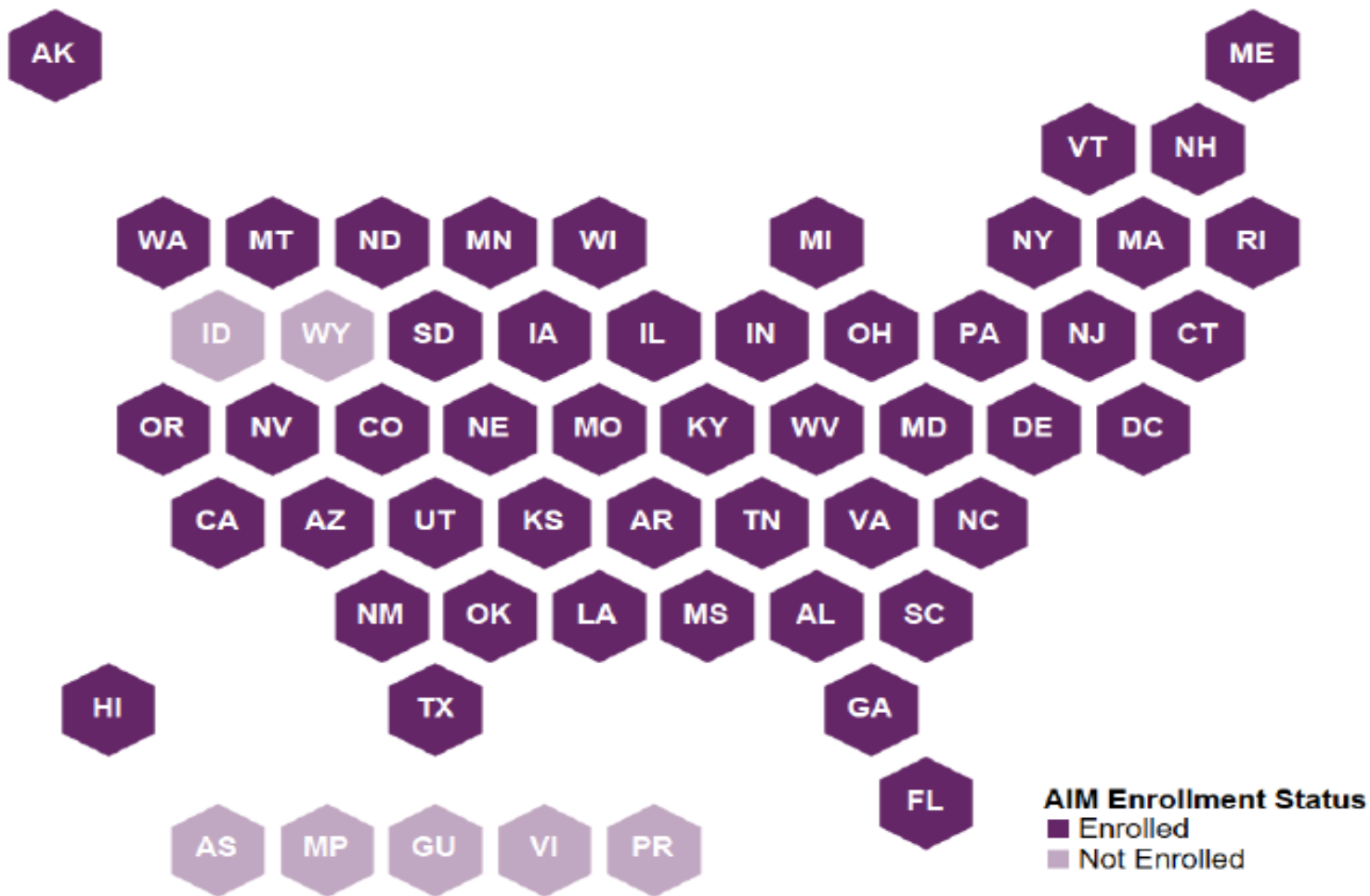


# Background of AIM

- AIM is the national, cross-sector commitment designed to lead in the development and implementation of maternal safety bundles for the promotion of safe care for every U.S. birth and assist with addressing the complex problem of high maternal mortality and severe maternal morbidity rates within the United States
- Enrollment:
  - HRSA-14-134
    - ✓ September 1, 2014 – August 31, 2018
    - ✓ 11 states and ~690 birthing facilities participating by 2018
  - HRSA-18-085
    - ✓ September 1, 2018 – August 31, 2023
    - ✓ 48 states plus DC participating and ~ 1,841 birthing facilities
    - ✓ 7 core bundles - plus one in development - and 6 supporting bundles
    - ✓ New AIM website - <https://saferbirth.org/>



# AIM Participation – Fall 2022



# AIM Patient Safety Bundles

## Core Bundles

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Safe Reduction of Primary Cesarean Birth
- Cardiac Conditions in Obstetrical Care
- Care for Pregnant and Postpartum People with Substance Use Disorder
- Postpartum Discharge Transition
- Sepsis in Obstetrical Care
- Perinatal Mental Health Conditions  
(to launch in February 2023)

## Supporting Bundles

- Reduction of Peripartum Racial/Ethnic Disparities
- Maternal Venous Thromboembolism
- Postpartum Basics: From Birth to Postpartum Visit
- Postpartum Basics: Maternity to Well-Woman Care
- Support After a Severe Maternal Event
- Obstetric Care for Women with Opioid Use Disorder



# Advancing Maternal Health: Alliance for Innovation on Maternal Health: Community Care Initiative (AIM CCI)

- The Alliance for Innovation on Maternal Health—Community Care Initiative (AIM CCI) is a federally funded project focused on improving maternal health outcomes through the use of Maternal Safety Bundles in non-hospital settings.
  - AIM CCI developed the Community Care for Postpartum Safety and Wellness bundles which reflects the continuum of care from birth to first year postpartum. For more information visit: [Community Care for Postpartum Safety and Wellness - Alliance for Innovation on Maternal Health Community Care Initiative \(aimcci.org\)](https://aimcci.org)



# National Maternal Mental Health Hotline



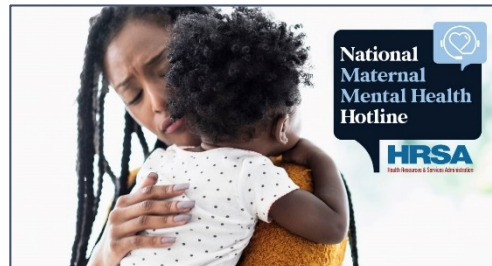
Are you pregnant or a new parent and feeling sad, worried, overwhelmed, or concerned that you aren't good enough?

