Maternity Action Plan

Collect and Use Data to Improve Equity and Quality

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Ob / Gyn

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Disclosures

- I have no financial disclosures.
- I have the lived experience as a birthing person who gave birth to 3 living children in New Jersey- 1 born too soon, 2 remain living
- My work is often not valued as much as others because of my race and gender.

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New Jersey Maternal Data Center

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Maternal Care Quality Collaborative

The New Jersey Maternal Care Quality Collaborative (NJMCQC) serves as the state's legislated 34-member maternal health task force. The NJMCQC was formed to improve maternal health outcomes by catalyzing a multidisciplinary collaboration, analyzing maternal health data, and promoting timely innovation and education at the consumer, provider, and system levels. The collaborative will coordinate efforts and strategies aimed at reducing severe maternal morbidity (SMM) and mortality, and racial/ethnic disparities across the state.

NJMCQC New Jersey Maternal Care Quality Collaborative

Public Meeting Information

To health! NJHA New Jersey Hospital Association

Patient Safety | Harm Reduction | Neonatal Abstinence Syndrome | Health Equity | Shared Learning | COVID-19

NJ Perinatal Quality Collaborative

NJHAD New Jersey State Health Assessment Data
New Jersey's Public Health Data Resource
Path: NJSHAD » Home

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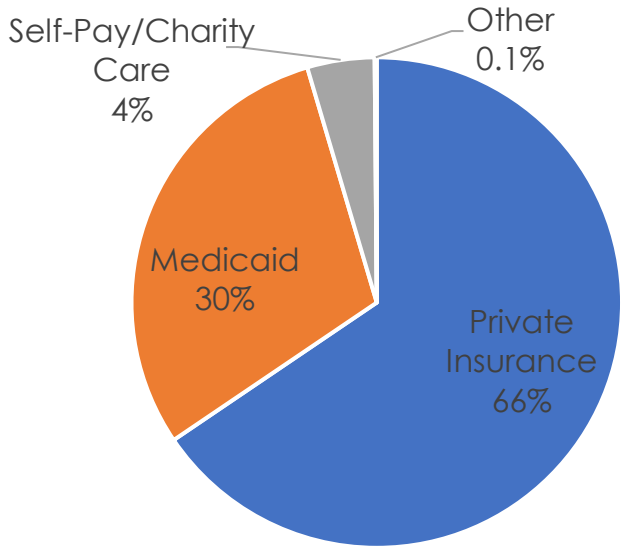
MORE NEW DATA AND REPORTS:

- 2021 STD Incidence Data (Jul 2022)
- 2020 Marriage Counts (June 2022)
- 2020 Behavioral Risk Factor Survey Data (May 2022)

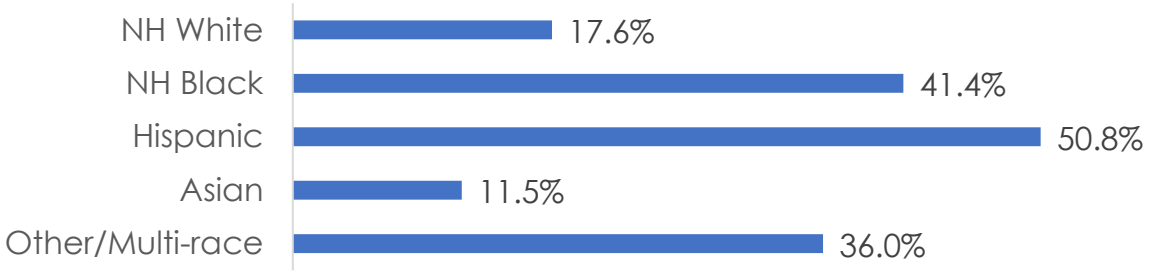
The New Jersey Department of Health's State Health Assessment Data (NJSHAD) System provides access to public health datasets, statistics, and information on the health status of New Jerseyans. **If you're new to NJSHAD, start here:**

Access to Care/ Health Insurance	Air Quality	Alcohol	Asthma/COPD	Births/Maternity
Brain and Nervous System	Cancer	Cardiovascular Disease	Child/Adolescent Health	Demographic Characteristics

Delivery Hospitalizations by Mother's Insurance Coverage
New Jersey, 2019



Medicaid Coverage Percentage in each Racial/Ethnic Group, 2019



Maternity Care in New Jersey

Births and Demographics

In 2019, 30% of delivery hospitalizations were to mothers on Medicaid, compared to 31% in 2018 (not shown) representing a 3% decrease.

In 2019, 66% of delivery hospitalizations were to mothers with private insurance compared to 65% in 2018 (not shown) representing a 2% increase.

When looking at distribution of insurance coverage for delivery hospitalizations in each racial/ethnic group, in 2019, 50.8% of Hispanic women and 41.4% of Non-Hispanic Black women were covered by Medicaid compared to 11.5 % of Asian mothers and 17.6% of Non-Hispanic White mothers.

Data Source: 1. New Jersey Hospital Discharge Data Collection System, Health Care Quality Assessment, Healthcare Quality and Informatics, NJ Department of Health
2. Vital Information Platform (New Jersey Electronic Birth Certificate Database).

