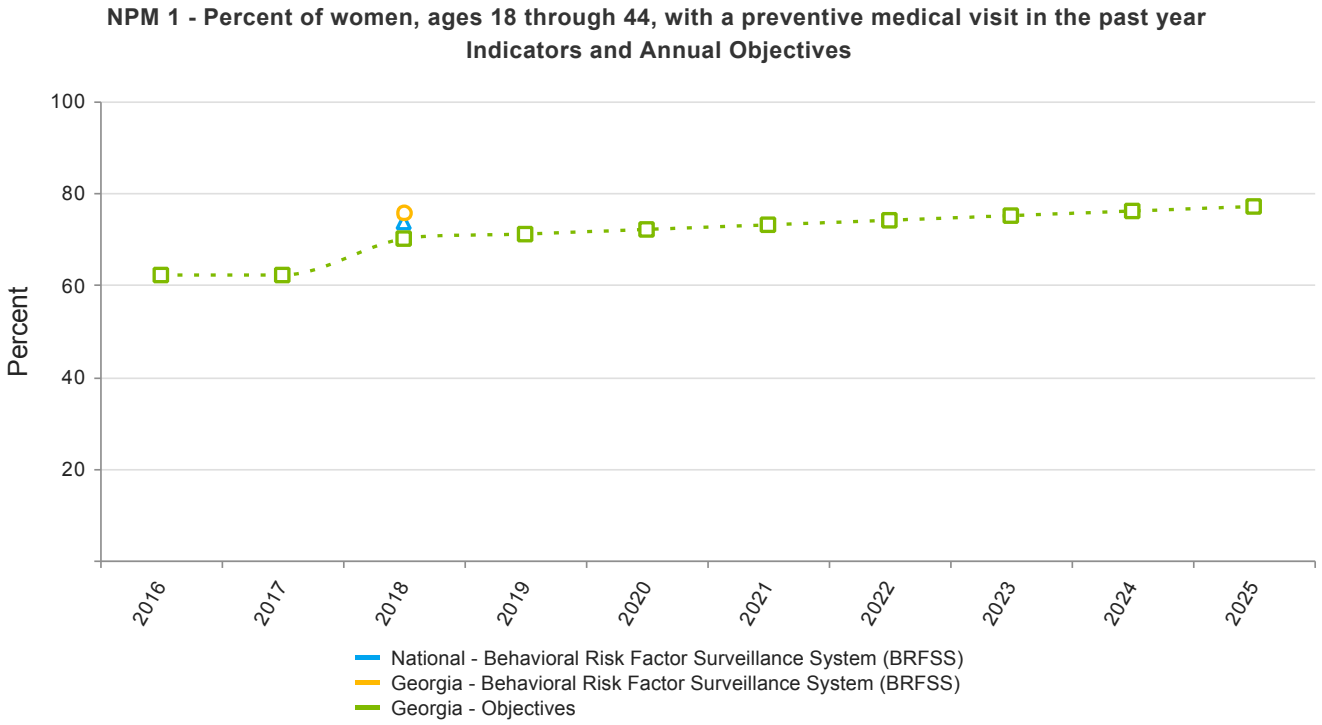
III.E.2.c State Action Plan Narrative by Domain

Women/Maternal Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations	SID-2017	72.6	NPM 1
NOM 3 - Maternal mortality rate per 100,000 live births	NVSS-2014_2018	32.9	NPM 1
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	NVSS-2018	10.1 %	NPM 1
NOM 5 - Percent of preterm births (<37 weeks)	NVSS-2018	11.5 %	NPM 1
NOM 6 - Percent of early term births (37, 38 weeks)	NVSS-2018	28.3 %	NPM 1
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	NVSS-2017	7.2	NPM 1
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2017	7.2	NPM 1
NOM 9.2 - Neonatal mortality rate per 1,000 live births	NVSS-2017	4.6	NPM 1
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2017	2.5	NPM 1
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	NVSS-2017	251.5	NPM 1
NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy	PRAMS-2018	6.3 %	NPM 1
NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births	SID-2017	3.4	NPM 1
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	NSCH-2017_2018	12.8 %	NPM 13.1
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH-2017_2018	88.5 %	NPM 13.1
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females	NVSS-2018	20.6	NPM 1
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth	PRAMS-2018	13.6 %	NPM 1

National Performance Measures



Federally Available Data				
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)				
	2016	**2017**	**2018**	**2019**
Annual Objective	62.1	62.1	70	71
Annual Indicator	67.7	69.7	70.4	75.5
Numerator	1,258,025	1,321,663	1,335,604	1,443,474
Denominator	1,857,538	1,895,900	1,898,399	1,912,418
Data Source	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2015	2016	2017	2018

Annual Objectives						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	72.0	73.0	74.0	75.0	76.0	77.0

Evidence-Based or –Informed Strategy Measures

ESM 1.1 - Percent of initial program cervical screening tests that are conducted among women who have never been screened or not screened within the last 10 years

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	20.0	20.0	20.0	20.0	20.0

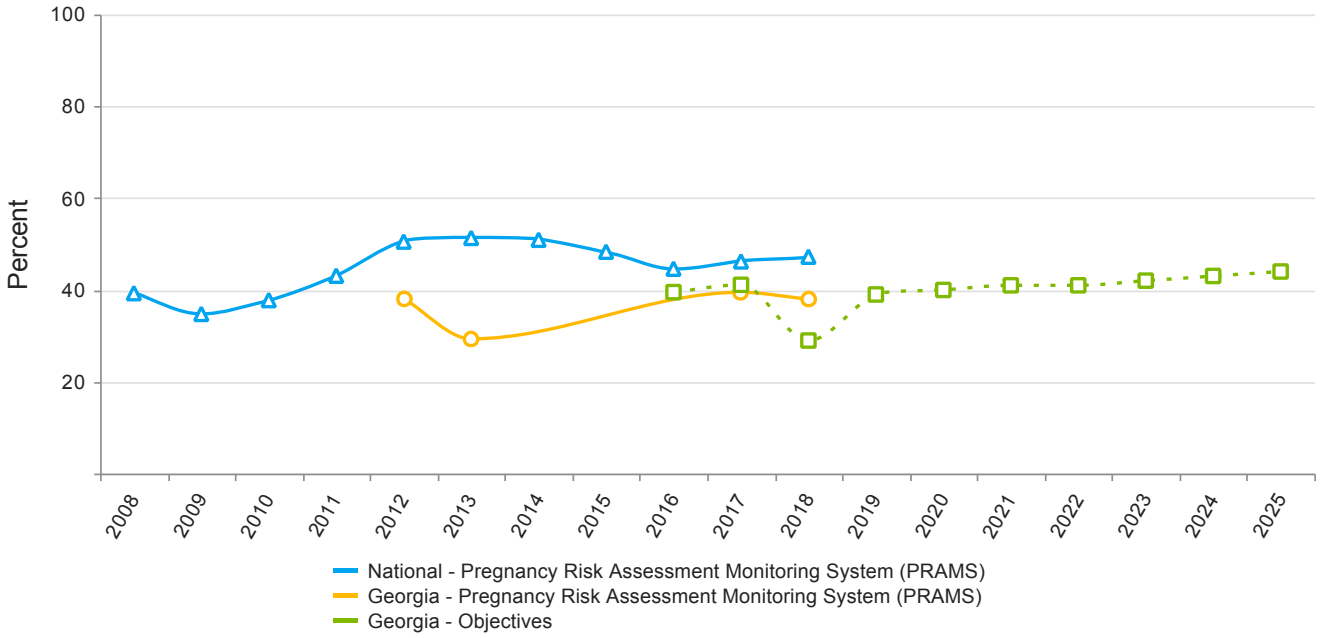
ESM 1.2 - Number of LARCs utilized among women of reproductive age (15-44 years) served in local Public Health Departments

