



Resolution 1  
Support Measures to Decrease Maternal Mortality  
in the United States

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General Assembly – July 6, 2018 – Destin, FL

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**Louisiana Academy of Family Physicians  
2018 General Assembly**

**RESOLUTION NO 1.**

**Support Measures to Decrease Maternal Mortality in the United States**

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1 **WHEREAS**, the United States has the highest maternal mortality rate of any industrialized nation with  
2 approximately 26.4 deaths per 100,000 live births, and has increased by nearly 60% between 1990 and  
3 2015<sup>1</sup> and  
4

5 **WHEREAS**, an additional 50,000 women experience severe maternal morbidity each year in the US<sup>2</sup> and  
6

7 **WHEREAS**, maternal mortality occurs significantly more frequently among black women, low- income  
8 women, and women in rural areas, and  
9

10 **WHEREAS**, less than half of women living in rural areas have access to a nearby hospital that offers  
11 prenatal care<sup>3</sup> and  
12

13 **WHEREAS**, black mothers die at 3-4 times the rate of white mothers, regardless of socioeconomic status  
14 and this disparity continues to widen<sup>4</sup> and  
15

16 **WHEREAS**, racism, including discrimination by healthcare providers, contribute to poor maternal health  
17 outcomes among black women<sup>5</sup> and  
18

19 **WHEREAS**, lack of ability to access and afford maternity care contributes to poor maternal health  
20 outcomes<sup>6</sup> and  
21

22 **WHEREAS**, other medical societies, like the American Medical Association (AMA) and American College of  
23 Obstetricians and Gynecologists (ACOG), recognize the importance of maternal mortality review  
24 committees, advocating for state and federal legislation and funding for their establishment and  
25 maintenance<sup>7</sup> and  
26

27 **WHEREAS**, evidence-based interventions for decreasing perinatal morbidity and mortality such as the  
28 toolkit for response and management of obstetric hemorrhage developed by the California Maternal  
29 Quality Care Collaborative exist (CMQCC), but are not widely implemented<sup>8</sup> and  
30

31 **WHEREAS**, 2010 census data collected by the American Board of Family Medicine (ABFM) found that only

# Resolution 1: Support Measures to Decrease Maternal Mortality in the United States, continued

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32 9.7% of family physicians were providing obstetric care,<sup>9</sup> therefore be it

33

34 **RESOLVED**, that the Louisiana Academy of Family Physicians (LAFP) will bring a resolution to the American  
35 Academy of Family Physicians (AAFP) with the following resolved clauses:

36

37 “RESOLVED that the AAFP support maternal mortality review committees and advocate for state  
38 and federal legislative and fiscal support for their establishment and maintenance and, be it further

39

40 RESOLVED that the AAFP will advocate for maternal mortality review committees that are non-  
41 punitive and will educate non-maternity care providers about their role in decreasing maternal morbidity  
42 and mortality, and, be it further

43

44 RESOLVED that the AAFP will advocate for evidence-based measures known to decrease maternal  
45 mortality and morbidity such as access to contraception, health insurance coverage for all pregnant  
46 women, healthy food programs for women in poverty, and multidisciplinary interventions such as the  
47 CMQCC hemorrhage toolkit and, be it further

48

49 RESOLVED that the AAFP supports the Office of Diversity to develop or collaborate in developing a  
50 curriculum in implicit bias and reproductive justice principles for presentation at state and national AAFP  
51 CME conferences to combat discrimination and bias from healthcare providers and, be it further

52

53 RESOLVED that the AAFP support and advocate for legislative initiatives to fund research to  
54 further understand both the high rate in the US and the disparities in maternal mortality rates.”

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56 <sup>1</sup>Global Burden of Disease Study 2015. Global Burden of Disease Study 2015 (GBD 2015) Maternal Mortality 1990-  
57 2015. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2016.

58 <sup>2</sup>Severe Maternal Morbidity in the United States.

59 [https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html#anchor\\_Reference\\_s](https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html#anchor_Reference_s)

60 <sup>3</sup>Health disparities in rural women. Committee Opinion No. 586. American College of Obstetricians and  
61 Gynecologists. Obstet Gynecol 2014;123:384–8.

62 <sup>4</sup>CDC Pregnancy Mortality Surveillance System.

63 <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

64 <sup>5</sup>NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Discrimination in America:  
65 Experiences and Views of African Americans, January 26 – April 9, 2017.

66 <sup>6</sup>Medicaid Coverage of Pregnancy and Perinatal Benefits: Results from a State Survey Published: Apr 27, 2017

67 <sup>7</sup>American Medical Association (AMA). “Resolution on State Maternal Mortality Review Committees” presented by  
68 the American Congress of Obstetricians and Gynecologists to the AMA House of Delegates. October 5, 2017.

69 [www.acog.org/-/media/Departments/Government-Relations-and-](http://www.acog.org/-/media/Departments/Government-Relations-and-)

70 [Outreach/2018CLCMMRCAMAResolution.pdf?dmc=1&ts=20180307T1524540784.](http://www.acog.org/-/media/Departments/Government-Relations-and-)

71 <sup>8</sup>Main, Elliott K., et al. "Reduction of severe maternal morbidity from hemorrhage using a state perinatal quality  
72 collaborative." American Journal of Obstetrics & Gynecology 216.3 (2017): 298-e1.

73 <sup>9</sup>Sebastian et al Proportion of Family Physicians Providing Maternity Care Continues to Decline J Am Board Fam  
74 Med May-June 2012 vol. 25 no. 3 270-271