HEALTHY MOTHERS, HEALTHY BABIES
Coalition of Georgia

2019 Annual Meeting & Conference

OCTOBER 28-29, 2019

Healthy Mothers, Healthy Babies. In That Order.

Centering Mother's Voices in Maternal Care.

Informing Research in the Southeast: Key Service Delivery and Policy-Relevant Maternal Child Health Issues

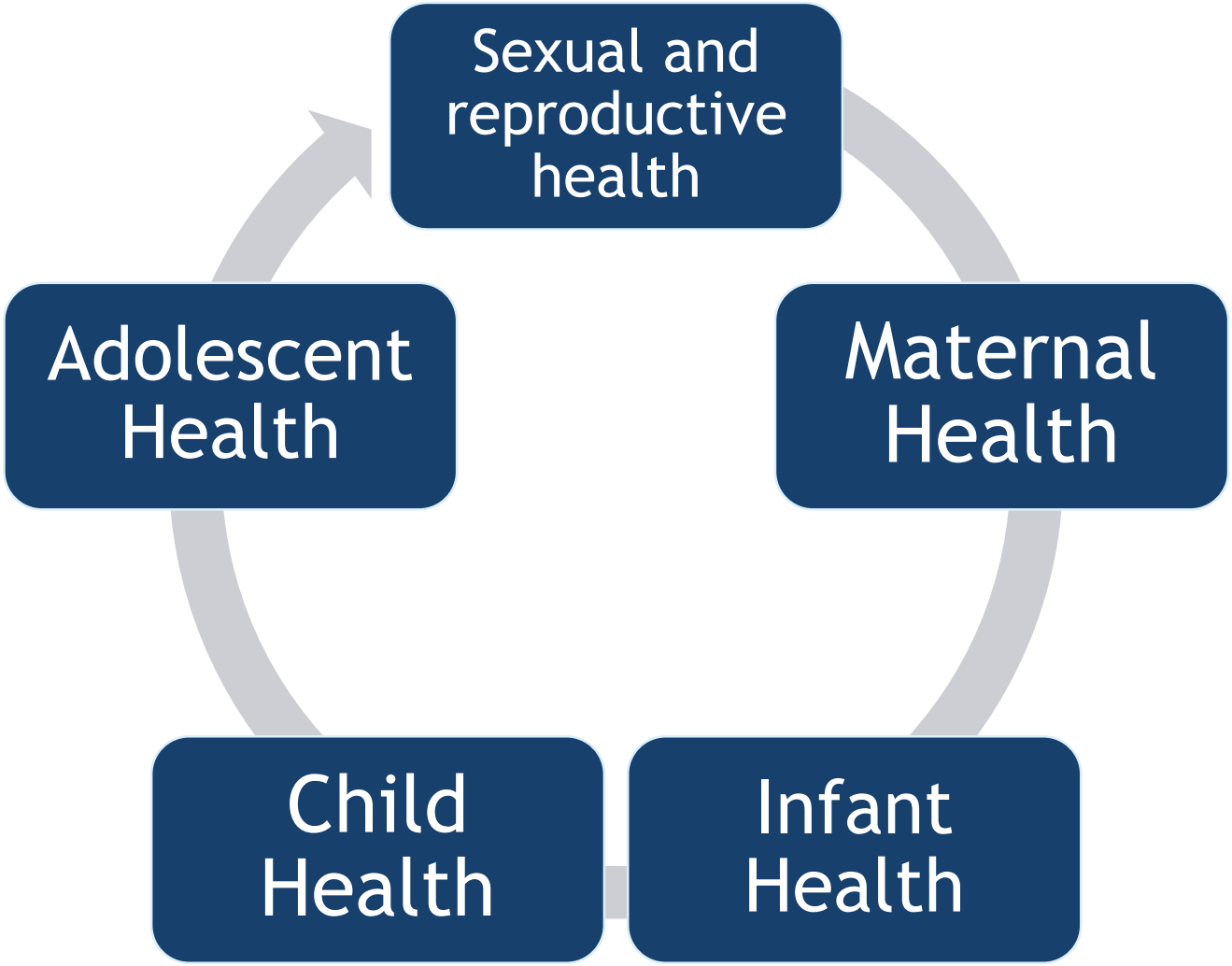
Megan Higdon, MPH & Shelby Rentmeester, MPH

Healthy Mothers Healthy Babies Conference, October 28, 2019

Reproductive Health in the Southeast

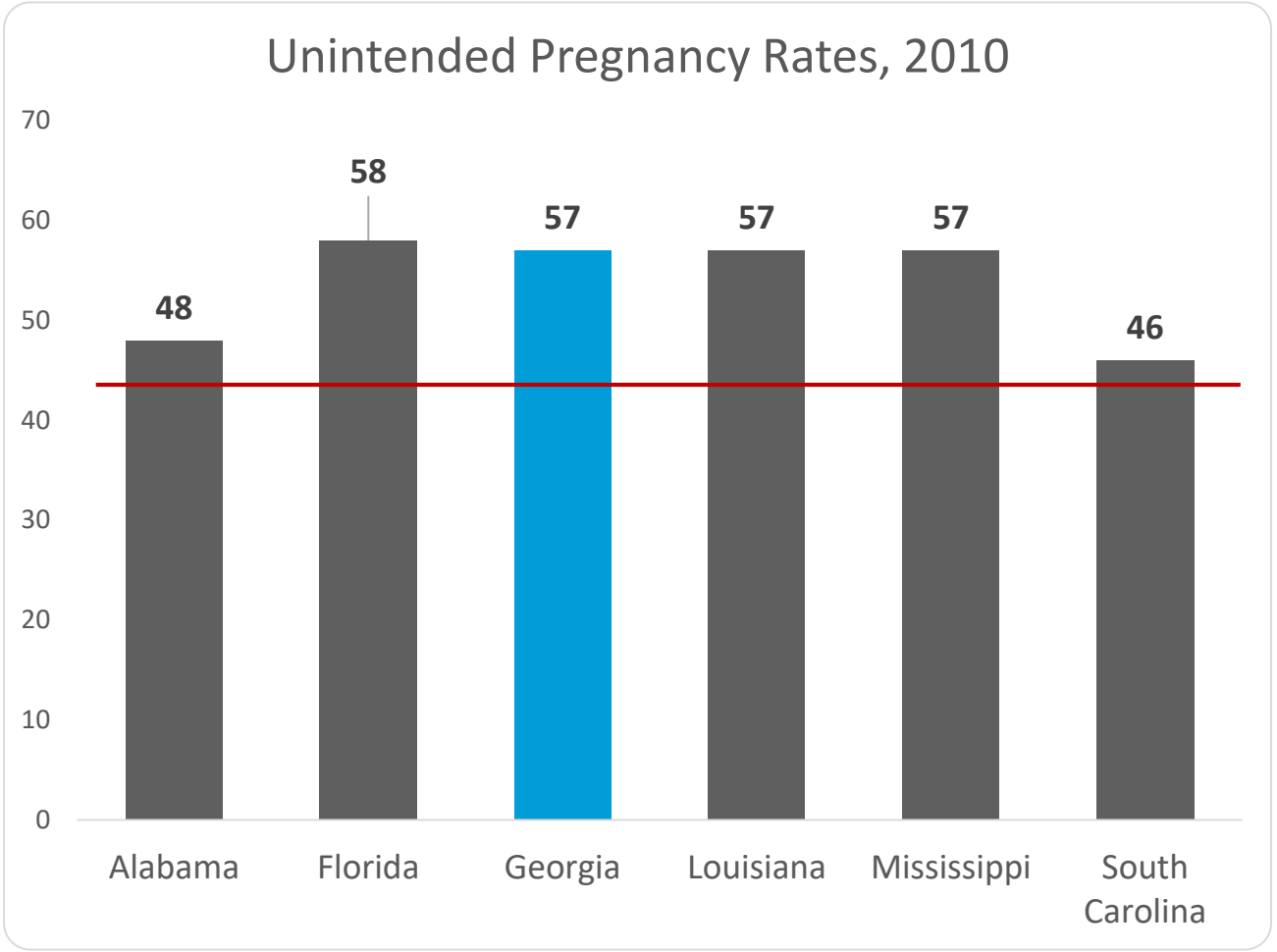
- The Southeast has a dynamic social and cultural landscape, with several critical factors affecting access to reproductive healthcare
- Understanding the landscape of reproductive health access and policy are important for improving maternal and child health outcomes.

Life Course Perspective



Pies C, Parthasarathy P, Kotelchuck M, Lu M. 2009. Making a Paradigm Shift in Maternal and Child Health;: A Report on the National MCH Life Course Meeting. Martinez, CA. Contra Costa Health Services.