Measure Status:	Active

State Provided Data	
	2019
Annual Objective	
Annual Indicator	6,960
Numerator	
Denominator	
Data Source	SENDSS
Data Source Year	CY 2019
Provisional or Final ?	Final

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	7,169.0	7,378.0	7,587.0	7,796.0	8,005.0

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy
Indicators and Annual Objectives



Federally Available Data				
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)				
	2016	**2017**	**2018**	**2019**
Annual Objective	39.5	41.1	29	39
Annual Indicator	29.3	29.3	39.3	37.9
Numerator	18,443	18,443	48,597	45,805
Denominator	63,060	63,060	123,575	120,710
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2013	2013	2017	2018

Annual Objectives						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	40.0	41.0	41.0	42.0	43.0	44.0

Evidence-Based or –Informed Strategy Measures

ESM 13.1.1 - Percent of medical providers who reported an increase of oral health knowledge from trainings and presentations

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	0.0	0.0	0.0	0.0	0.0

ESM 13.1.2 - Number of oral health resource bags distributed to pregnant women and caregivers of young children through internal and external partners

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	0.0	0.0	0.0	0.0	0.0

ESM 13.1.3 - Number of views of the oral health videos and social media clips

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	0.0	0.0	0.0	0.0	0.0

State Action Plan Table

State Action Plan Table (Georgia) - Women/Maternal Health - Entry 1

Priority Need
Prevent Maternal Mortality

NPM
NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives
1.1 Collaborate with Breast and Cervical Cancer Program (BCCP) providers (i.e., districts and contracted providers) to improve preventative care for women by meeting or exceeding the CDC Guidelines for breast and cervical cancer prevention services annually.
1.2 Increase overall number of LARCs (IUDs and implants) provided to eligible women of reproductive age (15-44) when served by the Georgia Family Planning Program in local Public Health Departments by 3% annually.

Strategies
1.1.a Meet or exceed the CDC guideline of providing ≥75% of federally funded screening mammograms to women over 50 years of age.
1.1.b Meet or exceed the CDC guideline of providing ≥20% of initial pap tests to individuals who have never or rarely been screened for cervical cancer.
1.2 Increase the number of LARCs utilized among women of reproductive age (15-44 years) served in local Public Health Departments.

ESMs	Status
ESM 1.1 - Percent of initial program cervical screening tests that are conducted among women who have never been screened or not screened within the last 10 years	Active
ESM 1.2 - Number of LARCs utilized among women of reproductive age (15-44 years) served in local Public Health Departments	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy

NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Georgia) - Women/Maternal Health - Entry 2

Priority Need

Promote oral health among MCH populations

NPM

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

Objectives

13.1.1 Develop, maintain, and update a state oral health surveillance system that helps capture data, and identify gaps in data related to oral health information pertaining to pregnant woman.

13.1.2 Increase perinatal providers educated on the impact of oral health and pregnancy.

13.1.3 Increase number of Home Visiting workers throughout the state educated on oral health in pregnancy so they will be able to increase oral health literacy in pregnant patients and new moms within the families they serve.

13.1.4 Improve oral health literacy through awareness campaigns geared towards pregnant women.

13.1.5 Maintain a high level of access for all Georgians, including pregnant women, to community water with the recommended level of fluoride as a means of reducing dental decay.

Strategies

13.1.1 Support state supplemental PRAMS questions regarding pregnancy and oral health to create a more comprehensive understanding of oral health status and access to care in pregnant women in Georgia.

13.1.2 Partner with Georgia OBGYN Society, Healthy Mothers Healthy Babies, and Georgia Academy of Family Physicians to coordinate trainings on oral health and the medical provider role.

13.1.3 Partner with the state Home Visiting program to provide resources and trainings on oral health and pregnant women.

13.1.4 Create a multi-tiered varied platform approach by developing a campaign that uses radio ads, physical resource bags, videos and social media clips to increase oral health literacy in pregnant women.

13.1.5 Provide trainings to local water plant operators on the value of community water fluoridation and technical assistance to improve monthly reporting from local community water systems.

ESMs	Status
ESM 13.1.1 - Percent of medical providers who reported an increase of oral health knowledge from trainings and presentations	Active
ESM 13.1.2 - Number of oral health resource bags distributed to pregnant women and caregivers of young children through internal and external partners	Active
ESM 13.1.3 - Number of views of the oral health videos and social media clips	Active

NOMs
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

2016-2020: National Performance Measures

2016-2020: State Performance Measures

2016-2020: SPM 1 - Percent of women (ages 15-44) served in the Georgia Family Planning Program (GFPP) who use long-acting reversible contraceptives (LARC).

