

Maternal Mortality

African Americans Remain at Higher Risk

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In a decade-long study, the Centers for Disease Control and Prevention (CDC) found that African American women die three times more often from pregnancy-related complications than non-Hispanic White women. This gap, which has persisted for more than 60 years, is the largest and most difficult disparity to understand in the area of maternal and child health.

“Any pregnancy-related death is one too many,” said Secretary of the Department of Health and Human Services (HHS) Tommy G. Thompson, in a February 20, 2003, press release. “We must focus our research on finding ways to reduce these deaths.”

Data from CDC’s Pregnancy Mortality Surveillance System (PMSS) from 1991 to 1999 indicate that although maternal mortality is rare, on average 12 women die each year for every 100,000 live births. For African American women, though, the rate is 30.0 deaths per 100,000 live births compared with 8.1 deaths for White women.

African American women are three times more likely to die from ectopic pregnancies, (when the placenta and fetus develop outside of the uterus) and preeclampsia (a combination of hypertension, fluid retention and protein loss in the urine). African American women are also two times more likely to leak amniotic fluids during pregnancy, which leads to infection, according to the Almanac, the University of Pennsylvania’s faculty news journal. These three conditions account for 59 percent of all maternal deaths in the United States.

According to a 2002 CDC study, it is the limited access that minority communities have to health care that possibly leads to higher maternal mortality rates. The study revealed that African American women were more than twice as likely as White women to receive delayed or no prenatal care. Moreover, the majority of women in the study said they wanted earlier prenatal care but were hindered by outside barriers like a lack of money or insurance and the inability to obtain an appointment.

Removing barriers to and actively promoting the use of prenatal services is key to reducing maternal mortality according to Dr. Audrey Saftlas, professor of epidemiology at the University of Iowa College of Public Health. In a study published in the “American Journal of Epidemiology,” Saftlas argued that the health care system should make comprehensive reproductive health services more available to African American women while ensuring that women are able and willing to use services.

“With current medical knowledge and technology, more than half of maternal deaths can be prevented,” Saftlas said. “We need to develop strategies to improve the content of and access to prenatal care for all Black women— not just Black women at high risk, but also those considered at low risk.”

Indeed, there is a misconception that by focusing on high-risk women, incidents of pregnancy-related deaths will be easier to prevent, according to Dr. Margaret A. Harper, primary author of “Pregnancy-Related Death and Health Care Services.”

But she said that about 10 to 15 percent of women who are thought to be at risk for a complication actually go on to have a problem. As a result, focusing on risk factors can give patients and providers a false sense of security, leaving them ill prepared if complications arise, Harper said. If lack of prenatal care and known risk factors don’t fully explain the causes of maternal mortality then what needs to be done?

Dr. Luigi Mastroianni, Jr., professor of Obstetrics and Gynecology at the University of Pennsylvania School of Medicine, argues for a “need to speed up the development of superior methods to predict risk, achieve timely intervention and develop effective therapies.”

Dr. Sara Whitehead, a reproductive health epidemiologist at CDC agrees that there is a need to expand public health monitoring of pregnancy-related death.

“We need to examine issues such as access to care, quality of care, health insurance status, language and cultural barriers to care, immigration issues and socioeconomic status,” she said.

In order to reduce maternal mortality to achieve the nation’s Healthy People 2010 objective of no more than 3.3 maternal deaths per 100,000 live births, the CDC has called for improved surveillance efforts to pinpoint exactly why Black women are dying in greater numbers.

In order to get a better understanding of such efforts, New York State, where the maternal mortality rate among African Americans exceeds the national average, launched an initiative in 2002 with a goal to increase awareness of maternal mortality, improve birth outcomes, and reduce pregnancy-related deaths and racial disparities.

The initiative introduced a uniform statewide protocol form to be used by Regional Perinatal Centers (RPCs) to document and review pregnancy-related deaths. With uniform information, the state was then able to identify instances and causes of maternal death. There is hope that this data will yield some explanation of why a racial disparity in maternal mortality remains, so that programs can be created to keep mothers safe nationwide.

For more information on the Centers for Disease Control maternal mortality study, go to <http://www.cdc.gov/od/oc/me-dial/pressrel/r030220c.htm> ❖

For more information on the Pregnancy Mortality Surveillance System, go to <http://t/www.cdc.gov/reproductivehealth/index.htm> ❖

Maternal Deaths in 2001

White, Non-Hispanic
6.5 maternal deaths
per 100,000 live births

Hispanic
9.5 maternal deaths
per 100,000 live births

Black, Non-Hispanic
24.7 maternal deaths
per 100,000 live births

Source: Healthy People 2010
<http://wonder.cdc.gov/data2010/>

