



## SMFM MATERNAL MORTALITY SCORECARD METHODOLOGY

### **Introduction**

In 2018, in response to the growing public health issue of rising maternal mortality rates in the United States, the Society for Maternal-Fetal Medicine (SMFM) began collecting information on state activities intended to reduce maternal deaths. This information is used to better inform our members, policymakers, and the public about the types of policies, programs, and infrastructure states may put in place to address maternal mortality. Each year, SMFM convenes an expert working group of maternal-fetal medicine (MFM) subspecialists and policy staff to evaluate the potential of state activities to improve maternal health and the quality of the data surrounding those activities. For our 2020-2021 scorecard, the working group choose the following five indicators to measure steps states are taking to reduce maternal mortality: 1) the establishment of maternal mortality review committees, 2) the establishment of perinatal quality collaboratives, 3) the expansion of Medicaid, 4) reporting of maternal mortality data stratified by race/ethnicity, and 5) participation in the Alliance for Innovation on Maternal Health (AIM) program. This document serves as an overview of the data sources and methods used to evaluate states on each indicator, as well as provide definitions for each indicator and the rationale for their inclusion in the scorecard. All data included in the 2020-2021 scorecard and related state fact sheets was collected between October 2020 and January 2021. State-by-state details for indicators can be found in the appendices. SMFM can provide additional information on data sources and methodology upon request.

### **Data on scorecard homepage**

#### ***Maternal mortality review committees (MMRC)***

Data for this indicator was derived from five sources: 1) Review to Action,<sup>1</sup> 2) state websites, 3) the Centers for Disease Control and Prevention (CDC), 4) MMRC representatives in each state, and 5) SMFM State Liaison Network (SLN) members. SMFM staff first reviewed maps maintained by Review to Action and the CDC to identify states with active committees. An online search was then conducted to verify whether 1) a state website had information about an MMRC, 2) a state had published an MMRC report in the last 2 years, or 3) a state had signed into law the requirement for an MMRC. SMFM also reached out directly to MMRC contacts listed on each state's Review to Action profile to inquire about the status of their MMRC and request each committee's most recent report. If we received conflicting or no information from these sources, we contacted an SMFM state liaison via email.

MMRCs identify, review, and analyze maternal deaths; disseminate findings; and act on the results.<sup>2</sup> The review process and timing vary greatly throughout the country and SMFM continues to advocate for evidence-based recommendations for MMRC establishment, implementation, and evaluation.

SMFM included this indicator because MMRCs are able to more comprehensively assess the factors that contribute to a maternal death than vital statistic records alone. By gathering extensive information about each individual death, MMRC members can 1) determine whether a death was related to or aggravated by pregnancy, 2) determine whether the death was preventable, and 3) identify solutions targeted to the specific needs of the women in their area.<sup>3</sup>

This indicator is categorized as "Exists in the State," "In Progress," and "Does Not Yet Exist." States that are classified as "Exists in the State" have an MMRC that has convened in the last two years. States that are classified as "In Progress" either signed into law the requirement for an MMRC or have an informal review committee that has not met in the last two years. States that are classified as "Does Not Yet Exist" have not signed MMRC legislation into law, even if the state legislature has introduced a bill that would create an MMRC, or have not convened in the last two years.

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<sup>1</sup> Building U.S. Capacity to Review and Prevent Maternal Deaths. (n.d.) Tools. Retrieved from <https://reviewtoaction.org/content/mmr-map>.

<sup>2</sup> Building U.S. Capacity to Review and Prevent Maternal Deaths. Report from nine maternal mortality review committees. 2018. Retrieved from [http://reviewtoaction.org/Report\\_from\\_Nine\\_MMRCs](http://reviewtoaction.org/Report_from_Nine_MMRCs).

<sup>3</sup> Ibid.

### ***Perinatal quality collaboratives (PQC)***

Data for this indicator was derived from four sources: 1) CDC's State PQC Table,<sup>4</sup> 2) state websites, 3) MMRC representatives in each state and 4) SMFM SLN members. The CDC State PQC Table was first reviewed to identify states with active committees. An online search was conducted to verify whether a state website had information about a PQC. If this online search yielded a discrepancy with the CDC site or did not yield any information, the state liaison for the state was contacted by email. Additionally, while we did not formally survey state MMRC representatives about their states' PQCs, many provided that information in our correspondence.

