



## American College of Preventive Medicine

### **Policy Statement on Reducing Maternal Mortality and Improving Maternal Health**

**Policy Recommendation:** The American College of Preventive Medicine (ACPM) recognizes that maternal mortality is a significant public health issue. ACPM believes that maternal health is a fundamental human right, and every person deserves access to safe and quality healthcare during preconception, pregnancy, childbirth and the postpartum period. ACPM recognizes the need to address maternal mortality and improve maternal health outcomes and advocates for policies to ensure equitable access to maternal healthcare for all people.

ACPM supports policies that:

1. Invest in Maternal Health Infrastructure and Strengthen Maternal Healthcare Services<sup>1-6</sup>
2. Enhance Access to Quality Maternal Healthcare inclusive of 12 Months Postpartum<sup>1-5,7,8</sup>
3. Promote Maternal Health Education and Awareness including Expanding Preconception Care, Postpartum care and Chronic Disease Management<sup>1-6,9,10</sup>
4. Strengthen Technology, Data Collection and Research<sup>5,10-12</sup>
5. Address Socioeconomic and Cultural Determinants<sup>1,5,8,13</sup>
6. Address Racism and Bias<sup>1,5,13</sup>
7. Expand Reproductive Education and Counseling including Family Planning Services<sup>4,5,8,14</sup>
8. Ensure Accessible Safe and Legal Abortion Services<sup>8,15,16</sup>
9. Provide Substance Use, Prevention, Treatment and Harm Reduction Efforts<sup>5,10,17,18</sup>

#### **Key Issues:**

1. Maternal mortality in the United States continues to increase.
2. Maternal mortality disproportionately affects black and indigenous people.
3. Reproductive health is a human right.
4. Eighty percent of maternal mortality is preventable.

#### **Supporting Evidence:**

##### **1) Maternal mortality in the United States continues to increase.**

Maternal mortality is defined as the number of people who die during pregnancy, childbirth or within 42 days after pregnancy ends, per 100,000 live births in the

population.<sup>19</sup> Over half of these deaths occur in the postpartum period<sup>8,20</sup> yet as many as 40% of people do not attend a postpartum visit.<sup>3</sup>

The maternal mortality rate is an important indicator of the overall health and healthcare system of a country or region as it reflects the quality of maternal healthcare, access to services and social determinants of health. In the United States maternal mortality is increasing<sup>21</sup> and the United States has the highest maternal mortality rate of all developed nations.<sup>22</sup> The maternal mortality rate for 2021 was 32.9 deaths per 100,000 live births,<sup>23</sup> compared with a rate of 23.8 in 2020,<sup>24</sup> and a rate of 20.1 in 2019.<sup>25</sup> Accurate reporting and surveillance systems are critical to measuring the effectiveness of maternal mortality efforts.<sup>26-28</sup>

## **2) Maternal mortality disproportionately affects people of color.**

There are significant racial and ethnic disparities in maternal mortality rates, with Black and Indigenous people experiencing higher rates of maternal mortality compared to white people.<sup>22,23</sup> Maternal mortalities for non-Hispanic black people is 2.6 times the rate for non-Hispanic White people.<sup>23</sup> These disparities are attributed to various factors, including systemic racism and bias, unequal access to healthcare and social determinants of health.<sup>27-34</sup>

## **3) Reproductive health is a human right.**

The Universal Declaration of Human Rights enshrines the principles of the right to life, liberty and security of person.<sup>35</sup> Reproductive health is integral to these rights and includes access to healthcare, family planning and protection against preventable maternal mortality.<sup>34</sup> The case of *Dobbs v. Jackson* decision that returned the regulation of abortion to states and resulting political and legal conflicts<sup>36</sup> has significant implications for maternal healthcare in the United States.<sup>15</sup> These changes can increase health risks associated with a delay in care,<sup>15</sup> force some individuals to continue pregnancies and childbirth against their will even if they face underlying health conditions, leaves people to resort to unsafe and illegal procedures all of which can lead to poor maternal and neonatal health outcomes with significant psychosocial and mental health implications.<sup>16</sup> The differences of abortion care among states exacerbates the division of healthcare access and quality across the nation.<sup>37</sup>

