



State Maternal Health Innovation & Data Capacity Program¹

Draft Maternal Health Strategic Plan

HOPE for Georgia Moms

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Executive Summary

Georgia has a maternal mortality rate of 30.2 per 100,000 live births, ranking it among the 10 states faring worst in the United States. Notably, pregnancy-related deaths are more than twice as high among non-Hispanic Black women than among non-Hispanic White women. Georgia's Maternal Mortality Review Committee (MMRC) determined the majority of these deaths (89%) to be preventable and attributed the causes to limited access to care and obstetric deserts in rural areas, as well as implicit bias and structural racism. Obesity, mental health conditions, and substance use disorder contributed 42%, 18% and 13% respectively to pregnancy-related deaths from 2018-2020.

Georgia can build on its legislative accomplishments over the past five years to support birthing persons and their families, as well as its public health and community activities, initiatives, and programming from the Georgia Department of Public Health (DPH) and community-based organizations. With its 159 counties, Georgia has many rural areas that limit access to existing maternal obstetric care resources, and programs in their areas of residence. For this reason, identified gaps are found in clinical care delivery, data collection, and political and geographical alignment across the state, which in turn hinder the ability to access and implement maternal health initiatives.

The Georgia Maternal Health Task Force (MHTF) was formed in the spring of 2023 with a mission to lay the foundations of respectful care for birthing persons so that they not only survive but thrive. Stakeholders dedicated to improving maternal and family outcomes joined the task force with a shared vision of achieving healthy outcomes and positive experiences for all birthing persons. HOPE (Healthy Outcomes and Positive Equitable Experiences) for Georgia Moms is the name given to the five-year State Maternal Health Innovation and Data Capacity grant awarded by the Health Resources and Services Administration (HRSA) in October 2022. HOPE for Georgia Moms established the MHTF as a way to gather and strengthen existing capacity within the state. The overarching goal of the program is to lower maternal mortality and morbidity, and to improve disparities in maternal health outcomes.

This Strategic Plan is a guiding document for the MHTF and HOPE for Georgia Moms to improve maternal health outcomes. As a document in draft form, it outlines strategies within four improvement areas defined by HRSA: Data Enhancements, Workforce Training, Community Engagement, and Direct Clinical Care. Specific objectives, timelines, persons or organizations committed to carrying out these strategies will be defined and refined over the course of Year 2 (Oct. 2023-Oct. 2024) by members of the MHTF Action Workgroups for Care Coordination and Resource Alignment, Maternal Health Data, Maternal Health Policy, and Education and Community Engagement.



I. Maternal Health & Wellness in Georgia

Strengths

Georgia leverages its strengths in policy, state public health and community programming, and accompanying reports and data to shape and improve maternal health and wellness outcomes.

1. Legislative Policy Supports

Key legislative actions in Georgia over the past 5 years include:

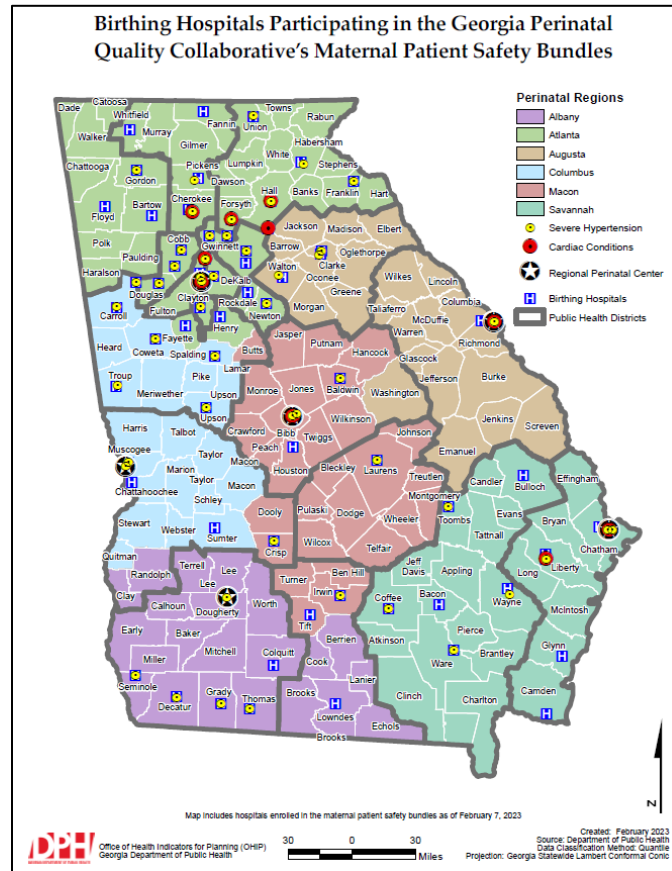
- **Extension of Pregnancy Medicaid** from 60 days postpartum to 12 months
- **Georgia Pathways to Coverage™** program for any eligible Georgians ages 19-64 who have a household income of up to 100% of the Federal Poverty Level (FPL), are not otherwise eligible for traditional Medicaid, and meet the qualifying activities threshold
- **Healthy Mothers, Healthy Babies Act (SB 106)**, passed in May 2023, establishes a 3-year pilot to provide coverage for remote maternal clinical services under Medicaid
- **House Bill 129**, passed in May 2023, expands financial assistance through the federal Temporary Assistance to Needy Families (TANF) program to pregnant persons.
- **Improving Coordination for Healthy Moms Act (S 3362)** presents a combined and coordinated effort of two US Department of Health and Human Services (HHS) programs: Healthy People's Maternal, Infant, Child Health (MICH) Workgroup and the Maternal Health Working Group to optimize efforts and obtain more efficient data to address the maternal health crisis.
- **Kira Johnson Act (S 2239)**, introduced in July 2023 to Congress, would fund community-based organizations to improve maternal health outcomes for pregnant and postpartum women of color and other underserved communities. This includes investments in maternal mental health conditions and substance use disorders, social determinants of health, midwifery practices, and doulas and other perinatal health workers. It also established Respectful Maternity Care Compliance programs in hospitals and created grant programs to implement and study bias, racism, and discrimination training for employees in maternity care settings.
- **Preventing Maternal Death Reauthorization Act (S 2415)** reauthorized an additional five years to the Centers for Disease Control and Prevention (CDC) to fund state maternal mortality review committees that investigate maternal deaths.
- **Designation of Perinatal Centers Legislation**, enacted in FY 2018 to be implemented in FY 2019 and in partnership with the Georgia Department of Public Health, The Joint Commission, the American Academy of Obstetricians and Gynecologists, and the American Academy of Pediatrics, established criteria for levels of maternal and neonatal care at perinatal facilities

