



## Maternal and Infant Mortality: What Does the Data Tell Us and What Can We do?

hosted by the Co-chairs of the **Black Maternal Health Caucus**,  
CONGRESSWOMEN **LAUREN UNDERWOOD** AND **ALMA S. ADAMS, PH.D.**

Tuesday, November 19, 2019  
10:15 – 11:15 am  
121 Cannon House Office Building

## A MATERNAL AND INFANT HEALTH CRISIS

- The health of moms and babies are interconnected.
- Rates of preterm birth, maternal death, and severe pregnancy complications are increasing.
- Significant racial disparities exist in maternal and infant health outcomes.



# TRENDS IN MATERNAL MORTALITY

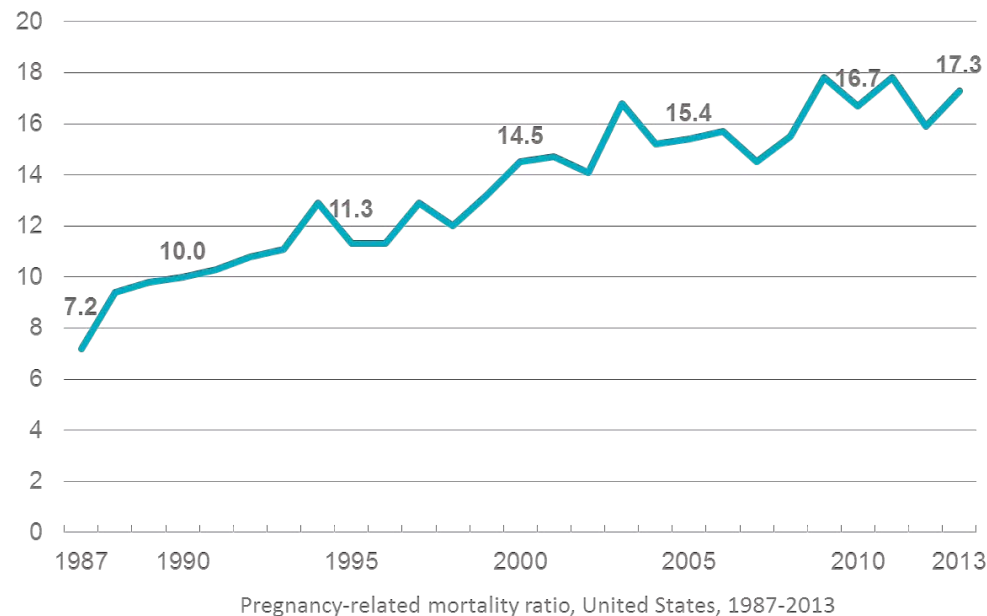
**Pregnancy-related death has more than doubled over the past 25 years.**

**700 women die due to pregnancy-related complications each year. More than half of these deaths is preventable.**

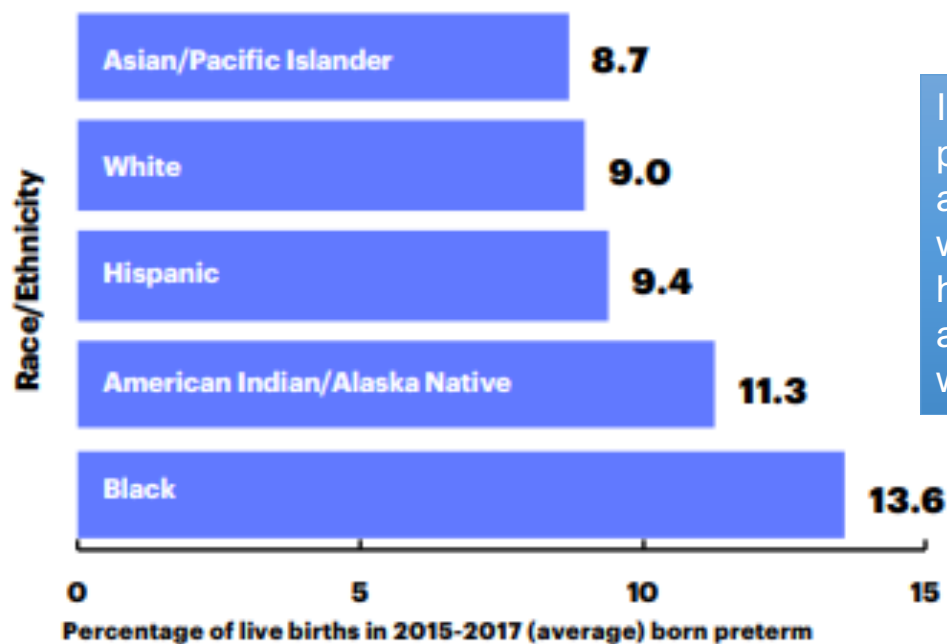
**Black women are three times more likely to die as a result of pregnancy than white women.**

**50,000 women have life-threatening complications from labor and delivery.**

**The U.S. has the highest maternal mortality rate of any industrialized country, and it continues to rise.**



## SIGNIFICANT DISPARITIES EXIST IN PRETERM BIRTH RATES BETWEEN DIFFERENT RACIAL/ETHNIC GROUPS



In the U.S., the preterm birth rate among Black women is 49% higher than the rate among all other women.

# WHAT CAN WE DO TO BEST PROTECT MOMS AND BABIES?

- Our speakers will talk about some of the actions being taken and debated at the federal, state, and community levels to best support moms and babies
- Many of these include ensuring comprehensive health care coverage pre- and post-partum for women and babies through Medicaid, CHIP, and private coverage

55%

of moms who were insured by Medicaid for their delivery were uninsured 6 months after giving birth.

The decline of infant mortality rates is 50% greater in Medicaid expansion states v. non-expansion states, includes [a significant reduction in racial disparities](#).

50%

2X

The uninsured rate for women of childbearing age is nearly two times higher in Medicaid expansion states v. non-expansion states.



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CONGRESSWOMEN [LAUREN UNDERWOOD](#) AND [ALMA S. ADAMS, PH.D.](#)

### *Panelists:*

**Rachel Hardeman**, PhD, MPH, Assistant Professor, Division of Health Policy and Management, University of Minnesota School of Public Health

**Charleta Guillory**, M.D., M.P.H., F.A.A.P., Baylor College of Medicine, Texas Children's Hospital

**Usha Ranji**, M.S., Associate Director, Women's Health Policy, Kaiser Family Foundation

**Kelsie Landers**, LMSW, Policy and Advocacy Director, EverThrive Illinois

# Maternal and Infant Health Inequities: Getting at the Root Cause

Rachel R. Hardeman PhD, MPH

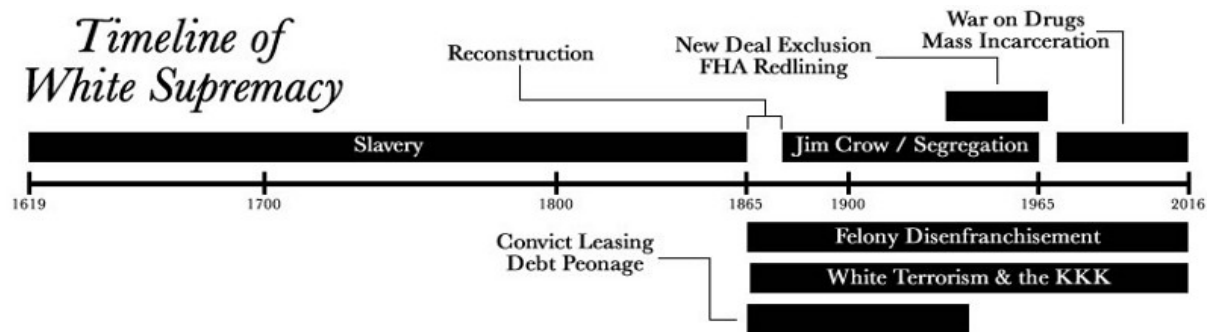
Assistant Professor, Division of Health Policy & Management

# 400 Years of Inequality

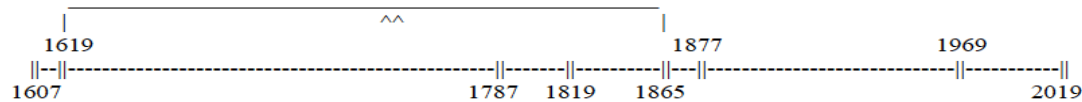




# White supremacy shaped America

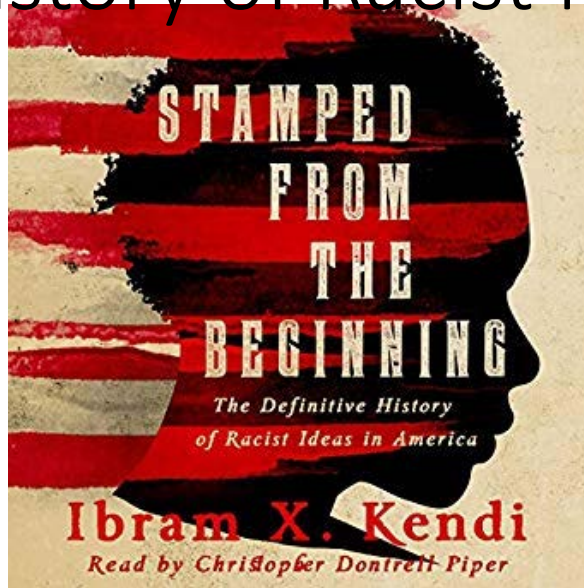


## BLACK ENSLAVEMENT, ABOUT 60% OF THIS COUNTRY'S HISTORY



## JIM CROW, ABOUT 22 % OF OUR HISTORY

# A History of Racist Ideas



# Infant Mortality

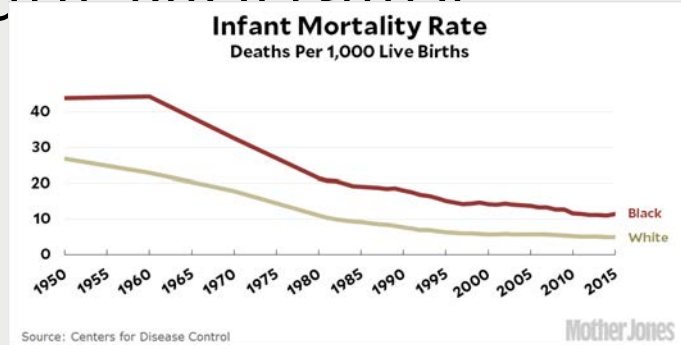


FIGURE 2  
Infant mortality rates in select countries and the United States

■ Total infant deaths per 1,000 live births

All U.S. mothers

6

U.S. non-Hispanic white mothers

4.8

U.S. African American mothers

11.7

Mothers in high-income countries

5

Mothers in upper-middle-income countries

12

Sources: Sherry L. Murphy and others, "Deaths: Final Data for 2015" (Atlanta: Centers for Disease Control and Prevention, 2017), available at [https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66\\_06.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_06.pdf); The World Bank, "Mortality rate, infant (per 1,000 live births)," available at <https://data.worldbank.org/indicator/SP.DYN.IMR.IN?end=2015&start=2013> (last accessed January 2018).

