MATERNAL MORTALITY IN THE UNITED STATES: DATA, TRENDS AND STATE POLICY OPTIONS

Khanh Nguyen
Senior Policy Specialist
NCSL Health Program

SEPTEMBER 9, 2020
AGENDA

- Definitions
- Recent data
- State legislative policy trends and examples
- Resources
DEFINITIONS

- Pregnancy-associated deaths are deaths of women during pregnancy or within one year of the end of pregnancy, regardless of the cause. All deaths in the timeframe are included.

- Pregnancy-related deaths are deaths of women while pregnant or within one year of the end of pregnancy—regardless of the outcome, duration or site of the pregnancy—from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

- Maternal deaths include deaths of women while pregnant or within 42 days of the end of pregnancy—regardless of the duration and the site of the pregnancy—from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

- Maternal mortality rate is the number of deaths per 100,000 live births.
At least 700 women die every year in the U.S. as a result of pregnancy or its complications.

The U.S. maternal mortality rate (MMR) is approximately 17 per 100,000 live births.

About three out of five pregnancy-related deaths are preventable.

Sources: CDC and Vital Signs
CLINICAL CAUSES OF PREGNANCY-RELATED DEATH IN THE US: 2011-2016 (PERCENTAGE)

Source: CDC
Data confirms significantly higher pregnancy-related mortality ratios among Black and American Indian/Alaskan Native women. These gaps did not change over time.

Source: CDC
DISPARITIES BY AGE AND EDUCATION LEVEL

Source: CDC
FEDERAL ACTION

- Passed
  - **H.R.1318** (2018) - Preventing Maternal Deaths Act of 2018
  - **H.R.315** (2018) - Improving Access to Maternity Care Act

- Introduced
  - **H.R.1551** (2019) - Quality Care for Moms and Babies Act
  - **H.R.4215** (2019) - Excellence in Maternal Health Act of 2019
  - **H.R.6143** (2020) - Moms MATTER Act of 2020
STATE LEGISLATIVE TRENDS AND EXAMPLES

- Maternal mortality review committees (MMRCs)
- Quality review committees and collaboratives
- Doula coverage
- Postpartum Medicaid coverage
- Targeted policies to reduce Black maternal mortality rates
MATERNAL MORTALITY REVIEW COMMITTEES

- **Arkansas H 1440 (2019)** - Establishes a maternal mortality review committee in the state to decrease the amount of maternal deaths in the state.


- **Vermont H 572 (2020)** – Revises provisions of the Maternal Mortality Review Panel related to membership, reciprocal agreements, access to information, and consideration of health disparities and social determinants of health, including race and ethnicity, in maternal death reviews.
Arkansas H 1441 (2019) – Establishes a maternal and perinatal outcomes quality review committee in the State to improve maternal and perinatal outcomes. Beginning in 2020, the committee will disseminate findings and recommendations to policy makers, healthcare providers, healthcare facilities, and the general public annually.

Delaware S 201 (2020) – Creates the Delaware Perinatal Quality Collaborative to improve pregnancy outcomes for women and newborns and such issues as obstetrical blood loss management, pregnant women with substance use disorder, infants impacted by neonatal abstinence syndrome, and advancing evidence-based clinical practices and processes through quality care review, audit, and continuous quality improvement.
DOULA COVERAGE

- Indiana S 416 (2019) - Provides that Medicaid pregnancy services may include reimbursement for doula services.
- New Jersey S 1784 (2019) - Provides Medicaid coverage for doula care.
- Washington H 1109 (2019) - Adds budget item in budget bill for reimbursement for maternity services provided by doulas.
Delaware SCR 66 (2020) – Requests that the Division of Medicaid and Medical Assistance study the extension of Medicaid coverage through the first year postpartum, relates to insurance coverage being a critical factor in determining women’s access to affordable postpartum care and is a key strategy for reducing preventable maternal mortality and to close the disparity in the maternal mortality rate among black women and women of other races.

Georgia H 1114 (2020) – Provides for Medicaid coverage for lactation care and services and postpartum care and allows for the extension of Medicaid coverage for low-income mothers from two to six months postpartum.

Hawaii SR 11 (2020) – Requests that the Department of Human Services provide an estimate of the budget appropriation and legislative action necessary to fund an expansion of Med-Quest coverage to all post-partum women for a period of twelve months following childbirth.

Illinois S 1814 (2019) – Budget bill includes Medicaid coverage through 12 months postpartum.

Missouri H 1682 (2020) – Allows for pregnant women receiving mental health treatment for postpartum depression or related mental health conditions within 60 days of giving birth shall, subject to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for mental health services for the treatment of postpartum depression and related mental health conditions for up to 12 additional months.
STATE ACTION TO ADDRESS BLACK MATERNAL MORTALITY

- Alabama HR 20 (2020) – Recognizes Go Red for Women Day. Cites over 40% of Hispanic adult women and 57% of Black women have cardiovascular disease, and cites heart disease as the leading cause of maternal death.

- California S 464 (2019) - California Dignity in Pregnancy and Childbirth Act. Makes legislative findings relating to implicit bias and racial disparities in maternal mortality rates. Requires a hospital that provides perinatal care and alternative birth center or a primary clinic that provides service as an alternative birth center, to implement an implicit bias program for all health care providers involved in perinatal care of patients within those facilities.

- Georgia H 589 (2019) - Creates the House Study Committee on Maternal Mortality, provides the committee shall be composed of a specified number of members of the House of Representatives, a minimum of a certain number whom shall be African American female legislators, and a certain number of members of the Georgia Maternal Mortality Review Committee to be appointed by the Speaker of the House of Representatives.


- Maryland H 837 (2020) - Alters the purposes of the Cultural and Linguistic Health Care Professional Competency Program; requires the Program to establish and provide an evidence-based implicit bias training program for health care professionals involved in the perinatal care of patients on or before January 1, 2021.
Resources

NCSL Resources
- NCSL Policy Brief, Preventing Infant and Maternal Mortality: State Policy Options
- NCSL Legislative Database, Maternal and Child Health Database
- NCSL Legislative Database, Injury Prevention Database

Additional Resources
- The American College of Obstetricians and Gynecologists
- The Association of Maternal and Child Health Programs
- Review to Action – Resources for Maternal Mortality Review Committees
- The Maternal and Child Health Bureau - Maternal/Women's Health
Thank you!

Contact:
Khanh Nguyen, MSW, MPH
Senior Policy Specialist, Health Program
khanh.nguyen@ncsl.org | 303.856.1417
More than any other year, states will benefit from coming together to map the way forward.

Topics covered include COVID-19, the economy, systemic racism, high-stakes elections and many more.

For a year unlike any other, you need a plan unlike any other.

Registration will be limited to ensure everyone has a meaningful experience. Register here to reserve your spot.