**For support, understanding, and resources,  
CALL OR TEXT 1-833-9-HELP4MOMS  
(1-833-943-5746)**

Free - Confidential - Available 24/7



# National Maternal Mental Health Hotline: Promotional Materials



## Promotional materials in English and Spanish

**Usted no está solo.**

For Support, Understanding, and Resources  
**CALL OR TEXT 1-833-9-HELP4MOMS**

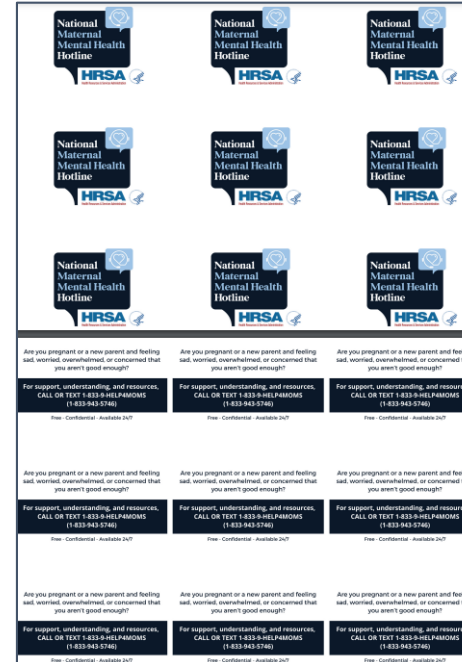
Free - Confidential

**Línea Nacional de Asistencia a la Salud Mental Materna**

HRSA  
Health Resources & Services Administration

Para apoyo, comprensión y recursos.  
Llama o manda texto **1-833-9-HELP4MOMS**  
**1-833-943-5746**

Gratuita - Confidencial - 24/7



## Printable wallet cards

## Sample newsletter text

### New National Maternal Mental Health Hotline

The new National Maternal Mental Health Hotline provides 24/7, free, confidential support, resources and referrals to any pregnant and postpartum mothers facing mental health challenges and their loved ones. The service is available via phone and text in English or Spanish.

Call or text, **1-833-9-HELP4MOMS (1-833-943-5746)** to connect with counselors at the National Maternal Mental Health Hotline.

Pregnancy and a new baby can bring a range of emotions. In fact, many women feel overwhelmed, sad, or anxious at different times during their pregnancy and even after the baby is born. For many women, these feelings go away on their own. But for some women, these emotions are more serious and may stay for months.

The National Maternal Mental Health Hotline's counselors provide real-time emotional support, encouragement, information, and referrals. Pregnant and postpartum women can get the help and resources they need, when they need it.

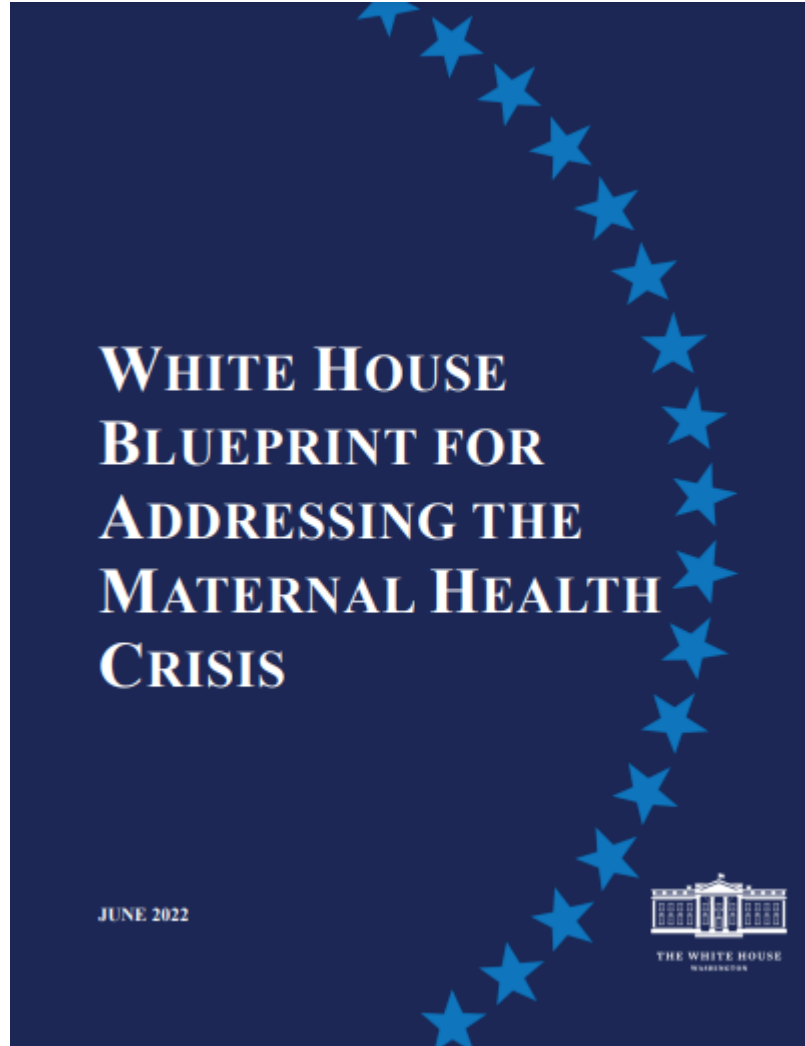
Are you a new parent and feeling sad, worried, overwhelmed, or concerned that you aren't good enough? You aren't alone. You aren't to blame. With help, you can feel better. Call or text, **1-833-9-HELP4MOMS (1-833-943-5746)** to connect with counselors at the National Maternal Mental Health Hotline. Learn more at [www.MCHB.HRSA.gov/national-maternal-mental-health-hotline](http://www.MCHB.HRSA.gov/national-maternal-mental-health-hotline)

