

Decreasing maternal morbidity and mortality through postpartum interventions

Summary of update

Amerigroup District of Columbia, Inc. would like to partner with obstetrical care providers in the District of Columbia to decrease the incidence of severe maternal morbidity and mortality in the postpartum period.

Motivation

The United States has the highest maternal mortality rate compared to industrial nations at 23.8 deaths/100,000 live births.¹ Significant racial disparities exist where non-Hispanic black women are two to three times more likely to risk death than white women and have a greater than three times increased risk over Hispanic women.² Over half of maternal deaths occur in the postpartum period.³ Heart disease and stroke caused more than 1 in 3 deaths (34%).⁴ In fact, cardiomyopathy (weakened heart muscle) is the leading cause of maternal deaths one week to one year after delivery.⁴ Also contributing to the risk of maternal mortality is the prevalence of mood and anxiety disorders, as these are associated with adverse perinatal outcomes.⁵ It is important to note that perinatal mood disorders are considered the most common complication of pregnancy with one in every seven women affected.⁶ *The CDC estimates that more than 60% of maternal deaths are preventable.*⁷

Many initiatives to address severe maternal morbidity and mortality exist nationally. These are predominantly hospital-based and focused on maternal deaths during the antepartum period, labor, and delivery. With over half the deaths occurring in the postpartum period, we feel this is an area where we, at Amerigroup, can direct our efforts to improve the lives of our enrollees.

Proposed collaboration

We would like to collaborate with providers of maternity care to improve the identification and triage of women at greatest risk for maternal mortality and severe morbidity. **We are focusing on cardiovascular risk, perinatal mood and anxiety disorders (PMAD), and substance use disorders (SUD) in the postpartum period as these are the most common risk factors for severe maternal morbidity and mortality.**

We have created handouts for provider staff implementing a red/yellow/green warning signs approach to be used during the postpartum time frame. Our belief is that increased identification

¹ Sources: <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries#:~:text=Women%20in%20the%20U.S.%20are,inc> and <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>

² Sources: <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm> and <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>

³ Source: <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>

⁴ Source: <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>

⁵ Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5957550/>

⁶ Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5957550/>

⁷ Source: <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup District of Columbia, Inc.

and improved triage of those at risk will lead to earlier and more effective intervention, which positively affects severe maternal morbidity and mortality rates in District of Columbia.

Goal

All women are screened in-office within the postpartum period by their provider for PMAD and SUD using the handout. All at-risk women are screened in-office within the postpartum period by their provider for cardiovascular disease (CVD) using the handout. Follow-up (in person or by telephone) will occur within one week of delivery for all enrollees deemed as high risk for PMAD, SUD, or CVD by their provider. Those identified as *yellow* or *red* will receive the appropriate intervention.