

MATERNAL HEALTH IN GEORGIA

Demographics

- 26% of Black people in Georgia live in poverty.¹
- Georgia has not expanded Medicaid under the Affordable Care Act (ACA).²
- 20% of women in Georgia ages 19-64 are uninsured and 24% of those women are in the Medicaid coverage gap.³
- For Black women in Georgia ages 18 and older...
 - ❖ 23% do not have a personal doctor or health care provider;
 - ❖ 28% did not see a doctor in the prior 12 months due to cost; and
 - ❖ 37% report poor mental health status and 22% report fair or poor overall health.⁴

Pregnancy and maternal health in Georgia

- Over half of all births in Georgia – and almost three-quarters of births to Black women – are unplanned pregnancies.⁵
- 15.8% of women in Georgia receive delayed prenatal care or none at all; this rate rises to 21.9% for women of color.⁶
- Black women in Georgia are the most likely racial/ethnic group to report symptoms of postpartum depression.⁷
- As reported by the Georgia Department of Public Health (via their Online Analytical Statistical Information System, or OASIS), the Maternal Mortality Ratio (MMR) in Georgia has been rising.⁸
 - ❖ The Georgia MMR hit a rate of 68.8 pregnancy-related deaths per 100,000 live births in 2014, up from 11.5 ten years prior. For Black women, the 2014 MMR was even more drastic, at 90.3.⁹
 - ❖ OASIS data is generated from information recorded on death certificates, includes deaths “related to or aggravated by pregnancy or pregnancy management,” and does not include deaths that occur more than 42 days after pregnancy has ended.¹⁰
- Black and White women in Georgia are equally likely to report high blood pressure, hypertension (including pregnancy-induced hypertension), preeclampsia, or toxemia during pregnancy.¹¹ However, African-Americans made up 68% of pregnancy-related deaths in Georgia in 2012 (the most recent year for which there is a case review).¹² Of women ages 18-64 in Georgia, 34% are Black.¹³
 - ❖ The most common causes of pregnancy-related deaths for women in Georgia in 2012 were hemorrhage (28%), hypertension (16%), cardiac (16%), embolism (16%), and seizure (12%).¹⁴
 - ❖ Obesity was also “a compounding factor,” with 58% of cases with a known pre-pregnancy weight classified as overweight, obese, or morbidly obese, according to their BMI.¹⁵ In general, 58% of Black women in Georgia are either overweight or obese when they enter pregnancy.¹⁶

Reproductive health care access and funding

- 70+ counties in Georgia currently have no OB physician and 40+ counties have no obstetrical care of any kind (no OB/GYN, family physician doing OB, or midwife).¹⁷
- Over the last 21 years, at least 31 Labor and Delivery Units have closed, 19 in rural counties, leaving over 70% of Georgia’s 159 counties without Labor and Delivery Units.¹⁸

- 83% of Georgia women must travel outside their county to deliver.¹⁹ Even with individual and population-level risk factors taken into account, Georgia women who drive more than 45 minutes to a hospital for their labor and delivery are more than 1.5 times as likely to deliver a preterm baby as women who drive less than 15 minutes.²⁰
- In 2014, pregnant women represented less than 1% of the individuals in Georgia that were served by the Title V funds for maternal and child health (MCH).²¹
- However, after a 2015 needs assessment, the state will prioritize maternal mortality prevention through the year 2020,²² with approximately 8% of the federal-state MCH block grant partnership budget for fiscal year 2016 dedicated to care for pregnant women.²³

The Georgia Maternal Mortality Review Committee (MMRC)

