

# Maternal and Infant Mortality in the U.S.

Despite the fact that the total amount spent on health care in the U.S. is greater than any other country in the world, the U.S. ranks 50<sup>th</sup> with a maternal mortality rate higher than 49 countries worldwide.<sup>1</sup> The U.S. ranks 1<sup>st</sup> with the highest infant mortality rates among the top 33 most “advanced” nations.<sup>2</sup>

- One in every 7,700 U.S. women dies from pregnancy and childbirth related causes every year (2 to 3 women dying every day).<sup>3</sup>
- From 1987 to 2006, maternal mortality rates more than doubled in the U.S.<sup>4</sup>
- The most common known causes of death are embolism (20%), hemorrhage (17%),<sup>5</sup> pre-eclampsia and eclampsia (disorders related to excessively high blood pressure in pregnancy, together accounting for 16%), infection (13%), and heart disease (8%).<sup>6</sup>
- New analysis shows that states with high cesarean rates (over 33%) were associated with a 21% higher maternal mortality risk. Cesarean surgeries are at an all time high rate of 32% nationwide.<sup>7</sup>

Furthermore, almost 70,000 women nearly die in childbirth each year, and 1.7 million women (more than a third of all women giving birth in the U.S.) suffer a complication during pregnancy that has an adverse effect on their health.<sup>8</sup> These figures may actually be much higher,<sup>9</sup> as there are no federal requirements to report these deaths and some experts believe the actual rates may be twice as high.<sup>10</sup> Scant research has been performed on maternal mortality rates in the U.S., particularly in consideration of the much larger global crisis, but that is beginning to change.

## Reproductive Rights at Risk – Maternal Health and Mortality

Amnesty International reports that “[a]pproximately half of these deaths could have been prevented if maternal health care were available, accessible and of good quality for all women in the USA.”<sup>11</sup> This includes prenatal, childbirth, and postpartum care.<sup>12</sup>

- Only 50% of all births are actually covered by private insurance.<sup>13</sup>
- Postpartum care in the U.S. generally consists of a single visit with a physician approximately six weeks after birth.<sup>14</sup>
- Over half of maternal deaths occur one to 42 days after birth.<sup>15</sup>
- The U.S. has no nationally implemented comprehensive guidelines and protocols for maternal health care and for preventing and managing obstetric emergencies.<sup>16</sup>
- Twenty-nine states and the District of Columbia lack a maternal mortality review committee.<sup>17</sup>
  - In March 2011 The Maternal Health Accountability Act of 2011, HR 894 was introduced in the House to help establish a mortality review board in every state, fight disparities with new research and pilot programs and develop definitions of severe maternal morbidity (complications) to improve data collection and maternal health research.<sup>18</sup>

Experts have pointed to racial and economic disparities in health care as a leading cause of maternal mortality.<sup>19</sup> For example:

- Four times as many black women die from pregnancy than white women.<sup>20</sup> In New York City alone, one black woman dies in every 1,200 live births.<sup>21</sup>
- Over 40% of American Indian and Alaska Native women do not have access to basic prenatal care.<sup>22</sup>
- Those with high-risk pregnancies are 5.3 times more likely to die if they do not receive prenatal care.<sup>23</sup>

# Maternal and Infant Mortality in the U.S.

- Although women of color make up only 32% of women in the U.S., they account for 51% of uninsured women.<sup>24</sup> Women of color are also more likely to enter a pregnancy in poor health and lack access to reproductive options such as contraception and safe abortion.<sup>25</sup>

Obstacles preventing women from accessing health care include discrimination (including on the basis of national origin), lack of information, logistics (child care, transportation), financial and language barriers, the bureaucracy involved in Medicaid coverage (lack of prenatal care reimbursement and doctors refusing to treat low-income women), and lack of ability to adequately participate in reproductive health decisions.<sup>26</sup>

## Reproductive Rights at Risk – Infant Health and Mortality

Infant mortality is one of the most important indicators of the health of a nation, as it is associated with a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices.<sup>27</sup> The infant mortality rate is the rate at which babies less than one year of age die.<sup>28</sup> The U.S. infant mortality rate is higher than rates in most other developed countries.<sup>29</sup> The relative position of the United States in comparison to countries with the lowest infant mortality rates, appears to be worsening.<sup>30</sup>

