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Authors

Matos, Eliana Xavier

Lee, Matteo

Yassin, Lamis

et al.

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Maternal Mortality in America: An Analysis of the Disparities and How to Move Forward

Authors: Sofia Abramsky-Sze, Sameeha Ahmed, Patricia Britton, Matteo Lee, Eliana Matos, Bhavya Yanamandra, Lamis Yassin

ABSTRACT

Maternal mortality rates within the United States have reached an all-time high. Annually, nearly seven hundred women die from pregnancy-related complications, a number of which were highly preventable. When taking a closer look at these statistics, these deaths disproportionately affect Native American and African American women, making them two to three times more likely to suffer from poorer pregnancy outcomes. This paper examines the variety of factors that contribute to such a disproportionate maternal mortality rate, including geographic differences, racial and economic inequalities, and the accessibility of healthcare. Despite attempts to fix these issues, systemic and intrinsic issues persist, and individuals continue to suffer. This paper highlights the need to address maternal mortality disparities that affect marginalized groups, improved accessibility to healthcare for all, and overall policy reform in order to solve this issue indefinitely.

INTRODUCTION

The death of a woman during pregnancy or within one year post-pregnancy, is known as maternal mortality. Maternal mortality is a critical public health issue within the United States, affecting hundreds of women nationally. Despite being a highly-developed nation with a plethora of technological and healthcare advances, the United States remains at the top of the list of highest maternal mortality rates amongst industrialized countries worldwide. Overall, the United States has over seven hundred women dying every year from pregnancy-related complications, many of which are Native American and African American women. This paper explores the multitude of factors that contribute to these disparities, such as, the role of socioeconomic influence, restricted access to abortion, accessibility to healthcare, etc. By

examining a variety of studies and the data provided with them, this literary research review delves into the urgent need for implementation of targeted policies and community-based interventions to improve overall maternal health outcomes and ensure equitable healthcare for women from any background.

DISCUSSION

There must be greater protections enacted to support those who are giving us life, mothers. Maternal mortality rates are at an all-time high and something has to change. According to the article “Maternal Mortality” published by the Pennsylvania Department of Health, maternal mortality is defined as the death of a woman who may be pregnant for up to one year following pregnancy. This article brings to light devastating facts such as nearly 700 die per year, in the United States alone, from pregnancy related complications. What makes this even more heartbreaking is that Native Americans and African-Americans tend to be 2-3 times more likely to suffer such ends. In Pennsylvania, 7.6% of counties are considered to be maternity care deserts; counties that do not have any obstetric providers in any medical centers or offices. Another shocking statistic is that 24.2% of counties in Pennsylvania also do not have complete and full access to maternity care, and this impacts nearly 200,000 individuals who live in these counties [2]. This article mentions that Pennsylvania has a Maternal Mortality Review Committee which was established in 2018 and conducts multidisciplinary reviews of cases of maternal mortality that may occur in Pennsylvania. The committee has the opportunity to decide if a death was preventable and take action from there. Maternal mortality has the ability to impact many lives and disrupt many families as a crucial individual in these families is lost from causes that may be preventable. This article does an amazing job of providing facts about the United States as well as within Pennsylvania, however, it does not provide solutions for this pressing issue. Maternal mortality is impacting too many individuals across the United States, while disproportionately affecting minority groups. This article has made it clear that more time and effort needs to be made in order to prevent these cases in the future [6].

In a nationwide assessment of preconception health risk index (HRI) scores, where greater scores corresponded to worse health and the maximum score was 11, Haiman and Cubbin found that an expectant mother’s risk for pregnancy-related health complications becomes significantly higher if the mother identifies with a specific race, economic status, or geographic

location. The average preconception HRI score was 3.5. There were higher average scores in rural areas than in urban areas, indicating the potential role of geospatial influences on maternal and infant health. Native American, Black, multi-racial, and Pacific Islander respondents had higher HRI scores than their Hispanic, White, and Asian counterparts. These results are important because they indicate the role of multiple factors in determining health for mothers and children, and could thus inform future policy changes [1]. Furthermore, Rossen and Khan studied geographic variation in racial disparities in infant mortality rates in the 48 contiguous states and DC. Black infants had higher infant mortality rates than white infants in all of the counties that were analyzed. However, there was significant geographic variation. Again, these findings point to the roles of multiple intersecting factors [5].

Additionally, barriers to abortion may exacerbate existing maternal health disparities. In the status quo, Black and Native American women have 3x and 2x the maternal mortality rates of their white counterparts. These disparities may only continue to grow with increased barriers to health care, as income is often tied to health insurance and women of color are more likely to be low-income due to centuries of socioeconomic factors. Additionally, the health concerns of women of color are often not taken seriously, in part because of a lack of diversity in medical systems [4].