- In 2014, Georgia passed a law establishing a Maternal Mortality Review Committee (MMRC), providing legal protections for committee members, ensuring the confidentiality of the review process, and ensuring that the committee had access to necessary data for case reviews.²⁴
- The MMRC is a multidisciplinary committee, consisting of approximately 45 members each serving a three year term, and its mission is “to identify pregnancy-associated deaths, review those caused by pregnancy complications and other selected deaths, and identify problems contributing to these deaths and interventions that may reduce these deaths.”²⁵
- In June 2015, the MMRC released its first annual report, which presented a case review of all maternal deaths in Georgia in 2012. The recommendations of the MMRC fell into two categories:
 - ❖ Improving the case review process itself; and
 - ❖ Encouraging more focus and education around appropriate dosages and use of prescription medications for chronic illness management during pregnancy.²⁶
- Georgia is one of 12 states that participated in the *Every Mother Initiative*, an Association of Maternal & Child Health Programs (AMCHP) effort (with funding from *Merck for Mothers*) from May 2013 - April 2016. This initiative helped states strengthen their capacity to analyze maternal deaths through MMRCs and implement lessons learned.²⁷
 - ❖ The Georgia MMRC has found that untreated chronic health problems are raising the risk of maternal mortality in Georgia. As part of the *Every Mother Initiative* in 2014, Georgia translated this information into action by testing new resources aimed at helping women avoid pregnancy until their conditions are well managed.²⁸

Proactive legislation in Georgia: 2015-2016

- The following bills were proposed but did not advance:
 - ❖ A bill banning shackling during labor and post-delivery recovery;²⁹
 - ❖ A bill regarding the treatment of pregnant women and providing reasonable accommodations to job applicants and employees regarding pregnancy, childbirth, and related circumstances;³⁰
 - ❖ A consumer protection bill on health insurance, which would have required insurance to provide out-of-network referrals when there are no other geographically accessible providers and ensure that women have direct access to pregnancy-related care;³¹
 - ❖ A bill creating a paid sick leave program that would be inclusive of the birth, adoption, or foster care placement of a new child;³² and
 - ❖ A resolution calling for comprehensive reproductive health care.³³
- The Georgia Senate did pass a resolution that included a ban on pregnancy-based harassment; however, the bill narrowly covers only Georgia Senate employees.³⁴
- The Georgia Senate also established a temporary Senate Women’s Adequate Healthcare Study

Committee, which met from September to December 2015. It included maternal mortality in its scope of study and made the following recommendations, among others: increase access to obstetric, certified nurse midwife (CNM) and public health practices in rural areas of the state; establish additional CNM programs in Georgia; increase Medicaid reimbursement rates for CNM services; and expand the scope of practice for advanced practice nurses and CNMs.³⁵

What else is happening in Georgia?

- Based on its 2015 assessment of state-wide maternal and child health needs, Georgia has selected the prevention of maternal mortality as one of its top Title V priorities for the next 5 years.³⁶
- The Title V State Action Plan for maternal health includes goals for 2015-2016, such as continuing to produce an annual maternal mortality report, educating hospitals on their maternal death reporting requirements, translating MMRC findings into action, improving access to family planning, and promoting well-woman visits.³⁷ (The Georgia Department of Public Health welcomes feedback related to Title V via its website.³⁸)
- The 2015 needs assessment around maternal health also identified the following areas for improvement:
 - ❖ Reduce obesity and associated chronic conditions in order to improve the overall health of women of reproductive age in Georgia;
 - ❖ Increase use of preventive medical care, including well-woman visits and first trimester prenatal care; and
 - ❖ Provide support services for mothers and increase the availability of resources related to postpartum depression.³⁹
- *Merck for Mothers* is currently supporting the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) in efforts to improve maternal health in Georgia.⁴⁰
 - ❖ AWHONN is training nurses in Georgia to better educate new mothers about the signs and symptoms that may require medical attention after childbirth;⁴¹
 - ❖ AWHONN's Postpartum Hemorrhage Project is working with 20-30 hospitals in Georgia to reduce clinician errors associated with obstetric haemorrhage.⁴²
- Georgia is one of two states to have passed a law (in 2014) codifying medical-legal partnerships, which allow medical service providers and legal services programs to collaborate on programs "to provide legal services without charge to assist income-eligible individuals and their families in resolving legal matters or other needs that have an impact on their health." The state certification provided by this law can foster long-term sustainability for these programs.⁴³

¹ KAISER FAMILY FOUNDATION (KFF), *State Health Facts: Poverty by Race/Ethnicity 2014*, <http://kff.org/other/state-indicator/poverty-rate-by-raceethnicity> (last accessed May 27, 2016).

² KFF, *Status of State Action on the Medicaid Expansion Decision (as of March 14, 2016)*, <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/> (last accessed June 15, 2016).

