Maternal and Women’s Health
FY17 Annual Report

NPM 1: Percentage of women with a past year preventative visit.

Objective 1: By 2020, increase the proportion of women who discussed preconception health with a health care worker prior to pregnancy to meet a target of 23.4% (PRAMS, 2012 baseline = 20.1%).
Objective 2: By 2020, increase the proportion of women giving birth who attend a postpartum care visit with a health care worker to meet a target of 88.5% or higher (PRAMS, 2012 baseline = 85.4%).
Objective 3: By 2020, reduce the proportion of women who self-report poor mental health for 5 or more days during the past month to meet a target of 19.0% (BRFSS, 2012 baseline = 24.4%).

MCHS provided subject matter expertise to development of the second edition of HHSC’s Texas Long Acting Reversible Contraception (LARC) Toolkit. HHSC published the original toolkit in June 2016 to support providers in increasing availability of LARCs to all Texas women. The Toolkit offers suggestions and resources to support implementation of a policy to make LARCs available to women throughout their reproductive life, including prior to the first pregnancy, during the postpartum period (during the hospital stay or at the postpartum visit), and whenever family planning services are received. After the release of the Toolkit, work began on an updated second edition that is responsive to feedback received from providers and other stakeholders. The second addition, which will include a new section to support providers in addressing LARC myths, is planned for release in Spring 2018. MCHS staff also contribute to HHSC’s ongoing efforts to increase access to LARCs by participating in bi-monthly LARC stakeholder meetings. These meetings include representation from major LARC manufacturers.

DSHS continues to work with the University of Texas Health Science Center at Tyler (UT) to facilitate the Texas Collaborative for Healthy Mothers and Babies (TCHMB), Texas’ perinatal quality collaborative. TCHMB’s mission is to advance health care quality and patient safety for all Texas mothers and babies through the collaboration of health and community stakeholders in the development of joint quality improvement (QI) initiatives, the advancement of data-driven best practices, and the promotion of education and training.
In November 2016, the TCHMB Annual Conference, *Healthy Beginnings*, was held in Austin and featured prominent state and national speakers presenting on important issues of maternal and infant care in the state of Texas including health care access, health disparities, maternal mortality and morbidity, quality improvement, health literacy, trends in maternal and infant health outcomes, and updates on establishment of neonatal and maternal levels of care in Texas. The conference was attended by 186 perinatal health professionals.

The TCHMB Executive and Subcommittees met in-person and via teleconference throughout FY2017 to work on and make updates to TCHMB Quality Improvement (QI) projects, the TCHMB Communications Plan, stakeholder and membership engagement as well as annual meeting plans.

The TCHMB Executive Committee and facilitators focused considerable time and attention on exploring severe maternal morbidity and mortality trends in Texas and a potential role for the TCHMB to support DSHS priorities and findings and recommendations of the Texas Maternal Mortality and Morbidity Taskforce. In order to learn more about the national Alliance for Innovation in Maternal Health (AIM) Program, UT and DSHS staff attended AIM Program’s Annual Meeting in Baltimore, Maryland and carried out conference calls with state perinatal quality collaborative staff from Florida, Illinois, California and Oklahoma. The purpose of these conference calls were for to learn about each state’s experience with AIM Program, in terms of resources used, benefits and challenges related to being an AIM Program Partner State, and impact on maternal health care outcomes after implementation of AIM Patient Safety Bundles. Consideration of opportunities to collaborate, share information and for TCHMB to support uptake of AIM Patient Safety Bundles in Texas project are ongoing.

The Community Health Subcommittee continued to gather information to explore development of a potential project related to preconception health and prenatal care. UT staff contacted UT System health institution residency program directors for family medicine, internal medicine, and obstetrics and gynecology to inquire about training provided to medical residents on long-acting reversible contraceptives (LARC), immediate postpartum insertion, and immediate post-placental insertion. The 85th Texas Legislature Budget Rider 198 requires HHSC to develop a five-year strategic plan to reduce barriers for Medicaid recipients and those with and without health benefit plan coverage who may be eligible for Healthy Texas Women, the Family Planning Program, or CHIP-Perinatal to access LARC. HHSC must collaborate with the TCHMB to develop the five-year strategic plan, and submit the plan.
by November 2018. Collaboration between HHSC and TCHMB for development of this plan is ongoing.

The UT staff obtained Institutional Review Board approval for access to the Texas Birth Certificate Data (2011-2015) to examine associations between maternal characteristics (e.g. pre-existing maternal health conditions, prenatal care utilization, smoking during pregnancy) and birth outcomes (e.g. induction of labor, route of delivery, complications associated with labor and delivery) and infant health outcomes (e.g. low birthweight, preterm delivery, NICU admission). This analysis will inform targets for TCHMB projects as part of the TCHMB Obstetrics Subcommittee’s ongoing work.

UT TCHMB staff worked with a co-chair of the Subcommittee to complete a study of intrapartum interventions using the Listening to Mothers III survey. The study was presented as a poster at the May 2017 at the American College of Obstetrics and Gynecology Annual Meeting, and a manuscript, “Characteristics Associated with Induction of Labor and Delivery Route Among Primiparous Women with Term Deliveries in the Listening to Mothers III Study”, was prepared to submit to the Journal of Women’s Health for publication in FY2018.

UT TCHMB staff completed an analysis of inpatient hospital discharge data to examine the prevalence of cardiovascular-related conditions in severe maternal morbidity in Texas, and another analysis studying the association between maternal risk factors and primary cesarean delivery. The staff prepared and submitted abstracts of these studies for presentation at the Society for Maternal-Fetal Medicine and the American College of Obstetrics and Gynecology Annual Meetings in FY2018.

A data server to house TCHMB quality improvement initiative data was established during FY2017, after months of working across UT System institutions and data sources to create agreements to ensure that protected health information can be securely stored on the server.

Work of the Neonatal Subcommittee is described in the Perinatal and Infant Health annual report.

