

2019 Annual Meeting & Conference

OCTOBER 28-29, 2019

Healthy Mothers, Healthy Babies Coalition of Georgia (HMHBGA) is a non-partisan 501(c)3 and does not support or oppose any candidate for federal, state or local elected office.

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Healthy Mothers, Healthy Babies. In That Order.

Centering Mother's Voices in Maternal Care.





OUR MISSION

To improve maternal and infant health in Georgia through advocacy, education, and access to vital resources.



Improving maternal and infant health in Georgia since 1974

RESOURCE ACCESS

HMHB operates the Georgia Family Healthline, Children 1st, Help Me Grow Georgia, and the Prevent Child Abuse Georgia Helpline to provide callers with appropriate referrals and resources across the State.

ADVOCACY

HMHB engages with legislators as well as medical, business and community partners to encourage sound policies that promote access to healthcare for women and children in Georgia.

EDUCATION

HMHB provides prenatal and breastfeeding education across the State by collaborating with community-based partners and providers.



Introduction & Methods



- Summary of known data and evidence regarding maternal and infant health indicators in the state of Georgia
- Collected and analyzed data from various sources (167)
 - DPH OASIS Database
 - Pregnancy Risk Assessment Monitoring System (PRAMS)
 - CDC
 - Content experts
- Recommendations to improve and address negative health outcomes

Clarifying Points



- Data represents the year 2017
- Georgia state rate: orange line
- Rural: less than 35,000 total population
- Racial categories are non-Hispanic
- Other race:
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Multiracial
 - Unknown race

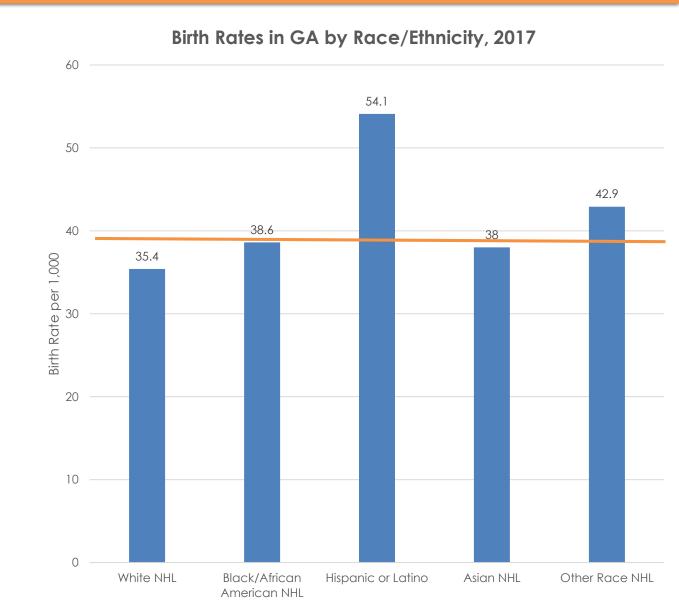


Fetal & Infant Health

Live Births

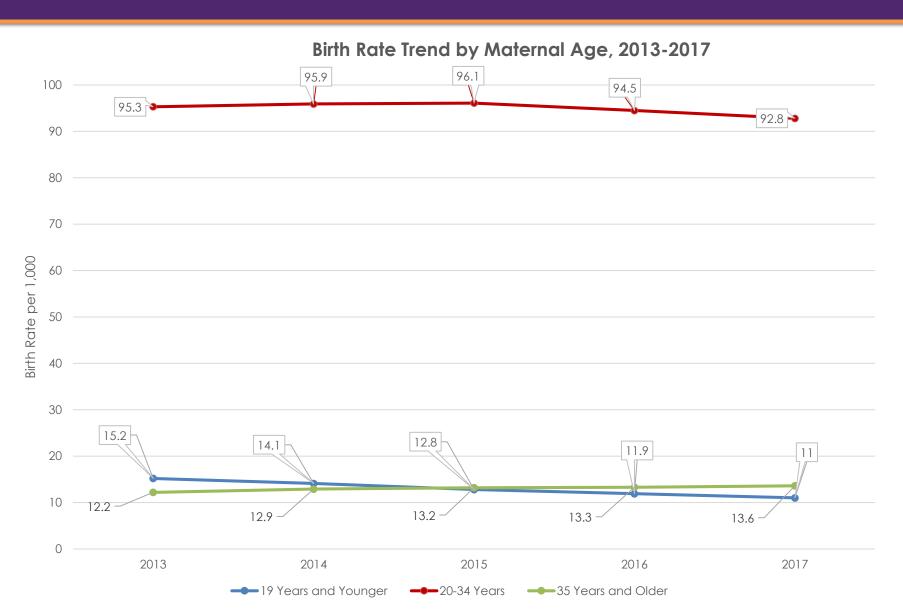


- Rate of 39.0 per 1,000
- Geography
 - Rural: 39.5
 - Non-rural: 39
- 99.1% hospital deliveries
- 54.8% births unintended (51% nationally)



