

NH AIM/ERASE Monthly Webinar  
December 14, 2023

## WELCOME!

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## The Role of WIC in Reducing Maternal Mortality

NH AIM/ERASE Monthly Webinar  
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### Today's Agenda

#### The Role of WIC in Reducing Maternal Mortality

Lissa Sirois, MPH, RD, IBCLC

**NOTE: Today's speakers have nothing to disclose**



A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.



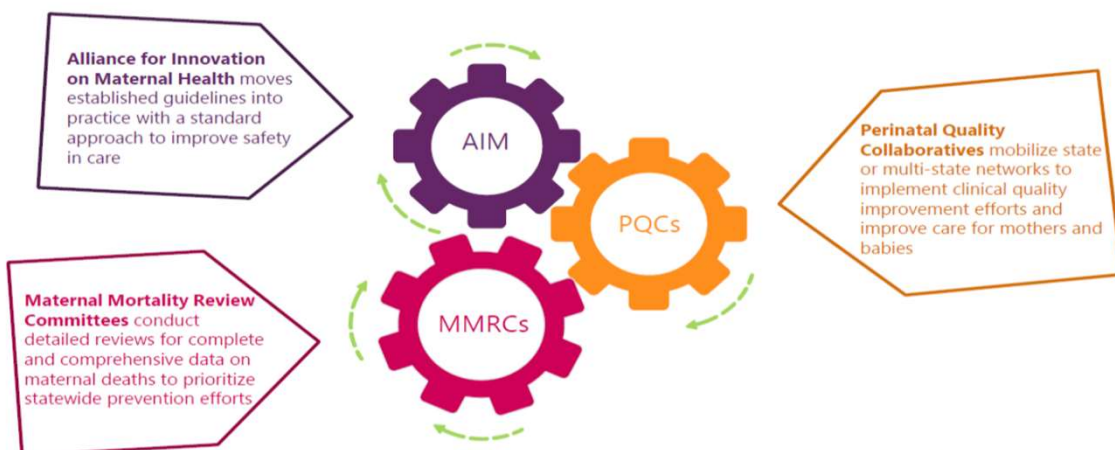
CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.



<https://saferbirth.org/>

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html>

## Critical Collaborations: NNEPQIN, ERASE and AIM



Created from a Centers for Disease Control, Division of Reproductive Health source

**NNEPQIN**  
NORTHERN NEW ENGLAND  
PERINATAL QUALITY IMPROVEMENT NETWORK

**AIM**  
ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH

**NH DIVISION OF  
Public Health Services**  
Improving health, preventing disease, reducing costs for all

## CPPPSUD Bundle Structure Measures:

S3: General Pain Management Guidelines Report Completion Date Has your hospital implemented post-delivery and discharge pain management prescribing guidelines for routine vaginal and cesarean births focused on limiting opioid prescriptions?

S4: OUD Pain Management Guidelines Report Completion Date Has your hospital implemented specific pain management and opioid prescribing guidelines for patients with OUD?



SUD Safety Bundle, measure SUD S7	Hospital blind code	1 (not started)	2	3	4	5 (fully in place)
Has your hospital created a <b>comprehensive list of community resources</b> , customized to include resources relevant for pregnant and postpartum people, that will be shared with all postpartum inpatient nursing units and outpatient OB sites?  <i>(Responses taken from Q2 2023 data as reported to AIM)</i>	1					x
	2					x
	3			x		
	4			x		
	5					x
	6		x			
	7		x			
	8		x			
	9	(facility closed)				
	10					x
	11					x
	12	x				
	13				x	
	14				x	
	15					x
	16			x		

# The Role of WIC in preventing Maternal Mortality

Lissa Sirois, MPH, RD, IBCLC  
Bureau Chief, Family Health and Nutrition  
NH Division of Public Health Services

## Purpose

- An overview of national action plans, data briefs and existing literature outlining the Call to Action
- Landscape of NH Mortality data
- NH Maternal Mortality Report
- What is WIC
- NH data among women participating in WIC
- WIC Eligibility and Coverage rates
- What can WIC do to reduce Maternal Mortality at State and Local
- National WIC Association framework

## Surgeon General's Call to Action to Improve Maternal Health

Conditions in which people are born, live, work and age, such as access to **healthy food options**, safe public spaces, and educational and employment opportunities, can also influence health. One conceptual model highlights these social determinants of health and suggests that patient factors, community or neighborhood factors, health care provider factors, and system factors also have a role in health outcomes. Further research is needed to determine how such factors influence maternal health outcomes and which ones have the most impact.