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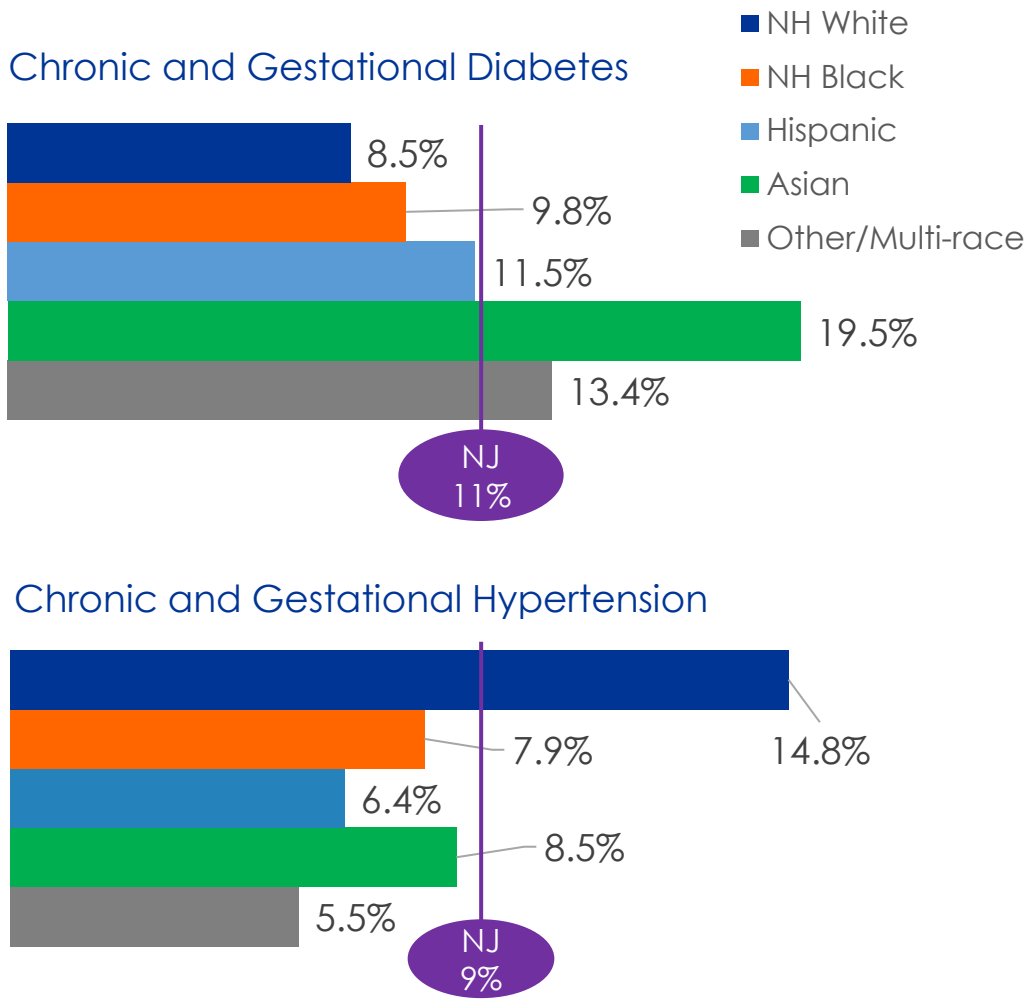
Maternal Medical Conditions, by Race/Ethnicity

New Jersey, 2019



Maternity Care in New Jersey

Risk Factors

In 2019, 11% of mothers who gave birth at a hospital were diabetic. Racial and ethnic disparities were observed, with the highest rate of diabetes amongst Asian mothers at 19.5% compared to Non-Hispanic White mothers at 8.5%.

In 2019, 9% of mothers who gave birth at hospital were hypertensive. Similarly, racial and ethnic disparities were observed with the highest rate being amongst Non-Hispanic Black mothers (14.8%) and the lowest amongst Other/Multiracial mothers (5.5%).

Data Source: 1. New Jersey Hospital Discharge Data Collection System, Health Care Quality Assessment, Healthcare Quality and Informatics, NJ Department of Health
2. Vital Information Platform (New Jersey Electronic Birth Certificate Database).

