



The US Response to Our Maternal Mortality Crisis

Why is childbirth in the US so much more deadly than in other countries?

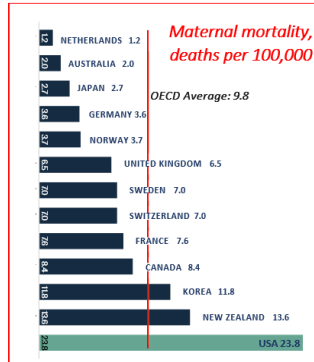
We rank 35th among developed nations --behind Turkey, and just ahead of Costa Rica. (We are 45th in infant mortality). While 157 other countries have improved their maternal health status since 2000, the U.S. is an outlier with deaths (and "near-deaths") of birthing mothers that have been increasing for 3 decades. Mortality rates for Black women is almost 3.3 times higher than for white women (45 v 17.5 per 100,000) and our most privileged residents die at more than twice the rate of most European countries.

Until around 1900, 1 in 8 women could expect to die in childbirth or in the period immediately following. By World War II, with the advent of antibiotics, transfusions, expanded birth control, and medical responses to quickly-developing emergencies, infant survival soared--and women, too, were 65 times more likely to survive than 40 years before, improvement that continued until almost 2000.

Now, with the drastic reduction in accessibility of reproductive healthcare following the Supreme Court Dobbs decision in June 2022, we are poised to see another drastic rise in births and maternal deaths, with estimates near 25% overall, and 39% among Blacks, as total bans on abortion take effect.

What is the response of the US medical establishment to this dire situation?

—Closing more hospitals and maternity units -- Since 2020, an additional 1,119 counties in the U.S. have become maternity care deserts. In 2020, 1 in 6



Black babies were born in areas with limited or no access to maternity care services.

—Restricting access to midwives -- Despite more personalized care, better safety records, and lower expense, there is restricted certification (or none) for midwives in 25 states.

—Criminalizing provision of and access to reproductive care, (for many women in the age group their primary healthcare source). Instead, many states are promoting non-medical "pregnancy centers."

—Increasing teen births and other sources of low-birthweight babies.

—Taking away the insurance that pays for half the births in America -- As pandemic emergency measures disappear, so does enhanced Medicaid eligibility for mothers.

—Failing to vote for paid family leave and cutting off public postpartum coverage at 2 months. The US is the only country without paid leave.

—Maintaining fragmented reporting of birth statistics

The current backward steps are not inevitable--we have already solved this problem once! However, in the for-profit medical system we live under, an elective surgical birth is more profitable. There is little financial incentive for corporate health to provide adequate resources for uncomplicated births. Can we find the political will to ensure that the kind of care mothers and babies need will be available when they need it -- by creating our own non-profit system for sickness and for health — (aka Single Payer/Medicare for All).

NEXT HCR4US MEETING
Sunday, April 23 8:00 p.m. ET

TENTATIVE AGENDA:

Intros for New Attendees
Announcements
Legislative Actions—Newsletter
State Reports—Break-out Sessions
Register at
<https://tinyurl.com/HCR4US-Apr23>

Maternal Mortality/ Disparities

LWVNY Judy Esterquest presented testimony to NY Legislative Joint Fiscal Committee on Budget strongly supporting expanding Medicaid coverage for birth doula and extending Medicaid eligibility for mothers for one year postpartum and infants to three years.

The NYS League is part of a coalition led by NYCLU to educate voters on how the NYS ERA Act uses the power of the state constitution in protecting (civil) rights--expanding protections for all people --including groups the state constitution does not currently include ,e.g. those with disabilities, LGBTZI+ individuals, immigrants, women **and pregnant people**.

In Case You Missed It

- **Dr. Nancy Staats is a member of the LWV Florida Health Care Action Team.** <https://www.jacksonville.com/story/opinion/columns/guest/2023/04/02/expand-medicaid-coverage-is-the-right-thing-to-do/70053200007/>
- **Delivering Birth Justice: Why is giving birth in the US so dangerous and costly, and what can we do about it?** PNHP-NYMetro Forum: Feb 21, 2023. <https://vimeo.com/801413099>

Don't Miss It!

Apr 17-23 Healthcare-NOW 2023 Strategy Conference (online)
"Everybody In: Racial Equity and Medicare for All" Sat/Sun Live Workshops
To register <https://www.healthcare-now.org> Two HCR4US presenters: Mo Brinck-Lund & Barbara Pearson (For scholarship info: bzpearson@gmail.com)

Websites

HCR4US Youtube Channel:

<https://www.youtube.com/c/LWVHealthCareReform>

HCR4US Web-Contact Form:

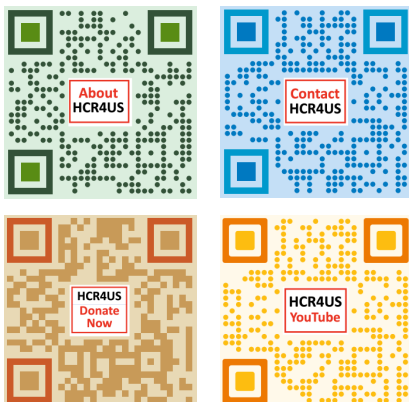
tinyurl.com/Contact-LWV-HCR-4US

HCR4US Google Drive:

<https://tinyurl.com/HCR4US-Minutes-Mar26>

HCR4US Toolkit:

<https://lwvhealthcarereform.org>



HCR4US: Dedicated to educating and mobilizing League members to work toward legislation that enacts the goals of our LWVUS health care position

Newsletter Committee: Barbara Pearson, Jon Li, Candy Birch, Kathy Yen, Jody Disney, MaryLynne Courtney

State LWV Health Care Efforts

In **Florida**, a consistent local action for both Manatee and Polk County Leagues is developing a relationship with the county Department of Health. For example, to address higher infant mortality among Black and Hispanic populations, the Polk County League has begun to provide free blood pressure monitors ("Monitors for Moms") and education for pregnant and post-partum clients.

Manatee County's LWV supports the Community Paramedicine Program, with specially-trained emergency medical service providers providing on-site emergency and follow-up care for the county's 1,100+ unhoused and poor residents. The program has dramatically lowered the number of emergency room visits and intervened with county law enforcement to keep erratic behavior from resulting in arrests.

LWVCO uses its positions on the constitutional right of privacy of an individual to make reproductive choices and for all residents to have access to a basic level of quality reproductive health care at an affordable cost, including abortion to support its **ACTION ALERT** for the "Safe Access to Protected Health Care Package." The bills were already passed by the Legislature and needed the signature of the governor:

SB23-188 Protections for Accessing Reproductive Health Care

SB23-189 Increasing Access to Reproductive Health Care

SB23-190 [Opposing] Deceptive Trade Practice Pregnancy-related Service

Colorado's cool tool for action alerts: <https://www.congressweb.com/LWVCO>

Mental Health

LWVNY testimony called on the state budget to maintain funding for School-based Health Clinics with physical, mental, and dental health services for nearly 250,000 underserved school children in high-needs districts. The clinics have been shown to lower hospitalizations and ER visits, plus improving school attendance and performance.

LWV Moore County member and community psychologist Chris Ganis reports on yet another missing safety net - for **unaccompanied teens**. Working with community advocates and the Moore County Schools, the group created a nonprofit to address the special needs of those youth who "age out" of social services and healthcare at age 18. "We now have one home for 4 girls, which we rent for \$1/year from a church, and we are about ready to open up our first newly constructed home for 4-5 young men."

