

### CABINET FOR HEALTH AND FAMILY SERVICES

### MAC Maternal Health Update March 27,2025

**Department for Medicaid Services** 



### Overview

- KY Maternal Mortality Review: 2024 Report
- America's Health Ranking for Women and Children 2024
- March of Dimes Report Card 2024
- PRAMS Survey
- Current Medicaid Initiatives

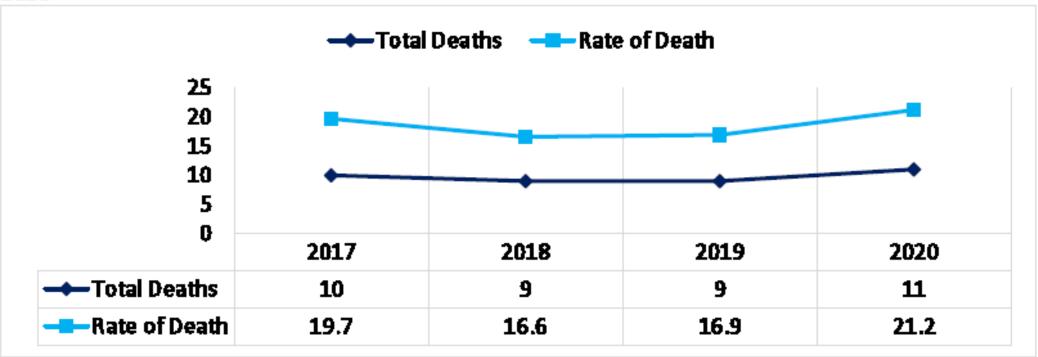


### **KY Maternal Mortality Review**

- All maternal deaths during pregnancy and within 365 days from the end of pregnancy are reviewed by the Maternal Mortality Review Committee (MMRC)
- Committee is made up of practicing physicians, DPH, DCBS, DMS, Doulas, Midwives, March of dimes.
- The annual report comes out in November
- Report is posted on the DPH website
  - www.chfs.ky.gov/agencies/dph/dmch/Documents/MMRAnnualReport2024.pdf

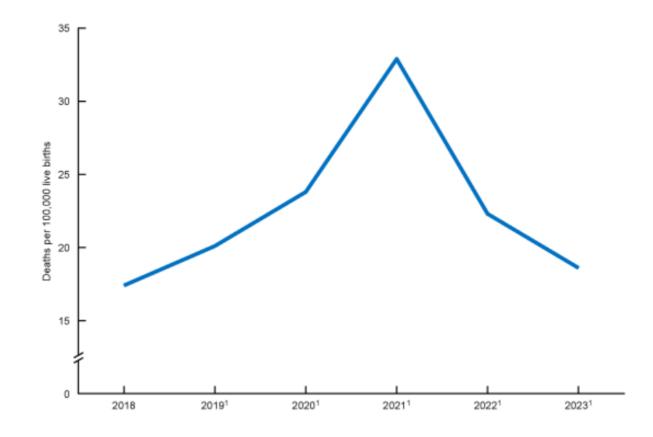


Figure 6; Total Number of MMRC Pregnancy-Related Deaths and Rate of Deaths; Kentucky MMR 2017-2020<sup>e</sup>





### **United States Maternal Mortality Rate**

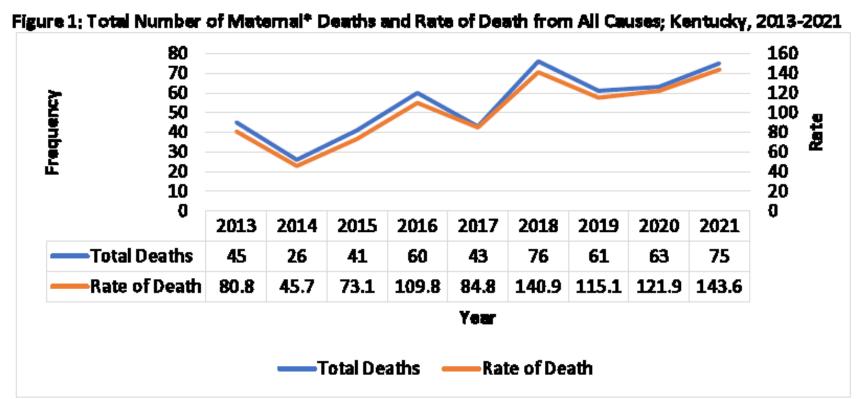


The maternal mortality rate for 2023 decreased to 18.6 deaths per 100,000 live births, compared with a rate of 22.3 in 2022

<sup>1</sup>Statistically significant change from previous year (p < 0.05).

SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data files.





\*Maternal death is defined as any female between the ages of 15-55 that was pregnant within one year prior to death or pregnant at death and died from any cause.

Data Sources: KY Vital Statistics files, linked live birth, and death certificate files years 2013-2021.



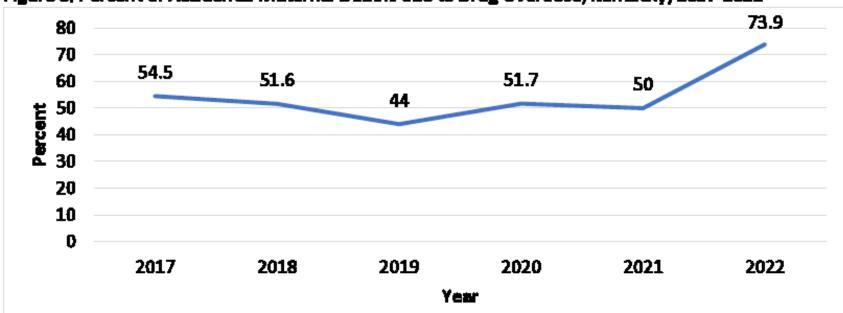
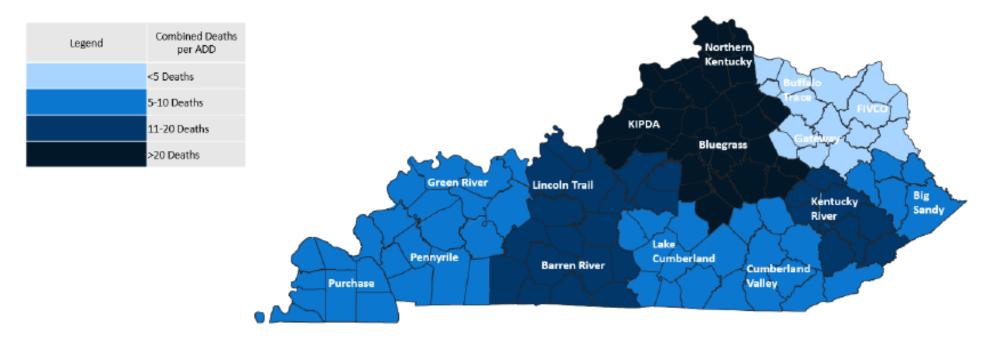


Figure 3: Percent of Accidental Maternal Deaths due to Drug Overdose, Kentucky, 2017-2022\*

\*Maternal death is defined as any female between the ages of 15-55 that was pregnant within one year prior to death or pregnant at death and died from any cause. Drug overdose is defined by the KD-10 code X40-X49. The 2020-2022 data is preliminary, and numbers may change. Data Source: KY Vital Statistics files, linked live birth, and death certificate files years 2017-2022.



Figure 10; Kentucky Maternal Deaths by Area Development District; Kentucky MMRC 2017-2021\*



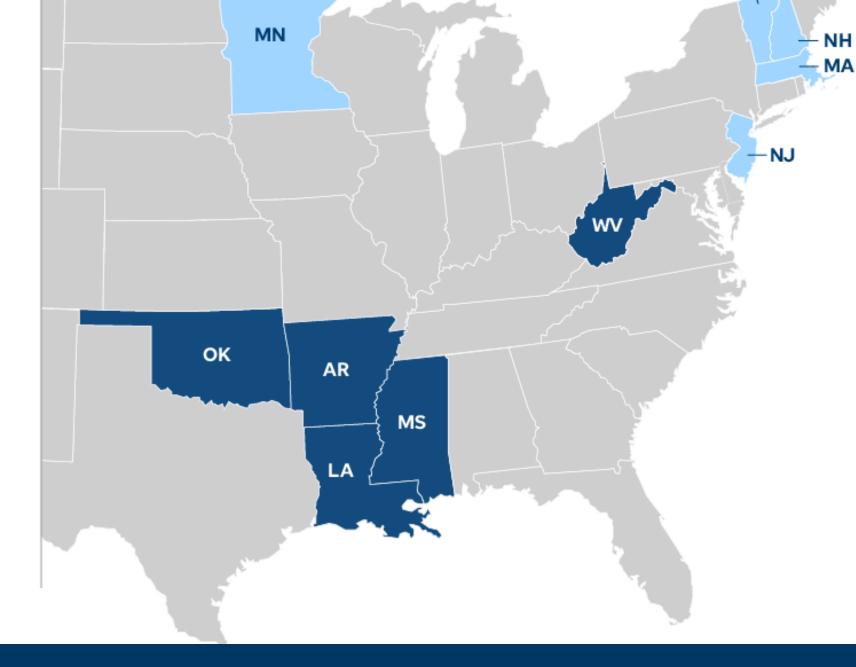
\*Any values with a count less than 5 are suppressed due to data sharing limitations. \*Preliminary data from the 2021 cohort is included in these findings. Eight cases are still under review and will impact final reporting.



