
Birth Briefs

Alarming Racial Differences in Maternal Mortality

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Abstract

In this column, the author reviews statistics that reflect the disparity of maternal mortality rates among black, nonwhite, and white women.

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In the United States, black women are 2 to 6 times more likely to die from complications of pregnancy than white women, depending on where they live (American Medical Association, 1999). Total maternal mortality rates ranged from 1.9 deaths per 100,000 in New Hampshire to 22.8 in the District of Columbia. When data from 1979 to 1992 were analyzed, the overall pregnancy-related mortality ratio was 25.1 deaths per 100,000 for black women, 10.3 for Hispanic women, and 6.0 for non-Hispanic white women (Hopkins et al., 1999). These rates have not improved between 1987 and 1996 (American Medical Association, 1999). The leading causes of maternal death are hemorrhage, pregnancy-induced hypertension, and embolism (Berg, Atrash, Koonin, & Tucker, 1996). Black and nonwhite women have almost 3 times the risk of death from hemorrhage than white women (Chichakli, Atrash, Mackay, Musani, & Berg, 1999).

None of these authors are able to explain the racial differences in maternal mortality rates. However, “quality of prenatal delivery and postpartum care, as well as interaction between health-seeking behaviors and satisfaction with care may explain part of this difference” (American Medical Association, 1999, p. 1221). The Center for Disease Control (1999), though, points to the fact that 50% of pregnancies are unplanned. These

pregnancies are associated with increased mortality for the mother and infant. "Lifestyle factors (e.g., smoking, drinking alcohol, unsafe sex practices, and poor nutrition) and inadequate intake of foods containing folic acid pose serious health hazards to the mother and fetus and are more common among women with unintended pregnancies" (Center for Disease Control, 1999, p. 849). In addition, the CDC estimates that half of the women that experience an unintended pregnancy do not seek prenatal care during the first trimester. To discover interventions that may diminish maternal mortality, 25 states have reestablished maternal mortality review committees to examine factors that may contribute to maternal deaths (American Medical Society, 1999). To understand the disparity in maternal mortality rates among black and white women, much more public health surveillance and prevention research is needed. In an effort to provide overlooked information related to minority health issues and concerns, Kaiser Permanente National Diversity Council has designed handbooks for providers. More information about these handbooks can be obtained by contacting the National Diversity Program at 510-271-6485 or through e-mail at Luzmaria_Kellis@kp.org.

Childbirth educators are in a unique position to instruct women about the risks of unhealthy lifestyle factors and delayed prenatal care. Contraception

information can be added to the curriculum to help women reduce their risk of unintended pregnancy during the postpartum period. In addition, childbirth education efforts must be extended to more women living in poverty. Childbirth educators can play a role in bringing our nation closer to the 2010 National Health Objectives to reduce the overall maternal mortality ratio to no more than 3.3 per 100,000.

References

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Safe Motherhood Initiatives—USA

The following goals* represent SMI-USA's vision for achieving social and policy changes that will ensure safe motherhood for all women in the United States:

- Women and men are equal partners in all aspects of society.
- Every girl and boy arrives at maturity with full physical, emotional, and spiritual health.
- Women and men assume responsibility for making motherhood safe and for parenting.
- Women trust their bodies and view birth as a normal, positive, growth-producing experience for the family.
- Women are educated and empowered to make informed decisions for choices during childbirth, including choice of birth attendant and site of birth.
- Motherhood takes place within a physical environment and social system that promotes well-being for all women.
- Women receive appropriate care based on need, and there is no discrimination based on ability to pay, place of residence, culture, religion, or ethnic background.
- The use of technology, drugs, and interventions in childbearing is based on research and fully informed consent and is individualized to the health needs of each woman.
- Safe motherhood in the United States is a woman-centered effort within the community that requires the support and efforts of many people and in which midwifery care is an integral component.
- The United States will use its intellectual and material resources fairly and have the political will to ensure that safe motherhood becomes a reality for all women.

* Source: Lowe, N. K. (1998). Safe motherhood USA. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 27(5), 491.