VDH VIRGINIA DEPARTMENT OF HEALTH

Rural Health & the Perinatal Population

Rural Health Voice Conference
Virginia Rural Health Association
November 19, 2024

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"Understanding that rurality is extremely difficult to define,
once you've visited one rural community,
you have visited one rural community."

From the Executive Summary of the Virginia Rural Health Plan

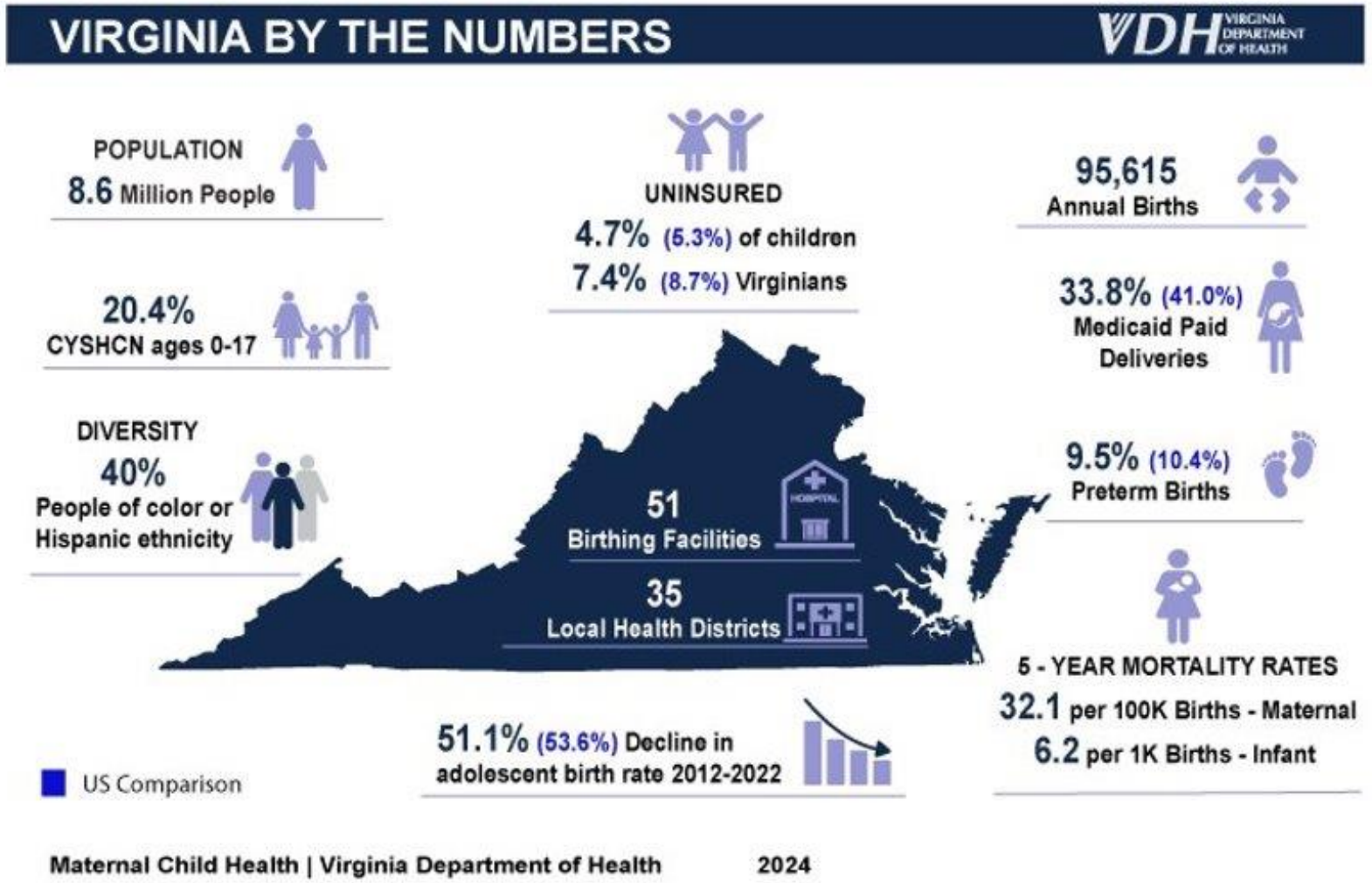
Framing for Today's Presentation: Appreciative Inquiry

Agenda

- A little bit of data
- National and State Rural Health Resources
- Current Work at VDH
- Other Initiatives in Virginia
- Resources

Data Highlights for Today

Overview of the State



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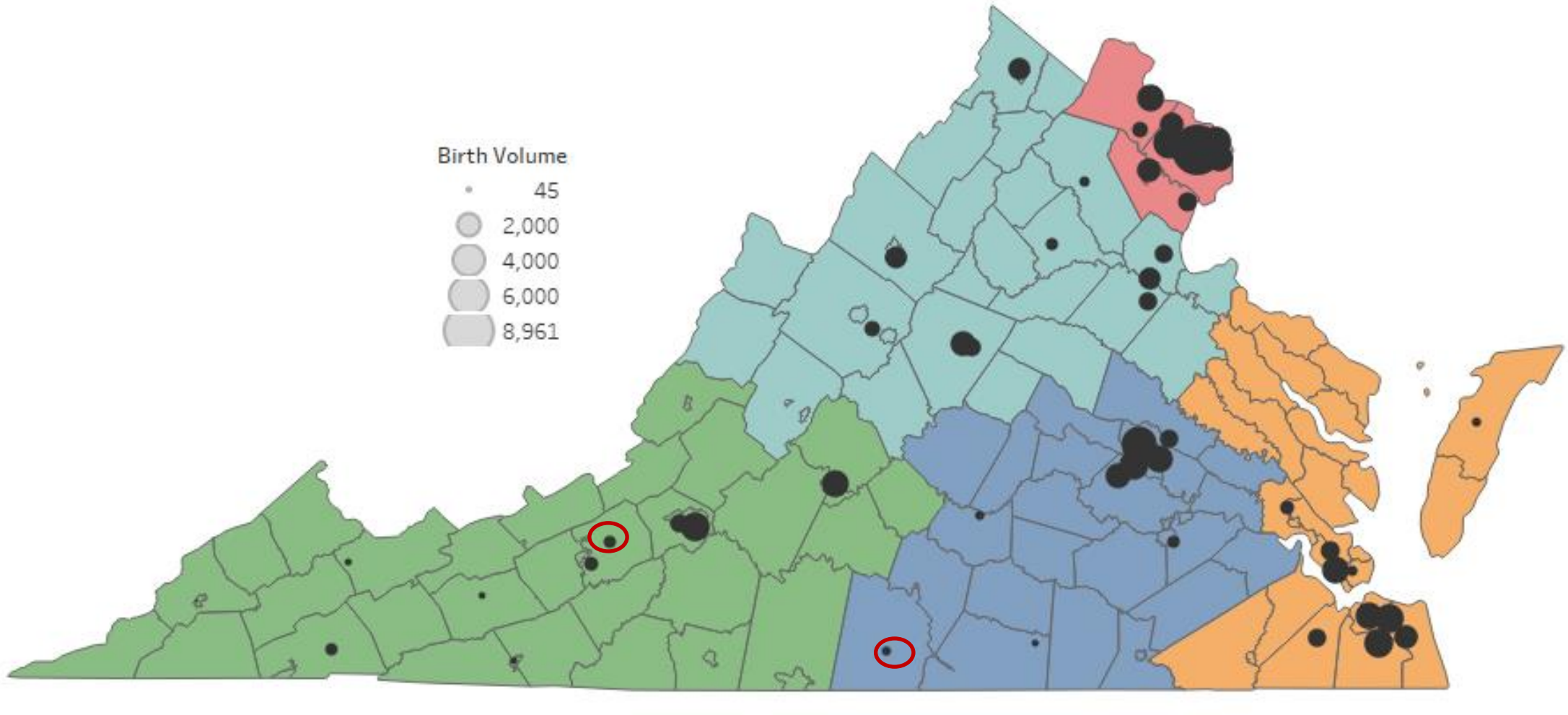
Birthing Hospitals by Birth Volume (2021)

