



Report Finds U.S. Maternal Mortality Rates Far Exceed Those in Other High-Income Nations; Highest Toll Is Among Black Women

Commonwealth Fund Study Across 14 Countries Reveals Acute Maternal Care Workforce Shortage & Lack of Postpartum Care May Exacerbate U.S. Crisis & Outcome Disparities

A new international report from the Commonwealth Fund released today finds that maternal mortality rates in the United States continue to far exceed those in other high-income nations, despite a decline since the end of the COVID-19 pandemic. Black women in the U.S. experience far higher rates of maternal deaths than other racial or ethnic groups in the country, and more than 80 percent of maternal deaths in the U.S. are likely preventable. The study also warns that a deepening shortage of maternity health providers in the U.S., particularly midwives, may exacerbate America's maternal mortality crisis.

Insights into the U.S. Maternal Mortality Crisis: An International Comparison examines the state of maternal health across 14 nations: the U.S., Australia, Canada, Chile, France, Germany, Japan, Korea, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United Kingdom. Building on prior Commonwealth Fund research, this analysis compares maternal mortality rates, health care workforce composition, and access to postpartum care and supportive policies in the U.S. versus other high-income countries.

Key findings include:

- **Pregnancy and childbirth are more dangerous for women — particularly Black women — in the U.S. than for women in other high-income nations.** In 2022, U.S. women had the highest death rate from complications of pregnancy and childbirth — 22 deaths per 100,000 live births — a maternal mortality ratio more than double, sometimes triple, that in other high-income countries in this study. In Norway, there were no recorded maternal deaths in 2022.

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The Commonwealth Fund is a private, nonprofit foundation supporting independent research on health policy reform and a high-performance health system.

Maternal mortality is exceptionally high among U.S. Black women, at 49.5 deaths per 100,000 live births. Persistent disparities in health care, caused by multiple factors including the impacts of racism, stress, lack of health insurance, and bias in clinical decision-making, continue to negatively impact the health and longevity of Black women before, during, and after childbirth.

- **Nearly two-thirds (65%) of maternal deaths in the U.S. occur after birth.** Nearly two of three maternal deaths in the U.S. occur during the postpartum period — from one day to a year after giving birth. In the first week postpartum, severe bleeding, high blood pressure, and infection are the most common causes contributing to maternal deaths, while cardiomyopathy (heart muscle disease) is the leading cause of deaths in the subsequent weeks or months. Compared to women in the other countries studied, U.S. women are the least likely to have supports, such as home visits and guaranteed paid leave, during the postpartum period.
- **The U.S. has a severe shortage of maternity care providers, and a far lower supply of midwives than other high-income countries.** The U.S. and Canada have the lowest supply of midwives and obstetrician gynecologists (ob-gyns) among high-income countries, with only 16 and 13 midwives and ob-gyns total per 1,000 live births, respectively. All other countries, except Korea, have two to six times more. And in many of these countries, midwives, who are proven to improve birth outcomes, play a central role in maternity care provision. By contrast, in the U.S. and Canada, midwives are far outnumbered by ob-gyns, even though both are in short supply.
- **Access to home visits after childbirth is guaranteed to women in all countries surveyed, except in the U.S.** Other countries guarantee at least one visit by a midwife or nurse, shortly after giving birth, generally within the first 10 days of childbirth. Evidence suggests that home visits are associated with improved mental health and breastfeeding outcomes, as well as reduced health care costs.
- **The U.S. is the only high-income country that does not guarantee paid parental leave to mothers after childbirth.** All countries in the study, apart from the U.S., mandate at least 14 weeks of paid leave from work, with most mandating more than six months.

FROM THE EXPERTS:

Laurie Zephyrin, M.D.,
Commonwealth Fund Senior Vice President,
Advancing Health Equity

“It is encouraging to see fewer maternal deaths in the U.S. in 2022; however the U.S. is still such an outlier, and the racial disparities are profoundly disturbing. It is time to center equity by diversifying the workforce and addressing head-on the racial inequities in health care quality and access. Now is the time to prioritize what we know is already working well in other countries: expanded health insurance coverage, stronger workforce and support systems, and paid maternity leave.”

Joseph Betancourt, M.D.,
Commonwealth Fund President

“We have to build a strong, equitable health care system where everyone, no matter who they are or where they are from, can get the care they need at every stage of their life. These maternal mortality data make it clear we are falling far short of that goal. But it also shows us what is possible with the right policies, practices, and priorities in place.”

Munira Gunja, lead study author and
Commonwealth Fund Senior Researcher,
International Health Policy and Practice
Innovations

“This study provides a bleak picture of how poorly the U.S. is performing when it comes to maternal mortality rates compared to other high-income countries. With 80 percent of Black maternal deaths in the U.S. deemed preventable, there is no doubt we are facing a critical public health crisis. It’s imperative we invest in evidence-based solutions that improve outcomes and save lives.”

IMPLICATIONS

To reduce pregnancy-related deaths in the United States, the study authors note it is imperative to draw from successful approaches observed in other nations. Proven strategies include ensuring universal access to high-quality primary care, bolstering the maternal care workforce with an emphasis on midwifery and community-based providers, and providing comprehensive postpartum support, including extending Medicaid coverage for a full year after giving birth. It is equally critical, the authors emphasize, to directly address racial inequities and implicit biases in care delivery, and to center equity as a core principle in any future maternal health policy changes.

The full report will be available after the embargo lifts at: <https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>

HOW WE CONDUCTED THIS STUDY

OECD Data Analysis

This analysis used data from the 2023 release of health statistics compiled by the Organisation for Economic Co-operation and Development (OECD), which tracks and reports on a wide range of health system measures across 38 high-income countries. Data on paid maternity leave are from the OECD's Family Database. Data on maternal mortality ratios, supply of midwives, and supply of ob-gyns were extracted in February 2024. While the information collected by the OECD reflect the gold standard in international comparisons, it may mask differences in how countries collect their health data. Full details on how indicators were defined, as well as country-level differences in definitions, are available from the OECD.

CDC Data Analysis

For U.S. maternal mortality data, we used the latest data from the U.S. Centers for Disease Control and Prevention (CDC) National Vital Statistics Systems, 2022. For timing of maternal deaths in the United States, we used the latest data from the CDC's Maternal Mortality Review Committees in 36 states.

While international data on timing of maternal and pregnancy-related deaths may be available, findings for the U.S. did not correspond with the latest CDC data. Because of potential data comparability concerns, we therefore omitted these findings from this data brief. Data on postpartum home visits were compiled from a variety of country-specific sources, as specified in the notes on the exhibit.

ADDITIONAL PERTINENT RESEARCH

State Policy Trends to Improve Perinatal Health Outcomes

Integrating Birthing Preferences and Experiences in Maternal Health Policies

The Unequal Weight of Caregiving: Women Shoulder the Responsibility in 10 Countries
