Pregnancy-Associated Mortality in Alaska, 2019–2023

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Every year, Alaska is affected by **pregnancy-associated mortality, which are deaths that occur during or within one year of pregnancy**. The loss of a pregnant woman or mother of a young child is devastating for families and communities, which is why the State Maternal Child Death Review (MCDR) maternal committee reviews all pregnancy-associated deaths in Alaska. The committee, comprised of a multidisciplinary team of maternal and perinatal health experts, forms recommendations based on these reviews to prevent deaths and improve birth outcomes.

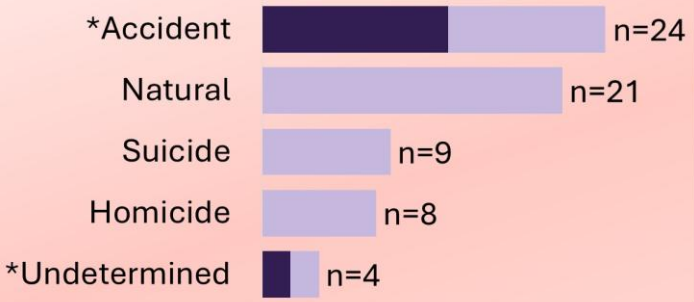
Pregnancy-Associated Mortality

66 deaths

143.7 pregnancy-associated deaths per 100,000 live births

We use a five-year interval for the pregnancy-associated mortality rate due to small numbers of deaths per year.

Pregnancy-Associated Manners of Death



***13/24** (54%) accident deaths and **2/4** (50%) undetermined deaths were due to **drug overdose.**

Timing of Pregnancy-Associated Deaths

15%	13%	3%	63%	6%
Pregnant at time of death	0–6 days after end of pregnancy	7–42 days after end of pregnancy	43–365 days after end of pregnancy	Timeline unknown

Important to Know

17 deaths

35.9 pregnancy-associated deaths due to **violence** (suicide and homicide) per 100,000 live births

The MCDR partners with the Maternal Mortality Violence Prevention program[1] to review pregnancy-associated violent deaths and support prevention activities.

Cases Reviewed by MCDR

The MCDR maternal committee reviewed **36 deaths** in 2019–2023.

26 of these deaths occurred in 2019–2023 while 10 occurred in prior years.

There is an average 2-year delay to review deaths due to records collection and case abstraction.

Of the 36 deaths that were reviewed in 2019–2023, the maternal committee determined that **14 (39%) were pregnancy-related[2]**.

Manners of pregnancy-related deaths:

- Natural: n=6
- Accident: n=4
- Suicide: n=3
- Undetermined: n=1

Summary and Recommendations

In 2019–2023, **two thirds of pregnancy-associated deaths occurred in the late postpartum period**. These deaths were most associated with **mental health challenges**, **substance use**, and **violence** (both self-inflicted and perpetrated by others). These finding illustrate the potentially heightened challenges pregnant and postpartum Alaskans face. The MCDR maternal committee recognizes the persistent need for wraparound supports during pregnancy and in the year after birth in their recommendations.

Select recommendations from the MCDR maternal committee:

- "Policy advocates should promote awareness and insurance coverage of violence prevention activities during prenatal visits including conversations about safe firearm storage, lethal means counseling and screening for IPV."
- "Substance use treatment, including medication treatment options such as Naltrexone should be offered by providers to perinatal patients experiencing alcohol use disorders."
- "States and Federal governments should urgently seek to expand Medicaid coverage to include home postpartum services such as nurse family partnership, lactation support and doula services beginning within the first week after delivery." [Alaska extended Medicaid coverage to 12 months postpartum in 2024.]

[1]Program name: "Implementation of MCDR Recommendations to Reduce Disparities and Maternal Deaths Due to Violence"
[2]Pregnancy-related mortality: A death while pregnant 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 physiological effects of pregnancy.