

## Improving Maternal Health Care Would Save Lives and Prevent Economic Losses, Especially for Women of Color

Among wealthy, industrialized countries, the United States has the highest rate of maternal mortality as well as an elevated rate of maternal morbidity, which refers to serious illness related to pregnancy and childbirth. First and foremost, deteriorating maternal health is a human tragedy, one that disproportionately affects communities of color. It also imposes serious health and financial hardships on women and their families, which have economy-wide implications. The economic toll of elevated maternal risk costs the United States billions of dollars each year and contributes to widespread economic insecurity.

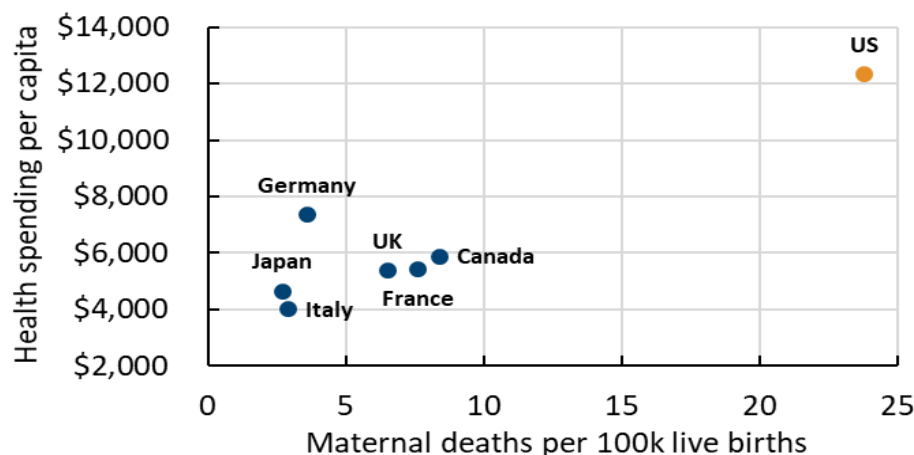
With almost 24 deaths for every 100,000 live births in 2020, the United States' maternal mortality rate is nearly three times higher than that of any other wealthy, industrialized nations. Women giving birth in the United States also experience high rates of maternal morbidity, which includes any health condition caused or worsened by pregnancy or childbirth. For the [3.7 million](#) births that occurred in 2021, as many as 480,000 women—or more than 1 in 8—experienced maternal morbidity. This causes adverse maternal and child health outcomes and costs the United States over [\\$32 billion](#) from conception through age 5 for all children born in a single calendar year.

Addressing maternal mortality and morbidity will save lives, support healthy families and promote a strong and stable economy. Ensuring equitable, affordable access to health care, supporting a more diverse maternal care workforce and increasing data availability are critical first steps.

*Despite spending more on health care, the United States has a higher maternal mortality rate than other advanced economies*

Among wealthy, industrialized nations, the United States lags far behind its peers in maternal care, which results in higher rates of maternal mortality and morbidity. In 2020, the maternal mortality rate in the United States was nearly [24 deaths](#) for every 100,000 live births. That was nearly three times greater than in Canada, which had the second highest maternal mortality rate among the United States' peers.

## The U.S. Maternal Mortality Rate Far Exceeds Those of Its Peers, Despite Higher Health Care Spending



Source: OECD; Peterson-KFF Health System Tracker

Note: Maternal mortality data is from 2020 or the latest available year. Health spending data is from 2021 or the latest available year and reflects current prices and current purchasing power parity.



The United States spends more per person on health care each year than every other wealthy, industrialized nation, yet has worse maternal outcomes. In 2021, the United States spent \$12,000 per person on health care, nearly \$5,000 more per capita than any other high-income country. Despite spending significantly more, maternal deaths in the U.S. remain higher than in peer countries. The United States also ranks among the [most expensive](#) countries in which to give birth, averaging a total cost of about \$19,000 per birth under most large insurance plans. Out-of-pocket expenses average nearly \$3,000 per birth with insurance; patients without insurance face larger bills. In the UK, where maternal mortality and morbidity rates are much lower, the average birth costs around \$2,300.