MCHS staff collaborated with other DSHS subject matter experts to develop the Texas Public Health Action Plan (TPHAP), with the goal of providing an overarching vision and framework to improve the state’s public health system. This effort served as an opportunity to ensure the needs of the state’s MCH population were elevated and incorporated into the state public health plan. MCHS staff provided subject matter expertise in Maternal and
Child Health, Chronic Disease, Tobacco, and Safety and Injury Prevention and Control, Mental Health and Substance Abuse, Clinical Prevention and Primary Care Workgroups.

DSHS and HHSC continued participation in the ASTHO Increasing Access to Contraception Learning Collaborative (ASTHO IACLC). In 2017, DSHS and HHSC also began participating in Phase II of the Centers for Disease Control and Prevention’s 6|18 Initiative. Under both programs HHS sought to increase LARC utilization, with the CDC 6|18 adding a focus on logistic and financial barriers. To best coordinate efforts under each program, DSHS and HHSC formed a LARC Team and participated in initial technical assistance. Staff completed the ASTHO IACLC Pre-Assessment to identify strengths and opportunities at the state level to provide the full range of contraceptive methods. Under the CDC 6|18 initiative, staff attended the CDC 6|18 kickoff event in June 2017, in Atlanta GA. Participating staff received training on the 6|18 initiative from CDC experts and were given guidance on state implementation.

The assessment and kickoff training and technical assistance informed development of a combined ASTHO IACLC/CHC 6|18 strategic action plan to increase access to contraception outlining major goals and objectives including to: increase education and awareness to providers regarding LARC; implement One-Key Question (OKQ); increase education and awareness to patients regarding LARC; and explore and develop creative solutions to solve logistical and financial barriers to LARC.

DSHS began the planning process for implementation of OKQ. MCHS staff met with representatives from the Oregon Foundation of Reproductive Health (OFRH), the creators of the OKQ program, to discuss the program and what resources were available to aid in state implementation. DSHS decided to sign an MOU with OFRH to obtain the OKQ toolkit and agreed to properly cite OFRH in OKQ programming and to provide OFRH with any related impact data. These discussions with OFRH and review of the toolkit helped DSHS and HHSC to form goals and objectives in the LARC state action plan. DSHS and HHSC explored using current programming and partnerships to implement the OKQ program, including the Healthy Texas Women, WIC, home visiting, and state behavioral health programs.

HHSC implemented a policy change effective in November 2016 allowing for rural health clinics (RHCs) to receive reimbursement through two different billing methods for a LARC device in addition to the encounter payment.
HHSC also developed a Texas Health Steps Online Provider Education quick course on LARC and a Healthy Texas Women client fact sheet on LARC in FY2017.

MCHS staff continued to participate in the HHSC Better Birth Outcomes Workgroup that works to improve access to women's preventive, interconception, prenatal, and perinatal health care. Topics included the Healthy Texas Women Waiver, Maternal Mortality and Morbidity, Program, WIC, Perinatal Advisory Council, Perinatal Substance Use, outreach and education, LARC Prescription benefit, 17-P, Neonatal Abstinence Syndrome, Postpartum Depression and Zika. MCHS provided updates on the Healthy Texas Babies local coalitions, the Texas Collaborative for Health Mothers and Babies, ASTHO IACLC and CDC 6|18 Initiatives, the Maternal Mortality and Morbidity Task Force, Someday Starts Now website, the Interagency Lactation Support Workgroup and the Infant Mortality CoIIN (Collaborative for Innovation and Improvement Network).

MCHS worked with partners to expand preconception/inter-conception health and health care outreach efforts across MCHS and stakeholder programming. The Someday Starts Now (SSN) bilingual public awareness campaign was released in November 2012 to increase awareness of the modifiable risk factors that impact infant mortality and preterm birth among the general public. Resources, links and tools for women, fathers and health providers include Life Planning and Birth Plan Tools, posters on preconception, inter-conception and prenatal health, and a patient health priorities worksheet. Initially the campaign included a heavy rotation of television and radio public service announcements, online advertising, and launching of www.SomedayStartsNow.com and www.AlgunDiaEmpiezaAhora.com websites. A new micro-site for fathers, www.LiveLikeADad.com and www.ViveComoPapa.com, was released in 2015. Although website traffic was considerably lower in FY2017 than in previous years in the absence of a campaign management contractor, there was concentrated use patterns seen in Austin, Waco, Dallas and Fort Worth, TX where MCHS supports Healthy Texas Babies Community Coalitions. The Coalitions use the SSN platform in their preconception health outreach efforts. Negotiations fell through with a vendor under the Task Order Request released in FY2016. Work will continue into FY2019 to update the campaign to expand the target audience, provide a more streamlined digital experience, and to reflect up-to-date information and best practices related to MCHS priorities. In FY2017, HHSCa total of 2,087 English and 2,603 Spanish SSN Life Planning Tools were ordered through the HHS warehouse.
FY2017 was the second year of the three-year contract between MCHS and the University of North Texas Health Science Center (UNTHSC) for implementation and spread of the PPE program across all nine Texas HBCUs. Activities for capacity development to implement PPE in HBCUs included conducting a literature review of the applicability of the Social Determinants of Health framework to PPE, updating the PPE Curriculum, and continued identification of and outreach to community health and education stakeholders to expand the PPE network of cooperation. Graduate students at UNTHSC were actively engaged in the PPE program planning, development and implementation and helped to create: a Communications Plan, information to post in social media feeds, developing a male involvement and men’s health component to the PPE program, and abstracts for poster presentations on PPE that were submitted and presented at national health conferences. Students also lead some of the PPE trainings on campus. In FY2017 PPE campus training events included: Paul Quinn College training 37 Paul Quinn students; Prairie View A & M University and University of Texas at Tyler training 5 academic advisors as PPE trainers; Texas College training 59 Texas College students; and University of Texas at Tyler (not an HBCU) training 15 participants from Texas College, Tyler Junior College and Jarvis Christian College as PPE trainers. In addition, two orientation sessions were conducted to inform and familiarize students and faculty about the PPE program including 200 students and 20 faculty members at Texas College, and 30 students at Huston-Tillotson University.

