



The Maternal Mortality Crisis in the United States Got Worse During the Pandemic: Congress Must Act to Save Mothers' Lives

Medicaid plays an essential role in maternal health, paying for more than 42% of all births.¹ Federal law requires states to cover pregnancy, labor, and delivery care for low-income women through Medicaid. But this coverage lasts for just 60 days after giving birth (postpartum). However, data on maternal deaths shows that the full year following the birth of a baby is a high-risk time for mothers: 53% of maternal deaths occur between seven days and one year after delivery, and 30% of maternal deaths occur between 43 days and one year after delivery.² Preliminary data from the CDC (Centers for Disease Control and Prevention) show that the already high rate of maternal deaths took a drastic turn for the worse during the pandemic: The maternal mortality rate across 26 states jumped by 79% between 2018 and 2021.³

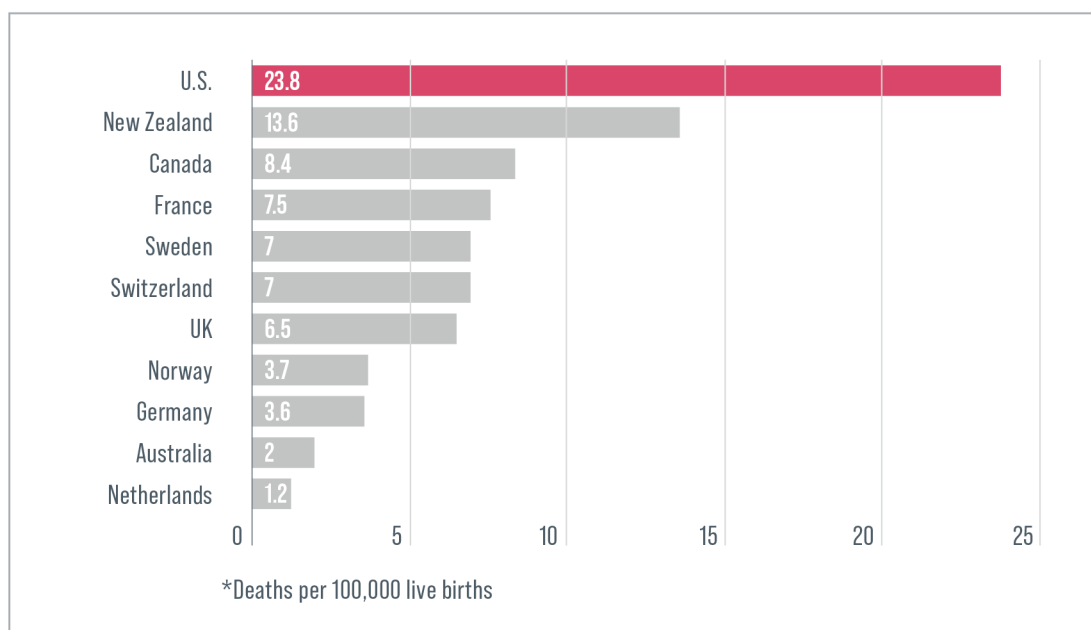
Almost half of all postpartum women who have Medicaid lose that coverage at the 60-day mark, leaving them uninsured at a time when their health is vulnerable.⁴ Four out of five pregnancy-related deaths in the United States are preventable and better coverage is one of the best ways to avert preventable deaths.⁵ Coverage for 12 months postpartum helps mothers access needed care, and without coverage women are falling through the cracks in the health care system, with deadly consequences.

Expanding insurance is a critical tool to reduce the high and increasing rates of preventable maternal deaths in the United States. This devastating trend will not change without a shift in policy. Congress should take immediate action to address this critical gap in Medicaid by requiring all state Medicaid programs to provide 12 months of continuous postpartum coverage.

