Maternal Mortality Review Committee Overview

Pregnancy-Related Deaths in New Mexico 2018-2023

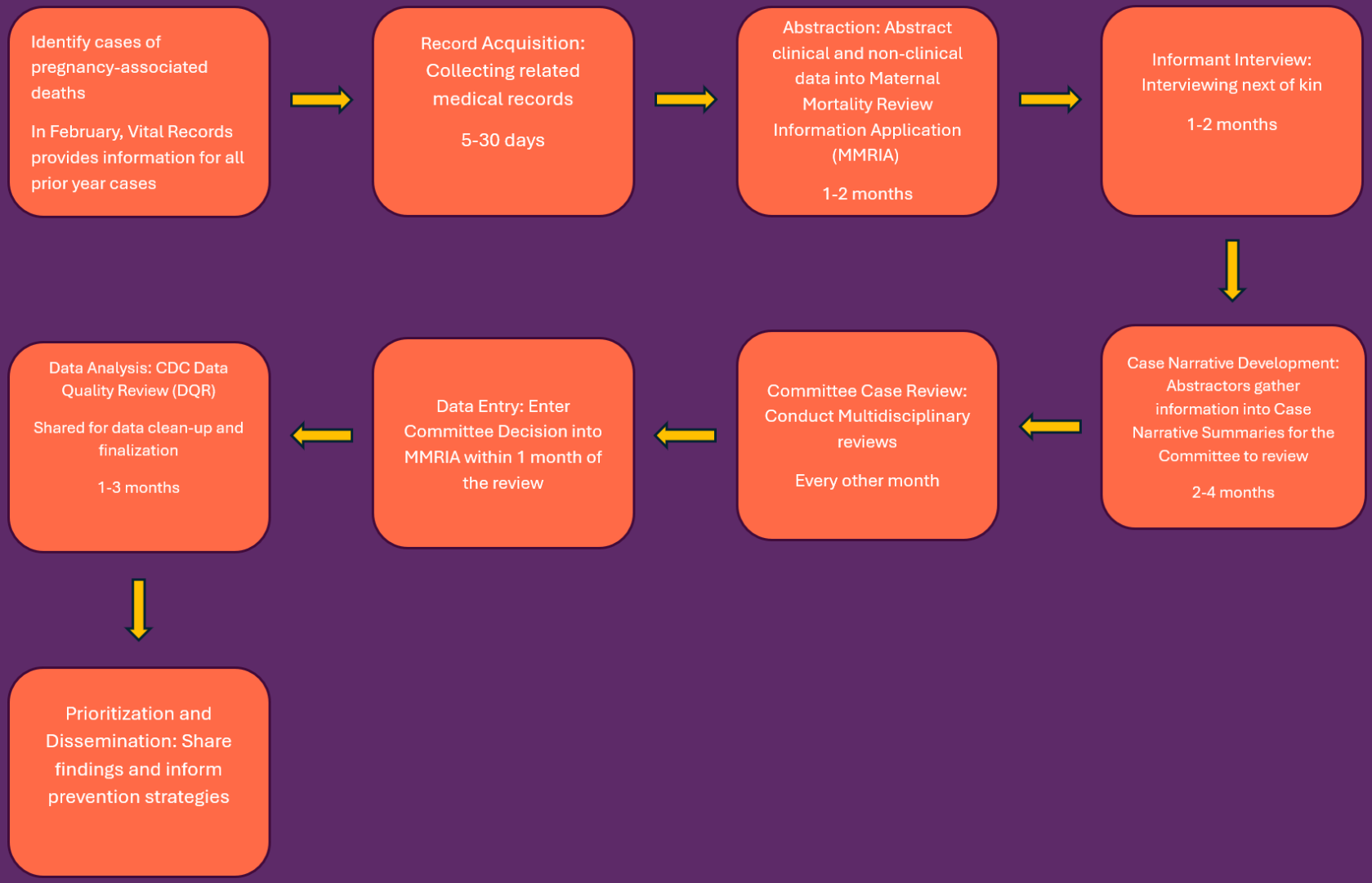
MMRC Composition

The CDC requires the committee be composed of 60% clinicians and 40% community members. New Mexico statute requires designees from the Office of African American Affairs and Indian Affairs Department.

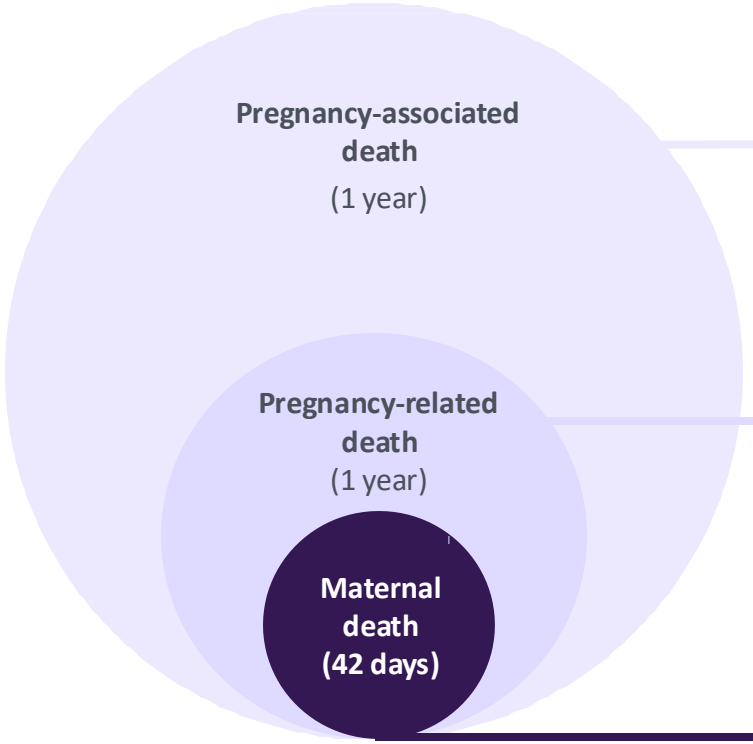
- Currently, the committee has 22 members:
  - 14 Clinical - OBGYN, perinatologist, cardiologist, registered nurse, licensed midwife, emergency medicine physician
  - 8 Community Partners – Community advocate and organizer, doula, Tribal Liaison, health integrator, evaluation associate

MMRC Process

The CDC recommendation for the MMRC review process is completion of case review within 24 months of death.



Definitions



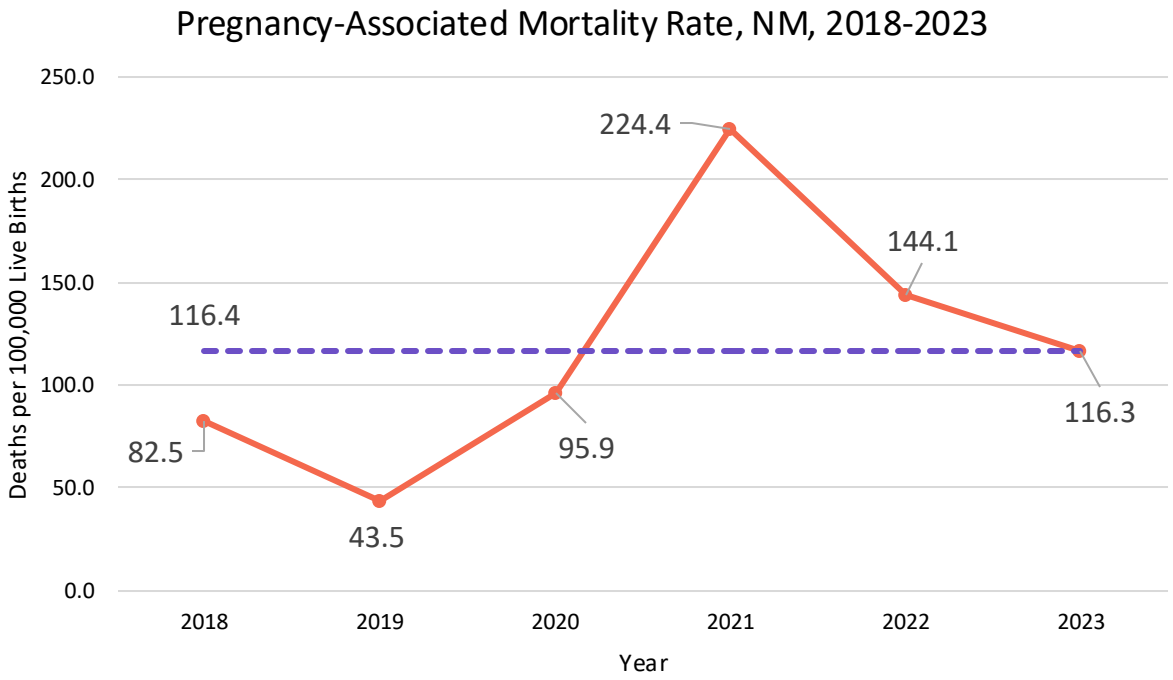
Pregnancy-associated death:
Death during or within 1 year of pregnancy, regardless of the cause

