

Risk of death related to pregnancy and childbirth more than doubled between 1999 and 2019 in the US

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Black women were more likely to die during pregnancy or soon after in



every year from 1999 through 2019, compared with Hispanic, American Indian and Alaska Native, Asian, Native Hawaiian or other Pacific Islander, and white women. That is a key finding of our recent study published in the *Journal of the American Medical Association*. The risk of maternal death increased the most for American Indian and Alaska Native women during that time frame.

Maternal deaths refers to death from any cause except for accidents, homicides and suicides, during or within one year after pregnancy.

Notably, maternal mortality rates more than doubled for every racial and ethnic group from 1999 through 2019. Most <u>maternal deaths</u> are considered preventable because, in the U.S., maternal deaths are most often caused by <u>problems that have very effective treatments</u>, including bleeding after delivery, heart disease, high blood pressure, <u>blood clots</u> and infections.

Previous research has focused on <u>high rates of maternal mortality in the Southern U.S.</u>, but our results showed that there are high-risk populations throughout the country.

For Black women in 2019, the states with the highest maternal mortality ratios—meaning the proportion of maternal deaths per 100,000 <u>live</u> <u>births</u>—were Arizona, New Jersey, New York and Georgia, along with the District of Columbia. Each had a maternal mortality ratio greater than 100 for Black women. In comparison, the national <u>maternal</u> <u>mortality ratio</u> for all women in the U.S. was 32.1 in 2019.

Among American Indian and Alaska Native women, the states with the largest increases in maternal mortality between the first half of the time period (1999–2009) and the second half (2010–2019) were Florida, Kansas, Illinois, Rhode Island and Wisconsin. In each of these states, risk of maternal death increased by more than 162%. Across the whole



U.S., maternal mortality for American Indian and Alaska Native women was higher in 2019 than in all other years. Some individuals other than women, including girls, transgender men and people who identify as nonbinary, are also at risk of maternal death.

Why it matters

In order to prevent maternal deaths in the U.S., it's crucial to understand who is most at risk. Prior to our study, estimates of maternal mortality for racial and ethnic groups within every state had never been released.

The U.S. has a high rate of maternal mortality <u>compared to other high-income countries</u>, despite <u>spending more per person on health care</u>. Disparities in maternal mortality have persisted for many decades.

Because most maternal deaths are preventable, interventions have the potential to make a significant difference. Better prevention of related events, such as preterm birth, is also necessary. We hope that our research continues to help policymakers and health care leaders put solutions in place to better prevent these deaths from happening.

Recently, U.S. Democratic Senators <u>Cory Booker and Bob Menendez of New Jersey</u>, <u>Raphael Warnock of Georgia</u>, <u>and Alex Padilla of California</u> reintroduced the <u>Kira Johnson Act</u> to improve maternal health outcomes for racial and ethnic minority groups and other underserved populations, citing our study.

What's next

We would like to investigate how the most common causes of maternal death, such as blood clots, <u>high blood pressure</u> and mental health issues, are contributing to the overall estimates.



Understanding these trends will help clinicians and policymakers tailor solutions to be as effective as possible.

Our study did not include data from the pandemic years. So far, maternal mortality has only been reported at the national level for those years, but reports suggest that <u>maternal mortality</u> rates have increased since the start of the COVID-19 pandemic and that <u>racial disparities</u> have only gotten worse.

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