Measure Status:			**Active**	
State Provided Data				
	2016	**2017**	**2018**	**2019**
Annual Objective		11	16.5	15
Annual Indicator	16.6	15.6	17	18.1
Numerator	9,714	9,175	10,348	10,613
Denominator	58,434	58,675	60,860	58,568
Data Source	GFPP	GFPP	GFPP	GFPP
Data Source Year	2016	2017	2018	2019
Provisional or Final ?	Final	Final	Final	Final

Priority Need: Prevent Maternal Mortality

NPM 1: Well-Woman Visits

The factors impacting women's health are complex and varied, ranging from social-emotional issues, environmental impact, health insurance status, access to health care, birth spacing and any number of other factors including the social determinants of health in which individuals are born, grow, live, work and age. Improving women's health throughout the lifespan is an essential component to improving the health and wellness of Georgia's women. The Women's Health Program promotes and supports a myriad of efforts to improve the health of all women. Over the past year the Women's Health Program continued to focus on improving access to health care, including access to the most effective forms of contraceptives; and preconception health to promote women's health prior to pregnancy. All-encompassing is the goal to promote health equity for all Georgians, which is emphasized throughout all domains, and reflected in the Women-Maternal Health section of this application.

Well-woman visits are important to a woman's overall health and well-being. One of the many benefits of these visits is the opportunity for women to discuss their health and to prevent and/or help identify serious health concerns before they become life threatening. Programmatic activities and strategies undertaken during the reporting year promoted routine well-woman visits to support the mental and physical health needs of women.

Maternal mortality was identified as a priority need for Georgia in 2015 with a strategic focus on increasing the percentage of women who receive a preventive health care visit. Due to the critical need to reduce maternal mortality in Georgia, the Title V Program focused on strategies that reduce maternal mortality. Understanding those factors associated with maternal mortality and morbidity is essential for improving maternal health outcomes.

During the reporting year, MCH hosted the Third Annual MCH Conference at the University of Georgia to provide professional development, dialogue and networking to Georgia's MCH workforce with 400 people in attendance. The conference's keynote address presented by Dr. Fleda Mask Jackson, leader and creator of Save 100 Babies, focused on maternal mortality prevention highlighting social determinants and asset-based approaches for eliminating racial disparities in birth outcomes. A Pre-Conference session was held to provide an opportunity for MCH workforce, stakeholders and partners to learn about current trends, state and national initiatives, and how Georgia can improve maternal mortality outcomes. Two nationally recognized speakers, Mr. Charles Johnson and Dr. Joia Crear-Perry presented. Mr. Johnson shared his personal experience with maternal mortality and his mission to advocate for improved maternal health policies and regulations through his nonprofit 4Kira4Moms. Dr. Crear-Perry, the Founder and President of the National Birth Equity Collaborative, presented opportunities to reduce black maternal and infant mortality through research, family-centered collaboration and advocacy.

Maternal Mortality Review Committee

The support of the Governor and the Georgia Legislature with the passage of SB 273 in 2017, laid the foundation for the ability for the MMRC to identify pregnancy-associated deaths, review those caused by pregnancy complications and other selected deaths, and identify problems contributing to the deaths and interventions that may reduce these deaths. The bill provides legal protections for committee members and the review process, ensuring confidentiality of the review process and providing the committee with the necessary authority to collect data for case review. During the reporting year, the analysis of 2014 case review findings and draft report were completed. The final report has been published and disseminated statewide. During the review of 2014 maternal deaths in Georgia, the MMRC adopted the CDC-developed Committee Decision Form which was critical and necessary to collect additional data about factors related to the maternal death. The MMRC findings help direct and

lead initiatives to impact maternal birth outcomes. Contracts were established with 16 rural birthing facilities to provide funding for participation in perinatal quality improvement initiatives.

Priority Need: Prevent Maternal Mortality

NPM 3: Risk-appropriate Perinatal Care

Maternal and Neonatal Levels of Care

Perinatal Levels of Care Legislation became effective July 1, 2018 to create a mechanism for levels of care designation and ongoing site verification of Georgia birthing hospitals. DPH launched an initiative to designate hospitals according to the level of maternal and neonatal care the facility can provide. The purpose of a hospital designation is to encourage risk-appropriate care for Georgia's women and infants and to more accurately assess the capabilities of Georgia's hospitals. In Georgia, hospitals receive a certificate of need authorizing them to provide a level of perinatal care through the Georgia Department of Community Health. However, there has not been a mechanism to verify that hospitals are meeting the requirements for the level of care they have been authorized to provide through their license. According to the Levels of Care Assessment Tool (LOCATe) survey conducted by the CDC, nearly half of Georgia hospitals that completed the survey were assessed at a lower level of care than their self-assessed level. Through this program, hospitals may voluntarily apply for a designation from DPH. To achieve a designation, hospitals must demonstrate through document submission and an onsite review that they meet the requirements for their license, as well as additional requirements based on the recommendation from the American Academy of Pediatrics (AAP), the American College of Gynecology and Obstetrics and the Society for Maternal-Fetal Medicine. A Neonatal Subcommittee and a Maternal Subcommittee were established to assist the Maternal and Neonatal Advisory Council on the designation requirements. These subcommittees are comprised of physicians, nurses and hospital administrators from hospital systems throughout the state and represent a variety of specialties.

In the reporting year, the Neonatal Subcommittee and the Maternal Subcommittee completed their recommendations on the criteria for Levels I-III. The subcommittees used the recommendations from the American Academy of Pediatrics, the American College of Obstetrics and Gynecology and the Society for Maternal Fetal Medicine as a model. They also considered additional requirements of other states. Women's Health leadership met with several states who have implemented levels of care verification programs and national organizations promoting levels of care to learn about best practices and lessons learned.

Perinatal Regionalization

The MCH Regional Perinatal Center (RPC) program promotes access to risk appropriate perinatal care to pregnant women and their infants through regional quality improvement activities. Program activities include: 1) facilitating local perinatal advisory councils to provide regional planning, coordination, and recommendations to ensure appropriate levels of care; 2) performing regional and statewide hospital surveys and perinatal assessments; 3) developing communication networks among agencies, providers, and individuals; 4) disseminating educational materials and producing a statewide summary of findings; 5) assisting hospitals with quality improvement activities, data collection protocols, and quality assurance policies and procedures.

During the reporting year, annual site visits were completed, and RPC contract amendments were sent to contractors. Outreach Educator meetings were held and representatives from the BCW, Children's 1st and CMS. Educators updated the Hospital Assessment Checklist that is completed by Outreach Educators when they conduct site visits with birthing hospitals within their region to ensure compliance with the standard of care as defined by their level of care designation.

