Infant and Maternal Mortality in Saint Louis

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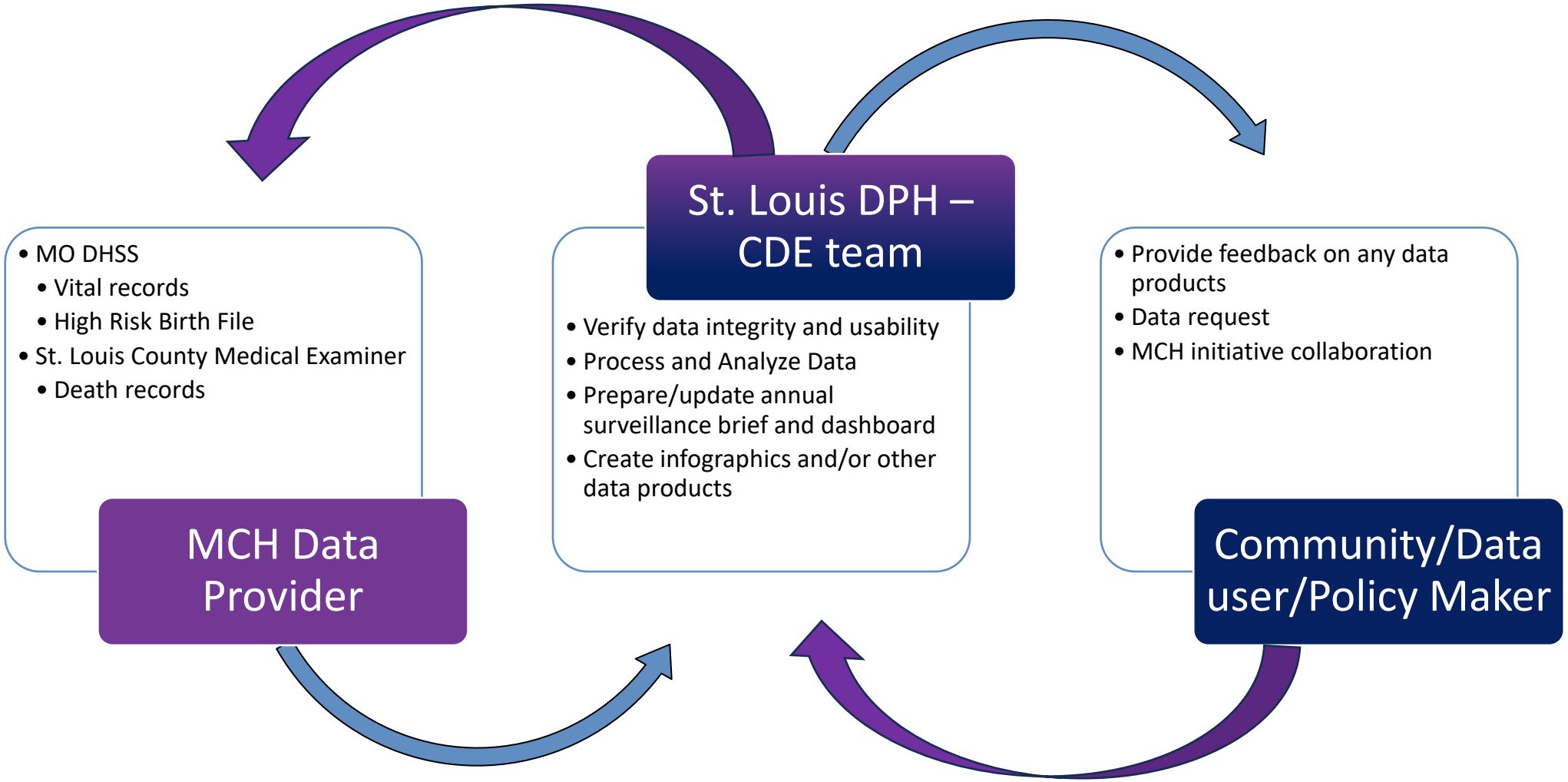
SAINT LOUIS COUNTY
Missouri

