

# DISPARITIES IN MATERNAL MORTALITY RATES IN THE US

## EXECUTIVE SUMMARY

Between 1993-2006, there were almost 8,000 pregnancy-related deaths in the United States. Almost **two-thirds** of these deaths occurred among women of color and non-US born. This population accounted for only 40% of live births during the same period. The pregnancy-related ratio increased by almost 50% during the same period.<sup>1</sup>

**Perinatal mortality rates have not only become a more pressing issue, but this issue disproportionately effects non-white mothers.**

### WHY IS THIS HAPPENING?

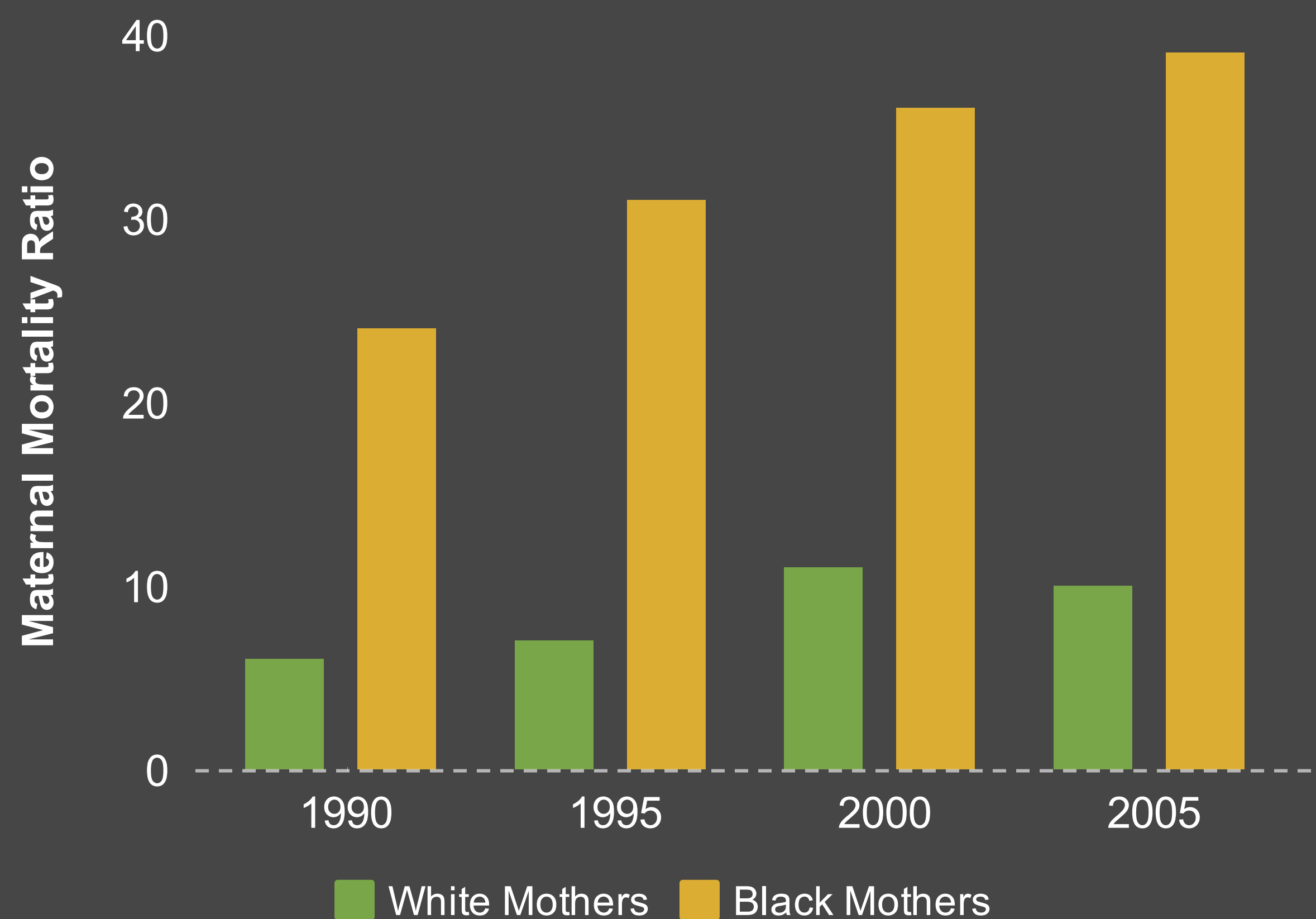
Postnatal outcomes can rely on a variety of factors, including stress levels, nutrition, family structure and genetics.

