

# Florida Department of Health

## Florida's Maternal Mortality Review Committee 2023

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Florida  
HEALTH

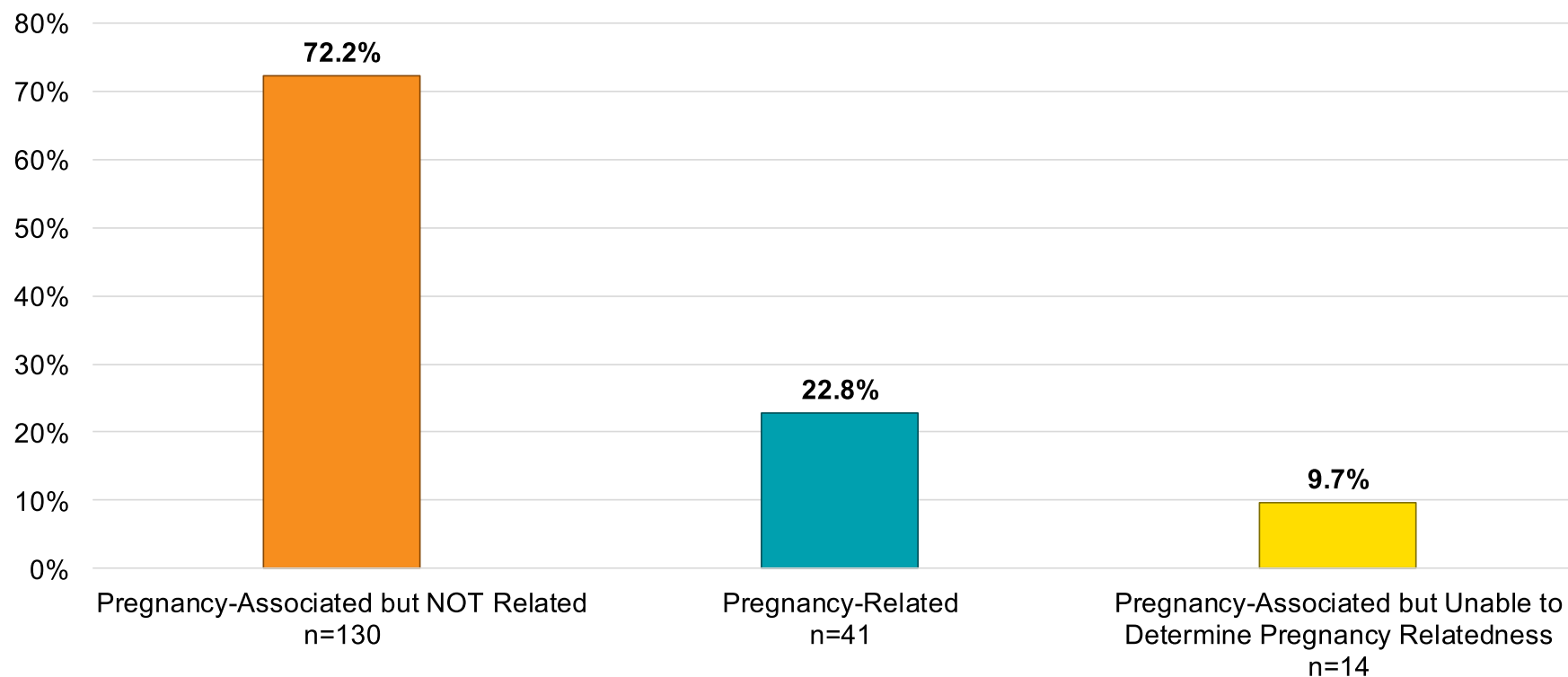