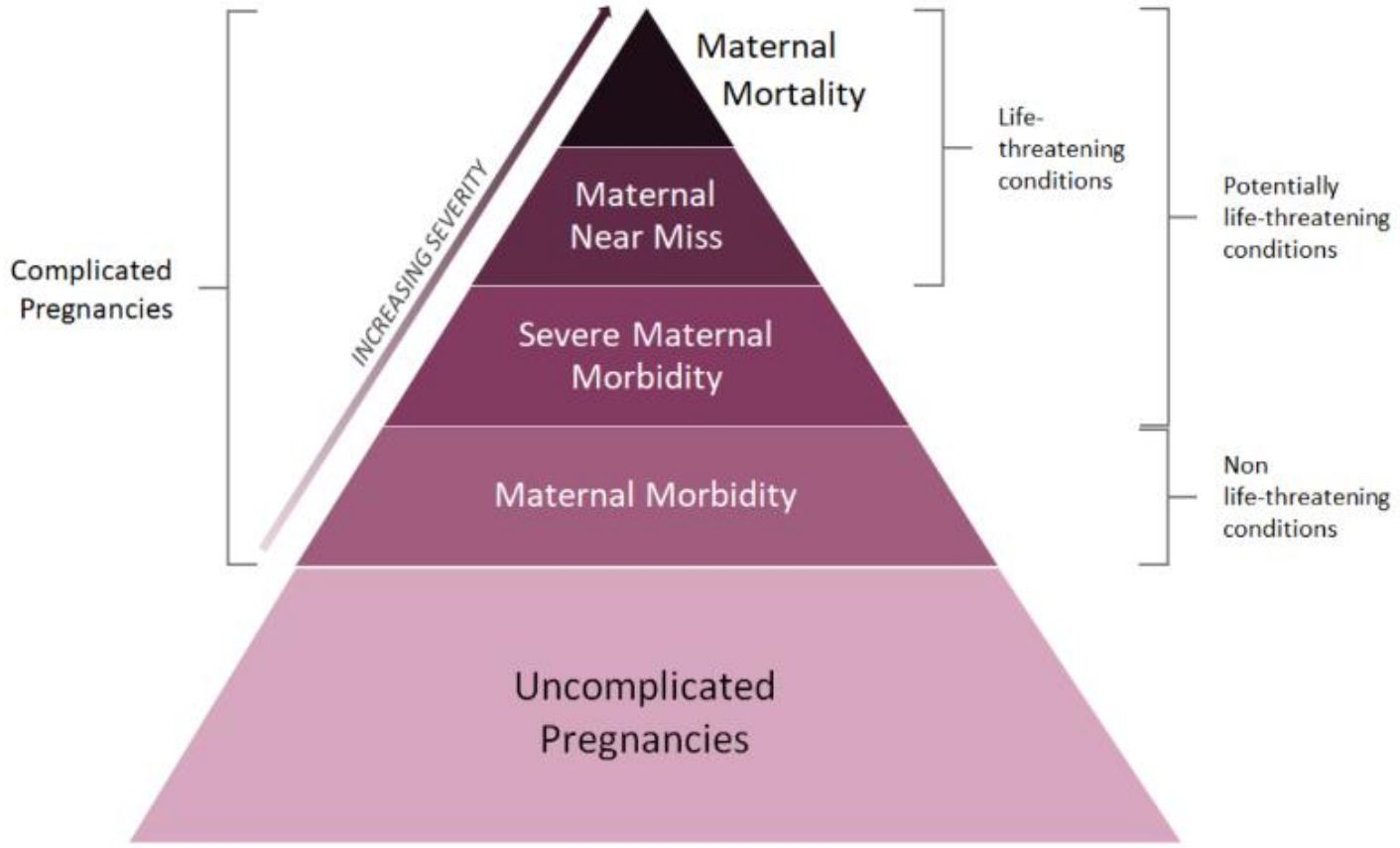


Pregnancy-Associated Mortality Data, 2022

- 34.3% of deaths occurred while pregnant or on the day of delivery (N=23).
- 32.8% of deaths occurred 43 days or more past the date of delivery (N=22).
- Leading causes of death:
  - Cardiac Conditions (N=11; 16.4%)
  - Accidental Overdoses (N=11; 14.9%)
  - Cancer (N=7; 10.4%)
  - Hemorrhage (N=6; 9.0%)
  - Infection (N=5; 7.5%)

Virginia Maternal Mortality Review Team Reports - Medical Examiner

Severe Maternal Morbidity



Adapted from:

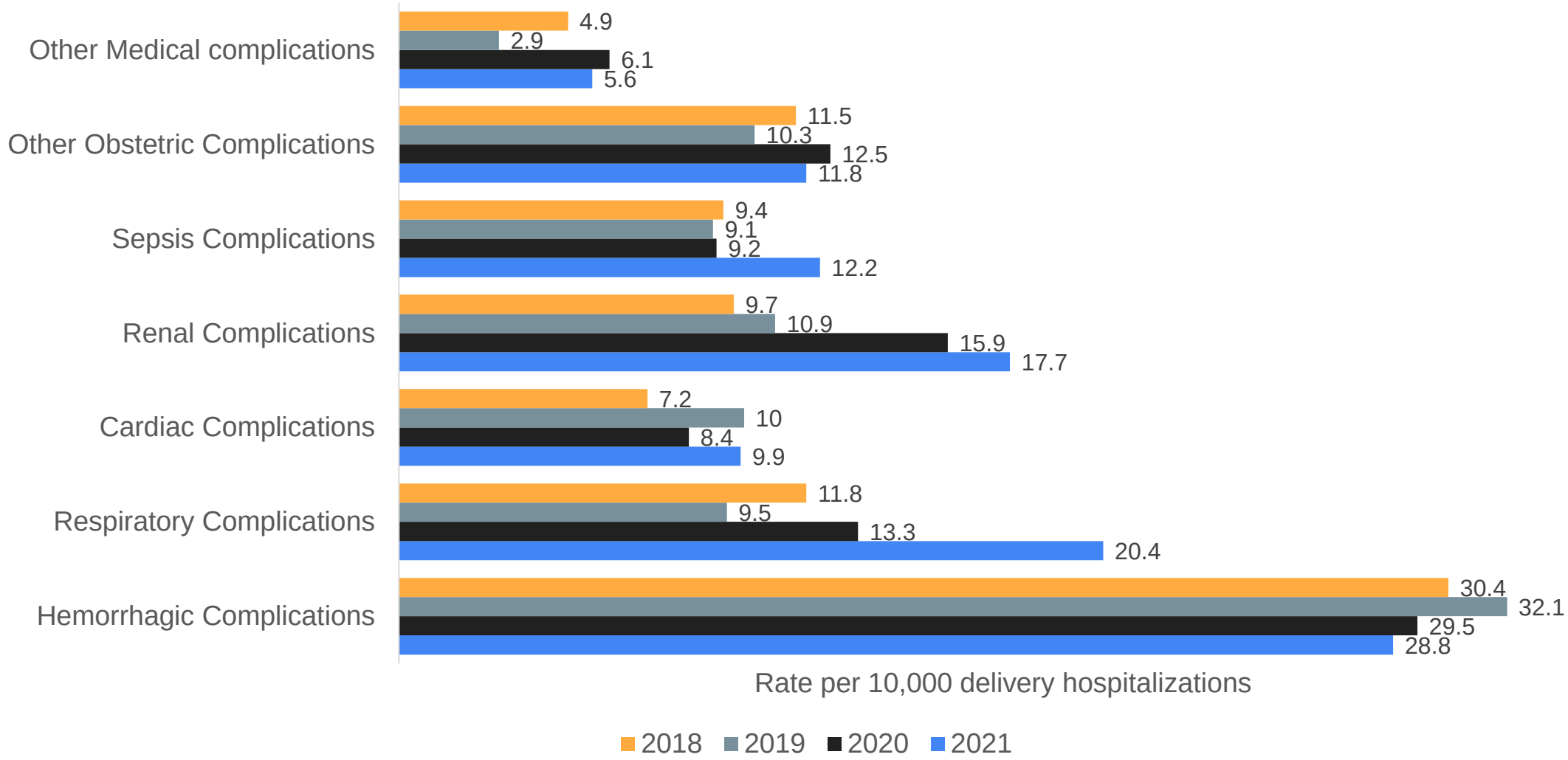
New York City Department of Health and Mental Hygiene (2016). Severe Maternal Morbidity in New York City, 2008 – 2012. New York, NY.

