

An Unexpected Crisis:
Maternal Mortality in the United States of America

Morgan V.

03/03/2022

ABSTRACT

The modern nation of the United States of America has one of the highest maternal mortality rates of the developed countries. Despite its history of innovation in western medicine, the United States' maternal mortality rates are higher than many other developing nations. In this paper, we will examine what has caused this high rate, what it indicates, and the consequences of such a health care crisis. Additionally, we will examine proposed solutions that have the ability to reduce and stabilize these rates.

INTRODUCTION

The United States of America (further abbreviated as the United States) is viewed as a one of the developed countries of the world. As a developed nation, it has sufficient access to competent health care, highly trained medical professionals, and modern facilities in most areas. Despite the fact that the United States spends more money on health care than any other high-resource country, it's maternal health care system is unquestionably deficient (Kennedy, Holly P., PhD, et al., 2020).

The maternal mortality rate in the United States has been shockingly high compared to other developed nations' current rates for at least a decade (Tikkanen, Roosa, et al., 2020). Maternal mortality is described as “the death of a woman from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends” (NICHD, 2021). There are many factors that can be attributed to maternal death, most of which are related to the health of the mother and/or the fetus. Other factors that contribute to maternal mortality in the United States are lack of education and training in the maternal fetal medicine (MFM) field and gaps in research in the maternal medicine field (D’Alton, Mary E., et al., 2019). It has also been

suggested that there is a lack of providers in relation to the number of births that happen annually in the United States as well as lack of quality postpartum care.

BACKGROUND

Before proceeding, we must acknowledge the inconsistencies in the facts that we currently have on maternal mortality in the United States. It was not until 2003 that the pregnancy question was added to the U.S. standard death certificate to improve detection of maternal deaths (MacDorman, Marian F, et al., 2016). The evidence then showed an increase of 26.6% between the year 2000 and the year 2014, seeming to indicate that the rates in the early 2000s were higher than what was previously recorded. However, the National Center for Health Statistics has recently found that the rising trend in maternal mortality rates in the United States was only an artifact of these improvements in the observation and recording of maternal death (Joseph, K S et al., 2021). These new findings have come as a surprise to the maternal health care field and haven't quite yet been accepted by all due to there being a decade of misinformation about the rate steadily increasing.

Despite these findings the maternal mortality rate is still high. According to the CDC (also admittedly skewed statistics), the rate was 23.8 deaths per 100,000 live births in 2020 (Donna L. Hoyert, Ph.D., 2020). In comparison to another developed country such as Sweden, which had 4 deaths per 100,000 births, according to the latest statistics from 2017, the United States' rate is considered unacceptably high (WHO et al., 2019). In a study comparing four countries of similar economic development (Australia, Canada, the Netherlands, and United Kingdom) to the United States it was found that the four countries had lower rates of maternal mortality, low birthweight, and newborn and infant death when compared to the United States. The five commonalities

found within these four countries, believed to be factors in these low rates were: affordable and accessible health care, a maternity workforce that emphasized midwifery care and interprofessional collaboration, respectful care and maternal autonomy, evidence-based guidelines on place of birth, and national data collections systems.

Complications that are seen as the most frequent causes of maternal death in the United States are: chronic hypertension, preeclampsia and eclampsia, circulatory system diseases, blot clotting embolism, liver disorders, adherent placenta, amniotic fluid embolism, postpartum hemorrhage, cardiomyopathy, mental and central nervous system (CNS) disorders, and ectopic pregnancy, with circulatory system diseases being the most frequent cause (Joseph, KS, et al., 2021). It is also important to note that maternal mortality does not only affect the mother who passes away, but it is also a part of one of the five main causes of infant mortality (Ely, Danielle M., Driscoll, Anne K., 2019).

Furthermore, there are racial disparities found in these rates. In 2020 in the United States, the maternal mortality rates by race were non-Hispanic White of 19.1, non-Hispanic Black of 55.3, and a Hispanic rate of 18.2. It has been found that implicit bias is a factor in the care of non-Hispanic Black patients and therefore, impacts their chances of experiencing maternal mortality as it leads to reduced access of care, bias within that care, and increased chances of cesarean section deliveries, which increase the risks of hemorrhage, complications of anesthesia, and infection- all factors associated with maternal mortality and morbidity (MMM) (Bani Saluja and Zenobia Bryant, 2021).

SOLUTIONS

There are many possible solutions in the research, many of which are implementations that can be taken from examining other developed countries' successful health care practices.

