



Maternal Mortality in Idaho

Jennifer Liposchak

**Women & Infant Health Program
Manager**

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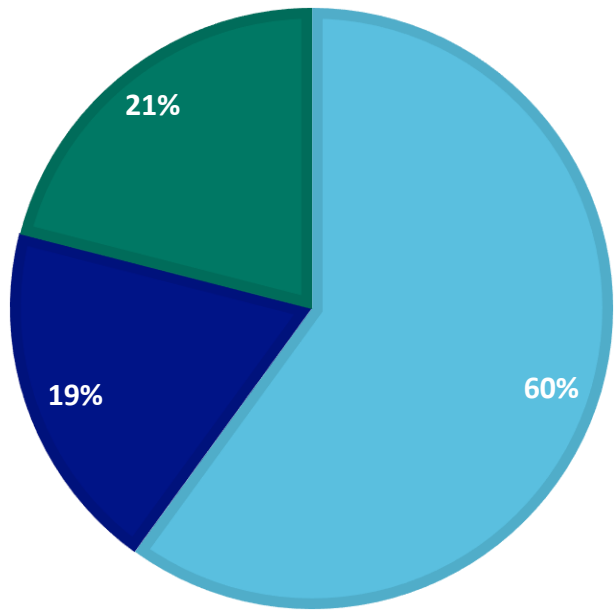


IDAHO DEPARTMENT OF
HEALTH & WELFARE

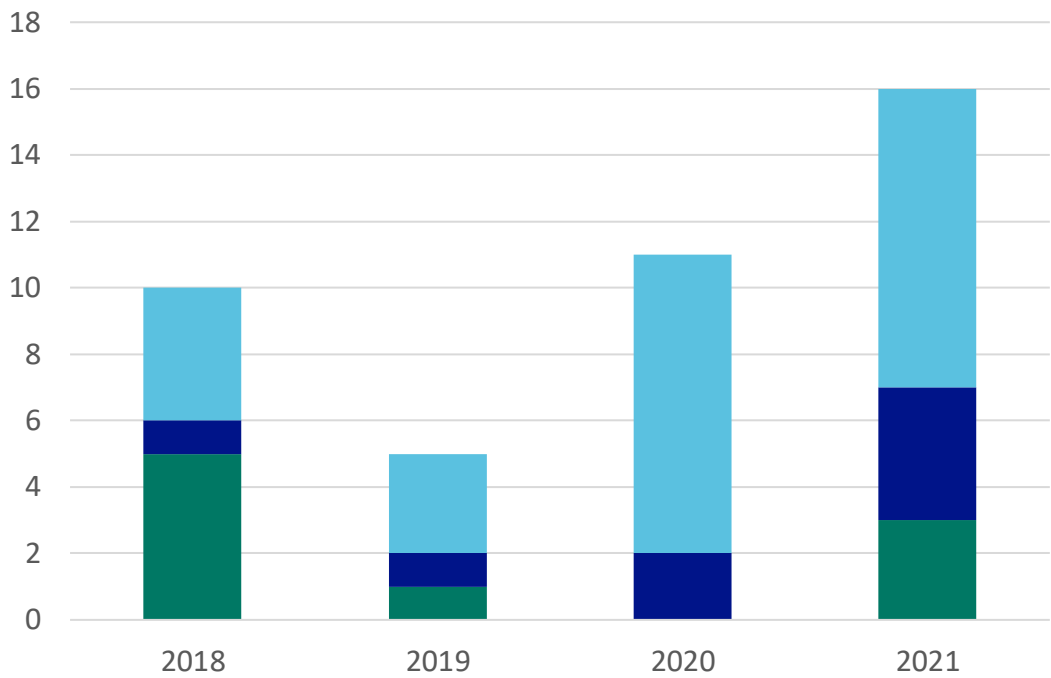


PREGNANCY-RELATEDNESS STATUS COMBINED, 2018-2021

- Pregnancy-Related
- Pregnancy-Associated, but NOT-Related
- Pregnancy-Associated, but Unable to Determine Pregnancy-Relatedness