Vandenberghe G, Roelens K, Van Leeuw V, et al., The Belgian Obstetric Surveillance System to monitor severe maternal morbidity. Facts, Views & Vision in Obgyn. 2017;9(4):181-188.

Severe Maternal Morbidity

- Collection of 21 unexpected outcomes of labor and delivery that can have serious short- or long-term health consequences
- Includes examples such as end organ failure, sepsis, eclampsia, pulmonary edema, amniotic fluid embolism, transfusion, etc.
- May precede or be associated with maternal mortality, and is relatively common
  - ~70 cases occur for each maternal death in the US
  - Can be used as an indicator of potential systems issues that can be addressed to improve patient outcomes

Severe Maternal Morbidity



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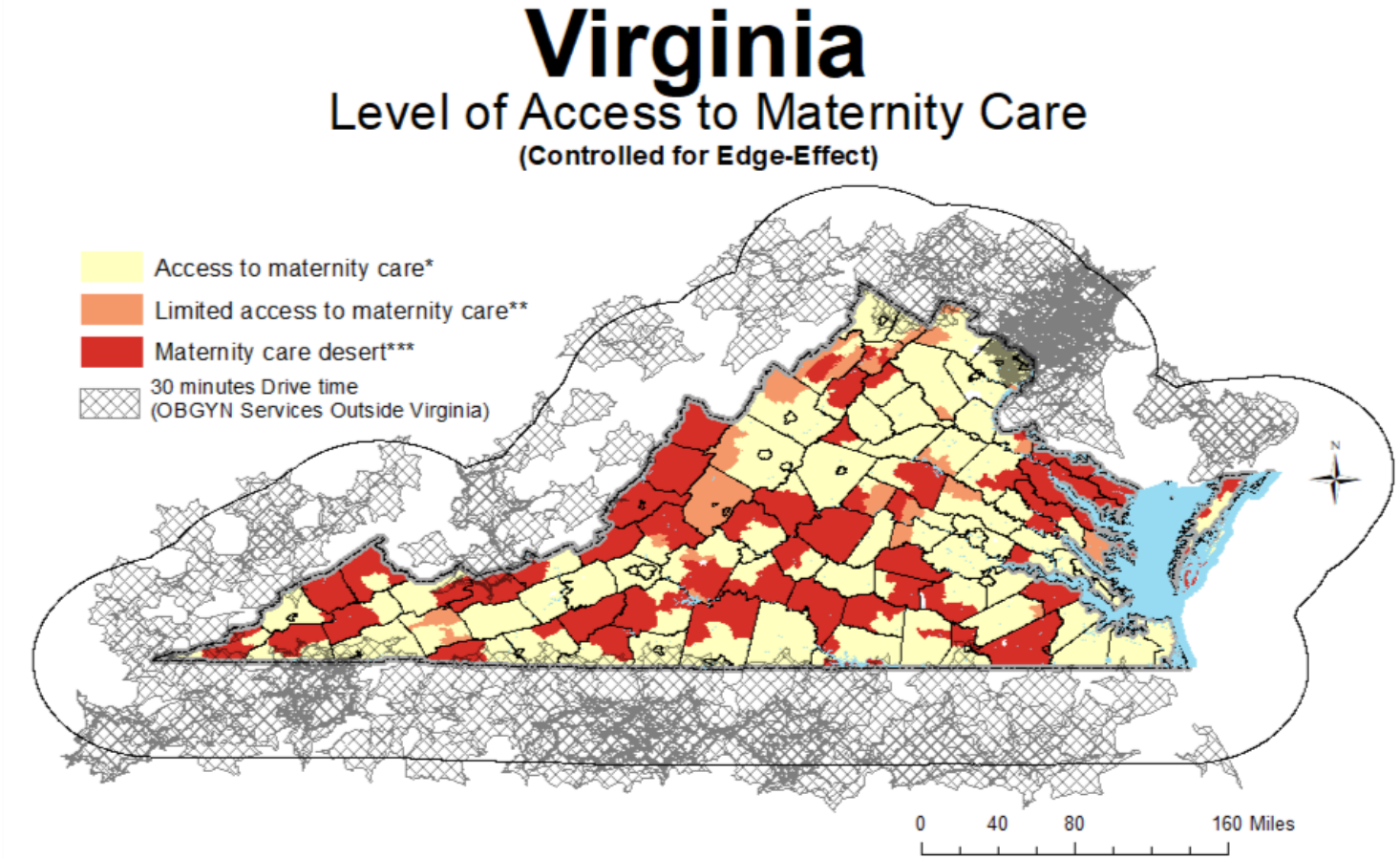
Maternity Care Deserts (2019)

- Specific regions of Virginia are recognized as maternal care deserts
- Reasons contributing to maternal care deserts include:
  - hospital closures
  - shortages in healthcare personnel
  - social determinants of health



*Access to maternity care – OBGYN access within 30 minutes drive time from the Population Weighted census tract centroid
**Limited access to maternity care – OBGYN access over 30 minutes drive time from the Population Weighted census tract centroid
***Maternity care desert - OBGYN access over 30 minutes drive time from the Population Weighted census tract centroid, with over 20% of Population living below 200 Federal Poverty Level and located in Health Professional Shortage Area (HPSA)

