

# Examining the Black U.S. maternal mortality rate and how to cut it

MAY 24, 2021

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**What's the news:** About 700 women in the U.S. die annually as a result of pregnancy or related complications and at least 50,000 women each year experience potentially life-threatening complications in childbirth that can have serious and life-long consequences for women and their families, the AMA recently told a congressional committee.

Notably, Black women were three to four times more likely than white women to die from a pregnancy-related cause, while American Indian and Alaska Native women were 2.5 times more likely to suffer a pregnancy-related death.

A summary outlining the extent of the problem, how and why it's worsening, and several suggested solutions were included in an AMA statement submitted to the House of Representatives Committee on Oversight and Reform for its hearing, "Birthing While Black: Examining America's Black Maternal Health Crisis."

**Why it's important:** The AMA is committed to reducing and preventing rising rates of maternal mortality and serious or near-fatal maternal morbidity, and specifically addressing health inequities and social determinants of health.

"At 17.4 deaths per 100,000 live births, our nation suffers from a higher rate of maternal mortality than any other developed country," said AMA President Susan R. Bailey in a recent AMA Leadership Viewpoints column. "The gap is immense; our rate of maternal death is more than twice as high as it is in nations of comparable wealth. What is even more disturbing is that, according to the Centers for Disease Control and Prevention (CDC), nearly 60% of these deaths are preventable."

Heart disease and stroke were the leading cause of pregnancy-related deaths between 2011 and 2017, according to a CDC study, which also found significant disparities in the death rates for different

racial, ethnic and age groups.

Preeclampsia, eclampsia and embolism were leading underlying causes of death among Black women. The health inequities are stark and exist across educational and social economic factors. For instance, Black women with at least a college degree had higher severe complication rates than women of other races and ethnicities who never graduated high school.

There is evidence that experiences of discrimination and racism have a “weathering” effect on the body. In addition, chronic stress and trauma due to discrimination that occurs as early as in-utero and early childhood, also known as adverse childhood experiences, have been associated with poor health outcomes and early death as an adult. More research and applicable solutions are needed on the relationship between discrimination and the chronic stress of racism on maternal and infant health outcomes.

“The AMA acknowledges that, although the primary drivers of racial health inequity are systemic and structural racism, racism and unconscious bias within medical research and health care delivery have caused and continue to cause harm to marginalized communities and society as a whole,” says the AMA statement to the House committee. “The AMA recognizes racism—in its systemic, cultural, interpersonal and other forms—as a serious threat to public health, to the advancement of health equity, and as a barrier to appropriate medical care.”

**Learn more:** In her column, Dr. Bailey wrote that the AMA “enthusiastically supports” the “Mothers and Offspring Mortality and Morbidity Awareness Act” (MOMMA Act). The AMA recently sent a letter of support to Sens. Richard J. Durbin and Tammy Duckworth, the Illinois Democrats who are sponsoring the bill.

Relatedly, the AMA joined a sign-on letter urging CMS to act as soon as possible to approve pending section 1115 demonstration projects aimed at extending postpartum coverage for individuals who were enrolled in Medicaid while pregnant to a full year after the end of pregnancy.

The AMA also supports the bipartisan Connected Maternal Online Monitoring Act (Connected MOM Act). The measure would identify and address barriers to coverage of remote physiologic devices under Medicaid to improve maternal and child health outcomes for pregnant and postpartum women.