## Recommendations from The Surgeon General's Call to Action: To Improve Maternal Health

- **Create social and physical environments that promote good health**
- **Provide breastfeeding support at the individual and community levels**
- Strengthen perinatal regionalization and quality improvement initiatives
- Promote community driven initiatives and workforce development
- Ensure a broad set of options for women to access quality care
- **Support evidence-based programs to address health risks before, during and after pregnancy**
- Improve the quality and availability of data on maternal morbidity and mortality

*THE SURGEON GENERAL'S CALL TO ACTION TO IMPROVE MATERNAL HEALTH.* (n.d.).

<https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf> Assessed November 15, 2023.

## Healthy Women, Healthy Pregnancies, Healthy Futures

Make the United States one of the safest countries in the world for women to give birth.

To achieve this vision, we establish three aggressive, yet achievable targets:

- Reduce the maternal mortality rate by 50 percent in five years.
- Reduce the low-risk cesarean delivery rate by 25 percent in five years.
- Achieve blood pressure control in 80 percent of women of reproductive age with hypertension in five years.

*HHS Initiative to Improve Maternal Health.* (n.d.). ASPE. <https://aspe.hhs.gov/topics/public-health/hhs-initiative-improve-maternal-health#maternal-health>

## Landscape of Maternal Mortality

- In 2021, 1,205 women in the U.S. died of maternal causes—a rate of 32.9 deaths per 100,000 live births. This is a 40% increase from 861 deaths in 2020, a rate of 23.8.
- Black women have a death rate of 69.9, which is 2.6 times higher than the rate for white women (26.6)
- According to CDC, 84% of pregnancy-related deaths were preventable.
- 11 pregnancy associated deaths in NH, 2020-2021
- Substance use overdose, cardiac and coronary conditions.

Centers for Disease Control and Prevention. (2022, September 19). *Pregnancy-related deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019*. Centers for Disease Control and Prevention.

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html> Assessed November 14, 2023.

## Recommendations from 2022 NH Maternal Mortality Report

- 1. Public Education**
2. Increase funding for direct services
- 3. Coordination and enhanced communication in and out of state**

*The General Court of New Hampshire / 404. (n.d.).* [Www.gencourt.state.nh.us.  
https://www.gencourt.state.nh.us/statstudcomm/committees/72/documents/2022%20NH%20Maternal%20Mortality%20Report%20\(30%20pages\).pdf](https://www.gencourt.state.nh.us/statstudcomm/committees/72/documents/2022%20NH%20Maternal%20Mortality%20Report%20(30%20pages).pdf) Assess November 15, 2023

What is WIC?  
What can WIC do?

