

Pregnancy-Related Mortality: What Can We Do to Save Lives

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Abstract

As the Policy Intern for the National Institute for Reproductive Health, the public health issues of focus were pregnancy-related mortality and access to reproductive health services. The research conducted focused on identifying the pregnancy-related mortality rates (PRMR) of 50 different cities and counties and identifying any solutions that are useful in addressing this public health crisis. The PRMR data was to be used for the organization's Local Reproductive Freedom Index, which evaluates reproductive health, justice, and policies across 50 cities and counties in the United States. Through the research conducted, only 17 cities and counties had available PRMR data and solutions addressing pregnancy-related mortality involving doulas, reshaping current reproductive healthcare, and programming related to the social determinants of health.

Objectives

- Identify the rates of pregnancy-related mortality rates in 50 cities and counties across the United States
- Assess and identify root causes and possible solutions to address pregnancy-related mortality

The unequal burden of pregnancy-related deaths

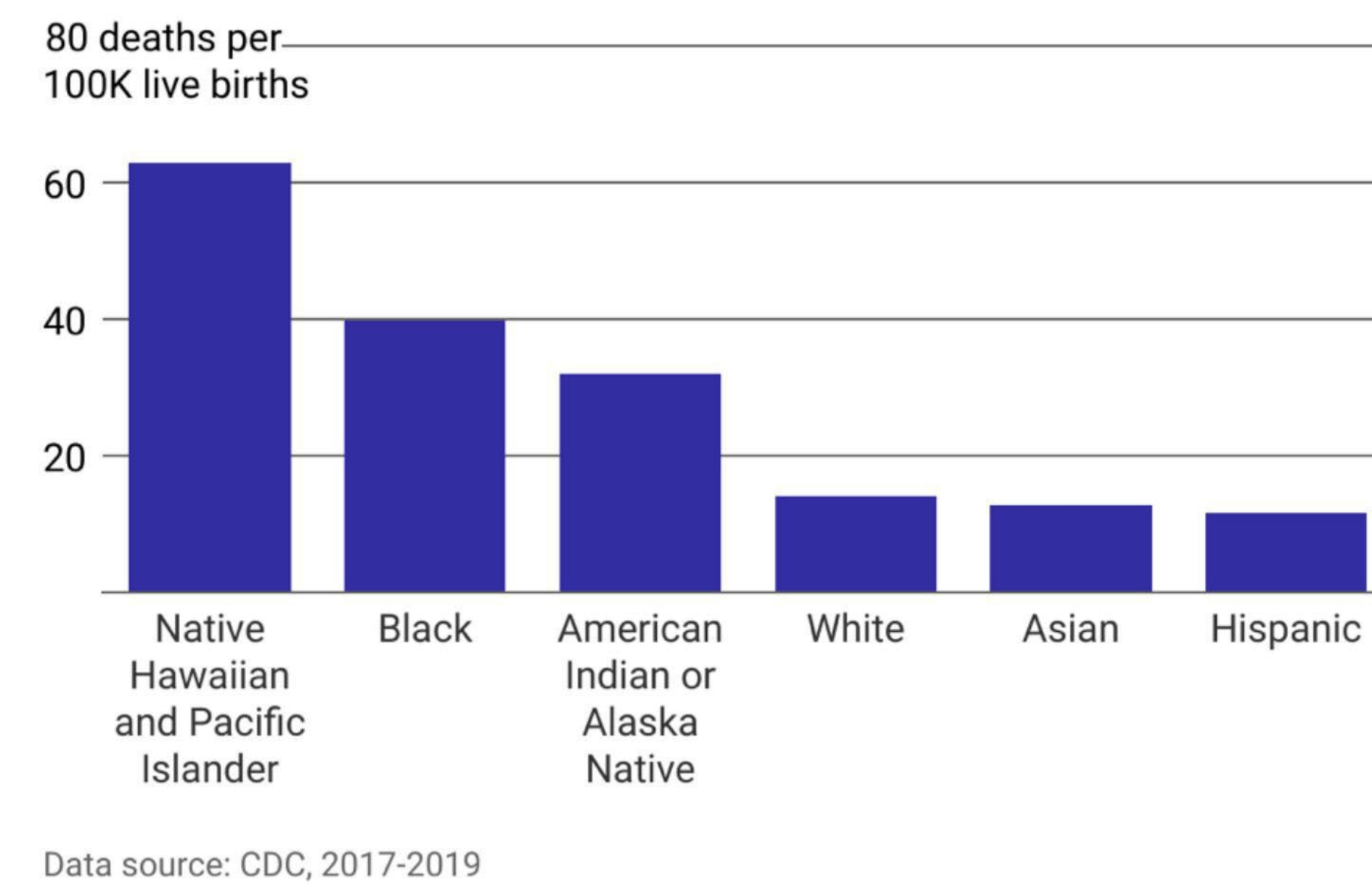


Figure 1. Pregnancy-Related Mortality Data⁵

Methods

PRMR Data:

Data was sourced from city and county-level Department of Health websites to identify the rates of pregnancy-related mortality for the 50 cities and counties for the Local Reproductive Freedom Index report. Additionally, PRMR data was sourced from published reports conducted by different research institutions. The Local Reproductive Freedom report only included the data if the pregnancy-related mortality rate was collected within the past five years.

Solutions Addressing Pregnancy-Related Mortality:

We conducted a comprehensive literature review, examining all relevant studies and policies implemented on the local level to address pregnancy-related mortality. We also noted resources and programs specifically designed for pregnant individuals and their families, published on any 50 city and county-level Department of Health Health

Results

After the data collection and literature review conducted, it was found that:

- Black and American Indian/Alaska Native women have up to 4x times greater risk to die from pregnancy-related causes compared to white birthing people^{1,2}, highlighting racism as a fundamental cause for poor reproductive health outcomes
- Many departments of public health have outdated and/or limited data reports of pregnancy-related mortality rates
- Doulas are critical players in protecting the health of birthing people, especially those from BIPOC communities³
- There are systematic barriers negatively impacting the doula workforce such as inadequate pay and proper accreditation⁴
- Reproductive justice and life course frameworks highlight the internal and external factors that can predetermine the health of a birthing individual

Conclusions

Based on the research conducted, here are some action steps that can be taken:

- Provide accurate, recent PRMR data
- Financial support for doula training and development of pathways to Doula accreditation
- Ensure equitable doula insurance reimbursement
- Investing in a community-informed model in reproductive healthcare
- Designing programs of intervention that are guided with the principles from the reproductive justice and life course frameworks

