



HEALTHY MOTHERS,
HEALTHY BABIES

Coalition of Georgia

2019 Annual Meeting & Conference

.....
OCTOBER 28-29, 2019
.....

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Healthy Mothers, Healthy Babies. In That Order.

Centering Mother's Voices in Maternal Care.

Planning for Healthy Babies: An Integrated Model

Theresa Jacobs, MD, FAAFP

**Healthy
Mom**

**Healthy
Baby**

Maternal Mortality Is Rising in the U.S. As It Declines Elsewhere

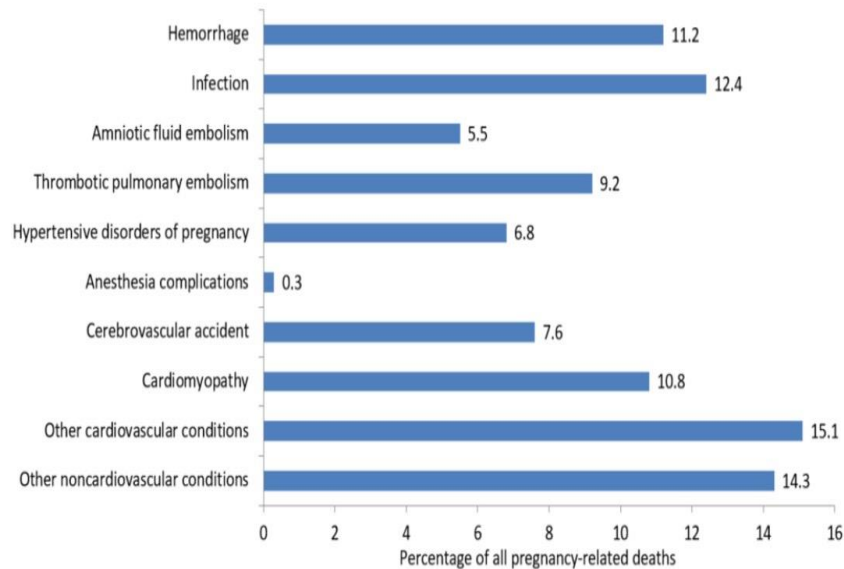
Deaths per 100,000 live births

Country	MMR (deaths per 100,000 live births)
United States	26.4
U.K	9.2
Portugal	9
Germany	9
France	7.8
Canada	7.3
Netherlands	6.7
Spain	5.6
Australia	5.5
Ireland	4.7
Sweden	4.4
Italy	4.2
Denmark	4.2
Finland	3.8

How does CDC define pregnancy-related deaths?

A pregnancy-related death is defined as the death of a woman while pregnant or within 1 year of the end of a pregnancy – regardless of the outcome, duration or site of the pregnancy—from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Causes of pregnancy-related death in the United States: 2011-2015



Note: The cause of death is unknown for 6.7% of all pregnancy-related deaths.

**While the
contribution of hemorrhage, hypertensive
disorders of pregnancy (i.e., preeclampsia
and eclampsia), and anesthesia
complications to pregnancy-related deaths
has declined**

**cardiovascular,
cerebrovascular accidents,
and other medical
conditions have
increased .**

Combined

cardiovascular conditions (i.e.,
cardiomyopathy, other cardiovascular
conditions, and cerebrovascular accidents)
were responsible for greater than **one-third**
of pregnancy related deaths in 2011–2015.

**Increasing number of
pregnant women in the United States
have
chronic health conditions such as
hypertension, diabetes, and chronic
heart disease.**

Diabetes

1 In 10 Georgians

Million+

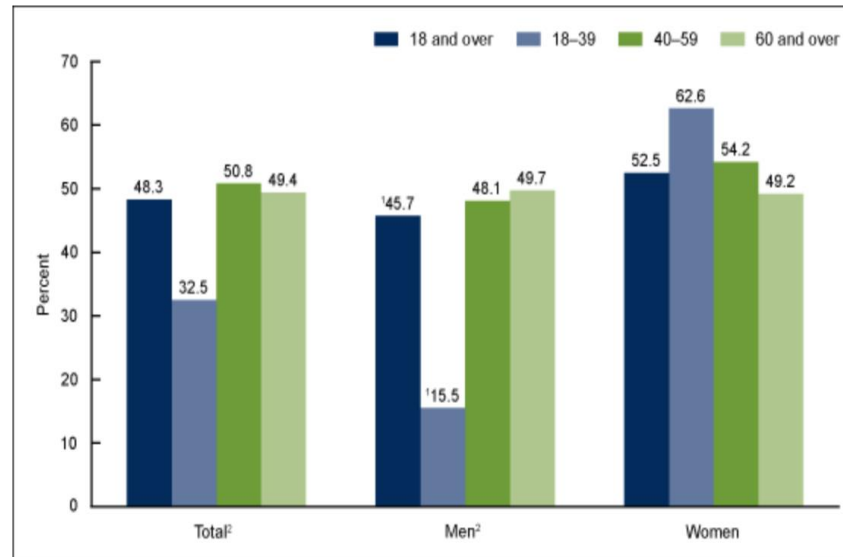
Diabetes Belt

Pre-diabetes

241,000 + Georgians
(known)

2 million (unknown)

Figure 3. Prevalence of controlled hypertension among adults with hypertension aged 18 and over, by sex and age: United States, 2015–2016



¹Men significantly different from women in the same age group.

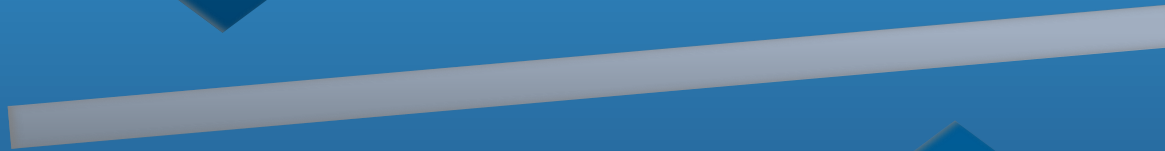
²Significant increasing trend by age.

NOTES: Estimates for age group 18 and over are age adjusted by the direct method using computed weights based on the subpopulation of persons with hypertension in the 2007–2008 National Health and Nutrition Examination Survey, using age groups 18–39, 40–59, and 60 and over. Crude estimates for age group 18 and over are 48.5%, total; 45.2%, men; and 51.6%, women. [Access data table for Figure 3](#) .

SOURCE: NCHS, National Health and Nutrition Examination Survey, 2015–2016.



**Healthy
Babies**



**Healthy
Moms**



One Model FQHC

Grants



Loans &
Scholarships



Data Warehouse



Training
H

+ share |

[Home](#) > Federally Qualified Health Centers

Federally Qualified Health Centers

Eligibility

Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.

