



The State of Perinatal Care and Outcomes in Nebraska

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Surgeon General Call to Action

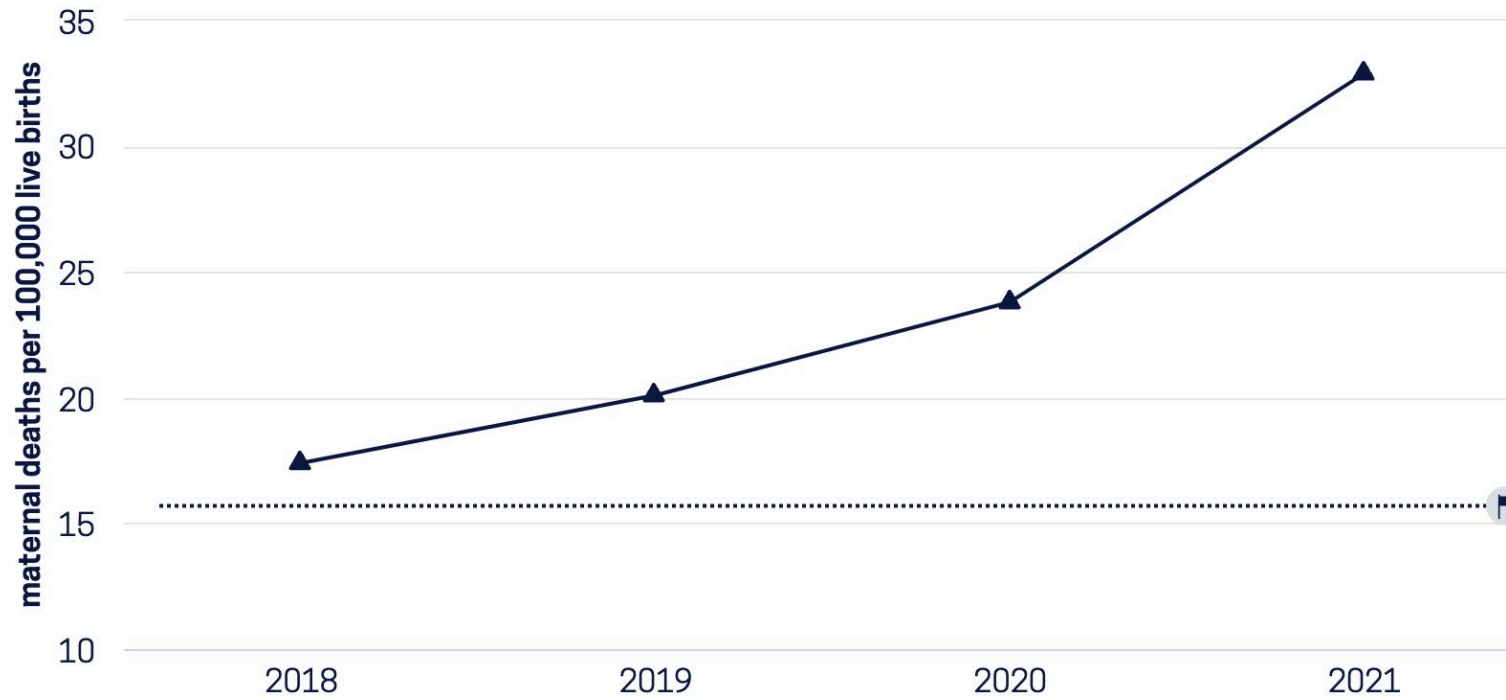
Maternal Health Initiatives 2020

1. Reduce maternal deaths — Getting worse
2. Reduce severe maternal complications identified during delivery hospitalizations — Getting worse
3. Reduce cesarean births among low-risk women with no prior births — Getting worse
4. Increase the proportion of pregnant women who receive early and adequate prenatal care — Getting worse



Maternal deaths, 2018-2021

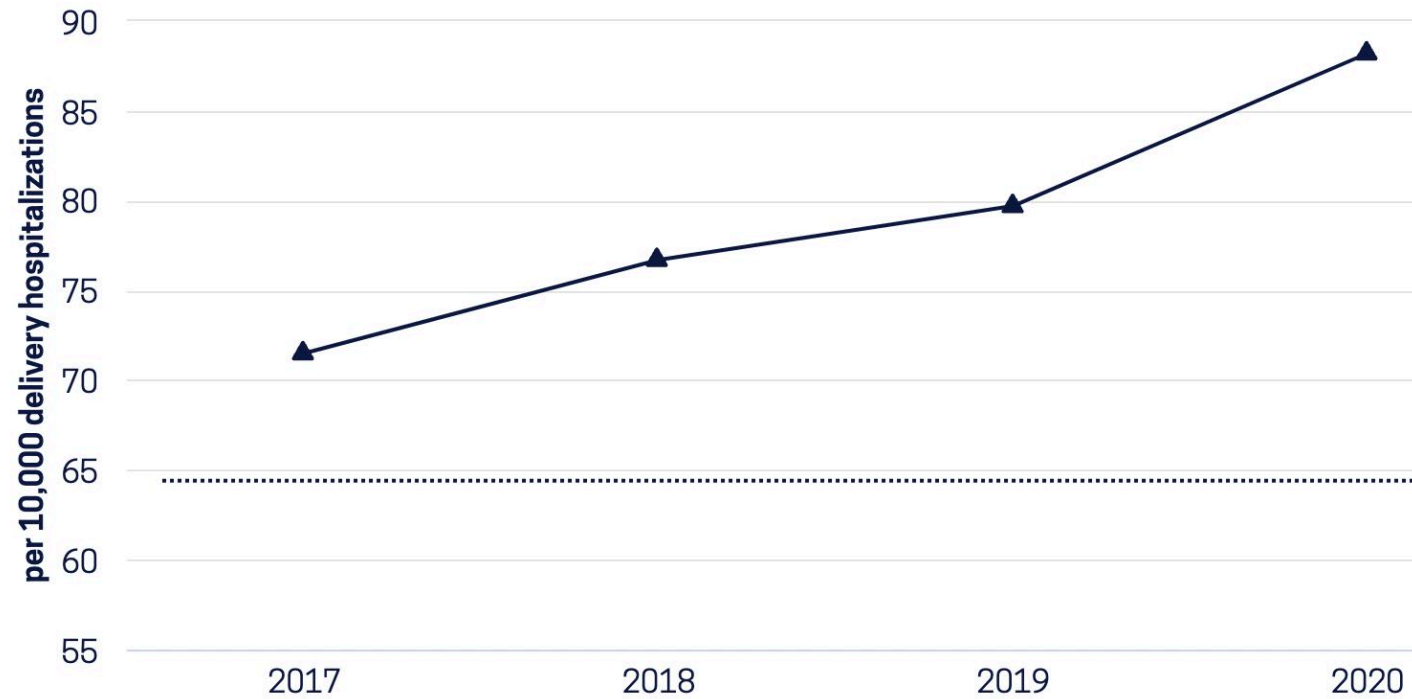
▲ Total ● Target: 15.7



Data Sources: [National Vital Statistics System - Mortality_\(NVSS-M\), CDC/NCHS](#); [National Vital Statistics System - Natality_\(NVSS-N\), CDC/NCHS](#)