High rates of premature birth are the main reason the United States has higher infant mortality compared to many other developed countries.<sup>31</sup> Premature births is the number 1 killer of newborns.<sup>32</sup>

- 543,000 babies, or 1 in 8, are born prematurely each year.<sup>33</sup>
- The percentage of preterm births in the United States has risen 36% since 1984.<sup>34</sup>
- An increase in Caesarean sections and labor-inducing drugs to deliver babies before they are developed full term are contributing to premature newborns.<sup>35</sup>
- Sudden Infant Death Syndrome (SIDS), the sudden death of an infant less than 1 year of age that cannot be explained, remains the third leading cause of infant death, despite significant declines in rates since 1990.<sup>36</sup>

There are large differences in infant mortality rates by race and ethnicity. Non-Hispanic black, American Indian or Alaska Native, and Puerto Rican women have the highest infant mortality rates; rates are lowest for Asian or Pacific Islander, Central and South American, and Cuban women.<sup>37</sup>

- African Americans have 2.4 times the infant mortality rate as non-Hispanic whites. They are four times as likely to die as infants due to complications related to low birthweight as compared to non-Hispanic white infants.<sup>38</sup>
- African Americans had 1.9 times the sudden infant death syndrome mortality rate as non-Hispanic whites, in 2006.<sup>39</sup>
- African American mothers were 2.5 times more likely than non-Hispanic white mothers to begin prenatal care in the 3rd trimester, or not receive prenatal care at all.<sup>40</sup>
- The infant mortality rate for African American mothers with over 13 years of education was almost three times that of Non-Hispanic White mothers in 2005.<sup>41</sup>

## U.S. Government Response

In 2008, Congress passed resolutions to reduce maternal mortality at home and abroad.<sup>42</sup> In 2009, the U.S. supported a United Nations Human Rights Council resolution recognizing preventable maternal mortality as a human rights challenge.<sup>43</sup> The U.S. failed to meet their 2010 goals calling for a 50% reduction in maternal mortality and actually worsened their

# Maternal and Infant Mortality in the U.S.

maternal mortality rates for their 2010 Healthy People initiative.<sup>44</sup> The U.S. revised their goals for 2020, and is aiming for a 10% reduction in infant mortality and a 10% reduction in maternal mortality.<sup>45</sup> Another primary goal is to ensure 77% of women have access to “early and adequate” pre-natal care.<sup>46</sup>

The 2010 Affordable Care Act will increase access and affordability of health care insurance and coverage for uninsured pregnant women.<sup>47</sup> The Act provides protection for childbearing women and newborns with the inclusion of maternal and newborn care in a defined package of “essential health benefits”. Beginning in 2014 “essential” services must be covered in policies available through insurance exchanges. Furthermore, the Act assigns a phased-in elimination of “pre-existing condition” clauses which exclude persons from coverage and treatment.<sup>48</sup> This is particularly important for pregnant women seeking insurance, as some insurance companies consider pregnancy a pre-existing condition,<sup>49</sup> and for women with health issues which might cause an increased risk of maternal mortality. For example, untreated diabetes is linked to an increased risk of miscarriage and developing pre-eclampsia.<sup>50</sup>

The Act also created two new programs for child bearing families, the Maternal, Infant and Early Childhood Home Visiting Program and the Pregnancy Assistance Fund.<sup>51</sup> Beginning in 2010 and currently funded through 2019, states can apply for and compete for one of up to 25 grants (\$500,000 to \$2 million each) to develop and implement the necessary programs.<sup>52</sup> However, the Act also includes limitations on abortion funding.<sup>53</sup>

- **Maternal, Infant and Early Childhood Home Visiting Program**

Awards grants for services in at risk communities, with a focus on strengthening families and community resources and improving maternal and newborn health, child health, and school readiness.<sup>54</sup>

