

# MATERNAL HEALTH DISPARITIES: PREVALENCE AND IMPACT ACROSS THE UNITED STATES

- ➔ Approximately **10%** of births in the United States occur in counties that have limited access to maternity care.
- ➔ More than **2.2 million** women of childbearing age live in maternity care ‘deserts,’ both in rural and urban areas.



**The United States has the highest rate of maternal death among developed nations, with significant racial disparities and large differences in rates between states.**

The maternal mortality ratio (MMR) in the United States remains at about 17 deaths per 100,000 live births. The mortality rate is particularly high in rural communities, at .238 deaths per 1,000 deaths compared to .146 in larger metropolitan areas. A lack of access to high quality maternal health services in rural communities is the result of many factors including hospital and obstetric department closures, workforce shortages, and access to care challenges arising from the social determinants of health, all of which have contributed to disparities in maternal health care for rural women and their babies.

About 700 women die each year in the United States as a result of pregnancy or delivery complications. Approximately one-third occur during pregnancy, over half (56%) occur during labor or within the first week postpartum, and another 13% occur between six weeks and one year, underscoring the importance of access to health care beyond the period of pregnancy.

**CULTURAL DIFFERENCES**

Several studies have found significant differences in pregnancy related risks and complications among different maternal racial and ethnic groups. African-American and Native American women have higher rates of pregnancy-related deaths compared to non-Hispanic white women. Differences in pregnancy-related death rates are smaller between Asian-American and non-Hispanic white women, and the rate for Hispanic women was lower compared to that of non-Hispanic white women. Research shows that African-American and Hispanic women are at significantly higher risk for severe maternal morbidity, such as preeclampsia, which is more common than maternal death. Evidence suggests that the stress associated with situational experiences of racial discrimination can increase the risk of negative perinatal outcomes including preterm birth and infant death for African-American women. Maternal mortality ratios also vary significantly by socioeconomic status and geography. Women living in poverty and women in certain states experience significantly higher MMRs than the national average.

It is very important for women to receive health care before and during pregnancy to decrease the risk of pregnancy complications. Access to paid maternity leave also improves outcomes for both mother and infant, reducing risk of subsequent hospitalization and preterm birth.



**WOMEN'S HEALTH  
EQUITY INITIATIVE**

**Social and Economic Factors  
that Impact Health Outcomes in  
Maternal Health**

- Access to health care
- Community and support systems
- Economic stability
- Education
- Food security
- Physical environment

**Common Maternal Mortality and  
Morbidity Risk Factors**

- Anemia
- Diabetes during pregnancy
- Hypertension (high blood pressure)
- Post-Cesarean Infections
- Mental health conditions
- Obesity and excessive weight gain
- Urinary tract infections

Barriers to Care/Access

- Bias
- Cultural competency of clinicians
- Health literacy
- Lack of trust in health care
- Language
- Technology (Digital and Generational Divide)
- Uninsured or underinsured

Health Disparities

Non-Hispanic African-American women, who have the highest maternal mortality rates in the United States, had the highest prevalence of hypertensive disorders of pregnancy, chronic hypertension, and grand multiparity (a patient who has had ≥5 births (live or stillborn) at ≥20 weeks of gestation) — a contributor to maternal and perinatal morbidity and mortality — every year between 2007 and 2018. Hispanic women had the highest prevalence of diabetes mellitus, and non-Hispanic White women had the highest prevalence of advanced maternal age during the same time period.



Economic Impact

Poor maternal health can have disastrous economic effects on families and communities. In the United States, there is no guarantee of paid maternity leave, forcing many women to return to work during the immediate postpartum period. On average, **one in four women** return to work within two weeks of giving birth, which has serious implications, especially for women who require additional time off during or after complicated pregnancies and deliveries.



The Society for Women’s Health Research (SWHR) **Women’s Health Equity Initiative** highlights statistics on women’s health in the United States and aims to engage communities on solutions to improve health equity in maternal health and other medical conditions.

Health Equity Roadmap

The roadmap features U.S. data on the disproportionate impact of Alzheimer’s disease, bone health, maternal health, and menopause.

[www.swhr.org/healthequity](http://www.swhr.org/healthequity)



HEALTH EQUITY ROADMAP

This roadmap features U.S. data on the disproportionate impact of four diseases on women’s health based on race and ethnicity, geography, age, and role as a caregiver. SWHR plans to add additional disease states, life stages and issues to this map in the future. Download the fact sheets for more information.

- **Alzheimer’s Disease** Approximately **5.8 million** people in the U.S. have Alzheimer’s disease — **two-thirds** of them are women.
- **Bone Health** Women account for **80%** of the estimated 10 million Americans with osteoporosis and experience bone loss at an earlier age than men.
- **Maternal Health** Black women are **three to four times** more likely to die from childbirth than non-Hispanic white women.
- **Menopause** **34%** of women with menopause symptoms are not diagnosed and do not know they are in the menopause transition, while **20%** of women go 12+ months before it is formally identified by their health care provider.

References

Centers for Disease Control and Prevention: Reproductive Health  
<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications.html>

Centers for Medicare & Medicaid Services: Maternal Health Care in Rural Communities  
<https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/rural-maternal-health>

Kaiser Family Foundation: Racial Disparities in Maternal and Infant Health: An Overview  
<https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>

NCBI: Racial Disparity in Pregnancy Risks and Complications in the US: Temporal Changes during 2007–2018, Journal of Clinical Medicine  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7290488/>

Additional Resources

Maternal Health Disparities: A Q&A with Dr. Jasmine Johnson  
<https://swhr.org/maternal-health-disparities-a-qa-with-dr-jasmine-johnson/>

Society for Women’s Health Research: SWHR Endorses Momnibus Bill to Address Disparities in Maternal Health  
<https://swhr.org/swhr-endorses-momnibus-bill-to-address-disparities-in-maternal-health/>

Society for Maternal-Fetal Medicine Scorecard: 2020 — 2021  
<https://www.smfm.org/scorecard/2020>