Maternal Mortality in the United States: Focusing on Societal Impacts and Potential Solutions

Grace Petrzelka

University of Northern Iowa, gracepg@uni.edu

Let us know how access to this document benefits you

Copyright ©2022 Grace Petrzelka

Follow this and additional works at: https://scholarworks.uni.edu/rcapitol

Part of the Maternal and Child Health Commons

Recommended Citation


https://scholarworks.uni.edu/rcapitol/2022/all/8
Maternal Mortality in the United States: Focusing On Societal Impacts and Potential Solutions
Grace Petzrlka
University of Northern Iowa

Project Purpose
- Explore available material on the topic
- Determine social, environmental, and cultural determinants that play a role in maternal mortality
- Discuss possible implementation of solutions

Research
- United States is one of only two nations who’s reported an increase in its maternal mortality ratio since 2000
- World Health Organization has spoken out before about maternal health in the United States, labeling:
  - Inconsistencies in care
  - Increase in pregnant women with chronic illnesses
  - Lack of consistent and reliable numbers on maternal health factors as contributing to poorer outcomes
- Race
  - One of the greatest contributors to the maternal mortality ratio here in the U.S.
  - Since the 1970s, Black mothers have consistently been anywhere from 3-4x more likely to die than White mothers
  - 2016 maternal mortality ratio breakdown per 100,000 live births: Black (40.8), American Indian/Alaska Native (29.7), Asian and Pacific Islander (13.5), White (12.7), and Hispanic (11.1)
- Medicine
  - Hemorrhaging is leading cause of death during pregnancy and birth
  - Infection is leading cause postpartum
- Health Policy
  - Affordable Care Act (ACA) of 2010 mandated health insurance coverage across the nation; prohibited the withholding of health insurance coverage due to any pre-existing conditions
  - In 2018, Congress enacted the Preventing Maternal Deaths Act, a program formed to create maternal mortality review committees and get together a process for collecting data, improving quality of care, and how to disclose findings to the public

Research Cont.
- National Comparisons
  - States in the Southern U.S. have reported maternal mortality ratios higher than 30 per 100,000 live births
  - States in the Northern U.S. have maternal mortality ratios less than half that
- Infant mortality
  - In 2007, the IMR for non-Hispanic black women was 2.4 times the infant mortality rate for non-Hispanic white women
  - For non-Hispanic black women, infant mortality rates were higher in:
    - Preterm-related conditions
    - Congenital malformations
    - SIDS
    - Unintentional injuries

<table>
<thead>
<tr>
<th>Preterm-Related Conditions</th>
<th>Examples &amp; Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Conditions and complications related to giving birth prior to the 37th week of pregnancy</td>
</tr>
<tr>
<td></td>
<td>Neural tube defects, congenital heart defects, cleft lip and/or palate</td>
</tr>
<tr>
<td>SIDS</td>
<td>Sudden Infant Death Syndrome</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>Accidents, falls, toxic exposure</td>
</tr>
</tbody>
</table>

Table 1. Explanations of causes of infant mortality
- API women had the lowest percentage overall of preterm births, 5% less than the rate for non-Hispanic white women
- Insurance Coverage
  - Mothers on Medicaid were more likely to:
    - Report no postpartum visit
    - Not feel they had adequate autonomy during the labor process
    - Feel as if they were being treated differently by providers due to insurance status
  - In 2020, only 24 out of 50 states offered coverage for pregnant women up to 200% above the Federal Poverty Level
  - Over 7 million US parents have no health insurance coverage; have maternal mortality rates 3-4x times higher than those who are insured

Methodology
- Continuous exploration of various scientific journals and articles
- Comparison of hard data and the review of current works of publication
- Research conducted via University-recommended databases through Rod Library; causes were then related to potential solutions and implementation
- Central purpose served to explore peer-reviewed research and determine consistent links between the focus topic of this paper and the central themes

Key Results & Findings
- Increased funding/support for community-based services
- By focusing on racial disparities when it comes to providing care for mothers and babies before, during and after pregnancy, we can:
  - Better provide for and treat patients
  - Bridge the present gaps in our system of care
- Need comprehensive health services outside of the hospital setting
- Provide extra services that complement medical care, rather than simply provide them
- Revision and reimplementation of government-funded medical service policies is needed to be more representative of the patient population
- Data suggests need for prevention and intervention when it comes to preterm births across multiple groups
- Recommend prioritizing:
  - Increased funding for federal programs
  - Health care strategies that work to improve maternal health
  - Forming national standards and goals in our healthcare system
- Family planning is one of the main contributors to reducing maternal mortality
- Often shaped around the use of contraception and the treatment of infertility issues

Conclusions
- Maternal death in the United States is not due to any one singular cause; we need to focus on:
  - Reducing the barriers seen in race and healthcare
  - Making necessary changes to policy and implementation
  - Utilize a continuous care system in order to improve maternal mortality in America
- Changes in public policy surrounding social aspects of care would be most effective to combat these issues
- Data-driven and scientifically researched links on the topic of maternal mortality that determined underlying social, environmental and cultural causes

Acknowledgements
Thank you to Dr. Michele Devlin, Dr. Jessica Moon and the Honors and Scholars Program for their continued work and support!

Bibliography
- Thank you to Dr. Michele Devlin, Dr. Jessica Moon and the Honors and Scholars Program for their continued work and support!