

**HEALTHY
MOMS.
STRONG
BABIES.**

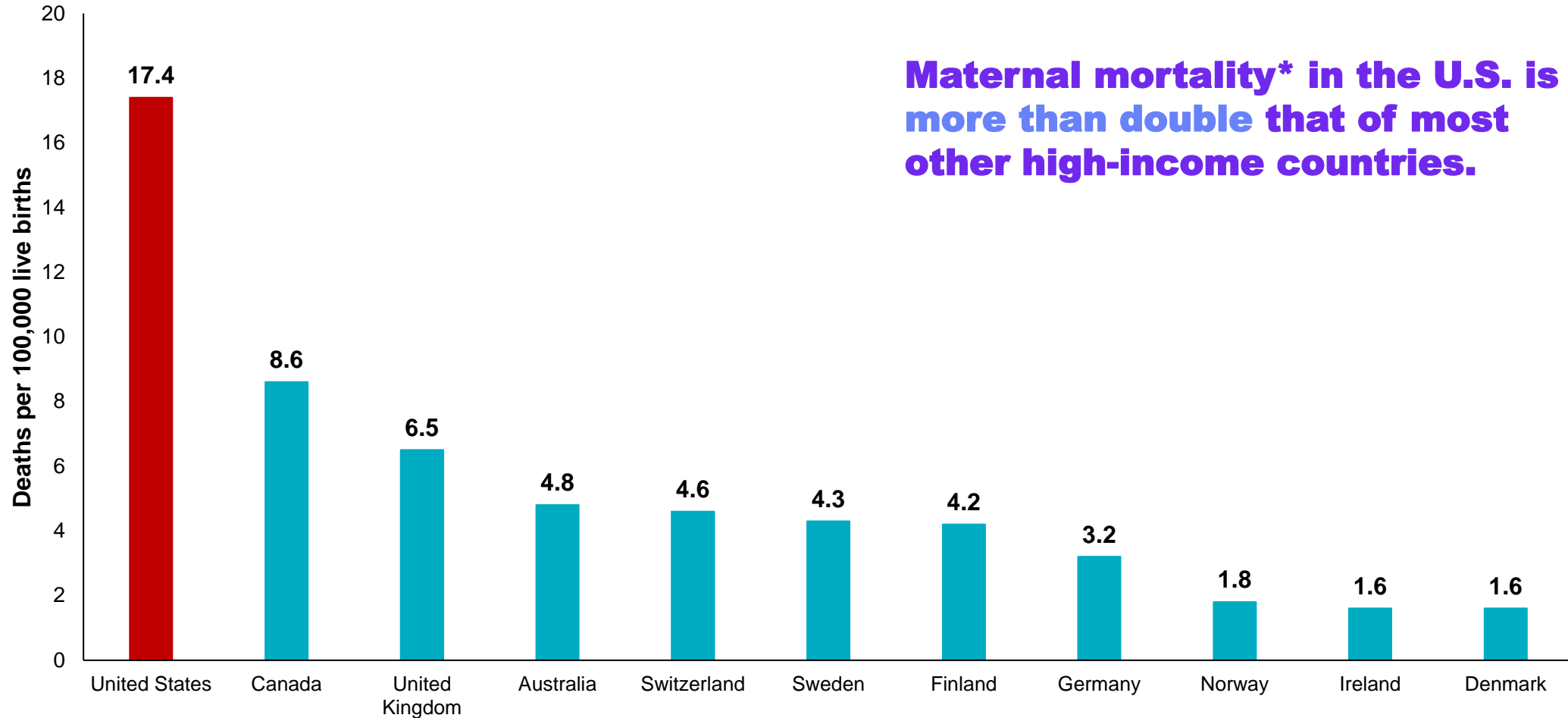


MATERNAL MORBIDITY AND MORTALITY IN FLORIDA

December 10, 2021

Florida Perinatal Mental Health Conference

MATERNAL MORTALITY IN SELECTED COUNTRIES

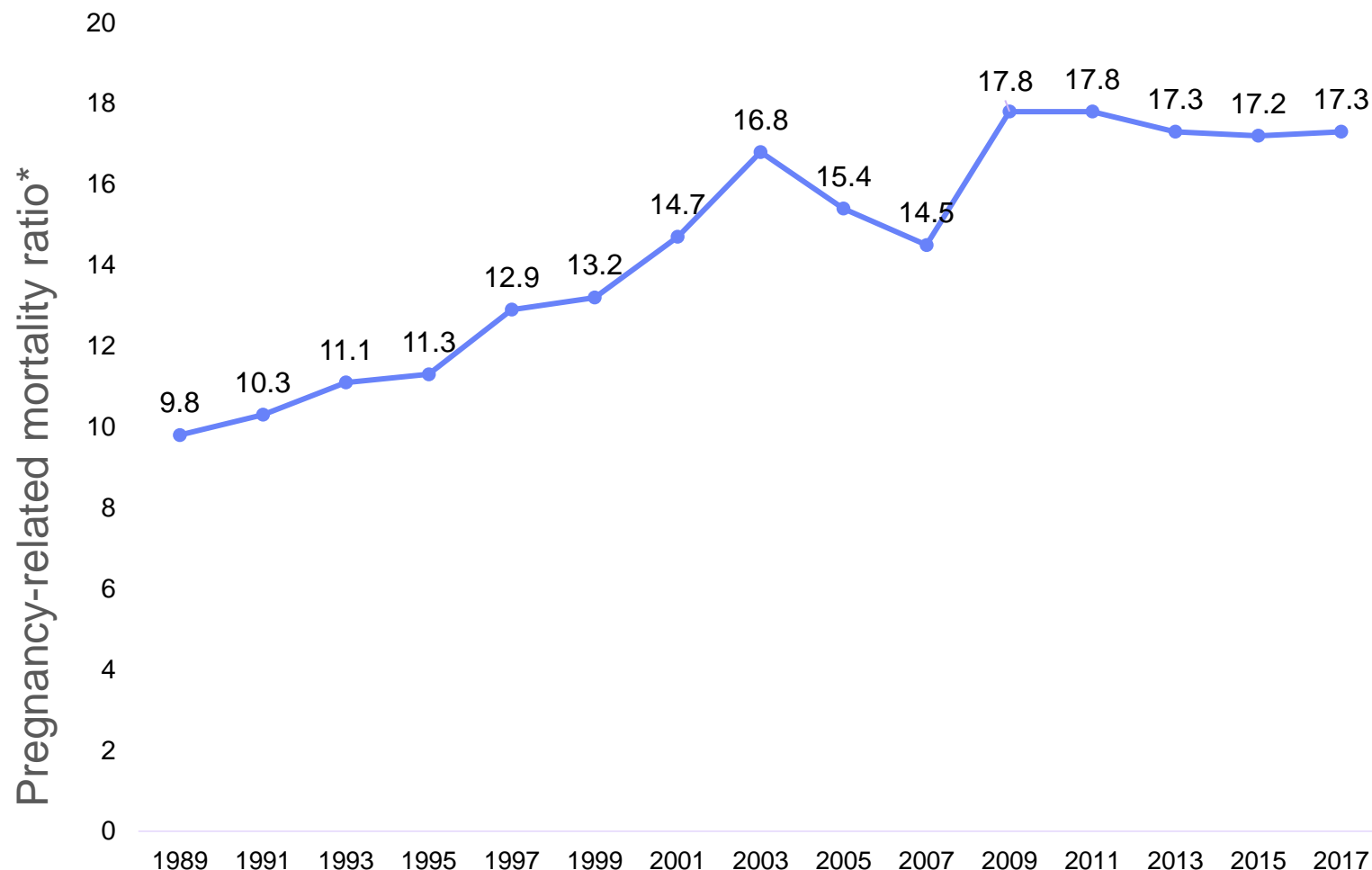


Maternal mortality* in the U.S. is more than double that of most other high-income countries.

*Maternal mortality is the death of a woman while pregnant or within 42 days of termination of pregnancy, excluding those from accidental/incidental causes. (<https://www.cdc.gov/nchs/maternal-mortality/evaluation.htm>)