Federally Qualified Health Centers may be Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing.

Georgia

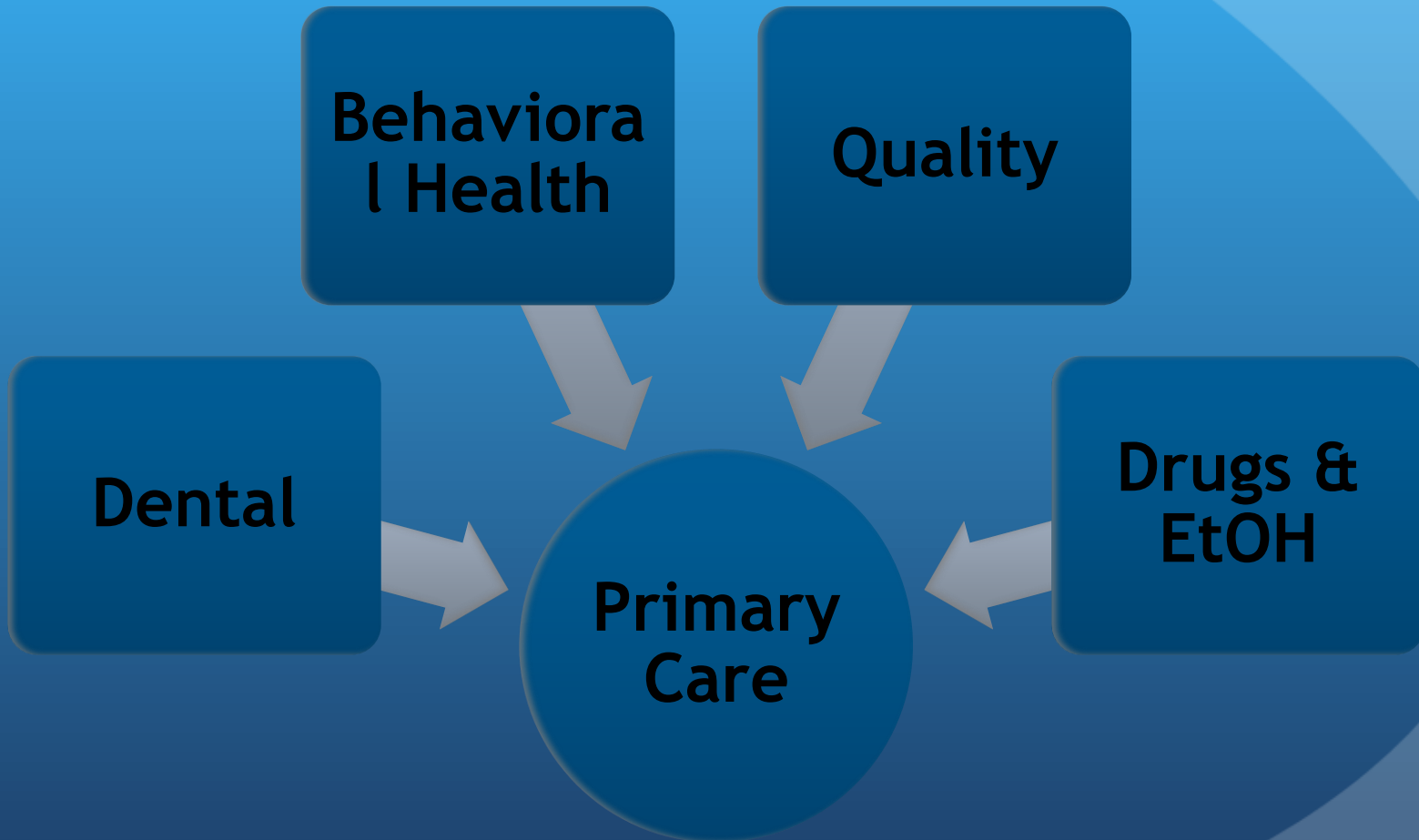
34 FQHC (29)

120/159 counties

225 clinical sites

500,000 patients

Integration



One Solution



**Family
Planning**

**Primary
Care**

Family Planning Services

- **Contraceptive and broader reproductive health services, including patient education and counseling**
- **Breast and pelvic examinations**
- **Breast and cervical cancer screening**
- **Sexually transmitted infection (STI) and human immunodeficiency virus (HIV)**
- **prevention education, counseling, testing, and referral**
- **Pregnancy diagnosis and counseling**

