Appendix C – Form for "Resolution Submission" for upcoming Policy Session

Title of Resolution: A comprehensive maternal death prevention strategy		
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Date of submission: Feb. 22, 2023		

RESOLVED, that the Canadian Federation of University Women (CFUW) urge the federal government to work with the provinces/territories to establish a national system to collect and share consistent disaggregated data on maternal deaths (stripped of confidential information) and close calls, with health care providers.

RESOLVED, that the Canadian Federation of University Women (CFUW) urge the provincial and territorial governments to promote enhanced education of health care providers and improved public education of patient populations as part of this initiative.

Background:

The purpose of collecting consistent national data on maternal deaths is to enable health care providers to initiate measures to prevent mothers in Canada from dying from conditions such as preeclampsia, which kills fewer women per capita in countries with better maternal health monitoring systems than Canada, and post-birth conditions such as suicide and homicide through domestic abuse. Maternal health advocates have named this proposed enhanced process a "confidential enquiry system".

The leading causes of maternal deaths vary from country to country (depending on their availability of and access to pregnancy-care programs or support) however it is widely accepted that the three leading causes of maternal deaths during and after pregnancy are related to:

- bleeding at the time of childbirth (postpartum haemorrhage);
- hypertensive disorders of pregnancy (preeclampsia and eclampsia); and,
- infections (sepsis).

Together, these three are responsible for 50% of all deaths.

In high-income countries, where deaths due to these conditions are declining due to universal access to pregnancy-care programs, cardiovascular diseases, neurological conditions, blood clots and deaths due to suicide, homicide and substance abuse are the leading causes of death during and after pregnancy.

Preeclampsia, sometimes called toxemia, is out-of-control hypertension in pregnancy. Usually appearing after 20 weeks of gestation, it effects 5-7% of all pregnant women but is responsible or over 70,000 maternal deaths and 500,000 fetal deaths worldwide every year. Eclampsia is diagnosed when a woman with preeclampsia starts developing seizures. Eclampsia can take place after a woman gives birth.

Postpartum depression is a major cause of deaths in mothers after birth in Canada. A 2017 research study published in the Canadian Medical Journal reported that one in every 19 maternal deaths in Ontario was attributable to suicide, with many of those deaths taking place around the seventh or eight month after birth.

Recently, homicide as been reported as a top cause of maternal deaths in the U.S. We have not found any recent data on maternal related homicide deaths in Canada.

In 2021/22, the CBC initiated an investigation into maternal deaths in Canada after learning of research in the U.S. which found that pregnant women of colour were dying in larger numbers for preventable reasons. (see: Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016). They wanted to know if a similar situation was taking place in Canada. They learned that our data was not complete enough to undertake an in-depth analysis of maternal deaths in this country.

According to Statistics Canada, 523 women died from complications of pregnancy or childbirth between 2000 and 2020. Dr. Jocelynn Cook, the chief scientific officer of the Society of Obstetricians and Gynecologists of Canada (SOGC), says no one really knows how many mothers die during pregnancy, or in the months after however. (See the October 2022 CBC investigation into this problem)

An international report by the World Health Organization (WHO), UNICEF and others estimates Canada's maternal mortality rate to be as much as **60 per cent higher** than what is reported by StatsCan. While still low by global standards, **this estimate would put Canada at double the rate of other high-income countries such as the Netherlands, Ireland and Japan, and in the top third of countries in the Organization for Economic Co-operation and Development (OECD) as of 2017**.

The CBC, which interviewed close to 70 women in its investigation, identified a number of deficiencies in Canada's maternal death tracking system and our efforts to reduce maternal deaths:

- Canada's national maternal death count is calculated from death certificates. A death is considered maternal if it has been flagged as either a death of a pregnant woman or a woman in postpartum. But experts told CBC that these forms are routinely filled in incorrectly.
- What counts as a maternal death is different depending on the province or territory where it happened. Some provinces use **WHO's definition of up to 42**

days after the end of pregnancy. **Others (such as Alberta) count up to a year postpartum.** Some provinces may not count the postpartum period at all.

