



ATW HEALTH SOLUTIONS

**White Paper:
“Maternal Mortality in the United States”**

Point of Contact: Hanna Zeinstra, Research Assistant
Email: hanna.zeinstra@atwhealth.com | **Office:** 312-858-6800
<https://atwhealth.com>

Maternal Mortality in the United States

The Maternal Mortality Crisis in the U.S. and Worldwide

The U.S. maternal mortality rate has steadily increased, and racial disparities are becoming increasingly apparent. Black and Native American women have a much higher rate of maternal death than any other racial/ethnic group in the U.S. Social factors are the most significant contributors to these disparities, and approaching this crisis through an equitable framework is necessary to decrease our maternal mortality rate.

Key Takeaways

- Systemic change to our healthcare system is needed to decrease the U.S. maternal mortality rate.
- Our perinatal workforce needs to be grown and diversified. This includes emphasizing the importance of midwives, doulas, etc...
- Social determinants of health need to be addressed to improve maternal health, like public transportation access, food insecurity, unstable housing, etc...

Background & Problem

Maternal mortality rate (MMR) is the number of resident maternal deaths within 42 days of pregnancy termination due to complications of pregnancy, childbirth, and the puerperium in a specified geographic area.ⁱ For years now, the U.S. MMR has been steadily increasing. In 2000, the U.S. MMR was 18.8; as of 2020, it has risen to 24. When comparing the U.S. MMR to other similarly developed countries, the U.S.'s MMR is shockingly higher. Switzerland, a wealthier country like the U.S., has an MMR of just 7. Notably, when breaking this data down by race/ethnicity in the U.S., Black and Native American women withstand the most of this public health issue. As of 2018, Black American women had an MMR of 41.4, while Native American women had an MMR of 26.5. Interestingly, White American women had a significantly lower MMR, at just 13.7.ⁱⁱ The question public health professionals are asking today is how can the maternal mortality crisis in the U.S. be adequately addressed, and how does the social determinants of health play into this? Some healthcare professionals argue that a large, systemic change is needed in our healthcare system to address the MMR crisis and meet the maternal health needs of each unique individual.ⁱⁱⁱ Emphasizing the importance of midwives and doulas during pregnancy and the birthing process has also been stressed in recent years, as these healthcare professionals provide individualized care to women that cannot be given by obstetricians.^{iv} Social determinants of health are also a main factor to blame for the U.S.'s high MMR, especially in Black and Indigenous communities. Addressing these root causes of healthcare inequalities and disparities is crucial when building sustainable change to lower the U.S. MMR.

Pregnancy-Related Mortality by Race/Ethnicity, 2016-2018 Per 100,000 Births

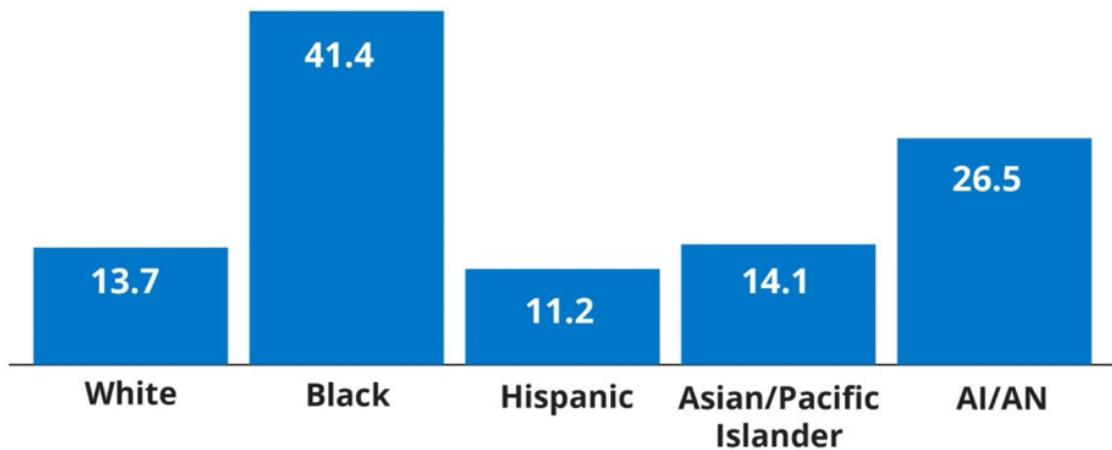


Fig. 1. Pregnancy Related Mortality by Race/Ethnicity, 2016-2018. Graph from CDC, *Pregnancy Mortality Surveillance System* (2023). Print.^v

Proposed Solution(s)

