



Weekly Checkup

U.S. Maternal Death and Medicaid

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As Black Maternal Health Week comes to a close, it's important to highlight the United States' abysmal maternal mortality rate compared to other [industrialized nations](#). The numbers on maternal mortality are shocking—and across all racial groups—particularly for non-Hispanic Black women. Let's give this a closer look.

While the rate of maternal mortality in 2022 fell relative to 2021, it remains high. **The Centers for Disease Control and Prevention [found that](#) the mortality rate for non-Hispanic Black women was almost 70 per 100,000 live births, 2.6 times the rate for non-Hispanic White women, a tragedy compounded by the fact that more than 80 percent of pregnancy-related deaths in the United States were deemed preventable between [2017-2018](#).**

The Kaiser Family Foundation has reported on the significant role [racial disparities](#) play in access to maternal care. **Addressing the complex [social and racial disparities](#) that negatively impact pregnancy outcomes for Black mothers requires significant coordinated support across federal agencies, government programs, private insurance, and medical providers.**

Although the causes of Black maternal death do not directly relate to payer type, state Medicaid programs can set an example for the type of quality metrics that should be used to reduce maternal death and improve outcomes. In general, women covered by Medicaid have [a higher risk](#) of “severe maternal morbidity and mortality and are more likely to have certain pregnancy risk factors, such as obesity and history of smoking.” [Medicaid](#) covers just over 40 percent births nationally in the United States, although this number varies by [state](#).

One way to lower the maternal mortality rate generally would be to structure quality payments in Medicaid to incentivize better care. Many states have

implemented Medicaid postpartum coverage legislation from the American Rescue Plan Act funding via a state plan amendment to extend postpartum coverage for 12 months for beneficiaries. These expansions will last for five years following implementation, and data on the impact of that coverage could soon be available. Several state Medicaid agencies (Michigan, Pennsylvania and Wisconsin) have included specific payment arrangements [related](#) to improving quality metrics around community-based hospital workers as well as maternal care.

The Centers for Medicare and Medicaid Services released a [Maternity Action Plan](#) in 2022, and maternal death data-focused legislation including the Prevent Maternal Deaths Act has been implemented. **Congress and the administration could further encourage the use of effective quality payments in Medicaid, guided by evidence of effectiveness at the state level.**

Too many women are dying from preventable pregnancy-related medical conditions and policymakers would be wise to keep a close eye on state initiatives that seem to be reducing preventable maternal deaths.