



Healthcare Disparities and Maternal Mortality in the United States of America.

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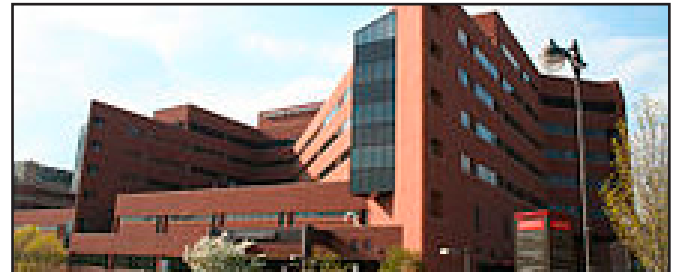
Abstract:

Maternal mortality continues to be a mostly preventable, cause for death globally. This issue presents us with unique obstacles, and ways the healthcare community can dramatically affect change. In 2017, approximately 295,000 women died either during pregnancy or the immediate postpartum period.¹ Internationally maternal mortality is at the highest rate where there is disparate access to healthcare. In 2015 global maternal death rates ranged from 12 deaths/100,000 live births to 546 deaths/100,000 live births. Internationally, 810 women died of preventable causes of death during childbirth or in the postpartum period.³ The goal that the United Nations has put forward, is to have the global maternal mortality to be less than 70 deaths/100,000 live births.³ Notably, between 2003-2013 America was 1 of 8 countries to have an increasing maternal mortality rate.⁴

The American legislature passed the Preventing Maternal Deaths Act, in 12/2018.⁷ This was considered a landmark piece of legislation. It provided 12 million dollars over 5 years to create review committees to investigate maternal death. The goal was for each death to be scrutinized, so we could learn from the care delivered. ⁸ ACOG has also made efforts to institute evaluations of levels of care, to optimize postpartum care and focus on birth registries.⁶

In 2018 The United States had a maternal mortality of 17.4/100,000. However, it is still evident that there is significant racial disparities; non-Hispanic black 37.3/100,000, non-Hispanic white 14.9, and Hispanic 11.8 women. ⁹

Currently data is being compiled on maternal mortality and COVID 19. However, as a country the United States has seen significantly more mortality and morbidity for people of color. Compared with all other races Black Americans have the highest rate of COVID 19 hospitalization and death; 4.7 and 2.1 times that of White Americans. With COVID 19 the inequities with access to care, transportation, and quality of care have



become more pronounced.¹⁰

The resources that were previously allocated by the United States government are not enough to make meaningful changes in the healthcare disparities we are seeing in women's health. We need a United States task force, funding, as well as state branches led by passionate people, that can effectively manage these disparities on a local and national level.

Biography:

Kellie Stecher is an OBGYN at M Health Fairview Women's Center in Edina. She has won the Minneapolis/St. Paul Magazine's Top Doctor's Rising Star award for the last three years. Her work has made her an invaluable contributor to both local and national publications. She also provides consulting on the business of medicine, safety, and equity challenges.

Kellie fights tirelessly for what's right and for people who don't have a voice. She's made her OBGYN practice a supportive and non-judgmental environment. Her loud, full-hearted laugh is exemplary of an authenticity that's present in everything she does and brings happiness to every patient she sees.

Publication of speakers:

1. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
2. <https://www.sciencedirect.com/science/article/pii/S0140673615008387>
3. <https://www.un.org/sustainabledevelopment/health/>

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