



## **Maternal Health Data and Quality Task Force Meeting Notes**

**May 9, 2025**

**Patrick Henry Building, 10:00 a.m.- 12:00 p.m.**

**Members Present:** Secretary Janet Kelly, VDH Commissioner Dr. Karen Shelton (Co-Chair), DMAS Director Cheryl Roberts, Kelly Cannon, Lee Ouyang, Hannah Hughson (designee for Education Secretariat/Emily Anne Gullickson), Leah Kipley, Kyle Russell, Stephanie Spencer, Paula Tomko, Nicole Lawter, Shane Ashby (designee for Tameeka Smith), George Saade, Michael Perez (Designee for DOI office/Chief Martin Brown), Senator Tara Durant, Delegate Kim Taylor, and Shannon Pursell.

**Members Present Virtually:** Gabriella Ammatuna, Dr. Daphne Bazile, Melanie Rouse, Ildiko Baugus, Louis (Tom) Thompson, Ann Russell, Verneeta Williams, Sheila Talbott

**Health and Human Resources Staff:** Leah Mills, HHR; Jona Roka, HHR; Mindy Diaz, HHR; Dane De Silva, VDH; Dr. Vanessa Walker-Harris, VDH; Rebecca Edelstein, VDH; Lauren Kozlowski, VDH; Allie Atkeson, DMAS

### **Opening Remarks and Member Introductions – Janet Vestal Kelly, Secretary of Health and Human Resources**

Secretary Kelly thanked everyone for attending the meeting. She acknowledged Commissioner Karen Shelton, Director Cheryl Roberts, Senator Tara Durant, Delegate Kim Taylor, Dr. Shannon Walsh, and Shannon Pursell. Secretary Kelly also noted that the Governor issued a press release regarding the Virginia Department of Health's (VDH) updated maternal health dashboard, highlighting the significant progress made by the Task Force partners and stakeholders so far. This includes a 49 percent reduction in maternal mortality since 2021.

### **Maternal Mortality Dashboard Update and Review of Maternal Mortality Report – Dr. Karen Shelton, Commissioner, VDH**

Dr. Shelton began with her presentation, noting the introduction of various legislative and budget amendments aimed at supporting maternal health. Dr. Shelton presented data from the updated maternal mortality dashboard, explained how it functions, and its new features. She demonstrated how to navigate through different tabs, such as "Maternal and Child Health Indicators," and how to view the data by locality and region.

Dr. Shelton further explained the definitions of maternal health, emphasizing their importance for accurate data interpretation. Through VDH's Dashboard, maternal mortality rates can be broken down by locality, city, region, and state. Dr. Shelton explained that due to varying population sizes, the impact of maternal deaths can differ significantly between localities. The data can also be broken down by age groups, race and ethnicity, and rural/urban areas. Dr. Shelton also emphasized the importance of considering both the rates and the actual numbers, as the population size can influence the interpretation of the data. She then reviewed the causes of maternal mortality, sharing statistics that can be accessed on the VDH website.

Additionally, there is a section on pregnancy-associated deaths on the dashboard, which can also be examined by locality. This section is broken into factors such as cause, manner of death, age, and locality/region. Dr. Shelton then presented a review of the maternal mortality data, highlighting key recommendation themes based on the 2024 Maternal Mortality Report. These themes included evidence-based standards of care, maternal levels of care, care coordination, mental health and substance use disorder services, community outreach, public and provider education, and awareness. Overall, the report emphasizes that care should be affordable, accessible, and well-coordinated. Dr. Shelton introduced the Center for Public Policy (CPP) and opened the floor for questions.

## **Maternal Mortality Reports**

### **Summary of Data:**

- Infant mortality in Virginia has decreased to 5.8 per 1,000 births.
- Teen pregnancies have significantly decreased over the last 10 years, now at 15.2 per 1,000 females aged 15 – 19 in 2023.
- Maternal smoking has decreased from 6.1% to 2.6% from 2015 – 2023.
- Accidental overdose accounted for 40% of pregnancy-related deaths in 2023.
- Nearly 40% of cases had at least one community-related contributor.
- 86% of maternal deaths were determined to be preventable.
- Over 73% of cases had at least one provider-related contributor.
- Nearly 53% of all cases had at least one facility-related factor.
- 100% of cases had at least one patient-related factor.

### **Questions:**

- Question: One issue that is coming up is how the data is communicated to the community to help members advocate for themselves. How is the Task Force connected to the community? People want to see how this information applies to them and the data should be communicated in a timely manner.
  - Dr. Shelton's response: This is one of the key goals of the Task Force, to make this data actionable. While timely data is important, it's equally important to ensure that the data is accurate and complete, which is why discrepancies may arise in the reporting.