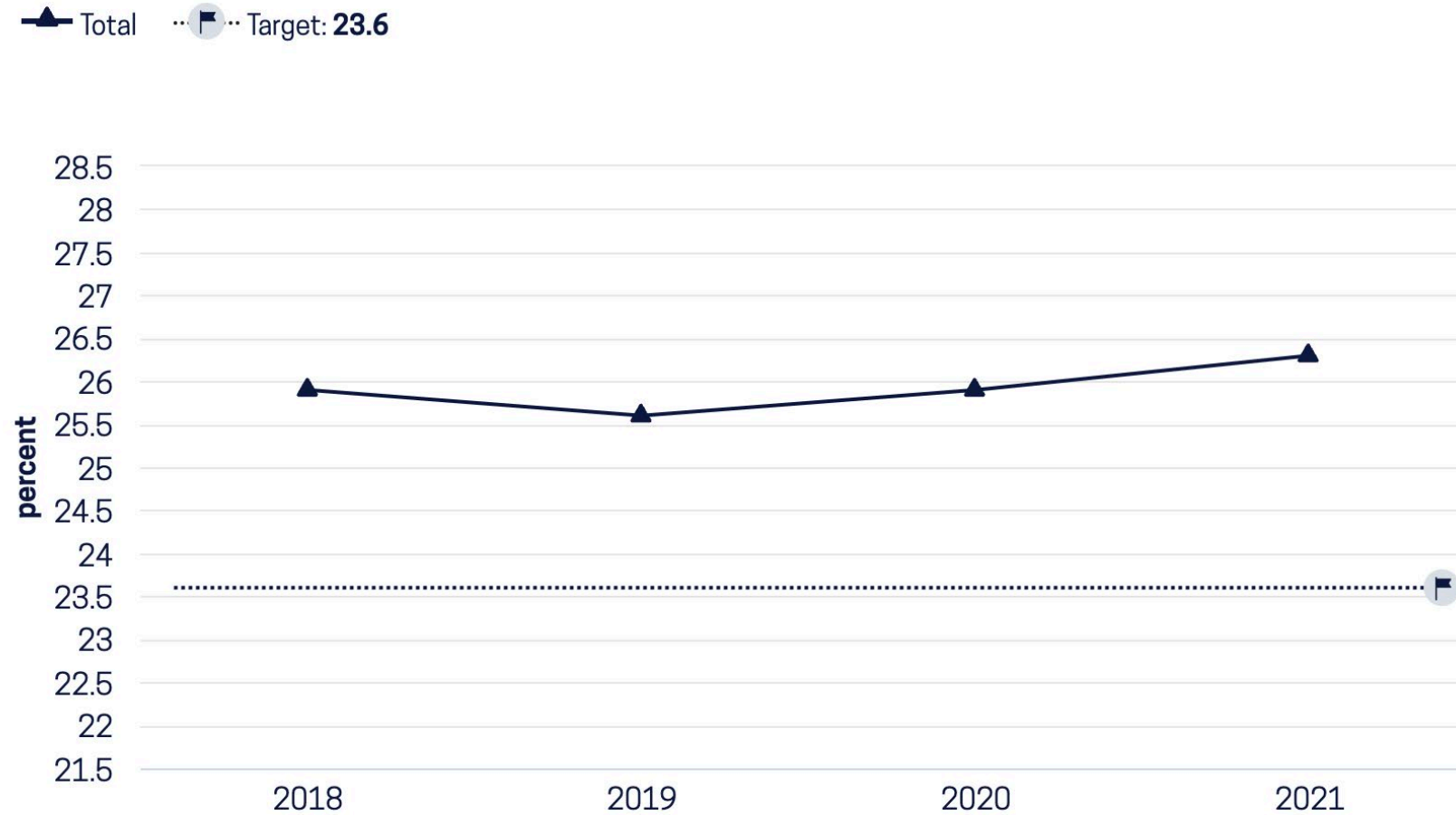
Severe maternal complications during hospitalized labor and delivery, 2017-2020

▲ Total ● Target: 64.4



Data Source: [Healthcare Cost and Utilization Project - National \(Nationwide\) Inpatient Sample \(HCUP-NIS\)](#), [Agency for Healthcare Research and Quality \(AHRQ\)](#).

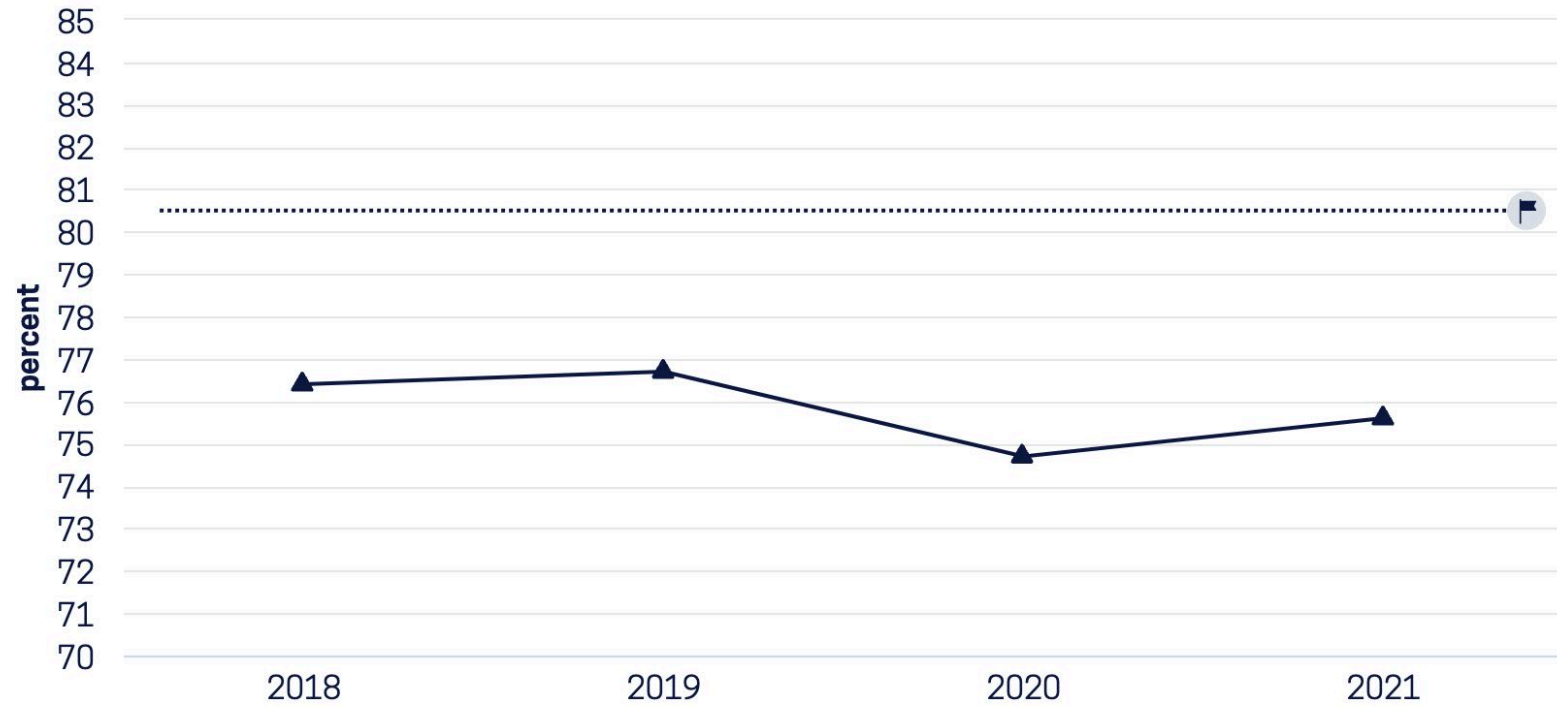
Cesarean births among low-risk women with no prior births, 2018-2021



