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

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.[19] Over half of these deaths occur in the postpartum period[8,20] yet as many as 40% of people do not attend a postpartum visit.[3]

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 [21] and the United States has the highest maternal mortality rate of all developed nations.[22] The maternal mortality rate for 2021 was 32.9 deaths per 100,000 live births,[23] compared with a rate of 23.8 in 2020,[24] and a rate of 20.1 in 2019.[25] Accurate reporting and surveillance systems are critical to measuring the effectiveness of maternal mortality efforts.[26-28]

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.[22,23] Maternal mortalities for non-Hispanic black people is 2.6 times the rate for non-Hispanic White people.[23] These disparities are attributed to various factors, including systemic racism and bias, unequal access to healthcare and social determinants of health.[27-34]

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.[35] Reproductive health is integral to these rights and includes access to healthcare, family planning and protection against preventable maternal mortality.[34] The case of Dobbs v. Jackson decision that returned the regulation of abortion to states and resulting political and legal conflicts[36] has significant implications for maternal healthcare in the United States.[15] These changes can increase health risks associated with a delay in care,[15] 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.[16] The differences of abortion care among states exacerbates the division of healthcare access and quality across the nation.[37]

Family planning prevents unintended pregnancies and the need for abortion services.[14,27] In 2014, publicly funded family planning services helped avoid unintended pregnancies and nearly 700,000 abortions.[14] While there has been a decrease in unintended pregnancy the U.S. is still not meeting the Healthy People 2030 target.[38] Of all unintended pregnancies occurring seventy-five percent are among teenagers.[39] 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.[14]

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.[40,41] Causes of death vary widely however, cardiovascular disease is the leading cause.[22,42-44] The prevalence of hypertensive disorders in pregnancy has been increasing and can lead to severe maternal complications, such as heart attack and stroke.[45] 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).[10] 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.[10]

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.[27,43] 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,[27,43,46,47] lack of health insurance and cost of services, [8,15,30] lack of transportation, missed or delayed diagnoses, patients poor understanding of condition and not following medical advice.[29,48] Given that most maternal mortalities are preventable this is a breach of reproductive rights.[49]

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