

**Title:** Maternal Mortality and Autopsies

**Introduced by:** Thomas S. Markus, MD, for the Michigan Section, American College of Obstetricians and Gynecologists

**Original Author:** James W. Gell, MD

**Referred to:** Reference Committee D

**House Action:** Referred to the Board for Study

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Whereas, American obstetricians, government agencies, and private organizations have long been interested in Maternal Mortality Surveillance, both to better understand the risk factors involved in maternal deaths, and also to recommend strategies for prevention of these deaths, and

Whereas, partially as a result of this activity, maternal mortality in the United States has fallen by 99 percent from 1900 to 1980, and

Whereas, since 1980, maternal mortality in this state or the country as a whole, has not experienced any further reduction, and, indeed, may have risen, and

Whereas, misclassification of maternal death occurs when the death certificate does not reflect the relationship between a woman's pregnancy and her death, and

Whereas, it is estimated that at least 50 percent or more of these deaths are preventable, and

Whereas, autopsies are not routinely done in the state of Michigan when a maternal death occurs, but, when performed, lead to more accurate diagnoses, which can lead to strategies to prevent other maternal deaths; therefore be it

**RESOLVED:** That MSMS seek legislation or regulations requiring that an autopsy be performed when a death occurs that meets the Michigan state criteria for a pregnancy related death, which is the death of a woman while pregnant or within one year of termination of pregnancy, irrespective of duration or site of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

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**WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**