Team

Administration

EVERYBODY

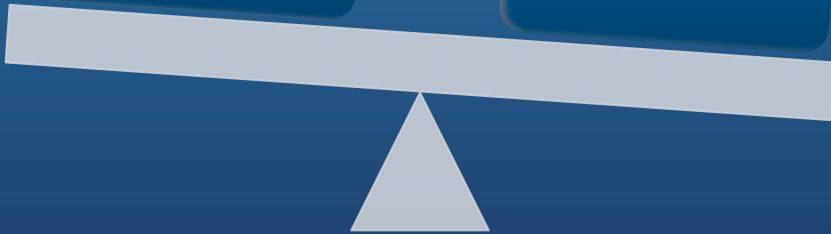
Providers

Appointments

Front Desk

Nursing staff

Educators



Family Planning Exclusion

Hysterectomy

Menopause

Ablation***

**Tubal
ligation***

Workflow

APPOINTMENTS

Specific

HTN

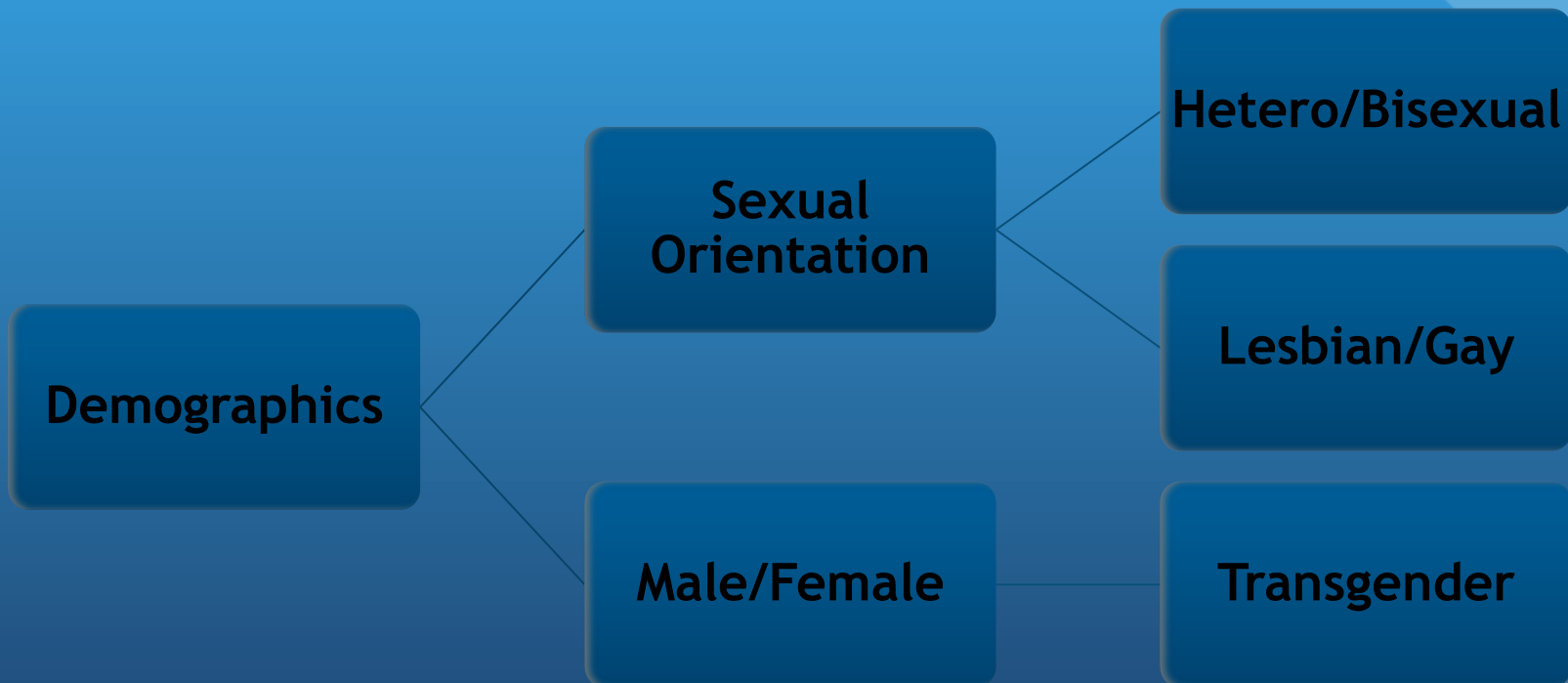
Asthma

ER/Hospital