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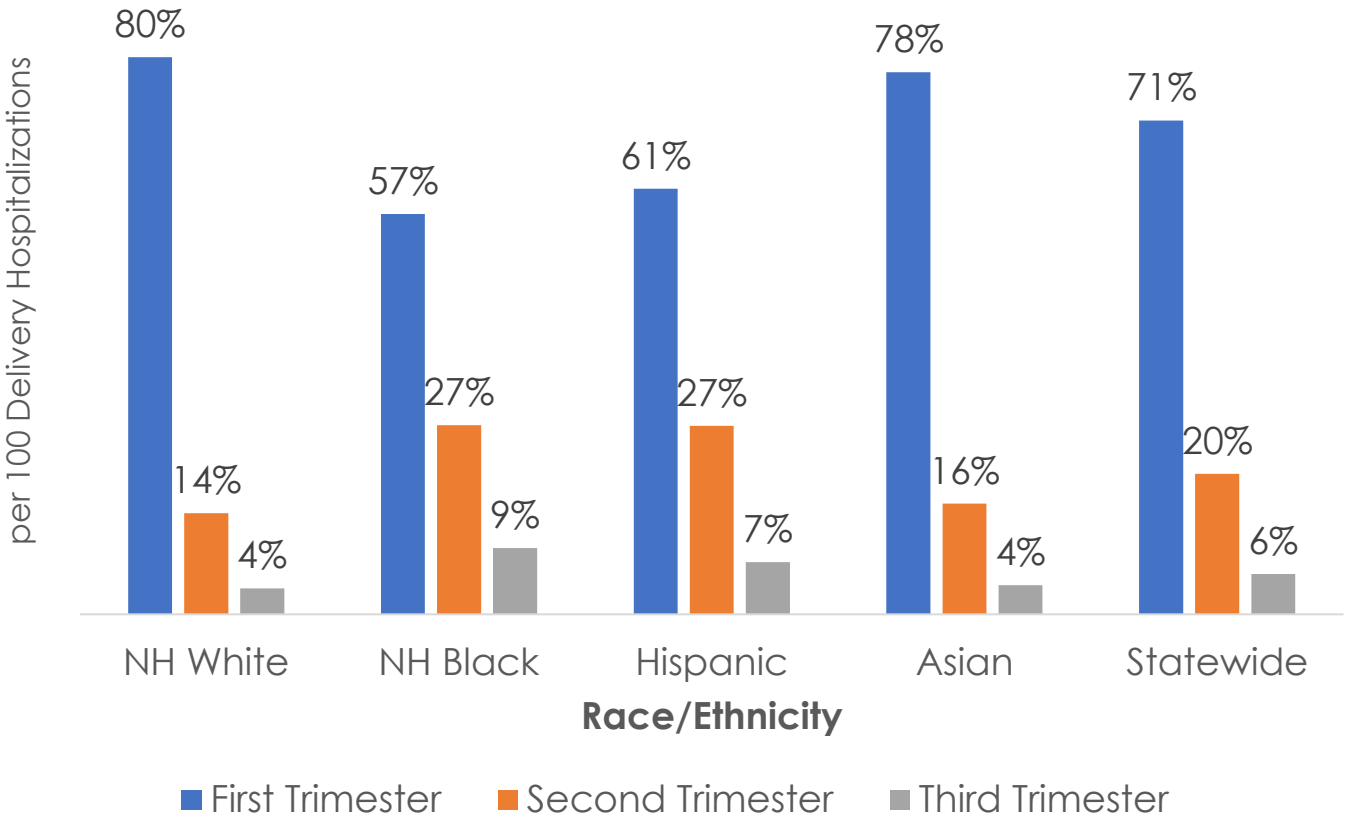
Delivery Hospitalizations by Prenatal Care Initiation
New Jersey, 2019



In 2019, 71% of all mothers initiated prenatal care in the first trimester of their pregnancy. This was a minimal improvement over 2016, during which time 70% of mothers initiated prenatal care in their first trimester and no improvement at all over 2018 (not shown).

However, racial disparities in the timing of initiation of care were evident, with 80% of Non-Hispanic White mothers starting care in their first trimester, but only 57% of Non-Hispanic Black mothers doing so.

Data Source: 1. New Jersey Hospital Discharge Data Collection System, Health Care Quality Assessment, Healthcare Quality and Informatics, NJ Department of Health
2. Vital Information Platform (New Jersey Electronic Birth Certificate Database).

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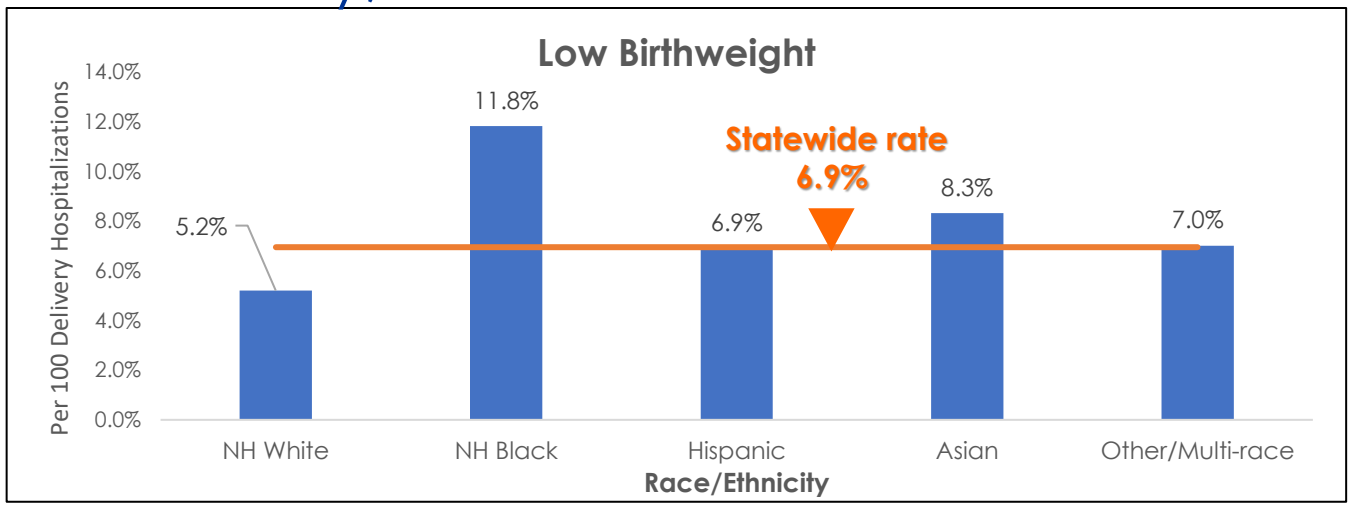
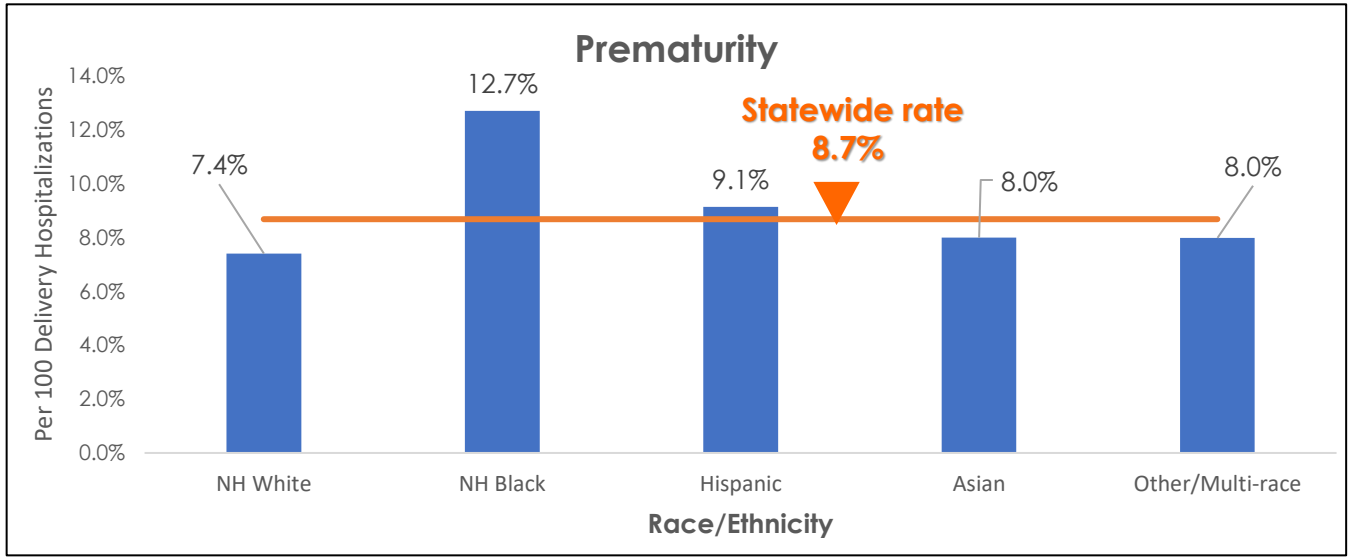
Childbirth-Related Quality Measures, by Race/Ethnicity