2. State Organizational Supports

The Georgia Department of Public Health (DPH) has activities and initiatives to support maternal and child health programming, services, and dissemination of professional learning.

- **Georgia Perinatal Quality Collaborative (GaPQC)** began initiating AIM Bundles in 2018. 78% of birthing hospitals participated in the AIM Maternal Hemorrhage and Severe Hypertension Bundles. The GaPQC began implementing the AIM Cardiac Conditions in Obstetric Care Bundle in March 2022, making Georgia the first state in the country to implement this bundle.

- **Regional Perinatal Centers (RPC):** Georgia has a total of six RPCs (Albany, Atlanta, Augusta, Columbus, Macon and Savannah) that provide education and training to delivering facilities (see map below).



- **Georgia Maternal Health ECHO (Extension for Community Healthcare Outcomes):** The virtual programs, which were launched in September 2021, seek to increase professional collaboration and disseminate resources for providers to respond to factors impacting maternal morbidity and mortality in Georgia.
- **Home Visitation Pilot:** DPH invests in home visiting programs in rural counties using a care model that streamlines care services and coordination for these more vulnerable populations. The new Home Visitation Pilot supports birthing persons in underserved rural communities and came about with the signing of Senate Bill 106, “Healthy Mothers, Healthy Babies Act” in May 2023. Currently counties in Gainesville and Waycross are implementing pilot programs.
- **Perinatal Level of Care Verification:** DPH is collaborating with the American Academy of Pediatrics (AAP) and The Joint Commission to collect neonatal surveys from facilities for levels II, III, and IV designation, and maternal surveys for designation of all levels.
- **Title V Maternal and Child Health Program**



3. Community Supports

Community organizations, coalitions and alliances are improving equity and maternal health outcomes through advocacy, research, data reporting, professional training, clinical and professional referrals, and programming. Included on the Maternal Health Task Force are representatives from these community organizations:

- Atlanta Doula Collective
- Black Mamas Matter Alliance
- Center for Black Women's Wellness
- Center for Rural Health and Health Disparities
- Georgia Council for Recovery
- Healthy Mothers, Healthy Babies Coalition of Georgia
- Hispanic Alliance of Georgia
- March of Dimes
- Morehouse School of Medicine's Center for Maternal Health Equity
- Newtown Florist Club
- PEACE (Perinatal Psychiatry, Education, Access and Community Engagement) for Moms
- Postpartum Support International Georgia Chapter
- Prevent Child Abuse Georgia
- Reaching Our Sisters Everywhere (ROSE)
- South Georgia Healthy Start

4. Maternal Health Reports

With the *White House Blueprint for Addressing the Maternal Health Crisis* (June 2022), the current Administration is bringing visibility at the national level to the higher rate of deaths from pregnancy-related causes in the U.S. than in any other developed nation. The *White House Blueprint* lays out specific actions that address the inequity that exists in maternal death for those birthing people who live in rural areas and for Black and Native American birthing people. The goals are to:

- Expand coverage to quality maternal care including mental health
 - Ensure that those people giving birth are heard and are decision makers
 - Advance data collection, standardization and transparency
 - Expand and diversify the perinatal workforce
 - Strengthen economic and social support for people before, during and after pregnancy
- **Maternal and Child Health Service Title V Block Grant FY 2024 Application/FY 2022 Annual Report;**
<https://dph.georgia.gov/document/document/gatitlevprintversionfy24final2pdf/download>
 - **Maternal Mortality Report 2018-2020 (MMRC);**
<https://dph.georgia.gov/document/document/maternal-mortality-2018-2020-case-review/download>
 - **2022 March of Dimes Report Card for Georgia;**
<https://www.marchofdimes.org/peristats/reports/georgia/report-card>
 - **Healthy Mothers, Healthy Babies Coalition of Georgia (HMHB) 2022 State of the State Report;** <https://www.hmhbga.org/2022-state-of-the-state-report>

- **Black Mamas Matter Alliance (BMMA) Briefs and Reports;**
<https://blackmamasmatter.org/literature/>
- **Morehouse School of Medicine Center for Maternal Health Equity: Georgia Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE);** <https://centerformaternalhealthequity.org/programs/georgia-implementing-a-maternal-health-and-pregnancy-outcomes-vision-for-everyone-improve/>

