

# Florida Department of Health

## Florida's Maternal Mortality Review Committee 2021

Prepared by:

Amy Robertson, PhD

Delaney Hull RN, BSN

Julie Clarkson, BSW

Created January 2025



Florida  
HEALTH

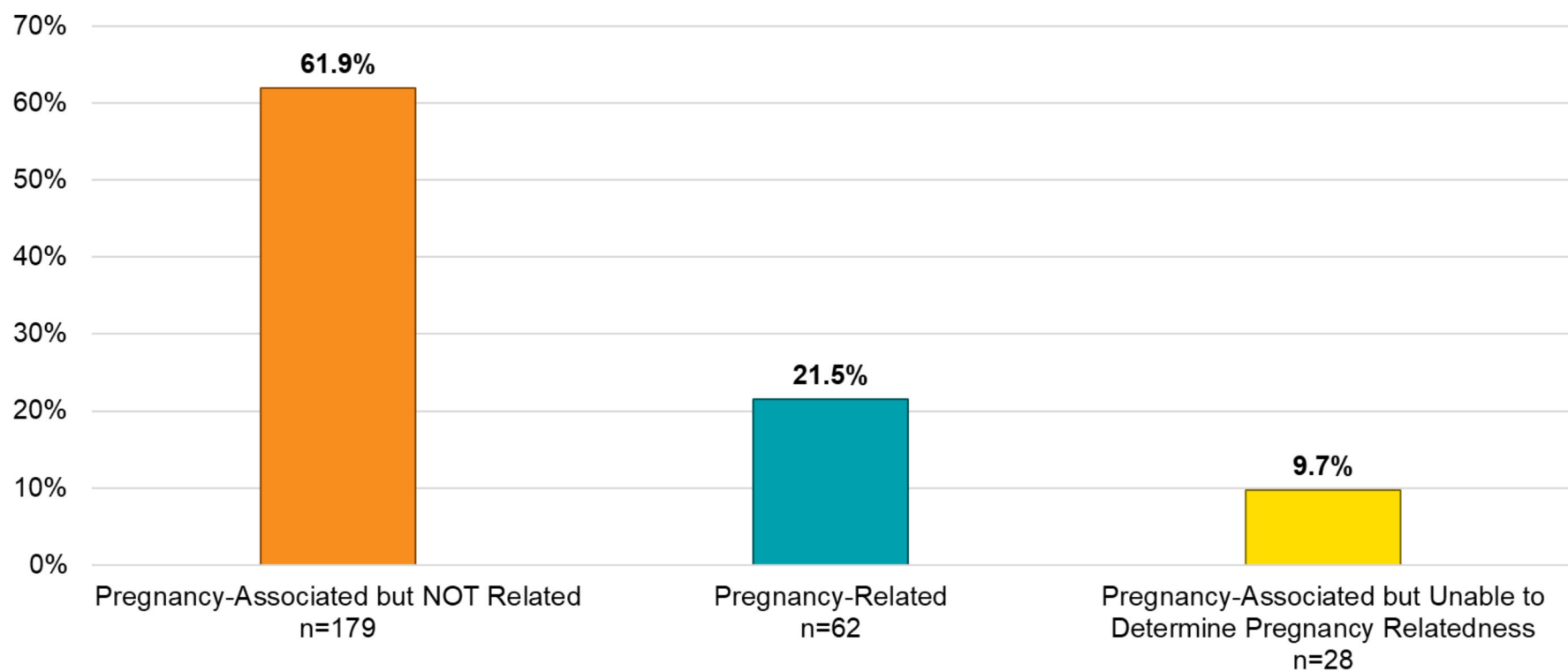
# Definitions

**Pregnancy-associated death (PAD)**- A death of a woman from any cause, while she is pregnant or within one year of being pregnant, regardless of the duration and site of the pregnancy.