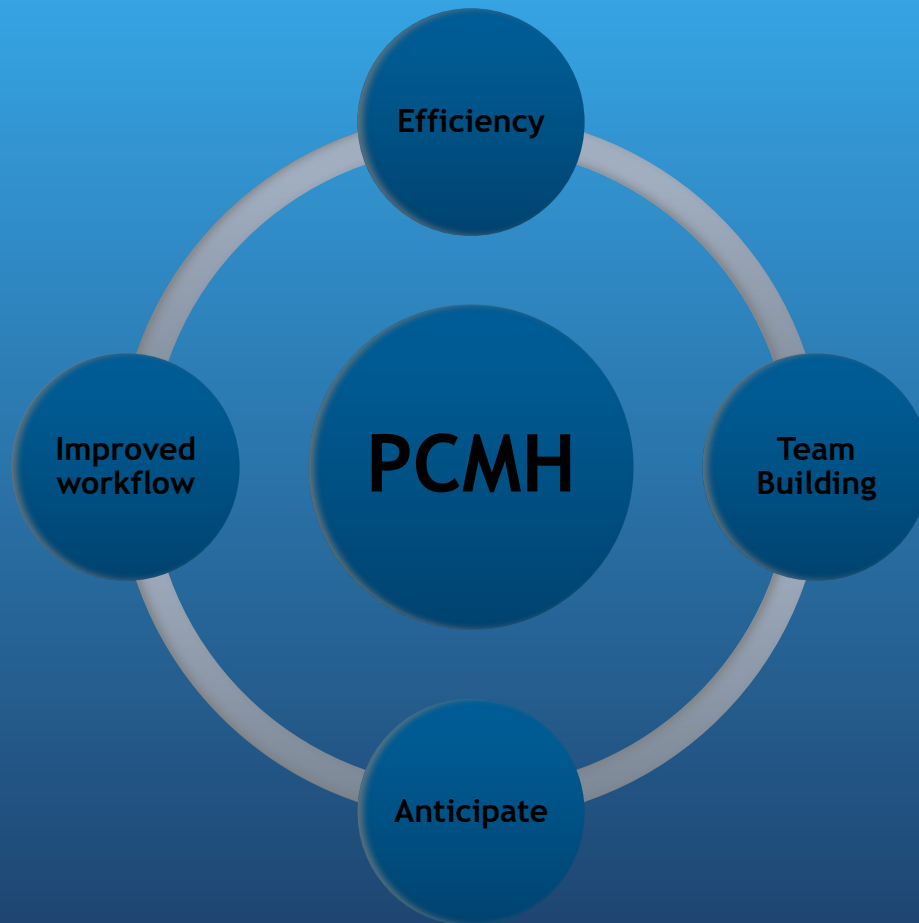
CPE/PAP

**Avoid F/u &
Check
up/med refill**

Front Desk



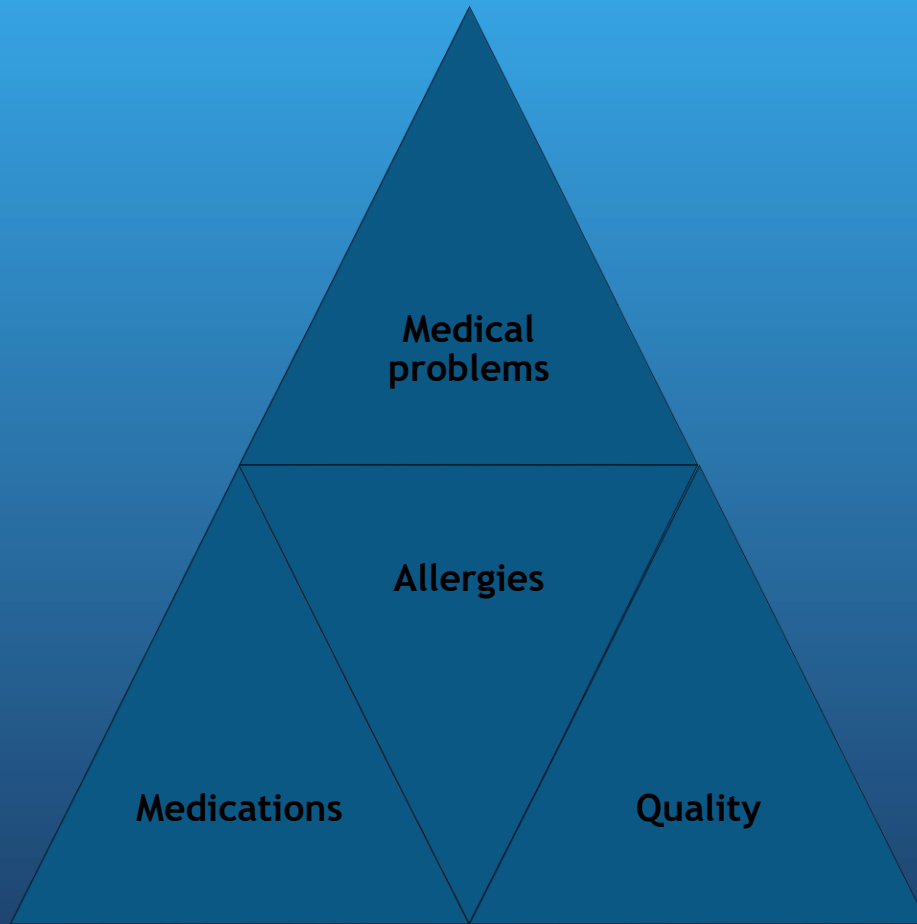
HUDDLE



Nursing Staff

History

History



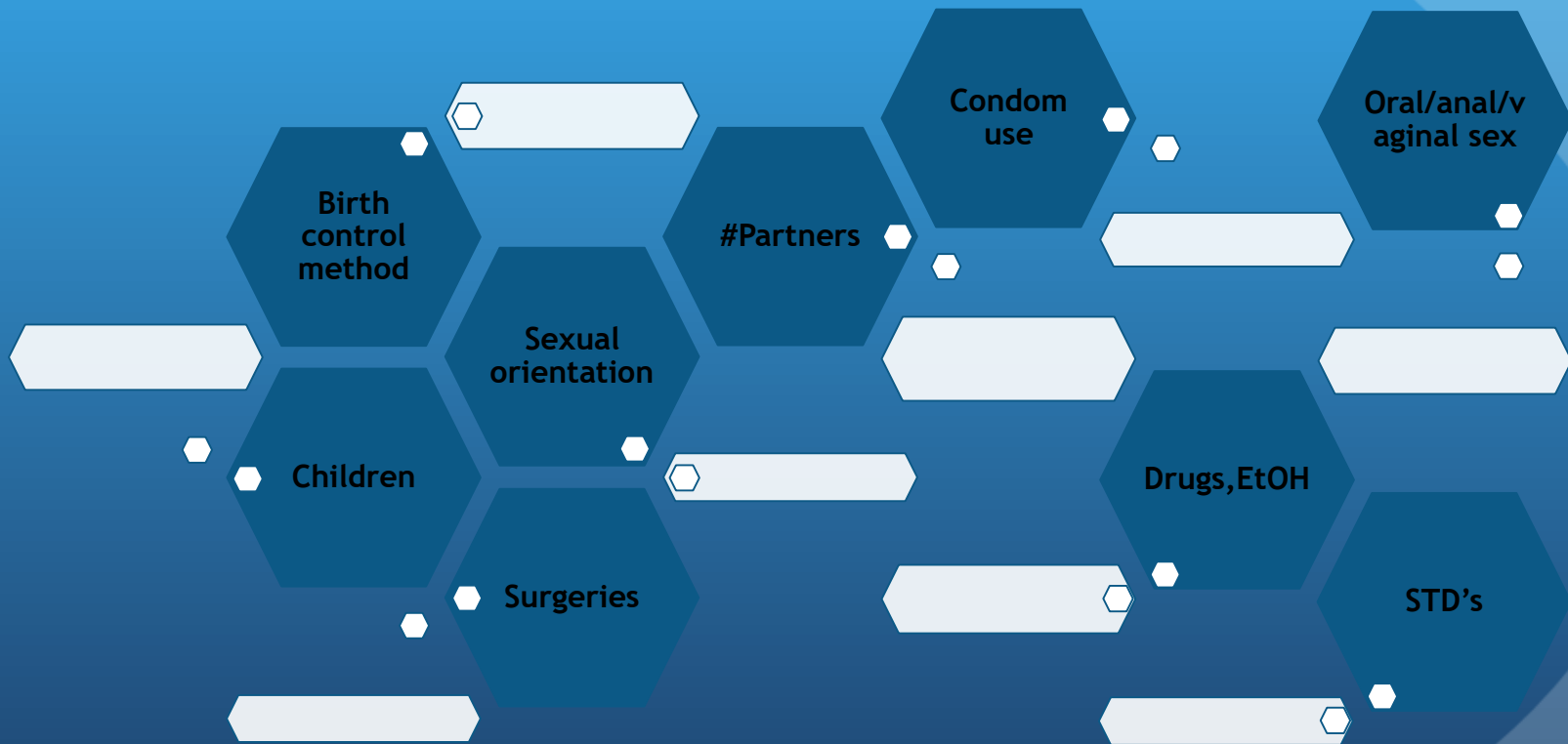
Family planning

What are doing to prevent pregnancy?

What's your plan for future pregnancies?