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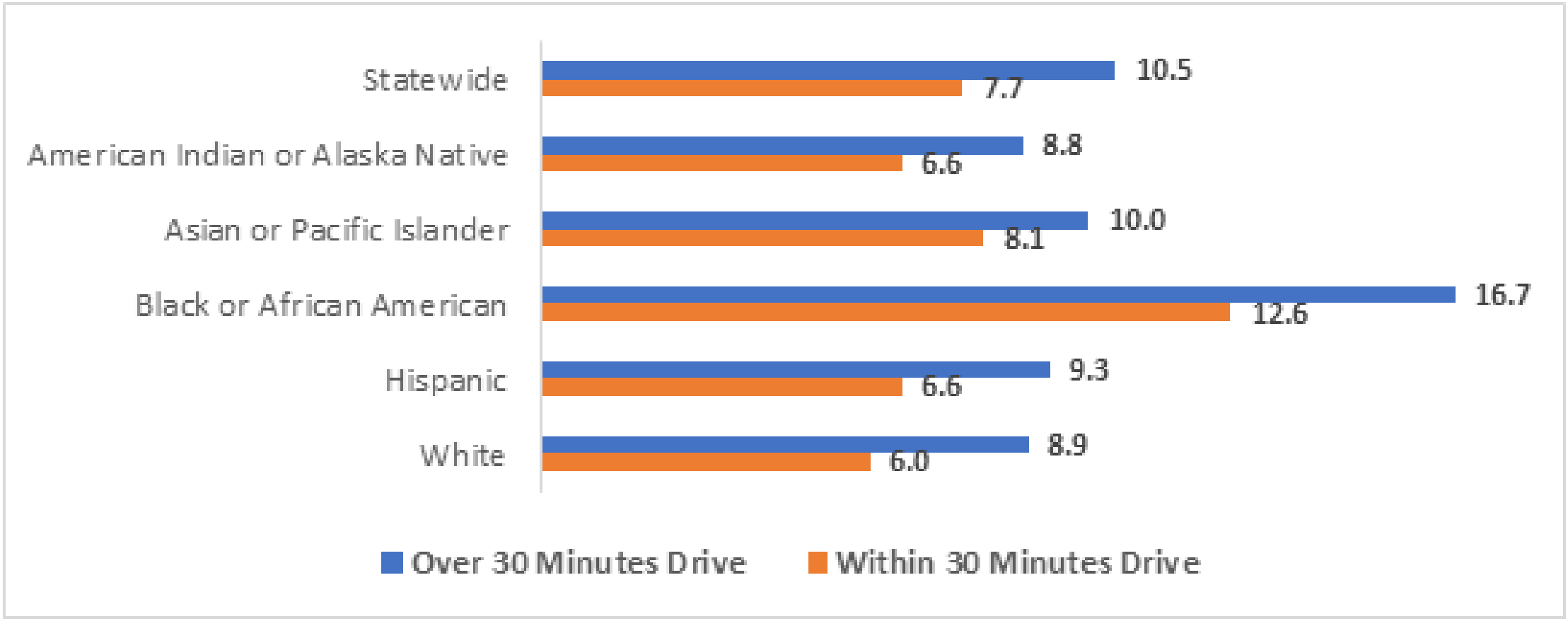
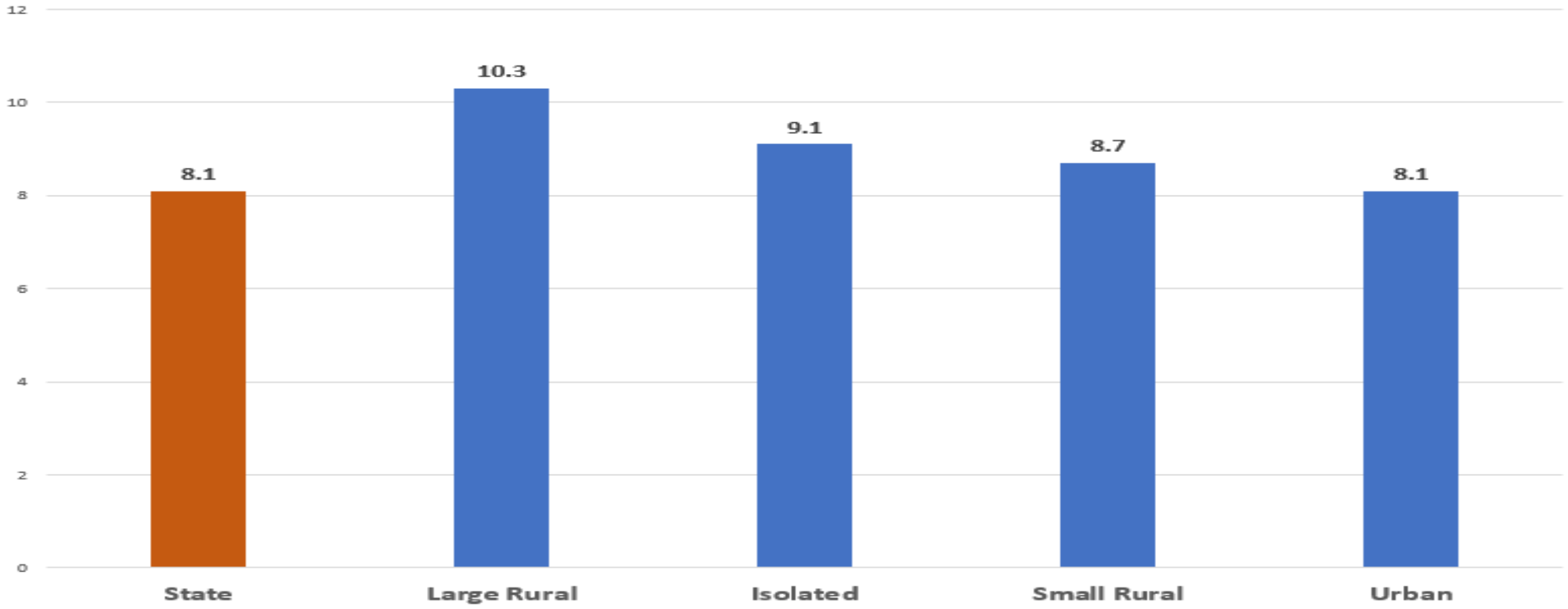
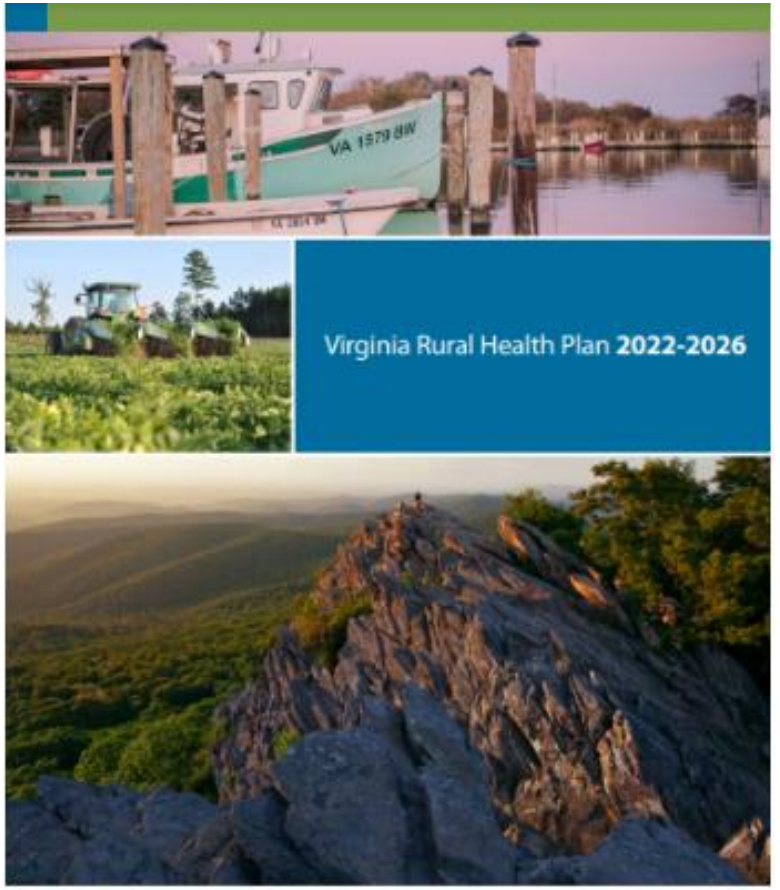
Correlation with Low Birthweight



Low Birth Weight by Rural-Urban Commuting Area Codes (RUCAs) in Virginia, 2013 - 2019



Rural Health Plans



[State Office of Rural Health - Health Equity (virginia.gov)]

Rural Maternal Health Toolkit

Welcome to the Rural Maternal Health Toolkit. The toolkit compiles evidence-based and promising models and resources to support rural communities implementing maternal health programs across the United States.

University of Minnesota Rural Health Research Center and NORC Walsh Center for Rural Health Analysis, 2021. Rural Maternal Health Toolkit [online] Rural Health Information Hub. Available at: https://www.ruralhealthinfo.org/toolkits/maternal-health [Accessed 8 November 2024]

Issues that Both Resources Highlight

- *Workforce Development*
- *Mental Health and Care Coordination*
- *Access to and Affordability of Care*
- *Social Determinants of Health (SDOH)*

Issues We Know Exist

- Racial disparities; Black women are dying up to 3x the rate of white women

- Risk factors such as mental health issues, substance use, chronic disease, and intimate partner violence

- Connection to community, care coordination, continuity of care during the postpartum period, access to care are all challenges

