



August MNORN Member Meeting

MNORN Elections

YOU are encouraged to run for office to join the MNORN Leadership.

This is an opportunity to shape the direction of MNORN and to be part of a dynamic organization that gives voice to the nursing profession in Minnesota.

MNORN Positions to be elected this Fall:

1st Vice President

Treasurer

2 Directors

2 members of the Nominating Committee

2 representatives to ANA Membership Assembly, and 3 alternates

Nominating Committee Members:

Sarah Stevens, chair

Sara McCumber

Ozioma Okorosu

Kristy Reineke

David Walz



August 29, 2023

6:30PM - 8:00PM

6:30- 7:00 PM - Social/Networking

7:00 - 8:00 PM - Program

PROGRAM: PROJECT FIRSTLINE

We will be learning about Project Firstline, a partnership between CDC and MDH that aims to provide engaging and effective infection prevention and control training to frontline workers, staff, and members of the public health workforce.

Members of the MDH Project Firstline team will be presenting.

There is no charge for this meeting.

Attendees will will receive 1.0 continuing education credit.

You can register at <http://evite.me/EX6qQSTfpH>

Feel free to share the link with nursing students who may be interested in attending.

July Member Meeting: Report of the ANA Membership Assembly, given by MNORN representatives and attendees.



MNORN members who attended Membership Assembly discussed key national health policy initiatives that are impacting American nurses; discussed the process and outcomes for the 2023 ANA election; and shared the discussion and outcomes of the policy dialogue forums.

The recording of this meeting is on the MNORN website.

[CLICK HERE TO ACCESS THE RECORDING AND POWERPOINT](#)

Some comments from the meeting:

What factors influenced your decision to attend?

- CNE credits
- History of leadership
- Get updates
- Presenters are all wonderful members who are involved in such a variety of nursing positions and roles
- Topic
- Desire to stay current with ANA priorities and activities
- Opportunity for networking
- Contact hour
- Personal outreach from Kathi Koehn
- Interest in the issues discussed at ANA
- Desire to receive important updates about the work of this organization
- I am interested in health policy and was looking forward to hearing about the experience of those involved in the event and their thoughts about future related policy work
- Time, ease of attendance, topic of interest
- Availability
- Speakers
- Great inclusion of all the topics included in the ANA meeting
- Great topic to encourage more members to participate in ANA events!



Creating Your Career Path - Nurse Entrepreneurship + Intrapreneurship Webinar

On Wednesday, August 16th the next Navigate Nursing Webinar will debut at 11:00 am CT.

Creating Your Career Path – Nurse Entrepreneurship + Intrapreneurship will be presented by Oriana Beaudet, DNP, RN, PHN, Vice President of Nursing Innovation at ANA and Olivia Lemberger, PhD, MSN, RN, CHSE, NPD-BC, Innovation Design Strategist at ANA.

As you may know, Oriana is a MNORN member!

You can register for the Navigate Nursing Webinar Bundle below. The bundle provides instant access to the any webinar already executed in 2023. Or you can just register for [Creating Your Career Path - Nurse Entrepreneurship + Intrapreneurship here](#). Either way, you'll be able to earn CNE at no cost because you're an ANA Member!



The [Alliance of Nurses for Healthy Environments \(AHNE\)](#) is now accepting applications for Cohort 3 of the AHNE Fellowship!

ANHE launched the Fellowship program to train nurses to work with communities in tackling serious environmental health issues, with an emphasis on climate and health equity. Nurse fellows partner with local community-based organizations to enhance mitigation of and adaptation to climate change and related environmental health challenges, while ensuring the health benefits of these efforts are realized in the communities.

If you are passionate about the environment and learning how you can grow in community as a nurse in this area, [click here to apply](#) as this fellowship opportunity is tailor-made for you. **Applications are open until August 25th.**

To be eligible to apply, you must have:

- at least one year of nursing experience
- an active nursing license
- An expressed interest in environmental health nursing
- A demonstrated commitment to diversity, equity, and inclusion

The AHNE Fellowship has already made significant strides in empowering nurses to become leaders in environmental health, and we recently held the first highly informative webinar in our Community Partnerships series where past fellows shared their invaluable experiences. For those who missed the webinar or wish to revisit it, [we have the recording available here](#). **Learn more about the program and past cohorts by visiting our newly created fellowship website at <https://fellowship.envirn.org>.**

We truly believe that nurses play a pivotal role in shaping a healthier and more sustainable world, and through this fellowship, we aim to equip nurses like you with the knowledge and resources needed to tackle environmental challenges head-on.

