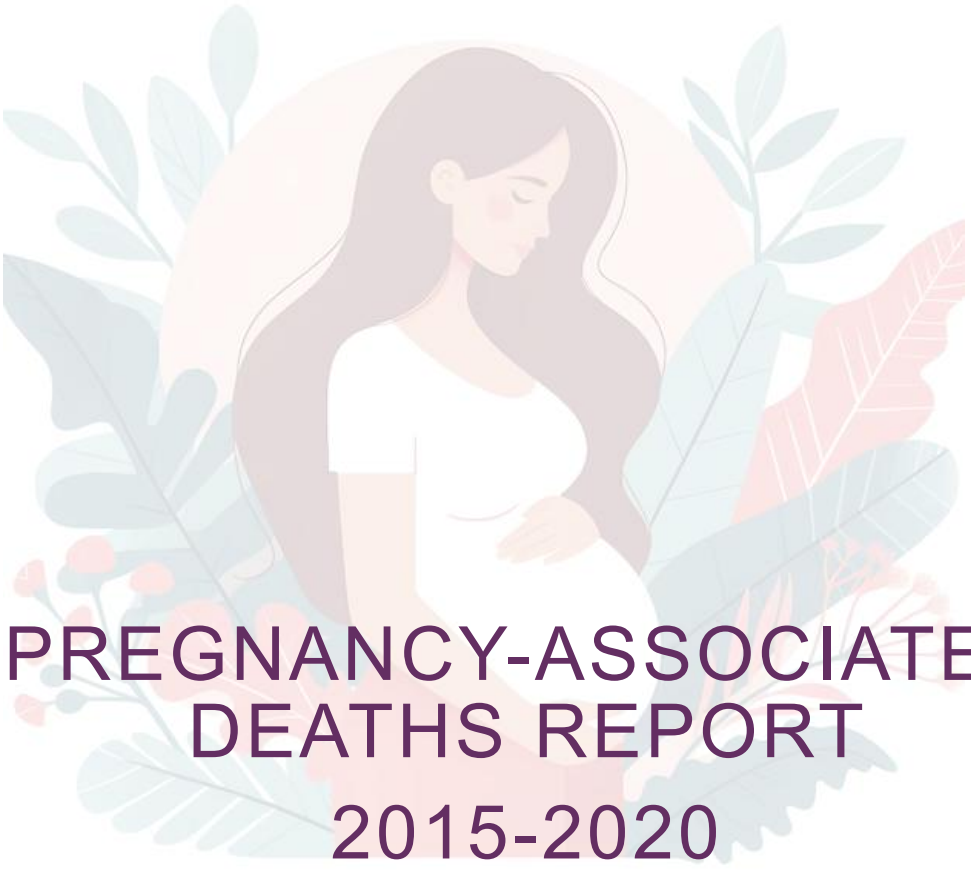
New Mexico Maternal Mortality Review Committee



PREGNANCY-ASSOCIATED DEATHS REPORT 2015-2020

PREPARED MARCH 2025

NMHealth

Table of Contents

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Acknowledgments

This report is dedicated to the memory of the individuals whose deaths are documented here, and to the families and communities impacted by these tragic deaths.

We thank the people who are taking a lead to change policy and practice to prevent future deaths and improve the health and wellbeing of all New Mexico women, families, and communities.

The New Mexico Maternal Mortality Review Committee (NM MMRC) is supported by the U.S. Centers for Disease Control and Prevention (CDC) through the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) program award. This report does not reflect the official views or opinions of the CDC.

The following are committee members who reviewed deaths occurring for years 2015-2020.

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We would like to acknowledge the members of the New Mexico Maternal Mortality Review Committee for donating their time and expertise to reduce the morbidity and mortality of women in New Mexico.

Acronyms and Definitions

Acronyms Used in this Report

CDC	United States Centers for Disease Control and Prevention
NMDOH	New Mexico Department of Health
(NM) MMRC	(New Mexico) Maternal Mortality Review Committee
PA	Pregnancy-associated
PAMR	Pregnancy-associated mortality ratio
PR	Pregnancy-related
PRMR	Pregnancy-related mortality ratio

Key Definitions Used in this Report

Contributing Factor: Circumstances that are present and contribute to the chain of events leading to death but are not the underlying cause of death.

Injury: Includes intentional injury (homicide), unintentional injury (motor vehicle crash), unknown intent according to the CDC Pregnancy Mortality Surveillance System Codes for Cause of Death.

Mechanism of Fatal Injury: The means of how a fatal injury occurred for accidental deaths, homicide, or suicide.

Mental Health Conditions: Includes depressive, anxiety, bipolar, psychotic and substance use disorders and other psychiatric conditions according to the CDC Pregnancy Mortality Surveillance System (PMSS) Codes for Cause of Death.

Key Definitions Used in this Report continued

Pregnancy-associated deaths (PA): All deaths that occur during or within one year of the end pregnancy, regardless of the cause.

Pregnancy-associated, but not related death: As determined by the MMRC, a death during or within one year of the end of pregnancy from a cause that is not related to pregnancy.

Pregnancy-associated but unable to determine pregnancy-relatedness death: A death during or within one year of the end of pregnancy in which the MMRC is unable to discern relatedness that could be due to limited or inadequate available information or the complexity of the circumstances surrounding the death.

Pregnancy-related deaths (PR): A subset of pregnancy-associated deaths as determined by the MMRC, a death during 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.

Underlying Cause of Death: The underlying disease or injury that initiates the chain of morbid events that leads to death or the accident or violence which produced the fatal injury.

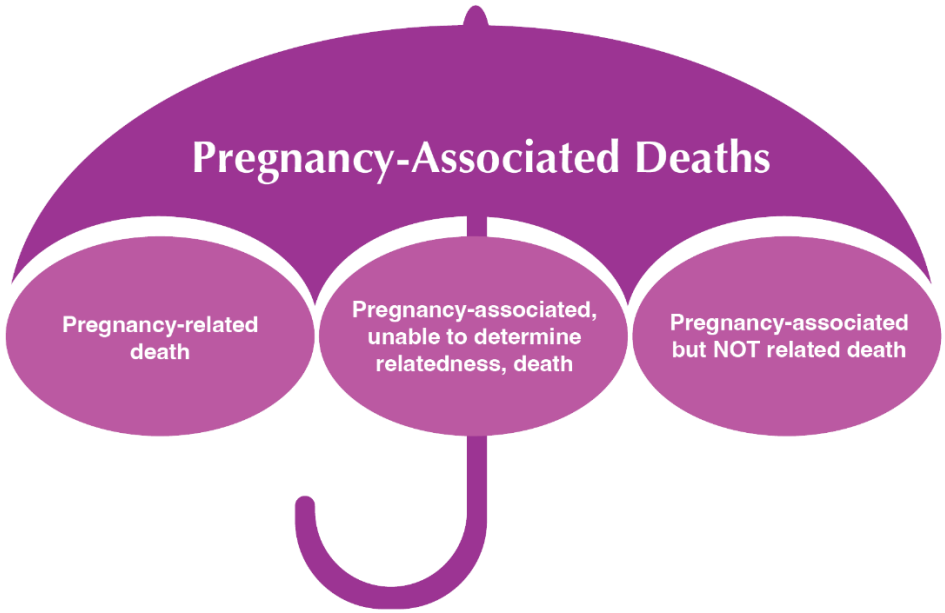


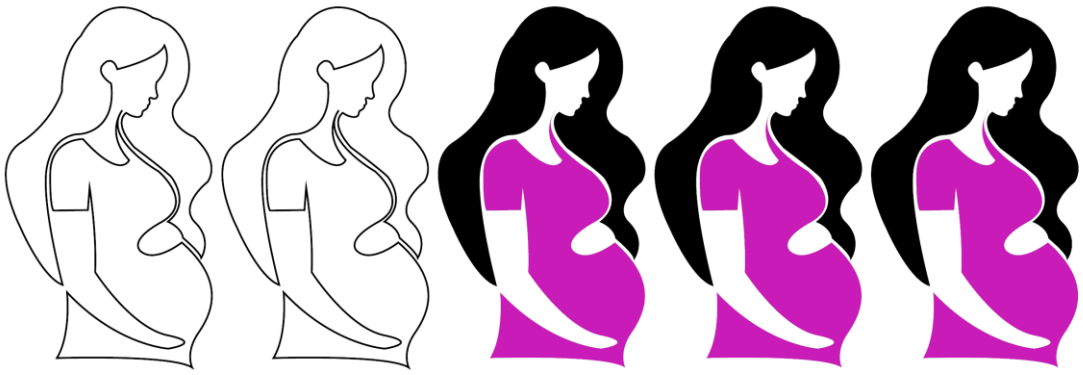
Figure 1: The relationship between all pregnancy-associated deaths.

Executive Summary

Between 2015-2020, 108 New Mexicans died during pregnancy or within one year of the end of pregnancy. The inaugural report of the NM MMRC was published in August 2022, covering all pregnancy-associated deaths from 2015-2018. The purpose of this report is to provide an update that incorporates the data generated by reviews completed for the years 2019 and 2020. For the first time, the report incorporates data on racism and discrimination among contributing factors to death. Although statistical subpopulation differences are still limited, this report also introduces information that helps explain some descriptive disparities by race, ethnicity, payer of care, and geography. This report notes key accomplishments and reaffirms the MMRC's priority recommendations for action to prevent maternal mortality. It is also important to note that the NM MMRC definitions of pregnancy-associated and pregnancy-related deaths are specific to the CDC's Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) project in which 46 states and 6 other territories participate. The data is not directly comparable to national findings of maternal mortality that utilize maternal mortality definitions established by the World Health Organization.

Key Data Findings

- Since 2018, the NM MMRC has reviewed a total of **108** pregnancy-associated deaths of New Mexican people occurring between 2015 and 2020. For these deaths, the NM MMRC has made the following determinations:



Two in Five Pregnancy-Associated Deaths in NM were Pregnancy Related

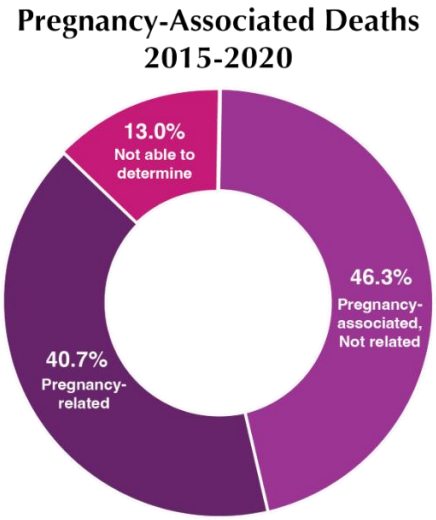


Chart 1: Distribution of all pregnancy-associated deaths in New Mexico by relatedness, 2015-2020.

