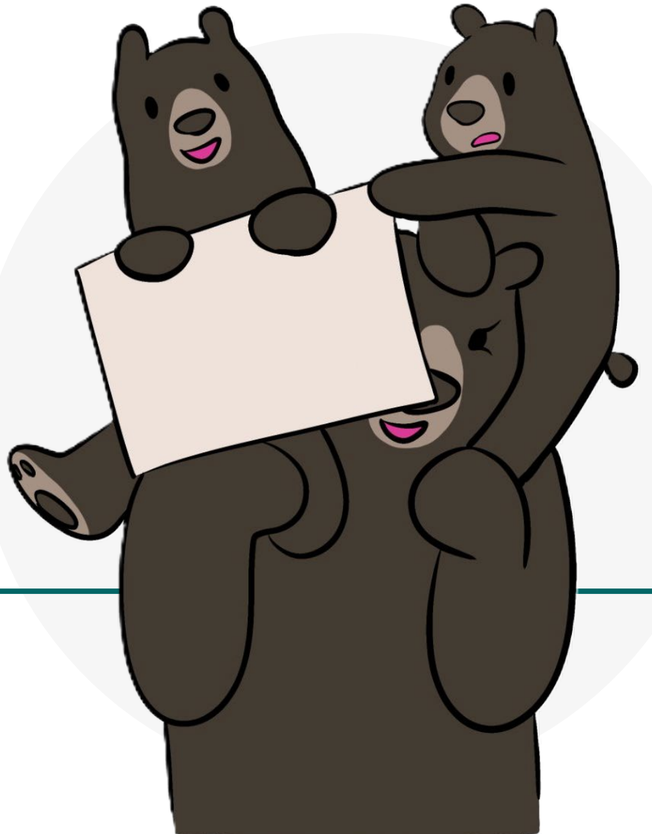
Maternal Data Task Force

Shannon Pursell, MPH
Senior Director, VNPC

Dr. Shannon Walsh, MD, FACEP
Assistant Professor
Emergency Medicine, VCU Health



Email
info@goVNPC.org

Website
www.goVNPC.org

Social Media
@goVNPC

Objectives

01 Introduction

02 Level Set Data

03 Patient perspective/Self Advocacy

04 MMRT Recommendations

05 UBB/VNPC Partnership Maternal Health HUBS

06 Legislation: HB2753/SB1279

07 Opportunities

Landscape of Virginia

Birth Hospitals: 49

Non-birth Hospitals: 72

Free standing birth centers: 21

NICU's :17

Freestanding ED's: 26

Traditional ED's: 82

Patient Experience/Advocacy

- Informing providers that you are pregnant/Asking all women of child-bearing age about possible pregnancy
- Hear Her Campaign
- Bear Hug Conversations—first Friday of the month, streaming on all platforms
- Data needs to support, highlight and elevate what is working and opportunities for improvement

MMRT Recommendations

- ☑ We recommend that the Virginia Neonatal Perinatal Collaborative maintain an updated list of evidence-based maternal care protocols and links on their website that can easily be accessed by providers and hospital systems.
- ☑ We recommend that the appropriate state agencies, including the Virginia Department of Health Professions, collaborate closely with the Virginia Neonatal and Perinatal Collaborative (VNPC) ….. to reinforce the need for hospital systems and clinicians to utilize evidence-based protocols from the Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundles.
- ☑ We recommend that the Virginia General Assembly require all hospitals to participate in the Virginia Neonatal Perinatal Collaborative's survey of Levels of Maternal Care using the Center for Disease Control's (CDC) Levels of Care Assessment Tool (LOCATe) and that the information be publicly available

Care coordination and Maternal Health HUBS

HB2753/SB1279

01 Develop training materials and standardized management protocols for inpatient providers regarding the treatment of obstetric emergencies, the recognition of urgent maternal warning signs, and the transfer of pregnant and postpartum patients, based on clinical safety bundles established by the Alliance for Innovation on Maternal Health