# Definitions

**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.

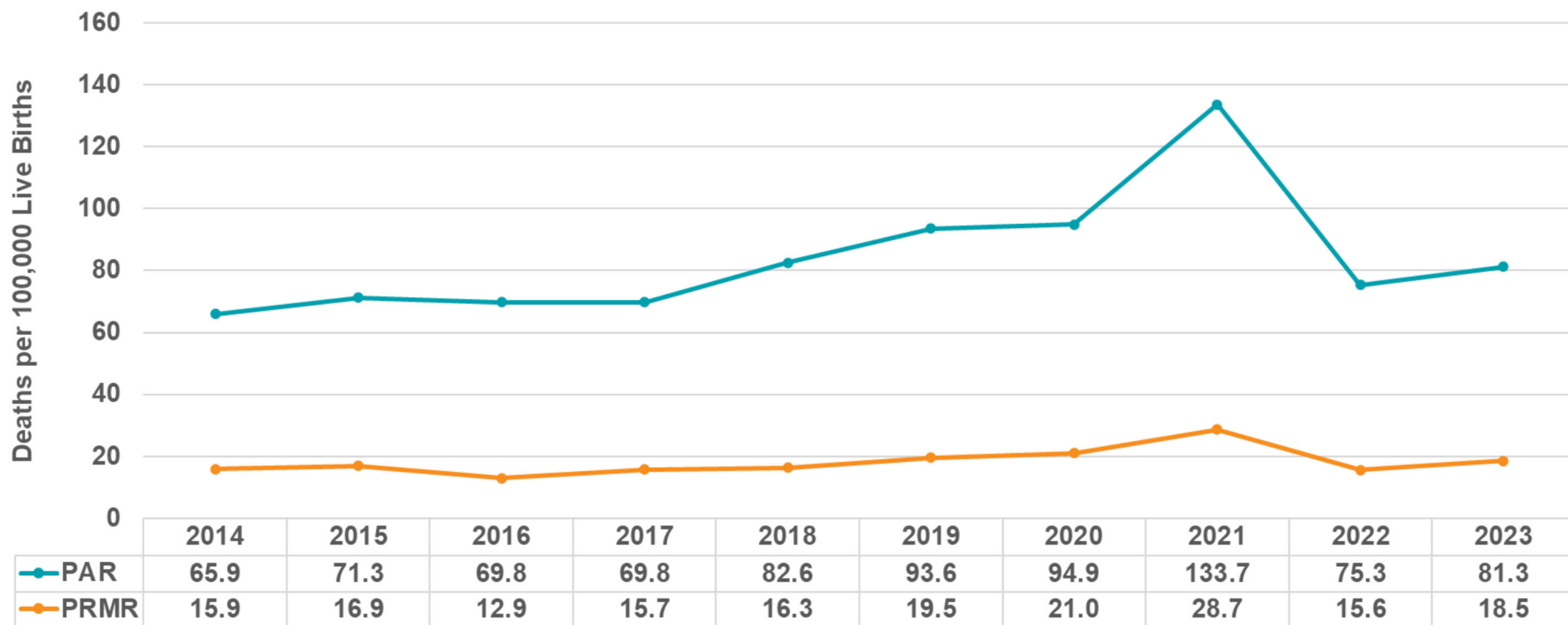
**Pregnancy-related death (PRD)**- A pregnancy-associated death directly attributed to pregnancy and/or childbirth.

