USA pledges $558 million for maternal mortality crisis

The USA is one of the most dangerous developed countries in which to give birth, with large racial disparities. Bryant Furlow reports.

US President Joe Biden's administration announced on Aug 27, 2024, more than US$558 million in new funding to improve maternal and newborn health outcomes. Maternal mortality rates are worse in the USA than in any other high-income country, and the country faces persisting, stark racial disparities in those deaths. Most of the funding will go to expanding the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programme, meant to improve the health of mothers and babies, promote early childhood development and school readiness, and to prevent child abuse and neglect.

"The Biden–Harris administration is making it a national priority to fix our broken maternal health-care system", said Christian Nunes, President of the National Organization for Women (Washington, DC, USA). "These programs will especially help Black women and women of colour, who are at an alarming risk of postpartum death. One-third of postpartum deaths occur after...women have left the hospital and home visits can close that gap and help women and infants receive the care they desperately need."

The funding is "an important step", agreed Stacey Brayboy, Senior Vice President of Public Policy and Government Affairs at March of Dimes (Washington, DC, USA). "The USA remains one of the most dangerous developed countries in which to give birth, particularly for women of colour... Black women are [nearly] three times more likely to die from pregnancy-related causes than white women, and Black babies are twice as likely to die before their first birthday."

The announced expansion builds on the US Improving Access to Maternity Care Act and Preventing Maternal Deaths Act, both passed in 2018, and a 2022 White House blueprint for advancing maternal health.

"Anything we can do to expand the reach of home visiting is really a good thing", said Arden Handler, a professor of community health at the University of Illinois School of Public Health (Chicago, IL, USA). "We know that the majority of maternal deaths occur in the postpartum period, and the majority are preventable."

The increased funding will be transformative, said Maureen Black, a professor of paediatrics at the University of Maryland School of Medicine (Baltimore, MD, USA) and distinguished fellow at RTI International. The first 1000 days between conception and age 2 years are "absolutely foundational", she said. "It lays the groundwork for health and development throughout life...It's such a vulnerable time if babies do not have access to healthy nutrition or nurturant caregiving because when the brain is developing is a time when you can make major impacts on their development that have lasting effects."

Historically, home visiting was focused on fostering the maternal–infant bond, Handler noted. "But over the last several years, the maternal health crisis has really come into focus and received a lot of attention from the Biden administration...Home visiting in the postpartum period is an excellent approach to making sure that postpartum people and their families learn about the importance of maternal health and warning signs—to know that a severe headache in the postpartum period may be a sign of postpartum pre-eclampsia, for example."

Home visitation funding will go to state governments and more than 100 community-based health organisations operating in areas with marked disparities in maternal and infant health outcomes, including $105 million in Healthy Start funding. That programme currently serves 167 000 families, and the new funding will bring that total to nearly 200 000, according to the administration.

"Addressing the maternal health crisis requires a comprehensive approach—and providing home visits in the postpartum and early childhood period can be lifesaving", said Laurie C Zephyrin, Health Equity Vice President at the Commonwealth Fund (New York, NY, USA). "Home visits are so beneficial because they provide timely and regular prenatal and newborn care, they increase mental health support; and they allow for complications or challenges to be identified and addressed early."

US maternal mortality rates more than doubled between 1987 and 2018. The mortality rate is 2·6 times higher in Black American women than in White women. Estimates vary but according to the Centers for Disease Control and Prevention, in 2022, White Americans had a maternal mortality rate of 19 per 100 000 livebirths, compared with 49·5 per 100 000 for Black Americans. For each maternal death in the USA, at least 77 other women suffer severe complications, collectively referred to as maternal morbidity.

"Multiple factors contribute to this situation", noted Ana Langer (Global Health and Population, Harvard TH Chan School of Public Health, Boston, MA, USA). These factors include "disparities in access to quality healthcare, chronic health conditions like hypertension and diabetes, inadequate prenatal and postpartum care, and systemic issues within the health-care system, including discrimination and bias against Black women, and structural problems like the so-called 'maternal care deserts'

For more on the **Biden Administration's announced new funding to improve maternal health** see https://www.hhs.gov/about/news/2024/08/27/biden-harris-administration-awards-over-558-million-to-improve-maternal-health.html

For the **March of Dimes's state by state report cards on maternal and infant mortality** see https://www.marchofdimes.org/report-card

For more on the **Biden Administration's Maternal Health Blueprint** see https://www.whitehouse.gov/briefing-room/statements-releases/2022/06/24/fact-sheet-president-bidens-maternal-health-blueprint-delivers-for-women-mothers-and-families/

For more on the **worsening maternity mortality rates in the USA** see https://www.commonwealthfund.org/publications/fund-reports/2021/nov/policies-reducing-maternal-morbidity-mortality-enhancing-equity

For more on **racial disparities in maternal mortality** see https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2022/maternal-mortality-rates-2022.pdf

For more on **Massachusetts's new law promoting access to midwives and doulas** see https://www.mass.gov/news/governor-healey-signs-maternal-health-bill-expanding-access-to-midwifery-birth-centers-and-doulas-in-massachusetts

For more on the **Family Spirit Program for Native American mothers and infants** see https://cih.jhu.edu/programs/family-spirit-home-visiting-program/

that have become much more widespread since the US Supreme Court Dobbs ruling in 2022 led to the closure of maternal health care centres in vast regions of the country."