Available at: <https://mchb.hrsa.gov/national-maternal-mental-health-hotline>

Questions? [hotline@postpartum.net](mailto:hotline@postpartum.net)



# White House Blueprint for Addressing the Maternal Health Crisis





# FY23 Forecasted Maternal Health Funding

**Alliance for Innovation on  
Maternal Health (AIM) State  
Capacity Program**

**Alliance for Innovation on  
Maternal Health (AIM)  
Technical Assistance Center**

**Screening and Treatment for  
Maternal Mental Health and  
Related Behavioral Disorders**



**See forecast on:  
[Grants.gov](https://www.grants.gov)**

# Contact Information

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Web: [mchb.hrsa.gov](http://mchb.hrsa.gov)



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[www.HRSA.gov](http://www.HRSA.gov)



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# Maternal Health Learning and Innovation Center

**Sarah Verbiest, DrPH, MSW, MPH**

*Co-Director, National Maternal Health Learning and Innovation Center  
University of North Carolina at Chapel Hill*



**Maternal Health**  
Learning & Innovation Center™



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## Our Mission

The mission of the Maternal Health Learning and Innovation Center (MHLIC) is to foster collaboration and learning among diverse stakeholders to accelerate evidence-informed interventions advancing equitable maternal health outcomes through engagement, innovation, and policy.

# MHLIC Learning Opportunities



It is our effort to become a trusted, evidence-driven, and community-centered space for maternal health professionals. To achieve this, we offer:

- A national repository of maternal health and health equity-related material
- National Maternal Health Innovation Symposium
- On-demand videos and webinars
- In-person and virtual events
- Technical Assistance







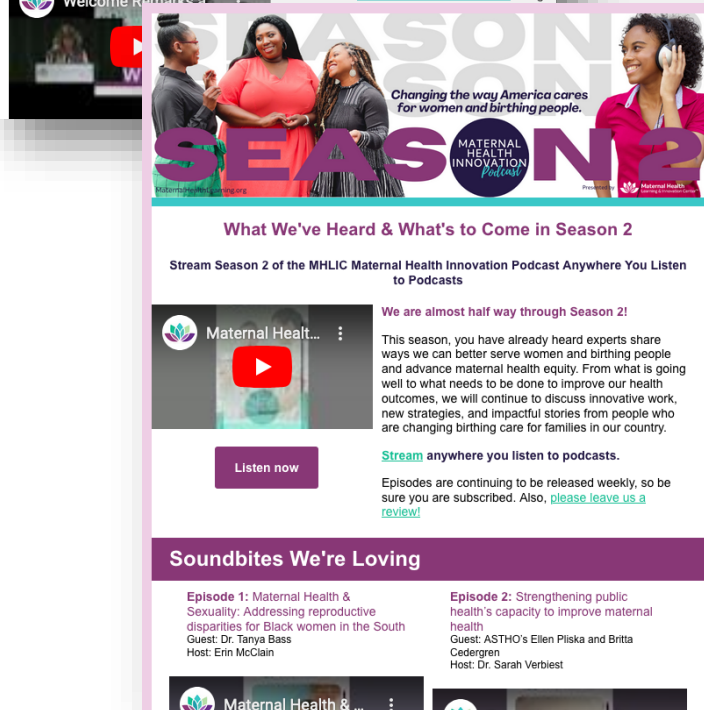
## A Semblance of Familiarity

This summer brought some sense of normalcy. Many events returned to in-person, more people traveled, and families have been able to get together. But what will **never** be normal - or acceptable? Growing rates of **maternal mortality** and **morbidity**.

This summer, we were able to attend and host conferences and webinars designed to provide education, innovation, connection, and inspiration because **disparities in maternal mortality continue**. COVID-19 magnified disparities and is pushing us to dig deeper, reach further, and plant bigger seeds of change.

The **National Maternal Health Innovation Symposium** is one part of how MHLIC plants seeds for change. We are proud to have coordinated 35 workshops, a film screening and Q&A session, 11 Spark Sessions, and four plenary sessions for the more than 700 people who attended our annual Symposium (in-person and virtual). Topics included maternal health policy, mental health, systems change, community and cultural engagement, and improving workforce diversity.

Recordings from the Symposium are now available on [MHLIC's YouTube Channel](#) along



# Listen / Follow / Visit

- Follow us on social. Tag us: **#MaternalHealthInnovation**
- Send us your ideas and partner updates/events for us to highlight/promote.
- Subscribe to receive newsletters & e-blasts.



[MaternalHealthLearning.org](https://www.MaternalHealthLearning.org)