CAP

# Maternal Mortality

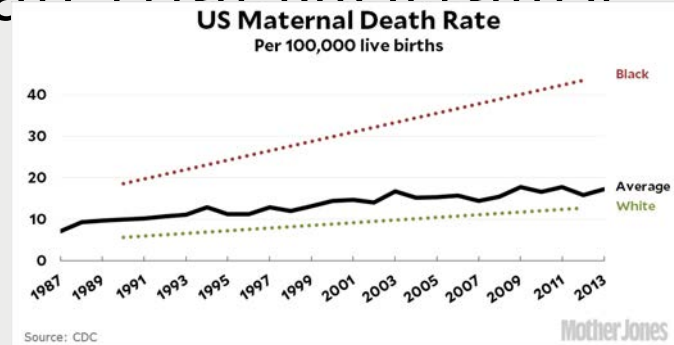


FIGURE 1  
Maternal mortality rates in select countries and the United States

■ Total maternal deaths per 100,000 live births

All U.S. mothers

14

U.S. non-Hispanic white mothers

12.7

U.S. African American mothers

43.5

Mothers in high-income countries

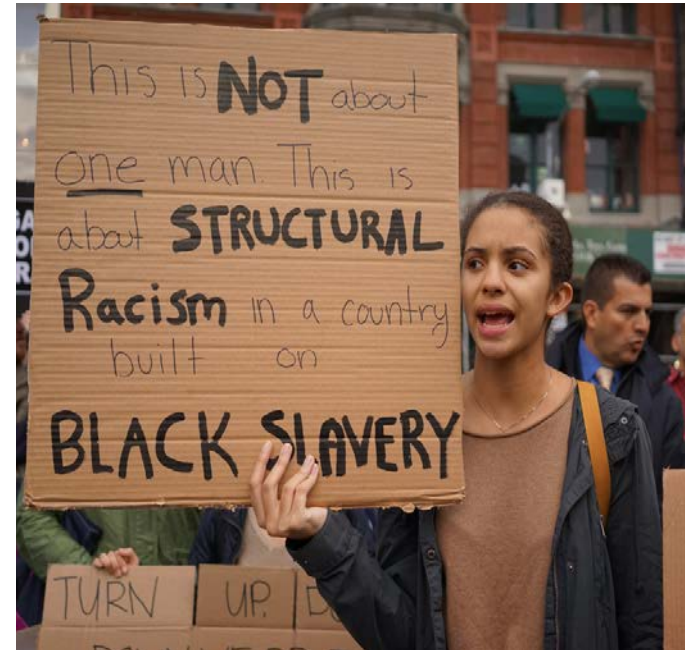
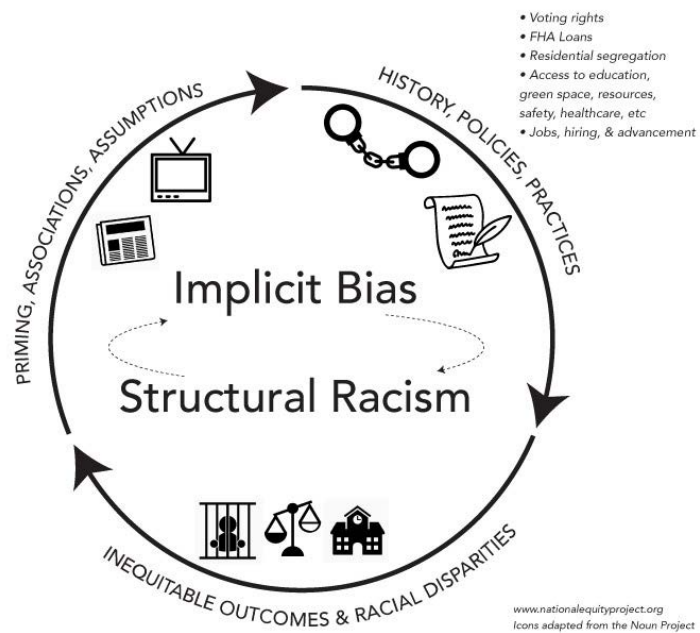
10

Mothers in upper-middle-income countries

44

Sources: Centers for Disease Control and Prevention, "Pregnancy Mortality Surveillance System," 2011–2013 data, available at <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html> (last accessed January 2018); The World Bank, "Maternal mortality ratio (modeled estimate, per 100,000 live births)," 2011–2013 data, available at [https://data.worldbank.org/indicator/SH.STA.MMRT?end=2013&start=2011&year\\_high\\_desc=false](https://data.worldbank.org/indicator/SH.STA.MMRT?end=2013&start=2011&year_high_desc=false) (last accessed January 2018).

CAP



# Manifestations of Structural Racism









# Thank You.

Rachel R. Hardeman PhD, MPH

hard0222@umn.edu

Dr.Rhardeman@gmail.com

Learn More: [RachelHardeman.com](http://RachelHardeman.com).







