Pregnancy-Related Mortality

Data, Possible Solutions, and a Call for Action

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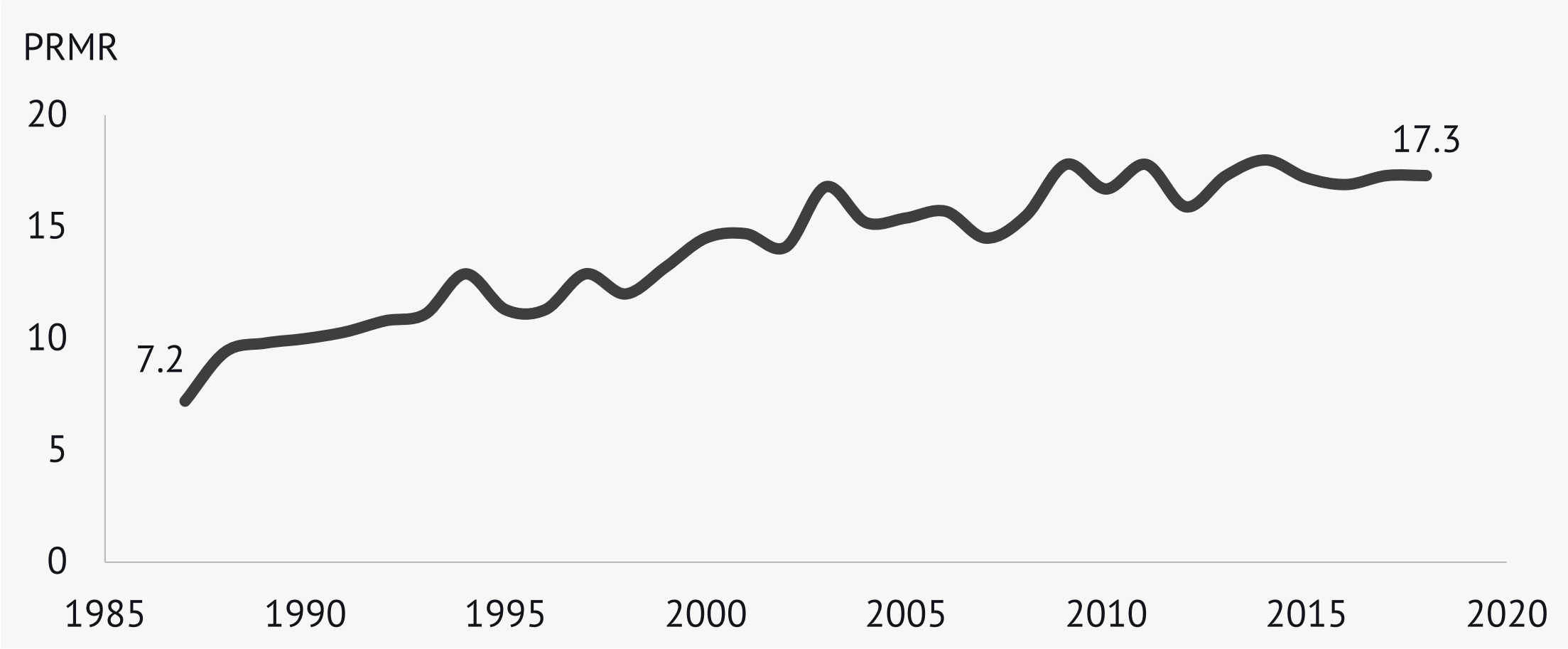
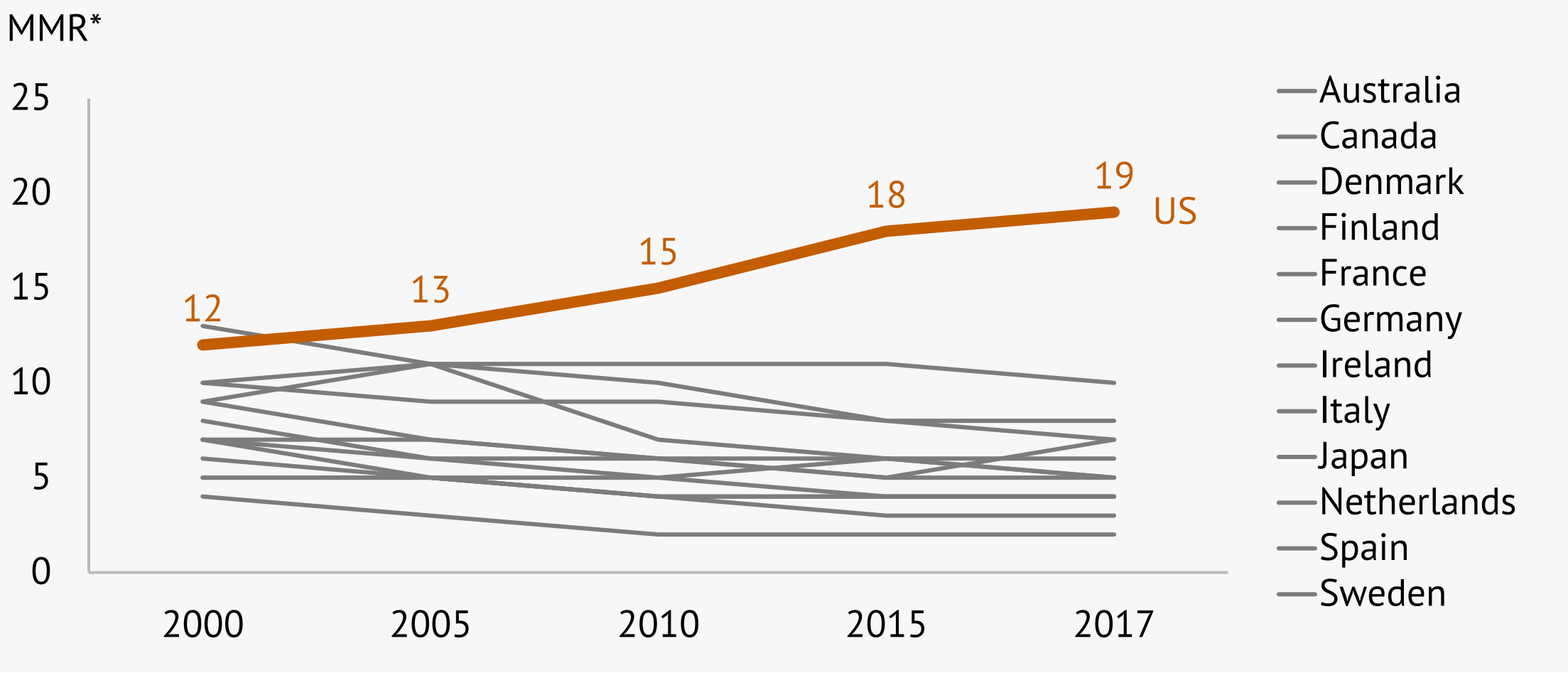
Maternal mortality is a problem in the United States.

Trends in the United States



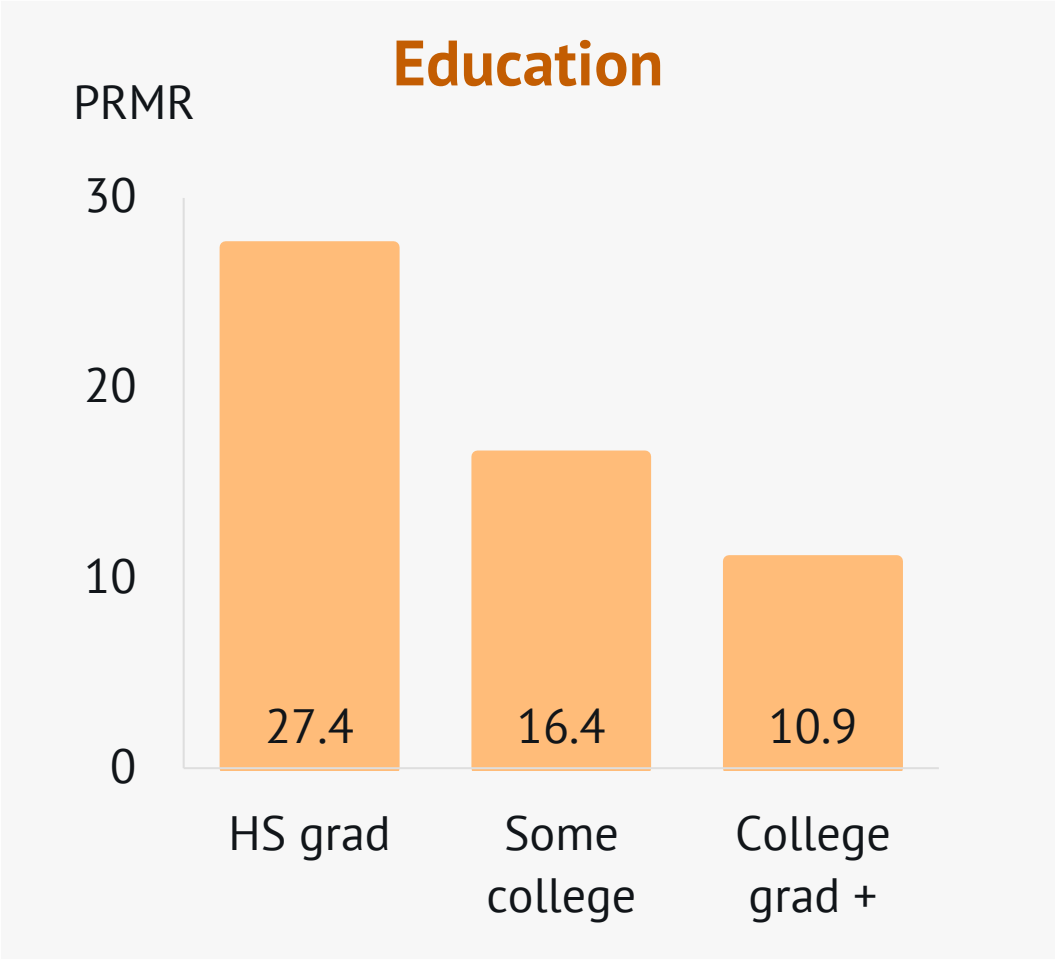
Source: Pregnancy Mortality Surveillance System