# Alabama Maternal Mortality Review Committee

**Lindsay Harris, BSN, RNC-LRN**

*Maternal Mortality Review Program Coordinator*

*Bureau of Family Health Services*

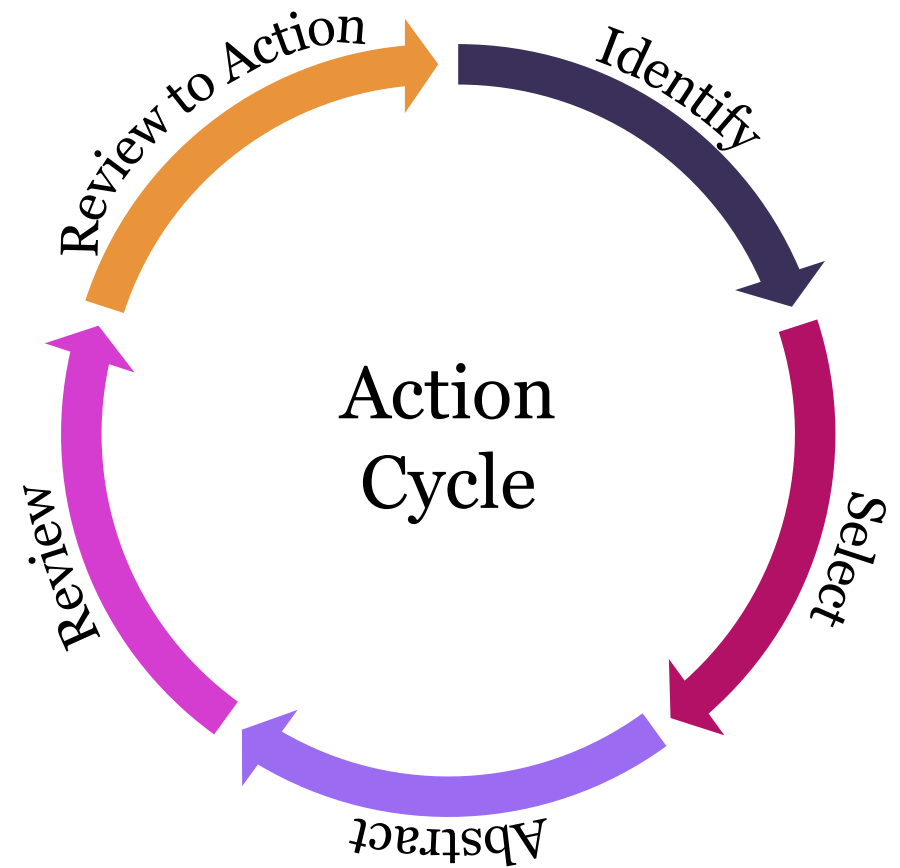
*Alabama Department of Public Health*



# Committee Membership

Organizations	Core Disciplines	Specialty Disciplines
Academic Institutions	Obstetrics and Gynecology	Cardiology
Behavioral Health Agencies	Maternal Fetal Medicine	Emergency Medicine
Community Advocates	Anesthesiology	Emergency Response
FIMR Programs	Social Work	Hematology/Oncology
Healthy Start Agencies	Family Medicine	Community Leadership
Hospitals/ Hospital Associations	Forensic Pathology	Epidemiology
Private and Public Insurers	Perinatal Nursing	Addiction Counseling
ALPQC	Psychiatry/ Substance Use	Pharmacy
State Medicaid Agency	Public Health	Law Enforcement
State Title V Program	Certified Nurse Midwife	Coroner
DHR		Diversity Officer
March of Dimes		
Gift of Life		

# Review Process

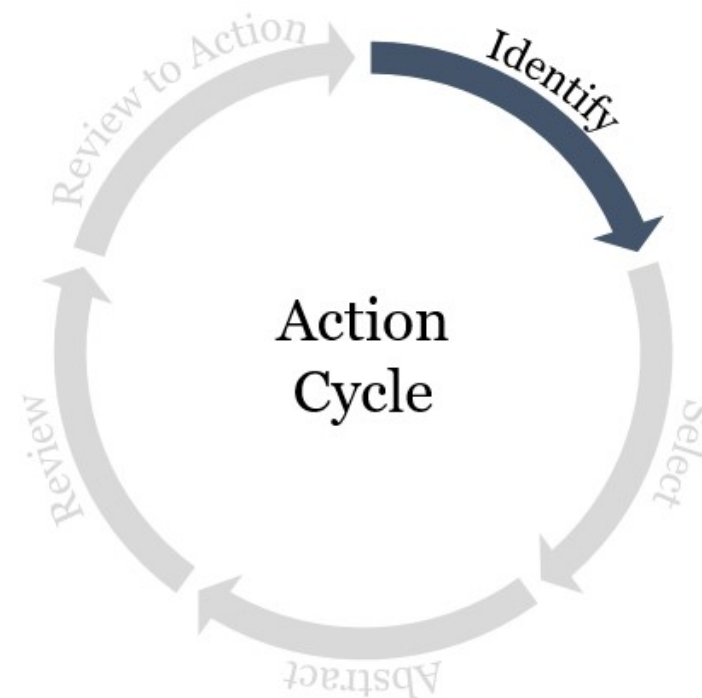




# Review Process

## Identification of Deaths

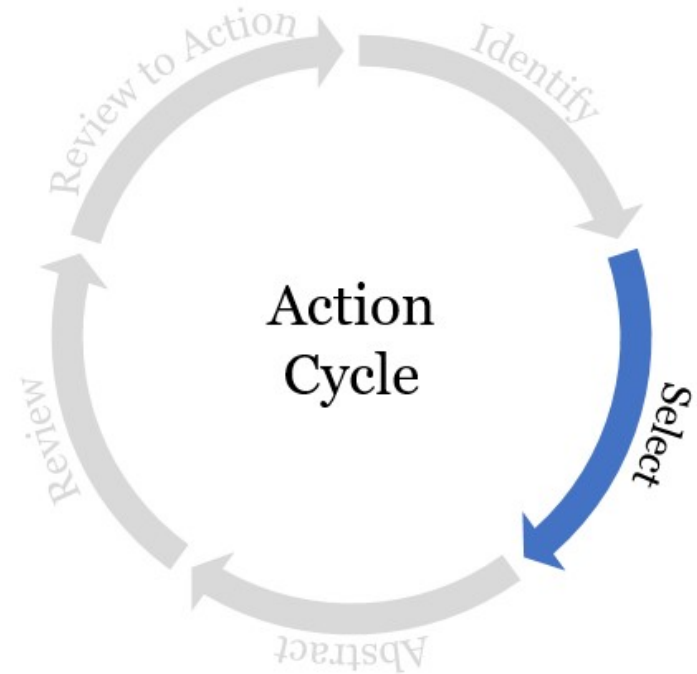
- ▶ The Center for Health Statistics (CHS) identifies women ages 15-55 years old who died within one year of the end of pregnancy.



