

## GEORGIA MATERNAL MORTALITY SURVEILLANCE FACT SHEET

- Maternal mortality is unacceptably high in Georgia. Georgia consistently exceeds the national maternal mortality rate.
- It is estimated that each year approximately 75 Georgia women die within one year after the end of pregnancy, as determined by death certificate and linking with birth and fetal death files. However, this number is a gross underestimate as it does not include women who die while pregnant from causes that are not directly pregnancy-related; also, fetal death certificates are not completed when the fetus is not removed from the mother.
- Pregnancy is a unique time in a woman's life when her body goes through many, entirely normal, changes. However, as the woman's body transforms, complications or problems may arise. Recent research has shown that pregnant and postnatal women are at greater risk for selected medical problems such as hypertensive disorders including pre-eclampsia and eclampsia; infectious diseases such as group B streptococcal infection and foodborne diseases, as well as at greater risk for public health issues related to injury, violence and mental health.
- It is estimated that at least half of maternal deaths are preventable!
- Skilled care before, during and after childbirth can save the lives of women and newborn babies.

### How are cases defined?

- Pregnancy-associated death: The death of a woman while pregnant or within 1 year of end of pregnancy, irrespective of cause.
- Pregnancy-related death: The death of a woman while pregnant or within 1 year of end of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by her pregnancy or its management, but not from accidental or incidental causes.

### What are the objectives of maternal mortality surveillance?

- To identify all pregnancy-associated deaths in a timely manner and to investigate pregnancy-related deaths.
- To assess the factors associated with pregnancy-related deaths, develop appropriate recommendations to reduce the number of deaths and establish accountability.



- To develop, monitor and assess public health interventions that address causes of severe maternal complications and mortality.
- To enhance the information available to address maternal health disparities.
- To communicate findings and recommendations through appropriate medium to targeted audiences.

### **How will the data be used?**

- The Georgia Department of Public Health depends on reliable data to improve maternal health and survival.
- Data are used to identify gaps in our health delivery system and improve the overall effectiveness of the system.
- Data are used to identify trends, to set priorities and allocate scarce resources to reduce the risks of maternal deaths.
- Data will also be used for advocacy; to develop models to increase awareness about safe motherhood.
- Data will be used to improve routine information systems and enhance existing measurement methods and tools.

### **Who needs to report maternal deaths?**

The Georgia Department of Public Health would like to establish a partnership with key entities and informants so that every maternal death is counted and accurately documented. Medical examiners, coroners and all providers of health care, including but not limited to: hospitals, emergency medical service providers, obstetricians and other physicians, are required to report maternal deaths within 7 days of its occurrence to the Georgia Department of Public Health, Maternal and Child Health Section, Office of Epidemiology. Please fax reports to: 404-657-7307.

Forms are available on the web: <http://dph.georgia.gov/documents/forms-surveys-and-documents>

For further information and instructions on reporting, contact:  
Office of Maternal Child Health Epidemiology  
2 Peachtree Street NW, 11th Floor • Atlanta, Georgia 30303-3142  
Phone: 404-657-2850  
Fax: 404-657-7307  
Email: [mchepi@dhr.state.ga.us](mailto:mchepi@dhr.state.ga.us)  
or, call the 1-866-PUB-HLTH phone line.

