

Florida Department of Health

Florida's Maternal Mortality Review Committee 2022

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January 2025



Florida
HEALTH

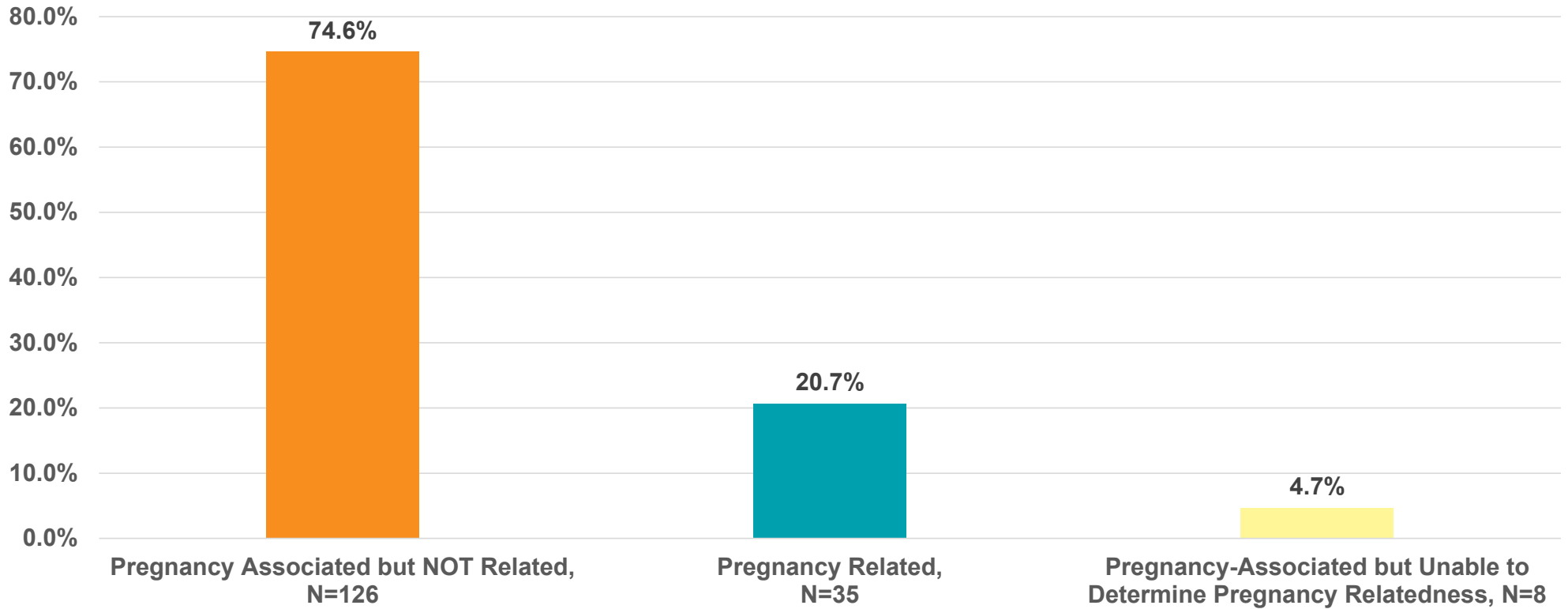
DEFINITIONS

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.

