Maryland
Hospital Association

Senate Bill 356 – Health – Maternal Mortality Review Program – Reporting Requirement

Position: *Support*

Bill Summary

SB 356 would require the Secretary of Health to include racial disparities including a comparison of the maternal mortality rates of non-Hispanic black and non-Hispanic white women and data on changes in the maternal mortality rate by race and ethnicity in the Maternal Mortality Review Program's annual report.

MHA Position

Each of the 32 Maryland birthing hospitals are committed to improving the state's maternal mortality rate. In fact, all 32 participate in programs with the Maryland Patient Safety Center to share and implement best practices. These programs have focused on safety issues as basic as hand hygiene in the neonatal intensive care unit and hypertension during pregnancy to more dire concerns such as addiction in pregnancy and obstetric hemorrhage. Through this work, hospitals have learned that in addition to providing high quality care in the delivery room, it is critical for pregnant women to have access to prenatal care and screenings throughout the pregnancy.

Maternal death is defined as "the death of a woman while pregnant or within 42 days of termination of pregnancy irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by pregnancy or its management but not from accidental or incidental causes."[1] The maternal mortality rate (MMR) is the number of maternal deaths per 100,000 live births in the same time period.[2] Though the MMR in Maryland has improved slightly over the last ten years, more work needs to be done.[3] In fact, studies show that an increase in chronic health conditions are contributing to these high rates: obesity, hypertension, diabetes and heart disease.[4]

There is a racial disparity in the MMR. The rate among African American women in US data is 2.4 times greater than white women.[5] While white women have seen an improvement MMR (decrease of 34.6 percent), the maternal mortality rate among African American women has had an increased by 20.5 percent, widening the racial disparity.[6]

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[1] *Ibid.* citing *World Health Organization's International Classification of Diseases Ninth and Tenth Revisions (ICD-9 and ICD-10)*. (2018). Maryland Department of Health. Available at https://phpa.health.maryland.gov/documents/Health-General-Article-§13-1207-2018-Annual-Report-Maryland-Maternal-Mortality-Review.pdf

[2] *Ibid.*

[3] *Ibid.* "For the period from 2011 to 2015, the Maryland MMR was slightly lower than the national rate for the first time, and the most recent data show that the Maryland MMR is now 19 percent less than the national rate. Between [2007-2011 and 2012-2016], the U.S. MMR increased by 37.2 percent and the Maryland rate decreased by 7.6 percent."

[4] *Ibid.*

[5] *Ibid.*

[6] *Ibid.*

There are several reasons why racial disparities exist within the MMR and in the health of our communities of color more broadly. Under Maryland's new Total Cost of Care (TCOC) agreement with the federal government, Maryland's hospitals are working to lower costs and improve population health. In addition to treating illness and injury, hospitals are reaching out beyond their four walls to keep people well and improve the health of the communities they serve. By requiring the Maternal Mortality Review Board to include data on racial disparities, providers including hospitals will have more insight available to continue to ensure mothers and babies are healthy through birth and beyond.

For these reasons, we urge you to give a *favorable* report to SB 356.