Addressing Structural Violence and Social Disparities

Research has shown that social factors significantly impact a woman's chances for complications during pregnancy and birth. Structural violence and one's built environment play a significant role in their ability to access certain maternal health services. For instance, in many rural, low-income communities there is little to no dependable public transportation that can get women to their gynecological and prenatal checkups. Similarly, in many predominantly Black neighborhoods in cities like Chicago, there are often food deserts in these neighborhoods that prevent pregnant women from getting the nutrients they need during pregnancy.^{vi} Better quality and access to services such as routine gynecological visits and prenatal care are needed to support these women. More generally, addressing basic social disparities will also help to lower the U.S. MMR rate by simply improving infrastructure and resources. By addressing structural racism and discrimination, this can ensure low-income communities of color have ample access to reliable public transportation, quality healthcare and clinics, healthy food options at local grocery stores, and sufficient outdoor/indoor spaces to safely gather as a community and support one another.^{vii}

Community Based Interventions

It is important to allocate resources and funding to communities in need of these necessary services, specifically targeting low-income communities of color. Establishing women's health clinics in these low-income communities of color is critical to addressing the MMR crisis in the U.S. It would also be helpful to provide community members with educational information to better understand the services these clinics provide and how they can be obtained. Emphasizing the importance of sexual education in schools can successfully educate young women on the importance of safe sexual practices as well as the biology behind human pregnancy. It is crucial that people are educated on these topics in adolescence and that any stigma surrounding these issues is addressed. It would also be helpful to build and provide educational programs to prospective, new, and expecting mothers so they fully understand the importance of maternal and prenatal health. Community organizers, volunteers, and leaders are critical when it comes to disseminating this information and conducting such programs at community centers or churches can successfully educate the target population.

Midwives & Doulas

Personalized care can also be helpful to new and expecting mothers, and this is where midwives and doulas are crucial to the health and well-being of pregnant patients. Research suggests that the use of midwives and doulas during pregnancy and the birthing process has a positive effect on the mother's mental and physical health.^{viii} The use of these alternative healthcare professionals leads to better health outcomes for mothers and their babies, causing fewer medical interventions and preterm births. Midwives and doulas often engage in patient-centered care, considering their patients' unique circumstances and backgrounds. This practice can make expecting mothers more comfortable during pregnancy as they receive unique, tailored care that understands the impact race, income, and other social factors have on one's pregnancy and birthing process. The expertise of midwives and doulas ensures the health of mother and baby, thus positively impacting the MMR.

Recommendations

Address barriers that prevent individuals from living a healthy life and accessing care

- Increase funding and quality of public transportation
- Allocate fresh produce markets to low-income areas
- Ensure ample well-kept outdoor spaces in low-income, urban areas
- Provide culturally competent care at maternal health clinics

Create self-sustaining communities

- Work with local leaders (alderman, etc.) to create and run healthcare programs
- Increase funding for sexual health programs in schools
- Build up maternal health clinics run by locals in these communities

Increase alternative healthcare workforce (midwives & doulas)

- Increase incentives for healthcare workers to go into midwifery
- Allocate funds to midwife and doula educational programs
- Implement scholarship programs for midwife and doula educational programs

Conclusion

Overall, there is no single solution to the maternal mortality crisis in the U.S. However, research has shown that investing in programs that address the social determinants of health decreases the MMR. Organizations like HRSA are increasing funding for maternal health research and more specifically, emphasizing the importance of telehealth resources. For example, in recent years HRSA has been funding and operating a maternal mental health hotline that provides mental health services to new mothers experiencing postpartum depression.^{ix} Approaching the maternal mortality crisis with a health equity framework is crucial to the health and well-being of new and expecting mothers. A health equity framework when addressing the MMR crisis in the U.S. would emphasize the importance of education, supportive communities, and accessible services to those most at risk of maternal death. The maternal health field is often overlooked but has been getting more attention in recent years due to the MMR crisis.

About The Author Hanna Zeinstra, from Illinois, is a recent graduate of Northwestern University, having studied Psychology and Global Health Studies. She is currently a first year MPH student at Columbia University, Mailman School of Public Health with a concentration in Populations & Family Health. She first became interested in pursuing a career in healthcare after her mother's diagnosis and passing due to colon cancer. Hanna hopes to focus her career on serving disadvantaged and underrepresented women of color, particularly improving services within reproductive and maternal health.

About the Organization ATW Health Solutions is a social impact and advisory consulting firm based in Chicago, Illinois. ATW Health Solutions is a U.S. Small Business Administration-certified women-owned small business (WOSB) and 8(a) program participant. ATW Health Solutions has earned national recognition for its work transforming healthcare delivery systems, impacting policy, and improving quality and safety. With a focus on quality, safety, and health equity, we have partnered with public and private organizations and government agencies to transform systems locally and nationally. Founded by healthcare transformation expert and visionary Dr. Knitasha Washington, ATW Health Solutions is an innovative, value-driven organization committed to improving healthcare for all. We apply an evidence-based approach, embedding data and analytics into performance measurement. Our client solutions seamlessly integrate patient-centeredness and equity as core strategies—resulting in demonstrated value.

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