

MATERNAL MORTALITY REVIEW COMMITTEE

Need for Data Sharing & Local Committee Establishment

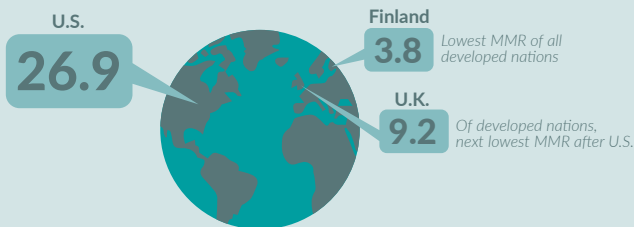
Family League of Baltimore takes an intergenerational approach to its work, as the issues faced by Baltimore's children and families require whole-child, whole-family solutions. In order to meet the Babies Born Healthy and Children are Healthy Results for Child Well-Being, we recognize the critical importance of maternal health. As a lead implementation partner of the city's B'More for Healthy Babies initiative, Family League has been working with the Baltimore City Health Department and Health Care Access Maryland since 2009 to address positive birth outcomes for mothers and children.

Though we have seen a decrease in the city's Infant Mortality Rate, we have no such assurance that we've been impacting the Maternal Mortality Rate. Empirical evidence at the state level highlights disparities in maternal health outcomes along racial lines, regardless of socio-economic status, and we recognize that policy solutions to this issue must operate through a racial equity framework to have systemic, long-term positive impacts.

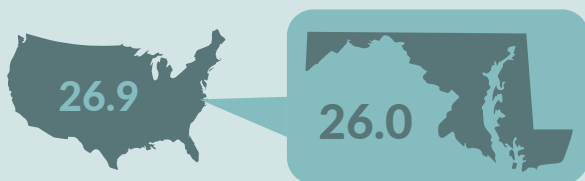
GLOBAL COMPARISON

The **United States'** Maternal Mortality Rate (MMR) is much higher than that of other developed nations.

MMR is measured as deaths per 100,000 live births



Maryland's MMR is slightly lower than the national average, but compared to other developed nations, this rate is still much too high.



RACIAL DISPARITIES

NATIONALLY

Black women's MMR is

2.5x

greater than White women's.

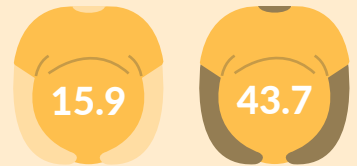
Risk of maternal mortality seems to be exacerbated by race, young age, and residence in rural and high-poverty communities.

IN MARYLAND

Black women's MMR is

2.74x

greater than White women's.



*as of 2015

Racial disparities in maternal health outcomes are *likely not to be attributed to race itself*, but to **systemic social** and **economic forces** which **institutionalize racism** in the development and health of women of color, Black women in particular.

PROPOSED POLICY SOLUTION

The Maryland General Assembly should pass legislation that will:

1

Require the state Maternal Mortality Review Committee to share disaggregated, local data with any requesting local health department. This allows local health departments to determine if there are local factors to be mitigated, lowering the state's overall MMR.

2

Allow local health departments to establish their own Maternal Mortality Review teams, modeled after the way local Fetal and Infant Morality Review (FIMR) and Child Fatality Review (CFR) teams are established and operated.

3

Require that all fatality review teams at the state and local level include in their annual reports information on the racial demographics of their case review and analysis of that data for racially disparate outcome trends.

For more information, contact:

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