

## Commitment to Action: Eliminating Preventable Maternal Mortality

American Academy of Emergency Nurse Practitioners | American Academy of Family Physicians | American College of Cardiology | American College of Emergency Physicians | American College of Nurse-Midwives | American College of Obstetricians and Gynecologists | American College of Physicians | American Paramedic Association | American Psychiatric Association | American Society of Addiction Medicine | Association of Physician Assistants in Obstetrics and Gynecology | Association of Women's Health, Obstetric and Neonatal Nurses | College of Urgent Care Medicine | Emergency Nurses Association | National Association of Emergency Medical Technicians | National Association of Nurse Practitioners in Women's Health | National Rural Health Association | Society of Emergency Medicine Physician Assistants | Society for Maternal-Fetal Medicine

**On Maternal Health Awareness Day, ACOG, with support from the Centers for Disease Control and Prevention\*, joins with other specialty organizations in a commitment to help eliminate preventable maternal mortality. Specifically, this multidisciplinary effort will address readiness in prehospital, emergency department, primary care, and urgent care settings to identify and manage obstetric emergencies during pregnancy and the postpartum period.**

Approximately 700 U.S. women die each year from pregnancy-related causes, and non-Hispanic Black and American Indian/Alaska Native women have higher rates of pregnancy-related deaths than women of other racial and ethnic groups.<sup>i</sup> Approximately one in three pregnancy-related deaths occur one week to one year after delivery.<sup>ii</sup> Underlying causes of pregnancy-related deaths in the 12-month postpartum period can include cardiovascular conditions such as cardiomyopathy; hypertensive emergencies such as preeclampsia, eclampsia, and stroke; and conditions related to mental health such as suicide and overdose. Patients who develop signs or symptoms of these conditions may utilize emergency medical services or present for care in emergency departments, urgent care facilities, or in primary care settings. Our organizations have joined together in this multidisciplinary effort to raise awareness about the risk of pregnancy-related emergencies in the 12-month postpartum period and highlight the critical role that practitioners who care for patients in nonobstetric practice settings play in recognizing and managing these emergencies.

The goals of this multidisciplinary effort include:

- Increasing awareness of the critical role of nonobstetric health care professionals in reducing maternal mortality
- Improving identification of patients who are pregnant or have been pregnant in the last 12 months in nonobstetric settings in which these patients may present for care
- Enhancing understanding among nonobstetric health care professionals to facilitate recognition of signs and symptoms of obstetric emergencies and readiness to stabilize or treat patients who present outside the obstetric setting

We commit to working collaboratively to identify opportunities to enhance health care professional education and resources related to the goals expressed above, and we invite the members of our organizations to join us in raising awareness about this important effort to improve maternal health outcomes in our nation.

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<sup>i</sup> Petersen EE, Davis NL, Goodman D, Cox S, Syverson C, Seed K, Shapiro-Mendoza C, Callaghan WM, Barfield W. Racial/Ethnic Disparities in Pregnancy-Related Deaths - United States, 2007-2016. MMWR Morb Mortal Wkly Rep. 2019 Sep 6;68(35):762-765.

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<sup>ii</sup> Petersen EE, Davis NL, Goodman D, Cox S, Mayes N, Johnston E, Syverson C, Seed K, Shapiro-Mendoza C, Callaghan WM, Barfield W. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep.* 2019 May 10;68(18):423–429.