Presentation Outline

- My Personal Journey
- Local and State Data
- Community Health Improvement Plan
- Recommendations

Personal Experience

St. Louis County MCH Surveillance

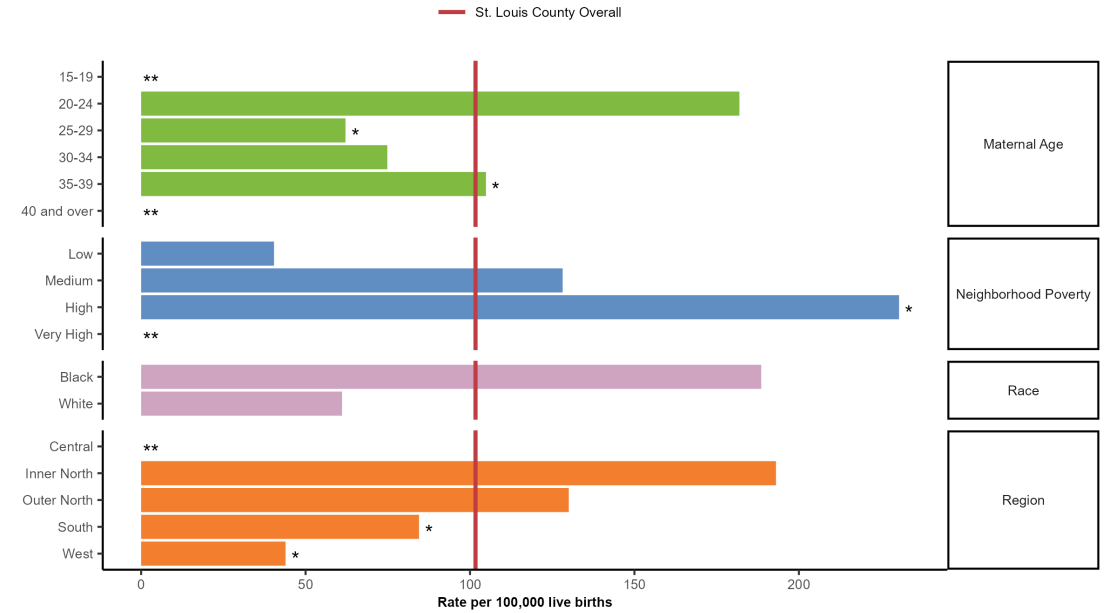


St. Louis County MCH Surveillance

Indicators and Data Sources	-	Data products
Type of Indicators	• Birth rates • Maternal mortality • Infant mortality • Fetal deaths • Neonatal abstinence syndrome (NAS) • High Risk Birth • Breastfeeding • Child Health • Maternal Health	Annual surveillance reports, infographics, social media posts, abstracts, posters
Data sources	Vital records, PAS (hospital and ER visits), medical examiner (death records).	-

