**MA Department of Public Health**

**Severe Maternal Morbidity (SMM) “Data Brief” Overview -- July 2023**

**Summary**

The Department of Public Health (DPH) released a Data Brief regarding rates of severe maternal morbidity (SMM) in Massachusetts. SMM is defined as unexpected complications of labor and delivery that result in significant short- or long-term consequences to the birthing person’s health. SMM includes life-threatening conditions (heart attacks, acute kidney failure, amniotic fluid embolism, eclampsia, and sepsis), and life-saving procedures to manage serious conditions (use of a ventilator, removal of uterus).

The report retrospectively examined 678,382 deliveries, including both live births and fetal deaths, among 483,699 Massachusetts residents from 2011 to 2020. The findings of the Data Brief include:

* Prevalence of SMM for all birthing people nearly doubled from 2011 to 2020, from 52.3 per 10,000 deliveries in 2011 to 100.4 per 10,000 in 2020, an average increase of 8.9 percent a year.
* Black non-Hispanic birthing people consistently experienced the highest rates of labor and delivery complications among all races and ethnicities. During the 10-year period, SMM rates increased from 94.8 in 2011 to 191 in 2020. This represents an average increase of 10.1 percent per year.
* In 2011, the gap between SMM rates for Black non-Hispanic and white non-Hispanic birthing people was two-fold. By 2020, the SMM rate for Black non-Hispanics was 2.5 times higher than that of white non-Hispanics, a 25 percent increase in the gap over the decade.
* Significant inequities were experienced by birthing people with disabilities, particularly for those with intellectual, vision, and mobility-related disabilities. The SMM rate for birthing people with intellectual disabilities was 131.6 per 10,000 deliveries; 108.4 among people with a vision disability; and 94.6 among people with a mobility disability.

**Actions Taken to Address Inequities in Maternal Health**

* [*An Act to Reduce Racial Inequities in Maternal Heath (2020)*](https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter348)established the [Special Legislative Commission on Racial Inequities in Maternal Health](https://malegislature.gov/Commissions/Detail/539/About).
	+ The Commission was tasked with filing a report including a comprehensive list of recommendations to reduce or eliminate racial inequities in maternal mortality and severe maternal morbidity in the Commonwealth.
	+ The 2022 report included 157 recommendations with 91 calls to action from across three internal workgroups.

**DPH Actions**

* DPH established a statewide **Maternal Health Task Force (MHTF)** composed of 25 community partners, including three people with lived experience, representing 20 organizations.
	+ The focus of the MHTF is to create a maternal health strategic plan that is racial equity- and healing-centered.
	+ The MHTF has met twice in 2023 and is working to develop a strategic plan for the state.
* The DPH-led **Perinatal Neonatal Quality Improvement Network (PNQIN)** launched the **Maternal Equity Bundle** in October 2022 to reduce overall rates of SMM and to close the Black-white gap in SMM. Patient Safety Bundles are a structured way of improving the processes of care and patient outcomes. They are clinical condition-specific and follow an evidence-based process, that when performed collectively and reliably have been proven to improve patient outcomes.
* DPH provided funding for the **SPEAK UP** **Against Racism** training offered by the Institute for Perinatal Quality Improvement and has trained over 500 providers across 34 birthing hospitals on techniques to provide respectful care that is equitable and high-quality, and to recognize structural racism and work toward dismantling it.
* DPH is working to promote and execute innovation in **Maternal Health Service Delivery**
	+ **Remote blood pressure monitoring pilot programs** were implemented at Baystate Medical Center and Brigham and Women's Hospital to improve awareness of warning signs for patients with hypertensive disorders of pregnancy in the postpartum period.
	+ DPH will implement the **Levels of Maternal Care** using the CDC’s Levels of Care Assessment Tool (LOCATe) and MA equity-focused questions. DPH established and convened a multi-disciplinary Implementation Steering Committee to develop a plan to sustain the Level of Maternal Care model in MA. The goal is for pregnant people at high risk to receive care in facilities that are prepared to provide the level of specialized care needed.

**MassHealth Actions:**

* MassHealth covers ~40% of births in Massachusetts each year, including a disproportionate share of birthing people of color. It provides comprehensive maternal health services to MassHealth members at no cost, including but not limited to prenatal visits, pregnancy-risk assessment and monitoring, labor and delivery and postpartum depression and anxiety screening.
* MassHealth will cover doula services for members beginning later in 2023.
* MassHealth launched incentive programs for hospitals and health plans to improve quality of perinatal care and reduce racial and ethnic disparities, require Accountable Care Organizations to identify and enroll high-risk pregnant members in evidence-based care management programs, and require and pay for postpartum depression screenings for parents at pediatric visits.

**Future Policy and Action:**

* Launch an **interagency task force** within EOHHS to develop a comprehensive interagency strategy to address SMM for all birthing people, with a specific focus on improving outcomes for Black non-Hispanic birthing people and birthing people with disabilities.
* Implement recommendations from the Special Legislative Commission to allow the Maternal Mortality and Morbidity Review Committee **(MMMRC)** to have comprehensive access to all data needed for its review process, and to provide support for its operations. DPH convenes the MMMRC to review the deaths of all pregnant /birthing people who die within one year of the end of pregnancy and make recommendations to DPH.
* Expand **telehealth remote blood pressure monitoring** to all hospitals across the state to improve awareness of obstetric warning signs for patients with hypertensive disorders, which will reduce readmission rates and reduce inequities in access to care for the most vulnerable populations.
* Expand **Welcome Family home visiting** programs (now in 8 communities) to all communities across the state.
* Expand **PNQIN equity bundle** implementation to all 40 birthing hospitals (currently implemented in 22 hospitals).
* Implement the **Levels of Maternal Care** across all hospitals.
* Create a **doula certification/credentialing** pathway.

Additional information

* [Pregnancy Risk Assessment Monitoring System (PRAMS)](https://www.mass.gov/service-details/pregnancy-risk-assessment-monitoring-system-prams)
* [Report of the Special Commission on Racial Inequities in Maternal Health, Commonwealth of Massachusetts](https://archives.lib.state.ma.us/bitstream/handle/2452/859167/on1322121286.pdf?sequence=1&isAllowed=y)
* [Maternal Mortality and Morbidity Initiative](https://www.mass.gov/service-details/maternal-mortality-and-morbidity-initiative)