**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).

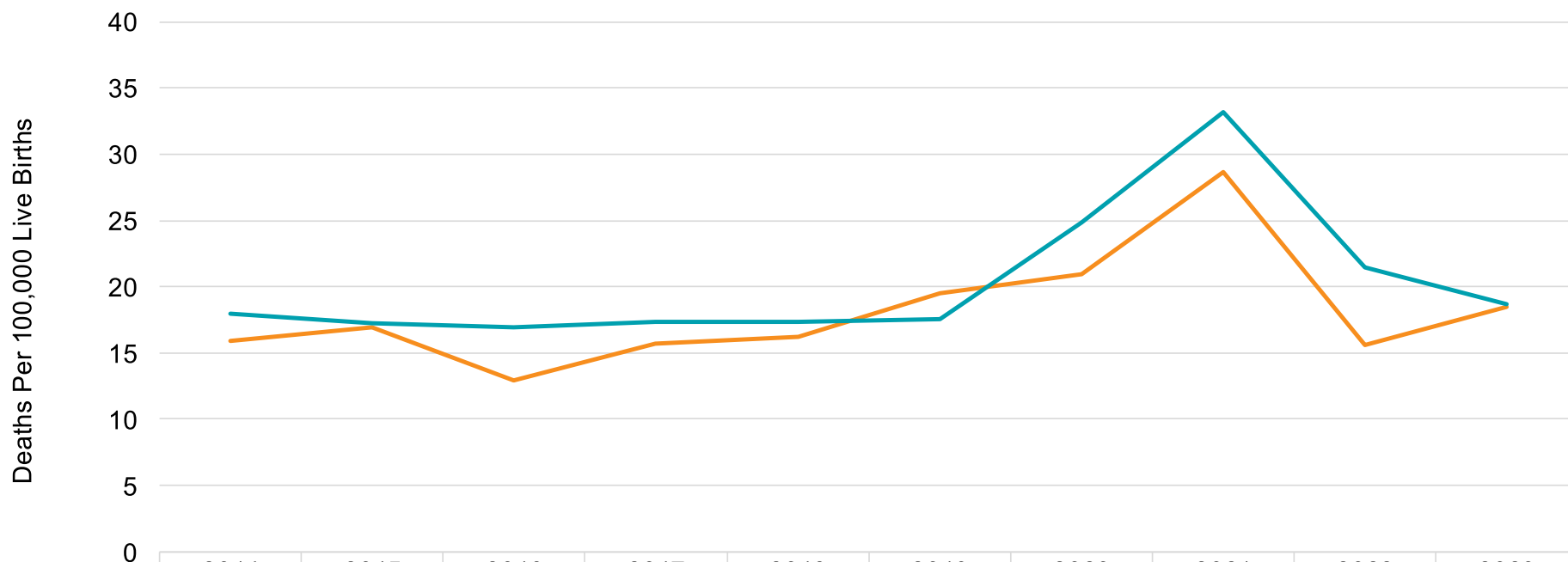
# Pregnancy-associated Deaths, Florida, 2023, N=180