Pregnancy-related death:
Death during or within 1 year of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy

Maternal death:
Death of a women while pregnant or within 42 days of termination of pregnancy, regardless of the duration or site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental causes

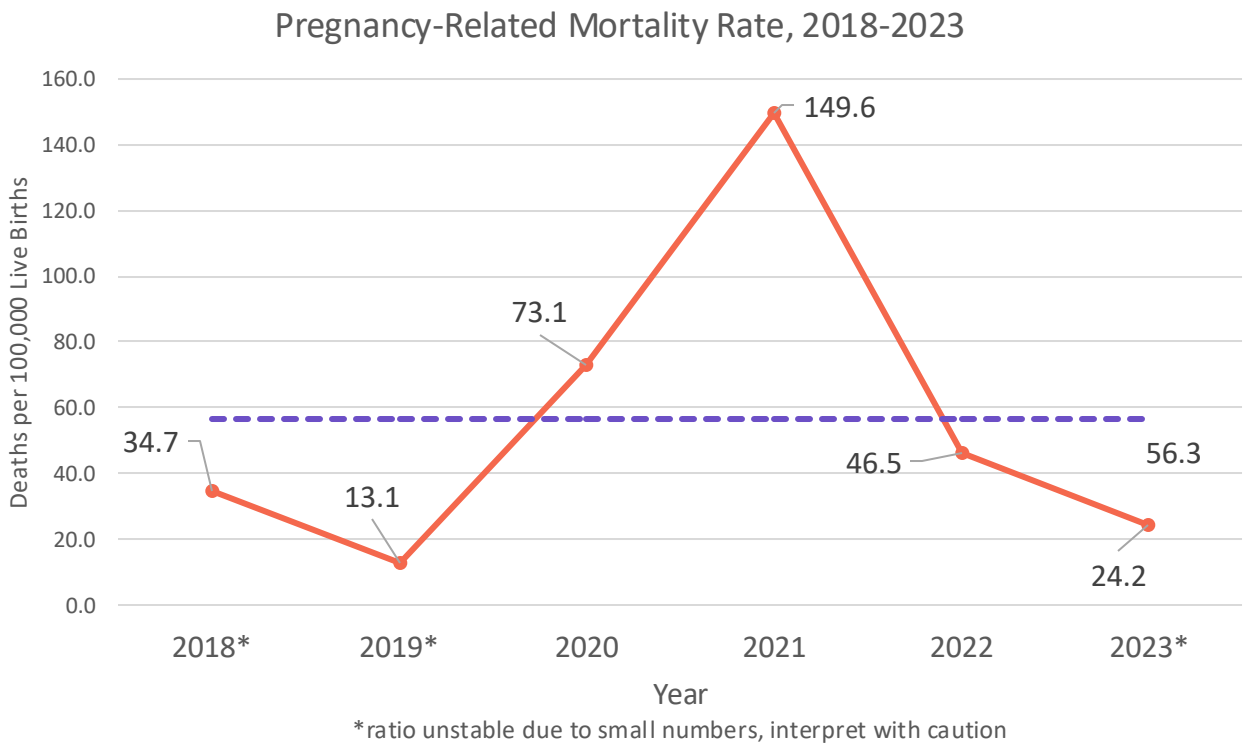
Slide adapted with permission from Eugene Declercq; 2020 Maternal Mortality Issue Brief; Commonwealth Fund

New Mexico Pregnancy-Associated Mortality Ratio



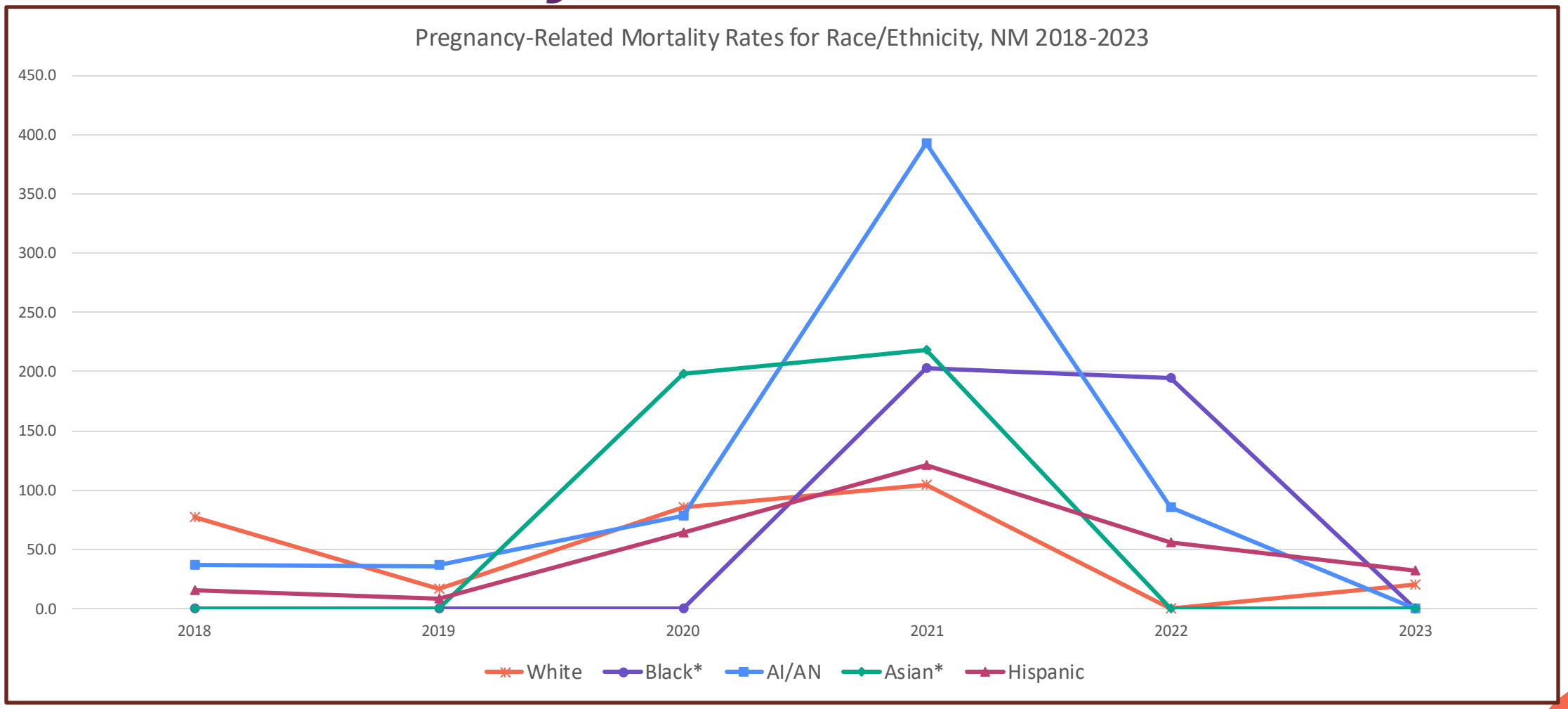
- 153 pregnancy-associated deaths from 2018-2023
- The Pregnancy-Associated Mortality Ratio was 116.3 deaths per 100,000 live births over the six-year period
  - This includes two years with higher death counts due to Covid-19 (2021, 2022)