Key Findings to Date (2017-2021 cohorts combined)

- 90% of maternal mortality cases were deemed to be preventable.
- 17% of maternal deaths were pregnancy-related deaths.
- 58% of maternal deaths occur within 43 days to a year of end of pregnancy (late maternal deaths).
- 74% of mothers had Medicaid funded healthcare.
- 51% of all deaths had substance use as a contributing factor.





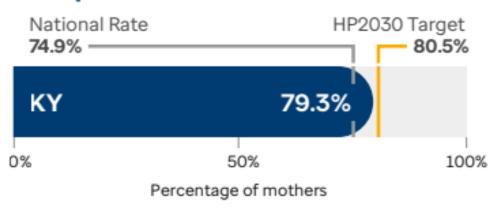
### 2024 Health of Women and Children Report State Rankings

Healthiest and least healthy states for women and children ranked across Social and Economic Factors, Physical Environment, Clinical Care, Behaviors and Health Outcomes.

<ul> <li>Healthiest</li> <li>States</li> </ul>	Least Healthy States
1. New Hampshire	50. Arkansas
2. Massachusetts	49. Mississippi
3. Minnesota	48. Louisiana
4.New Jersey	47. Oklahoma
5.Vermont	46. West Virginia

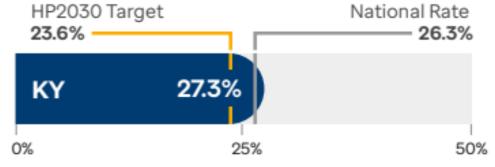


### Healthy People 2030 (HP2030) Targets



#### Adequate Prenatal Care

#### Low-Risk Cesarean Delivery



Percentage of singleton, term, vertex, first births



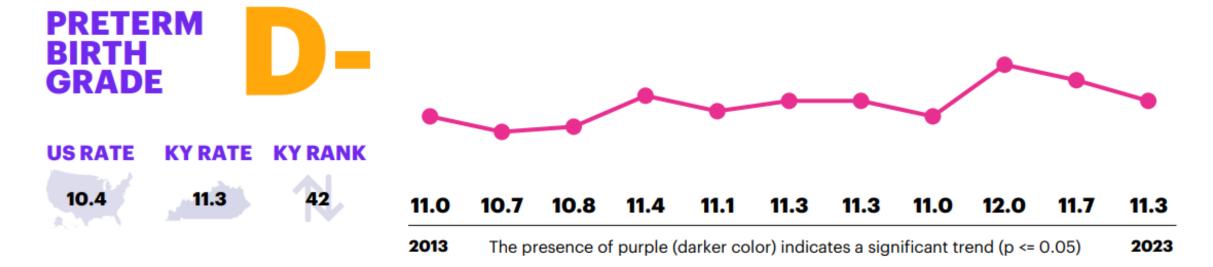
Visit **AmericasHealthRankings.org** for additional information, including measure definitions, source details and methodologies.



### **Kentucky Preterm Births**

# The preterm birth rate in Kentucky was 11.3% in 2023, lower than the rate in 2022

Percentage of live births born preterm





## Pregnancy Risk Assessment Monitoring System

### • PRAMS Survey

- Every month women who recently had a baby, are randomly selected from birth records to respond to the PRAMS survey
- The survey gathers information from mothers about their experiences before, during, and after their most recent pregnancy
- The survey gives us information about access to health care, quality of health care, and other circumstances that may affect the health of the mother and her new baby
- The goal of PRAMS is to improve the health of mothers and babies



## PRAMS

Since your new baby was born, how often have you felt down, depressed, or hopeless?