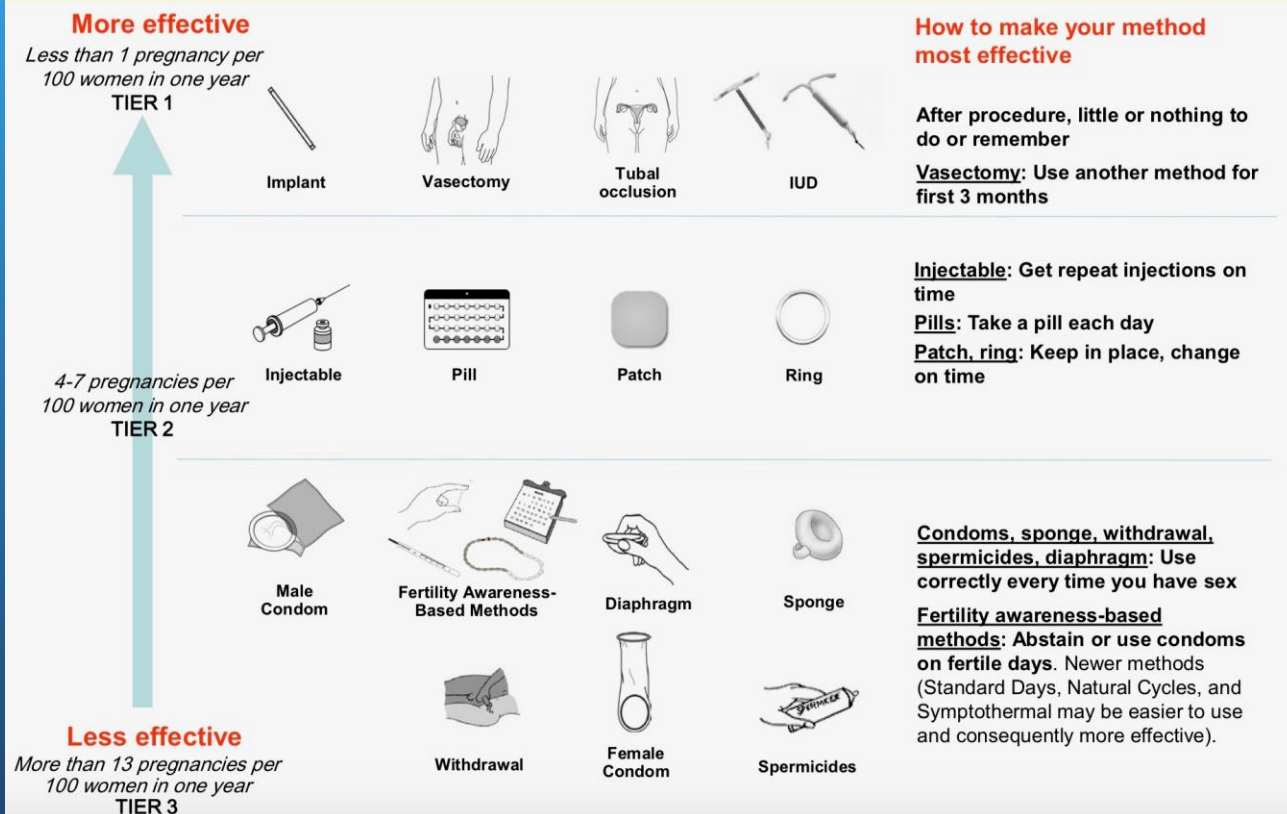
Are you planning on having a baby this year?

History



Methods

Figure 3-1 Comparing typical effectiveness of contraceptive methods



Case

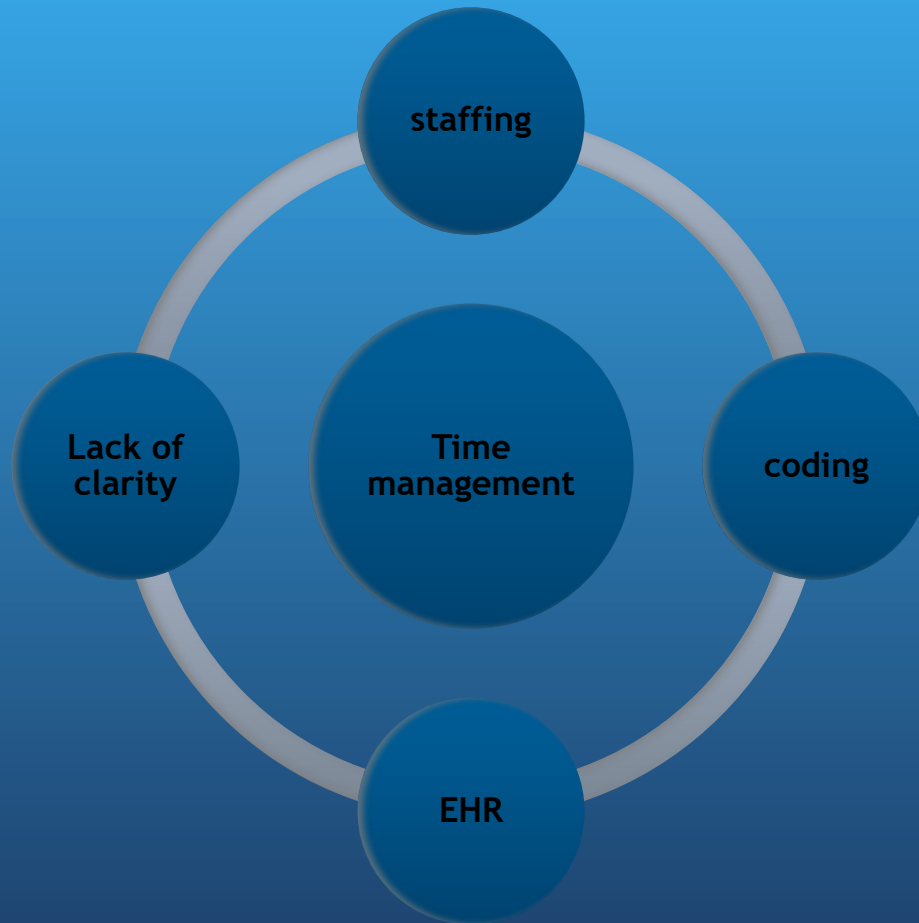
- 37 y.o. Female with HTN here for refills today, no other concerns
 - BP:170/100
 - R:14
 - T:98.6
 - BMI:25
 - LMP:7/18 Condoms Occ

