

Maternal Mortality and Morbidity: Terms for New Jersey to Know

Term	Definition
Cesarean Birth	A major surgery to deliver a baby through incisions made in the mother's abdomen and uterus (ACOG).
Early Elective Delivery (EED)	EEDs, or non-medically indicated early deliveries, are births that occur before 39 weeks of pregnancy (usually between 37-38 weeks) for no specific medical reason. The mode of birth can be either a vaginal birth after an induction of labor or a cesarean birth (Adapted from ACOG).
NTSV Surgical/ Cesarean Birth	Surgical birth of Nulliparous (<i>first time mother</i>), Term (<i>37 or more completed weeks of gestation</i>), Singleton (<i>one fetus</i>) and Vertex (<i>head-first presentation of the fetus</i>) (Adapted from Joint Commission).
Spontaneous Onset of Labor	Initiation of labor without the use of induction via pharmacological and/or mechanical interventions. Does not apply if artificial rupture of membranes is performed before the onset of labor (Adapted from ACOG).
Spontaneous Vaginal Birth	Vaginal birth that occurs without assistance from forceps or a vacuum device (ACOG).
Maternal Death	<ul style="list-style-type: none"> The death of a woman while pregnant or within 42 days of the end of a pregnancy, regardless of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (Adapted from WHO and Review to Action).* The Maternal Mortality Ratio is the number of maternal deaths per 100,000 live births.
Pregnancy-Associated Death	<ul style="list-style-type: none"> The death of a woman while the woman is pregnant, or within one year of the end of a pregnancy, regardless of the cause of death. These deaths make up the universe of maternal mortality; within that universe are pregnancy-related deaths and pregnancy-associated, but not related deaths (Adapted from CDC and Review to Action). The Pregnancy-Associated Death Ratio is calculated per 100,000 live births. <i>The New Jersey Department of Health calculates the Pregnancy-Associated Death Ratio for New Jersey.</i>
Pregnancy-Associated, but not Related Death	<ul style="list-style-type: none"> A fraction of Pregnancy-Associated Deaths. The death of a woman during pregnancy or within one year of the end of a pregnancy, from a cause that is not related to pregnancy (e.g. a pregnant woman dies in an earthquake) (Review to Action).
Pregnancy-Related Death	<ul style="list-style-type: none"> A fraction of Pregnancy-Associated Deaths. The death of a woman during pregnancy or within one year of the end of a 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 (Review to Action). The Pregnancy-Related Death Ratio is calculated per 100,000 live births. <i>The New Jersey Department of Health calculates the Pregnancy-Related Death Ratio for New Jersey.</i>
Severe Maternal Morbidity (SMM)	<ul style="list-style-type: none"> Unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health (CDC). <i>The New Jersey Department of Health evaluates SMM in New Jersey.</i>

* The Department of Health does not compute and report maternal deaths as defined by the World Health Organization, because:

1. WHO only uses death certificate data, which has been shown to have inaccuracies.
2. CDC recommends using the 365-day timeframe since so many maternal deaths occur after 42 days.
3. New Jersey has a maternal mortality review process that (a) links death certificate to birth certificate and hospital discharge data to identify all cases and (b) reviews identified deaths to rule out false positives/negatives.