# PREGNANCY-ASSOCIATED MORTALITY RATIOS (PAR) AND PREGNANCY-RELATED MORTALITY RATIOS (PRMR), FLORIDA, 2013-2023

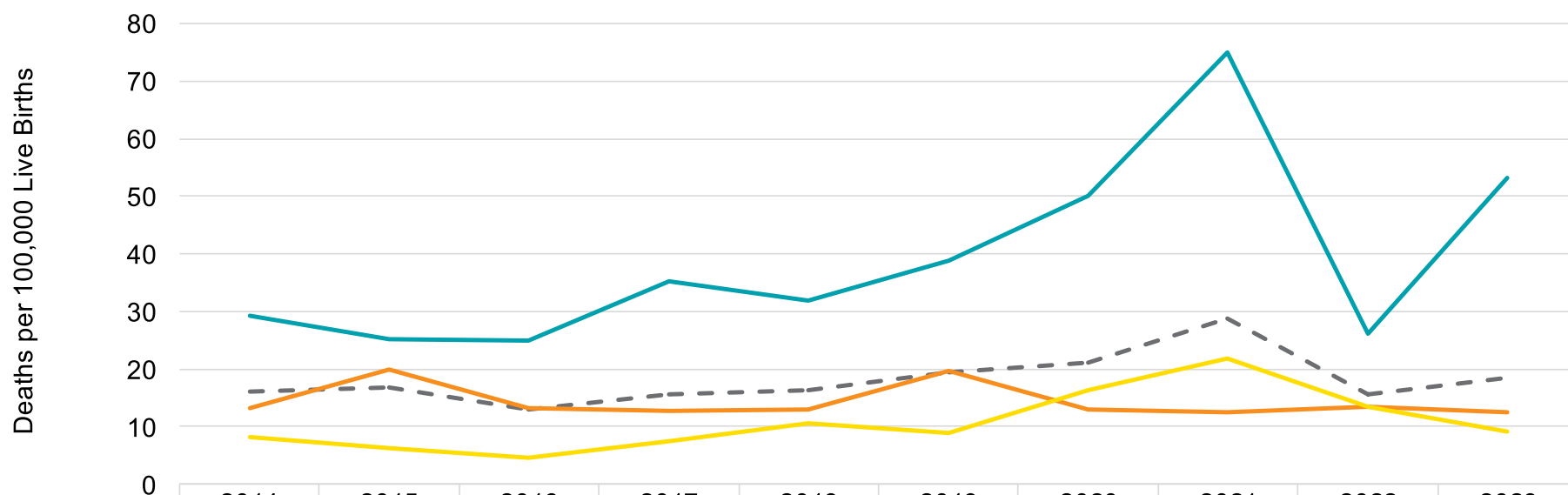


# Pregnancy-Related Mortality Ratio (PRMR), Florida and U.S., 2014-2023



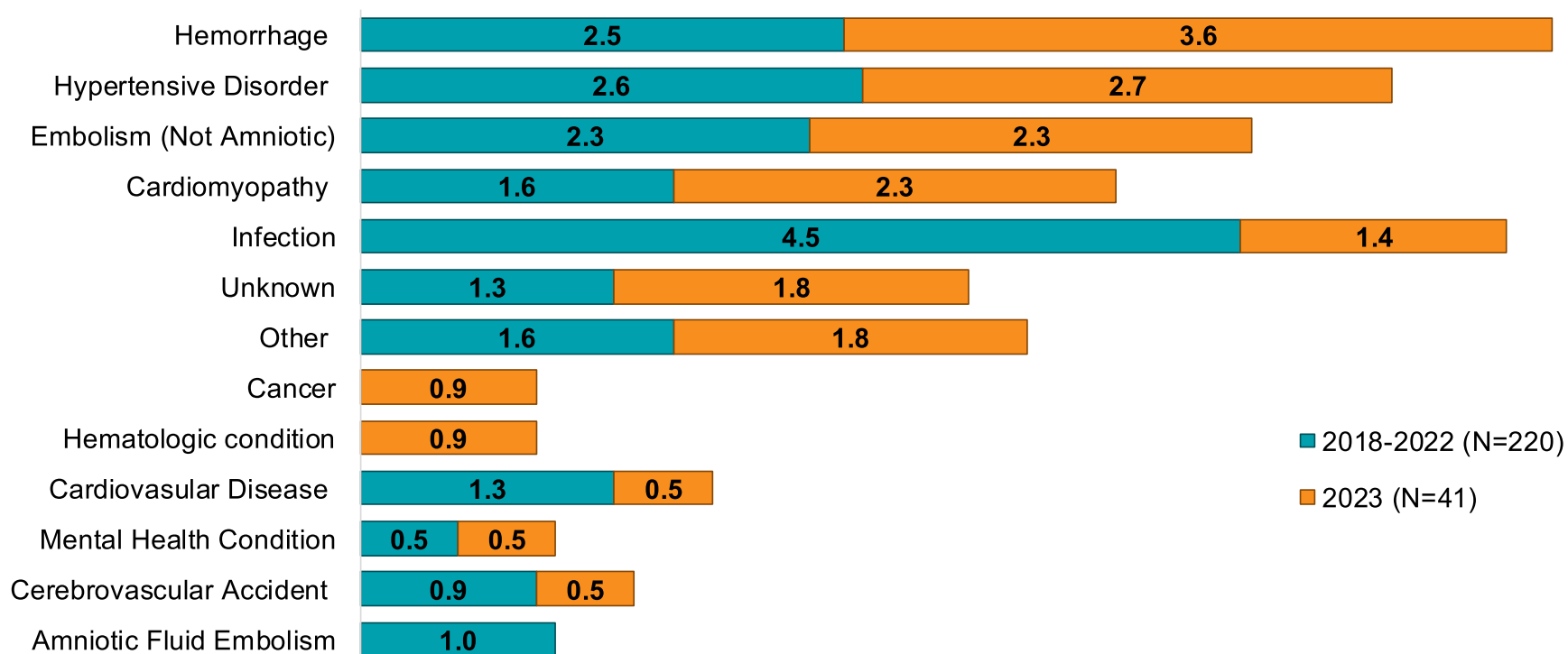
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Florida PRMR	15.9	16.9	12.9	15.7	16.3	19.5	21.0	28.7	15.6	18.5
U.S. PRMR	18.0	17.2	16.9	17.3	17.3	17.6	24.9	33.2	21.5	18.7