Data Source: [National Vital Statistics System - Natality \(NVSS-N\), CDC/NCHS](#)

Pregnant women receiving early and adequate prenatal care, 2018-2021

▲ Total ● Target: 80.5



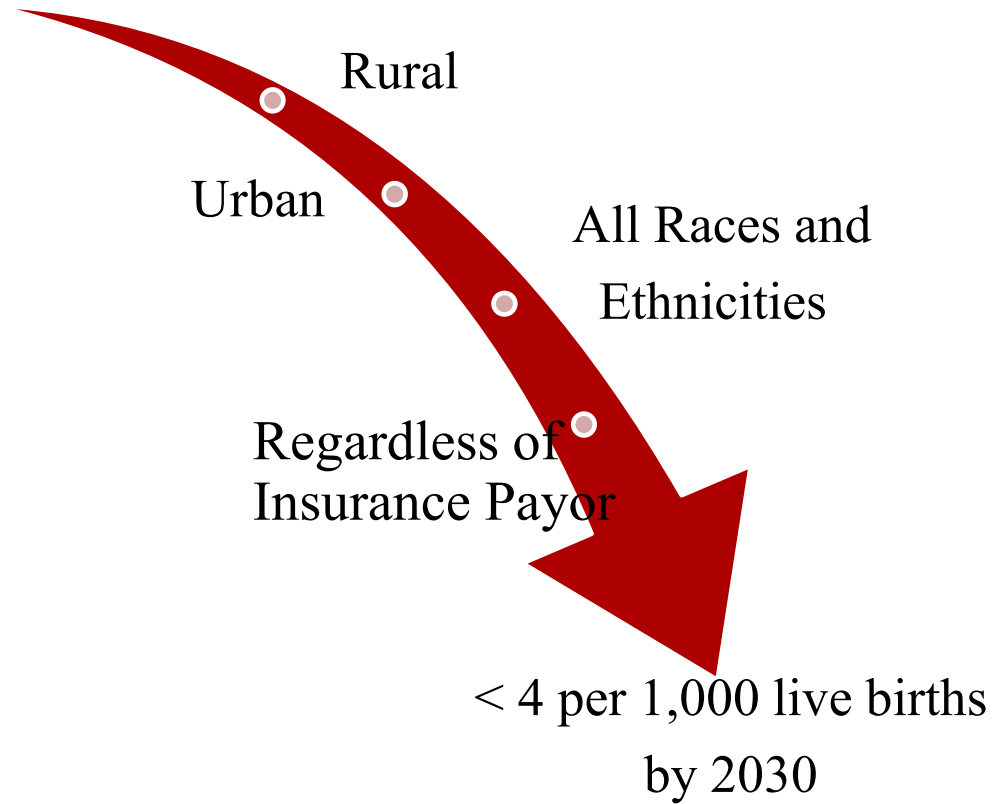
Data Source: [National Vital Statistics System - Natality \(NVSS-N\), CDC/NCHS](#)