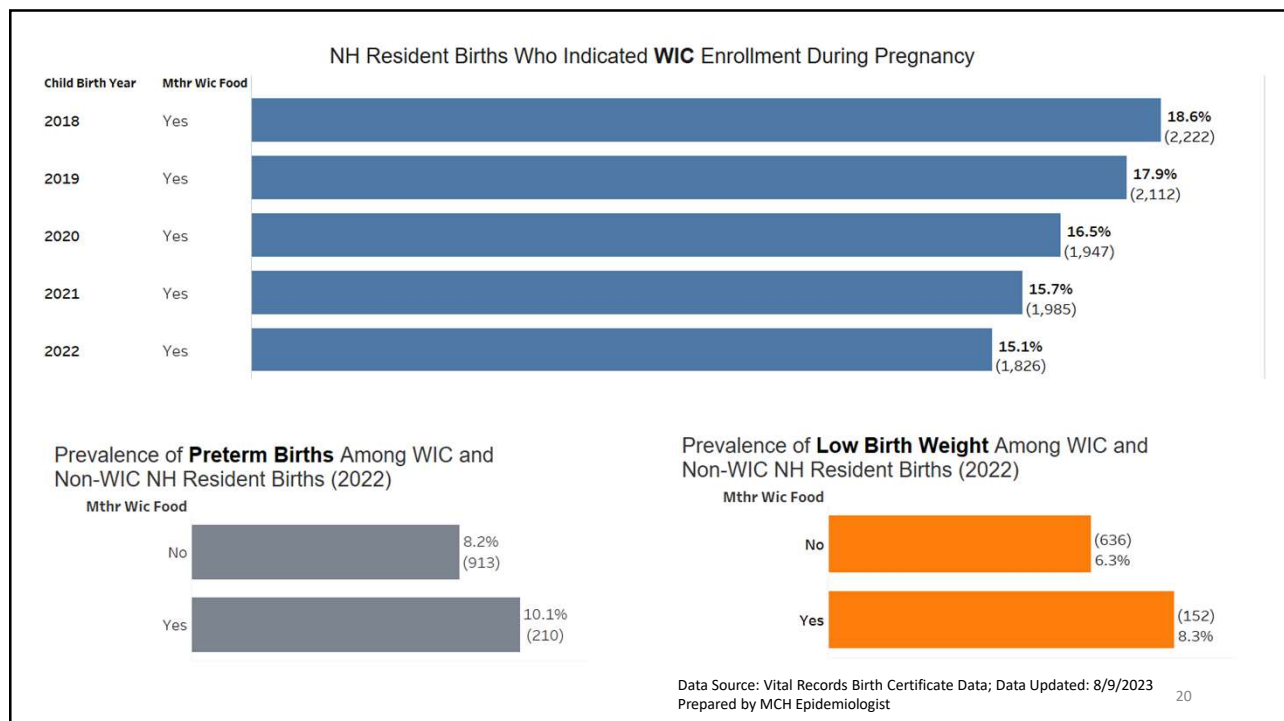
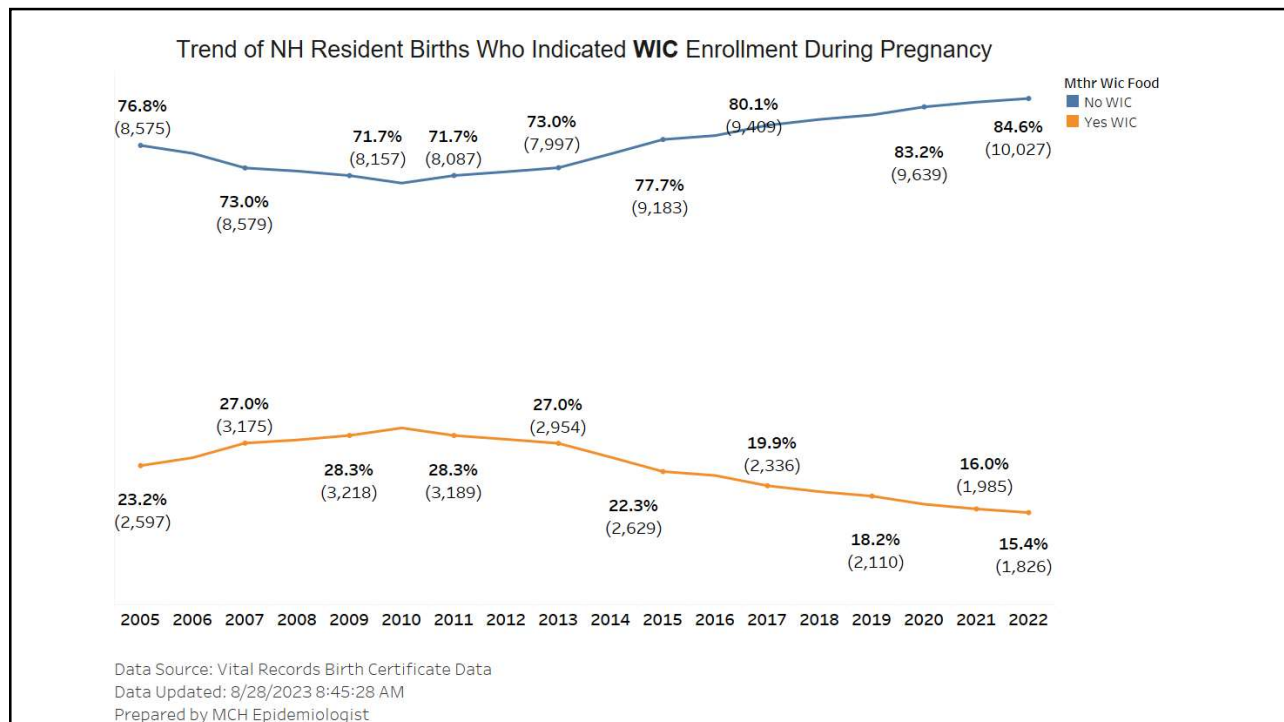
## What is WIC