- Only six provinces have mandated maternal death reviews. These are:
  - **Alberta**
  - **British Columbia**
  - **Manitoba**
  - **Nfld/Labrador**
  - **Ontario**
  - **Quebec**

This means that if a woman dies **in the other seven Canadian provinces or territories**, her death will not be independently investigated as a maternal death.

It is difficult for health care providers to fix a problem if they don't know where or how it exists. There is currently not enough information to determine if there are more maternal deaths in the following areas:

- among low/moderate-income individuals
- in racial and indigenous groups
- in certain geographical places including rural versus urban settings

BEST PRACTICES:
An initiative in this area would meet the U.N. Sustainable Development Goals (SDGs) # 3: Ensure healthy lives and promote well-being for all at all ages. **WHO European Maternal Health Fact Sheet** notes that, "A person's health at each stage of life affects health at other stages and also can have cumulative effects for the next generation. Women who remain healthy during pregnancy and after birth are more likely to stay healthy later in life and have better birth outcomes, influencing infancy, childhood and adulthood…Action is necessary across sectors and settings to eliminate avoidable maternal and perinatal mortality and morbidity."

- **U.K. system a global model**
  In the U.K., maternal deaths have been tracked and investigated by the country's MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) monitoring program since 1952. A team of reviewers from a variety of health disciplines looks at the death of women in their childbearing years and studies maternal deaths. Reports of their collected findings, stripped of information that would identify patients, are released to the public.

  "If we didn't do that, we would potentially miss up to half of the maternal deaths that occur in the U.K. because … if you die by suicide, the fact that you have a six-month-old baby wouldn't necessarily be written … on that death certificate," said Dr. Marian Knight, a professor of maternal and child population health at the University of Oxford, and leader of the program.

  Another U.K. program investigates near-misses. One of its successes has been the virtual elimination of deaths related to preeclampsia. The U.S. and Australia have followed the U.K.'s lead in developing programs in this area.

- **U.S. ERASE MM Program:**
  The U.S. the Centre for Disease Control (CDC) provides funding to states

through its Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program. This program facilitates an understanding of the causes of maternal mortality and complications of pregnancy to better prevent maternal deaths and reduce racial disparities.

RELEVANCE TO CFUW:
CFUW has an important historic interest in this area. Former CFUW-Hamilton member Dr. Elizabeth Bagshaw (1881-1982) was one of Canada's first female doctors and championed safe pregnancies all of her life. From 1932 until 1966, she was the medical director of Canada's first birth control clinic, which offered free family planning services to women in Hamilton. Over the course of her career, she delivered thousands of babies.

Maternal mortality was the second leading cause of death for women of childbearing age during the 1920s and 1930s in Canada. When Bagshaw's family planning clinic was established, Hamilton had one of the highest maternal death rates in Canada. By the end of the clinic's first year, some 398 local women were helped. Hamilton's maternal death rate began to drop from being the highest to the lowest in any Canadian city. (From: The City of Hamilton historic plaque – Canada's First Birth Control Clinic on Ferguson St. S.)

Dr. Bagshaw won many awards recognizing her contribution to Canada in this area: "On April 11, 1973, Bagshaw was invested as a **Member of the Order of Canada**… In 1979, she was **one of the first seven women** to receive the **Governor General's Awards in Commemoration of the Persons Case** "to recognize outstanding contributions to the quality of life of women in Canada".[9] In 2007, she was inducted into the **Canadian Medical Hall of Fame.** [10].

As a women's organization, with members of child-bearing age, or mothers and grandmothers of younger women, this is a matter of real importance and an area where we can make a critical difference.

Implementation:

- CFUW members could advocate to their local MPs, MPPs and Coroner/Medical Examiners for the implementation of a comprehensive federal/provincial/territorial maternal death prevention strategy as part of our national health care programs.

- Clubs and provincial/regional councils could feature public speakers in webinar/zoom or public lecture on this issue, potentially in partnership with local maternal health care providers.

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