ALIGN Group

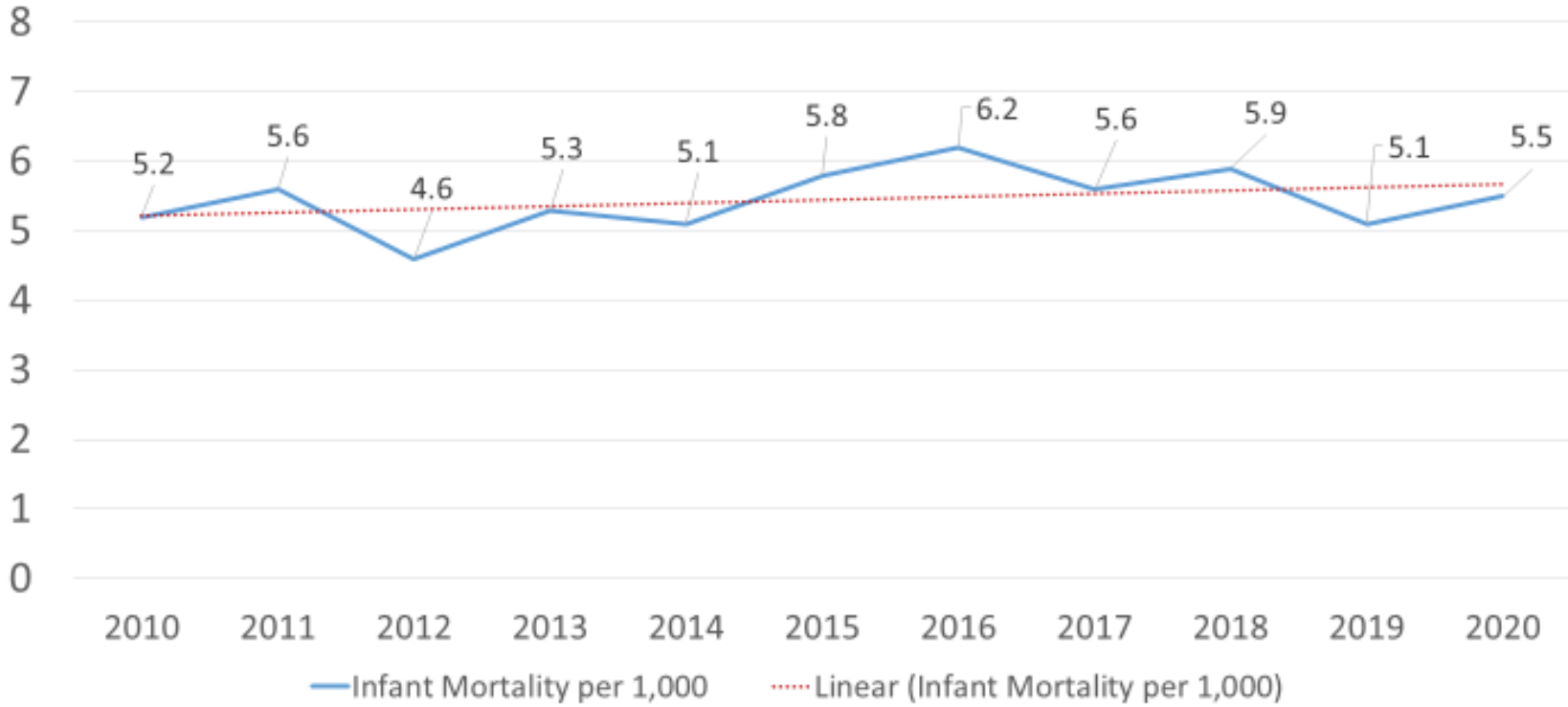


ALIGN GOAL

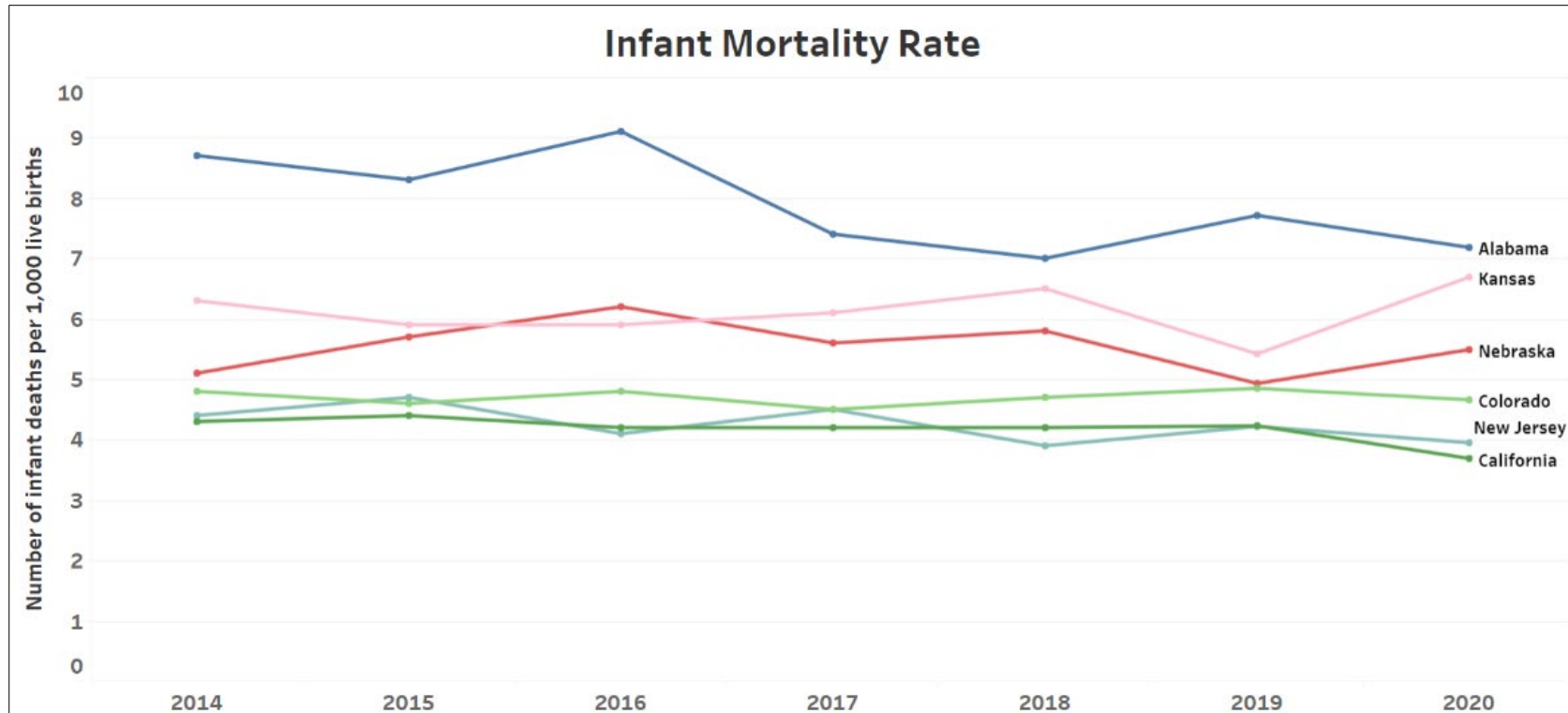
**Reduce Nebraska Infant
Mortality**



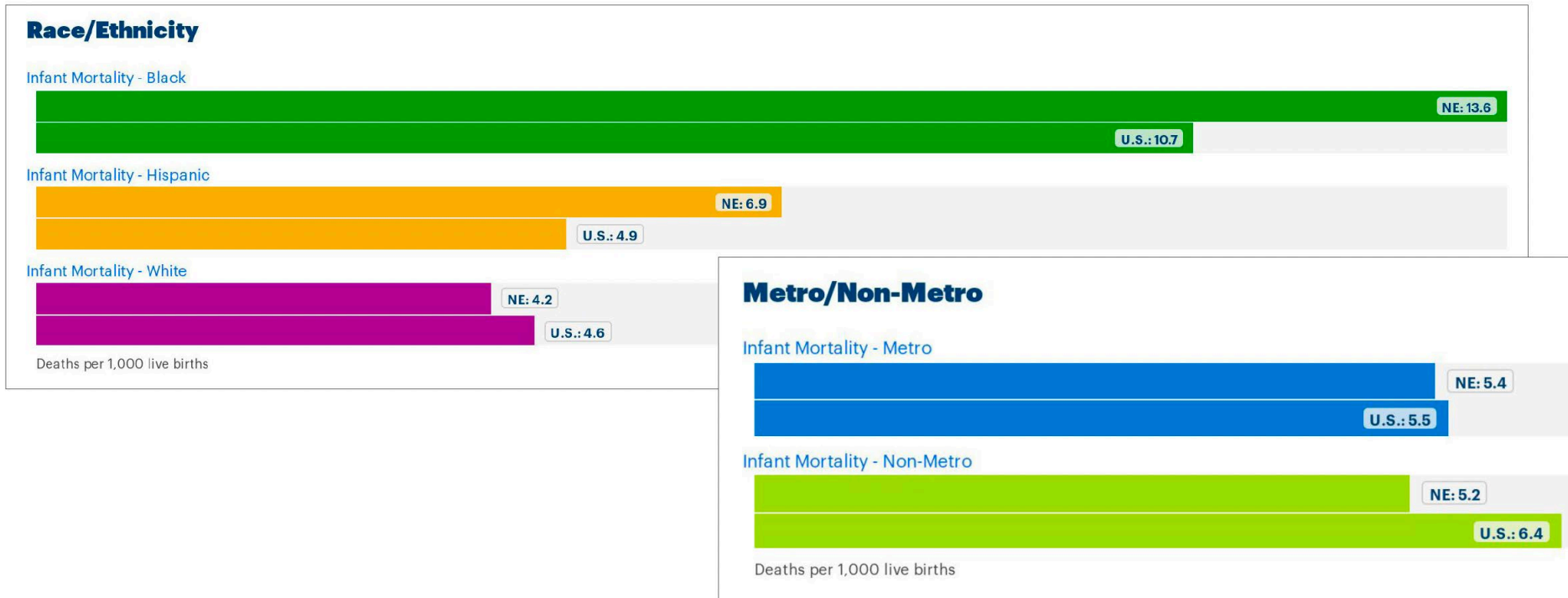
Nebraska Infant Mortality per 1,000



How do we compare?



Nebraska Infant Mortality Disparities



Nebraska Preterm Birth Racial and Ethnic Disparities

Summary Statistics on Preterm Births by Race & Ethnicity

Gestation by Race	37 Weeks & Over		Under 37 Weeks		Total # of Births
	#	%	#	%	
White	17,991	88.7%	2,295	11.3%	20,286
Black	1,506	82.6%	318	17.4%	1,824
AIAN	378	84.2%	71	15.8%	449
Asian	789	86.2%	126	13.8%	915
NHOPI	64	81.0%	15	19.0%	79
More than one race	604	85.2%	105	14.8%	709
Total	21,332	87.9%	2,930	12.1%	24,262

Gestation by Ethnicity	37 Weeks & Over		Under 37 Weeks		Total # of Births
	#	%	#	%	
Non-Hispanic	17,523	88.2%	2,346	11.8%	19,869