Background

Maternal mortality in the United States is extremely high, especially compared to other higher-income countries. The U.S. rate is almost twice that of New Zealand, the country with the next highest maternal mortality rate of higher-income countries.⁶

Maternal Mortality in the U.S. Far Outstrips That of Other Industrialized Nations

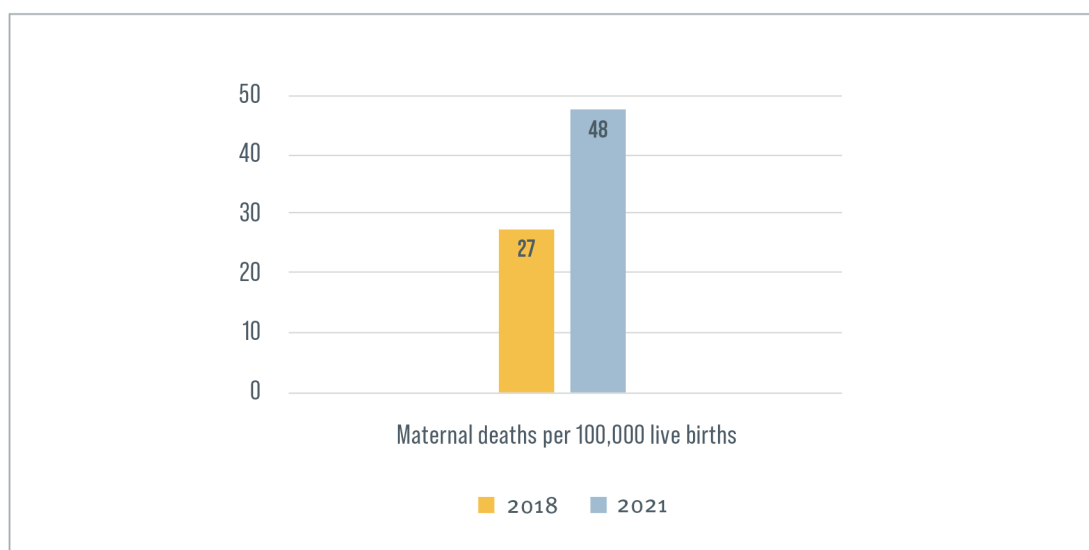


Source: OECD Health Statistics, 2022.

Note: Maternal mortality figures are based on 2020 data except for New Zealand (2018), France (2012), Switzerland (2019), and the U.K. (2017). The maternal mortality figure for the U.S. is slightly different from the CDC data included in this brief due to differences in methodology, but shows the U.S. is an extreme outlier.

The maternal mortality crisis in the United States worsened throughout the coronavirus pandemic. Preliminary CDC data from 26 states showed that the maternal mortality rate across 26 states increased by 79% between 2018 and 2021, surging from 27.0 deaths per 100,000 live births in 2018 to 48.0 deaths per 100,000 live births in 2021.⁷

New Data from 26 States Shows Rates of Maternal Mortality increased drastically between 2018-2021



Source: FUSA Analysis of CDC Maternal Mortality Data, 2022. For more information, see the Methods and Sources section.

These death rates show that the country's broader maternal health crisis has only grown more dire during the pandemic. And this crisis does not affect all women equally: The maternal mortality rate for non-Hispanic Black women is 55.3 deaths per 100,000 live births, almost three times the rate for non-Hispanic White women (19.1).⁸