### *Maternal morbidity harms women and their children and costs the United States billions each year*

While the personal impact of maternal morbidity and mortality is incalculable, the direct economic costs can be estimated by looking at the effects on health, productivity and child development. In 2019, the impacts of maternal morbidity on mothers and their children in the United States cost an [estimated](#) \$32.3 billion dollars from conception through the child's fifth birthday. Approximately three-quarters of these costs were due to long-term health issues for children, such as those caused by preterm birth or developmental disorders. Costs from maternal health outcomes, such as hospital bills, accounted for the remaining.

Maternal morbidity and mortality can also lead to significant financial instability for entire families. Mothers serve as the sole or co-breadwinner in [two-thirds](#) of American households, a number that has more than doubled over the last 50 years. Even without comprehensive data on the long-term effects of maternal morbidity, it is clear that eliminating preventable deaths and

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severe illnesses associated with childbirth would bolster household income and improve households' financial health.

In addition to individual and family costs, maternal mortality and morbidity also result in economy-wide harms. Maternal health issues affect the ability to work and can create significant losses in economic productivity. One estimate found that over a 5-year period, maternal morbidity cost the United States \$6.6 billion in lost productivity. Maternal morbidity and mortality can also strain government health and nutrition services. For example, Medicaid recipients are [82% more likely](#) than those with private insurance to face maternal mortality or experience severe maternal morbidity. Medicaid pays for [43% of births](#) in the United States and shoulders a significant portion of the costs related to maternal mortality and morbidity. Therefore, reducing maternal morbidity would create significant savings.

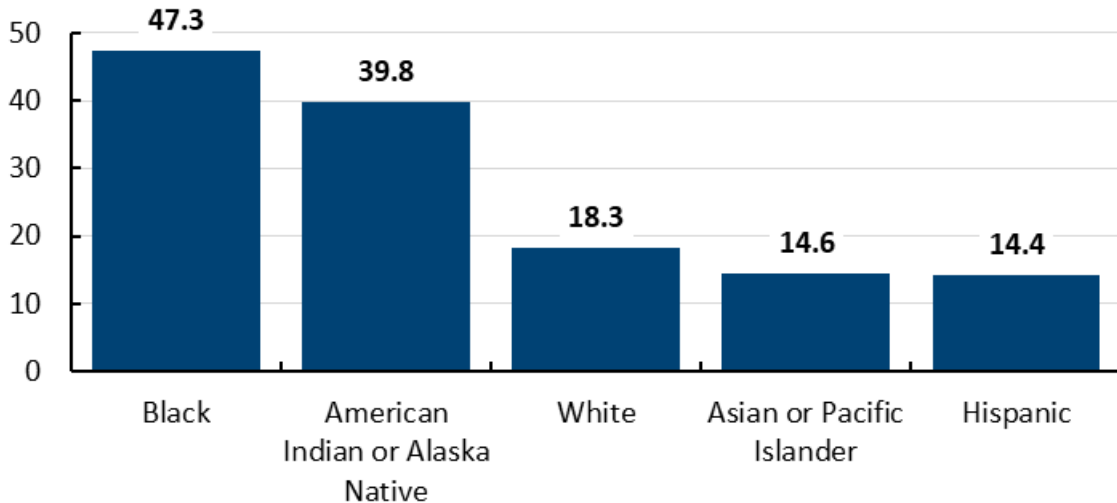
### *Women of color experience disproportionately higher rates of maternal mortality and morbidity*

There are significant racial and ethnic disparities in maternal mortality and morbidity rates. From 2016 to 2020, the maternal mortality rate for non-Hispanic white women was more than 18 deaths per 100,000 births. Black women's maternal mortality was more than 2.5 times greater, at more than 47 deaths per 100,000 births. And maternal mortality rates among American Indian or Alaskan Native (AIAN) women was almost 40 deaths per 100,000 births, more than twice as high as that of white women (see figure below).