Hispanic	3,802	86.7%	584	13.3%	4,386
Total	21,325	87.9%	2,930	12.1%	24,255

Maternal Health & Healthcare Drive Outcomes

[Adequate Prenatal Care]

Percent of women who received care prior to the fifth month and more than 80% of the appropriate number of visits for the infant's gestational age. Adequacy of Prenatal Care is measured using the Adequacy of Prenatal Care Utilization Index, which classifies prenatal care received into four categories (inadequate, intermediate, adequate and adequate plus) by combining information about the timing of prenatal care, the number of visits and the infant's gestational age.

"I had a perfect pregnancy, until I didn't."
Mother from Grand Island focus group

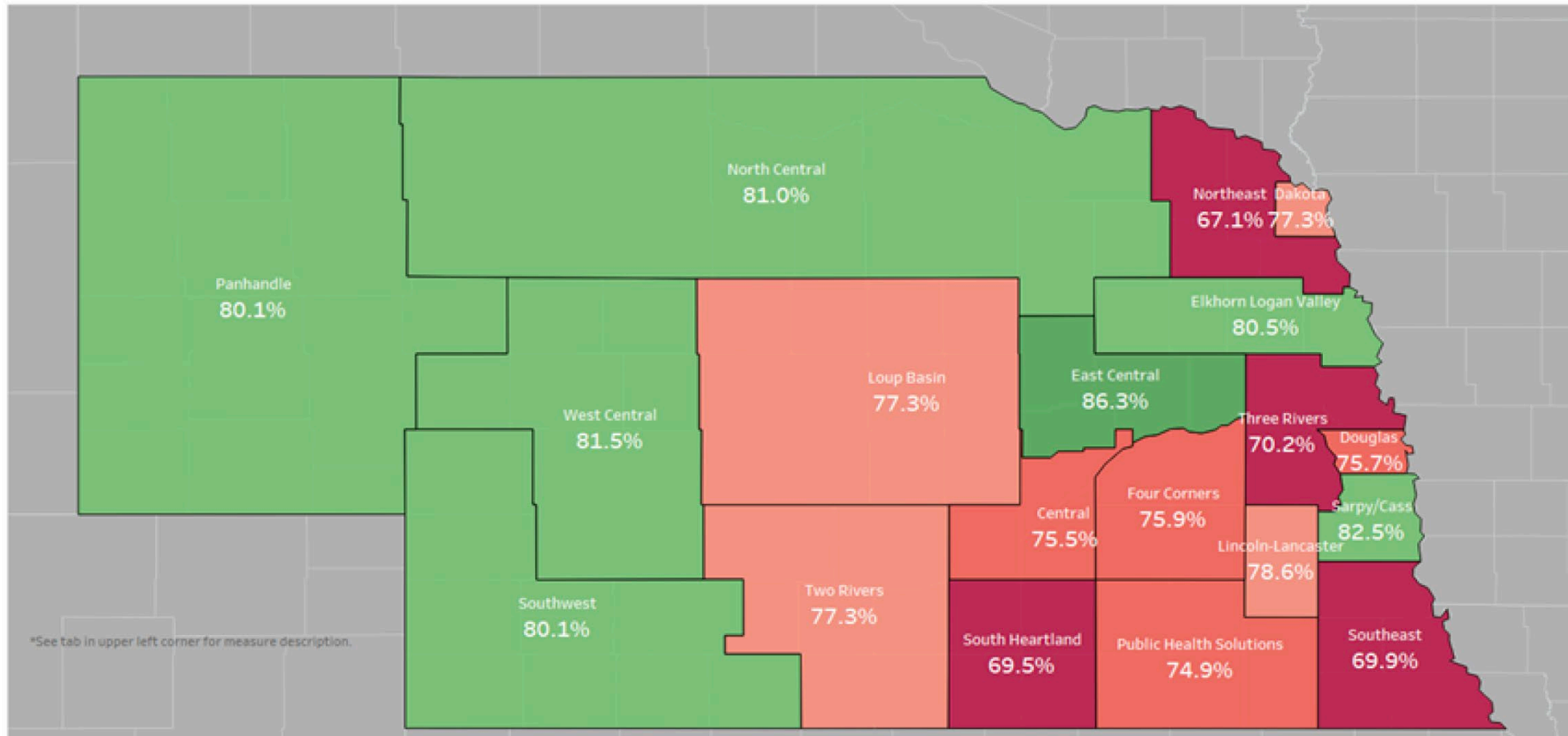
"I wish that I had known that babies could die..." Mother from Grand Island focus group.

