
HOUSE CONCURRENT RESOLUTION

URGING EACH HOSPITAL IN HAWAII THAT PROVIDES MATERNAL CARE TO INVESTIGATE AND COLLECT DATA REGARDING MATERNAL MORBIDITIES AND MORTALITIES.

1 WHEREAS, maternal mortality refers to pregnancy-associated
2 or -related death and death resulting from severe maternal
3 morbidity; and
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5 WHEREAS, pregnancy-associated deaths are deaths of women
6 who are pregnant or who die within one year after the end of the
7 pregnancy, irrespective of the cause, other than a pregnancy-
8 related death; and
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10 WHEREAS, pregnancy-related deaths are deaths of women who
11 are pregnant or who die within one year after the end of the
12 pregnancy, from any cause related to the pregnancy or its
13 management, but not from accidental or incidental causes; and
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15 WHEREAS, severe maternal morbidity means unexpected
16 outcomes of labor and deliver or pregnancy that result in
17 significant short- or long-term consequences to a woman's
18 health; and
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20 WHEREAS, the federal Centers for Disease Control and
21 Prevention reports that the United States is the only
22 industrialized country with a growing rate of maternal
23 mortality, with 29.6 deaths for every 100,000 live births, which
24 ranks behind other wealthy countries, including the United
25 Kingdom, Japan, and Sweden, as well as behind some poorer
26 countries, such as Kazakhstan; and
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28 WHEREAS, research from maternal mortality review committees
29 from across the country show that over sixty percent of maternal
30 deaths are preventable; and



1 WHEREAS, collecting data and establishing universal-
2 standard levels of maternal care would help medical
3 professionals and policy makers identify barriers and
4 deficiencies that contribute to poor maternal health outcomes;
5 and

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7 WHEREAS, the levels of maternal care should reflect the
8 overall evidence for risk-appropriate care in a hospital through
9 the availability of appropriate personnel, physical space,
10 equipment, technology, and organization; and

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12 WHEREAS, the American Congress of Obstetricians and
13 Gynecologists and the Society for Maternal-Fetal Medicine have
14 proposed a uniform definition for maternity care with varying
15 levels of acuity, from Level I birth centers for low-risk women
16 to Level IV birth centers for women in critical condition who
17 are in need of treatment in an Intensive Care Unit setting; now,
18 therefore,

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20 BE IT RESOLVED by the House of Representatives of the
21 Thirtieth Legislature of the State of Hawaii, Regular Session of
22 2020, the Senate concurring, that each hospital in Hawaii that
23 provides maternal care is urged to investigate and collect data
24 regarding maternal morbidities and mortalities;

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26 BE IT FURTHER RESOLVED that each hospital is urged to work
27 collaboratively with the Department of Health and statewide
28 organizations such as the Hawaii chapters of the American
29 College of Obstetricians and Gynecologists and the Association
30 of Women's Health, Obstetrics and Neonatal Nurses; Hawaii
31 Maternal Mortality Review Committee; and Healthcare Association
32 of Hawaii to improve the identification of cases of severe
33 maternal morbidity and on maternal morbidity data collection for
34 use in the development of a classification system for maternal
35 medical care at licensed hospitals throughout the State; and

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37 BE IT FURTHER RESOLVED that any such information collected
38 in the course of an investigation, such as the maternal
39 identity, condition, or treatment, and subjects identified by
40 the hospital or law as confidential, shall remain confidential
41 and shall not be revealed under any circumstances; and




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1 BE IT FURTHER RESOLVED that the Director of Health is urged
 2 to develop and propose a classification system for maternal
 3 medical care at hospitals licensed to provide maternal care
 4 throughout the State that includes the following definitions of
 5 care:

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- 7 (1) Basic Care (Level I): care of low- to moderate-risk
- 8 pregnancies with the ability to detect, stabilize, and
- 9 initiate management of unanticipated maternal-fetal or
- 10 neonatal problems that occur during antepartum,
- 11 intrapartum, or postpartum period until the patient
- 12 can be transferred to a facility at which specialty
- 13 maternal care is available;
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- 15 (2) Specialty Care (Level II): basic care plus care of
- 16 appropriate moderate- to high-risk antepartum,
- 17 intrapartum, or postpartum conditions;
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- 19 (3) Subspecialty Care (Level III): specialty care plus
- 20 care of more complex maternal medical conditions,
- 21 obstetric complications, and fetal conditions; and
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- 23 (4) Regional Perinatal Health Care (Level IV):
- 24 subspecialty care plus on-site medical and surgical
- 25 care of the most complex maternal conditions,
- 26 critically ill pregnant women, and fetuses throughout
- 27 antepartum, intrapartum, and postpartum care; and
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29 BE IT FURTHER RESOLVED that a certified copy of this
 30 Concurrent Resolution be transmitted to the Director of Health.

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 32 OFFERED BY: 

MAR - 6 2020