Minorities, including women of color, are often perceived through the lens of **implicit biases**. Implicit bias is pervasive, automatic and unconscious stereotyping, and often times does not correspond with ones stated beliefs.<sup>2</sup>

Multiple studies have found that physicians are less responsive to the pain of black patients, especially black women.<sup>3</sup>

Other **systemic social inequalities** include less access to healthy foods and safe drinking water.

### Maternal Deaths / 100,000 Live Births



#### BLACK MOTHERS ARE

**4.13x** MORE LIKELY TO DIE OF **HEMORRHAGE**  
**3.27x** MORE LIKELY TO DIE OF **INFECTION**  
**4.16x** MORE LIKELY TO DIE OF **EMBOLISM**  
THAN WHITE MOTHERS

There is also typically more difficulty finding steady work and reliable transportation.

Black women are also less likely to be insured than their white counterparts. As such, prenatal care begins later, and access to postpartum care is often limited.<sup>4</sup>

Black mothers are also more likely to give birth in historically segregated hospitals with fewer resources than historically white hospitals. Black women are also genetically predisposed to conditions such as diabetes which can complicate pregnancies.



## MOVING FORWARD: POTENTIAL SOLUTIONS

Several studies spanning the course of several decades found that **one-to-two thirds of pregnancy related deaths in the US and Western Europe could have been prevented**. Preventability does not refer to medical conditions, but rather the actions of the health care provider or the system. They also found that in the United Kingdom, 40% of all maternal deaths from 1997 – 1999 were at least in part caused by substandard care. <sup>4</sup>

### IMPROVING PROVIDER CARE

Hospitals can address a variety of issues, including a shortage of foreign-language translators, or poor communication across departments. Review committees can be implemented to help individual hospitals target specific areas of concern. These committees can help to create guidelines for screening or counseling, as well as implementing bias and sensitivity training. <sup>4</sup>

#### COMMON SYSTEMIC CAUSES OF MATERNAL DEATH: <sup>6</sup>

- Lack of adequate technology
- Lack of standardized policies/procedures
- Inadequate screening for risk
- Inadequate community outreach
- Insufficient personnel training
- Lack of continuity of care
- Failure to refer consultations

"IT WAS LIKE HE THREW ME AWAY"

Simone Landrum, a young black mother, referring to her doctor. Her doctor did not listen to her health concerns - her baby was stillborn, and she nearly died. Her doctor told her to 'calm down', and did not properly document her vital signs. <sup>7</sup>