Alliance for Innovation on Maternal Health (AIM) Bundles
In response to the MMRC reports, Georgia applied to the AIM program and was accepted as an AIM state in October 2017 to lead the Georgia Perinatal Quality Collaborative's (GaPQC) initiative to implement the use of AIM hemorrhage and hypertension patient safety bundles in the state's birthing hospitals. The two-maternal safety bundles that were selected for implementation were the AIM Obstetric Hemorrhage Bundle and the AIM Severe Hypertension in Pregnancy Bundle. Under the leadership of DPH and in collaboration with the GaPQC, hospitals were enrolled to participate in the AIM Obstetric Hemorrhage Bundle over two enrollment periods, resulting in over half (42) of the state's delivering hospitals enrolled by the end of the reporting year. Hospitals identified their respective implementation teams and were provided structure and process measures to implement. GaPQC provides support to hospitals including monthly collaboration webinars, individualized technical calls, and data collection, analysis and reporting. In 2018 the Georgia General Assembly provided two million dollars to implement quality improvement projects in rural birthing hospitals. Sixteen hospitals received funding and are among the birthing hospitals working to implement the AIM hemorrhage bundle initiative. In the reporting year, continued outreach efforts to increase awareness of GaPQC and availability of the maternal safety bundle initiatives continued as well as hospital support for implementation of the Obstetric Hemorrhage Bundle.

Maternal Mental Health
In the reporting year, state funding was received to begin a perinatal psychiatry access program. The perinatal psychiatry access program will connect providers treating pregnant and postpartum women with training on managing perinatal mood and anxiety disorders with real-time consultations from a perinatal psychiatrist. Women's Health worked to establish contracts with the HMHB and the Emory Clinic to operate the program. Postpartum Support International, Georgia Chapter will be conducting training to increase the number of mental health providers who have a Certification in Perinatal Mental Health. Lifeline4Moms collaborated with Women's Health to provide consultation services on program development and monthly webinars and program manager conference calls.

Priority Need: Promote Oral Health Among All Populations

NPM 13: Preventive Dental Visit

During the reporting year, the state Oral Health Program participated in a work group to improve oral health access and care for pregnant women in Georgia through the HMHB. Oral Health Program team members attended quarterly meetings and the Director of Oral Health participated in bimonthly conference calls. Three key priority areas were developed which included improving oral health literacy through awareness efforts for pregnant women, increasing oral health literacy through awareness efforts geared towards perinatal providers, and reducing administrative burden for participating as a provider in state Medicaid. The Director of Oral Health participated in subcommittees dedicated to both oral health awareness efforts for perinatal providers and pregnant women.

The Oral Health Program participated in the annual MCH Conference and coordinated two days of presentations to district oral health staff and other MCH program staff. Topics included school sealant programs and mobile dentistry, child abuse, xylitol-based products as an oral health prevention strategy, and HIPPA.

The Oral Health Program worked with the MCH Epidemiology section to add three additional state supplemental questions related to oral health to the PRAMS survey. Questions were reviewed by subject matter experts from the MCH Epidemiology section as well as the Oral Health section to determine Georgia's gaps related to oral health surveillance of pregnant women.

With support of a CDC grant, the Oral Health Program developed an oral health awareness media campaign. The

campaign had two primary target groups of focus; pregnant women and caregivers of very young children and provided concise key messages to increase oral health literacy and implement positive behavior across multiple media platforms. The first phase involved 30 second radio ads airing in six public health districts. Oral Health resource bags were also developed which included two infant tooth brushes, an adult toothbrush, floss, toothpaste, a children's book about the importance of oral health, a pack of wipes to use after nursing or bottle feeding to wipe out the oral cavity, and a brochure on helpful oral health tips. The plan for distribution included utilizing oral health district staff, home visitors, DPH district nursing staff, DPH perinatal case managers, and strategic partner organizations such as Georgia OBYGN Society and HMHB. The last phase that will roll out in early 2020 will be short (under 1 minute) video clips featuring the Oral Health Director providing the same key messages which will be promoted on the DPH Facebook, YouTube, and Twitter pages as well as sponsored boosting geotargeted ads on Facebook.

Priority Need: Increase Access to Family Planning Services

SPM 1: Family Planning

Georgia's Family Planning Program provided leadership, guidance, and resources to Georgia's health districts in the development and provision of resources that increase the access of family planning services to women. Comprehensive health care provided women the support to plan the birth of their children, reduce unintended pregnancies, determine effective birth control methods and improve the well-being of families statewide. Because of the proven effectiveness of LARCs more women are planning their pregnancy which helps to insure healthier birth outcomes. Processes and procedures have been streamlined and training systems that support access to family planning and LARCs have been improved. Family Planning funds were used to purchase additional pharmaceuticals and provide support to districts to hire Advanced Practice Registered Nurses (APRN) to provide LARC related services.

The Family Planning Marketing Campaign continued with Phase II targeted to reach the Northern districts of the state. Phase II included specific messages geared towards the population.

Other Women/Maternal Health Programs

Centering Pregnancy

Centering Pregnancy is an evidenced-based model of group prenatal care combining health assessment, interactive learning and community building to help support positive health behaviors. Centering Pregnancy empowers patients, strengthens patient/provider relationships, and builds communities through health assessment, interactive learning and community building.

During the reporting period, Women's Health collaborated with external stakeholder, Harris Solution CCS, to review the prenatal care process and streamline the data collection and flow chart design. Monthly meetings continued among County Health Departments providing Centering Pregnancy in their clinics to increase awareness and share ideas for improvement and sustainability. Discussions were underway with the Macon-Bibb County Health Department to start Centering Pregnancy later in the year.

Additional activities completed included Centering Pregnancy monthly meetings, a DCH pilot in collaboration with Children 1st to improve awareness of available resources to assist mothers in detecting problems in newborns, and collaboration with the Fatherhood Initiative to ensure that father's needs are addressed. The Oral Health Program also provided dental kits and webinars educating participants on the importance of oral health care during pregnancy.

Perinatal Case Management
Perinatal Case Management (PCM) is a voluntary program that is implemented in the public health departments. PCM allows for a case manager to assist a pregnant woman with identifying her special needs and helps her gain access to medical, nutritional, social, psychosocial, educational and other services to improve health outcomes of mother and baby.

During the reporting year, 111 county health departments provided PCM services.
To encourage participation in PCM trainings via telehealth services, continuing education credits were offered. Thirteen districts, 39 County Health Departments and 79 staff attended the PCM training. Post survey results revealed that 95 to 96 percent of participants agree with the presentation and the material, 82 percent of participants prefer telehealth as the mode of delivery, and 91percent of participants believed telehealth was conducive to dialogue.

