



WE KNOW YOU CARE About Texas Mothers

Texans agree: We need to prioritize maternal health

Definitions

Maternal mortality encompasses the topics and definitions of deaths during pregnancy, childbirth, and the post-partum period (up to 1-year from the end of the pregnancy).

Pregnancy-related death the death of a woman while pregnant or within 1 year of the end of her pregnancy from any cause related to or aggravated by her pregnancy or its management.

Pregnancy-associated death the death of a woman from any cause while she is pregnant or within one year of the end of the pregnancy

Maternal death the death of a woman while pregnant or within 42 days of the end of the pregnancy but not from accidental or incidental causes.

Severe maternal morbidity unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health.

A recent poll¹ from Kaiser Family Foundation and the Episcopal Health Foundation found that 62 percent of women and 55 percent of men say state lawmakers should make maternal mortality one of the legislature's top health priorities. The [Maternal Mortality and Morbidity Task Force](#) has made some excellent recommendations based on their findings and now is the time for you to act on them.

Did you know?

- In the U.S., maternal mortality doubled between 1990 and 2013².
- In 2015, the maternal mortality ratio in Texas was 32.5 deaths per 100,000 pregnancies.³
- A Black woman in the United States is 243% more likely to die from pregnancy-related causes than a non-Hispanic White woman.³
- The majority of pregnancy-related deaths in Texas happen more than 60-days post-partum.²
- Most pregnancy-related deaths in Texas are in women enrolled in Medicaid at the time of birth.²

The top four leading causes accounted for 76% of all pregnancy-related deaths in 2012. Other common causes of pregnancy-related death included pre-eclampsia/eclampsia, mental health conditions, and amniotic fluid emboli.

Leading Underlying Causes of Pregnancy-Related Death in Texas²:

Cardiovascular and coronary conditions	Obstetric hemorrhage	Infection/sepsis	Cardiomyopathy
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1 Kaiser Family Foundation & Episcopal Health Foundation. (2018, June 14). [KFF/EHF Poll: Texans' Top State Health Priorities Include Lowering Out-of-Pocket Costs and Reducing Maternal Mortality](https://www.kff.org/health-reform/press-release/poll-texas-health-priorities-costs-maternal-mortality-medicaid/). Retrieved November 29, 2018, from <https://www.kff.org/health-reform/press-release/poll-texas-health-priorities-costs-maternal-mortality-medicaid/>

2 <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>

3 MacDorman, M.F., Declercq, E., & Thoma, M.E. (2018). Trends in Texas maternal mortality by maternal age, race/ethnicity, and cause of death, 2006-2015. *Birth Issues in Perinatal Care*, 45(2), 169-177.





And We Want to Help

Tackling this complex issue will need a multifaceted approach to make an impact.

Who We Are

United Methodist Women is the largest denominational faith organization for women and we have a long history of advocating for women and children all over the world. Locally, we are in search of legislators who welcome the help of more than 1000 women in Central Texas and thousands more across the state to create legislation that protects and elevates the lives of mothers and children across Texas. We want to put our passion and experience behind your efforts to improve the lives of Texas mothers.

But, **most pregnancy-related deaths are potentially preventable with reasonable and modest changes** to the circumstances of the patient, provider, facility, systems, or community.

Expanded access to health care. The first step to improving maternal health is to make sure that all women have access to timely and appropriate health care at all stages of pregnancy, birth, and postpartum care. Currently, Texas Medicaid covers 53% of births in our state but only provides coverage for Texas moms for 60 days after the birth of her child. With a majority of maternal deaths occurring between 60 days to 1 year after childbirth, this is simply not enough coverage. By extending Medicaid the full year after delivery, we can ensure that mothers are receiving the care they need without any financial barriers.

Accurate data. Calculating accurate statistics related to maternal mortality is difficult because death certificate processing and recording is inconsistent. However, accurate data is necessary so that we can answer the question, **“if she had not been pregnant, would she have died?”**

Evidence-based care. The 2018 Maternal Morbidity Task Force report identified several provider and facility factors associated with maternal mortality. Many if not most of these factors are preventable with implementation of evidence-based care and maternal safety initiatives that foster a culture of safety.

Dismantling structural racism. Black women are more than twice as likely to die during or soon after pregnancy. Black women have the highest risk for maternal death even after controlling for socioeconomic status, marital status, education level, and insurance status.¹ That is, neither income level nor any other demographic or social factor explains the higher risk of death in Black women. Better understanding factors that contribute to racial disparities can help to develop programs and policies to improve the health of all Texas moms, especially those most at risk.

Questions? Want to learn more?

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