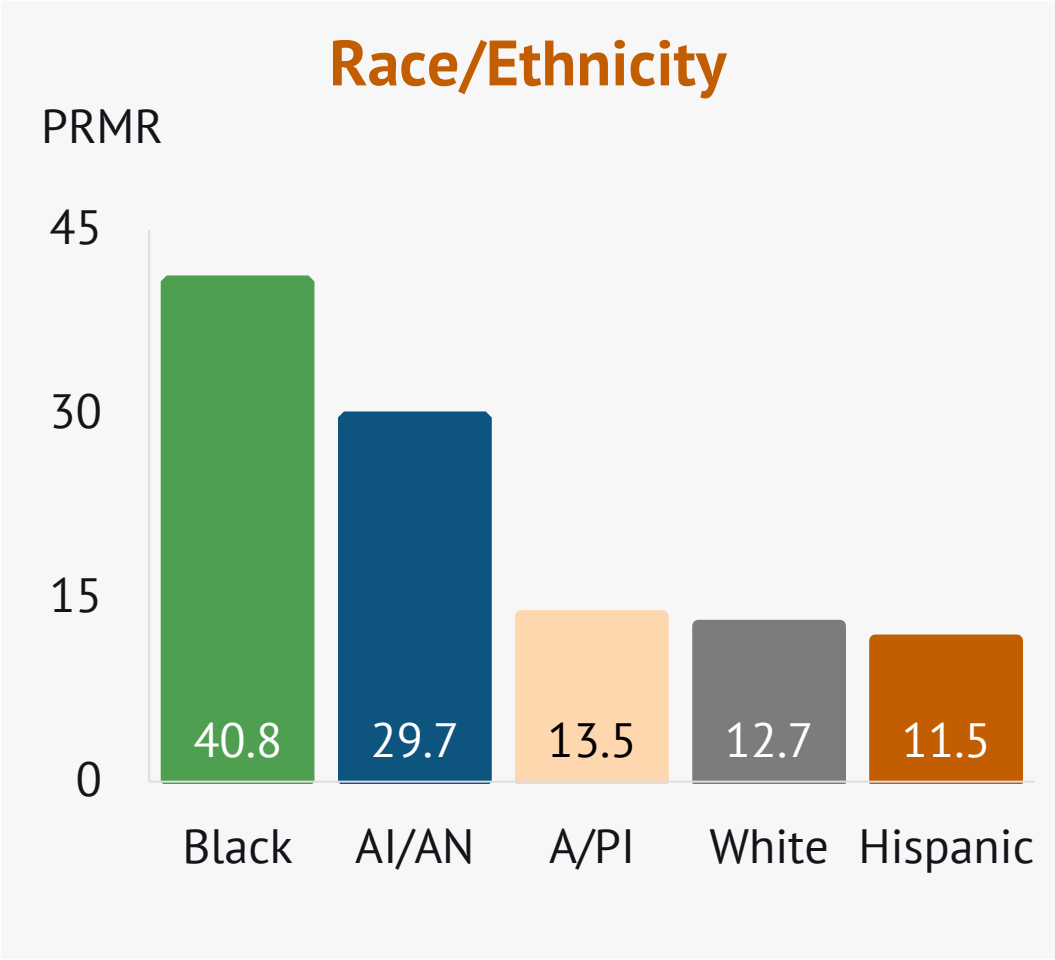
United States and Other Post-Industrial Countries



Source: WHO, 2020

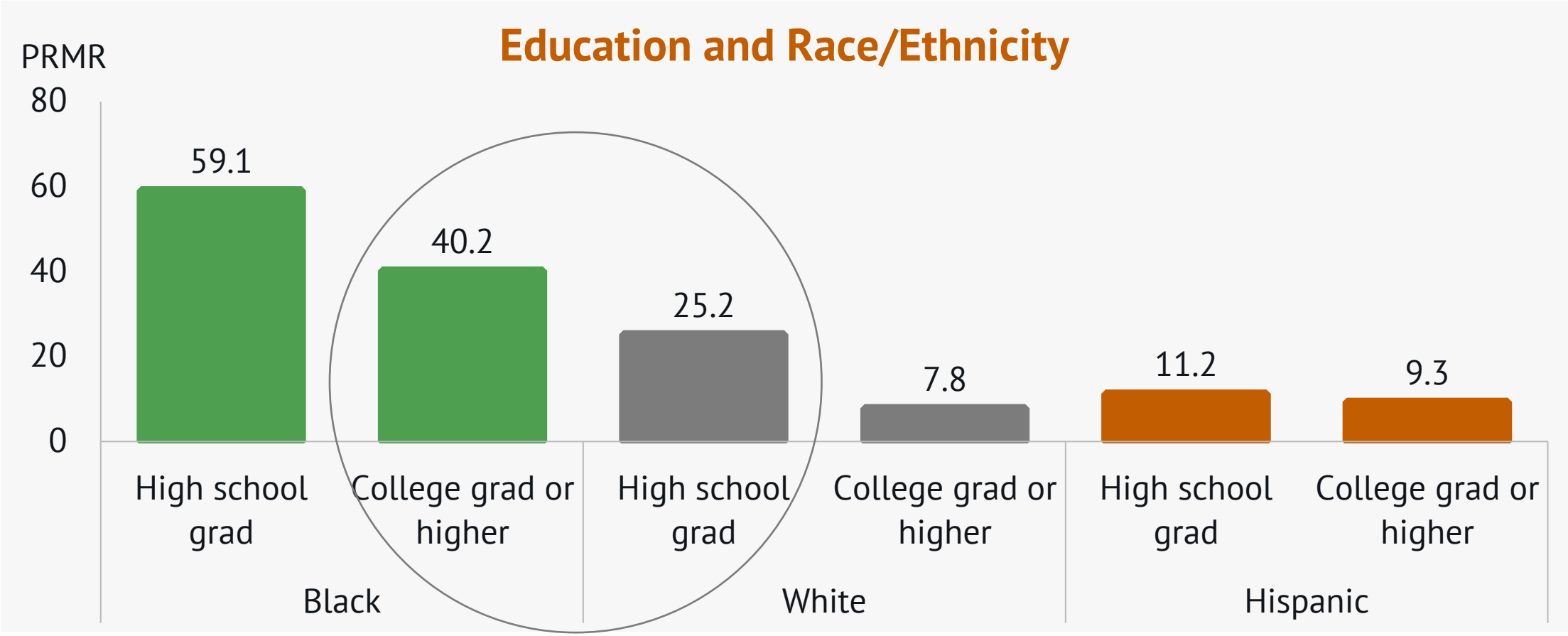
Disparities in the United States





Source: PMSS, 2007-2016, Petersen et al. (2019)

Disparities in the United States



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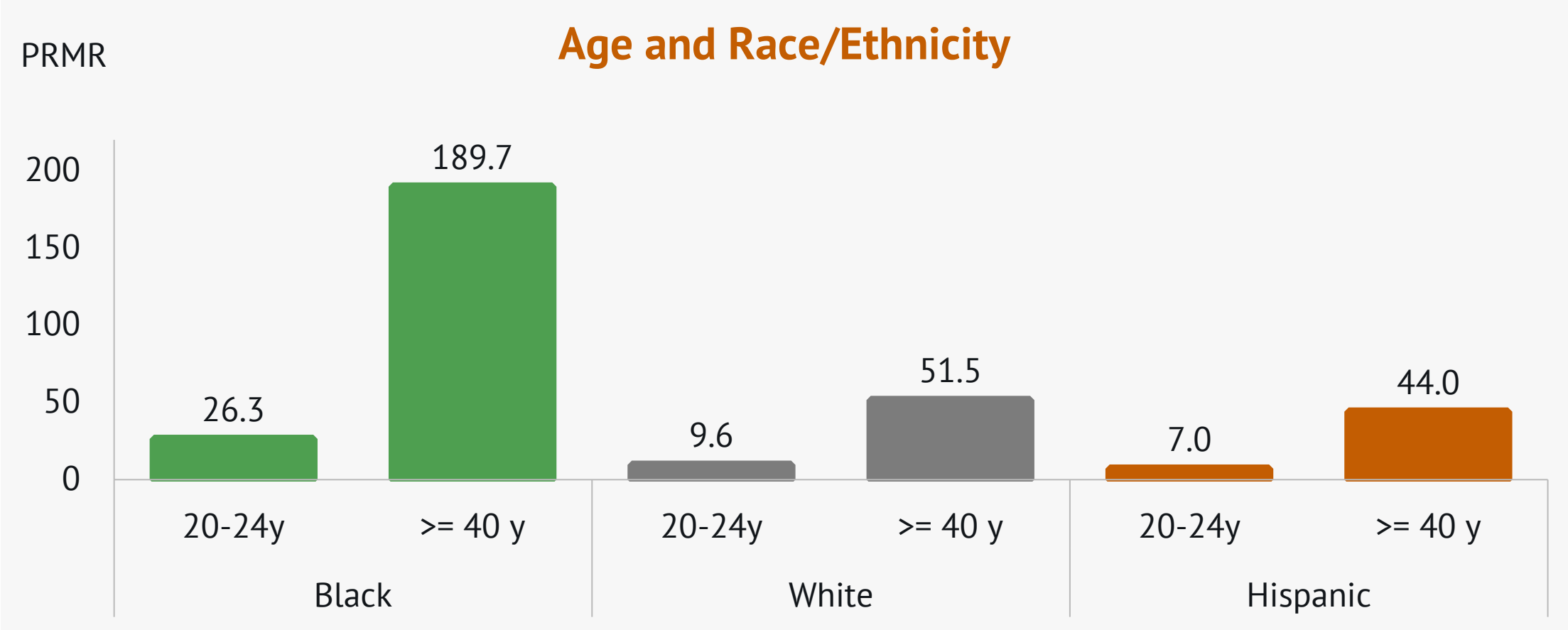

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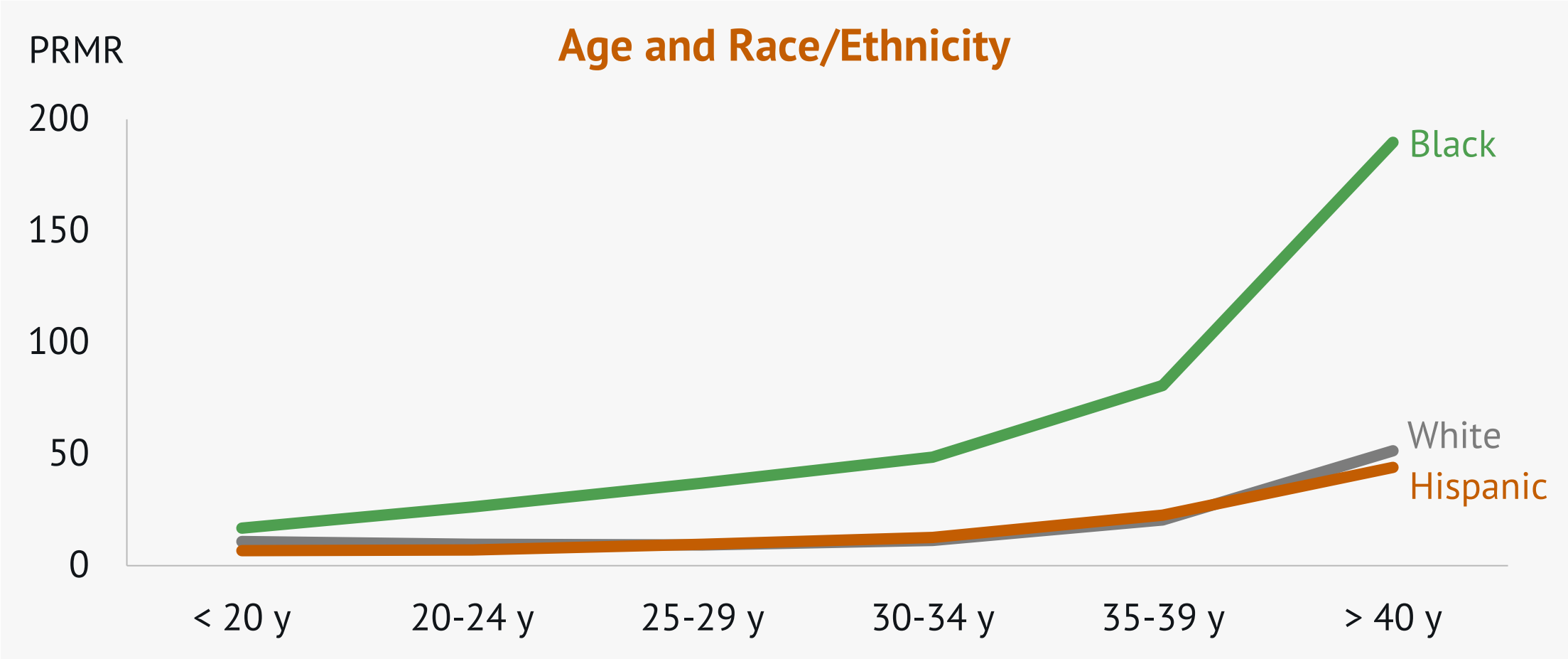