Disparities in Pregnancy-Associated Deaths

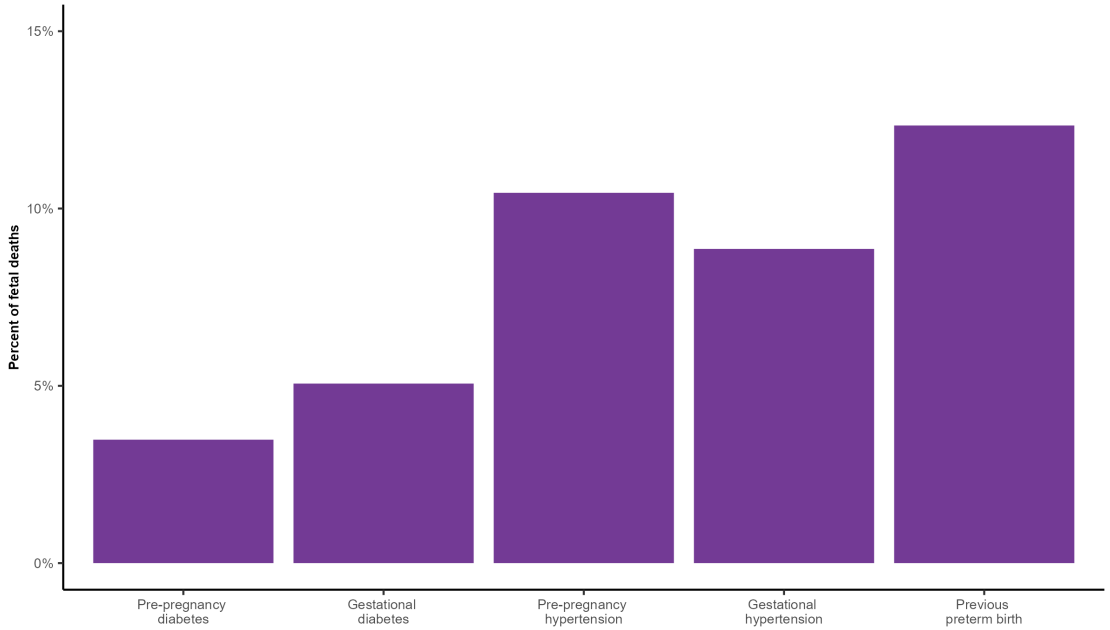
- Across all age groups, people ages 20-24 years had the highest rate of pregnancy-associated deaths compared to other age groups.
- Pregnancy-associated death rates were greater in neighborhoods with higher poverty levels.
- Pregnancy-associated deaths rate among Black women was three times the rate for white women and 1.8 times the rate for St. Louis County overall.
- Rates of pregnancy-associated death were highest among those living in the Inner North and Outer North regions.



Source: Missouri DHSS, Bureau of Vital Statistics (2018-2022)
*Too few cases to meet precision standard (relative standard error < 30); interpret with caution
**Too few cases to protect confidentiality and/or report reliable rates

Fetal Deaths and Risk Factors

- Five-year average fetal death rate for 2018-2022 was 5.8 per 1,000 live births and fetal deaths.
- In St. Louis County, the most prevalent risk factor for fetal death was previous preterm birth, followed by pre-pregnancy hypertension and gestational hypertension.



