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TODAYS HEALTH FOR THE EMPOWERED WOMAN

MATERNAL MORTALITY

One cannot read the news or watch television without hearing about income inequality, health care inequality and opportunity equality in the United States. That there is a huge global inequality in health care is subject for another article. About ten years ago, then commissioner of health for New York State, Antonia Novella (and former Surgeon General of the United States) was perplexed that the maternal mortality in New York State was roughly double that of the country as a whole. She empowered the American College of Ob-Gyn to form a study group to find the reasons. Globally the number one reason for maternal death is homicide! Pregnant women are murdered at an alarming rate in third world countries. After removing this dreadful statistic the rate of maternal death in the United States is roughly 4 per 100,000 births but in New York was 8 per 100,000 births. Compare this to sub Saharan Africa where the chance of dying in childbirth is 1 in 12! Hemorrhage and infection are the chief causes as a consequence of poverty and poor access to care. But what about New York? Instinctively one would think that the higher levels of poverty, racial barriers, educational disparities, etc. would lead to the higher rates, especially in New York City. The study group formed the Maternal Mortality Project which encouraged but not demanded that when a hospital encountered a maternal death it would be reported to the closest Regional Perinatal Center. Investigators would then use a newly developed questionnaire (patient's name de-identified for litigation purposes and to promote reporting) to find the cause of the death. After those ten years of data collection was done, the leading causes of maternal death in New York (and probably in the nation) are hemorrhage, high blood pressure and it's complications, and life ending blot clots. Immediately, the New York branch of the American College of Ob-Gyn developed guidelines and tools for labor and delivery rooms to recognize hemorrhage early and to have uniform means of rapid treatment. Physicians and residents in training are honing their skills in simulation labs with mannequins that actually bleed; new drugs are being used to stop bleeding and blood banks are changing their protocols to have blood more readily available as well as increasing use of blood products that control bleeding. The task force is continuing to write guidelines on the treatment of hypertension in pregnancy (with or without life threatening "toxemia" known to professionals as eclampsia); the use of devices and medications that prevent blood clots that can be life threatening are enjoying more widespread use and more postgraduate courses are being offered to health care professionals to assess early and treat early these complications. Alas, education and access to maternity care remain a problem especially in the underserved population. That pregnancy is no longer considered from the insurance standpoint to be a "pre-existing condition " is a step in the right direction. ACOG will soon be rolling out strict guidelines developed from this the Safe Motherhood Initiative. That it will prevent maternal deaths is certain. One can only hope that we can encourage third world countries to likewise adopt these guidelines to prevent and, at the very least, ameliorate the

tragic rate of maternal deaths. Money and education are always the issue. Many American Ob-Gyns and midwives have travelled to these countries to share their expertise and there are many foundations that are offering financial assistance. The current President of the American College of Ob-Gyn, Jeanne Conry has made the eradication of reproductive inequality her signature issue “every woman, every time”. What could be more empowering than that statement and the enactment of programs that further that concept?