Birth Rate Trend by Age



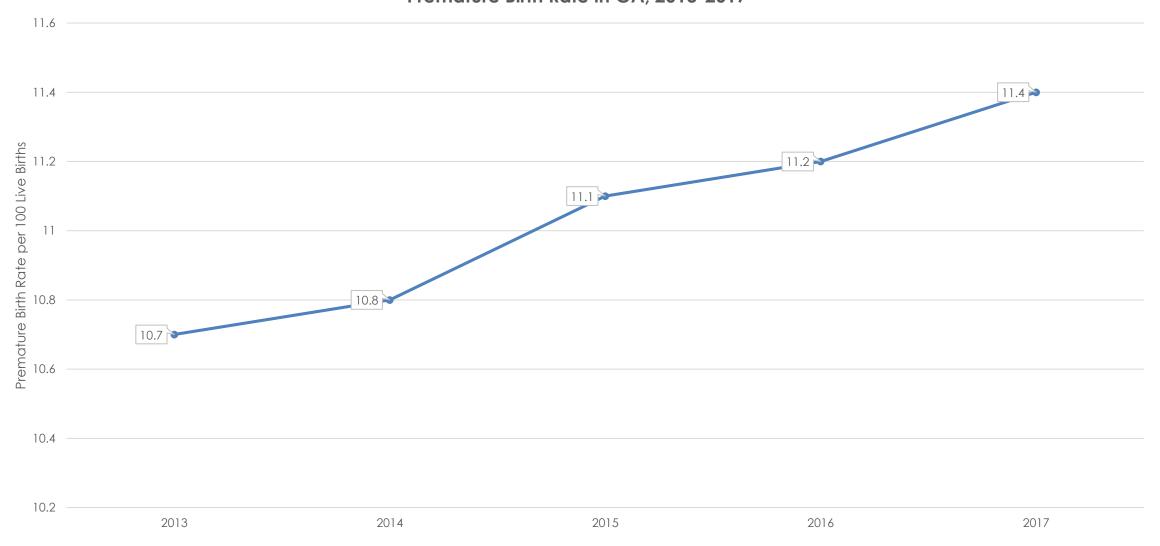


- ≤19 years: decrease
- 20-34: fluctuates
- ≥35 years: increase

Premature Births



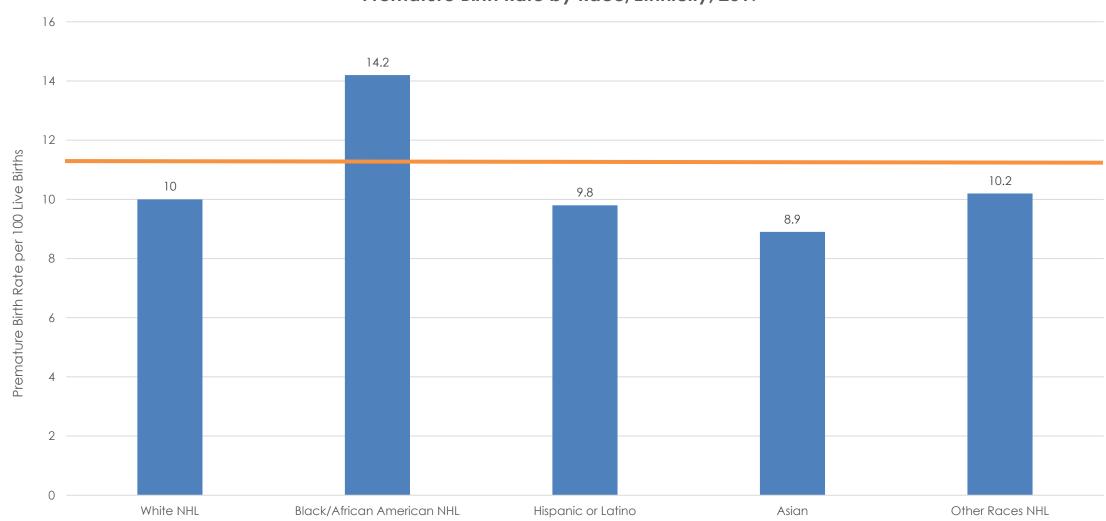
Premature Birth Rate in GA, 2013-2017



Prematurity by Race/Ethnicity



Premature Birth Rate by Race/Ethnicity, 2017



Prematurity by Geography

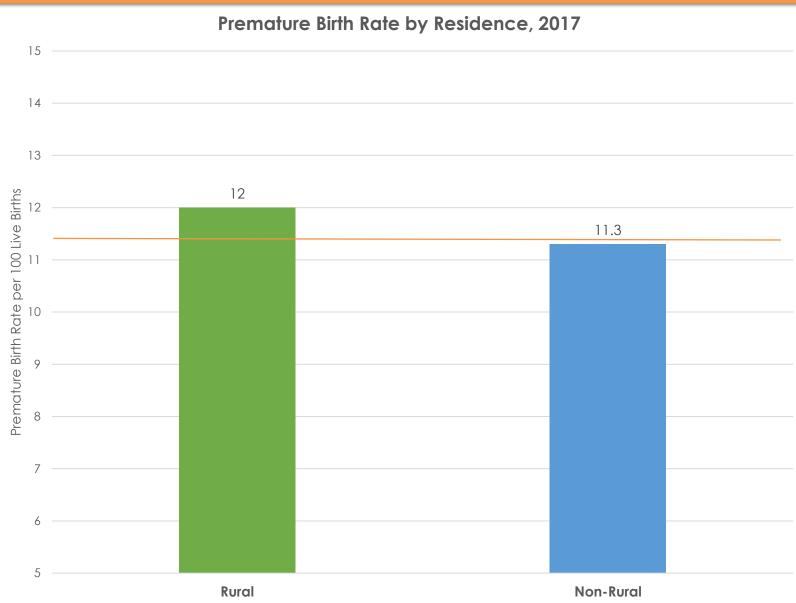


Top Counties (2013-2017)