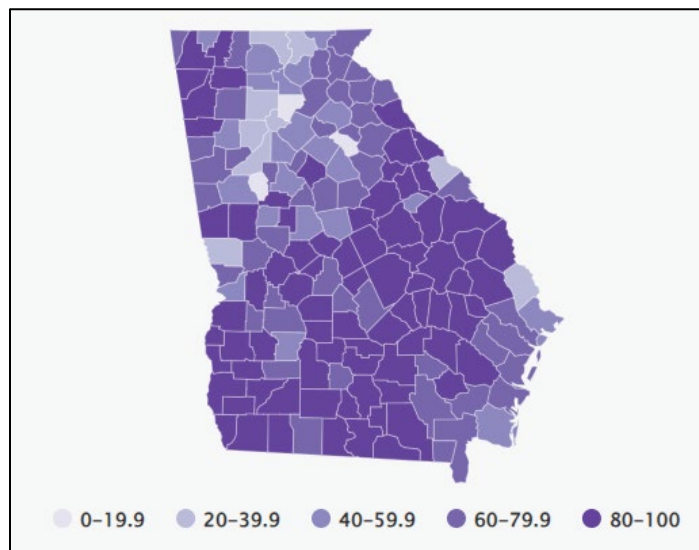
5. Maternal Health Data

- **Online Analytical Statistical Information System (OASIS), Georgia Department of Public Health;** <https://oasis.state.ga.us/>
- **Maternal and Child Health Data Hub, Healthy Mothers, Healthy Babies;**
<https://www.hmhbga.org/maternal-and-child-health-data-hub>
- **The Georgia Board of Health Care Workforce, State of Georgia;**
<https://healthcareworkforce.georgia.gov/>

Challenges

HOPE for Georgia Moms is challenged with elevating the work currently being done by state public health and community programming, while avoiding duplicating efforts.

Georgia faces regional challenges across the state due to the majority of counties being rural (120 out of 159 counties), which results in obstetric deserts and less access to health care for its rural residents. Subsequently, residents in areas outside of some larger cities, such as Atlanta, Athens, Augusta, Columbus, and Savannah, have worse outcomes and higher “maternal vulnerability” according to measures of reproductive healthcare, physical and mental health, substance abuse, general healthcare, socioeconomic determinants, and physical environment (see map with Maternal Vulnerability Index).



2022 March of Dimes Maternal Vulnerability Index, with higher scores indicating worse outcomes
<https://www.marchofdimes.org/peristats/reports/georgia/report-card>



Gaps

Gaps exist in clinical care delivery, access, data collection, and political/geographical alignment across the state, which in turn hinder the ability to access and implement existing maternal health initiatives.

There continues to be a gap in hospital and community care before and after delivery. This gap exists in the prenatal and postpartum periods with a lack of access, consistent follow up and referrals particularly with high-risk mothers.

Identified gaps in Georgia are:

- **Mental Health Providers for Follow-up Care.** Lack of adequate psychiatric providers to provide follow-up care for those identified with mental health or substance use disorder. Based on the State of Georgia Physician Workforce, there are a total of 1,075 psychiatrists in Georgia and the number ranges from 0 to 738 per 100,000 residents. There are many counties in the central, southwestern and eastern regions with no psychiatrist.
- **Timeliness, Accuracy and Transparency of Data.** There continues to be opportunities for current and inclusive state-level data on maternal mortality and morbidity, available and transparent to all people in Georgia. Despite the success of the Georgia DPH in managing the infrastructure for collecting and analyzing maternal mortality data, and now reviewing within 2 years of death, there is a lag in the data analyzed by the MMRC and published reports, as well as a lack of autopsy required on all maternal deaths.
- **AIM Bundle Implementation.** Even with a seasoned perinatal quality collaborative that has been in place for over 8 years, there are still challenges with birthing hospitals engaging in the AIM Bundle implementation initiatives, particularly the most recent AIM CCOC Bundle. Out of 69 delivering hospitals, 58 are participating in previous AIM Bundle implementation and 12 are currently implementing the AIM Bundle on cardiac conditions.
- **Level of Care (LOC) Designation Requirement.** Level of Care Designation Legislation was enacted in FY 2018 and implemented in FY 2019; however, it is still only voluntary for hospitals to apply as a Level II, III or IV Maternal Center.
- **Contributing Factors of Pregnancy-related Deaths.** Based on the MMRC (*Maternal Mortality Report 2018-2020*, June 2023), patients lack knowledge about adhering to and seeking medical care; providers and hospitals did not transfer patients to the appropriate level of care for delivery; and emergency departments did not adequately assess for pregnancy and providers were delayed in recognizing a ruptured ectopic pregnancy
- **Stigma Related to Social Determinants of Health and Substance Use.** Social Determinants of Health (SDOH), such as insurance coverage, secure housing, poverty, and food insecurity, continue to create barriers for equitable, respectful, and quality care. Stigma and bias around SDOH, substance use disorder (SUD) and single mothers create fear and mistrust of the healthcare system and impact the quality and respectfulness of the care delivered to many birthing people in Georgia.
- **Undocumented Birthing People Not Served.** Undocumented mothers, who do not meet the 5-year U.S. residency requirement, do not receive the prenatal care needed. Their outcome data are also not tracked to ensure appropriate allocation of resources and services.
- **Unified Legislative Action.** Because of the geographical differences in the state, Georgia is not unified politically across community organizations. For this reason, there is a gap in the unified implementation of federal and state legislative action to collectively impact maternal health



outcomes in Georgia. There has been positive legislative action around maternal health funding and programs that focus on equity and bias training that has not translated into action across the state.

