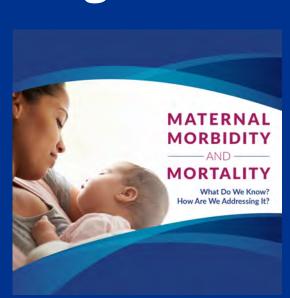
NIH Maternal Morbidity and Mortality Research and Programs





NIH's Robust Response

IMPROVE | NIH Maternal
Mortality Task Force | ~\$7M
IDeA | Institutional Development
Award States Program | ~\$5M
ORWH Supplements

Sex differences in sensory recovery after spinal injury
Alcohol exposure during pregnancy
Maternal and neonatal health and microbiome

R01 | Address Racial Disparities in MMM

National Institute on Minority Health and Health Disparities

U3 | FY2017–20 | 50 Awards

Public Health Crisis

High rates of maternal morbidity and mortality (MMM) in the United States constitute a public health crisis, yet up to 60% of these deaths are preventable. MMM is affected by many factors, including prenatal and postpartum care, age of the mother, socioeconomic status, racial disparities, and mental health, among other things.

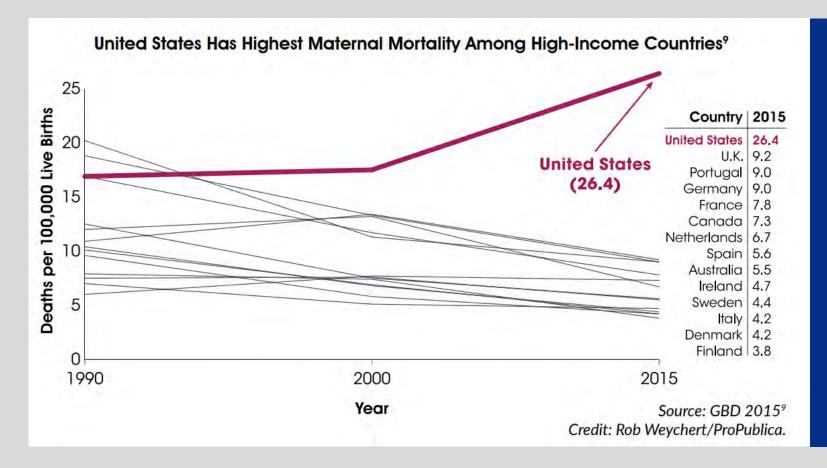


Maternal Morbidity

Severe maternal morbidity (SMM) affects over 50,000 women annually in the U.S. Rates have nearly doubled during the past decade. Compared with White women, incidence of SMM was 166% higher for Black women, 122% higher for Hispanic women, 117% higher for Asian and Pacific Islander women, and 148% higher for American Indian and Alaska Native women.



For every pregnancyrelated death, 70 women experience a "near miss."



Highest maternal mortality rate among high-income countries.

Maternal Mortality

Nearly 700 women die every year from pregnancy-related complications, for an overall maternal mortality (MM) rate of 17.4 deaths per 100,000 live births. MM rates were three times higher for Black women than White women and two times higher for American Indians and Alaska Natives than for White women.

ORWH MMM Portal

orwh.od.nih.gov/research/maternal-morbidity-and-mortality



Special Issue on Maternal Morbidity and Mortality | December 2020