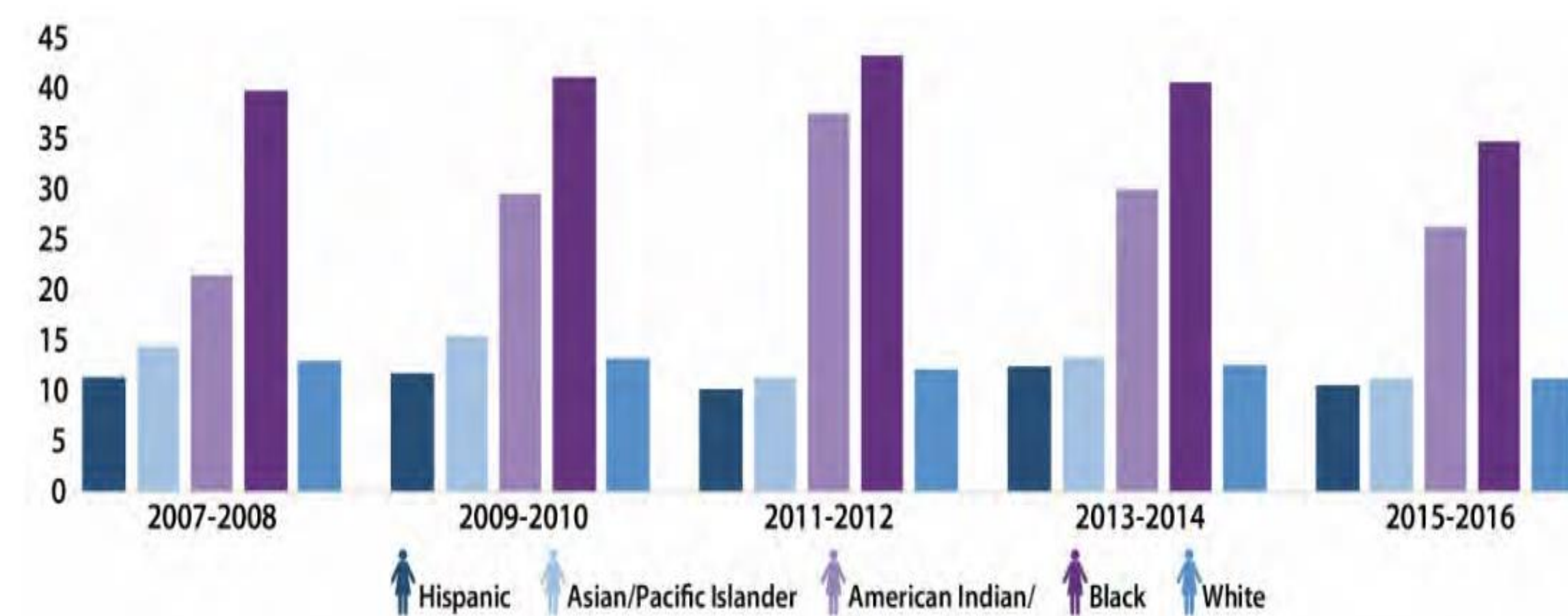


MOTHeRS: Maternal Outreach Through Telehealth for Rural Sites

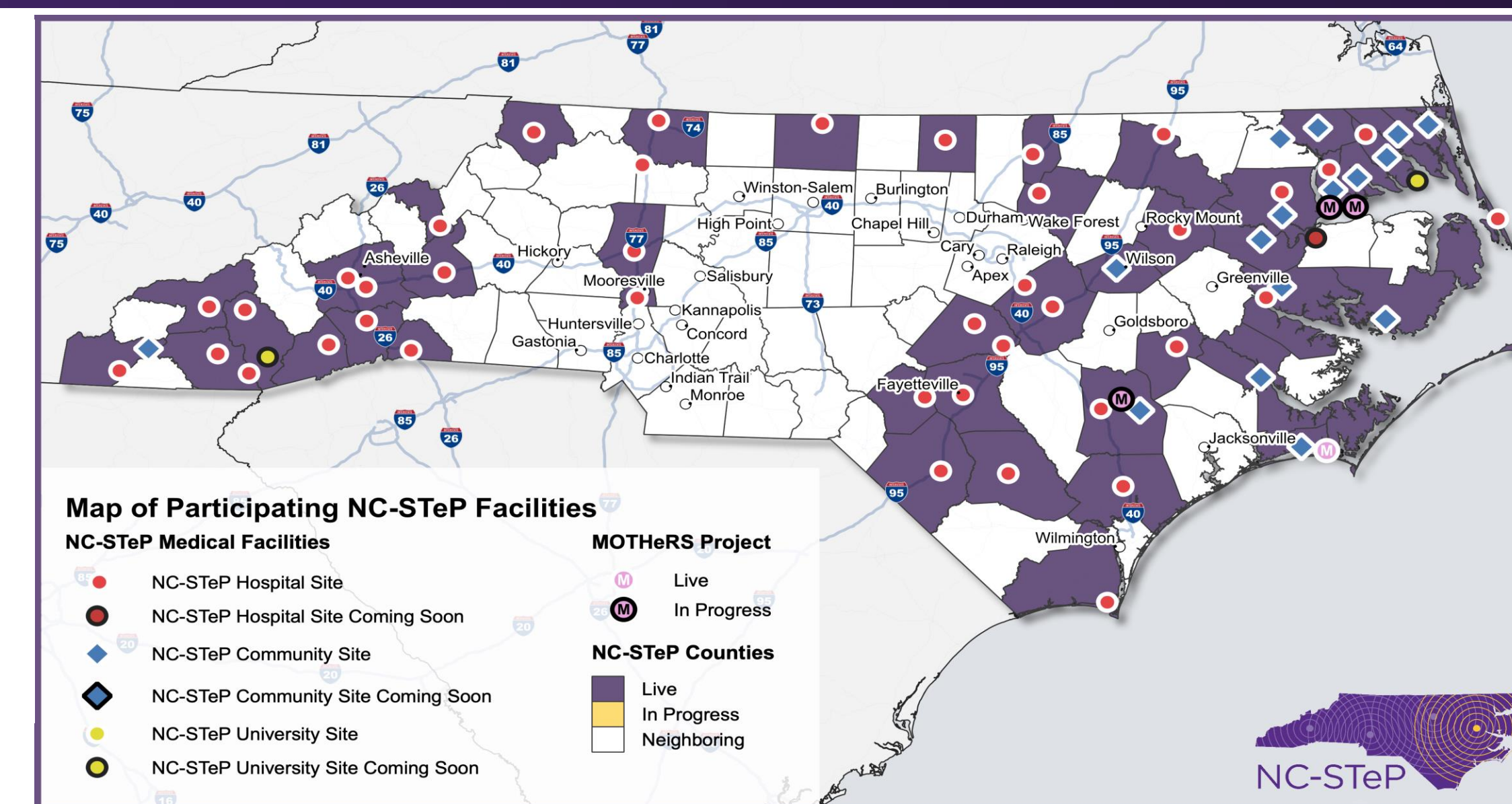
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ABSTRACT

The US has the highest maternal mortality rate out of all developed countries in the world. Nationally, more than 700 women a year die of complications related to pregnancy in the U.S., and two-thirds of these deaths are preventable. As of 2016, the U.S. pregnancy-related mortality ratio was 16.9 per 100,000 live births. Maternal mortality disproportionately affects black and American Indian/Alaska Native women in the U.S. Additionally, there are disparities between rural and urban populations. The pandemic resulting from the novel coronavirus forced healthcare providers to rethink and quickly reinvent the delivery of care to patients, particularly in rural settings. The MOTHeRS Project is a pilot to provide MFM and mental health services via telehealth to women with high-risk pregnancies in rural OB-GYN practices.



Trends in pregnancy-related mortality ratios among race from 2007-2016



RESULTS

- 353 patients served by telehealth since program inception in January 2021
- 82% Caucasian, 9% African American, 3% Hispanic
- 9,709 driving miles saved for the patients
- 2510 women were screened for food insecurity
- 144 women received food bags
- 62 women received Tele MFM services
- 51 women received Telepsychiatrist services
- 194 women received psychotherapy services
- 46 women received diabetic education and nutritional therapy
- 40% Medicaid, 11% Tricare, 2% Medicare, 40% Commercial insurance and 2% Self pay

