EverThrive Illinois Policy Symposium:
Forging Strategies to Address Maternal Mortality in Illinois

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EverThrive Illinois envisions a society in which all Illinoisans are able to live their healthiest life.

**OUR MISSION**

EverThrive Illinois works to improve the health of women, children and families over the lifespan.

**OUR VISION**

EverThrive Illinois envisions a society in which all Illinoisans are able to live their healthiest life.

**OUR VALUES**

- Strong Partnerships
- Diverse Voices
- Health Equity
Maternal Mortality: Why We Care
Maternal Mortality: The Headlines

U.S. Has The Worst Rate Of Maternal Deaths In The Developed World

Maternal Mortality Rate in U.S. Rises, Defying Global Trend, Study Finds

Why America’s Black Mothers and Babies Are in a Life-or-Death Crisis
What is Maternal Mortality?

The death of a woman while pregnant or within 1 year of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.
Maternal Mortality: Definitions

**WHO definition**
- Maternal Death
  - While pregnant or within 42 days postpartum
- Late Maternal Death
  - 43-364 days postpartum

**CDC definition**
- Pregnancy-Associated Death
  - Occurs while pregnant or within 365 days postpartum
  - Any cause
- Pregnancy-Related Death
  - Occurs while pregnant or within 365 days postpartum
  - Related to the pregnancy
Data

Delays in states’ adoption of a revised death certificate that asked about pregnancy

States with pregnancy questions inconsistent with the U.S. standard

U.S. has not published an official maternal mortality rate since 2007
Maternal Mortality in the US

- U.S.A. (26.4)
- U.K. (9.2)
- Portugal (9)
- Germany (9)
- France (7.8)
- Canada (7.3)
- Netherlands (6.7)
- Spain (5.6)
- Australia (5.5)
- Ireland (4.7)
- Sweden (4.4)
- Italy (4.2)
- Denmark (4.2)
- Finland (3.8)

[Graph showing maternal mortality trends in various countries from 1990 to 2015]
Maternal Mortality in the US

The colour of risk

United States maternal mortality rate, 2006-10
Per 100,000 live births

Black
Other races
White
Hispanic

Sources: Creanga et al, Obstetrics & Gynecology

Economist.com
Preventability

Figure 8. Distribution of Preventability Among Pregnancy-Related Deaths

- **OVERALL**
  - 33.5% Not Preventable
  - 63.2% Preventable
  - 3.2% Unable to Determine

- **CARDIOVASCULAR AND CORONARY CONDITIONS**
  - 27.3% Not Preventable
  - 68.2% Preventable
  - 4.6% Unable to Determine

- **HEMORRHAGE**
  - 25.0% Not Preventable
  - 70.0% Preventable
  - 5.0% Unable to Determine
Maternal Mortality in Illinois: An Overview

Amanda Bennett, PhD, MPH
Senior Maternal and Child Health Epidemiologist
IDPH Office of Women’s Health and Family Services
The Tip of the Iceberg

• 700-1,000 women in the U.S. die from pregnancy-related complications annually

• Death is the most severe outcome along a continuum of morbidities and pregnancy complications
The Canary in the Coal Mine

- What does maternal mortality tell us about the environment in which we live?
- Each maternal death is a sentinel event that highlights critical issues in women’s health and healthcare
- We should look to maternal mortality as a signal of broader trends in women’s health
Illinois’ Approach to Maternal Mortality

1. Identify all pregnancy-associated deaths
2. Review cases that:
   – Are potentially *related* to pregnancy
   – Are due to homicide, suicide, or drug poisoning
3. Aggregate data and recommendations
4. Disseminate findings
5. Act upon the findings
Identification of Deaths

• Illinois seeks to identify all pregnancy-associated deaths, with the goal of determining whether each case was pregnancy-related

• **Data Sources**
  – Vital Records
    • Death certificate checkbox
    • Death certificate underlying cause of death codes
    • Death certificates linked to birth and fetal death certificates
  – Hospital Report
  – Coroner / Medical Examiner Report
  – Newspaper Article & Obituary Review
The pregnancy-associated mortality ratio for Illinois women increased an average of 2.6% annually between 2004-2016.