Adverse Reproductive Health Outcomes: Unintended Pregnancy

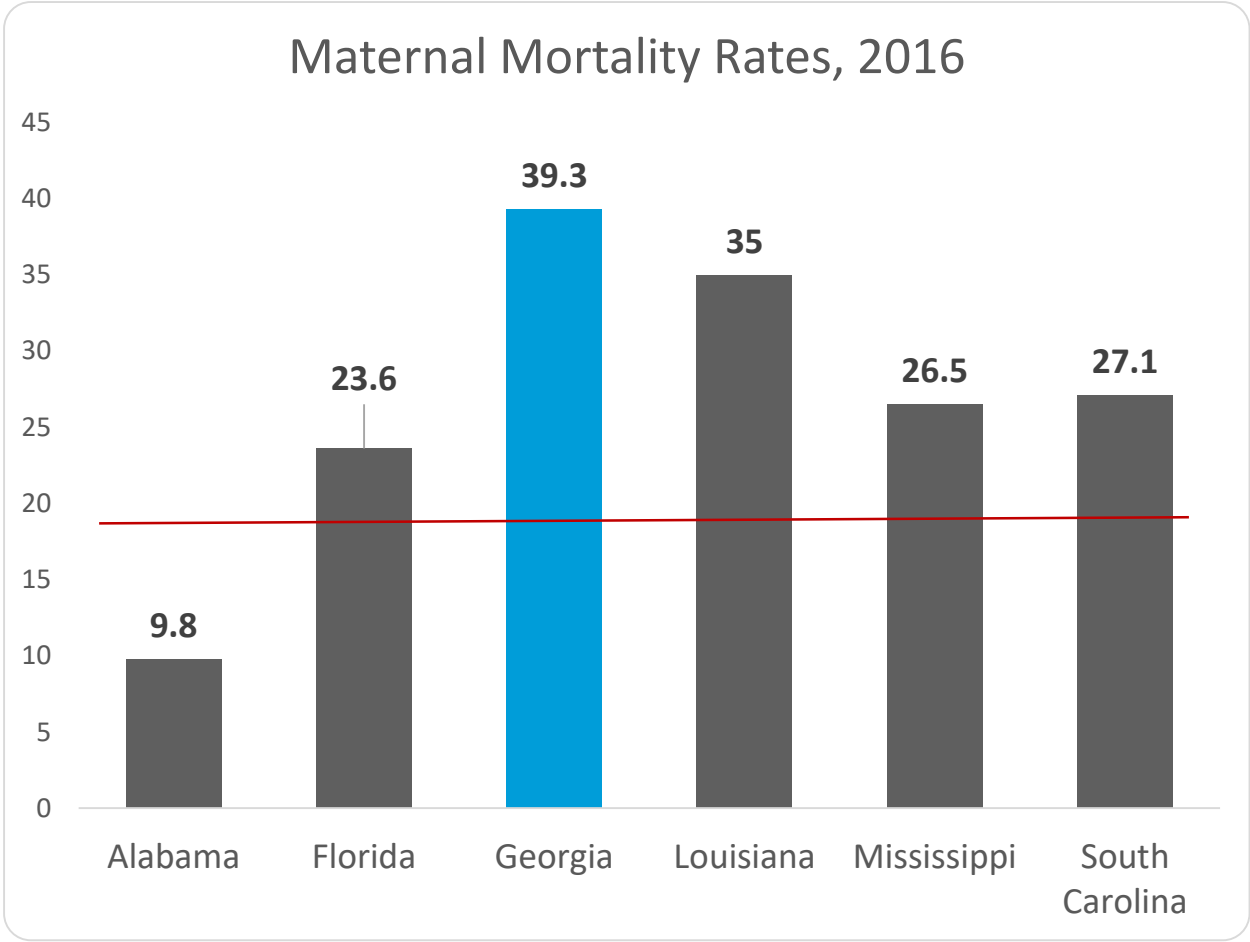


Per 1,000 women, aged 15-44, 2010

- US Total (45)

Guttmacher Institute, CDC

Adverse Reproductive Health Outcomes: Maternal Mortality

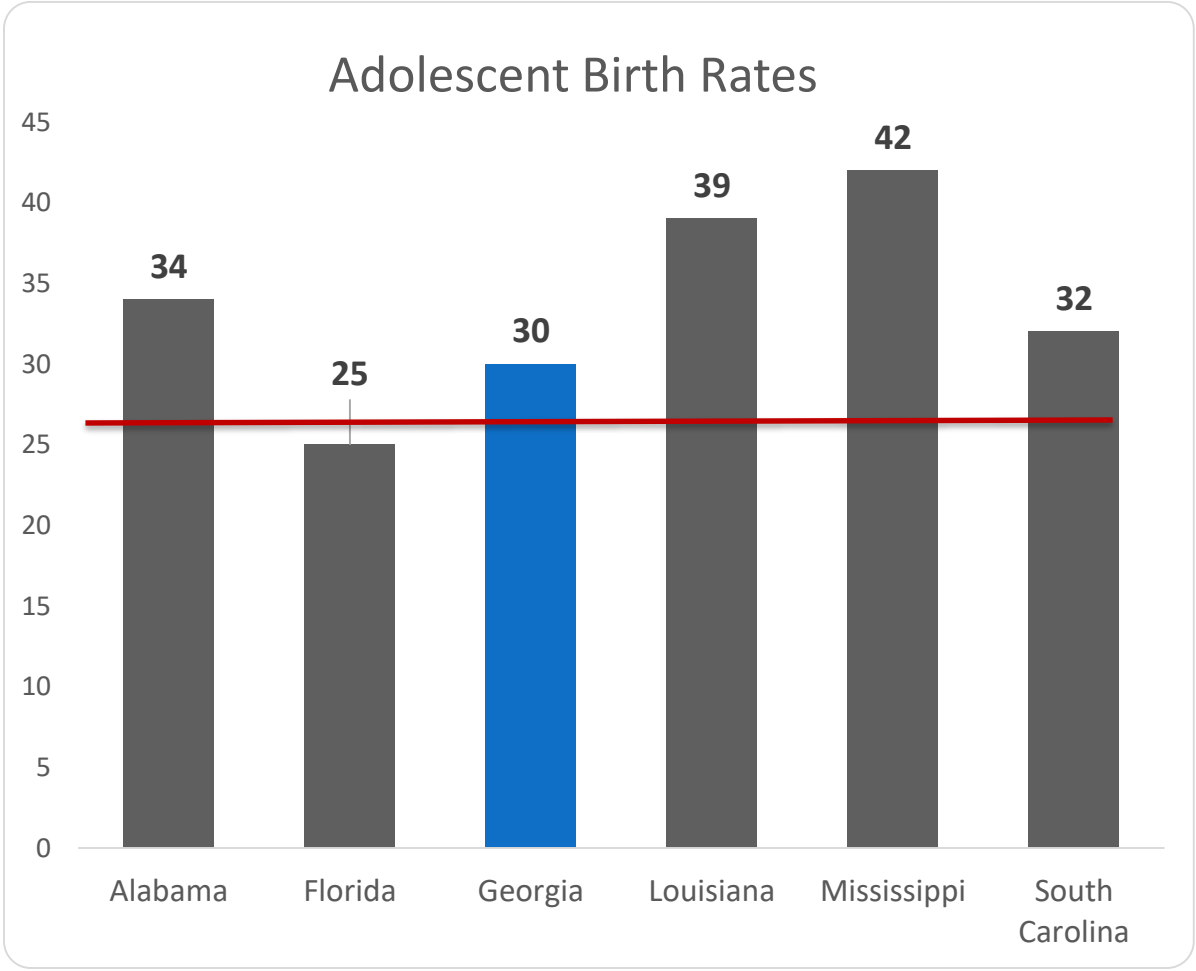


Per 1,000 women, aged 15-44, 2016

- US Total (19.9)

Guttmacher Institute, CDC

Adverse Reproductive Health Outcomes: Adolescent Births



Number of births per 1,000 women, aged 15-19, 2013

- US Total (26)