Nebraska Prenatal Care Racial and Ethnic Disparities

Race	Births with Adequate Prenatal Care		Births with Inadequate Prenatal Care		Total # of Births
	#	%	#	%	
White	17,051	86.6%	2,631	13.4%	19,682
Black	1,289	74.0%	452	26.0%	1,741
AIAN	264	63.3%	153	36.7%	417
Asian	716	81.0%	168	19.0%	884
NHOPI	50	70.4%	21	29.6%	71
More than one race	570	83.2%	115	16.8%	685
Total	19,940	84.9%	3,540	15.1%	23,480

Ethnicity	Births with Adequate Prenatal Care		Births with Inadequate Prenatal Care		Total # of Births
	#	%	#	%	
Non-Hispanic	16,752	86.7%	2,579	13.3%	19,331
Hispanic	3,184	76.9%	959	23.1%	4,143
Total	19,936	84.9%	3,538	15.1%	23,474

Adequate Prenatal Care - Medicaid - Calendar Year 2020



Data Source: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, 2020 Natality Historic File.

<https://public.tableau.com/app/profile/healthynebraska/viz/AdequatePrenatalCarebyPaymentSource/NatalityMap>

Fewer Than Half Of Rural Hospitals Now Have Maternity Units

“A growing number of rural hospitals have been shutting their labor and delivery units, forcing pregnant women to travel longer distances for care or face giving birth in an emergency department.”

“Fewer than half of rural hospitals now have maternity units, prompting government officials and families to scramble for answers.”

“Closures have worsened so-called ‘maternity care deserts’ – counties with no hospitals or birth centers that offer obstetric care and no OB providers.”

[AP \[mailview.bulletinhealthcare.com\]](mailto:mailview.bulletinhealthcare.com) (9/17/23)

Nebraska

**51.6% of
counties**

are defined as
**maternity care
deserts** compared to
32.6% in the U.S.

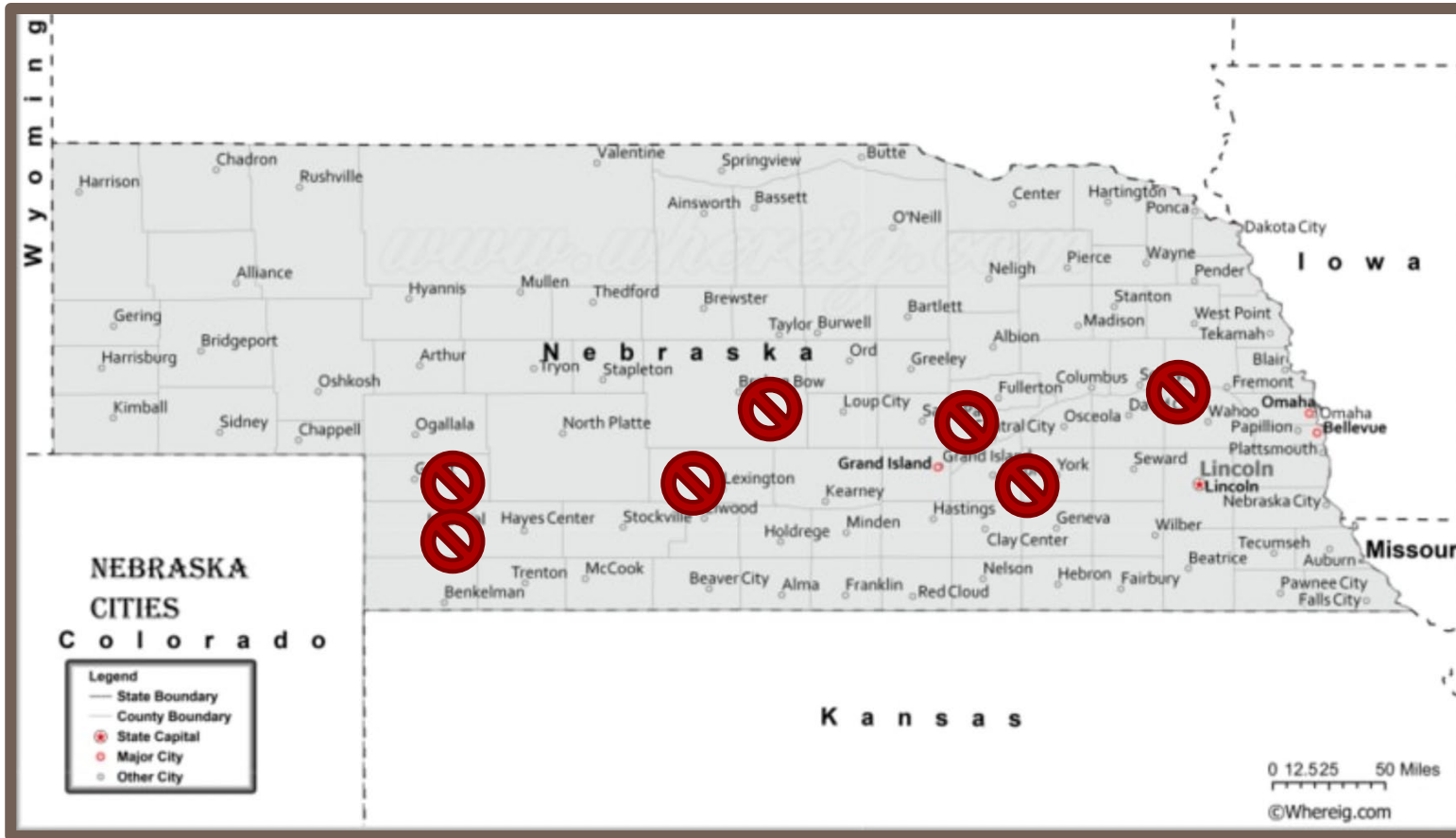
**15.9% of
women**

had **no birthing
hospital within 30
minutes** compared to
9.7% in the U.S.