New Mexico Pregnancy-Related Mortality Ratio



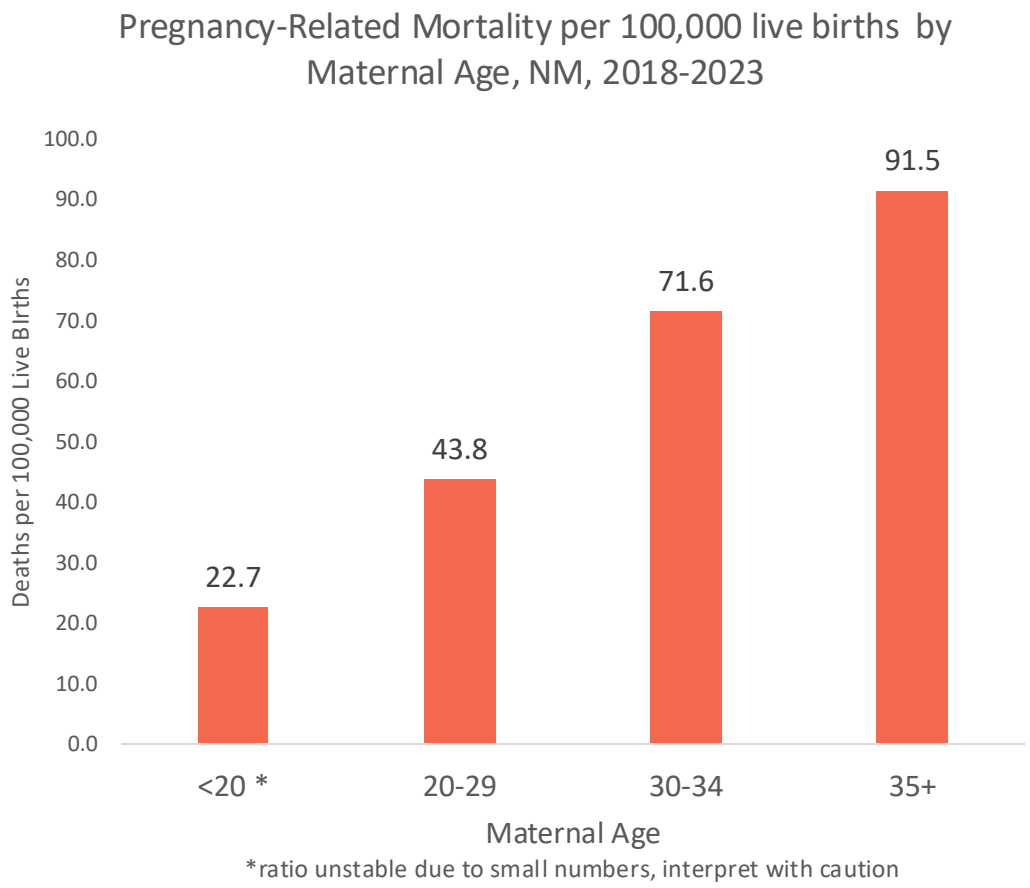
- 74 pregnancy-related deaths from 2018-2023.
- The Pregnancy-Related Mortality Ratio was 56.3 deaths per 100,000 live births over the six-year period
- Four-fold decrease 2021-2023

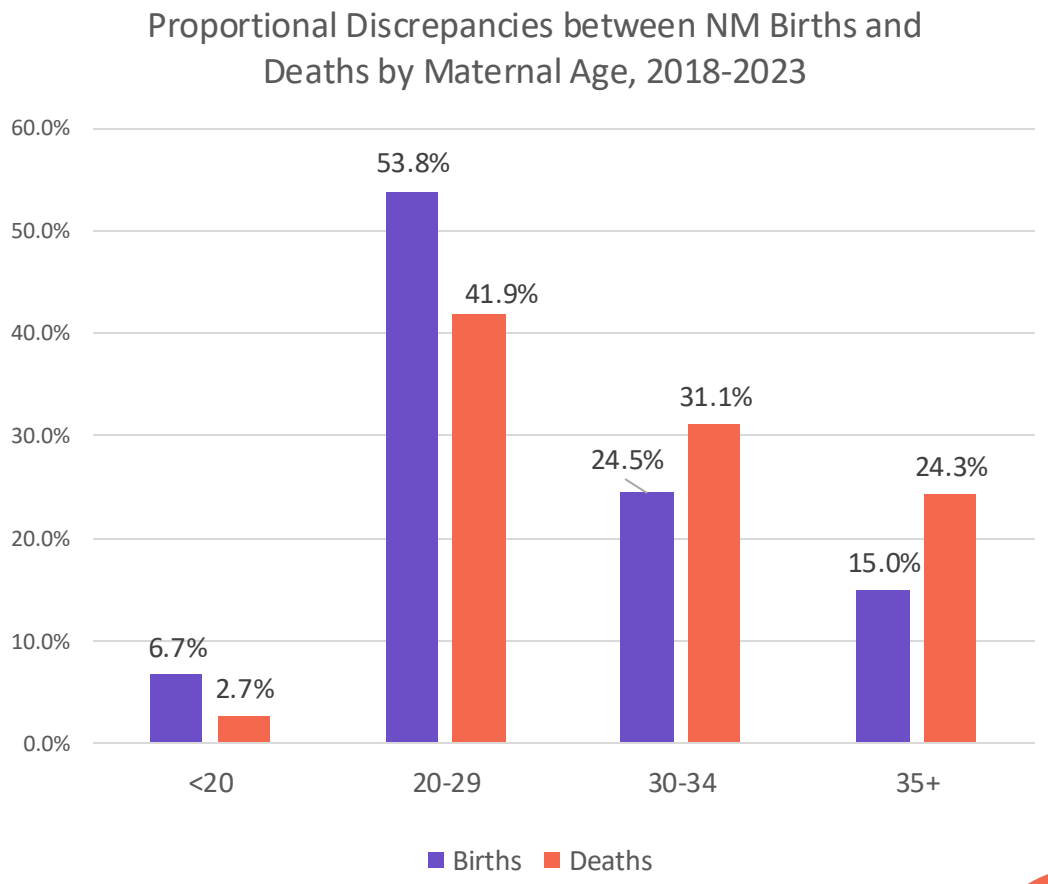
Pregnancy-Related Mortality Ratio by Race/Ethnicity



*ratios unstable due to small numbers, interpret with caution

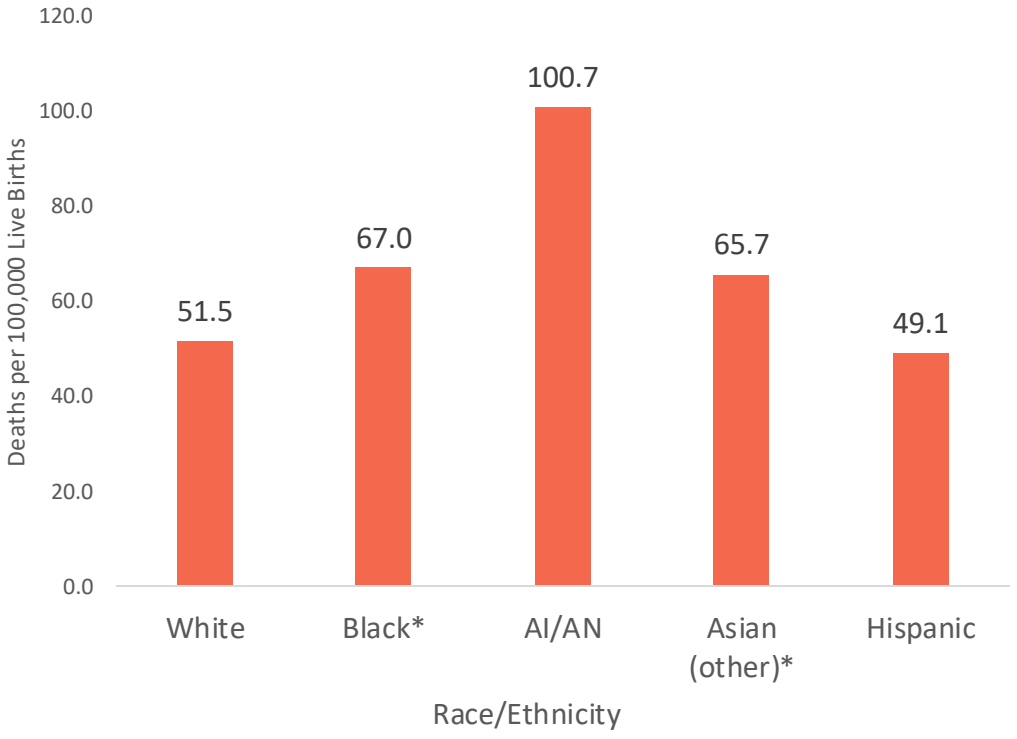
Maternal Age
Pregnancy-Related Mortality





