MATERNAL MORTALITY AND MORBIDITY

The Nurse-Family Partnership Response

Nationally, approximately 700 women die each year from a pregnancy or delivery complication, and many more suffer from severe morbidities associated with childbirth. Additionally, there are significant racial disparities that exist – Black women are three times more likely than white women to die from a pregnancy-related condition.[1]

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TO DIE FROM PREGNANCY OR DELIVERY RELATED COMPLICATIONS[2]

The leading causes of pregnancy-related deaths include hemorrhage, infection, embolism, preeclampsia and eclampsia, cardiovascular conditions, cardiomyopathy and mental health conditions. From 2011 to 2015, cardiovascular conditions were responsible for over one third of pregnancy deaths.[2]

While some maternal mortality and morbidity is inevitable, there are opportunities to reduce preventable mortality and morbidity and to reduce longstanding inequities that lead to mortality and morbidity. Analyses suggest that the effects of structural racism are a root cause of maternal mortality and morbidity amongst women of color, particularly Black women, and these inequities persist across education and income levels.[3]

WHAT NFP IS DOING

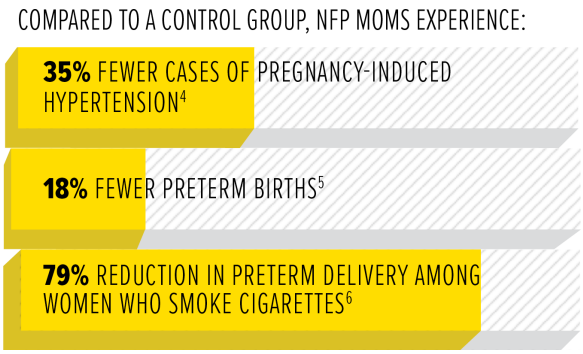
Nurse-Family Partnership® (NFP) is an evidence-based community health program for first-time at-risk moms that improves pregnancy and birth outcomes, child health and development, and family economic self-sufficiency. By assessing and addressing participating moms' social risk factors, NFP nurses set families on a path toward a better, healthier future. Each mom is partnered with a registered nurse early in her pregnancy and has ongoing health visits with that nurse through her child's second birthday.

The NFP National Service Office seeks to promote health equity and eliminate racial disparities to improve outcomes for the moms and babies we serve now and beyond. We formed the Maternal Mortality and Morbidity Task Force in June 2019 to:

- ✓ Improve NFP data collection on maternal mortality and morbidity.
- ✓ Use data and research on maternal mortality and morbidity to inform program improvements.
- ✓ Assess strengths and gaps in current NFP nursing education & practice to address contributing factors.
- ✓ Improve our short-and long-term communication plans and strategy.
- ✓ Prioritize national policy work and advocacy on this issue.
- ✓ Explore strategic collaboration between NFP, community partners and other health care providers to reduce maternal mortality and morbidity.

HOW NFP NURSES CAN HELP

By partnering an expectant mom with her very own registered nurse during pregnancy, NFP helps to identify and mitigate the risk factors that can lead to maternal mortality. NFP nurses are there for moms at critical moments to help save a mother's life and the life of her baby. By developing a trusting relationship early in pregnancy that lasts through the child's second birthday, NFP nurses play a critical role to help each mom develop a deep understanding of her health.



Nurses Conduct Nurse Assessments: NFP nurses conduct comprehensive nursing assessments and identify moms' concerns that could lead to poor maternal health outcomes. Once moms and nurses identify concerns, nurses educate each mother about medical conditions and CDC-identified contributing factors to maternal mortality and morbidity. NFP nurses can then refer the mom to needed health care providers for further treatment. NFP nurses also assess the social determinants of health to connect the mom to community resources to mitigate unstable or unsafe housing, food insecurity, social isolation and other risks.

Nurses Help Each New Mom Advocate for Herself: NFP nurses support each new mom to bravely and boldly advocate for herself and insist she receive the care she needs when she knows something is not right. If a mom believes something is wrong, the nurse encourages her to not take "NO" for an answer. If a medical provider dismisses her concerns, she knows to stand up for herself and insist that her concerns be addressed. This is especially important when identifying and addressing racism and implicit bias in health care.

OUR NEXT STEPS

NFP is working with a sense of urgency to **listen, innovate and advocate** to address maternal mortality.

- We are working with NFP network partners to understand what is working, what is needed and how we can support better outcomes and efforts to deliver culturally responsive care.
- We are partnering with other leaders so that we can be part of collective approaches and solutions.
- We are learning from our research and using it to drive change.
- We are leading policy efforts to improve disparities in the health care system and dismantle barriers that limit access.

TO LEARN MORE OR TO PARTNER WITH US, CONTACT HEALTHCARE@NURSEFAMILYPARTNERSHIP.ORG

[1]Centers for Disease Control and Prevention (2019). Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017Weekly / May 10, 2019 / 68(18);423–429
[2]*Id.*
[3]National Institute for Children's Health Quality (NICHQ), https://www.nichq.org/insight/impact-institutional-racism-maternal-and-child-health
[4]Kitzman H, Olds DL, Henderson CR Jr, Hanks C, Cole R, Tatelbaum R, McConnochie KM, Sidora K, Luckey DW, Shaver D, et al. Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. Journal of the American Medical Association 1997 Aug 27;278(8):644-52.
[5]Thorland, B., Currie, D., et al (2017). Status of Birth Outcomes in Clients of the Nurse-Family Partnership. Maternal Child Health. 21:439-445; DOI 10.1007/s10995-016-2231-6.
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[7]Olds DL, Henderson CRJ, Tatelbaum R, Chamberlin R. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. Pediatrics 1986 Jan;77(1):16-28.