State Action Plan Table

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

Priority Need

Prevent maternal mortality

NPM

Percent of women with a past year preventive medical visit

Objectives

1.1. By 2020, develop a partnership to launch at least one targeted educational campaign or referral source to promote preventative healthcare.

1.2. By 2020, collaborate with the Georgia Perinatal Quality Collaborative (GaPQC) to implement Alliance for Innovation on Maternal Health (AIM) Bundles on Hemorrhage in 75% of birthing hospitals.

Strategies

1.1.a. Leverage existing partners to provide education to healthcare providers through in-person trainings, webinars and messaging campaigns for medical providers, health districts, community organizations and other women's health stakeholders to promote preventative healthcare.

1.2.a. In collaboration with GaPQC, disseminate Maternal Mortality Review Committee findings to Georgia birthing hospitals and market AIM Bundles.

1.2.b. In collaboration with GaPQC, use quality improvement strategies to implement AIM bundles.

1.2.c. In collaboration with GaPQC, develop and utilize a central database to collective evaluate outcomes.

ESMs	Status
ESM 1.1 - 1.1.1. Number of public health districts with the Every Woman video in circulation	Inactive
ESM 1.2 - 1.2.1. Number of staff that have been trained on preconception health appraisals	Inactive
ESM 1.3 - 1.3. Number of focus groups across the state that assess barriers to well-woman visits	Active
ESM 1.4 - 1.4. Proportion of birthing hospitals that implement Alliance for Innovation on Maternal Health Bundles	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 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 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

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

Priority Need

Improve access to family planning services

SPM

By 2020, increase the percentage of women (ages 15-44) served in the Georgia Family Planning Program (GFPP) who use long-acting reversible contraceptives (LARC) from 11 to 15%.

Objectives

2.1. By 2020, increase the number of unduplicated patients in family planning clinics by 5%

2.2. By 2020, increase the percentage of teens (under age 19) served in Georgia Family Planning Program (GFPP) who use long-acting reversible contraceptive (LARC)

2.3. By 2020 increase the percentage of women (ages 15-44) served in family planning clinics who use long-acting reversible contraception (LARC) from 11% to 15%

Strategies

2.2.a. Provide counseling to 75% of teens served with GFPP

2.3.a. Guide 85% of GFPP clients through creating a Reproductive Life Plan

2.3.b. Increase inventory of LARCs in GFPP clinics

2.1.a. Develop and disseminate a marketing campaign to increase awareness of the GFPP

Women/Maternal Health - Plan for the Application Year

Plan for the Coming Year: Oct 2017 – Sep 2018

Priority Needs: Prevent maternal mortality

NPMs: Well-Woman Visits
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 will revise its state action plan to focus on strategies that reduce maternal mortality. Under the direction of Health Promotions Division Director, Lara Jacobson, MD, the MCH section developed a simple visual to link strategies to common primary drivers (primary causes of maternal mortality). The diagram is being used by MCH staff, Department leaders and MCH partners to communicate the primary drivers and all of the efforts to reduce maternal death in Georgia.

Table 1: Georgia's Maternal Mortality Primary Drivers' Diagram

Aims	
Reduce Preventable Maternal Mortality in the State of Georgia	
Primary Drivers	
Medical Management: Hemorrhage, Hypertension, Embolism	Maternal Health and Birth Spacing
Interventions	
Risk-Appropriate Care	PCM Program
MMRC (to gain understanding of statewide drivers)	Birth Spacing (LARC's and other contraceptives)
AIM Bundles- Hemorrhage, Hypertension, Cardiomyopathy	P4HB

Medical Management of Hemorrhage, Hypertension, and Embolism

Perinatal Regionalization
In the coming year, the Women's Health Program intends to develop and implement targeted marketing strategies to increase awareness of the RPCs with the goal of increasing utilization and promote the use of PLAT, in Level I and Level II birthing hospitals in the southernmost region of the state, to quickly identify women presenting with preterm labor and initiate risk appropriate care (Numerator= # of Level I and Level II hospitals with PLAT; denominator = total # of Level I and II birthing hospitals south of Atlanta).