- **Distribution of Resources into Rural Areas.** The distribution of the physician workforce, in particular for Maternal and Fetal Medicine (MFM) and Obstetrics and Gynecology, is low to nonexistent in many counties in the southwestern, southern, and eastern parts (with the exception of Augusta) of the state. Within the six regional perinatal centers, hospitals with labor and delivery are concentrated around Atlanta, with very few in the eastern and southwestern parts of the state.

Existing Maternal Health Initiatives

Select Initiatives in Georgia:

- **AIM Community Care Initiative (CCI)**
- **Alliance for a Healthier Generation** (<https://www.healthiergeneration.org/>)
- **Atlanta Healthy Start Initiative**, Center for Black Women's Wellness (<https://www.cbww.org/programs/maternal-child-health/>)
- **Community Action Network (CAN)**, Center for Black Women's Wellness (<https://www.cbww.org/programs/maternal-child-health/>)
- **Find Help Georgia**, Prevent Child Abuse Georgia (<https://findhelpga.org/>)
- **Help Me Grow Georgia**, Healthy Mothers, Healthy Babies (<https://www.hmhbga.org/help-me-grow-georgia>)
- **March of Dimes Collective Impact Initiatives** (<https://ignitingimpacttogether.marchofdimes.org/>)
- **MotherToBaby Georgia**, Department of Behavioral Health & Developmental Disabilities (DBHDD) and Emory University (<https://mothertobaby.org/affiliates/mothertobaby-georgia/>)
- **Perinatal Psychiatric Consult Line**, Postpartum Support International (<https://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>)
- **Pickles and Ice Cream Georgia**, Healthy Mothers, Healthy Babies (<https://picklesandicecreamga.org/>)
- **South Georgia Healthy Start** (<https://www.southgeorgiahealthystart.org/>)

According to a survey, Task Force members identified the following task forces and committees in Georgia that are concerned with improving maternal health outcomes.

- **Georgia Family Connection** (<https://gafcp.org/>)
- **Georgia Maternal Substance Use Task Force**
- **Georgia Perinatal Mental Health Task Force** (Healthy Mothers, Healthy Babies; and Postpartum Support International)
- **Georgia Perinatal Quality Collaborative (GaPQC) Advisory Committee**
- **Georgia Clinicians for Climate Action (GCCA)** (<https://states.ms2ch.org/ga/gcca/>)
- **Georgia Council for Recovery** (<https://gasubstanceabuse.org/>)
- **Georgia OB/GYN Society (GOGS)** (<https://gaobgyn.org/>)
- **Healthy Mothers Health Babies of Georgia (HMHBGA)** (<https://www.hmhbga.org/>)



- **March of Dimes Collective Impact: Dismantling Racism and Unequal Treatment Workgroup**
- **Maternal Mortality Review Committee (MMRC)**
- **Resilient Georgia** (<https://www.resilientga.org/>)
- **National Association of Community Health Centers (NACHC)** (<https://www.nachc.org/>)



II. Maternal Health Task Force

Mission, Vision, Values and Key Drivers

HOPE for Georgia Moms first identified persons for the Maternal Health Task Force (MHTF) through an iterative process of searching for state and community organizations and their leaders working in maternal health, professional organizations serving the perinatal population, and individuals presenting at clinical and public health conferences. Referrals were also made by leaders and support staff from the GaPQC, the Health Resources and Services Administration (HRSA), Maternal Health and Learning Information Center (MHLIC), and Race4Equity. Race4Equity created a composition analysis to consider personal characteristics (age, gender, race and ethnicity, and language), roles within the system, and the resources the individual might bring to the task force. A “snowball” approach was – and still is – used to ask members for any additional individuals or organizations to be considered.

Other organizations are being considered for the MHTF based on responses of persons who contributed to the strategic planning process during a retreat on August 11, 2023. Seventeen persons responded to the survey question, “Is there anyone missing from this space that you think should be invited to join?”

- **Family Connection** (gafcp.org): a statewide network dedicated to the health and wellbeing of families and communities
- **Federally Qualified Health Centers** (FQHC), and their membership organization, the Georgia Primary Care Association (GPCA): provide services through community health centers, public housing centers, outpatient health programs, and programs serving migrants and persons who are homeless.
- **Healthcare Georgia Foundation** (healthcaregeorgia.org): a grant-awarding organization that promotes collective action to advance health equity for all Georgians
- **House of Nirvana** (in progress): a reproductive care and postpartum center in Atlanta
- **Resilient Middle Georgia** (resilientmiddlegeorgia.org): a trauma-informed, community-building organization

Mission

To lay a foundation of respectful care for birthing persons to not only survive but thrive across Georgia.

Vision

Healthy outcomes and positive equitable experiences for all birthing persons in Georgia.

Values and Guiding Principles

- Compassion and respect for all people
- Intentional collaboration and synergy
- Diversity, inclusiveness, equity and social justice
- Culturally aware and responsive perinatal care
- Decisions informed by data and best practice



Key Drivers

- Cross-sectoral, multidisciplinary collaboration and teamwork built on trust and accountability
- Equity-centered, anti-racist approach to all strategic and implementation work
- Use of data and evidence to inform strategic planning and activities
- Administrative, technical, and instrumental support to carry out activities



