

MATERNAL MORTALITY IN LOUISIANA

2017-2019: DATA HIGHLIGHTS

The Louisiana Pregnancy-Associated Mortality Review Committee reviews statewide maternal death cases to identify opportunities for prevention. The data and recommendations here are based on the cases reviewed. Visit PartnersForFamilyHealth.org/MaternalMortality for more information

NUMBERS

182

PREGNANCY-ASSOCIATED DEATHS

44

PREGNANCY-RELATED DEATHS

114

PREGNANCY-ASSOCIATED, BUT NOT RELATED DEATHS

DEFINITIONS

- **PREGNANCY-ASSOCIATED DEATH:** Death of a woman during pregnancy or within one year of the end of pregnancy, regardless of the cause.
- **PREGNANCY-RELATED DEATH:** Death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by the pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.
- **PREGNANCY-ASSOCIATED, BUT NOT RELATED DEATH:** Death of a woman during pregnancy or within one year of the end of pregnancy from a cause that is not related to pregnancy.

LEADING CAUSES OF DEATH

PREGNANCY-ASSOCIATED DEATHS



ACCIDENTAL OVERDOSE



HOMICIDE



MOTOR VEHICLE CRASH

PREGNANCY-RELATED DEATHS



CARDIOVASCULAR CONDITIONS



THROMBOTIC EMBOLISM



HYPERTENSIVE DISORDERS OF PREGNANCY

DISPARITIES EXIST



A BLACK WOMAN IS

2X

MORE LIKELY TO DIE FROM A PREGNANCY-ASSOCIATED CAUSE THAN A WHITE WOMAN

67%

OF PREGNANCY ASSOCIATED DEATHS WERE WOMEN WITH A HIGH SCHOOL DEGREE/GED OR LESS



47% OF ALL WOMEN GIVING BIRTH HAD A HIGH SCHOOL DEGREE/GED OR LESS

The Louisiana PAMR Review Committee strives to be inclusive of all birthing people and acknowledge that not all individuals who get pregnant or give birth identify as women.



For more data on maternal mortality, view the **2017-19 Pregnancy-Associated Mortality Review Report** PartnersForFamilyHealth.org/MaternalMortality

MATERNAL MORTALITY IN LOUISIANA

2017-2019: PREVENTING MATERNAL MORTALITY

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PRIORITY AREAS FOR PREVENTION

-  **Improve care coordination** before, during and after pregnancy, including support for continued healthcare during the fourth trimester, a critical period for women and infants. Services and supports should be multidisciplinary, ongoing and patient-centered to optimize care and health outcomes.
-  **Expand the obstetric healthcare workforce** and increase access by utilizing telehealth. This will provide greater access to care for people in rural and underserved areas.
-  **Address social determinants of health (SDoH)** including access to quality and equitable healthcare, education, economic stability, social and community connections, and built environment to improve maternal mortality.
-  **Address mental health disorders** before, during, and after pregnancy using validated screening tools, providing brief intervention, and referral to treatment
-  **Ensure pregnant people receive the appropriate level of care** based on the complexity and severity (acuity) of their medical issues, and risk factors present. By ensuring readiness, risk assessment, and implementing evidence-based practices, all facilities can reduce severe complications.
-  **Address implicit bias and structural racism** across the network of care that serves pregnant and postpartum women to decrease disparities in outcomes and improve health equity.
-  **Address substance use disorder before, during, and after pregnancy** by screening through a validated tool and implementing evidence-based practices for treatment.

WHO CAN PREVENT MATERNAL MORTALITY? EVERYONE CAN!

Every individual has a role to play in preventing maternal mortality. Learn how you can play your part by reviewing the recommendations in the 2017-19 PAMR Report at PartnersForFamilyHealth.org/PAMR.



Patients and Families



Healthcare Systems



Healthcare Providers



Payers and Insurance Providers



Government and Public Health Agencies



Policy Makers



Social and Local Community Organizations



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