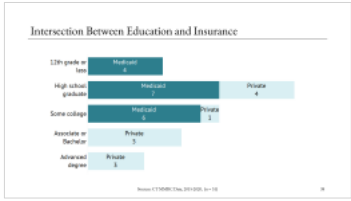
Source: PMSS, 2007-2016, Petersen et al. (2019)

Maternal mortality is also a problem in Connecticut.

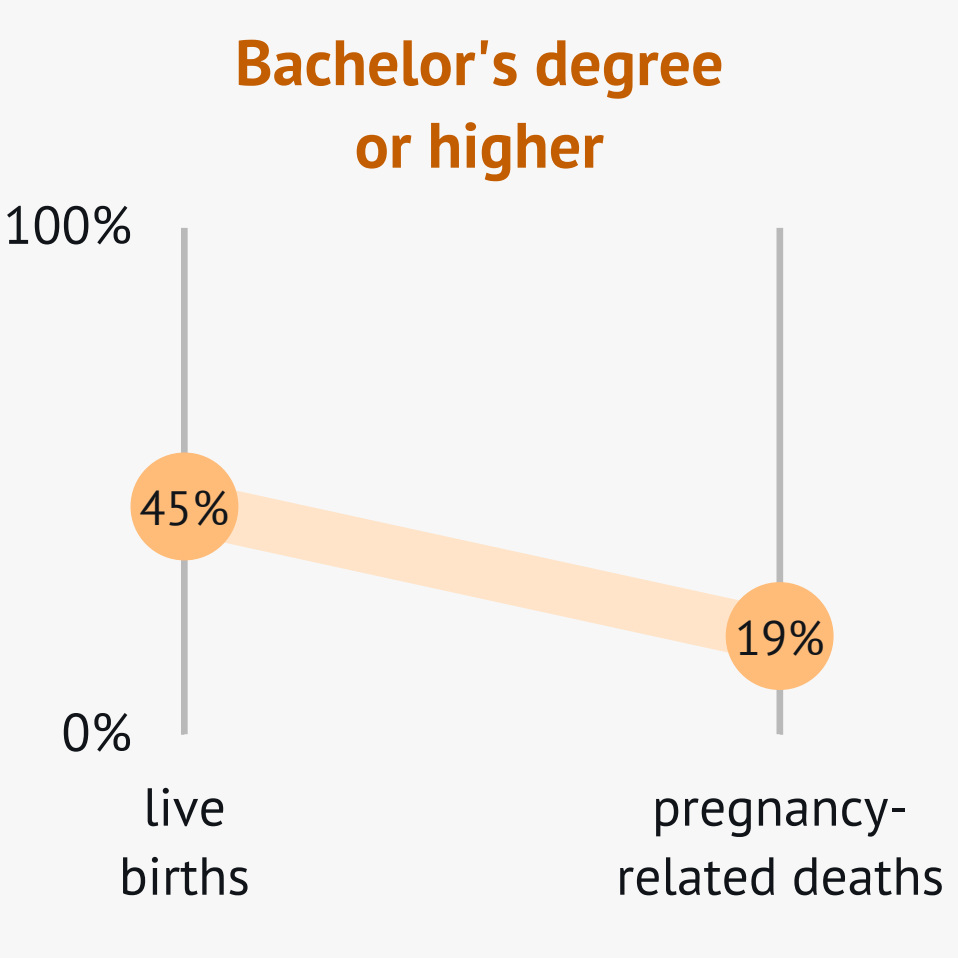
Who is affected by maternal mortality in Connecticut?

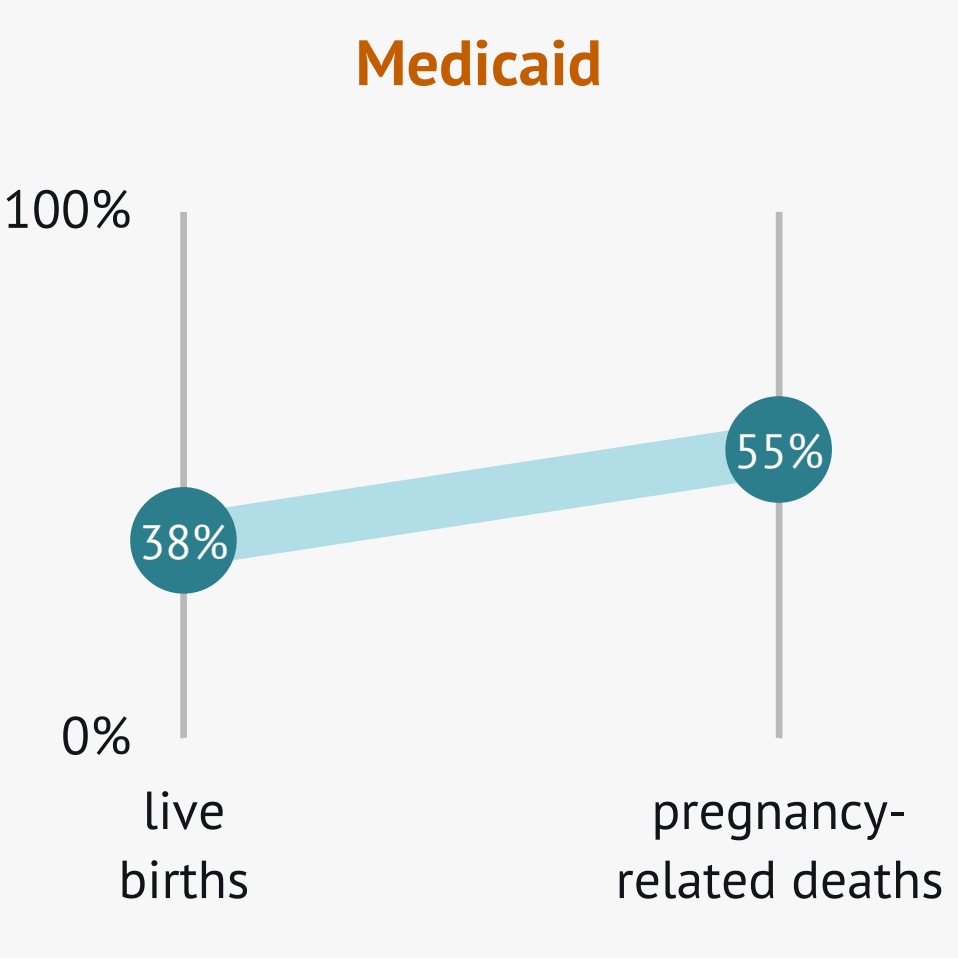
Women and birthing people across social categories.

However, those who bear the brunt of injustices built into our social system are overrepresented.