Planning for Healthy Babies
Planning for Health Babies (P4HB) is a family planning demonstration waiver program issued by DCH to assist DPH in reducing the number of low birth weight (LBW) and very low birth weight (VLBW) infants in Georgia. Women who meet Medicaid eligibility criteria and/or have had a VLBW baby may be eligible under the expansion policy to receive family planning services, Inter-pregnancy Care (IPC), Case Management, and/or Resource Mother program services. The program is intended to bridge health care for underinsured and uninsured women of high need. Efforts to increase enrollment into P4HB were continued with DCH and other partners.

Maternal and Child Health Information and Resource Center
In the reporting year, the Women's Health Program worked with the existing Maternal and Child Health Information and Resource Center that operates the MCH resource hotline and website to include resources and referrals to resources that identify and treat chronic illnesses such as hypertension, heart disease, obesity, and diabetes.

Current Year: Oct 2019-Sept 2020

Priority Need: Prevent Maternal Mortality

NPM 1: Well-Woman Visits

Maternal Mortality Review Committee
During the current year, the MMRC completed review of 2015 cases in September 2019. The MMRC is working towards reviewing cases within two years of the date of death. In order to meet this goal, processes and capacity have been improved. DPH received $200,000 in state funding to fund two additional case abstractors through the Georgia Obstetrical and Gynecological Society Seven MMRC meetings were scheduled for 2020 and plans made to review 2016 and 2017 cases in one year.

The MMRC worked to improve processes and ultimately improve the quality of the recommendations that are made and implemented. The committee membership was updated to ensure that needed perspectives were represented and members who had met or exceeded the three-year term limit were released. A non-clinical Co-Chair position was developed to assist with guiding the discussion on preventability, contributing factors, and recommendations. Members were added to ensure the committee includes clinical and non-clinical disciplines and is diverse with respect to race, geographic location, and specialty. The MMRC began reviewing 2016 cases and completing the entire Committee Decisions Form for pregnancy-related and pregnancy-associated, but not related cases. In December 2019, an orientation with all MMRC members was conducted to ensure they have been trained on how

to fully complete the Committee Decisions Form. A recusal policy and conflict of interest policy was also developed and implemented.

The MMRC has implemented several changes planned to increase the timeliness and quality of the review. The primary goal of the committee has been to become current on case review. While the goal is to review cases within two years of the date of death, the MMRC is currently reviewing cases approximately four years after the date of death. Two additional abstractors have been oriented to the review process and are abstracting cases with the goal of reviewing two years of cases in one year. The MMRC met to review 2016 cases. Meetings scheduled for March were postponed due to concerns over COVID-19, and future meetings have gone to a web-based format. The goal is still to complete review of 2016 cases by June 2020.

The quality of the MMRC review has been enhanced with the addition of a co-chair to facilitate the discussion on social determinants of health. Additional members have been added to include more individuals with expertise in mental health, substance use, and non-clinical disciplines, and to ensure racial diversity and representation from rural areas of the state. Previously, members were required to be physically present during the review however, video participation was offered to members not living in the metro Atlanta area to facilitate participation using Project ECHO (Extension for Community Healthcare Outcomes). This has been successful and allowed four to five members to participate remotely at each meeting.

In January, DPH published a 2012-2015 Fact Sheet that included data on pregnancy-associated, but not -related, and pregnancy-related cases. This fact sheet was used by maternal health advocates in the 2020 legislative session to advocate for maternal health, including the extension of Medicaid coverage up to one year postpartum. DPH plans to publish another fact sheet to include 2016 findings after the review is completed in fall 2020.

Efforts continue to enhance case identification and abstraction. MCH Epidemiology linked hospital discharge data with 2016 death certificates to strengthen case identification and provide further information on known cases. The effort identified eight potential cases from 2016 and will be included as a regular part of the case identification process moving forward. DPH is also working with Medicaid to develop a data sharing process to receive Medicaid information for known cases, including dates of coverage and providers seen. Knowing the providers seen will help abstractors know where to request records and expand the abstraction beyond obstetric providers.

In the current year, the Women's Health Program added a Key Informant Interviewer to the review process. The Key Informant Interviewer will interview friends, family members, and other individuals who were close to the woman's life. Having qualitative information will provide rich contextual information on the woman's life, pregnancy, and events surrounding her death, which will help the committee better identify contributing factors and recommendations for prevention. MCH Epidemiology has completed the case identification for 2017 and abstractors have begun requesting records. The MMRC is scheduled to complete 2017 cases by the end of the calendar year in 2020.

Center for Black Women's Wellness Health Equity Lab
In the current year, the MCH Director participated in the Center for Black Women's Wellness Health Equity Lab to work with design teams to develop tangible ways to support efforts to change birth outcome experiences. The Action Lab provided opportunities to collaborate with subject matter experts to explore the contribution of racism on adverse outcomes for black women and leverage findings to strategize solutions and identify the most high-leverage work to improve the system for black women. Opportunities were also provided to share and celebrate work done to-date creating shared learning across design teams. A Respectful Care Survey was developed to access care provided by organizations for women to ensure care is provided in a manner that maintains dignity, privacy and confidentiality, freedom from harm and mistreatment, and enables informed choice and continuous support during labor and childbirth.

Challenges: Two birthing hospitals in rural Georgia closed - Dorminy Medical Center in Fitzgerald, GA and Taylor Regional Hospital in Hawkinsville, GA.

Related legislation: GA Code § 31-2A-16 became effective July 1, 2014 authorizing DPH to conduct case review of maternal deaths. The legislation provides protection for the case review process and authorizing access to case information.

HB 684 included $2,000,000 in annual funding under DPH's Adolescent and Adult Health Promotion Program to implement perinatal quality improvement initiatives in rural birthing hospitals to improve maternal outcomes. The funding became effective July 1, 2018 and provides needed infrastructure for smaller, rural facilities to participate in perinatal improvement initiatives.

In June 2020, HB 1114 passed allowing the DCH to apply for an 1115 Waiver to extend Pregnancy Medicaid to six months after delivery.

NPM 3: Risk-appropriate Perinatal Care

Perinatal Regionalization
To strengthen the system of Regionalization, there has been continued work on increasing communication with RPC stakeholders to include meetings with RPC medical directors and outreach educators as well as conference calls with finance staff and data coordinators. Work with the six RPCs located in Albany, Atlanta, Augusta, Columbus, Macon, and Savannah continues.