# Maternal and Infant Mortality: What Does the Data Tell Us and What Can We Do?

Congressional Briefing  
November 19, 2019



**Charleta Guillory, MD, MPH, FAAP**

**Associate Professor of Pediatrics**

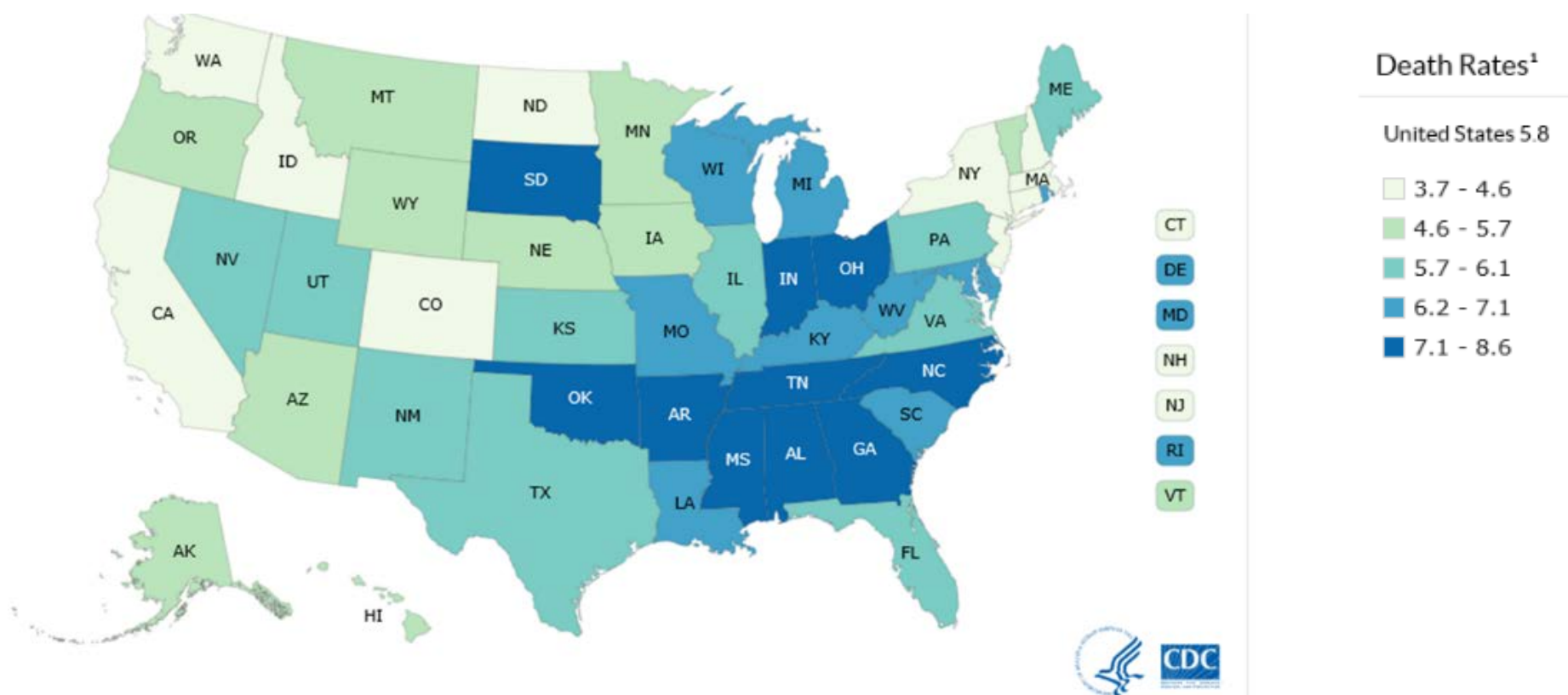
**Baylor College of Medicine**

**Director of Neonatal-Perinatal Public Health Program**

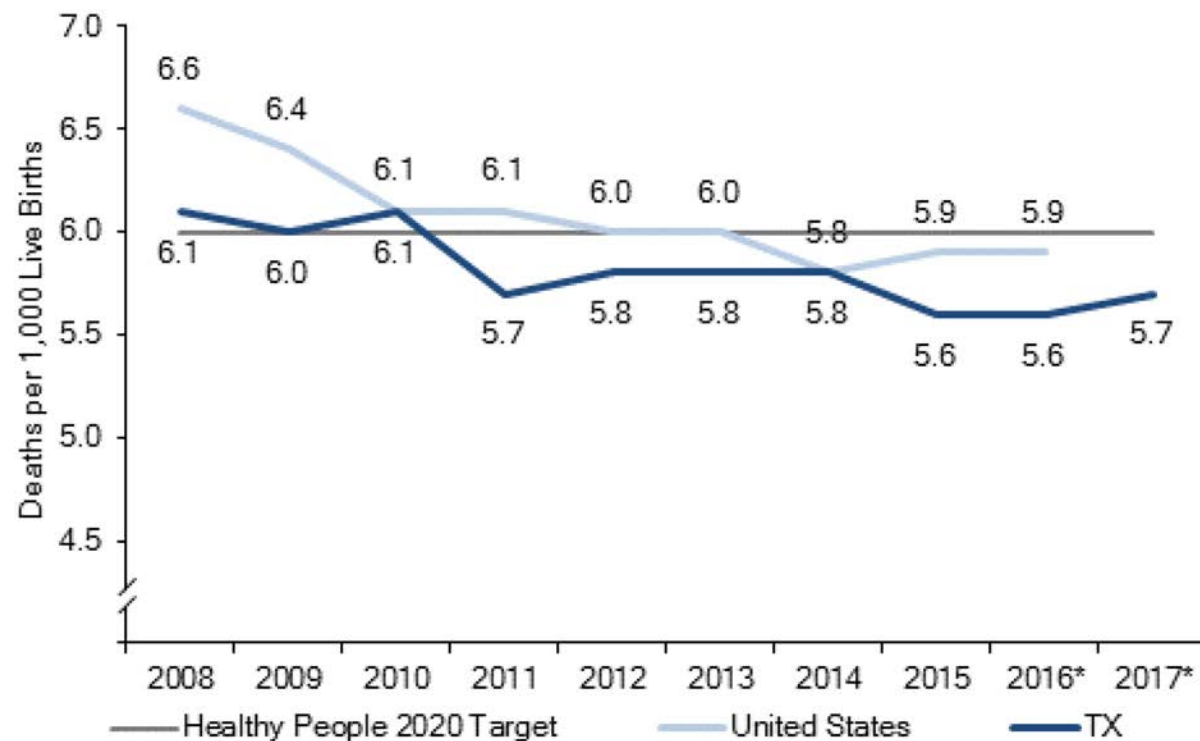
**Texas Children's Hospital**

**Robert Wood Johnson Health Policy Fellow**

# Infant Mortality Rates by State, 2017



## Infant Mortality Rate in Texas and the US, 2008-2017

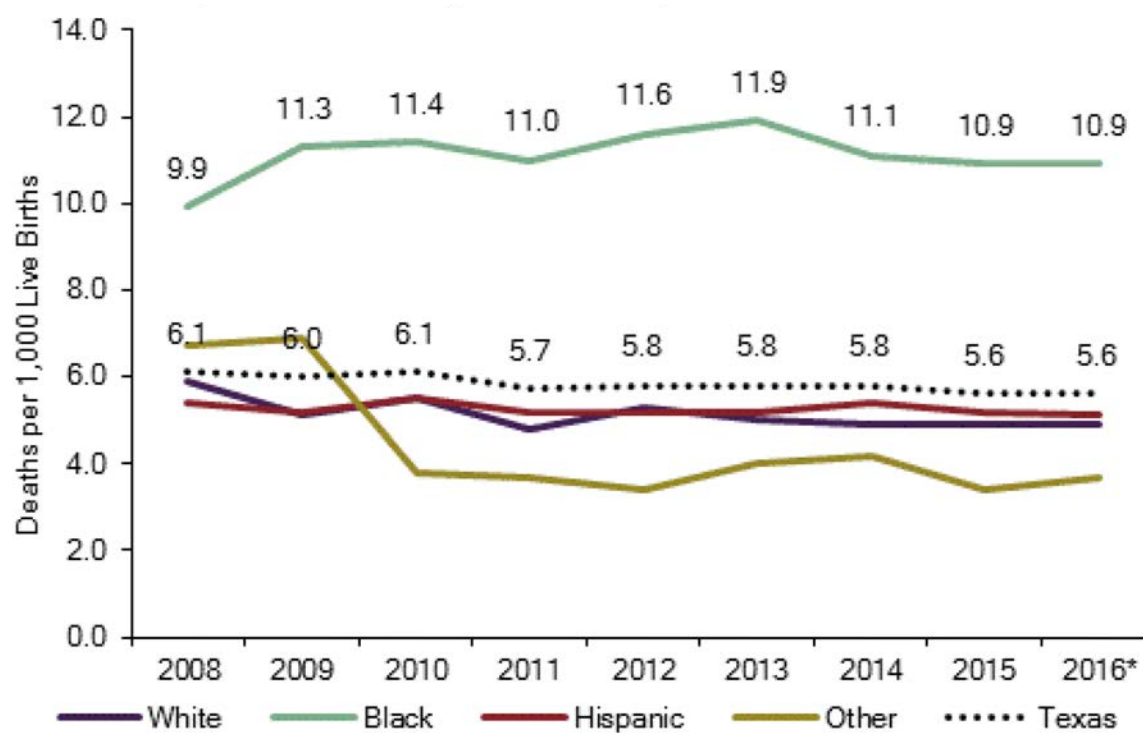


\*2016 and 2017 data are provisional

Source: 2008-2017 Texas Birth and Death Files, National Center for Health Statistics

Prepared by: Texas Department of State Health Services, Maternal & Child Health Epidemiology Unit, October 2018

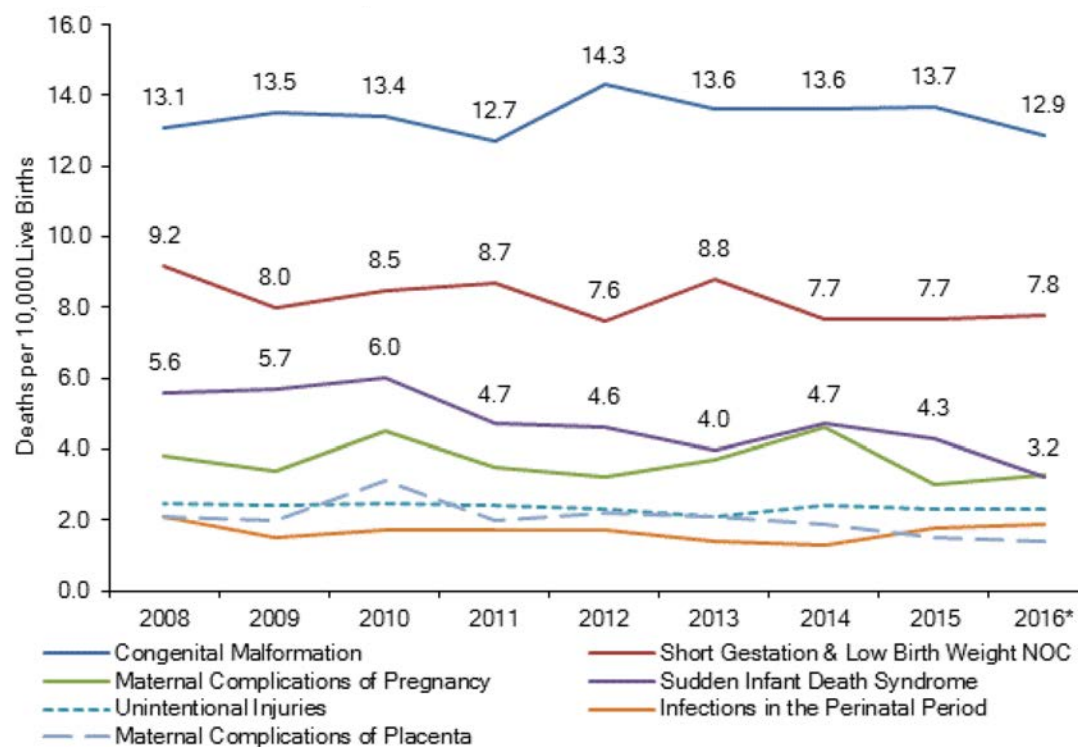
## Infant Mortality Rate in Texas by Race/Ethnicity, 2008-2016



\*2016 data are provisional

Source: 2008-2016 Death and Birth Files Prepared by: Texas Department of State Health Services, Maternal & Child Health Epidemiology Unit, October 2018