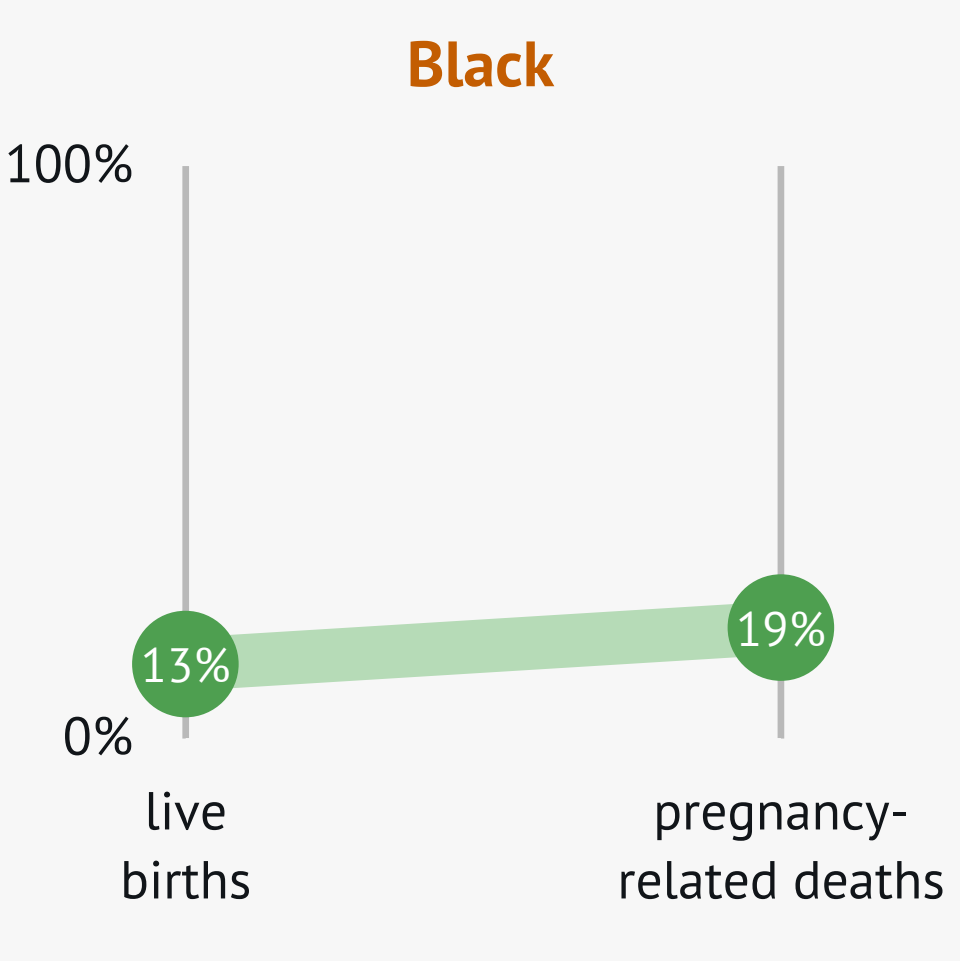
Disparities in Connecticut

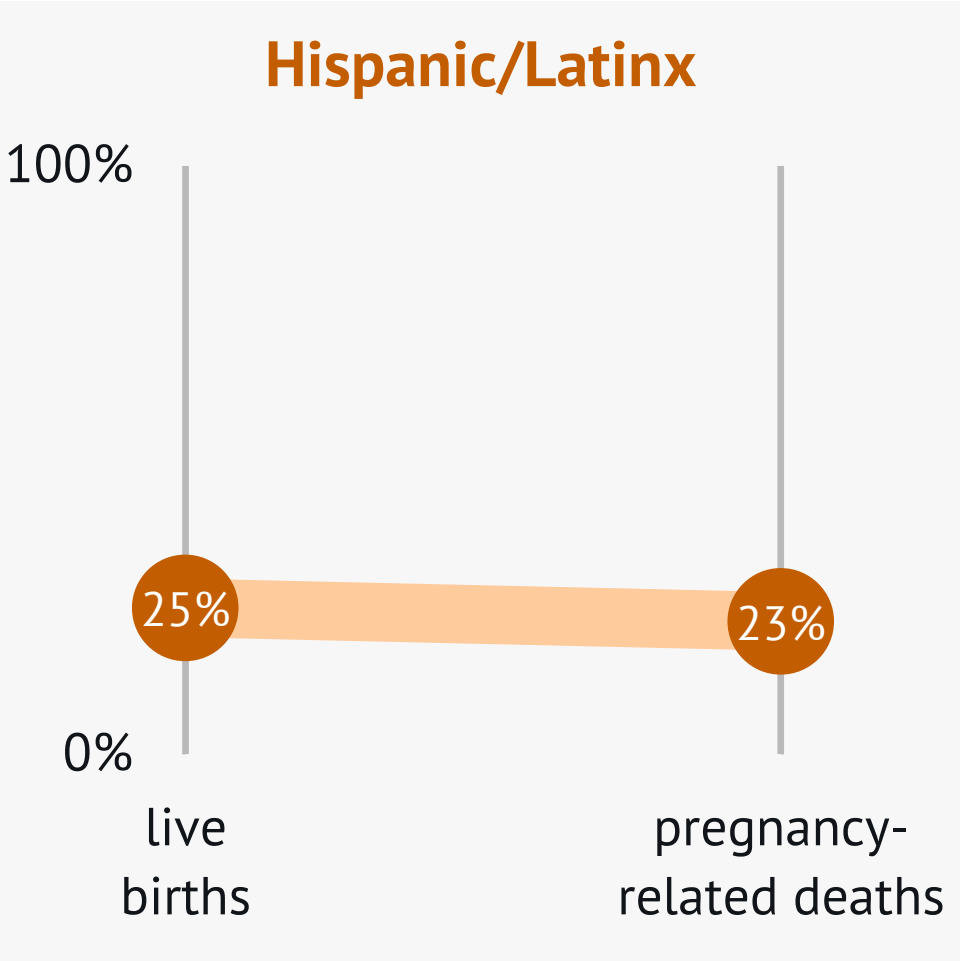




Sources: CT MMRC Data, 2015-2020 & CT DPH VRO Data, 2016-2020

Disparities in Connecticut





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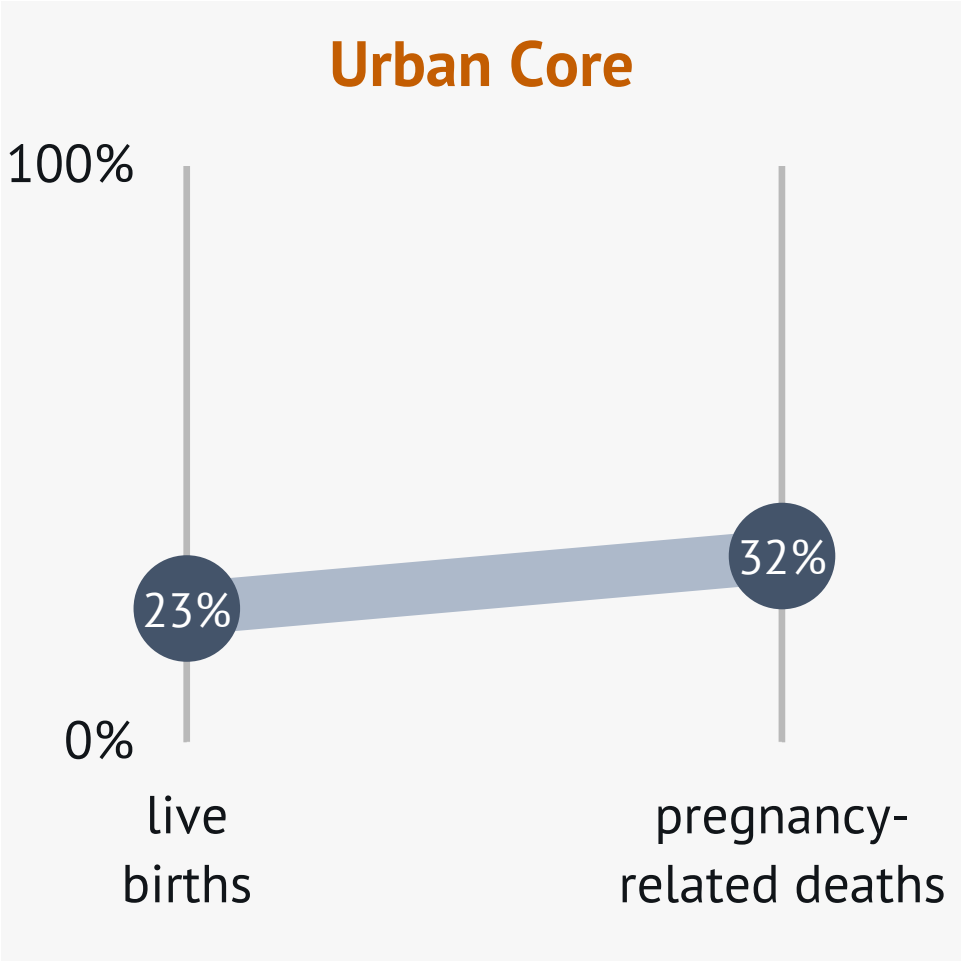
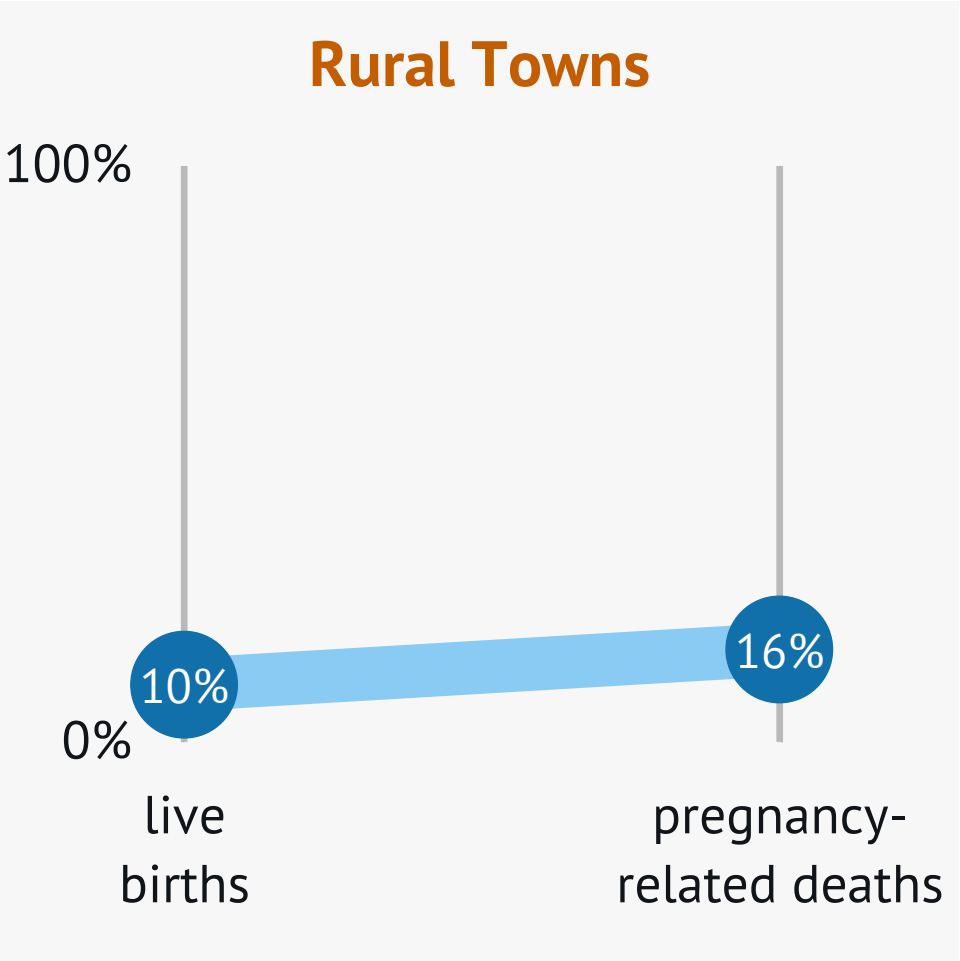




Sources: CT MMRC Data, 2015-2020 & CT DPH VRO Data, 2016-2020

How does Connecticut compare with other states?