- Taliaferro: 17.1%

Calhoun: 16.9%

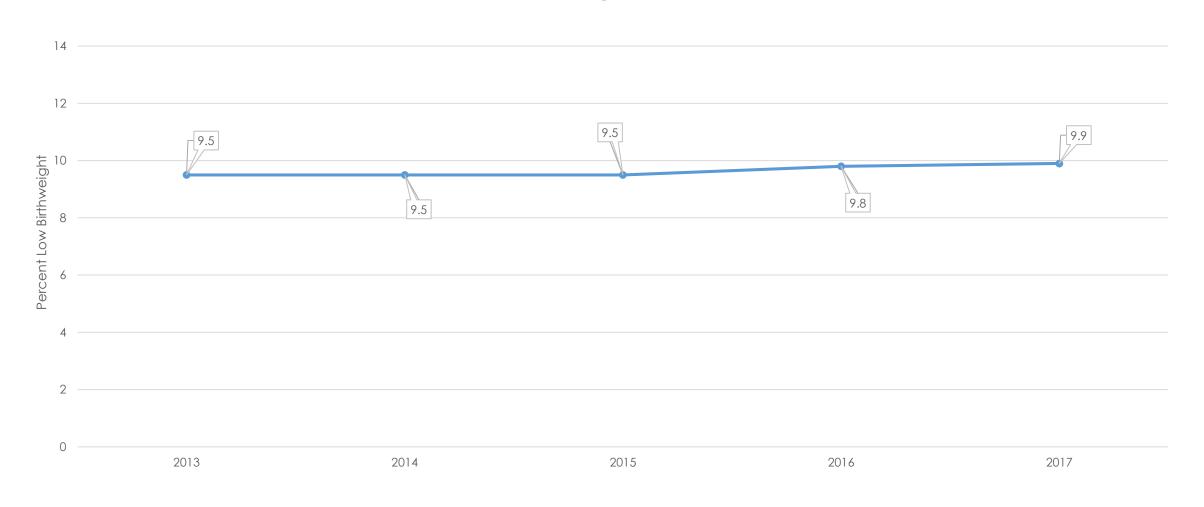
- Clinch: 15.6%



Low Birthweight Babies



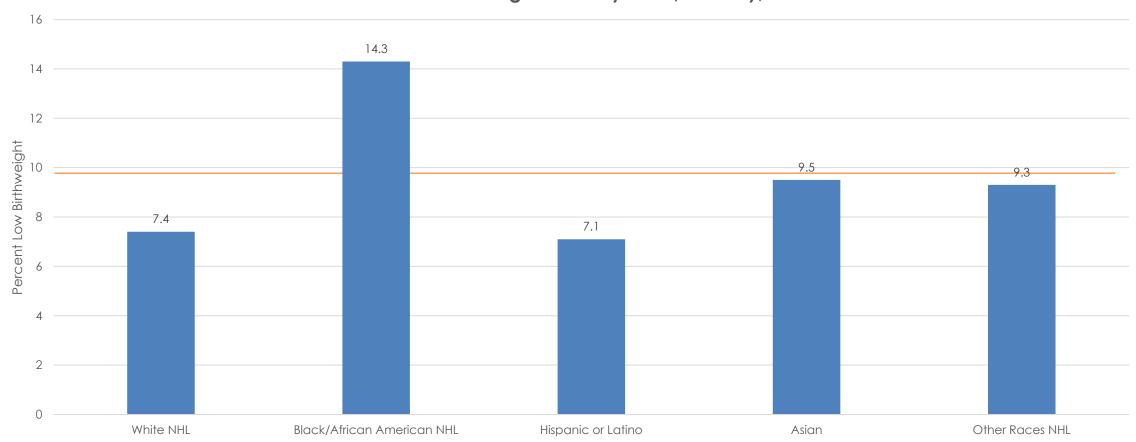
Percent Low Birthweight in GA, 2013-2017



Low Birthweight by Race/Ethnicity



Percent Low Birthweight in GA by Race/Ethnicity, 2017



Low Birthweight by Residence

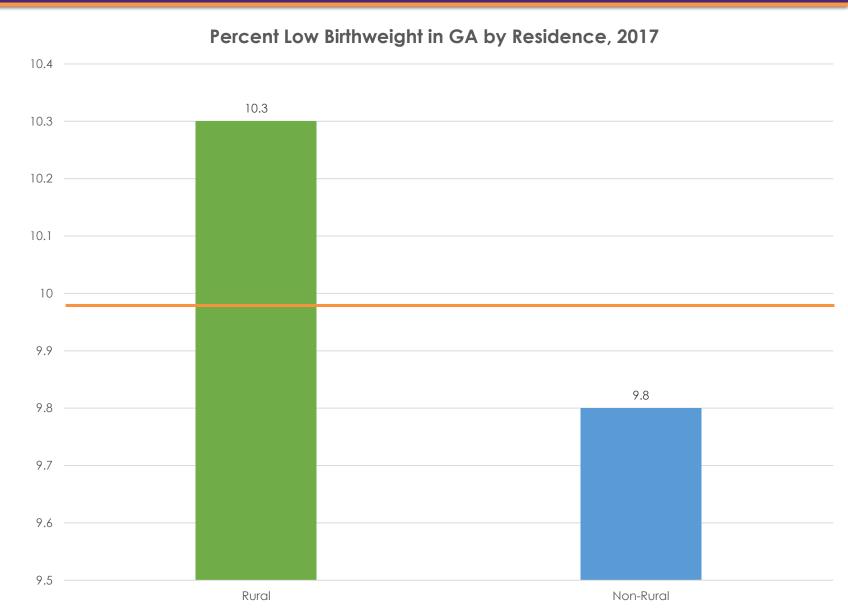


• Top Counties (2013-2017)

