Women and Maternal Health FY23 Plan Draft

Maternal and Child Health (MCH) continues to monitor emerging women’s and maternal health issues, integrate best practices, and incorporate community feedback into programming. Based on our fiscal year (FY)20 needs assessment, Texas intends to focus on decreasing smoking during pregnancy, maternal morbidity disparities, and improving women’s health status in FY23.

**NPM 14.1: Percent of Women Who Smoke During Pregnancy**

Maternal tobacco use and environmental tobacco exposure are among the most preventable risk factors for poor pregnancy and birth outcomes. Smoking and second-hand smoke exposure during pregnancy increase maternal risk of the following events: spontaneous abortion, ectopic pregnancy, placental complications, cancers, increased fetal risk of stillbirth, premature birth, stunted growth, cleft palate, low birth weight, and sudden infant death syndrome (SIDS). Though breastfeeding is indicated for smoking mothers and helps protect infants against some of the most harmful effects of secondhand smoke exposure, women who smoke are less likely to breastfeed their infants than women who do not. Many women who are affected by nicotine dependence continue to smoke during and after pregnancy.

In FY23, MCH expects to assess the current state of maternal tobacco use through various methods to identify needs, gaps, and opportunities to strengthen strategies for prenatal smoking prevention and control including:

- Studying maternal smoking rates, trends, and disparities;
- Examining tobacco-related experiences and behaviors during and after pregnancy using the Pregnancy Risk Assessment Monitoring System (PRAMS);
- Studying smoking and tobacco use knowledge, attitudes, and awareness among women of childbearing age using Texas’ Behavioral Risk Factor Surveillance System;
- Assessing maternal tobacco use as part of the Texas Maternal Mortality and Morbidity Review Committee’s (MMMRC) case review process;
- Monitoring progress toward relevant Healthy People (HP) 2030 objectives including increasing cigarette smoking and vaping abstinence among pregnant women and increasing successful quit attempts in pregnant women who smoke; and
- Studying recommended strategies and best practices for focused outreach methods to effectively engage pregnant women in tobacco cessation.

MCH meets regularly with the Texas Department of State Health Services (DSHS) Tobacco Prevention and Control Unit to coordinate efforts and identify shared goals and opportunities for cross-program collaboration. In FY23, MCH plans to support prenatal and postpartum tobacco use screening, intervention, and quitline referrals for counseling and treatment. DSHS Public Health Region (PHR) clinics are planning to conduct tobacco screening as part of the client intake assessment process and
will use the Ask, Advise, Refer (AAR) intervention model to provide brief counseling and quitline referrals for tobacco using clients. MCH expects to incorporate tobacco screening, the AAR, and Ask, Advise, Assess, Assist, and Arrange (5 A’s) tobacco intervention models into the High-Risk Maternal Care Coordination Services (HRMCCS) Pilot Program and the TexasAIM Obstetric Care for Women with Opioid and other Substance Use Disorders (OB-OSUD) Innovation and Improvement Learning Collaborative (IILC).

In FY23, MCH will disseminate tobacco prevention and control resources and best practice messaging among women of childbearing age, pregnant and postpartum women, and other MCH populations. As a safe infant sleep promotion component, MCH anticipates promoting awareness about tobacco prevention, smoking cessation, smoke-free environments, and the importance of avoiding second and third hand smoke among public health partners, health care professionals, and infant care givers. MCH PHRs expect to conduct outreach activities with health care professionals and community partners. Planned activities include providing professional and community-based training and education, and promoting tobacco prevention best practices, resources, and quitline referrals.

**SPM 4: Maternal Morbidity Disparities: Ratio of Black to White Severe Maternal Morbidity Rate**

MCH’s work is focused on eliminating maternal health racial, ethnic, and other disparities including eliminating the Black to White severe maternal morbidity and mortality disparity gaps. Each year, thousands of women in Texas and the nation experience severe maternal morbidity (SMM). SMM is defined as unintended outcomes from labor and delivery that result in significant short-term or long-term consequences to a woman’s health. These outcomes can have a long-lasting impact on affected mothers, families, and communities. The U.S. Department of Health and Human Services (HHS) recognizes racial disparities as a significant challenge to reducing maternal mortality and morbidity.