Guttmacher Institute

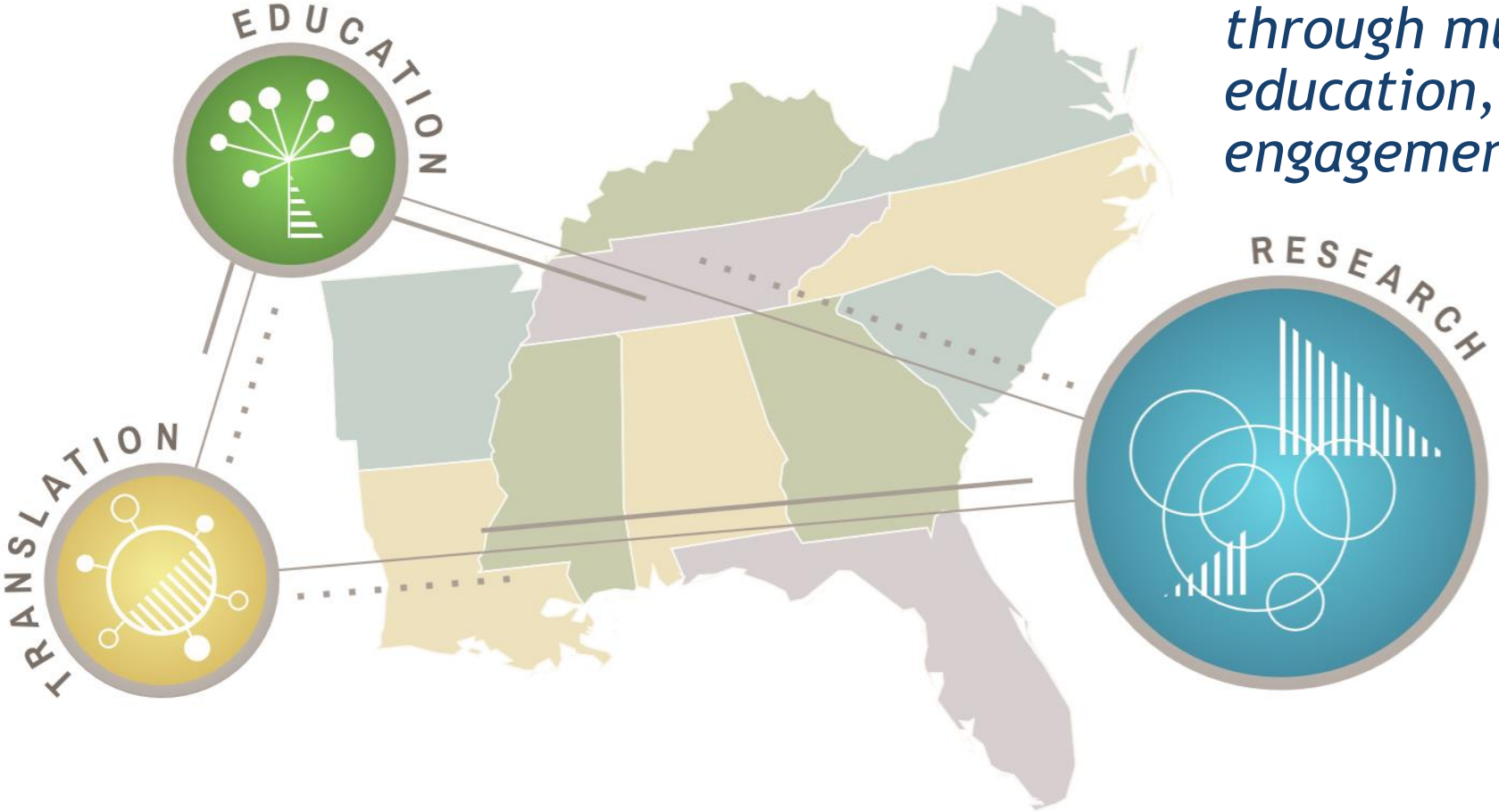
RISE

THE CENTER FOR REPRODUCTIVE HEALTH RESEARCH IN THE SOUTHEAST

What is RISE?

- RISE is a collaborative center housed at Emory University that focuses on research related to reproductive health in the Southeastern United States
- RISE is housed in the at the Rollins School of Public Health at Emory, but our team also includes faculty from Emory School of Medicine, the University of Georgia, and the University of Alabama-Birmingham

RISE's Mission



To improve the reproductive health of people in the Southeastern U.S. through multidisciplinary research, education, and community engagement

RISE

RISE's Structure

- RISE's interdisciplinary center of scholarship works to improve access to reproductive health in the region through three interrelated cores:
  - Research
  - Education
  - Translation

Research Core

- The goal of the research core is to advance the scientific understanding of the social and policy factors that affect reproductive health access and outcomes in the Southeast.
- The research core is the center’s largest core and houses RISE’s 6 research projects.

RISE Research Projects

- The Changing Landscape of Publicly-Funded Reproductive Healthcare in Georgia
- Evaluating the Impact of Gestational Age Policies on Reproductive Healthcare Systems in the Southeast
- Pregnancy Related Care in Georgia's Emergency Departments (PRECEDE)

Education Core

- The goal of the education core is to prepare the next generation of public health and social scientists in reproductive health through formal education, training, and mentorship.
- RISE hopes to build lasting research capacity in the Southeast.
- Initiatives include:
  - PhD and post-doctoral fellowships
  - Grants for student-led research
  - Networking and professional development

Translation Core

- The translation core has two main goals:
  - Ensure that RISE's research is informed by needs and priorities on the ground
  - Ensure our research findings are effectively communicated outside of academia to promote positive social and policy change around reproductive health in the region
- RISE works closely with a variety of community stakeholders to achieve these goals

The Landscape of Publicly Funded Family Planning in Georgia

Research Goal

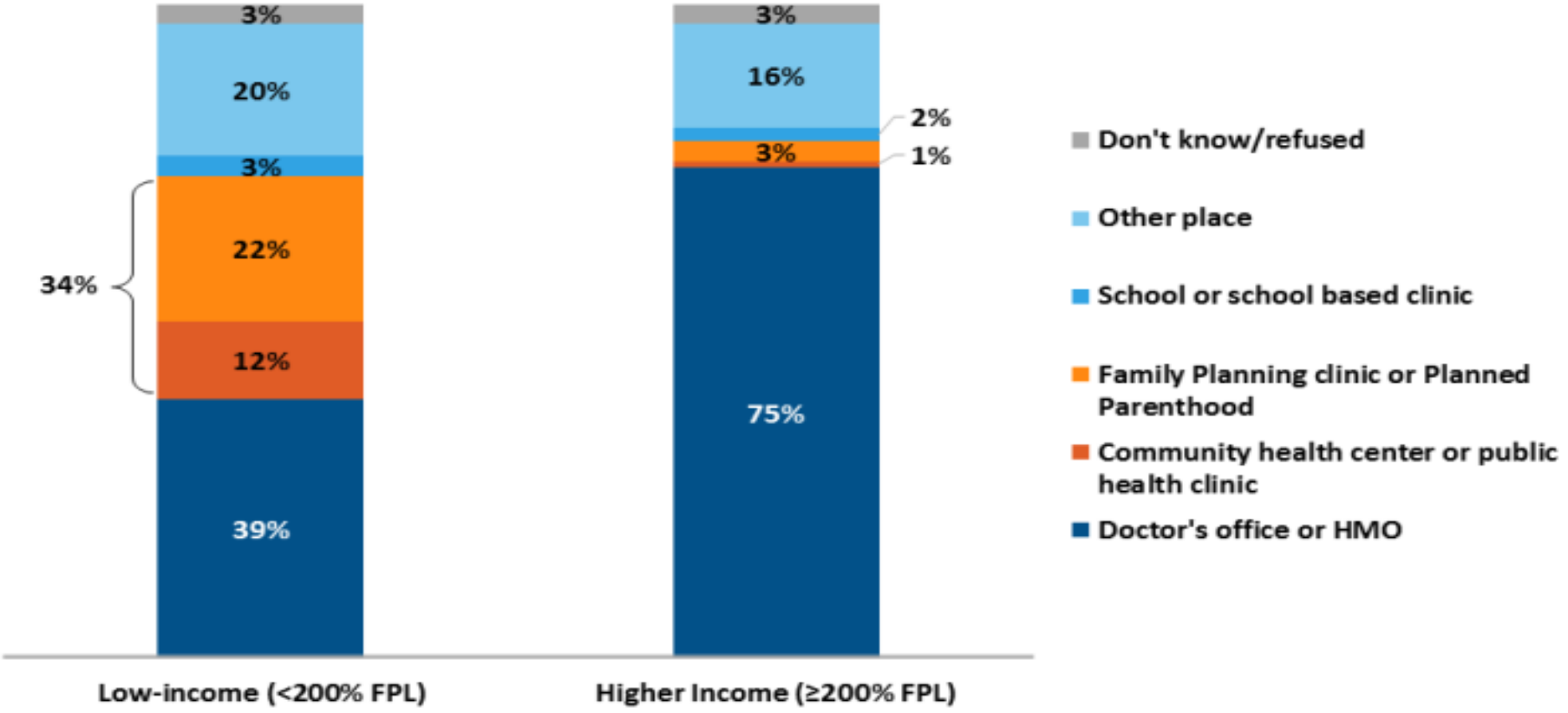
- To gain a better understanding of the dynamic landscape of publicly funded family planning care in Georgia.
- To explore the effects of various program components and different care models on reproductive health outcomes for low-income women and men in Georgia.

