

Black Maternal Mortality in Texas

Janice Manhardt
06/30/2020
HIST 489

Background

2013

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Sources

Background

Definitions

Where
Statistics
are
Gathered
From

- Maternal death: "The death of a woman while pregnant or within 42 days of termination of pregnancy...from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes" (WHO).
- Maternal mortality rate: "The number of maternal deaths per 100,000 live births" (CDC).

"Indicator Metadata Registry List: Maternal Deaths" World Health Organization, World Health Organization, www.who.int/data/gho/indicator-metadata-registry/imr-details/4622.

"Pregnancy Mortality Surveillance System." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 25 Nov. 2020. www.cdc.gov/reproductivehealth/maternal-mortality/index.html.

Background

Definitions

Where
Statistics
are
Gathered
From



National Vital Statistics System

- Compiles data from each state based on death certificates filled out by doctors and coroners
- Data can be deeply flawed and inconsistent
 - U.S. published an official maternal mortality rate in 2007, and did not publish one again until 2018.

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The Maternal Mortality and Morbidity Task Force

- Established through Senate Bill 495 in the 83rd Texas Legislature
- Created to study cases of pregnancy-related deaths, identify trends in severe maternal morbidity, and make recommendations to reduce the number of pregnancy-related deaths and severe maternal morbidity in Texas.

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July 2016

Texas's Task
Force 2016
Biennial
Report

September 2016

"Recent Increases in
U.S. Maternal
Mortality Rate"
by Marian
MacDorman and
team

Findings

- Texas's Task Force 2016 Biennial Report Findings (Based on analysis of maternal death data from 2011-2012)
- 189 maternal deaths who died **within 1 year of a birth or fetal death event**
- Black women bear the greatest risk for maternal death
 - Only 11.4% of all births in Texas were to Black women, but they accounted for 28.8% of all maternal deaths
- **A majority (60%) of maternal deaths occurred after 42 days post-delivery**

Recommendation

- Increase access to health services during year after delivery (**This recommendation is repeated in the 2018 and 2020 report.**)
 - Over half of all Texas births are paid by Medicaid
 - 117 out of 189 maternal deaths occurred between 6 weeks (42 days) to 52 weeks after delivery, when access to health care is limited for many women.
 - Pregnant women lose Medicaid coverage 60 days after pregnancy (see notes for more details)

July 2016

Texas's Task
Force 2016
Biennial
Report

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"Recent Increases in
U.S. Maternal
Mortality Rate"
by Marian
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team

Background

**Unexpected
Result**

Revised Death Certificate

- In 2003, a pregnancy question was added to the U.S. standard death certificate to improve detection of maternal deaths according to the WHO definition (within 42 days).
- There were delays in the adoption of the revised death certificate by a number of states, which also meant delays in the new pregnancy question.
- Texas had a pregnancy question before the revision with the time frame of 1 year for maternal death. They did not adopt the revised death certificate until 2006.

Table 1

State Death Certificate Revision Dates and Pregnancy Question Types, 2014

State	Unrevised		Revision date [*]	Analysis group ^{**}
	Pregnancy question?	Pregnant within last:		
Alabama	Yes	42 days	not revised	4
Alaska	No		2014	3
Arizona	No		2000	1
Arkansas	No		2008	1
California	No		2003	separate
Tennessee	No		2012	1
Texas	Yes	12 months	2006	***
Utah	No		2005	1