Although Hispanic women had the lowest mortality rate of any racial or ethnic group—about 14 deaths per 100,000 births—these women experienced higher rates of serious illness related to pregnancy or childbirth. In a New York City study, the severe maternal morbidity rate among Latinas was almost [two times](#) higher than that of non-Hispanic white women. [Black women](#) also suffer from severe maternal morbidity more than twice as often as white women. These drastic differences in maternal outcomes are driven in part by pre-existing health care and socio-economic inequalities and the negative health effects that stem from navigating these disparities.

## Maternal Mortality Rates Are Highest For Black and American Indian/Alaska Native Women

Number of deaths for every 100,000 births by race and ethnicity, 2016-2020



Source: CDC WONDER

Notes: White refers to non-Hispanic white.



Pregnancy is riskier and costlier for Black, Hispanic and AIAN communities. [These communities](#) face lower wages, unequal employment opportunities and decreased access to education and health care that increase the risks of chronic illness and limit access to specialized care. Together, these lead to increased likelihood of experiencing pregnancy complications. Similarly, [community factors](#) such as inadequate transportation options and unstable housing conditions, exacerbate risk and limit care for pregnant women of color.

Unequal access to affordable health insurance also creates financial burdens for pregnant women and their families, exacerbating racial inequalities. Access to affordable and [quality care](#) is essential for managing health and identifying complications at every stage of pregnancy, and yet many women and families of color lack access to continuous affordable health insurance. From 2015 to 2017, 75.3% of white non-Hispanic women had continuous insurance from preconception to postpartum compared to just 55.4% of black non-Hispanic women and 49.9% of indigenous women.

### *Reducing maternal morbidity and mortality can save lives and improve economy-wide outcomes*

Elevated maternal morbidity and mortality in the United States pose serious threats to the overall health and economic security of women, their families and the broader economy. Actions to reduce maternal risk will save lives, improve health outcomes and promote a stronger economy:

- **Ensure that all Americans have access to health insurance and health care.**  
Expanding health insurance coverage, including coverage of reproductive care, has been shown to improve access to prenatal care and reduce pregnancy-related health risks by

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making it easier for mothers to seek and obtain care during their pregnancies. For example, the expansion of Medicaid under the Affordable Care Act helped [reduce](#) maternal mortality by increasing both women's access to health insurance and the use of health care services. Continued efforts to make health insurance affordable and accessible, such as the [expansion](#) of premium tax credits under the American Rescue Plan and the Inflation Reduction Act will help increase mothers' access to critical care.

- **Diversify the maternal care workforce to better reflect the population of those giving birth.** A more diverse maternal care workforce has been shown to improve trust in providers and improve health outcomes for pregnant patients of color. A nationwide [study](#) of racial diversity among nursing staffs found that states with a more diverse health care workforce were better at recognizing complications and saw a significantly reduced risk of adverse maternal outcomes across races.
- **Expand access to and the quality of data on maternal morbidity and mortality statistics and their underlying drivers.** The full set of factors underlying the maternal health crisis is not well understood. [Additional research](#) would allow further investigation of the root causes of the United States' high maternal mortality rate, and how social determinants cause maternal morbidity to disparately impact certain communities.

In June 2022, the Biden administration introduced a [Maternal Health Blueprint](#) encouraging implementation of many of these policy recommendations. The plan includes steps to expand the availability of Medicaid and extend its postpartum coverage and calls for investments to encourage greater racial and specialty diversity among maternal care providers. Additionally, the plan calls for enhanced federal partnerships with states and localities to amass more data on maternal morbidity and mortality, with the goal of using this data to improve maternal health. Implementing the Maternal Health Blueprint would represent an important first step towards reducing maternal mortality and morbidity, while saving lives and improving the economic security of families and their children.