Maternal Health Task Force Membership List

<u>Last Name</u>	<u>First Name</u>	<u>Organization</u>	<u>Role</u>
Adeniyi-Miller	Tosi	Center for Black Women's Wellness	Lead Program Coordinator
Aina	Angela	Black Mamas Matter Alliance	Co-founder, Executive Director
Ard	Quantrilla	MoMMA's Voices of Preeclampsia Foundation	Person with Lived Experience
Aristide	Stephanie	Black Mamas Matter Alliance	Policy & Advocacy Associate
Barkin	Jen	Center for Rural Health & Health Disparities, Mercer University School of Medicine	Executive Director
Bugg	Kimarie	Reaching Our Sisters Everywhere (ROSE)	CEO
Byfield	Renee	Perinatal Quality Improvement	Program Director
Callins	Keisha	Community Health Care Systems, Mercer University School of Medicine	Physician (OBGYN), Clinical Assistant Professor
Cargill	Shontel	Postpartum Support International Georgia Chapter/ Thriveworks	Board President/Regional Clinic Director
Chandrasekaran	Suchitra	Emory University School of Medicine	Physician (MFM)
Cooper	Hannah	Emory School of Public Health	Professor, Chair Substance Use Disorders Research
Csukas	Seema	CareSource	VP/CMO/Pediatrician
Dudley	Jessica	United Way of Hall County	President, CPO
Durrence	Diane	Title V GA	Director of Women's Health Program
Ehle	Lisa	GaPQC, DPH, Maternal Quality Improvement	Senior Manager
Ellis	Jane	Atlanta Regional Perinatal Center/ Emory University School of Medicine, Grady Hospital	RPC Medical Director/Physician (MFM)



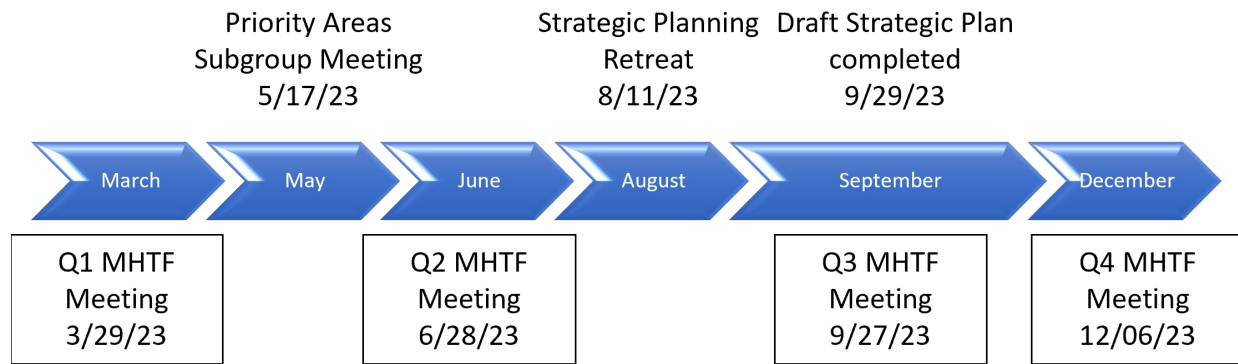
Franklin	Cheryl	Morehouse School of Medicine	OBGYN, Associate Professor
Goldsmith	Toby	Emory School of Medicine, PEACE for Moms	Psychiatrist/ Professor, Director
Guerrero	Laurisa	Georgia Council for Recovery	Executive Director
Haley	Shaconna	InnerLight: Holistic Doula & Perinatal Consulting	Owner/Founder
Hall	Lynne	Georgia Hospital Association	QI Specialist, Maternal/Child Expert
Johnson	Rose	Newtown Florist Club	Executive Director, Reverend
Kopp	Katie	GA DPH: Office of Women's Health	Senior Manager
Lam	Kristina	GA Department of Public Health	Medical Epidemiologist, Physician
Lasege	Tamika	United Healthcare, Georgia Health Plan	Chief Medical Officer
Layne	Laura	GA Department of Public Health	Director, Office of Women's Health
Lindberg	Ky	Healthy Mothers, Healthy Babies of Georgia	CEO
Mantooth	Michael	Good News Clinic	Operations Director
Mason	Tamara	March of Dimes	Director Maternal and Child Health Collective Impact
Ruffin	April	Anthem Blue Cross and Blue Shield	Medical Director
Sarazúa	Vanesa	Hispanic Alliance of GA	Founder/CEO
Scott	Madison	Healthy Mothers, Healthy Babies of Georgia	Manager Policy & Research
Snyder	Angie Bauer	Georgia Health Policy Center, GSU	Director Health Policy & Financing, Professor
Spires	Shelley	Albany Area Primary Health Care	CEO
Stein	Jennifer	Prevent Child Abuse GA	Executive Director
Stringer	Marsha	Georgia Heart Institute, Newtown Florist Club	Nurse Practitioner
Taylor	Zachary	GA DPH: District 2	District Health Director/Physician
Welsh	Kaprice	AWHONN	Midwife



Woodham	Champa	Augusta Regional Perinatal Center / Medical College of Georgia (MCG)/MCG Health Medical Center	RPC Medical Director / Professor / Physician (MFM)
Yangandawele	Tembele	Northeast Georgia Health System	Primary Care Provider/ Graduate Medical Education (GME) - Family Practice

Meeting Structure and Timeline

The Maternal Health Task Force (MHTF) has virtual quarterly meetings for 90 minutes. Race4Equity co-facilitates the meeting with HOPE for Georgia Moms, and the teams also have two to three meetings in advance for agenda setting. In 2023, the newly established MHTF convened for the first time at the end of March and met in addition to its quarterly meetings for strategic planning purposes (see graphic).