³ KFF, *State Profiles for Women's Health: Georgia – Coverage and Access*, <http://kff.org/interactive/womens-health-profiles/?activeState=Georgia&activeCategoryIndex=0&activeView=data> (last accessed May 27, 2016).

⁴ KFF, *State Profiles for Women's Health: Georgia – Demographics and Coverage and Access*, <http://kff.org/interactive/womens-health-profiles/?activeState=Georgia&activeCategoryIndex=0&activeView=data> (last accessed May 27, 2016).

⁵ GA. DEP'T OF PUBLIC HEALTH, *GEORGIA FIVE YEAR NEEDS ASSESSMENT FOR THE MATERNAL AND CHILD HEALTH SERVICES TITLE V BLOCK GRANT: DRAFT AS OF 8/3/2015 27-28 (2015)* [hereinafter GA. FIVE YEAR NEEDS ASSESSMENT], https://dph.georgia.gov/sites/dph.georgia.gov/files/MCH/TitleV/Ga_Five_Year_Needs_Assessment_DRAFT.pdf.

⁶ Amnesty International, *Georgia State Profile: Indicators of Steps to Respect, Fulfill, and Protect the Right to Maternal Health* (Mar. 2010), <http://www.amnestyusa.org/dignity/pdf/states/GeorgiaStateProfile.pdf>.

⁷ HEALTHY MOTHERS, HEALTHY BABIES COALITION OF GEORGIA, *THE STATE OF THE STATE OF MATERNAL & INFANT HEALTH IN GEORGIA: WHERE WE HAVE BEEN, WHERE WE ARE NOW, AND WHAT WE CAN DO 21 (2015)* [hereinafter HEALTHY MOTHERS], http://www.hmhbga.org/HMHB_State_of_the_State.pdf.

