

GEORGIA: MATERNAL MORTALITY

THE NUMBERS

(2012- 2016)

66

**PREGNANCY-ASSOCIATED
DEATHS**

PER 100,000 LIVE BIRTHS

26

**PREGNANCY-RELATED
DEATHS**

PER 100,000 LIVE BIRTHS

70%

**WERE
PREVENTABLE**

PREGNANCY-RELATED

2.7_x

BLACK WOMEN

NON-HISPANIC

**MORE LIKELY TO DIE FROM
PREGNANCY-RELATED CAUSES THAN**

WHITE WOMEN

NON-HISPANIC

PREGNANCY-ASSOCIATED, BUT NOT RELATED:

A death during pregnancy or within one year of the end of pregnancy due to a cause that is not related to pregnancy.

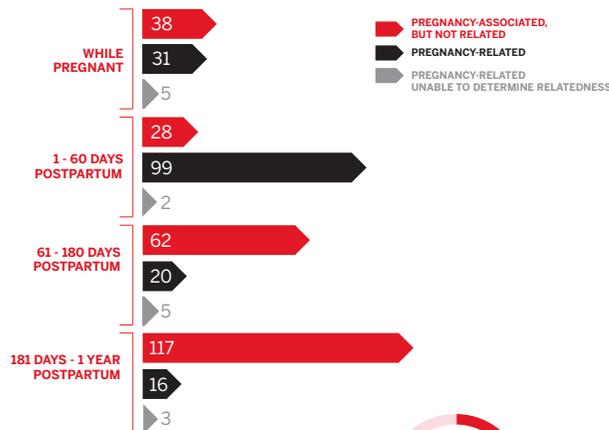
PREGNANCY-RELATED:

A death during pregnancy or within one year of the end of pregnancy from pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

THE LEADING CAUSE OF DEATHS (PREGNANCY-RELATED)

- Cardiomyopathy • Cardiovascular / Coronary • Hemorrhage • Embolism
- Preeclampsia + Eclampsia

PREGNANCY ASSOCIATED DEATHS BY RELATEDNESS + TIMING OF DEATH IN RELATION TO PREGNANCY IN GEORGIA



PREGNANCY-ASSOCIATED DEATHS OCCURRING AFTER DELIVERY BY PAYOR

(WITH A KNOWN PRIMARY PAYOR).



MATERNAL MORTALITY REVIEW COMMITTEE RECOMMENDATIONS

- Georgia should **mandate an autopsy** be performed on all pregnancy-associated deaths.
- Obstetric Providers, insurance providers, and birthing hospitals **should ensure case management is provided** for women **during pregnancy and postpartum**.
- Georgia should **extend Medicaid coverage up to one year postpartum**.
- Obstetric providers should **use a validated instrument for screening perinatal mood and anxiety disorders** at the first prenatal visit, in each subsequent trimester, and at the postpartum visit.
- Obstetric, Primary Care and other Providers should **initiate pre-pregnancy counseling on all women of reproductive age**, in accordance with the American College of Obstetricians and Gynecologists recommendations to optimize health, address modifiable risk factors, provide education about healthy pregnancy, and family planning counseling.