

Investigation of different agro-industrial wastes as bio-economical substrates to produce fungal laccase

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Abstract

Maternal mortality continues to be a mostly preventable, cause for death globally. This issue presents us with unique obstacles, and ways the healthcare community can dramatically affect change. In 2017, approximately 295,000 women died either during pregnancy or the immediate postpartum period.1 Internationally maternal mortality is at the highest rate where there is disparate access to healthcare. In 2015 global maternal death rates ranged from 12 deaths/100,000 live births to 546 deaths/100,000 live births. Internationally, 810 women died of preventable causes of death during childbirth or in the postpartum period.3 The goal that the United Nations has put forward, is to have the global maternal mortality to be less than 70 deaths/100,000 live births.3 Notably, between 2003-2013 America was 1 of 8 countries to have an increasing maternal mortality rate.4

The American legislature passed the Preventing Maternal Deaths Act, in 12/2018.7 This was considered a landmark piece of legislation. It provided 12 million dollars over 5 years to create review committees to investigate maternal death. The goal was for each death to be scrutinized, so we could learn from the care delivered. 8 ACOG has also made efforts to institute evaluations of levels of care, to optimize postpartum care and focus on birth registries.6

In 2018 The United States had a maternal mortality of 17.4/100,000. However, it is still evident that there is significant racial disparities; non-Hispanic black 37.3/ 100,000, non-Hispanic white 14.9, and Hispanic 11.8 women. 9

Biography:

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