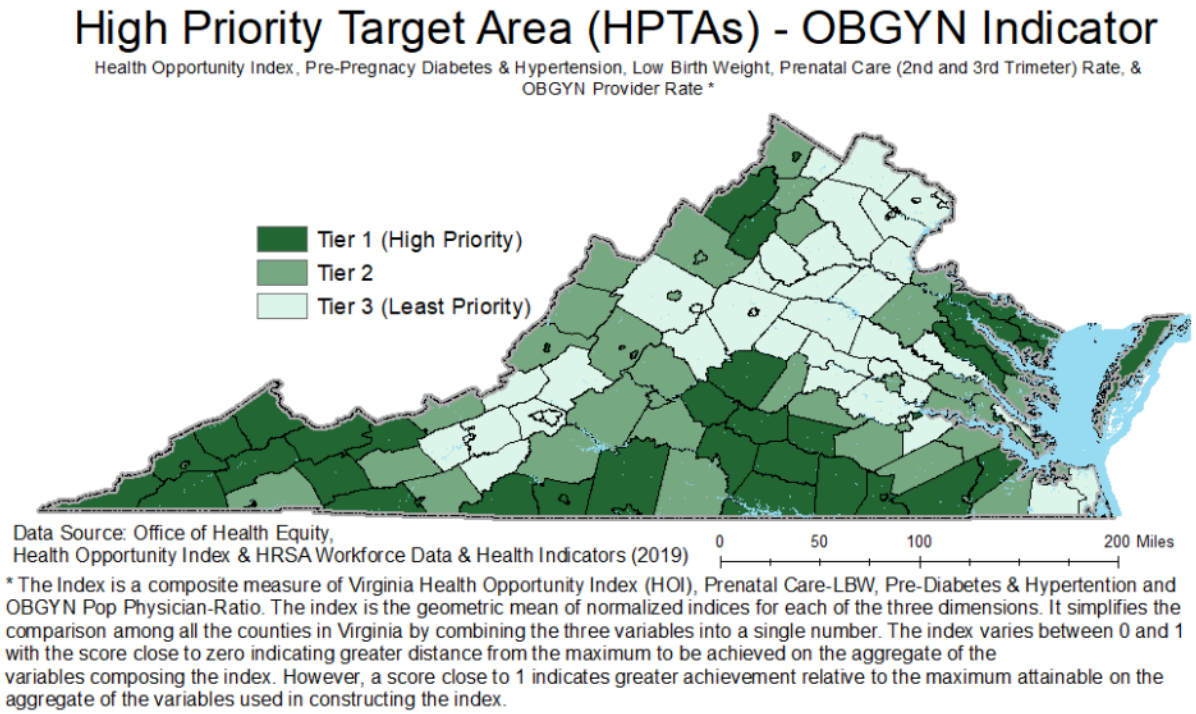
Current Work at VDH

Workforce Incentive Programs to Increase Provider Access

- VDH offers at least two programs to place nurses, nurse midwives, and OBGYNs in areas of high need
  - Nurse Practitioner/ Nurse Midwife Scholarship Program
  - Virginia Conrad 30 Waiver Program

The map on the right shows the parts of the Commonwealth where VDH prioritizes placement of eligible J-1 OBGYNs through the Conrad 30 Program.

- Currently, two Maternal Fetal Medicine J-1 Physicians are practicing in the Norfolk area.



State-Certified Doulas

- The primary goal is to improve the birth outcomes of pregnant people and infants in Virginia through community-based doula services and to eliminate the maternal and infant mortality racial disparities across the Commonwealth.

- Doulas educate mothers to be healthy and have healthy babies and empower them to confidently make some of the most important decisions of their lives. They are trained, community-based nonmedical professionals who provides continuous physical, emotional, and informational support to a pregnant person. They will continue support throughout pregnancy, at labor and delivery and continue support into the postpartum period.

State Doula Certification

- Unfunded program established by the Code of Virginia.
- Established a state-certified doula designation guided by regulations approved by the Board of Health.
- Virginia Certification Board Webpage: https://www.vacertboard.org/

Community Health Workers (CHWs)

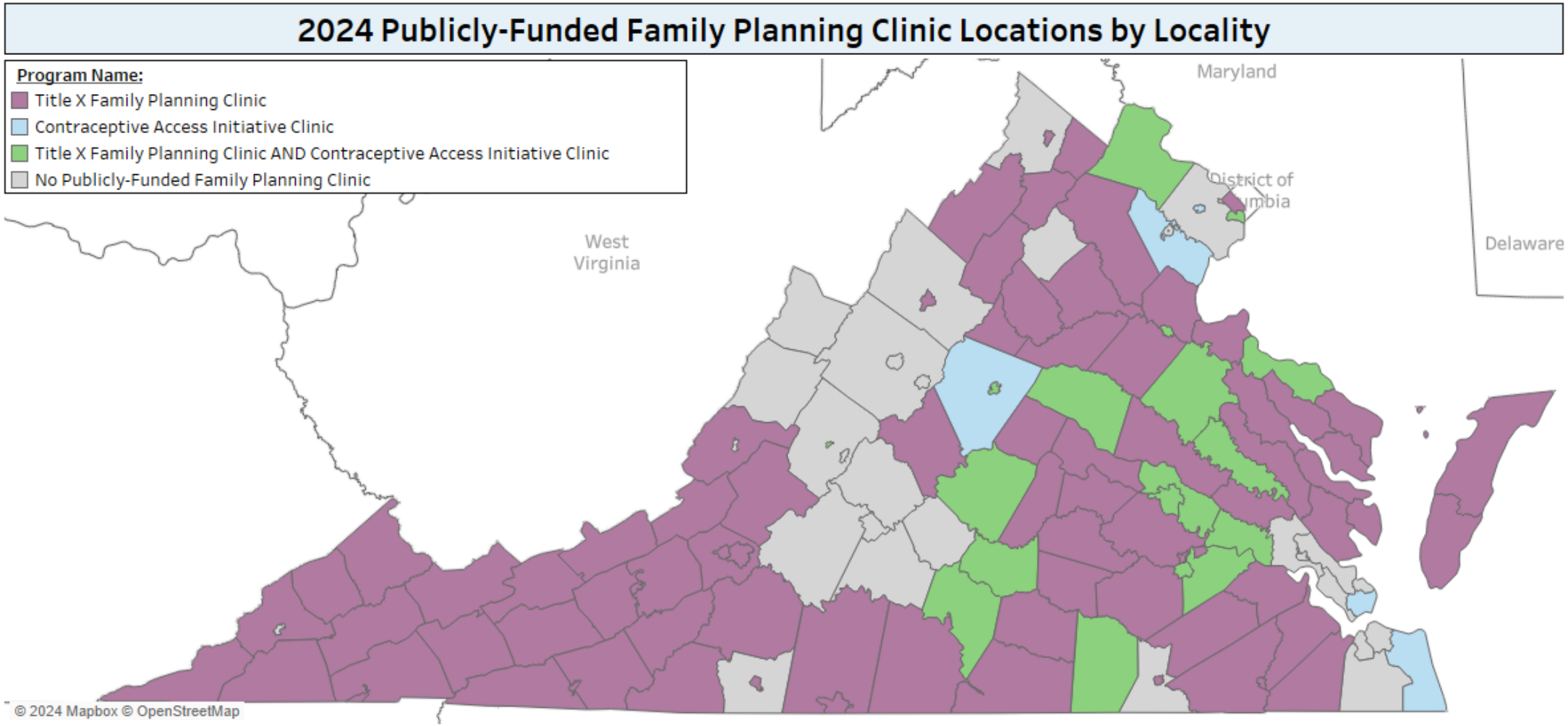
During the 2024 Special Session I, budget bill HB6001 passed:

Out of this appropriation, $3,200,000 the first year and $3,200,000 the second year from the general fund shall be provided to support Community Health Worker positions at Virginia's local health districts. The agency shall prioritize supporting Community Health Worker positions at local health districts that serve localities with the highest rates of maternal mortality.

Areas of Measurable Impact: Title V National Performance Measures

1: Postpartum visit
2: Postpartum mental health screening
3: Postpartum contraceptive use
4: Perinatal care discrimination
5: Risk-appropriate perinatal care
6: Breastfeeding
7: Safe sleep
8: Housing instability: Pregnancy and Child
12: Food insecurity

Access, Affordability via Title X Clinics



NOTE: This map only including family planning clinics that receive public family planning funds from VDH.

VMAP FOR MOMS+

Training for Maternal and Pediatric Healthcare Providers

Call VMAP for Moms+ 1-888-371-8627 x 2

Who is VMAP for Moms+ For?

VMAP for Moms+ was developed for Virginia healthcare professionals who screen or provide clinical care for pregnant and/or postpartum persons, including OB/GYNs, primary care clinicians, midwives, pediatricians, and psychiatrists.