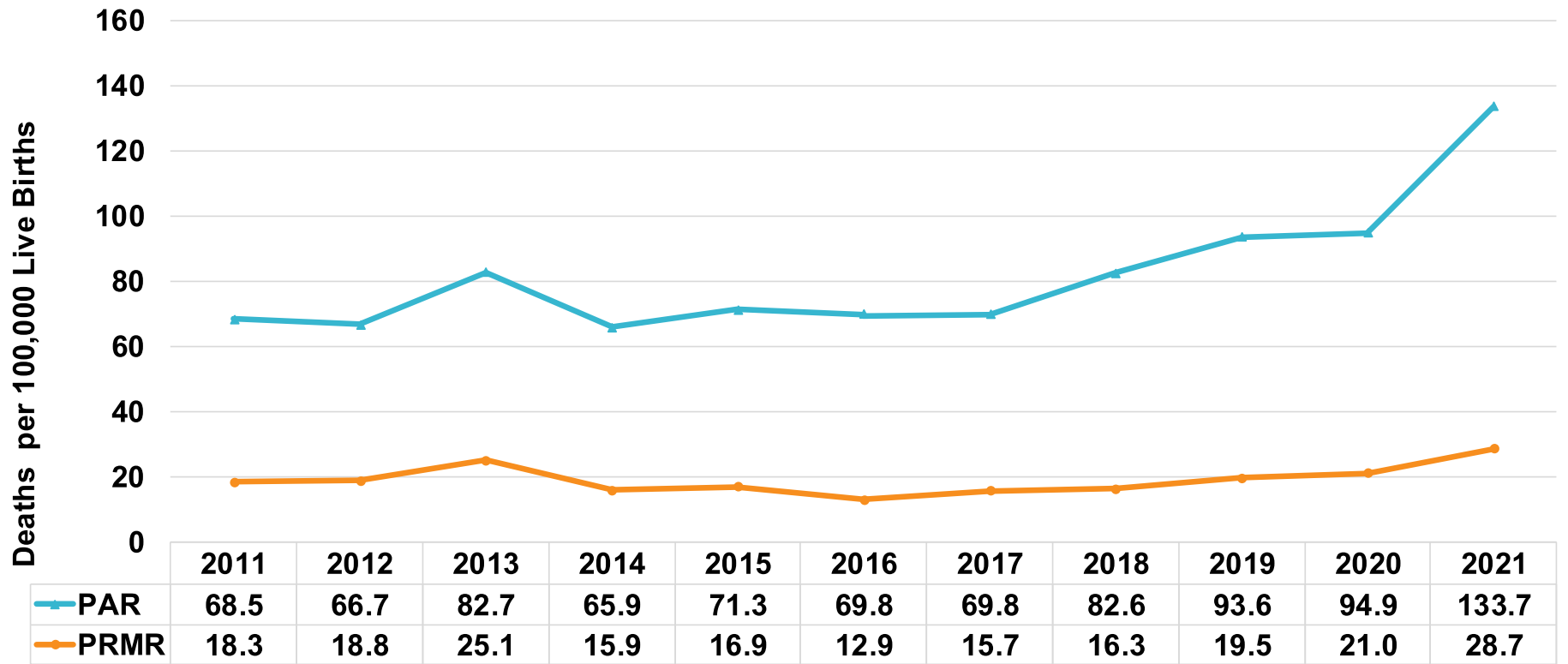
**Pregnancy-related death (PRD)**- A pregnancy-associated death directly attributed to pregnancy and/or childbirth.

**Florida's Maternal Mortality Review Committee (FLMMRC)**- An ongoing process that involves data collection and examination of maternal deaths to promote evidence-based actions for individual behavior changes, health care system improvements, and prevention of pregnancy-related deaths (PRDs).

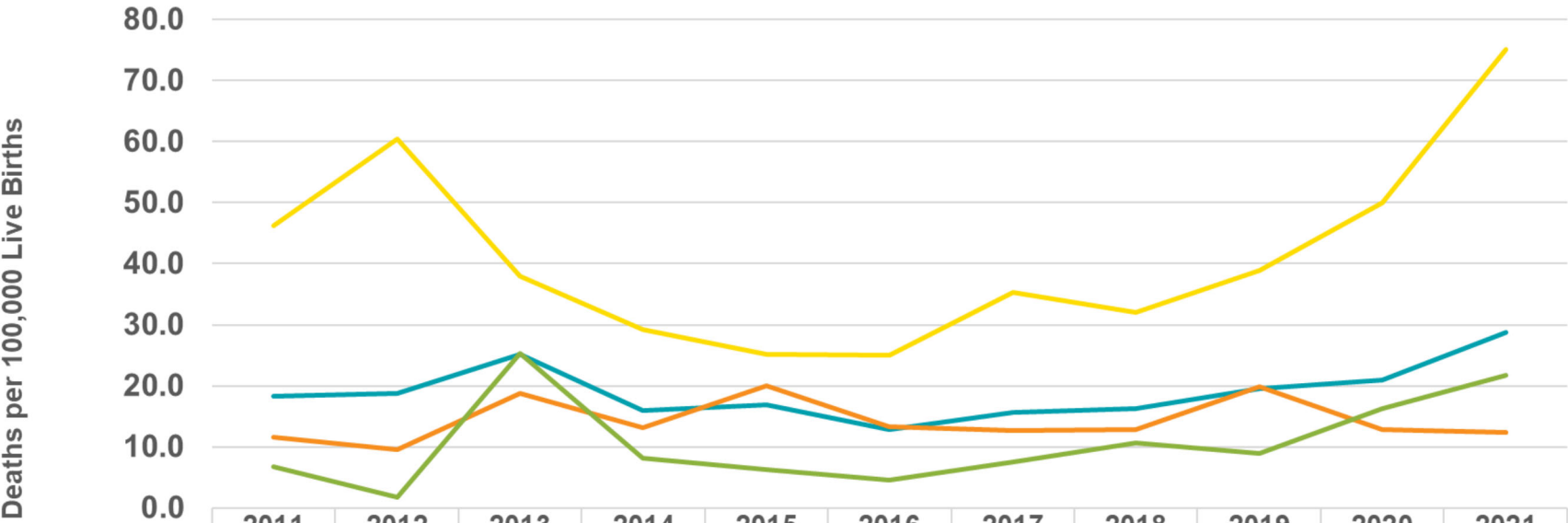
# Pregnancy-associated Deaths, Florida, 2021, N=289