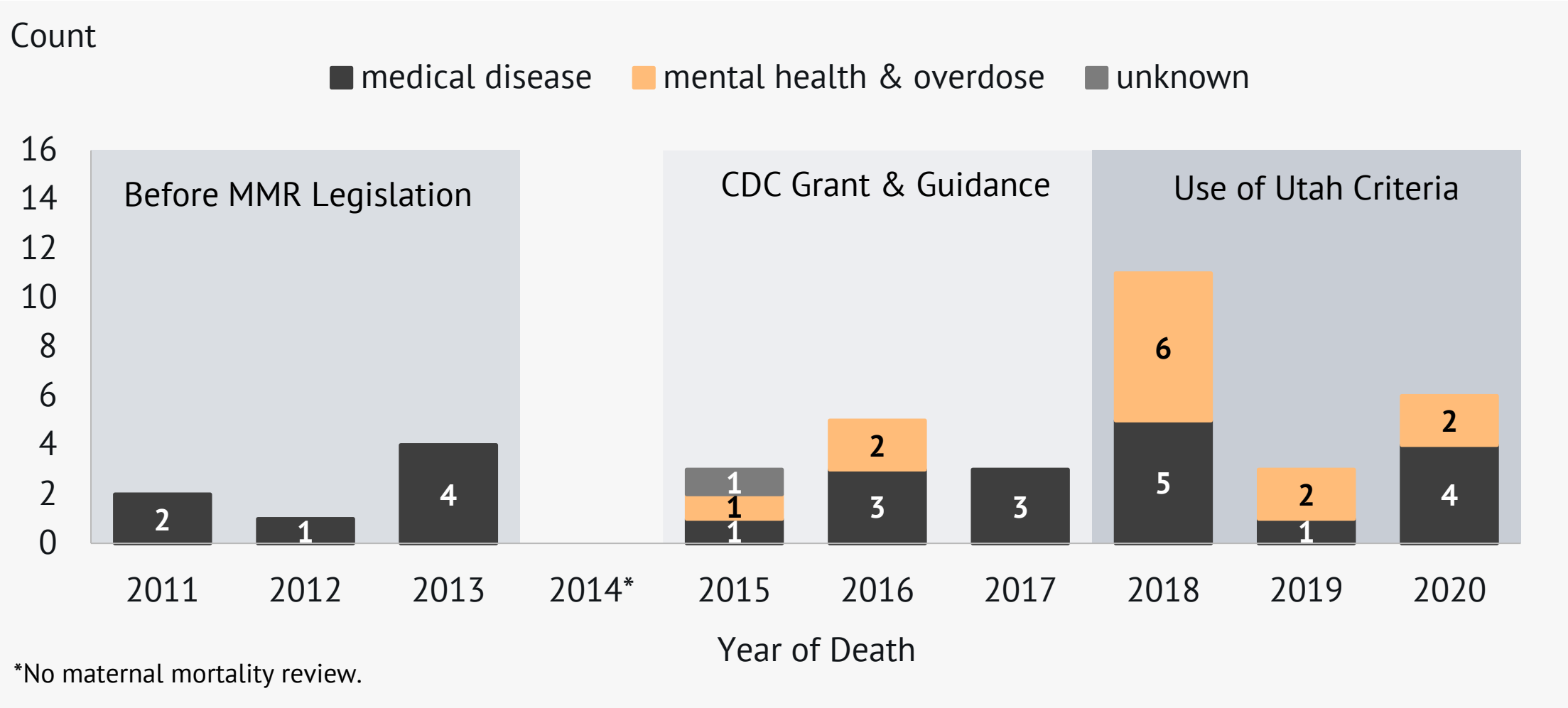
How Does Connecticut Compare?

Maternal deaths and mortality rates: Each state, the District of Columbia, United States, 2018-2020
[Rates are per 100,000 live births. Data are tabulated by place of residence]

Area	Deaths[1]	Maternal mortality rate	95% lower confidence limit	95% upper confidence limit
Alabama	63	36.2	27.8	46.3
Alaska	8	*	*	*
Arizona	67	28.3	21.9	35.9
Arkansas	44	40.4	29.4	54.3
California	135	10.2	8.5	11.9
Colorado	27	14.4	9.5	21.0
Connecticut	18	*	*	*

Source: National Center for Health Statistics, National Vital Statistics System (NVSS)

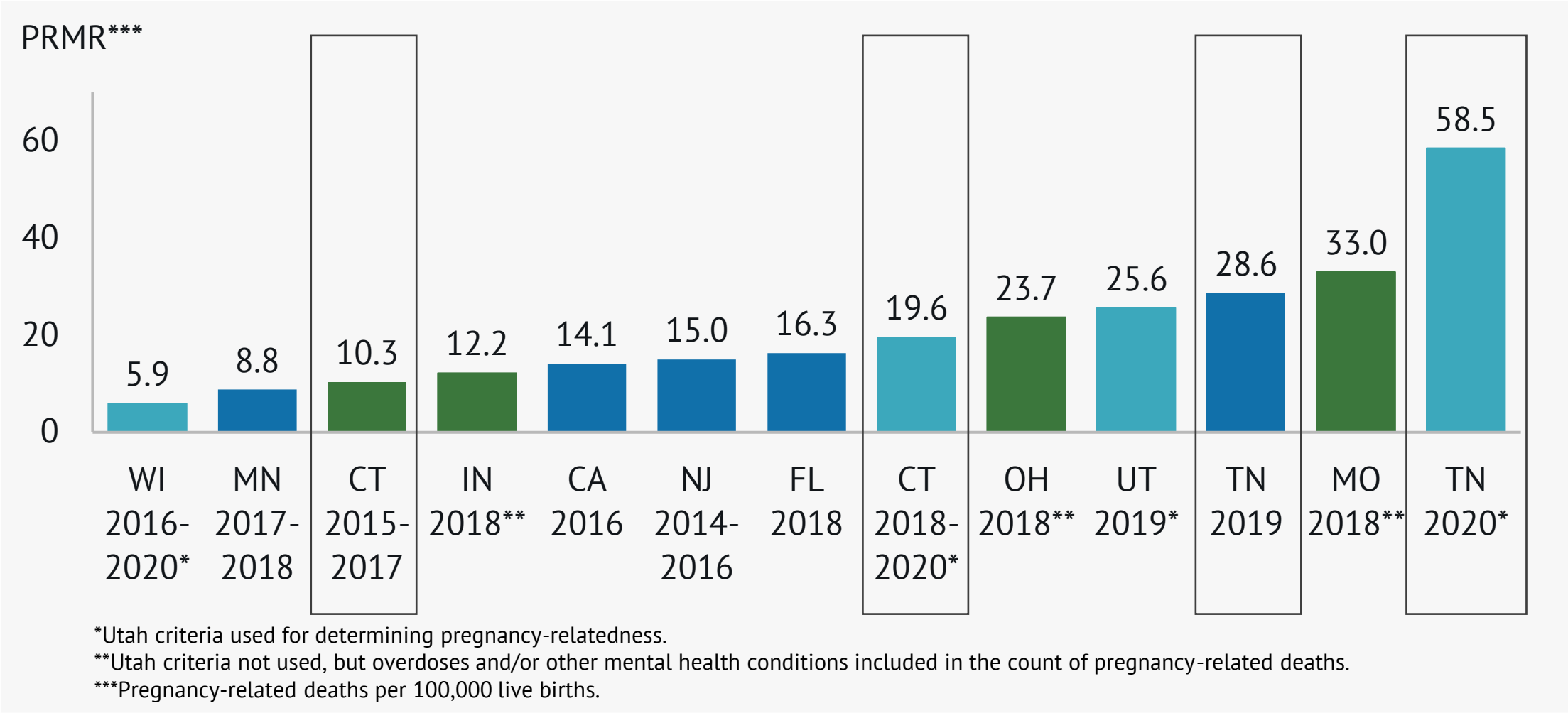
Pregnancy-Related Deaths Over Time



*No maternal mortality review.

Source: CT MMRC Data, 2015-2020

How Does Connecticut Compare?

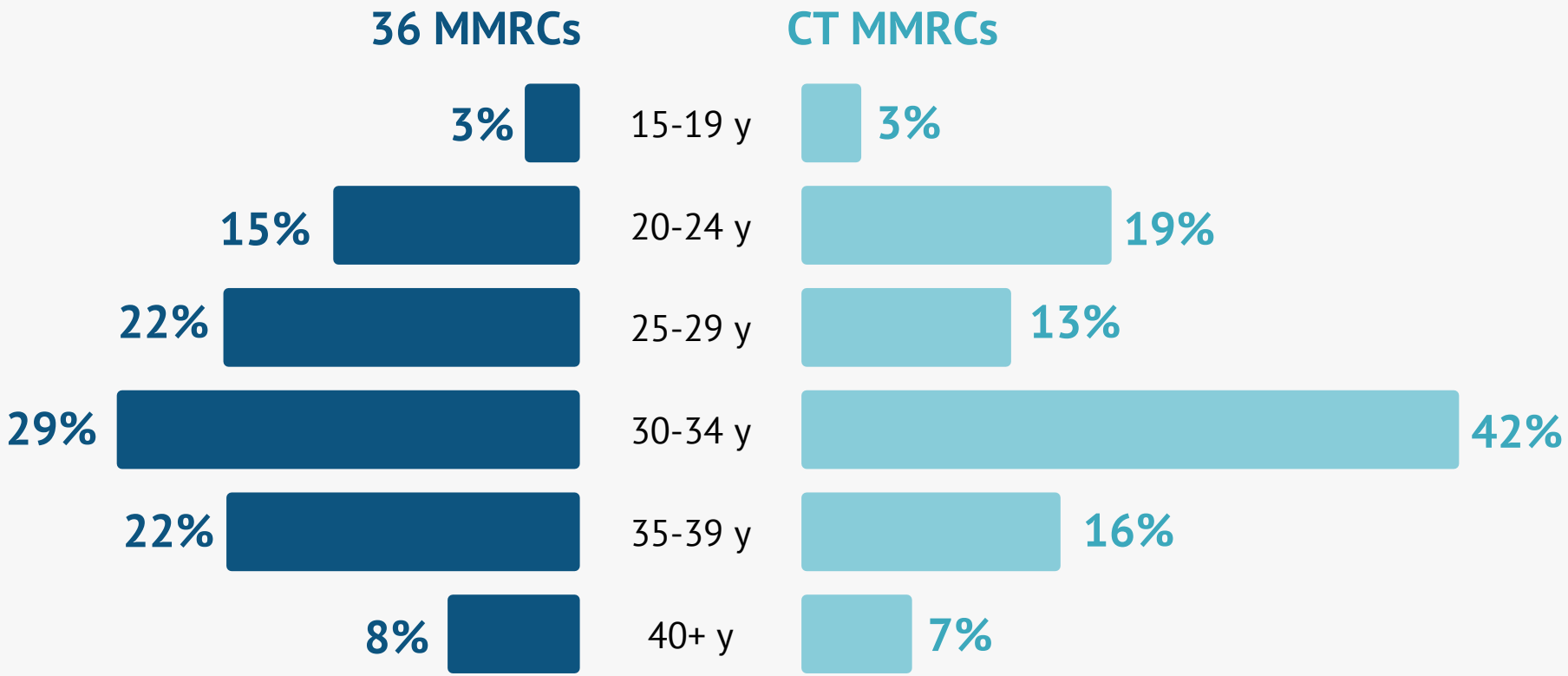


*Utah criteria used for determining pregnancy-relatedness.
**Utah criteria not used, but overdoses and/or other mental health conditions included in the count of pregnancy-related deaths.
***Pregnancy-related deaths per 100,000 live births.

Source: Publicly available MMRC reports.

