Introduction

The Maternal Mortality Survey was conducted to understand current insights from maternal care providers across the U.S. The survey assessed the extent of perceived racism on maternal and infant mortality and how organizations are mitigating this impact. Additionally, the results of the survey helped to better understand how COVID-19 has impacted areas of training and staff development.

Healthcare leaders can use the data highlighted in this report to inform their organization’s learning and training programs to improve the perceived focus on maternal and infant mortality.

**METHODOLOGY**

Relias and AWHONN (Association of Women’s Health, Obstetric and Neonatal Nurses) collaborated in the development of a survey on maternal mortality. To support this effort, Relias partnered with Brandware, a qualified research partner. The survey questions were created by industry experts within Relias and AWHONN and the survey was conducted from Feb. 2-March 8, 2021. Relias offered an incentive to participate through check or a drawing for Amazon gift cards.
Top Findings From Survey

01 Results indicate a gap between perceptions of how important mitigating maternal mortality and morbidity should be and the actual priority of mitigation at respondents’ organizations.

02 The majority of younger respondents perceive racism to be a major/urgent issue in maternal and infant mortality.

03 COVID-19 appears to have had a major or extreme impact on staff training and development among nurses and physicians providing maternal care.
Demographics

In total, 398 individuals met our qualifications to take this survey—nurses (98%) and physicians (2%), who are primarily involved in obstetrics/gynecology or perinatal specialties. Nearly two-thirds of respondents were at least 45 years old, and about half have worked over 20 years in their specialties.

Figure 1. Type of Primary Practice

- **2%** Private Practice
- **2%** Birthing Center
- **3%** Public Health
- **13%** Private For-Profit Medical Center or Health System
- **35%** Nonprofit Academic Medical Center or Health System
- **46%** Medical Center (Community or Critical Access Hospital)

Figure 2. U.S. Geographical Region

- **22%** Northeast
- **22%** South
- **35%** West
- **22%** Midwest

Figure 3. Age

- **26%** 18-34
- **25%** 35-44
- **11%** 45-54
- **12%** 55-64
- **12%** 65+

Figure 4. Specialty Focus

- **44%** Obstetrics Only
- **28%** Perinatal
- **24%** Both Obstetrics and Gynecology
- **5%** Maternal-Fetal Medicine (MFM)

Figure 5. Years in Industry + Specialty

- **52%** Years in Industry
- **46%** Years in Specialty
Maternal Mortality Mitigation Priority

Maternal mortality has been an increasingly critical crisis within the U.S. for the last 30 years.¹ This survey sought to understand how organizations are actively prioritizing maternal mortality improvement.

Figure 6. How much of a priority should mitigating maternal mortality be at your organization?

Figure 7. How much of a priority is mitigating maternal mortality at your organization?

KEY FINDING

Nearly all (96%) respondents agree that mitigating maternal mortality should be a major priority. However, a smaller proportion (76%) say the issue is currently a high priority at their organizations, indicating an opportunity for greater focus.

Racism in Maternal and Infant Mortality

Black, American Indian, and Alaska Native (AI/AN) women are two to three times more likely to die from pregnancy-related causes than white women. Healthcare providers play a key role in addressing social determinants of health, which can directly impact maternal mortality improvement.

Many organizations are beginning to incorporate cultural competency and implicit bias training into their onboarding and education programs to uncover institutionalized racism in the healthcare industry. This survey report identified significant room for improvement.

Figure 8. Perceived Racism Impact on Maternal and Infant Mortality by Age

Figure 9. Perceived Racism Impact on Maternal and Infant Mortality by Region

KEY FINDING

Across all age groups, 60% of respondents perceived racism to be a major/urgent issue or a moderate issue in maternal and infant mortality. In the youngest age group (18–34 years old), 51% of respondents perceived racism to be a major issue in maternal and infant mortality, while 42% of respondents in the oldest age group (65+ years), perceived racism to be a major/urgent issue. Similarly, 48% of respondents located in the Northeast and 50% of respondents located in the West perceived racism to be a major issue, while 29% of respondent from the Midwest and the South perceived racism to be a major issue.

