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# A soaring maternal mortality rate: What does it mean for you?

POSTED OCTOBER 16, 2018, 11:15 AM

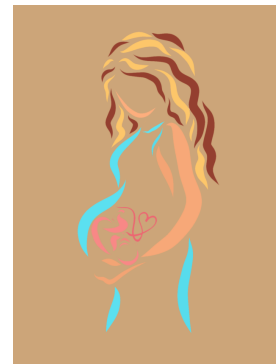


[Neel Shah, MD, MPP, FACOG](#)  
Contributor

## Update:

A [new guideline from the World Health Organization \(WHO\)](#) aims to help reduce steadily rising rates of caesarean sections around the globe. While crucial at times for medical reasons, caesarean births are associated with short-term and long-risks health risks for women and babies that may extend for years.

In June 2018, [Serena Williams](#) told *Vanity Fair* about her journey to motherhood, including the story of how she nearly died a few days after giving birth. In September, [Beyoncé](#) punctuated her *Vogue* cover with the story of how she developed a life-threatening pregnancy condition called preeclampsia, which can lead to seizures and stroke. Throughout the summer, headlines like [“Dying to Deliver”](#) and [“Deadly Deliveries”](#) and [“Maternal Mortality: An American Crisis”](#) popped up on newsfeeds and streamed on screens across America.



As a professor who studies safety in pregnancy, I was quoted in many articles and media features. I explained what the harrowing stories indicate about our health systems, our public policies, our society at large. But as an obstetrician, I've been puzzling over how to explain to my patients what this means for them individually. And my pregnant wife, who is due any day, has been noticing the headlines too.

## What is maternal mortality?

Typically, deaths that occur due to complications of pregnancy or childbirth, or within six weeks after giving birth, are recorded as maternal mortality.

## What do the statistics tell us?

In 1990, about 17 maternal deaths were recorded for every 100,000 pregnant women in the United States. While relatively rare, this number has risen steadily over the last 25 years, indicating a worsening safety problem. In 2015, more than 26 deaths were recorded per 100,000 pregnant women. This means that compared with their own mothers, American women today are 50% more likely to die in childbirth. And the risk is consistently three to four times higher for black women than white women, irrespective of income or education.

Additionally, for every death, pregnancy-related conditions, such as high blood pressure or blood clotting disorders, result in up to 100 severe injuries. For every severe injury, tens of thousands of women suffer from inadequately treated physical or mental illnesses, as well as the broader disempowerment mothers face in the absence of paid parental leave policies and other social support.

## Are the statistics misleading?

The root cause of these startling statistics is often misunderstood. The public image of maternal death is a woman who has a medical emergency like a hemorrhage while in labor. However, very few deaths counted in maternal mortality statistics occur during childbirth. Rather, four out of five of these deaths happen in the weeks and months before or after birth. So, they occur not in the hospital, but in our communities. And they represent many failures — not just unsafe medical care, but also eroding social support necessary for women to recognize medical warning signs, like abnormal bleeding or hopelessness about the future, and to seek timely care.

A few days after having a baby, American women are sent home from the hospital, infant in hand. More often than not, mother and family are left on their own until a cursory 15-minute visit with a healthcare provider several weeks later. During long gaps between checkups, mothers experience deep worry for their infants. They struggle with rapidly accelerated responsibilities, extreme sleep deprivation, and relentless

pressure to return to work. And all while recovering from pregnancy and adjusting to parenthood — a transition that marks one of life's greatest physiological endurance tests. Too often, this experience is isolating, disempowering, and mortally dangerous. And over time, these risks are getting increasingly severe.

## What can we do to help?

Undoubtedly, clinicians and hospitals can do more to ensure the safety of women giving birth. For example, they can issue health guidelines and run simulations to better prepare to handle emergencies. Policymakers can do more, too, including [tracking maternal mortality](#) so that failures like delays in lifesaving care can be identified and fixed.

In some cases, moms can do more to take care of themselves, including by eating well and exercising to stay healthy. The challenge, of course, is that most new moms are exhausted because motherhood is exhausting. And in general, society expects moms to put themselves last in order to put their families first.

So, I would say a major responsibility to address the well-being of mothers actually lies with the rest of us. If rising maternal mortality is fundamentally a failure of social support, we all need to step up: birth partners, grandparents, friends, neighbors, professional colleagues — all of us. All people are vulnerable during the period surrounding the birth of their child. But in the United States, we forget to advocate for ourselves and for each other. We need to listen to moms. And we need to support them. After distilling all the data, and reading all the headlines, I believe saving their lives is as simple as that.

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### Comments:

POSTED NOVEMBER 30TH, 2018 AT 2:17 PM

**Nona Djavid**

I am hoping I misunderstood your intentions. Just using common sense, eating poorly and excess responsibility and all the struggles that come post-natal, can not be related to maternal mortality.

Can I get your research on : " However, very few deaths counted in maternal mortality statistics occur during childbirth. Rather, four out of five of these deaths happen in the weeks and months before or after birth. " please?

POSTED NOVEMBER 25TH, 2018 AT 11:40 AM

**Jason H Collins MD,MSCR**

Maternal mortality is reported relative to ethnic groups. What is the status of Asian moms and compared to other groups?

POSTED NOVEMBER 19TH, 2018 AT 1:12 PM

**Stacie Bingham**

In my area of California, Central Valley near Bakersfield, birthing people are sent home 24 hours after a vaginal birth and 48 hours after a

cesarean birth (some physicians will let folks go 24 hours after a cesarean birth if that's what the parent requests). As a doula and a Lamaze Educator I have seen this before in the past — when there begins to be too many negative incidents, the pendulum swings back and people are kept the more traditional 48/72. It feels pretty helpless to stand by and wait for an increase in maternal and infant mortality and morbidity to see an unwise practice change...all in the name of overcrowded hospitals.