- Taliaferro: 17.1%

- Hancock: 15%

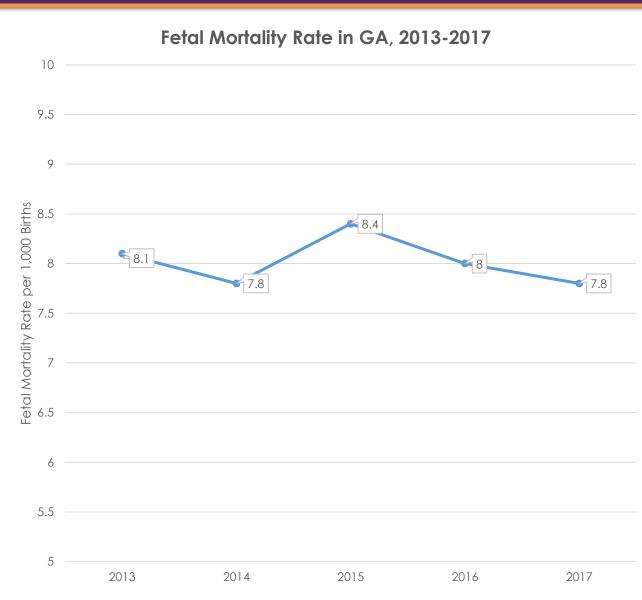
- Macon: 14.9%



Fetal Mortality



- Rate of 7.8 per 1,000
- Potential for underreporting
- Highest among:
 - Race/Ethnicity: Black/African American (11.5)
 - Geography: Rural counties (8.7)
 - Maternal age: ≥ 45 years (19.4)
- Inverse association with number of full-term live births



Infant Mortality



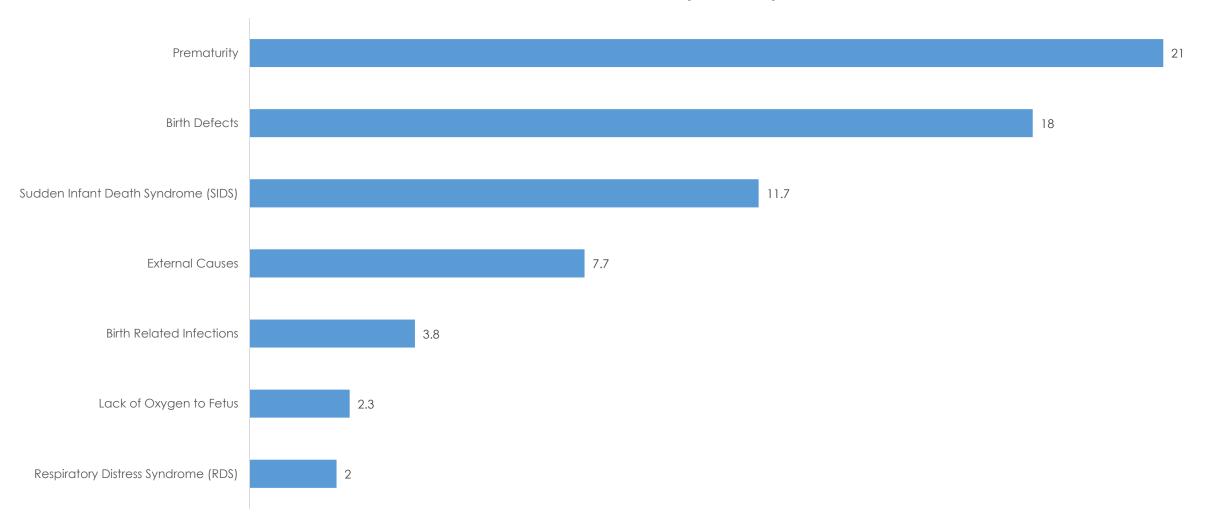
- Rate of 7.2 per 1,000
- Marginal increase in sleeprelated deaths
 - Suffocation rates doubled
 - Account for 3 deaths per week



Infant Mortality by Cause



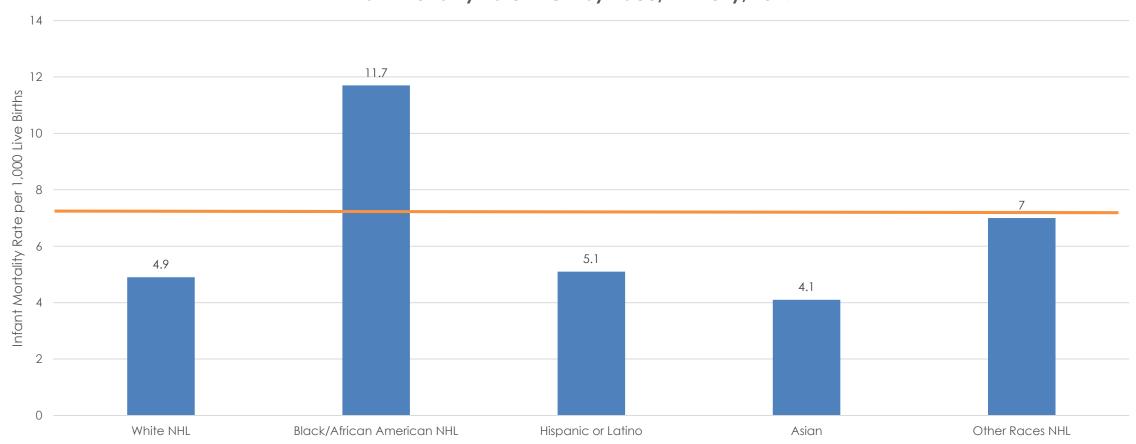
Percent of Infant Mortality in GA by Cause, 2017