Alliance for Innovation on Maternal Health (AIM) Bundles
According to the American Congress of Obstetricians and Gynecologist (ACOG), AIM is a national alliance to promote consistent and safe maternity care to reduce maternal mortality by 1,000 and severe morbidity by 100,000 instances over the course of four years. The purpose of the AIM program is to equip, empower and embolden every state, perinatal quality collaborative, hospital network/system, birth facility and maternity care provider in the U.S to significantly reduce severe maternal morbidity and maternal mortality through proven implementation of consistent maternity care practices that are outlined in maternal safety bundles (action systems).

Maternal safety bundles represent best practices for maternity care and are developed and endorsed by national multidisciplinary organizations.

These maternal safety bundles include action measures for:

- Obstetrical Hemorrhage
- Severe Hypertension/Preeclampsia
- Prevention of Venous Thromboembolism
- Reduction of Low Risk Primary Cesarean Births/Support for Intended Vaginal Birth
- Reduction of Peripartum Racial Disparities
- Postpartum care access and standards

In the coming year, DPH, the Georgia Perinatal Quality Collaborative (GaPQC), and, the Georgia Obstetrical and Gynecological Society (GOGS) will partner to adopt maternal safety bundles as a focus for GaPQC. In the coming year, DPH and GaPQC will also increase participation in the perinatal quality collaborative, and create a data system.

Maternal Mortality Review Committee (MMRC)
In the coming year, the MMRC will continue to review cases and publish an updated report with appropriate recommendations.

Maternal Health and Birth Spacing

Perinatal Case Management (PCM)
In the coming year, the Women's Health Program will target three counties among the six cluster highly rated infant mortality counties without a PCM program for expansion. The Women's Health Program will also assess the potential impact of PCM Programs on infant mortality. Training and education to the current PCM programs will continue.

Planning for Healthy Babies (P4HB)
P4HB is a family planning demonstration waiver program issued by the Georgia Department of Community Health (DCH) to assist the Department 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 maybe eligible under the expansion policy to receive family planning services, Inter-pregnancy Care (IPC), Case Management, and/or Resource Mother. The program is intended to bridge health care for underinsured and uninsured women of high need.

Women ages 18-44 who meet the monthly family-income are eligible for family planning services, and IPC which includes primary care, substance abuse treatment, case management, limited dental services, and prescription drugs to treat chronic disease. Women who previously gave birth to a VLBW and do not receive Medicaid or are losing Medicaid are eligible for IPC. In addition, women who do not receive Medicaid and did not have a VLBW are eligible for family planning services.

In the coming year, the Women's Health Program will collaborate with DCH and other partners to increase enrollment into P4HB.

Maternal and Child Health Information and Resource Center
In the coming year, 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 IPC of P4HB, hypertension, heart disease, obesity, and diabetes.

Family Planning
In the coming year, the Family Planning Program will continue to work with Stakeholders to increase access to family planning by leveraging partnerships, providing training and technical assistance.

Women/Maternal Health - Annual Report

Reporting Year Oct 2015-Sept 2016

Priority Need: Prevent maternal mortality

NPM 3: Well-woman visits

Maternal Mortality Review Committee (MMRC)
During the reporting year, the MMRC reviewed and completed 2013 cases. In addition to reviewing cases, Georgia was one of four states selected by the Centers for Disease Control and Prevention (CDC) to participate in a pregnancy checkbox quality assurance pilot project in 2016. The goals of the project are to address the timely correction to deaths incorrectly identified as pregnancy-associated death (false-positive), evaluate the impact of the errors and offer potential solutions. In collaboration with the Vital Records Office, Maternal and Child Health Epidemiology designed a quality assurance process based on the Maternal Mortality Review Committee processes and protocol. Beginning in January 2016 and continuing monthly throughout the year, Maternal and Child Health Epidemiology staff contacted via multimodes of communication the certifiers of 95 maternal deaths that were identified by the pregnancy checkbox on the death certificate only (did not link to a birth or fetal death certificate).

Priority Need: Increase access to family planning services

SPM 1: Family Planning
The Georgia Department of Public Health's Family Planning Program provides leadership, guidance and resources to Georgia's 18 Health Districts in the development and provision of resources that increase the access of family planning services to Georgia's women.