Prejudice and implicit bias mean mothers of colour are more likely to see their pain or other problems ignored, Handler noted. Many clinicians still believe Black women do not feel as much pain as other people, for example. "We do need a real overhaul of how we train providers", Handler said.

Structural racism has meant that some Americans and communities are systematically disenfranchised, agreed Allison Bryant, a maternal–fetal medicine specialist and Associate Chief Health Equity officer at Mass General Brigham (Brigham, MA, USA). "This has led to a legacy of inequities or differences in clinical outcomes", she said. Access to midwives and doulas can help close the resulting gaps, Bryant believes.

One of the biggest challenges for implementing the expansion in funding will be "reaching the hardest to reach families who need these programmes the most", such as people living on American Indian reservations, noted Allison Barlow, Director of the Johns Hopkins Center for Indigenous Health (Baltimore, MD, USA). "We believe that to effect community-level change, these home-visiting programmes must employ and support local community members as home visitors, rather than rely on nurses or social workers. Motivated community members know how to find and relate to the hardest-to-reach families, can navigate local cultural mores and language preferences, and by building their skills, become important leaders for intergenerational change."

In partnership with southwestern US tribes, the Johns Hopkins Center for Indigenous Health created the evidence-based Family Spirit home-visiting programme, which is now operating in 75 US tribal communities, as well as Indigenous communities in Canada, Australia, and New Zealand, Barlow noted. The programme is funded by MIECHV and the US Indian Health Service.

Home visiting programmes can ensure mothers receive a "warm handoff" to an early postpartum visit at 2–3 weeks and then a referral back to primary care and to social services as needed, Handler noted. "We have learned that 4 to 6 weeks is too late for a first postpartum visit. Lots of people fall through the cracks during that very early period as well as in the later postpartum months."

"We don't have a system that's very good at doing warm handoffs between postpartum care and primary care", Handler cautioned. "That's a big problem in this country. The other major issues are racism, poverty, substance use, and mental health problems. In Illinois, substance use and mental health conditions are the major cause of pregnancy-related deaths. We have not made a substantial investment in really improving mental health and addressing substance use. It's a huge issue."

Nurses are best suited to home visitation because they have the educational background, knowledge base, and experience communicating with patients, according to David Olds, University of Colorado School of Medicine (Aurora, CO, USA). "People have both trust in nursing and have confidence that nurses are going to be able to tell them what this pain means during pregnancy."

"It really depends on having the right nurse—that is, nurses who are caring, respectful, empathic, because, especially for vulnerable mothers, they're apprehensive about engaging with healthcare", Olds said. "I think that there is value in aligning with the schools of nursing to create this as a more explicit career option and building training programmes that prepare nurses for moving into this home visitation role."

It is also helpful for providers to look like their patients and understand their culture, Handler and others pointed out. "We definitely don't have enough diversity in our health-care system", Handler said. "It will certainly strengthen the implementation of these programs if there is an alignment of race and cultural awareness", Olds said. "But the most important thing is the quality of the nurses' relationship with the family. Simply having someone who is of the same race and culture providing these services is, in my view, insufficient by itself."

Not everybody is convinced that more home visits, on their own, will meaningfully reduce postpartum maternal deaths. "This expansion and more generally home visitation programmes are not sufficient to address the high US maternal mortality crisis", Langer cautioned. "Access to information and services before and during pregnancy and the postpartum period (1 year after delivery) and the technical and interpersonal quality of reproductive and maternal health care need to be dramatically improved. Home visitation programmes should be considered as a component of a much more ambitious and comprehensive effort." Good maternal health starts with good prenatal care and women's health before pregnancy. Handler said that "healthy women lead to healthy pregnancies, which lead to healthy birthing people and infants."

"While funding and support for normalising home visiting in the USA is important, it is one solution to a multi-faceted crisis", agreed Candace Knight, Director of the University of Alabama, Birmingham's Nurse-Family Partnership of Central Alabama (Birmingham, AL, USA). "Funding and creative solutions around ease of access to high-quality obstetric care, mental health care, and eliminating maternity care deserts are other key components to fully addressing maternal mortality."

Bryant Furlow