

# PREGNANCY-ASSOCIATED MORTALITY IN LOUISIANA

## 2020: DATA HIGHLIGHTS

The Louisiana Pregnancy-Associated Mortality Review Committee reviews maternal deaths statewide to identify opportunities for prevention. The data and recommendations here are based on deaths that occurred in 2020. Visit [PartnersForFamilyHealth.org/MaternalMortality](https://PartnersForFamilyHealth.org/MaternalMortality) for more information.

### NUMBERS

**82** PREGNANCY-ASSOCIATED DEATHS

**78%** PREGNANCY-ASSOCIATED, BUT NOT RELATED DEATHS

**18%** PREGNANCY-RELATED DEATHS

**4%** PREGNANCY-RELATED, BUT UNABLE TO DETERMINE RELATEDNESS

### DEFINITIONS

**PREGNANCY-ASSOCIATED DEATH:** Death of a woman during pregnancy or within one year of the end of pregnancy, regardless of the cause.

**PREGNANCY-RELATED DEATH:** Death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by the pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

**PREGNANCY-ASSOCIATED, BUT NOT RELATED DEATH:** Death of a woman during pregnancy or within one year of the end of pregnancy from a cause that is not related to pregnancy.

### LEADING CAUSES OF PREGNANCY-ASSOCIATED DEATHS



ACCIDENTAL OVERDOSE



HOMICIDE



MOTOR VEHICLE CRASH



CARDIOMYOPATHY/  
OTHER CARDIOVASCULAR  
CONDITIONS



INFECTION



ACCIDENTAL OVERDOSE

### DISPARITIES EXIST

In 2020, while Black women represented 37% of the births in Louisiana, they represented 62% of deaths. For all pregnancy-associated deaths, Black women in Louisiana were 2.5x more likely to die than white women.

Distribution of All Births



Distribution of Maternal Deaths



Among pregnancy-related deaths, 13 out of 15 were Black women.










For more data on pregnancy-associated mortality, view the **2020 Pregnancy-Associated Mortality Review Report** [PartnersForFamilyHealth.org/MaternalMortality](https://PartnersForFamilyHealth.org/MaternalMortality)

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### PRIORITY AREAS FOR PREVENTION

-  Address racial and cultural bias across the network of care that serves pregnant and postpartum women.
-  Identify and address social determinants of health (SDoH) to improve access to care and to decrease disparities in outcomes.
-  Improve provider screenings and assessments, specifically for substance use disorder, perinatal and postpartum mood and anxiety disorders, intimate partner violence and SDoH.
-  Improve patient and family centered care, including education on the warning signs and individual risk for maternal morbidity and mortality.
-  Improve care coordination before, during, and after pregnancy, including support for continued healthcare during the fourth trimester, or the first 12 weeks after birth.
-  Increase and improve harm reduction strategies.
-  Improve implementation of evidence-based recommendations for treating the leading causes of pregnancy-associated deaths, including substance use disorder.

### EVERYONE CAN HELP PREVENT PREGNANCY-ASSOCIATED MORTALITY

Every individual has a role to play in preventing pregnancy-associated mortality. Learn how you can do your part by reviewing the recommendations in the 2020 PAMR Report at [PartnersForFamilyHealth.org/PAMR](https://PartnersForFamilyHealth.org/PAMR).



Healthcare Systems



Healthcare Providers



Payers and Insurance Providers



Government and Public Health Agencies



Policy Makers



Social and Local Community Organizations



For more data on pregnancy-associated mortality, view the **2020 Pregnancy-Associated Mortality Review Report** [PartnersForFamilyHealth.org/MaternalMortality](https://PartnersForFamilyHealth.org/MaternalMortality)

