

Failure to rescue a major driver of excess maternal mortality in Black women

9 April 2021



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In a study of over 73 million delivery hospitalizations during a 19-year period in the United States, researchers at Columbia University Mailman School of Public Health and Columbia University Irving Medical Center found that failure to rescue from severe maternal morbidity contributes more than a half of the 3-fold difference in maternal mortality between Black women and White women. Failure to rescue refers to death resulting from severe maternal morbidity such as eclampsia, acute heart failure, and sepsis. The findings are published in the journal *Obstetrics and Gynecology*.

"Despite the continuing decrease in failure to rescue over the entire study period, racial and ethnic disparities in failure to rescue persisted, underscoring the need to identify factors accounting for these disparities and to identify interventions to avoid potentially preventable deaths in racial and ethnic minority women," said Jean Guglielminotti, MD, Ph.D., in the Department of Anesthesiology, Columbia Medical Center, and lead author.

Using community hospital discharge records from the National Inpatient Sample of the Healthcare Cost and Utilization Project, the researcher analyzed data of delivery hospitalizations with severe maternal morbidity beginning in 1999-2017, identified using Centers for Disease Control and Prevention diagnosis codes and include 21 serious medical conditions during or immediately after childbirth.

Among the 993,864 women with severe maternal morbidity, 4,328 (0.4 percent) died, accounting for 88 percent of deaths during delivery. The severe maternal morbidity rate in Black women (2.2 percent) was higher than in Hispanic or White women, at 1.5 percent and 1.1 percent, respectively. Women with severe maternal morbidity who died were more likely to be older, and have nonprivate insurance, lower household income, and a higher obstetric comorbidity index. They also were more likely to be transferred from another [acute care hospital](#), be admitted during a weekend, have a cesarean birth, or deliver in a large-bed size hospital or in an urban teaching hospital.

"Our study confirms that excess [maternal mortality](#) continues to be a serious public health problem and improving the quality of obstetric care, especially for Black and other minority women, could help substantially decrease maternal mortality and reduce racial and [ethnic disparities](#) in maternal mortality in the United States." said Guohua Li, MD, DrPH, professor of Anesthesiology and Epidemiology at Columbia Mailman School of Public Health, and senior author.

Guglielminotti and Li make the point that hospital culture, team attitudes and behaviors toward patient safety and communication, and favorable nursing environments may be important determinants of maternal health outcomes.

More information: *Obstetrics and Gynecology*

(2021). [DOI: 10.1097/AOG.0000000000004362](https://doi.org/10.1097/AOG.0000000000004362)

Provided by Columbia University's Mailman
School of Public Health

APA citation: Failure to rescue a major driver of excess maternal mortality in Black women (2021, April 9) retrieved 12 May 2021 from <https://medicalxpress.com/news/2021-04-failure-major-driver-excess-maternal.html>

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