# Pregnancy-related Mortality Ratio by Race/Ethnicity, Florida, 2014-2023



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
— — Total PRMR	16.0	16.9	12.9	15.7	16.3	19.5	21.0	28.7	15.6	18.5
— Non-Hispanic White	13.2	20.0	13.3	12.7	12.9	19.8	12.9	12.4	13.5	12.5
— Non-Hispanic Black	29.3	25.1	25.0	35.3	32.0	38.9	50.0	75.1	26.1	53.3
— Hispanic	8.1	6.3	4.6	7.5	10.6	8.9	16.3	21.8	13.4	9.2

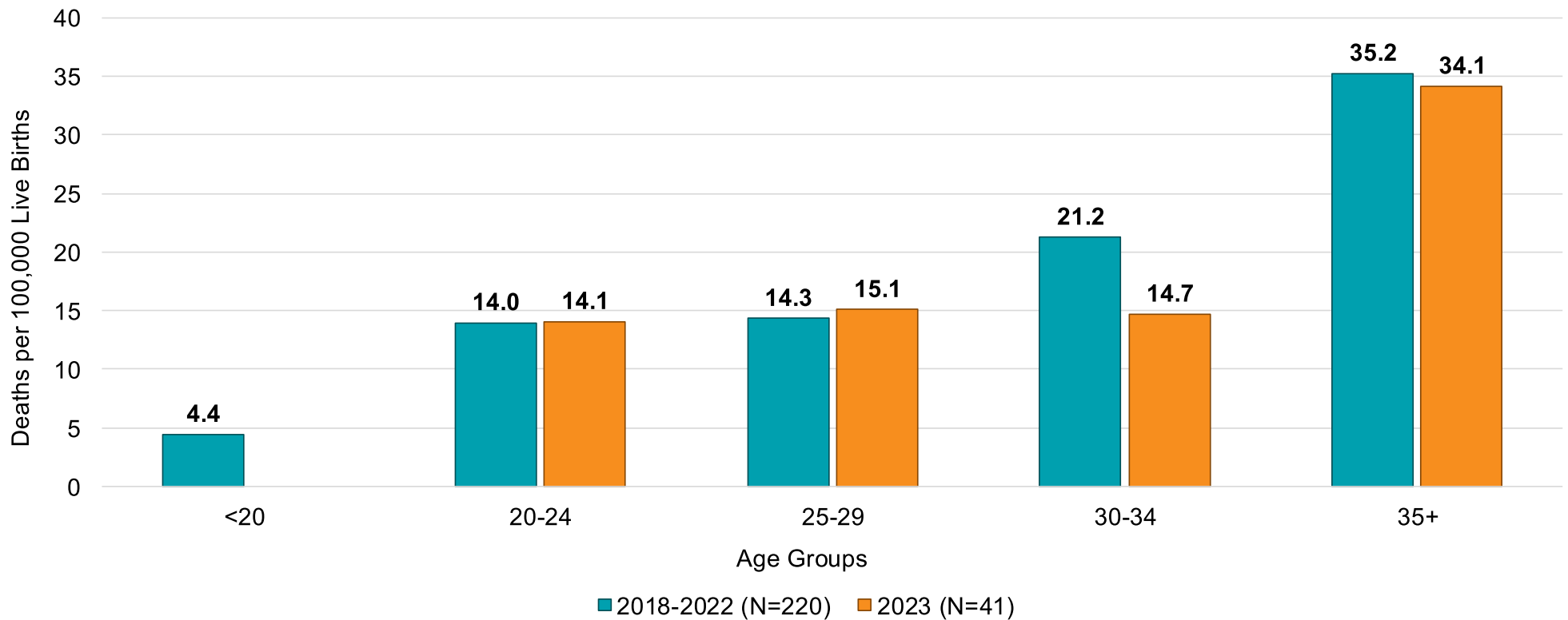
# Pregnancy-Related Mortality Ratio by Underlying Cause Of Death, Florida, 2018-2022 and 2023



