

Health Issue Brief:

Maternal Mortality

Background

Maternal mortality is universally recognized as a public health priority and used as an indicator of a country's overall level of health.¹ For the last three decades, the number of women across the U.S. who die during pregnancy, labor or within a year of giving birth has steadily increased. This rate—called the Maternal Mortality Rate— continues to rise, despite the U.S. outperforming all other nations in hospital-based maternity care. When compared to 10 similar wealthy, developed countries, the U.S. is ranked last in preventing pregnancy-related deaths.² This is despite the Centers for Disease Control and Prevention (CDC) deeming more than 60% of these deaths to be preventable.

Maternal Death in America

Women in America die during or after childbirth more often than their peers in Canada, Great Britain and Australia—with black, indigenous and low-income women of any ethnicity facing the most staggering negative outcomes. In the U.S., about 700 women die from pregnancy-related complications each year. The majority of maternal deaths occur during the months following childbirth, sometimes called the “fourth trimester.” During this time, women are at an increased risk for depression, opioid use disorder, heart disease and other chronic conditions (e.g. diabetes and hypertension).

Clinical Factors

Ascertaining the clinical causes of maternal mortality can be difficult, as many deaths are due to multiple interwoven complications. From 2011-2014, cardiovascular disease was the most common cause of pregnancy-related death in the U.S., exacerbated by the increasing prevalence of obesity and hypertension. Chronic health conditions such as hypertension and diabetes increase a pregnant woman's risk of fatal pregnancy complications. Despite a decrease in pregnancy-related deaths stemming from hemorrhage and hypertensive disorders, deaths related to other

Key Highlights:

- In the U.S., about 700 women die from pregnancy-related complications each year.
- More than 60% of pregnancy-related deaths are preventable.
- The U.S. is ranked at the bottom of developed nations in preventing pregnancy-related deaths.
- Black and indigenous women have death rates 2-4 times higher than their white counterparts.
- Leading causes of death include severe bleeding, infections, heart disease and stroke.

heart diseases continue to increase. Other clinical causes of death include infection and complications related to pre-existing illnesses.

Insurance Coverage Factors

Many women in America lack comprehensive health insurance during their pregnancy and postpartum period. Medicaid, which covers nearly half of all births, often only covers mothers for 60 days after giving birth—leaving them unable to access necessary postpartum care after this point.³ Similarly, privately-insured women often face coverage gaps when seeking postpartum care. Insurance plans often do not cover treatment for other postpartum conditions that impact the health of mothers and babies, such as postpartum depression and opioid use disorder.

Systemic and Community Factors

Poorer and more rural communities face significant difficulties in providing access to coordinated, comprehensive health care for pregnant women. These communities experience higher rates of maternal mortality due to elevated poverty rates, a lack of public transportation, food insecurity and difficulty accessing health care providers. Only 4% of women in the lowest income bracket report having access to paid parental leave. In this same population, 31% have paid sick-leave that they can use to recover after giving birth.⁴ Other community-related risk factors include chronic homelessness, domestic violence and a lack of access to reproductive health information.

Regardless of income or education, non-Hispanic black women are four times more likely to die from pregnancy-related complications than their white counterparts.⁵ Indigenous women similarly face double the risk of pregnancy-related death. Evidence from the CDC and the American Journal of Obstetrics and Gynecology suggests that the trauma associated with sustained exposure to racial discrimination can increase the risk of infant and maternal mortality.^{6 7} The American College of Obstetrics and Gynecologists cautions that racial biases held by individual providers also contribute to this disproportionately-higher rate of death.⁸

¹ Health Resources and Services Administration. [Maternal Mortality Technical Report](#).

² Central Intelligence Agency. [Country Comparison, Maternal Mortality Rate](#).

³ U.S. Department of Health and Human Services. [Births in the United States](#).

⁴ U.S. Department of Health and Human Services. [Work-Family Supports for Low-Income Families](#).

⁵ Lu, MC, Halfon, N. [Racial and Ethnic Disparities in Birth Outcomes](#).

⁶ American Journal of Obstetrics and Gynecology. [Stress Model for Research in Preterm Delivery Among Black Women](#).

⁷ Centers for Disease Control and Prevention. [Racial/Ethnic Disparities in Pregnancy-Related Deaths](#).

⁸ American College of Obstetricians and Gynecologists. [Racial Disparities in Maternal Mortality](#).