Testimony on HB 4235

A bill to amend the public health code to require health facilities to report all deaths of women while pregnant or within a year of completion of pregnancy

Major messages
We use this data to improve health

- The State of Michigan has the longest running Maternal Mortality Review committee in the country
- Important maternal mortality research has occurred through the committee/state collaborative activities
- Major health care interventions have resulted from the deliberations and the research
- To ensure accuracy and effectiveness of the interventions, we must strengthen the overall process to ensure ALL maternal are identified

Maternal Mortality Surveillance

Concerning Trends in the US & Michigan

1999 - 2010

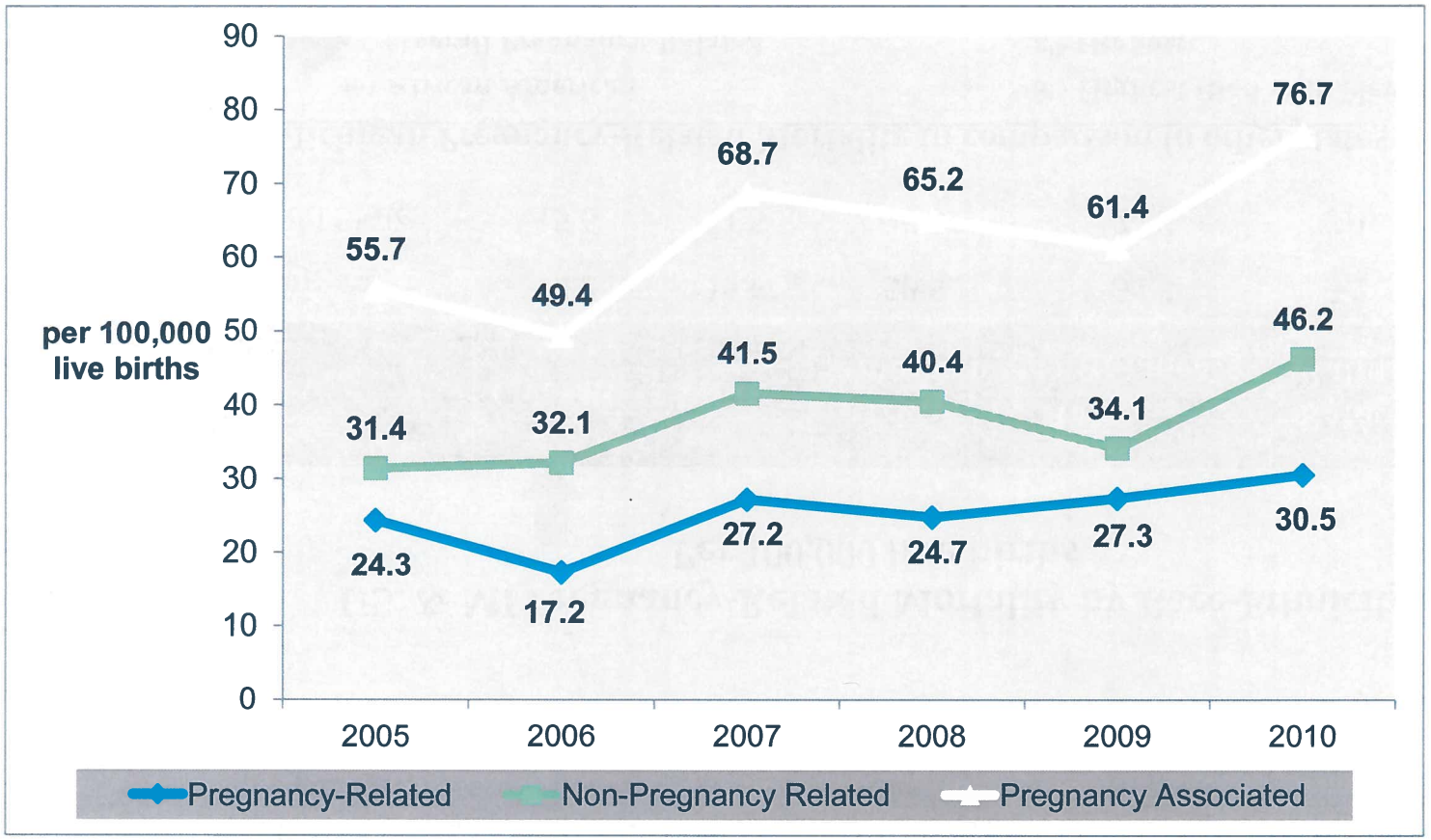
US & MI Pregnancy-Related Mortality by Race-Ethnicity
Per 100,000 live births

	Overall	White	African American	Rate Difference	Rate Ratio
Michigan	**22.2**	**16.6**	**50.8**	**34.3**	**3.1**
United States	15.6	11.5	35.8	24.3	3.1

Michigan Pregnancy-Related Mortality in comparison to other states

- **African American** — **3rd Highest (tied with New Jersey)**
- **Overall Pregnancy-Related** — **8th Highest**
- **White** — **11th Highest**
- **Racial Disparity** — **15th Highest**