# Review Process

## Selection of Deaths for Review

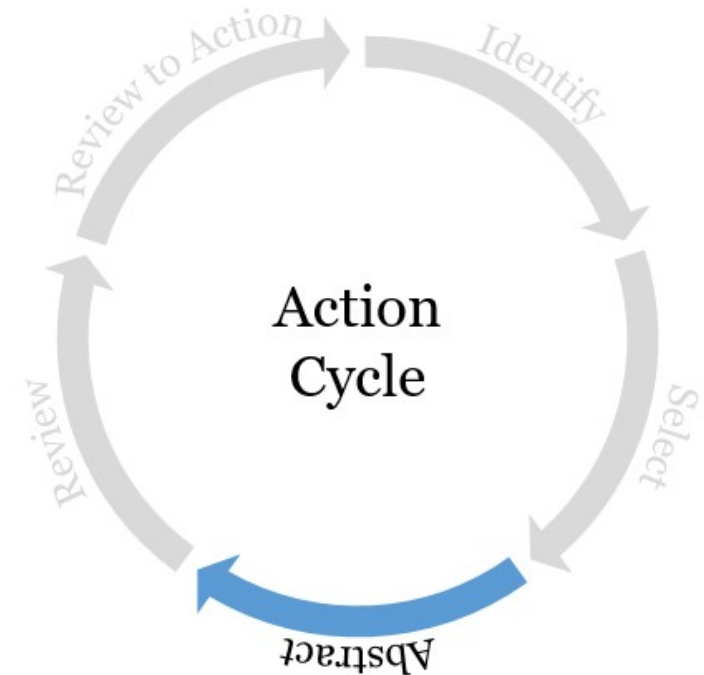
- ▶ MMR program staff and CHS staff review all records to determine which cases would be eligible for review.
- ▶ Exclusions



# Review Process

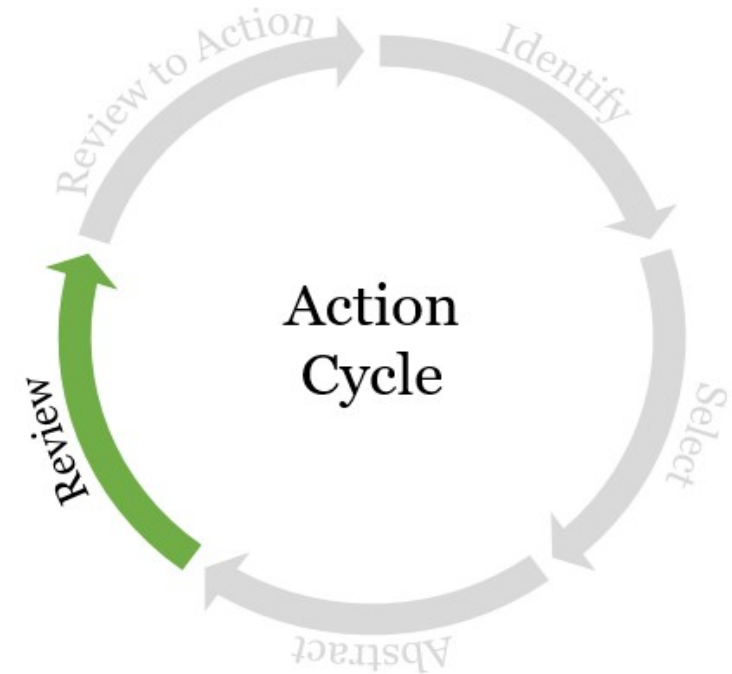
## Abstraction

- ▶ Records requested and abstracted to compile a summary.
- ▶ Sources of information for abstraction



# Review Process

- ▶ Was the death pregnancy-related?
- ▶ What was the underlying cause of death?
- ▶ Was the death preventable?
- ▶ What are the contributing factors to the death?
- ▶ What specific and feasible actions might have changed the course of events?