- 44 (40.7%) deaths were pregnancy-related;
- 50 (46.3%) deaths were pregnancy-associated but not related;
- 14 (13.0%) deaths were pregnancy-associated, but unable to determine relatedness;
- Total pregnancy-associated deaths for 2015-2020, n=108.

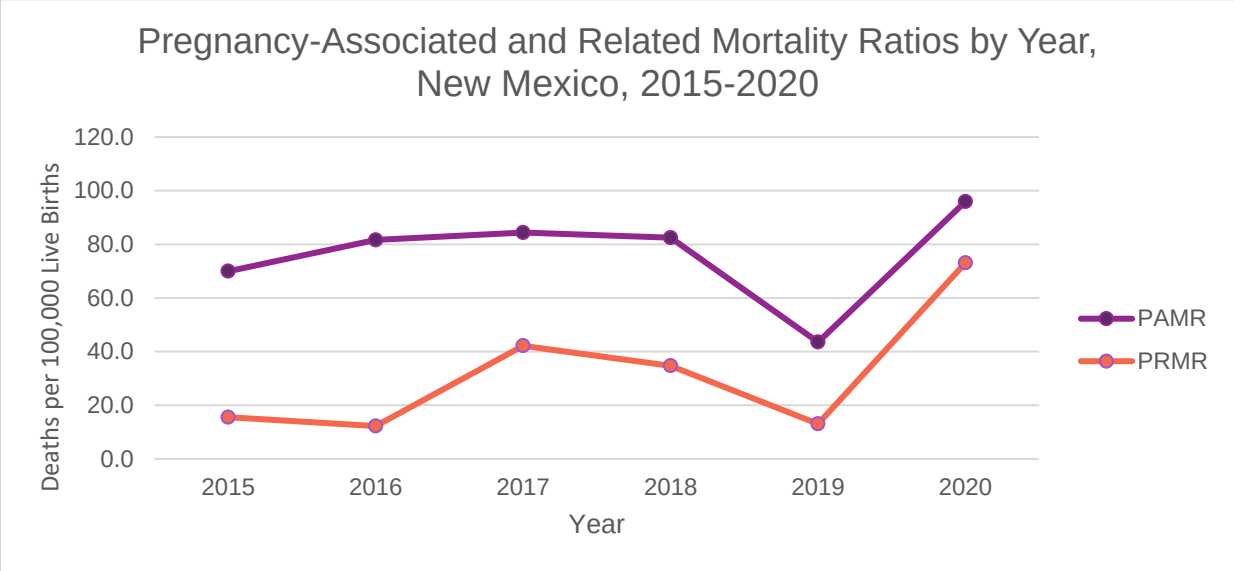


Chart 2: Pregnancy-associated and related mortality ratios in New Mexico, 2015-2020.

- The pregnancy-associated mortality ratio (PAMR) for all pregnancy-associated deaths for the years 2015-2020 was 76.1 per 100,000 live births.
- The pregnancy-related mortality ratio (PRMR) for the subset of pregnancy-related deaths over the years 2015-2020 was 31.0 per 100,000 live births.
- More than half of all deaths occurred in the late postpartum period (43-365 days postpartum).
    - 48.0% of PR deaths occurred after 42 days postpartum.
    - 64.8% of all PA deaths occurred after 42 days postpartum.

- The MMRC has determined that maternal mortality in New Mexico is overwhelmingly preventable:
    - 83.3% of all PA deaths were determined to have been preventable.
    - 86.4% of the subset of PR deaths were determined to have been preventable.

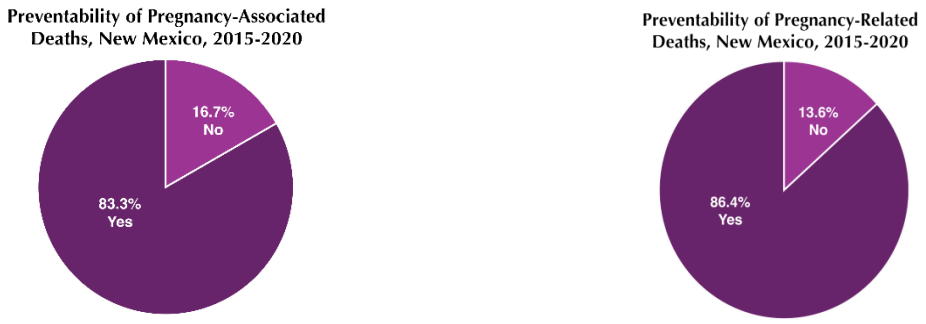


Chart 3: Preventability of pregnancy-associated and subset of related deaths in New Mexico, 2015-2020.

Leading Causes and Circumstances Surrounding Pregnancy-Related Mortality

- For pregnancy-related deaths, mental health conditions (38.6%), cardiac conditions (18.2%), and hemorrhage (13.6%) were the leading causes of death as determined by the NM MMRC.
- Substance use disorder was a circumstance surrounding death in more than half (54.5%) of PR deaths.
- Mental health was a circumstance surrounding the death in half (50.0%) of PR deaths.
- The CDC developed tools to define and report racism for the Maternal Mortality Review Information Application (MMRIA) for deaths occurring in 2018 and after. As Black and Indigenous women are more likely to experience pregnancy-associated and -related deaths, it is important to identify when discrimination (which may include racism) contributed to the death in a standardized manner. Discrimination is not only treatment of people due to race and ethnicity but could be experienced along the lines of insurance, marital status, sexuality, disability, gender identity, and socioeconomic status. Between 2018 - 2020, the MMRC has determined that discrimination was a circumstance surrounding death in almost half (48.1%) of PR deaths.

Disparities in Mortality by Demographic Factors in all Pregnancy-Associated Deaths

Significant discrepancies exist between birth rates and pregnancy-associated mortality ratios that indicate disparities in mortality by race/ethnicity, age, marital status, and health insurance type.

- Indigenous (AI/AN) people have an almost one and a half times higher PAMR than non-Hispanic white people in New Mexico and twice the rate of Hispanic people. Based on the proportion of the AI/AN population, the percentage of deaths among the AI/AN people is almost twice the number of births to AI/AN people.
- People aged 35 and over have twice the PAMR of all other age groups in New Mexico.
- Unmarried people have nearly three times the PAMR of those who are married. The percentage of deaths for unmarried people was one and half times greater than the number of births to unmarried people.
- Medicaid recipients had a PAMR about 3.5 times that of people with either private insurance or other insurance coverage in New Mexico.

Key Recommendations

Upon review of each case, the NM MMRC crafts recommendations at the patient, provider, facility, community, and/or systems level to address contributing factors and prevent similar deaths in the future. The priority recommendations identified here represent the major themes across reviews of all pregnancy-associated deaths for which the NM MMRC see the greatest opportunities to prevent maternal mortality in New Mexico.

These first seven recommendations were published in the inaugural report and remain priorities.

1. Extend Medicaid eligibility to provide full pregnancy benefits coverage for one year postpartum.
    - This recommendation was made prior to 2022, when extension of Medicaid benefits following delivery was implemented; however, it is evident that providers, patients, community health workers, etc. are unaware of the extension or its benefits. Therefore, activities related to this recommendation now include increased outreach and developing awareness campaigns so that people with Medicaid during pregnancy will know they have coverage for 12 months following the pregnancy.
2. Increase access to perinatal mental healthcare and support by expanding treatment options, including facility or healthcare system-provided reliable transportation options, telehealth models, mobile health units and integrating wrap-around services, such as home visiting, particularly in rural communities.
    - This includes referrals and direct connections to these services with a focus on family-inclusive and culturally-sensitive peer support services, treatment programs, and inpatient treatment facilities.
3. Address the extremely limited availability of inpatient and community-based substance use disorder treatment programs for pregnant and parenting individuals by increasing treatment capacity statewide.
4. Increase resources for Care Coordination, Continuity of Care, and Access to Care between prenatal/postpartum care providers, substance use treatment, and mental health treatment including transportation services, mobile health units, and tele-health opportunities
5. All birthing hospitals, freestanding birth centers, and perinatal healthcare providers should participate actively in ongoing perinatal quality improvement activities that have been shown to reduce the leading causes of maternal mortality.
6. Increase resources and support for identification, prevention, and intervention to address intimate partner violence (IPV)

7. Raise community-level awareness of the significant role of motor vehicle crashes (MVCs) in pregnancy-associated deaths, and increase funding for education on risks, proper use of seatbelts, and enforcement of road safety regulations.

These additional five recommendations were developed from the review of all 2019-2020 pregnancy-associated deaths.

1. Providers should perform consistent and thorough screening for substance use disorders, mental health indicators, stressors, and trauma
2. Substance use disorder and mental healthcare programs should focus on harm reduction by providing safe, community-informed, stigma-free, non-punitive help.
3. Medicaid Managed Care Organizations (MCOs) and insurance payors should increase access to the full range of perinatal service providers, such as doulas, midwives, birthing centers, peer counselors, and mental health providers through the elimination of structural barriers and increase the number of covered perinatal visits.
4. Healthcare facilities should require anti-bias training for healthcare providers and incorporate cultural sensitivity, reproductive justice, social justice, and health equity training into clinical training programs to combat discrimination in health care.
5. NMDOH should prioritize a plan to address inequities of AI/AN maternal mortality in New Mexico that recognizes the individual and cultural characteristics of Tribes/Nations and of Native urban populations. This should include:
    - Representation of AI/AN people in all planning and implementation of maternity care improvement.
    - Establishment of government-to-government relationships with tribal programs who serve AI/AN birthing and postpartum people on reservations.
    - Inclusion of geography and other contributing factors pertaining to tribal/rural communities when measuring AI/AN maternal health outcomes.

