

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 426
(A-24)

Introduced by: New Jersey

Subject: Maternal Morbidity and Mortality: The Urgent Need to Help Raise Professional and Public Awareness and Optimize Maternal Health – A Call to Action

Referred to: Reference Committee D

- 1 Whereas, maternal mortality rate is considered an indirect indicator of the strength of an entire
2 healthcare system; and
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4 Whereas, despite the numerous efforts by various maternal health organizations, Maternal
5 Morbidity and Mortality rates are continuing to increase; and
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7 Whereas, over the course of the past 30 years, there has been a 261 % increase in rates of
8 diabetes, 149 % increase in rates of hypertensive disorders of pregnancy (gestational
9 hypertension, preeclampsia, eclampsia, HELLP syndrome), 182 % increase in rates of chronic
10 hypertension; and
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12 Whereas, obesity is a well-recognized key contributor to these increases; and
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14 Whereas, there is also increasing and compelling evidence that maternal obesity may affect
15 long-term outcomes of offspring and further highlights the major public health concern maternal
16 obesity poses and the need for increased efforts to optimize maternal weight and health before
17 achieving pregnancy; and
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19 Whereas, despite published recommendations by the National Academies of Sciences,
20 Engineering, and Medicine for gestational weight gain, conversation about weight during
21 pregnancy has remained limited during prenatal care and 50 – 60% of women gain more than
22 recommended; and
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24 Whereas, interpregnancy periods are interrelated as the postpartum period may constitute the
25 pregnancy period of a women’s next pregnancy; and
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27 Whereas, excess gestational weight gain, especially over multiple pregnancies, is also likely to
28 be retained 20 years later resulting in higher risk of chronic disease and negatively impact a
29 women’s health in the long term; and
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31 Whereas, social drivers of health, structural racism and various stressors have placed Black
32 women at higher risks for obesity and its impact; and
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34 Whereas, obesity is preventable if the resources to treat or prevent obesity are made available
35 to those who need them the most; and
36
37 Whereas, personal responsibility is a part of dialogue, recognizing our societal responsibility to
38 help prevent and treat obesity by reducing the various barriers to health such as access and

1 affordability to healthy food, safe spaces that favor an active lifestyle, and access to trained
2 clinicians who can provide a full range of equitable obesity care especially to those who need it
3 the most can no longer wait; therefore be it
4

5 RESOLVED, that our American Medical Association policy no. D-245.994 be amended to
6 include the importance of all women achieving their healthiest weight before pregnancy,
7 maintaining healthy gestational weight gain, and optimizing weight loss postpartum (Modify
8 Current HOD Policy); and be it further
9

10 RESOLVED, that our AMA:

- 11 a) Advocate for access to effective obesity treatment (either medical or surgical) for patients.
- 12 b) Advocate for supporting physicians' ability to provide obstetrical and obesity care.
- 13 c) Advocate for additional funding for research on medical technology that influences human
14 behavior to promote healthy living.
- 15 d) Reaffirm policy no. H-440.902 and report back at A-25 on research on the
16 medical, psychological, and socioeconomic issues associated with
17 obesity, including reimbursement for evaluation and management of patients with obesity,
18 emphasizing pre-conception, gestational and postpartum obesity.
- 19 e) Provide medical recommendations on ways to eliminate barriers identified in prior obesity
20 research by our AMA.
- 21 f) Recommend that approaches to obesity prevention and treatment be included as an
22 element of medical education.

23 (Directive to Take Action)

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 5/3/2024