The CDC defines a PQC as "state or multi-state networks of teams working to improve the quality of care for mothers and babies."<sup>5</sup> This indicator was chosen because maternal deaths can often be prevented through improvements in care coordination and the implementation of best practices, which are goals of PQCs.

This indicator is categorized as "Exists in the State," "In Progress," and "Does Not Yet Exist." States that are classified as "Exists in the State" have a PQC according to the CDC website or confirmed by a MMRC representative or SLN member. States that are classified as "In Progress" either are classified as "In Development" by the CDC, have information on their state website indicating they are in the process of establishing a committee, or an MMRC representative or SLN member confirmed the existence of an MMRC. States that are classified as "Does Not Yet Exist" do not have information on the CDC website or state website. Further, the state's MMRC representative or SLN member could not confirm the existence of that state's MMRC.

### ***Medicaid expansion***

Data for this indicator was obtained from the Kaiser Family Foundation.<sup>6</sup>

Medicaid expansion increases the number of individuals eligible for Medicaid in a state by changing the income eligibility requirements. This indicator was included because Medicaid expansion enables more low-income people of child-bearing potential to access health care, including preventive care and reproductive health care, prior to and between pregnancies. Access to pre-pregnancy and interconception care has been shown to improve maternal health outcomes in pregnancy and beyond.

This indicator is categorized as "Exists in the State," "In Progress," and "Does not Yet Exist." States that are classified as "Exists in the State" are currently providing Medicaid coverage to the expansion population (most adults with incomes up to 138% of the federal poverty level). States that are classified as "In Progress" have passed legislation or a ballot initiative that would expand Medicaid coverage, but expansion has not gone into effect. States that are classified as "Does Not Yet Exist" have not taken action to expand Medicaid eligibility requirements.

### ***Reports maternal mortality data by race and ethnicity***

Data for this indicator was obtained from direct outreach to 1) MMRC contacts listed on each state's Review to Action profile and 2) SLN members. MMRC representatives were asked if they report their state's maternal mortality data stratified by race/ethnicity. If MMRC representatives did not respond or there was no representative listed on the state's Review to Action profile, we asked the relevant SLN members to provide information.

This indicator was included because of the persistent racial disparities in maternal outcomes, particularly between white and black women. SMFM is deeply concerned about racial and ethnic disparities in health outcomes and health care during pregnancy, childbirth, and the postpartum period. As such, our advocacy agenda prioritizes health equity and supports policy proposals that are aimed at eliminating health care inequities for high-risk pregnant women.<sup>7</sup>

This indicator is categorized as "Exists in the State" or "Does Not Yet Exist." States classified as "Exists in the State" report some maternal mortality data by race/ethnicity, even if they are unable to report their pregnancy-related mortality ratio (PRMR) stratified by race due to small number of cases. In many states with small populations and/or low numbers of maternal deaths, patient privacy laws may preclude them

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<sup>4</sup> Centers for Disease Control and Prevention. State Perinatal Quality Collaboratives. Accessed January 2021. Retrieved from: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html>.

<sup>5</sup> Ibid.

<sup>6</sup> Kaiser Family Foundation. Status of State Action on the Medicaid Expansion Decision. Accessed November 2021. Retrieved from: <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

<sup>7</sup> SMFM. SMFM Advocacy Agenda, 2021 – 2022. Retrieved from: [https://s3.amazonaws.com/cdn.smfm.org/media/2634/SMFM\\_Advocacy\\_Agenda\\_2021\\_-\\_2022\\_FINAL.pdf](https://s3.amazonaws.com/cdn.smfm.org/media/2634/SMFM_Advocacy_Agenda_2021_-_2022_FINAL.pdf).

from publicly reporting the number of maternal deaths, particularly for women of color, because this could result in potentially identifying these women. Though it may appear that the state does not report this information, this may be due to no deaths or very few deaths of women of certain racial or ethnic groups. States classified as “Does Not Yet Exist” do not report data stratified by race/ethnicity. Detailed information on can be found in the appendices.