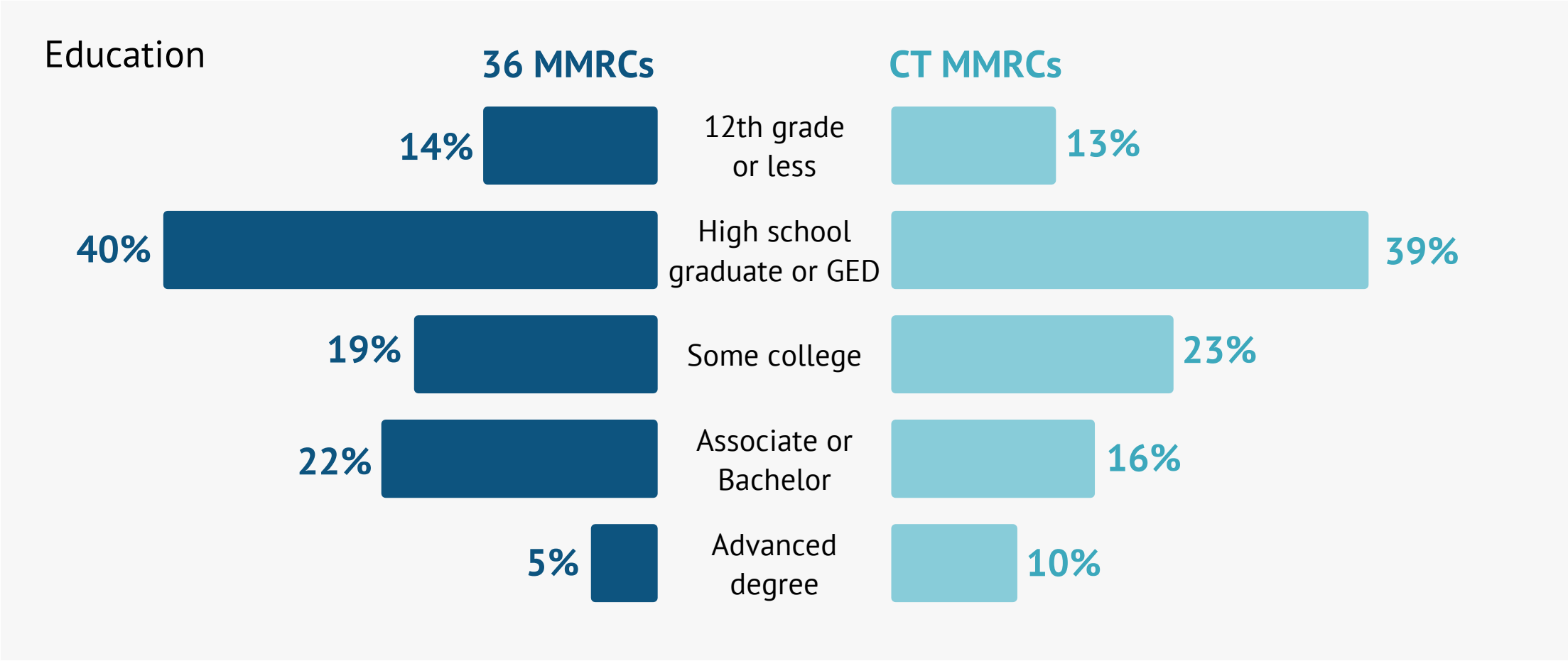
How Does Connecticut Compare?

Age



Source: CT MMRC Data, 2015-2020 (n = 31) & Data from 36 MMRCs, 2017-2019 (n = 1018)

How Does Connecticut Compare?



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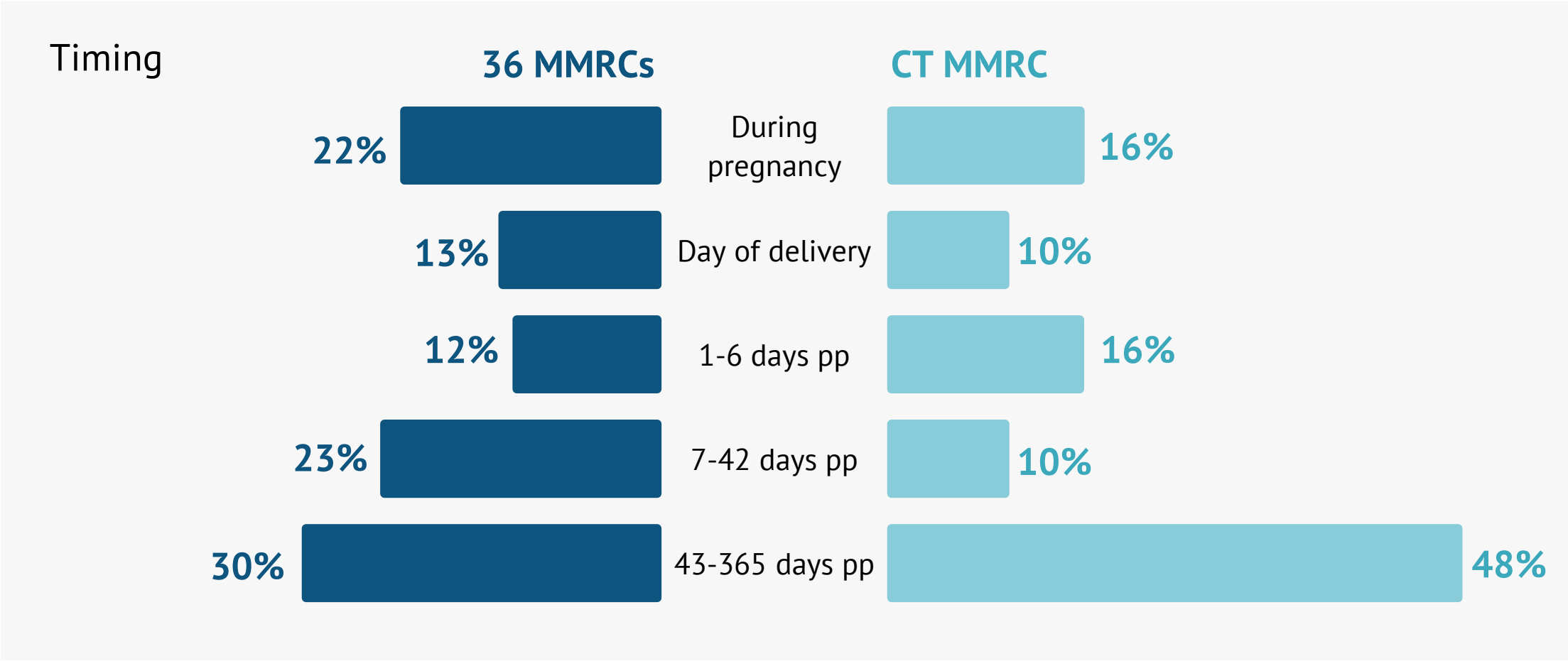

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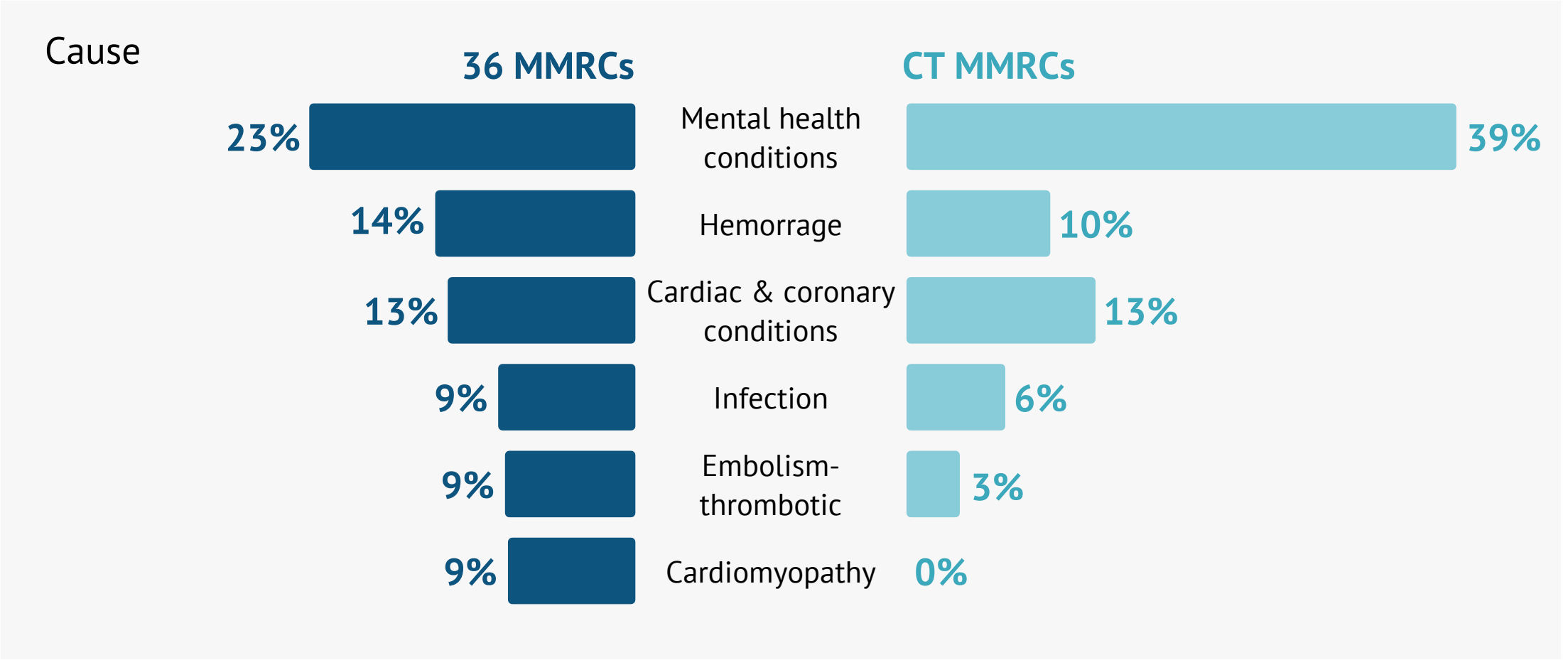

