



Severe Maternal Morbidity: Trends and Disparities

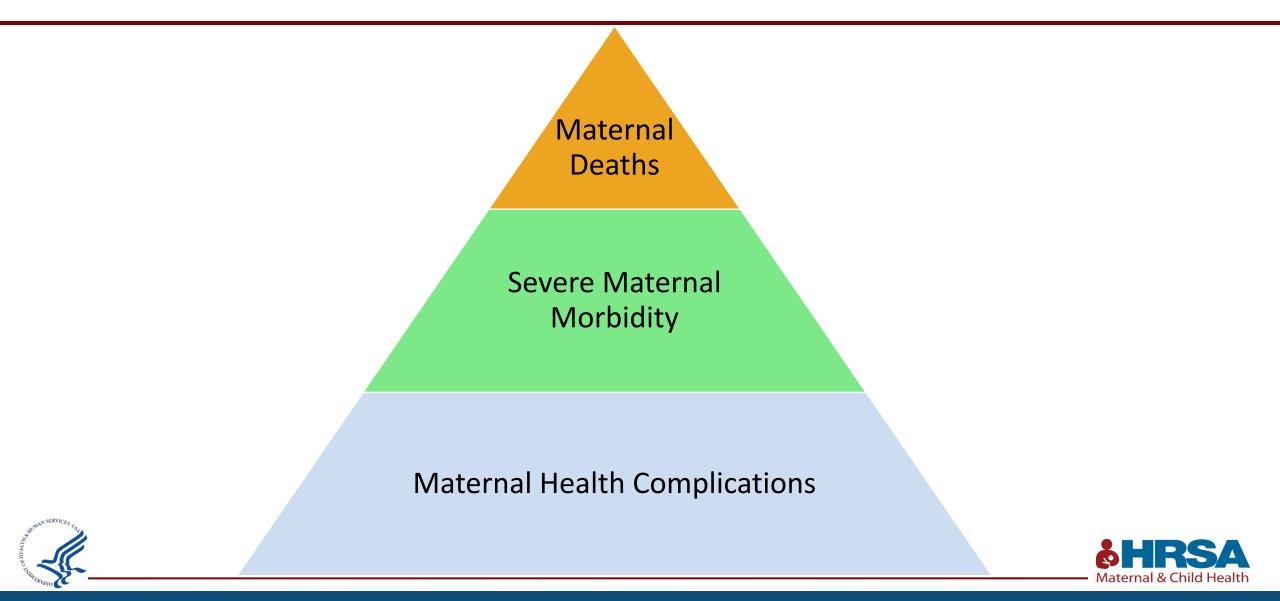
Advisory Committee on Infant and Maternal Mortality March 20, 2023

Ashley Hirai, PhD Senior Scientist, Office of Epidemiology and Research Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Maternal Mortality and Morbidity



Severe Maternal Morbidity (SMM) Surveillance

 HRSA collaborates with the Agency for Health Care Research and Quality (AHRQ; data purveyor) and the Centers for Disease Control and Prevention (CDC; measure developer) to pre-populate Title V Block Grant National Outcome Measure for SMM (NOM-2) from the Healthcare Cost and Utilization Project (HCUP) – State Inpatient Databases







