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

2.7X 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

While Pregnant: 311
1 - 60 Days Postpartum: 99
61 - 180 Days Postpartum: 20
181 Days - 1 Year Postpartum: 16

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.

For more information: www.dph.ga.gov/maternal-mortality