TRENDS IN PREGNANCY-RELATED DEATH

Pregnancy-related death has more than doubled over the past 25 years.**



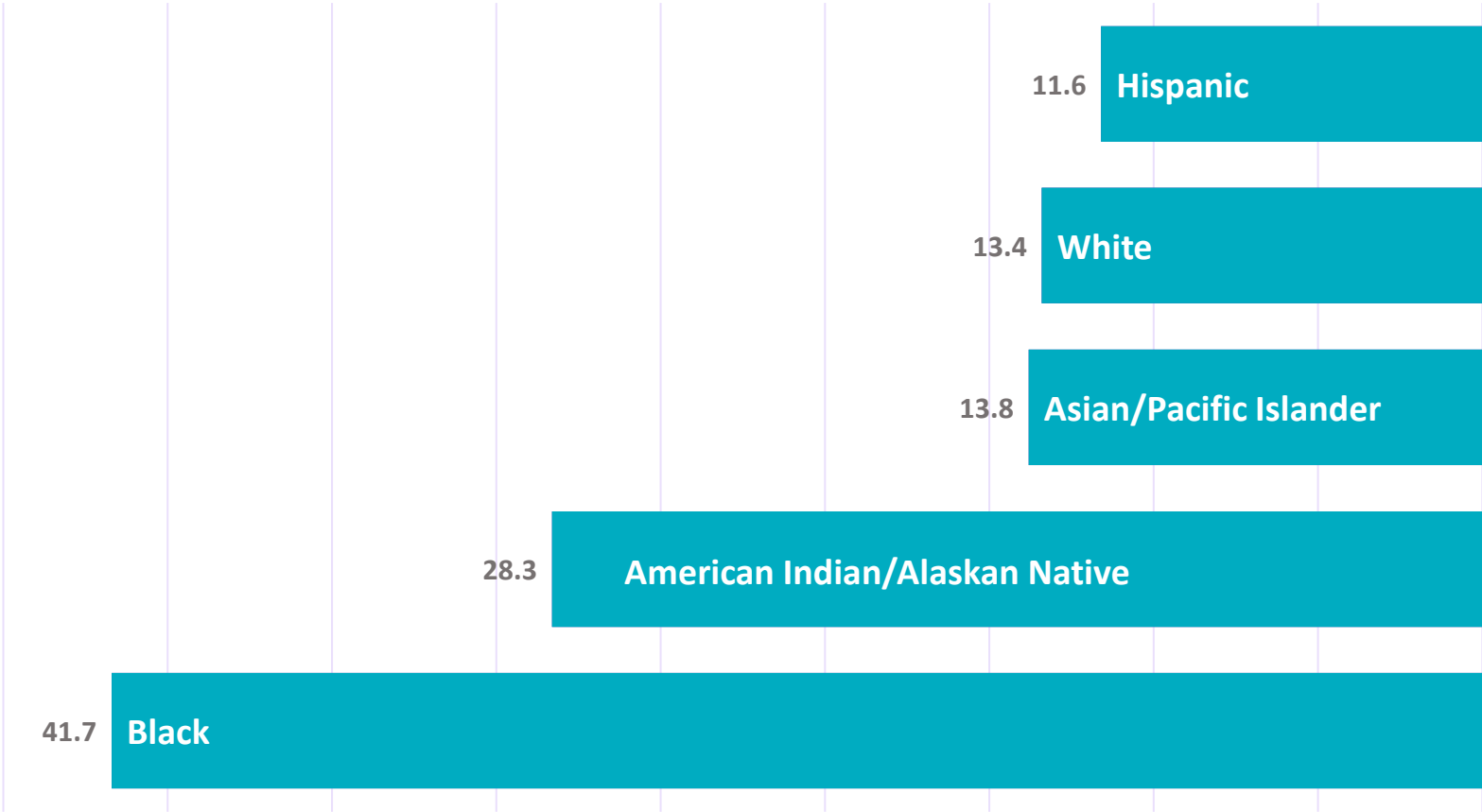
*Pregnancy-related mortality ratio is the number of pregnancy-related deaths per 100,000 live births.

OVERVIEW

- About 700 U.S. women die each year from pregnancy-related complications,¹ and an additional 50,000 women experience a life-threatening complication (sometimes called a “near-miss” or severe maternal morbidity).²
- About 60% (3 in 5) of pregnancy-related deaths are preventable.¹
- Leading causes of death include cardiovascular conditions (heart disease and stroke), infections, hemorrhage and mental health/substance use (among white women).³
- About 1/3 of deaths (31%) occur during pregnancy, another 1/3 (36%) occur at delivery or in the week after, and another 1/3 (33%) occur 1 week to 1 year postpartum.¹

