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Maternal mortality may be falling in hospitals but rising at home

By Rob Goodier

NEW YORK (Reuters Health) - While overall U.S. maternal mortality rates have risen in recent decades, a dissection of the data shows a more nuanced picture.

In an analysis of national data from 2003 to 2016, researchers found inpatient and outpatient maternal mortality rates declined, while mortality rates in patients' homes rose, according to a presentation on February 6 at the annual meeting of the Society of Maternal-Fetal Medicine (SMFM) in Grapevine, Texas.

"Declining pregnancy-related maternal deaths over the years are most likely related to concerted efforts from SMFM and ACOG (American College of Obstetricians and Gynecologists) to reduce maternal mortality, and to patient-safety-research data and publications upon which these efforts are based," the study's lead author, Dr. Angela Burgess of Baylor College of Medicine in Houston, Texas, told Reuters Health by email.

"There are a number of initiatives in place within the hospitals (and) there is now evidence that these initiatives are perhaps starting to make a difference," she added.

Dr. Burgess and colleagues analyzed data from the U.S. Centers for Disease Control and Prevention and the National Vital Statistics System of the National Center for Health Statistics. There was a drop in inpatient maternal mortality from 53 to 44 out of 100,000 live births ($P < 0.0001$), and outpatient facilities saw a comparable drop of 24%.

On the other hand, maternal deaths in the home doubled during the study period, as did deaths in the catch-all category of other locations.

"Understanding the various multiple factors that play a role in maternal mortality outside of a hospital setting is absolutely necessary because different factors will require different solutions," Dr. Burgess said.

Although outside the scope of the study, Dr. Burgess suggested that some of those factors may include issues such as an increase in cardiovascular disease, differential access to medical care, lack of access to long-term postpartum care, insurance or financial problems, cultural factors and the increasing prevalence of recreational drug use.

"This information is imperative in first steps for understanding why we have high rates of maternal mortality, especially as it relates to socioeconomic, racial and ethnic differences in postpartum care," Dr. Irene Stafford, an associate professor of maternal medicine at the University of Texas Health Science Center in Houston, who was not involved in the study, told Reuters Health by email.

The results imply a need for better post-partum care and close follow-up for at-risk women, Dr. Stafford

said.

"This may include instituting healthcare interventions tied in with pediatric offices and neonatal intensive care units, as these interventions have demonstrated improvement in the detection of abnormal vital signs and physical exam findings in postpartum women," she added.

SOURCE: <https://bit.ly/3bWPIM> American Journal of Obstetrics and Gynecology, January 2020.