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Key Points from the Texas Maternal Mortality and Morbidity Task Force Report

An Excerpt of the Recent Texans Care for Children Report, *Healthy Moms Raising Healthy Babies: Central Texas and Statewide Challenges and Opportunities to Support Maternal Behavioral Health During the First Year After Childbirth*

The following is an edited excerpt of our recent report on maternal behavioral health in Central Texas, which is available in full on txchildren.org. This excerpt outlines key points from the Texas' Maternal Mortality and Morbidity Task Force's 2018 report that shed additional light on maternal deaths and harmful pregnancy complications, including behavioral health challenges and the need for increased access to health coverage.

The Task Force found that most maternal deaths were potentially preventable. They also found that certain populations of Texas women — Black women and women with low incomes — face greater risk of maternal death and harmful pregnancy complications. The Task Force report underscores that behavioral health challenges, particularly between 60 days and one year postpartum, led to many maternal deaths in Texas. The report clearly demonstrates that maternal deaths are only one part of the story, with many more mothers facing severe pregnancy complications. The first of the Task Force's ten recommendations to improve maternal health is for Texas to increase access to health services during the year after pregnancy and between pregnancies.

For their 2018 report, the Department of State Health Services (DSHS) and the Texas Maternal Mortality and Morbidity Task Force conducted an in-depth review of maternal deaths that occurred in 2012. They also analyzed state trends in maternal deaths from 2012 to 2015, identifying 382 Texas mothers who died while pregnant or up to one year after the end of pregnancy. For the first time, the Task Force's report also included regional trends and a specific exploration of populations at greatest risk of death or pregnancy complications.

The data presented in the Task Force report reveal the following, among other conclusions.

Most maternal deaths were potentially preventable.

The Task Force found that in 80 percent of the maternal deaths in 2012, there was some chance of preventability. Reinforcing the complexity of this issue, several factors contributed to a maternal death, including individual, provider, community, and facility factors:

- Individual factors contributing to death included underlying medical issues such as cardiovascular disease, chronic hypertension, and depression.
- Provider and facility-level factors contributing to preventable deaths included inadequate or delayed response to diagnosis and treatment during pregnancy, delivery, and the postpartum period; delay or lack of bedside clinical presence; failure to recognize high-risk patients and refer patients to appropriate specialists; and a lack of appropriate hand-off of patients between hospital staff and outpatient providers.
- Community- and system-level factors contributing to preventable deaths included lack of access to health care between pregnancies as well as poor care coordination between inpatient and outpatient settings.[1]

Certain populations of Texas women face greater risk of maternal death and harmful pregnancy complications.

Black mothers bear the greatest risk of maternal death or serious pregnancy complications compared to other Texas mothers, according to the Task Force analysis as well as other reports. The increased risk of maternal death among Black women cuts across all socioeconomic levels — regardless of income, education, marital status, or other health factors.[2] The Task Force found that in 2012, Black mothers were 2.3 times more likely to die compared to non-Hispanic White women.[3]

Black mothers in Texas were also at highest risk of severe morbidity (i.e., severe pregnancy complication) involving obstetric hemorrhage. Obstetric hemorrhage — which is excessive bleeding before, during, or after childbirth — was the leading cause of severe maternal morbidity in 2014 for all women based on Texas hospital discharge records.[4]

Low-income women of any race faced a higher risk of maternal death from 2012 to 2015. The majority of maternal deaths in between 2012 and 2015 (57 percent) were to women enrolled in Medicaid at the time of delivery.[5] While insurance status at the time of death is unknown, it is likely that many of these women lost Medicaid about 60 days after childbirth and lost access to comprehensive health care. Their enrollment in Medicaid during pregnancy also means they were likely uninsured before their pregnancy,

a common experience considering that Texas has the nation's highest uninsured rate for women of childbearing age.[6] Lack of access to insurance before or between pregnancy means it is harder to manage and treat underlying health issues, such as diabetes or heart disease that increase the risk of pregnancy complications or maternal death.

Behavioral health challenges, particularly between 60 days and one year postpartum, led to many maternal deaths in Texas.

Drug overdose was the leading cause of maternal death up to one year postpartum between 2012 and 2015, and almost 80 percent of overdose deaths occurred more than 60 days postpartum.[7] Two-thirds of overdose cases involved a combination of drugs (66 percent). Opioids were detected in a majority of overdose cases (58 percent).[8] Other causes of maternal death from 2012 to 2015 were cardiac event, homicide, infection/sepsis, and suicide.[9]

Suicide was the fifth leading cause of maternal death in Texas between 2012 and 2015, with the vast majority occurring between 60 days and one year postpartum.[10] Beyond Texas, a 2013 study of over ten thousand new mothers found that one in five women who screened positive for depression after delivery had thoughts of harming themselves.[11] Early screening and follow-up care could save lives.

Since the vast majority of drug overdoses and suicides occur more than 60 days postpartum, prevention and health interventions throughout the year after delivery are critical for preventing tragic maternal deaths.

The majority of all maternal deaths in Texas occurred between 60 days and one year postpartum. From 2012 to 2015, 56 percent of all maternal deaths occurred during that critical time after Texas mothers' Medicaid coverage ends two months following childbirth.