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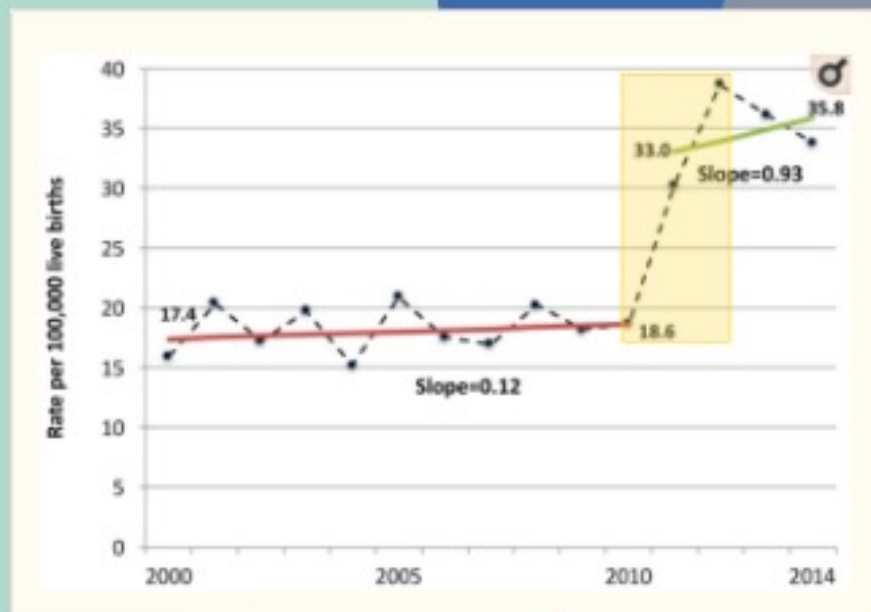
Background