- **Pregnancy Assistance Fund**

Provides grants to States and tribes to help support pregnant and parenting teens and women who are enrolled in higher education programs with child care, housing, baby supplies and food, and other support and protective services.<sup>55</sup> The act also provides grants to organizations to provide personal responsibility education to young people to reduce pregnancy and sexually transmitted infection rates by delaying sexual activity and increasing contraceptive use when sexually active.<sup>56</sup>

In New York State the Midwifery Modernization Act passed in 2010.<sup>57</sup> New York’s maternal mortality ratio is the 4th highest in the US, and many parts of the state, both rural and urban face shortages of health care providers, including obstetric providers.<sup>58</sup> New legislation, New York’s Midwifery Modernization Act, will improve access to quality maternal care, particularly for women in medically underserved areas, by allowing licensed midwives to practice to the full extent of their training.<sup>59</sup>

See above for discussion on the Maternal Health Accountability Act of 2011 introduced into the House in March 2011.

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<sup>1</sup> AMNESTY INT’L, DEADLY DELIVERY: THE MATERNAL HEALTH CARE CRISIS IN THE USA ONE YEAR UPDATE1 (Spring 2011), available at <http://www.amnestyusa.org/sites/default/files/deadlydeliveryoneyear.pdf>.

# Maternal and Infant Mortality in the U.S.

<sup>2</sup> Charles M. Blow, *The G.O.P.'s Abandoned Babies*, N.Y. TIMES, Feb. 25, 2011, at A19 available at [http://www.nytimes.com/2011/02/26/opinion/26blow.html?\\_r=1&ref=infantmortality](http://www.nytimes.com/2011/02/26/opinion/26blow.html?_r=1&ref=infantmortality).

<sup>3</sup> DEADLY DELIVERY, ONE YEAR UPDATE, *supra* note 1. Other reports show one in 6,000 women dying each year in 2008, up from one in 7,700 in 2000. Margaret C. Hogan et al., *Maternal Mortality for 181 Countries, 1980-2008: A Systematic Analysis of Progress Towards Millennium Development Goal 5*, 375 LANCET 1609, 1617 (Apr. 12, 2010). The U.S. is the only industrialized country failing to show a decline in the rate of maternal mortality. *Id.* at 1620 fig. 4.

<sup>4</sup> *Maternal Health in the US*, AMNESTY INT'L USA, <http://www.amnestyusa.org/demand-dignity/maternal-health-is-a-human-right/the-united-states/page.do?id=1351091> (last visited July 12, 2011) (showing an increase “from 6.6 deaths per 100,000 live births in 1987 to 13.3 deaths per 100,000 live births in 2006”).

<sup>5</sup> Hemorrhage is one of the most common causes of mortality from an unsafe abortion, responsible for an estimated 70,000 deaths per year worldwide (8 deaths per hour) and one of the most preventable causes of maternal mortality. See WORLD HEALTH ORG., UNSAFE ABORTION: GLOBAL AND REGIONAL ESTIMATES OF THE INCIDENCE OF UNSAFE ABORTION AND ASSOCIATED MORTALITY IN 2000 (2004); Susan R. Fawcus, *Maternal Mortality and Unsafe Abortion*, 22 BEST PRACTICES & RES. CLINICAL OBSTETRICS & GYNAECOLOGY 533, 533, 537 (2008).

<sup>6</sup> DEADLY DELIVERY, ONE YEAR UPDATE, *supra* note 1, at 4.

<sup>7</sup> *Id.*

Jennifer Block, *Too Many Women Dying in U.S. While Having Babies*, TIME, Mar. 12, 2010, available at <http://www.time.com/time/health/article/0,8599,1971633,00.html>; Assoc. Press, *More U.S. Women Dying in Childbirth*, MSNBC.COM, Aug. 24, 2007, <http://www.msnbc.msn.com/id/20427256/>.

<sup>8</sup> Amnesty Int'l USA, News Release, *USA Urged to Confront Shocking Maternal Mortality Rate* (Mar. 12, 2010), available at <http://www.amnesty.org/en/news-and-updates/usa-urged-confront-shocking-maternal-mortality-rate-2010-03-12>.