Since your new baby was born, how often have you had little interest or little pleasure in doing things?

Since your new baby was born, how often have you felt nervous, anxious, or on edge?

Since your new baby was born, how often have you not been able to stop or control worrying? Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods? For each one, check No or Yes.

a. During my most recent pregnancy  $\Box$   $\Box$ 

b. Since my new baby was born ......  $\Box$   $\Box$ 

Since your new baby was born, have you asked for help for depression from a healthcare provider? Since your new baby was born, has a healthcare provider told you that you had depression?

Since your new baby was born, have you gotten counseling for your depression?

Since your new baby was born, have you taken prescription medicine for your depression?



## PRAMS

- Did provider screen patient for depression/anxiety after pregnancy?
  - 78.6% yes 21.4% no
- Since your baby has been born has your HCP told you that you had depression?
  - 14.6% yes 85.4% no
- Since your baby has been born have you gotten counseling for depression? (answered "yes" to above question)
  - 43% yes 57% no
- Since your baby has been born have you taken prescription medication for depression? (answered "yes" to above question)
  - 60% yes 40% no



## **Medicaid Activities**

- CMS Maternal Health Affinity Group, Fall 2024-Fall 2026
  - Mindi Gathof Lead
  - Increasing the use of the Notification of pregnancy form, increasing the screening for High blood pressure and mental health issues pre and post partum
- Maternal Mental Health Government Fellows
  - Improving screening, diagnosis and treatment of Depression and anxiety
- MCO's value-based purchasing program
  - Improving postpartum care HEDIS measure
- DPH New website
  - Perinatal & Maternal Mental Health Cabinet for Health and Family Services

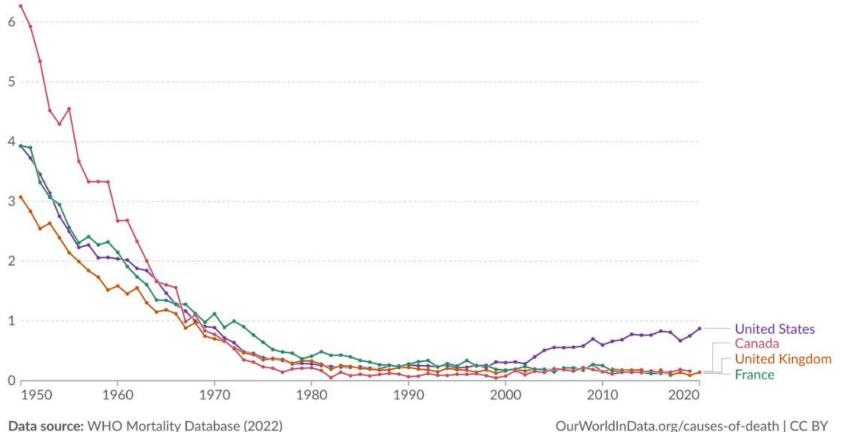




### Reported maternal mortality rate



Reported annual death rate from maternal conditions per 100,000 women and girls, based on official statistics from each country. This includes late maternal deaths that occur up to 1 year after the end of pregnancy. Due to limited reporting, figures are lower than the true number of maternal deaths.



Note: To allow for comparisons between countries and over time, this metric is age-standardized. All deaths in a country may not have been registered with a cause of death.



### Death Certificates

The pregnancy checkbox section within death certificates in the United States.

36. IF FEMALE:
Maternal deaths"
Not pregnant within the past year
Pregnant at the time of death
Not pregnant, but pregnant within 42 days of death
Not pregnant, but pregnant within 43 days to 1 year before death
Unknown if pregnant within the past year

The "pregnancy checkbox" section of death certificates in the United States. This section was added to death certificates in some states in 2003, and was then gradually adopted across all other US states. The figure is adapted from Catalano et al. (2020).<sup>7</sup>



### The US maternal mortality rate rose as more states adopted the "pregnancy checkbox"



As more states in the US adopted the "pregnancy checkbox" on death certificates — which asked if the deceased had been pregnant or recently pregnant — the reported maternal mortality rate rose.

#### Maternal mortality rate, per 100,000 females