Sources: Missouri DHSS, Bureau of Vital Statistics (2018-2022)
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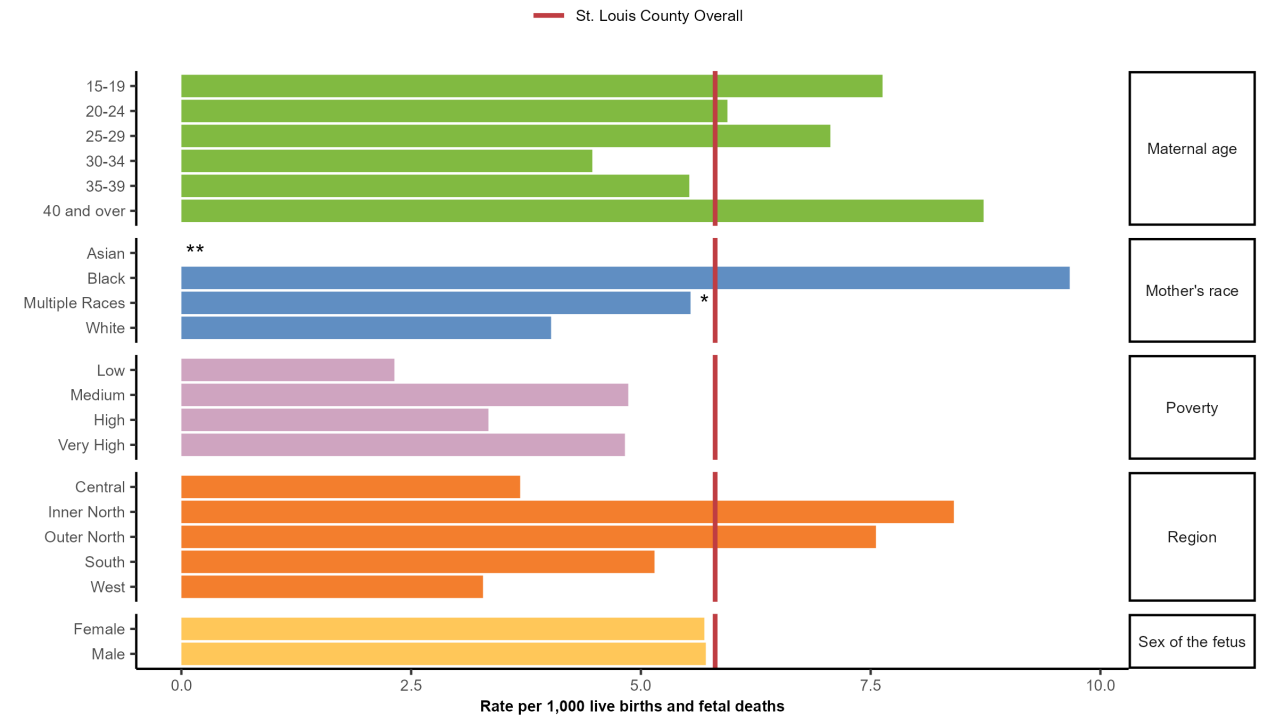
Disparities in Fetal Deaths

- Mothers aged 40 and over had the highest fetal death rate, followed by mothers ages 15 to 19. In addition, mothers ages 20 to 29 all experienced higher than average rates of fetal death.
- Black mothers had the highest fetal death rate compared to other racial groups. This was the only racial group with a rate higher than the St. Louis County average.
- The fetal death rate was highest among mothers living in medium-poverty neighborhoods, followed by those living in very high poverty neighborhoods.
- Fetal deaths were highest among mothers living in the Inner North and Outer North regions – both of which were higher than the rate in St. Louis County overall.



Source: Missouri DHSS, Bureau of Vital Statistics (2018-2022)
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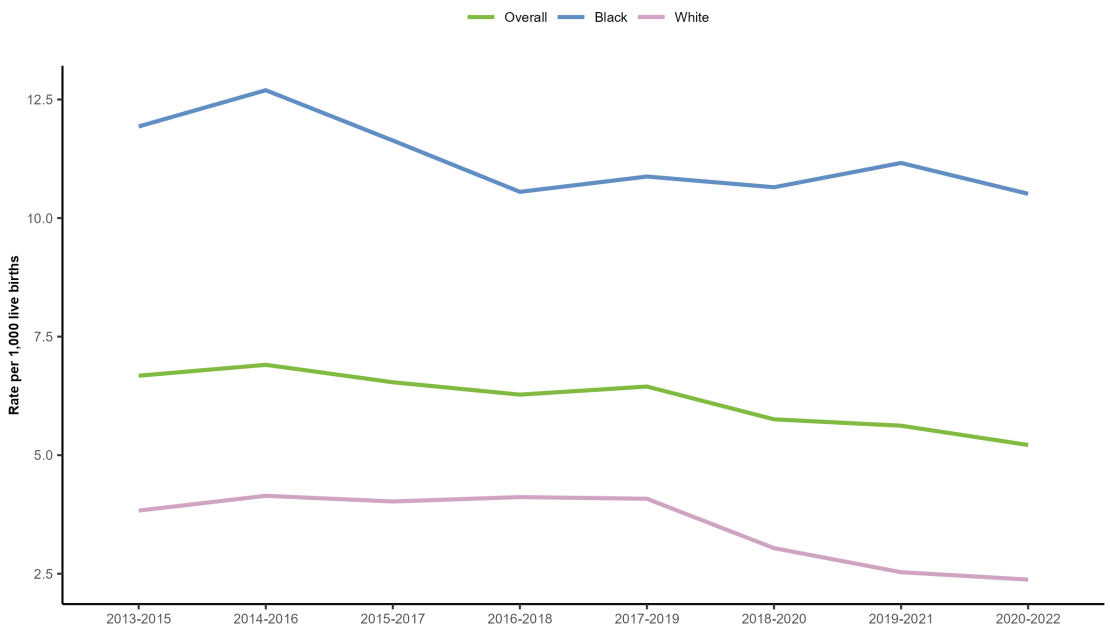
Infant Mortality by Race

