THE RACIAL EQUITY PROJECT:
Maternal Mortality in Colorado is Rising and Largely Preventable

March 2024
Maternal Mortality Review Committee Sheds Light on Death Rates

The latest legislative report from the Colorado Department of Public Health & Environment (CDPHE) on Colorado maternal mortality shows concerning trends. Originating from the work of Colorado’s Maternal Mortality Review Committee (MMRC), the report is part of an effort to address high rates of maternal death and to improve maternal health care for all pregnant people. The committee focused special attention on groups with historically high rates of negative outcomes.

KEY FINDINGS: MATERNAL MORTALITY IN COLORADO INCREASED FROM 2016 TO 2020

» 174 pregnancy-associated deaths occurred between 2016 and 2020.
» 80 of those (46%) were pregnancy-related deaths.
» 89% of all maternal deaths were preventable.
» Suicide and Unintentional Overdose were the leading causes of pregnancy-associated death.

» Obstetric complications were the leading cause of pregnancy-related death.

Racial and ethnic disparities in Colorado’s maternal mortality rates mirror the United States overall: Black and Indigenous populations have disproportionately high rates of death.

Colorado’s maternal death rates mirror national trends. According to the Centers for Disease Control (CDC), the national maternal mortality rate was 23.8 deaths per 100,000 live births. The rate for non-Hispanic Black mothers was 55.3 nationally.

Colorado’s overall pregnancy-related mortality rate between 2016 and 2020 was 25.1 deaths per 100,000 live births and the rate for Black people of any ethnicity was double at 52.2.

The Pregnancy Mortality Surveillance System (PMSS) defines a pregnancy-related death as one occurring while pregnant or within one year of the end of the pregnancy from any cause related to or aggravated by pregnancy.

Between 2017 and 2019, the pregnancy-related mortality rate for non-Hispanic Indigenous pregnant people was 32 per 100,000 live births.

DEFINING PREGNANCY-ASSOCIATED DEATH & PREGNANCY-RELATED DEATH


2 Pregnancy-related death: Any death occurring within one year of the end of a pregnancy where the death is due to a pregnancy complication, a chain of events initiated by pregnancy, or an unrelated condition that has been aggravated by the physiologic effects of pregnancy. This can include suicide or overdose. Colorado Department of Public Health and Environment (2023). Maternal Mortality in Colorado, 2016-2020.

DISPROPORTIONALITY OF PREGNANCY-ASSOCIATED AND PREGNANCY-RELATED DEATHS BY RACE/ETHNICITY IN COLORADO, 2016-2020

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>% of all pregnancy-related deaths*</th>
<th>% of all pregnancy-associated deaths</th>
<th>% of all live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous American/Alaska Native</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian American/Pacific Islander</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hispanic (any race)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>White</td>
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*Cases of less than 5 are suppressed.
Those living in frontier counties were 3.6 times more likely to die from pregnancy-related causes than those living in urban counties.

Frontier counties accounted for only 2% of the total number of births yet made up almost 5% of pregnancy-associated and more than 6% of pregnancy-related deaths. Factors like low access to health care, lack of social support, and higher rates of poverty may contribute to disproportionate rates of maternal death in Colorado’s rural and frontier counties. Among frontier counties, more than three-fourths (78.3%) are maternity care deserts and lack a hospital, birth center, or any type of obstetric provider.

Addressing Maternal Mortality

This report provides recommendations for reducing maternal death in Colorado and addressing inequities. Increased screenings, suicide and overdose prevention strategies, and trauma-informed care are all necessary to prevent maternal death. Additionally,
PREGNANCY-ASSOCIATED MORTALITY IN COLORADO, 2016-2020

<table>
<thead>
<tr>
<th>Mortality ratio per 100,000 live births</th>
<th>156.3</th>
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<tr>
<td>American Indian/Alaska Native (any ethnicity)</td>
<td>54.7</td>
</tr>
<tr>
<td>Colorado Overall</td>
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In the coming years, Colorado’s Maternal Health Task Force will focus on implementing their strategic plan. The plan includes strategies aimed at reducing maternal deaths, increasing access to quality maternal care, and addressing the root causes of racial disparities. Additionally, CDPHE and community-based health partners will work to improve the quality and availability of maternal health data to help inform policy-making.

Research and Data

The work of CDPHE and the MMRC is a promising step in improving the quality of maternal health data in Colorado but there is still much to do:

- **ACCURACY.** Streamline the reporting and categorizing of race and ethnicity data and ensure accurate reporting on birth and death certificates. This will help Colorado determine long-term trends and make national comparisons easier.

- **CONSISTENCY.** Use consistency in calculating and reporting maternal mortality. This is needed both in Colorado and nationally.

- **CULTURAL RESPONSIVITY.** Implement qualitative data collection that is culturally responsive. This will provide needed context to maternal health issues and improve programs and policies.

- **FOCUS.** Increase focus on maternal morbidity to help highlight and address factors that impact outcomes outside of mortality.

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