

SAFE MOTHERHOOD

WHAT IS THE PUBLIC HEALTH ISSUE?

- About 1 in 4 women, or 1 million per year, have a significant complication during labor and delivery.
- For every 100,000 deliveries in the United States, about 20 women will die from pregnancy complications. This translates to about 3 deaths per day.
- African-American women continue to have almost 4 times the risk of dying due to pregnancy complications than white women.
- Women 35 to 39 years of age are nearly 3 times as likely to experience a pregnancy-related death compared to women 25 to 29 years of age.
- The maternal mortality rates in the United States have not declined in the last 20 years.
- The United States ranks 29th among developed countries in maternal mortality.

WHAT HAS CDC ACCOMPLISHED?

For more than a decade, CDC has worked with state and local health departments, universities, health maintenance organizations, and others to improve the nation's ability to identify illness and deaths due to pregnancy; and determine causes and develop strategies aimed at averting maternal complications and deaths. With funds from CDC's Chronic Disease Prevention and Health Promotion appropriations, CDC assigns eight maternal and child health (MCH) epidemiologists, six MCH Fellows, and one Epidemic Intelligence Service Officer to assist state health departments and tribal organizations. CDC also provides funding to three additional states for MCH epidemiologists. In addition, CDC funds the Pregnancy Risk Assessment Monitoring System (PRAMS) in 31 states and New York City. PRAMS enables states to identify and monitor maternal and infant health outcomes before, during, and after pregnancy not available from other sources. PRAMS now covers 62% of births in the United States.

Example of Program in Action

Arizona uses the Perinatal Periods of Risk model, adapted and validated by CDC's MCH epidemiologist assignees and partners, to analyze its fetal and infant death records. This model allows analysts to determine the period of risk in which the death occurred to better target intervention strategies. The approach divides fetal-infant mortality into four strategic prevention areas: maternal health and premature birth; maternal care; newborn care; and infant health. Arizona found that most deaths were linked to the pre-pregnancy periods of risk, which caused state personnel to rethink their emphasis on prenatal care and to pay more attention to improving women's health during the reproductive health years. As a result, the Governor's Commission of the Health Status of Women and Families in Arizona was formed and a statewide initiative begun.

WHAT ARE THE NEXT STEPS?

Monitoring of health outcomes will provide additional information to improve maternal and infant health programs and to direct future research efforts. Further research is needed to address the fact that there has been no decline in the risk of death from pregnancy complications in the past two decades, and disparities in the risk for maternal death persist. Racial and ethnic disparities in maternal and infant health must be addressed if CDC is to meet the *Healthy People 2010* objectives. Finally, CDC must translate research findings into effective training for healthcare providers; effective maternal and child health programs; and best practices for safe motherhood.