Family planning prevents unintended pregnancies and the need for abortion services.<sup>14,27</sup> In 2014, publicly funded family planning services helped avoid unintended pregnancies and nearly 700,000 abortions.<sup>14</sup> While there has been a decrease in unintended pregnancy the U.S. is still not meeting the Healthy People 2030 target.<sup>38</sup> Of all unintended pregnancies occurring seventy-five percent are among teenagers.<sup>39</sup> Even though there has been some progress in contraception access and use the rates of unintended pregnancies leading to people seeking an abortion is still high in the US.<sup>14</sup>

#### **4) Eighty percent of maternal mortality is preventable.**

Of all maternal mortalities from 2017-2019 more than 80% of those pregnancy-related deaths were preventable.<sup>40,41</sup> Causes of death vary widely however, cardiovascular disease is the leading cause.<sup>22,42-44</sup> The prevalence of hypertensive disorders in pregnancy has been increasing and can lead to severe maternal complications, such as heart attack and stroke.<sup>45</sup> Overdose related maternal deaths is also sharply increasing with a higher cumulative mortality rate involving fentanyl in the late postpartum period (43-365 days postpartum).<sup>10</sup> From 2017 to 2020 National Vital Statistics System data, including late postpartum, indicates pregnancy-associated overdose mortality increased from 6.56 to 11.85 per 100 000.<sup>10</sup>

An increasing number of pregnant people in the United States have pre-existing health conditions such as obesity, hypertension, diabetes and mental health conditions, including substance use disorders which increases the risk of complications during pregnancy and childbirth.<sup>27,43</sup> Beyond a large burden of pre-existing conditions in the population several factors have been described to contribute to preventable deaths. Some of these included lack of access to care,<sup>27,43,46,47</sup> lack of health insurance and cost of services,<sup>8,15,30</sup> lack of transportation, missed or delayed diagnoses, patients poor understanding of condition and not following medical advice.<sup>29,48</sup> Given that most maternal mortalities are preventable this is a breach of reproductive rights.<sup>49</sup>

## References

1. Adashi EY, O'Mahony DP, Cohen IG. Maternal Mortality Crisis and Extension of Medicaid Postpartum Coverage. *JAMA*. 2023 Sep 12;330(10):911-912.
2. Agency for Healthcare Research and Quality. Postpartum care up to 1 year after pregnancy: a systematic review and meta-analysis. Published June 2, 2023. Accessed August 14, 2023. [https://effectivehealthcare.ahrq.gov/products/postpartum-care-one-year/research#field\\_report\\_title\\_1](https://effectivehealthcare.ahrq.gov/products/postpartum-care-one-year/research#field_report_title_1)
3. American College of Obstetricians and Gynecologists. ACOG committee opinion No. 736: optimizing postpartum care. *Obstet Gynecol*. 2018;131(5):e140-e150.
4. Centers for Medicare & Medicaid Services. Cross-cutting initiative: CMS maternity care action plan. Published December 2022. Accessed August 14, 2023. <https://www.cms.gov/files/document/cms-maternity-care-action-plan.pdf>
5. White House. White House blueprint for addressing the maternal health crisis. Published June 2022. Accessed August 14, 2023. <https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf>
6. Denoble AE, Pettker CM. Hypertension Screening in Pregnancy: Remembering the Basics, Charting the Future. *JAMA*. 2023 Sep 19;330(11):1040-1041.
7. Park JK, Reyes-Becerra C, Makhoul MD. Highlighting state innovation to close coverage gaps in perinatal care for noncitizens. *JAMA*. 2023;330(3):215- 216.
8. The Washington Post. Want to fix America's maternal health crisis? Here's where to start. Published August 2023. Accessed September 20, 2023. <https://www.washingtonpost.com/opinions/2023/08/18/maternal-mortality-united-states-policy-solutions/>
9. US Preventive Services Task Force. Screening for hypertensive disorders of pregnancy: US Preventive Services Task Force final recommendation statement. *JAMA*. Published September 19, 2023.
10. Bruzelius E, Martins SS. US Trends in Drug Overdose Mortality Among Pregnant and Postpartum Persons, 2017-2020. *JAMA*. 2022 Dec 6;328(21):2159-2161.
11. Rossen LM, Womack LS, Hoyert DL, Anderson RN, Uddin SFG. The impact of the pregnancy checkbox and misclassification on maternal mortality trends in the United States, 1999–2017. *Vital Health Stat 3*. 2020;3(44):1-61
12. Temkin SM, Noursi S, Regensteiner JG, Stratton P, Clayton JA. Perspectives from advancing National Institute of Health research to inform and improve the health of women: a conference summary. *Obstet Gynecol*. 2022;140(1):10-19.
13. Mitta S, Gross CP, Simon MA. Screening for Hypertensive Disorders of Pregnancy in the US- A New Hypertensive Urgency. *JAMA Intern Med*. 2023 Sep 19.
14. Guttmacher Guttmacher Institute. "Unintended Pregnancy in the United States," January 26, 2012. <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>.
15. Clark BR. Protecting Health after Dobbs. *Hastings Cent Rep*. 2022 Nov;52(6):6-7
16. Ayoola AB, Neitelman MD, Stommel M. Time from pregnancy recognition to prenatal care and associated newborn outcomes. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*. 2010;39(5):550–556.