DISPARITIES IN PREGNANCY-RELATED DEATH, 2014-2017

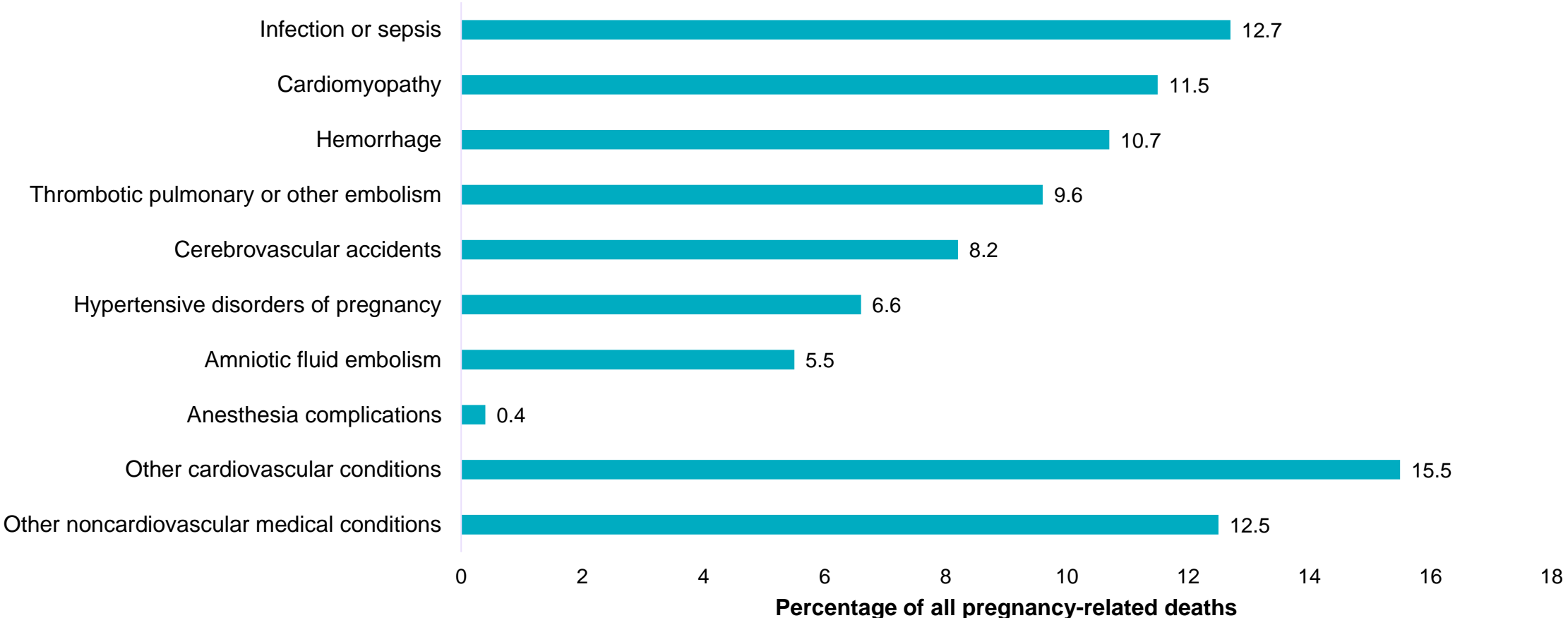
Non-Hispanic black women have maternal* death rates **three times higher** than Non-Hispanic white women.



Pregnancy-related mortality by race, U.S.

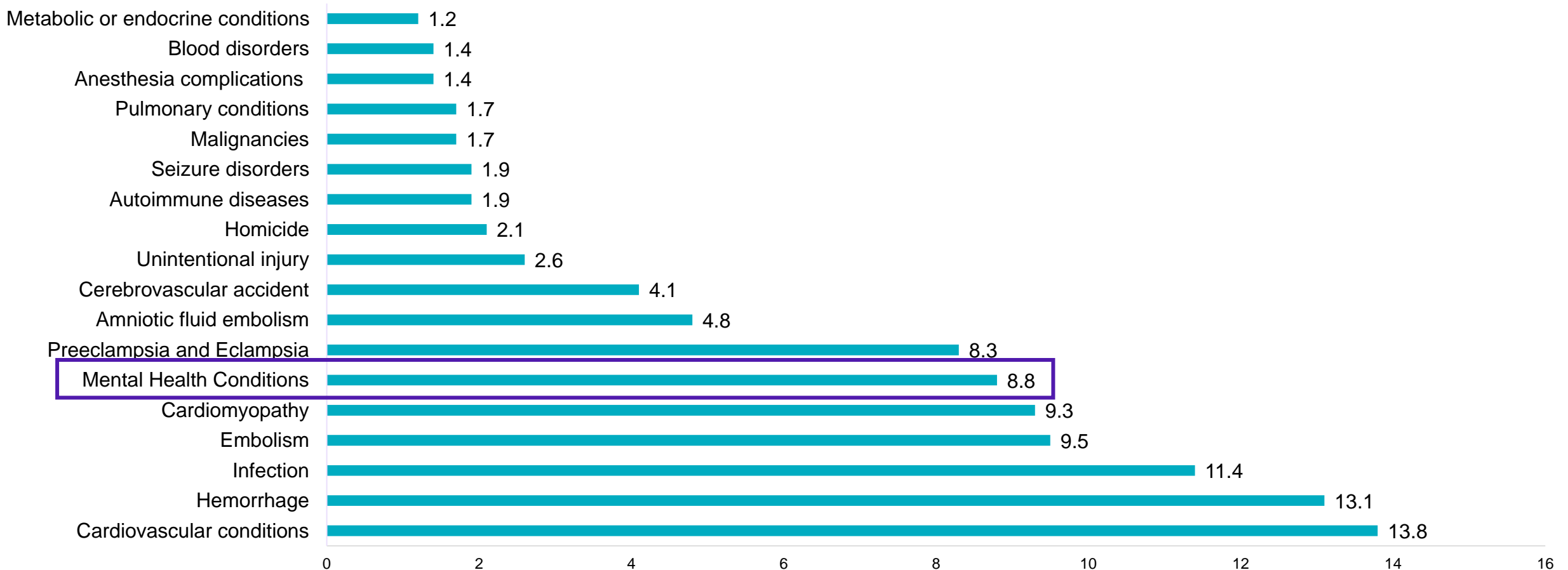
*Pregnancy-related mortality ratio is the number of pregnancy-related deaths per 100,000 live births. A pregnancy-related death is the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.
Source: CDC, Pregnancy Mortality Surveillance System 2014-2017 (<https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm#causes>)
Prepared by March of Dimes Perinatal Data Center, December 2020.

