



## ***March of Dimes Position Statement***

### **MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY**

In the United States, women are tragically dying or suffering serious consequences from pregnancy-related causes. Despite many countries around the world successfully reducing their maternal mortality rates since the 1990s, the U.S. rate is still higher than most other high-income countries,<sup>1</sup> and the U.S. maternal mortality rate has increased over the last few decades.<sup>2</sup> A significant racial and ethnic disparity in maternal mortality exists in the U.S., with black women being three to four times more likely to die from pregnancy-related causes compared to white women.<sup>3,4</sup> Maternal mortality is also significantly higher in rural areas, where obstetrical providers may not be available,<sup>5</sup> and delivery in rural hospitals is associated with higher rates of postpartum hemorrhage.<sup>6</sup>

Approximately 700 women die each year in the U.S. as a result of pregnancy or pregnancy-related complications.<sup>7</sup> The Centers for Disease Control and Prevention (CDC) estimates that up to 60% of these deaths are preventable.<sup>8,9</sup> For every maternal death, there are about 100 episodes of severe maternal morbidity (SMM) affecting more than 50,000 women in the United States every year.<sup>10</sup> March of Dimes strongly supports policies and programs to prevent severe maternal morbidity and maternal mortality and address the higher rate of maternal mortality among black women in the U.S.

According to the CDC, pregnancy-related deaths are those that occur during pregnancy or within the following year due to pregnancy complications, because of a chain of events initiated by pregnancy, or because of an unrelated condition that was aggravated by pregnancy.<sup>11</sup> Severe maternal morbidity includes unexpected outcomes of labor and delivery that result in significant short or longer term consequences to a woman's health.<sup>12</sup>

Causes of maternal deaths include cardiovascular conditions, hypertensive disorders of pregnancy (preeclampsia/eclampsia), infection, hemorrhage, suicide and drug overdose. Identifying and treating medical conditions before, during and after pregnancy is essential to preventing maternal morbidity and maternal mortality, as part of the continuum of care for all women of childbearing age. This requires a commitment to high-quality clinical care and enhanced maternal quality improvement and safety initiatives in hospitals, particularly those that address disparities, structural barriers to care, differential care experienced by women of color, and provider implicit racial bias.<sup>13</sup>

March of Dimes supports efforts to eliminate preventable maternal mortality and SMM and the unacceptably large disparities in rates experienced by black women. To achieve this, March of Dimes:

- Supports efforts to improve ways to collect data on maternal mortality and SMM, research into their causes and prevention, and promotion of proven ways to keep all mothers healthy.



- Supports efforts to ensure that all women have quality, affordable health insurance and health care to include but not limited to post-partum depression screening, mental health treatment, substance use treatment, affordable contraception, including long acting reversible contraception (LARCs), and access to health care providers who understand and meet their health needs before, during and after pregnancy.
- Supports improving the social and economic conditions and quality of health care at all stages of a woman's life.
- Supports ensuring access to inpatient obstetrical facilities and qualified obstetrical providers in rural settings.
- Supports state perinatal quality collaboratives working with hospitals to identify and review cases of SMM and implement hospital based quality improvement initiatives to improve care and promote patient safety.
- Encourages every state to have a maternal mortality review committee that investigates each death of a pregnant woman or new mother to understand causes and recommend interventions for the future.
- Encourages acceleration of policies and programs shown to provide preventive and supportive care for women during pregnancy, including group prenatal care.

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### **References**

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- <sup>1</sup> WHO. Trends in Maternal Mortality 1990-2015. Available at: <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>
  - <sup>2</sup> CDC. Pregnancy Mortality Surveillance System. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>
  - <sup>3</sup> Creanga AA, Berg CJ, Syverson C, Seed K, Bruce FC, Callaghan WM. Pregnancy-related mortality in the United States, 2006-2010. *Obstet Gynecol* 2015;125(1):5-12.
  - <sup>4</sup> Callaghan WM. Overview of maternal mortality in the United States. *Semin Perinatol* 2012;36(1):2-6.
  - <sup>5</sup> Faron, Dina. Maternal Health Care is disappearing in rural America. *Scientific American*, February 15, 2017.
  - <sup>6</sup> Kozhimannil KB, Thao V, Hung P, Tilden E, Caughey AB, Snowden JM. Association between hospital birth volume and maternal morbidity among low-risk pregnancies in rural, urban, and teaching hospitals in the United States. *Am J Perinatol* 2016 May;33(6):590-9.
  - <sup>7</sup> MMRIA. Report from Nine Maternal Mortality Review Committees. February 2018. Available at: <https://www.cdcfoundation.org/building-us-capacity-review-and-prevent-maternal-deaths>
  - <sup>8</sup> Berg CJ, Harper MA, Atkinson SM, et al. Preventability of pregnancy-related deaths: results of a state-wide review. *Obstet Gynecol* 2005;106(6):1228-1234.
  - <sup>9</sup> MMRIA. Report from Nine Maternal Mortality Review Committees. February 2018. Available at: <https://www.cdcfoundation.org/building-us-capacity-review-and-prevent-maternal-deaths>
  - <sup>10</sup> CDC. Severe Maternal Morbidity in the United States. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>
  - <sup>11</sup> CDC. Pregnancy Mortality Surveillance System. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>
  - <sup>12</sup> CDC. Severe Maternal Morbidity in the United States. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>
  - <sup>13</sup> Jain JA, Temming LA, D'Alton ME, et al. SMFM Special Report: Putting the "M" back in MFM: Reducing racial and ethnic disparities in maternal morbidity and mortality: A call to action. *Am J Obstet Gynecol* 2018;218(2):B9-B17.