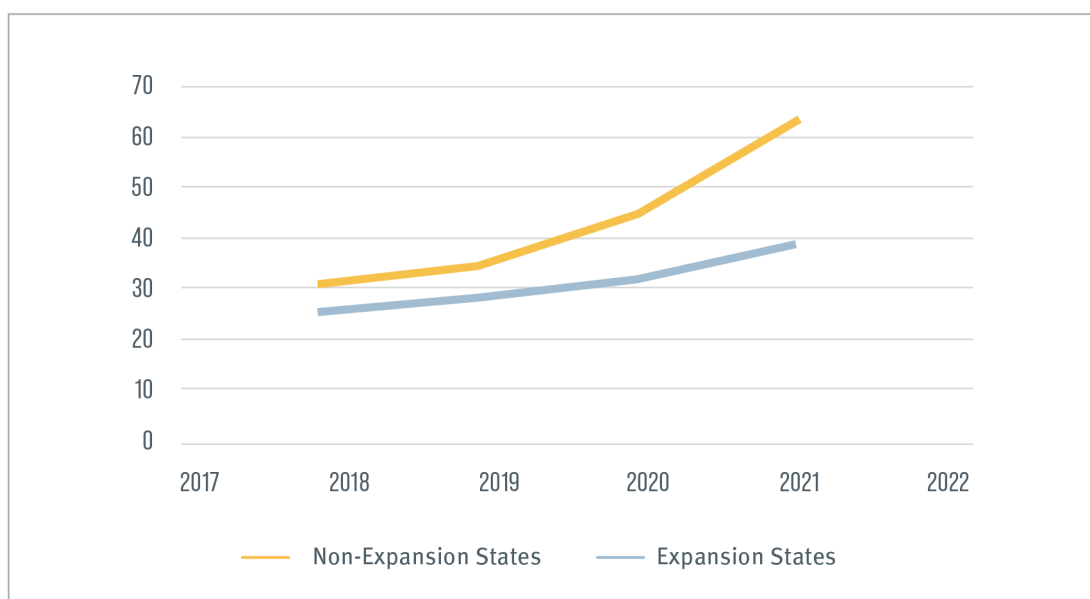
Pregnancy-related deaths can occur for up to one year post-delivery: Deaths that occur more than 42 days but less than one year after delivery are referred to as "late maternal deaths." Factors such as weakened heart muscle (cardiomyopathy) and mental health conditions (including substance use and suicide) are the leading causes of death after the six-week postpartum period.⁹ Maternal mortality data show that the entire 12-month postpartum period is a high-risk time: 22% of maternal deaths occur during pregnancy, 25% occur on the day of delivery or within seven days, and 53% occur between seven days and one year after delivery.¹⁰ Black mothers are 3.5 times as likely as white mothers to die between six weeks and one year postpartum.¹¹ Black women are 6 times as likely to have postpartum cardiomyopathy, which is the leading cause of late maternal death. Non-Hispanic White mothers are more likely to die from substance use or suicide than Black mothers.¹²

States That Have Not Expanded Medicaid Are Falling Further Behind

It is well understood that providing health insurance helps individuals and families access needed medical treatment to manage their health conditions, thus improving overall health outcomes. There is strong evidence that having insurance is exceptionally critical to the health of pregnant and postpartum women.¹³ Medicaid expansion states cover health care for low-income adults regardless of their pregnancy status. This is particularly important for helping women manage any chronic health conditions prior to pregnancy. Additionally, according to a study in Ohio, Medicaid expansion led to a 12-percentage point increase in Medicaid enrollment for first-time mothers prior to getting pregnant, which increased the use of prenatal care at the beginning of pregnancy.¹⁴ Another study found that Medicaid expansion led to a significant decrease in maternal deaths (7.01 maternal deaths per 100,000 live births) relative to non-expansion states, and that this decrease was especially pronounced among non-Hispanic Black mothers.¹⁵

Preliminary data from the CDC shows that states that expanded Medicaid under the Affordable Care Act had lower maternal mortality rates than non-expansion states before the pandemic, and that gap widened dramatically in 2020 and 2021. In 2018, Medicaid expansion states had a 17% lower overall maternal mortality rate than non-expansion states, and this difference widened to more than 38% by 2021.¹⁶ That is a difference of 24 additional maternal deaths per 100,000 live births in non-expansion states in 2021.

Total Maternal Mortality in Non-Expansion and Expansion States



Source: FUSA Analysis of CDC Maternal Mortality Data, 2022. For more information, see the Methods and Sources section.