It has been found that there is an overrepresentation of obstetrician-gynecologists (OB-GYN) in the United States' workforce relative to midwives and that there is an overall shortage of providers, both OB-GYNs and midwives, in relation to the number of births. This incongruity leads to a lack of access to competent care and advanced care when needed. Following the example of nine of the leading, high-income countries, an increase in midwives and facilitating a new postpartum care schedule to include in-home care and paid maternity leave may have the desired effect as it increases the access of care and continuity of care, both of which are needed for providers to be able to identify any risks and for mothers to be able to fully recover before rejoining the workforce (Tikkanen, Roosa, et al., 2020). Following the data of the previously mentioned study on the four countries' systems compared to the United States, improvement in the areas of education and training as well as a better understanding among providers of the importance of collaboration with midwives, and improvements of data collection could also lead to a significant reduction in maternal mortality.

A suggestion that has been presented, apart from those used by other countries, is the regulation of care in the hospital system, by reducing the variability in the provision of care through the use of standard protocols, reliance on checklists instead of memory for critical processes, and an approach to peer review that emphasizes systems change. This, along with the elimination of small errors in the management of complications such as hypertension, pulmonary embolisms, postpartum hemorrhage, and cardiac disease is suspected to significantly reduce the occurrence of maternal mortality (Clark, Steven L., 2012). It is largely accepted that the majority of maternal

mortality cases in the United States occur from completely preventable errors in care and treatment of expecting mothers. The main solution to this is an improvement in prenatal, antenatal, and postnatal care in the hospital system along with an increase of midwives. The Midwives Model of Care, or Continuity of Care, already provides this kind of care and can improve maternal mortality rates by simply being more prevalent, therefore increasing access to quality maternal health care.

Finally, in order to reduce the racial disparities in the MFM field, personal examination for implicit bias must be conducted. There is a test, called the Implicit Association Test (IAT), which bypasses conscious thinking processing in order to measure implicit preferences. Providers should seriously consider taking and encourage their employees and colleagues to do so as well, in order to realize their individual contributions to the issue. In addition to this, the aforementioned increase in providers, reduction of errors, and improvement of maternal care will also contribute to the reduction of racial disparities.

CONCLUSION

In conclusion, while maternal mortality in the United States is dreadfully high, according to the country's level of access to advanced health care, there are ways that it can be reduced. Increases in the quality of care, better management of and earlier detection of complications and emergencies, decreases in implicit racial bias among providers, a willingness to collaborate with midwives, and an increase in the number of providers, particularly midwives, are all needed to reduce and stabilize the maternal mortality rate. Finally, the reduction of this rate can also lead to the reduction of the country's infant mortality and cesarean section rates.

WORKS CITED

Kennedy, Holly P., PhD, et al. "The role of midwifery and other international insights for maternity care in the United States: An analysis of four countries" *Wiley Online Library*, 2020, <https://onlinelibrary.wiley.com/doi/abs/10.1111/birt.12504>

Tikkanen, Roosa, et al. "Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries" *Research Gate*, 2020, [Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries](#)

National Institute of Child Health and Human Development (NICHD), "Maternal Morbidity and Mortality", 2021 [Maternal Morbidity and Mortality | NICHD - Eunice Kennedy Shriver National Institute of Child Health and Human Development \(nih.gov\)](#)

D'Alton, Mary E., et al., "Putting the "M" back in maternal-fetal medicine: A 5-year report card on a collaborative effort to address maternal morbidity and mortality in the United States", *ScienceDirect*, 2019 [Putting the "M" back in maternal-fetal medicine: A 5-year report card on a collaborative effort to address maternal morbidity and mortality in the United States - ScienceDirect](#)

MacDorman, Marian F, et al., "Recent Increases in the U.S. Maternal Mortality Rate:

Disentangling Trends from Measurement Issues.” *Obstetrics and gynecology*, 2016

[U.S. Maternal Mortality Trends - PMC \(nih.gov\)](#)

Joseph, K S et al., “Maternal Mortality in the United States: Recent Trends, Current Status, and Future Considerations”, *Obstetrics and gynecology*, 2021

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8055191/>

Hoyert, Donna L., PhD, “Maternal mortality rates in the United States”, 2020. *NCHS Health E-Stats*, 2022.

<https://dx.doi.org/10.15620/cdc:113967>

WHO et al., “Trends in Maternal Mortality: 2000 to 2017.” *Geneva, World Health Organization*, 2019,

<https://data.worldbank.org/indicator/SH.STA.MMRT>

Ely, Danielle M., Driscoll, Anne K., “Infant mortality in the United States, 2017 : data from the period linked birth/infant death file”, 2019,

[Infant mortality in the United States, 2017 : data from the period linked birth/infant death file \(cdc.gov\)](#)

Bani Saluja and Zenobia Bryant, “How Implicit Bias Contributes to Racial Disparities in

Maternal Morbidity and Mortality in the United States”, 2021,

<https://www.liebertpub.com/doi/full/10.1089/jwh.2020.8874>

Clark, Steven L., MD, “Strategies for Reducing Maternal Mortality”, 2012,

[Strategies for Reducing Maternal Mortality - ScienceDirect](#)