



If you think research is expensive, try disease.

**INVESTMENT IN RESEARCH SAVES LIVES AND MONEY** 

# **Maternal Health**

While pregnancy and childbirth should be a safe experience for expectant parents, severe and life-threatening complications can occur even in high-resource settings. The United States has a particularly high maternal mortality rate compared to other high-income nations. Common maternal health conditions include anemia, urinary tract infections, depression, and high blood pressure. The latter increases the risk of preeclampsia, placental abruption, and gestational diabetes. While these health problems are often successfully recognized, treated, and managed, many women in the U.S. lack adequate prenatal care and treatment. Racial and geographic disparities in health care access and quality — known as health injustice — cause vulnerable communities to face a disproportionate share of dangerous complications.

#### **TODAY**

24% of pregnant women in

the U.S. do not receive early and adequate prenatal care.<sup>3</sup>

Over **50,000** women a

year in the U.S. experience severe maternal health issues.<sup>5</sup>

The pregnancy-related mortality rate is **2.5 times higher** among non-Hispanic black women than non-Hispanic white women.<sup>4</sup>

#### **Research Delivers Solutions**

A **sonographic short cervix**, when the mother's cervix is shorter than normal, is a leading predictor of spontaneous preterm birth. Researchers have discovered that administering the pregnancy hormone **progesterone** in these cases reduces preterm births by 45% and improves newborns' health outcomes.<sup>9, 10</sup>

**Women of color** experience higher rates of maternal mortality, morbidity, and preterm birth than white women. Studies have demonstrated that while socioeconomic status and access to hospitals are factors in maternal health disparities, they cannot explain the full extent of these inequalities. Implicit provider bias and structural racism are major barriers for pregnant women of color, consistent with research demonstrating racial biases in pain perception and pain treatment recommendations. Some studies show outcomes are improved through physician education programs and hospital disparities dashboards.

Research suggests that alternate care delivery models can reduce disparities. **Group prenatal care** in addition to individual care provided improved social support to expectant parents and helped ensure receipt of appropriate medical care.<sup>11</sup>

#### COST

# \$2.18 billion:

Annual U.S. maternal health care costs associated with preeclampsia, a leading cause of maternal mortality and morbidity<sup>6</sup>

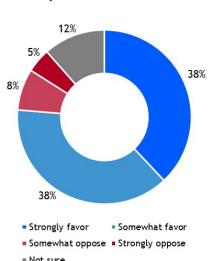
\$5,800:

The economic burden per diagnosed case of gestational diabetes<sup>7</sup>

700:

The approximate number of women who die each year in the U.S. due to pregnancy or delivery complications<sup>8</sup>

Do you favor or oppose doubling federal spending on medical research over the next five years?



Source: A Research!America poll of U.S. adults conducted in partnership with Zogby Analytics in January 2020

# **Maternal Health**

# Then. Now. Imagine.

In the early 2000s, little to no standardization existed among states in the reporting of pregnancy- and childbirth-related deaths. Significant reporting errors persisted even when those deaths were recorded.<sup>17</sup>

#### MOW

As of 2019, 47 states have or are in the process of implementing maternal mortality review committees to more effectively document and understand the causes of maternal mortality. 18, 19, 20

#### **IMAGINE**

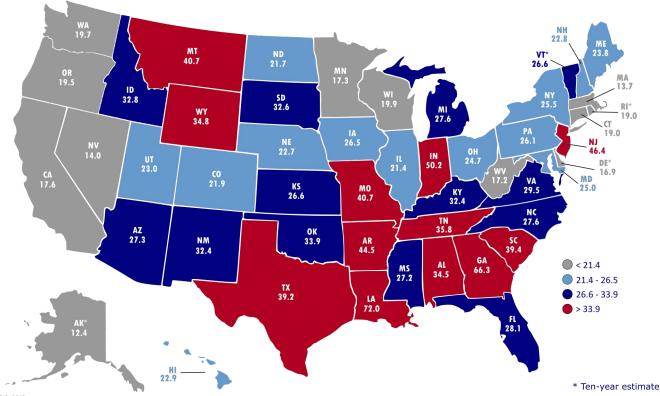
A world in which expectant parents do not face life-threatening complications.

## **Global Spotlight**

Maternal health is a major concern around the world, especially in low- and lower middle-income countries where 94% of all maternal deaths occur. In fact, 810 women die every day around the world from preventable pregnancy- or childbirth-related causes.<sup>14</sup> Encouragingly, research shows that most global maternal deaths are preventable.

Researchers and clinicians have demonstrated that medicines such as **oxytocics** can lower bleeding risk after childbirth, magnesium sulfate can treat preeclampsia during labor, and basic public health interventions such as access to water, sanitation, and hygiene during pregnancy can all decrease the risk of mortality of expectant mothers around the world. 15, 16

### Maternal Mortality Ratio (Maternal Deaths per 100,000 Live Births)



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