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There are numerous policy, demographic, and cultural differences between expansion and non-expansion states, to be sure. However, insurance is the basis for access to health care in the United States and is highly correlated with health outcomes. It is likely that health coverage helped expansion states hold down COVID-related maternal deaths during the pandemic, while maternal deaths spiked in a shocking and disturbing way in non-expansion states. The patchwork of health insurance left far too many at-risk pregnant and postpartum women uninsured during a global health crisis.

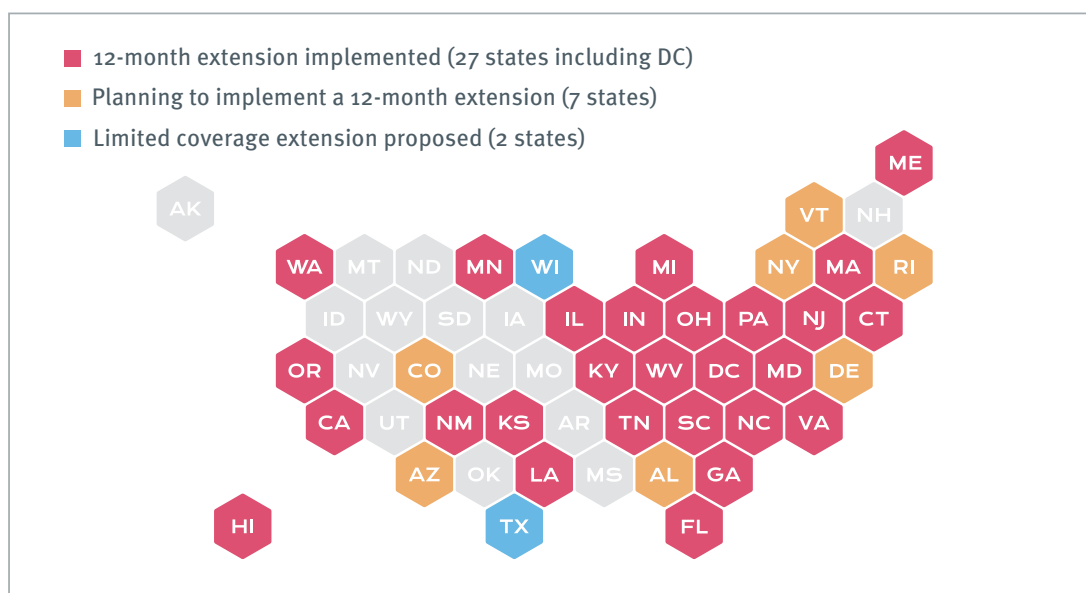
Conclusion

The data is clear that too many mothers are dying during the postpartum period. Lack of access to health care is having devastating consequences, and the rate of preventable death is increasing. The data is also clear that 12 months of continuous Medicaid coverage after the birth of a child is one of the most effective ways to avert preventable deaths in pregnant women and new mothers.

Today, only half of states offer 12 months of postpartum coverage. While states have the option to apply for and receive a waiver from the federal government to automatically extend Medicaid for pregnant women to a full year after childbirth, the process can be burdensome. Though the American Rescue Plan Act made it easier for states to extend Medicaid, a state-by-state approach cannot ensure that all women have access to the care they need for a healthy pregnancy and postpartum period.

Now is the time for Congress to address the maternal death crisis. Women should have access to essential pregnancy, delivery, and postpartum care regardless of where they live. Twelve months of continuous postpartum coverage in Medicaid is essential to protect the health of new moms and address racial and ethnic disparities in pregnancy, birth, and postpartum outcomes.

Postpartum Coverage Tracker Map



Source: Data KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation, as of October 22, 2022

Methods & Sources

To present rates of maternal mortality over time, we calculated maternal mortality ratios as the number of maternal deaths per 100,000 live births, using 2018-2021 state-year publicly available birth and maternal death data from the CDC’s WONDER Online Database and the CDC’s National Vital Statistics System.