MCHS promoted educational resources for health care providers and other health care professionals to improve the quality of women’s preventive care services. The Healthy Texas Babies initiative supports creation and strengthening of local perinatal coalitions (HTB coalitions) in the state through provision of funding and technical assistance. HTB coalitions are responsible for implementing evidence-based interventions based on Perinatal Periods of Risk (PPOR) mapping analysis conducted by MCHS.

In FY17 there were six HTB coalitions in Texas, with 237 active members representing 15 diverse sectors (local health departments, public and private hospitals, community based organizations, and local businesses, etc.) and an additional 187 stakeholders engaged in coalition initiatives. Five of the coalitions implemented interventions focused on improving outcomes in the Maternal Health/Prematurity Period of Risk (POR), which can be impacted through improvements in preconception health, health behaviors and perinatal care. HTB coalitions interventions promoted integration of preconception and inter-conception care into routine primary care, using
the SSN Life Planning Tool, as well as other best-practice tools developed by partners outside the state. Target populations included African American and Hispanic women of childbearing age, and teens of all ethnicities.

Each HTB coalition conducted two surveys among their members, including an Interorganizational Network (ION) Survey to evaluate and document relationships among the organizations that were most active within each coalition, and a Coalition Satisfaction Survey to measure satisfaction of key aspects of the coalition most aligned with the purpose and function of the state’s Healthy Texas Babies Coalitions Initiative. The results of these surveys were used to inform and strengthen collaboration and coordination among Coalition members and stakeholders.

Each HTB Coalition completed Rapid Cycle Quality Improvement projects using the Plan, Do, Study, Act (PDSA) Cycle (Deming, 2000). A total of 11 PDSA cycles were carried out during the project year. Nearly three-quarters (73%; n=8) of the cycles focused on coalition development activities and 27% (n=3) focused on implementation of the coalitions’ interventions.

The Houston coalition, coordinated by Baylor College of Medicine, focused on the Maternal Care POR, which can be impacted through improvements in prenatal care, high risk referral, and obstetric care. Activities included implementation of an evidence-based group prenatal care model, CenteringPregnancy (CP), for pregnant African American and Hispanic adolescents. Throughout FY2017, 44 CP participants attended 314 prenatal care sessions (average of 7 sessions per participant) and 263 case management sessions (average of 6 sessions per participant). All participants received a risk assessment during their first trimester, gained the recommended amount of weight during their pregnancy, and had healthy hemoglobin levels. An Emergency Pregnancy Card was also created for participant and general patient use.

The Healthy Texas Babies Initiative Steering Committee of Austin Public Health worked with the health promotion manager and a promotora at El Buen Samaritano, a local agency and clinic that serves primarily undocumented Spanish-speaking immigrants, to develop a 5-session class for Latinas on preconception and inter-conception health. Class topics included: how a woman’s health can affect her baby’s health, physical activity, healthy eating, stress management, anxiety and depression, sexually transmitted infections and family planning, filling out the Life Planning tool and setting goals, and what to ask your doctor to get all the
information you need at appointments. The initial pilot class was led by two El Buen promotoras; 70% of the participants attended all 5 sessions.

The Community Action Network of Dallas County has focused on providing preconception training to providers at Parkland Health Women’s Health Centers and on educating, referring, and promoting weight loss among overweight and obese patients using the Reproductive Life Plan tool at one clinic site. In FY2017, nine new staff were trained to incorporate the Life Planning Tool into one-on-one consultation with obese and overweight women, and 260 women completed the tool and received counseling including weight control and goal setting for a healthy lifestyle.

The Healthy Me, Healthy You coalition of Northeast Texas Public Health District worked to increase the number of women who receive preconception education through targeted community outreach, including by working with local Historically Black and other local colleges in the area. The Coalition coordinators worked with University of North Texas PPE program to train college students as peer educator advocates for preconception health on their college campuses at Texas College, Tyler Junior, Jarvis College and UT Tyler. Overall, 249 students were reached through a series of 11 events. As part of their preconception health training efforts in the community, NET trained 35 local health providers on how to implement a preconception health toolkit and resources into their practice.

The Tarrant County Infant Health Network of Tarrant County Public Health Department continued work to incorporate pregnancy intention screening into the electronic health record (EHR) system at two of its county public health clinics, including the HIV and the adult health clinics. The Tarrant County Public Health Preventative Medicine Clinic previously (FY16) successfully integrated the "One Key Question" into its EHR and in FY was able to achieve this in the JPS System and trained an additional 40 health providers on implementation of the one-key question. The Network was successful in identifying and launching a common agenda for Collective Impact to guide their work forward.

Healthy Babies Coalition of Waco-Mclennan County worked closely with coalition members to expand public information dissemination and provider education around preconception health. In FY2017, the coalition developed a new preconception health campaign called “Healthy Waco Women,” which focuses on promoting health prior to pregnancy among women age 18-25 in the preconception stage with a focus on the importance of getting an annual
well-woman exam. To inform this campaign, a subcontractor was engaged to conduct a community stakeholder meeting, focus groups, and field tests, and to create a brand name and website. Preconception health counseling was provided to 1,836 women of childbearing age in community clinics during well-woman appointments, and 42 providers were trained on topics of inter-conception health, disparities and health equity.

MCHS sponsored 8 DSHS Grand Rounds and 2 Research Rounds in FY2017, with a total of 2,294 attendees. Subjects included Levels of Neonatal Care, Zika, Midwifery and Water Birth, Prescription Opioid Abuse, Worksite Lactation Initiatives, MCH Surveillance Trends in Texas, and Epidemiological Research on Birth Defects.

