

WE KNOW YOU CARE About Texas Mothers

Definitions

Maternal mortality encompasses the topics and definitions of deaths during pregnancy, childbirth, and the post-partum period (up to 1-year from the end of the pregnancy).

Pregnancy-related death the death of a woman while pregnant or within 1 year of the end of her pregnancy from any cause related to or aggravated by her pregnancy or its management.

Pregnancy-associated death the death of a woman from any cause while she is pregnant or within one year of the end of the pregnancy

Maternal death the death of a woman while pregnant or within 42 days of the end of the pregnancy but not from accidental or incidental causes.

Severe maternal morbidity unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health.

Texans agree: We need to prioritize maternal health

A recent poll¹ from Kaiser Family Foundation and the Episcopal Health Foundation found that 62 percent of women and 55 percent of men say state lawmakers should make maternal mortality one of the legislature's top health priorities. The [Maternal Mortality and Morbidity Task Force](#) has made some excellent recommendations based on their findings and now is the time for you to act on them.

Did you know?

- In the U.S., maternal mortality doubled between 1990 and 2013².
- In 2015, the maternal mortality ratio in Texas was 32.5 deaths per 100,000 pregnancies.³
- A Black woman in the United States is 243% more likely to die from pregnancy-related causes than a non-Hispanic White woman.³
- The majority of pregnancy-related deaths in Texas happen more than 60-days post-partum.²
- Most pregnancy-related deaths in Texas are in women enrolled in Medicaid at the time of birth.²

The top four leading causes accounted for 76% of all pregnancy-related deaths in 2012. Other common causes of pregnancy-related death included pre-eclampsia/eclampsia, mental health conditions, and amniotic fluid emboli.

Leading Underlying Causes of Pregnancy-Related Death in Texas²:

Cardiovascular and coronary conditions	Obstetric hemorrhage	Infection/sepsis	Cardiomyopathy
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¹ Kaiser Family Foundation & Episcopal Health Foundation. (2018, June 14). [KFF/EHF Poll: Texans' Top State Health Priorities Include Lowering Out-of-Pocket Costs and Reducing Maternal Mortality](https://www.kff.org/health-reform/press-release/poll-texans-health-priorities-costs-maternal-mortality-medicaid/). Retrieved November 29, 2018, from <https://www.kff.org/health-reform/press-release/poll-texans-health-priorities-costs-maternal-mortality-medicaid/>

² <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>

³ MacDorman, M.F., Declercq, E., & Thoma, M.E. (2018). Trends in Texas maternal mortality by maternal age, race/ethnicity, and cause of death, 2006-2015. *Birth Issues in Perinatal Care*, 45(2), 169-177.





Legislative Priorities

The Texas Medical Association reports that 80% of these maternal deaths were preventable. The Texas Legislature can eliminate these unnecessary, family-shattering losses by taking action in these areas.

Our Mission

Circle Up, part of United Methodist Women, the largest denominational faith organization for women worldwide, advocates for policies that will eliminate maternal mortality and morbidity. Rooted in our Christian faith, Circle Up is called to act upon its belief that every Texas mom deserves the opportunity to have a happy, healthy and successful pregnancy. By expanding access to healthcare, focusing on high-risk populations, and taking a stand for maternal mental health, the state of Texas can ensure that all families are able to thrive.

Protect Funding of Essential Maternal Health Programs: By properly funding and maintaining Texas Medicaid, CHIP, Healthy Texas Women(+) and similar programs, the Legislature can continue to improve maternal health outcomes statewide. In a year full of budget shortfalls, we simply cannot afford to stall the progress made in previous Sessions with the TexasAIM Initiatives and the Texas Maternal Mortality Review Committee, both of which are crucial to implementing evidence-based care and strategies.

Expand Access to Essential Healthcare Coverage: Women's lack of access to healthcare - before, during, and after pregnancy - contributes to the maternal mortality and morbidity crisis. By expanding access to healthcare, Texas can protect its women and ensure a safe and healthy pregnancy for all mothers. This includes extending pregnancy Medicaid coverage to a full year postpartum, auto-enrolling women aging out of CHIP into Healthy Texas Women, coverage of doula services, and further efforts for preventive and well-care for rural moms and children.

Improving Racial Equity in Maternal Health Outcomes: Black, American Indian, and Alaska Native people giving birth are two to four times more likely to die from pregnancy-related complications than are their white counterparts. State policy solutions must prioritize the elimination of these racial disparities in maternal health outcomes. Progress can be made by implementing the AIM Safety Bundle Reduction of Peripartum Racial/Ethnic Disparities statewide, requiring that healthcare providers receive evidence-based implicit bias programs, prioritizing funding for Medicaid-covered doulas as well as community-based resources, and reinstating the Office of Minority Health Statistics and Engagement.

Rural Access Issues: Due to the increasing closure of rural hospitals (only 66 of Texas' remaining 158 rural hospitals provide maternity services), 50% of rural women must drive over 30 miles to access maternity services. Texas can support rural families by allowing Medicaid to cover facility fees for birth to support alternative safe birthing options (home birth or birthing centers), ensuring that independent birth centers in rural areas are sustainably financed and staffed, and continuing to allow telehealth benefits for maternity care.

Prioritize and Support the Needs of Maternal Mental Health: One in seven Texas women are affected by maternal mental health challenges, including postpartum depression. Texas should prioritize policy solutions such as including mental health services and counseling options as covered benefits in Healthy Texas Women, expanding Texas's new Child Psychiatry Access Network to include perinatal psychiatric access, and increasing awareness of maternal mental health challenges by training a range of professionals serving mothers and families such as promotoras and community health workers.

Questions? Want to learn more?

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