

Black Maternal Mortality Crisis



According to the Centers for Disease Control and Prevention, eighty percent of all pregnancy related deaths in the United States are preventable.

According to the Georgia Department of Public Health, between 2018 and 2020, 56 percent of pregnancy-related deaths were non-Hispanic, Black women.

Among pregnancy-related deaths in Georgia, between 2018 and 2020, non-Hispanic, Black women were two times more likely to die from pregnancy related causes than non-Hispanic, White women. In Georgia, between 2018 and 2020, non-Hispanic, Black women, experienced 48.6 deaths per 100,000 live births while non-Hispanic, White women, experienced 23.3 deaths per 100,000 live births.

Four in five pregnancy-related deaths are preventable.

Quality health care improvement initiatives in states, hospitals, and communities are necessary to ensure that all people who are pregnant or postpartum get the right care at the right time.

Georgia state lawmakers have taken steps to address maternal care.

In 2020, nearly half of Georgia births were funded by Medicaid. In 2022, legislators extended Medicaid for low income birthers seeking treatment a full year after the end of a pregnancy, SB 338.

Environmental and psychological risk factors contribute to the maternal mortality rate.

According to various state Maternal Mortality Review Committees, chronic stressors, such as racism, poverty, homelessness, substance use disorder, unplanned pregnancy, lack of social support, and exposure to violence and trauma, are environmental and psychological risk factors that contribute to maternal mental health conditions associated with the increase in maternal mortality rates.

In Georgia, between 2018 and 2020, mental health conditions, other than substance use disorder, at least probably contributed to 18% of pregnancy related deaths. Substance use disorder, at least probably contributed to 15% of pregnancy related deaths.

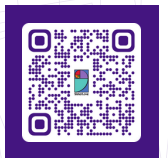
Georgia Maternal Mortality Review Committee authorized under O.C.G.A. § 31-2A-16.

Georgia's MMRC is part of Georgia's efforts to collect and comprehensively review maternal deaths. However, these measures are modest as they have a narrow reach and/or ignore the severe health and economic circumstances contributing to the Black maternal health crisis.

Georgia would join Congress, and 3 other states including California, North Carolina, and Illinois, in addressing this issue through a Black Maternal Health Omnibus Act.

Prominent examples include

- **California Health and Safety Code 123660, 123635-123637, 128295-128299 (SB 65)** are laws focused on maternal health and safety that require the California Department of Public Health to monitor and report on maternal mortality and morbidity, emphasizing racial and ethnic disparities. The laws call for detailed data on maternal deaths, a review committee, and strategies to reduce maternal mortality, enhance maternal health for high-risk groups, and raise public awareness about maternal health importance, understanding, and prevention.
- **North Carolina 2023 Omnibus Act (HB 552, HB 421, HB 558/SB 469 . . .)**, introduced on April 4, 2023, are a series of bills addressing maternal health, especially Black maternal health disparities. If passed, HB 552 would create a Maternal Mortality Prevention Grant Program, implicit bias training for perinatal care providers, outline patient rights, and enhance lactation consultant training. HB 421 proposes Medicaid coverage for doula services, while HB 558-SB 469 seeks to allocate \$1.25 million to community maternal health initiatives.



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