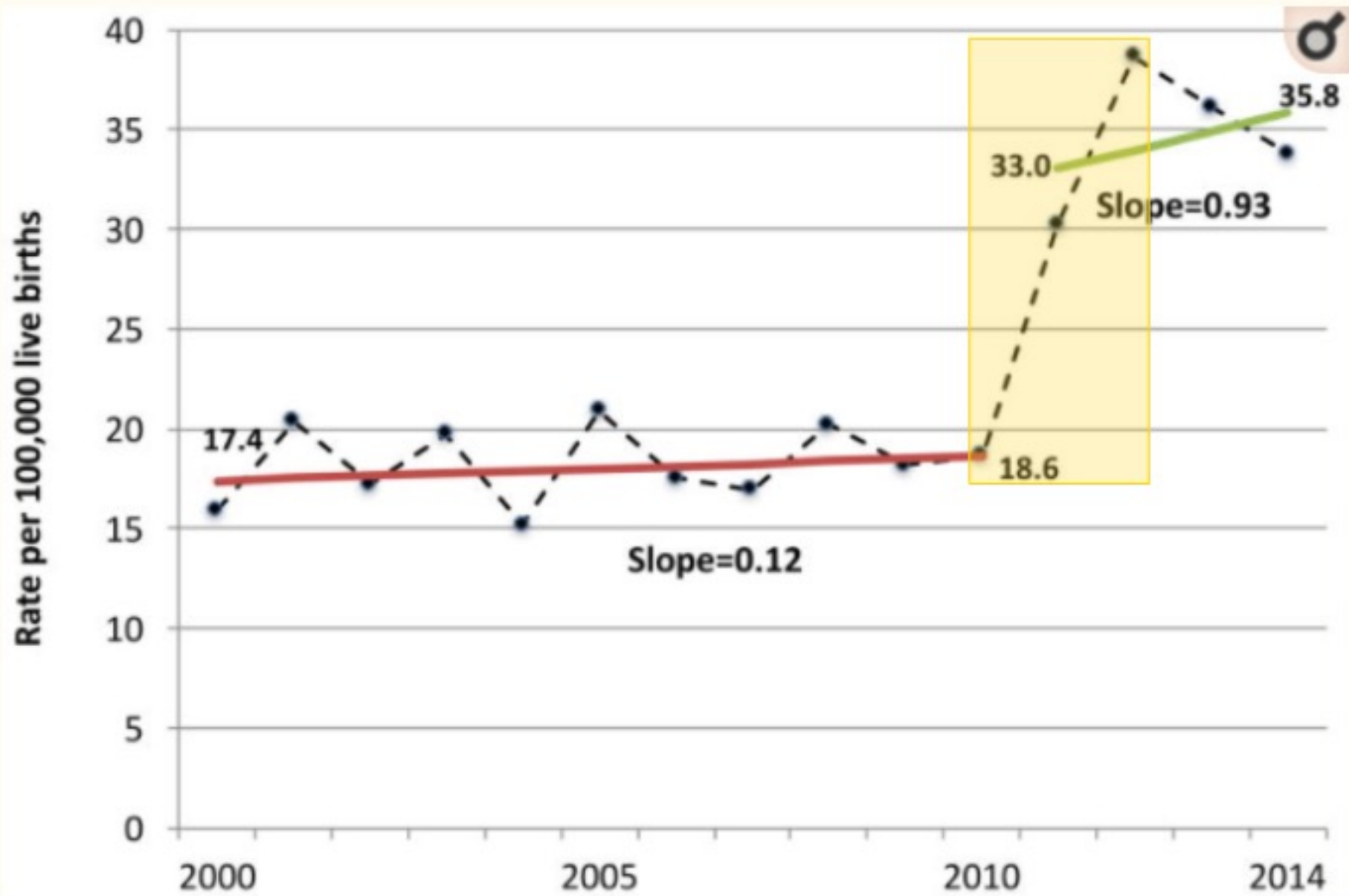
**Unexpected
Result**

Texas as an Outlier

The study found Texas had a sudden increase between 2010 to 2012, where maternal mortality rate doubled to "levels not seen in other U.S. states" (MacDorman).

The researchers found this data "puzzling...in the absence of war, natural disaster, or severe economic upheaval" (MacDorman).





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Texas's 85th Legislature Session

- A bill to extend the task force through 2023 never got a final vote.
- A bill that would extend health care access for women on Medicaid from 60 days to 1 year after childbirth did not get a hearing.
- A bill that proposed screening and treatment for postpartum depression for mothers whose babies are on Medicaid or CHIP did not get a House vote
- The Office of Minority Health Statistics and Engagement was defunded.
 - The purpose of the agency was to study and solve racial inequities across the state's health agencies.

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January 2018

Follow-up
study by
MacDorman
and her
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May 2018

"Identifying
Maternal
Deaths in
Texas Using
an Enhanced
Method"

Key Points

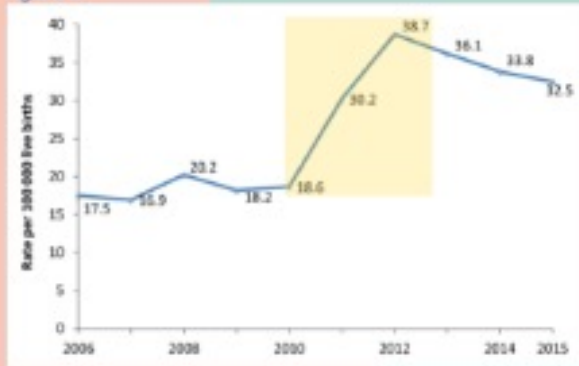
Background

- More detailed analysis of trends in Texas maternal mortality from 2006-2015
- Data was grouped into two 5-year age groups: 2006-2010 (before the rapid increase in maternal deaths) and 2011-2015 (during/after the increase)
- Goals:
 - Identify trends and at-risk populations to help in targeting prevention effort
 - Evaluated data quality