Over the past three and a half decades, the number of pregnant and birthing people dying more than doubled, going from 7.2 deaths per 100,000 live births to 17.4 deaths. Various disparities exist in perinatal healthcare, and various policies for reducing maternal morbidity are currently in progress towards implementation. As they become implemented, it's imperative to recognize barriers to their full course and remain cognizant of socioeconomic influences on this issue. Currently, various community-based organizations are focusing on improving maternal health outcomes, a more local approach towards reducing maternal mortality rates that remains mindful of community issues. These programs have been shown to have positive impacts on maternal health outcomes. Additionally, maternal mortality review committees, or MMRCs, can also provide critical information regarding preventable fatalities. Based on all of the data, overall, investments into leveling the healthcare access field and investing in maternal mental health care should be a significant effort going forward for reducing the maternal mortality rate.

The disparities and discrimination against ethnic and racial groups in the US continues to be at an all time high despite the inclusion of diverse resources such as cultural competency

training within hospitals and within medical schools/institutions. For instance, “Women aged 40 years and over had the highest maternal mortality rates, and the largest percent increase...a 90% increase in the maternal mortality rate for mothers aged [greater than or equal to 40] during a 5-year period.” [1]. When these patients are analyzed by their race, it was found that the mortality rate for non-Hispanic black women were almost three times higher than for non-Hispanic white women. What is the reason for these leaps in deaths among mothers? The causes could be narrowed down to both indirect and direct obstetric causes. For instance, “direct obstetric causes accounted for 2/3...and indirect causes 1/3 of maternal deaths in 2013-14.” Further, with the unprecedented rates of maternal mortality rates in especially developed nations like the US, there’s a call to action by the UN known as the Millennium Development Goal. However, recent data uncovers that maternal mortality rates may not be as high as previously thought. For example, one of the many reasons related to maternal mortality rates being high might have to do with the fact that it is unrelated to obstetric factors. Especially as a result of the introduction of the pregnancy checkbox which allows physicians to notify whether the patient/victim who died was also pregnant. K.S. Joseph, a physician and epidemiologist in the University of British Columbia mentioned he “felt that the pregnancy checkbox was misclassifying a lot of such deaths and adding them to maternal deaths” however the CDC disagrees. As a result 38% of deaths seemed to be classified under obstetric related deaths and 87% not obstetric.

The latest data update on maternal deaths in Michigan from 2016 to 2020 reveals troubling trends. The program, Michigan Maternal Mortality Surveillance (MMMS), provides data that substance abuse disorder emerges as one of the leading contributors to these pregnancy-associated deaths, claiming the lives of 108 individuals out of the total of 305 pregnancy-associated, non-related maternal deaths in the state. Moreover, a staggering 74.5 percent of pregnancy-related deaths and 81.8 percent of pregnancy-associated, non-related deaths were found to be preventable, highlighting systemic failures in healthcare. The alarming 33.6 percent increase in maternal deaths from 2019-2020 driven by both medical and nonmedical causes, underscores the urgency for intervention [7]. Critical questions arise regarding the disproportionately high mortality rates among Native American women and the reasons behind the majority of maternal deaths occurring postpartum. In Michigan, where 80-90 maternal deaths occur each year, hypertensive disorders of pregnancy, hemorrhage, thrombotic/pulmonary

embolism, and infection/sepsis are identified as the most common causes of pregnancy-related death. Nearly 64% of pregnancy-related maternal deaths are preventable, emphasizing the need for improved healthcare interventions. Additionally, accidental drug overdose stands out as the primary cause of pregnancy-associated, non-related death. Disparities in maternal mortality are evident across race, age, and education levels, necessitating targeted efforts to address these inequities and ensure equitable access to quality maternal healthcare.

CONCLUSION

With maternal mortality rates on the rise in the United States, immediate action is necessary in order to address the intrinsic issues and disparities that come with maternal healthcare. From racial and economic inequalities, to environmental barriers and inadequate accessibility to healthcare, a well-rounded, holistic approach is needed to combat the issue as a whole. While initiatives like the Maternal Mortality Review committees and community-based health programs have shown promise through their progress, they must be followed up with policy reformation and change in healthcare infrastructure as a whole. In order to reduce maternal mortality rates and ensure the wellness and safety of women of any background, ensuring access to abortion and improved access to healthcare is necessary. By recognizing the multitude of factors that contribute to maternal mortality rates and prioritizing interventions that show promise of change, the nation as a whole can work together to create a future where every mother, no matter their background, is able to survive pregnancy and live long, fulfilling lives.

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