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.

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