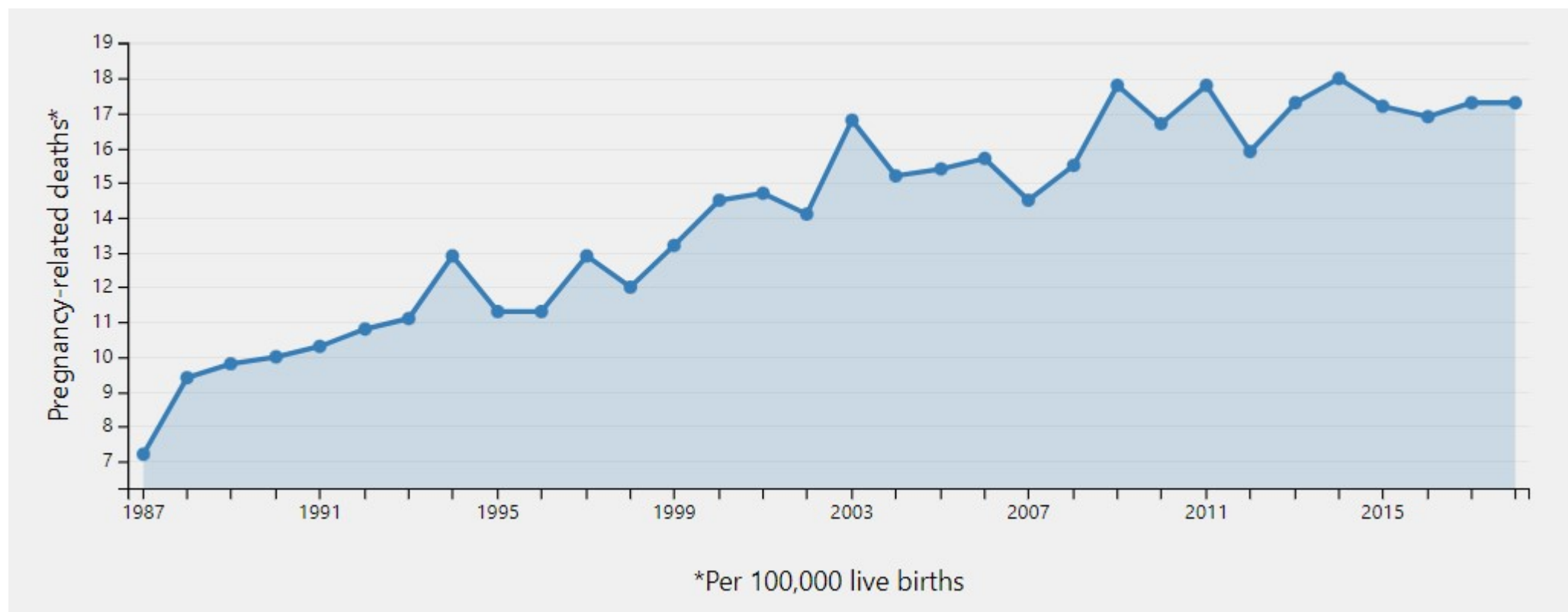


# Every Maternal Death is a Tragedy

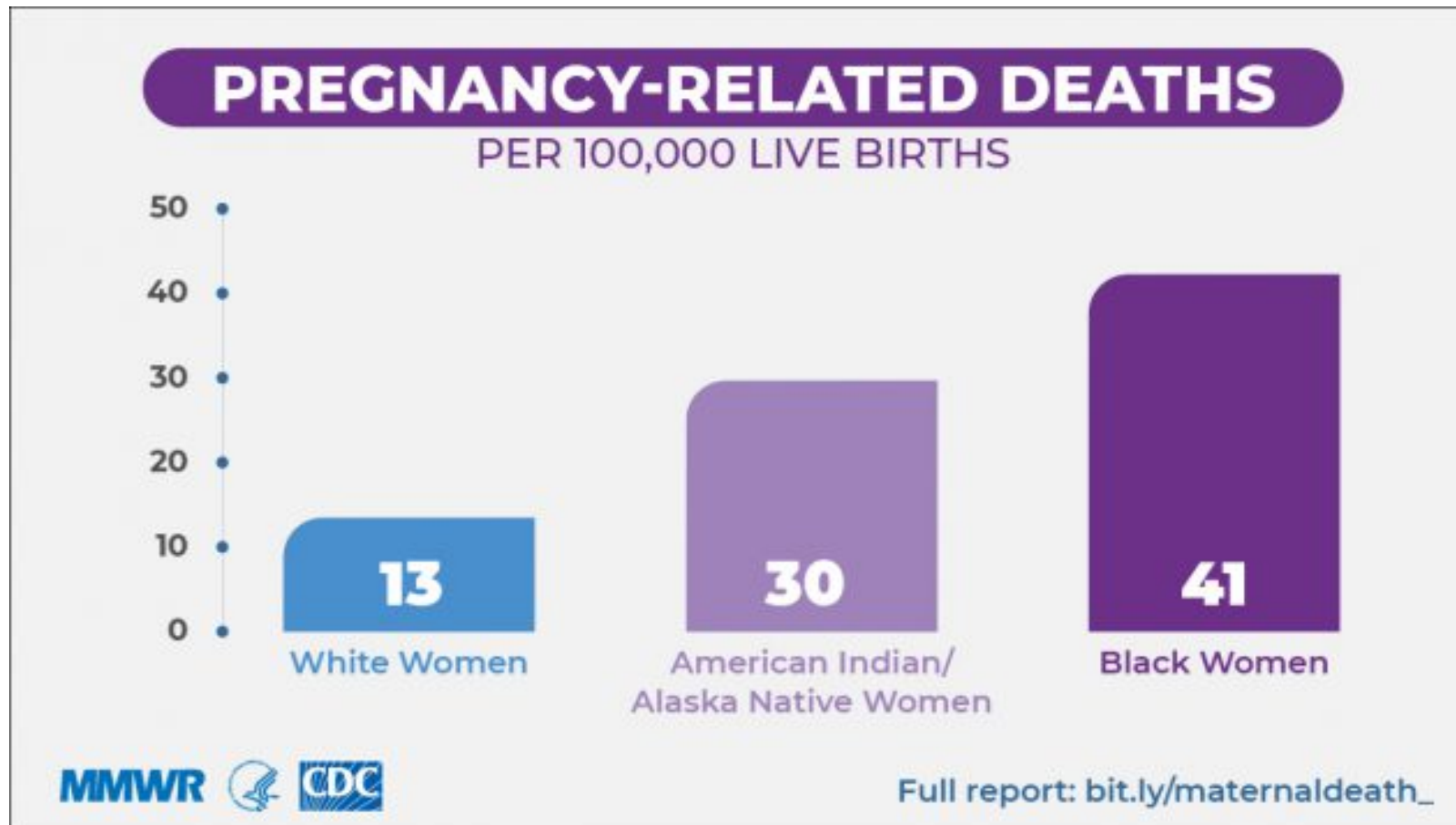
700

**Each year in the U.S., about 700 women die as a result of pregnancy or its complications.**

# Trends in Pregnancy-Related Mortality in the United States: 1987-2018



# Native American/Alaska Native and Black Women are 2 – 3 Times More Likely to Die of Pregnancy-Related Causes than White Women



Sourced from: <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>, and Petersen, EE et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths-United States, 2007 - 2016

