Pennsylvania
Department of Health

Maternal Mortality in Pennsylvania in 2022

A **Maternal Mortality Review Committee (MMRC)** reviews deaths that occur during or within one year of pregnancy.

MMRCs make determinations on the following questions for each death:

- Was the death pregnancy-related?
- What factors contributed to the death?
- Was the death preventable?
- What recommendations may help prevent future deaths?

A **pregnancy-related death** is the death of an individual while pregnant or within one year of the end of a pregnancy that would not have occurred unless the individual were pregnant.

A death is **preventable** if there was at least some chance of it being avoided by making reasonable changes. Preventability does not indicate a mistake was made.

Natural manners of death, such as embolism, infection, hemorrhage, and cardiac and coronary conditions, occurred more often in those who were **pregnant at the time of death or pregnant within 42 days of death**. A cause of death of **mental health conditions** occurred more often in those who were **pregnant 43 days to one year before their death.**

There were **53** pregnancy-related deaths in Pennsylvania.

89% were found to be preventable.





Most deaths occurred **after** pregnancy.

Important resources during and after pregnancy:

- Learn the Urgent Warning Signs
- Seek resources and support for Substance Use Disorder (SUD)
- Understand more about mental health conditions such as Perinatal Mood and Anxiety Disorders

In Pennsylvania, the overall **leading cause of pregnancy-related death** is **mental health conditions**, which includes **SUD**. There is a **complex relationship** between SUD and other mental health conditions. All individuals with deaths due to **SUD** had **other mental health conditions** contribute to the death.

Visit the Pennsylvania Maternal Mortality website to read the full Maternal Mortality Review Annual Report, including recommendations for action.

Data year: 2022; Published September 2026

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A **disparity** in maternal health is a preventable, unfair difference in care and health outcomes, leading to a higher risk of death for some individuals.

MMRCs seek to identify and end disparities during and after pregnancy. They do this by creating recommendations for action to save future lives.

Discrimination contributed to **1 in 3** pregnancy-related deaths.

Discrimination can be unintentional or not recognized by those providing care.

Discrimination is treating someone less favorably based on the **group, class, or category** they belong to, which includes bias against those who have SUD.

There are differences in the top **leading causes of death** for Black and white individuals during and after pregnancy.

Leading Cause of Death for Black Individuals

1. Mental Health Conditions
2. Cardiac and Coronary Conditions
3. Injury

Cardiac and coronary conditions and **injury** are the second and third leading causes of death for Black individuals. **Injury** includes accidental deaths and homicides.

Leading Cause of Death for White Individuals

1. Mental Health Conditions
2. Infection
3. Cardiac and Coronary Conditions

Mental health conditions, including SUD, was the leading cause of death for both Black and white individuals. Within mental health conditions, **overdose and SUD** were the primary causes of death.

Black Pregnancy-Related Mortality Ratio

58 pregnancy-related deaths per 100,000 live births

**From 2020-2022 in Pennsylvania*

Non-Hispanic Black individuals have a **two times greater risk** of a pregnancy-related death compared to non-Hispanic white individuals. Black bodies are not flawed, but the systems that care for them are. Action must be taken now to eliminate this disparity.

White Pregnancy-Related Mortality Ratio

29 pregnancy-related deaths per 100,000 live births

**From 2020-2022 in Pennsylvania*

Final data. These data represent a snapshot in time. Analyses and conclusions are the responsibility of the user. Questions: RA-DHMMRC@pa.gov.

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