Publicly-Funded Reproductive Health in the United States

Figure 1

One in Three Low-Income Women Who Use Birth Control Obtain It From a Safety-Net Clinic

Site of care for birth control during prior 12 months, 2013



NOTES: Among women ages 15-44 who have had sex and used any birth control within the past 12 months. "Other place" includes drugstores and other unspecified sites. 200% of the federal poverty level (FPL) equaled $40,180 for a family of three in 2015.
SOURCE: Kaiser Family Foundation, *2013 Kaiser Women's Health Survey*.

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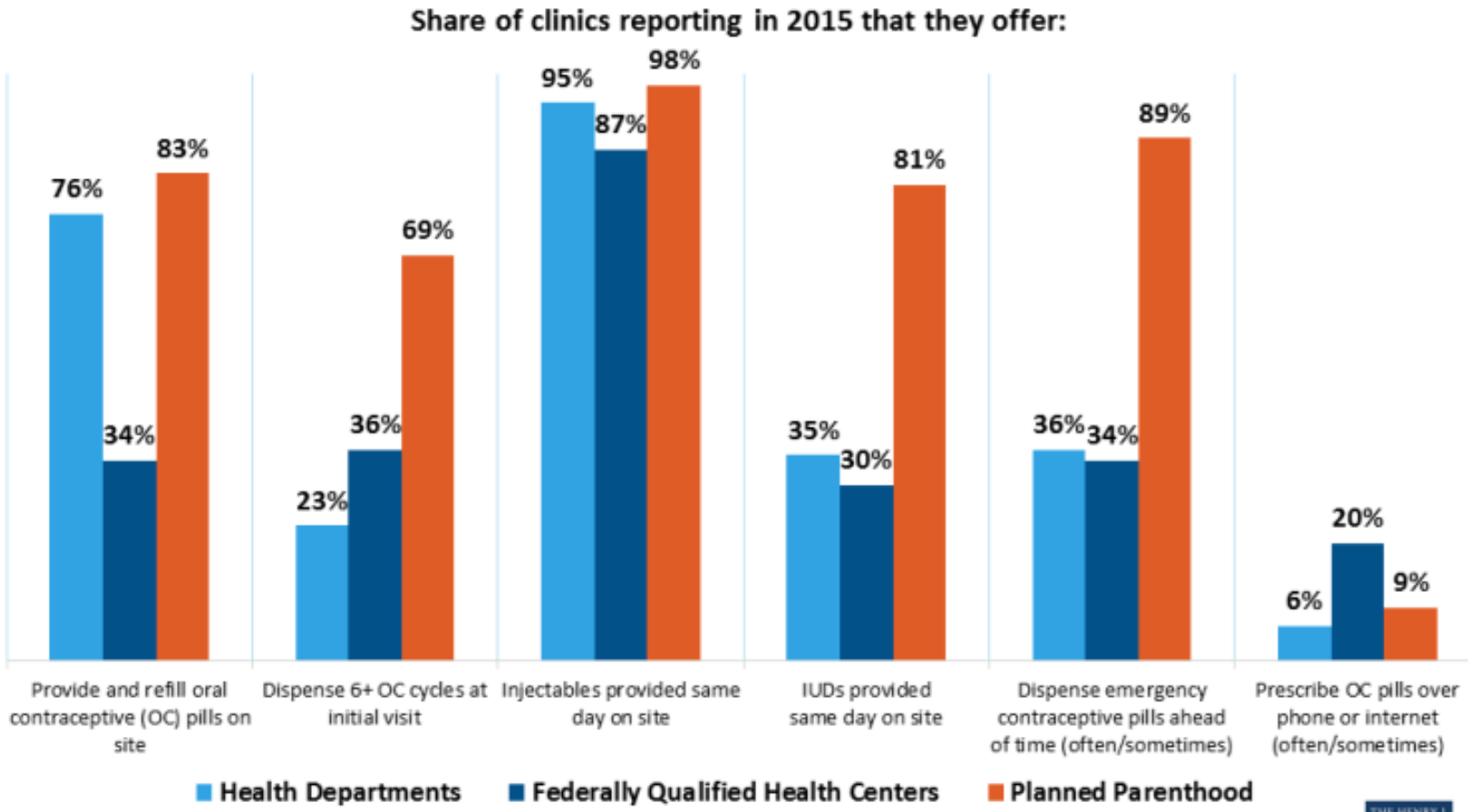
Publicly Funded Reproductive Health in the United States

Figure 3

Clinics Vary in their Capacity to Provide Timely Access to Contraceptives



SOURCE: Zolna MR, Frost JJ. Publicly Funded Family Planning Clinics in 2015, Patterns and Trends in Service Delivery Practices and Protocols. Guttmacher Institute. November 2016.

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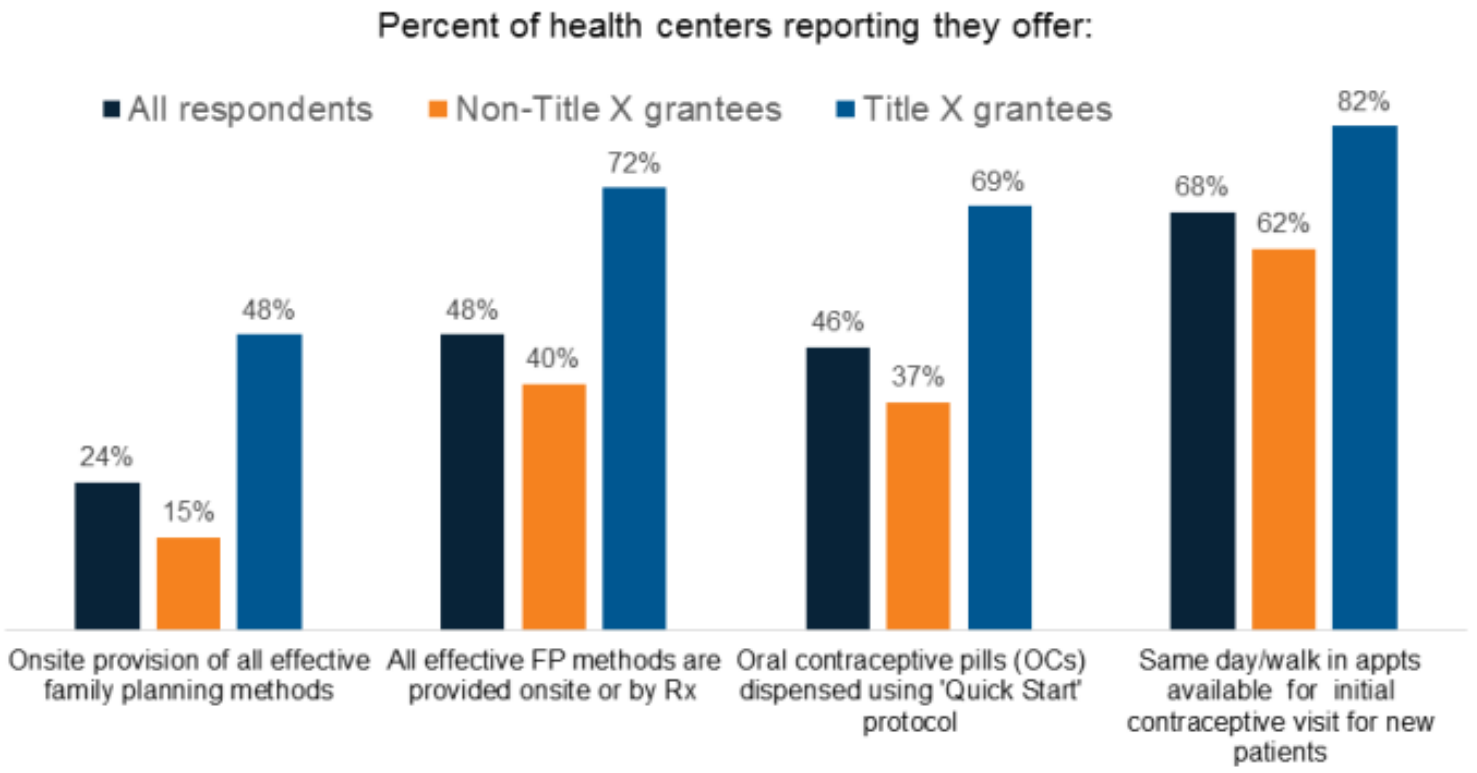
Publicly Funded Reproductive Health in the United States

Figure 3

Health Centers with Title X Status are More Likely to Provide Effective Family Planning Methods Onsite and to Offer Services Associated with High Quality Care



NOTE: Significant difference ($p<0.01$) by Title X status for all four practices.
SOURCE: Wood et al. 2018. Family Planning in an Era of Uncertainty.