## Leading Causes of Infant Death, 2008-2016

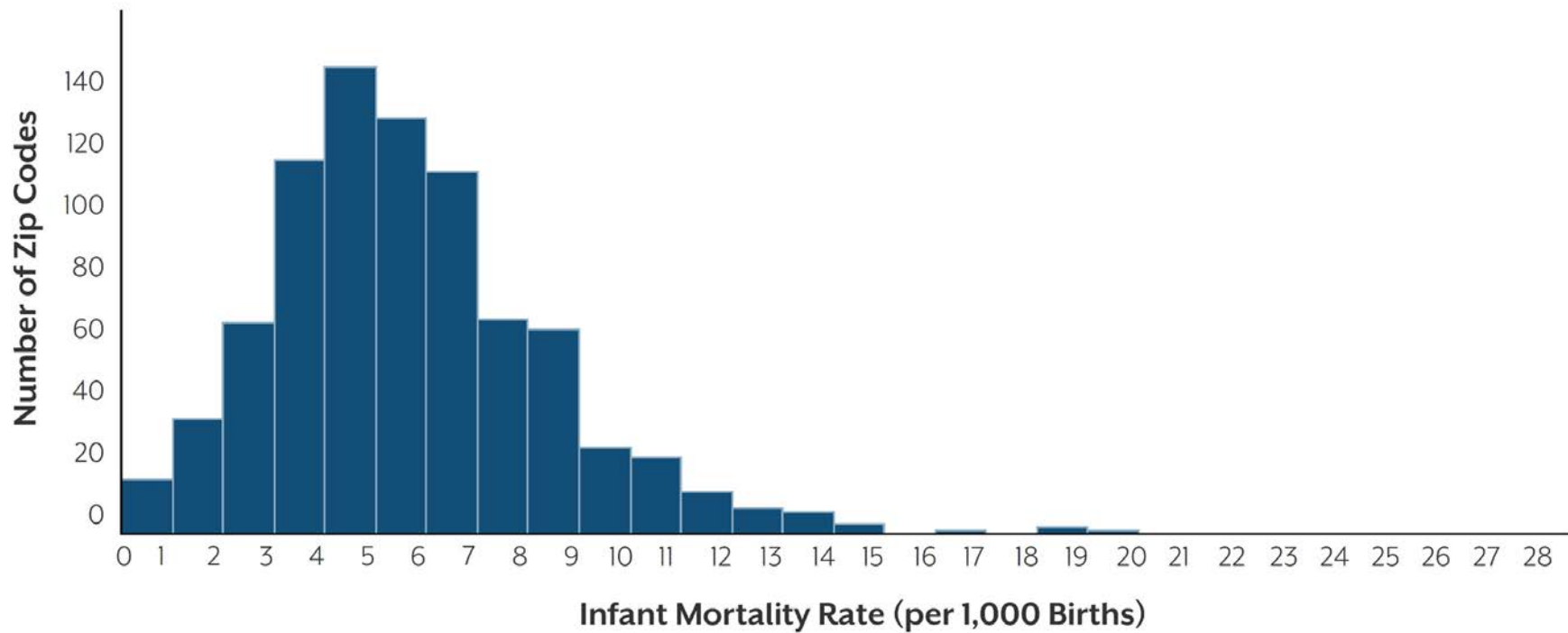


\*2016 data are provisional

NOC: Not otherwise Classified

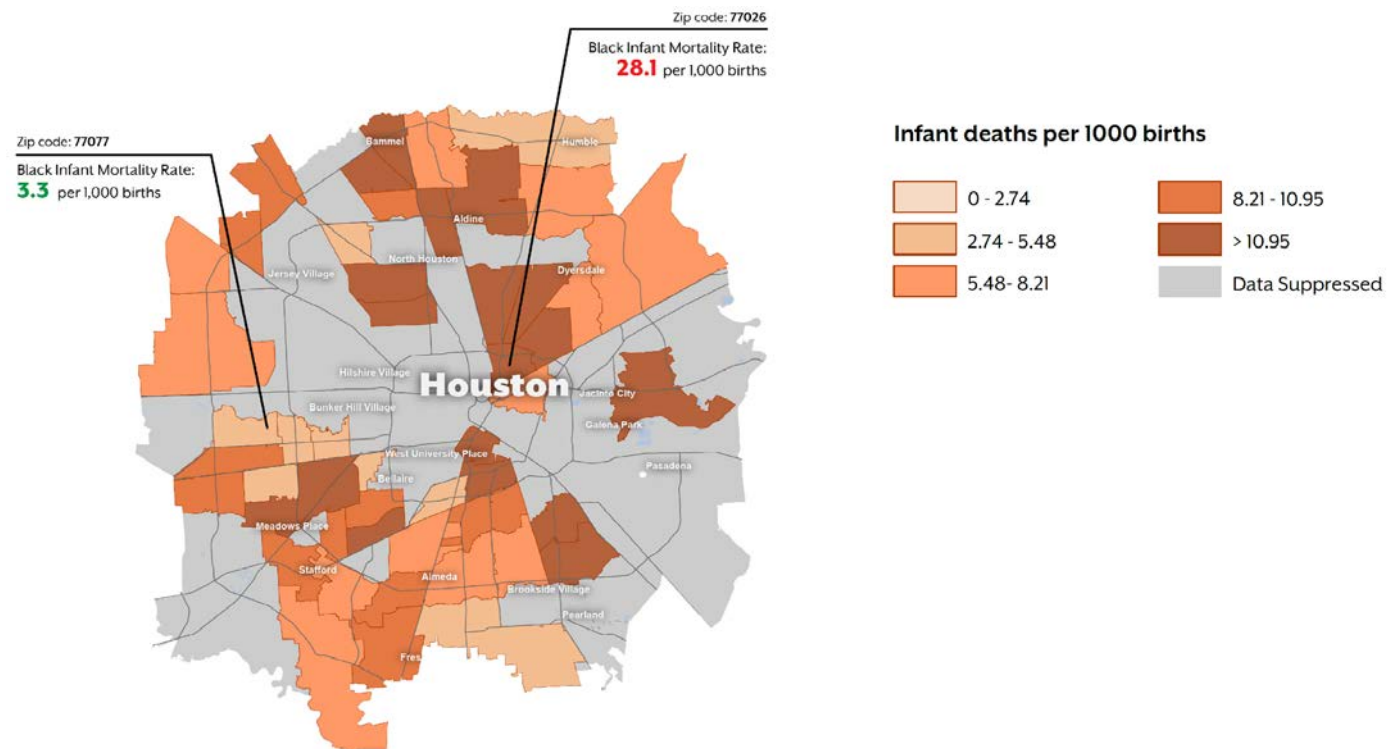
Source: 2008-2016 Death and Birth Files Prepared by: Texas Department of State Health Services, Maternal & Child Health Epidemiology Unit, October 2018

# Texas Infant Mortality By Zip Codes



Nehme E, Mandell D, Oppenheimer D, Karimifar M, Elerian N, Lakey D. (2018) Infant Mortality in Communities Across Texas. Austin, TX: University of Texas Health Science Center at Tyler/University of Texas System.

## Black Infant Mortality Rate By Zip Codes -Houston, TX



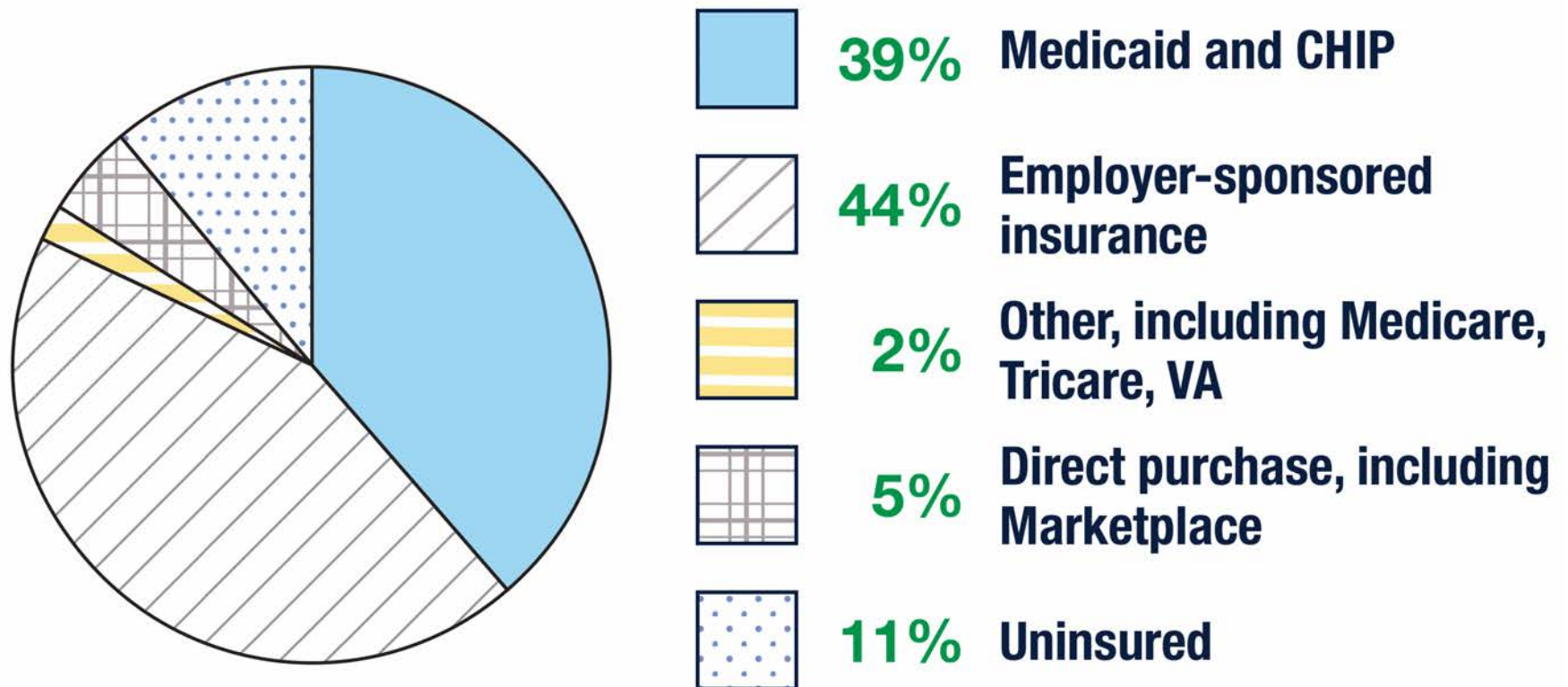
Nehme E, Mandell D, Oppenheimer D, Karimifar M, Elerian N, Lakey D. (2018) Infant Mortality in Communities Across Texas. Austin, TX: University of Texas Health Science Center at Tyler/University of Texas System.

## Maternal Mortality – Trickle Down Theory

- Pregnancy related complications are closely tied to infant deaths.
- Maternal mortality increased the risk of delivering a premature infant.
- When a women experiences a maternal death, her infant is more likely to have a trajectory far worse compared to those who survived.