PREGNANCY-RELATEDNESS STATUS BY YEAR, 2018-2021

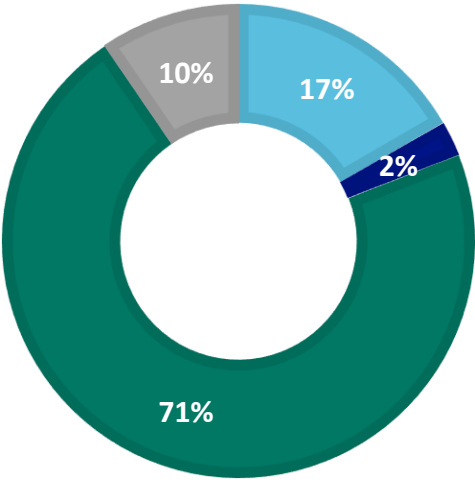


- Pregnancy-Related
- Pregnancy-Associated, but NOT-Related
- Pregnancy Associated, but Unable to Determine Pregnancy-Relatedness



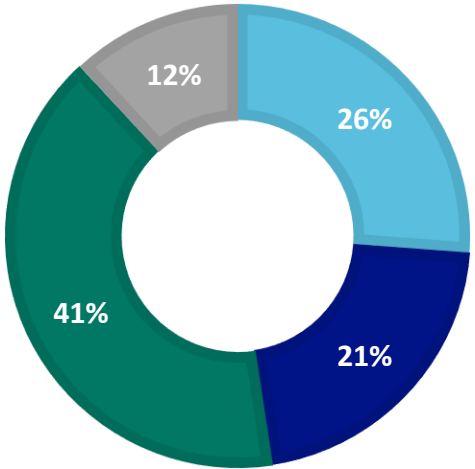
OBESITY, 2018-2021

■ Yes ■ Probably ■ No ■ Unknown



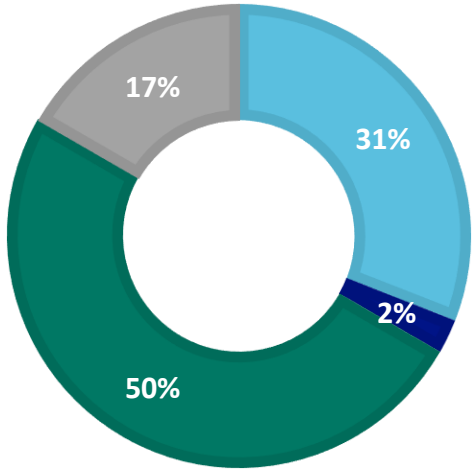
MENTAL HEALTH CONDITIONS, 2018-2021

■ Yes ■ Probably ■ No ■ Unknown



SUBSTANCE USE DISORDER, 2018-2021

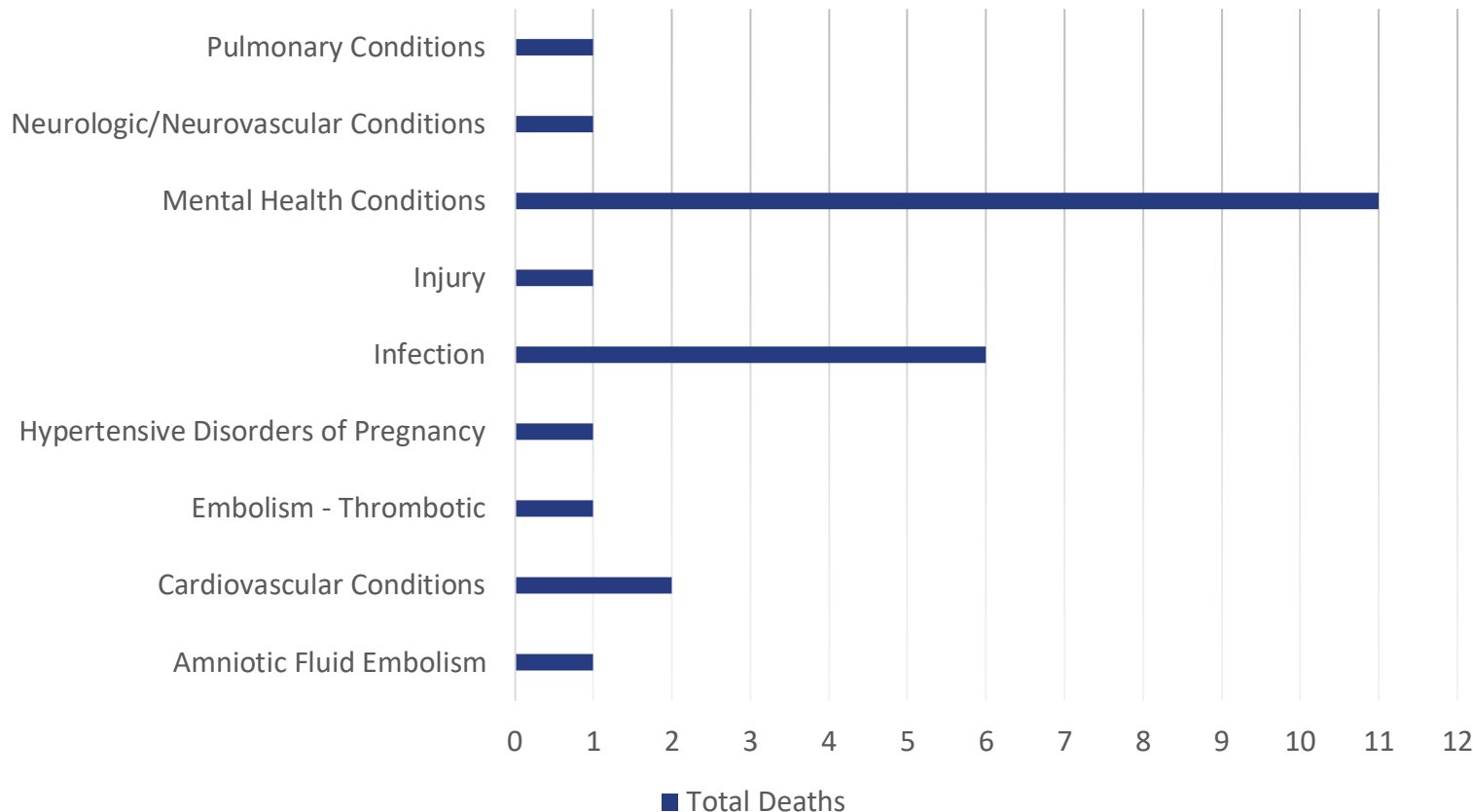
■ Yes ■ Probably ■ No ■ Unknown



For pregnancy-associated deaths from 2018-2021.



MMRC DETERMINED UNDERLYING CAUSE OF DEATH FOR ALL PREGNANCY-RELATED DEATHS, 2018-2021



Standard Definitions

Mental health conditions include deaths related to suicide, substance use disorder, overdose/poisoning, and unintentional injuries determined by the MMRC to be related to a mental health condition.

Injury includes intentional (homicide), unintentional, or unknown intent.

Hypertensive disorders of pregnancy include preeclampsia and eclampsia.

Cardiovascular conditions include deaths due to coronary artery disease, pulmonary hypertension, acquired and congenital valvular heart disease, vascular aneurysm, hypertensive cardiovascular disease, Marfan Syndrome, conduction defects, vascular malformations, and other cardiovascular disease; and excludes cardiomyopathy and preeclampsia, eclampsia, and chronic hypertension with superimposed preeclampsia which are categorized separately.