KFF
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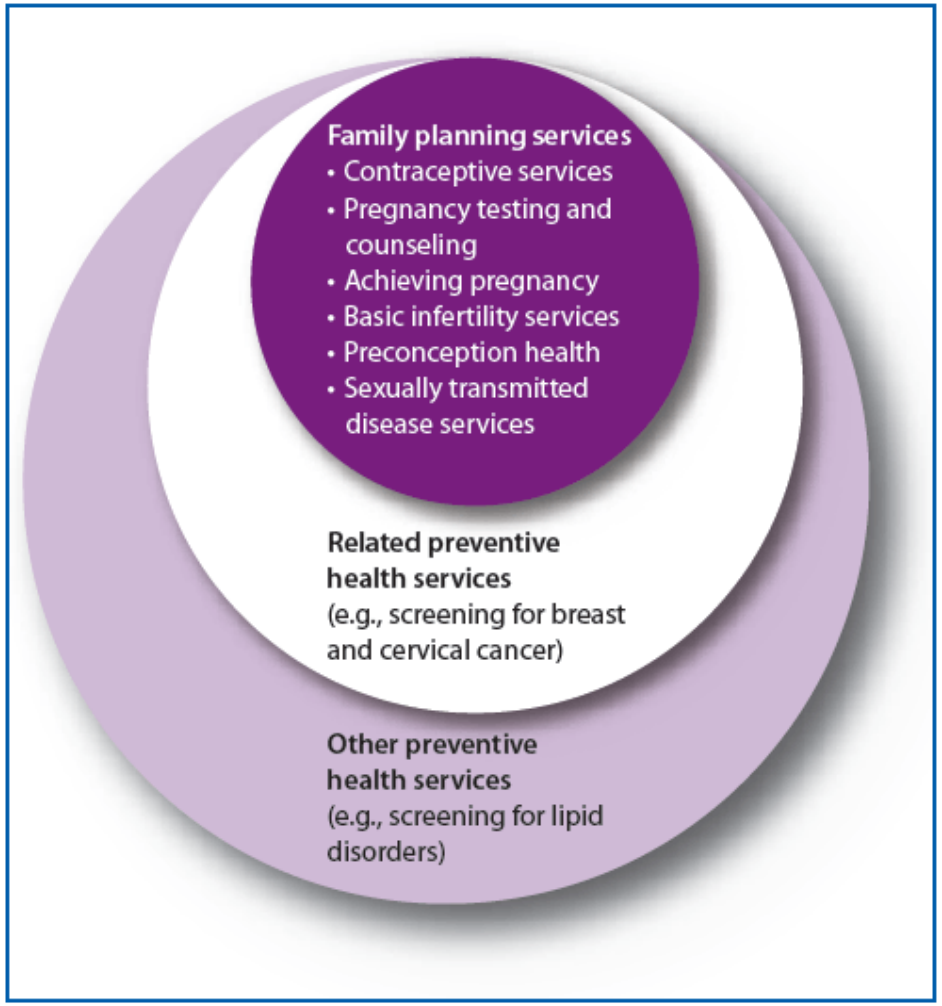
Reproductive Health in Georgia:
Key Health Policies

Title X

- National family planning program since 1970; administered by HHS Office of Population Affairs
- Federal grants issued to each state to provide comprehensive family planning services and related preventive health services, including confidential services to minors/adolescents
- Georgia Grantees
  - 1970-2014: Georgia Department of Public Health (health department model)
  - 2014-present: Georgia Family Planning System (FQHC model)
  - 2018 (new grantee): Neighborhood Improvement Project (NIP), Augusta, GA

Quality Family Planning Guidelines



Reproductive Health in Georgia: *Key Health Policies*

Medicaid

- Medicaid pays for over 50% of all births in the U.S.
- Family planning is mandatory benefit in Medicaid, to include "services and supplies." Great discretion given to states to define scope of family planning
- Family planning services are provided 90/10 federal-state match, so states have financial incentive to provide FP services to eligible women and men.
- For most pregnant women, Medicaid eligibility ends 60 days post-partum, a critical time for accessing family planning. However, almost all will qualify for P4HB and can access FP services through Medicaid.

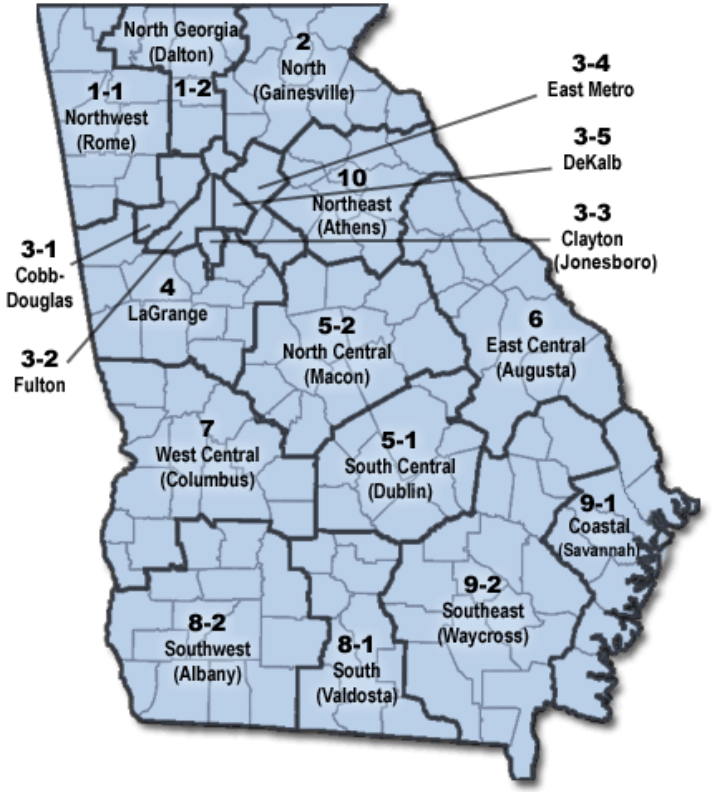
Planning for Healthy Babies in Georgia (P4HB)

- Medicaid expansion program for low-income (<=212% FPL) women ages 18-44.
- Any public health provider (HD or FQHC) can serve P4HB clients, who are also mandatorily enrolled in managed care.
- Two components:
  - Family planning-only (FP only) offers family planning services and supplies. Women must qualify yearly.
  - Inter-pregnancy care (IPC) offers FP, primary care, chronic disease management, and other IPC services to women who delivered a very low birth weight baby (<1500 grams). Women eligible for 2 years.

The Changing Landscape:
The Case of the DPH

Service Delivery and Program Features

- **Title X grantee from 1970-2014**
- The DPH Family Planning program offers FP services at health departments in all 18 health districts and 159 counties
- Long-acting reversible contraception, STD testing & treatment preconception counseling and planning, breast & cervical cancer screening
- Use of expanded role nurses
- Serves clients with payor mix (P4HB clients, third-party)
- Intersection with other DPH health priorities (e.g. STIs, Immunizations)
- Services provided on sliding scale, based on income



Georgia Department of Public Health

The Changing Landscape:
The Case of the GFPS

Service Delivery and Program Features

- **Title X grantee since July 2014**
- Network of over 150 federally qualified health centers, Grady Health System, and small community health centers that provide integrated family planning and primary care services in Georgia
- Youth friendly services
- Telemedicine
- Marketing campaigns
- Primary/mental health care context indicators
- Serves clients with payor mix (P4HB clients, third-party)

Georgia Family Planning System
plan first

The Changing Landscape: *Policy Updates*

Title X

- 2018-2019: Trump Administration issued and implemented new Title X regulations to the program and qualified providers.
  - Block Planned Parenthood
  - Eliminate abortion counseling/referral
  - Eliminate requirements for broad range of FP methods (allow for "single method" FP only counseling)
  - Direct new funds to faith-based orgs that promote abstinence-only methods of FP

Medicaid

- P4HB approved for renewal. Georgia Medicaid was awarded a 10-year reauthorization, with no added limitations to the scope of the program

https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ga/ga-planning-for-healthy-babies-ca.pdf

The Changing Landscape: *Specific Aims*

Aim 1

- To assess perceptions and experiences regarding family planning service delivery

Aim 2

- To characterize the process of integrating or maintaining family planning service in publicly funded clinics

Aim 3

- To describe trends in service delivery and reproductive health outcomes over time and by geography