- Question: How about tracking information for women who don't die but experience close calls?
  - Dr. Shelton's response: VDH does track near maternal morbidity, which is also critical to ensure healthy moms and healthy babies. Eventually, there will be a plan to add this data to the dashboard.
- A Task Force member made a comment regarding HB831 (2024 Session) and how its workgroup is focused on defining near maternal morbidity.
- Question: Where does the data come from and are there any concerns regarding the ability to collect or show data in the Pregnancy Risk Assessment Monitoring System (PRAMS) system?

### **Facilitated Activity – VCU Center for Public Policy (CPP)**

Gina Barber, Director of Administration and Senior Consultant at the Center for Public Policy (CPP), introduced the other CPP members who will be facilitating the Task Force meetings. She outlined the objectives and deliverables for the group. Dr. Jennifer Reid, Evaluation Director at CPP, summarized multiple the various presentations the Task Force has reviewed since October. The conversation started with three questions and participants were asked to share their responses with their colleagues.

### **Discussion Questions:**

1. What additional information needs to be shared with the Task Force to move forward and achieve our objectives?
2. What perspectives have not yet been shared?
3. What do you recommend this Task Force do next?

### **Task Force Member Discussion:**

- One member expressed interest in exploring how mental health impacts maternal mortality and morbidity.
- Members discussed the differences between tobacco smoking and marijuana use. Some patients perceive these substances differently, and it was suggested that further exploration of this issue might be valuable.
- There was a suggestion to gather more data on out-of-hospital births to strengthen collaboration and support the important work of these providers. This data could help improve birth outcomes across the entire state.

(The first three recommendations were focused on maternal health prior to pregnancy.)

- There was an emphasis on shifting the messaging from focusing on women's health during pregnancy to focusing on women's health before pregnancy. Wellness should begin early, and marketing campaigns should target women before they conceive.
- A member mentioned adding this information to high school curricula to reach younger audiences.

- Marijuana overuse syndrome was discussed, particularly the gastrointestinal symptoms it can cause in some patients who use it for nausea. Overuse can lead to complications such as preeclampsia.
- There was a discussion on current treatment efforts for substance abuse and maternal health.
- The intersection of infant mortality and maternal mortality was noted, with a request for clarification on the PRAMS data.
- The group discussed the varying abilities of hospitals to provide adequate care, highlighting the disparities that exist.
- Members discussed how to improve the understanding of C-section and induction rates by hospitals, as well as the impact insurance reimbursement has on maternal health and the coverage of care.
  - There is a need to better understand the overlap of data points and demographic factors in these areas.
- Members suggested having an OB/GYN panel discuss at the next Task Force meeting. The Task Force agreed that a strong representation of OB/GYN perspectives is necessary, especially to hear about both the challenges and successes they face in their work.
- The use of machine learning in data analysis was proposed as a way to improve communication with the community, especially regarding preventative measures. There was a suggestion to explore how records and text communications can be used with artificial intelligence to detect nuanced issues such as suicide ideation and hemorrhage risk.

### **Provider Perspectives – Dr. Shannon Walsh, Physician at VCU Health, and Shannon Pursell, Executive Director at Virginia Neonatal Perinatal Collaborative (VNPC)**

Dr. Walsh introduced herself, explaining her background as an emergency medicine physician and how it links to maternal health. She then introduced Shannon Pursell, Executive Director of the VNPC, who presented on the organization and its work in Virginia hospitals. Ms. Pursell discussed the importance of matching the level of care between different hospitals and providers. She explained the need for advocacy and information sharing, particularly from women and pregnancy providers, and emphasized the role of data in supporting successful initiatives and identifying areas for improvement.

Pursell shared updates on building a contact list or inventory of all hospitals, emergency departments (EDs), and NICUs to streamline communication. She also discussed the need to break down infant mortality rates by gestational age and maternal age.

Pursell presented opportunities for the state, particularly in improving emergency medical services (EMS) knowledge and resources for rural maternal hospitals. She noted the importance of tracking data for midwives and doulas in hospitals, comparing outcomes for hospitals that employ these providers to those that do not.

### **Summary of Virginia's Birth and Health Infrastructure:**

- Birth hospitals in Virginia: 49 (down from 68, representing a 25% decrease)
- Freestanding birth centers: 21
- NICUs: 17
- Non-birth hospitals: 72
- Freestanding EDs: 26
- Traditional EDs: 82

### **Closing Remarks**

Dr. Shelton thanked the Task Force members and members of the public and informed them that the next meeting would take place on June 25, 2025, from 10:00 a.m. to 12:00 p.m. The location is to be determined.