Maternal deaths are only one part of the story, with many more mothers facing severe pregnancy complications.[12]

Pregnancy complications are much more common than maternal deaths. They often threaten mothers' health and/or the health and development of their baby. Pregnancy complications include serious events like obstetric hemorrhage, eclampsia, sepsis/infection, and cardiac event, which often lead to emergency cesarean sections or urgent hospital stays. Pregnancy complications can increase the risk of a baby being born too early or too small, which can lead to long neonatal hospital stays and long-term health problems for a child such as asthma, developmental delays, or disabilities. As noted above, obstetric hemorrhage was the

leading cause of severe maternal morbidity in 2014 (among delivery hospitalizations) and Black women in Texas were at a higher risk of severe maternal morbidity involving obstetric hemorrhage.[13]

To improve maternal health, Texas should increase access to health services during the year after pregnancy and between pregnancies.

The first recommendation in the Task Force's report was to increase access to health services before and during the year after pregnancy to improve the health of women and enable effective care transitions. Specifically, the Task Force recommends extending health coverage to Texas mothers for a full year.

Access to primary, behavioral, and specialty care to manage health conditions before and after pregnancy is the most effective way to address issues before they get worse or harm the mother and baby.

The Task Force's recommendation is in line with research on the link between health coverage and maternal mortality. An analysis of data from 1999 to 2016 from the National Center for Health Statistics found that states offering health coverage to low-wage workers before, during, and after pregnancy was associated with lower maternal mortality rates, reflecting 1.6 fewer maternal deaths per 100,000 women.[14]

The Texas Maternal Mortality and Morbidity Task Force made 10 recommendations to improve maternal health, many of which directly relate to behavioral health of new mothers.

The Task Force made the following recommendations, which are quoted directly from its 2018 report:

1. **Increase access to health services during the year after pregnancy and throughout the interconception period** to improve the health of women, facilitate continuity of care, enable effective care transitions, and promote safe birth spacing. [Specifically, the Task Force recommended "extending access to healthcare coverage for 12 months following delivery to ensure that medical and behavioral health conditions can be managed and treated before becoming progressively severe."]
2. **Enhance screening and appropriate referral for maternal risk conditions**, including screening and support for chronic health conditions, mental health challenges, and substance use disorders.
3. **Prioritize care coordination and management** for pregnant and postpartum women.
4. **Promote a culture of safety and high reliability** through implementation of best practices in birthing facilities.
5. **Identify or develop and implement programs to reduce maternal mortality** from cardiovascular and coronary conditions, cardiomyopathy and infection.
6. **Improve postpartum care management and discharge** education for patients and families.

7. **Increase maternal health programming to target high-risk populations**, especially Black women.
8. **Initiate public awareness campaigns** to promote health enhancing behaviors.
9. **Champion integrated care models combining physical and behavioral health services** for women and families.
10. **Support strategies to improve the maternal death review process.**[15]

References

[1] Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. Appendix B-4 and B-5 (Sept. 2018).

[2] Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. p.11 (Sept. 2018).

[3] Looking at pregnancy-related deaths in 2012 up to one year postpartum, the mortality rate was 13.9 per 100,000 live births for Non-Hispanic Black women; 6.0 per 100,000 live births for Non-Hispanic White women; 9.3 per 100,000 live births for Hispanic women; and 12.4 per 100,000 live births for women of Other races. Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. p.6 (Sept. 2018).

[4] Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. p.12 (Sept. 2018).

[5] The Task Force's analysis of Medicaid at the time of delivery includes both Medicaid for Pregnant Women coverage and Emergency Medicaid. Medicaid for Pregnant Women is available to women who are income eligible and Texas citizens or meet certain alien status criteria. Emergency Medicaid pays for emergency labor and delivery services to stabilize a patient's medical condition for women who are undocumented or who do not meet the qualifying alien status criteria for Medicaid for Pregnant Women. Emergency Medicaid does not cover prenatal or postpartum care. Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. p.6 (Sept. 2018).

[6] Searing, A., & Ross, D. C. Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies. Center for Children and Families (May 2019).

[7] Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. Table C1 (Sept. 2018) (finding also that drug overdose accounted for 17 percent of all maternal deaths).

[8] Ibid. p.10.

[9] Ibid. Table D1.

[10] Ibid. Table C1.

[11] Katherine L. Wisner, MD, MS, et al. Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women with Screen-Positive Depression Findings. JAMA Psychiatry. 70(5):490-498 (2013).

[12] The Centers for Disease Control and Prevention define Severe Maternal Morbidity as unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health. See American College of Obstetricians and Gynecologists and the Society for Maternal–Fetal Medicine, Kilpatrick, S.K., & Ecker, J.L. Severe maternal morbidity: screening and review. Am J Obstet Gynecol. 215(3):B17–B22 (2016).

[13] Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. p.13 and Appendix E (Sept 2018).

[14] See Searing, A., & Ross, D. C. Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies. Center for Children and Families. (May 2019) (citing Eliason, E. "Adoption of Medicaid Expansion under the Affordable Care Act is Associated with Lower Rates of Maternal Mortality." Academy Health 2019 National Health Policy Conference. (Presentation, Washington, Feb. 4, 2019). Available at https://academyhealth.confex.com/academyhealth/2019nhpc/meetingapp.cgi/Paper/29402. Jaime Rosenberg, "Medicaid Expansion Linked to Lower Maternal Mortality Rates," AJMC Managed Markets News. (Feb. 6, 2019). Available at https://www.ajmc.com/conferences/academyhealth-2019/medicaid-expansion-linked-to-lower-maternal-mortality-rates).

[15] Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. (Sept 2018).