If you have any questions or require further information, please feel free to reach out to us at Jeremiah@envirn.org.



Online Patient Portals

ABSTRACT

The unintended consequences of immediate access to health information

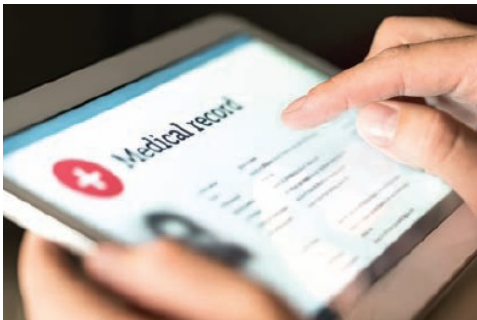


Figure: Photo © Shutterstock.

When the 21st Century Cures Act went into effect on April 5, 2021, few nurses realized the far-reaching impact the legislation would have on their work, their relationships with patients, and their personal health care experiences.

The legislation, which was signed into law in 2016, was intended to “promote patient access to electronic health information, advance innovation, and address information blocking practices,” as described by a recent editorial in *JCO Oncology Practice*. Many in the health care industry have interpreted this to require the immediate release to patients of all medical test results—and, perhaps, all available health information.

Yet, the 21st Century Cures Act doesn't reference online patient portals, which are now used regularly to share information between patients and providers. Similarly, the 2020 Cures Act Final Rule from the Office of the National Coordinator for Health Information Technology (ONC), which established information-blocking exceptions to this law, doesn't mention patient portals or mandate immediate or real-time access to information. However, because information blocking isn't allowed and the ONC has noted that "a delay in making EHI [electronic health information] available through a 'patient portal' . . . could constitute an interference and thus implicate the information-blocking regulations," most hospitals and health care centers are now giving patients immediate access to health information via online portals.

This offers undeniable benefits to patients, including quick and easy access to their personal health data, but there are also unintended consequences to such access.

EDUCATION IS NEEDED

The patient waiting for care in your ED may hear a *ding* on his phone and learn about his abnormal labs before you do.

"You and I might look at those labs and think, 'No big deal,'" says Jack Rodgers, MBA, BSN, RN, CEN, a member of the Emergency Nurses Association's board of directors. But most patients don't understand that slight variations in laboratory values are normal and not necessarily a cause for concern.

"They see 'abnormal' and say, 'How dare you make somebody that's sick like me wait?'" he says, noting that patient education regarding online portals is necessary. "We need to socialize patients to the technology and help them understand how it works in conjunction with how we take care of people."

Such outsized reactions to laboratory results are but one unintended consequence of making health information immediately available on an online patient portal. Other concerns include the exacerbation of health disparities, patients' discovery of medical mistakes, and the communication of health information without context.

EXACERBATION OF HEALTH DISPARITIES

Although patient portals are designed to help with the management of personal health information, their proliferation may also be creating barriers to care for some people.

"Patient portals have the potential to exacerbate existing health disparities, particularly among those who lack access to the necessary technology or possess insufficient resources and knowledge to use them effectively," says Michael LeTang, MS, RN-BC, CCRN, chief nursing informatics officer and vice president of risk management and patient safety at Healthcare Risk Advisors.

Research has shown that barriers to online portal use include patients' lack of computer access, difficulty in successfully accessing portals, and privacy concerns. A study in the March 2018 *JAMA Oncology* of portal access among more than 19,000 people being treated for cancer found lower rates of test result viewing among Black and Spanish-speaking patients. A retrospective study in the April 2021 *JAMA Oncology* noted that the electronic health records of more than 250,000 oncology patients revealed lower portal enrollment rates among those who were nonnative English speakers, older than age 70, Black, and Hispanic.

Differences in usage and access, according to a study in the February *Journal of the American Medical Informatics Association*, may result from implicit bias. The study found that in 2019 and 2020, Black and Hispanic patients were "significantly less likely" than White patients to be offered portal access by their health care provider. Implicit bias may also hinder older adults' use of patient portals. Although many health care providers assume older adults are not tech savvy, the results of a study of older adults (average age, 69.7 years) in 2020 in *Geriatric Nursing* indicate that most use the internet and find patient portals "helpful" and "valuable." An article published the same year in the *Journal of the American Geriatrics Society* found that adults ages 85 and older and their caregivers "readily utilized" patient portals to facilitate care.

