

America's Maternal Mortality Crisis and Medicare for All

The rate of pregnancy-related death in the U.S. has nearly [tripled](#) in the past 30 years. Only two other nations — [Afghanistan](#) and [Sudan](#) — have rising maternal mortality rates. America's maternal mortality is more than [double](#) that of other high-income nations; our infant mortality rate is [71%](#) higher.

Racial inequities compound America's maternal health crisis: Indigenous mothers are [twice](#) as likely — and Black mothers [2.5](#) times more likely — to die from pregnancy complications compared to white mothers. The mortality rate among babies born to Black and Indigenous mothers is approximately [twice](#) as high as babies born to white mothers.



Maternal mortality is a solvable problem.

At least [two-thirds](#) of pregnancy-related deaths are considered preventable with regular care. Health coverage is proven to reduce both [maternal](#) and [infant](#) mortality. Those who are uninsured or underinsured before pregnancy are [more likely](#) to have chronic conditions that increase risk for complications or death, such as hypertension, diabetes, and heart disease. Postpartum care is also [crucial](#) to maternal and infant health, but due to cost and insurance limitations, nearly [40%](#) of American parents get no postpartum care at all.

Unfortunately, a majority of Americans are either uninsured, or in commercial plans with major barriers to care, such as deductibles, copays, and narrow provider “networks.”

Each year, [38%](#) of women in the U.S. skip medical care because of costs. Of women with insurance, [32%](#) say that their plan refused to pay for care, and nearly half ([47%](#)) faced out-of-pocket costs for preventive care. People of color are more likely to be [uninsured](#), face cost-related barriers to care, and are [three](#) times as likely to receive late or no prenatal care.

We won't solve America's maternal mortality crisis with band-aid approaches.

Families need the security of lifelong, seamless, and comprehensive coverage, without the dangerous costs, red tape, and gaps in coverage imposed by commercial insurance.

Only Medicare for All could empower all people to manage or eliminate the health conditions that increase the risk of pregnancy-related death and complications.

A single-payer plan would provide lifelong coverage for all medically necessary health services, including primary care; contraception; pregnancy, childbirth, and postpartum care; and mental health — without the copays, deductibles, and surprise bills that create barriers to care.

Motherhood shouldn't be deadly.

It's time for a health system that keeps everyone healthy for life — Medicare for All.