In 2018, MCH published Maternal Mortality and Morbidity Task Force (renamed as now as the MMMRC) and DSHS Joint Biennial Report findings and recommendations that resulted in the MMMRC establishing their Subcommittee on Maternal Health Disparities (subcommittee). In FY23, MCH will facilitate the subcommittee’s ongoing study of maternal mortality and morbidity racial disparity drivers and root causes.

The TexasAIM Program is MCH’s state partnership with the Alliance for Innovation on Maternal Health (AIM). In FY23, MCH is relaunching the TexasAIM Severe Hypertension in Pregnancy (HTN) Learning Collaborative (LC) and launching the TexasAIM OB-SUD IILC. MCH is integrating health care principles into bundle framework implementation. For example, MCH is including data disaggregation by race, ethnicity, and language, shared decision making, the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care
principles, and considering social and environmental factors in multi-disciplinary case review.

In FY23, MCH expects to expand the Hear Her Texas Maternal Health and Safety Awareness, Education, and Communication Campaign to increase urgent maternal warning signs awareness and identify opportunities to improve maternal health outcomes. MCH plans to engage health care professionals and public health partners to promote a culture of maternal health and safety.

To address racial maternal health disparities, MCH will implement the HRMCCS pilot program in a community pilot site with disproportionately high Black SMM rates. MCH is designing program components and implementation strategy, including high risk screening and the Community Health Worker (CHW) training, to specifically address racial and ethnic SMM disparities.

In FY23, MCH plans to work with MCH’s Healthy Texas Mothers and Babies (HTMB) Community Coalitions to align focus on racial and ethnic disparities in birth outcomes. This shift will include strengthening coalition capacity for sustainability, results-based strategic action planning, and collective impact.

**SPM5: Percent of Women of Childbearing Age (WCBA) Who Self-Rate Their Health Status as Excellent, Very Good, or Good.**

A woman’s self-reported health status during her potential childbearing years is shaped by many preconception and interpregnancy health factors. Self-reported health status is a health-related quality of life measure and, as a population health indicator, can serve as a marker of a population’s overall sense of well-being. SPM 5 is the General Health Status measure from the Council of State and Territorial Epidemiologists (CSTE) Core State Preconception Health Indicators measure set. The measure set was developed by the Core State Preconception Health Indicators Working Group and finalized in 2010 after incorporating stakeholder feedback. MCH served as one of seven state teams on this workgroup. According to the Self-rated Health Status Indicator Detail Sheet, this indicator is highly correlated with various adverse health outcomes. Women who respond to this measure with lower self-ratings are associated with increased mortality, adverse health events, health care utilization, and illness severity, even when medical risk factors are accounted for.

Texas women are experiencing rising rates of obesity, diabetes, hypertension, depression, and substance use disorders, as well as low rates of health insurance coverage and access to care. Persistently high unintended pregnancy, preterm and low birth weight birth rates, SMM, and maternal mortality point to needs for provider education, health care quality improvement, and women’s health support systems.

According to DSHS and MMMRC findings, mental and substance use disorders are
leading causes and contributors to Texas’ pregnancy-associated deaths, pregnancy-related deaths, and SMM. Women who have poorly addressed mental and behavioral health conditions before pregnancy are more likely to enter prenatal care late and experience pregnancy complications including preterm birth, low birth weight, and fetal demise. These outcomes are marked by racial and ethnic disparities.

MCH regularly studies prepregnancy, perinatal, and maternal health rates, trends, and disparities, including factors associated with SMM, maternal mortality, feto-infant mortality, and poor birth outcomes. MCH also uses formative assessment, qualitative research, and ongoing evaluation to assess needs, gaps, and opportunities for strengthening systems and expanding initiatives to improve women’s health.