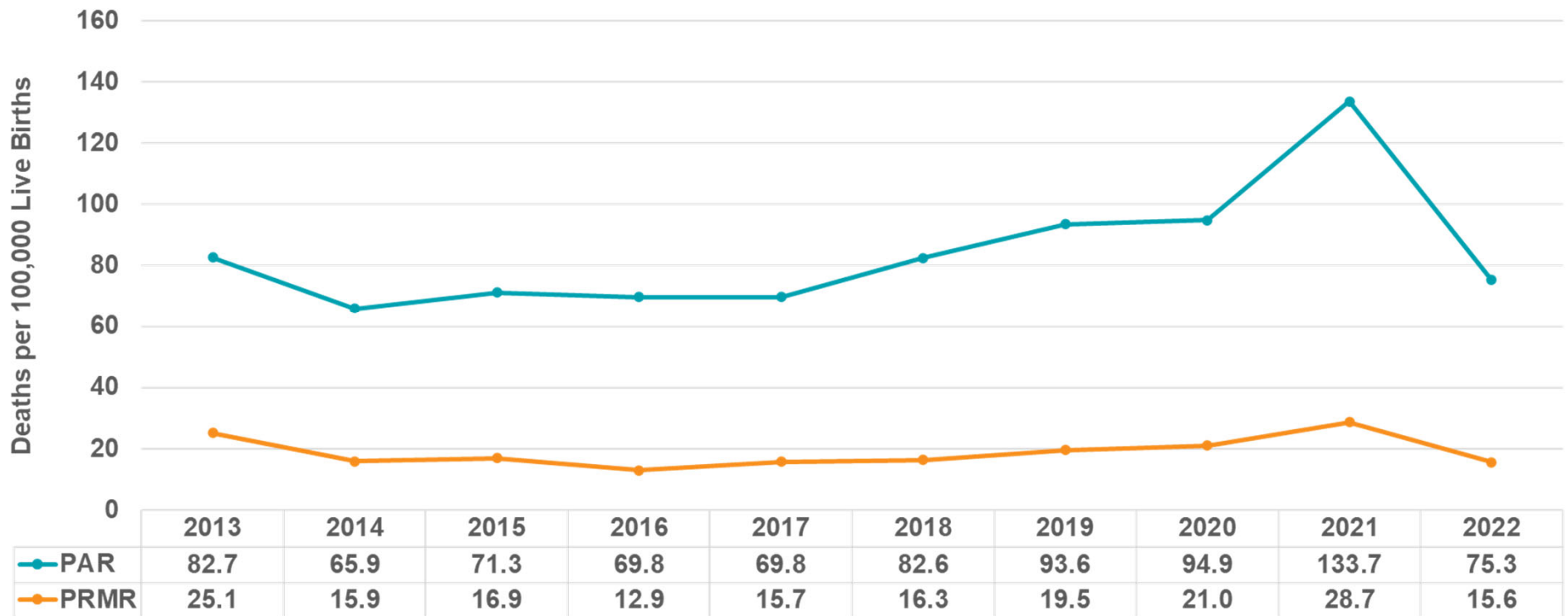
Pregnancy-related death (PRD)- A pregnancy-associated death directly attributed to pregnancy and/or childbirth.

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).