NM MMRC Review Process

The New Mexico Maternal Mortality Review Committee is comprised of volunteers including medical professionals, community health providers, public health professionals, and community advocates. They review all deaths that occur during pregnancy or within one year of the end of pregnancy. Deaths of females with New Mexico residence are identified by the New Mexico Bureau of Vital Records and Health Statistics by checking death certificates with International Classification of Disease codes consistent with pregnancy or postpartum, linkage of birth and death certificates, or a checkbox indicating a pregnancy within the last 12 months on a death certificate. A team of abstractors prepares comprehensive, de-identified case summaries using data from clinical records, law enforcement, autopsies, informant interviews, and other information sources which are provided to the committee members to review. The NM MMRC reviews de-identified case summaries prepared from all available records to assess the underlying cause of death, determine if the pregnancy is implicated in the underlying cause of death, the preventability of each death, identify contributing factors and circumstances surrounding the death, and ultimately, develop actionable recommendations to prevent future deaths from occurring.

The committee's goal is to prevent future deaths by determining if the death was related to the pregnancy, what factors contributed to the death, the circumstances surrounding the death, if the committee agreed with the cause of death listed on the death certificate, and if the death could have been prevented based on the CDC's definitions using the committee decision form. The NM MMRC uses this information to develop actionable recommendations to prevent future pregnancy-related deaths. The recommendations are structured to address who (agency, provider, organization) will do what (recommended action) when (phase of perinatal period).

Pregnancy-Related Deaths

This section presents findings for pregnancy-related deaths. Between 2015-2020, there were 44 deaths determined by the MMRC to be pregnancy-related, and the pregnancy-related mortality ratio (PRMR) for 2015-2020 was 31.0 per 100,000 live births.

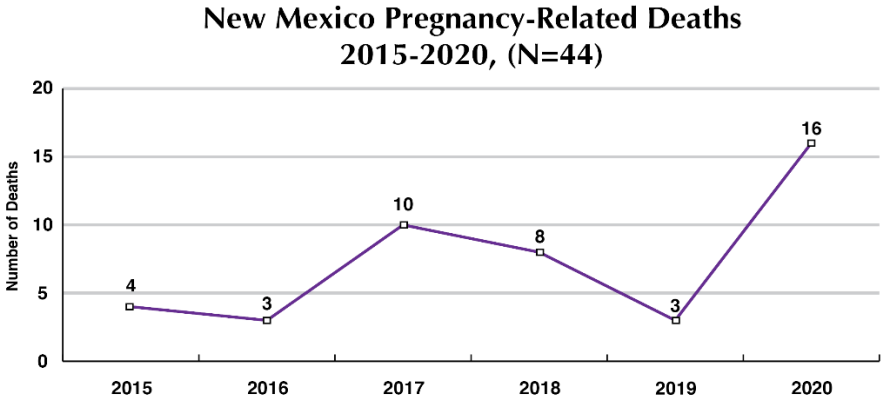
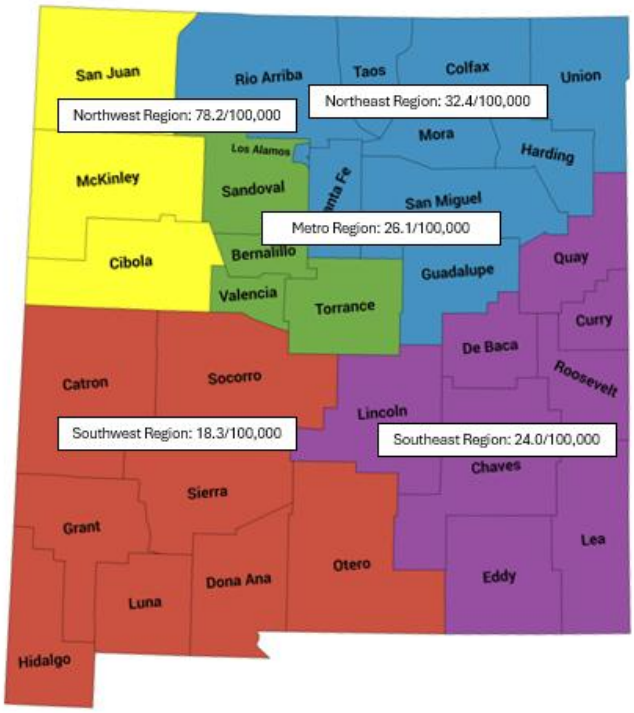


Chart 4: Number of pregnancy-related deaths in New Mexico, 2015-2020.

The following map represents pregnancy-related mortality ratios by region for the last known residence of the decedent, which may not represent the location of death.



Based on last known residence for decedent, the NW region had the highest pregnancy-related mortality ratio, 3 to 4 times higher than for other parts of the state.

Figure 2: Pregnancy-Related Deaths Ratios by New Mexico Public Health Regions, 2015-2020

86.4%

The committee determined that 38 of the 44 (86.4%) pregnancy-related deaths were **preventable**.

2015-2020 NM Pregnancy-Related Deaths, N=44				
Demographics	Number	Percent	Ratio (PRMR)	95% Confidence Interval
Maternal Age				
<20	1	2.3%	9.0*	0.3-50.3
20-29	23	52.3%	29.2	18.5-43.7
30-34	8	18.2%	24.3	10.5-48.0
35+	12	27.3%	63.3	32.7-110.6
Race/Ethnicity				
Non-Hispanic White	16	36.4%	40.9	23.4-66.4
Non-Hispanic Black	1	2.3%	34.5*	8.7-191.8
American Indian/Alaska Native**	9	20.5%	52.9	24.2-100.4
Asian/Pacific Islander**	1	2.3%	32.4*	8.2-180.2
Hispanic	17	38.6%	21.5	12.5-34.4
Marital Status				
Married	8	18.2%	11.7	5.9-23.1
Divorced/Never Married	36	81.8%	49.1	35.4-67.9
Education				
Less than High School Diploma	13	29.5%	49.7	29.0-84.9
High School Graduate	17	38.6%	48.3	30.2-77.4
Some College	11	25.0%	21.5	12.0-38.6
College Graduate	3	6.8%	10.4*	3.5-30.6
Insurance				
Medicaid	32	86.5%	41.0	28.0-57.9
Private	5	13.5%	12.4	4.0-28.9
Other	0	0.0%	-	-
Last Known Residence (Public Health Region)				
Northwest	13	29.5%	78.2	45.7-133.7
Northeast	5	11.4%	32.4*	13.8-75.8
Metro	15	34.1%	26.1	15.8-43.1
Southeast	6	13.6%	24.0*	11.0-52.4
Southwest	5	11.4%	18.3*	7.8-42.7
Last Known Residence (Rurality)				
Metropolitan (large and small)	26	59.1%	28.9	19.7-42.4
Micropolitan (mixed urban/rural)	16	36.4%	34.2	21.1-55.6
Rural	2	4.5%	38.6*	10.6-140.8
* PRMR considered unstable; Interpret with caution due to small numbers; ** Also non-Hispanic				

Table 1: Demographics of decedents with pregnancy-related deaths occurring between 2015 and 2020.

The majority of deaths occurred in people ages 20-29 (52.3%) however, the Pregnancy-Related Mortality Ratio (PRMR) was highest in people 35 years and older (63.3) which was double that of those aged 20-29. Hispanic and non-Hispanic white people composed the highest percentage of pregnancy-related deaths at 38.6% and 36.4%, respectively but had lower PRMRs compared to others. Despite making up only 12% of the birthing population of New Mexico, the PRMR among American Indian/Alaska Natives was 52.9 per 100,000 births, more than double that of Hispanic people who made up almost 56% of the birth population. Statistically significant disparities were identified by marital status and residence.

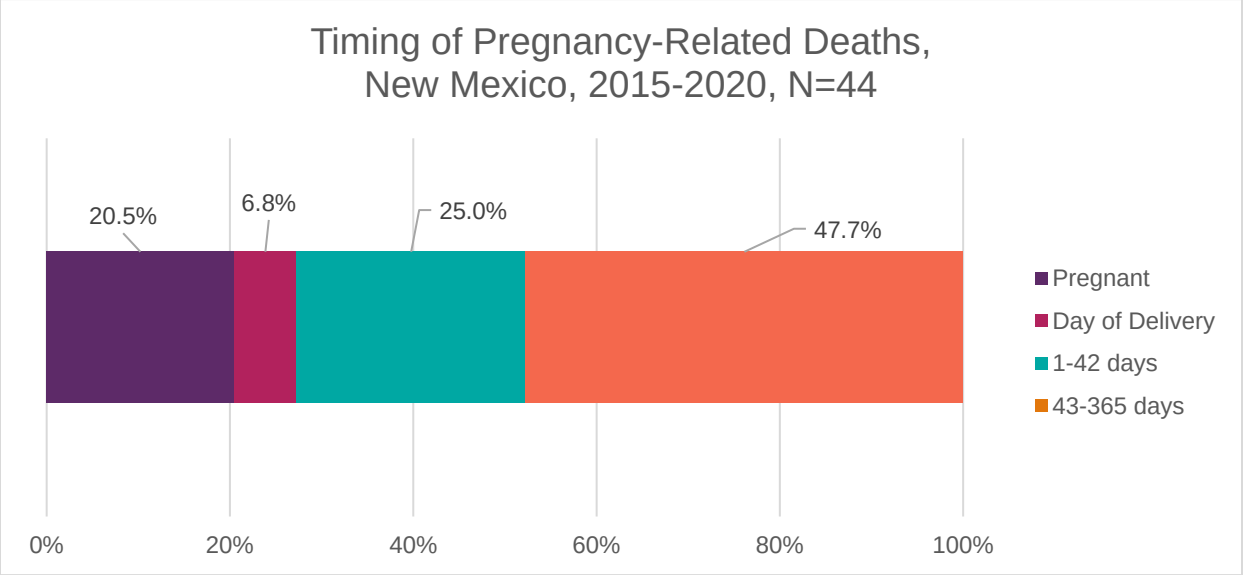


Chart 5: Timing of Pregnancy-Related Deaths in New Mexico, 2015-2020.

In New Mexico, nearly half (48%) of pregnancy-related deaths occurred between 43-365 days after delivery. Twenty percent occurred while the person was pregnant, and one-quarter were between 1 and 42 days after delivery. The smallest proportion (7%) was on the day of delivery.