Georgia Department of Public Health

Georgia Family Planning System
plan first

The Changing Landscape: *Next Steps*

- Continue geospatial analysis of family planning service availability and utilization in Georgia
- Continue dissemination and analysis of Site Assessment Surveys, which gather clinic-specific information
- Conduct quantitative analysis on sub-grantee level FPAR data
- Conduct qualitative interviews with GFPS and DPH stakeholders
- Monitor changes in Title X policy and implications for delivery/financing of reproductive health services in Georgia
- Monitor future changes in Medicaid policy (Medicaid expansion, P4HB)

Evaluating the Impact of Gestational Age Policies on Reproductive Healthcare Systems in the Southeast

Research Goal

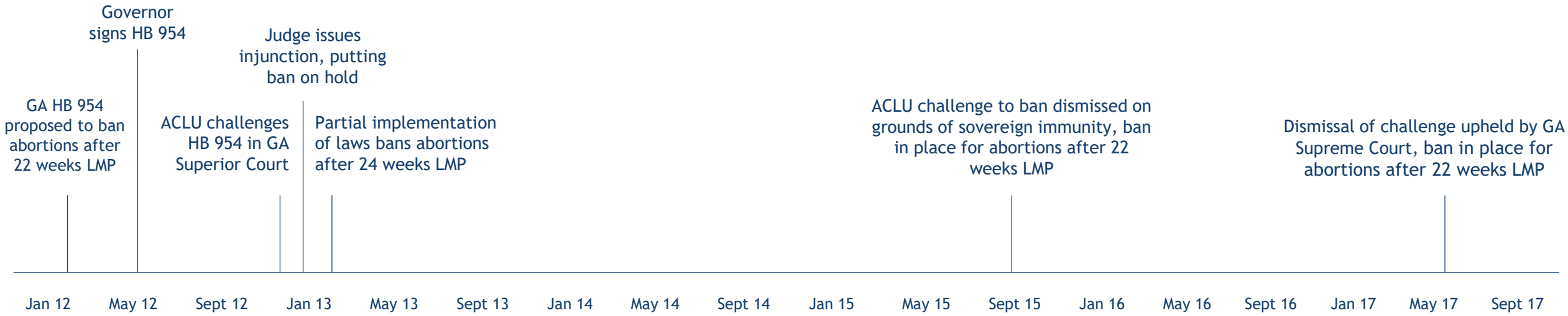
1. Evaluate the impact of Georgia House Bill 954, "Georgia Pain-Capable Unborn Child Protection Act," on reproductive health service delivery

   a. Describe changes in systems-level pregnancy termination and obstetric health service delivery indicators and outcomes

   a. Investigate reproductive healthcare providers' knowledge, attitudes, and experiences related to medical decision-making and practices around later pregnancy termination and obstetric care

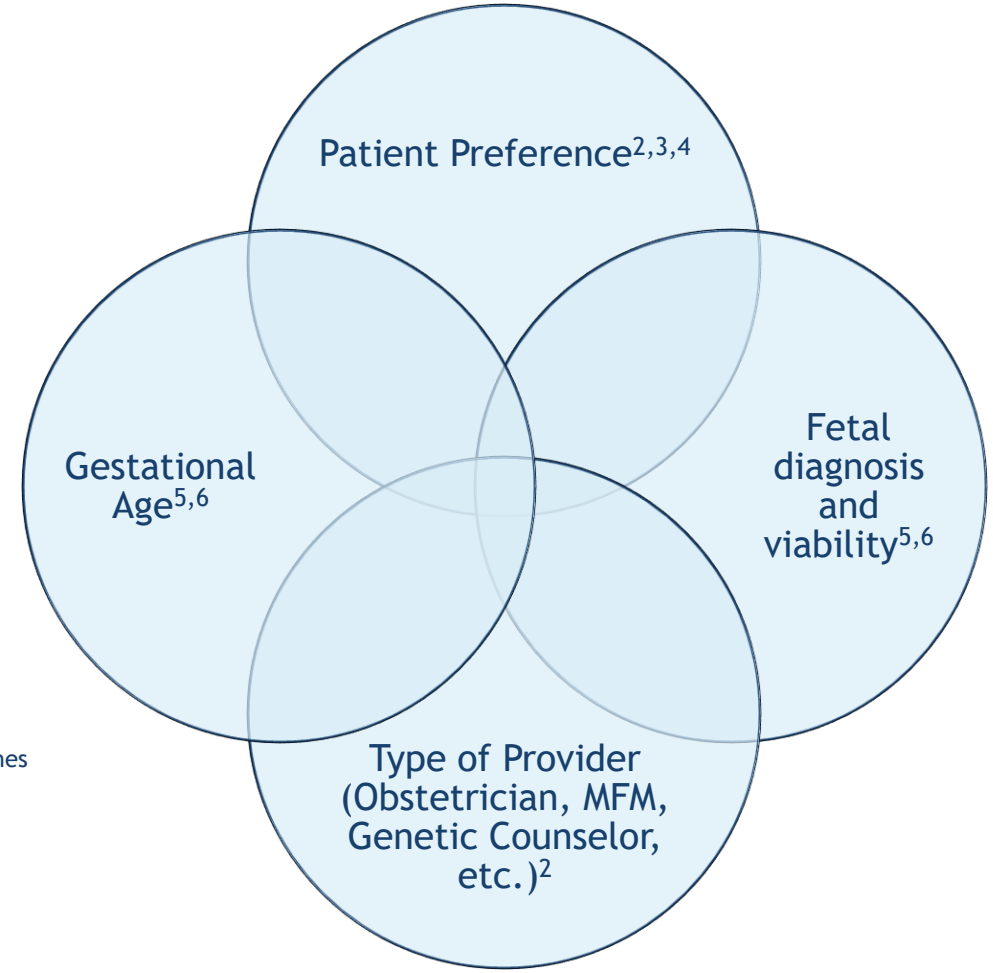
BACKGROUND ON HB954

- Effective since 2015, limits pregnancy termination after 20 weeks post-fertilization (22 weeks since last menstrual period)
- Requires resuscitation of an infant capable of ”sustained life”
- Allowable pregnancy terminations post 20 weeks must be performed in a manner that would maximize the potential for neonatal survival



PERIVIABILITY AND OPTIONS COUNSELING

- The range for periviability exists **between 20 0/7 and 25 6/7 weeks of gestation** and pregnancy complications and fetal anomalies are acknowledged as possible indications for pregnancy terminations during the second-trimester[1]



Sources:
[1]American College of Obstetricians and Gynecologists (2017) https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Periviable-Birth?IsMobileSet=false
[2]Tucker Edmonds B, McKenzie F, Panoch JE, Barnato AE, Frankel RM. Comparing obstetricians' and neonatologists' approaches to periviable counseling. *J Perinatol*. 2015;35(5):344-348.
[3]Tucker Edmonds B, McKenzie F, Robinson BK. Maternal-Fetal Medicine physicians' practice patterns for 22-week delivery management. *The Journal of Maternal-Fetal & Neonatal Medicine*. 2016;29(11):1829-1833.
[4]Kunkel MD, Downs SM, Edmonds BTJAjop. Influence of Maternal Factors in Neonatologists' Counseling for Periviable Pregnancies. 2017;34(08):787-794.
[5]Marek MJJoO, Gynecologic,, Nursing N. Nurses' attitudes toward pregnancy termination in the labor and delivery setting. 2004;33(4):472-479.
[6]Fischer RL, Schaeffer K, Hunter RLJC. Attitudes of obstetrics and gynecology residents toward abortion participation: a Philadelphia area survey. 2005;72(3):200-205.

GAPS IN RESEARCH

Research that combines termination of pregnancy, periviability, and physicians' decision-making & counseling in the United States

Qualitative research in order to understand the complexities of provider decision-making and counseling

Project Objective & Methods

Understand the experience of hospital-based providers with pregnancy cases at or around 20-24 weeks gestation as it relates to their departments, discussion of medical decision making and hospital protocols, and changes in protocols and service delivery over time.

- Recruiting from the 20 highest delivery volume hospitals
- 30 minute interviews with Labor & Delivery department heads
  - Identify other key stakeholders within the hospital (total 2-4 from each hospital)
    - I.e. Head of Nursing, Maternal Fetal Medicine, Neonatology, etc.