New Jersey, 2019





Data Source: 1. New Jersey Hospital Discharge Data Collection System, Health Care Quality Assessment, Healthcare Quality and Informatics, NJ Department of Health
2. Vital Information Platform (New Jersey Electronic Birth Certificate Database).

Maternity Care in New Jersey

Infant Characteristics

In 2019, 6.9% of mothers delivered low birthweight babies (birth weight less than 2,500 grams), which does not differ from 2018 (not shown). However, there were large disparities by race/ethnicity, with the greatest rate of low-birth-weight babies for Non-Hispanic Black mothers.

In 2019, 8.7% of mothers delivered their babies prematurely (infants less than 37 weeks of gestation), which was a 2% increase from the 2018 rate of 8.5 % (not shown). Disparities in rates of preterm births were also seen, with the greatest rates of preterm babies born to Non-Hispanic Black mothers.

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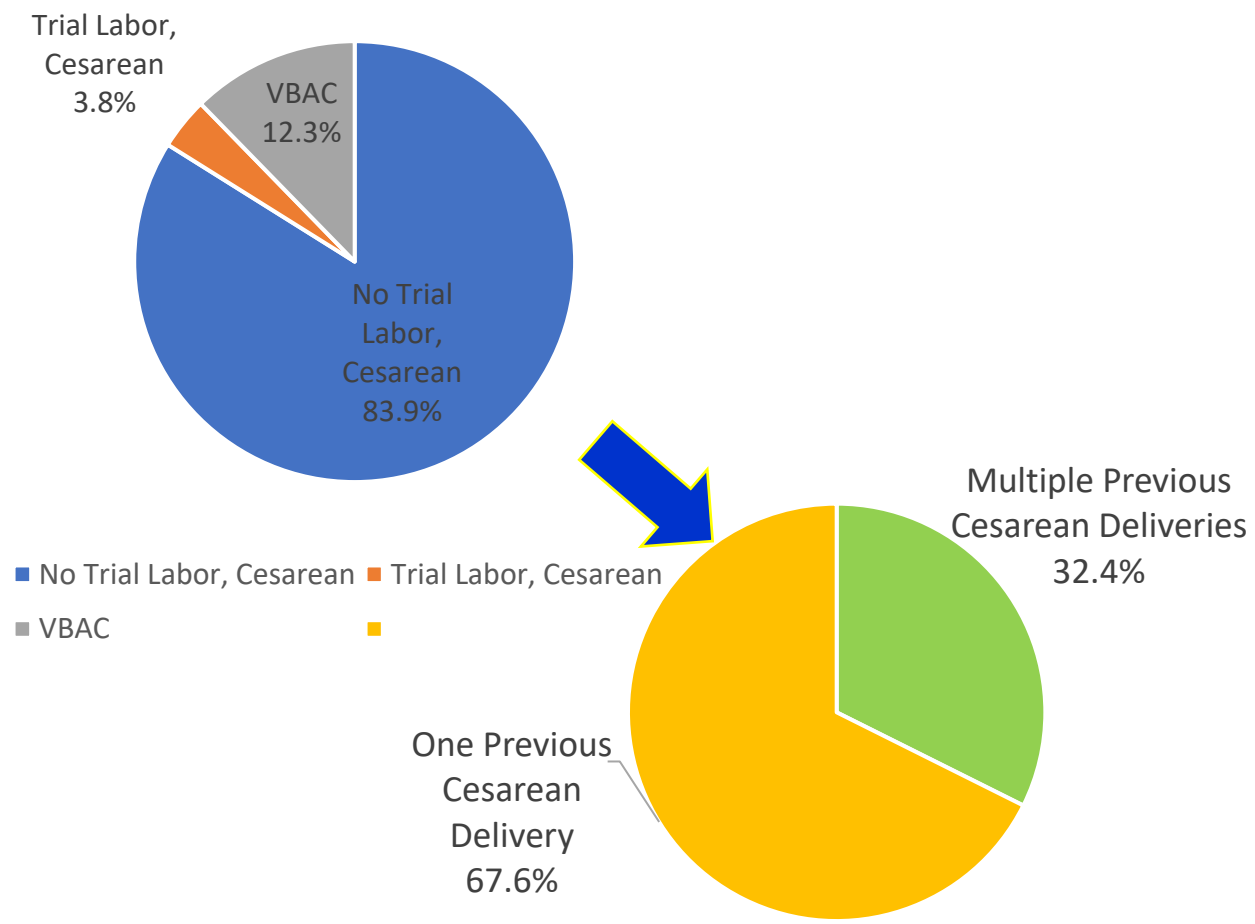
Method of Delivery for Mothers with Previous Cesarean Birth

