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

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

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## 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 (11.5)

2016 Maternal Mortality Ratios

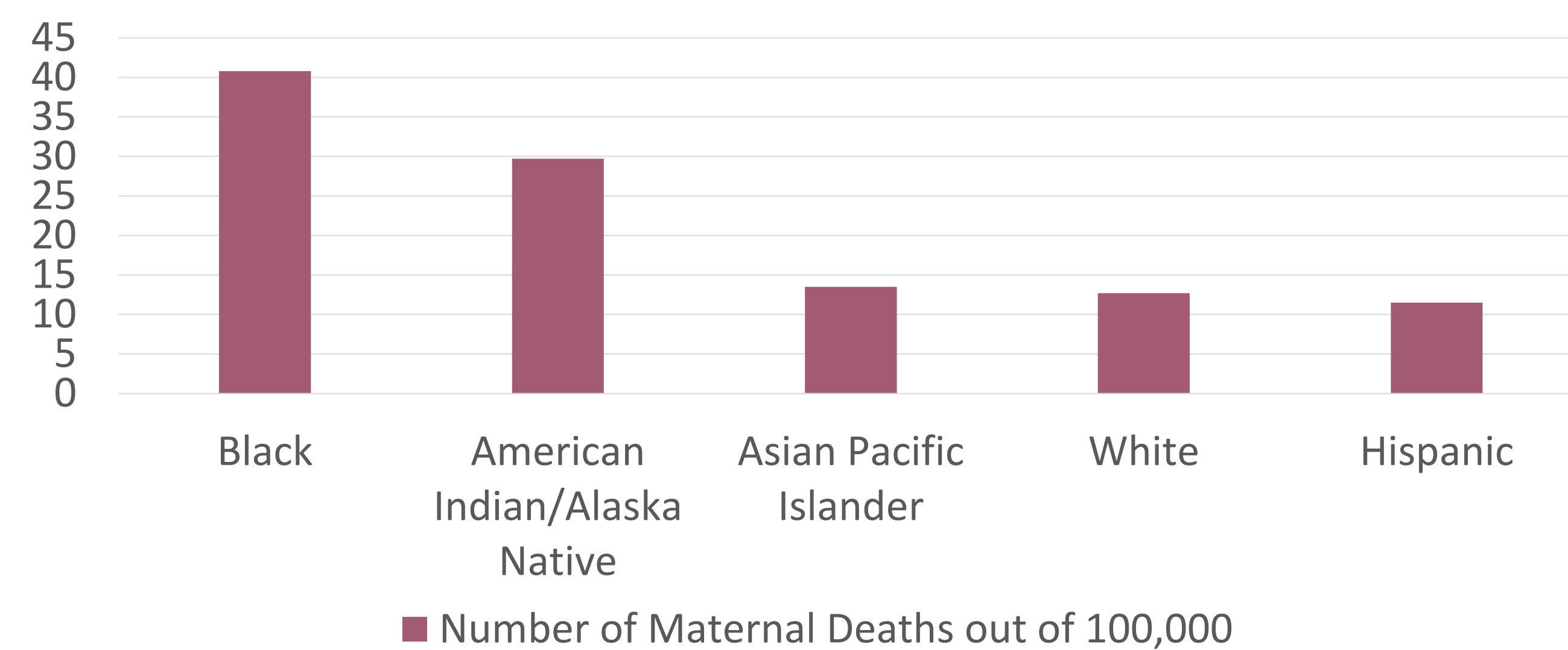


Figure 1: 2016 Maternal Mortality Ratio Breakdown

- **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 larger than 30 per 100,000 live births
  - States in the Northern U.S. have maternal mortality ratios less than half that
  - Maternal mortality ratio in Iowa in 2020 was 9.4 per 100,000
- **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

	Examples & Definitions
Preterm-Related Conditions	Conditions and complications related to giving birth prior to the 37 <sup>th</sup> week of pregnancy
Congenital malformations	Neural tube deficits, congenital heart defects, cleft lip and/or palate
SIDS	Sudden Infant Death Syndrome
Unintentional Injuries	Accidents, falls, toxic exposure

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 34 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 3-4 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 it
- Revision and reimplement 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



Image 2: Contraceptives



Image 3: Embryo under microscope

- Maternal mortality review committees play a crucial role in determining causes of maternal death and interpreting the associated data

## 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
  - Make 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

## Bibliography



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