# PREGNANCY-ASSOCIATED MORTALITY RATIOS (PAR) AND PREGNANCY-RELATED MORTALITY RATIOS (PRMR), FLORIDA, 2011-2021

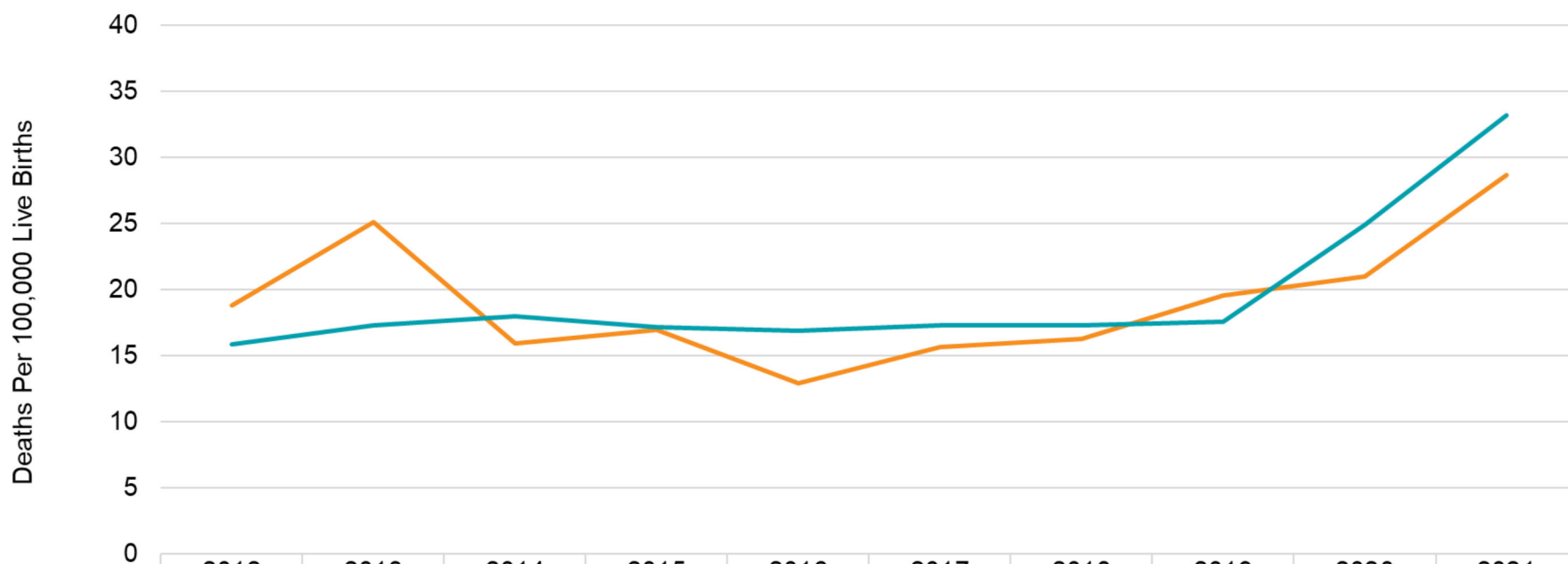


# PREGNANCY-RELATED MORTALITY RATIOS (PRMRS) BY RACE/ETHNICITY, FLORIDA, 2011-2021



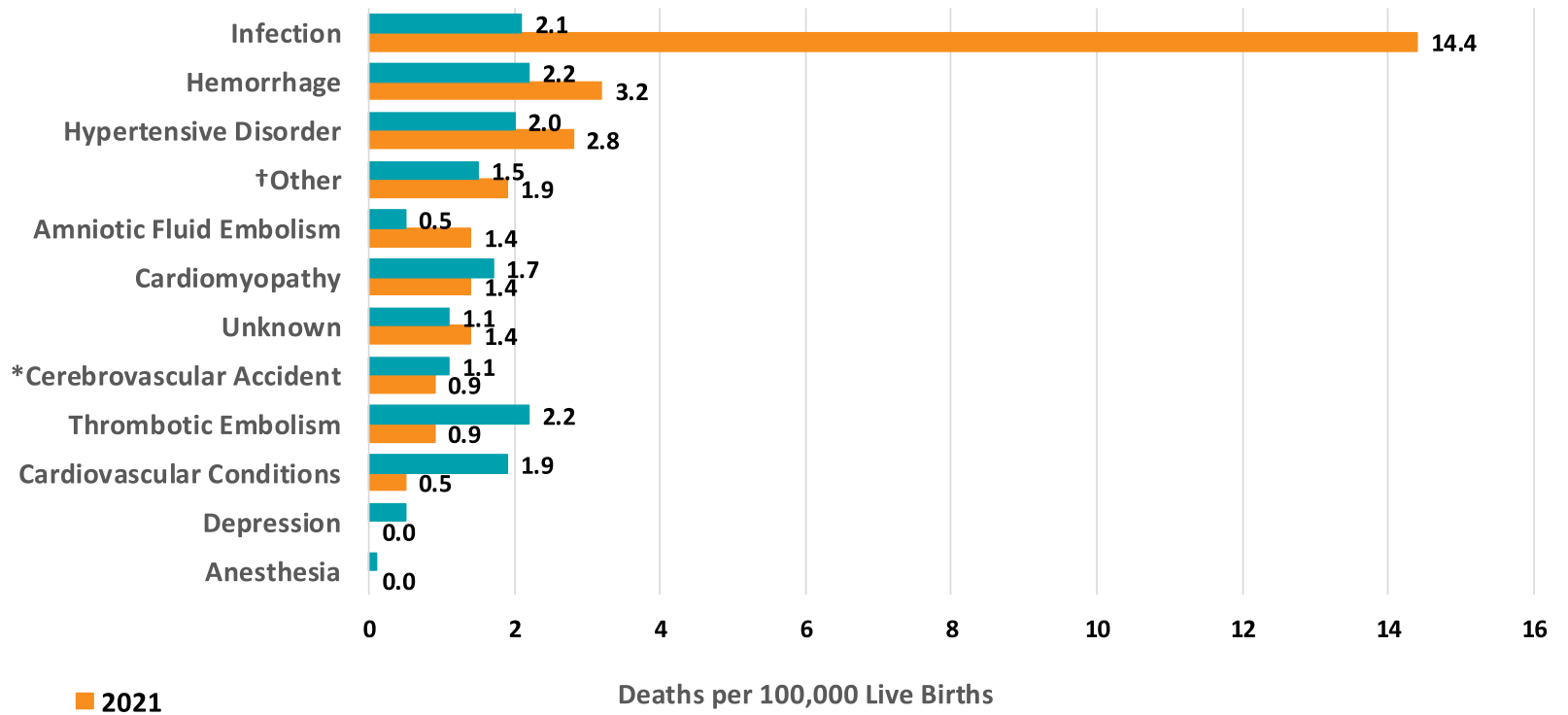
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
— Total PRMR	18.3	18.8	25.1	15.9	16.9	12.9	15.7	16.3	19.5	21.0	28.7
— Non-Hispanic White	11.6	9.5	18.7	13.2	20.0	13.3	12.7	12.9	19.8	12.9	12.4
— Non-Hispanic Black	46.2	60.5	37.9	29.3	25.1	25.0	35.3	32.0	38.9	50.0	75.1
— Hispanic	6.8	1.7	25.4	8.1	6.3	4.6	7.5	10.6	8.9	16.3	21.8