Infant Mortality by Race/Ethnicity



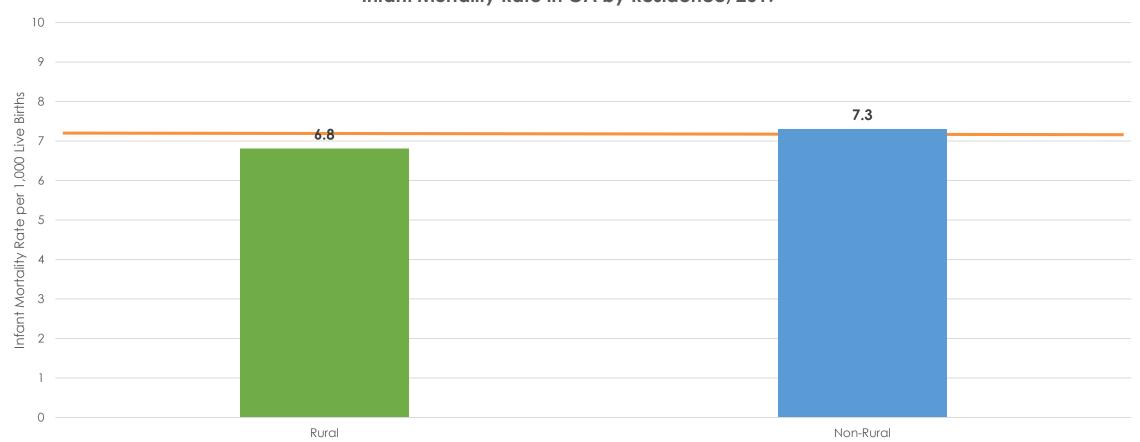
Infant Mortality Rate in GA by Race/Ethnicity, 2017



Infant Mortality by Geography



Infant Mortality Rate in GA by Residence, 2017



Recommendations



- 1. Risk screening and treatment
- 2. Adoption of rooming-in and familial bonding practices
- 3. Promotion of safe sleep programs
 - Cribs for Kids
 - DPH Safe to Sleep
 - Direct On-Site Education (DOSE)
 - ABC Model



Maternal Health

Maternal Disease



Chronic Disease

- Hypertensive disorders:
 11.7%
 - Black women: 17.9%
 - Multiracial women: 20.5%
- Gestational diabetes:
 8.7%

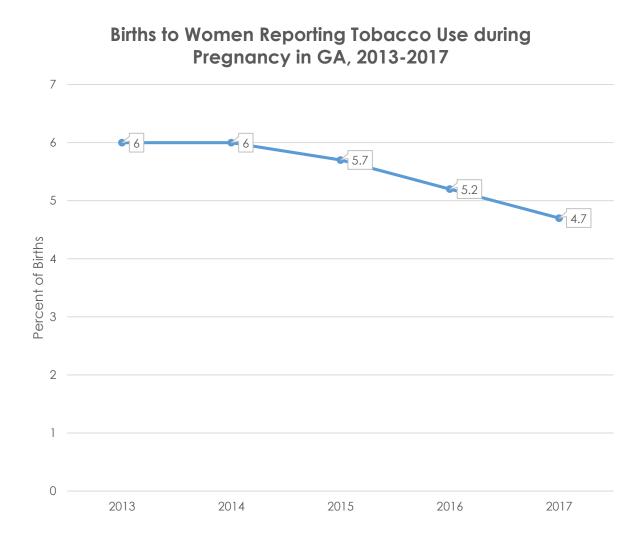
STI/STD & HIV

- Congenital syphilis: 16 per 100,000
- HIV:
 - 122 Georgians with perinatal transmission (2016)
 - Pre-conception testing: 51.2%
 - High receipt of prenatal care
 - Racial disparities
 - 85% Black
 - 7% White
 - 6% Hispanic/Latina

