

# Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2024



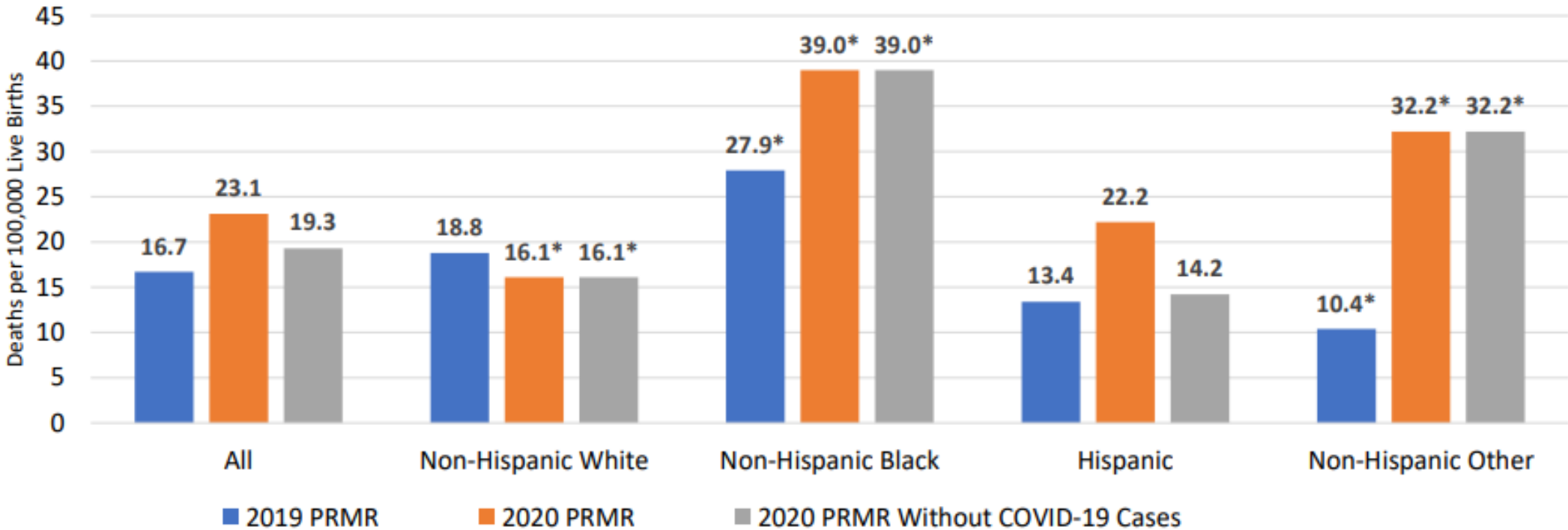
# DSHS Data Analytics Overview

- Maternal deaths are any deaths that occur during pregnancy or within 42 days of the end of pregnancy regardless of cause but excluding motor vehicle accidents.
- Maternal deaths represent a shorter time frame than pregnancy-associated deaths, which cover the duration of pregnancy and a full 365 days after the end of the pregnancy.
- In 2020 and 2021, the MMR increased to 27.7 and 37.7 deaths per 100,000 live births, respectively, due in part to deaths related to COVID-19.
- If COVID-19 maternal deaths are excluded, the updated MMRs would be 24.2 per 100,000 live births in 2020 and 23.0 per 100,000 live births in 2021.

# Leading Causes of Death

- Cardiac events (including heart attack and chronic conditions)
- Accidental drug poisoning
- Homicide
- Suicide
- Most of the 407 pregnancy associated deaths took place between 61 days and one year postpartum
- The maternal death rate was highest among non-Hispanic Black women, women with a high school education or equivalent, and women ages 40 years and older.

# Pregnancy-Related Mortality Ratios by Race and Ethnicity, 2019 and 2020



PREPARED BY: Maternal and Child Health Epidemiologists (MCHE), Community Health Improvement (CHI) Division.

