

# Preventing Maternal Deaths: An Update from CDC



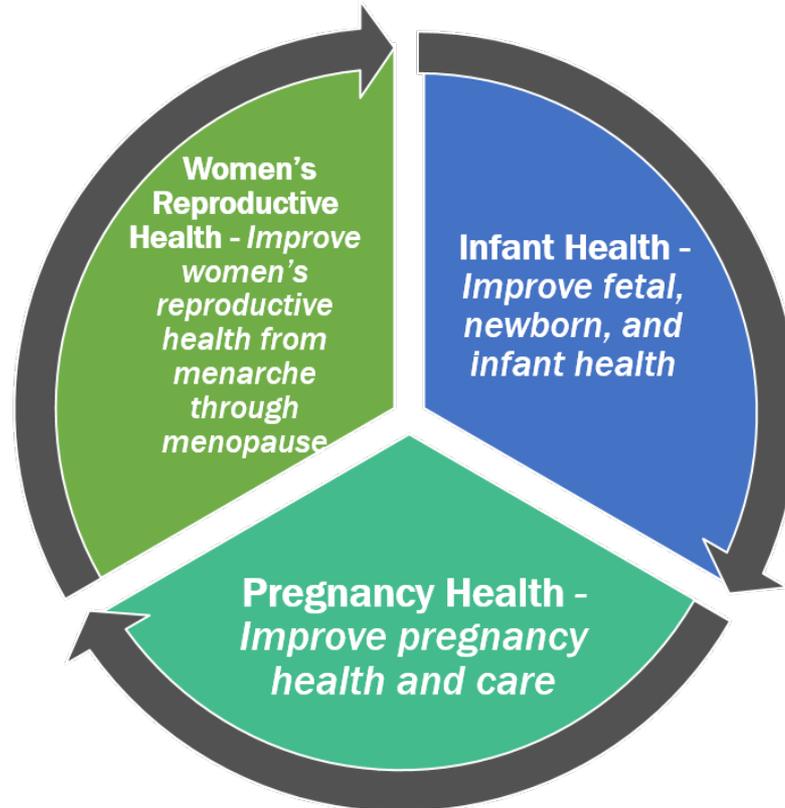
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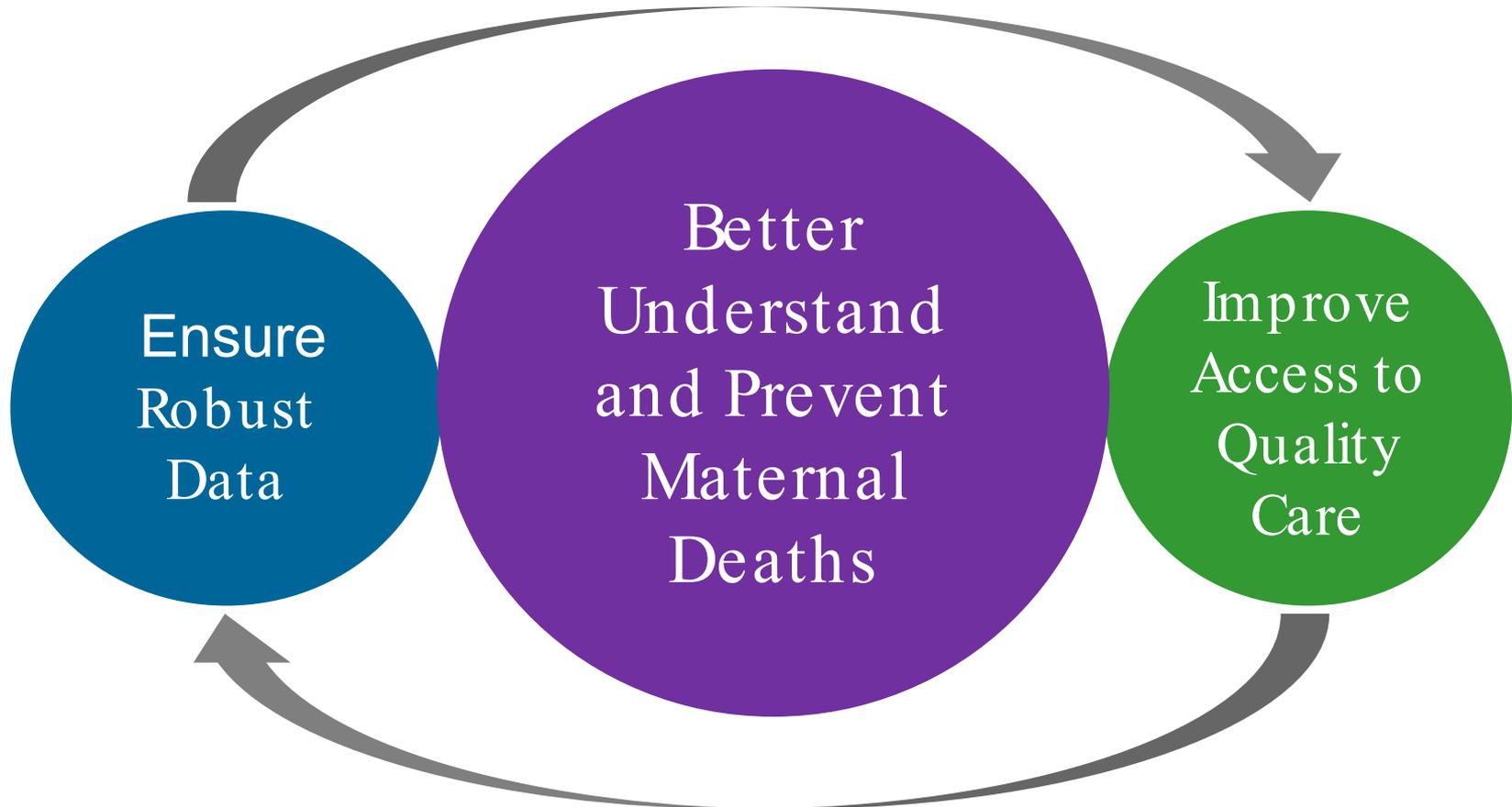
Division of Reproductive Health, CDC

