

Life-threatening birth complication rate increasing across US racial, ethnic groups

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Racial and ethnic disparities in severe maternal morbidity—life-threatening maternal complications associated with childbirth—have persisted and increased at high rates among U.S. women, according to an analysis of nearly 20 years of California hospital records funded by the National Institutes of Health. Known risk factors for these complications—such as blood pressure disorders, asthma and Caesarean birth—do not fully explain the increase or why the disparities remain.

The study was led by Stephanie A. Leonard, Ph.D., of the Stanford University School of Medicine, Stanford, California, and appears in *Annals of Epidemiology*.

Severe maternal morbidity is a blanket term for 18 indicators of life-threatening maternal conditions associated with childbirth, including kidney failure, fluid in the lungs and heart failure. The study authors analyzed data from more than 8 million live births in California between 1997 and 2014. Severe maternal morbidity was highest among non-Hispanic black women (1.63 percent), followed by non-Hispanic American Indian or Alaska Native women (1.30 percent), non-Hispanic Asian or Pacific Islander women (1.10 percent) and Hispanic women (1.09 percent). Severe maternal morbidity was lowest among non-Hispanic white women at .84 percent.

During the study period, severe [maternal morbidity](#) increased roughly 170 percent for each group. Future studies might seek information not available from hospital records and [health care providers](#) to find reasons

for the disparities among racial and ethnic groups, the authors wrote.

More information: Stephanie A. Leonard et al. Racial and Ethnic Disparities in Severe Maternal Morbidity Prevalence and Trends, *Annals of Epidemiology* (2019). [DOI: 10.1016/j.annepidem.2019.02.007](https://doi.org/10.1016/j.annepidem.2019.02.007)

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