- Provider-to-provider consults
- Care navigation services
- Trainings for health care providers

VMAP for Moms+ - Virginia Mental Health Access Program | VMAP.org

VMAP
Virginia Mental Health Access Program

BabyCare

- In 2022, approximately 28% of all births in Virginia are covered by Medicaid, and approximately 28% of all Virginia Medicaid/CHIP enrollees are children. To improve pregnancy and birth outcomes, DMAS launched BabyCare in 1987, and added expanded prenatal services and case management in 1991. The BabyCare program is authorized under a Medicaid State Plan Amendment. BabyCare is a fee-for-service model program – members cannot be covered by an MCO.

- BabyCare providers are nurses or social workers who have been enrolled in DMAS as a service provider, and local health districts are set up to bill for BabyCare services.

- Eligibility criteria is very broad for those screened as "high risk" during intake.

- BabyCare's broad eligibility allows for program participation by those who might not be eligible for other home visiting programs

- Each participating district can tailor their program to suit the needs of their district (i.e., substance exposed mothers/infants, poverty, homelessness, transportation issues)

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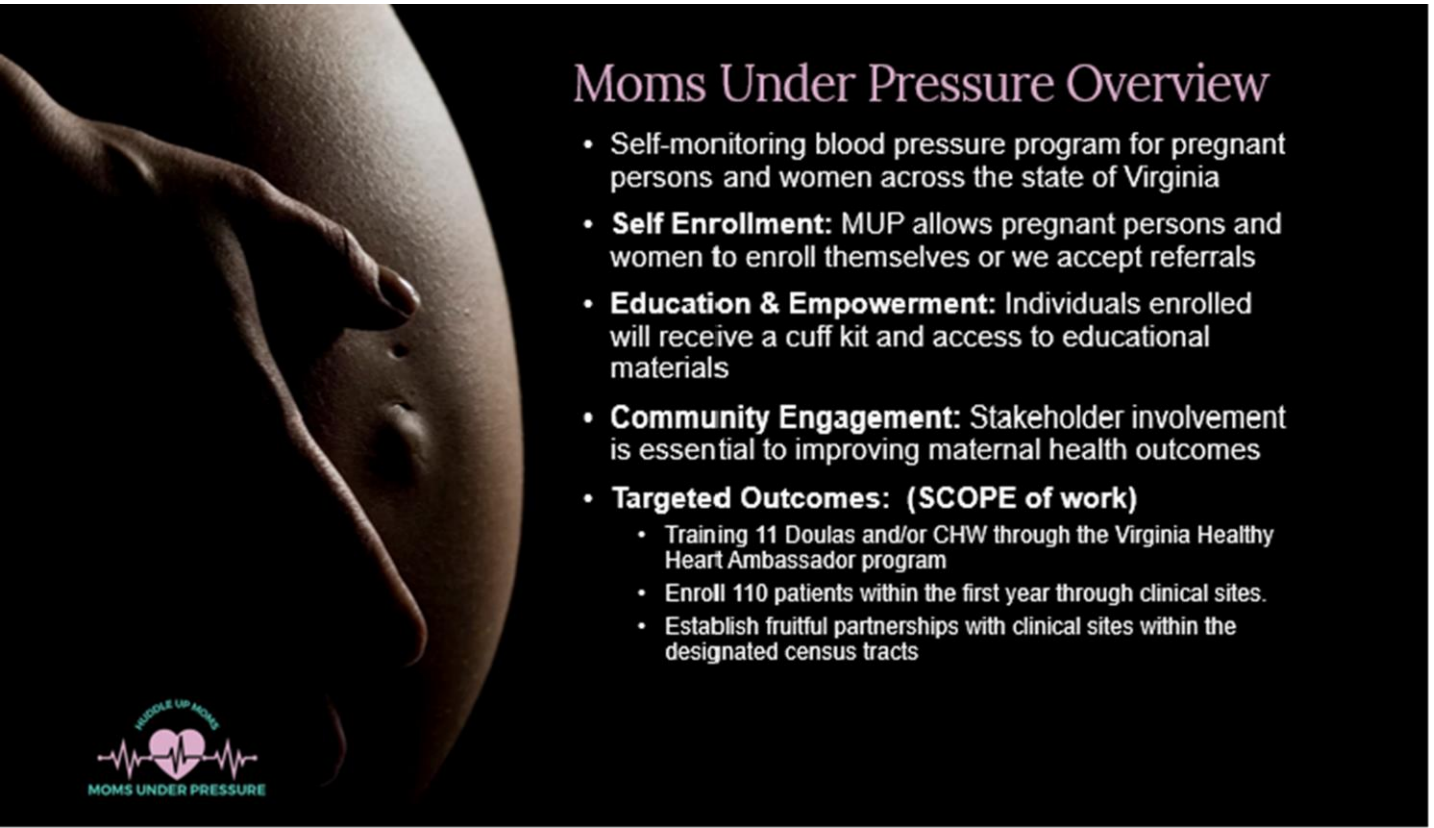
Moms Under Pressure: Supporting Community-Based Work

- Hypertension is a common condition in pregnancy: 1 in 12 pregnancies
- Preeclampsia occurs in 1 in 25 pregnancies
- HELLP Syndrome 1 in 1,000 pregnancies



<u>VDH and Huddle Up Moms partnership goals</u>:

- Focus initially on census tracts with the highest hypertension prevalence rates.
- Train Healthy Hearts CHWs
- Expanding to health education classes
- Partnership with Preeclampsia Foundation
- BP monitoring for chronic hypertension pp (at 3,6,9,12 months)
- Mobile-friendly BP education videos & care

FY24 Programmatic Data	Number Served
Newly Enrolled Clients	180
Prenatal Encounters	553
Postpartum Encounters	1,446
Babies Born	119

- Resource Mothers offers critical support to pregnant and parenting teens in southwest, northwest, and central Virginia, and the Northern Neck.
- Continuation of the Resource Mothers program is key to ensuring positive birth outcomes for families without access to adequate support.
- Program goals include increasing healthy birth outcomes, reducing infant mortality, and preventing a subsequent teen pregnancy.
- Resource Mothers staff meet with teens and their families at least twice per month using evidence-based curricula. (Growing Great Kids and AIM for Teen Moms)
- Resource Mothers staff provide health education, life skills development, and mentorship to ultimately guide the teen in making a successful transition to parenthood.
- Resource Mothers receives $1mil TANF grant funding and Title V grant funding for professional development/training for RM staff (Est. $20K).

Additional information regarding the Resource Mothers program can be found here: https://www.vdh.virginia.gov/resource-mothers/