<sup>9</sup> David A. Grimes, *Estimation of Pregnancy-Related Mortality Risk by Pregnancy Outcome, United States, 1991 to 1999*, 194 AM. J. OF OBSTETRICS & GYNECOLOGY 92, 92 (2006) (noting mortality rate estimates are challenging because, for example, deaths “are usually undercounted because not all are identified as pregnancy related”).

<sup>10</sup> Cynthia J. Berg et al., *Pregnancy-Related Mortality in the United States, 1987-1990*, 88 OBSTETRICS & GYNECOLOGY 161, 161 (1996). Also, due to the fact women can and do have more than one pregnancy, the “lifetime risk” is also a critical consideration. Alicia Ely Yamin & Deborah P. Maine, *Maternal Mortality as a Human Rights Issue: Measuring Compliance with International Treaty Obligations*, 21 HUMAN RIGHTS Q. 563, 567-68 (1999). In the 1990s, the lifetime risk of dying from pregnancy- or childbirth-related causes in North America was 1 in 3700. *Id.* at 567 tbl. 1.

<sup>11</sup> Amnesty Int'l USA, *supra* note 7. Also, basic obstetric care “required to prevent most maternal deaths is not complicated” and “health centers in developing countries should be able to provide most of the [basic] services, and district hospitals should be providing [comprehensive] services.” Yamin & Maine, *supra* note 9, at 573.

<sup>12</sup> Newly proposed government objectives for improving maternal, infant, and child health include increasing the percentage of women receiving postpartum care. DEP'T OF HEALTH AND HUMAN SERV. [HHS], PROPOSED HEALTHY PEOPLE 2020 OBJECTIVES at MICH-6 (2009), available at <http://healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

<sup>13</sup> AMNESTY INT'L, DEADLY DELIVERY: THE MATERNAL HEALTH CARE CRISIS IN THE USA, 5 (2010), available at <http://www.amnestyusa.org/sites/default/files/pdfs/deadlydelivery.pdf>.

<sup>14</sup> *Id.* at 7.

<sup>15</sup> Jeani Chang et al., *Pregnancy-Related Mortality Surveillance*, 52 MORBIDITY & MORTALITY WEEKLY REP. 1 (2003), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5202a1.htm>. Please note that, starting in 1979, “the time frame required for designation of a maternal death [is] restricted to within 42 days of the end of a pregnancy.” Donna L. Hoyert, *Maternal Mortality and Related Concepts*, in MATERNAL MORTALITY AND RELATED CONCEPTS 3 (Ctr. for Disease Control & Prevention, Vital and Health Statistics Series No. 3:33, 2007), available at [http://www.cdc.gov/nchs/data/series/sr\\_03/sr03\\_033.pdf](http://www.cdc.gov/nchs/data/series/sr_03/sr03_033.pdf). Therefore, pregnancy- and childbirth-related deaths occurring more than 42 days after childbirth are no longer categorized as “maternal deaths.” See *id.*

<sup>16</sup> DEADLY DELIVERY, *supra* note 13, at 6.

<sup>17</sup> *Id.* at 9-10.

<sup>18</sup> DEADLY DELIVERY, ONE YEAR UPDATE, *supra* note 1

<sup>19</sup> *About Minority Health*, CTR. FOR DISEASE CONTROL & PREVENTION [CDC], OFFICE OF MINORITY HEALTH & HEALTH DISPARITIES, <http://www.cdc.gov/omhd/amh/amh.htm> (last updated June 6, 2007).

<sup>20</sup> DEADLY DELIVERY, *supra* note 13, at 1. See also CDC, *State-Specific Maternal Mortality Among Black and White Women*, 48 MORBIDITY & MORTALITY WEEKLY REP. 492 (1999), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4823a3.htm>.