MCHS collaborated with THSteps Online Provider Education (OPE) to promote its MCHS-supported suite of five continuing education modules focused on preconception and prenatal health. The modules equip health care professionals with knowledge and resources to improve the health of Texas women before and during pregnancy. Hundreds of health care professionals completed modules in FY2017. The modules, and the number of health care professionals completing each, include: Preconception and Prenatal Health-Overview (994); Preconception and Prenatal Health-Managing Chronic Health Issues Before and During Pregnancy (879); Preconception and Prenatal Health-Identifying and Intervening in High-Risk Behaviors (836); Preconception and Prenatal Health-Cytomegalovirus (426); and Preconception and Prenatal Health-Promoting and Maintaining Women’s Oral Health (309). The modules can be accessed at www.txhealthsteps.com.

MCHS used existing surveillance methods to assess reported mental health status among women of childbearing age. Per 2015 BRFSS data, 23.1% of women aged 18-44 reported poor mental health for five or more days in the past month. This prevalence was slightly elevated from the 2015 rate of 22.6%, but lower than the 2011 rate of 26.4%. There was variation by race/ethnicity in mental health status, with 30.3% of non-Hispanic white women reporting poor mental health for five or more days during the past month in 2015, compared with 28.2% of non-Hispanic black women and 17.7% of Hispanic women.

MCHS staff incorporated mental and emotional health content from the Eunice Kennedy Shriver National Institute of Child Health and Human Development’s Mom’s Mental Health Matters campaign, into the WIC breastfeeding promotion campaign Breastmilk: Every Ounce Counts. The campaign’s website, www.Breastmilkcounts.com, includes information, tips and resources on self-care for women during pregnancy and after
birth, information for women and their support networks about identifying the signs of perinatal depression and anxiety, and where to get help. This mental health content can be accessed in the Self-Care: Mental and Emotional Health section and the For Dad, For Grandma, and Friends and Family sections of Every Ounce Counts website at http://www.breastmilkcounts.com/self-care/mental-and-emotional-health/ and http://www.breastmilkcounts.com/teamwork/. Further, MCHS-funded Lactation Support Centers (LSCs) in Austin, Dallas, Houston, and McAllen incorporated use of the Edinburgh Postnatal Depression Scale into their intake- and follow-up assessment and referral procedures and workflow.

In September of 2015, DSHS began collaboration with HHSC, including the Center for the Elimination of Disproportionality and Disparities, on the Healthy Families Project (HFP), a women’s health disparities and infant mortality risk reduction project. The purpose of the HFP is to increase access to family planning services and decrease the risk for infant mortality among Black and Hispanic women by providing communities with very flexible resources they can use to implement customized health care interventions within a health equity awareness framework. Through data analysis by MCHS, Hidalgo and Smith counties were targeted for pilot projects with a focus on Hispanic women of childbearing age and African American/Black women of childbearing age, respectively. Regional meetings were held in each community to gather information from stakeholders to inform project planning. In Smith County, CHWs were identified as one resource to facilitate early identification of pregnancy, navigation of pregnant women into prenatal care services, and improving continuity of care and postnatal care. Opportunities also exist in provider education and training and incorporation of cultural competency. The Hidalgo County intervention focuses on partnering with the Nurse-Family Partnership to promote education, engagement and evaluation of prenatal care. At the end of FY 2016, the HFP began contracting with the University of Texas Health Center at Tyler to facilitate the project and begin implementation of project activities.

**Objective 4: By 2020, increase by 10% the proportion of maternal deaths reviewed by the Texas Maternal Mortality and Morbidity Task Force.**

The 15-member Texas Maternal Mortality and Morbidity Task Force was established in 2014 with ongoing support by MCHS. After reviewing best practices and development of the infrastructure and procedures necessary for conducting death review, the task force initiated the case review process. The task force reviews and analyzes information that is abstracted from
medical records and other sources to reach consensus for each case about the cause of death; whether the death was pregnancy-related (that is, a pregnancy-associated death resulting from complications of the pregnancy itself, the chain of events initiated by the pregnancy that led to death, or aggravation of an unrelated condition by the physiologic or pharmacologic effects of the pregnancy that subsequently caused death); and whether the death could have been prevented. This process provides an in-depth understanding of causes and risk factors contributing to these deaths and informs development of the task force’s recommendations for prevention.

In June 2015, the task force began to review 89 MCHS-identified pregnancy associated deaths (that is, all deaths of any women from any cause while pregnant or within one calendar year of termination of pregnancy, regardless of the duration and the site of pregnancy) that occurred in calendar year 2012—the year with the highest maternal mortality rate thus far. In FY2017, the task force continued review of 2012 cases and conducted 20 case reviews. Of these, 17 cases were fully reviewed and were closed (including one case for which an initial- and final case review were both completed in FY2017), while two cases remained open as the task force requested further records to inform understanding of causality, pregnancy-relatedness and/or preventability.

MCHS worked throughout FY2017 with the University of North Texas (UNT) to develop a strategy and establish a contract to support expansion of DSHS’s capacity to prepare cases (record redaction, record abstraction, and case report development) for review by the task force. The contract was executed on July 11, 2017, UNT began immediately to identify and hire graduate student Case Redactor staff and to recruit Certified Nurse Midwives (CNMs) to sub-contract with as Nurse Abstractors. Though sub-contracting processes for Nurse Abstractors continued into FY2018, MCHS and UNT held an in-person redaction and abstraction/case report development training for Case Redactors, recruited Nurse Abstractors, and UNT project staff.

The task force met in person quarterly, and the task force four review teams met by phone for preliminary review and analysis of each case. Quarterly meeting included programmatic updates from DSHS and HHSC programs relevant to the task force, presentation of data on severe maternal morbidity and mortality trends in Texas, refinement of task force processes, case review discussions, and discussion of findings and recommendations from cases reviewed and from trend analysis.

The task force and DSHS released the Joint Biennial Report to the Legislature in July 2016 that includes findings and recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal
morbidity in Texas. Statewide trends captured in this report include that 1) Black women bear the greatest burden of maternal death (11.4% of all live births in Texas but 28.8% of all maternal deaths in Texas); 2) cardiac events, drug overdose and hypertensive disorders are the leading causes of maternal death; 3) 60% of maternal deaths in 2012 occurred after six weeks following delivery; and 4) data quality issues pertaining to the death certificate coding made it difficult to identify obstetric-related deaths.