Assessment/Plan

Assessment / Plan

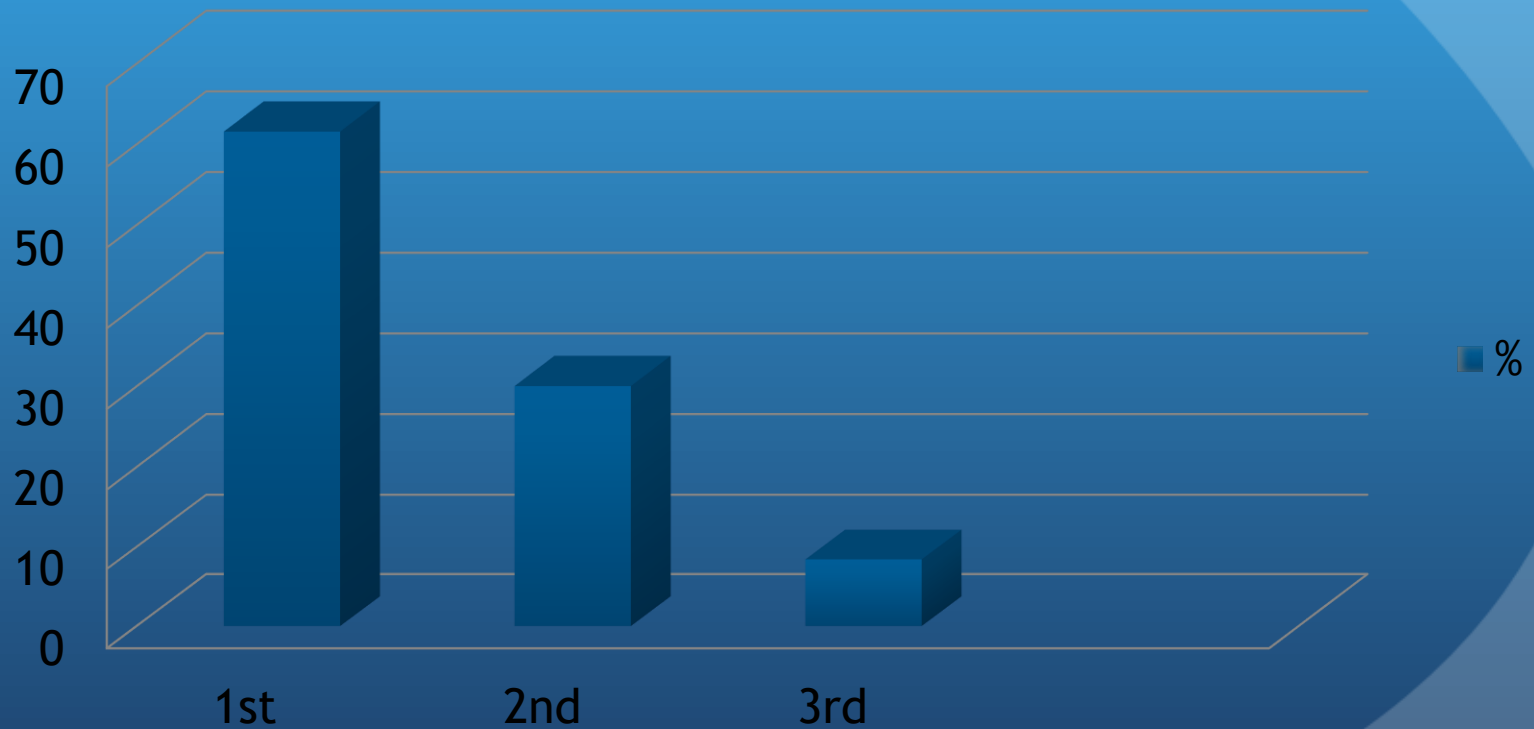
- 1. Essential hypertension** - Patient to keep blood pressure diary and bring to next visit. Diet and exercise was discussed. Discuss with patient will adjust medication as needed.
Emergency room precautions given. Patient voiced understand of plan. Follow sooner if needed.
I10: Essential (primary) hypertension
 - Blood Pressure Log - Handout: Blood Pressure Log
 - HIGH BLOOD PRESSURE: CARE INSTRUCTIONS
 - LEARNING ABOUT HIGH BLOOD PRESSURE
 - hydrochlorothiazide 25 mg tablet - Take 1 tablet(s) every day by oral route. Qty: 90 tablet(s) Refills: 1 Pharmacy: CVS/PHARMACY #4695
- 2. Family planning education** - Discussed with patient's satisfaction with current contraception method. Patient voices no concerns and desires to continue current method, discussed safe sex practices and proper usage of barrier method with each sexual encounter partners to prevent STD/HIV transmission; patient decline condoms. Patient voiced an understanding of instructions.
Z30.02: Counseling and instruction in natural family planning to avoid pregnancy
 - Condoms-Prem Lubricated - use as directed Dispensed. Dispense Qty: 10 device(s)
- 3. Body mass index 25-29 - overweight**
Z68.25: Body mass index (BMI) 25.0-25.9, adult
- 4. Dietary management surveillance** - Low salt diet Avoid fast foods Avoid fried foods Increase vegetable and fruit intake with a goal of 5 servings a day Increase your water intake to at least 64 ounces (8 glasses) a day
Z71.3: Dietary counseling and surveillance
 - EATING HEALTHY FOODS: CARE INSTRUCTIONS
 - LEARNING ABOUT DIETARY GUIDELINES
- 5. Exercises education, guidance, and counseling** - Maintain a regular fitness plan Exercise 5 times a week for at least 30 minutes at a time Remain hydrated throughout your workout Include weight training 2 times a week If there is a history of heart or lung disease or joint or back problem, check with your provider first
Z71.89: Other specified counseling
Z72.3: Lack of physical exercise
 - A HEALTHY HEART: CARE INSTRUCTIONS