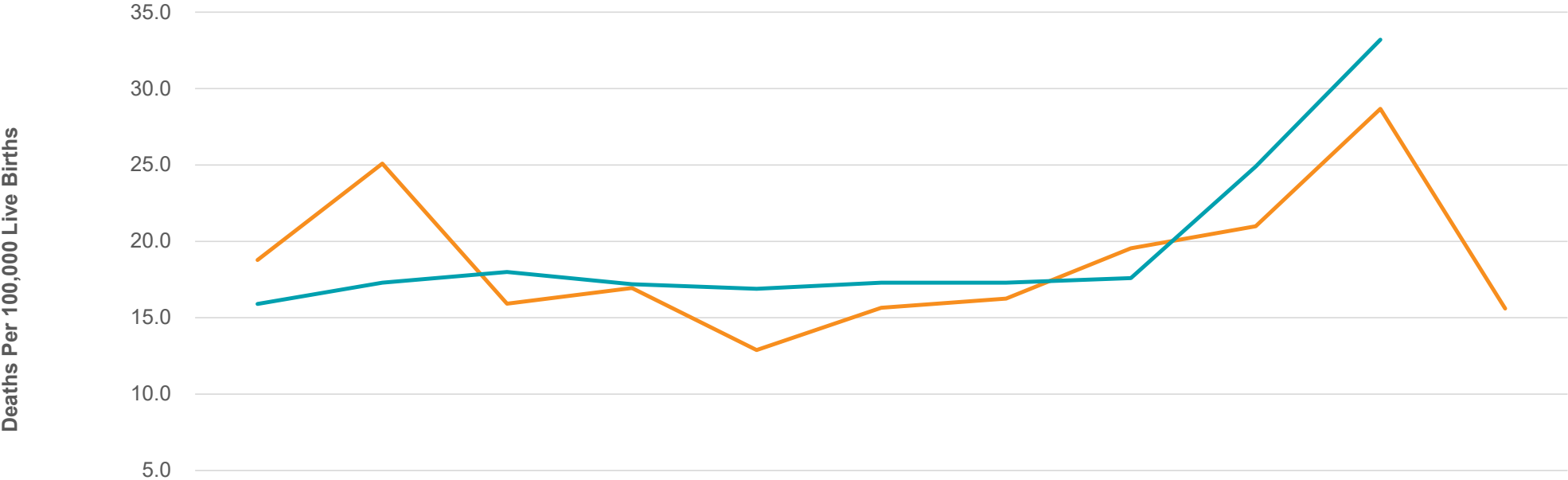
PREGNANCY-ASSOCIATED DEATHS, FLORIDA, 2022, N=169



PREGNANCY-ASSOCIATED MORTALITY RATIOS (PAR) AND PREGNANCY-RELATED MORTALITY RATIOS (PRMR), FLORIDA, 2012-2022

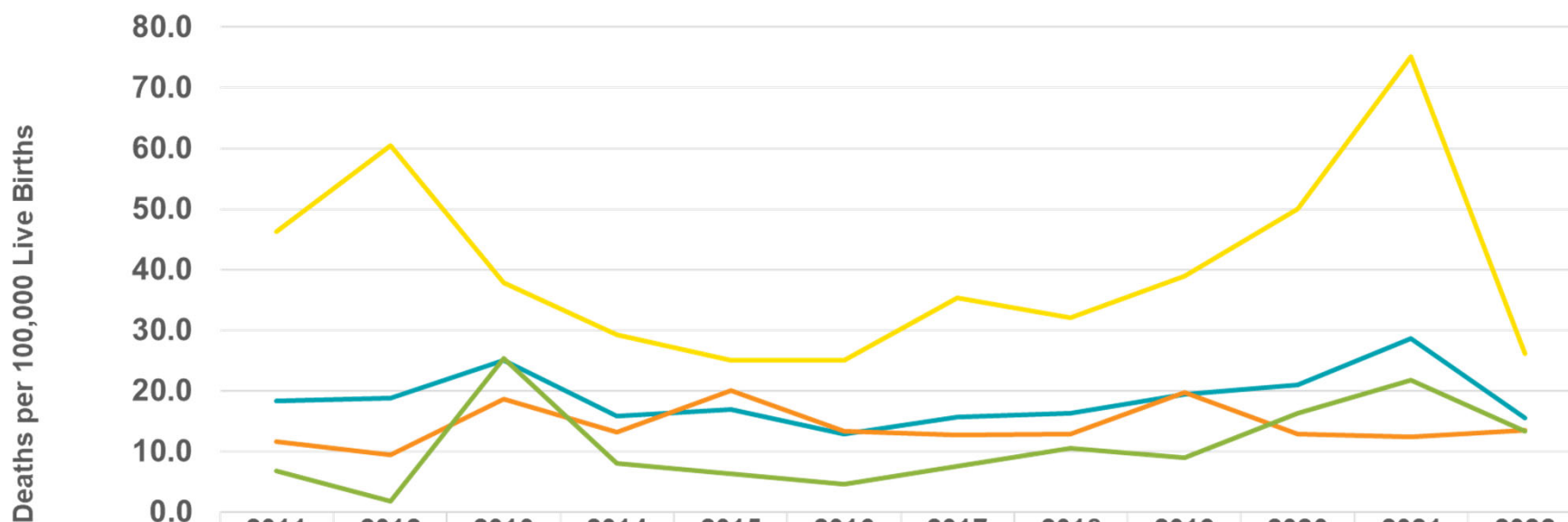


