

Spotlight on the Safety Net

A Community Collaboration

Meeting the Perinatal Care Challenges of Eastern North Carolina

Improving the health of mothers and infants is an ongoing challenge throughout North Carolina, but the problems are particularly overwhelming in the eastern part of the state. The expansive area of Perinatal Care Region VI in Eastern North Carolina encompasses 29 counties and 22,000 annual births, 31% of which are to black mothers [1], and this region contains a disproportionate share of counties with the highest rates of maternal and infant mortality in North Carolina. Despite significant perinatal morbidity and mortality, and an epidemic of high-risk pregnancies, Region VI is predominantly supported by a single high-risk maternity clinic.

The Eastern Carolina University (ECU) High-Risk Maternity Clinic is the sole referral point for high-risk pregnancies in Eastern North Carolina. The clinic offers the services of board-certified maternal-fetal medicine specialists and accepts patients from all referral sources, regardless of a patient's ability to pay; the clinic also does not collect funds from uninsured women with household incomes lower than the federal poverty guidelines. The clinic cares for approximately 2,500 unique patients per year who have a variety of high-risk problems, including maternal complications such as hypertension, diabetes, obesity, HIV infection, and substance abuse; obstetrical problems such as preeclampsia, preterm labor, premature rupture of membranes, and multifetal gestations; and fetal complications, including congenital anomalies, aneuploidy, and growth restriction. The clinic offers prenatal care, education, management, and treatment. In addition to maternal-fetal medicine specialists, the clinic's ancillary staff includes perinatal nurse specialists, medical assistants, registered diagnostic sonologists, a certified dietitian and diabetes educator, and a licensed social worker.

The ECU High-Risk Maternity Clinic treats many patients who have only Medicaid coverage or who are uninsured. Despite the financial challenges

of sustaining such a practice, the staff members of this clinic have managed to continue offering their outstanding services to women with high-risk pregnancies in Eastern North Carolina. In 2009 the North Carolina Child Fatality Task Force and its Perinatal Health Committee recognized the critical mission of this underfunded clinic and recommended that the North Carolina General Assembly appropriate state funds to support the clinic. The General Assembly agreed that the mission of the clinic was vital, and it initiated support through the Department of Public Health via the state's Title V Maternal and Child Health Services Block Grant. In the 2013 legislative session, the General Assembly appropriated \$375,000 to support the clinic's work; this funding was part of an amendment to Senate Bill 402.

The need for a high-risk maternity clinic in Region VI is obvious, given the demographic characteristics of Eastern North Carolina, and there is also a powerful economic case for state support for this clinic. Despite its use of state funds, the ECU High-Risk Maternity Clinic actually saves the state money. An extremely premature infant is not only at high risk for severe morbidity or death, but the birth of such an infant is also enormously expensive for the state. An infant born at 24-26 weeks gestation may be hospitalized for 100-200 days, and the cost for such hospitalizations commonly reaches \$250,000 [2]. This figure includes only the short-term cost of hospitalization; it does not include the decades of medical care that the state ultimately provides for children born prematurely,

Electronically published November 19, 2013.

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0029-2559/2013/74622

nor does it include the costs of educating these children in the state's public schools.

One example of the care provided at the ECU High-Risk Maternity Clinic is management of preeclampsia. Maternal-fetal medicine specialists and other clinic staff members regularly care for mothers with preeclampsia, and many of these mothers have had their pregnancies extended as a result of this care. By safely extending these high-risk pregnancies, the clinic offers infants a chance for survival with markedly reduced complications. Skillfully implementing these best practices also offers a tremendous return on investment. The ECU clinic has dramatically shifted the prematurity curve at this institution over the past 5 years. Extending 1 pregnancy from 24 weeks to 28 weeks saves \$125,000 [2]. Data from ECU reveal that the clinic extends the pregnancies of 10 women with early-onset severe preeclampsia per year. This is just one area of care in which the ECU clinic is altering the perinatal landscape in Eastern North Carolina; other premature births are also being prevented.

The ECU High-Risk Maternity Clinic is commit-

ted to delivering high-quality care to a population in desperate need. The dedication and innovation of the staff members exemplify high-quality service, and the clinic has had a profound impact. Although the proportion of infants with a low birth weight has dropped in Eastern North Carolina, there is still much work to be done. Despite the challenges, staff members of the ECU High-Risk Maternity Clinic are in this fight for the long haul and are determined to win this battle. **NCMJ**

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Acknowledgment

Potential conflicts of interest. M.J.M. has no relevant conflicts of interest.

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