### ***Participation in the Alliance for Innovation on Maternal Health (AIM) program***

Data for this indicator was retrieved from AIM’s website.<sup>8</sup>

AIM is a national quality improvement initiative targeted towards maternal safety. This initiative’s goal is to improve maternal health outcomes at the national, state, and hospital level through data-driven methods, including the implementation of patient safety bundles to address the leading known causes of preventable severe maternal morbidity and mortality in the U.S.

This indicator, new to our scorecard this year, was included to build on indicators from previous years, including MMRCs and PQCs. Often considered the third leg of the stool to address preventable maternal mortality, AIM works with PQCs to improve the quality and safety of maternity care by encouraging the adoption of evidence-based clinical practices based on data from state MMRCs.

This indicator is categorized as “Exists in the State” or “Does Not Yet Exist.” States that are classified as “Exists in the State” are officially enrolled in the AIM program. Those classified as “Does Not Yet Exist” are not officially enrolled. We do not report on each state’s participation in AIM for 2018 and 2019 because SMFM did not uniformly collect participation data in past years. However, many states participated in AIM prior to 2020.

### **Data exclusively on fact sheets**

#### ***Pregnancy-related mortality ratio (PRMR)***

Data for this indicator was obtained from direct outreach to MMRC contacts listed on each state’s Review to Action profile. MMRC representatives were asked to share their state’s PRMR for the most recent year(s). PRMR is defined as the number of pregnancy-related deaths per 100,000 live births. A pregnancy-related death is defined by the CDC as “those occurring during pregnancy or within 1 year of the termination 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.” State MMRCs review maternal death cases and determine whether deaths are pregnancy-related. Maternal deaths can also be classified as “pregnancy-associated” or “pregnancy-associated, but not related.”<sup>9</sup>

This is the first year SMFM has collected PRMR data directly from states. Thus, maternal mortality data from previous SMFM scorecard fact sheets should not be compared to this year’s data. Further, SMFM urges caution in comparing the PRMR data across states due to differences in the years used to calculate PRMRs and variation in how maternal deaths are classified. For instance, some MMRCs consider perinatal suicides and accidental drug-related deaths to be pregnancy-related deaths while others do not. Finally, some states with small populations and/or low numbers of maternal deaths do not calculate PRMRs, and others are unable to stratify the data by race/ethnicity. We have made efforts to highlight when data is suppressed due to small numbers in footnotes for relevant states.

This indicator was included to assess the prevalence of maternal deaths in each state and offer an imperfect comparison of rates between states. For the reasons outlined above, SMFM continues to advocate for a standard definition, reporting, and review process for maternal deaths by all states and the federal government so that the true extent of disparities in maternal health can be assessed and solutions based upon the best available evidence can be developed.

#### ***Percent of women of reproductive age with insurance coverage***

Data for this indicator was obtained from March of Dimes’ Peristats tool.<sup>10</sup>

This indicator is defined as the percent of women aged 15-44 without health insurance in 2019. March of Dimes uses data from the American Community Survey to compute these percentages.

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<sup>8</sup> Alliance for Innovation on Maternal Health. AIM State Participation. Accessed November 2020. Retrieved from: <https://safehealthcareforeverywoman.org/aim/about-us/aim-state-participation/>.

<sup>9</sup> Building U.S. Capacity to Review and Prevent Maternal Deaths. Definitions. Accessed January 2021. Retrieved from: <https://reviewtoaction.org/learn/definitions>.

<sup>10</sup> March of Dimes. Uninsured Women: United States, 2019. Accessed January 2021. Retrieved from: <https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=99&top=11&stop=158&lev=1&slev=1&obj=18>.

This indicator was included on fact sheets because insurance status often determines whether a woman is able to access care before, during, or after pregnancy. With affordable insurance, women can seek preventive care before they become pregnant to reduce their likelihood of experiencing pregnancy complications and continue to receive care after delivery to expeditiously address any complications if they do develop.

### ***Pregnancy Medicaid eligibility by percent of federal poverty level (FPL) and income***

Data for these indicators was obtained from the Kaiser Family Foundation.<sup>11</sup> SLN members reviewed and made corrections in some instances.