Possible Challenges



Preliminary Results

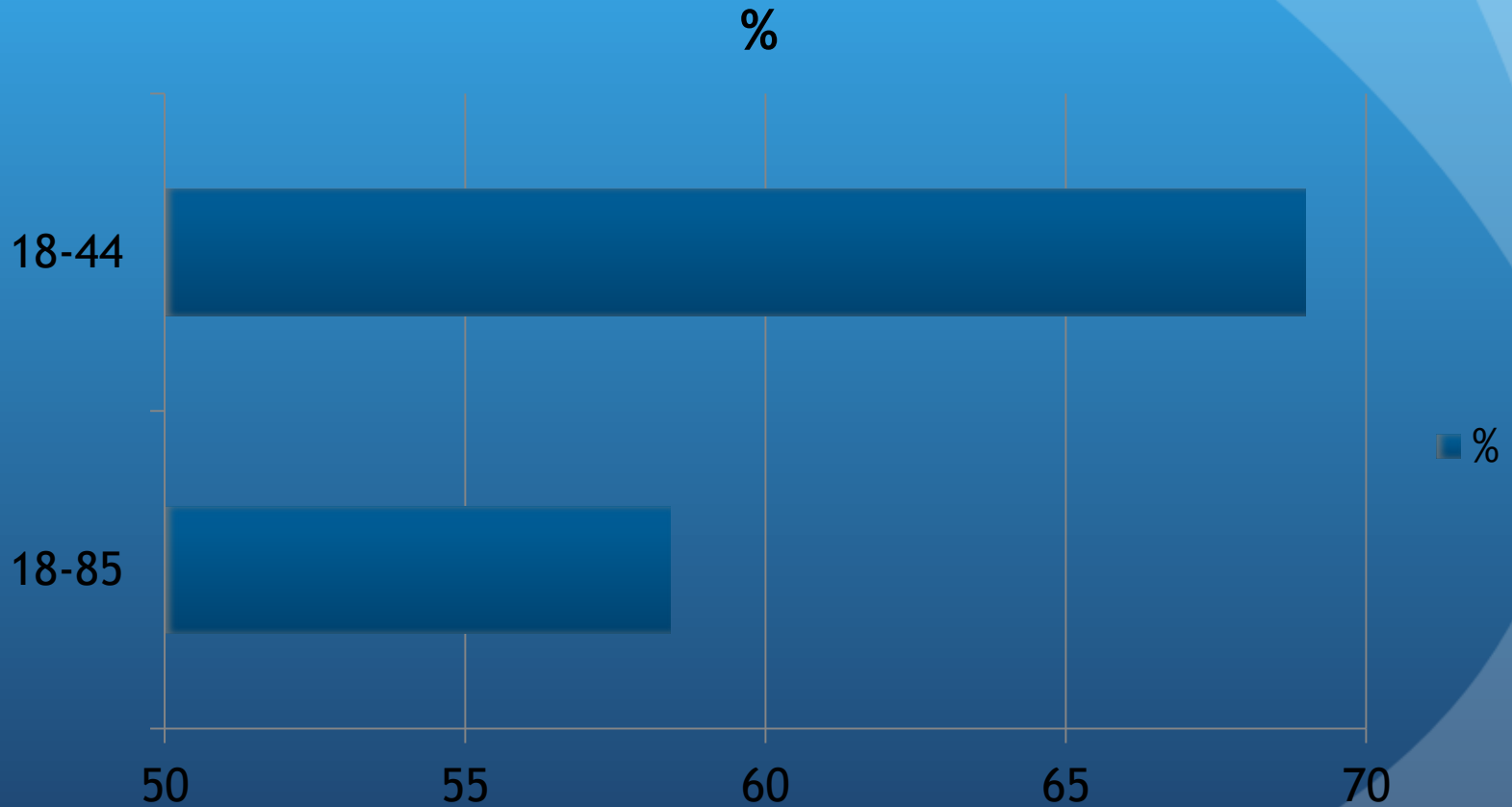
Trimester



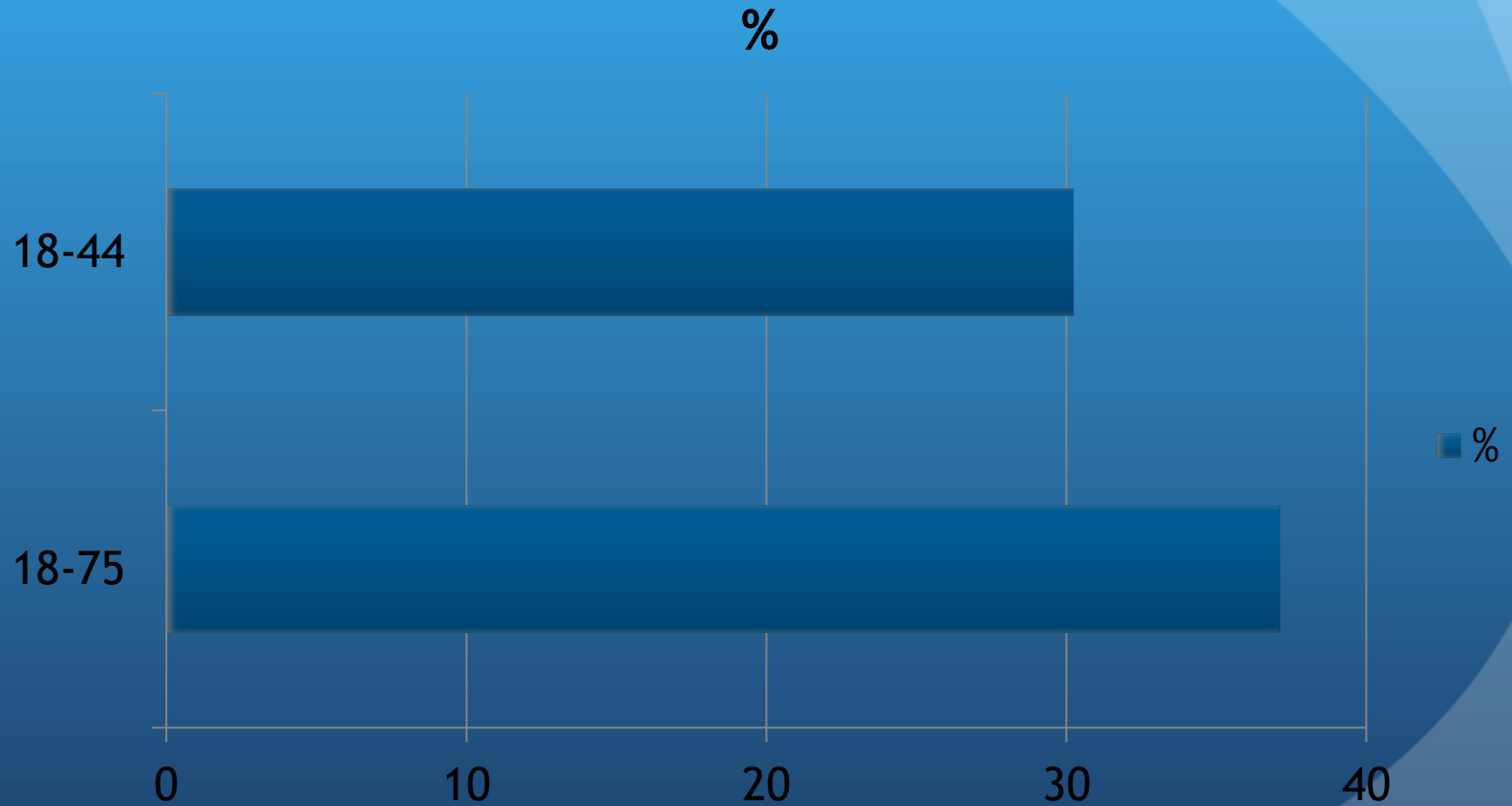
Low/ Very Low Birth weights

11.5%

Hypertension Controlled



Diabetes A1c uncontrolled





GEORGIA CAMPAIGN FOR
ADOLESCENT POWER & POTENTIAL
Education • Prevention • Action
For Adolescent Health