New Jersey, 2019



In 2019, of mothers that previously experienced a cesarean delivery, 83.9% of them had a repeat cesarean delivery with no trial of labor. Only 12.3% experienced a VBAC and another 3.8% had a trial of labor before ultimately delivering via cesarean.

Of the cesarean deliveries for which there was no trial of labor, 67.6% were women who had previously experienced only one cesarean delivery.

Data Source: 1. New Jersey Hospital Discharge Data Collection System, Health Care Quality Assessment, Healthcare Quality and Informatics, NJ Department of Health
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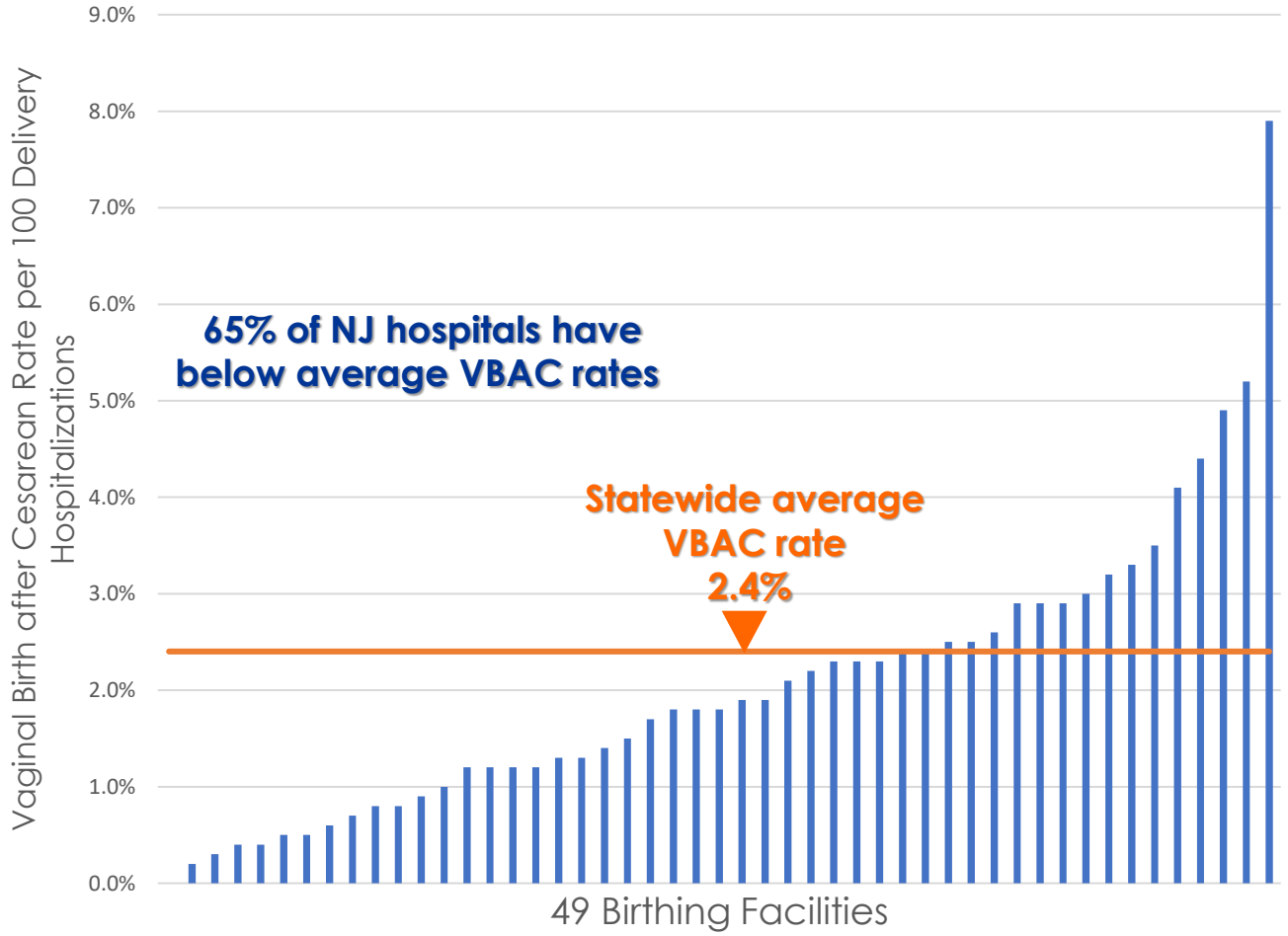
Vaginal Birth After Cesarean (VBAC) Delivery Rate, by Hospital

New Jersey, 2019



Among all delivery hospitalizations, the average vaginal birth after cesarean (VBAC) rate for all 49 birthing hospitals in NJ was 2.4% in 2019, compared to 2.2% in 2018 (not shown), representing a 9% increase.