<https://www.marchofdimes.org/peristats/reports/nebraska/maternity-care-deserts>

Nebraska is Losing Rural Delivery Centers

- 2017 Nebraska had 54 birthing facilities
- Jan of 2024 Nebraska will have 46 birthing facilities
- Six critical access hospitals have discontinued OB services since 2020, with 1 additional facility discontinuing services at the end of 2023.
- Importantly we have had two new birthing facilities open in the same community as an existing center
- **Net loss of 10 rural birthing facilities since 2017**



Up to
1 in 5
of those who are pregnant and in the postpartum period will suffer from a maternal mental health disorder like postpartum depression



Less than
15%
receive treatment



1 in 4
will experience depression during pregnancy



Up to
56%
of those living in poverty experience postpartum depression




Not Just Moms
Maternal mental health disorders impact the whole family




More Than
600,000
will suffer from a maternal mental health disorder in the U.S. every year



Almost
HALF
of adolescent girls struggle with their mental health. This will increase the number suffering postpartum depression in the future



Rates of Depression are more than
Doubled in the Black Population
due to cumulative effects of stress called "weathering"



Perinatal Mental Health



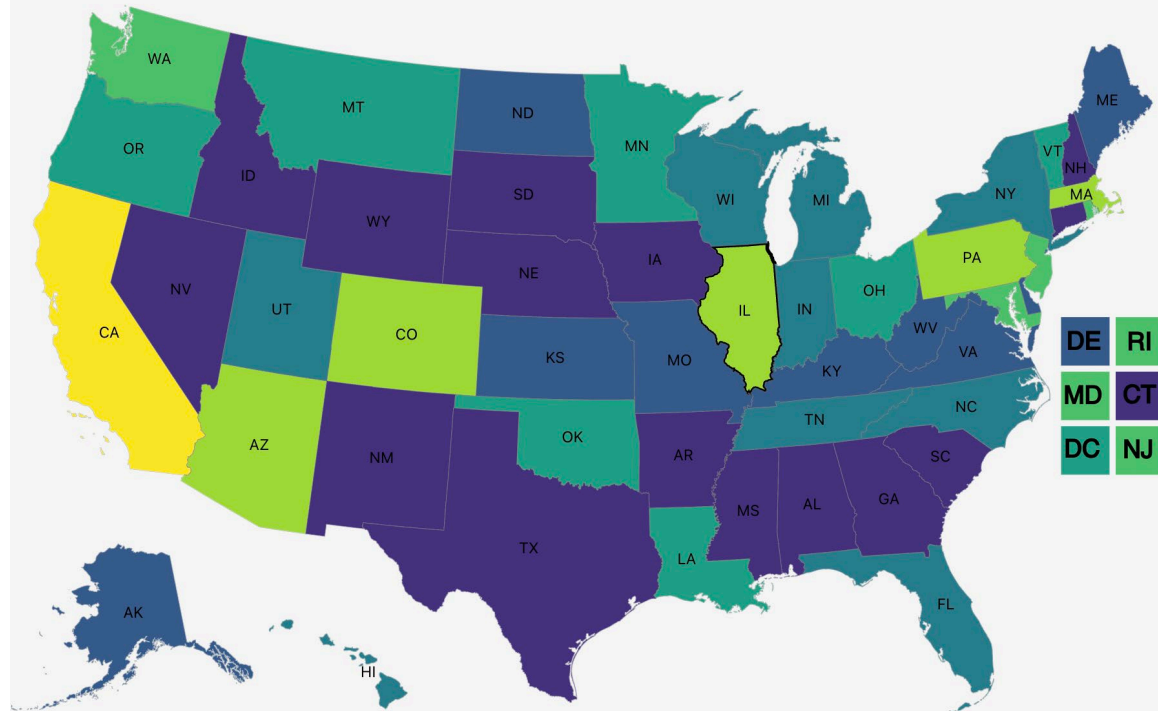
2023 U.S. Maternal Mental Health State Report Cards

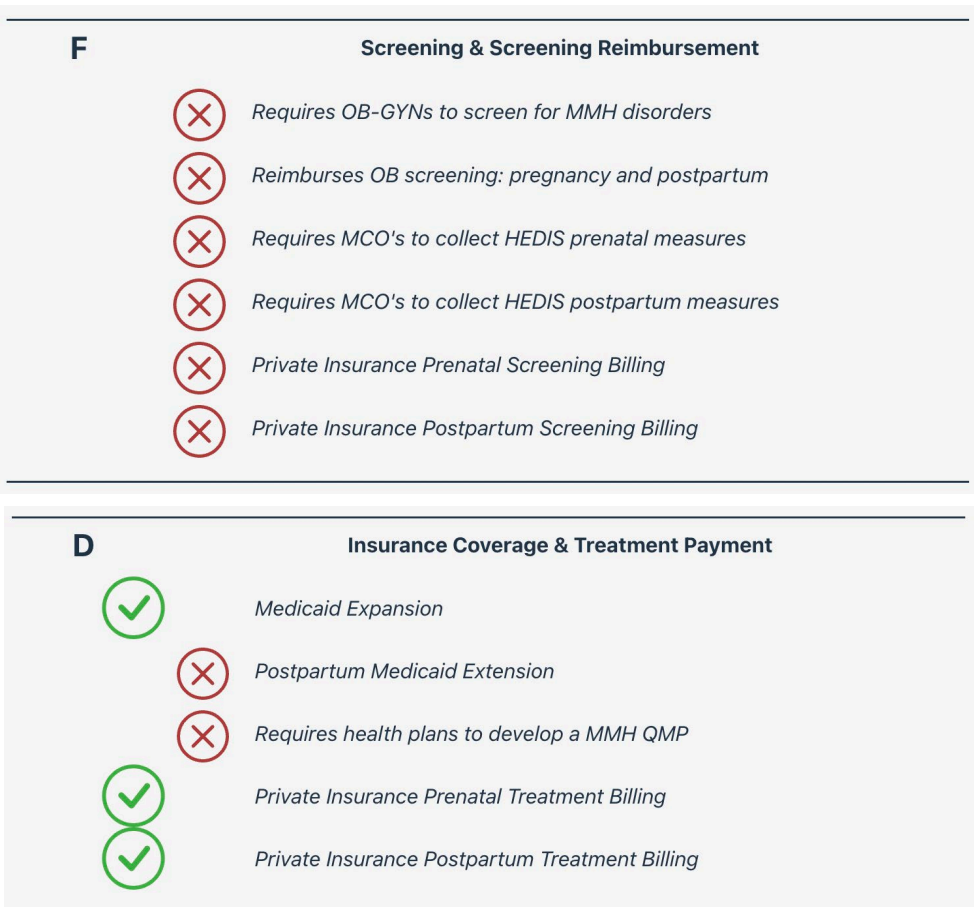
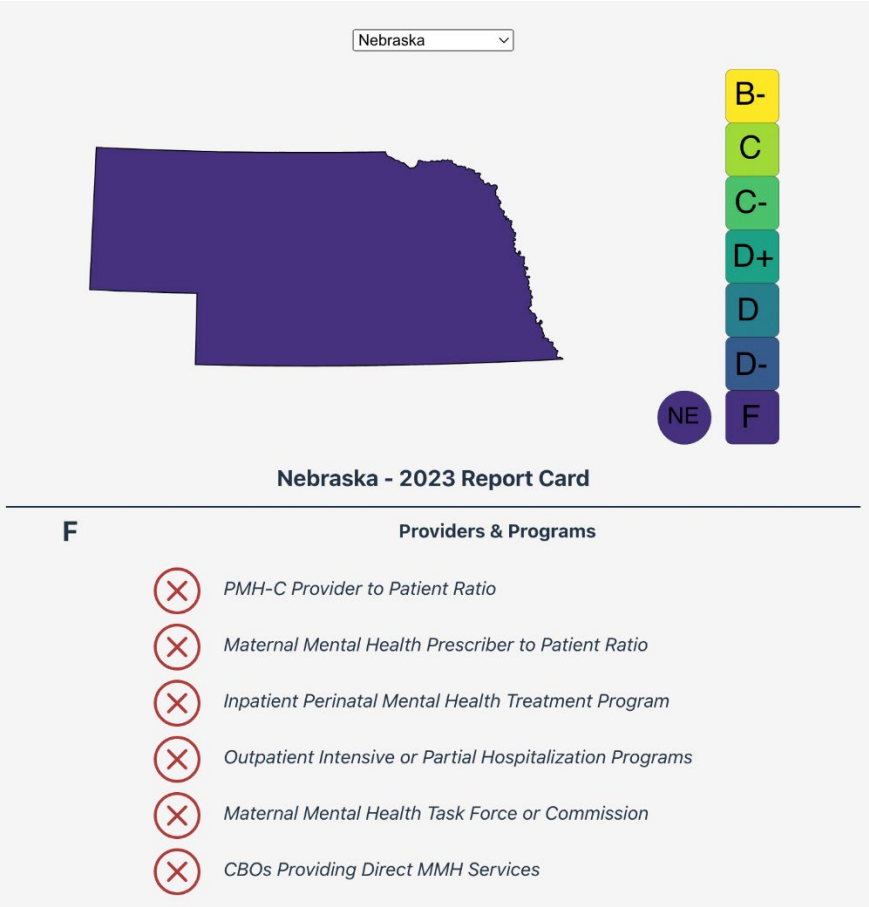
The US is failing to adequately support Maternal Mental Health:

- National Grade of D
- Only one state managed to exceed C+ (CA: B-)
- 40 states and DC received D's and F's

Click the Map to See Your State's Grade

[Learn more about the measures here](#)





Nebraska Progress

NE Policy

[LB 905 \(2022\)](#): requires perinatal mental health screenings by medical doctors and Advanced Practice Registered Nurses and suggests the creation of a referral network by the state Board of Medicine.



WIC Utilization

- Since 1975 WIC demonstrates:
 - Lower rates of food insecurity
 - Improved nutrition
 - Improved birth outcomes
 - Lower medical costs
- USDA estimates ~50% of eligible families receive WIC benefits
- Military families thought to experience lower enrollment rates (<1%)

OB/Gyn > Pregnancy

Mothers in WIC Program Have Better Birth Outcomes, Lower Infant Mortality

— Review highlights need for better evidence about WIC and health outcomes, researchers say

by [Amanda D'Ambrosio](#), Enterprise & Investigative Writer, MedPage Today September 5, 2022

- WIC enrollment during pregnancy has been shown:
 - 23% – reduction in likelihood of NICU admissions
 - 29 – 48% – decreased rates of preterm birth
 - 23 – 36% – reduction in low birth weight
 - 22 – 31% – decrease in perinatal death

Birth Outcomes: Nebraska in Comparison

Relative to other states in the Midwest and nationally, Nebraska has high rates of overall maternal mortality, maternity care deserts, and disparities for Black and Native infants.

Nebraska ranks in the top five in the U.S. for highest rates of:

a) maternity care deserts and b) Black or African American infant mortality rates

Criteria		Kansas	Iowa	Nebraska	National
Birth Equity	Maternal Mortality Rates ¹	22	20.2	26.2	23.7
	Maternity Care Deserts	45.7%	33.3%	51.6%	32.6%
	Infant Mortality Rates- Overall ²	5.1	3.1	4.8	4.4
	Infant Mortality Rates- White	5.3	3.9	5.5	5.4
	Infant Mortality Rates- Black or African-American	10.5	14.3	13.1	10.6
	March of Dimes Report Card 2022 and Preterm Birth Rate	Grade C (9.8%)	Grade C (10%)	Grade D (10.8%)	D+ (10.5%)
	Preterm Birth Rates - White	9.5	9.5	10	9.3
	Preterm Birth Rates- Black, AI/AN	14.2% for Black infants, 8.7% AI/AN	12.9% for Black infants, 12.8% for AI/AN	15.3% for Black infants, 13.4% for AI/AN	14.4% for Black infants, 11.8% for AI/AN

¹Maternal Mortality Rates 2018-2021, CDC

²Infant Morality Rates 2021, CDC Wonder

Key: Concerning Data

(CDC, March of Dimes)

Call to Action - Nebraska

- Extension of Post-partum Medicaid Coverage to 12 months
- Optimize Pathways for Early Entry to Prenatal Care
- Early Entry into WIC with Continued Expanded Benefits for fruits and vegetables
- Coverage of Doula Care
- Expansion of Maternal Mental Health Access

Key Targets

Decrease Nebraska **Infant Mortality** to <4 per 1,000 by 2030

Increase Rates of **Early & Adequate Prenatal Care** for Medicaid Recipients to >80% in All Nebraska Public Health Districts by 2025

2023-2024 Intervention Strategies to Achieve 2025 Target

1. Launch a Statewide Educational Campaign to Inform All Nebraska Women of the Importance of Early & Adequate Prenatal Care
2. Ensure Availability of Local Assistance for Pregnant Women to Help Them Access Prenatal Care and Obtain Insurance Coverage if Needed
3. Streamline the Application for Medicaid Eligibility and Set a Goal of < 2 weeks from Application Start to Preliminary Medicaid Managed Care Plan Assignment while Awaiting Eligibility Determination
4. Pilot Community Support for Select High-Risk Demographic Groups (Community Health Worker/Community Breastfeeding Educator/Doula Model)
5. Establish Universal Evidence-Based High-Risk Screening for Pregnant Women with Timely Referral and Communication of Risks to Medicaid Managed Care Plans
6. Build a Hospital-Based Method of Tracking Birth Outcomes with Quarterly Data at the Community Level

Acknowledgements

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