# Pregnancy-related Mortality Ratio (PRMR), Florida and U.S., 2012-2021

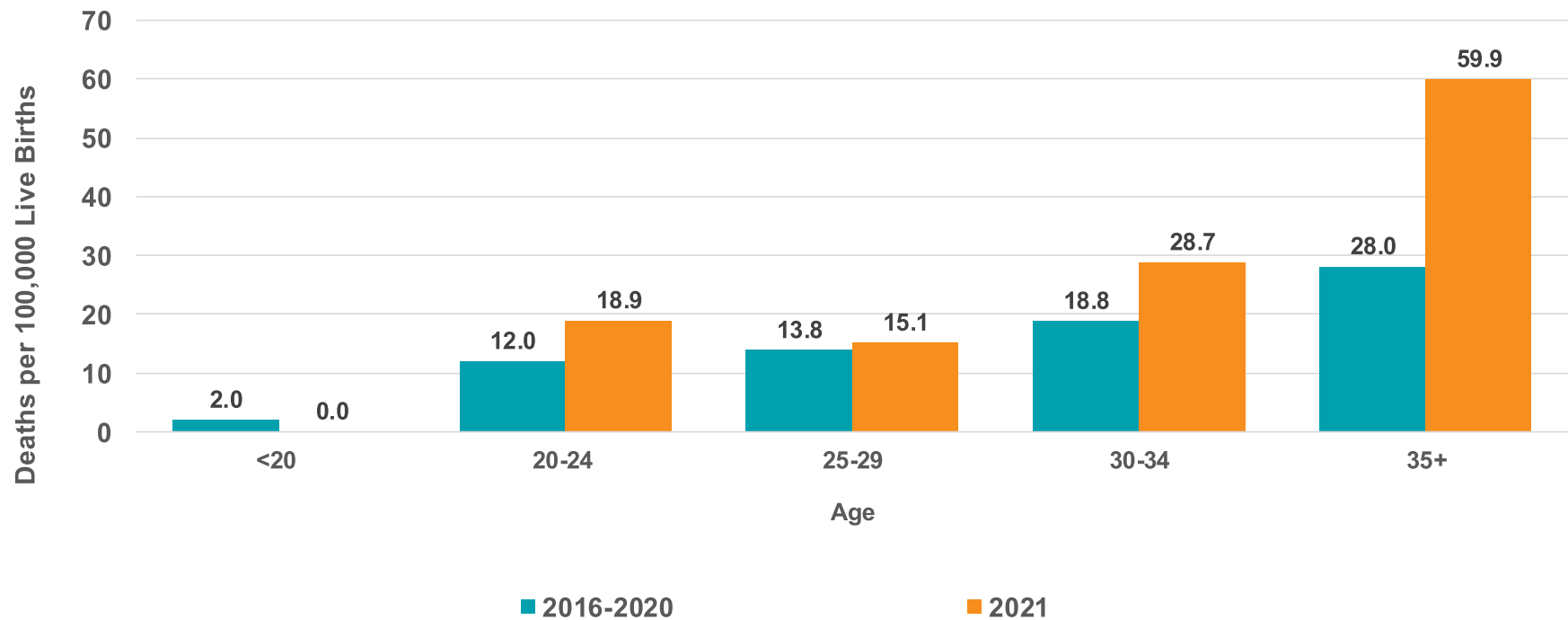


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Florida PRMR	18.8	25.1	15.9	16.9	12.9	15.7	16.3	19.5	21.0	28.7
U.S. PRMR	15.9	17.3	18.0	17.2	16.9	17.3	17.3	17.6	24.9	33.2

