

The data tell a story.

The ripple begins with what we do next.

When we understand the factors contributing to maternal mortality, every conversation, every connection and every action has the power to prevent future loss.

The Kansas Maternal Mortality Review Committee (KMMRC) reviews deaths that occur during pregnancy and within one year after pregnancy to understand the medical and social factors that contributed to each death, identify opportunities for prevention and develop recommendations to prevent future maternal deaths.

Scan the QR code

to view the *Kansas Severe Maternal Morbidity and Maternal Mortality, 2016-2023 Executive Summary*.



bit.ly/KS_MaternalMortality

Defining Maternal Mortality

Pregnancy-associated death is the death of any woman from any cause while pregnant, or within one calendar year of the end of a pregnancy. This is the full universe of maternal mortality reviewed by the KMMRC.

Pregnancy-related deaths are a subset of pregnancy-associated deaths, specifically those that occur during pregnancy, or within one year of the end of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

Leading Underlying Causes & Contributors

Pregnancy-associated deaths in Kansas (2016 to 2023)

174

Deaths during postpartum period

69.5%

52.3%

Deaths 43 to 365 days after end of pregnancy

Leading underlying causes



Motor Vehicle
Crashes



Cardiovascular
Conditions
*Includes hypertensive
disorders*



Homicide



Mental Health
Conditions
*Includes those
contributing
to suicide*



Unintentional
Poisoning/
Overdose



One-third of pregnancy-associated deaths were caused by:



Mental health conditions (including those contributing to suicide)



Homicide



Unintentional poisoning/overdose.

Circumstances surrounding deaths*

Pregnancy-associated

Pregnancy-related



Obesity



Mental Health Conditions



Substance Use Disorders



Mental Health Conditions + SUDs



*Determinations by KMMRC.

Discrimination

The KMMRC determined that one in ten pregnancy-associated deaths and one in five pregnancy-related deaths involved discrimination, among the cases reviewed after the CDC added a discrimination field to the Committee Decisions Form on May 29, 2022.

Severe Maternal Morbidity

Combined Kansas data from 2019 to 2023 show approximately **one in every 143 women who gave birth experienced Severe Maternal Morbidity (SMM)**. The most frequently observed SMM indicators were disseminated intravascular coagulation, acute renal failure, acute respiratory distress syndrome, sepsis, hysterectomy and eclampsia.

The SMM rate for non-Hispanic Black women was 78.8% higher than non-Hispanic White women, 40.6% higher than Hispanic women and 39.7% higher than non-Hispanic Asian/Pacific Islanders. SMM rates were significantly higher among women living in urban counties compared with those in rural counties.

Women enrolled in Medicaid or those living in low-income ZIP codes experienced significantly higher rates of SMM than women with private insurance or those residing in higher-income ZIP codes.