The task force identified missed opportunities for mental health and substance use screening encounters and subsequent referral. Notable variations were observed in how maternal deaths are investigated depending on the system involved and that some deaths that should have been investigated by Medical Examiners were not routed appropriately. Finally, the task force found that redaction of cases prior to nurse abstraction prolonged the time to review maternal death cases.

In reviewing calendar year 2012 severe maternal morbidity (SMM) data, new methodologies of calculating severe maternal morbidity revealed a higher prevalence of SMM than previously found by past studies. The task force found that hemorrhage and blood transfusion cases largely drive severe maternal morbidity in Texas, and that racial/ethnic and geographic disparities exist in cases of hemorrhage and/or blood transfusion, with black women and women in south and east Texas bearing a disproportionate burden of SMM due to these causes. Lastly, the task force found that mental illness and substance use disorders contribute to severe maternal morbidity.

To address the findings, the task force made the following recommendations: 1) increase access to health services during the year after delivery and throughout the interconception period to improve continuity of care, enable effective care transitions, promote safe birth spacing, reduce maternal morbidity, and reduce the cost of care in the Medicaid program; 2) increase provider and community awareness of health inequities and implement programs that increase the ability of women to self-advocate; 3) increase screening for and referral to behavioral health services; 4) increase staffing resources in support of the task force; 5) promote best practices for improving the quality of maternal death reporting and investigation; and 6) improve the quality of death certificate data.

Activities in FY 17 continued to address many of the findings. Through the Healthy Texas Women’s program, HHSC extended access to interconception/postpartum health care through the entire first year after delivery. By way of direct rollover from the Medicaid program, streamlined enrollment, and extensive outreach, the program provides access to family planning services, along with health care services, such as screening for and
treatment of diabetes, hypertension, and high cholesterol for a subset of women. Screening and treatment for postpartum depression are also available. Funding was provided to the Behavioral Health Services Division at HHSC for 2016 and 2017 to treat and reduce the incidence, severity, and cost of NAS. An analysis of hospital inpatient discharges shows that the rate of neonatal abstinence syndrome (NAS) has steadily increased in Texas from 1.3 per 1,000 deliveries in 2008 to 2.4 per 1,000 deliveries in 2014, suggesting that more pregnant women are abusing opioids. DSHS continued partnering with HHSC regarding mental health and substance abuse services for women as an important means toward further reduction of the risks for maternal mortality.

Based on the methodologic issues discussed, plans continued to improve the quality of death certificate data to better identify maternal deaths in Texas at a system-level. DSHS began the process of replacing the existing electronic system for registering and collecting birth, death, fetal death, marriage, and divorce records in Texas, known as the Texas Electronic Registrar, with a new electronic system, Texas Electronic Vital Events Registrar (TxEVER), to be launched January 1, 2019. Features will be considered to help to improve the quality of death certificate data, and hence, the identification of maternal death in Texas.

On August 16, 2017, Senate Bill 17, was signed and enacted. The 85th Texas Legislature instituted several new legislative charges that build upon past and current efforts to decrease maternal mortality and severe morbidity. The bill extends the task force’s charge to continue its work through September 1, 2023. The task force was mandated to study other state’s efforts to reduce pregnancy-related deaths, study trends, rates, and disparities in pregnancy-related deaths and severe maternal morbidity, and implement maternal safety initiatives to inform best practices for maternal health and safety in Texas. In addition, the task force membership was mandated to expand from 15 to 17 multi-disciplinary members, adding a nurse specializing in labor and delivery and a physician specializing in critical care.

**Regional Population-based Activities**

Preconception health initiatives continued to develop across Texas. PHR 6/5S partnered with Sam Houston State University Health Center to incorporate at least two tools from Someday Starts Now into clinic time with patients and students. They also worked with the local beauty school in Walker County to distribute Someday Starts Now beauty capes to cosmetology students and trained students to discuss the initiative with clients. Regional MCH staff conducted 11 classes on sexually transmitted infections, reproductive health and the law in Matagorda, Wharton and Colorado Counties among 688 junior
high and high school students. Pre- and post-test results indicated 90% of students showed an increase in knowledge following the class. PHR 4/5N continues to support the Healthy Texas Babies PPE Program through consultation and networking with historically black colleges and universities in East Texas. In the fourth quarter, they assisted in implementing a multi-school training for 19 students in Smith County. PHR 9/10 devised a Peer Health Educator program to increase health promotion by older students on public health topics such as smoking cessation, healthier eating habits, the importance of exercise, child injury prevention. In FY2017, 127 students attended these trainings and eight students were trained to be peer health educators. PHR 1 staff implemented a worksite wellness pilot program for adults developed by a PHR 1 program specialist with a PhD in Nutrition called "L1FE: Lifestyle Improvement for Healthier Existence”. They trained a total of 70 individuals through six classes offered in Hockley, Motley and Dickens Counties. In PHR 8, The Blue Bike Challenge, named for 24 bikes that were painted blue and donated to the Bandera County for use by residents, began in September and ended in November 2017. PHR 8 staff was asked by the Commissioners Court to collaborate with a local gym owner, the Arthur Nagel Clinic and the Wesley Nurse from Methodist Healthcare Ministries, to plan a community-wide fitness challenge. The Blue Bike Challenge was a 75-day challenge to strive to be active for a minimum of 24 minutes a day and to log the activity online. DSHS was given the 50 pre-challenge surveys collected for analysis and is awaiting the submission of post-challenge surveys.

