



Turning the Tide on America's Maternal Mortality Crisis

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Kira Johnson's pregnancy was healthy and uneventful. On April 12, 2016, she held her second son, Langston, in her arms following a scheduled C-section at Cedars-Sinai Medical Center in Los Angeles. The day began, in the words of her husband Charles, as the "happiest of their lives."

But by the next day, Kira's heart had stopped beating. The official cause of death? A hemorrhagic shock. The true cause, as alleged by Charles in a wrongful death lawsuit, was a mistake made during the C-section and inadequate care afterward. In the twelve hours between when Kira brought life into the world and lost her own, her husband pleaded with medical staff to tend to his wife's worsening condition, only to be told that she "was not a priority right now."

Kira's story is uniquely tragic, but hardly unique in the United States. Each year, approximately 700 women die due to pregnancy-related causes, with another 50,000 experiencing severe health complications from pregnancy. The United States is the most dangerous place to give birth in the developed world, and the only industrialized country in which maternal mortality rates have risen over the past two decades.

For as dire as the situation is across the board, it's even worse for Black mothers, who are dying at three to four times the rate of white mothers and are twice as likely to lose an infant due to premature death. Racial disparities persist across education and socioeconomic levels, too: among women with a college degree or higher, Black mothers are more than five times as likely as white mothers to die from childbirth.

The factors that led to America's shameful record on maternal mortality are complex. The crisis reflects—as well as reinforces—larger social inequities. The causes range from biased medical professionals and a discriminatory health care system, to coverage and provider gaps, to the lasting impacts of slavery and institutionalized racism all contribute to the high number of Black women who die while giving birth.

Because so many separate yet related things drive our maternal mortality crisis, so too must our solutions be intersectional, and attack the problem from a variety of angles. To that end, today Rep. Lauren Underwood (D-IL), alongside leaders with the Black Maternal Health Caucus (BMHC), are introducing the "Momnibus"—the

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most comprehensive legislative effort to date to address almost every dimension of the Black maternal health crisis in America.

The package of nine bills would provide greater maternal support for incarcerated women and women veterans; invest in telehealth and mental health care services; promote innovative payment models and improved data collection; grow and diversify the perinatal workforce; and make critical investments in the social determinants of health, such as housing, transportation, and nutrition, among other things.

One of the bills—the Kira Johnson Act—would increase funding for community-based organizations that are leading the charge to protect moms, in addition to supporting training programs and accountability mechanisms to address bias and racism in maternity care settings. The bill is a tribute not only to the heartbreaking loss of Kira, but to the impact that her life continues to have today, including through her husband, Charles, who started an advocacy organization, 4Kira4Moms, to ensure that “this horrible tragedy never happens to another family.”

Indeed, across the country there is growing awareness of our maternal mortality crisis, in large part due to the work of advocates and community-based organizations—particularly organizations led by Black women—as well as Black women lawmakers, including members of the BMHC, which has grown to be one of the largest bipartisan caucuses in Congress. For example, Congress unanimously passed legislation in 2018 that authorizes \$60 million over five years to prevent maternal mortality. The money will fund maternal mortality review committees in all fifty states, enabling them to collect data and investigate what is killing women during and after childbirth, a critical first step in curbing mortality rates.

While this is an historic level of federal support to improve maternal health, it is not nearly enough. When at least 60 percent of maternal deaths are preventable, we must do much more as a country to save lives—and urgently. The Momnibus helps fill many of the policy gaps that currently exist, focusing on mothers who are most at risk of pregnancy-related complications. It builds on other critically important

efforts, such as guaranteeing twelve-month postpartum Medicaid coverage, improving rural health outcomes, and expanding midwifery and doula care.

In the richest nation on Earth, no woman should lose her life simply for wanting to be a mother. And no family should experience the pain that Charles Johnson and his two children do on a daily basis. It’s time to make America a true leader on maternal health—for Kira, and the countless moms like her.

Author

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