Department of Veterans Affairs (VA)
Agency Activities on Research Specific to Pregnant and Lactating Women

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US Department of Health and Human Services Task Force on Research Related to Pregnant Women and Lactating Women (PRGLC)

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Background and Context
The VA Healthcare System is the largest integrated health care delivery system in the United States.

- Over 9 Million Enrollees
  - 18 Veterans Integrated Networks
  - Over 1200 Community Based Outpatient Clinics
  - Over 140 VA Medical Centers
Veterans Health Administration Facts

- VA partners with DOD, DHS, and HHS to form the National Disaster Medical System
- Offered 1 million same day appointments a month
- 97% of those appointments occurred within 30 days
- Approximately 70% of all US physicians have received at least some of their medical training with VA
- VA’s groundbreaking medical research has resulted in 3 Nobel prizes, 7 Lasker awards, and numerous other honors
- VA’s many medical accomplishments include the nicotine patch, first successful liver transplants, and a vaccine for shingles
- Provided nearly 107 million outpatient visits
- Treated nearly 600,000 inpatient medicine/surgery patients
- If VA were a business, it would be in the top ten on the Fortune 500 list
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Women Veteran Patients Utilization

- The number of women Veterans requesting health care from VA has increased almost 80% over the last decade.

- VA is experiencing a greater demand for care and services that have not been traditionally provided at VA facilities (e.g., obstetrics and mammography).
Age Distribution of Women Veterans

Increase in aging women

Cohort: Women Veteran patients with non-missing ages 18-110 years (inclusive). Women in FY00: N=159,553; FY06: N=245,270; FY15: N=439,615.
Common Conditions in Women Veterans

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>%</th>
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<tbody>
<tr>
<td>Musculoskeletal</td>
<td>56%</td>
</tr>
<tr>
<td>Endocrine/Metabolic/Nutritional</td>
<td>51%</td>
</tr>
<tr>
<td>Mental Health/Substance Use Disorder</td>
<td>44%</td>
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<tr>
<td>Cardiovascular</td>
<td>37%</td>
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<tr>
<td>Reproductive Health</td>
<td>31%</td>
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1 in 5 women Veterans report Military Sexual Trauma
Care for Women Veterans

- Gender-specific services provided at VA facilities:
  - Gynecologic care (Basic and Specialty)
  - Contraceptive care and counseling
  - Mammography
  - Breast and cervical cancer screening and treatment
  - Menopause-related care
  - Emergency Medicine

- Services *not* provided at VA facilities:
  - Obstetrical/maternity care
  - Specialty Infertility services

*Note: Individual VA facilities are unique in their availability to provide particular services to Veterans. Factors such as local Veteran demographics, proximate academic affiliates, availability of specialists affect where women Veterans can go, within and outside of VA, to receive gender-specific care. PCP plays critical role with GYN and mental health providers*
Research

Unique VA Research Strengths - Integrated comprehensive health system with dedicated research budget

Premiere data capabilities with mix of clinical, administrative and genomic data

Partnership of VA researchers (60% clinicians) and VA healthcare system Partnership with DoD, NIH and other federal and private organizations
Research Overview

• Intramural Research
  – **VA Office of Research and Development**
    • Biomedical Laboratory, Clinical Science, Health Services, Rehabilitation
      – Approximately 2,100 ORD funded research projects at any one time

• Women’s Health Topics Include
  – Medication safety
  – Evidence-based psychotherapy for women Veterans with PTSD
  – Effect of military service, trauma, and co-occurring conditions on pregnancy, health care delivery, and care coordination
  – Pregnancy-associated conditions
  – Established new models of care (Women’s Health)
• Since early 1990’s, women’s health a VA research priority
• 2005 – VA developed a comprehensive research agenda for women Veterans
• Expansive research portfolio to understand the health and healthcare needs of women Veterans
• Establishment of national VA Women’s Health Research Network to support research aimed at ensuring accessible, high-quality care for women Veterans, and implement research into practice
• Reproductive health is a key area of research
Research Examples

Studying the effect of maternal PTSD on birth outcomes, confirming an increased risk of preterm birth

Assessing the coordination of pregnancy care experienced by women Veterans by interviewing women Veterans and their health care providers

Documenting the use of opioids among pregnant veterans; between 2001 and 2010, about 10 percent of pregnant veterans received prescriptions for opioids

Through the PROVE project, scientists linking VA and CA data to determine the effect of maternal PTSD on birth outcomes, and quantify the distribution and character of preterm births and other outcomes.
Women Veterans and Pregnancy
Is Deployment Associated with Increased Risk of Adverse Pregnancy Outcome?

2,276 live births (1,571 non-deployers, 705 deployers)

Slide courtesy of Dr. Jodie Katon
Potential Explanatory Mechanisms

- **Biologic**
  (e.g., HPA-axis, inflammation)

- **Mental health**
  (e.g., PTSD, depression, anxiety)

- **Adverse pregnancy outcomes**
  (e.g., low birth weight/preterm birth)

- **Behaviors**
  (e.g., smoking, drinking)

- **Environmental**
  (e.g., burn pits, chemical exposures)

Deployment

Slide courtesy of Dr. Jodie Katon
Healthy Soldiers

- Education
- Income
- Physical fitness
- Healthcare
- Social support

Wounded Warriors

- Childhood abuse or trauma
- Behavioral risk factors
- Mental health conditions
- Military specific exposures

African American women overrepresented in military and women Veterans
Veterans are on average older than non-Veterans


Slide courtesy of Dr. Jodie Katon
Women Veterans who use VA Maternity Care are a Select Population

1. Pregnant Veterans (using and not using VA)
2. Pregnant Veterans using VA
3. Pregnant Veterans using VA maternity care
VA Maternity Benefits

Prenatal, labor and delivery, postpartum care
Nearly all purchased from non-VA community providers

PTSD, Preterm Birth, and Pregnancy Complications

Spontaneous Preterm Births by PTSD Status

Cohort of 16,000 Deliveries Covered by VA Maternity Care

- 19% had prior PTSD diagnosis
- Active PTSD increased risk of preterm birth, in adjusted models, aOR 1.35 (p < 0.001)
- Antenatal complications and length of stay also elevated in PTSD-affected pregnancies

* Diagnosis present in 365d antepartum
† Older Diagnosis, not present in 365d antepartum
VA Maternity Benefit Users and Pregnancy Complications

Slide courtesy of Dr. Jodie Katon

*SIR = standardized incidence ratio, standardized by age, year, & race/ethnicity

Target Population – Key Questions

• Are women Veterans using VA maternity care a high risk “vulnerable” population?

• Are quality and outcomes of VA maternity care similar to national averages?
Translating Research into Policy, Programs and Practice
Transitions for a High Risk Population

Pregnancy
- VA Care
- Preconception Care
- Prescribing Safe Care

Co-Morbid Conditions
- VA Care
- Ob Care in the Community
- VA Care Coordination

Postpartum
- Care Completion in the Community
- Ob Record Transfer
- VA Care/Follow-Up

PCP
VA Maternity Care

• First national policy for VA Maternity Care

• Maternity Care Coordinators (MCC)
  – At each VA Medical Center
  – Facilitate communication with community providers and VA providers
  – Provide support and education
  – Screen for post-partum needs

• MCC Community of Support
  – VA maternity care coordinators and reproductive health subject matter experts to share best practices system wide

• MCC Implementation Center
  – Telephone Care Program
• Clinical reminders specific to pregnancy

• Note templates designed to support the collection of pregnancy related data

• Gathering and storage of maternity data which includes key reproductive health data elements
Conclusion
Direct Questions/Comments To

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