- Discussion focuses on:
  - Professional background and current role
  - Experiences providing obstetric care at or around 20-24 weeks gestation
  - Changes in procedures and/or protocol over time

Planned Analysis / Results

- **Analysis**
  - **Transcripts will be de-identified to remove personal & departmental information**
  - **Qualitative analysis using a thematic approach**
- **Results**
- **Dissemination**
  - **Current collaboration with the Georgia OB/GYN Society**

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Georgia OBGyn
GEORGIA OBSTETRICAL AND GYNECOLOGICAL SOCIETY

Study Timeline

Pregnancy Related Care in Georgia's Emergency Departments (PRECEDE)

Early Pregnancy Loss Management

American College of Gynecologists and Obstetricians Clinical Guidance

Expectant

- Should be limited to first trimester
- Provide education on when and who to call for excessive bleeding
- Provide pain medications

Medical

- Considered for patients without complications
- Shorten time to expulsion while avoiding surgical evacuation
- Misoprostol or Mifepristone/Misoprostol, when available

Surgical

- Patients who present in need of urgent evacuation, with comorbidities, or prefer immediate evacuation with less follow up
- Dilation & curettage

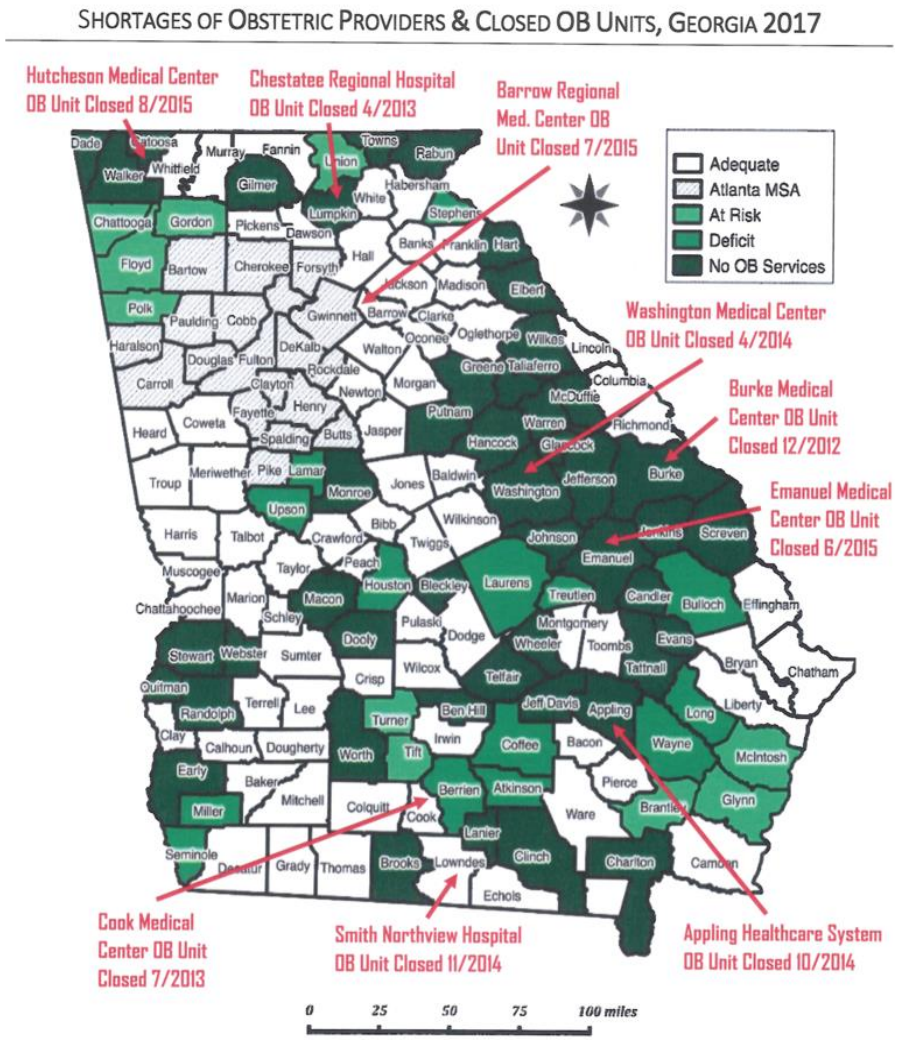
Source: https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Early-Pregnancy-Loss

Reproductive Health in Emergency Departments

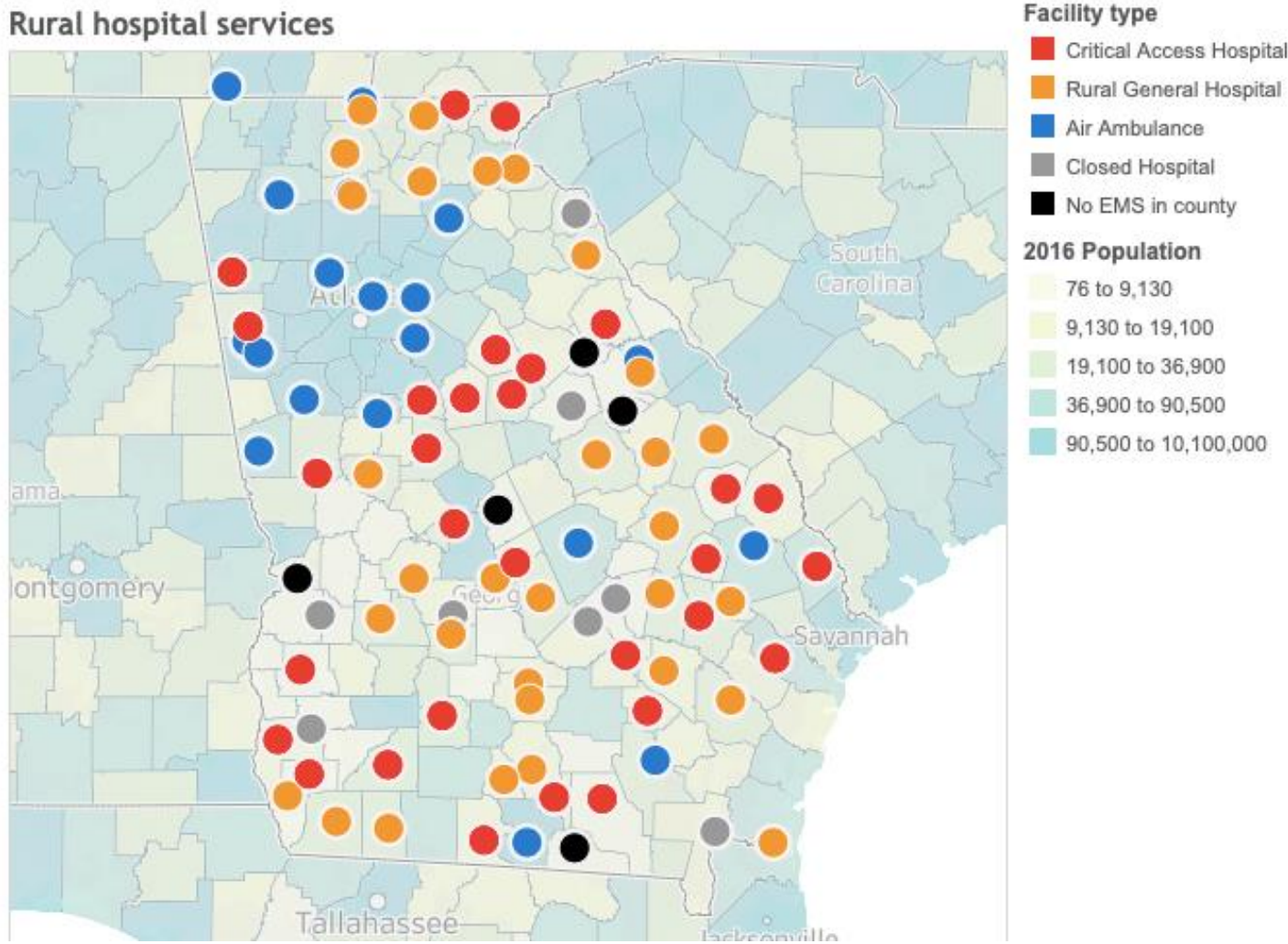
- Women experiencing vaginal bleeding in early pregnancy often seek hospital-based care
  - Availability of clinicians with technical expertise to address bleeding and other complications in early pregnancy may be increasingly limited owing to the closure of labor and delivery units in hospitals.
- In Georgia, 37 labor and delivery units have closed between 1994 and 2018. Rural areas of Georgia, in particular, are experiencing a shortage of doctors.[1]
  - Patients experiencing early pregnancy bleeding will need to seek care from specialties besides OB/GYN and Family Planning.
- Approximately 2% of all ED visits (roughly 500,000 visits) every year are related to vaginal bleeding during early pregnancy.[2]

Sources:
[1]Atlanta Journal Constitute (AJC), 2019 https://www.ajc.com/georgia-rural-hospitals/
[2]Wittels KA, Pelletier AJ, Brown, DF, Camargo CA Jr. (2008). United States emergency department visits for vaginal bleeding during early pregnancy, 1993-2003. Am J Obstet Gynecol;198(5):523.e1-6.

