



The Real Impacts of a Weak Maternal Health System

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In the United States, the death of women during pregnancy doubled between 2018 and 2021. It is evident that pregnant and birthing people still face significant barriers when it comes to accessing reproductive and maternal health care. These barriers can include everything from lack of access to contraception and safe abortion services to discrimination and abuse during pregnancy and childbirth. Pregnancy-related mortality can be decreased, and healthcare quality can be enhanced by incorporating respectful maternity care structures and practices that prevent abuse and provide equitable care.

Pregnant people decide which health facility would afford them the needed care based on their insurance status and how close the facility is to them. About 98% of women in the United States end up giving birth at hospitals and medical centers. Many of these women experience health care that is compromised by unwelcoming reception at health care facilities, dehumanizing treatment such as discrimination, disrespect, unconsented care, lack of privacy and information, being yelled at, having their concerns dismissed, and being denied pain medication. All of these contribute to the adverse maternal outcomes for pregnant people of which Black women carry the most burden, as numerous studies have shown.

Although the maternal death rate decreased from 1,205 in 2021 to 817 in 2022, a recent Center for Disease Control (CDC) report found that one in five American women experience mistreatment or disrespectful care while receiving maternity care. The risk of these mistreatments is much greater among Black (30%) women. This data comports with the fact that Black women are nearly three times more likely to die during pregnancy than their white counterparts.

Ama (real name withheld), a young Black woman, shared that after a difficult pregnancy, which saw her hospitalized for more than two months, her labor was induced. Forty-five minutes into the induction, her blood pressure suddenly shot up. She was breathless and started screaming of pain in the chest and lower back; the baby's heart rate started dropping precipitously. She requested a cesarean section. But the doctor turned her down and insisted she was experiencing a panic attack – her episode had no obstetric cause.

Ama's story is not an isolated one. According to the 2023 CDC report on the mistreatment of birthing women, being neglected by a healthcare professional or having a help request denied is the most reported instance of mistreatment.

Ama narrated that after about 15 hours of laboring at the doctor's insistence, she was finally presented with the option for cesarean section because her baby was in severe distress and her blood pressure had become dangerously high. The surgery was done, but her baby ended up in intensive care because she could not breathe. Unfortunately, Ama lost her womb due to uncontrolled bleeding from multiple uterine ruptures.

As tragic as the experience of this young Black woman is, this is a common occurrence for many Black birthing women, and it is an age-long issue. In the context of the deficiencies in the United States maternity care system, the contours of these problems are barely understood.

The lack of abortion care **rights**, especially since the overturning of Roe V Wade, compounds the inequitable treatment of pregnant women during institutionalized care, making the issue of reproductive justice and respectful maternity care increasingly important to prioritize. Without access to safe and legal abortion services, pregnant people are left to face dangerous and potentially life-threatening alternatives. Those who are unable to access abortion services turn to unsafe and illegal procedures that put their health and well-being at risk.

Many pregnant people, particularly those in marginalized communities, lack access to prenatal care, safe birthing facilities, and postpartum care. This lack of access not only puts their health at risk, but also reinforces the idea that their reproductive health is not a priority. Moreover, many of the states that report the highest maternal mortality and morbidity have the worst pregnancy outcomes for Black women, and some of the most restrictive abortion rights policies.

Policy Actions and Considerations

Addressing the long-standing issue of discrimination and abuse during pregnancy and childbirth and ensuring that all pregnant people are treated with dignity, respect, and autonomy is of utmost importance. Policies to address these issues in different levels of governance and administration are well within our reach.

Powerbrokers at various policy-making levels should support the implementation of the Biden-Harris administration's **blueprint for addressing the maternal health crisis, which has a primary goal of** ensuring that everyone can access and have affordable coverage of comprehensive health care service.

Another attainable method for policymakers and hospitals to address maternal health, is to ensure maternal healthcare facilities within their jurisdiction attain a "birthing-friendly" hospital designation. As proposed by the **Centers for Medicare and Medicaid Services**, this designation empowers pregnant and birthing people to make informed choices of the healthcare facilities that have shown they are indeed birth-friendly and implement best practices that improve the quality, safety, and equity of care for these patients. Moreover, hospital administrators should adopt and utilize the respectful maternity care framework for evidence-based clinical practice guidelines.

Finally, abortion care must be a priority in order to protect maternal health care. Congress must act on the equal access to abortion coverage laws that will ensure equal access to abortion care. On the federal level, policymakers should pass laws to safeguard the rights of healthcare providers to offer abortion care and the rights of their patients to receive that care without unnecessary restrictions that specifically target abortion and hinder access.

By implementing these policies, we can work towards a future where pregnant people can access safe, culturally competent, respectful, and compassionate care during pregnancy, childbirth, and beyond.