

IMPROVE MATERNAL MORTALITY

RECOMMENDATION

The American Academy of Family Physicians (AAFP) urges legislators to support the *Preventing Maternal Deaths Act* ([HR 1318](#)) and the *Maternal Health Accountability Act* ([S. 1112](#)). In 2017, Reps. Jaime Herrera Butler (R-WA), Dianna DeGette (D-CO), Sens. Heidi Heitcamp (D-ND), and Shelly Moore Capito (R-WV) introduced these bills to enhance data collection and improve our nation's understanding about the causes of pregnancy-related death. The AAFP supports these measures because they will expand state-based maternal mortality data collection, which will help inform policies to improve maternal and child health.

Background

The maternal mortality rate in the United States is one of the highest in the developed world. Over the past 15 years, U.S. maternal mortality rates have worsened increasing from 20.6 deaths per 100,000 live births in 2008-2009 to more than 25.4 deaths per 100,000 live births from 2000 to 2014.ⁱ This is a 23% increase. In the United Kingdom and Canada, the 2005 maternal mortality rates were 9 deaths per 100,000 live births and 7 deaths per 100,000 live births respectively.ⁱⁱ

An estimated 41% of maternal deaths are thought to be preventable because of contributing factors such as higher maternal age at first birth and underlying preventable chronic diseases such as obesity, hypertension, and diabetes. The death maternal rate increased by 90% among women over the age of 40.ⁱⁱⁱ Injuries, infectious diseases, and opioid use can also put women's lives at risk.^{iv} Maternal mortality is also an issue associated with socioeconomic status and health inequities. Vulnerable populations include women who are African-American, rural, and low-income. For example, the maternal mortality rate for African-American women is nearly four times higher than for women of other races. African-American women experience 43.5 deaths per 100,000 live births, as compared to 12 deaths per 100,000 live births for white women, and 14 deaths per 100,000 births for women of other races.^v

The statistics are cause for clear concern, but additional studies are needed and there needs to be consistent standards for how deaths are reported. The report published in the *Journal of Obstetrics and Gynecology*, which analyzed data from 27 states, indicated that variations in data collection should be considered.^{vi}

Preventing Maternal Deaths Act/Maternal Health Accountability Act

The *Preventing Maternal Deaths Act/Maternal Health Accountability Act* seek to expand state maternal mortality review committees (MMRC). In 33 states, MMRCs study local maternal death cases to identify strategies for how to make pregnancies safer and prevent tragic outcomes.

HR 1318 would codify the composition of an MMRC calling for it to be "multidisciplinary and diverse" and mandating that it include representatives from medical specialties providing care to pregnant and postpartum patients, including family physicians; nurses; representatives of the State maternal and child health department; social service providers or social workers; chief medical examiners; hospital or birth center facility representatives; patient advocates; and State public health officials.

The legislation will authorize \$7 million to support more local activities and to expand MMRC activities into all states. The following states do not have an MMRC: AL, AR, CT, DC, ID, IN, KS, KY, ME, NE, NV, ND, OR, PA, RI, SD, WY.^{vii}

The legislation would also should improve data collection activities by requiring states to adopt standardized birth and death certificates that allow for more data collection and submission to the Centers for Disease Control and Prevention. States may also establish regional MMRCs. The bills also encourage improved health disparities studies.

Maternal Health is Essential to Advanced Primary Care

Family physicians are poised to help address the maternal mortality crisis. Maternal and child care is a core discipline in family medicine, and in many rural areas, family physicians provide obstetric care. The scope of practice for family physicians in maternity and child care ranges from managing medical problems during pregnancy, prenatal care, or comprehensive care of low-risk pregnancy to comprehensive care of high-risk pregnancy, including performing cesarean deliveries.

The AAFP advocates that ALL family medicine residents receive basic maternal and child care training and that those residents who plan to practice the full scope of maternal and child care receive advanced training to include management of complications and surgical intervention.

The AAFP recognizes that there are health care disparities for women in rural areas and that in some rural areas these disparities include lack of access to maternal and child care. Women living in rural settings have higher uninsured rates, have a lower average income levels, and often rely on public insurance programs. Due to the distance and access barriers, rural women often must travel farther and have a lower frequency of care than their urban counterparts.

For more information, contact the American Academy of Family Physicians' Government Relations Department at 202-232-9033.

ⁱ MacDorman, M., Declercq, E., Cabral, H., Morton, C., "Is the United States Maternal Mortality Rate Increasing? Disentangling trends from measurement issues: Short title: U.S. Maternal Mortality Trends." Journal of Obstetrics and Gynecology. (September 2016.) Available at:

https://journals.lww.com/greenjournal/Fulltext/2017/05000/Trends_in_Maternal_Mortality_by_Sociodemographic.6.aspx

ⁱⁱ AMA. 2017;318(4):321. doi:10.1001/jama.2017.8390. Available at <https://jamanetwork.com/journals/jama/fullarticle/2645089>

ⁱⁱⁱ Journal of Obstetrics and Gynecology, 2016

^{iv} Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

^v Pregnancy Mortality Surveillance System. CDC.

^{vi} Journal of Obstetrics and Gynecology, 2016

^{vii} ibid