

MATERNAL HEALTH AND WOMEN OF COLOR

YWCA believes that all people should have equal access to timely, quality maternal health care services, including family planning services. While maternal mortality rates have been decreasing worldwide, in the U.S. the rate at which women die from complications of pregnancy and childbirth has increased over the last fifteen years. In addition, each year, tens of thousands of women suffer “severe maternal morbidity,” complications of pregnancy or childbirth so severe that they almost die. Within this broader context, women of color experience even higher rates of maternal mortality and severe maternal morbidity. Disparate access to quality, accessible, and culturally-appropriate health care is a driving factor in the tremendous racial disparities in maternal health outcomes in the U.S.

YWCA POSITION

YWCA supports efforts to improve maternal health outcomes for women of color. To this end, YWCA supports legislation and public policy at the federal, state, and local levels that address racial health disparities by reducing maternal mortality and improving access to quality maternal health services.

BACKGROUND

Maternal mortality and severe maternal morbidity are on the rise in the U.S.

- For every 100,000 births in the U.S., there are 17 maternal deaths,ⁱ which places the U.S. 46th in the world in measures of maternal mortality.ⁱⁱ From 2000 to 2014, this maternal mortality ratio (MMR) increased by 27 percent in 48 states and the District of Columbia; in Texas, the MMR nearly doubled.ⁱⁱⁱ
- For every woman who dies from pregnancy or childbirth related complications, more than 100 will receive a life-threatening diagnosis or undergo a life-saving treatment.^{iv} Severe maternal morbidity (SMM) affects 65,000 women each year.^v
- At least half of the maternal deaths in the U.S. are preventable.^{vi}

Women of color experience higher rates of maternal mortality and severe maternal morbidity.

- While Black women do not have a significantly higher risk of experiencing the medical conditions common to maternal death, they are two to three times as likely as White women to die from them.^{vii}
- Moreover, Black women are three to four times more likely to die from complications of pregnancy or childbirth than White women,^{viii} and they are twice as likely to suffer from severe maternal morbidity.^{ix}
- States that have higher populations of women of color – such as New Jersey, the District of Columbia, Georgia, Arkansas, and Mississippi – have particularly high maternal mortality rates, especially among Black women.^x For instance, women in Georgia have an overall MMR of 27.8, but Black women have an MMR of 39, four times that of White women.^{xi} In Mississippi

the overall MMR 39.7, yet is 29 for White women and 54 for Black women.^{xii} In contrast, many states with fewer women of color have much lower maternal mortality ratios. For example, Kansas has an MMR of 7.1 and Vermont has an MMR of only 2.6.^{xiii}

- Hospitals serving a higher proportion of Black patients have the highest rates of SMM.^{xiv}

Women of color are less likely to have access to quality, affordable, appropriate, and timely maternal care, placing them at a higher risk for poor maternal health outcomes.

- Despite historically low uninsured levels under the Affordable Care Act, women of color are still more likely than White women to lack health insurance,^{xv} which limits their access to healthcare.
- According to the latest National Healthcare Quality and Disparities Report, Black and Latina women receive lower quality care than White women on 40 percent of measures of overall health care quality. A lack of access to quality care overall correlates with a lack of access to reproductive health care, suggesting that they also experience lower quality reproductive health care.^{xvi}
- Women who receive no prenatal care are three to four times more likely to die of pregnancy or childbirth-related complications. Thirty-two percent of Black women and 41 percent of American Indian and Alaska Native women do not receive adequate prenatal care.^{xvii}
- Poor women and women of color are more likely to experience an unintended pregnancy, which raises the risk of complications and can contribute to poor maternal health outcomes.^{xviii}
- Black women are less likely to receive preventative care and treatment for chronic health conditions that are factors for maternal death, such as diabetes and chronic hypertension.^{xix}

POLICY RESPONSES THAT MAKE A DIFFERENCE

- Increase the affordability and accessibility of reproductive health services by ensuring health insurance coverage for all low-income women, removing economic barriers to contraception, and maintaining the network of family planning practitioners who provide prenatal, maternal, and other reproductive health care to low-income women and women of color.
- Increase the availability of maternal health services, particularly in geographic areas that have a shortage of maternal health care practitioners.
- Improve access to prenatal care for women at risk, and improve responses to obstetric emergencies.
- Ensure non-discrimination in access to maternal health care.
- Create and maintain systems to collect, monitor, and share maternal health data.
- Establish state-level Maternal Mortality Review boards tasked with reviewing maternal health data and processes, and identifying solutions to improve maternal health outcomes.

¹ Pregnancy Mortality Surveillance System, Center for Disease Control, (Dec. 2016), <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html> [hereinafter Pregnancy Mortality Surveillance System].

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- ⁱⁱ Black Mamas Matter: A Toolkit for Advancing the Human Right to Safe And Respectful Maternal Care, Center for Reproductive Rights, (2016), https://www.reproductiverights.org/document/black-mamas-matter-toolkit-for-advancing-human-right-to-safe-respectful-maternal-health-care?utm_content=buffer2efd5&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer [hereinafter Black Mamas Matter].
- ⁱⁱⁱ Marian MacDorman et al., U.S. *Maternal Mortality Trends*, 128 *Obstet. Gynecol.*, 447-455 (2016).
- ^{iv} Pregnancy Mortality Surveillance System, *supra note i*.
- ^v CDC. (2016). *Maternal Health: Advancing the Health of Mothers in the 21st Century*, <https://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2016/aag-maternal-health.pdf>.
- ^{vi} Francine Coeytaux et al., *Maternal Mortality in the United States: A Human Rights Failure*. *Contraception J.* (2011).
- ^{vii} *Maternal Mortality in the United States: A Human Rights Failure*, *supra note vi*.
- ^{viii} Pregnancy Mortality Surveillance System, *supra note i*.
- ^{ix} Black Mamas Matter, *supra note ii*.
- ^x A. Moaddab, *Health Care Disparity and State-Specific Pregnancy-Related Mortality in the United States, 2005-2014*, 128 *Obstet. Gynecol.*, 869-875 (2016).
- ^{xi} Georgie Dep't of Public Health, *Georgia Maternal Mortality: 2012 Case Review 4* (June 2015), https://dph.georgia.gov/sites/dph.georgia.gov/files/MCH/MMR_2012_Case_Review_June2015_final.pdf.
- ^{xii} Mississippi State Dep't of Health, Office of Health Data and Research, *Pregnancy-Related Maternal Mortality, Mississippi, 2011-2012*, http://msdh.ms.gov/msdhsite/_static/resources/5631.pdf.
- ^{xiii} "Maternal Mortality Rate (per 100,000)," (2010), National Women's Law Center, <http://hrc.nwlc.org/status-indicators/maternal-mortality-rate-100000>.
- ^{xiv} Black Mamas Matter, *supra note ii*.
- ^{xv} Algernon Austin, Center for Global Policy Solutions, *Obamacare Reduces Racial Disparities in Health Coverage 6-7*, (Dec. 2015), <http://globalpolicysolutions.org/wp-content/uploads/2015/12/ACA-and-Racial-Disparities.pdf>.
- ^{xvi} HHS, Agency for Healthcare Research and Quality, *2013 National Healthcare Disparities Report 14* (2014), <http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrd/r/nhdr13/2013nhdr.pdf>.
- ^{xvii} *Maternal Mortality in the United States: A Human Rights Failure*, *supra note vi*.
- ^{xviii} *Id.*
- ^{xix} Black Mamas Matter, *supra note ii*.