These indicators are defined as the percent of the FPL or the monthly amount an individual's income must fall at or below to qualify for pregnancy-related Medicaid. SMFM calculated the monthly income limits using the 2020 FPL for a family of three.<sup>12</sup> All states offer Medicaid coverage to pregnant women whose household income exceeds the income-limits for standard Medicaid coverage. Pregnancy-related Medicaid is available during pregnancy and, in most states, ends 60 days after the end of the pregnancy.

This indicator was included to show the range of pregnancy-related Medicaid eligibility thresholds throughout the country. Access to prenatal care is greatly impacted by insurance status, and SMFM continues to advocate for efforts to ensure all women will remain insured in the pre-pregnancy, prenatal, and postpartum periods.

### ***Postpartum Medicaid extension***

For the first time, SMFM's scorecard fact sheets include details on state efforts to extend postpartum Medicaid coverage from 60 days to one year. Data for this indicator was obtained from the American College of Obstetricians and Gynecologists.<sup>13</sup> SLN members also provided data in some instances.

This indicator was included to call attention to the need to guarantee continuous health care coverage in the year after pregnancy. Currently, Medicaid coverage ends for many new mothers 60 days after giving birth, leaving them without insurance during a critical and vulnerable time. Data from the CDC indicate that about 33 percent of pregnancy-related deaths occur during the time between seven days to one year following childbirth, and greater than one-third of those deaths occur 43-365 days postpartum.<sup>14</sup> As these statistics do not include deaths attributable to suicide or drug overdose, both of which occur in greater numbers in the later postpartum period, this is likely an underestimate. Closing the postpartum coverage gap will ensure that the 43 percent of pregnant people covered by Medicaid at the time of their child's birth can receive treatment for the many physical and behavioral health issues that have been shown to cause maternal deaths in the postpartum period.

### ***MMRC Activities***

Data for this indicator was obtained from direct outreach to MMRC contacts listed on each state's Review to Action profile and SLN members.

For the first time, SMFM is providing details on state MMRC activities on scorecard fact sheets, including a link to the most recent MMRC report, the year that report was released, and whether the report includes recommendations to guide state efforts to prevent maternal deaths and improve maternal health. The data and recommendations included in MMRC reports are critical to driving and directing action by policymakers and stakeholders, including state PQC and AIM programs.

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<sup>11</sup> Kaiser Family Foundation. Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level. Accessed November 2020. Retrieved from: <https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

<sup>12</sup> Assistant Secretary for Planning and Evaluation. U.S. Department of Health and Human Services. Poverty Guidelines. Accessed January 2021. Retrieved from <https://aspe.hhs.gov/poverty-guidelines>.

<sup>13</sup> American College of Obstetricians and Gynecologists. Policy Priorities: Extend Postpartum Medicaid Coverage. Accessed January 2021. Retrieved from: <https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage>.

<sup>14</sup> Peterson E, Davis N, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. Morbidity and Mortality Weekly Report. May 2019. Available at <https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm>.