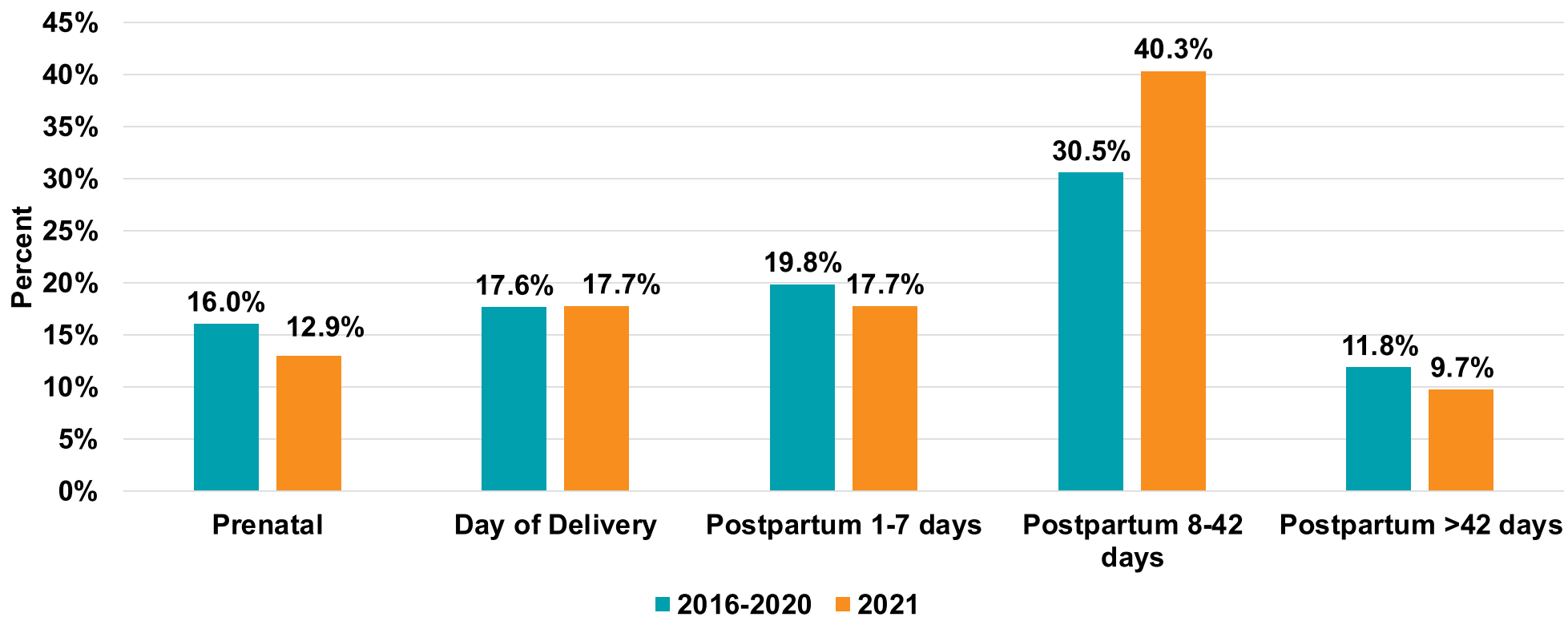
# PRMRS AND DISTRIBUTION OF PREGNANCY-RELATED CAUSES OF DEATH, FLORIDA, 2016-2020 (N=187) AND 2021 (N=62)



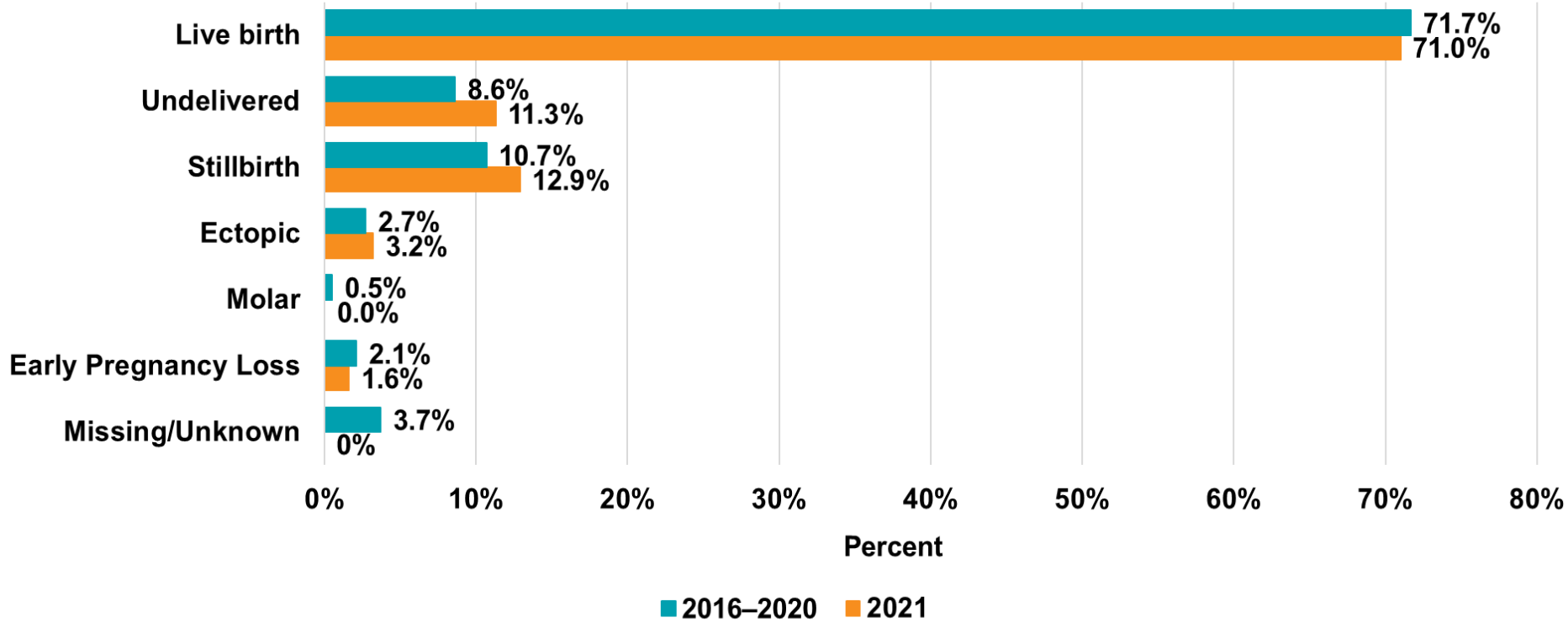
# PREGNANCY-RELATED MORTALITY RATIOS (PRMRS) BY AGE, FLORIDA, 2016-2020 (N=187) AND 2021 (N=62)