- WIC is the premier public health nutrition program for women, infants and children up to age 5. PG women, Post partum non-breastfeeding women up to 6 months and mostly breastfeeding women through 1 year post partum.
- NH WIC services on average 13,000 participants a month
- 185% FPL, Medicaid, SNAP, TANF direct eligibility
- Certification before proof pregnancy and/or health insurance
- Personalized nutrition education and counseling
- Health assessment, hemoglobin testing, lead testing
- Nutrient dense foods redeemed at grocery store
- Referrals to social services and healthcare
- Remote services for rural areas
- Trauma informed care, Client-centered, culturally sensitive, data driven
- Peer counselors from communities to provide breastfeeding and infant feeding support

## WIC is uniquely positioned to play a role

- WIC provides nutrition support during pregnancy and postpartum periods, which is shown to improve the dietary intake of pregnant and postpartum women and; and help pregnant women access prenatal care earlier.
- WIC participation is also associated with a [decrease](#) in the rates of gestational hypertension and pre-term deliveries.
- WIC's combination of healthcare access and nutrition support is critical for addressing maternal mortality and mitigating the substantial racial disparities in maternal health outcomes—particularly for Black and Indigenous women.
- WIC can be a gateway to healthcare and resources.

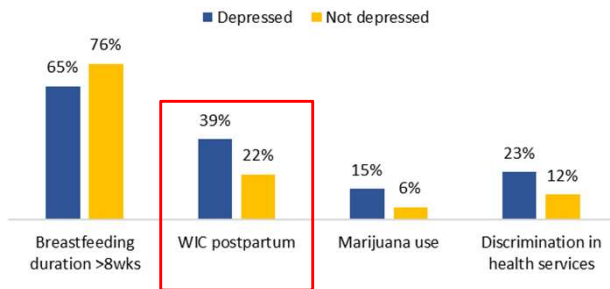
National WIC Association (2019) Maternal Mortality in the US: The Role of WIC in Addressing the Crisis. Accessed online: <https://s3.amazonaws.com/aws.upl/nwica.org/2019-wic-maternal-mortality.pdf>



## Maternal Depression in New Hampshire

### 2022 NH PRAMS Data Brief

Health-related behaviors or conditions



Area of growth for 2024

\* [Source: prams-maternal-depression.pdf \(nh.gov\)](#)

## National WIC Eligibility and Coverage Rates by Year among Pregnant category, 2017-2021

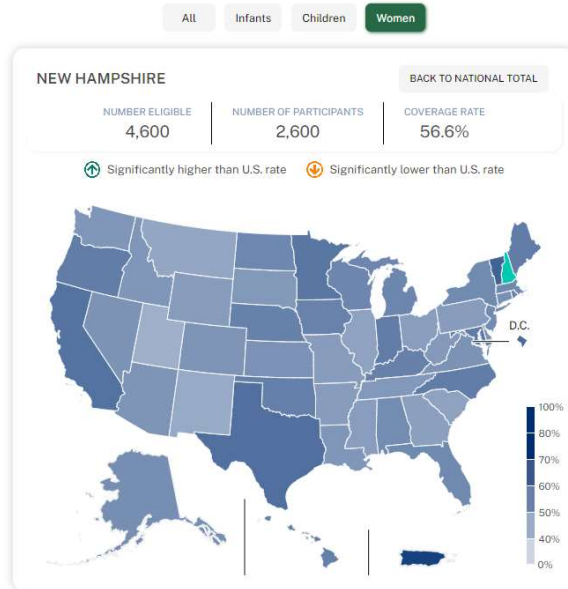
	2017	2018	2019	2020	2021
Number Eligible	1,287,402	1,221,038	1,144,961	1,091,257	1,103,246
Number of Participants	707,747	658,141	606,369	557,735	509,659
<b>Coverage Rate</b>	<b>55.0%</b>	<b>53.9%</b>	<b>53.0%</b>	<b>51.1%</b>	<b>46.2%</b>
Population	3,033,235	2,971,132	2,923,104	2,906,913	2,790,074
Eligibility Rate	42.4%	41.1%	39.2%	37.5%	39.5%

Sources: 2021 Current Population Survey Annual Social and Economic Supplement (CPS-ASEC), 2020 American Community Survey (ACS), 2016-2019 Puerto Rico Community Survey (PRCS), Census International Data Base, and WIC administrative data.