Pregnancy-Related Mortality Ratio

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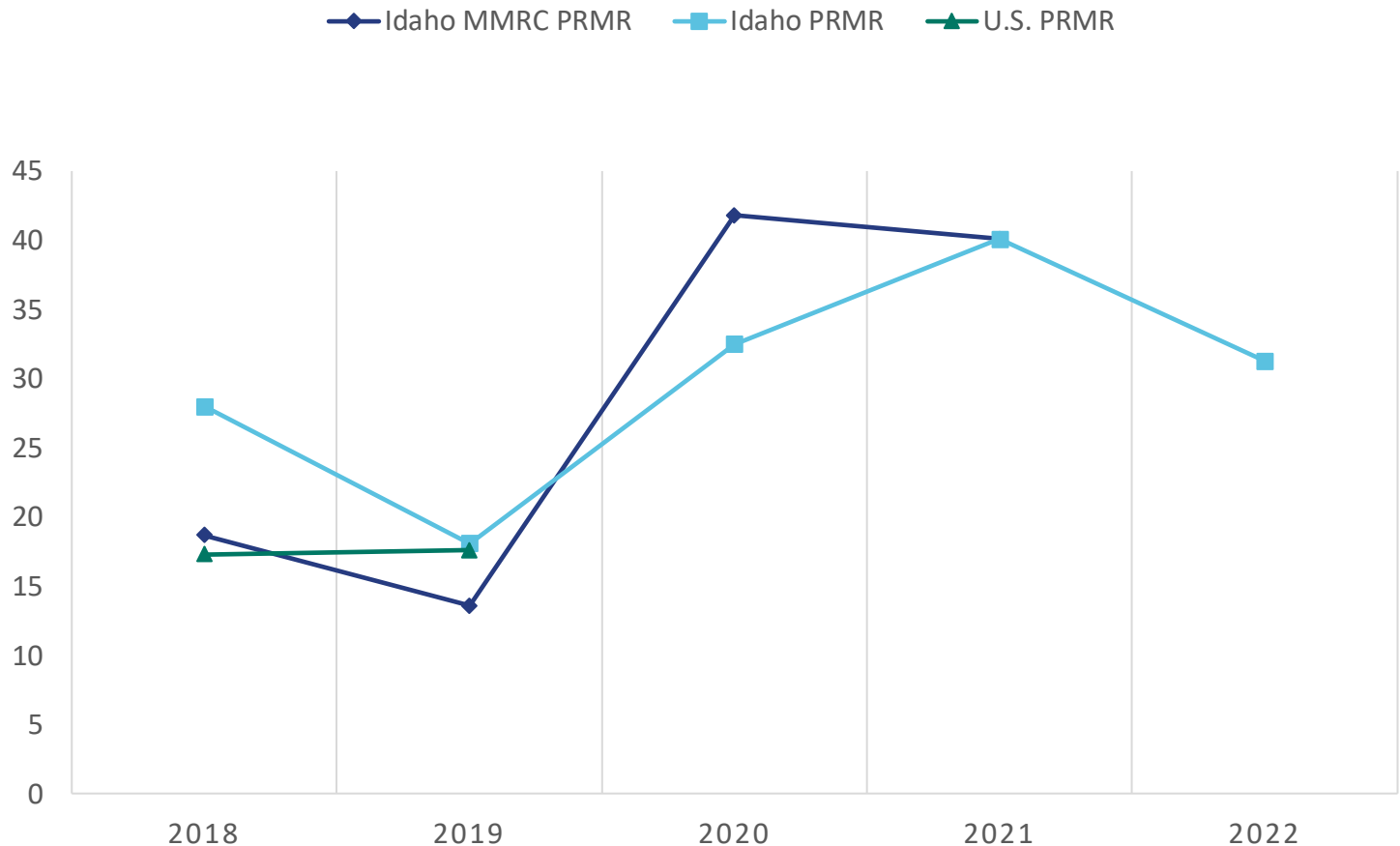


Idaho MMRC PRMR: the number of pregnancy related deaths as determined by the MMRC per 100,000 live births. This ratio includes deaths of women while pregnant or within 1 year of the end of a pregnancy – regardless of the outcome, duration or site of the pregnancy – from any cause related to or aggravated by the pregnancy or its management.

Idaho PRMR: This ratio includes deaths of women while 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.** Only those deaths with the underlying cause of death assigned to International Statistical Classification of Diseases, 10th Revision (ICD–10) code numbers A34, 000-099 are included.