## Medicaid Costs-Children's Coverage in Texas



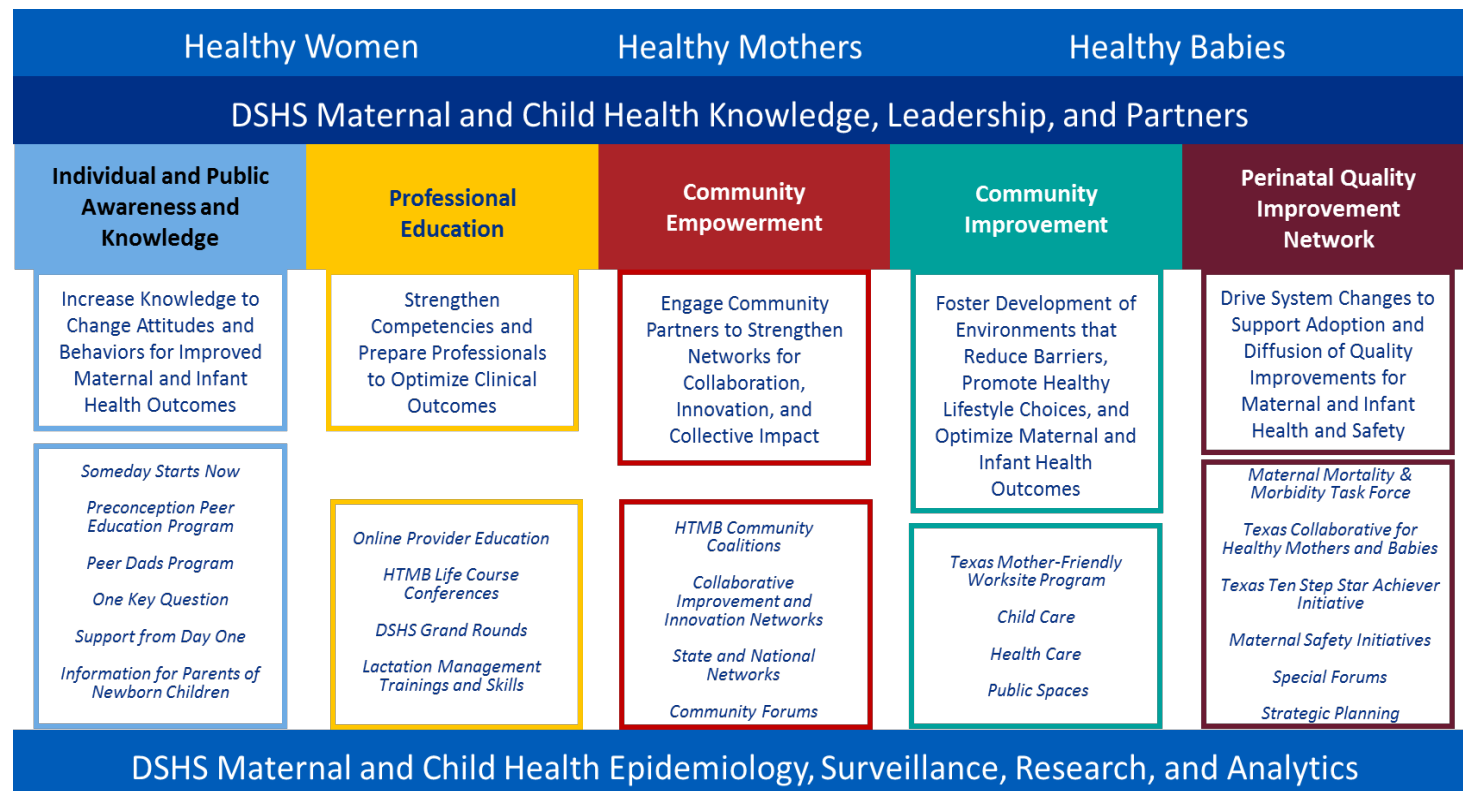
## Medicaid Costs

- In 2017, the number of uninsured children increased for the first time in a decade, **276,000** more US children became uninsured, including **83,000** in Texas
- In 2018, the number of children enrolled in Medicaid and CHIP fell by about **840,000** nationwide, including **145,781** in Texas.

## Medicaid Costs

- **~54% of all Texas births (204,000) paid by Medicaid**
- **\$3.5 billion per year in birth and delivery-related services for moms and infants through first year**
  - >67% of Medicaid costs for hospitalized newborns tied to billing codes for prematurity
- **Newborn costs (1<sup>st</sup> year)**
  - Preterm infant: \$100,000
  - Term infant: \$572

# Texas Solutions



Source: Texas Health and Human Services and Texas Department of State Health Services

# Individual Solutions

- **STOP**

**BLAMING THE VICTIM**

**DENYING IMPLICIT BIAS REGARDING GENDER,  
SOCIOECONOMIC STATUS AND RACE**

- **LOOK**

**PATIENTS IN THE EYES  
FOR OPPORTUNITIES TO EMPOWER  
FOR EVIDENCE BASED BEST PRACTICES**

- **LISTEN**

**WITHOUT JUDGEMENT  
WITH EMPATHY**

# Thank You

As we challenge ourselves to improve the health of our nation

– standing with mothers and babies

# *Medicaid's Role for Pregnancy-Related Care*

Usha Ranji, M.S.

Associate Director, Women's Health Policy, KFF

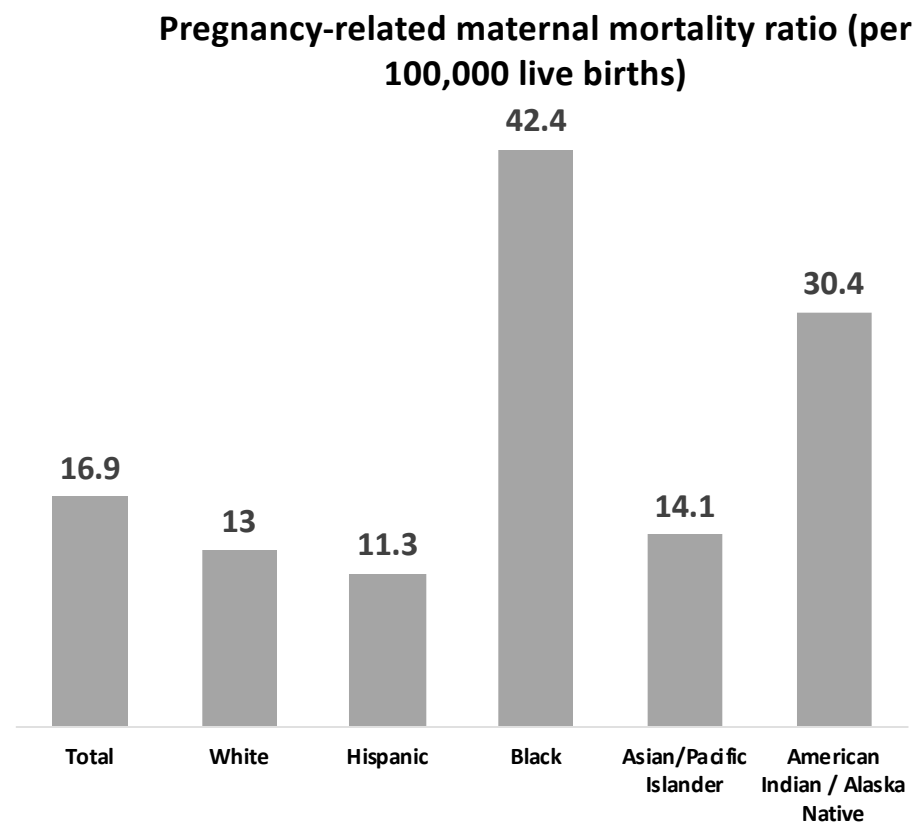
November 19, 2019



Filling the need for trusted information on national health issues.

# Maternal mortality has been in the spotlight

- Maternal Mortality Review Committees in most states - Data and documentation have been critical and improving
- Clinical quality improvement efforts show promising results
- Reproductive justice highlights needs to address complex, historic challenges, that include poverty, racism and bias, workforce diversity, access to care throughout lifespan
- Improving maternal outcomes also means care BEFORE and AFTER pregnancy

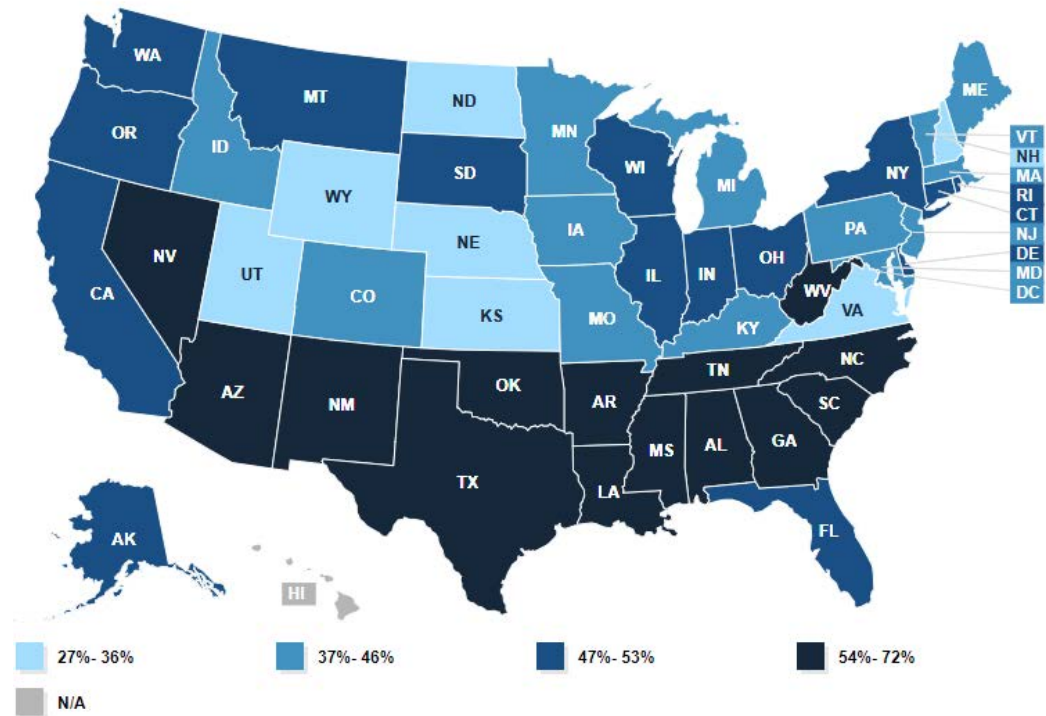


SOURCE: CDC, Pregnancy Mortality Surveillance System. Data shown for 2011-2016.