III. HOPE for Georgia Moms Program Goals (2022-2027)

Purpose & Core Functions

HOPE (Healthy Outcomes and Positive Equitable Experiences) for Georgia Moms is the name given to the State Maternal Health Innovation and Data Capacity grant awarded by the Health Resources and Services Administration (HRSA). The name reflects the desire for the program to connect resources and be action-oriented so that all birthing persons survive and thrive in Georgia. To do this, the program purposefully seeks out the experiences of birthing persons, key organizational stakeholders, and clinicians serving birthing persons to derive and provide the most appropriate resources needed to achieve this overarching purpose.

The four core functions of the grant are to:

1. Establish a State-Focused Maternal Health Task Force
2. Identify and collaborate with the multidisciplinary state-focused taskforce to collect, analyze, and report data on pregnancy-related mortality, severe maternal morbidity (SMM), and/or other indicators of maternal health to evaluate preventability, identify actionable recommendations, and improve systems of prenatal and maternity care services
3. Improve the collection, reporting, and analysis of the Alliance for Innovation on Maternal Health (AIM) Data
4. Promote and execute innovative evidence-informed interventions in Maternal Health Service Delivery to address critical gaps in prenatal and maternity care services

Background

In 2022, Northeast Georgia Health System (NGHS) was one of nine recipients in the U.S. to receive the grant, which seeks “to support the capacity of Georgia to improve maternal health and address maternal health disparities through quality services, a skilled workforce, enhanced data quality and capacity, and innovative programming that aims to reduce maternal mortality and severe maternal morbidity.” NGHS is a not-for-profit community health system consisting of five hospital campuses serving 19 counties in northeast Georgia and the Atlanta area. NGHS is uniquely positioned to serve as a pilot site for innovative clinical initiatives, to strengthen AIM data capacity and to conduct clinical outreach across health systems in the state, while building on and supporting a partnership with the Georgia Perinatal Quality Collaborative (GaPQC). GaPQC is made of physicians, nurses, birthing centers, and regional perinatal centers that are all focused on implementing quality improvement initiatives to improve clinical practice, patient safety and outcomes for all mothers and infants in Georgia.

Program Goals

In Year 1, HOPE for Georgia Moms is focusing on building a Maternal Health Task Force; improving state-level maternal health data surveillance; improving and supporting the collection, reporting, and analysis of AIM data; and piloting the Maternal Cardiac Program at NGHS. Throughout the grant period, HOPE for Georgia Moms will construct and maintain a dynamic website to disseminate state-wide resources to Maternal Health Task Force members, providers, and the public. The purpose of the website is to encourage collaboration among members of the task force, reduce duplication of resources, and elevate existing initiatives.

Goal 1: To build a Georgia Maternal Health Task Force to reduce maternal mortality and severe maternal morbidity

- 1a. To identify and engage continually key stakeholders who address maternal health equity and other factors contributing to maternal outcomes
- 1b. To create Action Workgroups based on the priority areas identified by consensus
- 1c. To hold quarterly meetings of the Maternal Health Task Force
- 1d. To create shared mission, vision, and value statements by consensus of the Maternal Health Task Force
- 1e. To create a Strategic Plan with collaboration of the Maternal Health Task Force
- 1f. To create the infrastructure supports to translate strategies identified by the Maternal Health Task Force into actionable steps

Goal 2: To maintain and support maternal health data surveillance in Georgia

- 2a. To align with the MMRC, SSDI, Georgia Department of Public Health, and Title V assessments and recommendations
- 2b. To create a baseline assessment of Georgia on maternal health outcomes, care coverage, payors, and distribution of health facilities
- 2c. To gather data as specified by HRSA for the Maternal Health Annual Report

Goal 3: To support the GaPQC with AIM data collection, reporting, and analysis by health systems

- 3a. To create a Maternal Health Registry in EPIC to support the collection and reporting of data for the AIM Patient Safety Bundles: Cardiac Conditions in Obstetric Care, Obstetric Hemorrhage, Severe Hypertension in Pregnancy, and Perinatal Mental Health Conditions (soon to be released)
- 3b. To create a data analytics dashboard to enable AIM data collection, reporting, and analysis by health systems
- 3c. To collaborate with GaPQC and Regional Perinatal Centers (RPC) to build capacity for health systems to implement AIM Patient Safety Bundles
- 3d. To develop culturally appropriate resources to support implementation of AIM Bundles in healthcare settings

Goal 4: To pilot the Maternal Cardiac Program at Northeast Georgia Health System (NGHS)

- 4a. To implement and evaluate the AIM Patient Safety Bundle Cardiac Conditions in Obstetric Care (CCOC) at NGHS.
- 4b. To measure the effectiveness and costs to the health system of implementing the CCOC AIM Bundle at a large health system in northeast Georgia.
- 4c. To create EPIC-based templates for automating the California Maternal Quality Care Collaborative (CMQCC) cardiovascular disease assessment algorithm within the hospital EMR

4d. To implement Remote Patient Monitoring for pregnant and postpartum patients who score at risk of cardiac conditions

4e. To design protocols to facilitate implementation of the AIM Bundle in health facilities in Georgia

4f. To create culturally appropriate educational resources for marginalized ethnic persons

IV. Action Plan for Addressing Maternal Health Needs

Action Plan Development

The Maternal Health Task Force (MHTF) has prioritized four areas for strategic action. These “Action Workgroups” and their members form the basis of breakout and strategy sessions.

- Care Coordination & Resource Alignment
- Maternal Health Data
- Maternal Health Policy
- Education & Community Engagement

The process for creating the current Action Plan took place in five basic steps (see below) during MHTF virtual meetings 3/2023, 5/2023 and 6/2023 and at a Maternal Health Task Force Retreat on 8/11/2023. MHTF members and invited guests brainstormed, discussed and found consensus on trends, root causes of the problem, and strategies to reduce or eliminate the problems standing in the way of healthy and positive birthing outcomes.

