

Appendix F: Abstract submitted to be presented at the Society for Maternal Fetal
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**CONTRIBUTION OF ETHNICITY AND MENTAL ILLNESS TO “NEAR MISS”
MATERNAL MORTALITY IN A TERTIARY CARE INSTITUTION. HAYWOOD**

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OBJECTIVE: Determine impact of ethnicity on “near miss”/severe obstetric
morbidity and maternal mortality in a multiethnic, tertiary care institution.

STUDY DESIGN: We performed a cross sectional review of 10,755 women with
Medicaid insurance delivered from 1994-2005 at Duke University. Pregnancy co
morbidities and outcome measures were identified by ICD 9, and CPT codes. Univariate
and multivariate analyses were performed to compare ethnic groups and risk factors for
severe obstetric morbidity and mortality.

RESULTS: African American women (OR 1.4; 1.15-1.71) experienced significantly
more ‘near miss’ morbidity than Caucasian or Hispanic women (OR .63; .5, .8).

Caucasian women had more psychiatric diagnoses, histories of substance abuse, and were
more likely to reside outside the tertiary care city. However, African American women
experienced significantly more severe morbidity/‘near miss’ mortality (OR 2.48; 1.37,
4.49). For African American women, concomitant psychiatric illness (OR 1.60; 1.10,
2.33) and residence outside the tertiary care city were significant predictors of severe

morbidity/'near miss' mortality. For older African American women, the risk of death (OR 2.83; 1.37, 5.83) was double that of Caucasian women.

CONCLUSION: Preexisting mental illness was a significant predictor of severe obstetric morbidity/'near miss' mortality for African American women. The state of NC recently identified a crisis in provision of mental health services. This is the first work to identify an association between these conditions and 'near miss' maternal death and highlight an area of public health intervention to decrease disparities.