A maternal death is defined as “any cause related to or aggravated by pregnancy or its management excluding accidental or incidental causes during pregnancy and childbirth” or 42 days after the termination of pregnancy.” (World Health Organization, International Statistical Classification of Diseases and Related Health Problems, 10th revision, 2009). We also included in this analysis late maternal deaths, which are maternal deaths that occur between 42 days and 365 days after delivery.

Rates of maternal mortality were calculated for 26 states, representing 64% of the U.S. population (according to 2021 Census estimates). States were grouped according to whether they had expanded their Medicaid programs as of June 2021, and a total maternal mortality rate was calculated for each of the two groups of states.

Maternal deaths considered all deaths assigned ICD-10 codes A34 (Obstetrical Tetanus) and O00 to O99 (Chapter XV Pregnancy, childbirth, and the puerperium) as the underlying cause of death. These codes capture all maternal deaths owing to obstetrical tetanus, maternal deaths up to 42 days after delivery, and late maternal deaths.

Endnotes

- ¹ Joyce Martin, Brady Hamilton, Michelle Osterman, and Anne Driscoll, “Births: Final Data for 2019,” *National Vital Statistics Reports*, March 23, 2021, <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf>.
- ² “Four in 5 Pregnancy-Related Deaths in the U.S. Are Preventable,” CDC, September 19, 2022, <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>.
- ³ FUSA Analysis of CDC Maternal Mortality Data, 2022. For more information, see the Methods and Sources section.
- ⁴ *Reconciliation Recommendations of the House Committee on Energy and Commerce*, Congressional Budget Office, February 14, 2021, <https://www.cbo.gov/system/files/2021-02/EnergyandCommerceReconciliationEstimate.pdf#page=5>.
- ⁵ “Four in 5 Pregnancy-Related Deaths in the U.S. Are Preventable,” CDC, September 19, 2022, <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>.
- ⁶ “Health Status: Maternal and infant mortality,” OECD Health Statistics 2022 Accessed November 10, 2022.
- ⁷ FUSA Analysis of CDC Maternal Mortality Data, 2022. For more information, see the Methods and Sources section.
- ⁸ Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022. DOI: <https://dx.doi.org/10.15620/cdc.113967>.
- ⁹ Eugene Declercq and Laurie Zephyrin, *Maternal Mortality in the United States: A Primer* (The Commonwealth Fund, December 2020), <https://www.commonwealthfund.org/publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer>.
- ¹⁰ “Four in 5 Pregnancy-Related Deaths in the U.S. Are Preventable,” CDC, September 19, 2022, <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>.
- ¹¹ Marian F. MacDorman, Marie Thoma, Eugene Declercq, and Elizabeth Howell, “Racial and Ethnic Disparities in Maternal Mortality in the United States Using Enhanced Vital Records, 2016-2017,” *American Journal of Public Health* 111, 2021, <https://doi.org/10.2105/AJPH.2021.306375>.
- ¹² Four in 5 Pregnancy-Related Deaths in the U.S. Are Preventable, September 19, 2022.
- ¹³ Adam Searing and Donna Cohen Ross, *Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies* (Georgetown University Health Policy Institute, Center for Children and Families, May 2019), <https://ccf.georgetown.edu/wp-content/uploads/2019/05/Maternal-Health-3a.pdf>.
- ¹⁴ Esther Kathleen Adams, Anne L. Dunlop, Andrea E. Strahan, Peter Joski, Mary Applegate, and Erica Sierra, “Prepregnancy Insurance and Timely Prenatal Care for Medicaid Births: Before and After the Affordable Care Act in Ohio,” *Journal of Women’s Health*, May 2019, <http://doi.org/10.1089/jwh.2017.6871>.
- ¹⁵ Erica Eliason, “Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality,” *Women’s Health Issues*, February 2020, [https://www.whijournal.com/article/S1049-3867\(20\)30005-0/fulltext](https://www.whijournal.com/article/S1049-3867(20)30005-0/fulltext).
- ¹⁶ FUSA Analysis of CDC Maternal Mortality Data, 2022. For more information, see the Methods and Sources section.

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