



Pregnancy-Related Death in South Carolina

700

US Women die each year from pregnancy-related complications.

3 in 5

Pregnancy-related deaths could be prevented.

2x

Black infant mortality rates are over 2x higher than white infant mortality rates in SC.

Overview:

A **pregnancy-related death** occurs when a woman dies while pregnant or within 1 year after the pregnancy. The cause must be related to or made worse by her pregnancy or its management. [1]

The **pregnancy-related mortality rate** is the number of pregnancy-related deaths per 1,000 live births.

In the US, 60% of pregnancy-related deaths are **preventable**. [2]

In South Carolina:

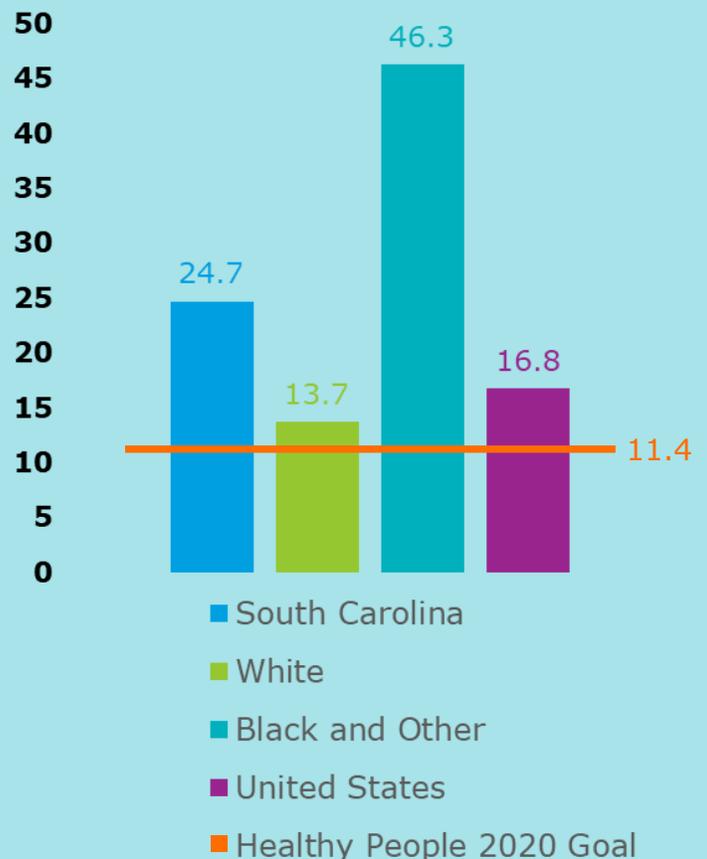
During 2013-2017, the rate of pregnancy-related death in South Carolina was **higher than the national rate** and the Healthy People 2020 goal. [3]

Compared to the previous five-year period, the rate of **pregnancy-related death increased** among minority populations and in South Carolina overall.

Black infant mortality rates (12.2 deaths per 1,000 live births) were more than **twice as high** as white infant mortality rates (5 deaths per 1,000 live births) in 2018. [3]

Overall, South Carolina ranks in the **bottom 10 in the country** on a number of reproductive health and birth outcome markers, including infant mortality, lowbirthweight babies, and preterm births. [4]

SC Pregnancy-Related Death Rate by Race, 2013-2017

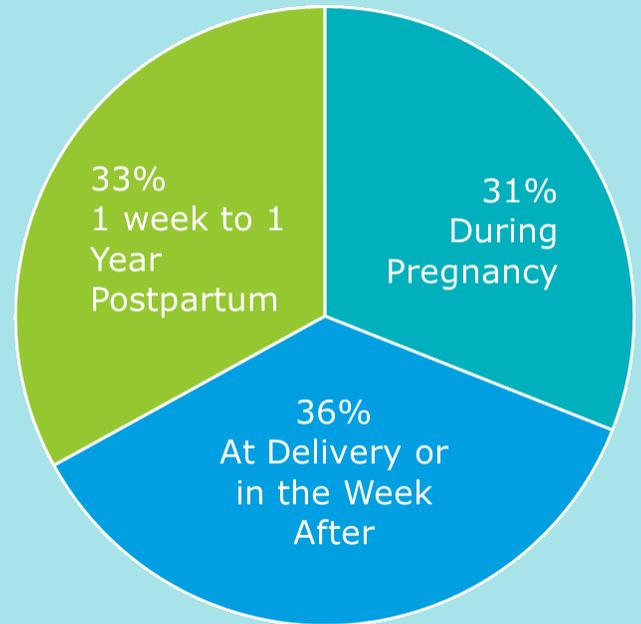


Causes of Pregnancy-Related Death:

Leading causes of death differ throughout pregnancy and after. [2]

- Overall: heart disease and stroke
- Delivery: obstetric emergencies (eg. severe bleeding, amniotic fluid embolism)
- In the week after: severe bleeding, high blood pressure, infection
- One week to one year after: cardiomyopathy (weakened heart muscle)

When Pregnancy-Related Deaths Occurred, 2011-2015



60% OF DEATHS ARE PREVENTABLE

Factors that play a part can include:

- Access to care
- Missed or delayed diagnoses
- Not recognizing warning signs

How to Prevent Pregnancy-Related Death:

- During pregnancy: **improve access to quality prenatal care**, including education and managing chronic conditions [2]
- At delivery: **standardize patient care**, including delivering high-risk women at hospitals with specialized providers and equipment
- Postpartum: **provide high quality care to mothers** up to one year post birth, communicate about warning signs, and provide follow-up care

Citations:

1. South Carolina Department of Health and Environment Control (SCDHEC), South Carolina Maternal Mortality and Morbidity Review Committee: Legislative Brief (2018), available at <https://www.scstatehouse.gov/reports/DHEC/MMMR%202019%20Legislative%20Brief%20-%20Revised%2003182019.pdf>.
2. Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>
3. Center for Disease Control and Prevention (CDC), Pregnancy Mortality Surveillance System, available at <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>.
4. America's Health Rankings, South Carolina: 2016 Health of Women and Children Report, available at (https://www.postandcourier.com/health/infant-mortality-rate-deaths-in-sc-increased-significantly-last-year/article_f54b7060-fee-11e9-b731-8fb0d97d97af.html).
5. South Carolina Community Assessment Network (SCAN), SCDEH, Infant Mortality Tool, available at <http://scangis.dhec.sc.gov/scan/mch/infantmortality/input.aspx>.

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