**APPENDIX ONE  
PREGNANCY-RELATED MORTALITY RATIO (PRMR) DATA BY STATE**

State	Overall PRMR	Cohort year(s) for PRMR data	Does state report data by race/ethnicity?	Race/ethnicity data					Cohort year(s) for PRMR data stratified by race/ethnicity (if different from overall PRMR)
				Non-Hispanic White	Non-Hispanic Black	Hispanic	American Indian/ Alaskan Native	Asian/ Pacific Islander	
Alabama	22	2016	Yes	↑	↑	↑	↑	↑	--
Alaska	24.3	2017-2018	Yes	xxx xxx	xxx xxx	xxx xxx	xxx xxx	xxx xxx	--
Arizona	18.3	2016-2017	Yes	21.6	+	14.4	+	+	--
Arkansas	⏟	⏟	No	⏟	⏟	⏟	⏟	⏟	--
California	--	--	No	--	--	--	--	--	--
Colorado	19.26	2016	Yes	20.3	+	11.4	+	+	2014-2016
Connecticut	10.3	2015-2017	No	∕	∕	∕	∕	∕	--
Delaware	18	2014-2018	Yes	∫	∫	∫	∫	∫	--
District of Columbia	--	--	No	--	--	--	--	--	--
Florida	16.3	2018	Yes	12.9	32	10.6	--	--	--
Georgia	25	2015-2016	Yes	20	40	+	+	+	--
Hawaii	Ⓕ	Ⓕ	Yes	Ⓕ	Ⓕ	Ⓕ	Ⓕ	Ⓕ	--
Idaho	18.7	2018	No	ω	ω	ω	ω	ω	--
Illinois	22.8	2015	Yes	10.7	72	23.6	+	+	--
Indiana	12.2	2018	Yes	∞	∞	∞	∞	∞	--
Iowa	9.4	2015-2018	Yes	6	36.9	9.7	--	23.5	--
Kansas	11.3	2016-2018	Yes	6.2	∫	∫	∫	∫	--
Kentucky	∩	∩	No	--	--	--	--	--	--
Louisiana	24.6	2017	Yes	9.6	53.6	+	+	+	--
Maine	∩	∩	No	--	--	--	--	--	--
Massachusetts	4.2	2017	Yes	∩	∩	∩	∩	∩	--
Michigan	9.9	2017	Yes	8.9	21.3	--	--	--	2013-2017
Minnesota	12.9	2016	Yes	ℓ	ℓ	ℓ	ℓ	ℓ	--
Mississippi	22.1	2013-2016	Yes	18.9	51.9	--	--	--	--
Missouri	26	2017	Yes	22	53	24	+	+	--
Montana	--	--	No	--	--	--	--	--	--
Nebraska	13.7	2014-2018	No	+	+	+	+	+	--
Nevada	25.1	2016-2017	Yes	18.4	63	11.6	⊗	⊗	--
New Hampshire	∩	∩	No	--	--	--	--	--	--
New Jersey	15	2014-2016	Yes	5.8	44.5	--	--	--	--
New Mexico	23	2015-2017	No	+	+	+	+	+	--
New York	14	2014	Yes	8.7	48	7.2	Δ	Δ	--
North Carolina	--	--	Yes	15.3	24.4	--	--	--	2012-2015
North Dakota	--	--	No	--	--	--	--	--	--
Ohio	11.6	2016	Yes	11.5	29.5	+	+	+	--
Oklahoma	⌘	⌘	Yes	⌘	⌘	⌘	⌘	⌘	--
Oregon	∕	∕	No	--	--	--	--	--	--
Pennsylvania	⏟	⏟	No	⏟	⏟	⏟	⏟	⏟	--
Rhode Island	∕	∕	No	--	--	--	--	--	--
South Carolina	∫	∫	Yes	∫	∫	∫	∫	∫	--
South Dakota	∩	∩	Yes	∩	∩	∩	∩	∩	--
Tennessee	27.2	2017-2018	Yes	20.5	57.8	+	+	+	--
Texas	⊕	--	Yes	⊕	⊕	⊕	⊕	⊕	--

State	Overall PRMR	Cohort year(s) for PRMR data	Does state report data by race/ethnicity?	Race/ethnicity data					Cohort year(s) for PRMR data stratified by race/ethnicity (if different from overall PRMR)
				Non-Hispanic White	Non-Hispanic Black	Hispanic	American Indian/ Alaskan Native	Asian/ Pacific Islander	
Vermont	∅	--	No	--	--	--	--	--	--
Virginia	3.9	2015	Yes	3.16	4.6	†	†	†	--
Washington	11.2	2014-2016	Yes	8	9	17	53	14	--
West Virginia	16.4	2018	Yes	0	0	0	0	0	2014-2018
Wisconsin	5.9	2006-2010	Yes	4.5	22.5	2.9	0	--	--
Wyoming	--	--	No	--	--	--	--	--	--

+ = Data suppressed due to low numbers.

∅ = Data forthcoming. State maternal mortality committee began reviewing cases in 2019.

⤴ = Data suppressed due to low numbers. Alabama does report some data stratified by race in its most recent maternal mortality review committee report: <http://bit.ly/ALMMRCReport2020>

ⓧ = Data suppressed due to low numbers. Alaska does include some maternal mortality data stratified by race in the latest maternal mortality review committee data brief: <http://bit.ly/AKMMRCFactSheet2020>.