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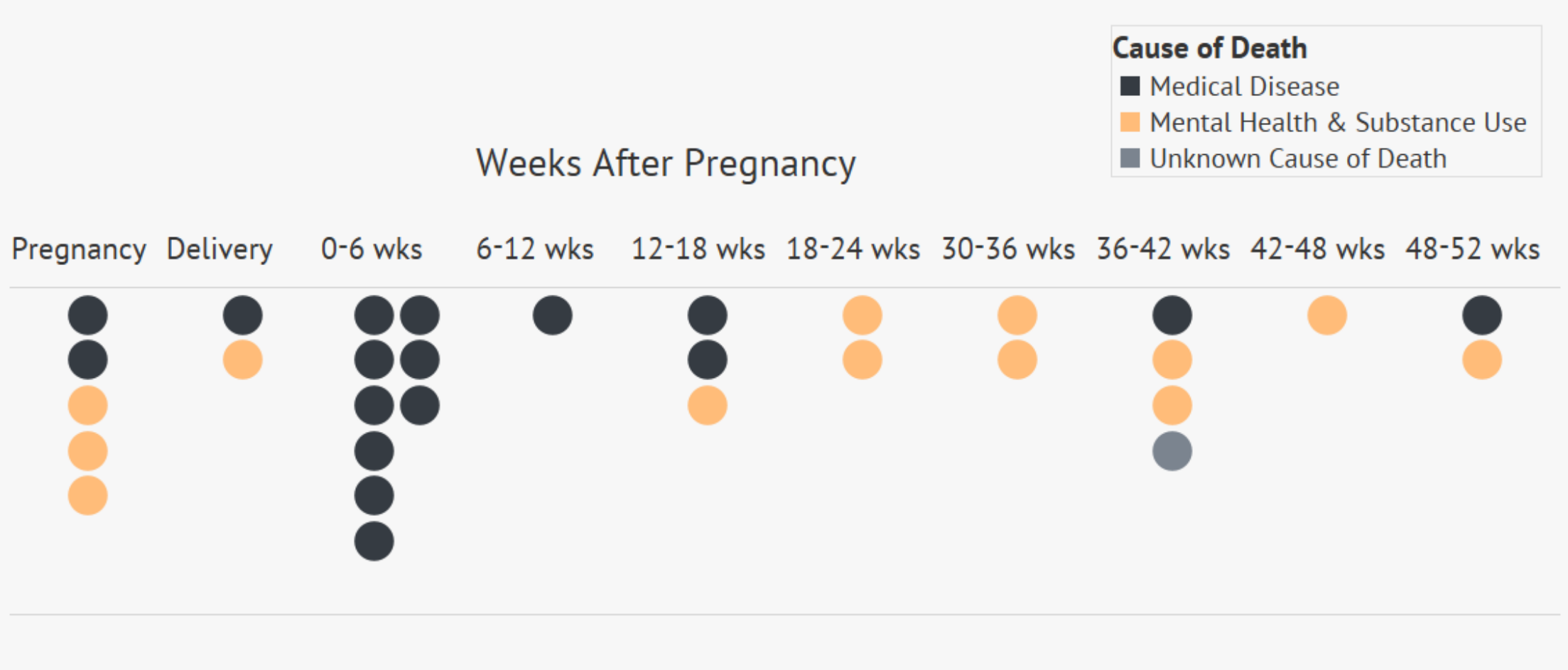
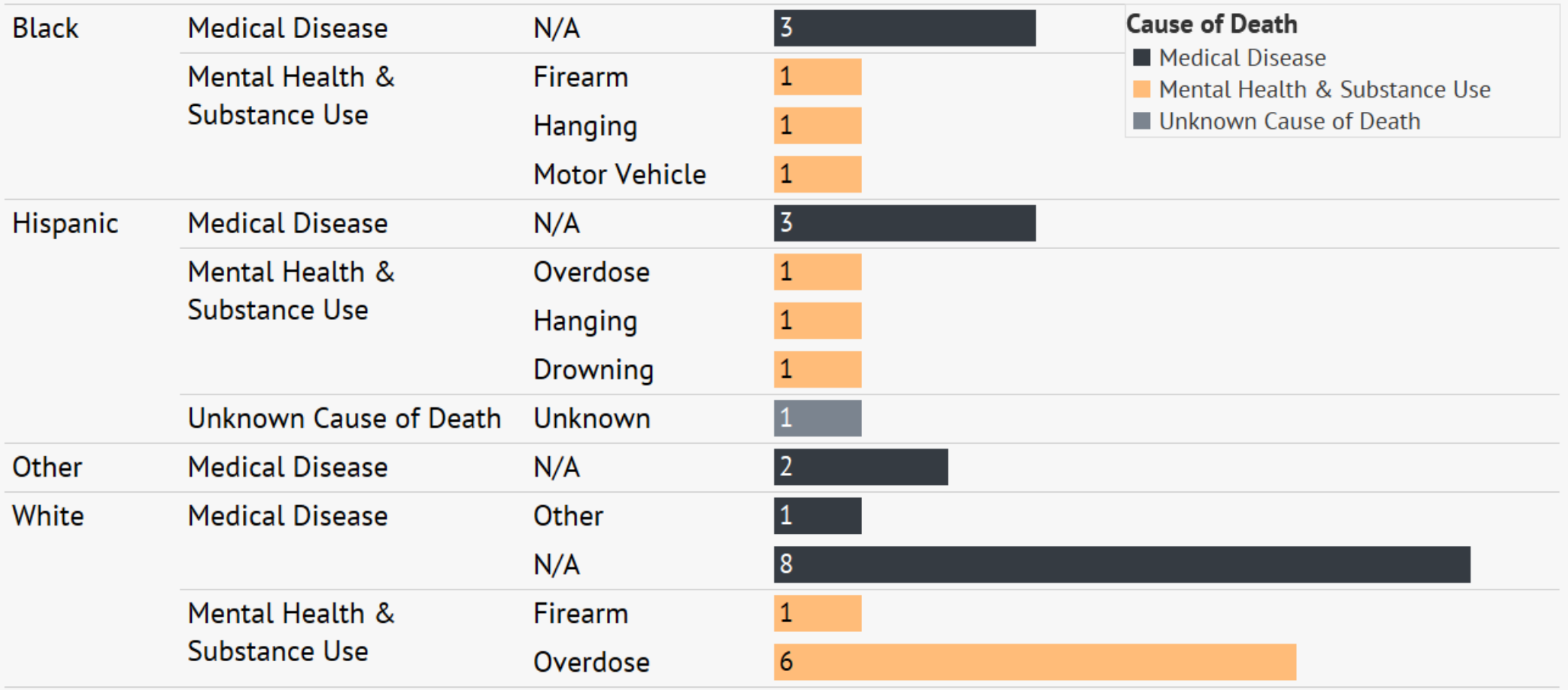
Timing of Death in Connecticut



Source: CT MMRC Data, 2015-2020 (n = 31)

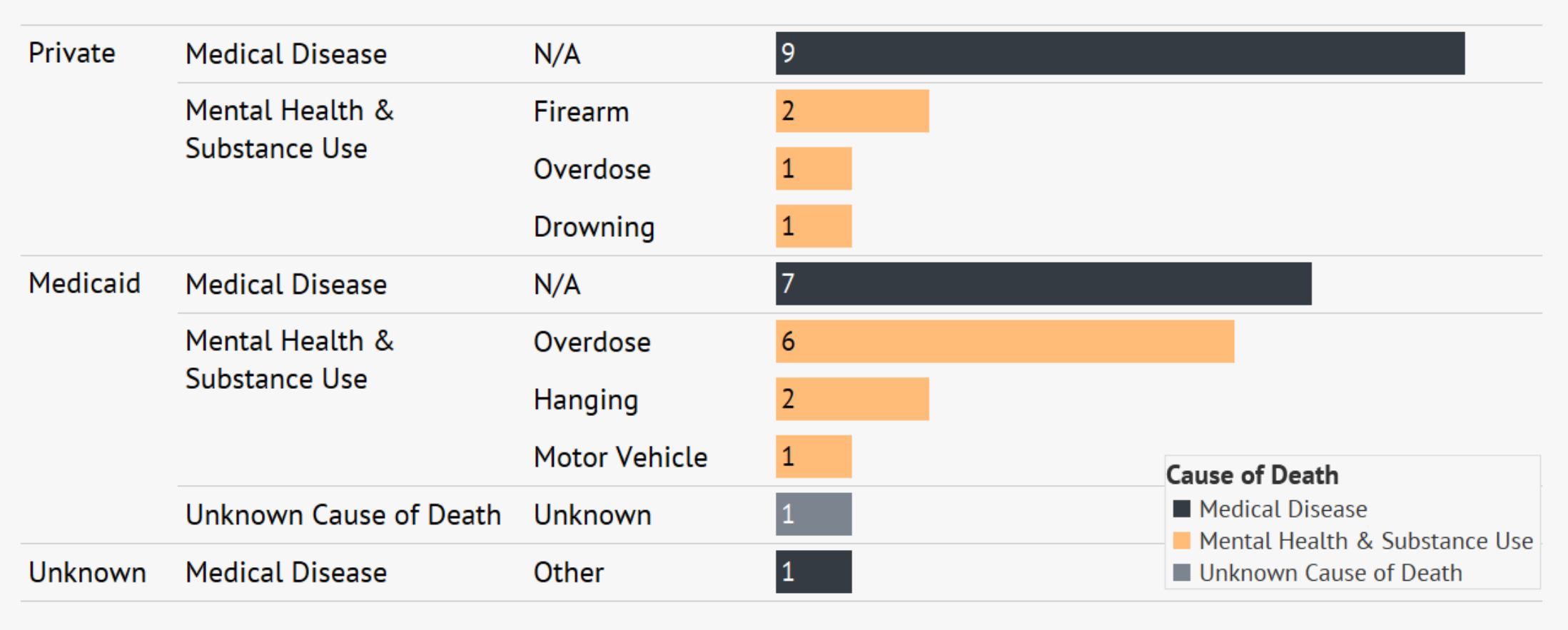
Cause of Death by Race/Ethnicity in Connecticut



Black	Medical Disease	N/A	3
	Mental Health & Substance Use	Firearm	1
		Hanging	1
		Motor Vehicle	1
Hispanic	Medical Disease	N/A	3
	Mental Health & Substance Use	Overdose	1
		Hanging	1
		Drowning	1
	Unknown Cause of Death	Unknown	1
Other	Medical Disease	N/A	2
White	Medical Disease	Other	1
		N/A	8
	Mental Health & Substance Use	Firearm	1
		Overdose	6

Source: CT MMRC Data, 2015-2020 (n = 31)

Cause of Death by Insurance in Connecticut



Source: CT MMRC Data, 2015-2020 (n = 31)

“Maternal Mortality is widely acknowledged as a general indicator of the overall health of a population, of the status of women in society, and of the functioning of the health system” (WHO, 2016).

CT MMRC

- Multidisciplinary committee
- Coordinated by CT DPH MMR Program
- Reviews pregnancy-associated deaths
- Determines pregnancy-relatedness and preventability
- Issues recommendations for preventative action

CT MMRC: Educate Providers on SUD and other MHCs

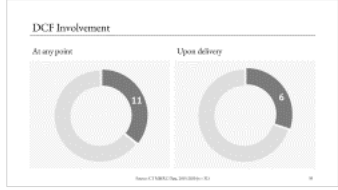
- Evidence-based **screening tools and resources** for perinatal depression, SUD, and IPV.
- Appropriate **SUD treatment** during pregnancy.
- Making **referrals for SUD and MHC treatment** for pregnant and postpartum persons.
- Checking prescription drug **monitoring programs** and patients' substance use history before prescribing opioids.

CT MMRC: Increase System Capacity to Address MHCs

- Increase **system capacity** to address mental health conditions, including mobile crisis services and inpatient psychiatric care.
- **Congregate care housing** for pregnant and postpartum persons with MHCs other than SUD.

CT MMRC: Improve Care Protocols

- A **patient safety bundle** for pregnant and postpartum persons with MHCs other than SUD.
- Implement policies in hospitals and physician offices to consistently **screen for IPV, perinatal depression, and adverse childhood experiences** at initial ED and OB visits, over the course of pregnancy, and in the postpartum period.