U.S. PRMR: From the national Pregnancy Mortality Surveillance System, PMSS, a pregnancy-related death is defined as the death of a woman while pregnant or within 1 year of the end of pregnancy regardless of the outcome, duration, or site of the pregnancy – from any cause related to or aggravated by the pregnancy or its management. **Pregnancy-related deaths as defined in PMSS generally do not include deaths due to injury.**

IDAHO MMRC PRMR, IDAHO PRMR, AND AVAILABLE U.S. PRMR

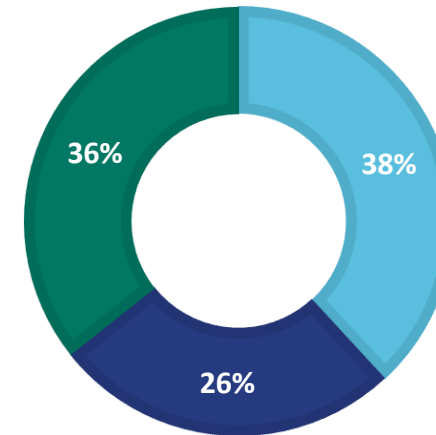




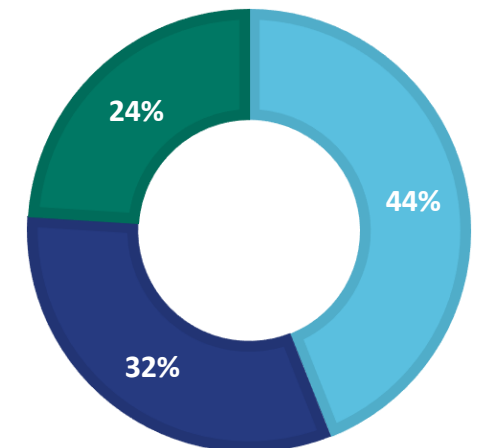
Pregnancy Associated Deaths Demographics		Percentage of Deaths
Age (5-year age groups)	15 to 19 years	2.4%
	20 to 24 years	21.4%
	25 to 29 years	28.6%
	30 to 34 years	33.3%
	35 to 39 years	14.3%
Race/ Ethnicity	Non-Hispanic, White	69.0%
	Non-Hispanic, Black	2.4%
	Hispanic	14.3%
	American Indian/Alaskan Native	4.8%
	Pacific Islander	4.8%
	Bi-racial	4.8%
Education	8 th Grade or Less	7.1%
	9 th – 12 th Grade; No Diploma	16.7%
	High School Grad or GED	35.7%
	Some College; No Degree	21.4%
	Associate's Degree	9.5%
	Bachelor's Degree	7.1%
	Master's Degree	2.4%

Timing of Death

PREGNANCY-ASSOCIATED DEATHS



PREGNANCY-RELATED DEATHS



- Pregnant at Time of Death
- Pregnant Within 42 Days of Death
- Pregnant 43 to 365 Days Before Death



- 71% of pregnancy-associated deaths were on Medicaid.
- All pregnancy-related deaths have been determined to be preventable.
- The most common contributing factors
 - Lack of knowledge
 - Lack of access/financial resources
 - Mental health conditions
 - Lack of continuity of care





- Idaho Medicaid should expand coverage for pregnant women to 12 months postpartum, regardless of pregnancy outcome.
- A Statewide Perinatal Quality Collaborative (PQC) should be established to promote best practice and multidisciplinary care for pregnant women.
- Implement the Alliance for Innovation on Maternal Health's Patient Safety Bundles.
- Idaho Department of Health and Welfare should promote the federal maternal mental health hotline
- Idaho Medicaid, and other insurers, should consider case management for pregnant and postpartum women with substance use disorder and/or mental health conditions.
- Healthcare systems and public health systems should make home visiting programs, such as Nurse-Family Partnership and Healthy Start, available statewide and normalize them in communities.



- Title V Maternal & Child Health Priorities
 - New 5-Year State Action Plan
 - National Performance Measure
 - Transition of the MMRC to Idaho Board of Medicine
 - Partnership with Medicaid
- Data Collection & Trends
 - Birth Facility Map
 - Hospital Data
 - Utilization of Current Data
- Maternity Care Deserts & Labor and Delivery Closures