

CITY OF PHILADELPHIA  
DEPARTMENT OF PUBLIC HEALTH  
MEETING OF THE BOARD OF HEALTH

Thursday, January 12, 2023

The Philadelphia Board of Health held a public meeting on Thursday, January 12, 2023. The meeting was held virtually using the Zoom platform in order to facilitate access by the public via computer or other device and toll-free phone number.

**Board Members Present**

Dr. Cheryl Bettigole, Dr. Ana Diez-Roux, Dr. Marla Gold, Dr. Jennifer Ibrahim, Dr. Amid Ismail, Dr. Scott McNeal, Dr. Usama Bilal

**WELCOME AND INTRODUCTIONS**

Health Commissioner and Board President Cheryl Bettigole, MD, MPH called the meeting to order at 6:33 PM and performed a roll-call.

Mr. Benjamin Hartung of the Philadelphia Department of Public Health reviewed the public comment process.

**MINUTES**

Dr. Gold moved; Dr. Ibrahim seconded.

**The Board unanimously approved the minutes from October 13, 2022.**

**AMENDMENT TO THE REGULATIONS GOVERNING THE CONTROL OF  
COMMUNICABLE AND NONCOMMUNICABLE DISEASES AND CONDITIONS  
REGARDING SEVERE MATERNAL MORBIDITY**

**AND**

**REGULATION RELATING TO SEVERE MATERNAL MORBIDITY SURVEILLANCE  
BY THE DIVISION OF MATERNAL, CHILD, AND FAMILY HEALTH OF THE  
PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH**

Dr. Aasta Mehta and My-Phuong (Maria) Huynh from the Philadelphia Department of Public Health's division of Maternal, Child, and Family Health provided a presentation on several maternal morbidity and surveillance of the phenomenon.

SMM is defined as "unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health." SMM has been found to be rising in the last twenty years and calls to address it have been made in the medical community. Between 2011

and 2014, SMM has risen in Philadelphia and was found to be higher than the national average. Racial disparities in these results were also found.

SMM has an impact on both maternal and infant health outcomes, including and up to infant death and long-term physical and mental health of the mother and child.

There is a linkage between SMM and maternal mortality, which shows that systems established to prevent SMM can reduce the number of maternal deaths.

There are gaps in our understanding of SMM in Philadelphia. The current data is based only on administrative data, which might not include the most clinically significant cases. Hospitals may be investigating cases of SMM, but not publishing data on them. Collecting more complete data could have the downstream effect of improving understanding of maternal mortality, as it is often linked to SMM.

Active SMM surveillance allows for tracking of hospital-identified cases of SMM based on clinical criteria in real-time to identify patterns and opportunities for intervention. Current data is often not only not comprehensive but can be delayed by years before being studied.

There is no generally agreed upon case definition in Philadelphia for SMM. A study of four different hospitals in Philadelphia showed widely different definitions, albeit with some commonalities. Using these data, the Health Department is proposing collecting case information using the following data standards:

- Transfusion ( $\geq 4$  units) OR
- ICU admission OR
- Extended length of stay ( $\geq 5$  days) OR
- Hospital readmission (with 30 days of discharge)

Ms. Huynh provided information on the proposed Board Regulation being considered, allowing for mandatory reporting of specified SMM cases. The Health Department will use these compiled and deidentified data for public health surveillance related to severe maternal morbidity during delivery-related hospitalizations in Philadelphia.

Dr. Mehta reported that anecdotally, hospitals that have Labor and Delivery Units were happy to participate in collecting and supplying these data.

Dr. McNeal asked if the four identifiers will be enough to understand why communities of color are more impacted by SMM. Dr. Mehta responded that demographic information will be collected as part of the data collection process and the identifiers were proposed to be clinically significant and historical, as opposed to utilizing ICD codes.

Dr. Diez-Roux asked about the sensitivity and specificity of the four measures. Dr. Mehta noted that blood transfusion and ICU admission are standard measures recommended by the CDC for SMM surveillance, and most hospitals are already collecting them. The other two measures are recommended by the Joint Commission.