Race/Ethnicity
Pregnancy-Related Mortality

Rates of Maternal Mortality per 100,000 live births by Race/Ethnicity, NM, 2018-2023



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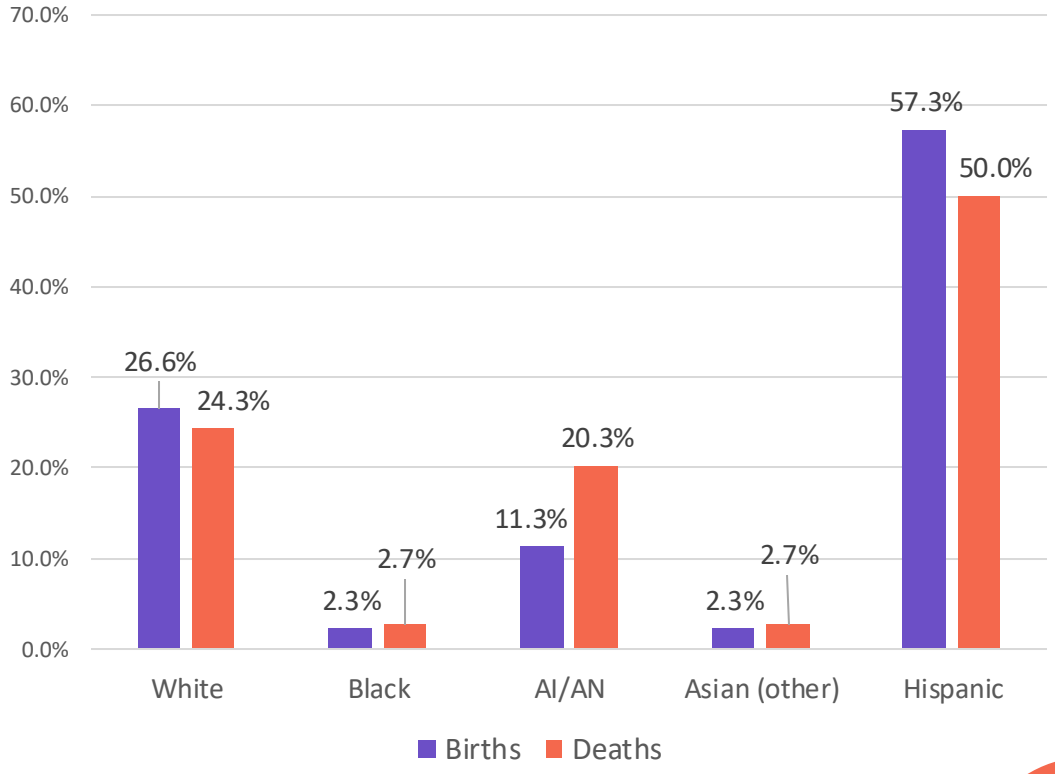
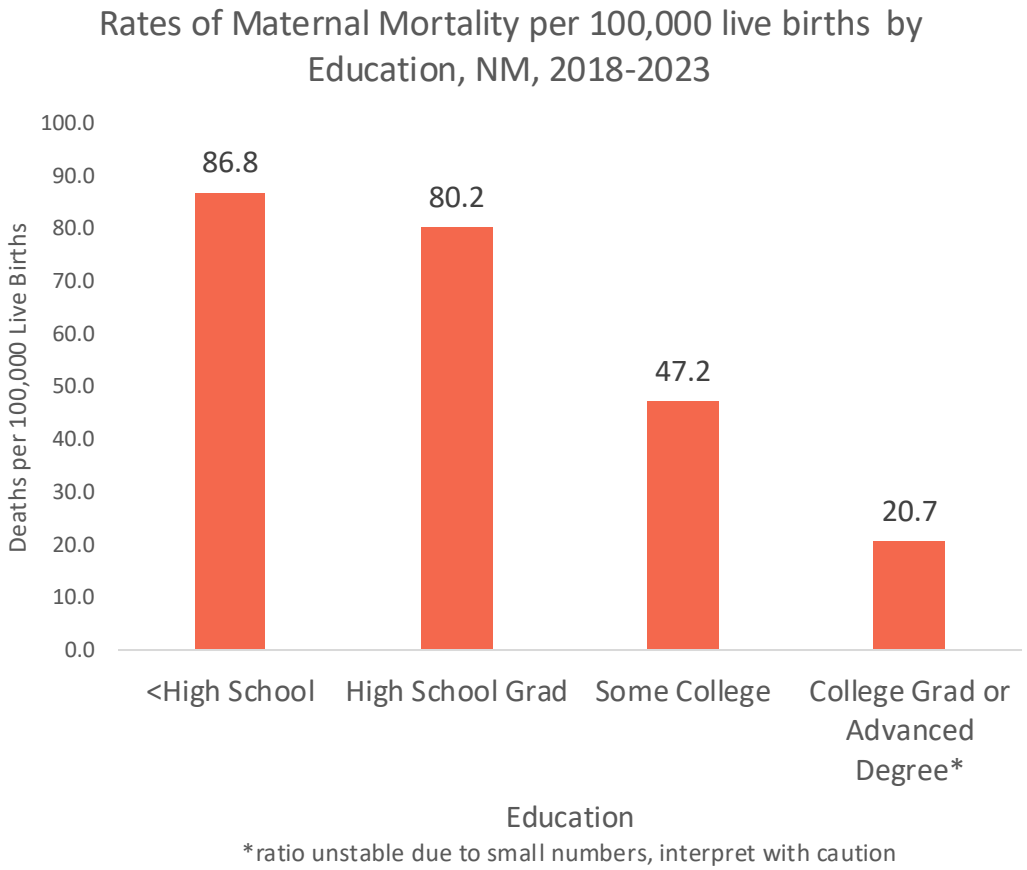
Proportional Discrepancies between NM Births and Deaths by Race/Ethnicity, 2018-2023