PREGNANCY-RELATED MORTALITY RATIO (PRMR) FLORIDA AND U.S., 2012-2022



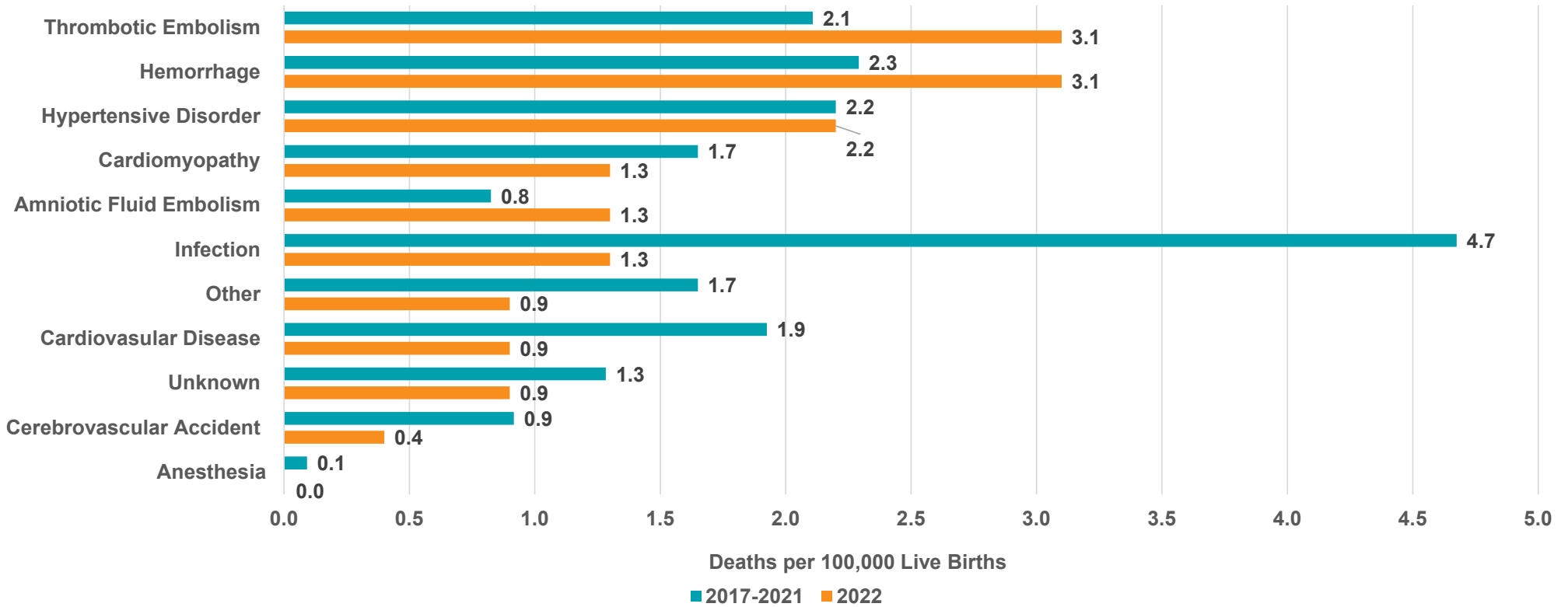
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Florida PRMR	18.8	25.1	15.9	16.9	12.9	15.7	16.3	19.5	21.0	28.7	15.6
U.S. PRMR	15.9	17.3	18.0	17.2	16.9	17.3	17.3	17.6	24.9	33.2	