In FY23, MCH will coordinate with the DSHS Vital Statistics Section, Center for Health Statistics, Health and Human Services Commission’s (HHSC) Medicaid & CHIP Services, and other partners to identify data quality improvement opportunities for enhancing pregnancy-associated death identification and case review. MCH’s Centers for Disease Control and Prevention (CDC) Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) grant supports case preparation capacity. MCH partners with the University of North Texas Health Science Center to manage timely case preparation and enter case information and committee decisions into the CDC Maternal Mortality Review Information Application (MMRIA) System. Through these partnerships, MCH plans to coordinate and support the MMMRC to comprehensively study pregnancy-related mortality cases and SMM rates and trends.

As recipients of the five-year State, Local, Territorial, and Tribal (SLTT) Partnership Program to Reduce Maternal Deaths due to Violence grant from the U.S. HHS’ Office of the Assistant Secretary for Health, MCH is planning to convene and coordinate the Texas Strategic Action Partnership to Reduce Violent Pregnancy-Associated Deaths (TSAP-RVPD) core workgroup throughout FY23. The group will assess and study factors contributing to maternal mortality caused by homicide and suicide. MCH will collaborate with the core workgroup to identify strategic actions to implement through the TSAP-RVPD Program. To support this effort, MCH is planning to analyze existing and identify new data sources for studying mental and behavioral health and intimate partner violence factors and disparities. Through a contractor, MCH is conducting a landscape assessment and literature review to better understand relevant existing state and local programs, policies, partners, data sources, and violent maternal mortality prevention opportunities. MCH partnered with an academic partner to design a TSAP-RVPD evaluation plan.

MCH anticipates deploying the HRMCCS Pilot Program using an implementation science approach to assess program feasibility and acceptability. MCH will partner with an academic organization to provide program implementation technical
In FY23, MCH will coordinate a maternal health and safety outcome data collection initiative to inform TexasAIM teams’ quality improvement planning. As part of this effort, MCH plans to work with state and hospital based SMM data stakeholders to map data collection, coding, reporting, and utilization processes and assess needs, opportunities, and best practices for data quality improvement. MCH will use findings to develop data quality improvement strategies, technical assistance, and collaborative learning opportunities.

MCH recognizes many partners across DSHS and HHSC system are preconception, prenatal, postpartum, and interconception health improvement stakeholders including teams working in chronic disease prevention and behavioral health. In FY23, MCH will continue building and strengthening partnerships across and beyond HHSC to assess the women’s and maternal health initiatives and promote women’s and maternal health integration into population-based and health service programs.

In FY23, MCH will strengthen state agencies, academic partners, service and advocacy organizations, public health partners, and health care organization collaboration to advance maternal substance use, perinatal mood and anxiety disorders, interpersonal violence, maternal health disparities, and maternal health care quality strategies.

MCH collaborates with state agencies and other organizations on clinical and population-based health improvement interventions. Specific collaboration in FY23 includes working on the TSAP-RVPD Program, the HHSC Hyperemesis Gravidarum plan, and the HHSC postpartum depression (PPD) Strategic Plan. The PPD Strategic Plan includes activities to increase provider awareness of the prevalence and effects of PPD on women, children, and families; establish a community-based resources and support services referral network; increase women’s peer support services access; and raise public awareness about the stigma associated with PPD.

MCH will continue to look across existing programs including health care quality improvement initiatives, awareness campaigns, lactation support center services, peer support programming, and coalitions to integrate maternal mental and behavioral health awareness and prevention strategies. MCH is also planning to promote the National Maternal Mental Health Hotline through multiple communication channels.

