MATERNAL MORTALITY AND MORBIDITY IN PENNSYLVANIA

DID YOU KNOW?

**Maternal mortality** is on the rise in the U.S., even as it is declining globally.

60,000 women suffer from maternal morbidity: severe complications during childbirth that may have life-long effects on their health and wellbeing.

The leading causes of maternal death in the U.S. include excessive bleeding, high blood pressure, blood clots, and heart disease.

Black women are 3-4 times more likely to die during pregnancy and childbirth than White women.

The rise in chronic health conditions is contributing to pregnancy and childbirth complications. Nearly 30% of women* are obese or have been told they have at least one chronic condition.

Maternal mortality and morbidity are costly to the health system: for example, California’s Medicaid system incurred $200M to treat pregnancy complications related to excessive bleeding and high blood pressure.

Women are the cornerstone of a healthy and prosperous world. When a woman dies, the ripple effect on her family and community is enormous. The United States (U.S.) is one of very few developed countries where deaths related to pregnancy or childbirth are increasing. What’s even more surprising is that nearly 60% of these maternal deaths are preventable.

**Merck for Mothers** is Merck’s 10-year, $500 million initiative to end preventable maternal deaths worldwide. We collaborate with more than 90 partners in over 30 countries to improve access to quality maternal health care.

**Focus**

Merck for Mothers is working in 16 states to address four major contributors to maternal mortality: inconsistent obstetric care across hospitals; lack of good data to understand why women are dying; the rise of chronic conditions like obesity, high blood pressure, diabetes and heart disease; and minimal awareness of and attention to the problem.

**Approach**

Merck for Mothers supports organizations at the policy, hospital, and community levels to develop solutions and tools to end the preventable tragedy of women dying while giving life.

**Top Priorities**

- Ensure that every hospital is prepared to respond to obstetric emergencies
- Count, review, and report every maternal death
- Link women with chronic conditions to care to improve health before, during, and after pregnancy
- Raise awareness of maternal mortality and morbidity as a serious — but solvable — problem
About half of all births take place in Philadelphia,** where the maternal mortality rate has more than doubled since 1980. Philadelphia’s maternal mortality rate is considerably high. Racial disparities are also evident: between 2010 and 2012, 74% of all pregnancy-related deaths that took place in Philadelphia occurred among Black women even though these women comprise only 45% of those who give birth.

The maternal mortality rate in Philadelphia is 27.4 DEATHS per 100,000 live births.

9% OF WOMEN*** in Pennsylvania have been told they have diabetes. Only 2% of mothers in Pennsylvania knew they had diabetes prior to their most recent pregnancy.

30% OF WOMEN*** in Pennsylvania have been told they have high blood pressure.

21% OF MOTHERS in Pennsylvania were obese prior to pregnancy.

Our Partners and Projects

Linking Pregnant Women to Care: Maternity Care Coalition is testing a new model to connect pregnant women with chronic conditions to the care and support services they need to enjoy healthy, safe pregnancies and to improve their long-term wellbeing.

*Women of reproductive age (18-44). ** Recent data on maternal state-wide mortality rates are not available. ***Women over 18 years of age.