Education
Pregnancy-Related Mortality



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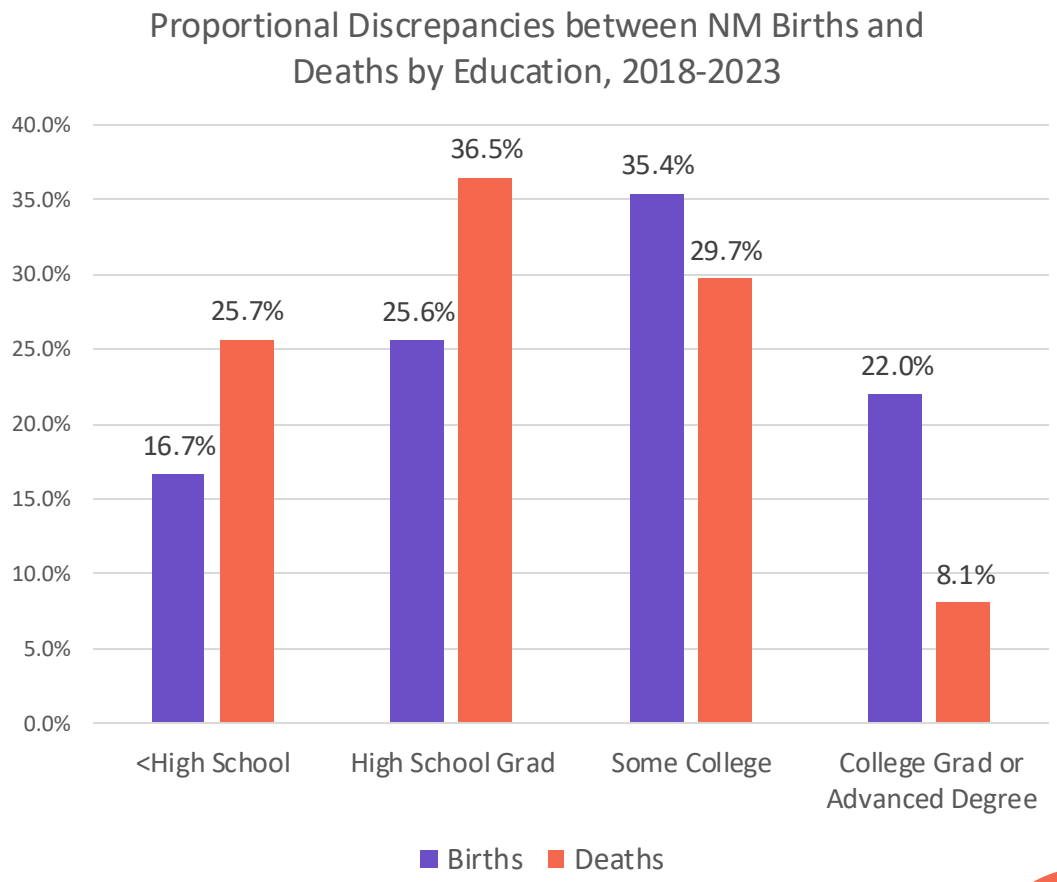
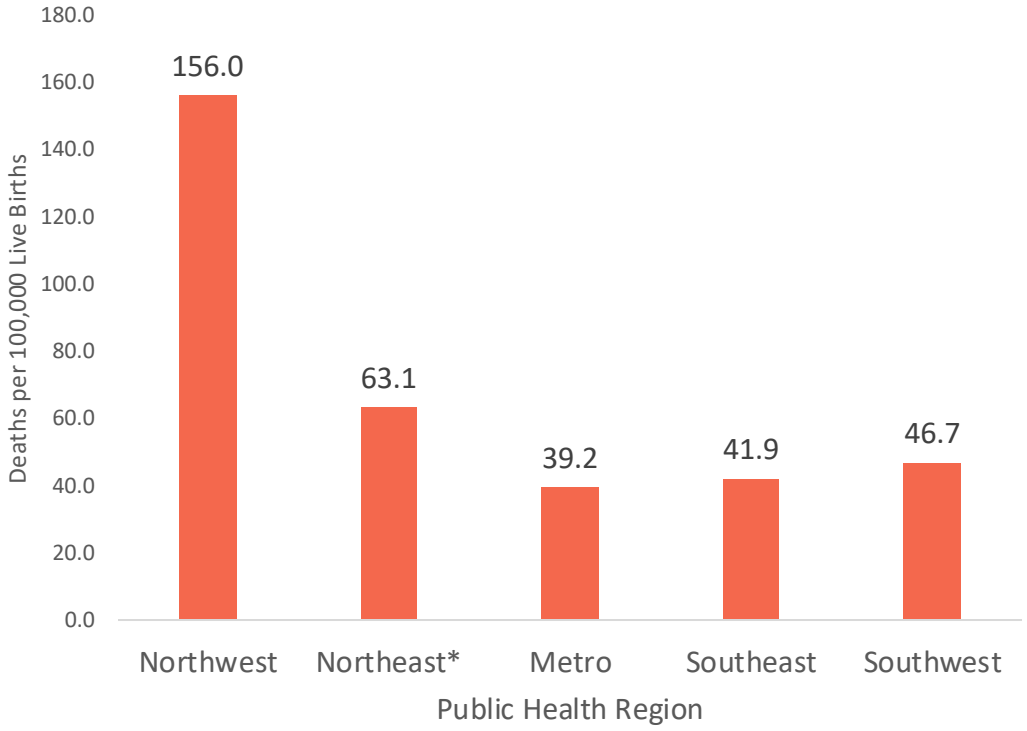


Geography (Maternal Residence at Time of Death)

Pregnancy-Related Mortality

Rates of Maternal Mortality per 100,000 live births by Public Health Region, NM, 2018-2023



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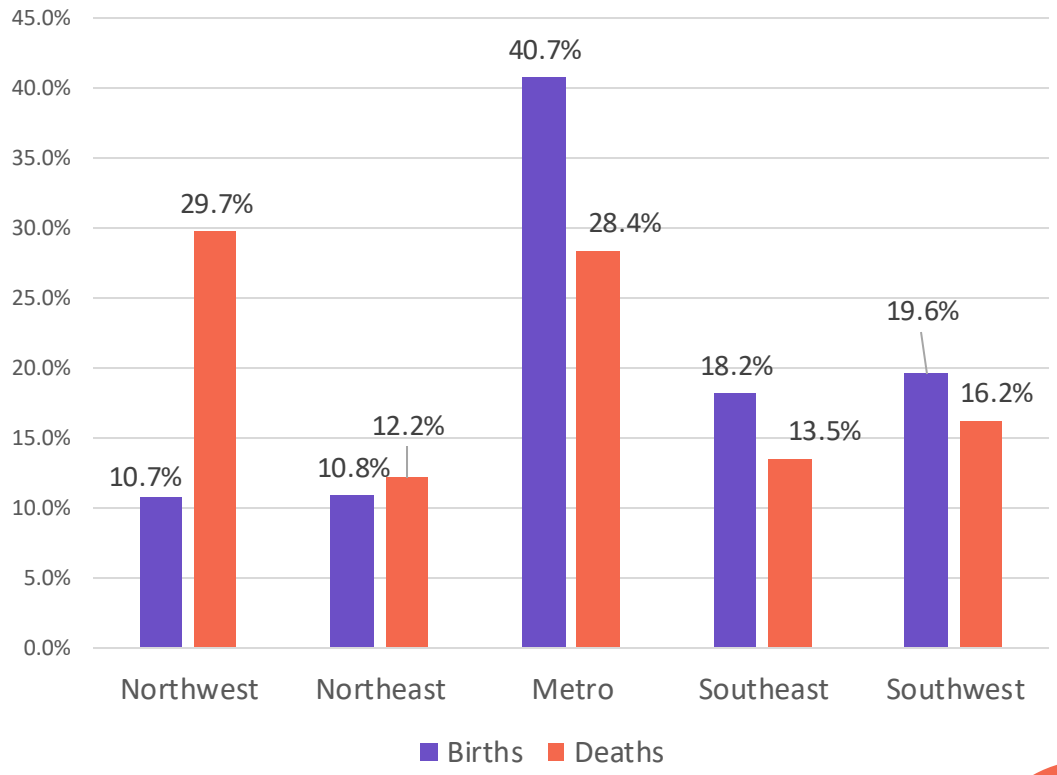
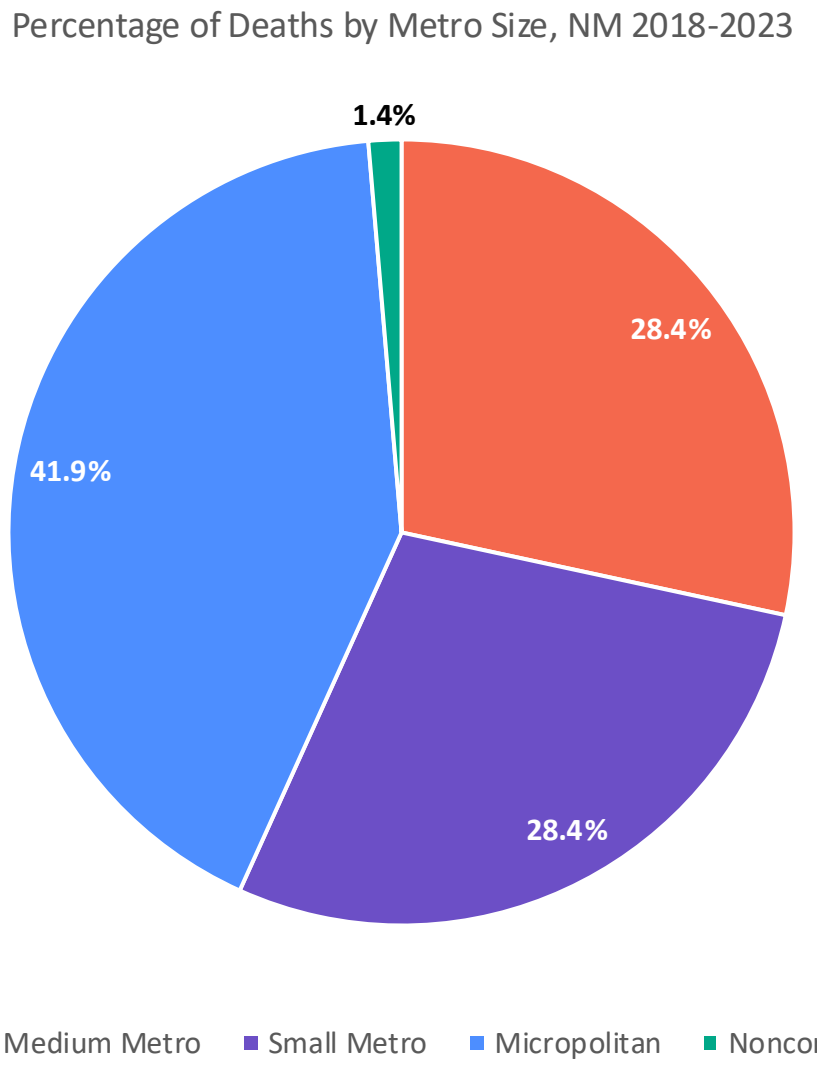
Proportional Discrepancies between NM Births and Deaths by Public Health Region, 2018-2023