Georgia Rural Health Care Landscape



Source: Georgia OB/GYN Society. http://gaobgyn.org/resources/



Source: AJC, 2019 https://www.ajc.com/georgia-rural-hospitals/

Research Goals

1. Describe institutional level barriers and facilitators for providing early pregnancy bleeding and post abortion care in Emergency Departments across Georgia

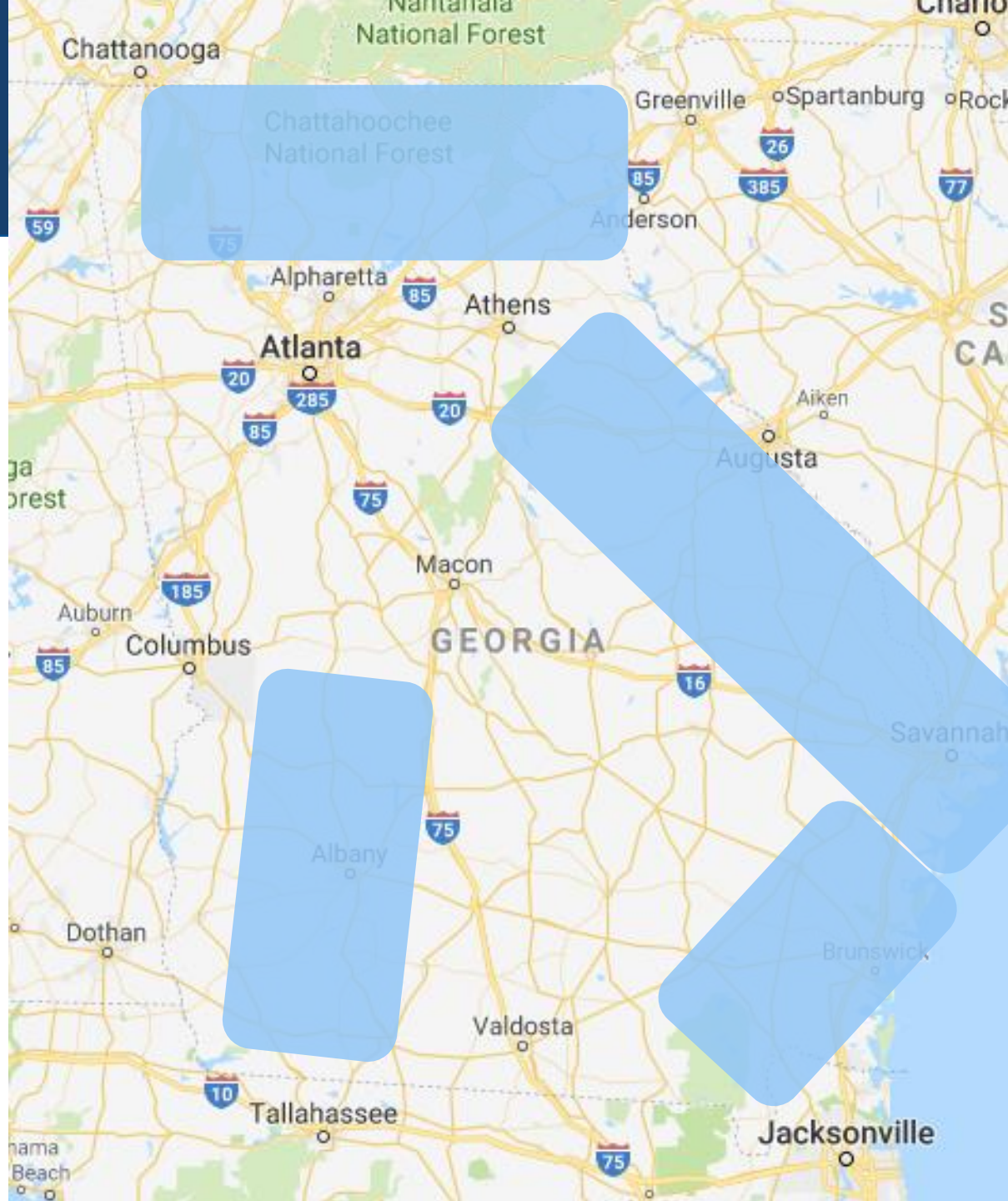
2. Explore the perceptions and experiences of providing early pregnancy bleeding and post abortion care for Emergency Department clinical staff members and how these experiences may have changed in recent years
   a. Specifically due to closures in labor and delivery units across Georgia

   b. Specifically due to policy

Project Methods

- Conducted 32 interviews with Emergency Department clinical staff from 10 hospitals across Georgia
  - 30 minute interviews with RNs, Nurse Practitioners, Physician Assistants and Physicians

- Discussion focused on:
  - Professional background and hospital characteristics
  - Experiences providing care for early pregnancy bleeding and post-abortion care
  - Changes in provision of care over time



Next Steps: Analysis / Dissemination of Results

- **Analysis**
  - **Transcripts will be de-identified to remove personal & departmental information**
  - **Qualitative analysis using a thematic approach**
- **Results**
- **Dissemination**
  - **Current collaboration with the Georgia OB/GYN Society**
  - **Establishing relationships with Emergency Medicine groups**

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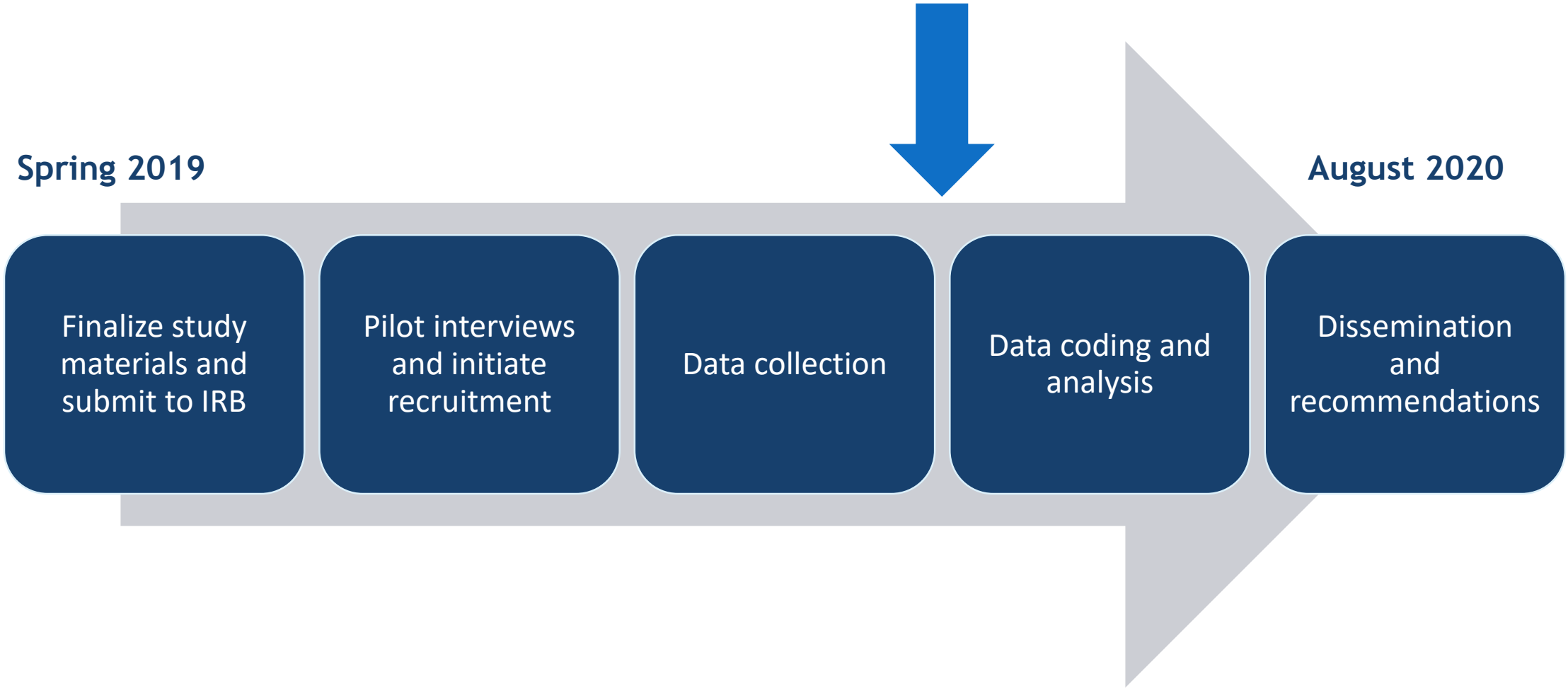
GEORGIA OBSTETRICAL AND GYNECOLOGICAL SOCIETY

Study Timeline



Questions?

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RISE