## DISTRIBUTION OF PREGNANCY-RELATED DEATHS BY TIMING OF DEATH, FLORIDA, 2016-2020 (N= 187) AND 2021 (N= 62)



# DISTRIBUTION OF PREGNANCY-RELATED DEATHS BY PREGNANCY OUTCOME, FLORIDA, 2016-2020 (N=187) AND 2021 (N=62)



# Definitions

## **Live birth**

A live birth is when a baby is born and shows any sign of life, like breathing, a heartbeat, moving, or the umbilical cord pulsing. This is true no matter how early the baby is born.

## **Undelivered fetus / IUFD**

This means the baby has died inside the womb before being born. The pregnancy has ended, but the baby has not been delivered yet.

## **Stillbirth**

A stillbirth is when a baby dies in the womb and is born with no signs of life, such as no breathing or heartbeat. This usually happens after 20 weeks of pregnancy.

## **Ectopic pregnancy**

An ectopic pregnancy is when a fertilized egg grows outside the uterus, usually in a fallopian tube. This kind of pregnancy cannot grow into a healthy baby.

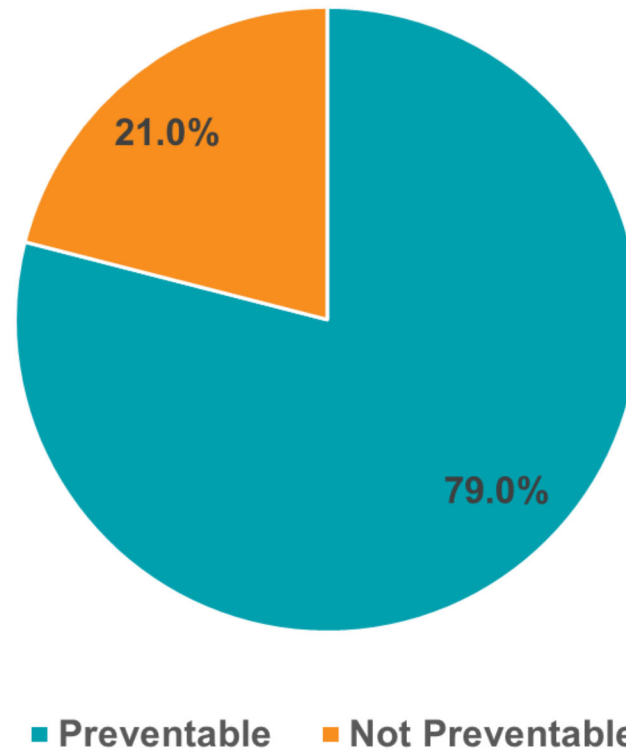
## **Molar pregnancy**

A molar pregnancy happens when a fertilized egg does not grow into a baby. Instead, it turns into a group of abnormal tissue, like tiny fluid-filled sacs, inside the uterus.

## **Early pregnancy loss (miscarriage)**

This means a pregnancy ends on its own before 14 weeks, usually in the first few months.

