

# [***What's Really Behind the Maternal Mortality Crisis Facing Minority Women? | Opinion***](https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:6BXW-RWD1-DY68-153P-00000-00&context=1516831)

Newsweek.com

May 2, 2024 Thursday 1:01 PM EST

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**Length:** 1069 words

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**Highlight:** The birth of a child, a joyous event for many families, sometimes tragically ends with the death of the mother.

**Body**

The birth of a child, a joyous event for many families, sometimes tragically ends with the death of the mother. Though rare, maternal mortality has devastating effects on couples, families and communities.

While working as a physician in Kenya, I cared for a woman who hemorrhaged at another hospital and was transported to my medical facility. By the time she arrived, she had suffered cardiac arrest twice. Despite intensive interventions, we could not resuscitate her. Both she and her baby died.

Even in the United States, where minority women have access to advanced medical technology and well-trained nurses, midwives, and physicians, they are particularly at risk of passing away before, during, or after childbirth. As both a minority woman and an OBGYN with more than 30 years of experience caring for underserved women, I've seen firsthand the unique challenges women of color face during pregnancy.

During my years of research and practice in international and domestic settings, I've also found that many are quick to mischaracterize maternal mortality trends and suggest overly politicized solutions that are inconsistent with the facts.

If we do not identify the causes of maternal mortality correctly, we are going to lose more mothers and babies.

Though the overall maternal mortality rate appears to have increased over recent years, this increase can be attributed to improvements in tracking maternal deaths. Even so, the [*CDC*](https://www.newsweek.com/topic/cdc?utm_source=Synacor&utm_medium=Attnet&utm_campaign=Partnerships)'s most recent [*data*](https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm) reveal the maternal mortality rate among black women to be 2.6 times higher than the rate for white women. Comparatively, African American women remain at higher overall risk for death in pregnancy than other women.

When explaining this higher mortality rate, identity ***politics*** quickly becomes a roadblock to helping minority women survive pregnancy. Well-intentioned individuals in media, health care, and government frequently cite climate change, lack of access to abortion, and systemic racism as causes of these tragic deaths. In doing so, they fail to deeply consider the existing data on this important issue.

The truth is that there are at least as many risk factors that contribute to maternal mortality as there are misleading theories for the disparity, each affecting different groups in different ways. Research shows that a higher [*proportion*](https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm) of African American women, for example, pass away from clots in their lungs or pregnancy-related hypertension compared with white women, while a higher proportion of white women die from stroke or infection compared with black women. Likewise, more Hispanic women suffer from fatal hemorrhage than black or white women.

Maternal deaths among minority women may also be caused by underlying risk factors unrelated to their ethnicity. Medical studies consistently show that women of all backgrounds who give birth at an older [*age*](https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm?s_cid%E2%80%89=%E2%80%89mm6835a3_w), for example, are at higher risk of complications. Mental health conditions are a significant contributor to maternal mortality. A review of data from [*14 U.S. states*](https://pubmed.ncbi.nlm.nih.gov/34606354/) revealed that mental health conditions were the leading cause of pregnancy-related deaths. In the state of Indiana, white women account for nearly [*90 percent*](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.in.gov%2Fhealth%2Ffrp%2Ffiles%2FMMR-Report-September-2022.pdf&data=05%7C02%7Cp.jeffery%40newsweek.com%7C0874bd6e99b4436a1a4b08dc685e2e5d%7Cc6bc3eb5d7334f82ba021aa6e30053d3%7C0%7C0%7C638500000929890390%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=aHW5wKiXnRLI1XG8qSrJ0eVaRxfDaA%2BL9c9vJps2Gjc%3D&reserved=0) of the maternal mortality deaths attributed to overdose.

Despite the wide array of conditions and behaviors responsible for pregnancy-related mortality, minority women are led to believe that greater access to abortion is the solution to preventing maternal death. Nothing could be further from the truth. In fact, an eight-year study of California Medicaid recipients [*found*](https://pubmed.ncbi.nlm.nih.gov/12190217/) that in the year following an abortion, a woman is 162 percent more likely to die from all causes than after childbirth. It also revealed that after abortion, mothers are 182 percent more likely to die in an accident and 254 percent more likely to commit suicide. One [*study*](https://pubmed.ncbi.nlm.nih.gov/15051566/) even noted that, after gestational age at abortion, the most significant risk factor for death associated with abortion was ethnicity. Women of color are 2.4 times as likely to die from abortion as white women, a fact that mirrors the black-white disparity in childbirth mortality.

These data suggest that abortion itself may be a factor contributing to maternal mortality among minority women, as black women have undergone induced abortion at a rate [*four times*](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticles%2FPMC7436774%2F&data=05%7C02%7Cp.jeffery%40newsweek.com%7C0874bd6e99b4436a1a4b08dc685e2e5d%7Cc6bc3eb5d7334f82ba021aa6e30053d3%7C0%7C0%7C638500000929927132%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=afSVhOXdn9AhdQKtBsquvID%2FrBIyq%2FnsgCJwsPAIU64%3D&reserved=0) that of white women for the past three decades. It's my hope that abortion as a "solution" becomes unthinkable, for it has already done black women, their children, and society immense harm.

If we truly want to reduce mortality among minority mothers, we must offer them holistic care that affirms their dignity and protects their health. So far, the medical community has made tremendous strides in dramatically decreasing the number of in-hospital deaths. Now we must turn our attention beyond the delivery room, to the year before birth, and the first year after birth.

We must inform women of underlying risk factors for adverse outcomes, such as hypertension, diabetes, and obesity, *before they conceive*. Mothers could also benefit from education on sexual risk avoidance and warning signs in pregnancy, diet and exercise coaching, resources to overcome substance abuse, and increased postpartum support. There's evidence that improving pregnant women's access to transportation and housing could help them not only survive pregnancy but thrive after giving birth. All of these need the engagement of not just health professionals but policymakers and civil society.

Hyper-fixation on racial discrimination and other political causes as the reasons for pregnancy-related mortality keeps us from seeing the nuances in maternal mortality disparities. Only if we de-politicize the maternal mortality issue, grapple with risk factors, help women engage in positive behaviors, and focus on effective interventions will we finally reduce maternal mortality among the most vulnerable. The stakes could not be higher for mothers, children, and families in all our communities.

*Dr. Monique Chireau Wubbenhorst, MD, MPH, FACOG, FAHA is a practicing obstetrician-gynecologist with patient care, teaching, research and policy experience in domestic and international settings. She has worked in the Veterans Administration and at the United States Agency for International Development and is currently a Senior Public Policy Fellow at the Notre Dame Center for Ethics and Culture.*

*The views expressed in this article are the writer's own.*

[*Link to Image*](https://d.newsweek.com/en/full/2387281/emergency-room-hospital.jpg)

**Graphic**

Emergency room hospital

Angela Weiss / AFP/Getty Images

A Medical worker enters the emergency room at a hospital on April 15, 2020 in the Brooklyn borough of New York City. - New York has developed its own antibody test that could help detect those immune to coronavirus as the state looks to gradually end its shutdown, Governor Andrew Cuomo said Wednesday.

**Load-Date:** May 2, 2024

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