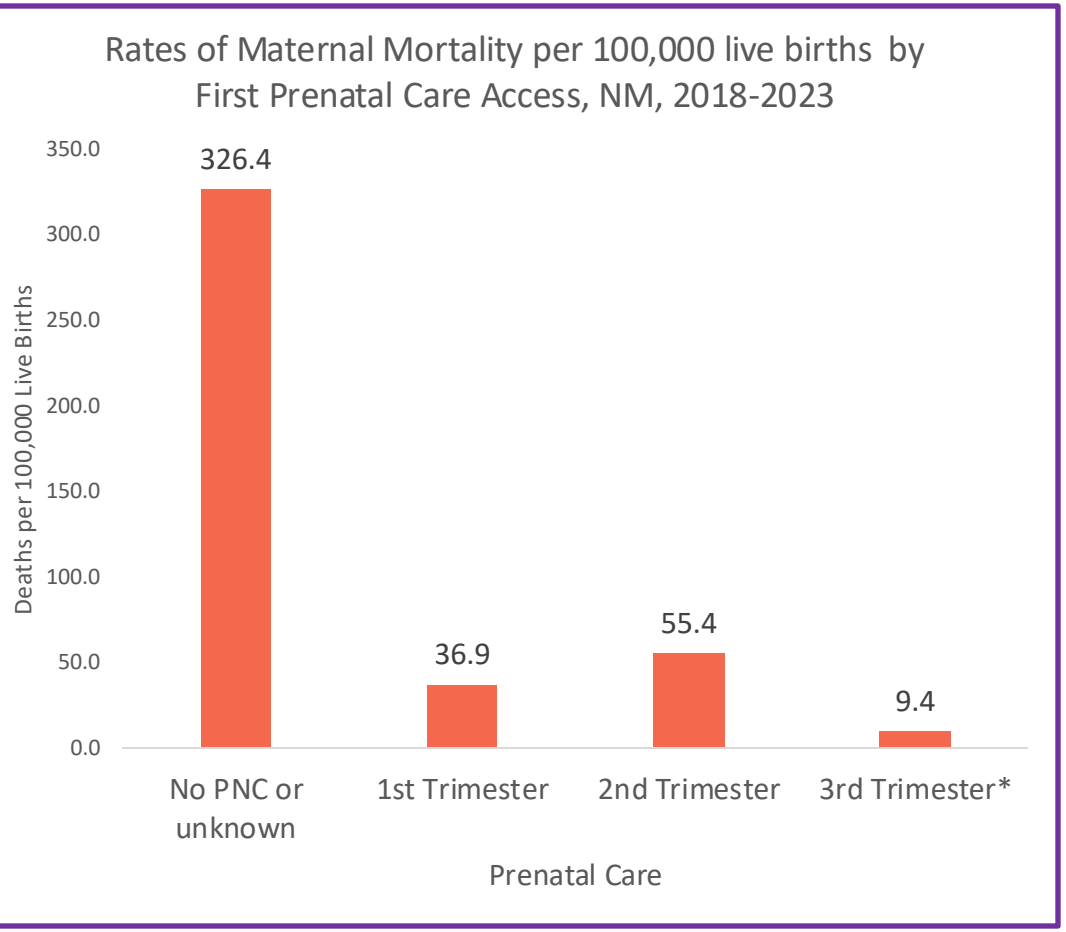
Geography (Maternal Residence at Time of Death)
Pregnancy-Related Mortality

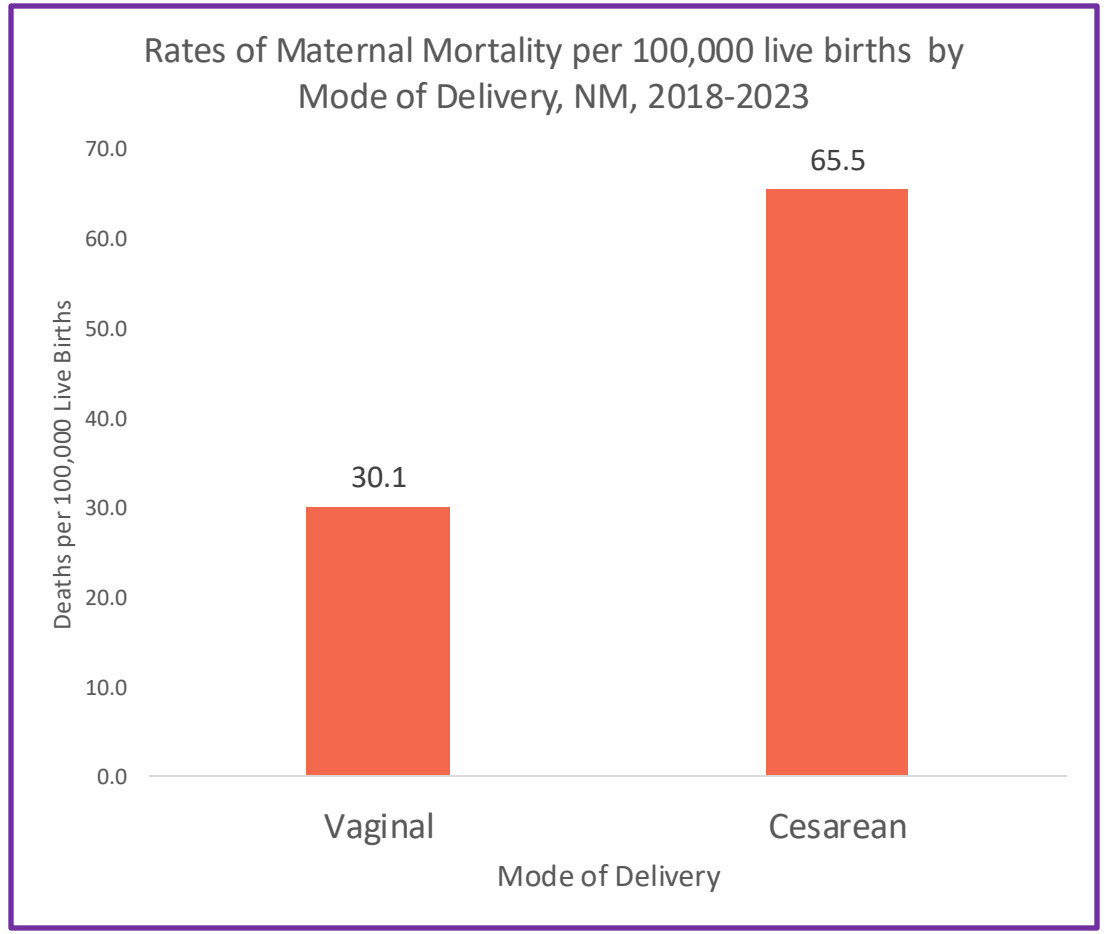
- Urban-Rural Classification
  - Medium metro: population 250,000-999,999
  - Small metro: population 50,000-249,000
  - Micropolitan: population 10,000-49,999
  - Noncore: population <10,000