- Compared to 2013-2015, the Black infant mortality rate decreased by nearly 12% to 10.5 per 1,000 live births in 2020-2022.
- From 2013-2015 to 2020-2022, the white infant mortality rate decreased by 38%.
- Overall infant mortality in St. Louis County decreased by 22% from 2013-2015 to 2020-2022.

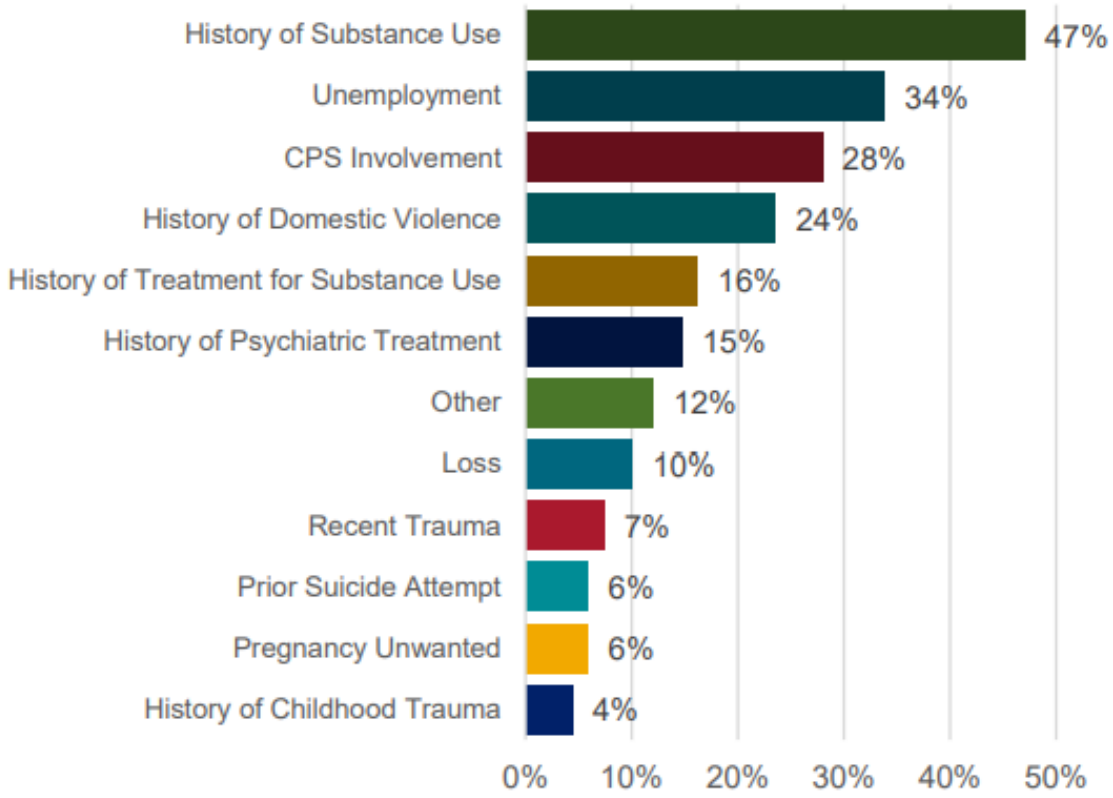


Source: Missouri DHSS, Bureau of Vital Statistics (2013-2022)

