

435 KANSAS CITY'S M A G A Z I N E

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Dying to Give Birth

With the highest maternal mortality rates of any developed country, the U.S. is becoming a dangerous place to give birth. Missouri and Kansas are even more dangerous.

BY KIM MUELLER



Dr. Devika Maulik carefully watched as the weeks progressed to months during her first and only pregnancy.

“The only thing I could keep down was red juice and Doritos during my first trimester,” the Kansas City obstetrician recalls. Contractions started in her second trimester. And she worked 36-hour shifts on her feet during her third trimester.

As a pregnant woman, she knew that having a baby should be a time filled with hope. But as a doctor, she knew her pregnancy was full of risks. Of all the developed countries, the United States boasts the highest maternal mortality rate.

“There was a little bit of caution knowing what I know,” Devika Maulik says. “You don’t take anything for granted. With every week that passes with pregnancy, I know what can go wrong.”

Usually nothing goes wrong. You discover the beauty of leggings when your jeans don’t fit anymore. You master the art of sneezing without wetting your pants. And your feet disappear beneath your blossoming belly as you grow another human.

Yet 700 women die each year in the United States due to pregnancy complications, according to the Centers for Disease Control and Prevention. Eight Kansas and 27 Missouri moms died in 2017, according to the states’ health departments.

Those numbers seem insignificant until one of them is your wife or sister.

“The majority of the mothers survive,” says Dr. Dev Maulik, Devika Maulik’s father and department chair of obstetrics and gynecology at the University of Missouri-Kansas City medical school. “That is why maternal mortality is calculated in one in one hundred thousand. It’s still rare.”

The death rate for mothers is called the Maternal Mortality Ratio (MMR), which tallies the number of pregnancy-related deaths for every 100,000 live births. This is the gold standard that experts use to gauge the health and well-being of states and nations.

The bad news is that the United States is the only developed country where the death rate has increased, according to the World Health Organization. And Missouri’s rate is consistently worse than the nation’s, according to the Missouri Department of Health and Senior Services.

The problem is even worse in Kansas City, Mo. where the death rate is double the state’s and three times the national rate.

“They are all tragic,” says Dr. William Callaghan, chief of the CDC’s Maternal and Infant Health Branch.

Callaghan has spent decades in Atlanta scrutinizing mortality statistics, reading thousands of death certificates, combing through endless studies and cutting the complex issue into bite-size pieces for Congress and the public to understand.

He is the Lorax pleading for the nation's mothers.

"The purpose of surveillance is not just to count," Callaghan says with a tired voice, 28 days before retirement. "If you value what you are counting, then you do something about those numbers."

The good news is that most maternal deaths are preventable, Dev Maulik says. Nearly 75 percent of all maternal deaths are caused by high blood pressure during pregnancy, complications from delivery, and bleeding and infections after birth.

"Yes, there are risks involved in childbirth," Dev Maulik says. "But there are opportunities today to prevent the preventables."

One of those "preventables" is severe bleeding. Hemorrhaging can kill a healthy woman within hours, according to the WHO. Yet many hospitals do not have rules to monitor blood loss during and after childbirth, according to the Council on Patient Safety in Women's Health Care.

Truman Medical Center and Children's Mercy Hospital do, he says.

"It's not eyeballing," Dev Maulik says. "There is counting of the bloody sponges. The bloody pads are all collected, they are all weighed, they are all measured. Blood loss measurement is an essential part of monitoring the patient's well-being. Not everyone does it."

Unmonitored, bleeding can cause kidney and liver failure, fatal blood clots, strokes, seizures and heart attacks, says Devika Maulik, who specializes in high-risk pregnancies at Kansas City's Hospital Hill.

Another preventable is poor health. According to the CDC, when women become pregnant today they are often older and less healthy than their own mothers were when they gave birth.

The high maternal mortality numbers are controversial. Some experts believe the statistics dramatically spiked because of new reporting tools. In 2003, the federal government updated the standard U.S. death certificate by adding a checkbox asking if a woman was pregnant or

postpartum at the time of death. In the 23 states (including Missouri) that adopted the revised death certificate the maternal death rate more than doubled. In Kansas it tripled.

Congress recently passed a \$60-million bipartisan bill that authorized a five-year study to develop more accurate data and determine what is killing the nation's mothers.

Dr. Dev Maulik doesn't want to scare woman about giving birth, he says. "The majority of women go through their pregnancy without any medical problem and have lovely, nice babies. Childbirth is safe if you follow the guidelines."

Maternal Mortality Statistics:

- ❖ 700 women die each year in the United States due to pregnancy complications.
- ❖ 27 Missouri moms died in 2017 according to the states' health departments.
- ❖ 75% of all maternal deaths are caused by high blood pressure during pregnancy, complications from delivery and bleeding and infections after birth.

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