Figure 10.
Perceived Most Beneficial Standard to Mitigate Racism in Maternal and Infant Mortality

The respondents of the survey indicated the following perceived standards/strategies to be most beneficial to help mitigate racism in maternal and infant mortality within their organizations:

- Implemented a standardized assessment of maternal risk upon admission: 39%
- Offered patient education available in other languages (e.g., Spanish): 16%
- Deep dives into cultural competence training for clinicians: 7%
- Implemented individualized care plans: 6%
- Improved recognition and treatment of anemia prior to delivery: 5%
- Participation in statewide maternal mortality review committee: 5%
- Case reviews: 5%
- Tracked rates of Cesarean deliveries across all race and ethnic groups: 4%
- Other: 1%
- None of these: 11%

**KEY FINDING**

In terms of mitigating racism in maternal mortality, a standardized assessment of maternal risk upon admission was ranked as the most beneficial standard.

Note: The above listed items are respondents’ perceptions and not necessarily endorsed, evidence-based items by AWHONN or Relias.
COVID-19’s Impact on Training & Staff Development

The majority (87%) of respondents indicated COVID-19 has had a moderate to major/extreme impact on training and staff development. About half (45%) reported that COVID-19 has resulted in decreased funding for training and staff development.

**Figure 11.**
COVID-19 Impact on Training and Funding for Training and Staff Development

**KEY FINDING**
Early literature suggests that pregnancy-related deaths may increase in the COVID-19 era, at a time when maternal mortality is already a national health crisis.3

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In general, most respondents feel their organizations were at least moderately prepared for training regarding the COVID-19 pandemic. However, over half of the respondents indicated the organization was not at all prepared or only somewhat prepared to deliver virtual live training (53%). Only 22% of respondents felt their organization was very prepared or extremely prepared with having the right training (materials and content) to deliver to staff.

**Figure 12.**
Training Preparedness During COVID-19

The nation’s maternal mortality crisis has prompted efforts by quality organizations, requiring new standards and requirements to ensure hospitals and health systems follow best practices to improve mothers’ and babies’ care. By first understanding the perceptions of those providing care and the factors that affect educational opportunities, healthcare leaders can more effectively target maternal mortality improvement efforts.
About AWHONN

Headquartered in Washington, D.C., the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) is a leader among the nation’s nursing associations, serving more than 23,000 health care professionals in the United States, Canada, and abroad and representing more than 350,000 nurses in our specialty. AWHONN advances the nursing profession by providing nurses with critical information and support to help them deliver the highest quality care for women and newborns. Through its many evidence-based education and practice resources, legislative programs, research, and coalition work with other organizations and associations, AWHONN has firmly established itself as the leading association for women’s health, obstetric, and neonatal nurses. AWHONN members strive to deliver superior health care to women and newborns in hospital, home health, and ambulatory care settings. The rich diversity of members’ skills and experience make AWHONN the voice for women’s health and neonatal nursing. It is through their dedication, knowledge, skill, and expertise that we create resources aimed at achieving our mission to promote the health of women and newborns.

About Brandware

Based in Atlanta, Brandware helps clients identify and broadly communicate the captivating truth about their products and services.

Brandware was founded in 2000 on the belief that brand builders need a dependable resource that offers a unique combination of academic knowledge and real-world management experience. Our research methods are recognized as being state-of-the-art. For example, Brandware’s iTestSM Assessments methodology for online communications testing was featured in the promotional marketing textbook, Advertising and Promotion: An Integrated Marketing Communications Perspective by George and Michael Belch (McGraw-Hill/Irwin).

Our clients deserve the best, which is why Brandware uses experienced business professionals and respected academicians to conduct our research work. Brandware’s staff includes specialists who were formerly marketing and corporate communications executives on billion-dollar brands, our own roster of PhD business and marketing professors, and experienced moderators, analysts, survey programmers, and statisticians.

About Relias

Relias is a global software company that specializes in education and training solutions for healthcare and human service providers. For more than 11,000 organizations around the world, Relias continues to help its clients elevate the performance of teams to get better at maintaining compliance, developing staff, and promoting consistent, high quality care.

Our online platform employs assessments to reveal specific gaps in skills and addresses them with targeted, personalized, and engaging learning. Relias employs a wide variety of subject matter experts across the healthcare industry—from physicians to social workers—as well as a team of specialized instructional designers and developers, to create and curate over 7,000 online educational courses. Our courses follow principles of adult learning, are assessed at least every three years by an internal accreditations team to meet the required standards of over 135 accrediting bodies, and a majority include continuing education (CE) and continuing medical education (CME) content, helping healthcare personnel meet their licensure requirements.

Through our platform and education, Relias supports your need for data-informed decision-making, so you can take better care of people, lower costs, reduce risk and penalties, improve reimbursements, and achieve overall better results. Let us help you get better.