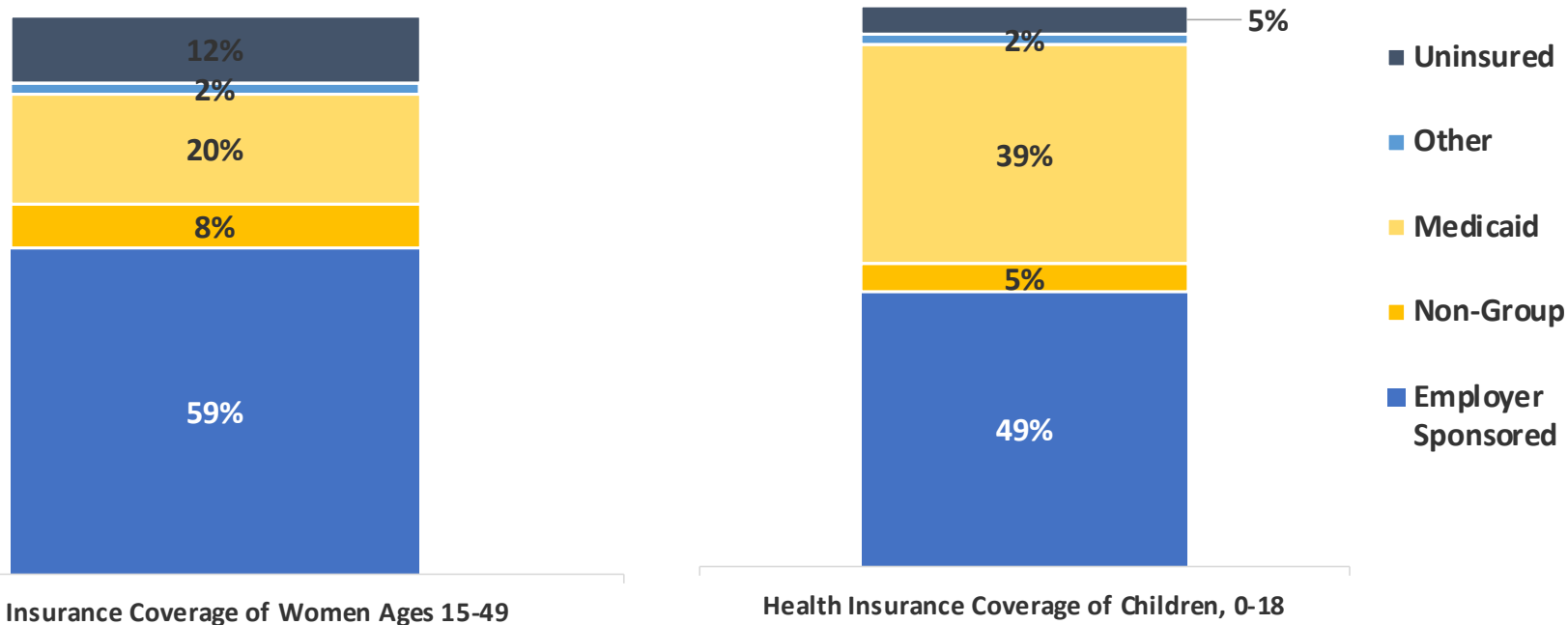
# Medicaid is the leading financier of maternity care in many states

- Medicaid covers 43% of births nationally
- Minimum federal income threshold for Medicaid coverage of pregnant women is 138% FPL
- Maternity services are mandatory under Medicaid, no cost-sharing is permitted
- Coverage for women before, during, and after pregnancy, as well as access to primary, preconception, interconception, and preventive services are important for addressing maternal health
- Post partum coverage under traditional Medicaid ends at 60 days.
- Infants are covered for first year of life



SOURCE: Kaiser Commission on Medicaid and the Uninsured. [Implementing Coverage and Payment Initiatives: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2016 and 2017](#),

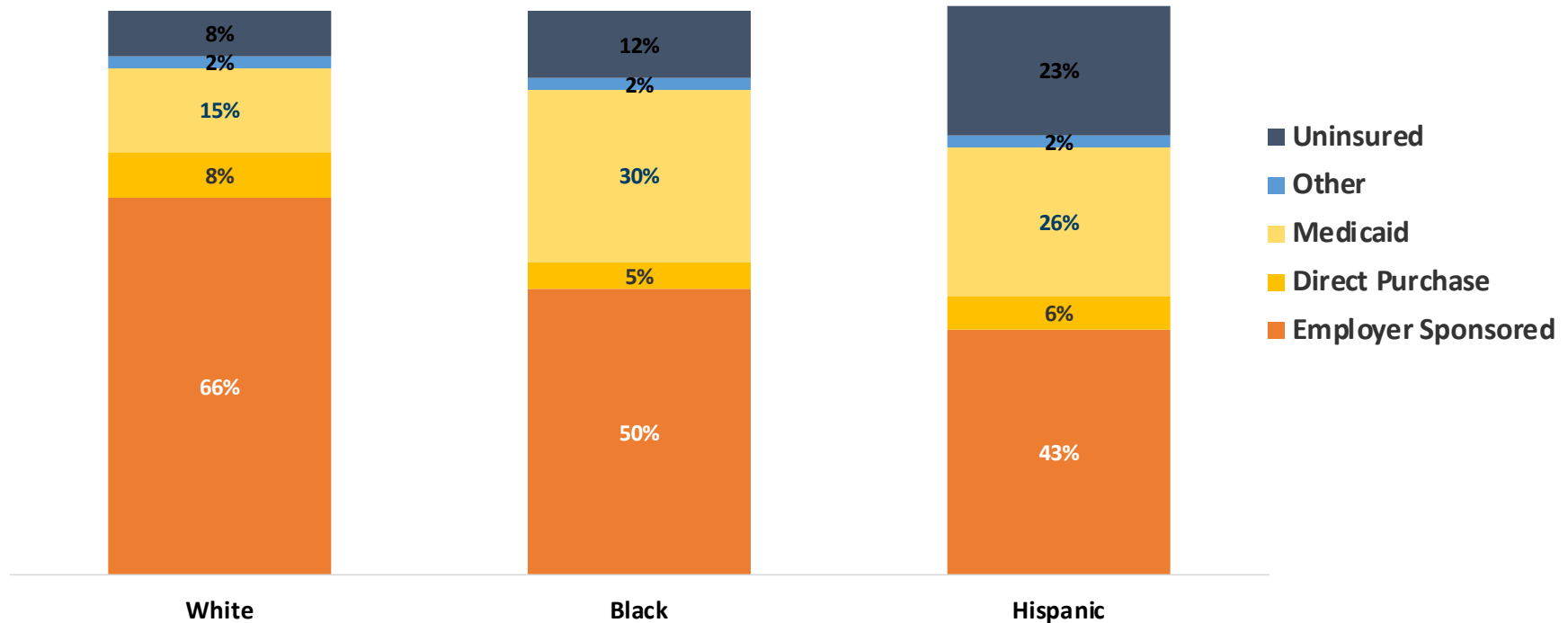
# Medicaid covers one in five reproductive age women and four in ten children



SOURCE: Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2018.

# Significant differences in coverage by race/ethnicity

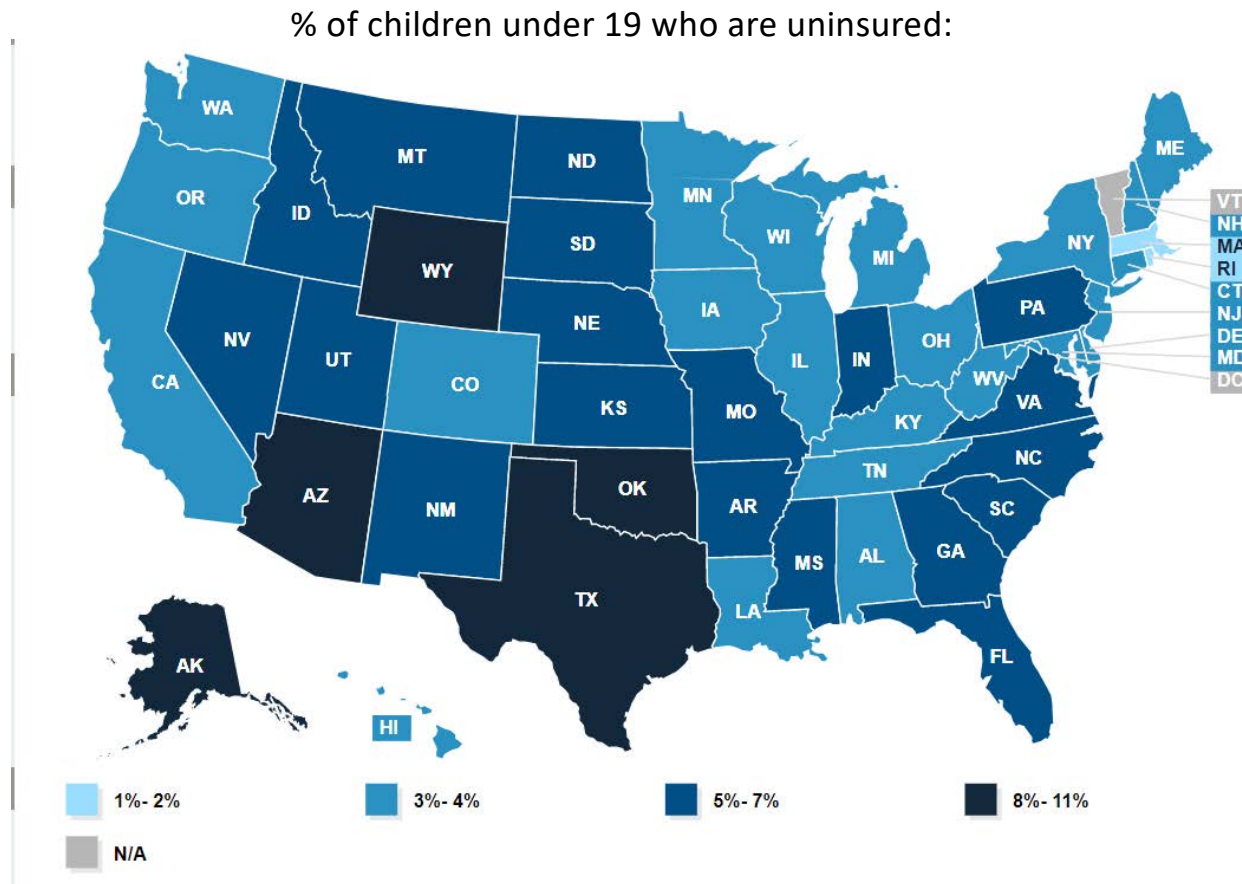
Health Insurance Coverage Among Women of Reproductive Age,  
by Race/Ethnicity, 2017



NOTES: Data reflect coverage in 2017 among women 15-49. "Other" includes those covered under the military or Veterans Administration as well as nonelderly Medicare enrollees.