Discussion

Results

Figure 1

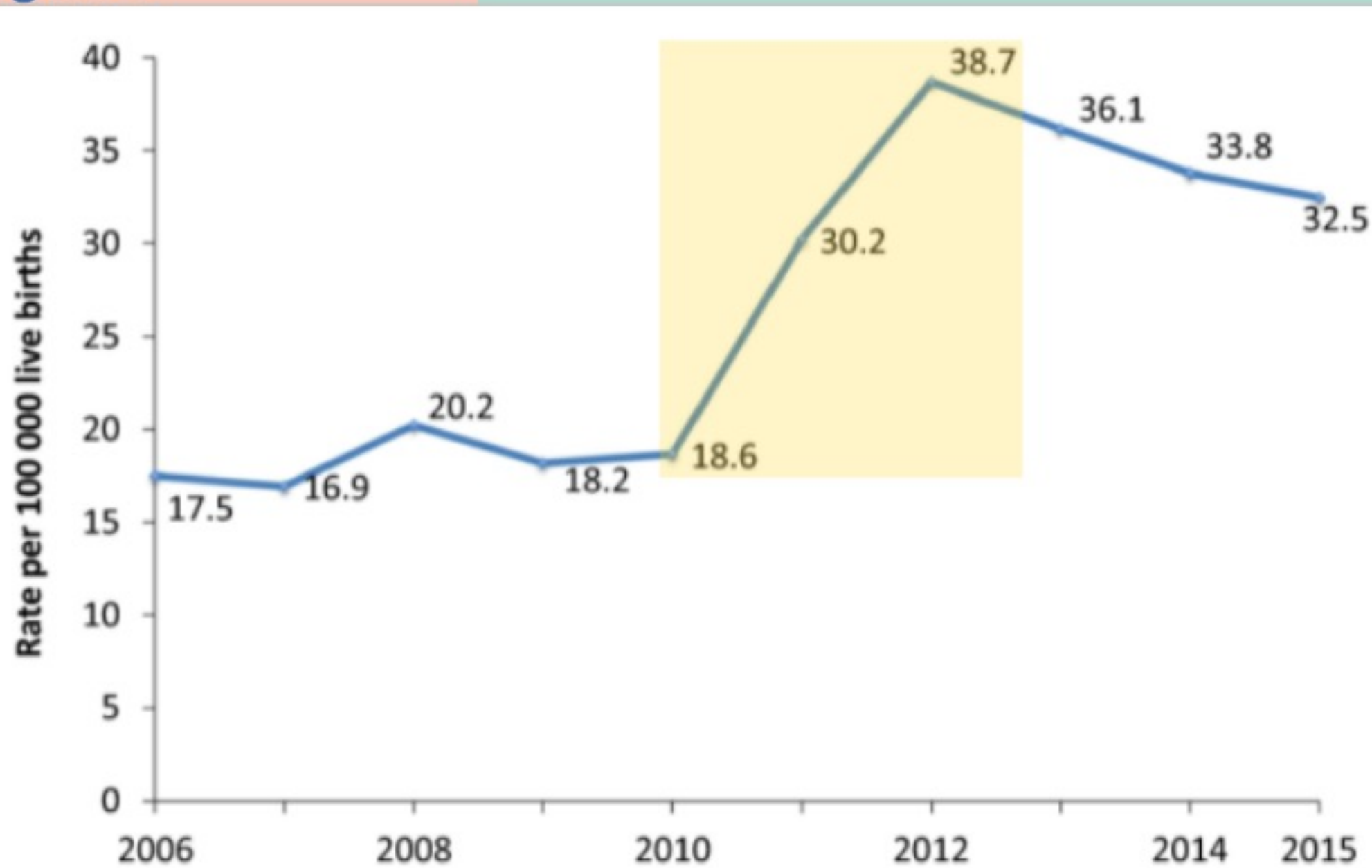


Race/ethnicity and maternal age	2006-2010			2011-2015			Percent change 2006-2010 to 2011-2015
	Maternal deaths	Denom	Rate ²	Maternal deaths	Denom	Rate ²	
Total	350	1,000,077	18.3	658	1,950,090	34.2	87.2 ^{***}
Race/ethnicity							
Non-Hispanic white	134	592,040	18.4	251	637,020	38.8	96.0 ^{***}
Non-Hispanic black	51	228,275	11.6	198	221,212	89.6	105.9 ^{***}
Hispanic	128	998,007	12.8	198	991,858	20.8	62.1 ^{***}
Maternal age (y)							
<10	20	1,959,229	1.3	290	1,981,641	28.1	93.7 ^{***}
<15	15	295,342	5.8	35	191,050	13.6	128.4 [†]
20-24	52	544,825	9.5	55	490,620	11.2	17.5
25-29	67	548,130	12.3	86	548,916	15.7	27.7
30-34	62	407,679	15.3	117	480,622	25.4	64.6 ^{***}
35-39	65	194,415	32.4	109	217,425	51.8	79.8 ^{***}