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- ⁸ Maternal/Child Web Query, ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM, <https://oasis.state.ga.us/oasis/oasis/qryMCH.aspx> (last accessed June 2, 2016).
- ⁹ *Id.* (for “Measure” select “Maternal Deaths and Maternal Mortality Ratio,” for “Age” select “All Mothers Ages,” for “Time” select “2004” and “2014,” for “Counties” select “Georgia,” for “Race” select “All Races,” and for “Ethnicity” select “All Ethnicities,” then follow “Get Data!” hyperlink; then run scenario again except for “Race” select “Black or African-American” and for “Ethnicity” select “Not Hispanic or Latino”).
- ¹⁰ HEALTHY MOTHERS, *supra* note 7, at 17.
- ¹¹ GA. FIVE YEAR NEEDS ASSESSMENT, *supra* note 5, at 33.
- ¹² GEORGIA MATERNAL MORTALITY REVIEW COMMITTEE (GA. MMRC), GEORGIA MATERNAL MORTALITY: 2012 CASE REVIEW 10 (2015), *available at* https://dph.georgia.gov/sites/dph.georgia.gov/files/MCH/MMR_2012_Case_Review_June2015_final.pdf.
- ¹³ KFF, *State Profiles for Women’s Health: Georgia – Demographics*, *supra* note 4 (showing that 34% of women in Georgia are Black).
- ¹⁴ GA. MMRC, *supra* note 12, at 15.
- ¹⁵ GA. MMRC, *supra* note 12, at 12 and 17.
- ¹⁶ HEALTHY MOTHERS, *supra* note 7, at 16.
- ¹⁷ Georgia Obstetrical and Gynecological Society, Women’s Healthcare in Georgia 8 (Sept. 2015), http://www.senate.ga.gov/committees/Documents/GA_OBGYN_9_14_2015.pptx.
- ¹⁸ HEALTHY MOTHERS, *supra* note 7, at 4.
- ¹⁹ Georgia Regents University: Augusta, Current Status of Obstetrics in Georgia 2015 5 (Oct. 2015), <http://www.senate.ga.gov/committees/Documents/Oct%2026%20GRU%20Current%20Status%20of%20OB%20in%20Georgia%20-%20Dr.%20Browne.pdf>.
- ²⁰ Georgia Obstetrical and Gynecological Society, Access to Obstetrical Care: Rural Labor and Delivery Unit Closures 6 (Nov. 2014), <https://dch.georgia.gov/sites/dch.georgia.gov/files/Access%20to%20Obstetrical%20Care.pdf>.
- ²¹ GA. DEP’T OF PUBLIC HEALTH, MATERNAL AND CHILD HEALTH SERVICES TITLE V BLOCK GRANT: GEORGIA 115 (Sept. 23, 2015) [hereinafter MATERNAL AND CHILD HEALTH SERVICES TITLE V BLOCK GRANT: GEORGIA], https://dph.georgia.gov/sites/dph.georgia.gov/files/MCH/TitleV/GA_TitleV_PrintVersionFINAL.pdf.
- ²² *Maternal and Child Health Services Title V Block Grant*, Georgia Department of Public Health, <https://dph.georgia.gov/TitleV> (last accessed May 31, 2016).
- ²³ MATERNAL AND CHILD HEALTH SERVICES TITLE V BLOCK GRANT: GEORGIA, *supra* note 21, at 104.
- ²⁴ S.B. 273, 152nd Leg. (Ga. 2014), *available at* <http://www.legis.ga.gov/legislation/en-US/Display/20132014/SB/273>; GA. MMRC, *supra* note 12, at 4.
- ²⁵ GA. MMRC, *supra* note 12, at 4.
- ²⁶ *Id.*, at 22.
- ²⁷ Merck for Mothers and AMCHP, *Understanding Why Women Die During Pregnancy and Childbirth*, <http://merckformothers.com/docs/7AMCHP.pdf> (accessed June 15, 2016).
- ²⁸ Priya Agrawal, *States Taking Action to Break the Link Between Chronic Disease and Maternal Death*, HEALTH AFFAIRS BLOG (Feb. 19, 2016), <http://healthaffairs.org/blog/2016/02/19/states-taking-action-to-break-the-link-between-chronic-disease-and-maternal-death/>.
- ²⁹ H.B. 718, 153rd Leg. (Ga. 2016).
- ³⁰ H. B. 972, 153rd Leg. (Ga. 2016).
- ³¹ S.B. 382, 153rd Leg. (Ga. 2016).
- ³² S.B. 411, 153rd Leg. (Ga. 2016).
- ³³ H. Res. 746, 153rd Leg. (Ga. 2015).
- ³⁴ S. Res. 1, 153rd Leg. (Ga. 2015).
- ³⁵ S. Res. 560, 153rd Leg. (Ga. 2015), *available at* <http://www.legis.ga.gov/Legislation/en-US/display/20152016/SR/560>; SENATE RESEARCH OFFICE, FINAL REPORT OF THE WOMEN’S ADEQUATE HEALTH CARE SENATE STUDY COMMITTEE 15 (2015), <http://www.senate.ga.gov/sro/Documents/StudyCommRpts/WomenAdequateHealthCare2015.pdf>; *see also* GEORGIA STATE SENATE, 2015 STUDY COMMITTEES: S. Res. 560 Committee Documents, <http://www.senate.ga.gov/committees/en-US/2015StudyCommittees.aspx>.
- ³⁶ *Maternal and Child Health Services Title V Block Grant*, *supra* note 22.
- ³⁷ MATERNAL AND CHILD HEALTH SERVICES TITLE V BLOCK GRANT: GEORGIA, *supra* note 21, at 52-55.
- ³⁸ *Maternal and Child Health Services Title V Block Grant*, *supra* note 22.
- ³⁹ GA. FIVE YEAR NEEDS ASSESSMENT, *supra* note 5, at 50.
- ⁴⁰ *United States Fact Sheet*, Merck for Mothers, http://merckformothers.com/our-work/united-states/fact_sheet.html (last accessed June 16, 2016).
- ⁴¹ *Id.*
- ⁴² *Project Overview*, The AWHONN Postpartum Hemorrhage Project, <http://www.pphproject.org/project-overview.asp> (last accessed June 15, 2016).
- ⁴³ *Georgia Second State to Endorse Medical-Legal Partnership*, NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP (May 29, 2014), <http://medical-legalpartnership.org/georgia-becomes-second-state-endorse-medical-legal-partnership/>.