Nurses and other health care providers should educate all patients and family caregivers on online patient portals, including how to access the portal, submit refill requests and questions, receive messages, and review health information.

FINDING MISTAKES

When New York writer Jenna Glatzer checked her patient portal after a recent cardiologist appointment, she was horrified to discover the physician's notes said he "discussed the American Heart Association's recommendation to exercise at least three days a week" with her and "recommends weight loss and intermittent fasting for heart health."

"We definitely never discussed those things, and if he had, it would have been irresponsible of him," said Glatzer, who is trying to maintain her weight after unexplained weight loss and is not currently allowed to exercise due to an uncontrolled heart condition.

Glatzer is far from the only patient to find mistakes in her online chart. On her blog, *White Coats, Paper Gowns*, Victoria Wilcox described in 2021 how she found physician "visit notes [that] said we had discussed several things that I believe never came up."

"It seemed that we had attended different virtual visits," she wrote. Because notes are shared among health care professionals, Wilcox said she was concerned that "my doctor's words threatened to bias my future treatment and risk my health."

Her concern is not misplaced. Inaccurate information can indeed jeopardize patients' health and relationships with their health care providers. And such mistakes are not unusual—a study published in April 2021 in the *Journal of the American Medical Informatics Association* found that 17% of patients discovered at least one perceived mistake in their medical record; of those, 44% believed the mistake was serious. Yet, many patients didn't notify their provider, largely because they didn't know how to report the mistake and didn't want to be considered a “troublemaker.”

In theory, access to electronic health information can empower patients and give them a larger voice in their care. In practice, patients need instruction regarding how to report and discuss possible errors in their chart, as well as reassurance that the health care team appreciates their input. Health care providers must also remember to document “their clinical findings in an objective, impartial, and factual manner that is easily comprehensible,” LeTang says.

A LACK OF CONTEXT

Crissi Estep, BSN, RN, was shocked when she learned—via the online portal MyChart—that she's at increased risk for leukemia. She'd undergone a bone marrow biopsy to assess another health condition, she explains, and someone “checked the box” to test for a leukemia conversion gene. Estep had to undergo additional testing to confirm the unexpected finding.

Other people have discovered they have cancer via patient portals, and many more have experienced confusion and anxiety after viewing test results and provider reports on the portal. Because results (and notes) are now often available to patients as soon as they're uploaded to the system, providers frequently don't have the opportunity to discuss health information with patients before they view it online.

Research has found that patients generally prefer online communication when they have medical questions and to access test results and treatment instructions, but context matters. A 2022 American Medical Association survey of 1,000 patients nationwide found that 43% of respondents preferred to receive laboratory and diagnostic test results immediately, but more than 50% of these wanted their physician to review the results and contact them first if a “debilitating, life-limiting or terminal illness” was indicated.

COMMUNICATION PREFERENCES

Nurses should ask patients about their preferences regarding health care communications. And if patients are awaiting sensitive results that will be immediately released via the portal, nurses can remind them that they don't have to view the results right away and can instead wait for a phone call or their next appointment.

Patient education is crucial to helping patients understand the potential and limitations of accessing personal health information via online patient portals. "It's essential to address these unintended consequences through persistent patient education and provider training," LeTang concludes, noting that these are "crucial in maximizing the benefits of patient portals while minimizing potential negative impacts." —Jennifer Fink, BSN, RN

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https://journals.lww.com/ajnonline/Fulltext/2023/08000/Online_Patient_Portals.17.aspx

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I Just Want To Be A Nurse, Not The "Organizational Sponge" For Everyone Else | Opinion

Katie Boston-Leary, Ph.D., MBA, MHA, NEA-BC is the director of nursing programs at the American Nurses Association and an adjunct professor at the University of Maryland School of Nursing



The challenges nurses face are many – shortage of nursing and non-nursing personnel, leadership attrition and turnover, budgetary pressures, documentation burden, workplace violence, and physical and emotional tolls, to name a few. Many of these challenges are not new, most are relabeled or termed and have become more complicated and critical over the years with the introduction of new technology, high patient acuity, and regulatory requirements.

