

Idaho drops panel investigating pregnancy-related deaths as US maternal mortality surges

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On July 1, Idaho became the only state without a legal requirement or specialized committee to review maternal deaths related to pregnancy.

The change comes after state lawmakers, in the midst of a national upsurge in [maternal deaths](#), decided not to extend a sunset date for the panel set in 2019, when they established the state's Maternal Mortality Review Committee, or MMRC.

The committee was composed of a family medicine physician, an OB-GYN, a midwife, a coroner, and a social worker, in addition to others who track deaths in Idaho that occur from pregnancy-related complications. Wyoming studies its maternal deaths through a shared committee with Utah. All other states, as well as Washington, D.C., New York City, Philadelphia, and Puerto Rico, have an MMRC, according to the Guttmacher Institute, a reproductive rights research group.

A majority of the state committees were established within the past decade as [federal officials](#) scrambled to understand state and local data to address gaps in [maternal care](#). The committees review deaths that occur within a year of pregnancy and identify trends, share findings, and suggest policy changes.

Liz Woodruff, executive director of the Idaho Academy of Family Physicians, said she was "incredibly disappointed" by the legislature's decision to scuttle the committee. "It seems relevant that the state of Idaho supports a committee that works toward preventing the deaths of pregnant women," she said. "This should be easy."

The committee disbanded despite a high rate of maternal mortality in the United States that exceeds those of other high-income countries. The U.S. recorded 23.8 maternal deaths per 100,000 [live births](#) in 2020, compared with 8.4 in Canada and 3.6 in Germany, according to the Organization for Economic Cooperation and Development and the Centers for Disease Control and Prevention.

And the U.S. rate is sharply rising. In March, a few weeks before Idaho

lawmakers adjourned their 2023 session, the CDC released data that showed the maternal mortality rate in the U.S. climbed in 2021 to 32.9 deaths per 100,000 live births.

Idaho has a particularly acute problem. Its pregnancy-related mortality ratio was 41.8 pregnancy-related deaths per 100,000 live births in 2020, according to the Maternal Mortality Review Committee report from that year.

Hillarie Hagen of Idaho Voices for Children, a nonprofit focused on low- and moderate-income families, said that the committee used the Idaho-specific data to do deep-dive analyses and that an information void would be left by shuttering the board.

"How do we make decisions and policy decisions to improve the health of mothers and their babies if we're not tracking the data?" she asked. "From our perspective, having consistent data and trends shown over time helps make more sound policy decisions."

The decision to disband the board came as two hospitals that serve rural areas announced they would stop providing services for expectant mothers. One of the hospitals cited trouble recruiting and retaining OB-GYNs after the state last summer enacted one of the strictest abortion bans in the country.

The committee, tasked with investigating deaths both individually and collectively, found that almost half of the maternal deaths in Idaho in 2020 occurred after delivery.

Amelia Huntsberger, an OB-GYN and a member of the committee, noted also that patients covered by Medicaid during pregnancy are overrepresented in maternal [death](#) rates, which led the panel to recommend expansion of postpartum Medicaid coverage to 12 months

rather than the current 60 days.

Huntsberger made national headlines this year when she announced plans to leave both her job and the state, citing the state's abortion ban and the move to dissolve the MMRC.

But in their legislative session, Idaho lawmakers decided not to advance a bill that would have embraced the committee's recommendation to expand postpartum Medicaid coverage.

The legislation creating the review committee included a "sunset clause" to dissolve the committee on July 1, 2023. Following a contentious session of the Health and Welfare Committee of the Idaho House of Representatives in February, House Bill 81, which would have renewed the committee, failed to advance.

Republican state Rep. Dori Healey said she sponsored the bill because of her work as an advanced practice registered nurse when the legislature is out of session. "For me, being in the [health care](#) field, I think it's always important to understand the why behind anything. Why is this happening? What can we do better?" Healey said. "I feel like in health care we can only improve with knowledge."

Healey said she hadn't anticipated the strong opposition to the bill. In declining to advance it, lawmakers cited costs of running the panel, although some, like Huntsberger, say its operation was covered by a federal grant.

The MMRC was funded by the federal Title V Maternal and Child Health Block Grant program, aimed at improving the health of mothers, infants, and children. Idaho has received more than \$3 million annually in Title V funds in recent years, according to statistics cited by Huntsberger.

The MMRC, whose members say annual operation costs stand at about \$15,000, was deemed budget-neutral, running at no cost to the state.

In an interview with KFF Health News, Marco Erickson, vice chair of the Health and Welfare Committee, said Idaho's Republican Party has been focused on reducing government spending. He said the same maternal data could be adequately culled through epidemiology reports already published by the Department of Health and Welfare.

"Anytime that there is a death of a mother and child, there is value in evaluating why it occurred," Erickson said. "The whole committee saw the importance but saw there was another way to do it. It wasn't that they didn't think it was valuable."

Erickson, who previously oversaw elements of maternal and child health in his role as a health program manager for Nevada's Division of Public and Behavioral Health, said that information could become siloed in government, but it was worthwhile to improve existing bodies, rather than creating a committee anew.

"I think it could be covered elsewhere, and if it's not being done, they need to make a loud voice to cover it in the existing programs," he said. "We're happy to sit down together to find a solution that works."

The lobbying group Idaho Freedom Foundation celebrated the end of the committee, contending it was a "vehicle to promote more government intervention in health care," and citing the group's recommendation to extend Medicaid coverage to mothers for 12 months postpartum.

Elke Shaw-Tulloch, public [health](#) administrator at the Department of Health and Welfare, said the department would "continue to collect raw data on maternal deaths and gather as much data as possible through limited, existing sources." But, she said, it will not have the ability to

compel reporting on cases or convene committee members to investigate deaths.

"We are currently assessing what actions we can take and working with stakeholders to address solutions moving forward," she said.

A group to do so has not yet convened since the legislative session ended in April, although stakeholders say they will focus on bringing another bill before the Idaho Legislature to reinstitute the committee in the 2024 session.

Stacy Seyb, a maternal-fetal specialist who grew up in rural western Kansas and chaired the committee until its dissolution, said that supporting medical providers in more [rural areas](#) was part of his lifelong mission and that the work won't necessarily stop.

"We knew once it didn't get out of [committee](#) that 'Oh, well, we're sunk,'" Seyb said. "I know one thing we want to do is collect as much information as we can over the year. Whether it will get reviewed or not, I don't know."

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