



Helping Ensure Healthy Mothers and Healthy Babies: Eliminating Preventable Maternal Mortality and Morbidity

Joint principles of the following organizations representing frontline physicians:

American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association, and American Psychiatric Association

September 16, 2019

On behalf of the more than 597,000 physicians and medical students represented by the combined memberships of the above organizations, we adopt the following principles central to our goal to ensure the health of families and improve maternal and child health. Improving women's health across the lifespan is important, and the prenatal, delivery, and postpartum periods are an especially critical time for optimizing the health of women and infants. Our objective is to eliminate preventable maternal mortality and severe maternal morbidity.

The United States has experienced an increasing rate of maternal mortality and severe maternal morbidity over the past two decades and is the only industrialized nation with a rising maternal mortality rate.ⁱ The majority of maternal deaths occur during the postpartum period and an estimated 60 percent of deaths are preventable.ⁱⁱ For every maternal death in the United States, 100 women experience severe maternal morbidity, or a "near miss."ⁱⁱⁱ While cases of maternal deaths occur in all demographics, significant racial, ethnic, and geographic disparities persist, with Black and American Indian/Alaska Native women two to three times more likely to die than white women.^{iv} Factors contributing to this crisis include preeclampsia, obstetric hemorrhage, cardiovascular disease, and cardiomyopathy.^v Mental health conditions, including suicide and overdose, are the leading cause of maternal mortality in the postpartum period in a growing number of states.^{vi,vii} Maternal depression, affecting 15-20 percent of new mothers, can also affect infant health.^{viii}

As organizations representing the frontline physicians who care for patients in all communities—rural, urban, wealthy and low-income— we are committed to supporting multi-disciplinary, evidence-based approaches that reduce risks of maternal mortality and severe maternal morbidity and improve women's health and that of her family's throughout the life course.

Our organizations adopt the following principles as key to our commitment to improving maternal health and preventing pregnancy-related deaths, and encourage Congress and the administration to work with us to accomplish these goals:

- 1. Eliminate racial and ethnic disparities in maternal mortality.** Successful interventions to reduce health disparities should be multifaceted and incremental in nature, taking aim at the root causes of suboptimal outcomes and care.^{ix} Key to this work is addressing implicit bias; increasing the provision of culturally competent care through implicit bias training and regional centers of excellence focused on improving clinician education; and ensuring that the voices and lived experiences of women of color are incorporated into patient safety work. Strategic efforts to deliver culturally sensitive care across medicine could benefit patients and their families.
- 2. Improve access to maternity care in rural areas.** Women living in rural areas have less access to health care and experience poorer health outcomes than women living in urban areas,^x a trend exacerbated by the rapid rate of rural hospital closures and shuttering of obstetric units. About 500,000 women give birth each year in rural hospitals yet access to labor and delivery care is declining.^{xi} Access to this vital care can be improved by supporting rural residency training tracks, increasing Medicaid payment, enhancing liability protections for obstetric providers, and increasing use of telemedicine.
- 3. Ensure Medicaid coverage for women through 12 months postpartum.** Medicaid is the largest single payer of maternity care in U.S., covering 42.6% of births.^{xii} However, Medicaid pregnancy coverage lapses roughly 60-days postpartum. As many maternal mortality review committees (MMRCs) have found, and the Centers for Disease Control and Prevention has confirmed, about 33% of pregnancy-related deaths occur in the weeks and months following childbirth^{xiii} and deaths from preventable causes, including overdose and suicide, occur more frequently during the postpartum period.^{xiv} Closing this critical gap in coverage during this vulnerable time can mean the difference between life and death for some women.
- 4. Support perinatal quality collaboratives.** These working groups of local and regional experts can accelerate the impact of MMRCs by implementing MMRC recommendations and making measurable improvements in health outcomes of mothers and babies. Collaboratives share best practices and lessons learned with each other across the Nation. With the help of these collaboratives, many states have seen reductions in severe pregnancy complications and improvements in health outcomes for mothers and babies.
- 5. Support innovation for maternal health.** Support national, cross-sector, data-driven maternal safety and quality improvement initiatives working in partnership with states, hospitals, and communities to increase adoption of evidence-based maternal safety best practices. Such initiatives promote a culture of safety and safe and respectful maternal care for every US birth.

Our organizations applaud state and congressional policymakers committed to this important issue. We welcome the opportunity to extend our partnership to eliminate preventable maternal deaths and help ensure healthy moms and babies throughout the Nation.

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- ^x Health disparities in rural women. Committee Opinion No. 586. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2014;123:384–8.
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