02 Develop training materials and provider-specific checklists for outpatient providers regarding the treatment of obstetric emergencies, the recognition of urgent maternal warning signs, and the transfer of pregnant and postpartum patients, based on clinical safety bundles established by the Alliance for Innovation on Maternal Health

03 All hospitals with an emergency department or labor and delivery, freestanding emergency departments, and birthing centers as defined in § 63.2-1914 shall implement standardized protocols for identifying and responding to obstetric emergencies, including obstetric hemorrhage, preeclampsia, eclampsia, and other life-threatening conditions based on the protocols developed by the VNPC

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VIRGINIA ACTS OF ASSEMBLY - 2025 SESSION

CHAPTER 423

An Act to amend the Code of Virginia by adding a section numbered 32.1-134.03, relating to maternal health; protocols and resources for hospitals and outpatient providers; report.

[H 2753]

Approved March 24, 2025

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 32.1-134.03 as follows:

§ 32.1-134.03. Maternal health; protocols and resources for hospitals and outpatient providers; report.

A. In order to improve maternal health outcomes and address the most common causes of maternal mortality in the Commonwealth, the Virginia Neonatal Perinatal Collaborative (VNPC) shall:

1. Develop training materials and standardized management protocols for inpatient providers regarding the treatment of obstetric emergencies, the recognition of urgent maternal warning signs, and the transfer of pregnant and postpartum patients, based on clinical safety bundles established by the Alliance for Innovation on Maternal Health; and

2. Develop training materials and provider-specific checklists for outpatient providers regarding the treatment of obstetric emergencies, the recognition of urgent maternal warning signs, and the transfer of pregnant and postpartum patients, based on clinical safety bundles established by the Alliance for Innovation on Maternal Health.

B. When developing such standardized protocols pursuant to subdivision A 1, VNPC shall collaborate with facilities and account for their specific resources, patient populations, and care models.

C. All hospitals with an emergency department or labor and delivery, freestanding emergency departments, and birthing centers as defined in § 63.2-1914 shall implement standardized protocols for identifying and responding to obstetric emergencies, including obstetric hemorrhage, preeclampsia, eclampsia, and other life-threatening conditions based on the protocols developed by the VNPC.

D. The VNPC shall collect data relating to the implementation of the standardized protocols pursuant to subsection C and maternal health outcomes and submit a report on such data by October 1 of each year to the Secretary of Health and Human Resources and the Chairmen of the Senate Committee on Education and Health, the Senate Committee on Finance and Appropriations, the House Committee on Health and Human Services, and the House Committee on Appropriations.

Opportunities

- Learning Management System
- Teaching EMS units about Urgent Maternal Warning Signs
- Simulation training and drills for ALL levels of care (maternity, non OB, ED, etc.)
- Creating Perinatal Zones within the state to provide regional recommendations
- Pooling resources/supplies to provide basic supplies to EMS, rural and lower level maternal hospitals

Data Reports

Evidence-Based Dyad Care-SUD Data Report

Reagan Overeem, MPH

April 2025

VNPC Virginia Neonatal Perinatal Collaborative

Executive Summary: This report examines Substance Use Disorder among deliveries in Virginia, drawing on data collected from 2017 to 2024 sourced primarily from the VHHA maternal health dashboard as well as the MMRT report. These findings reveal that the rate of Opioid Use Disorder in Virginia has decreased from 2017 to 2024. However, these findings highlight significant disparities in Substance Use Disorder in dyad care among racial groups, with White Non-Hispanic populations experiencing higher rates than their Black Non-Hispanic counterparts. Additionally, these findings highlight that the rate of Severe Maternal Morbidity among deliveries with Substance Use Disorder has been increasing from 2021 to 2023. Comparatively, the rate of Severe Maternal Morbidity among deliveries with Opioid Use Disorder has increased steadily from 2021 to 2024.