## Coverage Rates, 2021

- Need to increase participation in the WIC Program
- Close coverage gap
- All categories 53.6 percent
- Children 48.1 percent
- Infants 79.3 percent
- **Women 56.6 percent**
- In the average month of 2021, nationally, WIC served an estimated 51.2 percent of those eligible for WIC

WIC Coverage Rates by State and Participant Category, 2021



Sources: 2021 Current Population Survey Annual Social and Economic Supplement (CPS-ASEC), 2020 American Community Survey (ACS), 2016-2019 Puerto Rico Community Survey (PRCS), Census International Data Base, and WIC administrative data.

## Maternal and Neonatal Birth Outcomes

WIC prenatal participation was associated with lower risk of three outcomes:

- preterm delivery (moderate SOE),
- low birth weight (moderate SOE), and
- infant mortality (moderate SOE).

Other findings had a low SOE, such as better maternal diet, lower risk of inadequate gestational weight gain, and lower alcohol use during pregnancy.

More research is needed on maternal health outcomes.

Caulfield LE, Bennett WL, Gross SM, Hurley KM, Ogunwale SM, Venkataramani M, Lerman JL, Zhang A, Sharma R, Bass EB. Maternal and Child Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Comparative Effectiveness Review No. 253. (Prepared by the Johns Hopkins University Evidence-based Practice Center under Contract No. 75Q80120D00003.) AHRQ Publication No. 22-EHC019. Rockville, MD: Agency for Healthcare Research and Quality; April 2022. DOI: <https://doi.org/10.23970/AHRQEPCCER253>.

## At the State Level

- State level MOUs to facilitate local partnerships and data sharing for easy enrollment
- Program Policy (homeless shelters, Substance misuse screening, Postpartum visits)
- Participation in state maternal mortality review committee
- Training, webinars and national conferences for continuing education

## At the Local Level

- Presence at health centers, community action agencies, public health networks to coordinate and collaborate with professionals
- Direct referral systems
- Peers from the community
- Nutrition services to pregnant and postpartum women
- Healthy food to pregnant and postpartum women
- Breastfeeding education, support, and promotion to strengthen maternal health
- Class and groups hosted by peers and educators
- Partnerships with hospital labor and delivery and OBs for coordinated care

## Known Problems in NH:

- Lack of prenatal care and family planning services in rural areas
- Lack of access to public transportation
- Fewer healthy food options (healthy food deserts in rural NH)
- Closure of hospital L&D units

What WIC can do:

- Remote appointments
- Connection to healthcare and social services
- Access to healthy foods
- Breastfeeding support

