

aged on an outpatient basis and with nonsurgical interventions. Other surveillance approaches suggest that the frequency of ectopic pregnancy in the United States has not changed substantially in the United States since the early 1990s.<sup>6,7</sup>

The 11 ectopic pregnancy deaths in Florida during 2009-2010 contrast with a total of 14 deaths in the entire United States attributable to ectopic pregnancy identified in national vital statistics for 2007, the most recent year for which national data are available.<sup>8</sup> Compared with the earlier period, this series of ectopic pregnancy deaths in Florida during 2009-2010 is associated with a higher proportion of women who collapsed, which is generally associated with acute tubal rupture and hemorrhage. Based on limited evidence from household and family members and from electronic hospital, outpatient surgery, and emergency department records, these women had not received any health care before collapse. These findings suggest that delays in obtaining care contributed to the deaths of these women. More often, these women were from disadvantaged groups of women who might have experienced difficulties accessing health care, such as women not covered by insurance or a health plan. The high prevalence of illicit drug users among deaths in Florida during 2009-2010 might have been associated with delays in seeking care, receiving care, or both; this presents a challenge for prevention. The lack of drug testing in the earlier period limits the ability to ascertain whether the recent increase was predominantly related to illicit drug use.

This is the first report of an abrupt increase in ectopic pregnancy deaths identified in the United States in recent times. Pregnancy-related mortality surveillance systems previously have identified various clusters, including a cluster of maternal deaths associated with barbiturate anesthetics in New York City<sup>9</sup> and excessive maternal mortality

among members of a religious group in Indiana.<sup>10</sup>

The findings in this report are subject to at least four limitations. First, the total number of ectopic pregnancy deaths in Florida was small. Second, complete medical histories were not obtainable for every woman who died, limiting available information on risk factors and services. Third, rates of ectopic pregnancy deaths could not be calculated based on ectopic pregnancies because an accurate system for surveillance for cases of ectopic pregnancy at the population level is not available. Finally, women who nearly died from ectopic pregnancy were not studied.

This report reinforces the need for pregnancy-related mortality surveillance and its potential for guiding public health actions to prevent future deaths. Based on the findings from its review, Florida's PAMR team recommended promoting awareness among women and health-care providers, especially emergency-care providers, about ensuring early access to care and the importance of early suspicion and testing for pregnancy. The high prevalence of illicit drug use among the women who died highlights the need to raise public awareness about health risks associated with drug exposure during pregnancy.

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## Announcement: Release of Online US and State Trend Data for Health-Related Quality of Life

MMWR. 2012;61:129

CDC HAS RELEASED 1993-2010 OVERALL U.S. and state trend data for Health-Related Quality of Life (HRQOL).<sup>\*</sup> CDC's HRQOL questions ask about recent perceived physical and mental health and activity limitations.<sup>1</sup> Overall U.S. and state estimates are available by sex, age group, and race/ethnicity. *Healthy People 2000, 2010, and 2020* identified quality of life improvement as a central public health goal.<sup>2</sup> HRQOL enables health agencies to address broader areas of health-related public policy around a common theme, in collaboration with a wider circle of health partners, including social service agencies, health-care systems, community planners, and business groups. Measuring HRQOL will help monitor progress in achieving the nation's health objectives.

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