<sup>21</sup> Malena Amusa, *NYC's Rising Black Maternal Mortality Unexplained*, WENEWS, Apr. 18, 2010, available at <http://www.womensenews.org/story/reproductive-health/100416/nycs-rising-black-maternal-mortality->

# Maternal and Infant Mortality in the U.S.

unexplained (showing 70 deaths per 100,000 live births, compared to 10 per 100,000 for white women). *See also* Anemona Hartocollis, *High Rate for Deaths of Pregnant Women in New York State*, N.Y. TIMES, June 18, 2010, at A16 available at <http://www.nytimes.com/2010/06/19/nyregion/19obese.html>.

<sup>22</sup> HHS, HEALTHY PEOPLE 2010, at 16-27 (1999), available at <http://www.healthypeople.gov/Document/pdf/Volume2/16MICH.pdf>. *See also* CDC, *Pregnancy-Related Deaths Among Hispanics, Asian/Pacific Islander, and American Indian/Alaska Native Women*, 50 MORBIDITY & MORTALITY WEEKLY REP. 361 (2001), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5018a3.htm>.

<sup>23</sup> DEADLY DELIVERY, *supra* note 1, at 6.

<sup>24</sup> *Id.* at 4.

<sup>25</sup> *See id.* at 35, 52-53.

<sup>26</sup> *Id.* at 5.

<sup>27</sup> MARIAN F. MACDORMAN AND T.J. MATHEWS, CTR. FOR DISEASE CONTROL AND PREVENTION, NAT'L CTR. FOR HEALTH STATISTICS DATA BRIEF: RECENT TRENDS IN INFANT MORTALITY IN THE UNITED STATES, (Oct. 2008) available at <http://www.cdc.gov/nchs/data/databriefs/db09.pdf>.

<sup>28</sup> *Eliminate Disparities in Infant Mortality, What is the Burden of Infant Mortality*, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, CTR. FOR DISEASE AND CONTROL, <http://www.cdc.gov/omhd/amh/factsheets/infant.htm> (last updated June 7, 2007).

<sup>29</sup> MACDORMAN AND MATHEWS, RECENT TRENDS IN INFANT MORTALITY, *supra* note 27 at 1

<sup>30</sup> *Id.*

<sup>31</sup> MARIAN F. MACDORMAN AND T.J. MATHEWS, CTR. FOR DISEASE CONTROL AND PREVENTION, NAT'L CTR. FOR HEALTH STATISTICS DATA BRIEF: BEHIND INTERNATIONAL RANKINGS OF INFANT MORTALITY: HOW THE UNITED STATES COMPARES WITH EUROPE (NOV. 2009), available at <http://www.cdc.gov/nchs/data/databriefs/db23.pdf>.

<sup>32</sup> *What We Know About Prematurity*, MARCH OF DIMES, [http://www.marchofdimes.com/mission/prematurity\\_indepth.html](http://www.marchofdimes.com/mission/prematurity_indepth.html) (last visited July 12, 2011).

<sup>33</sup> *Id.*

<sup>34</sup> MARIAN F. MACDORMAN AND T.J. MATHEWS, HOW THE UNITED STATES COMPARES WITH EUROPE, *supra* note 31

<sup>35</sup> Denise Grady, *Premature Births Are Fueling Higher Rates of Infant Mortality in U.S.*, *Report Says*, N.Y. TIMES Nov. 4, 2009 at available at <http://query.nytimes.com/gst/fullpage.html?res=9F02E4DD1439F937A35752C1A96F9C8B63&ref=infantmortality>.

<sup>36</sup> *Sudden Unexpected Infant Death and Sudden Infant Death Syndrome*, Ctr. For Disease Control and Prevention, <http://www.cdc.gov/sids/> (last updated May 25, 2011).

<sup>37</sup> Grady, *supra* note 35.

<sup>38</sup> *Infant Mortality and African Americans*, OFFICE OF MINORITY HEALTH, U.S. DEPT. OF HEALTH & HUMAN SERVICES, <http://minorityhealth.hhs.gov/templates/content.aspx?vl=2&lvlID=51&ID=3021> (last visited July 12, 2011).

<sup>39</sup> *Id.*

<sup>40</sup> *Id.*

<sup>41</sup> *Id.*

<sup>42</sup> H.R. Res. 1022, 110th Cong. (2008); S. Res. 616, 110th Cong. (2008).