## WIC's role

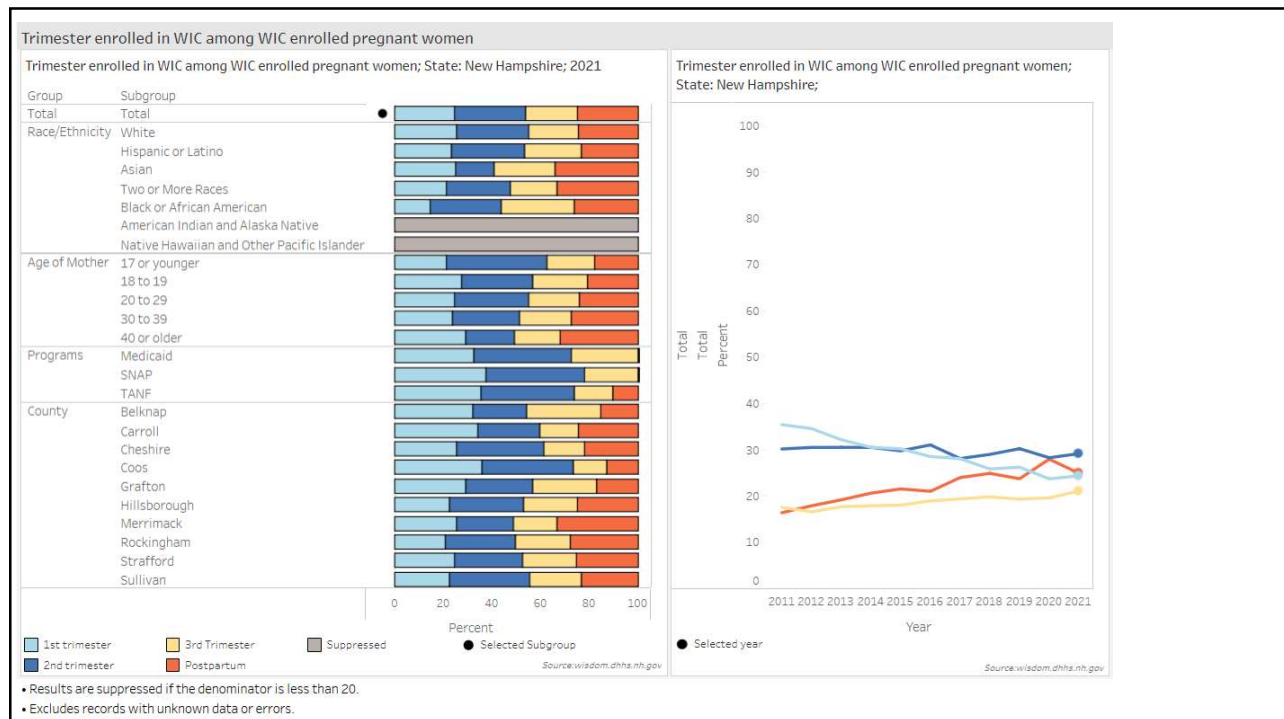
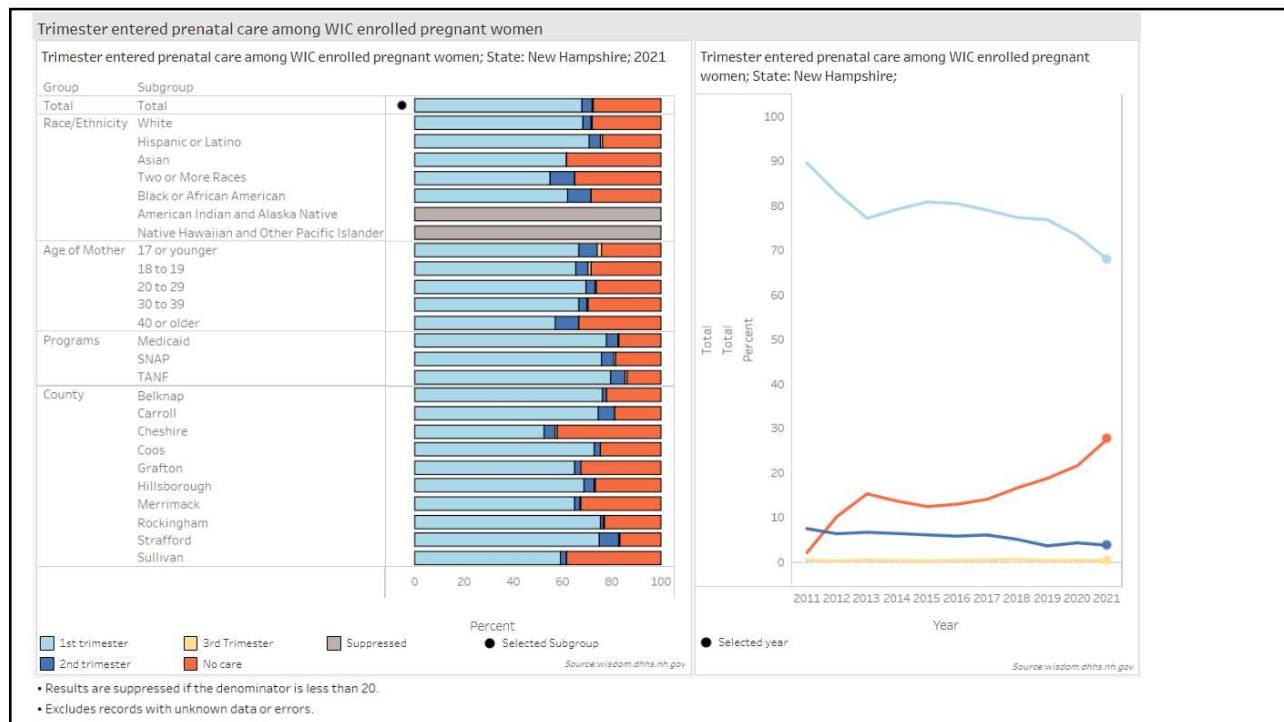
- Early enrollment in WIC during pregnancy
- Stay enrolled during postpartum period
- Health assessments to connection to OB/early prenatal care
- Breastfeeding education, promotion and support (IBCLCs and Peers)
- Individual nutrition assessment and counseling
- Regular visits (in-person and virtual)
- Assess well-being, physical and mental health and provide referrals as appropriate
- Acknowledge trauma and provide participant centered care
- Diverse workforce
- Referral to services (substance misuse, shelters, child support, healthcare)

