Pregnancy Experts Warn, Idaho Policies Compromise the Health of Women and Families

July 24, 2023 - As organizations representing healthcare professionals that specialize in obstetrics and women’s health, we call on the Idaho State legislature to reinstate the state’s crucial Maternal Mortality Review Committee (MMRC). State and local MMRCs are widely recognized as essential bodies in understanding why people die while pregnant, during labor, and in the postpartum period. Further, the conclusions made by the experts on MMRCs help to inform and advance evidence-informed policies to prevent future deaths.

The United States has the highest rate of maternal death among developed nations with significant racial disparities and large differences in rates between states. In fact, the number of pregnancy-related deaths in Idaho has more than tripled since 2019 and is significantly higher than the national average.*

As physicians, women’s health nurse practitioners, midwives, and nurses, we are deeply concerned that the sunsetting of Idaho’s MMRC will compromise the health of women and families in the state. This is only compounding the current reproductive and maternal health crisis facing pregnant people in Idaho. If tracked, we expect the rate of maternal deaths to continue to rise.

When Idaho’s state legislature returns in January 2024, we urge them to immediately act on legislation that improves the health of pregnant patients, including reinstating the state maternal mortality review committee. In the meantime, we urge the Idaho Department of Health and Welfare to continue collecting data on maternal deaths so the committee can quickly restart the review process. This information is critical to advancing equitable care for pregnant and postpartum people in the state.

* In Idaho, the pregnancy-related mortality ratio was 41.8 deaths per 100,000 live births in 2020. This is an increase from the 2019 rate of 13.6 deaths per 100,000 live births. Nationwide, the average rate in 2020 was 23.8 deaths per 100,000 live births.