Pregnancy-Related Mortality

- Missouri witnessed more maternal deaths during or after pregnancy per capita between 2018-2020 than in the previous three-year period.
- Nearly half of the of pregnancy-related deaths occurred between 43 days and one year postpartum.
- 84% of these deaths were determined to be preventable.
- Many women whose deaths were pregnancy-related experienced social and emotional distress.

Pregnancy-Related Social and Emotional Stressors, 2018-2020



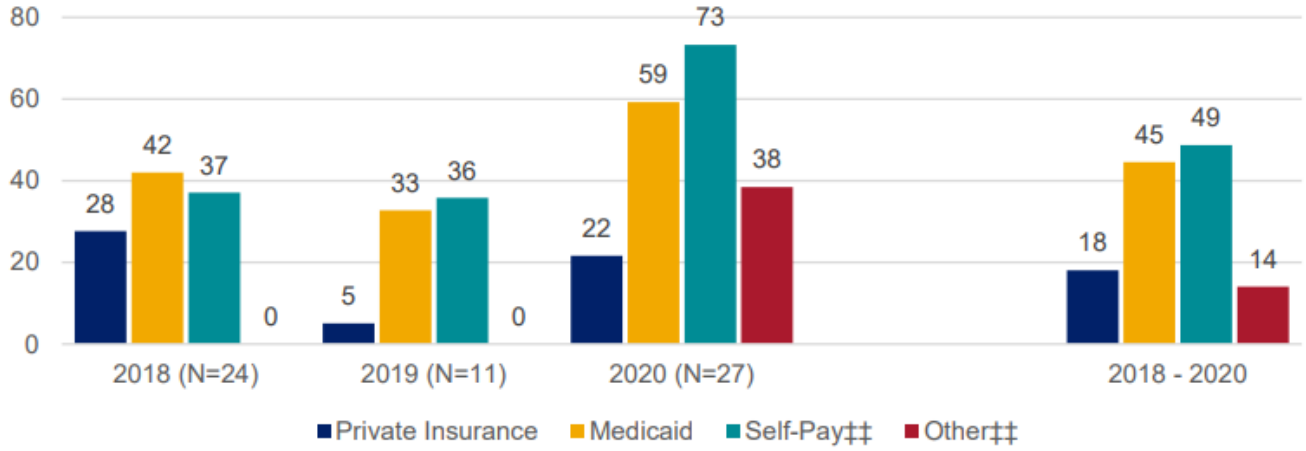
Source: Missouri Pregnancy Associated Mortality Review 2018-2020 Annual Report. Missouri Department of Health and Senior Services. (July 2023).

Access to Care Matters

From 2018-2020 -

- The ratio of pregnancy-related deaths was 2.5 times higher for those who had a Medicaid-covered pregnancy compared to those with private insurance.
- The ratio of pregnancy-associated deaths for women with Medicaid coverage was more than 10 times greater than the ration for those with private insurance.

Pregnancy-Related Mortality Ratio per 100,000 Live Births by Payment Type



Source: Missouri Pregnancy Associated Mortality Review 2018-2020 Annual Report. Missouri Department of Health and Senior Services. (July 2023).