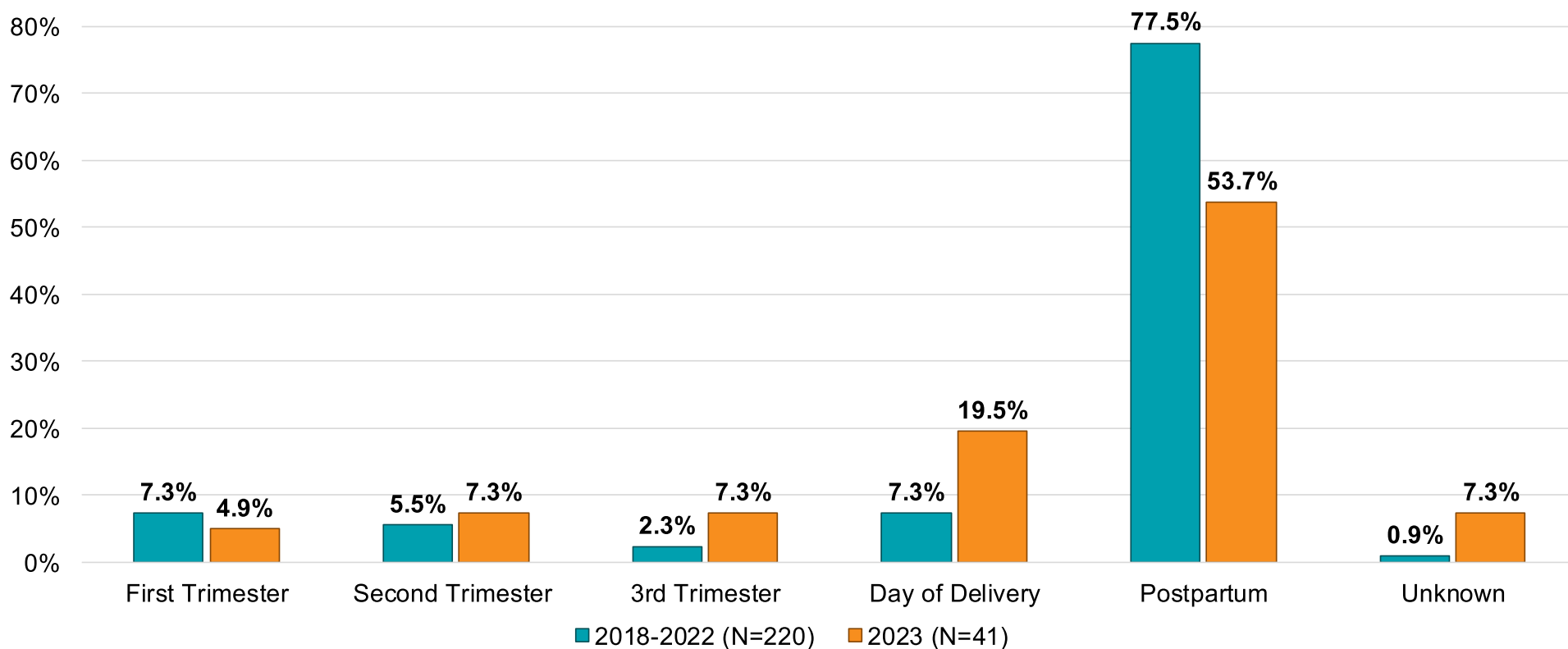
Deaths per 100,000 Live Births

Note: Cancer and hematologic conditions included in other prior to 2023.