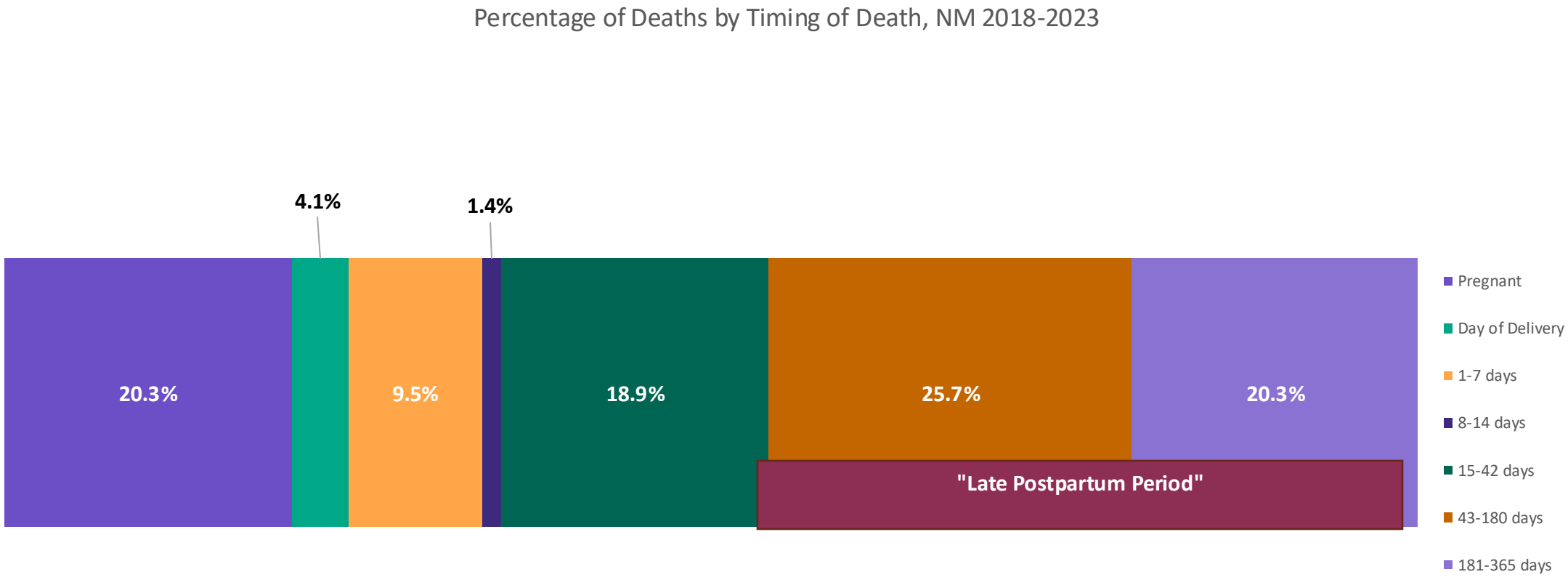
https://www.cdc.gov/nchs/data-analysis-tools/urban-rural.html