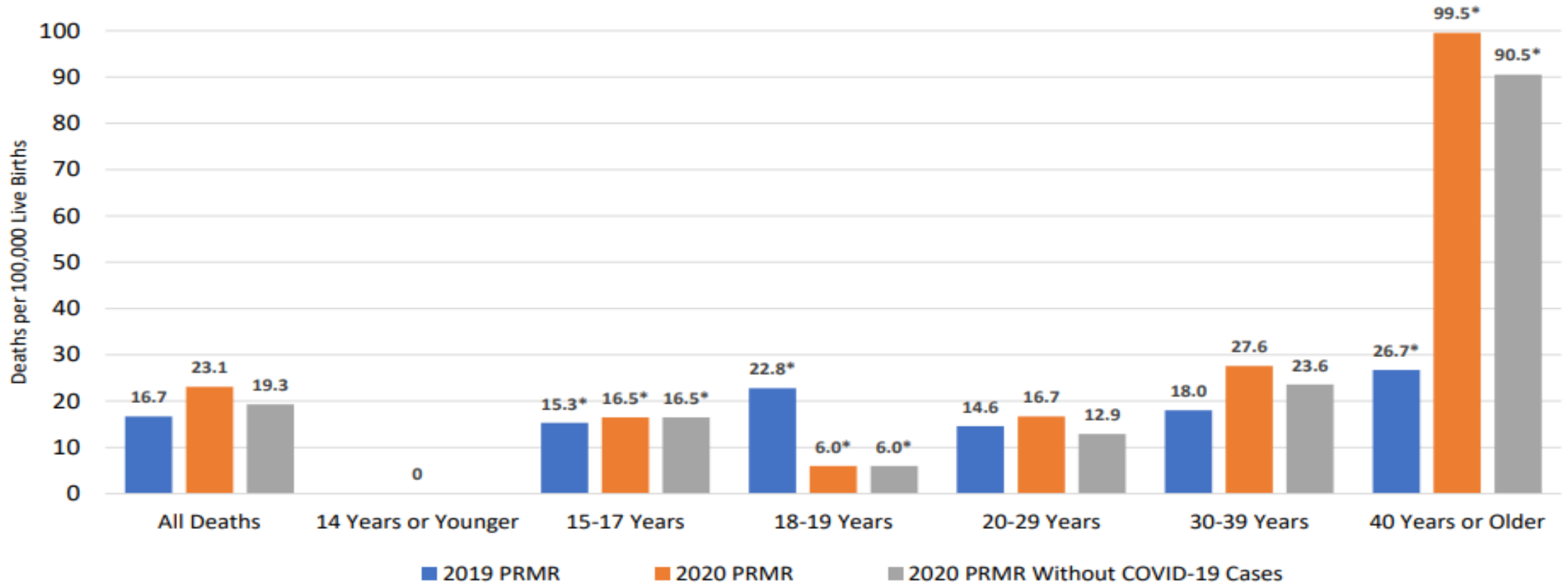
DATA SOURCE: Texas Maternal Mortality and Morbidity Review Committee Data.

NOTES: Rates marked with \* have counts less than 20 and should be interpreted with caution.

In 2019 N= 63; 2020 with COVID-19 N = 85, 2020 without COVID-19 N= 71. Ratios are expressed as the number of deaths per 100,000 live births.

PRMRs are used to standardize counts and enable comparisons between groups.

# Pregnancy-Related Mortality Ratios by Age, 2019 and 2020



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In 2019 N= 63; 2020 with COVID-19 N= 85, 2020 without COVID-19 N= 71. Ratios are expressed as the number of deaths per 100,000 live births.

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# Findings

1. 42 percent of pregnancy-associated deaths from the 2020 case cohort were pregnancy-related.
2. Most pregnancy-related deaths were preventable
3. Six underlying causes of death accounted for 78 percent of all 2020 pregnancy-related deaths.
4. Multiple underlying conditions contributed to pregnancy related deaths due to infection,
5. cardiovascular conditions, and obstetric hemorrhage.
6. The MMMRC has identified key circumstances surrounding death contributed to pregnancy-related deaths.
7. A complex interaction of factors and characteristics contribute to preventable death.

# Findings continued

7. Compared to 2019, the 2020 Texas pregnancy-related mortality ratio increased, and disparities persisted, with non-Hispanic Black women, older women, and women with a high school education or less being most disproportionately impacted.
8. Preventability varied by underlying cause of death and across years.
9. Timing of death in relation to pregnancy varied by underlying cause of death.
10. The leading causes of pregnancy-related death varied by race and ethnicity.
11. Most pregnancy-related deaths occur in hospitals except for deaths due to mental health conditions.
12. A complex interplay of factors contribute to preventable pregnancy-related death.

# How to connect and get involved!

## Maternal Mortality and Morbidity Review Committee | Texas DSHS

### Report Link

<https://www.dshs.texas.gov/sites/default/files/legislative/2024-Reports/MMMRC-DSHS-Joint-Biennial-Report-2024.pdf>

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[https://www.dshs.texas.gov/sites/default/files/legislative/2024-  
Reports/MMMRC-DSHS-Joint-Biennial-Report-2024.pdf](https://www.dshs.texas.gov/sites/default/files/legislative/2024-Reports/MMMRC-DSHS-Joint-Biennial-Report-2024.pdf)