



Maternal Health Policy Brief

November 2020



According to the World Health Organization, maternal mortality declined more than 40% worldwide between 1900 and 2014. During that same period, U.S. maternal mortality rates increased by approximately 26%. The U.S. is the only high resource nation with a consistently rising rate despite spending more money per capita on maternal health than any other country in the world.

In the absence of risk factors such as age over 35 years, lack of health insurance, inadequate or no prenatal care, and less than high school education, Black mothers are experiencing higher rates of pregnancy associated deaths (PADs). Increasing evidence indicates that racism across multiple levels of the U.S. health system—not race—is a key cause of these disparities in maternal mortality.

Virginia

In its 2020 Scorecard on maternal health released November 2020, the March of Dimes graded Virginia a “C” on the state’s preterm birth rates, which are 54% higher for Black women among all other women.

COVERAGE

Access to Care:

Prenatal Care for All Mothers

Virginia’s Maternal Mortality Review Team (MMRT) published recommendations in August 2019 to address the results of its review of pregnancy associated deaths.

Their review found that tobacco use was the leading cause of death in cases with chronic conditions (30.5%), followed by complications from previous pregnancies (29.1%), depression (20.1%), and inadequate prenatal care (18%). However, in cases without chronic conditions, a noted shift is inadequate prenatal care was the leading cause (19.9%), followed by previous complications (19.8%) and tobacco use (19.2%).

Nearly 70 percent of all women experiencing a pregnancy associated death (PAD) had at least one chronic condition, with a significant number with more than one. The report ranked chronic conditions linked to pregnancy associated deaths. Endocrine disorders were the leading indicator (43.8%), followed by mental illness (35.8%), and substance abuse (29.6%).

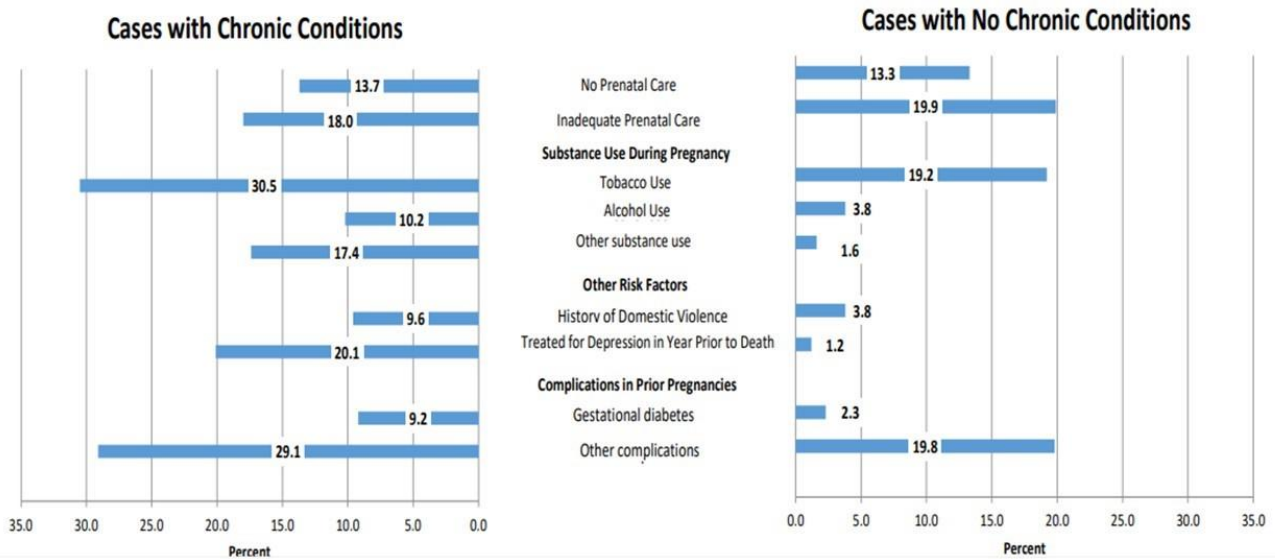
The implication of this data reinforces the fundamental impact of prenatal care on the mortality of healthy expectant mothers. According to the Association of Maternal & Child Health Programs, women who do not receive prenatal care are three to four times more likely to die from pregnancy-related complications than those who do receive care. The likelihood is even higher for women with high-risk pregnancies.

The U.S. prenatal care model recommends 13 to 14 visits with an obstetrician or a midwife, starting between weeks eight and 10 of pregnancy. Routine tests during these phases of pregnancy can lead to early detection, treatment, and management of certain medical conditions. Access to prenatal care for all mothers is an essential first step to eliminating racial disparities in maternal health outcomes.

REFERENCES

Virginia Maternal Mortality Review Team Report, “Chronic Disease in Virginia Pregnancy Associated Deaths, 1999-2012: Need for Coordinated Care,” August 2019.

Figure 2: Differences in Key Pregnancy Indicators among Cases with and without Chronic Conditions



Association of Maternal & Child Health Programs, “Opportunities to Optimize Access to Prenatal Care through Health Transformation,” September 2016.

Association of Reproductive Health Professionals, “Maternal Mortality in the United States: A Human Rights Failure,” March 2011.