

# About the Division of Reproductive Health

For almost 60 years, CDC's Division of Reproductive Health (DRH) has developed programs to improve women's health, improve pregnancy health and care, and give infants the healthiest start in life.



Pregnant women and their infants may face fatal pregnancy complications, premature births, and sudden unexpected infant deaths. Each year in the United States, too many women die of pregnancy-related causes, and even more women have severe pregnancy complications. One in 10 infants (about 380,000) are born prematurely, and 3,400 are lost to sudden unexpected infant death. DRH works to reduce the risk and improve the health of women and infants.

Too many women die each year in the United States from complications of pregnancy. Among Native Hawaiian and Pacific Islander, Black, and American Indian/Alaska Native women, the risk of dying from these complications is 2 to 4 times the risk among White women. More and better data can help us understand how to prevent pregnancy-related deaths, ensure the best possible birth outcomes, and work to achieve equity.

CDC's [Pregnancy Mortality Surveillance System](#) conducts national surveillance of pregnancy-related deaths in the United States. The [Enhancing Reviews and Surveillance to Eliminate Maternal Mortality \(ERASE MM\)](#) program supports agencies and organizations that coordinate and manage Maternal Mortality Review Committees (MMRCs).

MMRCs are multidisciplinary committees in states and cities that perform comprehensive reviews of deaths among women during and within a year of the end of a pregnancy. Currently, CDC supports MMRCs in 44 states and 2 territories. Data from MMRCs provide a deeper understanding of the circumstances surrounding each death to guide recommendations at the patient, provider, facility, system, and community level for preventing future deaths.

The [Maternal Mortality Review Information Application](#) is a data system that provides a standardized approach to collect information, review deaths, and analyze data across MMRCs.

The [Hear Her<sup>®</sup> campaign](#) supports [CDC's efforts](#) to prevent pregnancy-related deaths by amplifying the stories of women who have experienced pregnancy-related complications and sharing potentially life-saving messages about [urgent warning signs](#). Hear Her encourages health care professionals and the people supporting a pregnant or postpartum woman to really listen and take action when she expresses concerns.

The campaign develops and shares culturally appropriate, audience-focused resources and supports local implementation by tribal organizations, and community-based organizations.

CDC's [Perinatal Quality Collaboratives](#) (PQCs) are state or multistate networks of health care teams working to improve the quality of care for mothers and infants. They do so by advancing best practices in the health care setting and expanding successful interventions statewide. These efforts have contributed to important improvements in health care delivery and perinatal outcomes.

CDC supports 36 state PQCs and funds the [National Network of Perinatal Quality Collaboratives](#). This network provides support, mentoring, and resources for all PQCs to identify and share best practices and develop tools and training. Every US state has a PQC or is developing one.

The [Pregnancy Risk Assessment Monitoring System](#) (PRAMS) has been a critical source of data on maternal and infant health for almost 40 years. Currently, 50 jurisdictions, including 46 states, the District of Columbia, New York City, Puerto Rico, and the Commonwealth of the Northern Mariana Islands, participate in PRAMS.

PRAMS collects jurisdiction-based population [data](#) on maternal attitudes, experiences, and health before, during, and shortly after pregnancy. These data are used to guide public health action and provide insights into which efforts can best support new initiatives to improve maternal and infant health.

Sudden unexpected infant death (SUID) is a term used to describe the sudden and unexpected death of an infant less than 1 year old in which the cause was not clear before investigation. These deaths often happen while the infant was sleeping in an unsafe sleep environment. Every year in the United States, about 3,400 infants are lost to SUID.

CDC supports surveillance programs in 32 areas of the country, which covers about 2 in 5 SUID cases in the United States. The [SUID and Sudden Death in the Young \(SDY\) Case Registry](#) standardizes and improves data collected at death scenes and promotes consistent reporting and classification of SUID and SDY cases. A better understanding of the circumstances and events associated with SUID and sleep-related infant deaths may help reduce future deaths.

CDC publishes [materials](#) to help parents and doctors learn how to reduce the risk of SUID. The agency also collaborates on the [Safe to Sleep](#)® campaign led by the Eunice Kennedy Shriver National Institute of Child Health and Human Development at the National Institutes of Health.

In 2022, CDC released the first data from the MMRCs since the ERASE MM program began. [Findings](#) from 36 state MMRCs showed that pregnancy-related deaths occurred during pregnancy, delivery, and up to a year postpartum. The leading cause of pregnancy-related death varied by maternal race and ethnicity, and over 80% of deaths were determined to be preventable.

Over the first 7 months of the Hear Her campaign, people who were aware of Hear Her messages were more likely to seek information or talk to their health care providers, according to internet survey. Knowing the warning signs and getting an accurate and timely diagnosis could help save lives.



#### [Director's Bio](#)

Wanda Barfield, MD, MPH, FAAP, RADM USPHS (Ret.)

Dr. Barfield leads CDC's Division of Reproductive Health

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