



# Maternal Mortality Review: A Potential Strategy for Optimizing Native Women's Health

## Maternal Mortality

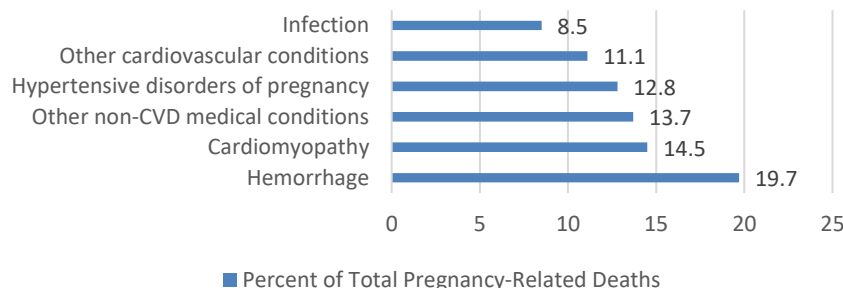
There are several definitions used in association with maternal mortality. Here we use the term pregnancy-related deaths, as used by the CDC Pregnancy Mortality Surveillance System. This includes deaths that occur while a woman is pregnant or “within 1 year of the end of a pregnancy –regardless of the outcome, duration or site of the pregnancy– from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.”<sup>1</sup>



## Maternal Mortality Burden in Indian Country

### Leading causes of pregnancy-related mortality among AI/AN women, United States, 2007–2016

\*does not include deaths from suicides, overdoses or homicides



American Indian / Alaska Native (AI/AN) populations face a significant maternal mortality burden. Specifically, AI/AN women have a pregnancy-related mortality rate two times that of non-Hispanic white women (30.4 deaths per 100,000 live births compared to 13.0).<sup>2</sup>

While the social determinants of health play an overall role in Indian Country's maternal mortality rates, the top cause-specific pregnancy-related mortalities for AI/AN women are due to hemorrhage, cardiomyopathy, or other non-

cardiovascular medical conditions (as shown on the left):<sup>2</sup>

In general, racial misclassification and the relatively small sample size of AI/AN women have prevented the issue of maternal mortality in Indian Country from gaining national attention.<sup>3</sup> In addition, minimal research exists on the social factors related to poor delivery and birth outcomes for AI/AN women. However, available research focuses primarily on health care (including health insurance coverage and access to affordable, high-quality health care) as a contributing factor to the maternal mortality burden.<sup>4</sup> This is certainly worth noting as approximately 41% of AI/AN women do not receive the recommended number of prenatal visits<sup>5</sup> and, compared to the non-Hispanic white population, AI/AN populations are more than twice as likely to lack medical insurance, meaning they may struggle to pay for—or even access—necessary services.<sup>6</sup>

<sup>1</sup> <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>

<sup>2</sup> <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>

<sup>3</sup> <https://www.americanprogress.org/issues/early-childhood/news/2018/07/09/451344/american-indian-alaska-native-maternal-infant-mortality-challenges-opportunities/>

<sup>4</sup> <https://www.americanprogress.org/issues/early-childhood/news/2018/07/09/451344/american-indian-alaska-native-maternal-infant-mortality-challenges-opportunities/>

<sup>5</sup> [https://www.cdc.gov/nchs/data/hpdata2010/hpdata2010\\_final\\_review.pdf](https://www.cdc.gov/nchs/data/hpdata2010/hpdata2010_final_review.pdf)

<sup>6</sup> <https://www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-section-4-health-coverage/>

## Reducing the Maternal Mortality Burden



A number of strategies are needed to address the maternal mortality burden in Indian Country. This ranges from system-level strategies to enable states and Tribal organizations to collect accurate data on maternal mortality, on down to community-level strategies to remove barriers to health care access (specifically pre- and postnatal care) and addressing social, cultural, and emotional health needs.

There are also a number of Tribally-driven programs across Indian Country working to combat maternal mortality among AI/AN women. In general, these programs focus on providing prenatal and postpartum support, often in the form of home visiting, to both mothers and infants.

### Tribally-led MMRCs: Potential for Addressing Maternal Mortality

Existing Maternal Mortality Review Committees (MMRCs) are multidisciplinary committees that convene at the state or local level to comprehensively review deaths of women during or within a year of pregnancy.<sup>7</sup> The goal of the review process is to identify and implement recommendations to inform public health and clinical improvements to both reduce deaths and to improve wellness. Maternal mortality review committees have shown that 2 out of every 3 pregnancy-related deaths are preventable.<sup>8</sup>

In 2018, Congress passed the *Preventing Maternal Deaths Act (PL115-344)* to address maternal mortality by establishing and supporting state and tribal MMRCs.<sup>9</sup>

While MMRCs have historically focused on healthcare and clinical factors, they are increasingly examining the role of social determinants of health, such as housing, food access, violence, community safety, structural racism, and economic circumstances. Using the data gathered, MMRCs are optimized when they provide recommendations and develop strategies to prevent problems that arise during the prenatal and postpartum period. For more information about MMRCs and their process, you can visit [www.ReviewtoAction.org](http://www.ReviewtoAction.org).

**REVIEW COMMITTEES**  
determine if a death was preventable



Many state committees consist of public-private partnerships involving health providers, state department of health staff, and representatives from maternal and child health related organizations. However, the level of Tribal involvement on MMRCs is widely variable, and there are currently no Tribally-led MMRCs. Currently about 6 states have a Tribal representative on their MMRC. The state-specific definitions have the potential to be clear in a process for consulting with Tribes in the region to identify an appropriate representative. Tribes and Tribal organizations can also form MMRCs to meet the need in Indian Country.

### Additional Considerations for Tribally-led MMRCs

- 1) Cultural sensitivity should be applied, especially when generalizing processes for Tribally-led MMRCs. Each Tribe has its own cultural norms that may be important in discussing and addressing maternal deaths.
- 2) Tribes vary in population size and the number of maternal deaths per year will vary widely across all Tribes. The feasibility of a MMRC should be considered.
- 3) Lastly, sustaining a MMRC should be addressed before implementation.

**Questions?** Contact Karrie Joseph, [KJoseph@nihb.org](mailto:KJoseph@nihb.org) or Sara Zdunek, at [SZdunek@nihb.org](mailto:SZdunek@nihb.org).

*This fact sheet was developed through the support from a cooperative agreement between the Centers for Disease Control and Prevention and the National Indian Health Board (CDC-RFA-OT18-1802).*

<sup>7</sup> [www.cdc.gov/erasemm](http://www.cdc.gov/erasemm)

<sup>8</sup> <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief.html>

<sup>9</sup> <https://www.congress.gov/bill/115th-congress/house-bill/1318/text?overview=closed>