PREGNANCY-RELATED MORTALITY RATIO (PRMRs) BY RACE/ETHNICITY, FLORIDA, 2011-2022

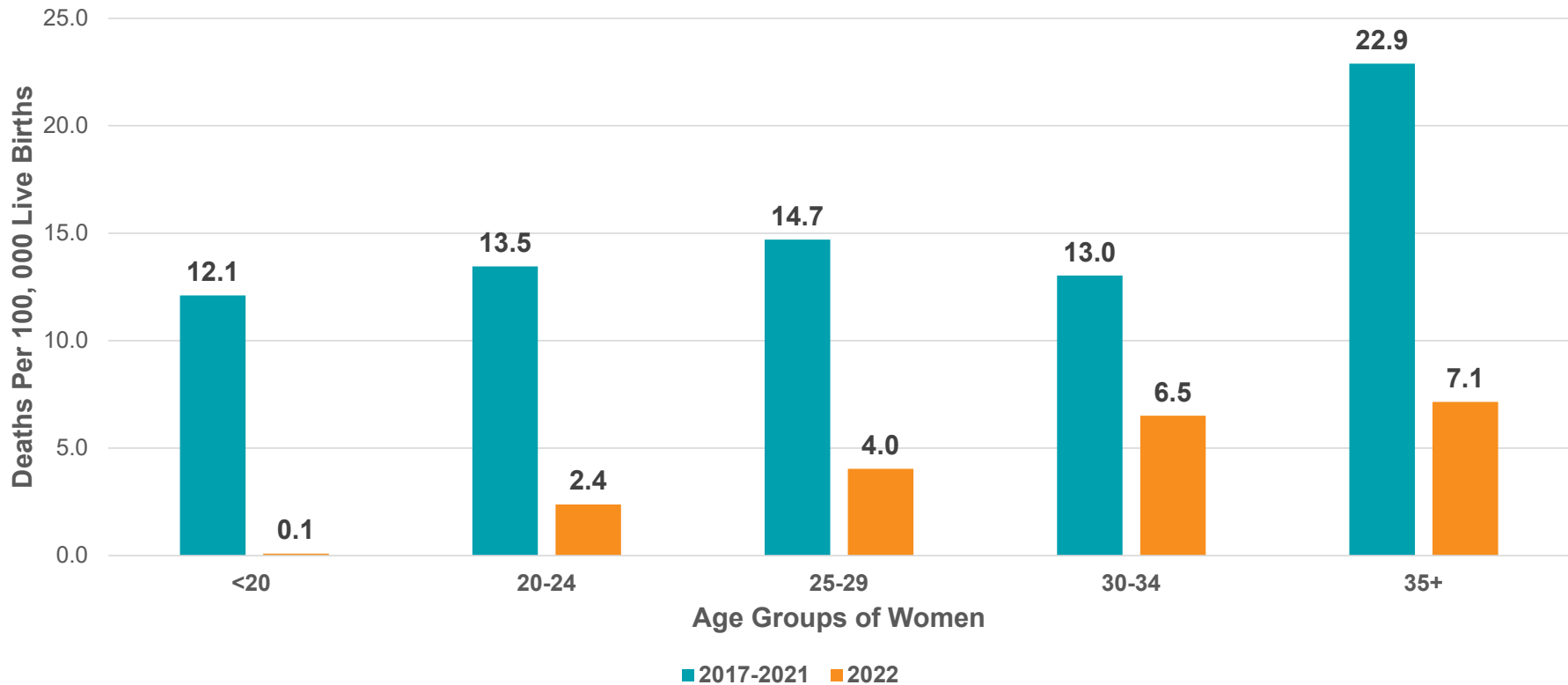


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
— Total PRMR	18.3	18.8	25.1	15.9	16.9	12.9	15.7	16.3	19.5	21.0	28.7	15.6
— Non-Hispanic White	11.6	9.5	18.7	13.2	20.0	13.3	12.7	12.9	19.8	12.9	12.4	13.5
— Non-Hispanic Black	46.2	60.5	37.9	29.3	25.1	25.0	35.3	32.0	38.9	50.0	75.1	26.1
— Hispanic	6.8	1.7	25.4	8.1	6.3	4.6	7.5	10.6	8.9	16.3	21.8	13.4