℥ = Data suppressed due to low numbers. Connecticut does include data comparing the proportion of pregnancy-related deaths among persons of color and white mothers in their 2020 maternal mortality review committee report: <http://bit.ly/CTMMRCReport2020>.

Ⓜ = Data suppressed due to low numbers. Delaware does include some maternal mortality data stratified by race in the latest maternal mortality review committee report: <http://bit.ly/DEMMRCReport2019.z>

Ⓜ = Hawaii does not report PRMR details at this time due to low maternal death numbers. Available state data, including some data stratified by race/ethnicity, can be found here: <http://bit.ly/HIMaternalMortalityData2020>.

Ω = Data suppressed due to low numbers. Idaho does include maternal death data stratified by race in the latest maternal mortality review committee report: <http://bit.ly/IDMMRCReport2021>.

∅ = Data suppressed due to low numbers. Indiana does report pregnancy-associated mortality ratios stratified by race: non-Hispanic White (86.0), non-Hispanic Black (103.1), and Hispanic (25.4). The stability of these ratios will improve as Indiana collects additional years of data.

Ⓜ = Data suppressed due to low numbers. Kansas does calculate a combined PRMR for all racial and ethnic minorities. The PRMR for this group is 23.1 (2016-2018).

Ⓜ = Kentucky does not report PRMR details at this time. Available state data can be found in the latest maternal mortality review committee report: <http://bit.ly/KYMMRCReport2019>.

∅ = Data suppressed due to low numbers. Massachusetts does report limited pregnancy-associated mortality data by race, which can be found in the latest maternal mortality review committee brief: <http://bit.ly/MAMMRCBrief2020>.

Ⓜ = Data suppressed due to low numbers. Minnesota does include some maternal mortality data stratified by race in the latest maternal mortality review committee report: <http://bit.ly/MMRCData2019>.

Ⓜ = Nevada includes American Indians, Alaska Natives and Asian Pacific Islanders into a single group. The PRMR for this group was 55.8 (2016-2017).

∅ = New Hampshire does not release PRMR data due to the small number of maternal deaths in the state. It does report on the number of pregnancy-related deaths: <http://bit.ly/NHMMRCReport2020>.

Δ = New York reports on a final category, "other, non-Hispanic." The PRMR for this group was 6.6 (2014).

Ⓜ = Oklahoma does not release PRMR data. It does report on its maternal mortality rate, including data stratified by race: <http://bit.ly/OKMMRCReport2020>.

∅ = Data forthcoming. State maternal mortality review committee began reviewing cases in 2020.

∅ = State did not make maternal mortality data available.

∅ = South Carolina does not release PRMR data. It does report on its maternal mortality rate, including data stratified by race: <http://bit.ly/SCMMRCBrief2020>.

∅ = PRMR data is not available due to the low numbers of maternal deaths in the state. South Dakota does report on the number of pregnancy-related and pregnancy-associated deaths, including some data stratified by race: <http://bit.ly/SDMaternalDeathData>.

∅ = Texas does not calculate its PRMR. It does report an enhanced maternal mortality rate and data stratified by race: <http://bit.ly/TXMMRCReport2020>.

∅ = Vermont does not release PRMR data due to the small number of maternal deaths in the state. It does report on the number of pregnancy-related deaths: <http://bit.ly/VTMMRCReport2021>.

† = Data suppressed due to low numbers. Virginia does calculate a combined PRMR for other racial and ethnic minorities. The PRMR for this group was 5.8 (2015).

