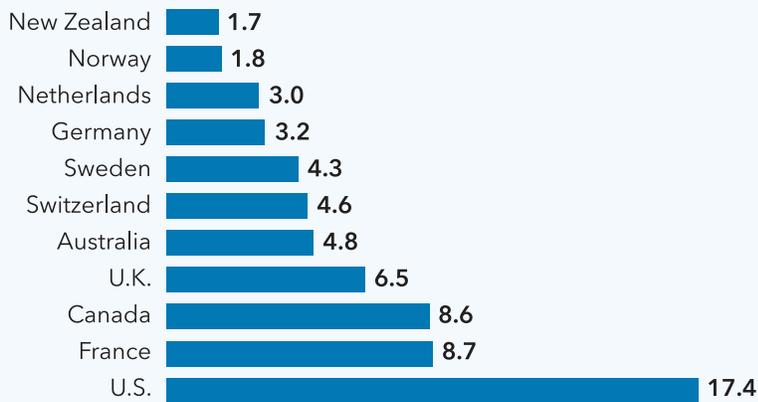


Improving maternal health outcomes and advancing health equity

In the U.S, too many women are dying prematurely during and after childbirth, and the problem is worsening.¹ This policy brief provides an overview of maternal health challenges, ethnic and racial disparities, and the multifactorial drivers causing disparities in maternal health outcomes.

Maternal mortality rates in the U.S. are higher than in other high-income countries.² Most maternal deaths are preventable.³

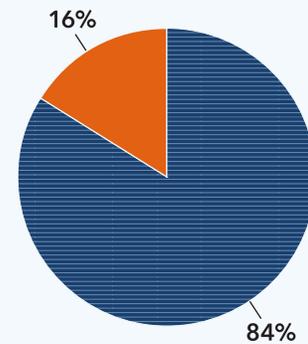
U.S. Maternal Mortality Rate vs. Other High-Income Countries, Per 100,000*



*2020 Commonwealth analysis, 2018 or latest year

U.S. Pregnancy-Related Deaths*

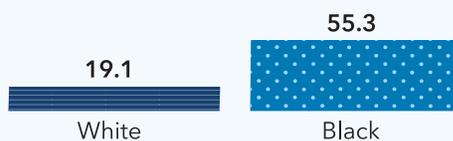
Preventable Not preventable



*CDC analysis, 2017-2019, across 36 states

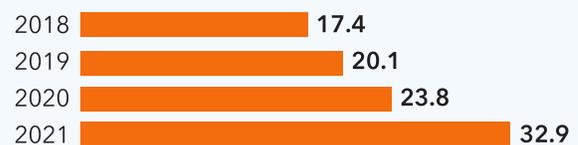
In 2020, maternal mortality rates were nearly 3 times higher for Black women than white women (55.3 vs. 19.1).⁴ While the COVID-19 pandemic limited access to care, worsening maternal mortality, increases in maternal death rates began prior to the start of the pandemic.⁵

U.S. Maternal Mortality Disparities between Race in 2020*



* Per 100,000 live births.

U.S. Maternal Mortality Rates, 2018 to 2021*



* Per 100,000 live births.

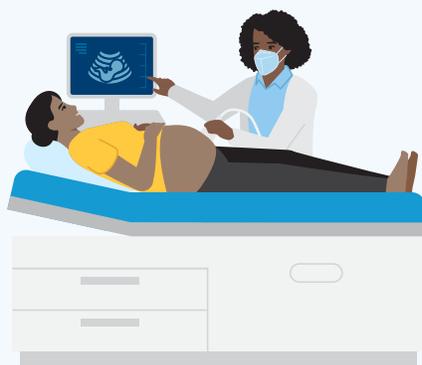
The maternal mortality crisis is worsening, and Black women and Native American women are disproportionately affected.