MS PARENTS' S.O.S.! ABOUT US SUPPORT US NEWS & EVENTS

Georgia Teen Pregnancy Rates Hit Historic Low

GEORGIA TEEN PREGNANCY RATES HIT HISTORIC LOW

Georgia has the second highest decline in the country

Teen Pregnancy Decline

Waiting to have sex

Fewer sexual partners

Contraception

Pending

Maternal
Mortality

6 weeks PP

HIV testing

Postpartum
contraception

Infant
Mortality

PrEP

Chlamydia

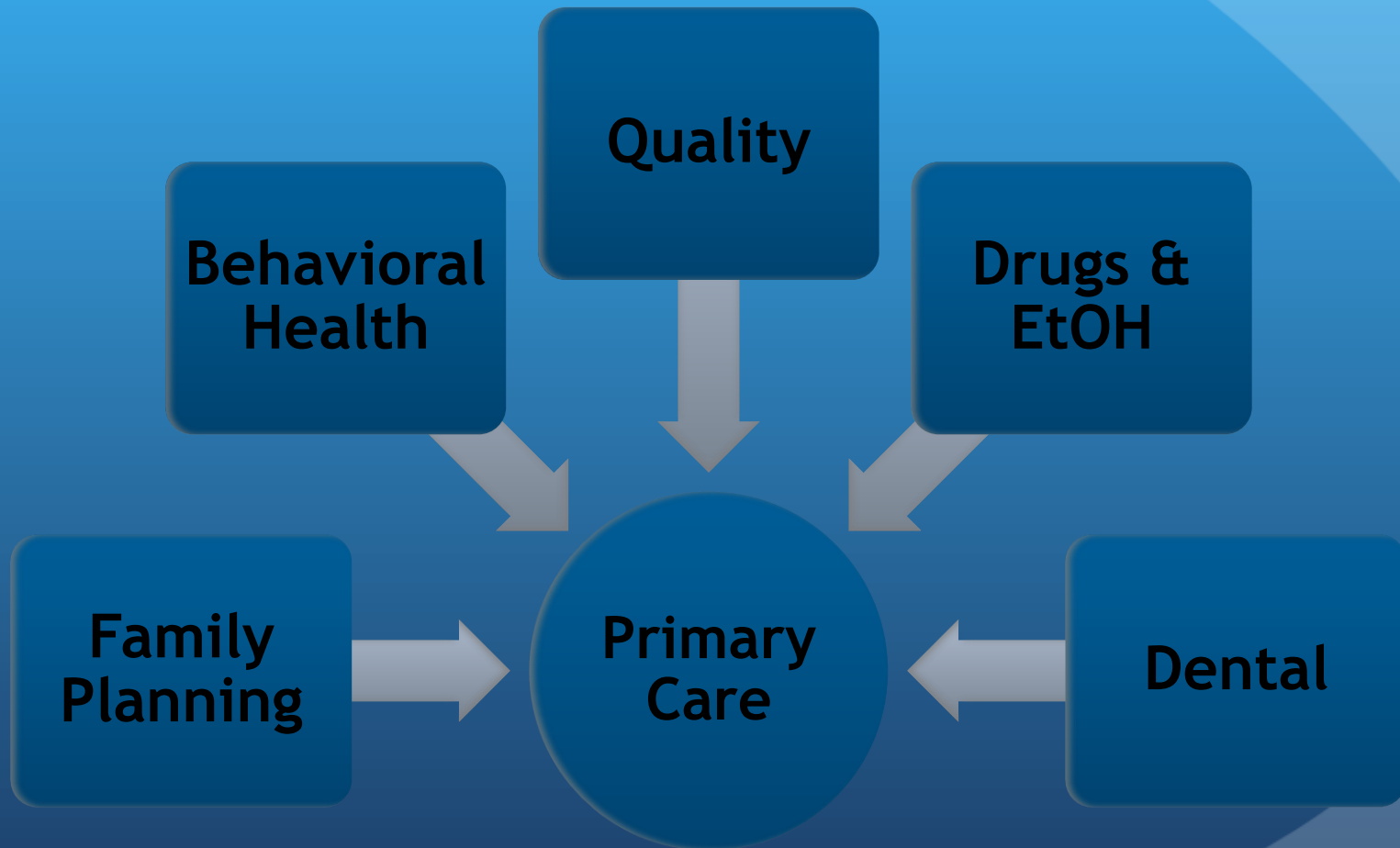
Integration



**Family
Planning**

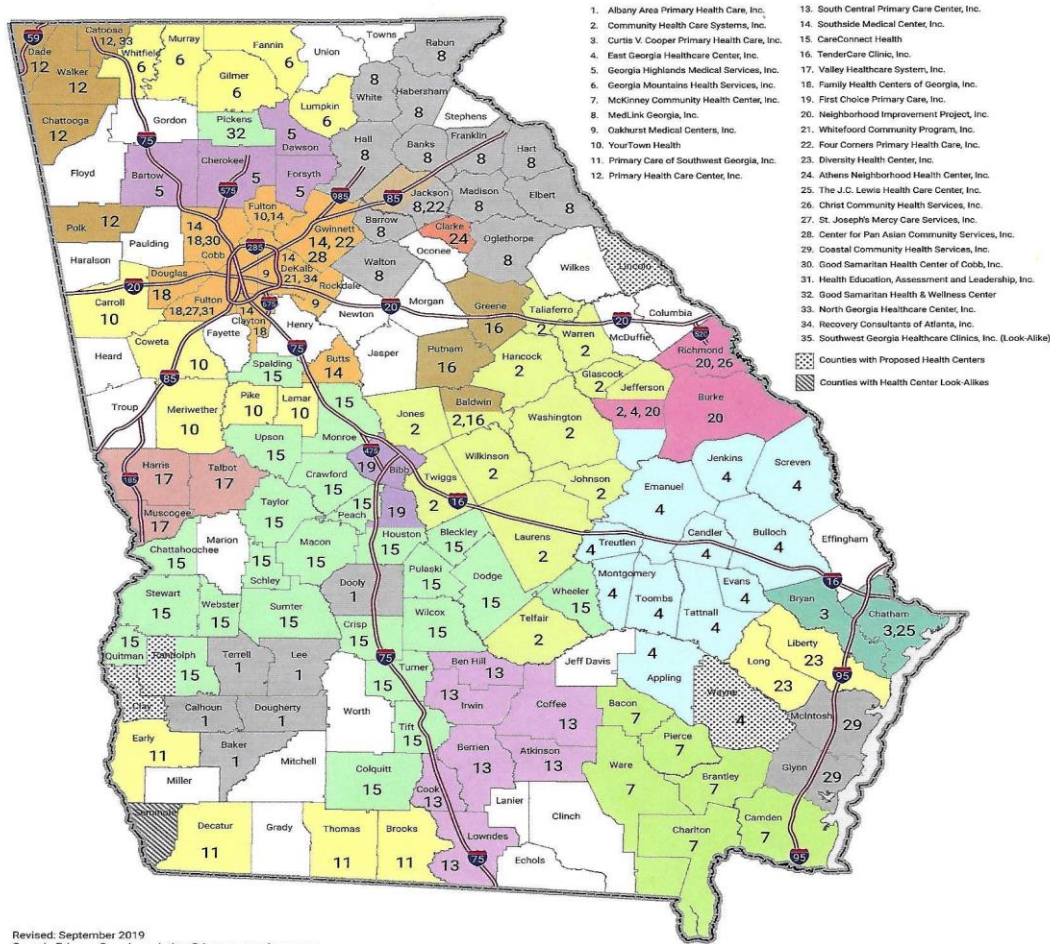
**Primary
Care**

Integration





Counties Served by Community Health Centers



QUESTIONS??