Maternal Substance Use



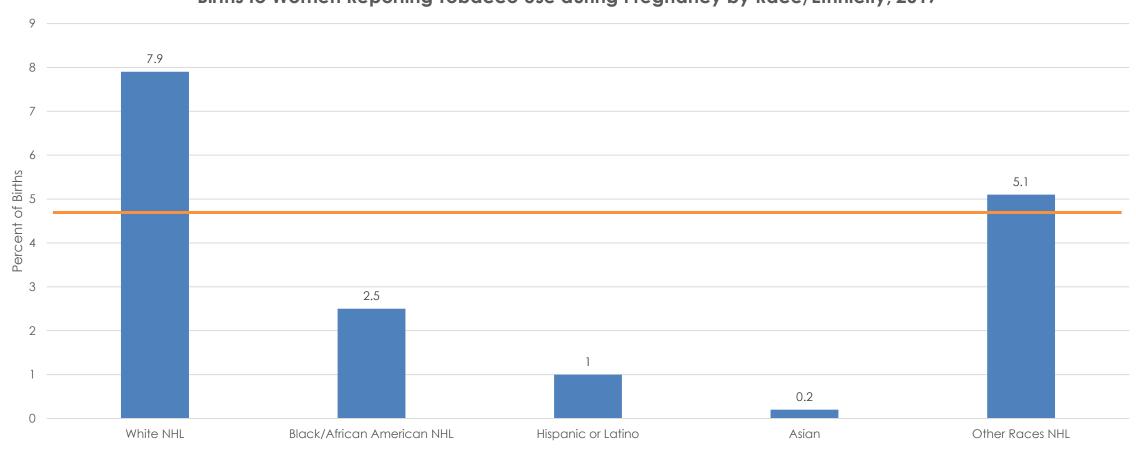
- Sparse data on alcohol use
 - 9.4% during third trimester
 - Positive association with maternal age
- Tobacco use highest amongst
 - Teen mothers
 - Mothers with less than high school diploma



Maternal Tobacco Use by Race/Ethnicity



Births to Women Reporting Tobacco Use during Pregnancy by Race/Ethnicity, 2017



Maternal Tobacco Use by Geography



Top Counties (2013-2017)

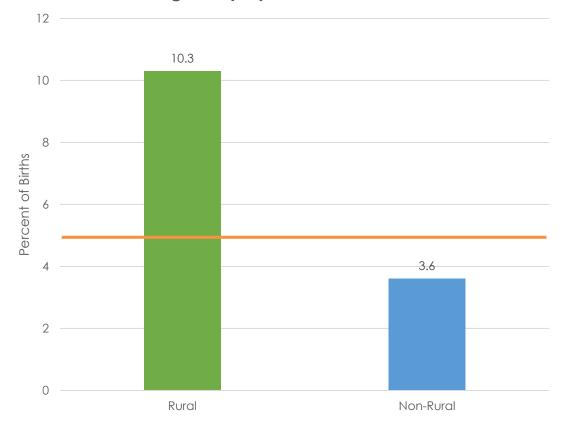
- Walker: 22.8%

- Chattooga: 22.7%

Stephens: 20.4%

- Dade: 20.1%

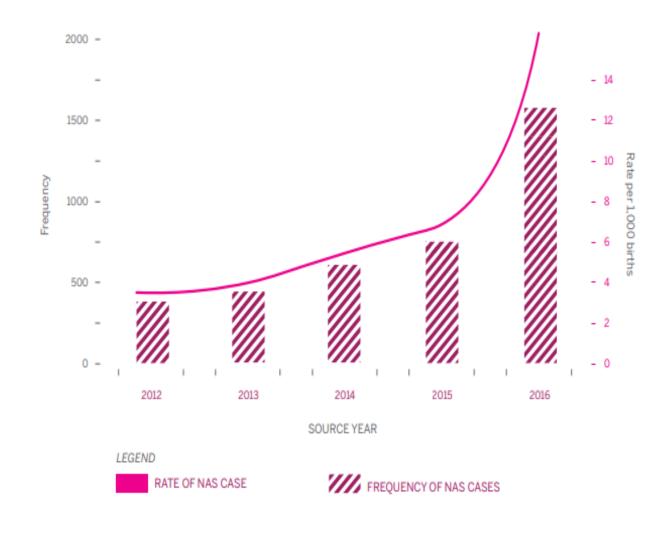
Births to Women Reporting Tobacco Use during Pregnancy by Residence, 2017



Neonatal Abstinence Syndrome



- 2014: overdose surpassed motor vehicle crashes as leading COD
- 6.1 per 1,000 births (2015)
- Rural southeast and northeast regions



Perinatal Mood & Anxiety Disorders



- Limited Georgia specific data
- Maternal depression: 8.4%
- 2013: 6% maternal deaths attributable to suicide

hopeless", 2017	
Frequency	%
Always	0.27%
Often	4.3%
Sometimes	14.5%
Rarely	32.1%

48.9%

Prevalence of feeling "down, depressed, or

PRAMS 2017, Georgia

Never

Maternal Mortality



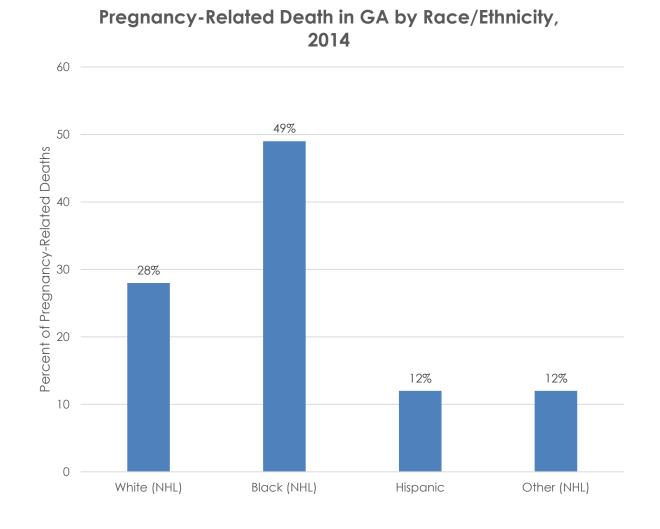
- Timing:
 - Delivery to 42 days
 - 42 days, less than a year
 - Up to a year
- By Cause
 - Pregnancy-related
 - Pregnancy-associated