Table 3. Sensitivity analysis of possible influence of 0.5%, 1%, and 1.5% overreporting of the pregnancy checkbox on maternal mortality ratios, Texas, 2011-2015

Age (y)	Number of maternal deaths	Number of female deaths from natural causes (excludes maternal deaths)	Number of maternal deaths with 0.5% false positive rate added to total	Percent increase in MMR with 0.5% false positive rate	Number of maternal deaths with 1% false positives added to total	Percent increase in MMR with 1% false positive rate	Number of maternal deaths with 1.5% false positives added to total	Percent increase in MMR with 1.5% false positive rate
<10	262	7762	422	9.8	471	19.8	216	29.7
15-19	26	402	28	8.7	31	17.4	33	25.1
20-24	89	798	60	7.1	61	14.3	67	21.4
25-29	84	1222	82	7.2	86	16.3	104	21.9
30-34	117	2095	127	9.0	130	17.8	148	25.9
35-39	109	5233	126	14.8	141	29.8	157	44.4

Figure 1





Race/ethnicity and maternal age	2006-2010			2011-2015			Percent change 2006-2010 to 2011-2015
	Maternal deaths	Births	Rate ^a	Maternal deaths	Births	Rate ^a	
Total	366	2 000 877	18.3	668	1 950 896	34.2	87.2 ^{***}
Race/ethnicity							
Non-Hispanic white	134	692 018	19.4	261	687 620	38.0	96.0 ^{***}
Non-Hispanic black	95	228 375	41.6	198	231 212	85.6	105.9 ^{***}
Hispanic	126	996 097	12.6	191	931 570	20.5	62.1 ^{***}
Maternal age (y)							
<40	261	1 959 339	13.3	393	1 901 681	20.7	55.1 ^{***}
<20	16	266 242	6.0	26	191 058	13.6	126.4 [*]
20-24	52	544 885	9.5	55	490 630	11.2	17.5
25-29	67	546 120	12.3	86	548 916	15.7	27.7
30-34	63	407 679	15.5	117	460 622	25.4	64.4 ^{***}
35-39	63	194 413	32.4	109	210 455	51.8	59.8 ^{**}

Table 3. Sensitivity analysis of pregnancy checkbox on

Age (y)	Number of maternal deaths	Number of fetal deaths from natural cause (excluding maternal death)
<40	393	7792
15-19	26	452
20-24	55	786
25-29	86	1232
30-34	117	2099
35-39	109	3223

ths	Rate ^a	Percent change 2006-2010 to 2011-2015
50 896	34.2	87.2 ^{***}
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0 622	25.4	64.4 ^{***}
0 455	51.8	59.8 ^{**}

Table 3. Sensitivity analysis of possible influence of 0.5%, 1%, and 1.5% overreporting of the pregnancy checkbox on maternal mortality rates, Texas, 2011-2015

Age (y)	Number of maternal deaths	Number of female deaths from natural causes (excludes maternal deaths)	Number of maternal deaths with 0.5% false positives added to total	Percent increase in MMR with 0.5% false positive rate	Number of maternal deaths with 1% false positives added to total	Percent increase in MMR with 1% false positive rate	Number of maternal deaths with 1.5% false positives added to total	Percent increase in MMR with 1.5% false positive rate
<40	393	7792	432	9.9	471	19.8	510	29.7
15-19	26	452	28	8.7	31	17.4	33	26.1
20-24	55	786	59	7.1	63	14.3	67	21.4
25-29	86	1232	92	7.2	98	14.3	104	21.5
30-34	117	2099	127	9.0	138	17.9	148	26.9
35-39	109	3223	125	14.8	141	29.6	157	44.4

Discussion

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to

"Parallel Public Health Emergencies"

The situation in Texas is a dual public health emergency:

- 1) Sharp increase in maternal mortality rate over the span of 2 years
- 2) Lack of reliable data to better understand the increase

Although vital statistics data isn't reliable, "the fact that maternal mortality increased in Texas is not in dispute" (MacDorman).