**Performance analysis:** The proportion of women reporting they discussed preconception with a provider was 20.1% (CI: 16.9-23.3) in 2012—the year when the measure was first included in PRAMS. Though not statistically significant, this proportion decrease in 2014, with 19.3% (CI: 16.5-22.0) reporting discussing preconception health with a healthcare provider prior to pregnancy. MCHS made strides toward meeting the objectives of its ESMs during FY2017 with distribution of over 4,000 Life Planning Tools; over 3,440 continuing education hours provided to healthcare professionals through completion of preconception and prenatal care online provider education modules; dissemination of best practices and research to over 2,200 professionals through Grand- and Research- Rounds; training the implementation of two HBCU’s the PPE program was met; more than 1000 students were provided information about preconception health and healthy living; and infrastructure was established to support the work of the TCHMB. Through initiatives implemented to improve women’s health and healthcare, MCHS will continue to contribute to improve the quality of women’s healthcare in the state.
**Challenges / Opportunities:** The SSN public awareness campaign was not active during FY2017, thus limiting outreach efforts for educating women and providers. MCHS will conduct assessment of women’s health programming in the state to assess barriers and opportunities to improving the quality of preconception healthcare, and will use assessment findings and development of partnerships across and outside the HHS System to facilitate identification of additional opportunities for promotion of preconception health and health care.
Maternal and Women’s Health

FY19 Plan

NPM 14.1: Percent of women who smoke during pregnancy

Maternal tobacco use is one of the most preventable risk factors of poor birth outcomes. Smoking during pregnancy increases the maternal risks of spontaneous abortion, ectopic pregnancy, and cancers, and increases fetal risks of stillbirth, premature birth, stunted growth, cleft palate, low birth weight, and sudden infant death syndrome (SIDS). Despite the known risks of smoking while pregnant, many women continue to smoke during pregnancy.

DSHS believes that further investment in Community Health Workers (CHWs) will be able to overcome social and economic barriers to reduce tobacco use rates among pregnancy women. In partnership with DSHS Tobacco Prevention and Control (TPC), MCHS will enhance a current contract with Texas A&M University to develop and implement a CHW “train-the-trainer” course to educate Community Health Worker Instructors (CHWI) on the adverse health risks of tobacco use on maternal and child health so instructors may incorporate the information into their trainings. By investing time, funding, and energy to educate the instructors, DSHS’ plan is to partner with the exponentially increase the dissemination of tobacco-maternal health information among CHWs, and ultimately target populations throughout the state. Specifically, DSHS intends to 1) increase CHWI and CHWs knowledge about the adverse health effects of tobacco on maternal and child health population, and 2) expand the CHWI training curricula by creating the first “train-the-trainer” curriculum focused on the harmful effects of tobacco on maternal and child health.

DSHS Regional MCH staff will continue to disseminate Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) and to develop relationships that can amplify education and referrals to the Quitline among women of childbearing age (WCBA).

MCHS will continue to work with DSHS TPC partners to identify additional areas of shared goals and potential collaboration. Such collaboration could include MCHS’ support in promoting compliance with the U.S. Department of Housing and Urban Development (HUDs) rule requiring Public Housing Authorities to implement smoke-free policies by July 31, 2018.
At the December 2017 Open Portion of the Texas Maternal Mortality and Morbidity Task Force Quarterly Meeting, DSHS announced its new Healthy Texas Mothers and Babies (HTMB) Strategic Framework. This framework is modeled after the Prevention Institute’s *Spectrum of Prevention*, and provides strategic direction for alignment, improvement, and development of existing- and new interventions to support the triple aim of healthy women, healthy mothers, and healthy babies. The HTMB Framework integrates all existing MCHS women’s, maternal, perinatal and infant health programming and, by elevating and amplifying an emphasis on women’s and maternal health and safety, HTMB expands upon MCHS’ exiting commitment, through the previous Healthy Texas Babies Initiative, to reduce infant mortality and improve infant health outcome.

As part of the TCHMB Framework’s re-envisioning of MCHS’s work in the Women’s and Maternal Health and Perinatal and Infant Health Domains, MCHS has decided to broaden the focus of their work under the Women and Maternal Health Domain beyond NPM 1 through development of the new SPM 5. MCHS will continue to seek and support opportunities to improve the quality of women’s health and healthcare via integration of preconception/interconception care into routine primary and well-woman care. In addition, MCHS seeks to extend programmatic efforts to settings outside of the primary care visit to improve health among WCBA through promotion of systems level change to prevent and control chronic disease and to support wellness starting in the preconception and interconception periods. A woman’s health in the preconception and interconception periods affects her health, safety and wellbeing throughout her life course, including outcomes of any future pregnancies and subsequent maternal, infant and child health. Women in Texas have experienced rising rates of obesity, diabetes, hypertension, and substance abuse disorder, and low rates of health insurance coverage and access to care. High rates of unintended pregnancy, preterm birth, maternal morbidity, and maternal mortality are evidence of a need to improve structures and systems to support women’s health.

Self-reported health status has the capacity to account for the multiple factors that impact a woman’s preconception and interconception health. Self-reported health status is a measure of health-related quality of life and is recognized as an indicator of a population’s overall well-being. The new SPM 5 is the General Health Status measure from the Council of State and Territorial Epidemiologists (CSTE) Core State Preconception Health Indicators measure set. The measure set was developed by the Core State
Preconception Health Indicators Working Group and was finalized in 2010 after incorporating stakeholder feedback. A DSHS epidemiologist and the current Women’s, Maternal, Perinatal and Infant Health Nurse Consultant/Team Lead served as one of seven state teams comprising the Core State Preconception Health Indicators Working Group. According to the CSTE Core State Preconception Health Indicators Detail Sheet, *Self-rated Health Status (A1)* (2009), this indicator is highly correlated with various adverse health outcomes, and lower self-ratings of this subjective measure have consistently been associated with “increased mortality, incident adverse health events, health care utilization and illness severity, even after medical risk factors have been accounted for.”