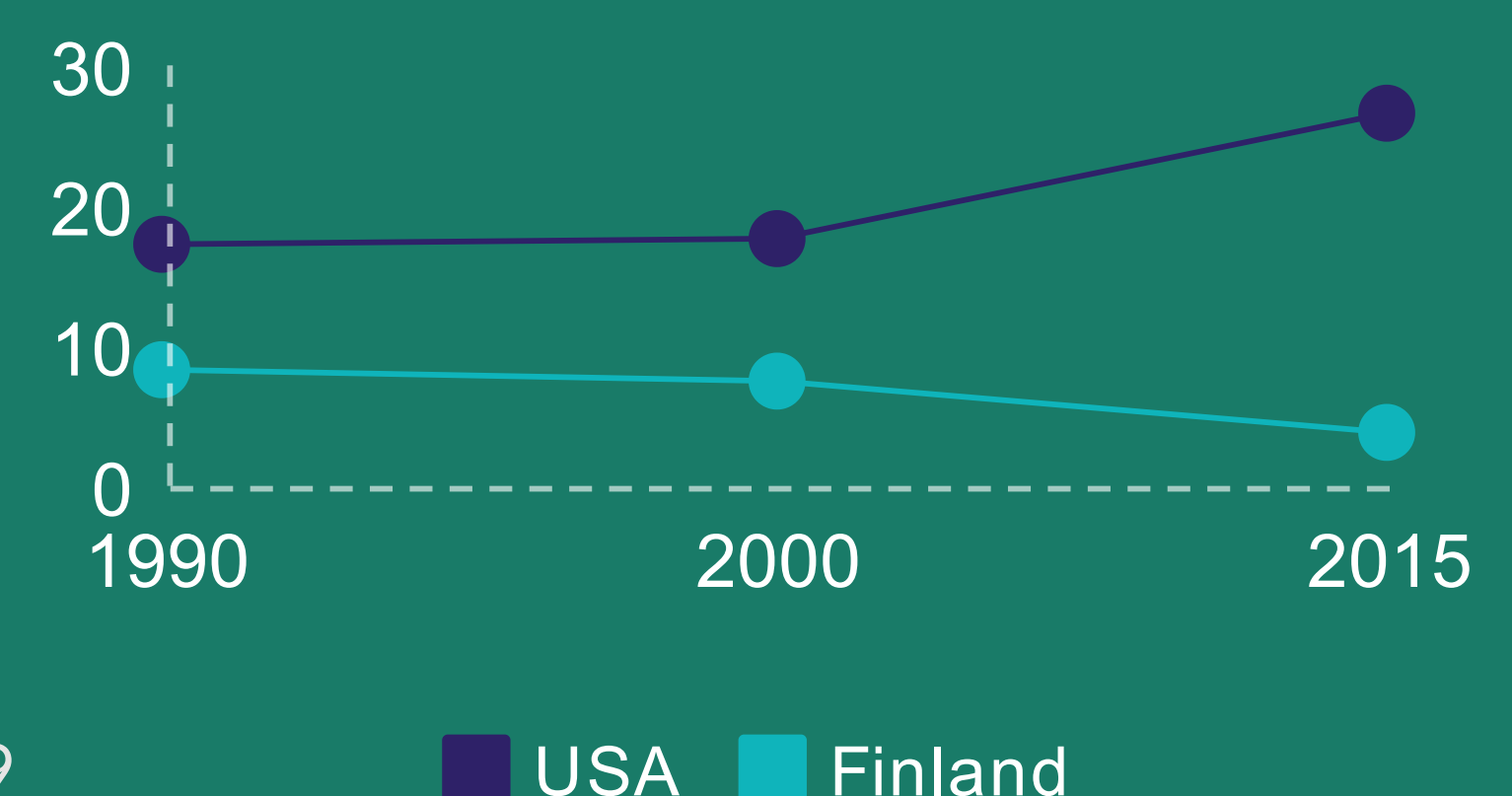
#### PREEMPTIVE MEASURES

Women with unintended pregnancies are at a higher risk of receiving inadequate or delayed prenatal care. Access to family planning should be expanded.

### USING FINLAND AS A MODEL

Finland is the best country to be a mother. The country's maternal mortality rates have fallen over the last 75 years, to 3 per 100,000 live births in 2015 from 400. This is because of new, free, voluntary maternity and child health clinics. These systems are the responsibility of local municipalities. As a result, nearly **100% of expectant mothers in minority communities had at least 15 prenatal visits, compared to only 44.0% of African American expectant mothers**. Finland's system can be used as a template for new healthcare models in the United States. <sup>8,9</sup>

#### Changes in Maternal Mortality Rate in the US and Finland



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