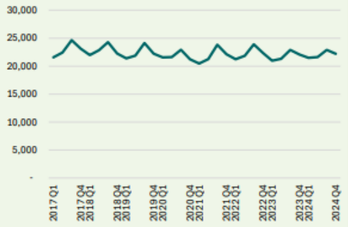
Background

- According to the recent MMRT report, approximately 86% of pregnancy associated accidental deaths were from accidental overdoses.[5]
- Opioid use disorder during pregnancy has been linked with serious negative health outcomes. Including preterm birth, stillbirth, maternal mortality, and neonatal abstinence syndrome.[2]
- Pregnant women with Opioid Use Disorder (OUD) are at risk of overdose, infectious diseases, and inadequate prenatal care. Additional risks include adverse pregnancy and infant outcomes, such as preterm birth and neonatal abstinence syndrome.[4]
- A substance use disorder (SUD) is a treatable, chronic disease characterized by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.[6]
- Opioid use disorder (OUD), a substance use disorder, sometimes referred to as "opioid abuse or dependence" or "opioid addiction" is a problematic pattern of opioid use that causes significant impairment or distress.[7]

Methods

The primary data source used in this report is the VHHA Maternal Health Dashboard. This database expresses inpatient delivery records within private hospitals across the state of Virginia. There are 57 hospitals expressed within the database. The hospitals submit data within the guidelines of the 1993 Patient Level Database System Act.[8] The data is reflected within the timeframe 2017 to 2024. Additionally, hospital discharge data was utilized to illustrate the geography of Substance Use Disorder among deliveries in Virginia from 2017 to 2024.

All Deliveries from 2017-2024 by Quarter



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Virginia Severe Maternal Morbidity Profile

April 2025

Prepared by Evan Isaacs MPH, CPH

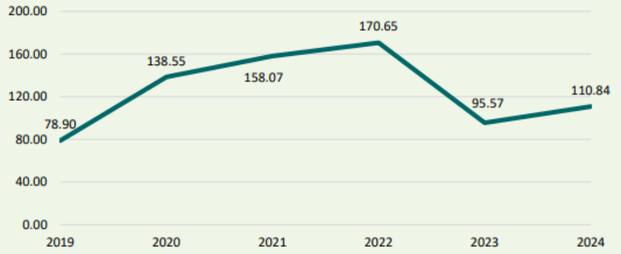
VNPC Virginia Neonatal Perinatal Collaborative

Background

- Severe maternal morbidity (SMM) is defined as unexpected outcomes during the delivery hospitalization that result in significant short- and long-term consequences to a person's health.[2]
  - Other than health effects, increased medical costs and longer hospitalization stays are associated with SMM.[2]
- A 2024 study found that individuals with SMM were more likely to deliver in a teaching tertiary care hospital (40.8% vs 51.1%), and to have preexisting conditions (eg, ≥2 conditions: 1.2% vs 5.3%), gestational diabetes (8.2% vs 11.7%), stillbirth (0.5% vs 1.6%), preterm birth (7.7% vs 25.0%), or cesarean delivery (31.0% vs 54.3%).[1]
- The US sees about 650 to 750 maternal deaths annually, and 50,000 to 60,000 cases of SMM annually.[3]
  - In 2016-2017, the US SMM rate was approximately 140 per 10,000 deliveries (1.4%).[3]

Severe Maternal Morbidity is Recovering to Pre-Pandemic Levels.

SMM rate per 10k hospital deliveries, 2019-2024



4. VHHA, Maternal Health Dashboard (2025), Accessed April 2025

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Coming Soon:

PQC Survey

SMILE Data Final

May 2025

May 2025

June 2025

Environmental Scan

Questions?

VNPC
Virginia Neonatal Perinatal Collaborative

Email
info@goVNPC.org

Website
www.goVNPC.org

Social Media
@goVNPC