IMMEDIATE CAUSES OF PREGNANCY-RELATED DEATHS, U.S., 2014-2017



Note: The cause of death is unknown for 6.7% of all pregnancy-related deaths

LEADING UNDERLYING CAUSES OF PREGNANCY-RELATED DEATH, 14 MATERNAL MORTALITY REVIEW COMMITTEES, 2008-2017



Note: The cause of death is unknown for 7.5% of all pregnancy-related deaths

Percentage of all pregnancy-related deaths

FACTORS THAT CONTRIBUTE TO MATERNAL DEATH AND MORBIDITY

MOST FREQUENTLY MENTIONED IN LITERATURE, INCLUDING MMRC REPORTS

Contributing factors^{1,2}

1. Access to quality healthcare, especially to optimally diagnose and manage chronic health conditions before, during and after pregnancy.
2. Poor quality and differential care received by women of color, even after acquiring access to healthcare.
3. Hospital/provider factors: limited experience with OB emergencies; lack of appropriate personnel/services; missed/delayed diagnosis; lack of continuity of care.
4. Maternal mental health and substance use, including opioids as a cause of pregnancy-related death.
5. Social determinants of health – cumulative effects of stress.

SEVERE MATERNAL MORBIDITY-BASIC FACTS

Definition

- According to the CDC, severe maternal morbidity (SMM) includes “unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health.”¹
- SMM has been steadily increasing in recent years and affected approximately 50,000 women in the U.S. in 2014.¹
- In 2017, there were over 25,000 hospital deliveries with a SMM (not including those who only received a blood transfusion).²

How is SMM measured/identified in the United States?

