Pregnancy-Associated Mortality in Alaska

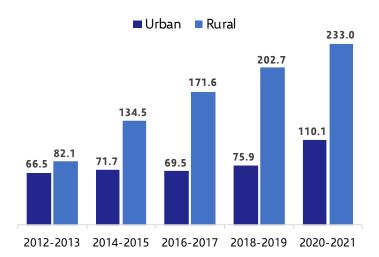
Pregnancy-associated mortality includes all deaths while pregnant or within one year of the end of pregnancy, due to any cause and regardless of the pregnancy outcome. This fact sheet reflects findings from the Alaska Maternal and Child Death Review (MCDR) committee.

Number of pregnancyassociated deaths in most recent 10 years

2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
10	6	9	11	12	8	10	14	8	20

Mortality Rates 2012-2021

(per 100,000 live births)



Rates of pregnancy-associated deaths from 2012-2021 increased by **184%** in **rural areas**, compared to an increase of 66% in urban areas.

MCDR Committee Findings

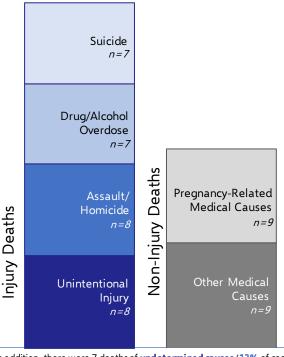
Among 57 deaths reviewed during 2016-2022:

- * 88% (n=50) were *potentially preventable*.
- Drug/alcohol use or substance use disorders were documented in 72% (n=38) of deaths.
- 71% (n=40) of decedents had a history of being a victim or possible victim of Interpersonal Violence (IPV).
- ❖ 44% (n=25) of deaths were associated with barriers to health care access.

The overall pregnancy-associated death rate in 2021 exceeded the previous 5year average by 109%.

Death Categorizations 2015-2019

(Death Years finalized by MCDR)



*In addition, there were 7 deaths of undetermined causes (12% of cases).

Among deaths in 2015-2019:

17% were pregnant at time of death

6% occurred within 7 days post-delivery

4% occurred 8-42 days post-delivery

73% occurred >42 days post-delivery.

The MCDR program works to reduce maternal mortality by understanding the causes and contributing factors of each death through a multidisciplinary committee review process. MCDR receives funding through the CDC ERASE Maternal Mortality grant program and through the Office on Women's Health to support data dissemination and prevention of maternal mortality from violence.