Outline

- Definition
- Trends
- Types
- Disparities
- Measurement Issues





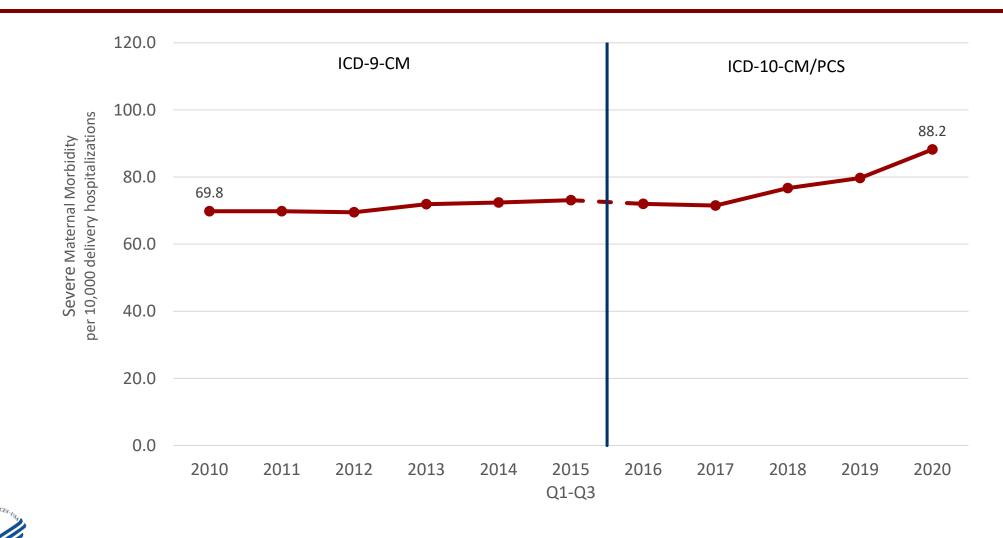
SMM Definition

- "Unexpected outcomes of labor and delivery that result in significant short or long-term consequences to a woman's health" – CDC
 - 21 indicators (16 diagnosis and 5 procedures) from hospital discharge record codes
 - Recent analyses exclude blood transfusion only cases due to poor predictive value
 - HCUP Fast Stats <u>https://datatools.ahrq.gov/hcup-fast-stats</u>
 - Title V Federally Available Data Resource Document <u>https://mchb.tvisdata.hrsa.gov/Home/Resources</u>
 - Alliance for Innovation on Maternal Health <u>https://saferbirth.org/aim-data/resources/</u>
- Recent AHRQ, CDC, HRSA Publications
 - Trends in Severe Maternal Morbidity in the US Across the Transition to ICD-10-CM/PCS From 2012-2019. JAMA Netw Open. 2022;5(7):e2222966.
 - <u>Associations Between State-Level Severe Maternal Morbidity and Other Perinatal Indicators</u>. JAMA Netw Open. 2022;5(7):e2224621.
 - Assessment of Incidence and Factors Associated With Severe Maternal Morbidity After Delivery Discharge Among Women in the US. JAMA Netw Open. 2021 Feb 1;4(2):e2036148.
- Forthcoming Publications
 - AHRQ analysis of COVID-related SMM increases
 - CDC analysis of SMM indicators accounting for in-hospital deaths





