Get Informed on the issues facing modern maternity care

Rising Maternal Mortality & Poor Health Outcomes

The U.S. witnessed a rise in mothers dying in childbirth or due to pregnancy related causes.¹

WHY? There are many reasons for this increase including poor access to healthcare, discrimination, lack of information about family planning options, and healthcare provider shortage, among others.¹

Due to these barriers, the U.S. has the highest maternal mortality out of every industrialized country.¹

Maternal death for American Indian/Alaskan Native and non-Hispanic Black women is 3 to 4 times more likely to happen compared to White women.²

Over 50% of maternal deaths are preventable³ and we want your help to raise awareness including need for State-Wide Maternal/Fetal Mortality Review Boards.


*Note: Number of pregnancy-related deaths per 100,000 live births per year.
Perinatal Depression

Perinatal Mood and Anxiety Disorders can appear during pregnancy, or days or even months after childbirth, and does not usually resolve without treatment.³

It is estimated that 15–21% of pregnant women experience moderate to severe symptoms of depression or anxiety.³ Without appropriate intervention, poor maternal mental health can have long term and adverse implications for mother, child and family.³

We need legislation and programs to improve recognition, support, and treatment of perinatal and postpartum depression including comprehensive mental health services.

Premature Birth

In 2015, 1 in 10 babies was born too early or premature in the U.S.⁴

From 2007 to 2014 the rates were on a decline, but recently there has been a rise in premature births across the nation.⁴

WHY? A combination of factors influence rate of prematurity. Many of the same reasons such as poor access to care, inadequate prenatal care, maternal co-morbidities, and racism are responsible for these outcomes.

Geography plays a significant role, with southern states suffering one of the highest rates of premature births.⁵
Maternity & Family Leave Policies

Of 186 countries, 96% provide some pay to women during maternity leave. The United States is the only high-income country, and one of only eight countries in the world, that does not mandate paid leave for mothers of newborns.

Research shows paid leave increases the likelihood that:
- Workers will return to work after childbirth
- Improve employee morale
- Has no or positive effects on workplace productivity
- Reduces costs to employers through improved employee retention
- Improves family incomes.

Women of color and minority groups have an even greater barrier in obtaining any leave at all, whether it is paid or not.

Lack of Access to Healthcare

There are major pockets of the U.S. where individuals do not have access to needed maternity care services and/or do not have either Commercial or Medicaid insurance coverage.

WHY?

There is a maternity care provider shortage.

Maternity care provider shortages can result in long wait times for appointments and long travel times to prenatal care and/or birthing sites.

Shortages in rural areas are even greater and some families travel over 30 miles to reach a physician or midwife. Lack of access to quality care leads to poor outcomes like premature births, maternal and infant mortality, and racial disparities in care.

The U.S. does not mandate universal services for maternity care for all childbearing age women.

High quality maternity care is essential for promoting maternal health and positive birth outcomes. Maternal mortality rates are three to four times higher for women who do not receive prenatal care, while access to early prenatal care has been shown to reduce rates of low birthweight. Poor pregnancy outcomes can lead to a lifetime of health consequences for both mother and infant. For that reason, it is critically important that every opportunity be taken to extend insurance coverage to pregnant women. Ensuring access to prenatal care and the array of services provided is one of the best ways to promote healthy pregnancies and healthy babies.

NOTE: Uninsured rates among women ages 19-64. * Wisconsin covers adults up to 100% FPL in Medicaid under a waiver, but did not adopt the ACA Expansion. * State has adopted Medicaid Expansion (31 States & DC) * State has not adopted Medicaid Expansion (19 States)
Health Care Inequity and Disparities

Racial and ethnic minorities suffer a disproportionately high burden of diseases and experience higher rates of mortality. Approximately 83,000 preventable deaths occur each year as a result of racial and ethnic health disparities, including high infant mortality rates. Over the last thirty years, racial and ethnic minority women, particularly African-American and Hispanic/Latino women, continue to experience worse health outcomes when compared to non-Hispanic/Latino white women.\textsuperscript{10,11}

### Table 10 (page 1 of 2). Infant, neonatal, postneonatal, fetal, and perinatal mortality rates, by detailed race and Hispanic origin of mother: United States, selected years 1983–2013

*Updated data when available, Excel, PDF, and more data years: [http://www.cdc.gov/nchs/hus/contents2015.htm#010.](http://www.cdc.gov/nchs/hus/contents2015.htm#010)*

[Data are based on linked birth and death certificates for infants and fetal death records]

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<th>1990(^1)</th>
<th>1995(^2)</th>
<th>2000(^2)</th>
<th>2005(^2)</th>
<th>2010(^2)</th>
<th>2012(^2)</th>
<th>2013(^2)</th>
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<td>13.3</td>
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References