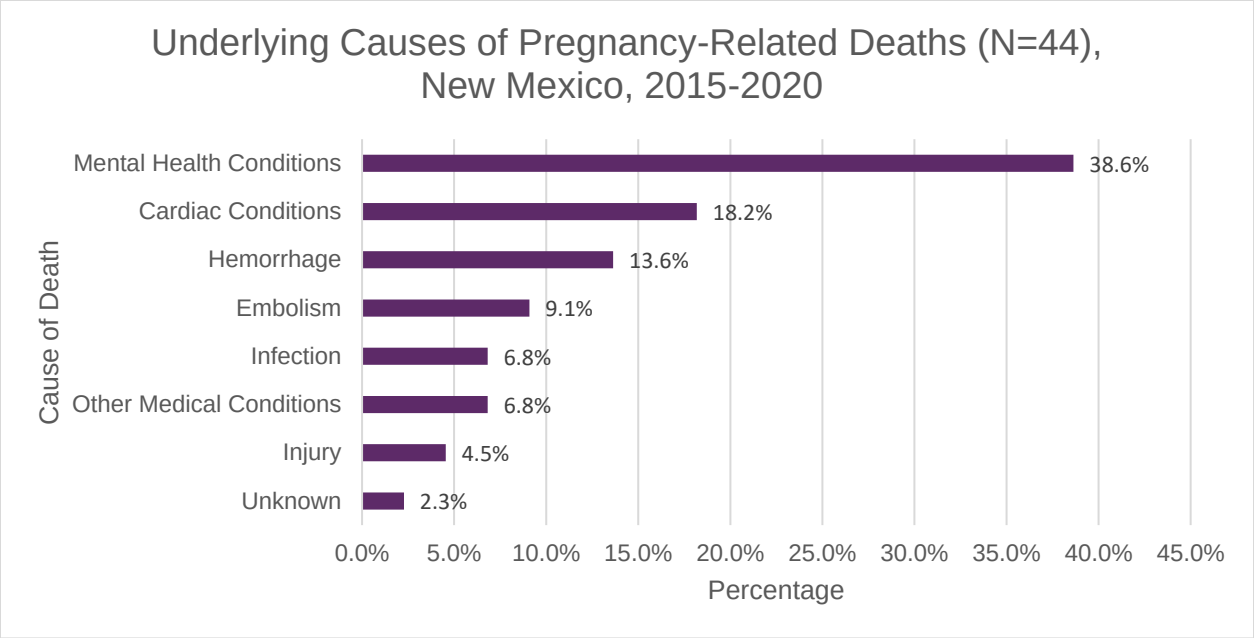


Chart 6: Underlying Causes of Pregnancy-Related Deaths in New Mexico, 2015-2020.

Mental health conditions (38.6%), cardiac conditions (18.2%), and hemorrhage (13.6%) were the leading causes of pregnancy-related deaths as determined by the NM MMRC through case review and assignment of the CDC's Pregnancy Mortality Surveillance System (PMSS-MM) codes for underlying cause of death.

Within the injury and mental health-related causes of death, the leading mechanisms of death include overdose (38.9%), hanging (27.8%), and motor vehicle crashes (16.7%).

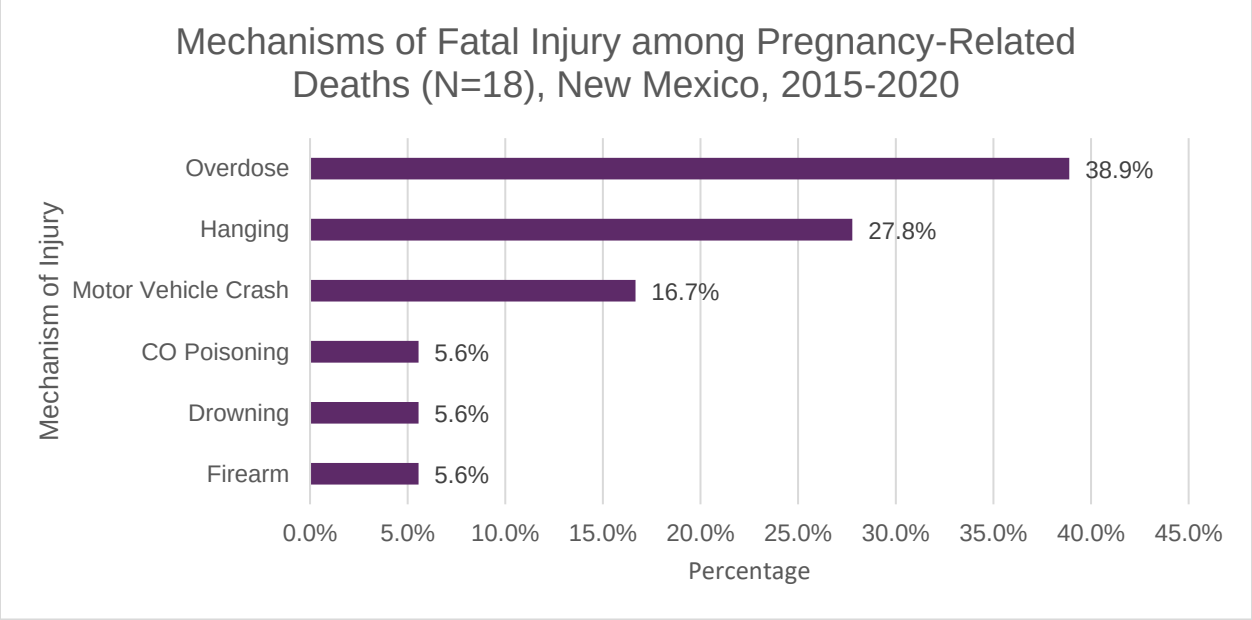


Chart 7: Mechanisms of Fatal Injury of Pregnancy-Related Deaths in New Mexico, 2015-2020.

Circumstances Surrounding Death

The NM MMRC specifically considered whether substance use disorder, mental health conditions, obesity, and/or discrimination were circumstances surrounding each pregnancy-related death per definitions provided on the CDC's committee decision form. The four circumstances are considered individually and are thought to be contributing factors if the circumstance compromised the individual's health or health care and were not just merely present. Each pregnancy-related death can have multiple circumstances surrounding death. Substance use and mental health circumstances were identified in over half of all pregnancy-related deaths.

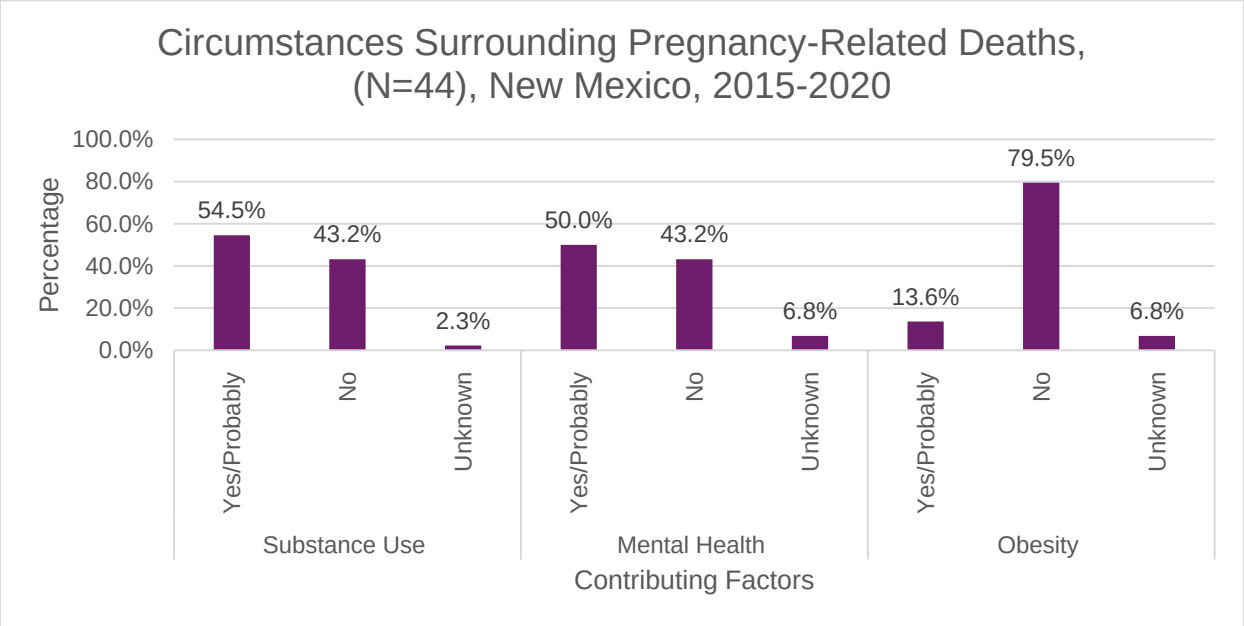


Chart 8: Circumstances Surrounding Pregnancy-Related Deaths in New Mexico, 2015-2020.

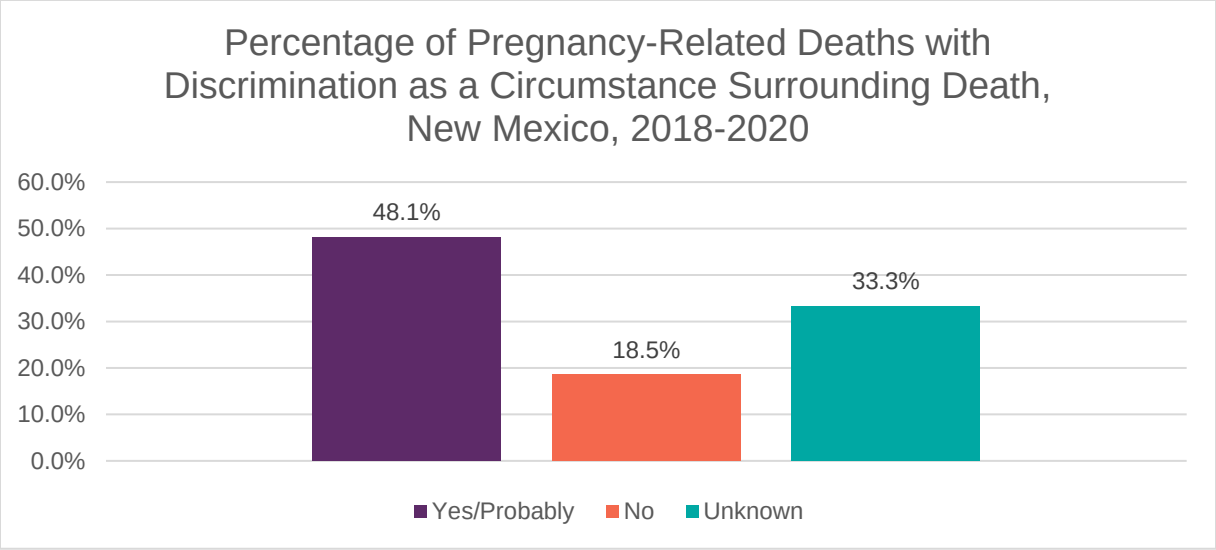


Chart 9: Discrimination Surrounding Pregnancy-Related Deaths in New Mexico, 2015-2020.

