# Improving Maternal Health Equity by **Addressing Severe Maternal Morbidity** (SMM) Among Vulnerable Women in South Carolina

# PRESENTER: Sarah Gareau, DrPH

## **INTRODUCTION**

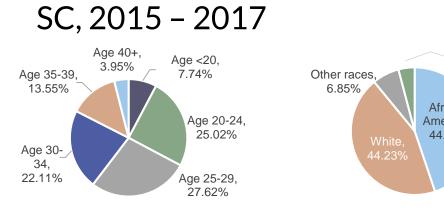
- SMM refers to life-threatening outcomes of labor and delivery (ACOG, 2016).
- The SMM rate in the US has significantly increased, raising concerns about its consequences for women's health and cost for families (ProPublica, 2017).
- For every maternal death, 70 mothers nearly die (CDC, 2019).

## **DATA SOURCE AND METHODS**

- UB-04 all-payer billing data from 2015-2017 were used to calculate delivery-related SMM from 21 SMM conditions.
- SMM demographics were summarized and compared using multiple logistic regression.
- SMM indicators, cost, and utilization patterns were investigated.

SMM distribution by payer, age group, and race/ethnicity,

7.59% Private, 22.19%



## RESULTS

- SMM rates were highest at Perinatal Level II facilities.
- Most counties with high SMM rates were in the Midlands.
- Women who were Medicaid beneficiaries, ages 35 and above, and African-American were at higher risk (p<0.05).
- A majority of women with SMM were Medicaid beneficiaries and ages 20-34 years old.
- SMM mothers also have other high-risk maternal indicators.
- Hospital charge and stay were double for deliveries with SMM.

- The SC Department of Health and Human Services (DHHS) whose support has been instrumental in the development and sustainability of all South Carolina Birth Outcomes (SCBOI) initiatives. The over 100 SCBOI stakeholders who share a commitment to making a positive difference in maternal and
- infant health in South Carolina
- Chris Finney, MS (SC RFA); Daniela Nitcheva, PhD (SCDHEC Vital Statistics), and Aunyika Moonan, PhD, CPHQ (SCHA) for their SCBOI data team efforts.
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# **Severe Maternal Morbidity is a maternal** health equity issue predominantly affecting vulnerable populations and driving health care costs.

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## DISCUSSION

Strategies to reduce SMM in South Carolina include:

- Implement hospital maternal safety bundles.
- Coordinate emergency and obstetric services.

**Severe Maternal Morbidity** 

**Prevalence By County** Per 10,000 mothers who delivered in the county.

Legend Rate per 10,000 < 150

> 150 - 260 Suppressed Due

to Small Numbers **Perinatal Regions** 

- Reduce medically unnecessary cesareans.
- Expand whole-patient prenatal and postpartum care.

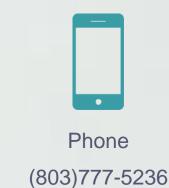


Average hospitalization charge and stay per delivery by SMM, SC, 2015 - 2017



## CONTACT





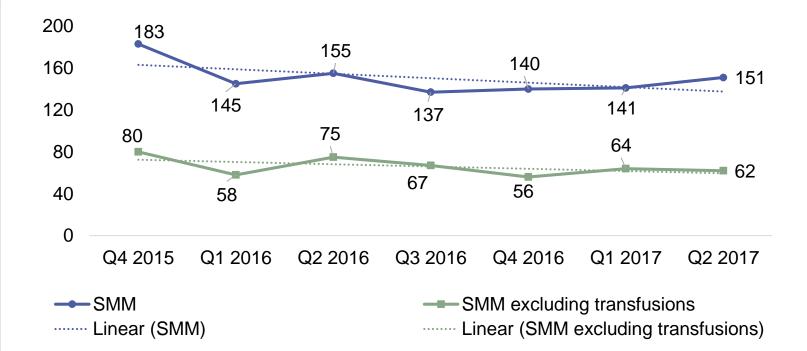


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## **Supporting SMM Visualizations, SC, 2015-2017**

