Home > Seeking to reduce maternal deaths, Michigan requires reporting by providers in order to improve medical practice, public policy

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Tim Anderson [1]

Take a look at the longer-term trends in maternal mortality rates, and you see one of the great success stories in modern-day public health: In 1900, for every 1,000 live births, up to nine women were dying of pregnancy-related complications; a century later, that rate had declined by almost 99 percent.

But the story told by more recent data is less clear, and more troubling.

According to the U.S. Centers of Disease Control and Prevention [2], the number of reported pregnancy-related deaths increased between 1987 and 2013 — from 7.2 deaths per 100,000 live births to 17.3 in 2013. Better reporting (for example, the addition of a pregnancy check box on state death certificates) is one explanation for the increase. Another reason, though, may be that pregnancy-related deaths are actually on the rise. The CDC notes, for example, that more pregnant women have conditions such as hypertension, diabetes and chronic heart disease that may put them at a higher risk of complications.

Globally, the United States ranks about 50th for its maternal mortality rate, and last September, a journal of Obstetrics and Gynecology study [3] concluded that pregnancy-related deaths have indeed increased across the country.

Data needed to drive better policy

Michigan is among the states where reported maternal deaths are increasing, and concerns about that trend led to last year’s passage of HB 4235 [4]. It took effect in April, and now requires physicians and hospitals to report the death of a woman who was pregnant at the time of death or within one year before her death.

“Some of the data was coming in late, and some wasn’t being reported at all,” says Amy Zaagman, executive director of the Michigan Council for Maternal and Child Health.

The new mandate, Zaagman says, will ensure that health professionals and lawmakers have the information they need to make appropriate changes in medical practice and policy. As HB 4235 made its way through the Legislature last year, lawmakers learned not only about the rise in reported deaths from pregnancy, but about how it is disproportionately impacting certain areas and populations.

For example, African American women in Michigan are more than three times likely to die from pregnancy complications as white women (the same is true nationally), and Zaagman says rates of death are especially high in cities such as Detroit and Flint.

These racial disparities also are being highlighted by congressional sponsors of The Preventing Maternal Deaths Act [5]. Introduced in March, the federal legislation would provide states with grants to establish maternal mortality review committees, or improve the work of these existing groups. (Michigan, for example, has the nation’s longest-running Maternal Mortality Review Committee.)

In her conversations with Michigan legislators, Zaagman points to several other state policies that can make a difference for pregnant women and their babies — for example, investing in home-visiting programs and improving access to and use of contraception (including long-acting reversible contraceptives). Intended pregnancies, she says, are safer for mothers and their babies.

This article was written as part of this year’s Midwestern Legislative Conference Chair’s Initiative of Iowa Sen. Janet Petersen. This initiative, Healthy Birth Outcomes, is examining ideas to improve the health of mothers and their babies.