MCHS will continue to foster collaboration with partners to increase capacity, synergy and impact of initiatives to improve women’s health and healthcare delivery. Strategic planning will continue to inform direction of women’s and maternal health programming, with a focus on the preconception and interconception periods. MCHS recognizes that the work of improving preconception and interconception health is shared with partners across DSHS and the HHS system, including those working in chronic disease prevention and behavioral health. As such, MCHS will continue to build and strengthen partnerships across and beyond the HHS system to assess the landscape for preconception / interconception health initiatives and promote integration of preconception health and healthcare into programs serving women. MCHS will also continue to participate in the BBO initiative and seek to identify further areas of collaboration within health and human services.

DSHS and HHSC will continue their work under the ASTHO Increasing Access to Contraception (ASTHO IACLC) and CDC 6|18 initiatives as described in the LARC state action plan. MCHS will work with partners to identify opportunities in healthcare and community settings for implementation of One Key Question (OKQ) and other efforts to promote client-centered assessment of reproductive intention, shared decision making, and reproductive life course planning among Texas WCBA and their health care providers. MCHS is particularly interested in exploring the potential for such initiatives to be promoted through our partners working with community health workers. A standalone Texas toolkit will be developed and promoted through SSN to be used by interested healthcare providers.

MCHS will continue to fund and oversee the Texas Collaborative for Healthy Mothers and Babies (TCHMB) through a contract with the UT Health Science Center at Tyler. TCHMB is focused on implementing initiatives that will improve quality of care and enhance women’s, perinatal and infant health outcomes. Support will continue for development and implementation by
TCHMB of evidence-informed QI projects that aim to improve women’s and maternal health and healthcare.

MCHS will continue to support population-based services and activities throughout Texas’ regions to improve women’s and maternal health outcomes. Regional population-based staff will continue to expand efforts to integrate preconception health programming and health promotion activities in FY2018. Staff in HSRs 2/3, 6/5S and 4/5N will continue to support the newly-founded PPE programs among the HBCUs in Dallas, Houston and Tyler and staff in HSR 7, 8 and 6/5S will assist with training and fostering of efforts among new programs at Huston-Tillotson in Austin, St. Phillips College in San Antonio, and Texas Southern University in Houston. In FY2018 MCHS regional staff plan to spread statewide the Whole Person Project initiated in HSRs 1 and 7 in 2016. The Whole Person Project capitalizes on the health promotion and disease prevention potential of a single encounter by screening an individual for all services for which he or she may be eligible. For example, a woman who visits a DSHS clinic for sexually transmitted infection testing will be offered all appropriate immunizations, offered a car seat inspection, assessed for involvement in sex trafficking, screened for tobacco use and referred for smoking cessation, and offered resources and referral to medical home. The project will be augmented with addition of measures on pre- and inter-conception health. Staff plan to add client-centered reproductive intention assessment to their assessment and screening procedures, support completion of a life planning tool, and assistance with signing up for text4baby. Regional staff will continue to promote the prenatal and preconception Texas Health Steps OPE modules among healthcare providers and will participate in clinical and community-based QI projects under the leadership of TCHMB, particularly focusing on supporting those activities taking place in rural parts of the state without local health departments.

MCHS will also continue to expand and enhance the HTB Preconception Peer Educators program (PPE) across the state. PPE is a national OMH program focused on reducing infant mortality in the African American community. College-age women and men are trained to educate their peers and community members the importance of preconception health, the impact of social determinants of health on their wellbeing, seeking regular preventive care and creating a reproductive life plan. MCHS will continue to engage Texas HBCUs and explore other potential interested organizations and colleges with large African American student populations to expand future implementation of the PPE program.

MCHS will continue to work with partners to expand preconception/inter-conception health and healthcare educational outreach efforts across DSHS
and to promote integration of preconception health principles into stakeholder programming. MCHS will reach out to WCBA to raise awareness and increase understanding of preconception/interconception health behaviors and care services. Education and outreach materials will include tools, newsletters, conferences, and website resources including the DSHS MCH website and the Healthy Texas Mothers and Babies (HTMB) public outreach campaign (currently the Someday Starts Now (SSN) campaign). Since 2012, SSN has provided educational information, tools, and additional content in English and Spanish to increase public awareness of preconception, maternal, and infant health behaviors on birth and infant health outcomes. MCHS will use formative assessment conducted in FY2018 to inform development of a public facing campaign that supports the new HTMB Framework, including components to promote health and safety among WCBA, their partners, and among infants. Outreach components will specifically target young adults using methods and messaging that is relevant to preconception audiences.

MCHS will develop and promote education opportunities and best practices for healthcare providers and other stakeholders working to improve the quality of women’s preventive care services. MCHS will revise the SSN Life Planning Tool based on feedback gathered from the HTB community coalitions during FY2017. The coalitions evaluated the life planning tool as part of their evidence-informed clinical interventions promoting integration of preconception care into routine primary care. MCHS will promote the revised tool among primary healthcare providers, community organizations serving women including PPE, and other outreach efforts.

MCHS will continue realign the focus of the perinatal community coalitions—now Healthy Texas Women, Mothers, and Babies (HTWMB) Coalitions—to specifically concentrate on racial/ethnic disparities in birth outcomes and achieving women’s, maternal, and infant health and birth equity. Future coalition initiatives will be informed by results from community needs assessments and strategic planning. A HTWMB Technical Assistance Contractor will be secured to support the coalitions’ efforts in their community health needs assessment, organizational evaluation and to provide training and technical assistance in the development of strategic plans for designing, implementing, and evaluating local equity projects. MCHS will work with HTWMB Coalitions to develop locally relevant outreach and awareness campaigns to support their strategic objectives and align with the HTMB Framework. MCHS will also leverage the HTWMB Coalitions to garner their support in expanding and sustaining the PPE program across Texas.
MCHS will continue to promote the Texas Health Steps Online Provider Education (OPE) preconception and prenatal health-focused continuing education modules. The module suite will be revised in FY2018 to consolidate content into two separate prenatal care and preconception health modules. The goal of the modules will remain focused on equipping healthcare professionals with knowledge and resources to improve the health of Texas women before and during pregnancy. The modules can be accessed at www.txhealthsteps.com. MCHS will continue to collaborate with CHW training programs to integrate preconception health and healthcare promotion into curricula. Promotion of healthcare provider education on women’s preventive healthcare will continue via DSHS Grand Rounds presentations and website resources. Following a very successful "Healthy Texas Mothers and Babies Conference: A Clinical and Community Life Course Perspective" in 2015, MCHS will continue preliminary planning and assess the feasibility of another statewide conference to share information and best practices to engage, inform and education health care professionals to support improved and more equitable birth outcomes in Texas. MCHS will use the Pregnancy Risk Assessment Monitoring System (PRAMS) to assess the level of Texas women reporting providers discussed preconception health topics with them prior to pregnancy. Furthermore, MCHS will coordinate with UT/TCHMB partners to improve the quality and safety of maternal and women’s health care by holding a professional conference to advance evidence-based women’s and perinatal health efforts around the state. The FY2019 conference will focus on maternal health and safety.