## PERCENTAGE OF PREVENTABILITY AMONG PREGNANCY-RELATED DEATHS, FLORIDA, 2021 (N=62)



# Definitions

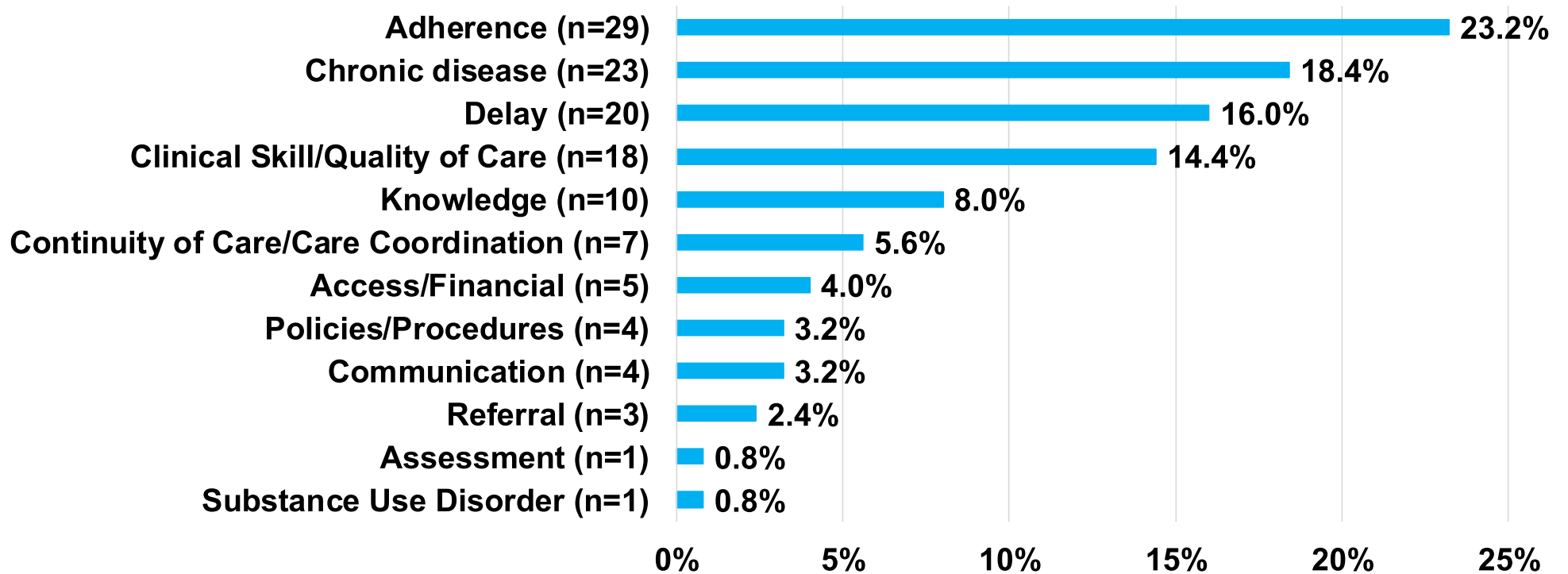
## **Preventable**

A death is preventable if there was at least some chance it could have been avoided with reasonable changes to patient, family, provider, facility, system, and/or community factors.

## **Not preventable**

A death is not preventable if experts concluded that there was no reasonable opportunity at the patient, provider, facility, system, or community level to alter the outcome.

## DISTRIBUTION OF CONTRIBUTING FACTOR CLASSES, FLORIDA, 2021 (N=49)



# Definitions

**Adherence**

Patient follows the plan or instructions their medical provider gives them.

**Chronic Disease**

Long-lasting health conditions that can raise the risk of complications during pregnancy and increase the chance of death for the mother.

**Delay**

When care doesn't happen quickly enough at an important moment, which can make pregnancy, birth, or the time after birth less safe.

**Clinical Skill/Quality of Care**

How well health workers can find problems, make good decisions, and give the right treatment to keep pregnant and postpartum women safe.

**Knowledge**

Understanding the warning signs, risks, healthy habits, and places to get care that help keep pregnant and postpartum women safe.

**Continuity of Care/Care Coordination**

Making sure pregnant and postpartum women get connected, well-organized care at every stage, with all their health needs coordinated so nothing important is missed.

**Access/Financial**

Pregnant or new mothers can afford and pay for the care they need without skipping or delaying important services.

**Policies/Procedures**

Rules and steps that guide how healthcare providers should give safe, consistent care to pregnant and postpartum women.

**Communication**

Sharing clear, timely information between patients, families, and healthcare providers so everyone understands what is happening and what care is needed.

**Referral**

Sending a pregnant or postpartum woman to another healthcare provider or facility that can provide the specialized care she needs.

**Assessment**

Checking a pregnant or postpartum woman's health to understand her needs, spot any problems early, and decide what care is best.

**Substance Use Disorder**

Someone has a hard time stopping or controlling their use of alcohol or drugs, even when it causes problems in their life or health.

# Conclusions

- Florida has been actively conducting ongoing review of maternal mortality cases since 1996.
- In 2021, as compared to 2016-2020, fewer women died from cardiovascular conditions, thrombotic embolism, cardiomyopathy, depression, and anesthesia.
- The most common recommendations mentioned are:
  - Providers should always follow and educate patients about available and most recent guidelines for pregnant women.
  - Women of childbearing age with chronic medical conditions should have their health optimized before pregnancy.
  - Providers should always follow guidelines for managing patients with hemorrhage and preeclampsia.