What’s behind the spike in U.S. maternal mortality

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U.S. maternal deaths are on a worrisome trajectory. The Centers for Disease Control and Prevention (CDC) has reported that mortality rose from 861 maternal deaths in 2020 to 1,205 maternal deaths in 2021, a 40% overall increase.

Those 1,200-plus maternal deaths translate to a maternal mortality rate of 32.9 deaths per 100,000 live births for 2021, compared with 23.8 in 2020 and 20.1 in 2019, according to Sandra Adamson Fryhofer, MD, chair of the AMA Board of Trustees.

Also in 2021, the maternal mortality rate for Black women was 69.9 deaths per 100,000 live births. That is 2.6 times the mortality rate for white women.

During a recent episode of “AMA Update,” Dr. Fryhofer joined ob-gyn and maternal-fetal medicine specialist Nicole Lee Plenty, MD, MPH, MS, to discuss the latest CDC data and what physicians and patients can do to improve maternal health outcomes.

Intersecting factors at play

Maternal mortality rates in the U.S. are, shockingly, at their highest level since 1965. The reasons are multifactorial, said Dr. Fryhofer.

Black women are three times likelier than white women to die from a pregnancy-related cause. Health care access problems, underlying chronic conditions, and structural racism and implicit bias all contribute to these bleak statistics.

Social determinants of health prevent Black women and other patients from historically marginalized racial and ethnic groups “from having fair opportunities for economic physical and emotional health,” said Dr. Fryhofer, an Atlanta internist.
Underlying comorbidities heighten the risk of maternal mortality, said Dr. Plenty, an AMA member who serves as delegate of the AMA Women Physicians Section Governing Council.

“A lot of times patients are not controlled when they come into the pregnancy. So, people are not getting as much prenatal care or preconception care early on or before pregnancy,” she noted.

Getting hypertension or diabetes under control pre-pregnancy would help offset the risk of complications later in pregnancy, said Dr. Plenty.

The AMA has identified other factors that contribute to bad maternal outcomes: poor insurance coverage prior to, during and after pregnancy; lack of interprofessional teams trained in best practices; and closure of maternity units in many rural and urban communities.

**Legislation aims to save lives**

The AMA supports the “Data Mapping to Save Mom's Lives Act,” which was signed into law last year.

“This law identifies where maternal mortality rates coincide with lack of broadband services and aims to help ensure these regions have access to telehealth services that pregnant women need for better care and which could be life-saving,” Dr. Fryhofer noted.

The AMA also has advocated expanding access to medical and mental health care and social services for postpartum women. The “American Rescue Plan Act of 2021” offers a pathway for extending Medicaid coverage for pregnant people from 60 days to one-year postpartum.

Learn more about AMA advocacy to improve maternal health.

**What patients should keep in mind**

Dr. Plenty, who practices in the Houston area, has taken advantage of telehealth and created a podcast to educate patients about maternal health to improve patient outcomes.

“The virtual world is great for maternal-fetal medicine specialists because we can do a lot of that preconception care without the patient having to come in,” she said, a feature that was especially helpful during earlier phases of the COVID-19 pandemic.

Dr. Plenty’s podcast, “Pregnancy Pearls,” offers advice about maternal health. Specifically, she guides patients on the questions they should be asking their physicians.
If a patient doesn’t feel well or has a question about a drug or pregnancy symptom, they should speak up, she emphasized.

“I always tell people: Advocate, advocate, advocate for yourself. And if you need a second opinion, that’s not insulting” to the first physician.

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