Macdorman, Marian F., et al. "Trends in Texas Maternal Mortality by Maternal Age, Race/Ethnicity, and Cause of Death, 2006-2015." *Birth*, vol. 45, no. 2, 4 Jan. 2018, pp. 169-177. doi:10.1111/birt.12330.



January 2018

Follow-up
study by
MacDorman
and her
team

May 2018

"Identifying
Maternal
Deaths in
Texas Using
an Enhanced
Method"

Key Points

Background

- Researchers were those on the state task force
- Objective of the study was to more accurately estimate the 2012 MMR in Texas through an enhanced method that used both data matching and record review
- Analyzed 147 deaths that occurred within **42 days after birth** (to match criterias from MacDorman's studies)

Results

- 56 maternal deaths confirmed to have occurred during pregnancy or within 42 days postpartum
- Found MMR to be 14.6 maternal deaths per 100,000 live births - less than half the number reported by MacDorman's study
- Stated high estimate reported in MacDorman's study was "the result of data error" (Baeva).

Maternal Characteristic	No. of Live Births	No. of Confirmed Maternal Deaths	MMR* (95% CI)	χ^2 (P)
Overall	382,430	56	14.6 (11.1–19.0)	
Race and ethnicity				7.1 (P=.07)
White	132,288	18	13.6 (8.3–21.5)	
Black [†]	43,100	12	27.8 (14.4–48.6)	
Hispanic	182,855	21	11.5 (7.3–17.4)	
Other	24,195	5	20.7 [‡] (6.7–48.2)	
Age (y)				13.9 (P<.001)
24 or younger	138,566	12	8.7 (4.5–15.1)	
25–34	194,183	28	14.4 (9.6–20.8)	
35 or older	49,684	16	32.2 (18.4–52.3)	

MMR, maternal mortality ratio.

* Enhanced MMR estimates are calculated using Texas resident confirmed maternal deaths occurring while pregnant or within 42 days after the end of pregnancy per 100,000 live births.

† Although no significant differences in MMR by race and ethnicity were observed overall (P=.07), when comparing maternal deaths among black and white women only, black women had a significantly higher MMR than white women ($\chi^2=5.9$, P=.050).

‡ A small number of maternal deaths for this subgroup resulted in a wide CI, indicating uncertainty in this estimate.

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Results

Maternal Characteristic	No. of Live Births	No. of Confirmed Maternal Deaths	MMR* (95% CI)	χ^2 (P)
Overall	382,438	56	14.6 (11.1–19.0)	
Race and ethnicity				7.1 (P=.07)
White	132,288	18	13.6 (8.1–21.5)	
Black [†]	43,100	12	27.8 (14.4–48.6)	
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‡ A small number of maternal deaths for this subgroup resulted in a wide CI, indicating unreliability of this estimate. © GYNECOLOGY

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- Found MMR to be 14.6 maternal deaths per 100,000 live births - less than half the number reported by MacDorman's study
- Stated high estimate reported in MacDorman's study was "the result of data error" (Baeva).

Baeva, Sonia, et al. "Identifying Maternal Deaths in Texas Using an Enhanced Method, 2012." *Obstetrics & Gynecology*, vol. 131, no. 5, May 2018, pp. 762–769. doi:10.1097/aog.0000000000002585.

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study by
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Key Points

Comparison of Data

- Both 2018 studies show that the MMR for Black mothers was **more than doubled** the MMR for White mothers.
- The July 2016 report by task force confirms 189 maternal deaths within 1 year after birth. The study by Texas's task force with the new criteria of counting maternal deaths within 42 days after birth drastically cuts the state's confirmed death count in 2012 by a third (189 --> 56). This means **133 mothers** are being erased from the data, even though their deaths had already been confirmed.