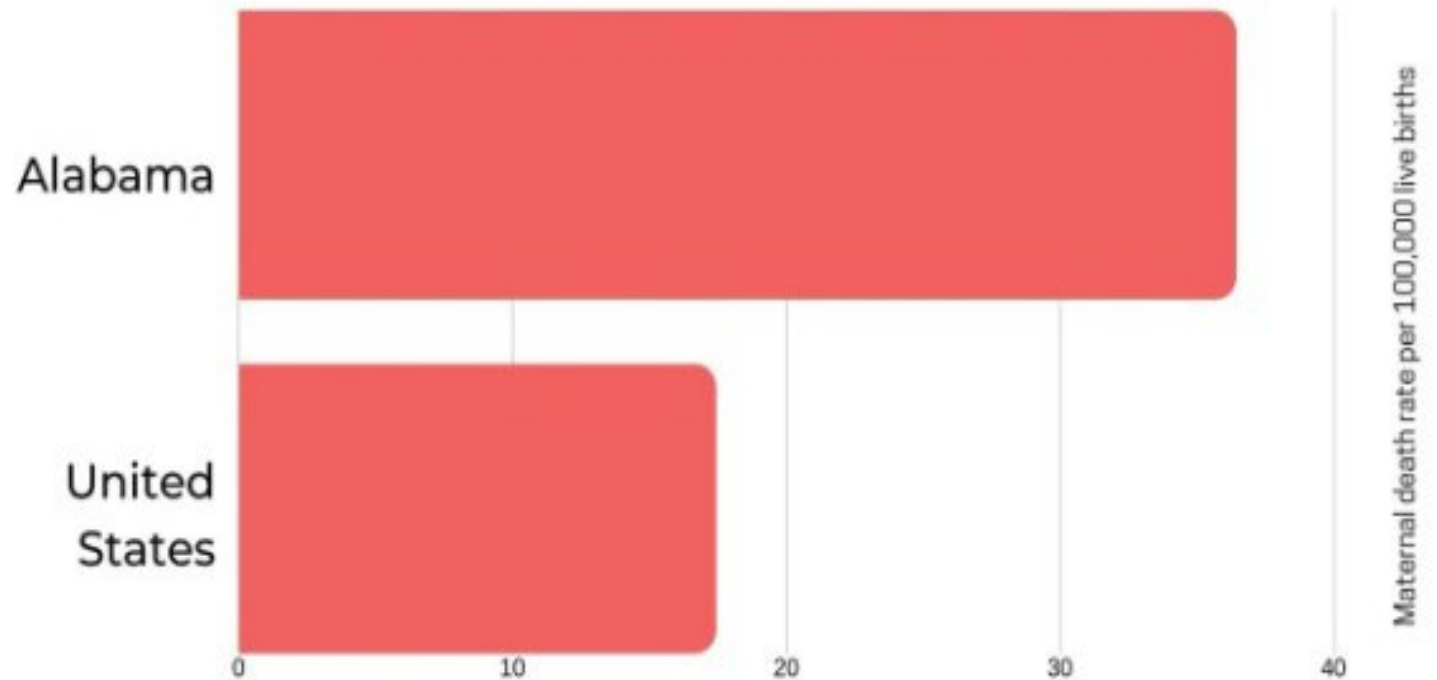


# Alabama-specific Data

**National  
average- 17.4**

**Alabama- 36.4**

# Pregnancy-related deaths, 2018



Source: National Center for Health Statistics



Alabama Department of Public Health  
Bureau of Family Health Services



# 2020

## Maternal Mortality Review

*Annual Report*  
*2016-2017 Maternal Deaths in Alabama*

[HTTPS://WWW.ALABAMAPUBLICHEALTH.GOV/PERINATAL/  
MATERNAL-MORTALITY-REVIEW.HTML](https://www.alabamapublichealth.gov/perinatal/maternal-mortality-review.html)

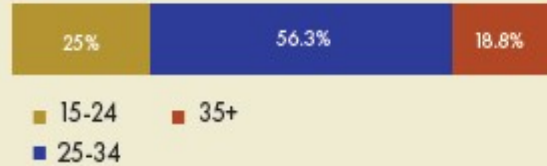
# Key Findings

- ▶ Cardiovascular related events, substance use, and infections were the leading causes of death.
- ▶ About 50% of deaths reviewed had documented autopsies.
- ▶ More than **55%** of the deaths were determined to be **preventable**.
- ▶ More than 75% of deaths identified as preventable had modifiable contributing factors.

# Results

Figure 2: Summary of Demographics of Cases Reviewed (n=80)

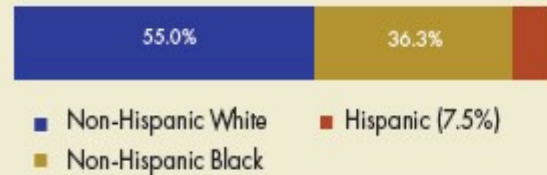
## Age Group in Years



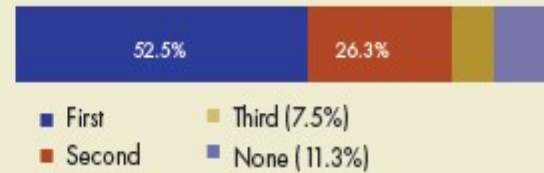
## Payment Source



## Race/Ethnicity



## Trimester of First Prenatal Care Visit



## Education Level



## Pre-existing Conditions



## Rural/Urban



\*Note: Percentages may not sum to 100% due to rounding.



# Results

Timing of Death	Total n (%)	Pregnancy-Associated n (%)	Pregnancy-Related n (%)
Pregnant at Time of Death	7 (8.8%)	*	*
Died within 42 Days Postpartum	27 (33.8%)	5 (11.1%)	22 (62.9%)
Died 43-365 Days Postpartum	46 (57.5%)	36 (80.0%)	10 (28.6%)

\*Categories with fewer than 5 cases have been suppressed to protect anonymity.

# Key Recommendations

- ▶ Medicaid coverage for postpartum care
- ▶ Mental Health/ Substance Use Disorder Services
- ▶ Regionalization of care
- ▶ Provide educational materials
- ▶ Screening, Contraception, Training





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LINDSAY.HARRIS@ADPH.STATE.AL.US



# Alabama Maternal Health Innovation & Data Capacity Program

**Britta Cedergren, MPH, MPA**

*Program Director, Alabama Perinatal Quality Collaborative*

*Alabama Maternal Health Innovation & Data Capacity Program & Task Force*

*UAB School of Public Health*





*“As you navigate through the rest of your life, be open to collaboration. Other people and other people’s ideas are often better than your own. Find a group of people who challenge and inspire you, spend a lot of time with them, and it will change your life.”*