If that weren't enough, advanced practice nurses are facing unreasonable calls from colleagues at the American Medical Association (AMA) for dual regulation from nursing and medical licensing boards which makes no sense during a time when the demand of independent practitioners outpaces the supply.

A recent [study](#) by McKinsey and the American Nurses Association Enterprise (ANAE) revealed that nurses believe that their time and workload could be better supported through better technological enablement and with more delegation of responsibilities.

Nurses believe that their time could be more efficiently managed if documentation, medication administration, turning and positioning patients, equipment, personnel, and supply management were more technologically enabled. Of course, most organizational

leaders believe that some of these technologies already exist and are working, but is that based on the user experience?

The study revealed that there could be a 10% net time reduction during a typical shift if nurses were able to delegate medication preparation and administration, drawing labs, toileting patients, procedural support with taking patients for testing and imaging, cleaning patient rooms, and restocking, to name a few. We recognize that there has been a chronic shortage of nursing assistants, patient care technicians, administrative support, and other support personnel in food and nutrition services, housekeeping, and other lower-paid positions which has worsened since the pandemic.

Healthcare has not treated or paid these professionals well over the years. Most of these individuals were barely earning over states' minimum wages for physically taxing roles. Some were also at the poverty line and in government safety net programs or worked excessive hours, overtime, or two to three jobs. Today, these professionals are in high demand in other industries like retail and hospitality offering better pay and benefits and safer work environments creating unexpected competition for the healthcare industry (particularly hospitals and long-term care).

WE NEED MORE RESOURCE NURSES

The [Models of Care Insight Study](#) conducted by Quint Studer, ANA, American Organization of Nursing Leaders (AONL), and Joslin Insights unveiled the importance of re-introducing the resource nurse role to reduce nurses' workload. Resource nurses were known as the "extra pair of hands" roles, excluded from staffing assignments, and were readily available to manage codes, rapid responses, IV therapy, and conduct assessments. Both nurses and nurse leaders agreed that these supportive nursing roles would be additively positive for the care delivery model redesign. However, we recognize that over the years these are some of the first positions that get eliminated because they seem costly and are not included in productive time.

Until these issues are rectified, there isn't any care delivery model design that will effectively improve recruitment and retention on a sustained basis. Otherwise, nurses' environments will continue to feel very factory-like, burdened, and industrial. Over-responsibility happens when nurses continue to take on more work and tasks beyond the typical and the most important task of all – caring for their patients. Our nurses have spoken – they would like to be able to spend more time with their patients and they leave every day feeling as if they were not able to provide the care their patients deserve and need (ANF). Instead, most nurses find themselves in environments where the simplest tasks require so much effort.

A recent nursing graduate who is now in her 4th career told me that she has never had or seen any role in her lifetime where so much is required from one person within such a

relatively short period of time. Any care delivery model redesign that doesn't have a tri-brid approach of supporting nurses providing direct care, leverages technology (device integration, transcription) and roles (scribes, resource nurses, non-nursing personnel) to reduce nurses' workload and introduces an overlay of support through surveillance, virtual care and robotics with user input and experience management, would not address these critical concerns.

As much as we have cautioned nurses to not say they are "just a nurse", all nurses are asking at this point is that they want to practice nursing and not be the "organizational sponge" that absorbs all other tasks that other professionals will not, can not or are unavailable to complete. In other words, can nurses just be nurses today and every day? This is how we start to rebuild and reform work environments that are healthy - where nurses and patients will thrive and flourish.



A Guide to Your Nurse Practice Act

Nursing professionals have a wide range of valuable resources to help them in their jobs, such as organizational policies and procedures and databases of clinical practice guidelines. Many nursing professionals use these on a regular basis to help them deliver quality care. But they tend to overlook one essential practice resource — the nurse practice act (NPA). As the name implies, a state's or jurisdiction's NPA provides guidance for practice; adhering to the provisions of the act makes the nurse less vulnerable to legal action. Here's what you need to know about NPAs.

A Nurse Practice Act (NPA) includes the creation of a Board of Nursing (BON) for enforcement. The BON's main purpose is to protect the public, although another consideration is the rights of nursing professionals. According to the National Council of State Boards of Nursing (NCSBN), the BON can create rules and regulations that clarify what's in the act but are consistent with it and do not go beyond it.