<sup>43</sup> H.R.C. Res. 11/8, U.N. Doc. A/HRC/11/L.16 (June 12, 2009). *See also* INT'L INITIATIVE ON MATERNAL MORTALITY AND HUMAN RIGHTS, FACT SHEET, UN HUMAN RIGHTS COUNCIL RESOLUTION ON MATERNAL MORTALITY (2009), available at <http://www.amddprogram.org/v1/FactSheetUNHRCResolution.pdf>.

<sup>44</sup> DEADLY DELIVERY, ONE YEAR UPDATE, *supra* note 1

<sup>45</sup> HEALTH & HUMAN SERVICES, HEALTHY PEOPLE 2020 SUMMARY OF OBJECTIVES. (2011) available at <http://healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>.

<sup>46</sup> *Id.*

<sup>47</sup> Carol Sakala, *U.S. Health Care Reform Legislation Offers Major New Benefits to Childbearing Women and Newborns*, 37 BIRTH, 337, 337-340 (Dec. 2010), available at <http://transform.childbirthconnection.org/wp-content/uploads/2011/03/PPACAmaternity.pdf>.

<sup>48</sup> Jesse Lee, *The Affordable Care Act -- Benefits and Weights Being Lifted*, THE WHITE HOUSE BLOG, (June 22, 2010 3:41PM), <http://www.whitehouse.gov/blog/2010/06/22/affordable-care-act-benefits-and-weights-being-lifted>.

<sup>49</sup> David S. Hilzenrath, *Acne, Pregnancy Among Disqualifying Conditions*, WASH. POST, Sept. 19, 2009, available at <http://www.washingtonpost.com/wp-dyn/content/article/2009/09/18/AR2009091803501.html>. The Health Insurance Portability and Accountability Act of 1996 prevents insurers from applying pre-existing condition clauses to pregnancy, but the Act does not apply to individual insurance plans, only group employer plans. *See* U.S. Dep't of Labor, FAQs About Portability of Health Coverage and HIPAA, [http://www.dol.gov/ebsa/faqs/faq\\_consumer\\_hipaa.html](http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html) (last visited July 12, 2011).

<sup>50</sup> DEADLY DELIVERY ONE YEAR UPDATE, *supra* note 1



# Maternal and Infant Mortality in the U.S.

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<sup>51</sup> HHS, News Release, *HHS Secretary Sebelius Announces the Availability of Funding for the Support of Pregnant and Parenting Teens and Women* (July 2, 2010), available at

<http://www.hhs.gov/news/press/2010pres/07/20100702a.html>.

<sup>52</sup> Evelyn M Kappeler, Acting Dir., HHS Office of Adolescent Health, Announcement of Availability of Funds for Support for Pregnant and Parenting Teens and Women,

[http://www.hhs.gov/ohs/oah/prevention/grants/announcements/pregnancy\\_assistance\\_foa.pdf](http://www.hhs.gov/ohs/oah/prevention/grants/announcements/pregnancy_assistance_foa.pdf).

<sup>53</sup> See LAW STUDENTS FOR REPRODUCTIVE JUSTICE, FACT SHEET, FUNDING FOR REPRODUCTIVE HEALTH CARE (2010), available at <http://lsrj.org/resources/#factsheets>.

<sup>54</sup> Press Release, Health Resources and Services Administration, HHS announces Maternal, Infant, and Early Childhood Home Visiting program funding opportunity, (June 1, 2011), available at

<http://www.hrsa.gov/about/news/pressreleases/110601homevisiting.html>.

<sup>55</sup> Press Release, U.S. Dept. of Health and Human Services, HHS awards \$27 million for the support of pregnant and parenting teens and women, (Sept. 28, 2010) available at

<http://www.hhs.gov/news/press/2010pres/09/20100928d.html>.

<sup>56</sup> *Id.*

<sup>57</sup> A. 8117, 2010 Leg., Reg. Sess. (N.Y. 2010).

<sup>58</sup> *Id.*

<sup>59</sup> DEADLY DELIVERY, ONE YEAR UPDATE, *supra* note 1