All Pregnancy-Associated Deaths

This section presents pregnancy-associated deaths regardless of relatedness. Between 2015-2020, New Mexico had 108 confirmed pregnancy-associated deaths. The pregnancy-associated mortality ratio for 2015-2020 was 76.1 per 100,000 live births.

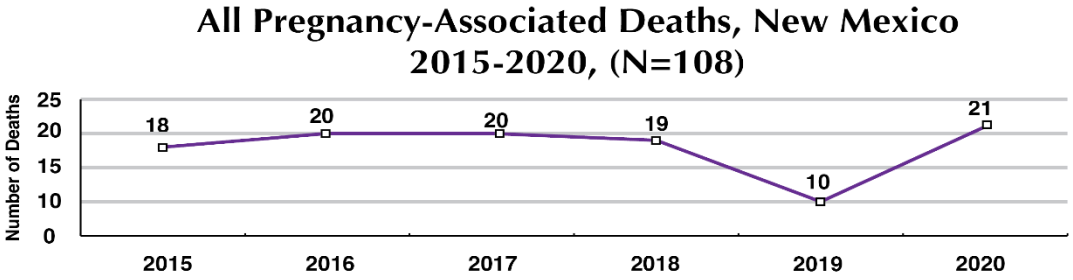
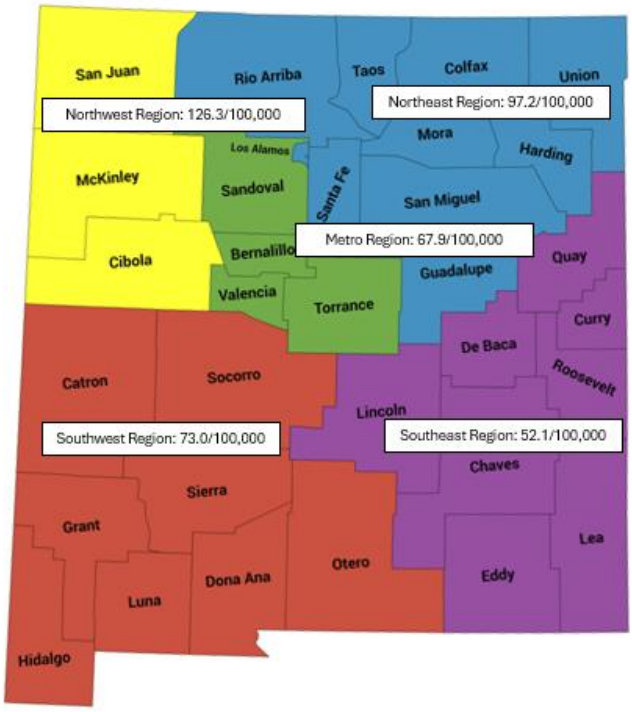


Chart 10: Number of pregnancy-associated deaths in New Mexico, 2015-2020.

The following map represents pregnancy-associated mortality ratios for the last known residence of the decedent, which may not represent the location of death.



Based on last known residence, the NW region had the highest pregnancy-associated mortality ratio, an estimated two times higher than for three other regions.

Figure 3: Pregnancy-Associated Death Ratio by New Mexico Public Health Regions, 2015-2020

The highest number of PA deaths occurred in people ages 20-29 (49.1%) however, the ratio of deaths per 100,000 live births was highest in people 35 years and older (137.2) which was double that of all other age groups. Despite making up only 12% of the birthing population of New Mexico, American Indian/Alaska Natives had a pregnancy-associated mortality ratio (PAMR) of 123.4 per 100,000 live births, double that of Hispanic people who made up almost 56% of the birth population. Statistically significant disparities were observed by age, marital status and insurance coverage.

2015-2020 NM Pregnancy-Associated Deaths, N=108				
Demographics	Number	Percentage	PAMR	95% Confidence Interval
Maternal Age				
<20	7	6.5%	63.3*	25.4-130.4
20-29	53	49.1%	67.2	50.4-87.9
30-34	22	20.4%	67.0	42.0-101.4
35+	26	24.1%	137.2	89.6-201.0
Race/Ethnicity				
Non-Hispanic White	35	32.4%	89.4	62.3-124.3
Non-Hispanic Black	2	1.9%	68.9*	8.4-248.7
American Indian/Alaska Native**	21	19.4%	123.4	76.4-188.6
Asian/Pacific Islander**	1	0.9%	32.4*	8.2-180.2
Hispanic	48	44.0%	60.6	44.7-80.3
Mixed Race	1	0.9%	Birth data not collected	-
Marital Status				
Married	27	25.0%	39.5	26.0-57.5
Divorced/Never Married	81	75.0%	110.4	87.7-137.2
Education				
Less than High School Diploma	33	30.6%	126.0	86.8-177.0
High School Graduate	37	34.3%	105.2	74.1-145.0
Some College	32	29.6%	62.7	42.9-88.4
College Graduate	6	5.6%	20.8*	7.6-45.3
Insurance				
Medicaid	74	82.2%	94.8	74.5-119.0
Private	10	11.1%	24.7	11.9-45.5
Other	6	6.7%	27.5*	10.1-59.8
Last Known Residence (Public Health Region)				
Northwest	21	19.4%	126.3	78.2-193.0
Northeast	15	13.9%	97.2	54.4-160.3
Metro	39	36.1%	67.9	48.3-92.8
Southeast	13	12.0%	52.1	27.7-89.1
Southwest	20	18.5%	73.0	44.6-112.8
Last Known Residence (Rurality)				
Metropolitan (large and small)	67	62.0%	74.5	57.8-94.6
Micropolitan (mixed urban/rural)	36	33.3%	77.0	53.9-106.6
Rural	5	4.6%	96.6*	31.4-225.2

* PAMR considered unstable; Interpret with caution due to small numbers
** Also non-Hispanic

Table 2: Demographics of all pregnancy-associated deaths that occurred between 2015 and 2020.

In New Mexico, the majority (63.9%) of pregnancy-associated deaths occurred in the late postpartum period (43-365 days postpartum).

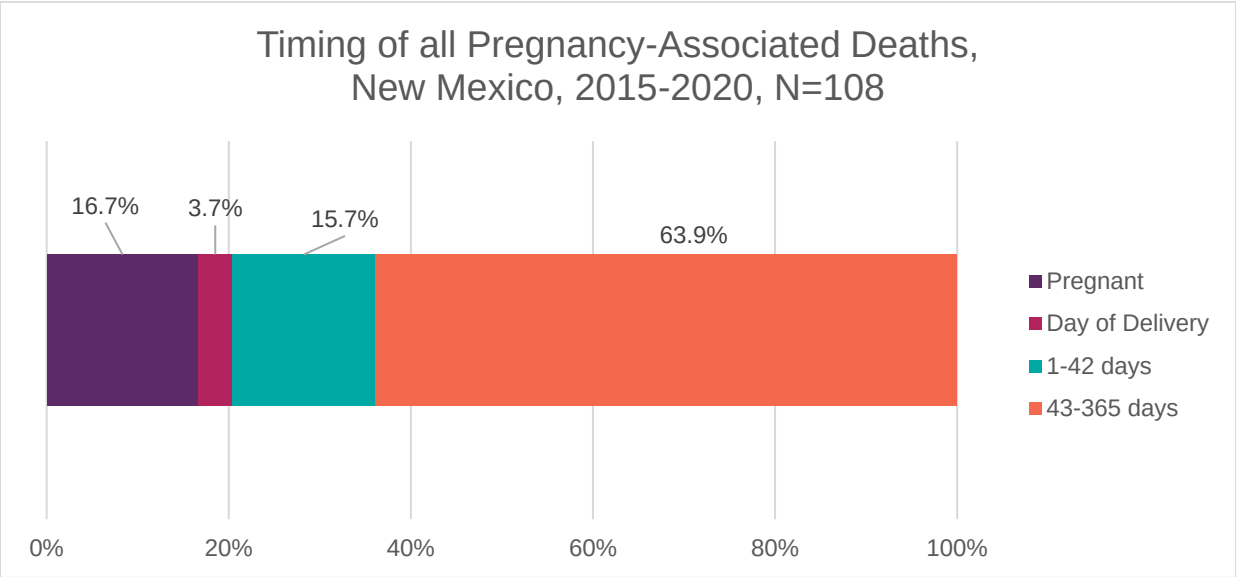


Chart 11: Timing of Pregnancy-Associated Deaths in New Mexico, 2015-2020.

83.3%

The committee determined that, irrespective of timing, 90 of the 108 deaths (83.3%) were **preventable.**

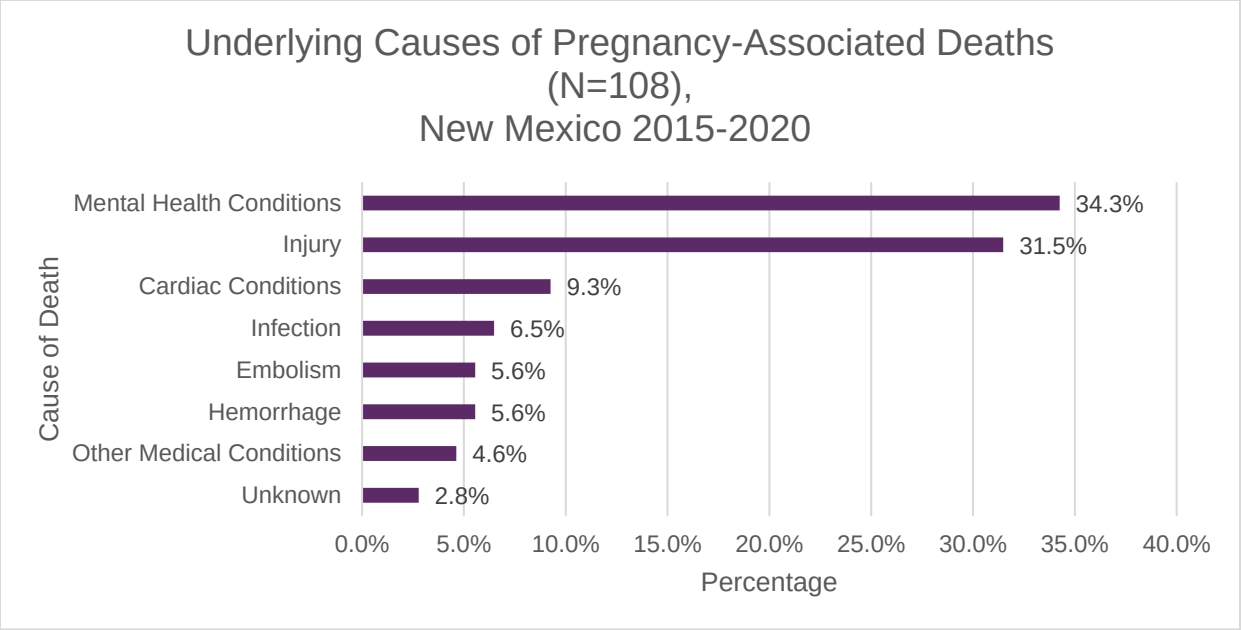


Chart 12: Underlying Causes of Pregnancy-Associated Deaths in New Mexico, 2015-2020.