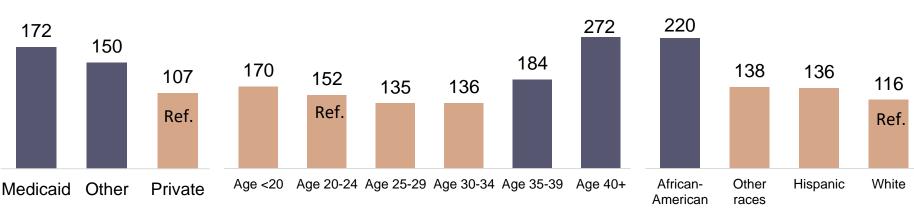
## SMM rates per 10,000 deliveries by quarter



### SMM cases and rates by conditions

		SC rate per 10,000	National rates in
SMM condition	# case	deliveries	2014 <sup>1</sup>
All SMM conditions	1,343	150	144
SMM excluding blood transfusion	591	66	35
Blood transfusion	854	96	122.3
Hysterectomy	118	13	10.7
Disseminated intravascular coagulation	114	13	7.2
Eclampsia	97	11	2.0
Acute renal failure	93	10	5.2
Adult respiratory distress syndrome	90	10	6.1
Acute heart failure/Pulmonary edema	73	8	2.4
Sepsis	55	6	4.2
Shock	45	5	3.0
Ventilation	44	5	7.9
Puerperal cerebrovascular disorder	23	3	0.9
Air and thrombotic embolism	22	2	0.9
Sickle cell crisis	13	1	0.5

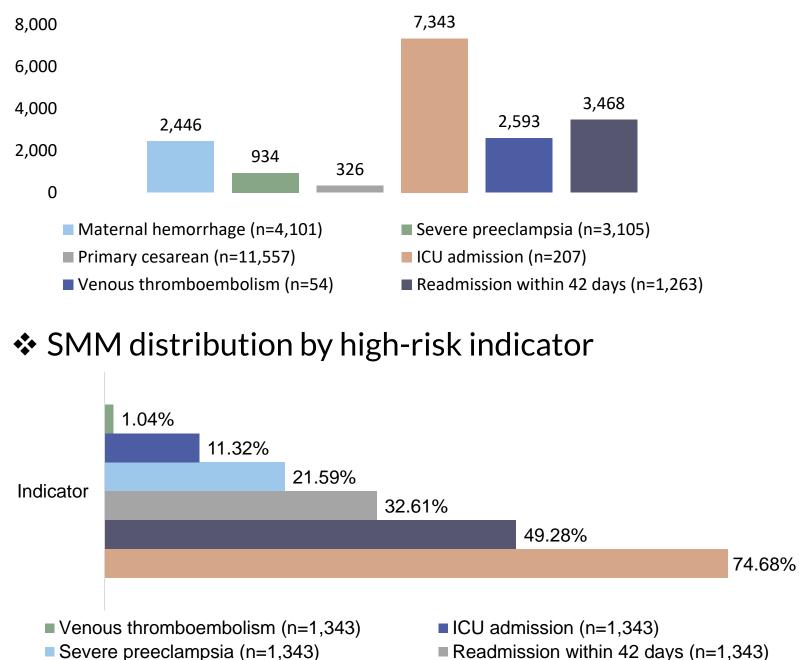
## SMM rates per 10,000 deliveries by payer, age group,



Statistically different from the reference group (Ref.), (p < 0.05)

and race/ethnicity

## SMM rates per 10,000 deliveries by high-risk indicator



Primary cesarean (n=765)

Institute for Families in Society Improving Policy. Advancing Practice. ommunities and Family Well-Being



Maternal hemorrhage (n=1,343)

Disclaimer: Prepared under contract to the South Carolina Department of Health and Human Services. The views and opinions expressed in this poster are those of the authors and do not necessarily reflect the official policy or position of any agency or organization.