HOUSE CONCURRENT RESOLUTION

URGING EACH HOSPITAL IN HAWAII THAT PROVIDES MATERNAL CARE TO INVESTIGATE AND COLLECT DATA REGARDING MATERNAL MORBIDITIES AND MORTALITIES.

WHEREAS, maternal mortality refers to pregnancy-associated or -related death and death resulting from severe maternal morbidity; and

WHEREAS, pregnancy-associated deaths are deaths of women who are pregnant or who die within one year after the end of the pregnancy, irrespective of the cause, other than a pregnancy-related death; and

WHEREAS, pregnancy-related deaths are deaths of women who are pregnant or who die within one year after the end of the pregnancy, from any cause related to the pregnancy or its management, but not from accidental or incidental causes; and

WHEREAS, severe maternal morbidity means unexpected outcomes of labor and deliver or pregnancy that result in significant short- or long-term consequences to a woman's health; and

WHEREAS, the federal Centers for Disease Control and Prevention reports that the United States is the only industrialized country with a growing rate of maternal mortality, with 29.6 deaths for every 100,000 live births, which ranks behind other wealthy countries, including the United Kingdom, Japan, and Sweden, as well as behind some poorer countries, such as Kazakhstan; and

WHEREAS, research from maternal mortality review committees from across the country show that over sixty percent of maternal deaths are preventable; and
WHEREAS, collecting data and establishing universal-standard levels of maternal care would help medical professionals and policy makers identify barriers and deficiencies that contribute to poor maternal health outcomes; and

WHEREAS, the levels of maternal care should reflect the overall evidence for risk-appropriate care in a hospital through the availability of appropriate personnel, physical space, equipment, technology, and organization; and

WHEREAS, the American Congress of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine have proposed a uniform definition for maternity care with varying levels of acuity, from Level I birth centers for low-risk women to Level IV birth centers for women in critical condition who are in need of treatment in an Intensive Care Unit setting; now, therefore,

BE IT RESOLVED by the House of Representatives of the Thirtieth Legislature of the State of Hawaii, Regular Session of 2020, the Senate concurring, that each hospital in Hawaii that provides maternal care is urged to investigate and collect data regarding maternal morbidities and mortalities;

BE IT FURTHER RESOLVED that each hospital is urged to work collaboratively with the Department of Health and statewide organizations such as the Hawaii chapters of the American College of Obstetricians and Gynecologists and the Association of Women's Health, Obstetrics and Neonatal Nurses; Hawaii Maternal Mortality Review Committee; and Healthcare Association of Hawaii to improve the identification of cases of severe maternal morbidity and on maternal morbidity data collection for use in the development of a classification system for maternal medical care at licensed hospitals throughout the State; and

BE IT FURTHER RESOLVED that any such information collected in the course of an investigation, such as the maternal identity, condition, or treatment, and subjects identified by the hospital or law as confidential, shall remain confidential and shall not be revealed under any circumstances; and
BE IT FURTHER RESOLVED that the Director of Health is urged to develop and propose a classification system for maternal medical care at hospitals licensed to provide maternal care throughout the State that includes the following definitions of care:

1. Basic Care (Level I): care of low- to moderate-risk pregnancies with the ability to detect, stabilize, and initiate management of unanticipated maternal-fetal or neonatal problems that occur during antepartum, intrapartum, or postpartum period until the patient can be transferred to a facility at which specialty maternal care is available;

2. Specialty Care (Level II): basic care plus care of appropriate moderate- to high-risk antepartum, intrapartum, or postpartum conditions;

3. Subspecialty Care (Level III): specialty care plus care of more complex maternal medical conditions, obstetric complications, and fetal conditions; and

4. Regional Perinatal Health Care (Level IV): subspecialty care plus on-site medical and surgical care of the most complex maternal conditions, critically ill pregnant women, and fetuses throughout antepartum, intrapartum, and postpartum care; and

BE IT FURTHER RESOLVED that a certified copy of this Concurrent Resolution be transmitted to the Director of Health.

OFFERED BY:  

MAR - 6 2020