NPA basics

Each state and territory of the United States has an NPA, which is a law passed by a legislative body. An NPA outlines what is required to practice as a nurse and the types of activities various nursing professionals can engage in. NPAs generally have several common components:

- **Definitions.** Terminology needs to be clear so the information in an NPA is interpreted correctly. An example of a definition is unencumbered license — a license that doesn't have any restrictions or current discipline issues.
- **Authority, power, and composition of a BON.** The Board of Nursing (BON) is responsible for enforcing the NPA and protecting the public (see sidebar).
- **Educational program standards.** These standards, which include items such as faculty qualifications, are for schools of nursing.
- **Standards and scope of nursing practice.** This is a vital section of the NPA for practicing nursing professionals. It outlines expectations for practice and includes information about proper delegation.
- **Titles and licenses.** This section details requirements (such as graduation from an approved education program and passing an examination) needed to use a particular title such as RN.
- **Grounds for disciplinary action, other violations, and possible remedies.** The BON is responsible for investigating issues such as misuse of controlled substances and significant errors in care, and for taking appropriate action, based on what is permitted under the NPA.

BON members are elected or appointed to their position. Members typically include registered nurses, licensed practical/vocational nurses, advanced practice registered nurses, and consumers.

Following the NPA

You are responsible for following the NPA in the states and jurisdictions where you are licensed. Failure to do so leaves you open to legal action. For example, if you delegate incorrectly and the patient suffers harm, you could be named in a lawsuit. You would have little defense if you did not follow the NPA's guidelines for delegation.

Consider the NPA as a helpful resource. For instance, if your organization asks you to take on a task that is outside the scope of practice defined in the NPA, you have a valid reason for declining to perform the task. If you are unsure whether a task is covered, consult the BON for the relevant state or jurisdiction. You can easily access BON contact information via the National Council of State Boards of Nursing (NCSBN): <https://www.ncsbn.org/sites/ncsbn/membership/us-members/contact-bon.page>.

Of course, to follow the NPA, you must know what is in it. You can easily find the NPA(s) for where you practice through the "Find Your Nurse Practice Act" page on the NCSBN's website (<https://www.ncsbn.org/policy-gov/npa-toolkit/npa.page>). Simply use the drop-down menu to select your location.

It can be challenging to read a legislative act, so many states have created self-study education programs on their NPAs. You can find a list at the International Center for Regulatory Scholarship (ICRS) Connections Catalog: <https://catalog.icrsncsbn.org/browse/public/continuing-ed/npa/>.

A valuable resource

Following the NPA helps reduce your risk of legal action. Be sure to read newsletters and other correspondence from the BONs where you practice for any clarifications related to the NPA. It's also a good idea to revisit the NPA on an annual basis to ensure you are practicing according to the law.

By: Cynthia Saver, MS, RN, is president of CLS Development, Inc., in Columbia, Md.

References

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ANA Signs Letter to Congress in Support of Preventing Maternal Deaths Reauthorization Act

July 26, 2023

The Honorable Kevin McCarthy
Majority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker McCarthy, Majority Leader Schumer, Leader Jeffries, and Leader McConnell,

We, the undersigned 85 national organizations committed to improving the health and well-being of our nation's families, write to express our strong support for the bipartisan Preventing Maternal Deaths Reauthorization Act of 2023 (H.R.3838/S.2415). This legislation continues crucial federal support for the state-based maternal mortality review committees (MMRCs) that review pregnancy-related deaths to identify causes and make recommendations for the prevention of future mortalities. With our nation's maternal mortality rate on the rise, we urge you to swiftly pass the Preventing Maternal Deaths

Reauthorization Act. It is critical that Congress does everything in its power to address the maternal mortality crisis and work towards solutions to prevent future, unnecessary deaths.

The maternal mortality crisis continues to worsen in the United States. In 2021, over 1,200 women died as a result of pregnancy or childbirth, continuing an upward trend of over 20 years.¹ Racial disparities in maternal outcomes persist, with Black and Indigenous birthing people dying at 2-3 times the rate of their white counterparts.² Additionally, rural areas experience higher rates of maternal mortality compared to urban areas.³ Yet research from the Centers for Disease Control and Prevention (CDC) using state Maternal Mortality Review Committee data indicates that at least 80% of maternal mortalities are preventable.⁴ It is imperative that we understand why deaths are occurring and enact solutions to save the lives of hundreds of birthing people each year.