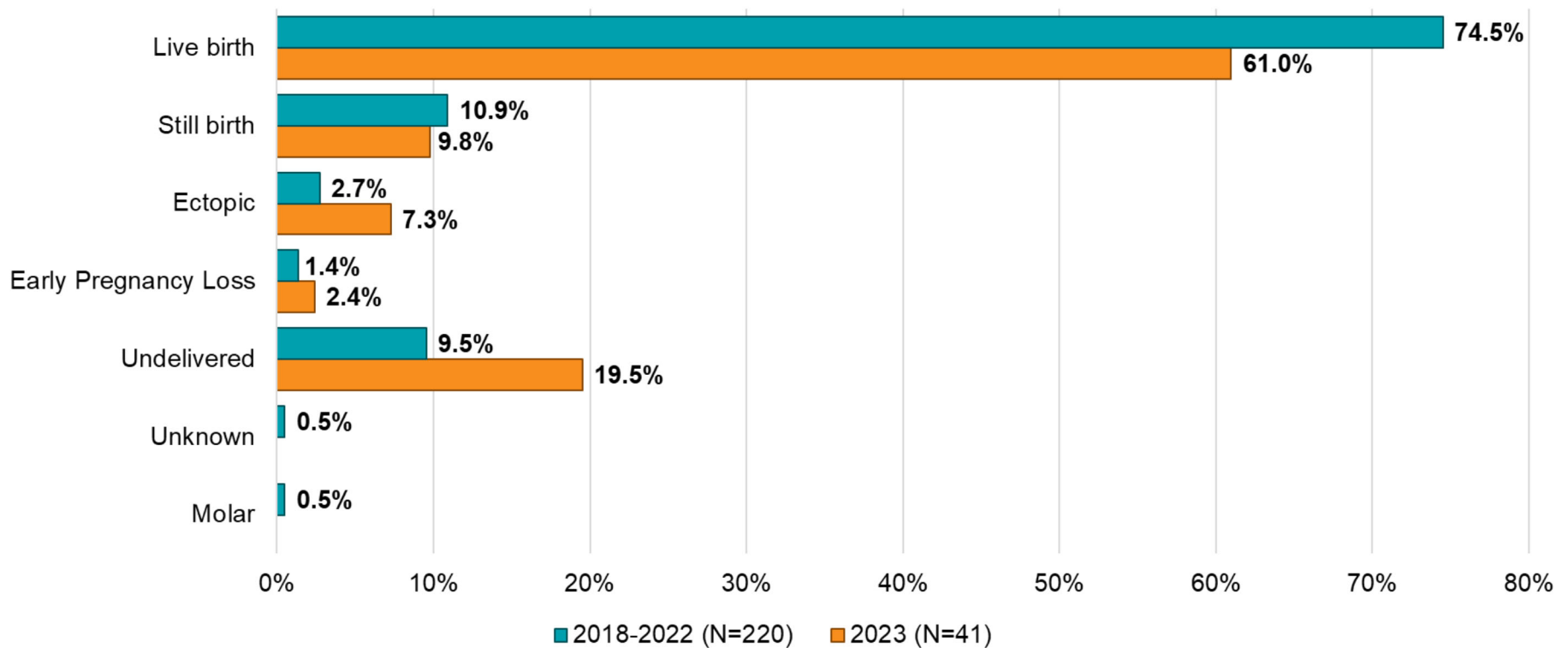
# Pregnancy-Related Mortality Ratio by Age Group, Florida, 2018-2022 and 2023



