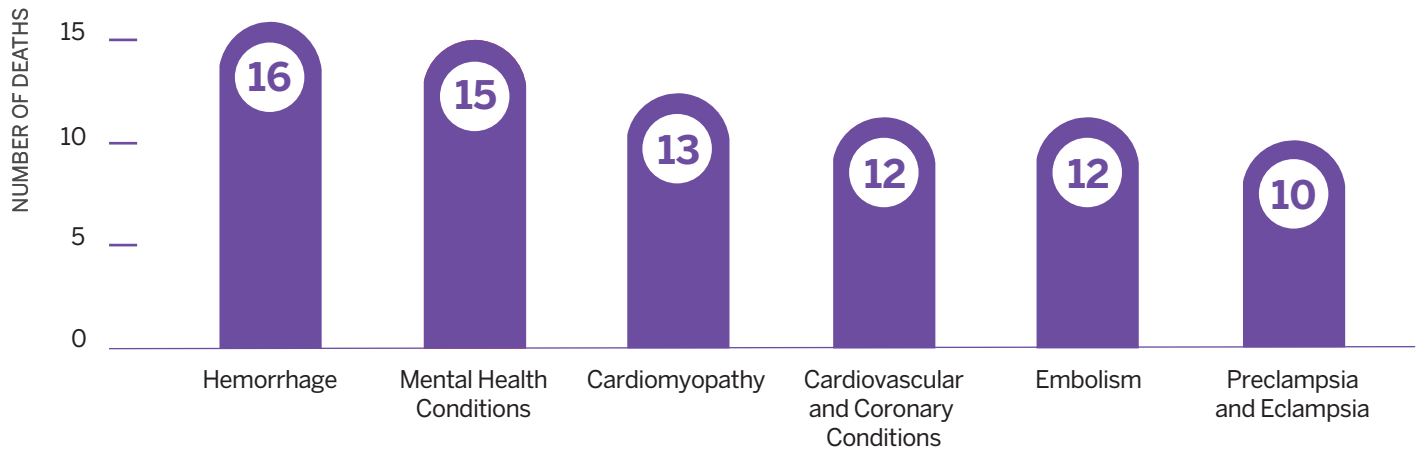


# GEORGIA 2018-2020 MATERNAL MORTALITY

## LEADING CAUSES OF DEATH FOR PREGNANCY-RELATED MATERNAL DEATHS



All pregnancy-related deaths attributed to **hemorrhage, mental health conditions, cardiomyopathy, cardiovascular and coronary conditions, and preeclampsia and eclampsia** were determined by the MMRC to be preventable. For pregnancy-related deaths attributed to **embolism**, 83% (10) were determined to be preventable, while 17% (2) were determined to be not preventable.

### PREGNANCY-RELATED:

A death during pregnancy or within one year of the end 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.

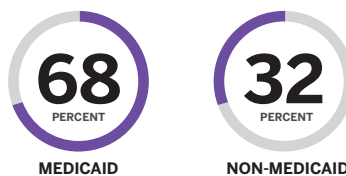
### MENTAL HEALTH CONDITIONS:

Deaths are classified as due to a mental health condition when the underlying cause of death was depressive disorder, anxiety disorder (including post-traumatic stress disorder), bipolar disorder, psychotic disorder, substance use disorder, or another psychiatric condition not otherwise specified.

### PREVENTABLE:

A death is considered preventable if the Maternal Mortality Review Committee (MMRC) determines that there was at least some chance of the death being averted by one or more reasonable changes to patient, family, provider, facility, system and/or community factors.

### PREGNANCY-RELATED DEATHS OCCURRING AFTER DELIVERY BY PAYOR (WITH A KNOWN PRIMARY PAYOR)



**48.6**

PREGNANCY-RELATED DEATHS PER 100,000 LIVE BIRTHS AMONG NON-HISPANIC BLACK WOMEN

**22.7**

PREGNANCY-RELATED DEATHS PER 100,000 LIVE BIRTHS AMONG NON-HISPANIC WHITE WOMEN

## RECOMMENDATIONS

- The obstetric care system, including providers, insurance companies, and hospitals, should provide case management services for women during pregnancy and up to one year postpartum.
- Providers should implement a blood pressure check at 72 hours after discharge when patients have preeclampsia.
- Providers should educate patients and families on an ongoing basis on urgent maternal warning signs or symptoms that could indicate a life-threatening situation and when to seek care.
- Providers should provide reproductive life planning counseling and interconception care when treating patients with chronic conditions who are of reproductive age.
- Providers and facilities should improve communication and coordination of patient care, results, and plan of care during the perinatal period.

For more information: [www.dph.ga.gov/maternal-mortality](http://www.dph.ga.gov/maternal-mortality)