The Preventing Maternal Deaths Reauthorization Act is a vital component of America's fight against maternal mortality. Specifically, the bill would reauthorize, through 2028, federal support for states to collect and analyze data on every maternal death in order to identify solutions toward addressing disparities in maternal health outcomes and preserving the life and health of mothers during pregnancy, childbirth, and the postpartum period. This legislation would also require the CDC to work in consultation with the Health Resources and Services Administration (HRSA) to disseminate best practices relating to the prevention of maternal mortality to hospitals and other health care providers.

We look forward to working with you to pass the Preventing Maternal Deaths Reauthorization Act of 2023 as an important step towards eliminating maternal mortality in our nation. For more information, please contact Sherie Lou Santos, Director of Government Affairs at the Association of Maternal & Child Health Programs, at ssantos@amchp.org.

Sincerely,

2 Degrees Foundation
Academy of Nutrition and Dietetics
AFE Foundation
African American Mayors Association
AIDS Alliance for Women, Infants, Children, Youth & Families
Alliance for Black NICU Families
Alliance of Sleep Apnea Partners
American Academy of Pediatrics
American College of Clinical Pharmacy
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American College of Physicians
American Foundation for Suicide Prevention
American Heart Association

American Hospital Association
American Medical Association
American Nurses Association
American Psychiatric Association
American Psychological Association Services
American Public Health Association
Anchor Perinatal Wellness
APS Foundation of America, Inc
Association for Prevention Teaching and Research
Association of American Medical Colleges (AAMC)
Association of Maternal & Child Health Programs
Association of Physician Associates in Obstetrics and Gynecology (APAOG)
Association of Public Health Nurses
Association of State and Territorial Health Officials
Association of Women's Health, Obstetric and Neonatal Nurses
Baby Café USA, Inc
Black Mamas Matter Alliance, Inc. (BMMA)
Catholic Health Association of the United States
Center for Law and Social Policy (CLASP)
Centering Healthcare Institute
Centro Pediátrico de Lactancia Y Crianza
Child Welfare League of America
Children's Environmental Health Network
Every Mother Counts
Family Voices
FASD United
Futures Without Violence
GLO Premies
Hand to Hold
HealthConnect One
Healthy Families America
Healthy Teen Network
HealthyWomen
Hyperemesis Education and Research Foundation
Institute for Perinatal Quality Improvement
Lamaze International
March For Moms
March of Dimes
Maternal Mental Health Leadership Alliance
Mind the Gap Coalition
MomsRising
National Association of Councils on Developmental Disabilities
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Black Women's HIV/AIDS Network
National Blood Clot Alliance
National Coalition of STD Directors
National Institute for Children's Health Quality (NICHQ)
National League for Nursing

National Nurse-Led Care Consortium
Nurse-Family Partnership
Organization of Teratology Information Specialists
Parents as Teachers
PCOS Challenge: The National Polycystic Ovary Syndrome Association
Postpartum Support International
Preeclampsia Foundation
PremieWorld.com
RH Impact: The Collaborative for Equity & Justice
Safe States Alliance
Society for Maternal-Fetal Medicine
Society for Reproductive Investigation
Society for Women's Health Research
Start Early
Tara Hansen Foundation
The National Alliance to Advance Adolescent Health
The Policy Center for Maternal Mental Health (formerly 2020 Mom)
The PPROM Foundation
The Tatia Oden French Memorial Foundation
Then Shane Foundation
Trust for America's Health
Women of Color Health Equity Collective

[https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm#:~:text=In%202021%2C%201%2C%205%20women%20died,20.1%20in%202019%20\(Table\).](https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm#:~:text=In%202021%2C%201%2C%205%20women%20died,20.1%20in%202019%20(Table).)

<https://jamanetwork.com/journals/jama/article-abstract/2806661/li>>

<https://ajph.aphapublications.org/doi/10.2105/>

[AJPH.2022.307134#:~:text=Data%20from%20the%20National%20Inpatient.socioeconomic%20factors%20and%20clinical%20conditions](https://ajph.aphapublications.org/doi/10.2105/AJPH.2022.307134#:~:text=Data%20from%20the%20National%20Inpatient.socioeconomic%20factors%20and%20clinical%20conditions)

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>