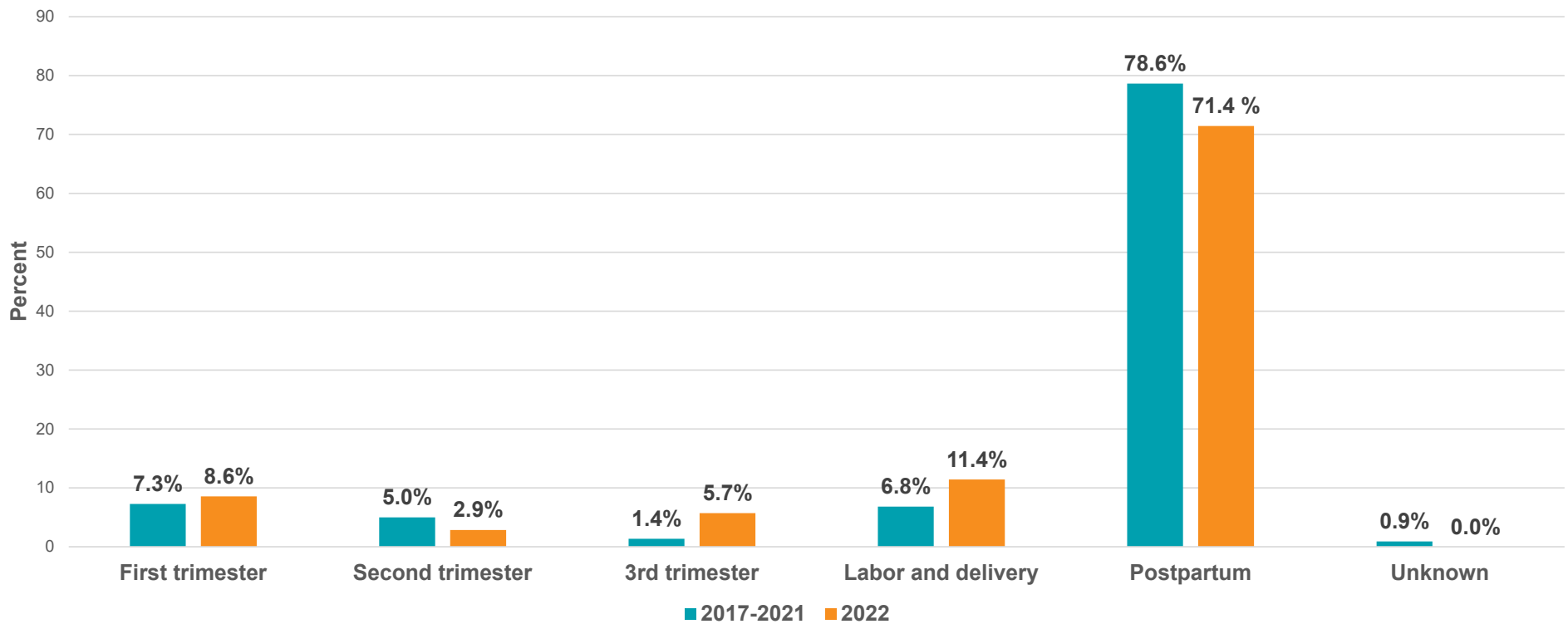
DISTRIBUTION OF PREGNANCY-RELATED UNDERLYING CAUSES OF DEATH, FLORIDA, 2017-2021 (N=220) AND 2022 (N=35)