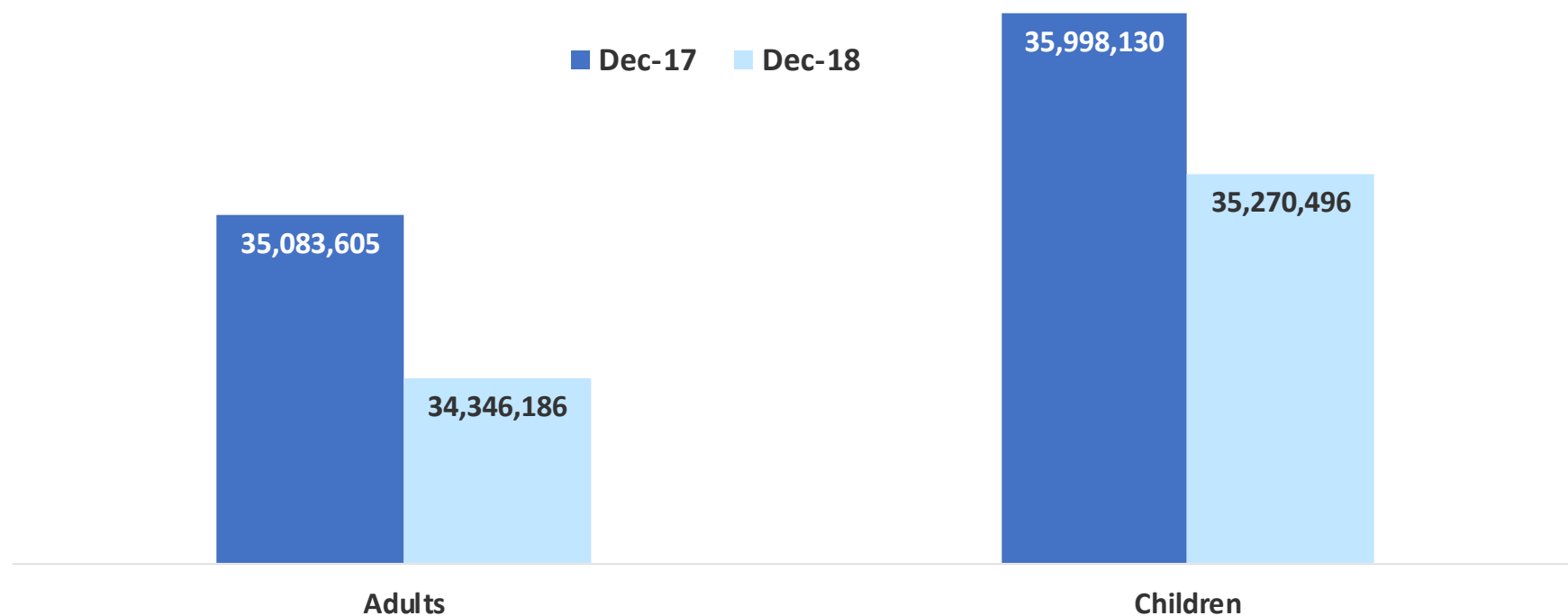
SOURCE: Kaiser Family Foundation analysis of Census Bureau's American Community Survey, 2018.

# On in ten children in Texas, Alaska, and Wyoming are Uninsured



Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2018.

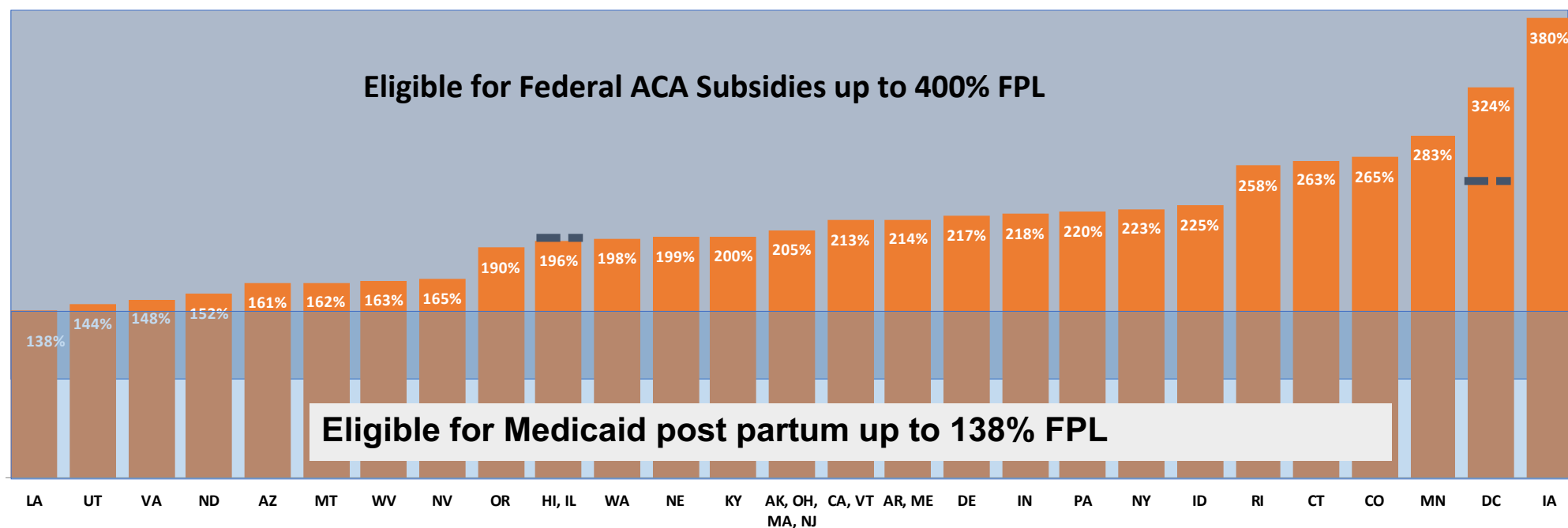
# Total monthly enrollment in Medicaid and CHIP dropped for both programs between December 2017 and December 2018



SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, as of May 10, 2019.

# In expansion states, most postpartum mothers can continue on Medicaid or qualify for subsidies

Medicaid eligibility thresholds for pregnant women in expansion states, 2019

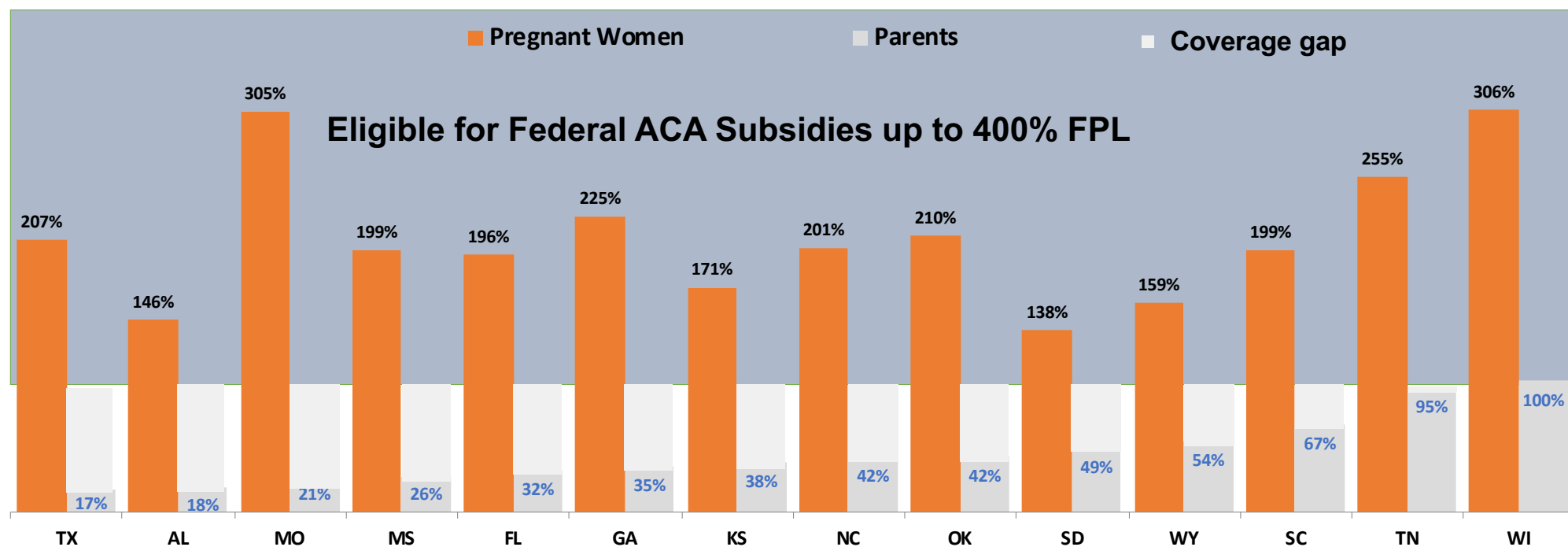


NOTES: For pregnant women, reflects highest eligibility limit for pregnant women under Medicaid, CHIP, or the unborn child [option](#). In 2019, the federal poverty level (FPL) was \$21,330 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.

SOURCE: Based on national survey conducted by KFF with the Georgetown University Center for Children and Families, 2019.