Mental health conditions (34.3%) and injury (31.5%) were the leading causes of all PA deaths as determined by the NM MMRC through case review and assignment of the CDC's PMSS-MM codes for underlying cause of death.

Within the injury and mental health-related causes of death, the leading mechanisms of injury include motor vehicle crashes (35.7%) and overdose (35.7%).

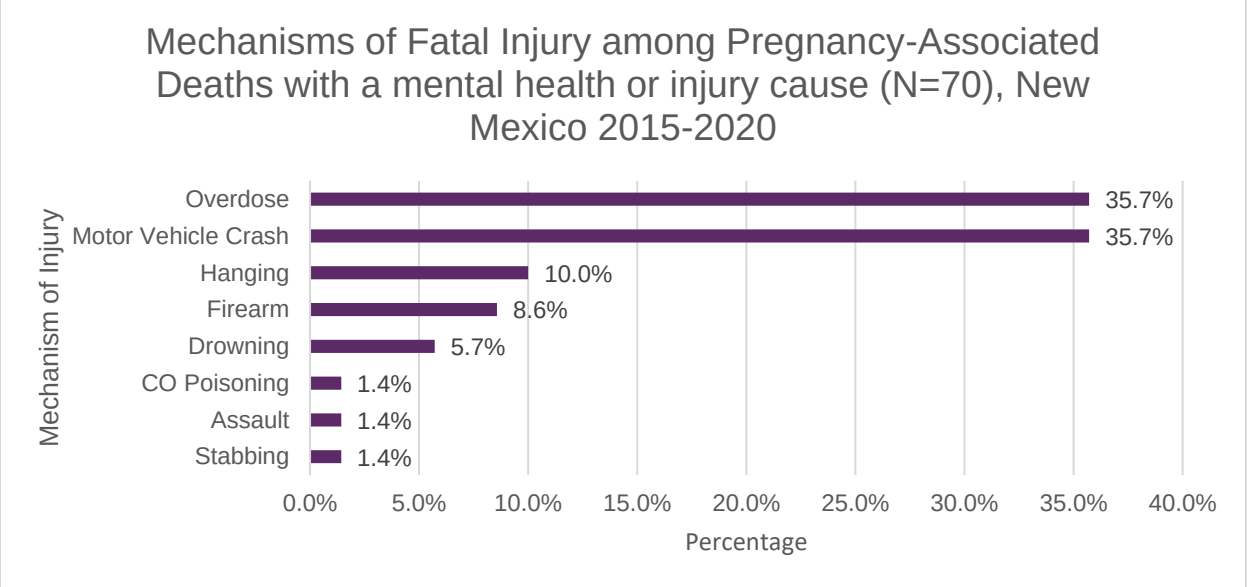


Chart 13: Mechanisms of Fatal Injury of Pregnancy-Associated Deaths in New Mexico, 2015-2020.

Circumstances Surrounding Death

The NM MMRC specifically considered whether substance use disorder, mental health conditions, obesity, and/or discrimination were circumstances surrounding each pregnancy-associated death per definitions provided on the CDC's committee decision form. These four circumstances are considered individually and are deemed contributing factors if the circumstance compromised the individual's health or health care and were not just merely present. Each PA death can have multiple circumstances surrounding death.

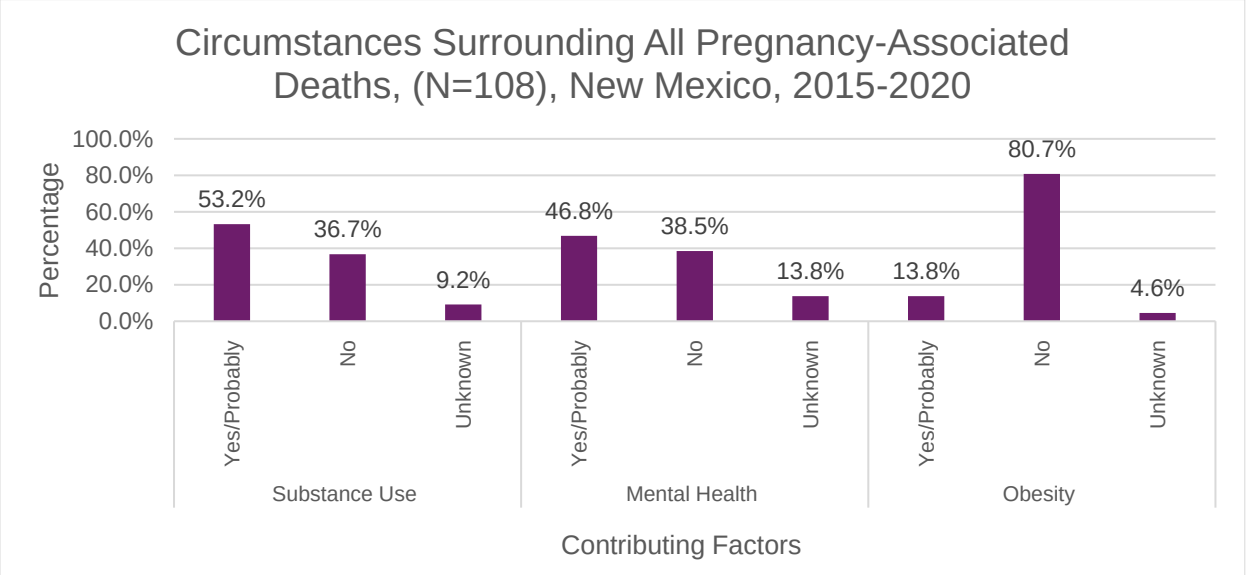


Chart 14: Circumstances Surrounding Pregnancy-Associated Deaths in New Mexico, 2015-2020.

For PA deaths occurring between 2018-2020, the committee determined that discrimination contributed or probably contributed to over one-third. This is the first time NM has reported on discrimination as a contributing factor for pregnancy-associated deaths.

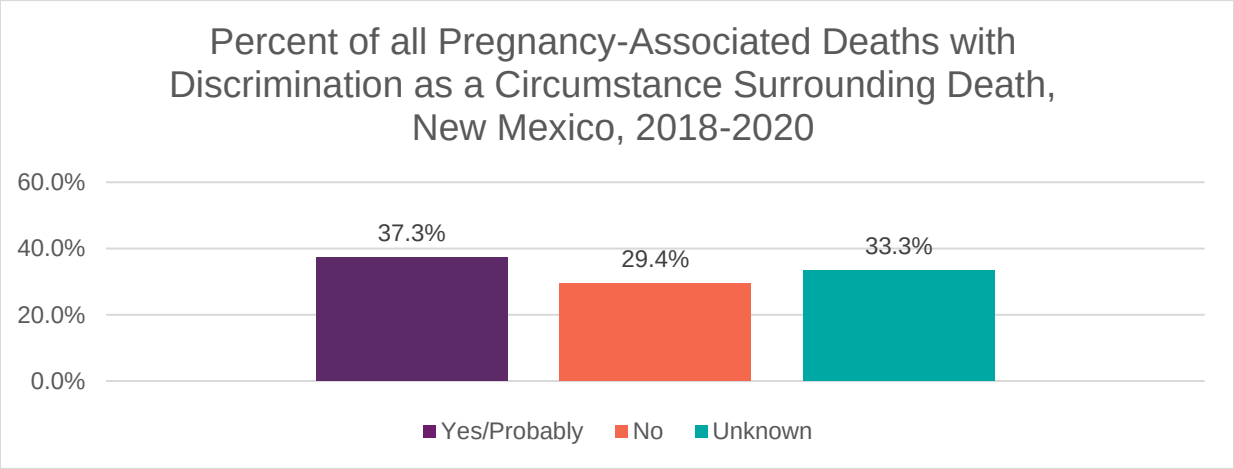


Chart 15: Discrimination Surrounding Pregnancy-Associated Deaths in New Mexico, 2015-2020.

Disparities by Demographic Factors

Race and Ethnicity

Between 2015-2020, 12.0% of all births in New Mexico were to American Indian/Alaska Native people. However, American Indian/Alaska Natives accounted for 19.6% of all pregnancy-associated deaths during this time frame. The PA mortality ratio among American Indian/Alaska Natives was 123.4 per 100,000 live births, around twice the rate among Black or Hispanic people, four times higher than for Asian/ Pacific Islanders, and nearly 50% higher than for non-Hispanic white people. Small numbers for some subpopulations makes it difficult to assess statistically significant differences, but descriptive data suggest unequal patterns.