Wide variation in rates across hospitals is evident. Of the 49 birthing hospitals in NJ, 15 hospitals had a VBAC rate greater than the average, and rates varied from 0.0% to 7.9%.

Data Source: 1. New Jersey Hospital Discharge Data Collection System, Health Care Quality Assessment, Healthcare Quality and Informatics, NJ Department of Health
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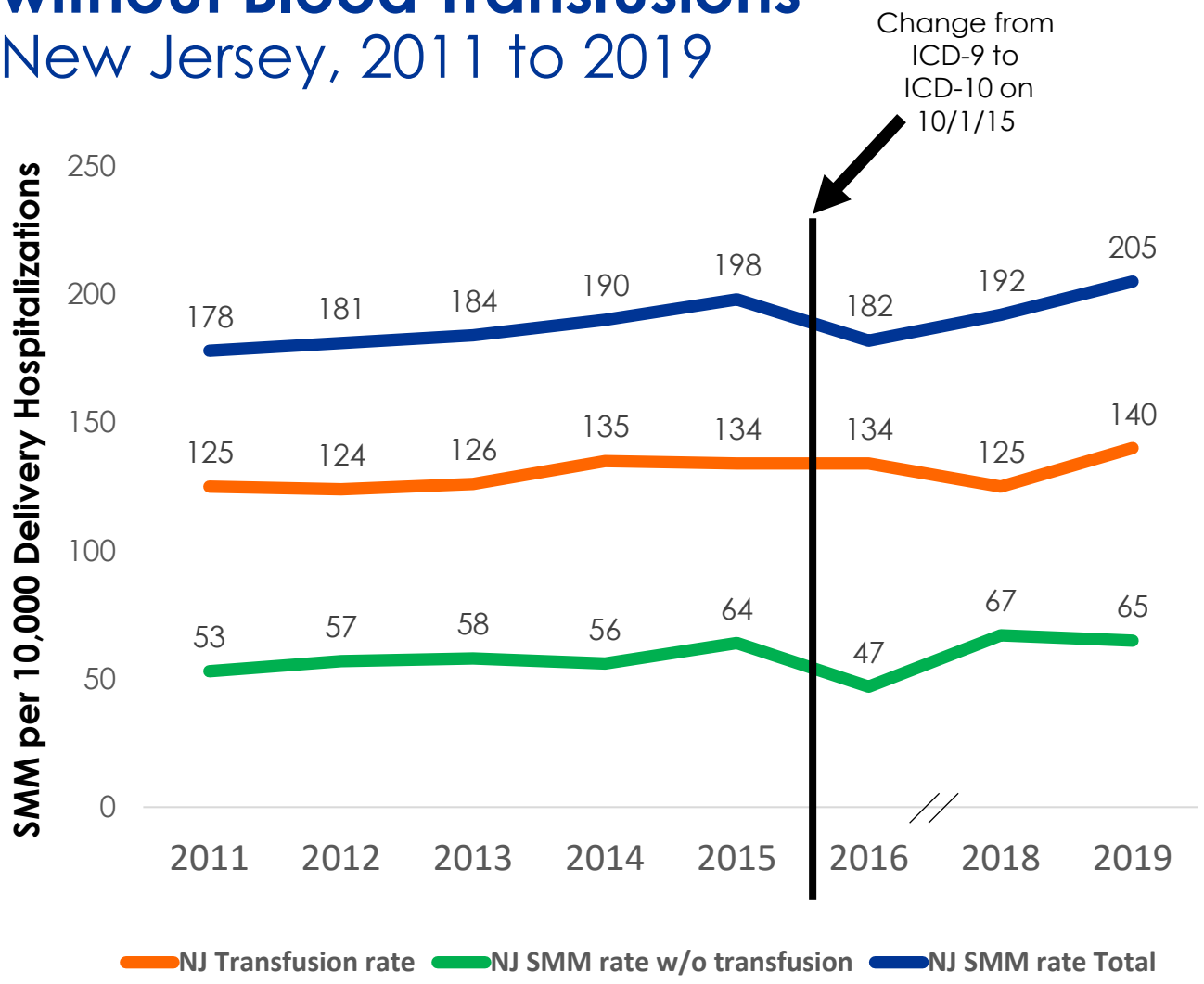
Severe Maternal Morbidity with and without Blood Transfusions

New Jersey, 2011 to 2019



Maternity Care in New Jersey

Complications

In 2019, New Jersey's total Severe maternal morbidities* (SMM) rate was 205 per 10,000 delivery hospitalizations (including those with blood transfusions), a 15% increase from 2011.

Excluding blood transfusions, the 2019 NJ SMM rate was 65 per 10,000 delivery hospitalizations, a 22% increase from 2011.

*Severe maternal morbidities (SMM) are defined as unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health (CDC).

Data Sources: 1. Healthcare Cost and Utilization Project (HCUP), AHRQ and NJ Hospital Discharge Data Collection System, Health Care Quality Assessment, Healthcare Quality and Informatics, NJ DOH
2. New Jersey Hospital Discharge Data Collection System, Health Care Quality Assessment, Healthcare Quality and Informatics, NJ Department of Health
3. Vital Information Platform (New Jersey Electronic Birth Certificate Database).