# In most non-expansion states, poor postpartum women fall in the coverage gap: Ineligible for ACA subsidies or Medicaid

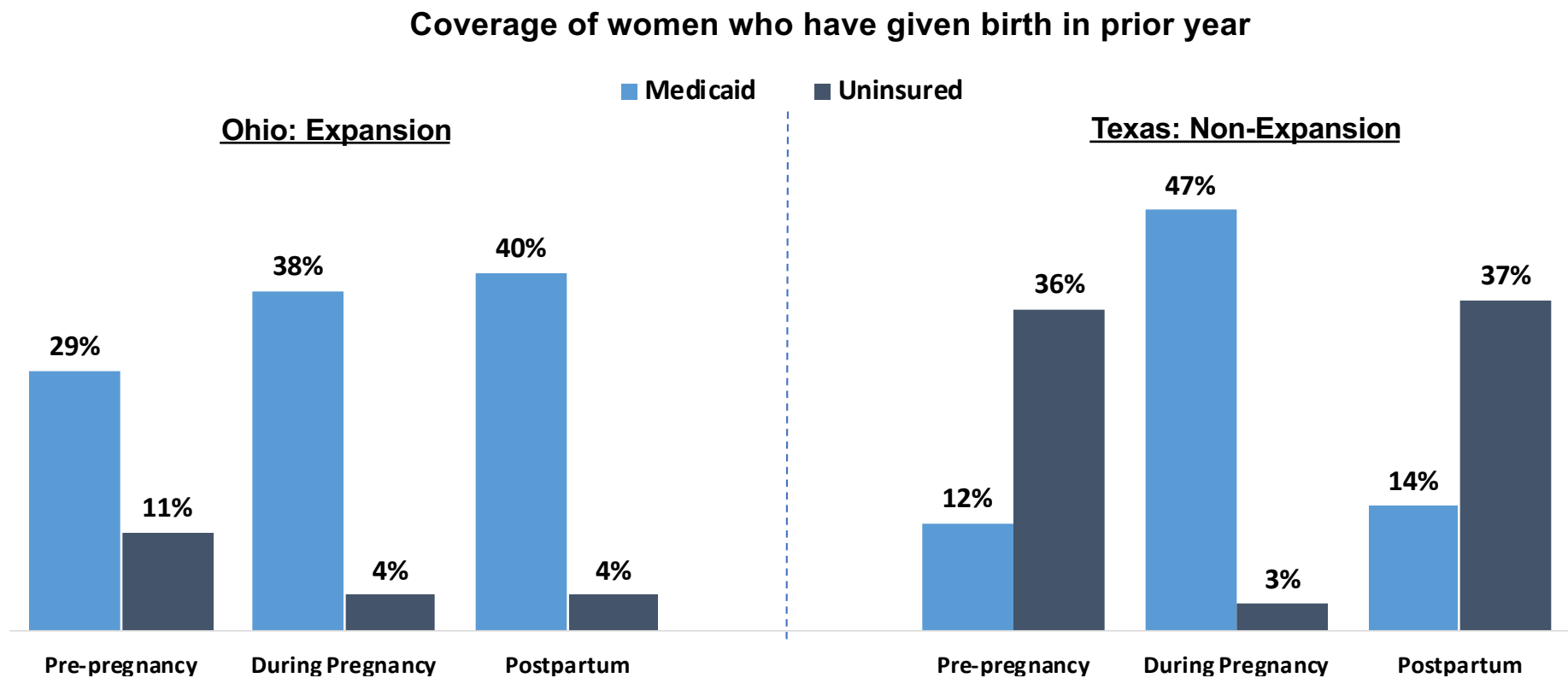
Medicaid eligibility thresholds for pregnant women and parents (family of three, 2019)



NOTE: For pregnant women, reflects highest eligibility limit for pregnant women under Medicaid, CHIP, or the unborn child [option](#). For “Parents,” eligibility limits calculated as a percent of the Federal Poverty Level (FPL) & are calculated based on a family of three for parents. In 2019, the FPL was \$21,330 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.

SOURCE: Based on national survey conducted by KFF with the Georgetown University Center for Children and Families, 2019.

# Medicaid expansion results in fewer uninsured women pre and post pregnancy



SOURCE: Pregnancy Risk Assessment Monitoring System (PRAMS), 2015.



# Themes from current maternal health efforts in Congress and states

- **Congressional interest in strengthening maternity care**

- House: H.R. 4996, MOMS Act (Rep. Kelly) - Creates State option to extend continuous coverage, with full benefits from 60-days postpartum to 12 months; requires greater research on potential coverage and impact of doulas under Medicaid (currently covered in OR, MN, NY)
- H.R. 4995 (Rep. Engel) – focus on grant funding for strengthening rural maternity services
- Senate: Rural MOMS Act (Sens. Smith, Murkowski, Jones, Capito) - rebuilding maternity services and expanding and diversifying maternity workforce in rural areas

- **State efforts to extend postpartum coverage beyond 60 days**

- Illinois - Expansion state with Medicaid eligibility for new moms up to 12 months
- Tennessee – Recent three-year pilot proposed
- Missouri - Waiver pending to “extend” coverage to postpartum women with substance misuse disorders
- California – Extend Medicaid to 1 year for women with maternal mental health condition
- Wisconsin – parental eligibility threshold 100% FPL



Thank you.

# Addressing Maternal Mortality and Morbidity in Illinois

Kelsie Landers, LMSW  
klanders@everthriveil.org  
November 19, 2019

## OUR MISSION

EverThrive Illinois works to improve the health of women, children and families over the lifespan.

## OUR VISION

EverThrive Illinois envisions a society in which all Illinoisans are able to live their healthiest life.

## OUR VALUES

- Strong Partnerships
- Diverse Voices
- Health Equity

# Addressing Maternal Mortality and Morbidity

- [IDPH 2018 Report](#)

## Key findings:

- In IL, an average of 73 women die each year of a pregnancy-related cause
- In IL, non-Hispanic Black women are six times as likely to die of a pregnancy-related condition than non-Hispanic White women
- In IL, 72% of the pregnancy-related deaths and 93% of violent pregnant-associated deaths were deemed preventable by review committees

# IDPH Policy Recommendations

- Illinois should **expand Medicaid eligibility for the postpartum period** from 60 days to one year after delivery and health insurance plans should cover case management and outreach for high-risk postpartum women for up to one year after delivery.
- The General Assembly should pass legislation to **adopt the American College of Obstetricians and Gynecologists' recommended maternal levels of care** within the state's regional perinatal system.
- The State should **create or expand home visiting programs to target high-risk mothers, such as doula programs**, in Illinois during pregnancy and the postpartum period. The State should also expand efforts to provide universal home visiting to all mothers within three weeks of giving birth.

# IDPH Policy Recommendations

- Illinois should **increase access to substance use and mental health services** statewide for pregnant and postpartum women.
- Hospitals should have **clear policies for emergency departments** to identify pregnant and postpartum women, and to consult with an obstetrical provider for all women with specific triggers indicative of pregnancy or postpartum complications.
- Health insurance plans should **separate payment for visits in the postpartum period from labor and delivery** (unbundle postpartum visit services from labor and delivery).

# Legislation

- SB 1909, Senator Cristina Castro's Maternal Mortality Omnibus – **did not pass**
- Expand Medicaid to 12-months postpartum
- Doula Medicaid reimbursement
- Family Planning SPA, 200% FPL
- Uncap substance use and mental health services in the 12-mo period (private insurance)



# Policy Changes- In Process

- Illinois expanded Medicaid 12-mo pp through budget implementation
  - Unappropriated
  - Status of 1115
- Advocating for family planning SPA
- Assessing what other states have done re: doula reimbursement

# EverThrive IL

## **Maternal and Child Health Advocacy**

- Cover all postpartum people in the 12-mo expansion
- Advocate for other policy recommendations to address maternal mortality and morbidity
- Convene the IL WIC Coalition
- Plan a large-scale Chicago Collaborative for Maternal Health outreach project



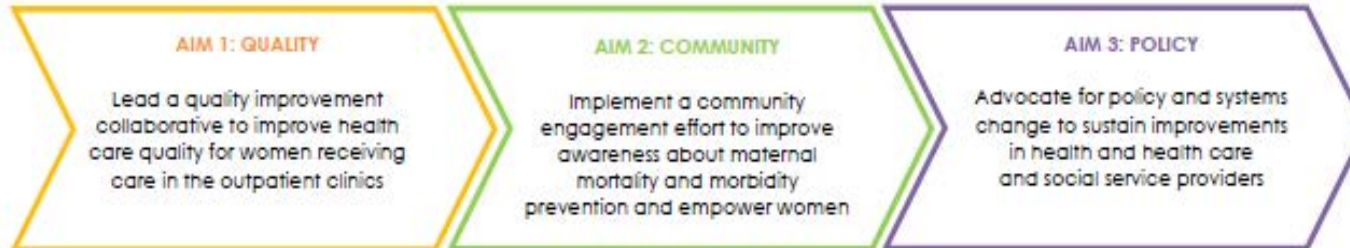
# Making WIC Work in Illinois

Opportunities & Recommendations for Program Improvement

- [2018 Coalition Report](#) with:
  - The Greater Chicago Food Depository
  - Shriver Center on Poverty Law
  - Ounce of Prevention Fund
- State and Federal Recommendations
  - Child Nutrition Reauthorization Act
    - Encourage flexible food substitutions
  - Increase funding for breastfeeding peer counselors
  - Encourage pilot programs that bring BPCs to homes and hospitals
  - Fund outreach

# Chicago Collaborative for Maternal Health

THE CHICAGO COLLABORATIVE FOR MATERNAL HEALTH WILL LEVERAGE THESE STRENGTHS TO **BUILD AWARENESS, FOSTER COLLABORATION, AND DRIVE QUALITY OF CARE** TO ACCOMPLISH ONE GOAL :  
COMBAT THE MATERNAL MORTALITY CRISIS IN CHICAGO AND HELP WOMEN THRIVE.



*This program is supported by funding from Merck, through Merck for Mothers, the company's \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.*



Questions?

Kelsie Landers, LMSW  
Policy and Advocacy Director  
[klanders@everthriveil.org](mailto:klanders@everthriveil.org)  
630-408-2948

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