

Pregnancy-related deaths are three times more common among Black women and the vast majority are preventable: Report

April 15 2024, by Yasmin Cavenagh and Jennifer Rousseau



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In Illinois, 88 women a year die while pregnant or within a year of giving birth, on average, according to the latest [Maternal Morbidity and Mortality Report](#). Notably, more than 90% of those pregnancy-related deaths were deemed potentially preventable.

More than 50% of [pregnancy-related deaths](#) occur in the postpartum period (up to 12 months after delivery), and disparities persist, with Black women three times more likely to die from pregnancy-related medical conditions than [white women](#).

This raises some important questions: Why are so many women still dying of pregnancy-related conditions, especially if most of these deaths are preventable? What is happening in the postpartum period? What contributes to the persistent racial disparities in outcomes? And what can women do to advocate for themselves to improve outcomes?

April 11–17 is National Black Maternal Health Week, which provides an opportunity to address these questions and to improve awareness and action around maternal health outcomes.

Prevention

Illinois' [first](#) Maternal Morbidity and Mortality Report reviewed data gathered between 2008 and 2016. During this time, obstetric hemorrhage (pregnancy-related bleeding) was the leading cause of maternal death—responsible for 17% of pregnancy-related deaths. In response to this threat, the state of Illinois began requiring all birthing

facilities to conduct annual continuing education on obstetric hemorrhage.

Within a few years, the rate of hemorrhage dropped significantly, to 8% and 5% in [2021](#) and [2023](#) respectively. This demonstrates how swift and decisive action can make a difference in addressing the preventable nature of these deaths.

The [newest report](#) shows the leading causes of death now are [substance use disorder](#) (32%), cardiac and heart conditions (14%) and pre-existing chronic medical conditions (12%). This information, coupled with the knowledge that more than half of deaths occur in the postpartum period, presents a different prevention scenario.

Unlike acute emergencies like hemorrhage, identifying and treating mental and chronic health conditions is more nuanced, because chronic conditions occur over longer periods of time—typically starting before pregnancy and extending long into the postpartum period or throughout the person's life. What is the call to action to prevent poor outcomes in these cases?

The response requires intervention at the individual level, community level and societal level.

At the individual level, the condition of a woman's body prior to and between pregnancies is of utmost importance. Substance use and common chronic diseases, including obesity, hypertension, and diabetes, increase the risk of complications during pregnancy and in the postpartum period. Statistics show that from 2010 to 2017, opioid use among [pregnant women](#) increased by 131%.

During this same time, cases of maternal hypertension (high blood pressure) more than doubled, maternal obesity increased 33% and

maternal diabetes increased 68%. This highlights the need for women to partner with a primary care provider throughout their life span and especially during childbearing years to prevent, manage or eliminate chronic conditions prior to and between pregnancies, to improve pregnancy outcomes.

At the community level, factors such as employment, quality education, and access to housing, health services and nutritious foods, greatly affect maternal health. These social determinants of health account for 30% to 55% of health outcomes. Community level interventions must focus on improving these issues to improve a woman's ability to be healthy.

At the societal level, structural racism and discrimination perpetuate widespread unfair treatment towards the Black population and contribute to the disparities in outcomes that persist. Public policies, laws, and regulations that support the health of pregnant people must be prioritized. Illinois led the way with its response to the hemorrhage crisis and is continuing to set an example by being the first state to extend full Medicaid benefits from 60 days after delivery to 12 months postpartum.

Postpartum

The postpartum period is a critical time in a new mother's life. Nationally, as many as 40% of women do not attend a postpartum visit. New [recommendations](#) emphasize the importance of a first postpartum follow-up visit within three weeks of delivery, revised from the traditional 6-weeks, with follow-up according to individual needs.

After delivery, many mothers minimize or ignore symptoms that could be warning signs of potential problems in their own bodies because their focus is shifted to the newborn. Knowing [warning signs](#) and knowing how to respond to them can save lives. The POSTBIRTH educational campaign was designed to educate women on important danger signs in

the postpartum period and instruct them on how to respond.

Illinois supports postpartum women by working towards reimbursement for doula services and nurse home visits. Programs like Family Connects Chicago provide a nurse home visit to all families who give birth at participating hospitals in Chicago. This service bridges the gap between birth and six weeks after delivery, a critical time for both mother and newborn. Most importantly, it links the birthing parent to primary care for follow up throughout the whole [postpartum period](#) and, ideally, throughout their life span.

Action

To be sure, swift legislative changes can save lives and Illinois has led the charge with recent legislative action. However, these changes take time, and time costs lives. What can women do to advocate for themselves right now?

- Pre-pregnancy health matters. Maintain optimal health and partner with health care providers to manage chronic health conditions prior to pregnancy.
- Attend regular prenatal appointments starting in the first trimester.
- Report pregnancies. Tell health care providers if you are currently pregnant or had a pregnancy in the last 12 months, even if you do not think it is relevant. This information helps them identify issues that might be related to pregnancy.
- Speak up about symptoms. Talk to health care providers about anything that doesn't feel right, physically, or emotionally.
- Ask questions. Bring a friend or family member with you to appointments. Every person deserves to be heard, treated with respect and to understand what is being told to them.
- Seek help. Mental health conditions and problems with drugs and

alcohol are treatable medical conditions and help is [available](#). For pregnant or postpartum people with a substance use disorder, have naloxone HCL (Narcan) nasal spray on hand to use in case of an opioid overdose.

More information: [Maternal Morbidity and Mortality Report](#)

Provided by Rush University Medical Center

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