Women with poor mental or behavioral health prior to pregnancy may experience pregnancy complications, fetal demise, or a low birth weight baby. These outcomes are marked by racial and ethnic disparities. Furthermore, the Texas Maternal Mortality and Morbidity Task Force (MMMTF) has found mental and behavioral health issues contribute to severe maternal morbidity and mortality in Texas. Both mental health and substance use are preconception health domains identified by the CDC as having important ramifications for birth outcomes. MCHS will continue to strengthen HHS-system and other partnerships to identify opportunities for clinical- and population-based interventions supportive of mental and behavioral health among WCBA. MCHS will also continue to look across existing programs—including quality improvement initiatives, awareness campaigns, lactation support center services, peer support programming, and coalitions—to integrate awareness and prevention strategies. MCHS will continue to use existing surveillance methods to assess mental health and substance use in WCBA.

To inform MCHS maternal safety programming, MCHS will continue to assess and monitor maternal mortality and severe maternal morbidity rates through
the analysis of surveillance data. MCHS will work with stakeholders across the state to perform severe maternal morbidity and mortality review in Texas through coordination and technical assistance to the Maternal Mortality and Morbidity Task Force (MMMTF). Findings and recommendations resulting from the task force’s review of the MCHS-identified 2012 pregnancy associated death cohort will be reported in the biennial MMMTF-DSHS Legislative Report, due to the legislature September 1, 2018. MCHS has expanded its capacity for case preparation of pregnancy-associated deaths through a contract with the University of North Texas Health Science Center. This contract will support achievement of targets of the task force to review an average of approximately 25 cases each quarter in FY2019. MCHS will continue to support analysis of cases, trends in maternal death and severe maternal morbidity in Texas, and development of recommendations to improve women’s and maternal care practices that reduce risk and prevent maternal and feto-infant harm.

Activities will continue to address the findings and recommendations from the MMMTF Legislative Reports. One response to the task force’s identified need for more reliable data reporting is the creation of a new electronic vital events registration system, scheduled to launch January 1, 2019. The Vital Statistics Unit (VSU) at DSHS, in coordination with the Center for Health Statistics (CHS), continue to work to replace the existing electronic system for registering and collecting birth, death, fetal death, marriage and divorce records in Texas with a new system, referred to as the Texas Electronic Vital Events Registrar, or TxEVER. TxEVER will allow for additional quality checks (by VSU, CHS, and a third party vendor), as well as improved and more efficient receipt and recording of out-of-state deaths of Texas residents.

MCHS is excited to continue their work implementing the TexasAIM Initiative. In January 2018, Texas’ application to become an AIM state was accepted with DSHS as the lead coordinating body. MCHS has joined the Alliance for Innovation in Maternal (AIM) program to implement data driven AIM maternal safety bundles. The Alliance for Innovations in Maternal Health is a national partnership of providers, public health, and advocacy organizations that align national, state, and hospital efforts to improve maternal health and safety. With funding from the Health Resource Services Administration (HRSA), AIM provides resources for hospitals and state teams to implement evidence-based bundles into maternal care practice. MCHS has organized their state effort into the TexasAIM initiative. The initiative, in collaboration with state level partners, engages interested Texas hospitals, provider groups, and stakeholders statewide to use tools, resources, technical assistance, and quality improvement methods to institutionalize bundles of recommended practices in maternal safety and care. MCHS’ TexasAIM will work with hospitals throughout FY2019 to implement the AIM
Obstetric Hemorrhage bundle while developing structures to also launch Obstetric Care of Women with Opioid Use Disorder and Severe Hypertension in Pregnancy Bundles.

Hospitals will have the opportunity to participate at two levels: TexasAIM Basic, wherein hospitals submit bundle measures into the AIM Data Portal and receive limited technical assistance; and TexasAIM Plus, where hospitals will participate with each other in regional cohorts within a statewide learning collaborative focused on implementation of the targeted bundle. TexasAIM Plus hospitals will receive advanced guidance in quality improvement methods, opportunities to share their experiences with one another, and individualized coaching and technical assistance for rapid cycle quality improvement. MCHS aims to recruit and enroll 75 percent of Texas’ birthing facilities in the TexasAIM initiative, with at least 50 percent of hospitals to participate at the TexasAIM Plus level in at least one learning collaborative.

MCHS will continue to assess, build and leverage partnerships to increase dissemination and implementation of recommended maternal and women's health best practices. In collaboration with partners, MCHS will work to establish and support quality improvement efforts in clinical and community settings related to women’s health. MCHS will continue to collaborate on the Healthy Families Project to address women’s health disparities and reduce infant mortality risk. Through oversight by the University of Texas Health Sciences Center at Tyler, contractors will continue to implement interventions in Hidalgo and Smith Counties. MCHS will also leverage partnerships with community-based, professional and governmental organizations across the state and at a national level, including the TCHMB, the Texas Perinatal Advisory Council (PAC), the National Preconception Health and Health Care Initiative, and CityMatCH workgroups to keep abreast of, promote and implement evidence-based practices that promote health and safety, and reduce excess maternal and feto-infant morbidity and mortality.