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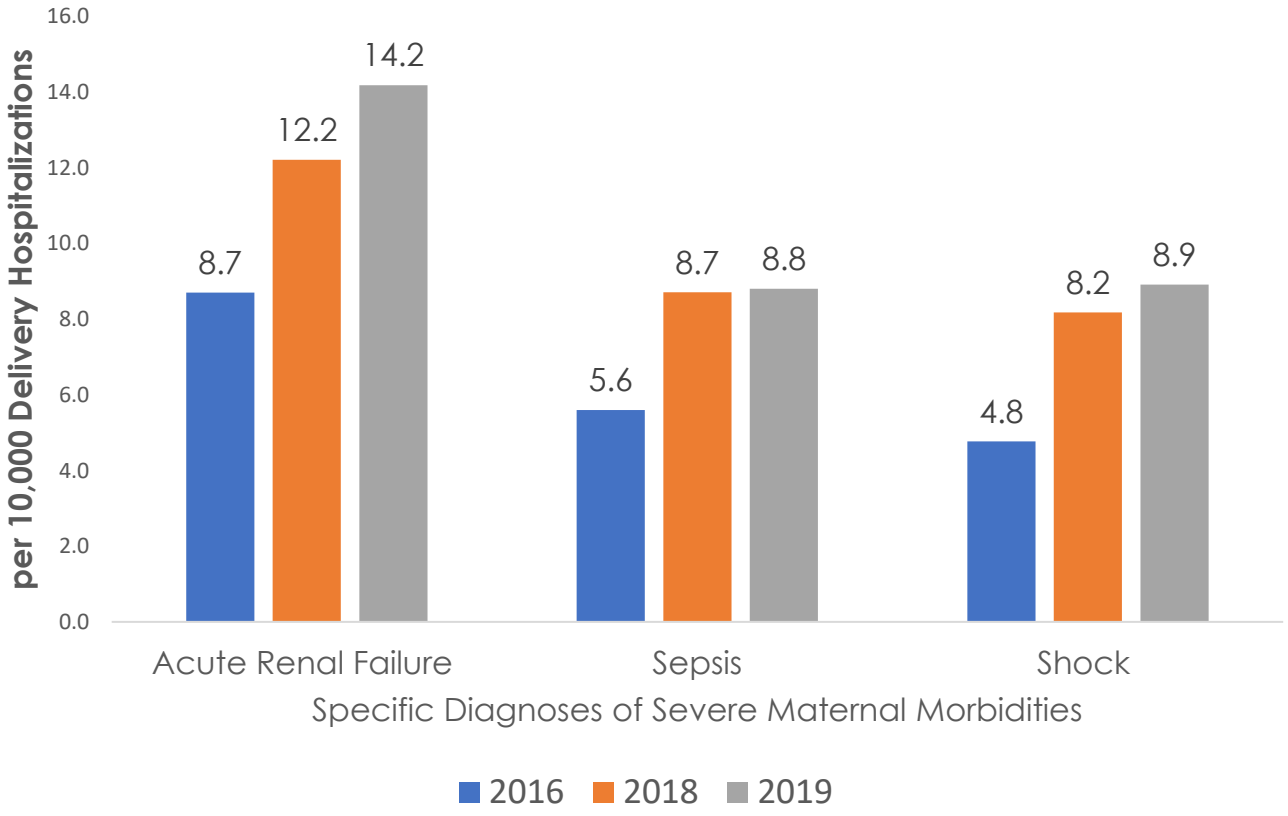
Severe Maternal Morbidity, Trends in Top Diagnoses

New Jersey, 2016 to 2019



From 2016 to 2019, acute renal failure, sepsis and rates of shock have been rising.

In 2019, among all delivery hospitalizations, the acute renal failure rate was 14.2 per 10,000 delivery hospitalizations compared to 8.7 in 2016, representing a 63 % increase.

Similarly, the rate of sepsis was 8.8 per 10,000 delivery hospitalizations compared to 5.6 representing 57% increase.

Lastly, the rate of shock was 8.9 per 10,000 delivery hospitalizations compared to 4.8 in 2016 representing an 87% increase.

Data Source: 1. New Jersey Hospital Discharge Data Collection System, Health Care Quality Assessment, Healthcare Quality and Informatics, NJ Department of Health
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NJ Maternal Health Hospital Report Card

Average Age of Mother (yrs), 2019

28.4

Nulliparous, 2019
(First-time mothers)

30.3%

Diabetes Mellitus, 2019

6.8%

Hypertension, 2019

21.4%

Pre-eclampsia, 2019

37.0%

Preexisting Anemia, 2019

31.9%

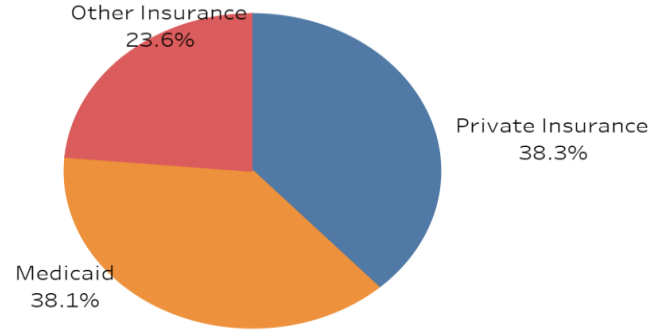
2.5% Non-Hispanic White

47.1% Non-Hispanic Black

47.1% Hispanic

1.4% Asian

Health Insurance Coverage, 2019



NJMDC
New Jersey Maternal Data Center

Maternal Mortality Review Committee Data Compared to Other Maternal Mortality Data Sources