Perinatal Characteristics
Pregnancy-Related Mortality

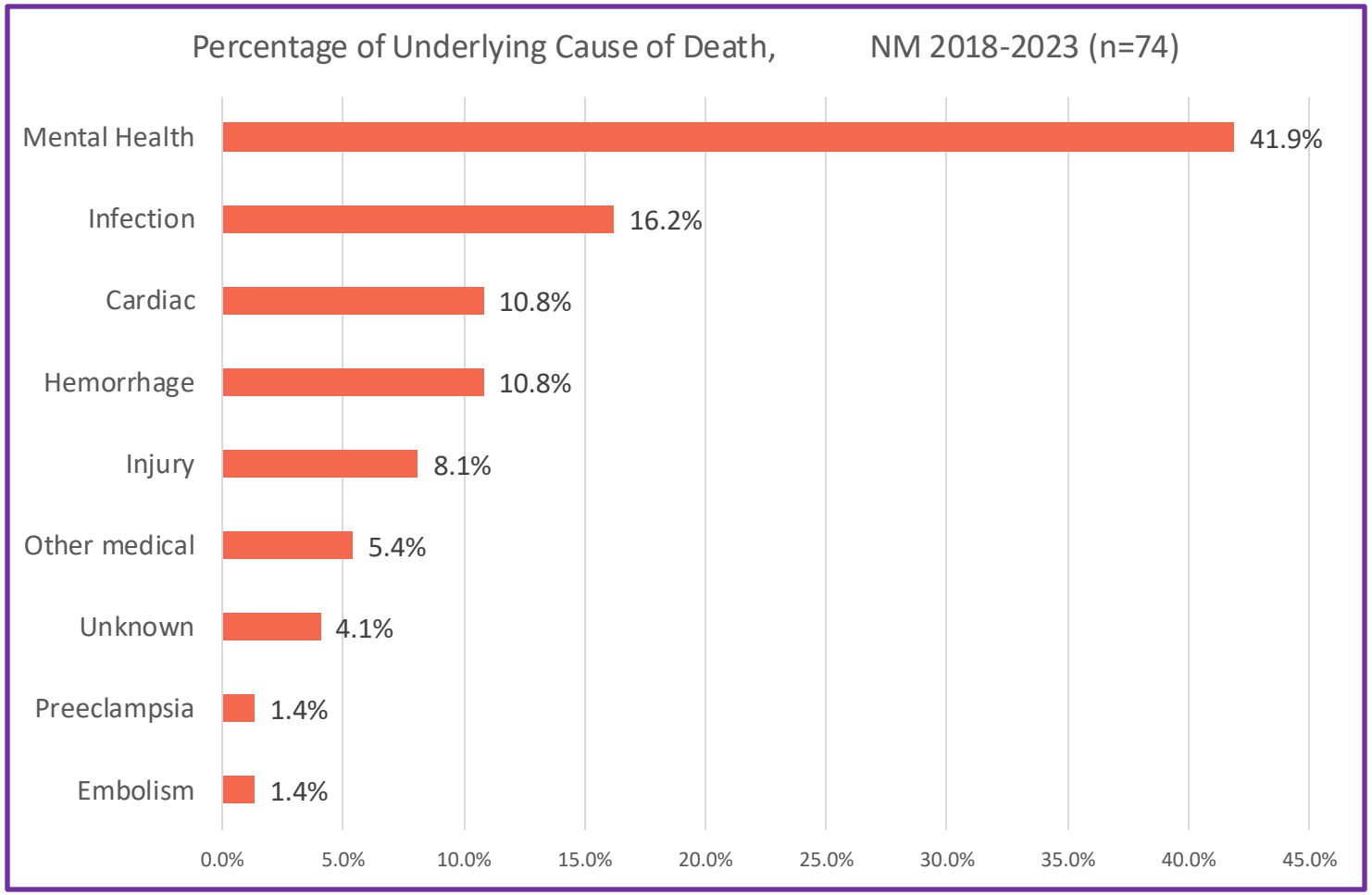




Timing of Death
Pregnancy-Related Mortality

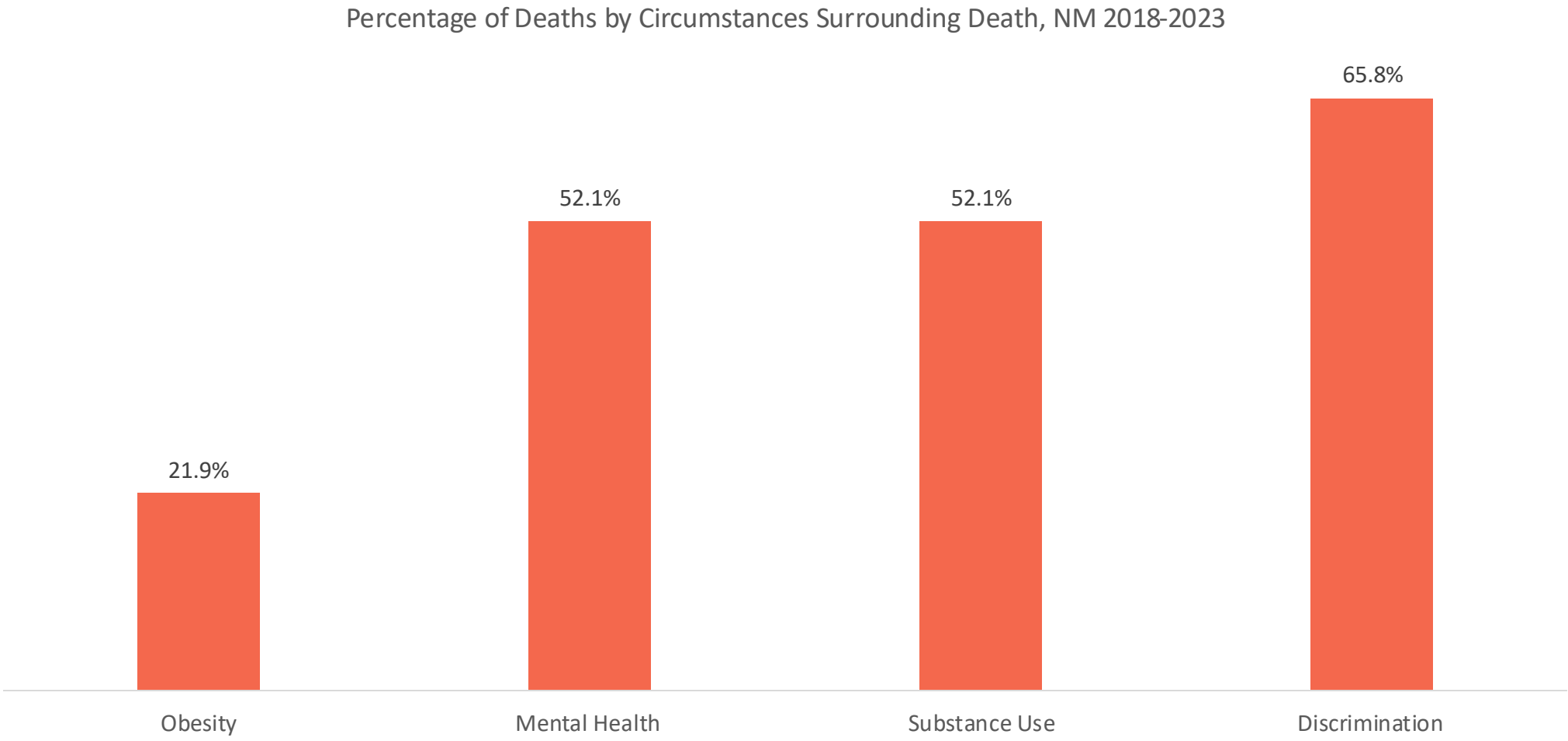


Underlying Cause of Death
Pregnancy-Related Mortality

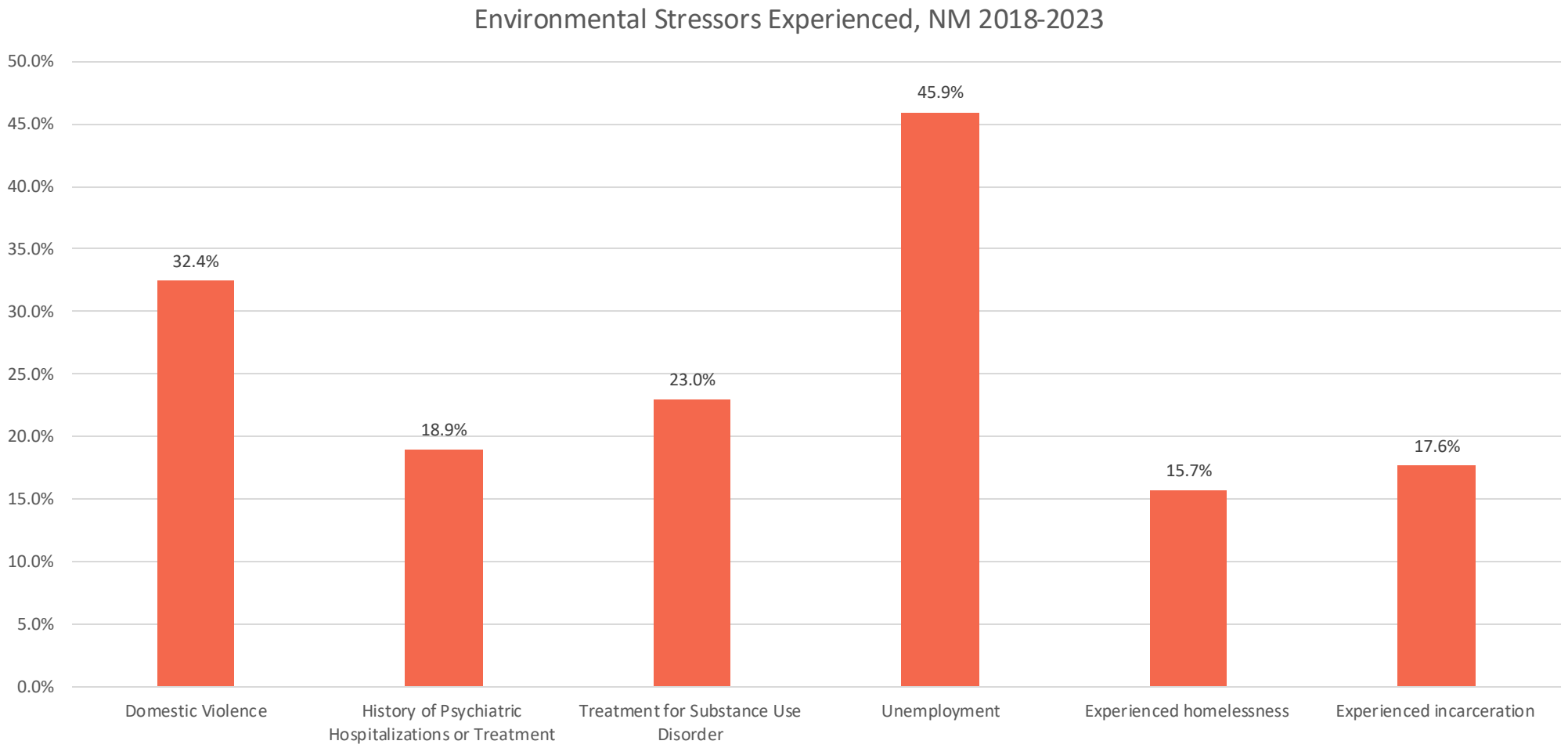


- Mental Health
  - Depressive Disorder
  - Anxiety Disorder (includes PTSD)
  - Bipolar Disorder
  - Psychotic Disorder
  - Substance Use Disorder
  - Other Psychiatric Conditions
  - Suicide

Circumstances Surrounding Death
Pregnancy-Related Mortality



Environmental Stressors
Pregnancy-Related Mortality



Key Findings
Pregnancy-Related Mortality

- Mental health conditions, especially substance use disorders, remain the most significant contributing factors to maternal mortality and the most common underlying cause of death
- Discrimination remains a significant contributing factor to maternal mortality, documented in informant interviews and inferred from records
- A significant number of deaths occur in the late postpartum period
- 97.3% of pregnancy-related deaths were determined to be preventable

Committee Recommendations

- Strengthening care during transitions and improved care coordination
- Screen for and address social and economic drivers of health
- Provide timely postpartum follow-up and ongoing support
- Expand access to community, home, and mobile-based care
- Develop and maintain easily accessible perinatal resource systems with clear referral pathways for providers
- Initiate postpartum depression screening
- Expand services focused on support of high-risk families in the perinatal period

MMRC Successes

- Extension of postpartum Medicaid benefit (first phase of evaluation: average number visits doubled after Medicaid State Plan Amendment, 2022)
- Medicaid coverage for doula care.
- New Mexico received 5-year grant, HRSA State Maternal Health Innovation (SMHI) to address maternal wellness, prevention of mortality and morbidity through a statewide maternal health task force
- The task force drafted a strategic action plan in 2025

Current NMDOH Initiatives

- Statewide blood pressure monitoring program with UNMH to support rural care
- Hilton Foundation award to expand midwifery and mobile health services
- Workforce development and training for birth workers and perinatal clinicians (trauma informed care, perinatal mood disorders, and heart health/hypertension)

For additional information and publications:

Maternal Health Program:
https://www.nmhealth.org/about/phd/fhb/mch/

NM Maternal Health Task Force(MHTF):
https://www.nmmaternalchildhealth.org/mhtf