**APPENDIX TWO  
SCORECARD METRICS AND DATA**

State	Does state report maternal mortality data by race/ethnicity?	Does the state have an established MMRC?	Year latest MMRC report issued	Does that MMRC report include recommendations?	Does the state participate in the AIM program?	Does the state have an established PQC?	Has the state expanded Medicaid?	What percentage of women age 15-44 are uninsured (%)?	Pregnancy Medicaid Eligibility (% of FPL)	Pregnancy Medicaid Eligibility (monthly income for family of 3)	State actions to extend postpartum Medicaid coverage
Alabama	Exists in the State	Exists in the State	2020	Yes	Does Not Yet Exist	Exists in the State	Does Not Yet Exist	13.8	146	\$2,643	No Extension
Alaska	Exists in the State	Exists in the State	2020	No	Exists in the State	Exists in the State	Exists in the State	13.6	205	\$3,711	No Extension
Arizona	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Exists in the State	14.8	161	\$2,914	No Extension
Arkansas	Does Not Yet Exist	Exists in the State	--	--	Does Not Yet Exist	In progress*	Exists in the State	12.7	214	\$3,873	No Extension
California	Does Not Yet Exist	Exists in the State	2019	Yes	Exists in the State	Exists in the State	Exists in the State	9.7	213	\$3,855	Implementing - Limited Coverage Extension
Colorado	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Exists in the State	10.3	200	\$3,620	No Extension
Connecticut	Does Not Yet Exist	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Exists in the State	7	263	\$4,760	No Extension
Delaware	Exists in the State	Exists in the State	2019	Yes	Exists in the State	Exists in the State	Exists in the State	8.5	217	\$3,928	No Extension
District of Columbia	Does Not Yet Exist	Exists in the State	--	--	Does Not Yet Exist	Exists in the State	Exists in the State	2.4	324	\$5,864	No Extension
Florida	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Does Not Yet Exist	18.5	196	\$3,548	No Extension
Georgia	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Does Not Yet Exist	18.4	225	\$4,073	Enacted - Limited Coverage Extension
Hawaii	Exists in the State	Exists in the State	2021	Yes	Does Not Yet Exist	Exists in the State	Exists in the State	5.9	196	\$3,548	No Extension
Idaho	Does Not Yet Exist	Exists in the State	2021	Yes	Does Not Yet Exist	Does Not Yet Exist	Exists in the State	15.7	138	\$2,498	No Extension
Illinois	Exists in the State	Exists in the State	2018	Yes	Exists in the State	Exists in the State	Exists in the State	9.2	213	\$3,855	Enacted - Full Coverage Extension
Indiana	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Exists in the State	11.5	218	\$3,946	Waiver Pending - Limited Coverage Extension
Iowa	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Exists in the State	5	380	\$6,878	No Extension
Kansas	Exists in the State	Exists in the State	2020	Yes	Does Not Yet Exist	Exists in the State	Does Not Yet Exist	13.9	171	\$3,095	No Extension
Kentucky	Does Not Yet Exist	Exists in the State	2019	Yes	Does Not Yet Exist	In progress*	Exists in the State	8.3	200	\$3,620	No Extension
Louisiana	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Exists in the State	10.6	138	\$2,498	No Extension
Maine	Does Not Yet Exist	Exists in the State	2019	No	Does Not Yet Exist	Exists in the State	Exists in the State	11	214	\$3,873	No Extension