1. Environmental Scan: The “PEST” model was used to identify and categorize Political, Economic, Social, and Technological factors (PEST) that currently impact or might affect the strategic plan.
2. Root Cause Analysis: In the individual Action Workgroups, participants used the fishbone method and sticky notes to drill down on factors that either contribute to or hinder healthy outcomes.
3. Defining Strategic Directions: Action Workgroup participants brainstormed evidence-based and successful strategies to overcome 3-5 root causes.
4. Prioritizing Strategies: Action Workgroup participants used “SLVR” criteria to discuss the Specificity, Leverage or anticipated effect size, Values, and Reach of the proposed strategies to narrow down the selection process.
5. Report-out: Action Workgroup had spokespersons present to the overall group what they would like to see in place 2-3 years from now to move closer to the goal of Healthy Outcomes and Positive Equitable experiences (HOPE).

The Action Plan is based largely on discussions within the four Action Workgroups at the Maternal Health Task Force Retreat (see list of participants below). An asterisk denotes membership on the Maternal Health Task Force.

Action Workgroup	Workgroup Participant	Organization
Care Coordination & Resource Alignment	Sekesa Berry*	Atlanta Doula Collective
	Seema Csukas*	CareSource
	Deitre Epps	RACE for Equity
	Toby Goldsmith*	Emory School of Medicine, PEACE for Moms
	Shaonna Haley*	InnerLight: Holistic Doula & Perinatal Consulting
	Lynne Hall*	Georgia Hospital Association
	Ky Lindberg*	Healthy Mothers, Healthy Babies
	Antoinette Means	HRSA, Maternal and Child Health Bureau
	April Ruffin*	Anthem Blue Cross/Blue Shield
	Mary Lou Wilson*	HOPE for Georgia Moms
Maternal Health Data	Quantrilla Ard*	Person with Lived Experience, MoMMA's Voice of Preeclampsia Foundation
	Jennifer Barkin*	Center for Rural Health & Health Disparities, Mercer University
	Shontel Cargill*	Postpartum Support International
	Suchitra Chandrasekaran*	Emory University School of Medicine
	Hannah Cooper*	Emory School of Public Health
	Jane Ellis*	Emory University School of Medicine
	Zachary Epps	RACE for Equity
	Kristina Lam*	Department of Public Health
	Maribel Luviano*	HOPE for Georgia Moms
	Tosi Adeniyi-Miller*	Center for Black Women's Wellness
Champa Woodham*	Medical College of Georgia	
Maternal Health Policy	Stephanie Aristide*	Black Mamas Matter Alliance
	Katrina Cochran	Office of U.S. Senator Warnock
	Jimmy Dills	MHLIC, Georgia Health Policy Center
	Heidi Ehrenreich*	HOPE for Georgia Moms
	Cheryl Franklin*	Morehouse School of Medicine
	Sarah Meyerholz*	HRSA, Maternal and Child Health Bureau
	Madison Scott*	Healthy Mothers, Healthy Babies
	Angela Bauer Snyder*	Georgia Health Policy Center, GSU
Education & Community Engagement	Shelley Spires*	Albany Area Primary Health Care
	Gabriella Vesey	Office of U.S. Senator Warnock
	Kimarie Bugg*	Reaching Our Sisters Everywhere (ROSE)
	Jessica Dudley*	United Way of Hall County
	Laurisa Guerrero*	Georgia Council for Recovery
Tamika Lasege*	United Healthcare	

	Tamara Mason*	March of Dimes
	Amy Mock	GA Department of Public Health
	Bridgette Schulman*	HOPE for Georgia Moms
	Natalia Serrano	Northeast Georgia Health System
	Priya Shah	HRSA, IEA Region 4
	Marsha Stringer*	Newtown Florist Club
	Martha White	Hometown Health
	Tembele Yangandawele*	NGPG Primary Care

Strategies to Address Maternal Health Outcomes

a. Direct Clinical Care

Strategy
Apply principles of trauma-informed care to increase trust between providers and birthing people in healthcare settings
Develop telehealth access education and programs in underserved areas
Pilot telehealth carts in rural areas for cardiology referrals for pregnant and postpartum birthing people
Use Remote Patient Monitoring for pregnant and postpartum women assessed at risk of cardiac conditions
Increase implementation of AIM Cardiac Conditions of Obstetric Care (CCOC) Bundle at birthing hospitals through clinical outreach and collaboration with GaPQC
Create a provider rating system on cultural relevance, where patient rate providers and healthcare experience based on cultural appropriateness
Promote a Maternal Center designation program to verify hospitals are operating at the appropriate Level of Care

b. Workforce Training

Strategy
Build workforce capacity for data analysts in health care by training data abstractors
Streamline policy communications on care coordination for multiple organizational stakeholders
Create forum for regularly scheduled statewide policy briefs aimed at policymakers
Define roles of doulas, midwives, community health workers, allied health professionals, and social workers to diversify provider practice
Define criteria for reimbursement for doulas, certified nurse midwives (CNM), and lactation consultants
Provide equitable access to reimbursement for services by doulas, CNMs, lactation consultants.
Identify champions who foster mutual respect and trust between maternal disciplines
Increase access to care by identifying and creating innovative transportation solutions for under-resourced areas, for example through use of churches, mobile, Ride share, EMTs
Increase number of providers trained by PEACE for Moms for maternal mental health support through clinical outreach and collaboration with PEACE for Moms