- Georgia Maternal Mortality Review Committee (MMRC)
- 26 per 100,000 (2012-2014)
- 85 deaths in 2014
 - 58% preventable
 - 40% mothers aged 30-34 years
 - 74% within 42 days

Maternal Mortality



- Leading causes (pregnancy-related)
 - Cardiovascular and coronary conditions
 - Embolism
 - Cardiomyopathy
 - Hemorrhage
 - Preeclampsia and eclampsia
 - Amniotic fluid embolism



Recommendations



- 1. Screen, treat, and connect women with substance use/abuse resources
- 2. Work with structured systematic collaboratives (i.e. GaPQC)
- 3. Universal screening of perinatal mood and anxiety disorders
- Increased education and resources on maternal mental health
- 5. Maternal mortality prevention
 - 1. Extend postpartum Medicaid from 60 days to one year postpartum
 - 2. Early prenatal care and postpartum follow-up
 - 3. Specialist referral when indicated

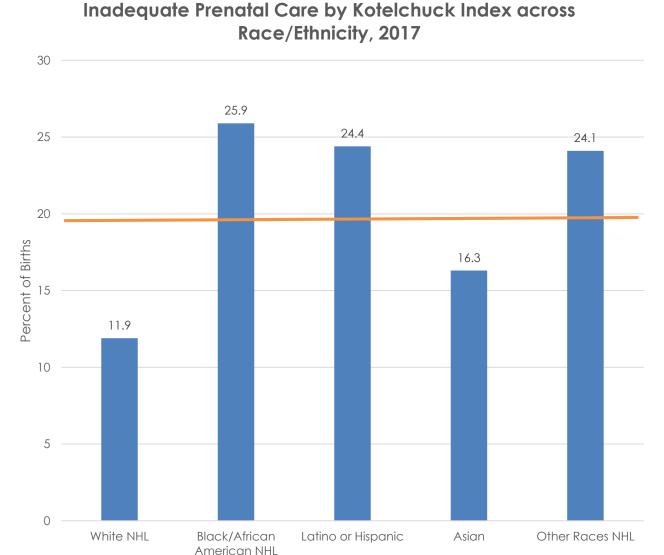


Access to Care

Prenatal Care

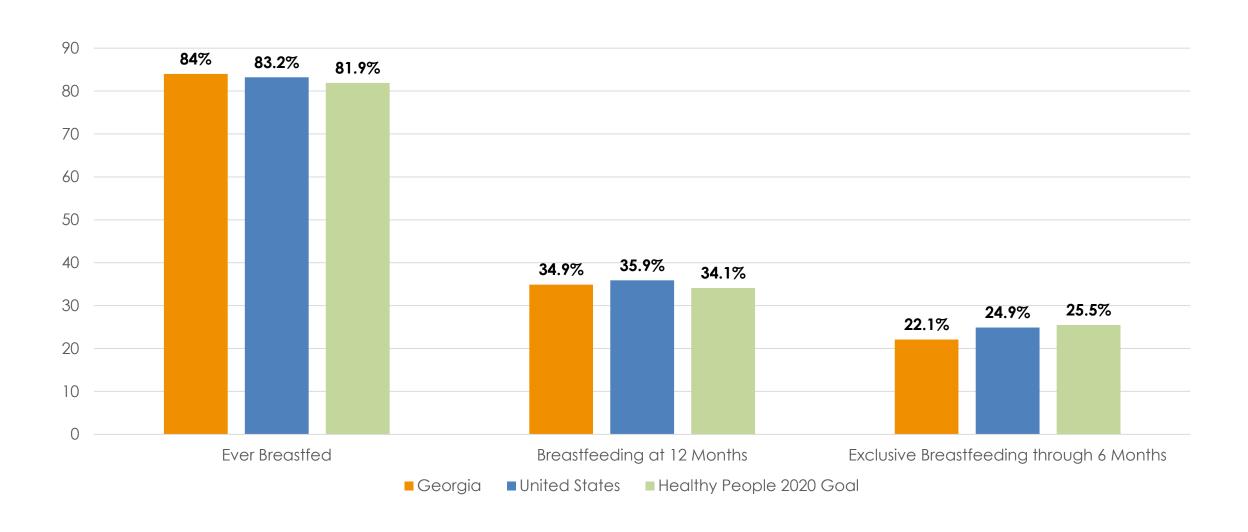


- 19% of births without adequate prenatal care
- Hospital and L&D closures
- Highest among
 - Mothers with less than a high school education: 35.2%
 - Mothers aged 10-17 years old 37.2%
 - Non-rural counties: 19.2%



