

# Maternal Health Care in Texas



The United States has the highest maternal mortality rate among developed nations. Of the pregnancy-related deaths the Texas Maternal Mortality and Morbidity Review Committee examined, most were preventable.<sup>1</sup> Racial and ethnic disparities are prevalent within maternal health care, with Black women being over three times more likely to die than non-Hispanic white women.<sup>2</sup> The American College of Obstetricians and Gynecologists (ACOG) recommends **anesthesiologist-led care** at all levels of maternal care to reduce maternal mortality and maternal morbidity.

For the best outcomes, obstetric care requires the availability of obstetricians, an anesthesia care team and rescue equipment to support vital functions of both mother and newborn during an obstetric emergency. Established interpersonal relationships between obstetric physicians and an anesthesiologist-led care team also result in better outcomes.



Physicians administering or supervising obstetric anesthesia are qualified to manage the infrequent but life-threatening complications of epidural or spinal anesthesia, such as respiratory failure, cardiovascular collapse or aspiration of vomit into the lungs.

## Anesthesiologists take on leadership roles to reduce maternal mortality and gaps in mortality rates by:

- Participating in state-level maternal mortality review committees and the Alliance for Innovation on Maternal Health (AIM).
- Working closely with obstetricians to identify pregnant patients at increased risk for complications and to ensure that an **anesthesiologist is involved in planning their care.**
- Leading efforts to make doctors and nurses aware of the early warning signs of a problem and the need to **seek immediate help from an anesthesiologist.**

**The Texas Maternal Mortality and Morbidity Review Committee (MMMRC) does not currently include an anesthesiologist. The Texas Society of Anesthesiologists supports **HB 852 (88R)** by Representative Shawn Thierry, which would permanently add an anesthesiologist to the MMMRC.**

In order to support safe delivery, the American College of Obstetricians and Gynecologists (ACOG) outlines the recommended care to reduce maternal mortality and maternal morbidity.<sup>3</sup>

Accredited Birth Center	Care for	ACOG Recommends
<b>Level 1</b>	Patients with low risk conditions such as preeclampsia or well controlled GDM* who are expected to have an uncomplicated birth.	An anesthesia provider such as an anesthesiologist, a CRNA or an AA working <b>under the supervision of an anesthesiologist</b> is readily available at all times.
<b>Level 2</b>	Moderate to high risk maternal conditions such as placenta previa, poorly controlled asthma, DM** or hypertension.	<b>Anesthesiologist readily available</b> at all times.
<b>Level 3</b>	Complicated maternal medical conditions such as cardiac disease, clotting disorders or autoimmune disease.  Patients who are at high risk of having an obstetric complication such as severe preeclampsia or placenta conditions.	Board certified <b>anesthesiologist physically present at all times.</b>  Obstetric fellowship trained anesthesiologist as director of obstetric anesthesia services.
<b>Level 4</b>	The most complex maternal conditions and critically ill pregnant women and fetuses.	Board certified <b>anesthesiologist physically present at all times</b> that has obstetric anesthesia fellowship training or experience in obstetric anesthesia.

\*gestational diabetes

\*\*diabetes mellitus (pre pregnancy)



Anesthesiologists work collaboratively with their obstetric colleagues to ensure the health and safety of the mother and child. Expecting moms should meet with their anesthesiologist prior to delivery to work out a pain-management plan that works for them. Anesthesiologists should be part of the local leadership teams involved with quality management, case reviews, and other programming regarding pregnancy hypertensive disorders and postpartum hemorrhage management.

1. Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2022, Texas Department of State Health Services, 2022, pp. 1–24.
2. “Pregnancy-Related Deaths.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 14 May 2019.
3. Kilpatrick, Sarah J, et al. “Levels of Maternal Care.” *Obstetric Care Consensus*, vol. 134, no. 9, Aug. 2019.