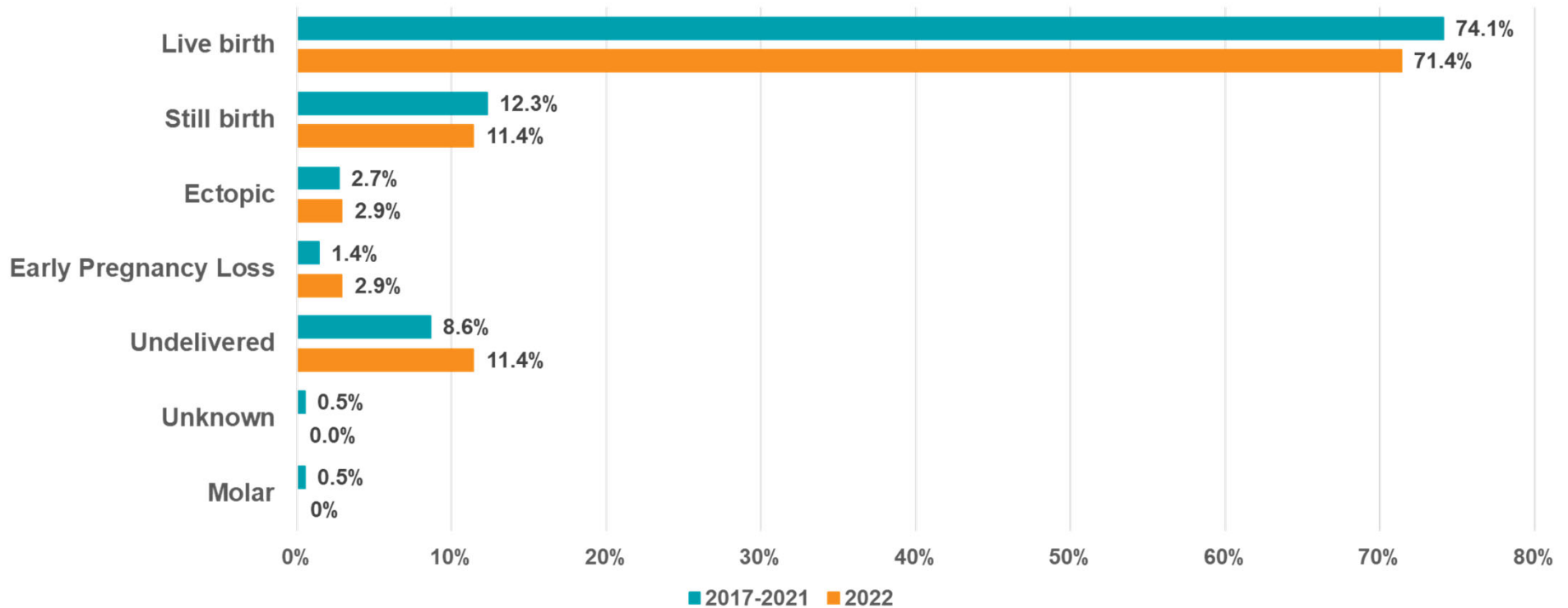
PREGNANCY-RELATED MORTALITY RATIOS (PRMRs) BY AGE, 2017-2021 (N=220) AND 2022 (N=35)



DISTRIBUTION OF PREGNANCY-RELATED DEATHS BY TIMING OF DEATH, FLORIDA, 2017-2021 (N=220) AND 2022 (N=35)



DISTRIBUTION OF PREGNANCY-RELATED DEATHS BY PREGNANCY OUTCOME, FLORIDA, 2017-2021 (N=220) AND 2022 (N= 35)



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.

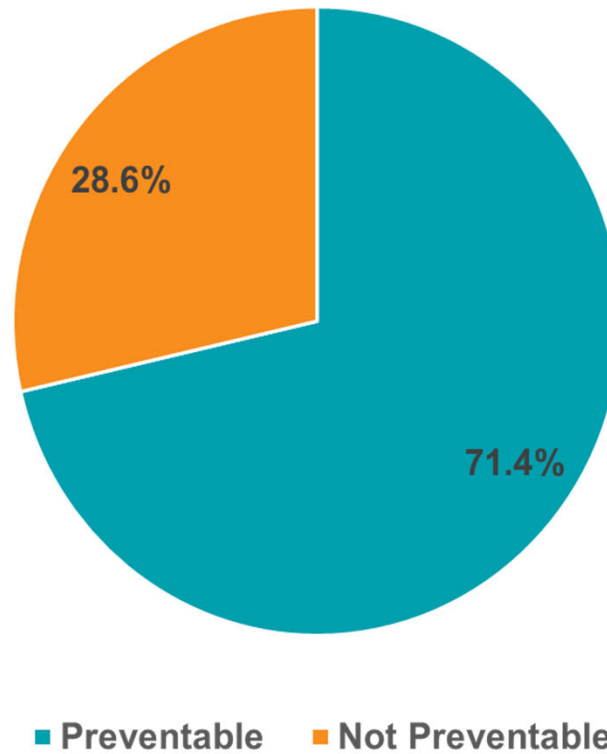
Molar pregnancy

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, 2022 (N=35)