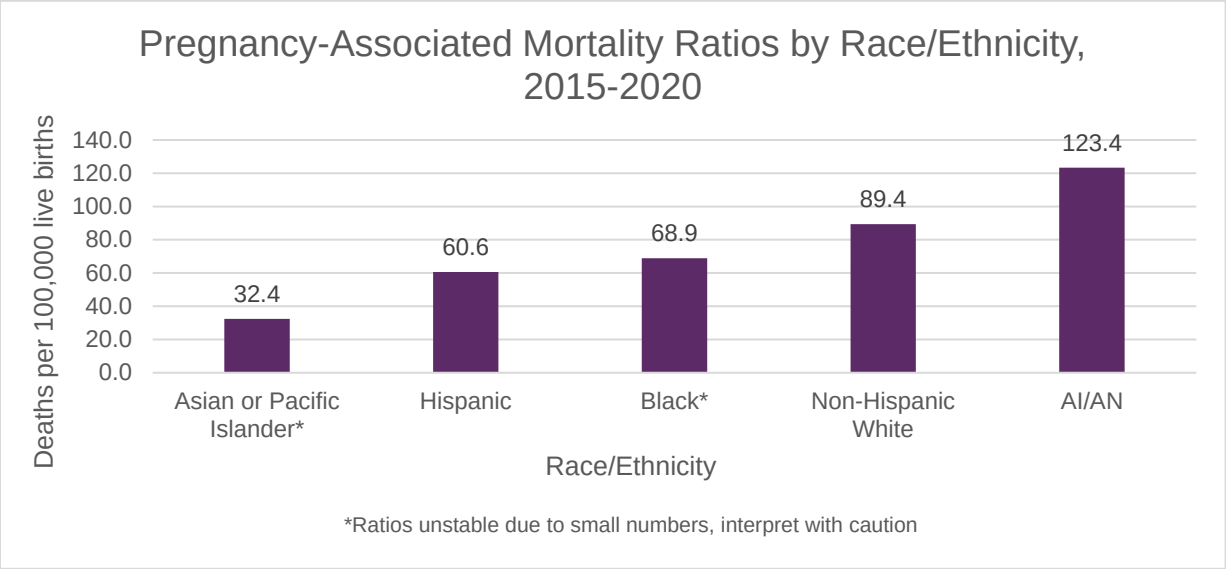


Chart 16: PAMR by Race/Ethnicity in New Mexico, 2015-2020.

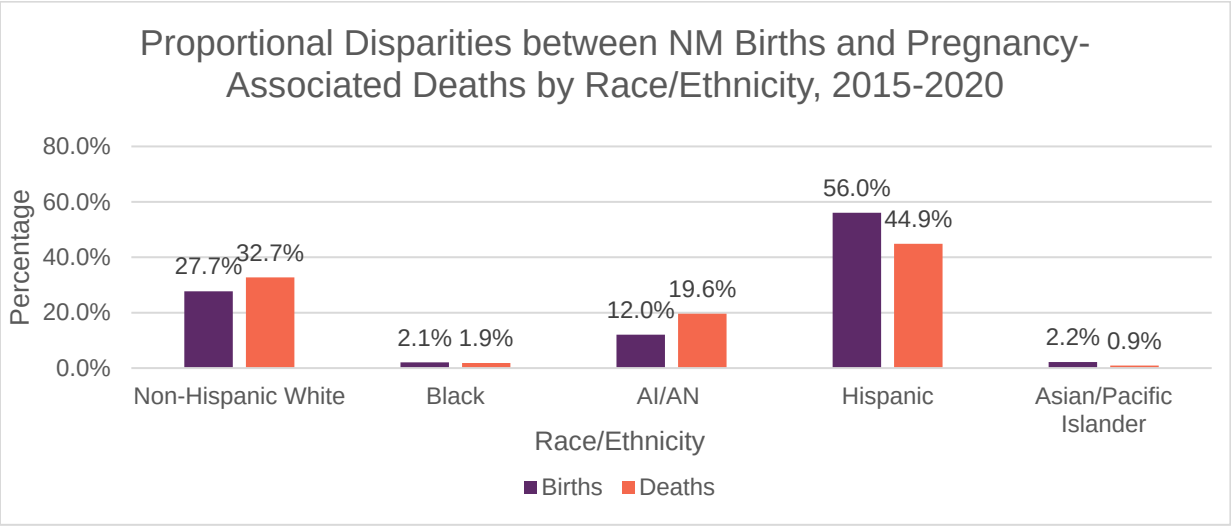


Chart 17: Disparities Between Births and PA Deaths by Race/Ethnicity in New Mexico, 2015-2020.

Age

Between 2015-2020, 13.4% of all births in New Mexico were among people over the age of 35. However, 24.1% of PA deaths were recorded for this age group, a ratio of 137.2 deaths per 100,000 live births, twice that of people under 29 years in New Mexico.

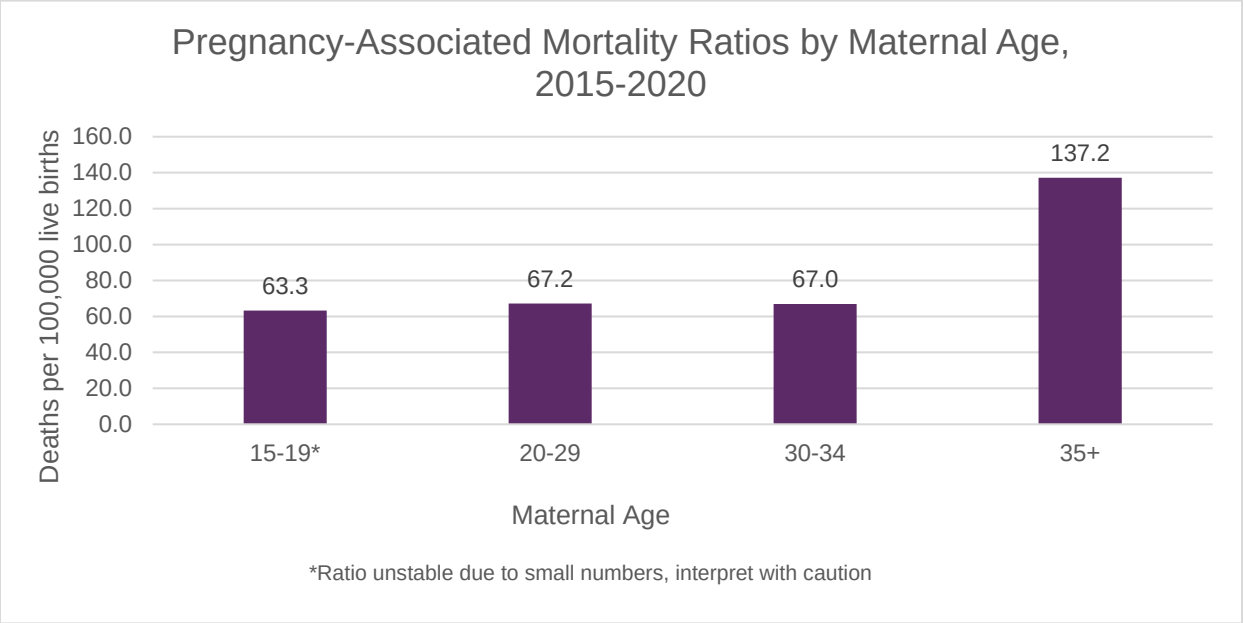


Chart 18: PAMR by Maternal Age in New Mexico, 2015-2020.

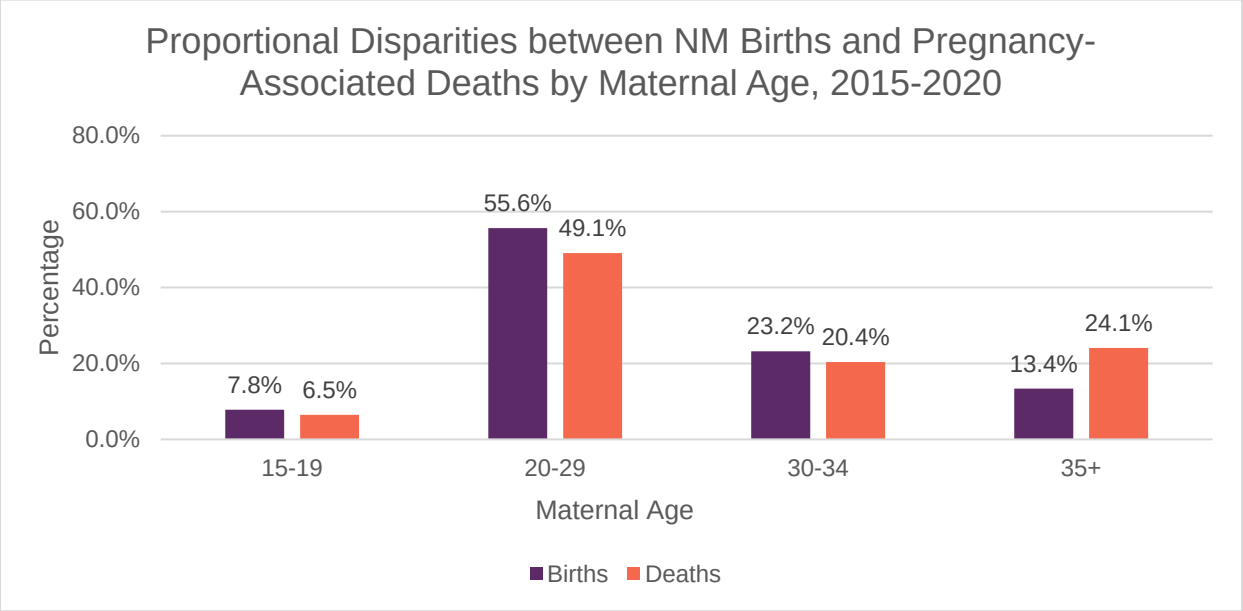
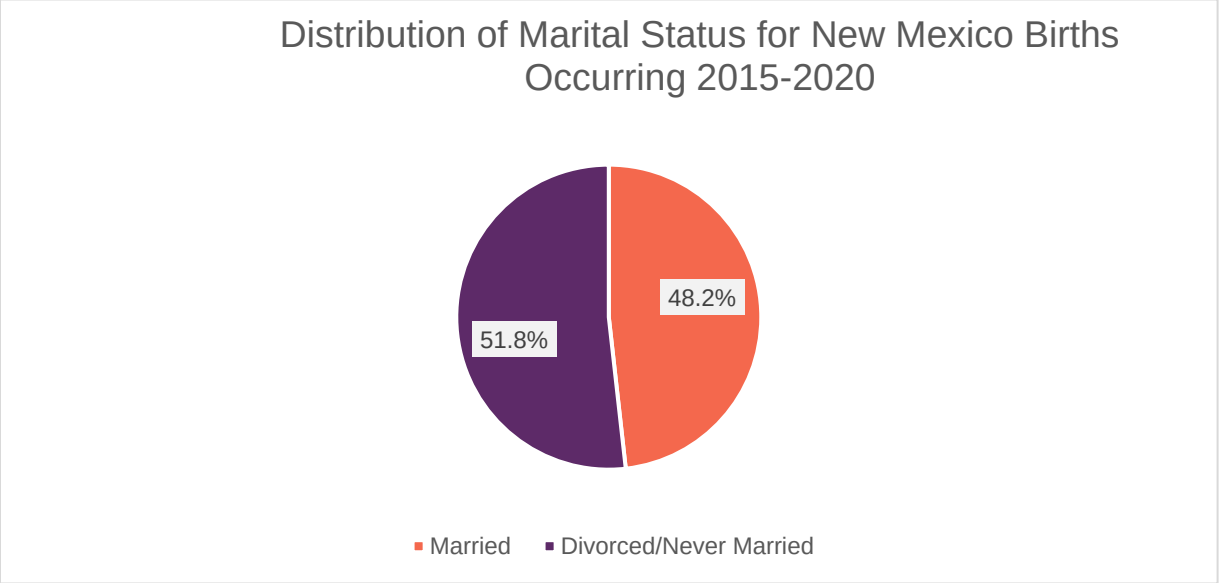


Chart 19: Disparities Between Births and PA Deaths by Maternal Age in New Mexico, 2015-2020.