May 15, 2019

# CDC's Approach to Reproductive Health



# CDC's Activities to Prevent Maternal Deaths



**Ensure Robust Data**

# Achieving Comprehensive Surveillance: Reviewing Maternal Deaths

- Challenging to track pregnancy-related deaths with vital statistics
- Maternal Mortality Review Committees (MMRCs) review deaths within one year of pregnancy
- Gather data from multiple sources to provide a deeper understanding



# Making Progress

- In 2011, MMRCs existed in 18 states and 1 city. Currently, 39 state-based and 2 city-based MMRCs exist in the U.S.
- As of February 2019, technical assistance from CDC has reached representatives from all 50 states, Puerto Rico, and DC
- 14 existing MMRCs have produced at least one jurisdiction-based report in the past 5 years based on review committee data



# Data Standardization: Maternal Mortality Review Information Application (MMRIA)

- Designed by CDC, in partnership with the CDC Foundation, MMRIA supports essential Review Committee functions
- Brings together data across jurisdictions for a comprehensive picture of the problem
- Over time, MMRIA will provide the data needed to eliminate preventable maternal mortality in the U.S.

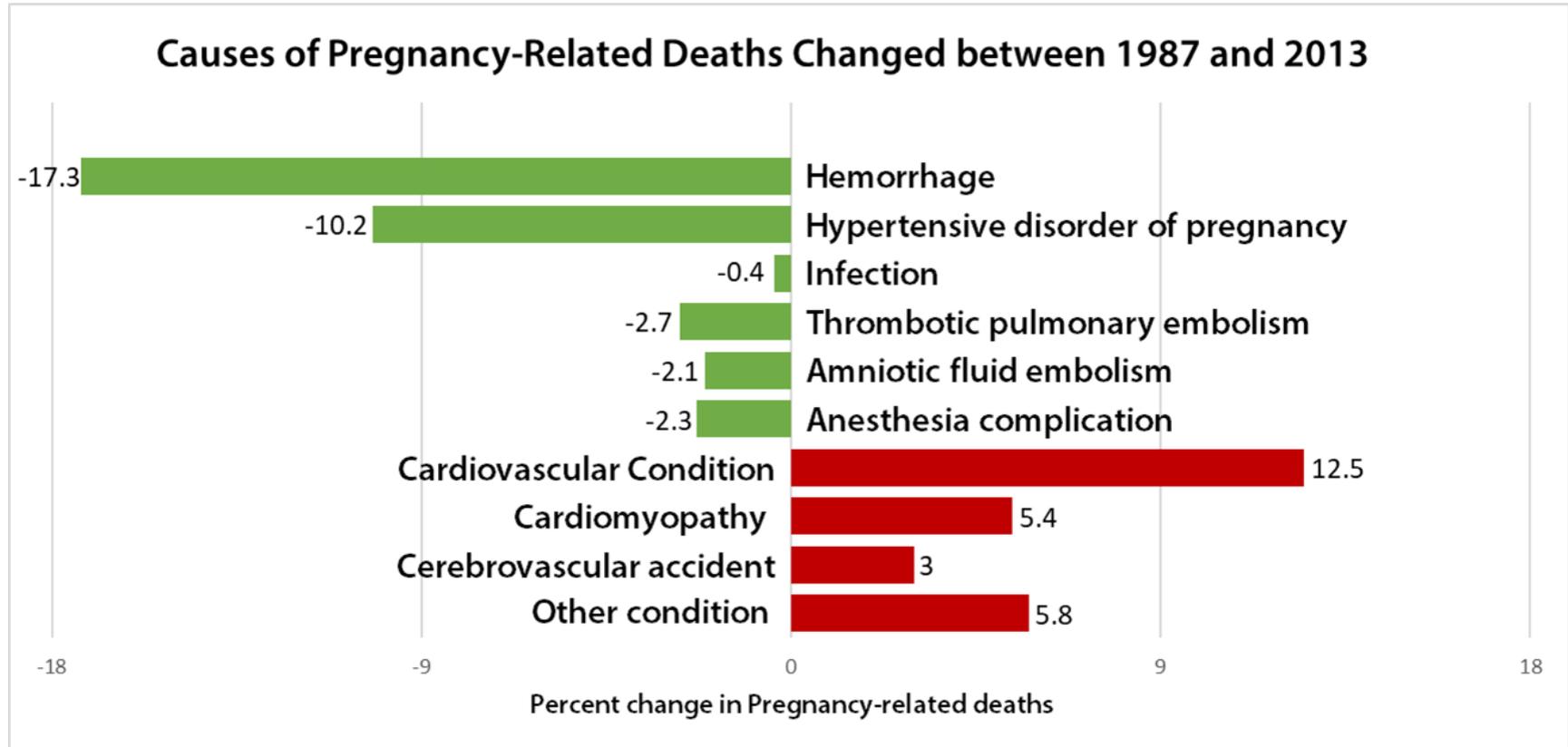


# Preventing Maternal Deaths: Supporting State Maternal Mortality Review

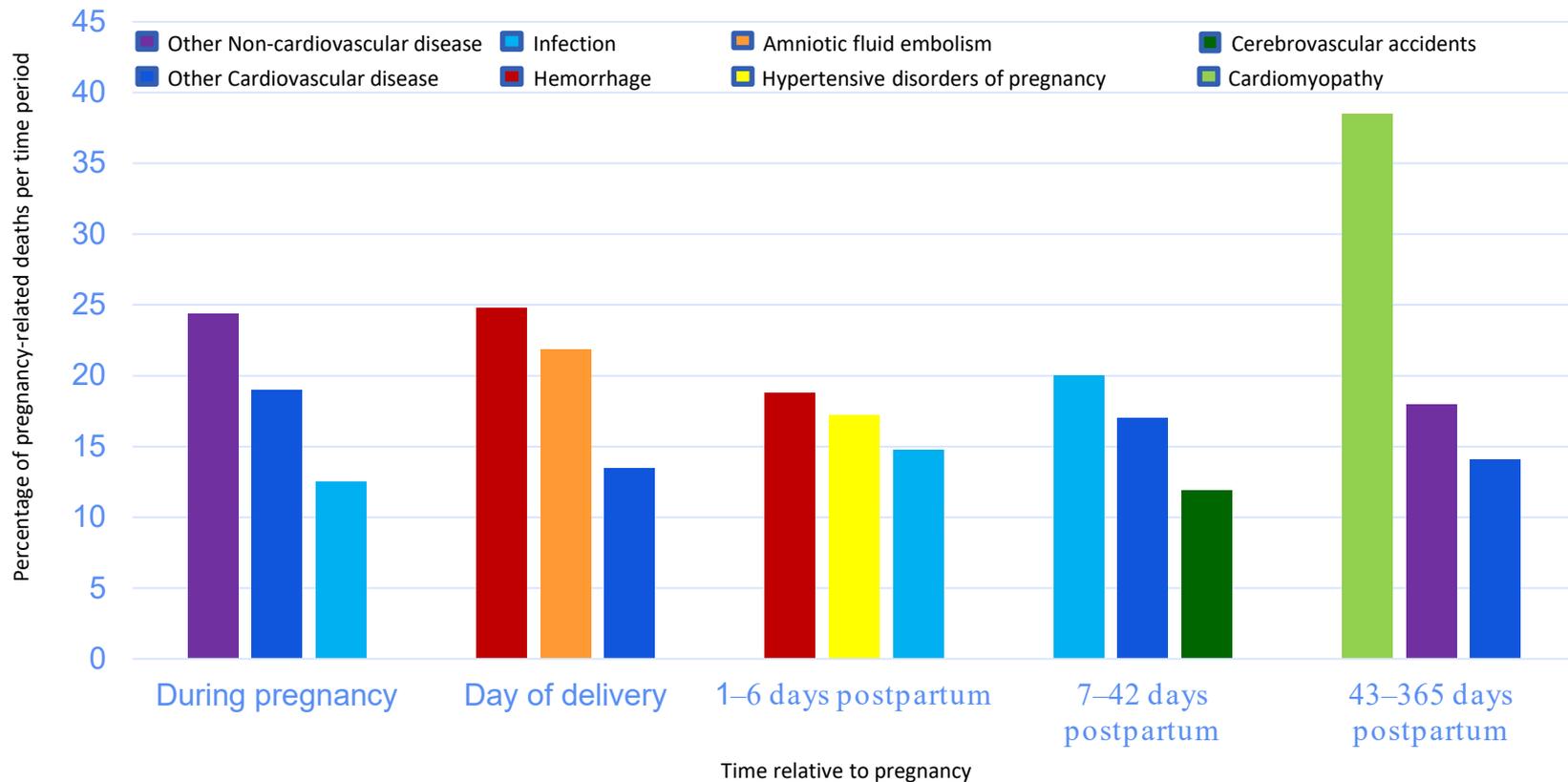
- CDC has a new funding opportunity that closed May 8
- Funding for about 25 states
- Awards ranging from \$150,000-\$600,000
  - Amount based on average number of pregnancy-associated deaths
- Awards will be made in September



# Analyzing the Data to Better Understand and Prevent Pregnancy-related Deaths



# Most frequent causes of pregnancy-related deaths by time 2011–2015



**Improve Access to Quality Care**

# Improving the Quality of Care for Moms and Babies: Supporting Perinatal Quality Collaboratives

- Multidisciplinary teams that are working to improve measurable outcomes for maternal and infant health by:
  - Advancing evidence-informed clinical practices and processes using QI principles
  - Addressing gaps with clinical teams, experts, and stakeholders, including patients and families
  - Spreading best practices
  - Reducing variation and optimizing resources to improve perinatal care and outcomes



# Improving the Quality of Care: Impacts from PQCs

- IL: In 2 years, there was a 50% decrease in the severe maternal morbidity rate among women experiencing hypertension during the delivery hospitalization.
- MS: Reduction in severe maternal morbidity related to obstetric hemorrhage by 20%
- GA: Implement AIM bundles in 85% of birthing hospitals to reduce SMM by 2022
- NC: Decreased central line-associated bloodstream infections by almost 60% in less than a year in NICUs in nine states.