Dr. Bilal asked if the Health Department would be using these data to help with mapping, given that address is not one of the data fields currently proposed to be collected. Ms. Huynh replied that the Health Department would seek to link the collected data with other existing datasets. The process is being proposed this way to reduce the burden on the reporting hospital.

Dr. Ismail asked if the Health Department would be utilizing the Health Share Exchange (HSX) to help further inform research. Ms. Huynh replied that their access to HSX is limited at this point in time, but agreed that this could be a useful tool to expand insight into a patient's healthcare journey. Dr. Bettigole cautioned that this database could help, but lacks clinical information needed for this surveillance.

Dr. Gold complimented the effort put into this presentation and proposed Regulation. She asked what the Health Department thought they could accomplish with this Regulation in place that they cannot currently do. Dr. Mehta replied that there is still a lot that is unknown about SMM, as Philadelphia would become the first jurisdiction in the nation that would collect these data. Furthermore, differing definitions of SMM between hospitals lead to spotty collection of data. Dr. Mehta noted that much of what they know about risk factors and outcomes is based on anecdotal evidence, and collecting these data in a systematic way could help to inform legislators to implement policies to help protect women.

Dr. Ibrahim asked if the data that was being collected would include data on preeclampsia and gestational hypertension, as those seem to be drivers of this condition. Dr. Mehta replied that data on comorbidities would be collected on the data form.

Mr. Hartung noted that there were no comments from the public at this time.

Dr. Bilal wondered if it would be possible to one day collect data on non-clinical factors, such as paid leave or FMLA, could help to inform the social factors that affect SMM. Dr. Mehta replied that that this is exactly the type of data they would seek to collect during post-SMM interviews with patients identified as part of future surveillance.

Mr. Hartung began presenting the Amendment to the Board. This Amendment seeks to add Severe Maternal Mortality to the list of Reportable Diseases and Conditions in Philadelphia. The condition is defined as a pregnant person experiencing one or more of the following types: (1) transfusion of greater than four units of packed red blood cells, (2) intensive care unit admission, (3) extended postpartum length of stay greater than or equal to five days, and (4) readmission to a Facility within thirty (30) days of discharge.

The Amendment stipulates that the reporting of this condition is covered by the Regulation Relating to Severe Maternal Morbidity Surveillance by the Division of Maternal, Child, and Family Health of the Philadelphia Department of Public Health.

Mr. Hartung reviewed the Regulation. This Regulation notes that SMM is a reportable condition, should the Board vote that way. Mr. Hartung noted two definitions listed in the Regulation as important: Abstracted Medical Data, which is data collected via electronic form that is taken

from a patient's medical record but does not contain all information in that record; and Pseudonymized Data, which is data that contains personally identifiable information about a person that requires additional information to identify a specific person, such as birth or death certificate numbers. Mr. Hartung reviewed Appendix A, which contains all of the information collected in the surveillance form.

Mr. Hartung reviewed the data collection process in the Regulation, where the Health Department may issue requests to pertinent healthcare facilities. Those facilities shall transmit the data requested. The Health Department may use identifiable information in that data to cross-reference with other City databases in order to supplement with pertinent health and service information. Once that cross-reference has been completed, the Health Department will add a pseudonymized datapoint to a patient's record and destroy all identifiable information, except the pseudonymized data.

Dr. Ibrahim asked if the data collection question regarding comorbidities would include conditions like intra-uterine fetal demise. Dr. Mehta replied that data would not be captured in that particular field but would instead be captured in the "G's and P's."

Mr. Hartung noted that there were no comments from the public at this time.

Dr. Bettigole asked if there was a desire to move on the Amendment.  
Dr. Ibrahim moved; Dr. Ismail seconded.

**Motion for approval of the Regulation approved unanimously.**

Dr. Bettigole asked if there was a desire to move on the Regulation.  
Dr. McNeal moved; Dr. Gold seconded.

**Motion for approval of the Regulation approved unanimously.**

## **ADJOURNMENT**

Dr. Bettigole adjourned the meeting at 7:27 PM.