Resource Mother Locations

Lenowisco HD

Cumberland Plateau HD

New River HD

Mt. Rogers HD

Central Shenandoah HD – Sentara-Rockingham Memorial Hospital

Richmond/Henrico HD – Urban Baby Beginnings

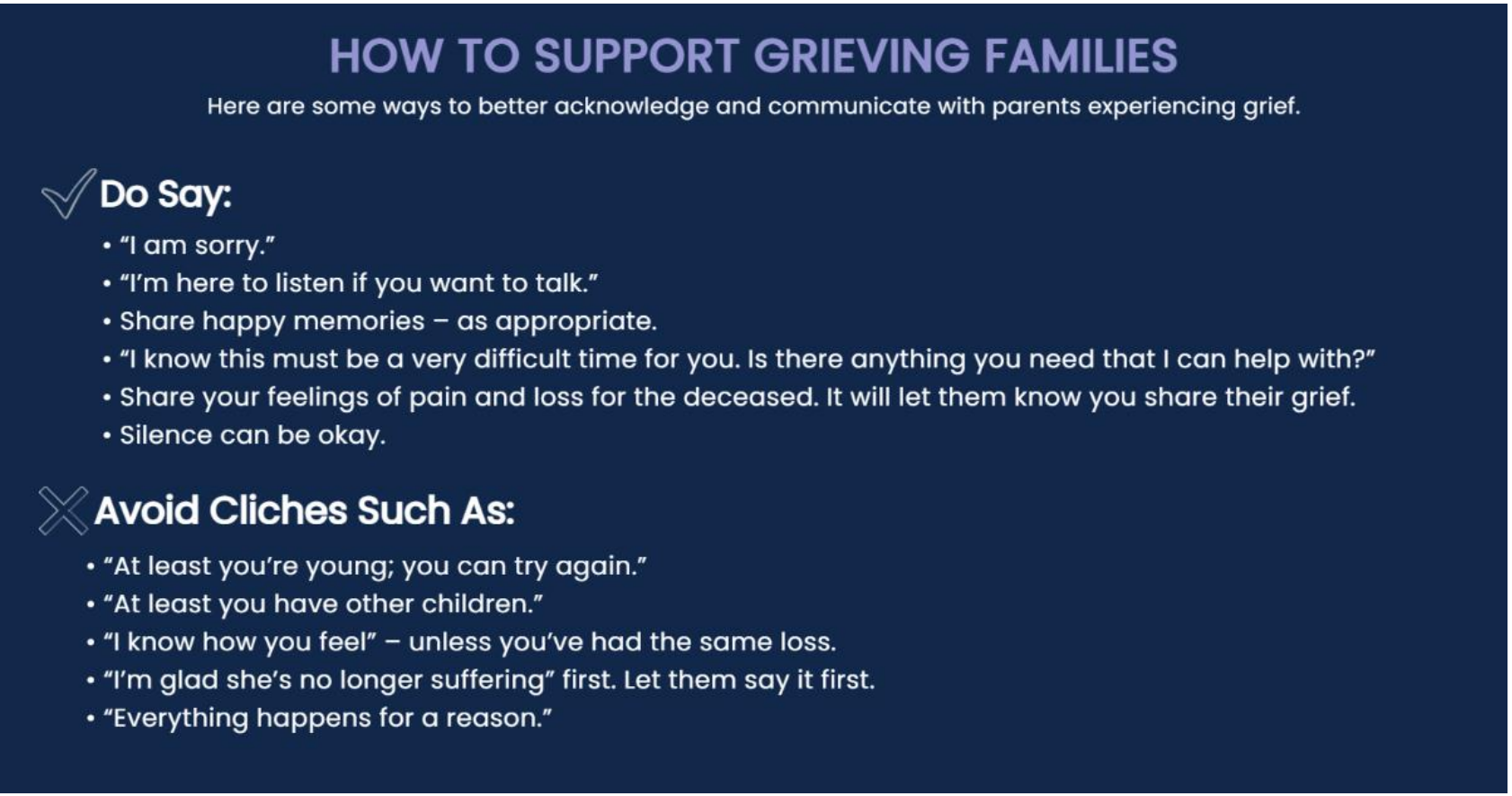
Three Rivers HD

Pregnancy Loss Initiative: Our "Why"

- VDH recognizes the profound impact pregnancy loss has on one's mental health, interpersonal relationships, one's ability to become pregnant, and one's ability to parent.
- Many times, the cause of the pregnancy loss is never identified. Individuals may blame themselves, live in guilt about losing the pregnancy, and fear losing a future pregnancy.
- While pregnancy loss is common, resources for families are limited.

Pregnancy Loss Services Initiative - Family Planning (virginia.gov)

Pregnancy Loss Initiative



Lack of understanding: "This was a program I didn't know I needed."

Lack of sensitivity: "There's not a lot you can say to help, but there's a lot you can say to hurt.“

Lack of appreciation about the impact of pregnancy loss on future pregnancies or parenting.

Postpartum Visit: Title V National Performance Measure

- Addressing the maternal health crisis is currently a federal and state-level priority
- Untreated chronic conditions and pregnancy-related complications increase the risk of adverse health outcomes in the weeks and months following delivery
- A comprehensive postpartum visit is an opportunity to improve maternal health by providing recommended clinical services, including screening, counseling, and management of health issues
- These services can lead to identification, treatment, and prevention of adverse outcomes to optimize maternal health following pregnancy

Importance of the Postpartum Visit

The American College of Obstetricians and Gynecologists (ACOG) recommends that everyone have contact with their maternal health provider within the first three weeks postpartum, followed by a comprehensive postpartum visit within 12 weeks after birth.

The follow-up appointment provides an opportunity to improve maternal health by offering screening, counseling, and health care services management that adheres to professional guidelines and national quality standards.

Family planning services, including contraceptive counseling, and preliminary screening for anxiety and depression are among the key components recommended.

Cumberland Plateau Perinatal Health Care Network

Problem Statement

- Limited access to coordinated perinatal care
- Designated shortage of health pratitioners
- Regional substance abuse service limitations
- Intergenerational poverty & limited educational/economic opportunities
- Lack of community voice in local and regional plans

Objectives

- Improve agency readiness to implement perinatal health transformation process
- Increase organizational collaboration
- Increase organization capacity to incorporate community voices, co-develop innovative regional solutions & ability to address patient's social needs

Strategies

- Complete in-depth regional perinatal health gap analysis
- Improve data sharing among diverse cross-sector organizations
- Develop perinatal health blueprint
- Explore joint funding opportunities to implement identified ideas

Figure 1: Cumberland Plateau Health District Service Area

Other Initiatives

More related work in our state:

- Opioid abatement funds requested to serve perinatal population with SUD
- CYSHCN: services for children that may have developmental challenges
- WIC programs
- DBHDS
  - Project LINK
  - Peer Recovery Support Specialists
  - Community Service Boards

Opportunities!

- Continuing to ensure broadband access expands
- Training hospitals without birthing facilities
- Identifying innovative solutions for transportation challenges
- Expanding work with the faith-based organizations in communities
- Working to reduce stigma and isolation sometimes associated with substance use and mental health issues
- Treating the mom and baby as a connect pair throughout their interactions with the health care systems
- What else stands out to YOU?

Resources

Appreciative Inquiry (AI) Exercise

Definition: A change management approach and tool that focuses on how to build on existing strengths and how to engage stakeholders to create change.

[Appreciative Inquiry | MCH Navigator]

- "Search for the best in people, their organizations, and the world around them"
- Support and build on what is already working
- Inquire, Imagine, and Innovate (vs. Negate, Criticize, and Diagnose)

Underlying Assumptions

- Human systems grow in the direction in which they persistently ask questions
- When individuals share personal perspectives, powerful bonds form
- Dreams and wishes are powerful engagers and draw out creative energy
- If we do more of the things that are working well already, outcomes will improve
- Action follows attention

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Maternal & Child Health Dashboard

- The MCH Dashboard (2015-2022) was recently revamped and launched in May 2024
- The data indicators include:
  - Total Births (serves as denominator for several indicators)
  - Preterm Births, Low Birthweight, Late/No Prenatal Care, Maternal Smoking, Medicaid Births (counts and percentages)
  - Infant Deaths (Counts) and Infant Mortality (rate per 1,000 Live Births)
  - Total Pregnancies, Teen Pregnancies (rate per 1,000 females 15-19)
  - Population Counts (Female 15-44, Females 15-19)
- Dashboard to be updated annually with prior year data by December
- Upcoming dashboards: severe maternal morbidity hospitalizations; maternal mortality; maternal opioid use

View of MCH Dashboard

- Years available include 2015-2022
- Geography includes selections from Locality, District, or Region
- Race/Ethnicity = 5 categories (will expand in future)
- Data reported in Quintiles (Map) and Percent/Rate (Trends)

Maternal and Child Health (MCH) Dashboard

Select Year: 2022 | **Show data by:** Race/Ethnicity | **Geography Name or Racial/Ethnic Group:** (All)