c. Maternal Health Data Enhancements

Strategy
Create a statewide website for clinicians and the public with maternal health resources linking to existing data hubs, referral services, education, and training
Expand the Help Me Grow resources database and make it accessible to public and professional community
Encourage the use of innovative tools and technology to support birthing individuals and families (e.g., Irth, Help Me Grow, etc.) through community and clinical educational events; website; professional conferences
Create timely data sharing platform across health systems
Create policies for data sharing and transparency through standardized Health Information Exchange (HIE) protocols

d. Community Engagement

Strategy
Define policy networks for intersectoral collaborations
Increase number of persons with lived experience on the Maternal Health Task Force for strategic planning and implementation
Provide patient education for self-advocacy
Create materials for patient self-advocacy in Spanish and English through focus group-based formative research

e. Other

Strategy
Create equitable funding opportunities for community-based organization
Increase the number of diverse reviewers of funding opportunities

New Activities

The following strategies were also identified as important by the MHTF, and will be implemented appropriately in accordance with federal funding:

- Educational modules on trauma-informed care
- Use of centering for increased access to prenatal care
- Promoting Maternal Center Designation across health systems
- Creation of a network of community organizations for the purpose of collaborations and focused policy briefs to clarify regional needs to policymakers.
- Use of a train-the-trainer model for communicating policy priorities identified within the community
- Creation of a provider rating system on cultural relevance
- Implementation of Respectful Care Bundles
- Workforce training for advanced data analytics, database management and collection, which includes cultural competence
- Support for community members in federal and state funding opportunity applications
- Use of PhotoVoice and Motivational Interviewing to engage community

Title V Recommendations & Alignment with Action Plan

The Title V and Georgia Department of Public Health's State Health Improvement Plan (SHIP) priority areas of preventing maternal and infant mortality align with the purpose of HOPE for Georgia Moms. Further, HOPE for Georgia Moms shares the principles of maternal and child health equity that undergird Maternal and Child Health Services Title V support for selected strategies, activities and programming, and shares to a certain extent the principles of family partnerships and family engagement in decision-making in program planning, service delivery, and quality improvement activities as they relate to pregnant and postpartum persons and their families.

HOPE for Georgia Moms is addressing, through its pilot of the Maternal Cardiac Program, National Performance Measure (NPM) 1.6 to enroll 60% of Georgia birthing facilities into the Cardiac Conditions in Obstetrical Care AIM patient safety bundle in the first year after launch. The State Performance Measure (SPM) of reducing the rate of infant mortality in Black infants is being addressed initially by including organizational leaders from payors, i.e. Anthem Blue Cross/Blue Shield, CareSource, United Healthcare; community organizations, i.e. ROSE, HMHB, Black Mamas Matter, etc.; and medical health facilities in the Maternal Health Task Force (MHTF). HOPE for Georgia Moms is currently recruiting fathers as MHTF members, which is an initial step towards addressing the SPM of improving father involvement. The third SPM of preventing congenital syphilis is being pursued through communications among Maternal Health Task Force members and at the individual health facility level but not as an overarching strategy for HOPE for Georgia Moms.

In Year 2, HOPE for Georgia Moms plans to support the Title V objective of completing a Maternal Center Designation for at least 10 hospitals annually (1.2b). HOPE for Georgia Moms will conduct outreach and education to inform systems about the designation process and its benefits. These activities will align with the associated Title V strategies of developing a designation program to verify hospitals are operating at the level of care authorized through the DCH Certification of Need program (1.1); and promoting the designation program and recruiting hospitals to participate (1.3).

Title V funds are used for services to support women of reproductive age through organizations, such as Healthy Mothers, Healthy Babies (HMHB), March of Dimes, and Georgia Obstetrical and Gynecological Society (GOGS). Further, the Women's Health Program promotes mental and physical wellness through the Perinatal Psychiatry, Education and Community Engagement (PEACE) for Moms and the Center for Black Women's Wellness. All these organizations have representation on the HOPE for Georgia Moms' Maternal Health Task Force.

Alignment with MMRC Recommendations

In addition to the Title V recommendations, the MMRC also made recommendations in their *Maternal Mortality Report* (June 2023), which HOPE for Georgia Moms goals and strategies address to some extent.

- OB care systems including providers, insurance, and hospitals should provide case management services for women during pregnancy and 1 year postpartum
- Providers should implement a blood pressure check at 72 hours after discharge when patients have preeclampsia
- Providers should educate patients and families on an ongoing basis of urgent maternal warning signs and symptoms that could indicate a life-threatening situation and when to seek care
- Providers and facilities should improve communication and care coordination, results and plan of care during the whole perinatal period

Innovative Approaches in Georgia

Innovation starts with systems change related to overcoming many of the root causes identified by the Action Workgroup participants. Some key factors being addressed are systemic racism, geographic disparities and population differences, limited workforce bandwidth and capacity, divided and unfocused policy communications, and clinical silos blocking diverse and equitable service delivery. Innovative approaches include:

- Measuring culturally appropriate care in order to rate providers, and disseminating the ratings via an app such as *Irth*, which has prenatal, birthing, postpartum, and pediatric reviews from Black and brown women
- Building policy collaborations and streamlining communications to policymakers by using a model such as the ECHO program from DPH for providers, whose mission is to disseminate knowledge and amplify best-practice care to broad geographic areas
- Focusing on self-advocacy and respectful care by creating patient materials in both English and Spanish and implementing the Respectful Care Bundle across health systems