**-Amy Poehler**



# Program Goals

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- Build a state-wide Alabama Maternal Health Task Force
- Enhance state-level maternal health data collection, surveillance, and access
- Assess and address workforce expansion and training needs related to maternal health and identify additional opportunities
- Improve access to continuous, high-quality maternal care services
- Engage community partners, families, and decision makers
- Reduce duplication, align strategies, and enhance and grow what works
- Commit to evaluating all activities through an equity eye



# Overview of Current Activities

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- **Direct clinical care**
  - Assess current telehealth activities for barriers to successful maternal health related services, and build upon existing infrastructure to accommodate this population more effectively
  - Implement an additional AIM bundle
- **Workforce training**
  - Support CNM efforts to engage in telehealth and group prenatal care
  - Enhance emergency medicine training for rural health physicians
  - Train and cover at least 6-8 doulas serving rural areas
  - Work with existing partners and coalitions to support educational efforts of law enforcement on pregnancy, pregnancy-related complications, and substance use disorder in pregnancy and address mental health in pregnancy and postpartum



# Overview of Current Activities

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- **Maternal health data enhancements**
  - Pilot data project mining the UAB MIST data
  - Support the Maternal Autopsy Program
- **Community engagement**
  - Develop a Community Council that engages members and organizations for guidance, feedback, and oversight on initiative activities
- **Health Equity**
  - Center each strategy through an equitable eye in terms of race, ethnicity, rural vs urban, coverage type, language, etc.



# Task Force

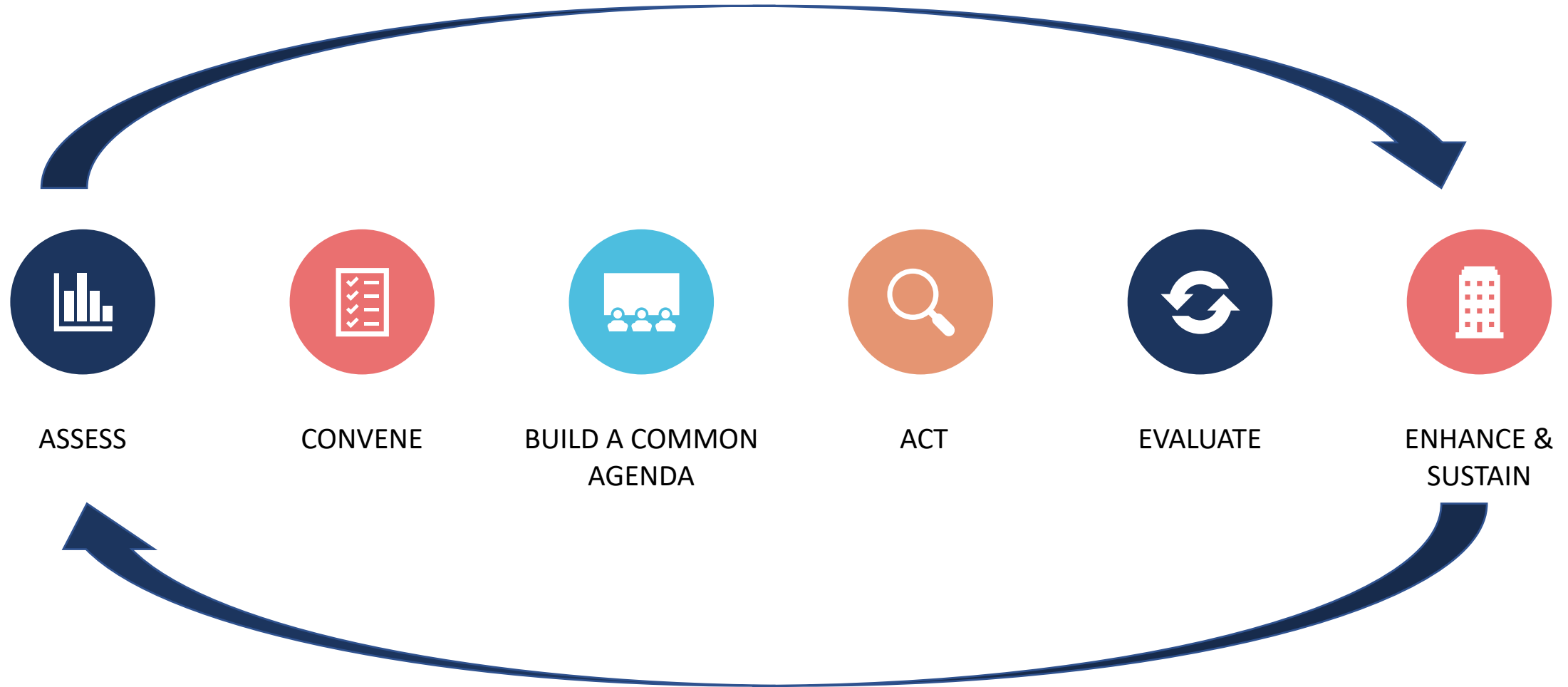
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- Convene a multi-disciplinary coalition of professionals, community organizations, families, and those with lived experiences
- Align the goals of current programs and activities to build a common agenda and means of evaluating impact
- Identify additional activities that are supportive in reducing maternal mortality and morbidity
- Develop a strategic plan incorporating a vision with measurable goals, and strategies



# The Process

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# Community Driven

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# Community Council

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- Intentionally engage community members and organizations that interact with pregnant women and their families
- Identify opportunities for bi-directional learning between healthcare providers and patients
- Promote patient advocacy by equipping patients and their support network with tools to understand and manage their health
- Develop of train-the-trainer model for providing community education on maternal health issues and support for pregnant people
- Align policy priorities with community needs and galvanize community members and organizations with advocacy tools



# Coming Soon...

Website: [www.almhtf.org](http://www.almhtf.org)

Email: [contactus@almhtf.org](mailto:contactus@almhtf.org)



# Questions?



# Working Toward Solutions

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***What solutions or opportunities do we have to improve maternal health in Alabama?***

***Click the link in the chat box***



# Disclaimer

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The State Maternal Health Innovation Program is supported by the Health Resources and Service Administration's Maternal and Child Health Bureau, grant 1U7AMC46846-01-00. The content of this work is solely the responsibility of the authors.