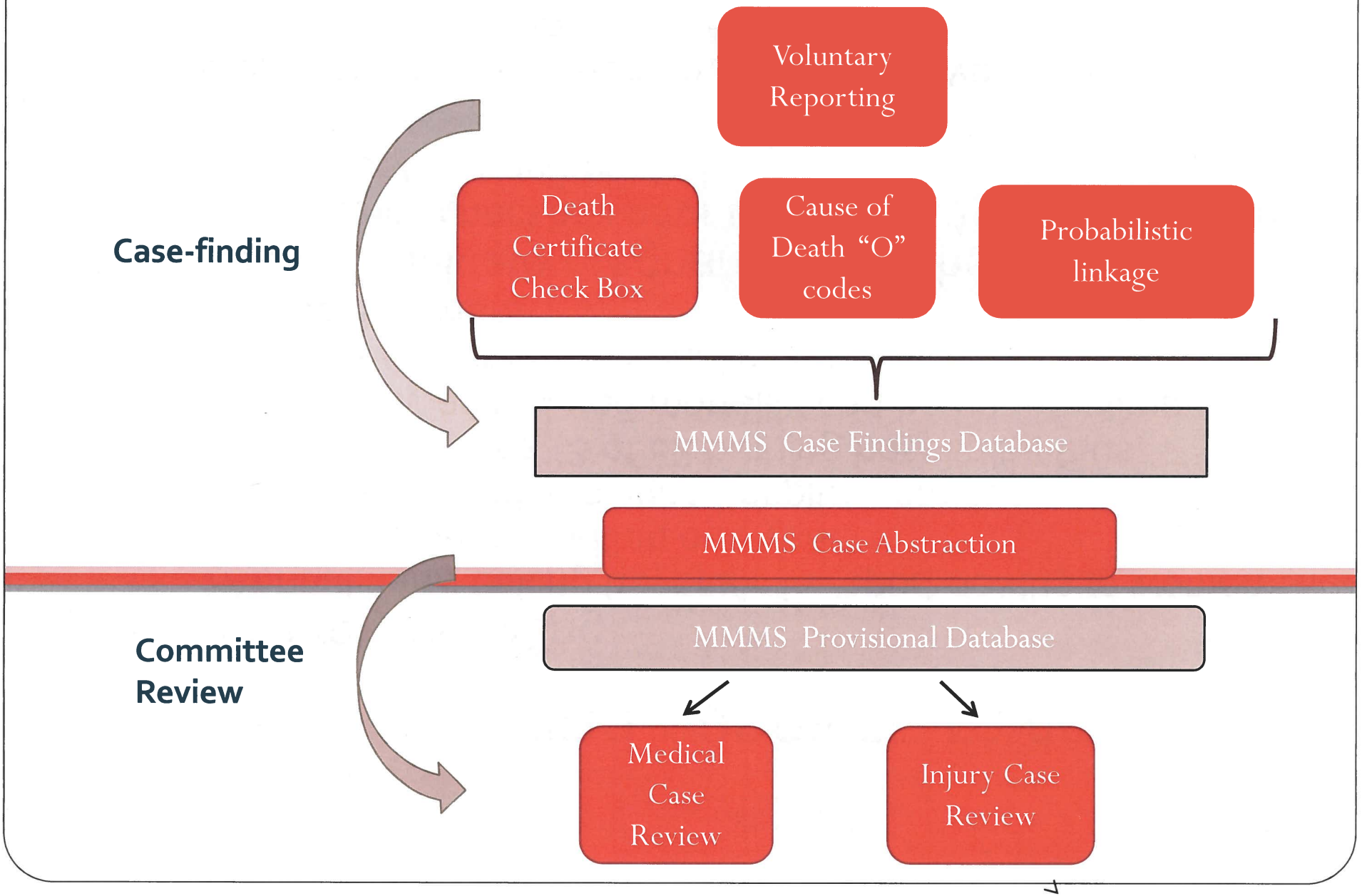
Michigan Pregnancy-Associated Mortality Trends, MI Vital Records



2007 & 2010 data are provisional

Reference: McKane, P., AMCHP/CDC November 2012

MMMS Case Identification and Review



How do we find cases to review?

- Voluntary reporting
  - Annual letter asking hospitals to report deaths to women while pregnant or within one year
  - Less than 1% of Michigan hospitals provide voluntary reports (3 of 82 birthing hospitals); thus, pregnancy associated mortality can be underestimated and prevent important public health actions
  - Multiple barriers
- Death certificate pregnancy checkbox
  - Pregnancy checkbox error rate ranges 10-20% and often inadequately documented
- Linked file
  - Link the deaths of women of reproductive age to all live births and fetal deaths

House Bill 4325

- House Bill 4235 will ensure that ALL pregnancy associated mortality cases will be identified by the State of Michigan
- Small numbers make BIG differences in the measures
- Identification of ALL cases provides important opportunities for clinical improvement projects among physicians and hospitals to improve the health of women, their infants and families living in Michigan
- Accurate data allow us to monitor progress or declines
- House Bill 4235 assures information, records, interviews, memoranda or other data furnished to, procured by, or voluntarily shared with the department is not admissible as evidence in an action in a court or before any other tribunal, board, agency or person and shall not be disclosed in any way

MI-AIM
Safety Bundles

Obstetric Hemorrhage

Severe Hypertension in Pregnancy

Safe Reduction of Primary C-Section

Maternal Venous Thromboembolism

Maternal Mental Health

Prevention of Surgical Site Infections

Patient, Family, and Staff Support

The Michigan Alliance For Innovation on Maternal Health

Goals of MI-AIM

"equip empower embolden every state, perinatal collaborative, hospital, birth facility, and maternity care provider in the US to significantly reduce maternal mortality and severe morbidity through proven consistent maternity care practices"

REDUCE MATERNAL MORTALITY BY 1,000 DEATHS BY 2018 NATIONWIDE

REDUCE SEVERE MATERNAL MORBIDITY BY 100,000 EVENTS BY 2018 NATIONWIDE

Improving Pregnancy Outcomes Generation to Generation