INTRODUCTION

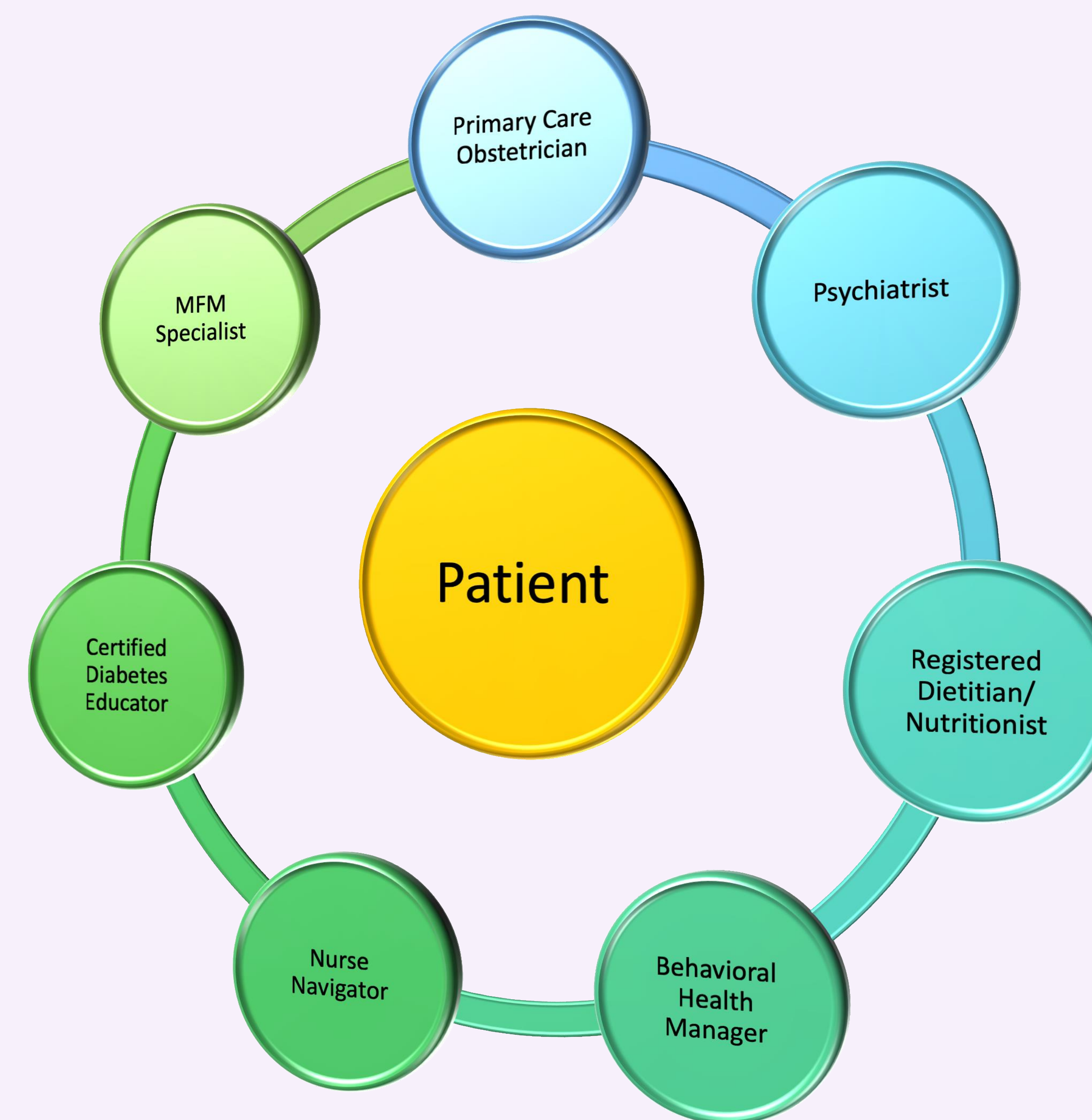
COVID19 has posed an especially critical challenge for the maternal fetal and newborn population in the 29-county area that East Carolina University (ECU) serves. ECU, the safety net provider for 1.4 million people in eastern North Carolina, is the only source for high-risk prenatal care in the region. COVID-19 exacerbated an already dire situation for the health of expectant and new mothers in our region. The MOTHeRS Project enhances access to specialty services and helps reduce geographic health disparities.

MATERIALS AND METHODS

North Carolina Statewide Telepsychiatry Program (NC-STeP) has been operational since 2013, which provides the patient with a face-to-face interaction with a provider through real-time videoconferencing technology. In July 2020, ECU expanded NC-STeP, to bring multidisciplinary care to three community-based primary care obstetric clinics in Eastern North Carolina. The MOTHeRS (Maternal Outreach through Telehealth for Rural Sites) Project is funded through a generous investment from the United Health Foundation (UHF). Through this collaborative care model that encompasses patient, nurse navigator, diabetes educator, behavioral health manager, primary obstetrician, maternal fetal medicine (MFM) specialist, and psychiatrist, the MOTHeRS' Project provides much-needed support and the insights of specialty physicians to these identified practices. Data is reported quarterly to NC-STeP Advisory Council and UHF.



- Team-Based Care
- Patient-Centered Collaboration
- Primary care provider remains the driver and prescriber
- It's about expanding the limits of care within primary care setting
- Measurement-Based Treatment
- Evidence-Based Care



CONCLUSION

The collaborative co-management model developed by the MOTHeRS Program creates a patient-centered team approach to care delivery and results in both improved patient experiences and a positive impact on maternal fetal health. The project emphasizes the importance of strengthening care coordination and health care delivery, investing in human service programs, and addressing various workforce issues. Through its ongoing work, the MOTHeRS Project expects not only to provide care to those who need it at its clinical sites, but also to generate new knowledge regarding how the barriers to healthcare delivery can be better addressed to ensure that every woman in rural America has a safe and healthy pregnancy, delivery, and post-natal outcome.

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