The Maternal and Neonatal Center Designation program planning continued during this reporting period. The rules outlining the requirements for designated centers became effective in November 2019. A contract was established with the AAP to use the AAP Verification Program for the application and site survey process for Level II and Level III Neonatal Center Designations. The online application for Level I Maternal and Neonatal Center Designations was finalized and opened in February 2020.

Related legislation: HB1114 Pregnancy Medicaid Coverage to Six Months Postpartum was passed by the Georgia General Assembly to allow Medicaid to extend to six months post-delivery.

In 2018, the Georgia General Assembly passed HB909 which authorizes DPH to designate hospitals for maternal and neonatal care. The legislation was signed into law and became effective July 1, 2018.

Alliance for Innovation on Maternal Health Bundles
GaPQC has continued to implement the obstetric hemorrhage (HMG) and severe hypertension (HTN) in pregnancy AIM patient safety bundles. Currently, 44 hospitals are participating in HMG initiative and 41 hospitals are participating in HTN. Forty-four out of 54 (81 %) of AIM hospitals are submitting data for structure/process measures. During the reporting year, 100% (54) AIM hospitals quarterly outcome Severe Maternal Morbidity (SMM) measures were collected/analyzed, uploaded into the AIM data portal and sent to participating hospitals. Sixteen of the 44 hospitals participating in the AIM hemorrhage initiative are rural hospitals and receive state funding to support perinatal quality improvement in rural facilities. Ten rural hospitals participate in the HTN bundles. Women's Health works closely with the remaining six hospitals to recruit them into the Hypertension bundle.

A statewide needs assessment was conducted to identify priority needs of our HMG and HTN maternal teams.

Training for simulation drills and debriefs were identified as a priority among respondents. To meet this need, five regional clinical simulation drill and debrief trainings were scheduled. Due to the COVID-19 pandemic, only one training was conducted. Each were planned in collaboration with the six maternal Regional Perinatal Center Outreach Educators who would have served as trainers for the trainings in the southeast, southwest, middle, northwest and northeast regions of the state. All birthing facilities in the state were invited to participate. In total over 100 participants were registered to attend the sessions. The sessions will be rescheduled once schedules and operations return to normal. Teams enrolled in the HTN initiative will begin reporting on new process measures which involve case identification and time to treatment. Hospitals have requested assistance and the Collaborative adapted an existing tool and distributed to hospitals to help with the process. The March webinar was dedicated to engaging other states who are further along in the reporting process for these measures and in the initiatives overall. The Illinois Perinatal Quality Collaborative presented. Future webinars will be rescheduled in order to focus on supporting teams during the COVID-19 response.

Additional measures have been added to implement from the Reducing Peripartum Disparities Bundle. The requirement for implicit bias training for hospital providers and nurses is added to HMG and HTN process measures. All hospitals will report on the number of providers and staff that receive implicit bias training. Race will also be included in chart review data collected and reported in the HNT bundle. Hospitals will report on progress for implementing implicit bias training in quarterly reports. A speaker was scheduled to present on Implicit Bias and Disparities at the annual GaPQC meeting in April and two Implicit Bias trainings are tentatively planned during July/August 2020 through the Institute of Perinatal Quality Improvement, however, due to COVID-19 the meeting was posted and will be rescheduled when operations return to normal. In the meantime, efforts are focused on monthly webinars on supporting hospitals in identifying and collecting these data elements and plans are being made to offer virtual implicit bias training.

Priority Need: Promote Oral Health to All Populations

NPM 13: Preventive Dental Visit

During the current year, the Oral Health program served 1,245 pregnant women to reduce some of the contributing factors to low birth weight (LBW) infants. Education was provided to women of childbearing age about NAS and the need for good nutrition, prenatal care and dental care. The Oral Health Director also recorded a series of six short public service announcement videos focused on key messages on oral health geared towards pregnant women and caregivers of young children: https://www.youtube.com/watch?v=0Nfk_-JwaiQ&list=PLHp0_39Iqo2f5gBr-zgPISf8m5O9mCNnj . Currently the videos are on the DPH YouTube page and being shared with partners for cross promotion. The Oral Health Program continues collaboration and outreach through the following activities and initiatives:

Disseminates the message of drinking fluoridated water at all ages to pregnant and parenting women through the Georgia Oral Health Collation, Healthy Mothers and Health Babies, and Home Visiting.
Collaborates with the Tobacco Program in the Chronic Disease section to distribute toolkits geared to dental providers focused on patient tobacco cessation strategies and tips. While the recommendations can be adapted to almost all patients, the primary patient focus for tobacco cessation is pregnant women.
Presents to OBGYN residency groups on oral health and pregnancy.
Distributes Oral Health Pregnancy Resource Bags to pregnant and new mothers through partnerships with district oral health staff, district WIC nurses, other district DPH nurses, home visitors, DPH perinatal case managers, and others. Approximately 1900 bags were distributed during the reporting period.
Presents to OBGYN residents twice a year as well as disseminates a monthly newsletter to GOGS members on oral

health.
Participates on a HMHB pregnancy oral health work group to improve the number of pregnant women in Georgia receiving oral health care by focusing in three priority areas: educating pregnant women, educating perinatal providers, and reducing administrative burden in the Medicaid process.

Priority Need: Increase Access to Family Planning Services

SPM 1: Family Planning
In the current year, the Family Planning Program completed site visits which provided unique insight into the successes and challenges of each public health district. Site visits provided information concerning daily operations and provided billing, clinical and administrative technical assistance. Best practices including billing third party payers to maximize reimbursement thus generating income and the implementation of a health educator/navigator model to promote access to family planning services continue to be explored.

The Family Planning Program conducted nine weeklong women's health courses for new public health registered nurses to provide the training required to practice in an expanded roll according to nurse protocol. The expanded role skills are needed for family planning service delivery in local health departments. The program plans to partner with University of California, San Francisco, Bixby Center for Global Reproductive Health to provide the standard long acting reversible contraceptive (LARC) course and in-depth special courses to train family planning staff on best practices to increase access to LARCs as a form of family planning as well as skills training for providing breast and pelvic exams and sexually transmitted disease education. Through site visits, weeklong courses, and LARC trainings the program provides needed support and assistance to enhance quality of care and capacity to meet the family planning needs of reproductive aged women in Georgia. Over 110 new nurses completed the expanded role training during the previous two fiscal years and indications are approximately the same number will be on-boarded during the current reporting year.