State	Does state report maternal mortality data by race/ethnicity?	Does the state have an established MMRC?	Year latest MMRC report issued	Does that MMRC report include recommendations?	Does the state participate in the AIM program?	Does the state have an established PQC?	Has the state expanded Medicaid?	What percentage of women age 15-44 are uninsured (%)?	Pregnancy Medicaid Eligibility (% of FPL)	Pregnancy Medicaid Eligibility (monthly income for family of 3)	State actions to extend postpartum Medicaid coverage
Maryland	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Exists in the State	7.9	264	\$4,778	No Extension
Massachusetts	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Exists in the State	3.4	205	\$3,711	No Extension
Michigan	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Exists in the State	7.2	195	\$3,530	Action Taken
Minnesota	Exists in the State	Exists in the State	2019/2020	Yes	Does Not Yet Exist	Exists in the State	Exists in the State	6.1	283	\$5,122	No Extension
Mississippi	Exists in the State	Exists in the State	2019	Yes	Exists in the State	Exists in the State	Does Not Yet Exist	19.9	199	\$3,602	No Extension
Missouri	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	In Progress	14.4	201	\$3,638	Enacted - Limited Coverage Extension
Montana	Does Not Yet Exist	In Progress	--	--	Does Not Yet Exist	In progress*	Exists in the State	10.6	162	\$2,932	No Extension
Nebraska	Does Not Yet Exist	Exists in the State	Report expected in 2021	--	Exists in the State	Exists in the State	Exists in the State	10.4	199	\$3,602	No Extension
Nevada	Exists in the State	Exists in the State	2020	Yes	Exists in the State	In progress*	Exists in the State	14.9	165	\$2,987	No Extension
New Hampshire	Does Not Yet Exist	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Exists in the State	9.4	201	\$3,638	No Extension
New Jersey	Exists in the State	Exists in the State	2016	Yes	Exists in the State	Exists in the State	Exists in the State	10.9	199	\$3,602	Enacted - Limited Coverage Extension
New Mexico	Does Not Yet Exist	Exists in the State	Report expected in 2021	--	Exists in the State	Exists in the State	Exists in the State	12.1	255	\$4,616	No Extension
New York	Exists in the State	Exists in the State	2020	No	Exists in the State	Exists in the State	Exists in the State	6.3	223	\$4,037	No Extension
North Carolina	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Does Not Yet Exist	15.4	201	\$3,638	No Extension
North Dakota	Does Not Yet Exist	Does Not Yet Exist	--	--	Does Not Yet Exist	In progress*	Exists in the State	9.3	162	\$2,932	No Extension
Ohio	Exists in the State	Exists in the State	2019	Yes	Exists in the State	Exists in the State	Exists in the State	8.5	205	\$3,711	No Extension
Oklahoma	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	In Progress	21.7	138	\$2,498	No Extension
Oregon	Does Not Yet Exist	Exists in the State	Report expected in 2021	--	Exists in the State	Exists in the State	Exists in the State	8.6	190	\$3,439	No Extension
Pennsylvania	Does Not Yet Exist	Exists in the State	--	--	Exists in the State	Exists in the State	Exists in the State	7.2	220	\$3,982	No Extension
Rhode Island	Does Not Yet Exist	Exists in the State	--	--	Exists in the State	Exists in the State	Exists in the State	6	195	\$3,530	No Extension
South Carolina	Exists in the State	Exists in the State	2020	No	Exists in the State	Exists in the State	Does Not Yet Exist	14	199	\$3,602	Implementing - Limited Coverage Extension



State	Does state report maternal mortality data by race/ethnicity?	Does the state have an established MMRC?	Year latest MMRC report issued	Does that MMRC report include recommendations?	Does the state participate in the AIM program?	Does the state have an established PQC?	Has the state expanded Medicaid?	What percentage of women age 15-44 are uninsured (%)?	Pregnancy Medicaid Eligibility (% of FPL)	Pregnancy Medicaid Eligibility (monthly income for family of 3)	State actions to extend postpartum Medicaid coverage
South Dakota	Exists in the State	Does Not Yet Exist	--	--	Does Not Yet Exist	Exists in the State	Does Not Yet Exist	14.6	138	\$2,498	No Extension
Tennessee	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Does Not Yet Exist	13	200	\$3,620	No Extension
Texas	Exists in the State	Exists in the State	2020	Yes	Exists in the State	Exists in the State	Does Not Yet Exist	25.1	203	\$3,674	Implementing - Limited Coverage Extension
Utah	Does Not Yet Exist	Exists in the State	2018	Yes	Exists in the State	Exists in the State	Exists in the State	11.9	144	\$2,606	No Extension
Vermont	Does Not Yet Exist	Exists in the State	2021	No	Exists in the State	Exists in the State	Exists in the State	5	213	\$3,855	No Extension
Virginia	Exists in the State	Exists in the State	2019	Yes	Exists in the State	Exists in the State	Exists in the State	10.3	205	\$3,711	No Extension
Washington	Exists in the State	Exists in the State	2019	Yes	Exists in the State	Exists in the State	Exists in the State	8.5	198	\$3,584	No Extension
West Virginia	Exists in the State	Exists in the State	2019	Yes	Exists in the State	Exists in the State	Exists in the State	7.8	190	\$3,439	No Extension
Wisconsin	Exists in the State	Exists in the State	2018	Yes	Exists in the State	Exists in the State	Does Not Yet Exist	7.4	306	\$5,539	No Extension
Wyoming	Does Not Yet Exist	In Progress	--	--	Does Not Yet Exist	Exists in the State	Does Not Yet Exist	19.3	159	\$2,878	No Extension