## Pregnancy certification

- Certification based on self-declared pregnancy (up through 2 weeks past EDD)
- In-person health assessment
  - Wt, ht, Hgb, lead, alcohol, tobacco, drugs
  - Medical history
  - Current pregnancy
  - Diet/intake
- Participant centered care/counseling
- Prescriptive food package
- Health and social service referrals
- Other programs (water pitchers)

## Post-partum certification

- Certification immediately following birth of baby/loss of baby (6 months for non-breastfeeding, 12 months for breastfeeding)
- In-person health assessment
  - Wt, ht, Hgb, lead, alcohol, tobacco, drugs
  - Medical history
  - Current pregnancy
  - Diet/intake
- Participant centered care/counseling
- Prescriptive food package
- Health and social service referrals



## Recommendations from National WIC Association to the WIC Community

- Hiring and Staff Training
- Direct Services to Families
- Advocacy & Partnerships

## Toolkit for WIC Programs to address Maternal Mortality

- What is maternal mortality
- Health equity and racial disparities
- Social determinants of health
- Adverse Childhood Experiences
- Implicit bias

## Feedback

- How can we improve the communication and direct referral relationship between “healthcare” and the NH WIC Program?
- What can WIC do to connect new mothers to services?
- How can WIC improve their services to offer equitable care?
- How can WIC play a role in protecting women’s health
- How can community partners and healthcare help enroll women into the WIC Program early?

## References

- Caulfield LE, Bennett WL, Gross SM, Hurley KM, Ogunwale SM, Venkataramani M, Lerman JL, Zhang A, Sharma R, Bass EB. *Maternal and Child Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Comparative Effectiveness Review No. 253.* (Prepared by the Johns Hopkins University Evidence-based Practice Center under Contract No. 75Q80120D00003.) AHRQ Publication No. 22-EHC019. Rockville, MD: Agency for Healthcare Research and Quality; April 2022. DOI: <https://doi.org/10.23970/AHRQEPCCER253>.
- Centers for Disease Control and Prevention. (2022, September 19). *Pregnancy-related deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019.* Centers for Disease Control and Prevention. <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html> Assessed November 14, 2023.
- HHS Initiative to Improve Maternal Health. (n.d.). ASPE. <https://aspe.hhs.gov/topics/public-health/hhs-initiative-improve-maternal-health#maternal-health>
- National WIC Association (2019) *Maternal Mortality in the US: The Role of WIC in Addressing the Crisis.* Accessed online: <https://s3.amazonaws.com/aws.upl/nwica.org/2019-wic-maternal-mortality.pdf>
- NWA Position Paper [fy20\\_nwa\\_factsheet\\_reducing-maternal-mortality-full-report.pdf](https://nwica.org/wp-content/uploads/2020/01/fy20_nwa_factsheet_reducing-maternal-mortality-full-report.pdf) (nwica.org)
- The General Court of New Hampshire | 404. (n.d.). [www.gencourt.state.nh.us](https://www.gencourt.state.nh.us/statstudcomm/committees/72/documents/2022%20NH%20Maternal%20Mortality%20Report%20(30%20pages).pdf). [https://www.gencourt.state.nh.us/statstudcomm/committees/72/documents/2022%20NH%20Maternal%20Mortality%20Report%20\(30%20pages\).pdf](https://www.gencourt.state.nh.us/statstudcomm/committees/72/documents/2022%20NH%20Maternal%20Mortality%20Report%20(30%20pages).pdf) Assess November 15, 2023
- THE SURGEON GENERAL’S CALL TO ACTION TO IMPROVE MATERNAL HEALTH. (n.d.). <https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf> Assessed November 15, 2023.

## Questions & Comments?



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## Preparing for the Perinatal Mental Health Bundle launch in January

- The PMHC bundle takes a broader approach and includes providers across the care continuum.
- Our team (Maggie Coleman) setting up meetings with each birthing hospital
- This bundle is a larger volume given the expanded approach and increased rate of PMHC



## NEXT MONTH

### NH AIM/ERASE Monthly Webinar

January 11, 2024

**Practical approaches to integrating mental health care from preconception to postpartum**

### NNEPQIN 2024 WINTER CONFERENCE

February 15, 2024

Fully Virtual Conference