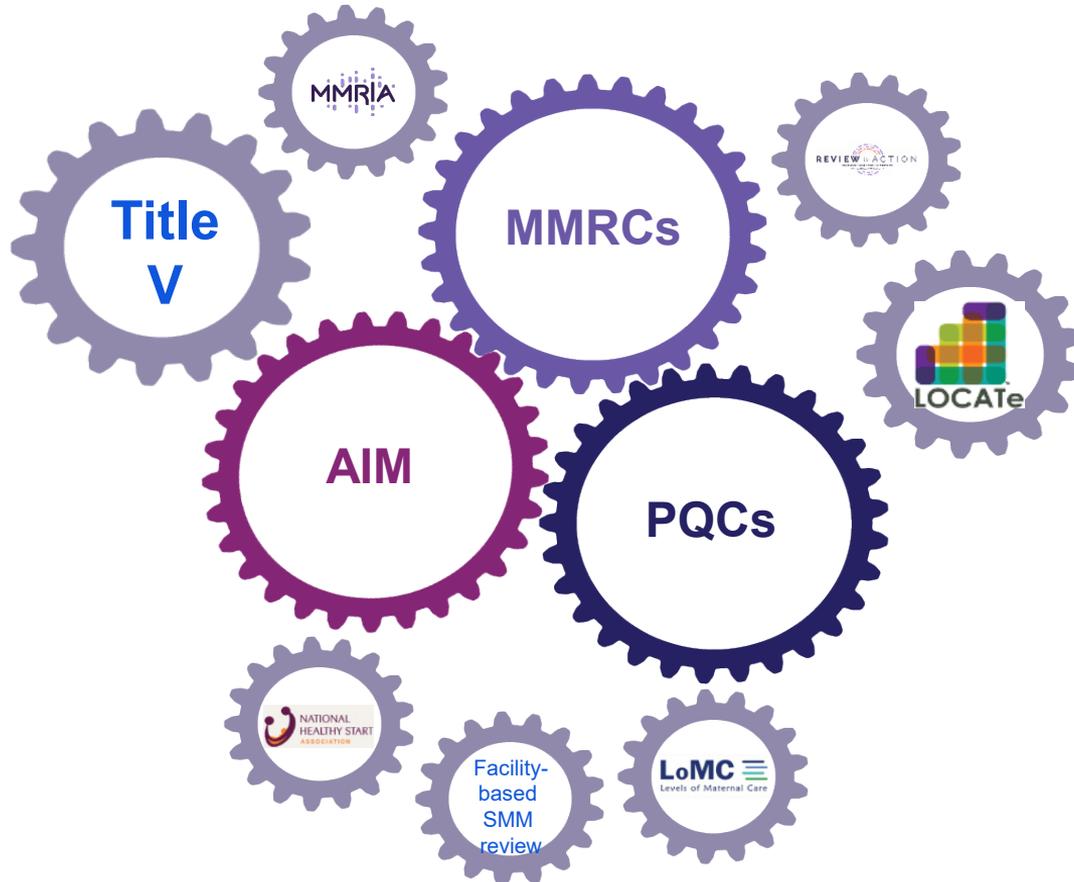


# Mapping Risk-Appropriate Care: CDC's LOCATe

- CDC worked with ACOG, SMFM, and AAP to develop LOCATe to support states in reviewing and strengthening their systems of care
- Helps states map and develop coordinated regional systems to help ensure that high-risk pregnant women and infants receive care at a facility that is best prepared to meet their health needs
- Works to ensure that women get the right care at the right time to improve outcomes



# Bringing the Pieces Together...



# Thank you!

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