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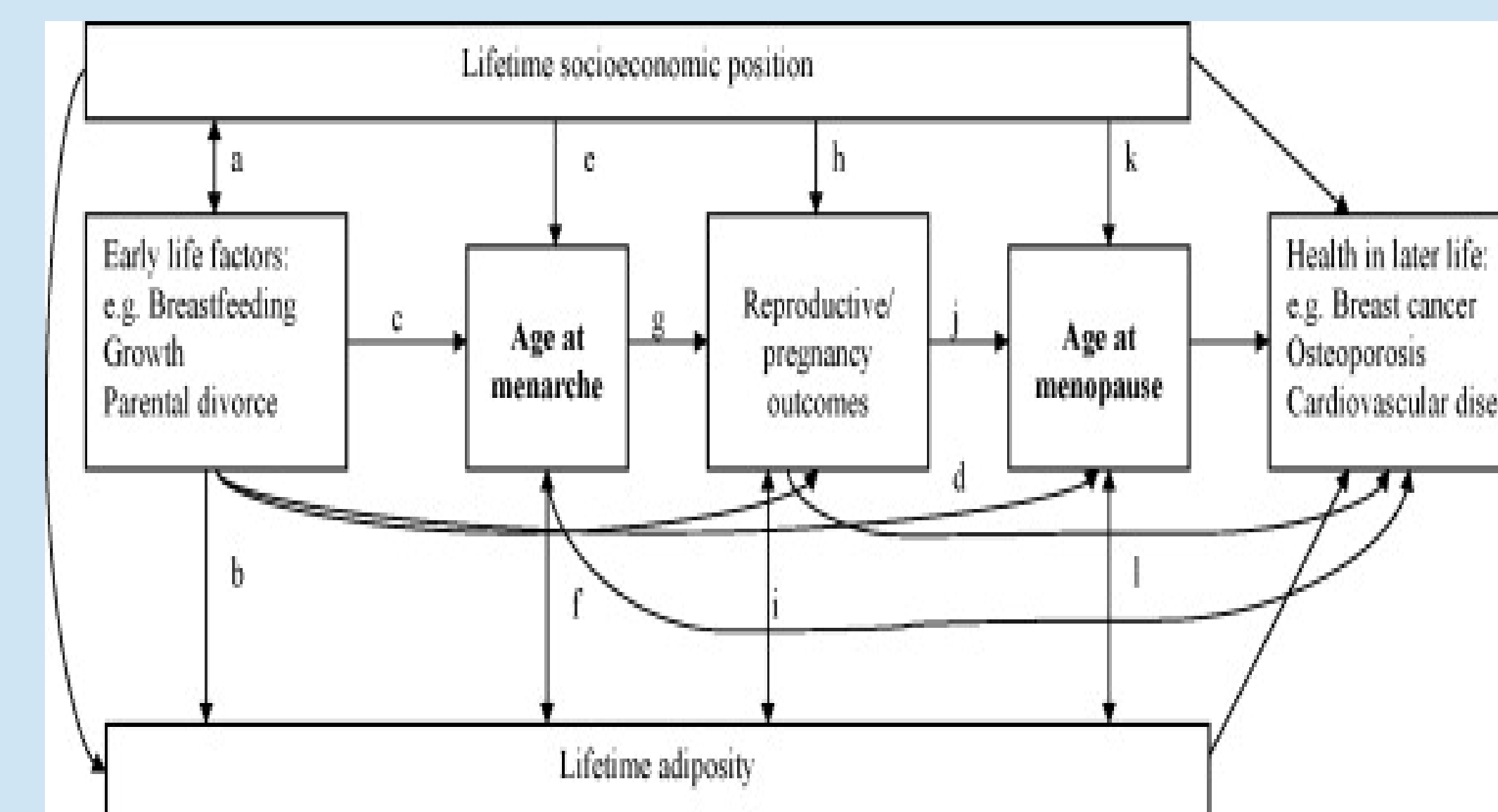
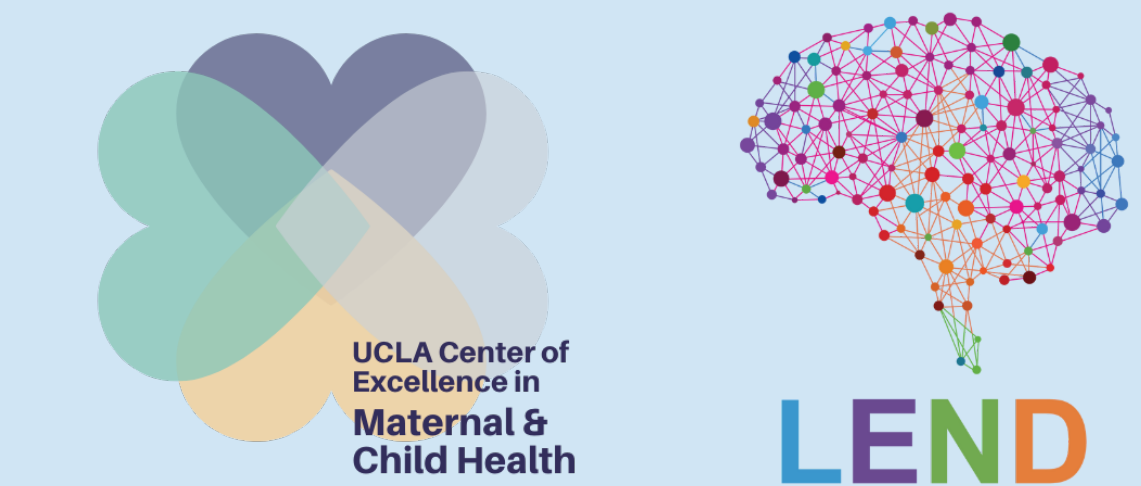


Figure 2. Life Course Approach to Reproductive Health⁶



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