



STATE OF NEW JERSEY
EXECUTIVE DEPARTMENT

Proclamation

WHEREAS, the number of pregnancy-related deaths in the United States (the number of women who die during pregnancy, or within one year after childbirth, from any cause that is related to, or aggravated by, the pregnancy) has continued to rise, despite recent advances in medical science and technology; and

WHEREAS, in 1986, the federal Centers for Disease Control and Prevention (CDC) implemented a Pregnancy Mortality Surveillance System to obtain information about the frequency and causes of pregnancy-related death in the United States; and

WHEREAS, despite declines in maternal deaths in other parts of the world, the data collected under the Pregnancy Mortality Surveillance System has shown a steady increase in the number of reported pregnancy-related deaths in the United States, from a low of 7.2 deaths per 100,000 live births in 1987, to a high of 18 deaths per 100,000 live births in 2009 and 2013; and

WHEREAS, in 2013, the most recent year for which surveillance data is available, there were approximately 13.7 pregnancy-related deaths per every 100,000 live births in the United States; and

WHEREAS, the Pregnancy Mortality Surveillance System indicates that the rate of pregnancy-related deaths varies by race, ethnicity, and age, with the highest mortality rate being evidenced among black women, who suffered an average of 46.5 deaths per every 100,000 live births in 2013; and

WHEREAS, the most recent State-level data available on this issue indicates that, from 2009 to 2013, the average pregnancy-related mortality rate in New Jersey was 14.8 deaths per 100,000 births across all racial and ethnic subgroups, with a significantly higher rate of death for black women in the State, which is consistent with national statistics; and

WHEREAS, a number of initiatives have been developed over the years to address the issue of pregnancy-related mortality, and while most of these initiatives have failed to effectuate a reduction in the rate of pregnancy-related deaths, some more recently-developed initiatives in this area are showing promise; and

WHEREAS, these promising initiatives include the Safe Motherhood Initiative, which was developed by the American College of Obstetricians and Gynecologists (ACOG); the Postpartum Hemorrhage Project, which was developed by the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN); the "Stop, Look, and Listen!" educational maternal safety campaign, which was developed by the Tara Hansen Foundation, the Rutgers Robert Wood Johnson Medical School, and Robert Wood Johnson University Hospital, and is supported and promoted by Rutgers New Jersey Medical School; and the Alliance for Innovation on Maternal Health (AIM), which is a national partnership of organizations that is poised to reduce severe maternal morbidity through initiatives that are being implemented in New Jersey and other states; and

WHEREAS, on a Statewide basis, the New Jersey Section of ACOG, the New Jersey Obstetrical and Gynecological Society, the New Jersey Section of AWHONN, and the New Jersey Affiliate of the American College of Nurse Midwives, have each indicated their full support for these initiatives; and

WHEREAS, the mission of the Tara Hansen Foundation's "Stop, Look, and Listen!" campaign is to increase public and professional awareness of pregnancy-related deaths, empower and encourage women to more readily report pregnancy-related medical issues, and increase the awareness and responsiveness of health care practitioners and medical teams in association with potentially fatal pregnancy-related medical issues; and

WHEREAS, the Tara Hansen Foundation was established in 2012 in response to the death of Tara Hansen, a young special education teacher and citizen of New Jersey who died only six days after the birth of her first child as a result of undiagnosed pregnancy-related complications, despite having a low-risk pregnancy; and

WHEREAS, the "Stop, Look, and Listen!" campaign is specifically designed to educate patients and health care practitioners about the importance of using a deliberative stop, look, and listen approach in response to maternal health complaints or other indications of maternal distress, as a means to prevent maternal deaths like Tara's; and

WHEREAS, the AIM program, which is being implemented in New Jersey, is a four-year national program that is being funded through a cooperative agreement between the Maternal and Child Health Bureau and the Health Resources and Services Administration; and

WHEREAS, the stated goal of the AIM program is to reduce severe maternal morbidity by preventing 100,000 severe complications during labor and delivery, and preventing 1,000 maternal deaths, through the year 2018; and

WHEREAS, the AIM program aligns national, state, and local efforts to improve maternal health and safety; develops maternal safety bundles; and promotes the implementation of these bundles in all birth facilities, in order to better ensure consistency in maternal care; and

WHEREAS, the AIM program's maternal safety bundles address such issues as obstetric hemorrhage; severe hypertension/preeclampsia; maternal prevention of venous thromboembolism; the safe reduction of primary cesarean births and increase of support for intended vaginal births; the reduction of peripartum racial disparities; postpartum care basics for maternal safety; patient, family, and staff support after a severe maternal event; and obstetric management of women with opioid dependence; and

WHEREAS, the AIM Program facilitates multidisciplinary and interagency collaboration between states and hospitals; supports continuous and harmonized data-driven quality improvement processes; and provides evidence-based resources to streamline bundle implementation; and

WHEREAS, the core partners of the AIM Program in New Jersey include the New Jersey Section of ACOG, the New Jersey Obstetrical and Gynecological Society, the New Jersey Section of AWHONN, and the New Jersey Affiliate of the American College of Nurse Midwives; and

WHEREAS, in order to improve public and professional awareness of the issues related to maternal health and mortality, and promote the various promising initiatives that are being undertaken to reduce maternal mortality, it is both reasonable and appropriate to establish "Maternal Health Awareness Day" in the State and annually invite community members and health care professionals, on that day, to participate in appropriate activities relating to maternal health, safety, and mortality; now, therefore,

NOW, THEREFORE, I, Philip D. Murphy, Governor of the State of New Jersey, do hereby proclaim:

JANUARY 23, 2018

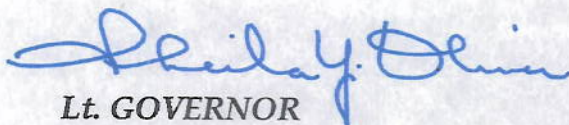
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MATERNAL HEALTH AWARENESS DAY

in New Jersey.



GIVEN, under my hand and the Great Seal of the State of New Jersey, this twenty-second day of January in the year two thousand eighteen, the two hundred forty-second year of the Independence of the United States.


Lt. GOVERNOR


GOVERNOR