CT MMRC: Provide Additional Support

- Support for parents who are undergoing removal of a child.
- Prenatal enrollment of birthing persons into home visiting programs.

CT MMRC: Improve Coordination of Care

- Resource website for providers and families.
- Collaboration between OBs and home visitors.
- Collaboration between OBs, hospital social workers, and DCF.

Key Takeaways

- There is a need to address the problem maternal mortality in Connecticut.
- CT MMRC recommendations identify intervention points and provide possible solutions.
- Recent improvements will address some of the cracks in the system.
- Additional action is needed to prevent pregnancy-related deaths.
- Stakeholders need to come together to develop solutions to eliminate maternal mortality in our state.

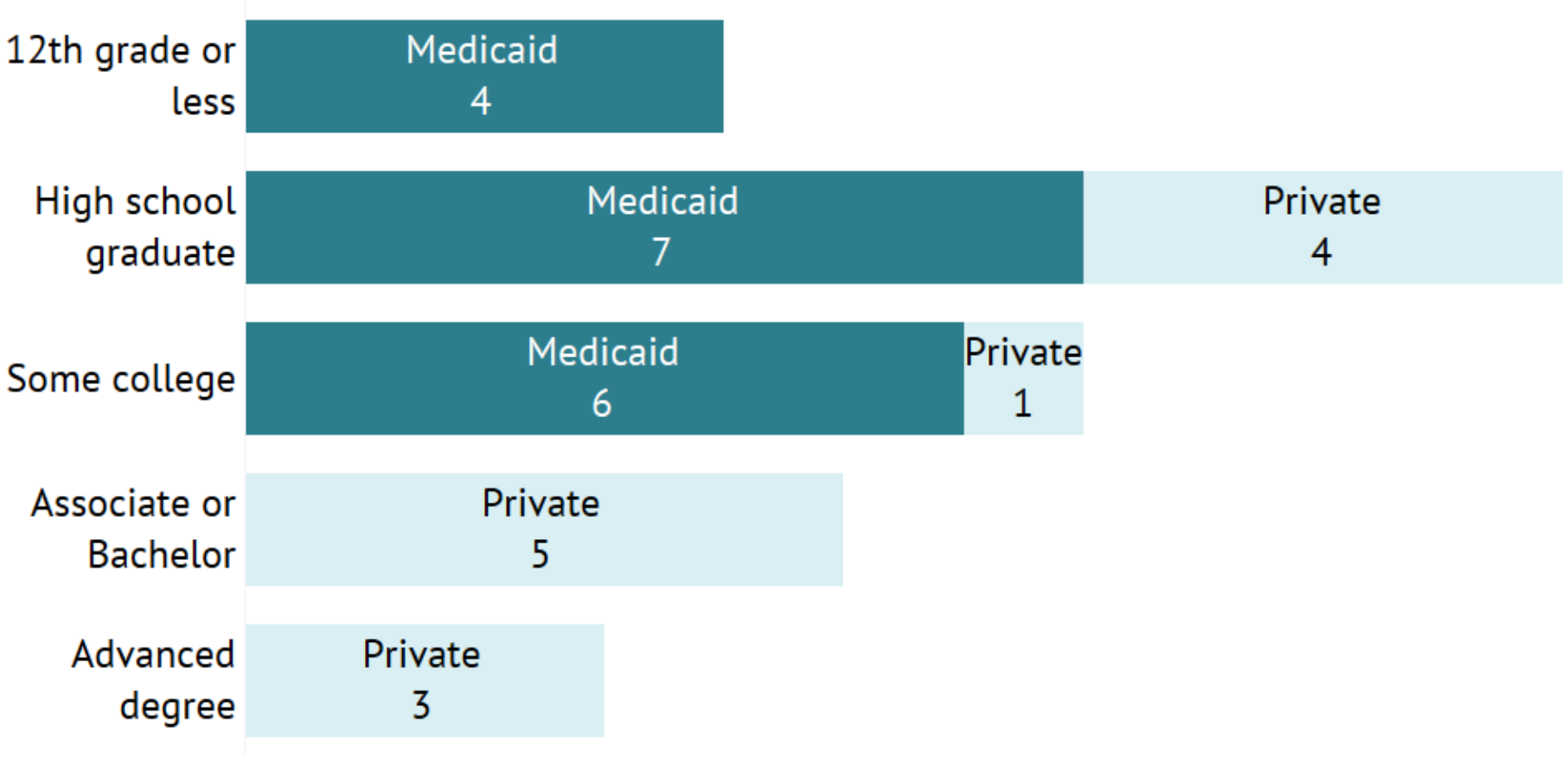
Thank you!

36. IF FEMALE:

- ❒ Not pregnant within past year
- ❒ Pregnant at time of death
- ❒ Not pregnant, but pregnant within 42 days of death
- ❒ Not pregnant, but pregnant 43 days to 1 year before death
- ❒ Unknown if pregnant within the past year

Source: United States Standard Death Certificate (2003 revision). | GAO-20-248

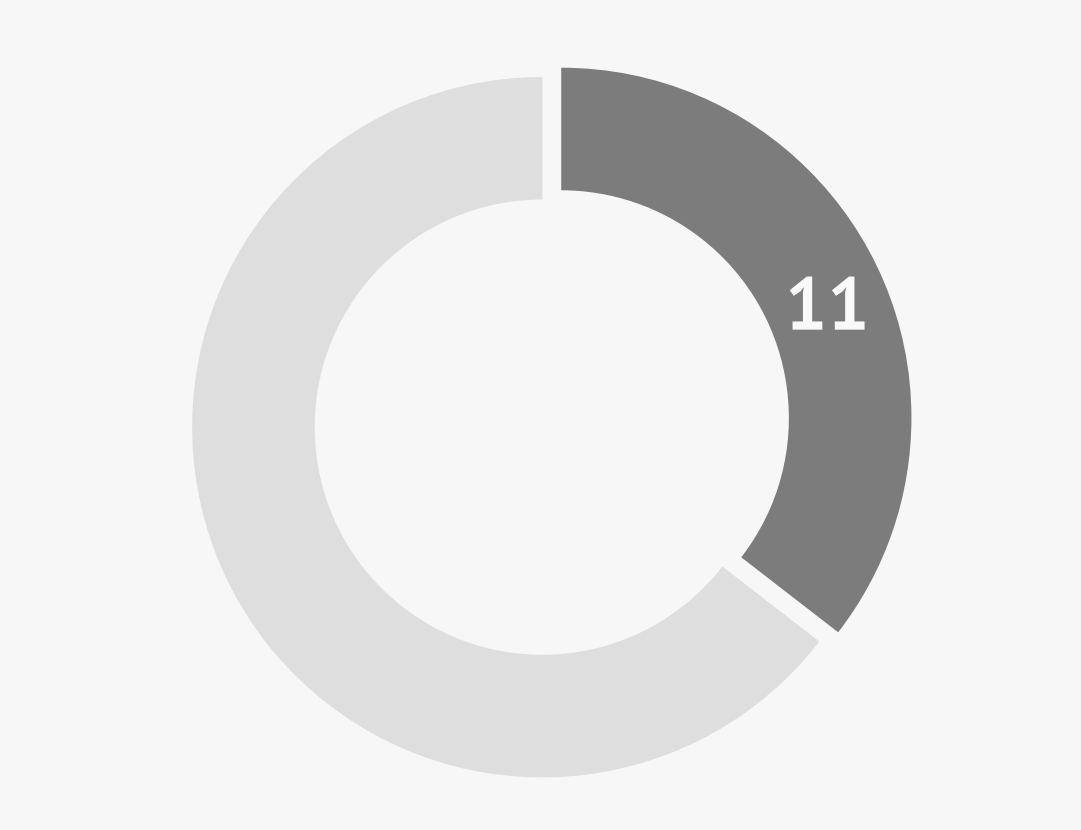
Intersection Between Education and Insurance



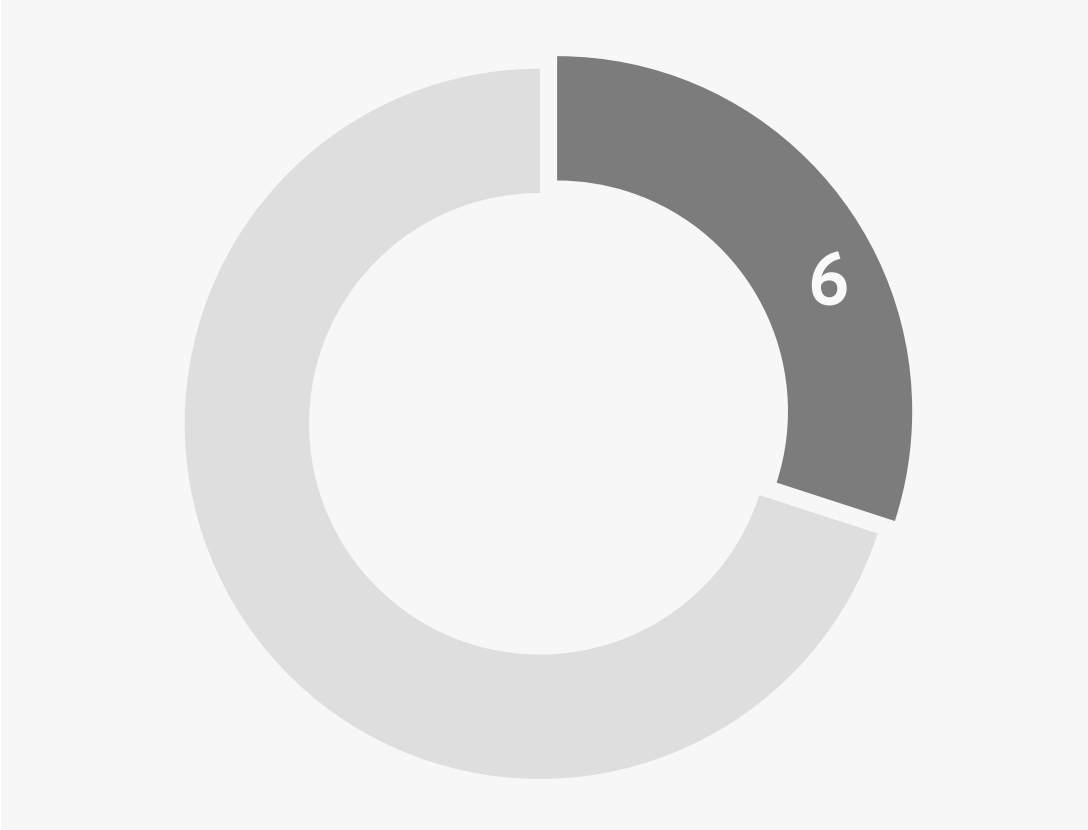
Sources: CT MMRC Data, 2015-2020, (n = 31)

DCF Involvement

At any point



Upon delivery



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