2022 Snapshot of MCH Population: All races/ethnicities

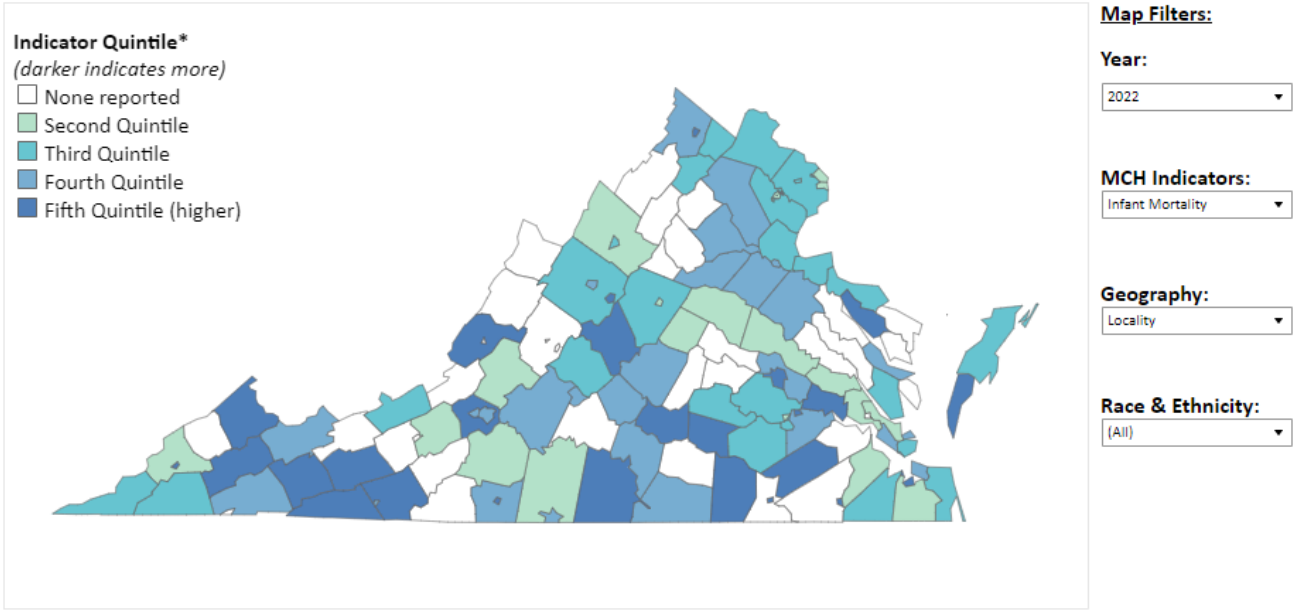
Females of reproductive age (15-44)^	1,697,768
Number of teen pregnancies	4,174
Teen females aged 15-19^	267,017
Teen pregnancy rate^	15.6

Total pregnancies	113,862
Total live births	95,615
Number of Infant deaths	593
Infant mortality rate	6.2

2015 - 2022 Percent Trends for Select MCH Indicators: All races/ethnicities

2015 - 2022 Rate Trends for Select MCH Indicators: All races/ethnicities

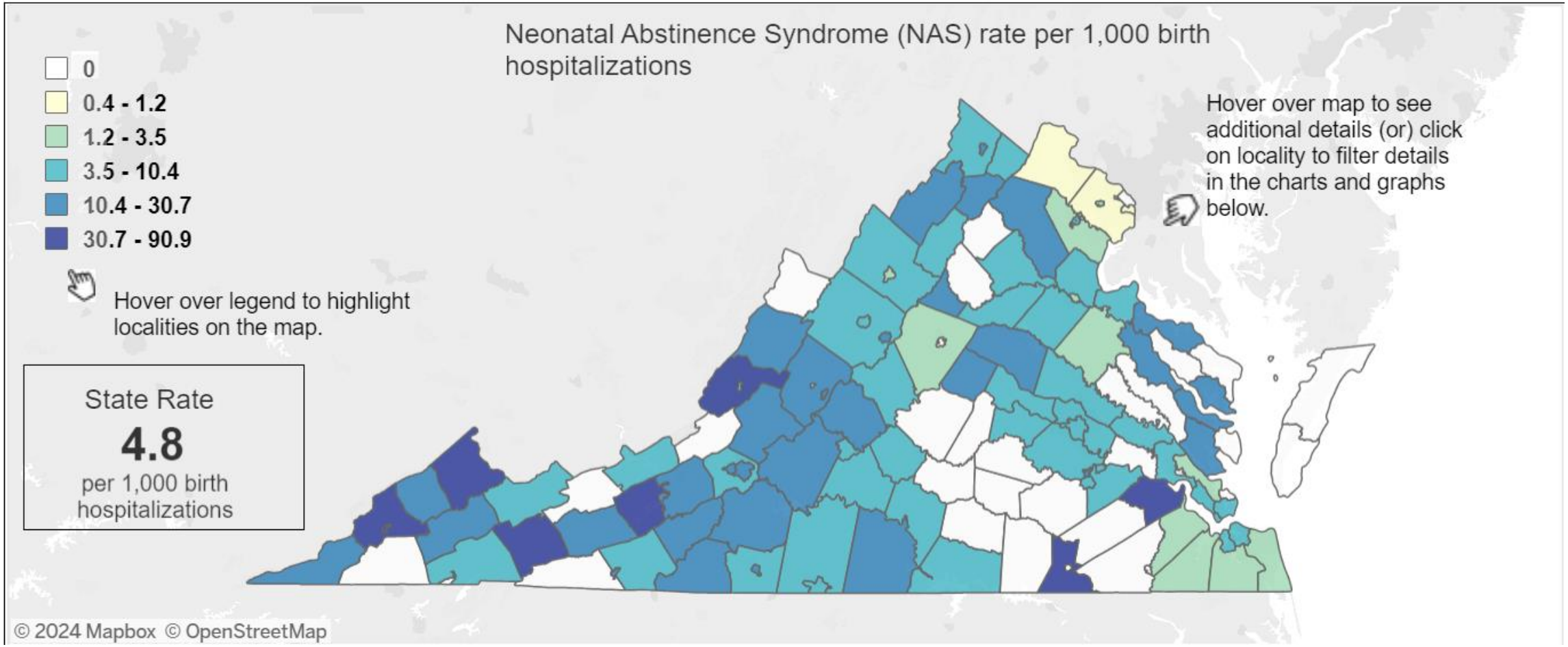
2022 Map of MCH Indicators by Geography and Race/Ethnicity



*For any given indicator, the range of values has been divided into five equal groups or quintiles. A higher quintile indicates higher or worse outcome, as indicated by darker shading.

^Population counts for 2021 and 2022 are based on 2020 estimates due to National Center of Health Statistics no longer producing bridged-race estimates. Updated population counts are forthcoming.

Neonatal Abstinence Syndrome Dashboard



[Neonatal Abstinence Syndrome (NAS) - Drug Overdose Data (virginia.gov)]

VDH Links

- Virginia's Tile V Block Grant Application/Report, click on our state: State Application Or Annual Report (hrsa.gov)
- VDH Family Planning: Family Planning - Family Planning (virginia.gov)
- State Breastfeeding-Friendly Hospital Designation: Virginia Maternity Center Breastfeeding-Friendly Designation Program - Breastfeeding-Friendly Designation
- Request Data from VDH: Population Health Data Request Form (virginia.gov)

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FREE SERVICES FOR FAMILIES

Postpartum Support Virginia

Please scan QR code, visit our website at postpartumva.org, or call 703-829-7152 to access our Support Services.

Support Groups

In-person support groups. Select a group by location, date/time, or topic. Information about our 6-week Mothers and Babies groups can also be found here.

Care Coordination

Care Coordination helps families connect with mental health providers, doulas, or other support services.
Call our Warmline 703.829.7152 or email: care@postpartumva.org

Peer Mentors

This program pairs individuals with a trained volunteer who has recovered from a perinatal mental health issue for one-on-one support.

Spanish Support Services

We offer care coordination, support groups, local resources, and peer support, for Spanish-speaking families.

Warmline

If you need direct support, are overwhelmed or just want to chat, please call the PSVa Warmline for support (English or Spanish)
(703) 829-7152
or text
(540) 698- 1277 (English)
(757) 550-4234 (Spanish)

Shelane's Fund

Shelane's Fund provides financial assistance to offset the cost of mental health care or other services needed to heal from the effects of a perinatal mental health issue.

National Resources

- **988 Suicide and Crisis Lifeline**: Available via call, text, chat 24/7/365
- **National Domestic Violence Hotline**: Call, chat, text
- **SAMHSA's National Hotline** for families facing mental and/or substance use disorders: 1-800-662-HELP
- **MotherToBaby**: specializes in answering questions about the benefit/risk of exposures, such as medications, vaccines, chemicals, herbal products, substances of abuse, maternal health conditions and much more, during pregnancy or breastfeeding. English & Spanish. Call, text, chat.

Thank You!

Questions?

VIRGINIA
MATERNAL & CHILD HEALTH

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