

# More new moms are dying in U.S. Here's how to arrest the trend.

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The fact that the U.S. is one of only three countries where maternal mortality rates are rising—and that deaths among black, Native American and Alaskan Native women are fueling that growth—provides a convincing argument that health inequities exist, and that swift action is needed to save lives.

“The scientific evidence shows that there are concrete actions that can be taken to reduce and prevent rising rates of maternal mortality and serious or near-fatal maternal morbidity in the United States,” AMA President Patrice A. Harris, MD, MA, recently said in congressional testimony before the House Energy and Commerce Health Subcommittee.

In the U.S., about 700 pregnancy-related deaths occur each year, while another 50,000 women experience serious pregnancy-related complications such as heavy bleeding, kidney failure, and stroke or heart attack, Dr. Harris said at a hearing to discuss the issue and four bills seeking to reverse the trend.

The U.S., Afghanistan and Sudan are the only nations experiencing growing maternal death rates. Dr. Harris cited Centers for Disease Control and Prevention (CDC) research that found black women are three to four times more likely than white women to die from a pregnancy-related cause and that Native American and Alaska Native mothers were 2.5 times more likely.

But the most “significant and troubling” finding was the CDC estimate that 60% of maternal deaths are preventable, Dr. Harris said in written testimony.

Racial and gender discrimination have produced a “culture of disrespect” and revealed the “realities of not being listened to or heard,” Dr. Harris said.

She applauded those who continued to speak up on this vital patient safety concern.

“The AMA commends the many advocates who have paved the way for this issue to capture the attention of media, politicians, and the health care sector,” Dr. Harris said.

## Better data needed

AMA policy encourages state and county health departments to develop a maternal mortality surveillance system, identify barriers and develop strategies to implement evidence-based practices to reduce poor obstetric outcomes in racial and ethnic minorities.

The AMA also has policy that supports establishing government-funded maternal mortality review committees (MMRCs).

The AMA supported the Preventing Maternal Deaths Act that was enacted last year as well as the \$50 million Congress appropriated in 2019 to support prevention efforts. Since the law’s passage, all 50 states either have an MMRC or are in the process of developing one, according to a subcommittee memo.

The AMA also supports H.R. 1897, the “Mothers and Offspring Mortality and Morbidity Awareness Act,” sponsored by Rep. Robin Kelly, D, Ill.

Dr. Harris highlighted the bill’s provisions to:

- | Expand access to health care and social services for postpartum women.
- | Improve data collection.
- | Expand existing federal grant programs dedicated to scaling best practices to improve maternity care.
- | Authorize states to expand coverage through longer post-partum coverage under Medicaid, the Children’s Health Insurance Program and the Special Supplemental Nutrition Program for Women, Infants and Children.

Almost half of all U.S. births are to women with public insurance, but their coverage expires during the period when the majority of maternal deaths occur, Dr. Harris said.

“Medicaid coverage has improved maternal outcomes for low-income women,” she added. “We strongly urge Congress to safeguard Medicaid funding so as to not exacerbate the problem of maternal mortality and morbidity in the U.S.”



The AMA is committed to working with Congress on this critical issue, Dr. Harris said, noting that several other bills have been introduced recently.