During the last five years, an average of 74 Illinois women died each year while pregnant or during the year after pregnancy.

The increase in the Illinois PAMR appears to be isolated to non-Hispanic black women.

The numbers of opioid-related poisoning pregnancy-associated deaths has increased over time.

Opioids were involved in 83% of pregnancy-associated drug poisoning deaths during 2014-2016.

Illinois Maternal Mortality Review Committees

- While vital records may help identify cases, they cannot determine preventability or factors involved in the cases

- **Maternal Mortality Review Committee (MMRC)**
  - Established in 2002
  - Reviews cases suspected to be medically related to pregnancy

- **Maternal Mortality Review Committee - Violent Deaths (MMRC-V)**
  - Established in 2015
  - Reviews deaths due to homicide, suicide, or drug poisoning

- Committees serve as formal advisory bodies to IDPH
2015 Illinois Case Review Progress
(as of 6/13/2018)

All Deaths within 1 Year of Pregnancy
(n = 93)

Possibly Related to Pregnancy:
To MMRC
(n = 41)
- Review Completed
  (n = 35)
- Not Yet Reviewed
  (n = 6)

Homicide, Suicide or Overdose Death:
To MMRC-V
(n = 28)
- Review Completed
  (n = 28)
- Not Yet Reviewed
  (n = 0)

Non-Violent Death, Unrelated to Pregnancy:
No Review
(n = 24)
Illinois Maternal Mortality Review Process

• Once pregnancy-associated deaths are identified, IDPH gathers relevant case records
  – Medical records (e.g., prenatal care, hospitalizations, ED visits)
  – Autopsy
  – Police reports

• Cases are sorted and assigned to relevant committees
• IDPH employees create “abstracts” of cases
• Abstracts are discussed by committees
• Committee decisions are recorded
Review Decisions: Key Questions

1. What was the cause of death?
2. Was the death pregnancy-related?
3. Was the death preventable?
4. What critical factors contributed to this death?
5. What are recommendations to prevent future deaths?
Where We Currently Stand

• Complete reviews of 2015 deaths
• Organize and prioritize recommendations from two committees
• Publish report on data and recommendations
• Convene partners and disseminate findings
• Collaboratively develop an action plan for improving maternal health in Illinois
For More Information about Maternal Deaths

• Illinois contributed data from 29 deaths occurring in 2015 to a multi-state analysis conducted by CDC

• Report published Feb 2018

QUESTIONS?

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For more information about maternal mortality review in the U.S., visit:
http://reviewtoaction.org/
Key Drivers of the MMR

- Systemic Racism
- Untreated Mental Illness and Substance Use
- Poor Systems Coordination
Panel Discussion

Moderator and EverThrive IL Board Member: Ariel Thomas, MS

Panelists:

- Kandace Thomas
- Virginia Reising
- Stacie Geller, Ph.D.
Policy Recommendations
Policy Recommendations: Current Legislation

• Mothers and Offspring Mortality and Morbidity Awareness (MOMMA) Act
Policy Recommendations: Addressing Systemic Racism

1. Address racism and bias in provider education
2. Legitimize paraprofessionals
3. Prioritize consumer advocacy
Policy Recommendations: Addressing Mental Illness and Substance Use

1. Increase access to treatment
2. Improve mental health systems
Policy Recommendations: Improving Systems Coordination

1. Improve Care Coordination
Discussion and Next Steps

1. Continue Tonight’s Discussion:
   • What are the other important drivers of Maternal Mortality and how do we address them?
   • What are other policy solutions to the drivers that we discussed tonight?
   • What are other innovative solutions to this pervasive public health problem?

2. Align Efforts:
   • MMRC Report of Recommendations
   • Community and Organizational Priorities

3. Support smart policy:
   • Advocate for U.S. Representative Robin Kelly’s MOMMA Act
   • Advocate for the reversing of years of cuts in the IL state budget for programs that impact maternal and child health, especially services that address maternal and infant mortality

Other questions or discussion regarding:

- Maternal mortality
- Racism’s impact on health
- Addressing mental illness and substance use
- Systems coordination
Thank you!

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