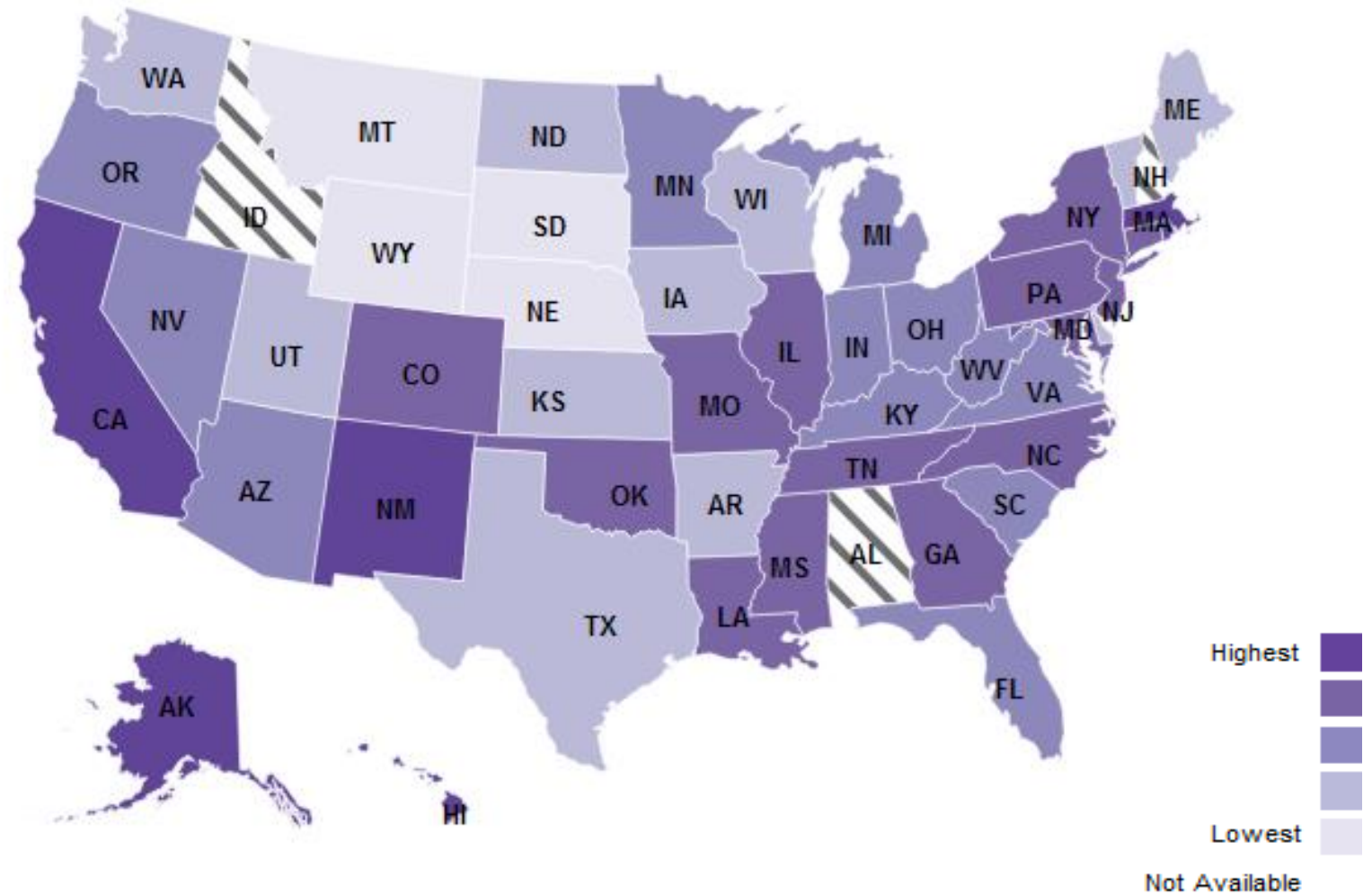
- SMM is identified through at least one of 21 maternal morbidity indicators defined by the CDC.¹
- Maternal morbidity indicators are identified through the 10th revision of the International Classification of Diseases (ICD-10) diagnosis and procedure codes.¹

