Saving moms' lives: a policy roadmap to better health before, during and after pregnancy
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Tragically, mothers across the country are dying during and after childbirth, a trend that is disproportionately impacting women of color. Heart disease and stroke contribute to approximately 1 in 3 of these deaths, elevating the importance of early interventions that improve maternal health for all mothers.

The American Heart Association, the leading voluntary health organization devoted to a world of longer, healthier lives for all, today issued public policy guidance to address the problem. The policy statement, Call to Action: Maternal Health and Saving Mothers issued in the Association’s flagship journal Circulation, sets a new policy agenda to ensure healthy pregnancies, healthy births and healthy moms. With the support of the American College of Obstetricians and Gynecologists and the Society for Maternal Fetal Medicine, the statement is a guide for policymakers and health care leaders to make healthy moms a priority.

“The tragic irony is that moms are typically in charge of the health for everyone in their family, yet they are dying due to lack of the right kind of care at the moment they need it the most,” said Laxmi S. Mehta, M.D., FAHA, the statement’s lead author and director of Preventative Cardiology and Women’s Cardiovascular Health at The Ohio State University Wexner Medical Center, Columbus, Ohio. “Mothers deserve a fair chance to receive the best care to ensure a healthy pregnancy, delivery and life following childbirth. The U.S. is an outlier when it comes to implementing science-backed policies that improve health for moms.”

Despite steep declines in global maternal mortality rates over the past two decades, U.S. maternal mortality rates have more than doubled to an estimated 700 deaths a year in the United States since data collection began in 1987. An estimated two out of three pregnancy deaths are preventable, emphasizing that the best models of care must be put in place to save lives. Pregnancy-related mortality rates for non-Hispanic Black and American Indian/Alaska Native women are nearly two to three times that of white women, and these disparities persist independent of socioeconomic variables.

“Regardless of a woman's employment, housing, race or social status, she deserves a health system that ensures a healthy pregnancy, delivery and beyond childbirth as a healthy mom,” said Garima Sharma, M.D., vice-chair of the policy statement writing group and director of the cardio-obstetrics program at Johns Hopkins School of Medicine, Baltimore, Maryland. “With a concerted effort, the U.S. can save mothers' lives by implementing simple changes in our patient and provider approach as well as system overhauls to meet the needs of women in their reproductive
years."

With maternal mortality rates rising over the past three decades in the U.S., every facet of maternal health must be improved. The policy statement published today provides compelling evidence for proven strategies to reduce overall deaths and address racial disparities in maternal health. It states that maternal health equity is achievable through a three-pronged approach focused on patients, providers and systems of care:

**Addressing disparities and inequities**

- Provider Education: Mitigate bias and unequal treatment in care by integrating cultural and structural competency training into medical education for all health care providers.
- Better Reporting: Improve quality reporting of maternal outcomes, as well as surveillance systems to better monitor key maternal and infant health indicators.
- Funding Care & Research: Address systemic inequities by expanding Medicaid in states that have yet to take that step, funding rural hospitals and researching intersections of determinants of health with sex, gender identity, sexual orientation, race and ethnicity.
- Prevention Education: Support public awareness and education campaigns for smoking cessation, physical activity and heart healthy prevention from prenatal to postpartum.

**Modernizing maternal health care delivery**

- Preconception Counseling: Improve awareness of preconception counseling to increase adoption of healthy behaviors before, during and after pregnancy, and awareness of potential medical complications.
- Postpartum Coverage Expansion: Expand postpartum care for Medicaid participants to the first year after delivery.
- Payment Model Innovation: Transform provider payment in a way that prioritizes quality improvement and the provision of historically underutilized, high-value services and deprioritizes unnecessary services.

**Updating technology & systems**

- Invest in Under-Resourced Communities: Modernize the public health infrastructure through investments in community health workforce, health care facilities and digital perinatal services that serve under-resourced communities such as Text4Baby to support mothers and their newborns.
- Close Gaps in Rural Health: Enhance coordination of care across the cardio-obstetric team and improve access to telemedicine and remote patient monitoring through at-home technology.

**More information:** Laxmi S. Mehta et al, Call to Action: Maternal Health and Saving Mothers: A Policy Statement From the American Heart Association, *Circulation* (2021). DOI: 10.1161/CIR.0000000000001000


Laxmi S. Mehta et al, Cardiovascular Considerations in Caring for Pregnant Patients: A Scientific Statement From the American Heart Association, *Circulation* (2020). DOI: 10.1161/CIR.000000000000772


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