17. Meinhofer A, Hinde JM, Ali MM. Substance use disorder treatment services for pregnant and postpartum women in residential and outpatient settings. *J Subst Abuse Treat.* 2020;110:9-17
18. Naliboff JA, Tharpe N. Universal Postpartum Naloxone Provision: A Harm Reduction Quality Improvement Project. *J Addict Med.* 2023 May-Jun 01;17(3):360-362.
19. World Health Organization. International statistical classification of diseases and related health problems, 10th revision. 2008 ed. 2009.
20. The Commonwealth Fund. Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries. Published November 2020. Accessed September 20, 2023. <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries#:~:text=17%20percent%20of%20deaths%20occur,one%20and%20six%20weeks%20postpartum.>
21. Pregnancy Mortality Surveillance System | Maternal and Infant Health | CDC, March 31, 2023. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>.
22. The Commonwealth Fund. Maternal Mortality in the United States: A Primer. Published December 16, 2020. Accessed September 10, 2023. <https://www.commonwealthfund.org/publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer>
23. Hoyert DL. Maternal mortality rates in the United States, 2021. *NCHS HealthE-Stats.* 2023.
24. Hoyert DL. Maternal mortality rates in the United States, 2020. *NCHS HealthE-Stats.* 2022.
25. Hoyert DL. Maternal mortality rates in the United States, 2019. *NCHS HealthE-Stats.* 2021.
26. MacDorman MF, Thoma M, Declercq E. Improving US maternal mortality reporting by analyzing literal text on death certificates, United States, 2016-2017. *PLoS One.* 2020 Oct 28;15(10):e0240701.
27. Villavicencio JC, McHugh KW, Edmonds BT. Overview of US Maternal Mortality Policy. *Clin Ther.* 2020 Mar;42(3):408-418. doi: 10.1016/j.clinthera.2020.01.015. Epub 2020 Feb 20.
28. Abbasi J. US Maternal Mortality Is Unacceptably High, Unequal, and Getting Worse-What Can Be Done About It? *JAMA.* 2023 Jul 25;330(4):302-305.
29. Gingrey JP. Maternal Mortality: A US Public Health Crisis. *Am J Public Health.* 2020 Apr;110(4):462-464.
30. Saluja B, Bryant Z. How Implicit Bias Contributes to Racial Disparities in Maternal Morbidity and Mortality in the United States. *J Womens Health (Larchmt).* 2021 Feb;30(2):270-273.
31. Crear-Perry J, Correa-de-Araujo R, Lewis Johnson T, McLemore MR, Neilson E, Wallace M. Social and Structural Determinants of Health Inequities in Maternal Health. *J Womens Health (Larchmt).* 2021 Feb;30(2):230-235. doi: 10.1089/jwh.2020.8882. Epub 2020 Nov 12.
32. Taylor JK. Structural Racism and Maternal Health Among Black Women. *J Law Med Ethics.* 2020 Sep;48(3):506-517.
33. Hailu EM, Maddali SR, Snowden JM, Carmichael SL, Mujahid MS. Structural racism and adverse maternal health outcomes: A systematic review. *Health Place.* 2022 Nov;78:102923.
34. Fabi R. Why Physicians Should Advocate for Undocumented Immigrants' Unimpeded Access to Prenatal Care. *AMA J Ethics.* 2019 Jan 1;21(1):E93-99.

35. Nations, United. "Universal Declaration of Human Rights." United Nations. United Nations. Accessed August 21, 2023. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>.
36. Kulczycki A. Dobbs: Navigating the New Quagmire and Its Impacts on Abortion and Reproductive Health Care. *Health Educ Behav*. 2022 Dec;49(6):924-928.
37. Byron JJ, Avalos M, Xiao KA, Klein AA, Leheste JR. Health Equity in a Post 'Roe Versus Wade' America. *Cureus*. 2022 Dec 1;14(12):e32100.
38. Reduce the proportion of unintended pregnancies — FP-01 - Healthy People 2030 | health.gov. [health.gov. https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/reduce-proportion-unintended-pregnancies-fp-01](https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/reduce-proportion-unintended-pregnancies-fp-01)
39. Unintended Pregnancy | CDC, June 15, 2023. <https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm>.
40. CDC. "CDC Newsroom," January 1, 2016. <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>.
41. Kuehn BM. Detailed Maternal Mortality Data Suggest More Than 4 in 5 Pregnancy-Related Deaths in US Are Preventable. *JAMA*. 2022 Nov 15;328(19):1893-1895. doi: 10.1001/jama.2022.19233.
42. Grodzinsky A, Schmidt L. Cardiovascular Contribution to Maternal Mortality. *Cardiol Clin*. 2021 Feb;39(1):1-5.
43. Churchwell K, Lloyd-Jones DM, Rochat Harris S, Mehta LS. Policy Change Needed to Improve Maternal Cardiovascular Health. *Circulation*. 2022 Jan 4;145(1):e1-e3.
44. Mehta LS, Sharma G, Creanga AA, Hameed AB, Hollier LM, Johnson JC, Leffert L, McCullough LD, Mujahid MS, Watson K, White CJ; American Heart Association Advocacy Coordinating Committee. Call to Action: Maternal Health and Saving Mothers: A Policy Statement From the American Heart Association. *Circulation*. 2021 Oct 12;144(15):e251-e269.
45. Gestational Hypertension and Preeclampsia. Gestational hypertension and preeclampsia: ACOG practice bulletin summary, number 222. *Obstet Gynecol*. 2020;135(6):1492-1495.
46. Lang AY, Boyle JA, Fitzgerald GL, Teede H, Mazza D, Moran LJ, Harrison C. Optimizing preconception health in women of reproductive age. *Minerva Ginecol*. 2018 Feb;70(1):99-119.
47. Phillippi JC. Women's perceptions of access to prenatal care in the United States: a literature review. *J Midwifery Womens Health*. 2009 May-Jun;54(3):219-25.
48. Centers for Disease Control and Prevention. Vital signs: pregnancy-related deaths, United States, 2011–2015, and strategies for prevention, 13 states, 2013–2017. *MMWR Morb Mortal Wkly Rep*. 68(18):423–429
49. Small MJ, Allen TK, Brown HL. Global disparities in maternal morbidity and mortality. *Semin Perinatol*. 2017 Aug;41(5):318-322.