



United States

Merck for Mothers is Merck's 10-year, \$500 million dollar initiative to create a world where no woman dies giving life. Drawing on Merck's history of discovering innovative, life-saving medicines and vaccines, *Merck for Mothers* is applying the company's scientific and business expertise – as well as its financial and human resources – to reduce maternal mortality around the world. *Merck for Mothers* is focused on access to quality care, product innovation, and awareness and advocacy.

Maternal Mortality in the United States

Though the global rate of death due to complications experienced during pregnancy and childbirth decreased by nearly 50% since 1990,ⁱ it has nearly doubled in the U.S. during the same time period.ⁱⁱ In fact, the U.S. has the worst rate of maternal mortality among industrialized nations, ranking 47th worldwide.ⁱⁱⁱ In addition to the tragic deaths that occur during pregnancy and childbirth, more than 50,000 women per year – one every ten minutes – nearly die from complications of pregnancy or childbirth.^{iv}

The leading causes of maternal death in the U.S. are blood clots (embolism) (20%), severe bleeding (obstetric hemorrhage) (17%), and severe high blood pressure (preeclampsia/eclampsia) (16%).^v While any woman can experience one of these complications during pregnancy or childbirth, women with chronic conditions such as obesity, high blood pressure, and diabetes are at higher risk of dying or nearly dying from them.

Programs and Partners

Merck for Mothers has made an initial commitment of \$6 million to programs working to improve maternal health in the U.S., with a focus on regions where rates of maternal deaths and severe complications are disproportionately high. In collaboration with national and local organizations in the U.S., we are working to address the following areas:

Enhancing community initiatives that coordinate care for high-risk women before, during, and after childbirth so they have access to services that will ensure good health during and beyond pregnancy.

- **Baltimore Healthy Start (Project City: Baltimore, Maryland)** is working with community-based clinics to improve prenatal and primary care for women facing chronic health conditions.
- **Camden Coalition of Healthcare Providers** is working with state agencies, community partners, and healthcare providers to design a model for medically complex pregnant women that improves data sharing among providers, coordinates multidisciplinary care during pregnancy, and seamlessly connects mothers to postnatal healthcare.
- **Maternity Care Coalition (Project City: Philadelphia, Pennsylvania)** is running "Safe Start MOMobile," a home-visiting program that partners community health workers with at-risk pregnant women to provide them with the health education and support they need to reduce their risk of poor or catastrophic outcomes during pregnancy and childbirth. Maternity Care Coalition assists women in managing their chronic conditions and following their doctor's recommendations using innovative technologies to reinforce health and wellness goals between visits.
- **Northern Manhattan Perinatal Partnership (NMPP) (Project City: New York, New York)** is offering preventative programs to reduce the incidence of chronic health conditions among women of reproductive age.

Strengthening data collection and review to better understand why maternal deaths are occurring and use that knowledge to improve practice.

- **Association of Maternal and Child Health Programs (AMCHP) (Project States: Colorado, Delaware, Georgia, North Carolina, New York, Ohio)** is strengthening state-based maternal mortality review boards across states to translate lessons learned into policies and practices that improve maternal health outcomes.

Implementing standard approaches to address obstetric emergencies.

- **American Congress of Obstetricians and Gynecologists - District II (ACOG District II) (Project State: New York)** is working with more than 10,000 healthcare providers and approximately 130 birthing facilities to develop and implement standard approaches for handling emergency obstetric events: hemorrhage (severe bleeding), venous thromboembolism (blood clots), and severe hypertension (high blood pressure).
- **Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) (Project Regions: District of Columbia, Georgia, New Jersey)** is working to improve current responses to postpartum hemorrhage (excessive bleeding) to increase clinicians' ability to recognize and treat women.
- **The California Maternal Quality Care Collaborative (CMQCC) (Project State: California)** is using innovative large-scale implementation strategies with all birthing facilities in the state to adopt quality improvement toolkits for obstetric hemorrhage and preeclampsia to help reduce maternal mortality and morbidity.

For more information on our efforts, visit: www.merckformothers.com



ⁱ World Health Organization, "Maternal Mortality Factsheet N° 348," WHO Media Centre: Geneva, May 2012, available at <http://www.who.int/mediacentre/factsheets/fs348/en/index.html>

ⁱⁱ [UNFPA \(2010\): Trends in maternal mortality: 1990 to 2010](#)

ⁱⁱⁱ [CIA: The World Fact Book: Maternal Mortality Rate](#)

^{iv} Callaghan, W. M., Creanga, A. A., & Kuklina, E. V. (2012). Severe maternal morbidity among delivery and postpartum hospitalizations in the United States. *Obstetrics and Gynecology*, 120(5), 1029-36.

^v Amnesty International. "Deadly Delivery: The Maternal Health Care Crisis in the USA." Amnesty International: London, 2010, available at <http://www.amnestyusa.org/sites/default/files/pdfs/deadlydelivery.pdf>