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- The CDC found non-Hispanic Black women to be disproportionately affected by COVID-19 infection during pregnancy.
- Overall tracking of confirmed cases and deaths in Texas was described as “scattershot and incomplete.”
- The Office of Minority Health Statistics was a part of the Texas Health and Human Services Commission that helped to identify health disparities and recommended policies for Texas systems. It was defunded in 2017 by the Texas Legislature during a budget cut.
- Legislatures have criticized that if the Office of Minority Health Statistics and Engagement had not been eliminated in 2017, actions would have been identified earlier that “could have decreased the disproportionate impact...and saved some lives” (Barajas & Novack).

Barajas, Michael, and Sophie Novack. “Texas Had a State Office That Could Have Investigated Racial Disparities in COVID-19 Cases. Lawmakers Defunded It Three Years Ago.” *The Texas Observer*. 16 Apr. 2020. www.texasobserver.org/covid-19-racial-disparities-texas-legislature/.

2020

COVID-19 and
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**Texas
A&M**



Texas's 87th Legislature Session

- House Bill 133 proposed the extension of Medicaid coverage for new Texas mothers from **2 months to one year**, based off recommendations by the task force.
- 05/28/21 - The Senate passes the bill in a 30-1 vote with a modification that coverage would be raised from **2 months to six months**, not one year. The House approved of this change.
- 6/15/21 - The bill was signed by Governor Abbott and will be effective on 9/1/21.

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Key Points

- The enhanced method used in the Texas study to calculate MMR is being used by the Texas Maternal Mortality and Morbidity Task Force today. However, Texas's MMR cannot be compared to other states because no other state has utilized this same method.
- A lack of national standards for acquiring maternal mortality statistics are erasing mothers (especially Black mothers) and their sufferings from the data. There is a disconnect between the needs of pregnant mothers and how that need translates to those in government. Without the evidence, legislatures will continue to dismiss the gravity of this crisis.
- There is more that can be done by legislatures to address the maternal mortality crisis happening in Texas. HB 133 took 3 Texas Legislative sessions (4 years since a similar bill back in 2017 was introduced and 5 years since the recommendation by the task force back in 2016) to finally pass and be signed by the governor. If we are to lower Black maternal deaths, failures in the state health system must be evaluated and recommendations by the task force must be made as priorities.



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Available Resources for Aggie Parents and Pregnant Students

- Women's Resource Center (on-campus)
 - Breastfeeding Welcomed Here Campaign: list of campus buildings that offer spaces for lactating moms to breastfeed their children or pump
 - The Little Aggie: resource guide for Aggie parents about local activities for children, local medical providers, and suggested questions for childcare providers.
 - <https://studentlife.tamu.edu/wrc/>
- Aggieland Pregnancy Outreach (off-campus)
 - All services are **free**
 - Support women and men experiencing unplanned pregnancies or adoption
 - <https://pregnancyoutreach.org/>

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Medicaid and CHIP in Texas

- Medicaid and the Children's Health Insurance Program (CHIP) are free or low-cost health programs for low-income families and children, pregnant women, the elderly, and people with disabilities.
- Both of these programs provide medical coverage for over 4 million low-income Texans - half of all children in the state are covered.
- Medicaid for Pregnant Women provides health coverage to low-income pregnant women during pregnancy and up to two months after birth of baby.

**Comparison of
Income
Guidelines for
Medicaid**

Medicaid Eligibility During and After Birth of Baby

During pregnancy and 2
months after birth

Income Guidelines for Medicaid for Pregnant Women

Your income is the money you get paid before taxes are taken out. Find your family size on the table below. If your monthly income is the same or less, you might get Medicaid.

Family Size	Monthly Family Income
1	\$2,126
2	\$2,875
3	\$3,624
4	\$4,373
5	\$5,122
For each additional person, add:	\$750

Beyond 2 months

Income Guidelines for Medicaid

Your income is the money you get paid before taxes are taken out. Find your family size on the table below. If your monthly income is the same or less, you might get Medicaid.

Family size	One Parent	Two Parent
1	\$103	-----
2	\$196	\$161
3	\$230	\$251
4	\$277	\$285
For each additional person, add:	\$52	\$52

For a single mother to qualify, she would have to make \$2,126 per month or less. But to qualify after two months, the income threshold significantly drops to **\$196 per month** for a mother with one child.



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