# Distribution of Pregnancy-related Deaths by Timing of Death, Florida, 2018-2022 and 2023



# Distribution of Pregnancy-related Deaths by Pregnancy Outcome, Florida, 2018-2022 and 2023



# 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.

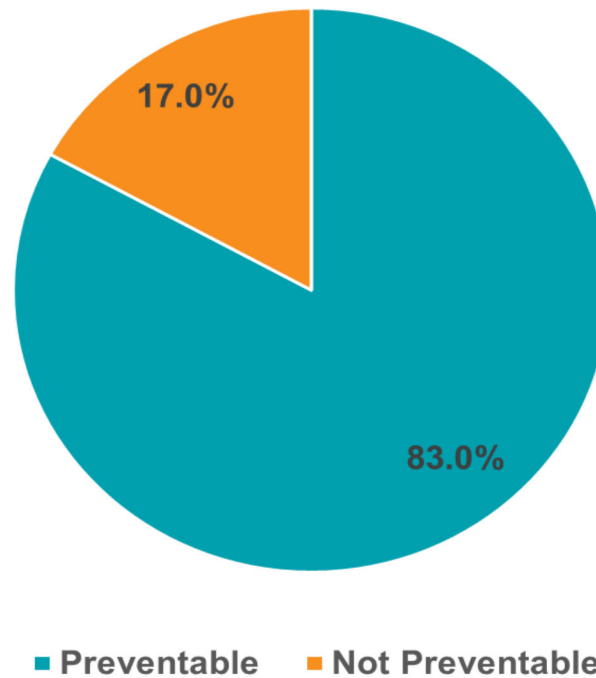
## **Molar pregnancy**

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, 2023



# Definitions

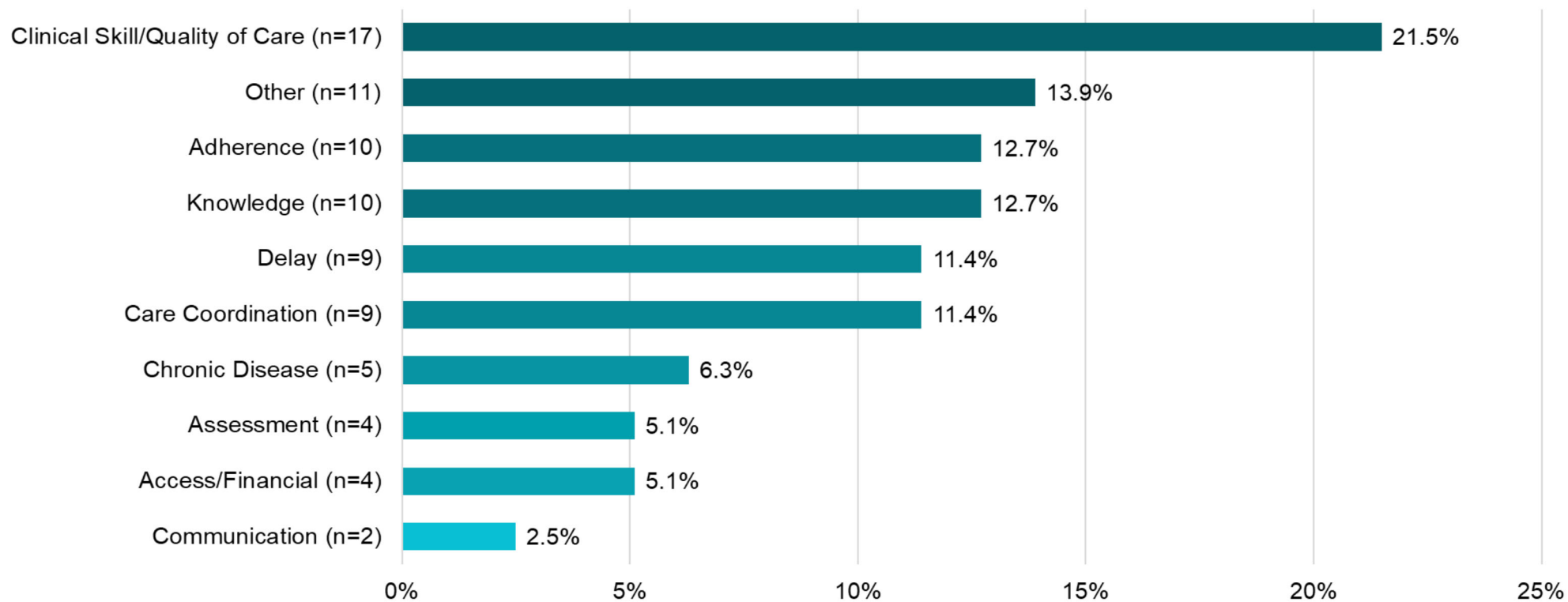
## **Preventable**

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, 2023 (N=79)



# 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.

**Communication**

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

**Assessment**

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

# Conclusion

- In 2023, Florida's PRMR of 18.5 deaths per 100,000 live births was lower than the U.S. PRMR (18.7).
- The Florida PRMR has decreased from a high of 28.7 deaths per 100,000 live births in 2021 to 18.5 deaths per 100,000 live births in 2023. This is a decrease of 35.5%.
- Compared to 2018-2022, fewer women died of infection, amniotic fluid embolism, cardiovascular diseases, cerebrovascular accident, other conditions, and embolism in 2023.
- The most common recommendations mentioned are:
  - All pregnant patients should have unrestricted access to care during pregnancy.
  - Systems should provide immediate care coordination for high social and medical risk patients.
  - Providers should recognize and promptly treat postpartum hemorrhage. Hospitals and providers should follow American College of Obstetricians and Gynecologists (ACOG) guidelines and algorithms for management of postpartum hemorrhage.
  - All women of childbearing age should have adequate prenatal care starting in the first trimester of pregnancy.
  - All patients should optimize preexisting medical conditions prior to pregnancy.
  - All pregnant patients should receive education on signs and symptoms of preeclampsia and when to go to the hospital.