

February 12, 2018

To: Kansas Health and Human Services Committee
Representative Dan Hawkins, Chair

From: Shalae Harris RN, BSN, MPA
March of Dimes Director of Advocacy & Government Affairs-KS

Re: HB 2573- Providing for study and investigation of maternal deaths by the secretary of health and environment

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I write on behalf of March of Dimes in support of HB 2573 providing for study and investigation of maternal deaths by the secretary of health and environment. Our mission is to lead the fight for the health of all moms and babies and believe that every baby deserves the best possible start. We seek to protect all pregnancies and to improve healthcare services for the best birth outcomes in Kansas. HB 2573 would help us and our healthcare partners achieve this.

The current rate of maternal mortality in the United States is alarming and unacceptable. While other developed nations have seen their maternal mortality rate decline over the last three decades, the United States' rate has more than doubled since 1987, and currently ranks 47th globally with the national average at around 19.9 deaths per 100,000 births. In Kansas, we rank 27th in the nation for maternal mortality with 19.6 deaths for every 100,000 births (CDC, 2011-2014). Current leading causes include cardiovascular disease, venous thromboembolism, obstetric hemorrhage and pre-eclampsia. Many of these deaths are preventable. Over half of the states in our country use maternal mortality review strategies that include improvements to data collection and surveillance through a state established multidisciplinary committee to reduce pregnancy related deaths.

Maternal mortality review should be a part of each state's core public health function of assessment. State maternal mortality review committees make important contributions to public health by improving the identification of pregnancy-related deaths; conducting or overseeing the review of these deaths; recommending actions to help prevent future deaths and improve maternal health; and synthesizing and disseminating the review results.

HB 2573 contains provisions consistent with the maternal mortality review recommendations of the American College of Obstetricians and Gynecologists (ACOG). ACOG states access to records with confidentiality and immunity protections for the case review process is vital for a comprehensive assessment to identify gaps in services and to find strengths in the system of care that should be supported or expanded. Also recommended is allowance to use aggregate and de-identified data that could be distributed to better inform research priorities, clinical practice and intervention strategies. March of Dimes supports efforts to efficiently measure and investigate this problem that could advance effective policy change and program development to improve the state's birth outcomes.

On behalf of the pregnant women and babies we work to protect, the March of Dimes urges the committee to support HB 2573. Thank you for all you do to support the health of all Kansas residents.

For more information or questions, contact Shalae Harris, Director of Advocacy
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House Health and Human Services
Date: _____
Attachment #: _____



Maternal Morbidity and Mortality

Maternal morbidity is the physical and psychological conditions that results from or are aggravated by pregnancy and have an adverse effect on a woman's health.

Maternal mortality is defined as the death of a woman while pregnant or within one year of the end of pregnancy from any cause related to or aggravated by the pregnancy.

Why is this Needed?

In Kansas, the maternal mortality rate is 19.6 per 100,000 live births while the national average is 19.9 per 100,000 live births. The major causes of pregnancy-related deaths are the same today as in the past: bleeding, hypertensive disorders of pregnancy, embolism, and infection. Chronic diseases such as cardiovascular disease, diabetes, and obesity contribute to these causes and are preventable.

Maternal morbidity and mortality is a major public health concern and has significant family, economic, and societal impacts. Maternal mortality should be part of each state's core public health function of assessment. State maternal mortality review committees make important contributions to public health and improvements to healthcare systems.

The Importance of a Review Committee

In 1986, the CDC initiated a national Pregnancy Mortality Surveillance System because more clinical information was needed to fill data gaps about causes of maternal deaths. Soon after, states began forming maternal mortality review committees understanding the benefits to lower maternal deaths.

State maternal mortality review committees make important contributions to public health by improved data collection and surveillance. An active maternal mortality review committee provides valuable data and information that will identify risks and causes of maternal morbidity and mortality so that through effective interventions, future preventable maternal deaths can be reduced.

The March of Dimes supports HB 2573 that would provide the study and investigation of maternal deaths by the secretary of health and environment. We believe this would effectively decrease the number of maternal deaths and increase the number of healthier pregnancies in Kansas.

Key Points

- According to the CDC, the trend of maternal mortality is on the rise: 7.2 per 100,000 live births (1987) to 19.9 (CDC, 2011-2014)
- Kansas ranks 27th in the nation with 19.6 deaths per 100,000 live births
- Chronic diseases such as cardiovascular disease, diabetes, and obesity contribute and are preventable
- Despite the rising trend, states with a review committee make important contributions to public health and improvements to healthcare
- According to ACOG, 30 states in the US have a maternal mortality review committee
- Maternal mortality review committees provide valuable data and interventions to reduce future maternal deaths

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