



# MATERNAL MORTALITY AND MORBIDITY IN GEORGIA

## 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

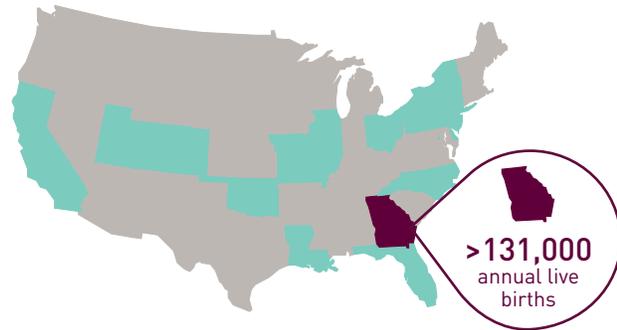
- ✓ Ensure that every hospital is prepared to respond to obstetric emergencies
- ✓ Count, review, and report every maternal death
- ✓ Link women with chronic conditions to care to improve health before, during, and after pregnancy
- ✓ Raise awareness of maternal mortality and morbidity as a serious — but solvable — problem



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## SPOTLIGHT ON MATERNAL HEALTH IN GEORGIA

Georgia's maternal mortality rate is relatively high and it appears to be rising. Racial disparities are also evident: Black women are 1.5 times more likely to die during pregnancy and childbirth than White women. Across the state, the prevalence of some chronic conditions exceeds national averages, and there is limited access to obstetric services in many counties.



The maternal mortality rate is

**19.2**  
DEATHS  
per 100,000 live births



**35%**  
OF WOMEN\*\*

have been told they have high blood pressure



**11%**  
OF WOMEN\*\*

have been told they have diabetes

**24%**  
OF MOTHERS

were obese prior to pregnancy



## Our Partners and Projects



**Ensuring Obstetric Emergency Preparedness:** The Association of Women's Health, Obstetric and Neonatal Nurses worked with 25 hospitals in Georgia to ensure that health providers use evidence-based practices to quickly diagnose and treat childbirth emergencies related to excessive bleeding. AWHONN also trained nurses at two hospitals to share standardized education on postpartum warning signs with new mothers before discharging them from the hospital.



**Counting and Reviewing Maternal Deaths:** The CDC Foundation and the Association of Maternal and Child Health Programs are building Georgia's capacity to review maternal deaths, determine why they occur, and develop actionable recommendations to prevent future tragedies. Early efforts culminated in a new toolkit to help health providers offer better counseling to patients with chronic and complex medical conditions on reproductive life planning and contraception.



\*Women of reproductive age (18-44). \*\*Women over 18 years of age.