

DID YOU KNOW?

Black Indigenous People of Color (BIPOC) women are more likely to experience maternal death than white Kentuckian women.

RACIAL DISPARITIES IN MATERNAL HEALTH

- Black and American Indian and Alaska Native (AIAN) women have higher rates of pregnancy-related death compared to white women.
- Pregnancy-related mortality rates among Black and AIAN women are over three and two times higher, respectively, compared to the rate for white women (41.4 and 26.2 vs. 13.7 per 100,000).

The death of a woman during pregnancy, at delivery, or soon after delivery is a tragedy for her family and for society as a whole. Scan the QR code for Kira Dixon Johnson's story that has impacted national and state maternal health policy.

References:

- [Maternal Health Review 2021 | KDPH Division of Maternal Child Health](#)
- [2021 Minority Health Status Report | KDPH Office of Health Equity](#)



WHAT IS MATERNAL MORTALITY?

- Pregnancy-associated death: Death of a woman while pregnant or within one year of terminating the pregnancy, regardless of the cause.
- Pregnancy-associated, but not related, death: Death of a woman during pregnancy or within one year of the end of the pregnancy from a cause unrelated to pregnancy.
- Pregnancy-related death: Death of a woman during pregnancy or within one year of the end of the pregnancy from a pregnancy complication, a chain of events initiated by a pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.





ADDRESSING THE ISSUE

State & counties are working to reduce maternal mortality and morbidity rates.

- Senate Bill 215 states that healthcare facilities must give information about perinatal mood and anxiety disorders to postpartum patients and their families before they leave the hospital, including information about symptoms, treatment methods, and available resources.
- The Division of Maternal and Child Health (MCH) in Kentucky provides evidence-based perinatal education, assessment of health and chronic conditions, and screening for substance use, domestic violence, and mental health.
- MCH provides resources such as a home visiting program, the Health Access Nurturing Development Services (HANDS), and WIC (supplemental nutrition program for women, infants, and children program).

Scan here to visit **Kentucky's Division of Maternal and Child Health website.**

References:

- [Maternal Health Review 2021 | KDPH Division of Maternal Child Health](#)
- [2021 Minority Health Status Report | KDPH Office of Health Equity](#)



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MATERNAL HEALTH DISPARITIES IN KENTUCKY



The 2018 pregnancy-related mortality rate for Kentucky decreased from 2017 and is at 16.6 per 100,000 live births slightly lower than the 2018 US rate of 17.4 per 100,000 live births.

IN AN AVERAGE WEEK IN KENTUCKY:

993

Babies are born.

120

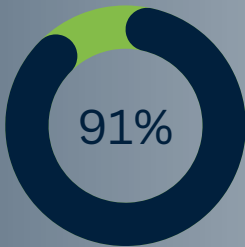
Babies are born preterm.

91

Babies are born low birthweight.

777

Women get inadequate prenatal care.



91% of pregnancy-related deaths are preventable.

KDPH Maternal Mortality Review's Key Findings:

- 16% of maternal deaths were pregnancy related deaths.
- 52% of maternal deaths were pregnancy-associated.
- 52% of maternal mortality cases had substance use disorder linked to their death.

Scan here for more information to prevent maternal deaths



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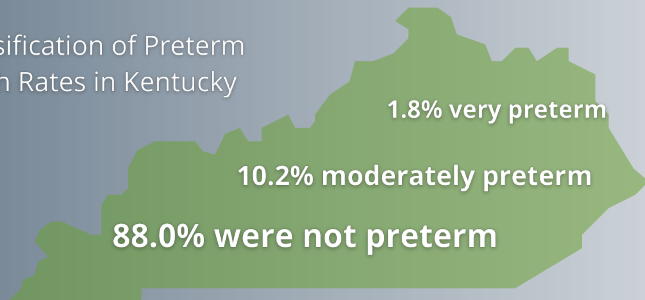
References:

- [Maternal Health Review 2021 | KDPH Division of Maternal Child Health](#)
- [2022 State Summary for Kentucky | PeriStats | March of Dimes](#)

PRETERM BIRTH RATES

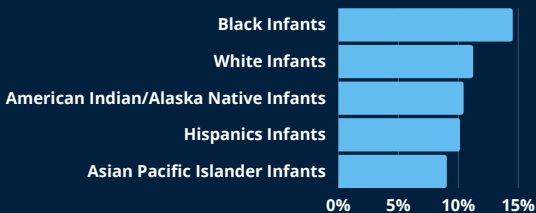
Preterm birth is defined as a live birth before 37 completed weeks gestation. Some other classifications of preterm births include late preterm (34-36 weeks), moderately preterm (32-36 weeks), very preterm (<32-28 weeks), and extremely preterm (<28 weeks).

Classification of Preterm Birth Rates in Kentucky



Scan here for CDC guidelines to prevent preterm births.

Rate of Preterm Birth In Kentucky by Race



References:

- [Maternal Health Review 2021 | KDPH Division of Maternal Child Health](#)
- [2022 State Summary for Kentucky | PeriStats | March of Dimes](#)



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INFANT PREMATUREITY IN KENTUCKY

Risk Factors for Preterm Birth

- Preterm birth is caused by multiple, interacting biological, and environmental factors.
- A history of preterm birth, multiple gestations, and certain uterine and/or cervical problems are the strongest risk factors for preterm birth.
- Maternal age, smoking, multiple births, birth spacing, obesity, and health insurance coverage are also contributing factors to preterm birth.

28.5%

Infant deaths are preterm-related.

Consequences of Preterm Birth

- Preterm and low birth weight babies make up the second leading cause of infant deaths.
- Developmental delays, chronic respiratory problems, and vision and hearing impairment are other health consequences.
- Additionally, having a preterm baby impacts families emotionally and financially.

Tips to Prevent Preterm Birth

1. Stop smoking.
2. Avoid alcohol and drugs.
3. Get prenatal care.
4. Practice oral hygiene.
5. Practice stress reduction.



Kentucky's Premature Birth Rate Report Card

Kentucky: 10.8%=D
VS.
U.S.: 9.6%=C

Scan here for more information to reduce the risk of infant prematurity.

References:

- [Maternal Health Review 2021 | KDPH Division of Maternal Child Health](#)
- [2022 State Summary for Kentucky | PeriStats | March of Dimes](#)
- [5 ways to prevent preterm birth | UK Healthcare \(uky.edu\)](#)



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MATERNAL MORBIDITY & MORTALITY RESOURCE PAGE

- [Centers for Disease Control and Prevention](#)
- [KDPH Division of Maternal Child Health](#)
- [KDPH Office of Health Equity](#)
- [March of Dimes Peristats](#)
- [The American College of Obstetricians and Gynecologist](#)