SMM Trends, 2010-2020



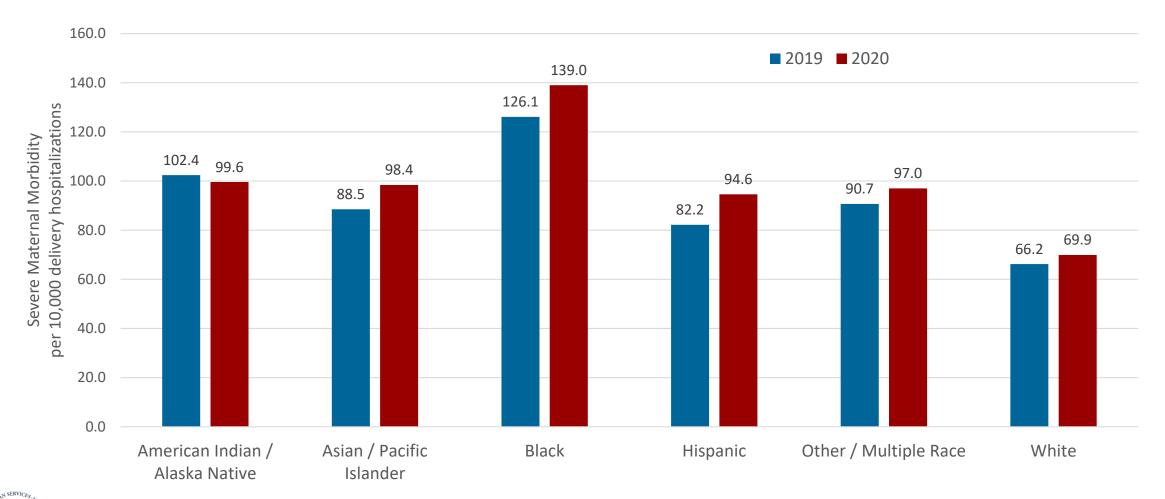


SMM Indicator Grouping

Indicator Grouping	Indicators	2019 Rate per 10,000	2020 Rate per 10,000	Absolute Change	Relative Change
Hemorrhage	Disseminated intravascular coagulation Shock Hysterectomy	36.5	36.9	0.4	1%
Renal	Acute Renal Failure	15.7	19.2	3.5	22%
Respiratory	Adult respiratory distress syndrome Temporary tracheostomy Ventilation	11.6	15.7	4.1	35%
Sepsis	Sepsis	11.2	12.5	1.3	12%
Other Obstetric	Amniotic fluid embolism Eclampsia Severe anesthesia complications Air and thrombotic embolism	11.1	11.8	0.7	6%
Cardiac	Acute myocardial infarction Aneurysm Cardiac arrest/ventricular fibrillation Conversion of cardiac rhythm Heart failure/arrest during surgery Pulmonary edema / Acute heart failure	9.0	9.3	0.3	3%
Other Medical	Puerperal cerebrovascular disorders Sickle cell disease with crisis	4.6	5.0	0.4	9%



