

Maternal deaths in the USA: Far too many

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Dr. Laxmi Mehta and Garima Sharma, M.D. from the American Heart Association (AHA) reflect on rising rates of maternal mortality in the United States, advocating for social change and health provision to prevent women from dying.

Global maternal mortality rates are decreasing in developed nations, but they are surprisingly increasing in the United States. Currently there are about 700 maternal deaths a year in the United States, which means on average [2 women die each day](#) [1], and this is unacceptable! The tragic irony is that moms are typically in charge of the health for everyone in their family, yet they are dying due to a lack of the right kind of care at the moment they need it the most.

Approximately [2 out of 3 US pregnancy deaths](#) [1] could be prevented, but it will require real transformation in the delivery of healthcare as well as tackling social determinants of health and structural racism. If we really want to positively impact the lives of mothers, infants, and families then we must lean in and advocate for organizational and societal change.

Health policies must address the needs of all

Cardiovascular risk factors and mortality rates are higher among Black women, yet disparities and inequalities remain high for women of all minority races. Without addressing the health opportunities for all mothers, we will fail at making substantive changes in maternal mortality. Recently, the American Heart Association published a [policy statement to improve maternal health](#) [2] and outcomes during pregnancy in the United States and regardless of racial ethnic background. A three-pronged approach focused on patients, providers, and systems of care addressed (1) disparities and inequities (provider education, better reporting, funding care and research), (2) modernizing maternal health care delivery (preconception counseling, postpartum coverage expansion, payment model innovation), (3) updating technology and systems (invest in under-resourced communities, close gaps in rural health).

For instance, the recent maternal health investment in the Build Back Better Act is a potential comprehensive policy and investment to advance maternal health and address health equity among vulnerable U.S. populations. This

legislation would be the largest investment in U.S. history to fund maternal health, including addressing social determinants of health and maternal mental health equity, diversification of the perinatal workforce, expanding access to maternal health equity digital tools, providing bias training for healthcare workers, and enhancing federal maternal health programs. The legislation also includes permanent expansion of health care coverage through the first 12 months after delivery. Without access to care, we cannot advance maternal health. On a global level, [WHO is advocating for universal health coverage](#) [3] to lessen the financial burden and increase access to care to allow for disease control, health promotion and prevention.

Action at the individual level

Data have shown that women who suffer from maternal complications including [adverse pregnancy outcomes](#) [4] (including preeclampsia, maternal hypertension, or diabetes) are at a greater lifetime risk of developing heart attacks, strokes, heart failure and hypertension. Therefore, emphasis on maternal health should not end at delivery or even one year postpartum, and cardiovascular prevention is necessary throughout a woman's lifetime. More research is necessary on gender specific treatment of cardiovascular disease, as well as impact of preventative therapies in women with adverse pregnancy outcomes to reduce maternal morbidity and mortality.

The [American Heart Association's Life's Simple 7](#) [5] can help all people around the globe to improve overall cardiovascular health and reduce global cardiovascular mortality. This is true for mothers soon after delivery and apparent even years later. The seven factors include managing blood pressure, controlling cholesterol, reducing blood sugar, preventing tobacco use, losing weight, getting active, and eating healthy foods.

Addressing the nutritional needs of mothers is essential. Gone is the adage of "eating for two" during pregnancy. There is a strong shift in the current [AHA dietary guidance scientific statement](#) [6] to a heart healthy dietary pattern regardless of age and stage of life. Furthermore, sustainability and environmental impact are important key concepts in this document. However societal changes are necessary to improve nutrition education of healthcare workers, reduce food insecurity, and combat structural racism and neighborhood segregation. These societal changes are especially important to improve the nutrition and health of mothers and their infants given the higher rates of maternal mortality in minority communities and those of lower socioeconomic status.

Maternal health is a critical goal that needs to be recognized globally. **Saving mothers is not an option, it is mandatory, and the time to make a difference is now.**

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[2] <https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000001000>

[3] [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

[4] <https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000961>

[5] <https://www.heart.org/en/healthy-living/healthy-lifestyle/my-life-check--lifes-simple-7>

[6] <https://www.ahajournals.org/doi/10.1161/CIR.0000000000001031>

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