In FY23, MCH plans to develop and promote women’s and maternal health educational opportunities for health care professionals and other stakeholders. Activities include:

- Developing and promoting continuing education on topics including severe hypertension in pregnancy, care of women with substance use disorder, maternal health disparities, process improvement, simulation and drills,
communication and teamwork, and health care quality including equitable health care principles through the TexasAIM initiative;

• Promoting women’s and maternal health-related Texas Health Steps Online Provider Education (THSteps) modules available at txhealthsteps.com, including preconception, prenatal, and postpartum care, and breastfeeding continuing education;

• Developing, pilot testing, and certifying a suite of courses preparing CHWs to specialize in maternal high-risk education, informal counseling, and care coordination. Once the courses are finalized, MCH will coordinate with the DSHS CHW Certification program to use the courses as part of the criteria for establishing a CHW maternal health specialty certification pathway;

• Coordinating with DSHS Grand Rounds and other DSHS continuing education events to disseminate provider continuing education on women’s and maternal health; and

• Funding the Texas Collaborative for Healthy Mothers and Babies (TCHMB) to provide the TCHMB Summit an annual continuing education conference. In addition to funding, MCH coordinates the summit’s continuing education application and nurse planning. The annual summit convenes hundreds of Texas health care professionals to support improving health care quality and maternal and infant health outcomes.

MCH anticipates supporting health care organizations in efforts to make health care safer for Texas women by providing maternal health care quality improvement programs, technical assistance, and support. Through TexasAIM, MCH uses the Institute for Healthcare Improvement’s Breakthrough Series Model for Collaborative Learning to provide learning collaborative initiatives to support hospitals’ implementation of the AIM’s maternal patient safety bundles. The learning collaboratives provide a structured framework for using bundle change packages, peer-based learning, small tests of change, data-informed quality improvement methods, and data reporting to accelerate maternal patient safety bundles adoption and implementation. Each bundle is a collection of best practices, when implemented together, are expected to result in improved maternal health outcomes for a specific condition.

In FY23, MCH will support Texas maternity service hospitals with the Obstetric Hemorrhage bundle sustainability improvements. MCH is also launching the new TexasAIM HTN Learning Collaborative and the OB-OSUD IILC initiatives. The HTN Learning Collaborative’s change package will incorporate and align with AIM’s June 2022 HTN bundle updates as well as the TexasAIM HTN expert panel’s 2021 recommendations.

MCH funds TCHMB facilitation and oversight, support services, and quality improvement through a contract with the UT Health Science Center at Tyler (UT Tyler). TCHMB’s mission is to advance health care quality, equity and patient safety for all Texas mothers and babies through the collaboration of health and community
stakeholders as informed by the voices of the patients [they] serve.” TCHMB is comprised of an Executive Committee and the Community Health, Neonatal, Obstetrics, and Data Committees. In FY23, MCH anticipates coordinating with the TCHMB Obstetrics Committee to implement their Postpartum Preeclampsia in the Emergency Department project. This project will focus on developing Emergency Department care team strategies to improve identification and appropriate escalation of care for postpartum/post-discharge women with preeclampsia.

In FY23, MCH will stay involved with the national AIM learning community and support TCHMB’s participation in the National Network of Perinatal Quality Collaboratives (PQCs). Through these networks, MCH and TCHMB learn from and share lessons learned with other state AIM programs and state PQCs about building an effective PQC, implementing effective large scale quality improvement initiatives, and identifying and using tools, training, and resources necessary to foster a peer learning community to support a sustainable collaborative learning infrastructure.

MCH plans to communicate and coordinate with the DSHS EMS-Trauma Systems Program, Regional Advisory Council Perinatal Care Regions, and other maternal health and safety quality improvement stakeholders. Through these partnerships, MCH will identify opportunities for efforts to strengthen coordinated perinatal systems of maternal care. MCH expects to leverage community-based, professional, and governmental organizations partnerships across the state and at a national level, to keep abreast of, promote, and implement evidence-based practices that promote women’s and maternal health and safety.