Challenges and barriers: The COVID-19 pandemic has resulted in clinic closures and reduced availability of face-to-face visits. Prior to the pandemic, all family planning encounters were conducted in clinic settings. Decreased availability of staff and safety concerns related to face-to-face encounters can have an impact on contraceptive continuity and lead to an increase in unintended pregnancies. The program developed guidance for clinics in providing remote interviews for the continuation of oral contraceptives and much of the Depo Provera visit. The pandemic also required the program to postpone the remaining program site visits to Athens, Gainesville, Clayton, and Dalton health districts, the weeklong women's health trainings and LARC training courses due to concerns over COVID-19.

Other Women/Maternal Health Programs

Centering Pregnancy
During the current year, Women's Health continued to collaborate with partners to provide education and resources to Centering Pregnancy participants. In collaboration with the Oral Health Program, dental kits and an Oral Health During Pregnancy webinar were provided to Centering Pregnancy participants. Albany Area Primary Health Care, a Federally Qualified Health Center, provided staff support to the Centering Pregnancy Program in Albany and is interested in adopting the program. The program is collaborating with United Way to provide the next Basic Facilitator's training the Albany district to ensure training of replacement staff and ensure continuity of care in the district.

Augusta's Centering Pregnancy Program hosted a reunion for delivered participants. Previous program

participants shared their experiences and expressed their appreciation of the Centering Pregnancy program. Discussions centered around the individual birthing experience, contraceptives and birth spacing. Activities included playing games, winning prizes and a certificate of completion for the program was given.

Monthly meetings were scheduled to continue among County Health Districts 6 and 8-2 providing Centering Pregnancy in their clinic, however, due to District and State employees working the frontlines to help mitigate the spread of COVID-19, previously scheduled monthly meetings have not occurred. Microsoft Teams have been utilized to provide Centering Pregnancy meetings during the pandemic.

Challenges/barriers: Sustainability and staffing continue to be a challenge.
Due to COVID -19 site visits were not conducted. Some Centering Pregnancy staff assisted in supporting the needs in the community and working specimen point of collection (SPOC) locations. Some clinics suffered staffing shortages due to positive testing of COVID-19.

Perinatal Case Management
In the current year, there continues to be 111 county health departments providing PCM services in the state of Georgia. Some limited services are being provided by some districts due to COVID-19. The PCM objective by 2022 is to increase the number of County Health Departments providing PCM services to 115.

PCM trainings were conducted throughout the current year via telehealth. PCM training via face-to-face mode was cancelled during the summer months due to constraints with COVID-19. COVID -19 has placed the production of the PCM post card and pamphlet on hold. Once a timeline can be determined for distribution, literature will be distributed to all public health districts for use by the PCM Case Managers and the pregnant women enrolling in PCM.

PCM collaborated with the Child Occupant Safety Program to increase participation in the car seat program for all counties. PCM also collaborated with the Oral Health Program to provide dental kits to the pregnant women entering the county health department for PCM enrollment and a webinar educating the Perinatal Case Managers on the importance of oral health during pregnancy. Collaboration continues with the HIV Prevention Project with internal partners of the HIV program. Education was developed and is provided to women on the importance of early treatment in the pregnancy and lowering the incidence of congenital syphilis and HIV occurrence. The project is currently on hold due to the COVID-19 pandemic although discussion continues concerning opportunities following the pandemic.

Planning for Healthy Babies
In the current year, P4HB convened a working group with the purpose of increasing utilization and participation in P4HB. The MCH Director and Title V Deputy Director participate in the working group to create a statewide marketing and communications plan in collaboration with the four Care Management Organizations (CMOs), provider organizations and community-based organizations that serve the MCH population eligible for P4HB in Georgia. The goal is to amplify current efforts by the Department of Community Health (DCH) and CMOs toward increasing the knowledge, understanding and utilization of P4HB services toward reducing Georgia's LBW and VLBW rates, unintended pregnancies, and lowering Medicaid costs. HMHB is dedicated to continuing support of the program by convening community partners and provider groups toward increasing awareness of the program's benefits for greater utilization by both participants and providers statewide.

Working groups were held in December 2019, February, June, and August 2020. The mutual goal to increase the awareness and utilization of the P4HB Waiver program services for eligible women was drafted. Barriers around patient awareness were identified and marketing materials development was discussed.

Maternal and Child Health Information and Resource Center

In the current year, the Women's Health Program works with the existing Maternal and Child Health Information and Resource Center that operates the MCH resource hotline and website to include resources and referrals to resources that identify and treat chronic illnesses such as hypertension, heart disease, obesity, and diabetes.

Women/Maternal Health - Application Year

Priority Need: Prevent Maternal Mortality

NPM 1: Well-Women Visit
Percent of women, ages 18 through 44, with a preventive medical visit in the past year

NPM 1 Strategies:

1.1.a Meet or exceed the CDC guideline of providing ≥75% of federally funded screening mammograms to women over 50 years of age.

1.1.b Meet or exceed the CDC guideline of providing ≥20% of initial pap tests to individuals who have never or rarely been screened for cervical cancer.

1.2.a Increase the number of LARCs utilized among women of reproductive age (15-44 years) served in local Public Health Departments by 5% annually.

Preventive Medical Visit
A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of diseases to optimize the health of women before, between, and beyond potential pregnancies. A key component of a well-woman visit for a reproductive-aged woman is the development and discussion of her reproductive life plan to align with her current and future plans. Prevention, screening, and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, will be advanced with a well-woman visit to promote women's health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. The Women's Health program will continue to support activities to meet or exceed the CDC guideline for the percent of initial cervical screening tests that are conducted among women who have never been screened or not screened within the last 10 years.

Family Planning
Women's Health will continue to promote and increase access to family planning service particularly LARCs. Family Planning plans to launch Phase III of the marketing campaign. Site visits will be conducted with public health districts to garner insight on district level implementation of family planning. Staff will also provide an eight-week series of women's health courses for new nurses. DPH will partner with Bixby to provide the standard LARC CME course and in-depth special courses to train family planning staff on best practice in increasing access to family planning.

