



Exclusive to OpEd News:

OpEdNews Op Eds 8/8/2024 at 5:44 PM EDT

The Plight of American Pregnant Women:

Why are Maternal Mortality Rates so High in the US?

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The United States sets a shameful example for the world regarding maternal mortality rates. The CIA ranked America as [the 122nd country in the world](#) with the highest rates of death for pregnancy-related complications. This categorization makes the US the only high income country with high maternal mortality rates. More crucially, [80% of these fatalities](#) could have been prevented if the afflicted women received proper medical care. How can the United States close the gap between itself and other high-income countries? The solution to this disparity reveals a prejudiced medical system in desperate need of reform. Revisions of America's deeply flawed infrastructure will require governmental attention from both sides of the political spectrum. It is vital that our legislative leaders listen to what the experts on reproductive health have to say while crafting solutions.

While pregnancy and other female-related health issues were neglected by the medical field for decades, researchers are beginning to understand the ramifications of pregnancy. Women post-pregnancy are at a higher risk of developing malevolent conditions, including [cardiovascular disease and hypertension](#). In addition, up to [43% of women report symptoms of PTSD](#) after experiencing childbirth, a mental disorder that is linked with [increased rates of substance abuse and death by suicide](#). Researchers of childcare suggest that the best way for women to recover from childbirth is to [go on maternity leave and to see health providers](#). Specialists also state that enhanced attention should be given to vulnerable pregnant women by expanding Medicaid, a program that serves poor and disabled people. A look at the United States' treatment of pregnant women reveals a protocol that is not based on this scientific knowledge. In fact, the USA fails miserably on all of these counts.

America is the only developed country in the world that [does not offer paid time off work after childbirth](#), creating a significant obstacle for lower-income families who can't afford to take a three-month hiatus from their jobs. In addition, over 200 counties in the US are known as [medical deserts](#), where very few to no specialists in behavioral or physical care reside. This includes professionals relevant to pregnant women, such as psychologists and obstetrician-gynecologists. These deserts are more likely to exist in communities where marginalized people reside, namely [rural](#) and [black](#) neighborhoods. This geographical dilemma produces dire consequences: black women, for example, are [three times more](#)

[likely](#) to die from pregnancy-related complications than white women. Furthermore, there are still states that refused to expand Medicaid in lieu with the Affordable Care Act. This choice created a death disparity, with states that do not offer Medicaid maintaining [higher maternal mortality rates](#).

It is no coincidence that the states that did not adopt the expanded Medicaid plan are red. With president-elect Donald Trump repeatedly expressing his plans to “terminate” the Affordable Care Act, many Republican leaders are falling in line with his words in an attempt to erase Obama’s legacy of healthcare. While Trump proclaims that he will create a new coverage plan that is [“much better, stronger, and far less expensive,”](#) the details of how this will come to fruition are missing. Repealing the ACA without a concrete alternative may demonstrate loyalty to Trump, but it jeopardizes the lives of women who need healthcare the most. The repeal of Roe v. Wade, another politically motivated action, also affects the lives of pregnant women. States with more restrictions on abortion have maternal and infant mortality rates that are [62% higher](#) than states where abortion rights are protected. Doctors are also more likely to refuse operating on women who have miscarried in these areas. This is despite the fact that [one in four pregnancies](#) ends in an unwanted termination.

Based on these complications, it is clear that this issue requires governmental intervention. Most importantly, science needs to take precedence over partisanship. The experts have laid out the solutions, all that the government needs to do is to follow them. Congress should address this matter by enacting bipartisan measures to protect pregnant women, such as encouraging the expansion of healthcare in underprivileged areas. In addition, safe abortion practices need to be covered by these healthcare plans so that every woman experiencing high-risk pregnancies has the right to have one. It is also essential for the US to incorporate paid maternity leave into the workforce. A discriminatory approach could allow women on maternity leave under a certain income level to receive a form of monetary support from their job or the government. Before anything else, the lives of pregnant women should overshadow any political sentiment that attempts to undermine universal healthcare and reproductive health. Death from childbirth has persisted for thousands of years; it is time for the United States to crack this code and catch up with her peers.

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