

Why So High? USA Facts on Maternal Mortality

Americans tend to be complacent about pregnancy and childbirth. Most believe it is now more or less routine and no longer the deadly risk it was for their grandmothers. This is true for most U.S. women, but by no means for all.

Maternal mortality is a continuing US problem

- About six million U.S. women become pregnant every year, and about four million give birth. Miscarriage and abortion account for the rest.¹
- In 2004, a total of 540 U.S. women were reported to have died of maternal causes, the highest number in decades, according to the Centers for Disease Control.
- When a UN agency working group calculated the risk of death from complications of pregnancy and childbirth over a woman's reproductive lifetime, it found that one in 4,800 U.S. women will die from these causes.²
- This 2005 figure puts the U.S. 41st among 171 countries in the latest UN list.
- The overall U.S. maternal mortality ratio is now 11 deaths per 100,000 live births, one of the highest rates among industrialized nations.
- The level is thought to reflect both more detailed reporting on the causes of women's deaths and rising U.S. rates of obesity, high blood pressure and diabetes.
- U.S. maternal deaths have remained roughly stable since 1982 and have not declined significantly since then – 25 years ago.³
- The Centers for Disease Control estimates that the true level of U.S. maternal deaths may be 1.3 to three times higher than the reported rate.
- The major direct causes of U.S. pregnancy-related deaths are embolism, haemorrhage, complications of medical conditions, and hypertensive disorders of pregnancy (eclampsia and pre-eclampsia).⁴
- Goals of the *Healthy People 2000* project of the U.S. Department of Health and Human Services, launched in 1990, included lowering the U.S. maternal mortality ratio to 3.3 deaths per 100,000 live births. Only three states met that goal, and the target was revised upward to 4.3 for *Healthy People 2010*.⁵
- In the U.S., women over age 35 have higher pregnancy-related deaths than younger women. Women age 35-39 are 2.5 times more likely and women over age 40 are 5.3 more likely to experience a pregnancy-related death.⁶

Major disparities persist

- Maternal mortality among black women in 2000, the latest date for which figures are available, was almost four times the rate among non-Hispanic white women (34.7 per 100,000 live births vs. 9.3 per 100,000 live births).⁷
- The white-minority disparity holds true even across income levels and regardless of the level of antenatal care they receive.
- American black women are at rising risk of suffering premature deliveries and low birth-weight babies.⁸

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Invest in women – it pays



Complications are widespread

- ✚ For every woman who dies, several thousand suffer disability. One in five U.S. women experiences major complications during pregnancy and one in four will have serious complications during and after delivery.⁹
- ✚ About 43 percent of U.S. deliveries (1.7 million per year) experience some kind of maternal morbidity (defined as any illness or injury caused or aggravated by, or associated with, pregnancy or childbirth).¹⁰

Eclampsia is the most common

Eclampsia (toxemia, or pregnancy-induced hypertension) or pre-eclampsia is the most common complication for pregnant U.S. women, affecting 4,000 women per year.¹¹

- ✚ Pre-eclampsia leads to about 18 percent of all U.S. maternal deaths, compared to 15 percent worldwide.
- ✚ Risk factors include multiple pregnancies, obesity, diabetes, or a history of high blood pressure, kidney disease or connective tissue disease (like arthritis or lupus).
- ✚ The U.S. incidence of pre-eclampsia has risen 40 percent in the last decade.

¹ Except where otherwise noted, this section from Centers for Disease Control and Prevention (CDC), "Deaths: Final Data for 2004," National Vital Statistics Reports, Vol 55 #5, Aug. 21, 2007, pp. 12-13 and 102-103 .

² World Health Organization, UNICEF (United Nations Children's Fund), UNFPA (United Nations Population Fund), the UN Population Division, and The World Bank, *Maternal Mortality in 2005*, World Health Organization, Oct. 12, 2007, p. 27.

³ Geller, Stacie E. et al, "Morbidity and Mortality in Pregnancy: Laying the Groundwork for Safe Motherhood," University of Illinois, Chicago, IL, 2006, p. 176.

⁴ Geller, Stacie E. et al, "Morbidity and Mortality in Pregnancy: Laying the Groundwork for Safe Motherhood," University of Illinois, Chicago, IL, 2006, p. 178.

⁵ Centers for Disease Control and Prevention, "Maternal, Infant and Child Health," Midcourse Review, Healthy People 2010, Health and Human Services Administration, Atlanta GA, 2005, p. 20.

⁶ Geller, Stacie E. et al, "Morbidity and Mortality in Pregnancy: Laying the Groundwork for Safe Motherhood," University of Illinois, Chicago, IL, 2006, p. 178.

⁷ Minino, A.M., et al., "Deaths: Final Data for 2004," National Vital Statistics Report, Centers for Disease Control, Atlanta GA, Vol. 55 No. 19, Aug. 21, 2007, pp. 12-13.

⁸ Centers for Disease Control and Prevention, "Maternal, Infant and Child Health," Midcourse Review, Healthy People 2010, Health and Human Services Administration, Atlanta GA, 2005, p. 20 .

⁹ Geller, Stacie E. et al, "Morbidity and Mortality in Pregnancy: Laying the Groundwork for Safe Motherhood," University of Illinois, Chicago, IL, 2006, p. 178-179.

¹⁰ Geller, Stacie E. et al, "Morbidity and Mortality in Pregnancy: Laying the Groundwork for Safe Motherhood," University of Illinois, Chicago, IL, 2006, p. 177.

¹¹ This section from the Preeclampsia Foundation, "Preeclampsia Fact Sheet," "Statistics" and "Frequently Asked Questions," <http://www.preeclampsia.org/> (accessed June 20, 2007).