Breastfeeding



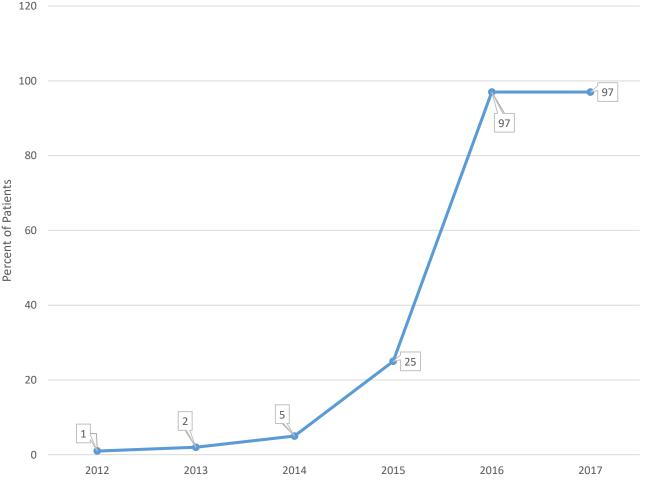


Auxiliary Services



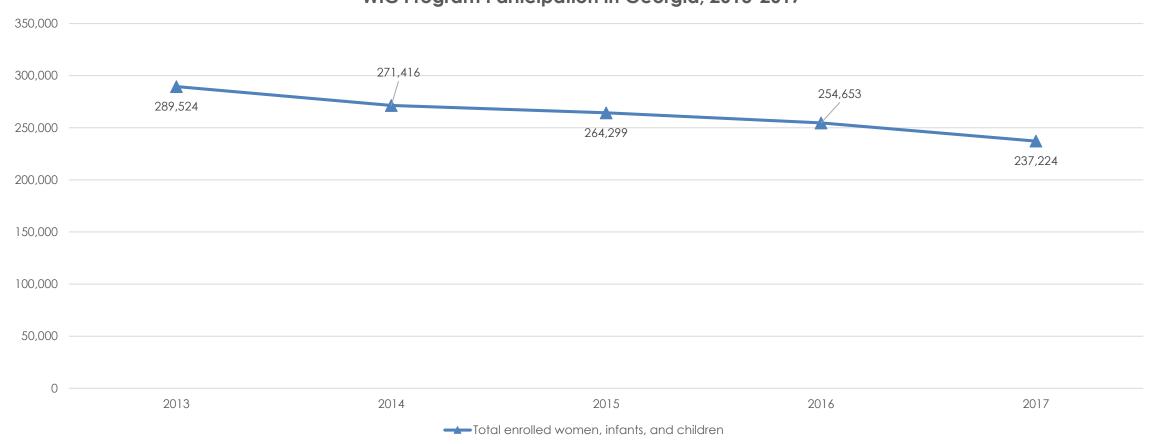
- Dental Care
 - 39% pregnant women received cleanings
 - Medicaid: 2%
- Vaccinations
 - Flu shot: 33.8%
 - Medicaid: 7%
 - Highly ranked TDaP vaccine receipt
 - 90% with ≥ 4 doses by age 3







WIC Program Participation in Georgia, 2013-2017



Medicaid

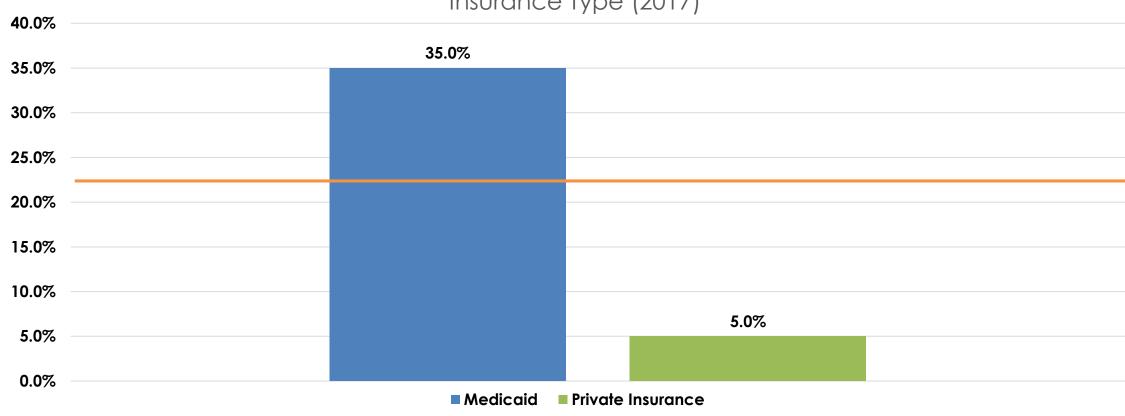


- Covers most births in Georgia
- Gaps in prenatal and postpartum care
- Planning for Healthy Babies (P4HB)
 - Family planning only: 19%
 - Inter-pregnancy care and Resource Mother: 58.9%

Postpartum Insurance Loss



Rates of Postpartum Coverage Loss Among Georgia Mothers by Prenatal Insurance Type (2017)



Recommendations



- 1. Improving access to prenatal care and education
 - What's Missing: Exploring and Responding to Gaps in Prenatal Education Across the State of Georgia
- 2. Increased education on importance of oral health and vaccinations during pregnancy
- 3. Extension of postpartum Medicaid coverage to one year postpartum
- 4. Improve breastfeeding education and support



Conclusions

Key Findings



- High national rankings
 - 6th highest in infant mortality
 - 4th highest in low birthweight
 - 5th highest in preterm birth
- 58% of pregnancy-related deaths in 2014 were preventable
- Consistent racial/ethnic disparities across indicators

Key Findings



- Breastfeeding frequency of initiation is slightly higher than the national average
 - Duration to the recommended six months of exclusive breastfeeding remains a challenge
- Rate of neonatal abstinence syndrome in Georgia has increased threefold from 2010

Working Groups



- Oral health
- Prenatal education
- Doula access
- P4HB
- Infant mortality

http://hmhbga.org/advocacy/working-groups/

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