As noted in the chart below, the past **2 decades** maternal mortality rates doubled for Black and Native American women.⁶

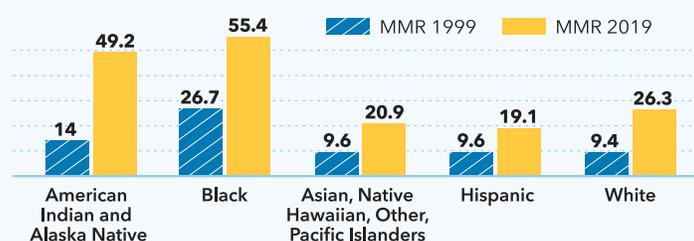
55.4 and 49.2 In 2019, estimated death rates per 100,000 women were highest for women who are Black or Native American.⁷

55.4 vs 26.3 In 2019, mortality rates were more than twice as high for Black women compared to White women.⁸

14.0 vs 49.2 Native American women experienced the largest increase in maternal mortality rates from 1999 to 2019.⁹



Maternal Mortality Rates (MMR), 1999-2019¹⁰



¹⁰Per 100,000 women, based on statistically adjusted state-level data

Contributing Factors

Most maternal deaths, and racial/ethnic disparities in deaths and other maternal outcomes, are preventable. The drivers of maternal health disparities are complex and multifactorial, related to structural and systemic racism and experiences of discrimination, all of which are associated with increased risks for health problems during and after pregnancy.¹¹

- **Housing and physical environment:**

Redlining and continued housing segregation has led many pregnant people of color and new mothers to reside in communities with higher rates of crime, interpersonal violence, instability, pollution, and other stressors. Preeclampsia, a pregnancy complication, has been linked to environmental contaminants in places where people of color often live and work.^{12,13}

- **Economic stability:** Economic inequality and racial wealth gaps continue to persist and contribute to health disparities. Black women often face limited economic opportunities and high stress levels, which worsens maternal health outcomes.^{14,15}
- **Food insecurity:** Research confirms that poor nutrition during pregnancy, common among people with lower incomes, is associated with poor birth outcomes.^{16,17}
- **Health care access:** People of color are more likely to be uninsured and to face challenges to obtaining care, including limited access to culturally and linguistically matched providers and hospitals. Health care coverage before, during, and after pregnancy supports positive maternal and infant outcomes during and after childbirth.¹⁸

- **Care quality:** Research on maternal mortality cases and near misses among women of color have demonstrated that physicians are sometimes nonresponsive to patient needs or slow to respond. Black, Indigenous, and Hispanic women reported higher levels of mistreatment.^{19,20}
- **Racism and discrimination:** Other experiences of racism and discrimination can contribute to chronic stress and lead to poor health outcomes as well.²¹ A Black mother with a college-level education is 60% more likely to die in childbirth than a White or Hispanic woman with less than a high school diploma.²² These racial disparities exist across all educational levels.²³

Public Policy

Kaiser Permanente supports the following policies that can improve maternal health care and outcomes and reduce disparities:

- **Improve access to comprehensive health insurance coverage at both the federal and state level:** To promote access to high-quality care, policymakers should support the extension of Medicaid and CHIP coverage to 12 months postpartum and streamline enrollment and eligibility verification. They should also expand Medicaid and commercial subsidies to everyone that meets eligibility criteria, regardless of immigration status.
- **Improve quality and systems of care:** Support demonstration projects to evaluate the impact of virtual care modalities (telephone or video visits) on reducing health disparities in prenatal and postpartum care. Include remote patient monitoring programs that promote early and regular prenatal care and help identify and manage risk factors.
- **Support research, education, and training:** Invest in culturally responsive programs, initiatives, and demonstration that improve public awareness of common pregnancy complications, and provide implicit bias trainings for health care providers and staff

to reduce care inequities. Explore increased use of paraprofessionals, such as patient navigator and community health workers, to improve care and outcomes.

- **Support access to evidence-based telehealth services and virtual care, to make access convenient and easy:** Support expanded access to telehealth and remote monitoring services, through telehealth coverage policies, expansion of broadband service to unserved and underserved areas, and subsidized internet and device access for patients with low incomes.
- **Support policies that enable payers and providers to address unmet social needs** that profoundly affect patients' health, [including food insecurity and poor nutrition, housing, and environmental hazards.](#)

Through policy change, leaders can ensure a high-quality, equitable continuum of care that optimizes the health and well-being of all mothers and babies. Policies can also improve underlying factors that impact pregnant people's health, including socioeconomic status, access to care, access to food and housing, and the physical environment, so that the overall risk of maternal illness and deaths are reduced.

References

Full citations for this document can be found at: kpihp.org/references-ics.