Definitions

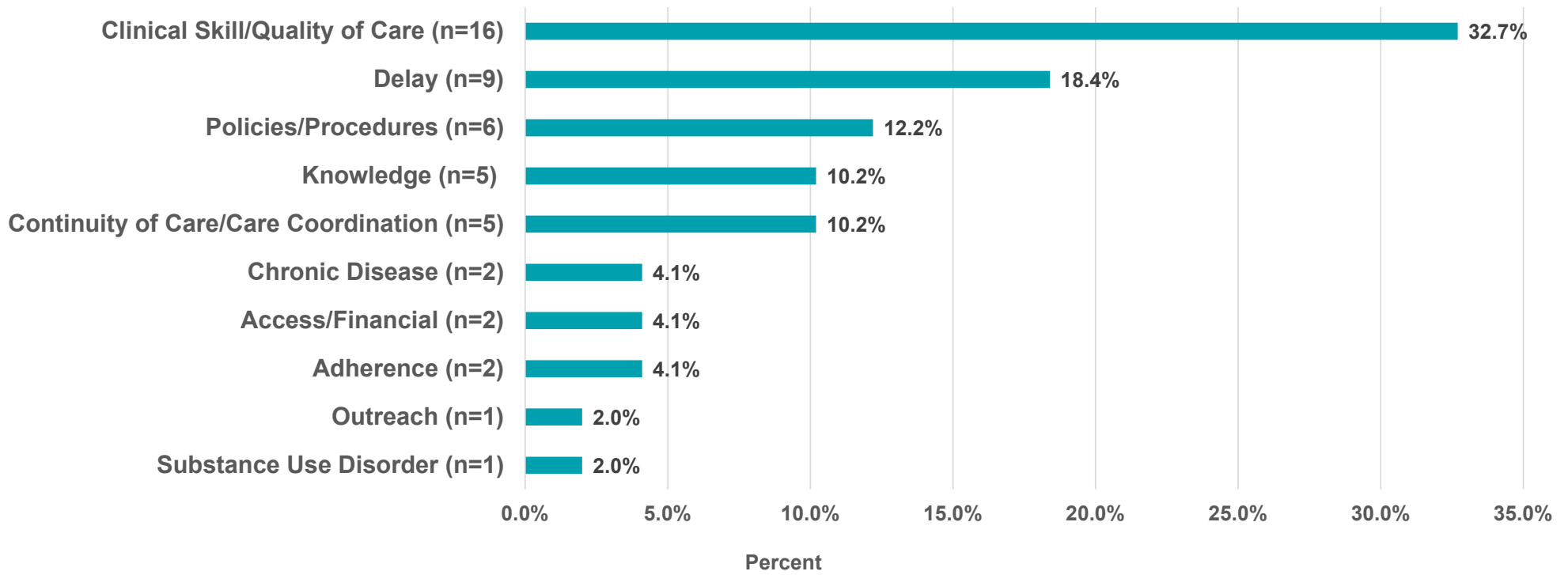
Preventable

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, 2022 (N=25)



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.

Outreach

Reaching out to pregnant and postpartum women in the community to share information, offer support, and help them get the care they need.

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

- In 2022, the PRMR has decreased from 28.7 deaths per 100,000 live births to 15.6 deaths per 100,000 live births. This is a decrease of 45.6%.
- In 2022, as compared to 2017-2021, fewer women died of infection, cardiomyopathy, cardiovascular disease, other conditions, unknown causes of death, cerebrovascular accident, and anesthesia.
- The most common recommendations mentioned for 2022 are:
 - All patients should access prenatal care in the first trimester and attend postpartum visits.
 - All facilities and providers should follow American College of Obstetricians and Gynecologists (ACOG) guidelines and for evaluation and management of hypertensive disorders in pregnancy.
 - All facilities and providers should follow ACOG guidelines for recognition, assessment, treatment, and management of postpartum hemorrhage.
 - Patients should optimize chronic health conditions including obesity prior to pregnancy or prevent pregnancy until that can be achieved.