DPH's Family Planning Program offers comprehensive health care services designed to provide women with support to plan the birth of their children, reduce unintended pregnancies, determine effective birth control methods and improve the wellbeing of families statewide. Family planning services are available in all 18 health districts, which support 159 counties.

Since the loss of Title X in 2014 and the challenging reorganization that occurred as a result, the family planning program has made tremendous strides in ensuring that family planning services to include LARCs are accessible to all of Georgia's women of reproductive age.

In 2015 there were a number of initiatives that were launched in the family planning program to support sustainability and encourage utilization.

These initiatives include:

1. Additional funding to increase access to LARCs. The family planning program received an additional $650,000 to promote access to LARCs. This funding was utilized to purchase LARC pharmaceuticals that would otherwise be purchased from previously allocated funding, allowing clinics to increase inventory of drugs that year. Also, this funding was utilized to hire an additional 11 advance practice nurses (APRN) who are placed strategically in areas of need in the State to provide LARC services.
2. Providing contraceptive methods to women in need (at or below 200% FPL) based on a sliding fee system. Patients unable to pay are not denied services
3. Clinics are able to collect fees as appropriate via self-pay and third party billing to support sustainability efforts
4. The family planning program collaborated with the University Of California San Francisco - Bixby Reproductive Training Center to train over 130 clinicians and staff members about LARCs. All staff who attended were taught how to advocate and counsel patients about implants and IUDs, also, APRNs and doctors who attended were trained on inserting and removing the devices
5. A number of districts across the State launched marketing campaigns that targeted women of reproductive age and informed them about the availability of family planning services and LARCs
6. Nurse clinical protocols were also revised allowing patients to receive contraceptives on the same day without the need for annual exams, blood tests or other routine check-ups unless indicated and where indicated a quick start method can be prescribed. The clinical updates removed the need for additional patient appointments to receive contraception which historically resulted in loss to follow-up and in some cases follow-up when it's too late and the patient is pregnant. Also, contraceptive counselling is required so that they patients may make informed choices about contraception

Collectively, these initiatives have resulted in an increase in the number of insertions among women served in the public

health clinics from 2,213(FY2014) to 4,475(FY2015). Also, the program has made positive strides in strategic performance measures for example as of September 2016, 13% of women in the age range 15-44 years served in the public health clinics use a LARC compared to the baseline 11.1% in the previous year (goal is 15% by 2019). Another performance measure is to increase the number of teens (under age 19) who use a LARC. The percentage of teens who use a LARC, as of August 2016, went up to 7.6% from the previous year 5.1%. And as of September 2016, there were a total of 78 APRNs working in family planning within our public health clinics.

Current Year Oct 2016-Sept 2017

Priority Need: Prevent maternal mortality

NPM 3: Well-woman visits

Maternal Mortality Review Committee (MMRC)
The 2016 pregnancy checkbox quality assurance pilot project review closed May 3, 2017. The preliminary findings are 55 (58%) of the 95 maternal deaths identified by the pregnancy checkbox on the death certificate only and the status of pregnancy was unable to be confirmed for 27 (28%) of the deaths. The pilot project will be continued in 2017.

Well-Woman Focus Groups
In the current year, the MCH section worked with interns to understand the barriers women experience when trying to access a preventive health care visit. Interns identified through existing literature and the Well-Woman Project conducted by CityMatCH, UIC School of Public Health and City/County Health Departments that women experience a variety of barriers when accessing preventive health care that cannot be easily addressed. Georgia specific focus groups are needed to identify strategies to overcome barriers.

Priority Need: Increase access to family planning services

SPM 1: Family Planning
In the current year, Family Planning received an additional $651,000 in state funding to support the availability of LARCs. The funds were used to purchase additional pharmaceuticals and hire contract APRN staff to support the districts in making family planning more accessible to women. The additional funding helps to offset other costs that would be incurred through the regular funding stream available to districts.

Family Planning staff partnered with the Adolescent Health and Youth Development staff to provide training on best practices when serving our teen population. Family Planning staff are also working with the University of California San Francisco Bixby Reproductive Health Center to provide LARC training to clinic staff.

Family Planning staff began planning a marketing campaign intended to be launched in late 2017. The marketing campaign aims to increase awareness of family planning options and services to women across the state.