SEVERE MATERNAL MORBIDITY IN THE U.S., 2017

In 2017, the severe maternal morbidity rate in the U.S. was **70.9 per 10,000 delivery hospitalizations.**

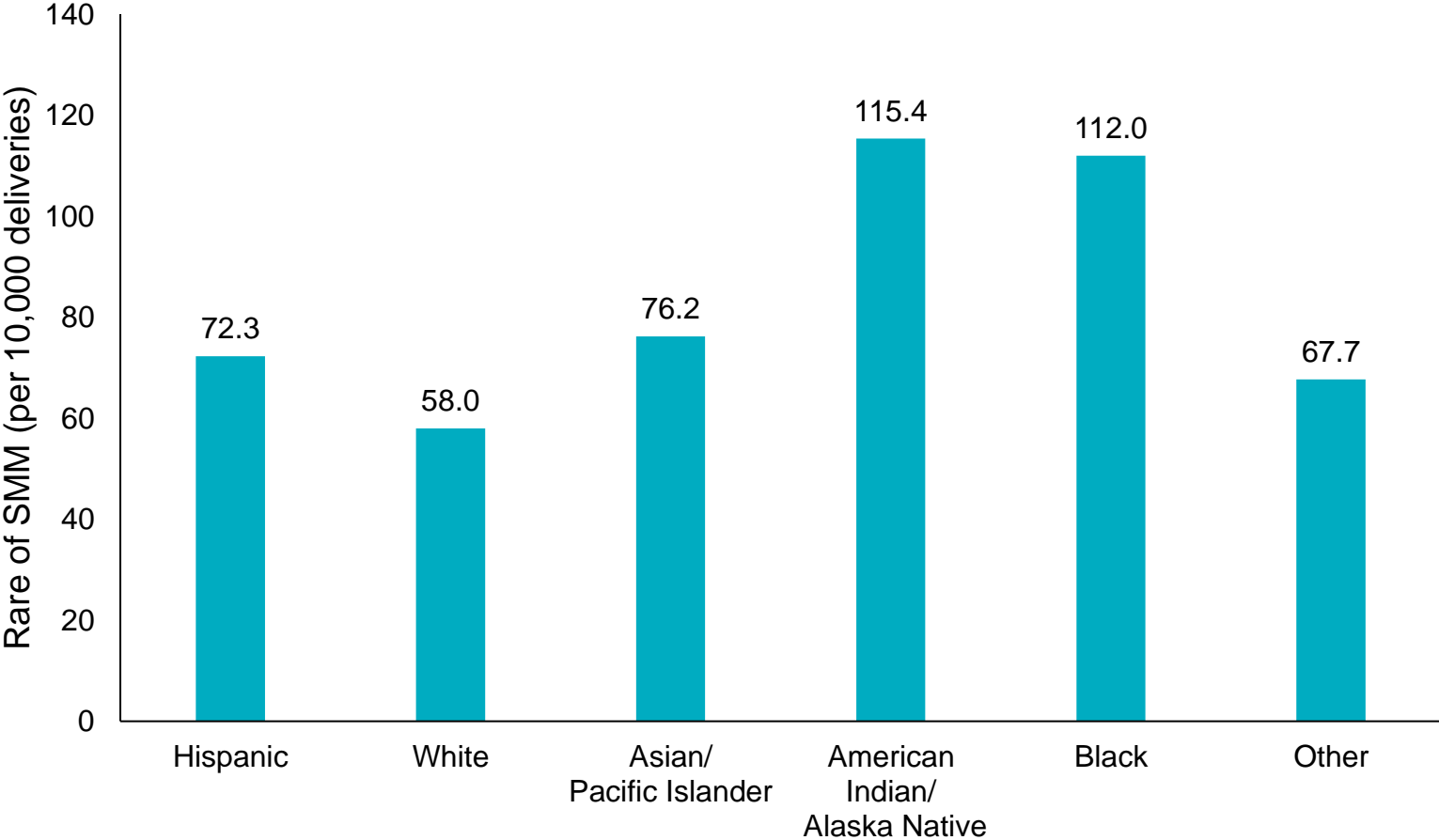
Alaska has the highest severe maternal morbidity rate.