Maternal Mortality Review Committee
Women's Health will continue work with the MMRC to complete case reviews for 2017 and 2018. By the end of calendar year 2021, the MMRC will complete case reviews for 2019 and meet the goal of reviewing cases within two years of the date of death which will bring the case review current and provide much needed information to the GaPQC and other groups working to impact maternal mortality. In accordance with CDC recommendations a Key Informant Interviewer was hired in June 2020. The Key Informant Interviewer will be conducting interviews with friends, family members, or other close contacts of the deceased mother to provide information for the review committee beyond what is listed in the medical record, including information on social determinants of health. DPH will be implementing a data sharing process with Medicaid to obtain information on dates of coverage for each case and to provide abstractors with information on providers seen. DPH also plans to expand dissemination of report findings and recommendations by posting the information on the DPH website, and disseminating information to medical providers, community-based organizations, advocacy organizations, and other perinatal care workers.

Alliance for Innovation on Maternal Health Bundles
GaPQC will continue to support the AIM Patient Safety Bundles by providing support for birthing hospitals across the state to implement the Obstetric Hemorrhage and Severe Hypertension in Pregnancy Initiatives. Outreach efforts will continue to recruit new hospitals to join the 55 of the 73 birthing hospitals participating in one or both initiatives. To support hospital teams, monthly webinars will be hosted to provide expertise related to implementing the specific bundle interventions and provide one on one hospital support and technical assistance. Focus will be placed on incorporating elements of the Reduction of Peripartum Racial/Ethnic Disparities into each AIM bundle. In the fall of 2020, Women's Health will host a Health Equity Learning Series and Training to build capacity and create a culture of equity including systems for reporting, response, and learning. Partnerships with organizations will support improving population level outcomes for mothers and infants including March of Dimes in the health equity work and HMHB as partners on the policy and clinical implementation workgroups. Building on the foundational work of AIM, we will participate in AIM Clinical Community Integration to address preventable maternal mortality and severe maternal morbidity among pregnant and postpartum women outside of hospital and birthing facility settings.

Priority Need: Promote Oral Health Among All Populations

NPM 13: Preventive Dental Visit
Percent of women who had a preventive dental visit during pregnancy

NPM Strategy 13.1: Provide oral health trainings and presentations to medical providers to increase knowledge.

The Oral Health program will continue to promote oral health among all populations, with a special emphasis on promoting oral health care services among pregnant women. The Oral Health Annex contract with the health districts in FY2020 included a recommendation to include perinatal oral health services for WIC and other public health patients. A newly developed and simplified oral health reporting tool will also reduce administrative burden on districts and allow for more time for patient care, education, and prevention services. With this tool, districts will provide monthly tracking of total clinical visits broken down by age categories, total number of prevention services (dental sealants, fluoride varnish applications, oral health screenings, and oral health education), as well as total number of pregnant women seen by district oral health program staff (either for services, screenings, or referrals). District program staff are continuously provided updates and resources that help empower them to provide care, services, and education for MCH populations including but not limited to, free continuing education opportunities, toolkits, guidelines, best practices, and recommendations from national oral health and MCH organizations.

The Oral Health program will continue to promote an oral health awareness campaign and will be boosting social media videos offering short key messages on oral health geared towards pregnant women and caregivers of young children. Public Service Announcement videos will be converted to fit social media platforms like Facebook, Twitter and Instagram and will target social media pages of individuals likely to be pregnant, recently pregnant, or caregivers of young children. The videos are slated to begin in August 2020. Pregnancy Oral Health Resource Bags that contain an adult toothbrush, two types of infant toothbrushes, floss, toothpaste, intraoral wipes for cleaning after nursing or bottle feeding, a brochure on health oral habits/behaviors, and a baby book on oral health will be distributed through district oral health program staff, district public health nurses, perinatal coordinators, home visitation workers, and external partners such as Healthy Mothers Healthy Babies Coalition of Georgia.

The Oral Health program will continue to create a more robust state oral health surveillance system by identifying gaps in data, researching data sources to fill gaps, and dedicating resources to incorporating sources. Due to funding received in 2020 the Oral Health program funded three additional state supplemental oral health questions to the Georgia PRAMS survey. In addition to the two standard core oral health questions and one supplemental state

oral health question. With a combined six questions related to oral health in PRAMS, future data will give a more complete picture of burden of disease, specific challenges and barriers, and strategize on best solutions. This data is expected to be available mid-2021. The Oral Health program will add a full time Oral Health Epidemiologist to help support ongoing surveillance, oral health surveillance plan implementation, and data analysis.

Other Women/Maternal Health Programs

Centering Pregnancy

The Women's Health program will continue to support public health districts in their goal to provide Centering Pregnancy services to women in the community. The Women's Health program will collaborate with Federally Qualified Health Centers (FQIC) and evaluate the data retrieved to improve the services provided in Centering Pregnancy sites in Albany. The Women's Health program will work with other public health districts that desire to host a Centering Pregnancy program in their community and form an alliance between the districts for support of one another. Efforts to collaborate and build communication and relationships between internal and external partners will continue. Women's Health will collaborate with external partners to gather information on the next Basic Facilitators training for district staff in need.

Perinatal Case Management (PCM)

Women's Health plans to increase the number of county health departments providing PCM services from 107 to 115 by 2022. The developed post cards and brochures to promote PCM benefits will be distributed to all public health districts for use by the PCM Case Managers and the pregnant women enrolling in PCM. The PCM program will collaborate with the child occupant safety program to increase participation in the car seat program for all counties and provide education to pregnant mothers on safely transporting their child. DPH will continue providing technical assistance on the PCM module, education, training and updates of the PCM program to all district PCM Case Managers on the health outcomes for at risk women. PCM will continue collaborating with the Oral Health program to distribute dental kits to pregnant women in the public health districts that enroll in the PCM program to promote good oral health during pregnancy.

Planning for Healthy Babies (P4HB)

The P4HB working group will continue activities to create a statewide marketing and communications plan in collaboration with the four Care Management Organizations, provider organizations and community-based organizations that serve populations eligible for P4HB. The working group will continue to develop plans that amplify increasing the knowledge, understanding and utilization of P4HB services toward reducing low birth weight and very low birth weight rates, unintended pregnancies, and lowering Medicaid costs. MCH is dedicated to continuing support of P4HB by participating with community partners and provider groups toward increasing awareness of the program's benefits for greater utilization by both participants and providers statewide.

Maternal and Child Health Information and Resource Center

The Women's Health program will work with the existing Maternal and Child Health Information and Resource Center that operates the MCH resource hotline and website to include resources and referrals to resources that identify and treat chronic illnesses such as hypertension, heart disease, obesity, and diabetes.