	CDC – National Center for Health Statistics (NCHS)	CDC – Pregnancy Mortality Surveillance System (PMSS)	Maternal Mortality Review Committees
Data Source	Death certificates	Death certificates linked to fetal death and birth certificates	Death certificates linked to fetal death and birth certificates, **medical records, social service records, autopsy, informant interviews…**
Time Frame	During pregnancy – 42 days	During pregnancy – 365 days	During pregnancy – 365 days
Source of Classification	ICD-10 codes	Medical epidemiologists (PMSS-MM)	**Multidisciplinary committees**
Terms	Maternal death	Pregnancy associated, (Associated and) Pregnancy related, (Associated but) Not pregnancy related	Pregnancy associated, (Associated and) Pregnancy related, (Associated but) Not pregnancy related
Measure	Maternal Mortality Rate - # of Maternal Deaths per 100,000 live births	Pregnancy Related Mortality Ratio - # of Pregnancy Related Deaths per 100,000 live births	Pregnancy Related Mortality Ratio - # of Pregnancy Related Deaths per 100,000 live births
Purpose	Show national trends and provide a basis for international comparison	Analyze clinical factors associated with deaths, publish information that may lead to prevention strategies	**Understand medical and non-medical contributors to deaths, prioritize interventions that effectively reduce maternal deaths**

NJ Health New Jersey Department of Health

NJ Health NJMMRC New Jersey Maternal Mortality Review Committee

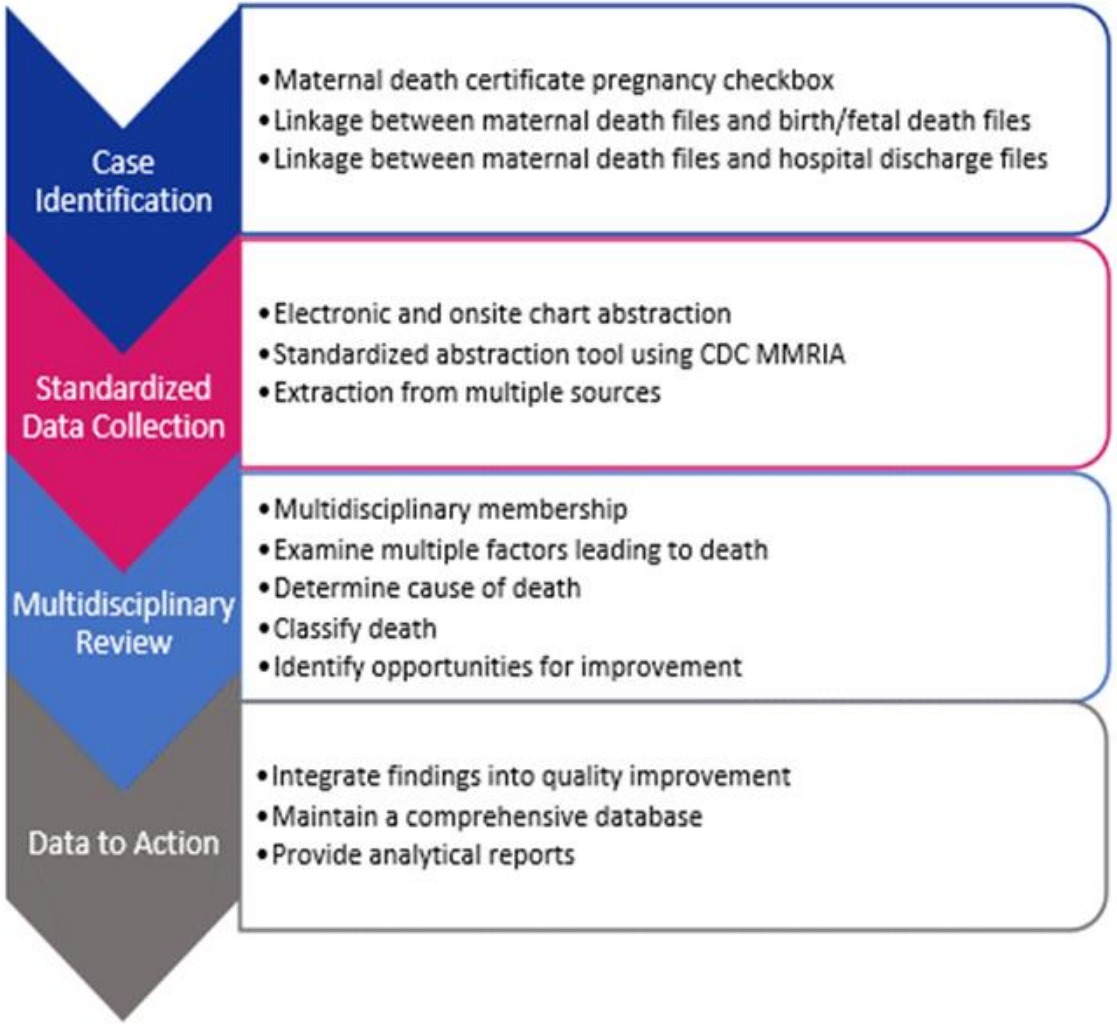
MMRIA Maternal Mortality Review Information App

ERASE MM

REVIEW to ACTION

St. Pierre, A., Zaharatos, J., Goodman, D., Callaghan, W.M. (2018). Challenges and opportunities in identifying, reviewing, and preventing maternal deaths. Obstetrics & Gynecology, 131(1): p. 138-142

NJ Maternal Mortality Review Committee Process



Quantitative data doesn't tell the whole story. Patients want to be seen and feel heard.

Source: Black Birthing Bill of Rights – The NAABB