Montana has the lowest severe maternal morbidity rate.



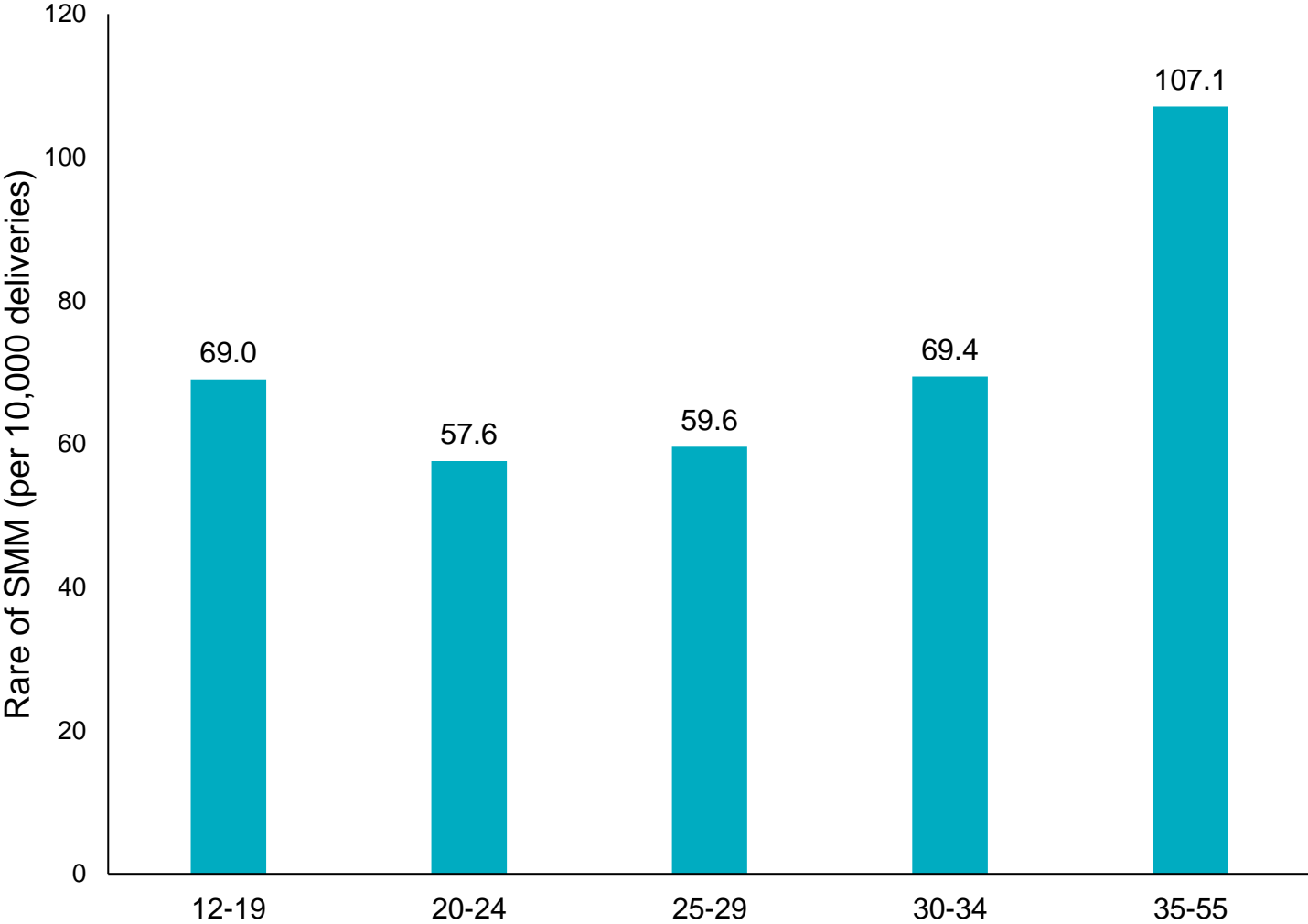
SEVERE MATERNAL MORBIDITY BY RACE/ETHNICITY, 2017

Rates among Black and American Indian/Alaska Native women are almost twice as high as the rate among white women.



SEVERE MATERNAL MORBIDITY BY AGE, 2017

Women 35 and older have a higher rate of SMM compared to younger women.



2021 MARCH OF DIMES REPORT CARD

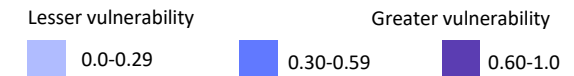
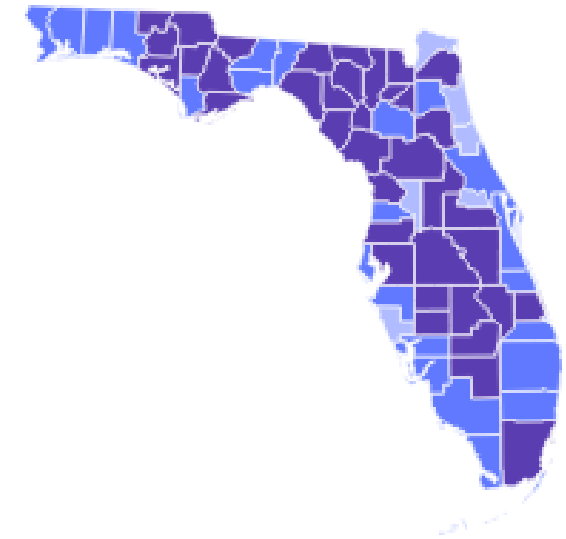
SOCIAL VULNERABILITY INDEX

Where you live matters.

March of Dimes is offering the opportunity to examine social determinants of health at the county level using the Social Vulnerability Index (SVI). Socially vulnerable populations are at greater risk of experiencing poor health outcomes during a public health emergency. The same factors used in the index also contribute to poor maternal and infant health outcomes, including poor access to maternity care. The differences in counties are measured using 15 social factors, grouped into four areas including: socioeconomic status; household composition and disability; minority

status and language; housing type and transportation. Each aspect of the index uses physical or social factors that help to estimate where poor health outcomes may be more prevalent.

The overall SVI for each county represents the amount of vulnerability relative to other counties in the state. The SVI measure is always a number between 0 and 1. A lower SVI indicates lesser vulnerability and a higher SVI indicates greater vulnerability.



WESTERN COASTAL FLORIDA COMMON AGENDA

Results Statement

All people are healthy before, during and after pregnancy and if they give birth, they have healthy outcomes.

What we will measure

% of live births born preterm

Maternal Obesity

Inter-conception rates

Repeat Pregnancy ages 15-19

Overarching Strategies

Disrupt Lifelong Economic Insecurity

Increase access to high quality healthcare

Solution 1

FOOD ACCESS/AFFORDABILITY
Grant-provided Walmart + memberships to promote food security and reduce negative birth outcomes related to nutrition for birthing people and families who are SNAP benefit recipients and live in specified Low Income Low Access (LILA) areas in Western Coastal Florida.

Solution 1

INTER-CONCEPTION HEALTH
Florida Medicaid Extension Toolkit

- Preconception, pregnancy & postpartum focus
- Primary, dental, & mental health focus
- college student engagement
- MOD internal marketing/branding for nationwide template

Solution 2

INTER-CONCEPTION HEALTH
Healthy Start Community Doula Program

- convene payers for reimbursement plan
- support legislative efforts
- support statewide doula training, expanded to 14 other Healthy Start coalitions
- support training manual with MOD educational info

Solution 3
IMPLICIT BIAS TRAINING
Train maternity care providers

Solution 4
SUPPORTIVE PREGNANCY CARE
Expand sites in market