Marital Status

Between 2015-2020, just over half of all births in New Mexico were to people who were either never married or who were divorced. However, three-quarters of all pregnancy-associated deaths during this time frame were among those who were never married or who were divorced. People who were never married or had been divorced had a pregnancy-associated death ratio of 110.4 per 100,000, nearly three times that of married people in New Mexico (not graphed).***



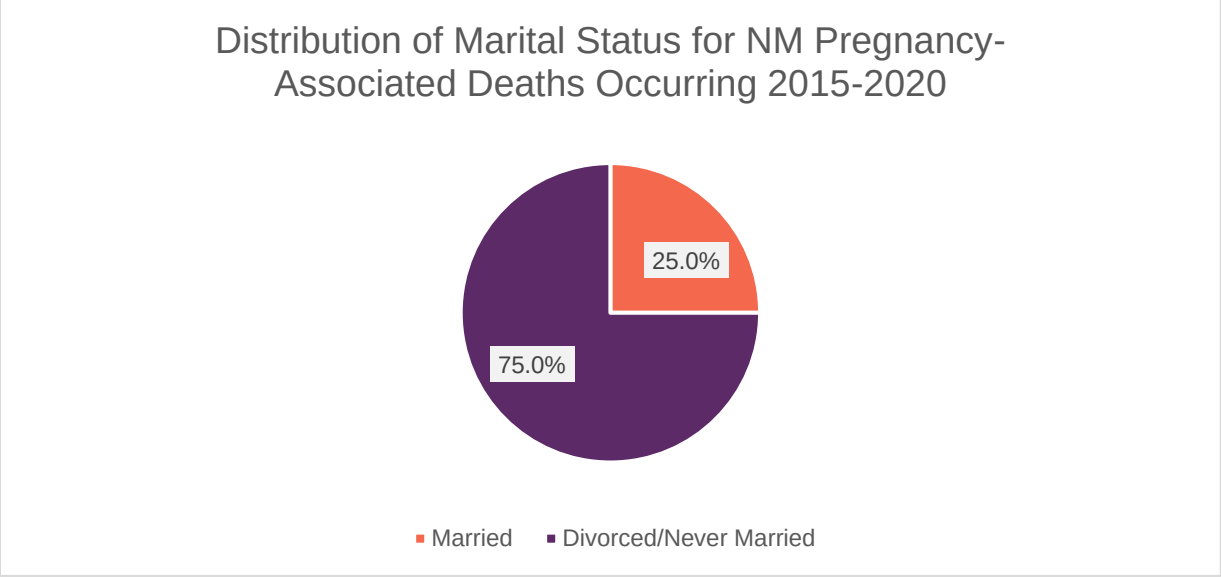


Chart 20: Disparities Between Births and PA Deaths by Marital Status in New Mexico, 2015-2020.

*** Readers are cautioned that it is inappropriate to infer the reasons underlying the difference between the decedents who were married and those unmarried as there is little or no information regarding the social or economic support of the decedents regardless of their marital status. This finding is included due to the statistically significant disparity; however, interpretation of the finding is not clear and there are no committee recommendations specifically addressing marital relationships.

Insurance

Between 2015-2020, 55.6% of resident births in New Mexico were to people receiving Medicaid during pregnancy while 82.2% of all pregnancy-associated deaths during this time frame were among people covered by Medicaid. The pregnancy-associated mortality ratio (PAMR) for the Medicaid population was 94.8 per 100,000, almost four times higher than for those covered by private insurance.

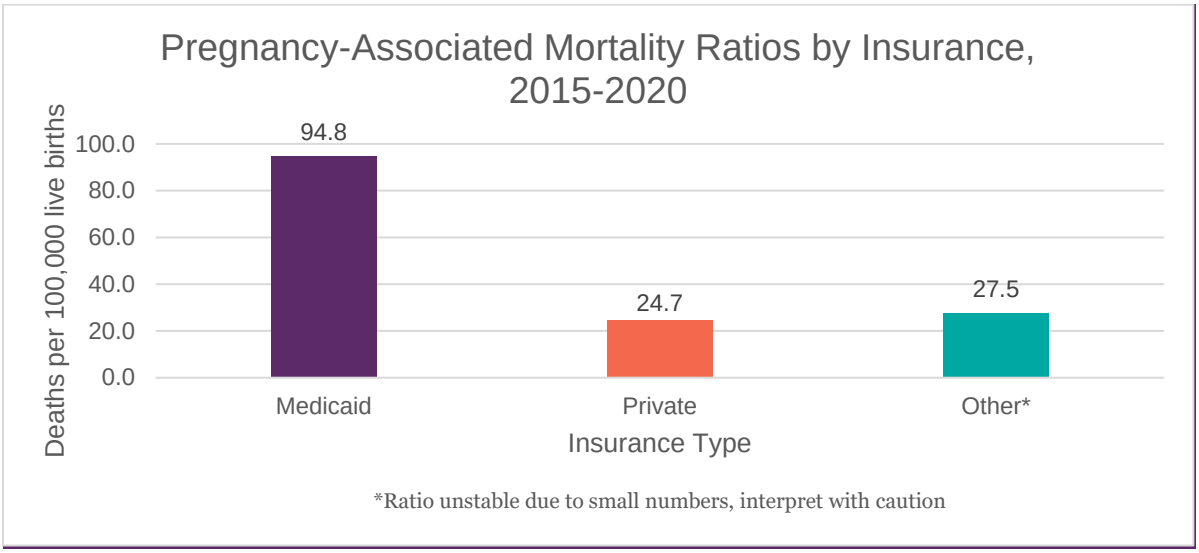


Chart 21: PAMR by Insurance Status in New Mexico, 2015-2020.

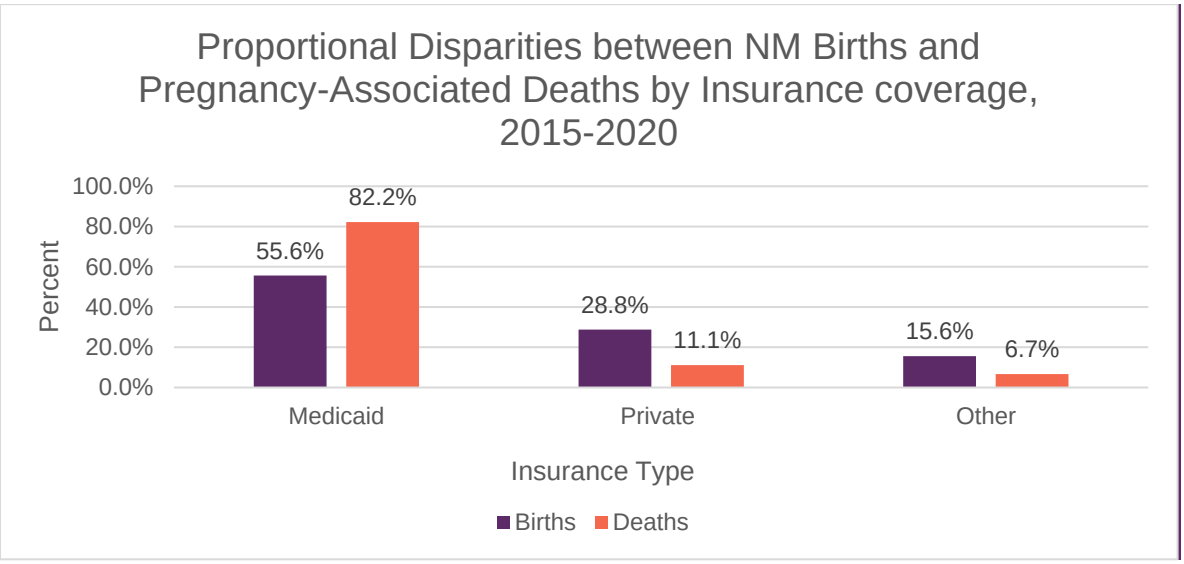


Chart 22: Disparities Between Births and PA Deaths by Insurance Status in New Mexico, 2015-2020.

Current NM Department of Health Maternal Mortality Prevention Initiatives

State Maternal Health Innovation (SMHI): NMDOH was awarded a 5-year (2023-2028) grant from Health Resources and Services Administration (HRSA) that provides $981,300 in federal funding each year to support maternal health and mortality prevention initiatives, including enhanced data surveillance. This award supports a Maternal Health Taskforce, a muti-sector, community-engaged forum for developing and monitoring a Maternal Health Strategic Plan which includes assessing progress on mortality prevention recommendations issued by the NM MMRC.

Collaboration with Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC): AASTEC staff work with the operational staff of the NM MMRC to provide analytic support and technical assistance with a focus on data translation pertaining to tribal citizens. AASTEC will lead on the development of data products and analyses for tribal governments.

Expanding access to perinatal substance use disorder treatment: NMDOH is distributing opioid settlement funding appropriated by the Legislature to increase access to medication for opioid use disorder. Funds were identified in FY24-FY25 specifically for clinician training to expand MOUD availability during the perinatal period.

Maternal Health strategic planning collaboration with Medicaid: The NMDOH Maternal Health Program (MHP) and Title V Block Grant team have collaborated directly with NM Medicaid on strategic planning to improve outcomes and comprehensive access to services for Medicaid-insured birthing people and families. An initial feature of this collaboration was the launch of Medicaid coverage for doula services. The programs worked together to facilitate a voluntary doula certification program and doula professional development for those enrolling as Medicaid providers.

Anti-bias training for healthcare providers: NMDOH MHP oversees the regulation and licensure for midwifery practice for Certified Nurse Midwives (CNM) and Licensed Midwives (LM). In May 2024, MHP promulgated changes to the CNM Practice Rule making MHP the first NM healthcare licensing authority to adopt continuing education requirements focused on health equity and anti-bias training license renewal.