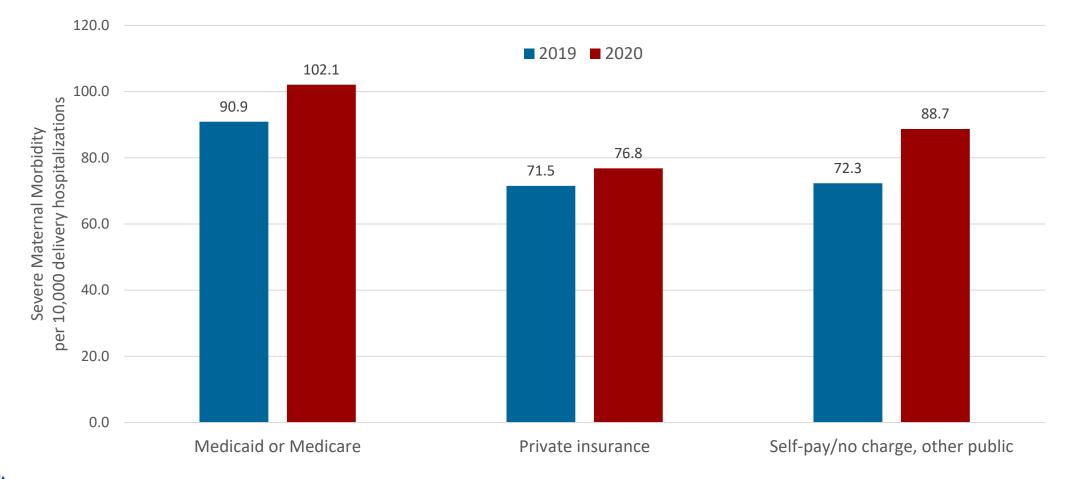
SMM by Race and Ethnicity



From 42 states with adequate reporting of race and ethnicity

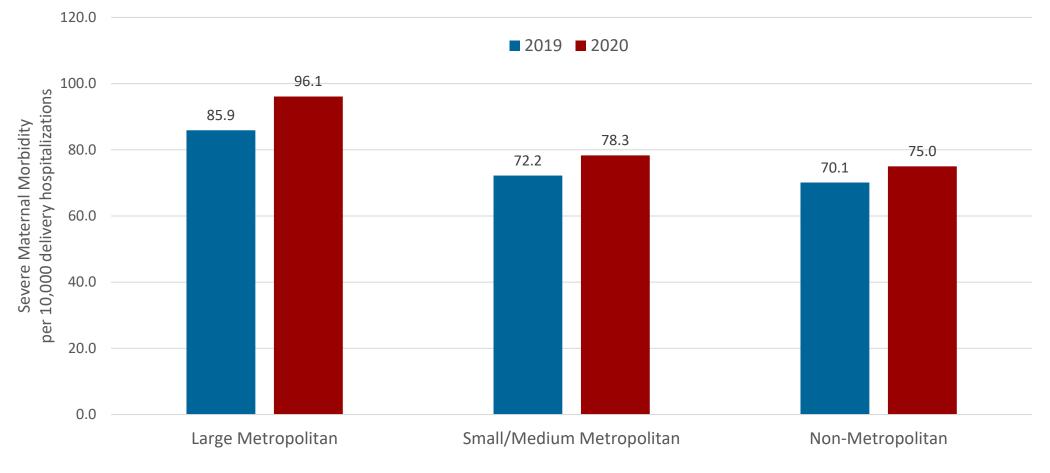


SMM by Expected Payer



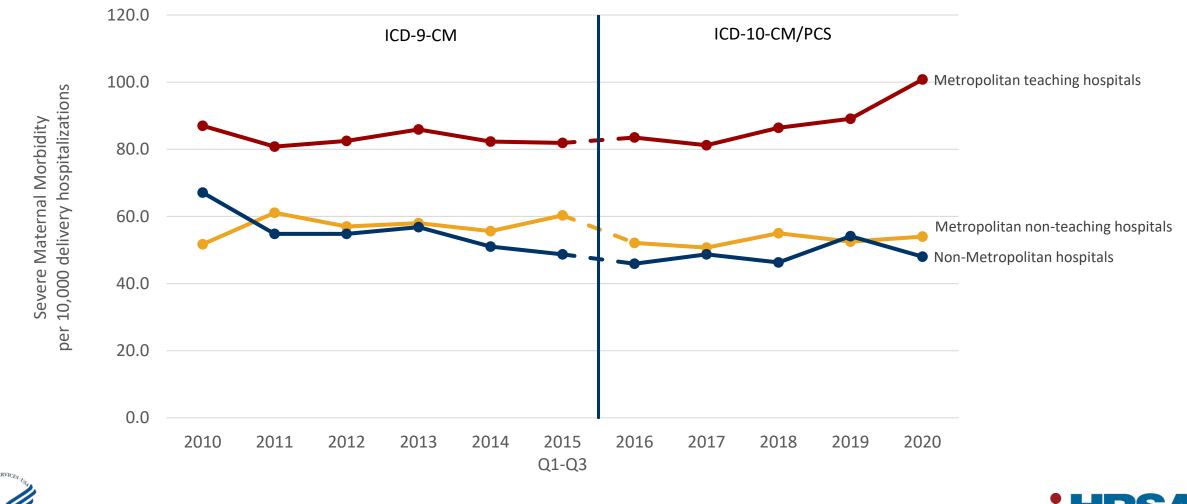


SMM by Rural/Urban Residence



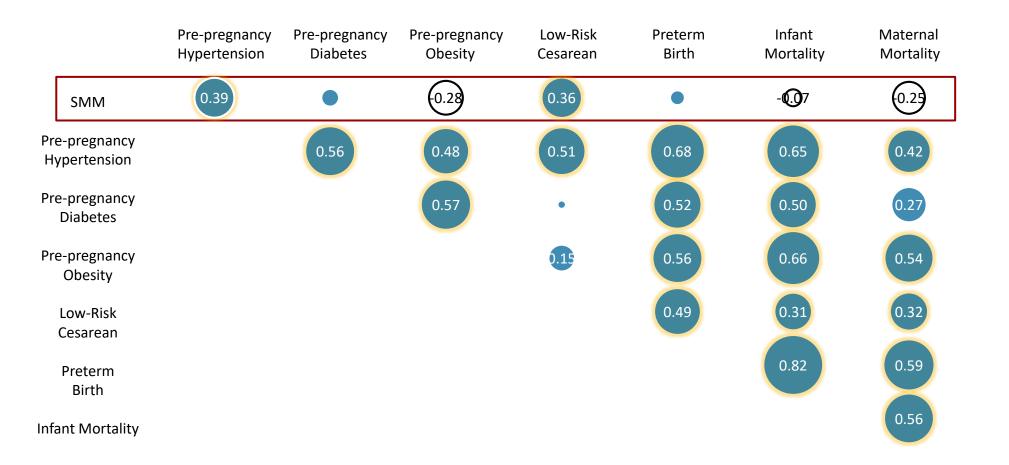


SMM Trends by Hospital Location and Teaching Status





State-level SMM Correlations with Perinatal Indicators



SMM only correlated with pre-pregnancy hypertension and lowrisk cesarean

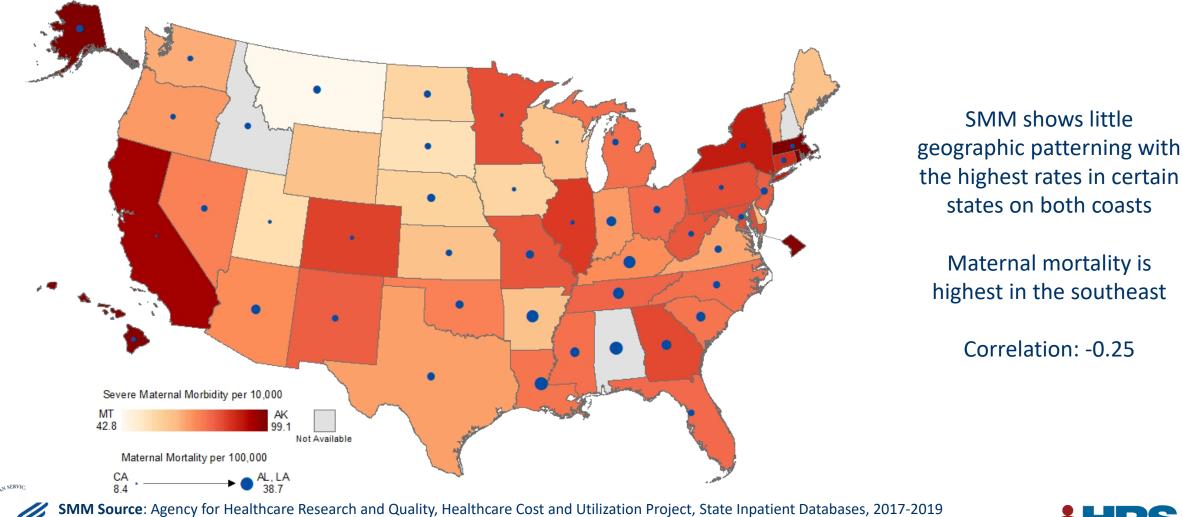
Stronger and more consistent correlations for all other perinatal indicators



SMM Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, State Inpatient Databases, 2017-2019 **All Other Source**: National Center for Health Statistics, National Vital Statistics System, Birth and Mortality Files, 2017-2019 (2016-2020 for MMR)



SMM and Maternal Mortality







SMM Timing



 Recent analysis of IBM MarketScan data showed ~15% of de novo SMM occurred in the postpartum period



Chen J, Cox S, Kuklina EV, Ferre C, Barfield W, Li R. <u>Assessment of Incidence and Factors Associated With Severe Maternal</u> <u>Morbidity After Delivery Discharge Among Women in the US</u>. JAMA Netw Open. 2021 Feb 1;4(2):e2036148.



Contact Information

Ashley Hirai, PhD

Senior Scientist, Office of Epidemiology and Research Maternal and Child Health Bureau (MCHB) Health Resources and Services Administration (HRSA) Email: <u>ahirai@hrsa.gov</u> Phone: 240.472.2783 Web: <u>mchb.hrsa.gov</u>





Connect with HRSA

Learn more about our agency at: <u>www.HRSA.gov</u>



FOLLOW US:



