A New Resource in CDC’s Campaign to Reduce Maternal Deaths

Two-thirds of the 700 maternal deaths in the US each year are preventable, yet too often women, clinicians, and first responders fail to recognize life-threatening, pregnancy-related complications in time to prevent deaths. But now a new CDC website provides materials that describe urgent maternal warning signs or symptoms that require immediate medical attention.

The website is the latest addition to the CDC’s HearHer campaign, which was launched in 2020. The campaign was designed to help pregnant or postpartum women, their families, and clinicians recognize when to seek medical care that can help to reduce preventable deaths, which disproportionately affect American Indian, Alaska Native, and Black women. The new website builds on that campaign by providing prevention tools and advice for clinicians based on their specialty.

Information on the site encourages obstetric professionals to listen and address their patients’ concerns. That involves asking questions about their lives and managing chronic conditions. The site also advises clinicians to recognize their own unconscious bias and that of their office staff.

During infant checkups, pediatricians can watch for maternal warning signs such as feeling extremely exhausted, having severe swelling, or thinking about harming the baby. The American Academy of Pediatrics has recommendations for postpartum depression monitoring.

Emergency department staff, primary care clinicians, mental health specialists, and other health care professionals are urged to determine whether a patient currently is pregnant or had a pregnancy in the past year and to look for warning signs, the website recommends. “We can work to improve communication and build trust in our patient-provider relationships,” Wanda Barfield, MD, MPH, director of the CDC’s Division of Reproductive Health, said in a video message.

High-Volume Prescribers Drive Antibiotic Use in Medicare Part D

The top 10% of antibiotic prescribers were responsible for 41% of antibiotic prescriptions for Medicare Part D beneficiaries in 2019, according to data from the Centers for Medicare & Medicaid Services (CMS) Part D Prescriber Public Use Files.

Published in the CDC’s Morbidity and Mortality Weekly Report, the data showed that the top 69,835 prescribers wrote 24.4 million antibiotic prescriptions while 627,230 lower-volume providers wrote 35 million. To ensure that patient volume didn’t cause the discrepancy, the authors examined prescription rates per beneficiary. They found that the prescribing rate was 60% higher among high-volume prescribers, who wrote 680 prescriptions per 1000 Medicare part D beneficiaries compared with 426 per 1000 beneficiaries among lower-volume prescribers.

About half of the highest-volume prescribers were in the South. They prescribed antibiotics at rates higher than the high-volume prescribers in other parts of the country. More study is needed to understand regional prescribing patterns and whether inequities in social determinants of health, comorbidities, or access to care contribute to them, the authors wrote.

Family medicine and internal medicine were the most common specialties of high-volume prescribers. Additionally, half of urologists were high-volume prescribers, accounting for 83% of prescriptions in their specialty. The authors suggest that interventions designed to encourage more judicious use of antibiotics may help to counteract overprescribing. They note that previous research has shown that a single letter to high-volume prescribers highlighting best practices can reduce prescriptions by about 5%. – Bridget M. Kuehn, MSJ

Note: Source references are available through embedded hyperlinks in the article text online.