2023 – 2027 St. Louis Regional CHIP Community Health Improvement Plan

St. Louis Partnership for a Healthy Community

Department of Health City of St. Louis

Saint Louis County Public Health

Figure 9. CHIP Priorities

St. Louis Regional Community Health Improvement Plan 2023 – 2027

Goal 1: Address racial disparities to reduce morbidity and mortality to improve maternal and infant health.	
Objective 1.1: By 2027, increase the percentage of Black and Brown pregnant people who receive early and adequate perinatal preventative care by 15%.	
Activities:	**Lead Person/Organizations:**
1.1.1 Raise awareness for Medicaid coverage for one year postpartum.	Generate Health, March of Dimes, St. Louis Doula
1.1.2 Ensure Medicaid retention through increased re-enrollment by creating re-enrollment training manuals.	City DOH
1.1.3 Increase clinic visits for pregnant people utilizing community health workers (CHWs), peer support, doulas, and patient navigators.	County DPH: Nurse Family Partnership (NFP) and Public Health Nursing (PHN).
1.1.4 Advocate for Medicaid reimbursements for doulas as part of the care team.	Generate Health, March of Dimes, St. Louis Doula, IHN, BJC

St. Louis Regional Community Health Improvement Plan 2023-2027

Objective 1.2: By 2027, decrease racial and ethnic disparities in maternal mortality by 52.70% and infant mortality by 67.52% by improving the delivery of equitable, culturally congruent, people-facing services for pregnant people and their partners.	
Activities:	**Lead Person/Organizations**
1.2.1 Advocate for doulas to be recognized as part of the care team.	Generate Health, March of Dimes, St. Louis Doula Project, IHN – Dr. Jesse Davis
1.2.2 Increase implementation and dispersion of evidence-based training modules for providers.	IHN, Generate Health, March of Dimes, SUD, County DPH, BJC
1.2.3 Increase training, hiring, and retention of diverse nurses and other health care workers in women's health.	BJC
Objective 1.3: By 2027, reduce rates of congenital syphilis by 90%.	
1.3.1 Continue supporting operations of the Syphilis Review Board.	City DOH, Syphilis Review Board
1.3.2 Advocate for state policy changes that require syphilis testing three times a pregnancy.	Syphilis Review Board
1.3.3 Increase awareness of testing services and how to access them.	County DPH, City DOH, SSM MOMS line & St. Louis Doula Project
1.3.4 Improving communication and cooperation between sexual partners and services through contact tracing and testing.	St. Louis Doula Project

Objective 1.4: By 2027, reduce pregnancy-related health disparities among Black and Brown pregnant people by 5% through health promotion and education programs.	
1.4.1 Continued implementation of the Safe Sleep First Project to support safe sleep education access to resources for parents, caregivers, and other service providers.	St. Louis Doula Project, Generate Health, County DPH, March of Dimes, STL Diaper Bank
1.4.2 Improving health literacy on nutrition and feeding practices for pregnant people and infants.	March of Dimes, County DPH, St. Louis Doula Project
1.4.3 Connecting mothers to wellness resources in their community through support groups.	SSM MOMs Line partnership with Da Hood Connect
1.4.4 Increase community awareness surrounding perinatal mood and anxiety disorders (PMAD).	BJC
Objective 1.5: By 2027, increase enrollment of organizations in the statewide CRIS system by ten.	
1.5.1 Build provider capacity for those involved in the system.	Generate Health, Bloom Network, Perinatal Behavioral Health Initiative
1.5.2 Market and promote the CRIS System to community members.	Generate Health, Bloom Network, Perinatal Behavioral Health Initiative

Objective 1.6: By 2027, create four opportunities for residents to engage in skill-building and community engagement training to advocate for maternal and child health.	
1.6.1 Develop skill-building and training opportunities with community residents to empower leaders to advocate in the neighborhoods, with legislators, and in the media.	Generate Health, March of Dimes, St. Louis Doula Project
1.6.2 Develop and spread models of community engagement and community-led decision-making in the region.	Generate Health, City DOH

Recommendations

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Recommendations

- Destigmatizing reproductive health and access to equitable healthcare services
- Care coordination with community and reimagine the care team
- Policy development and advocacy
- Stable and sustainable funding
- Diverse and equitable workforce
- Partnering with and educating community with system level changes
- Celebrating Black birthing joy!

Q & A

Thank you

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