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POSTED OCTOBER 18TH, 2018 AT 7:29 PM

**azure**

The list omitted EMPLOYERS. It's employers who oppose paid maternal or paternal leave, for the most part, and state legislators and the US Congress (& chief Exec) that either oppose or simply ignore the issues of maternal health (other than seeking to control women's bodies). It's health insurers who won't pay for longer hospital stays for women, or home health maternal & child care for the first week after a woman returns home from the hospital.

I am tired of hearing how the general public needs to "step up". Too many members of the public, or other family members, are already struggling to meet their own needs & other family members needs.

What the US needs is a broad societal shift, so that pre & post natal maternal health matters as much in the US —and maternal wellbeing is as well supported—as it is in nations like Sweden. Parents are entitled to 480 days of PAID parental leave in Sweden—pre & post natal care (and assistance in care of infants) is provided primarily by trained midwives—and the care is provided at state expense (i.e., you get something very useful for your taxes) or for a small fee if you are not a citizen. There is nothing like that in the US except for the very wealthy.

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POSTED OCTOBER 23RD, 2018 AT 3:12 AM

**Aline**

Totally agree! I live in Germany and the system here, while not perfect, gives women 6 weeks paid leave before the due date and 8 weeks postnatal. Then, mother and father can divide between them 14 months of paid parental leave (at 65% of their last pay, capped at 1800 Euros) and we have a midwife coming home for postnatal care as long as is deemed necessary.

This makes a huge difference! And it is a shame the US can't get it together for for it's mothers.

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POSTED OCTOBER 18TH, 2018 AT 2:47 PM

**Lindsay**

Not one woman I have known or known of, nor even heard about, in these 20 years or so of child bearing years has died from pregnancy / childbirth related issues. In my particular religion, community, life situation I am around and meet fellow married women in this age group that have lots of babies way more than the average person. I've lived in more affluent areas and have had insurance but poorer areas get the same care at the hospital and maternity care right? I do wish we had the same extra luxeries other countries have but with my 3 pregnancies, I felt take care of.

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POSTED OCTOBER 19TH, 2018 AT 1:59 PM

**azure**

" but poorer areas get the same care at the hospital and maternity care right?" No, they don't.

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POSTED NOVEMBER 20TH, 2018 AT 7:30 AM

**marialette**

I am happy for you and your fortunate friends. I also belong to a well-off, well-educated group of people. In the last TWO years I have personally known one woman who had hypertensive crisis and seizures two days after discharge, one woman who had uterine hemorrhage a week after delivery, and one woman who had deep venous thrombosis and (thankfully non-fatal) pulmonary embolus. There were two with serious post partum depression, one of whom needed hospitalization.

These are the daughters of my friends, and my daughter's friends. you and I are looking at a small sample of women.

POSTED OCTOBER 17TH, 2018 AT 9:58 PM

**Elizabeth Ward, MS, RD**

As the mother of three, I agree that women lack postpartum support from society and the medical community, and in a big way. However, I wonder how preconception health affects the risk of post-delivery death. More than ever, women are entering pregnancy overweight and obese, and developing complications because of their weight. In addition, many women are clinically depressed prior to pregnancy, which exacerbates the risk of postpartum depression. Women may also have poorly managed preexisting conditions that contribute to poor health before during, and after pregnancy, such as prediabetes, hypertension, and iron deficiency anemia.

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POSTED OCTOBER 23RD, 2018 AT 3:09 AM

**Aline**

I agree with you and we now know that epigenetic Stress before conception also effects baby and mum health.

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POSTED OCTOBER 11TH, 2018 AT 11:27 AM

**Stepanie**

I have been reading these news for a while now over the last few years ,  
So knowing that this is an issue here more so than in other 'modern' countries.  
It is interesting to read this , though yes it would have helped all the poor single moms that did not live long after giving birth to have someone by their side at all times but take into consideration that unless  
there were absolute exceptions in this America, woman do not leave a hospital after a few days .  
If that was the case , that would already help,  
Also you dont go into how there Just isn't enough care for the Mothers compared for the Babies.

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POSTED OCTOBER 3RD, 2018 AT 5:02 PM

**Kristin Hinton**

I am writing to commend Harvard Vanguard OB/Gyns Cristina Diaz and Sandra Fleming. These women saved my life when I delivered my baby nearly six years ago, and I do not think I would have had the same results with just any other doctors. Dr. Diaz diagnosed me with HELLP Syndrome after only hearing that I had a nagging pain in my ribs and what I thought was a crick in my neck. She delivered my baby that evening and thankfully he was perfectly healthy, though a little small. The next morning, Dr. Fleming watched me like a hawk as my liver continued to swell until it did rupture. I credit the quick thinking and actions of these two women for saving my life so that I did not become one of these statistics and I am so grateful.

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POSTED OCTOBER 3RD, 2018 AT 12:02 PM

**Melanie Scharrer**

I am suspicious of any doctor who ends an article with "is as simple as that". While I am all for reaching out and supporting each other, the increase in maternal mortality is a multi-factoral public health problem -which demands systemic, not just individual response. Working towards repairing harms from generations of injustice towards underrepresented and impoverished women is not "just as simple as that". Paid maternity and paternity leaves would probably be a step in the right direction...

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POSTED OCTOBER 17TH, 2018 AT 9:40 PM

**Gita Prasad**

Amen to that, Melanie!

Commenting has been closed for this post.

Harvard Health Publishing



