

Detroit mothers die in childbirth at three times national rate

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Pregnancy related deaths in Detroit are three times higher the national average, according to recent data from the Department of Community Health (DCH). At least six Detroit mothers died on average per year from 2008-11, producing a death rate of 58.7 per 100,000, a figure that is higher than many developing countries, including Tunisia, Belize and Kazakhstan.

Detroit is at the forefront of a dramatic increase in overall US maternal deaths that has occurred over the past three decades. According to a study published by the Association of Reproductive Health Professionals, “Maternal Mortality in the United States: A Human Rights Failure,” maternal deaths in the US almost doubled between 1990 and 2008, rising sharply from the year 2000 onward, even while the global maternal death rate fell by 34 percent during the same period.

Some 700 US women die annually from pregnancy-related complications, and 52,000 more suffer from shock, respiratory problems, renal failure, and aneurysms, the report found. Chronic illnesses suffered by women living in poverty, such as diabetes and cardiovascular disease often lead to premature delivery and other complications. Poor and low-income women are far more likely to enter pregnancy with untreated medical conditions stemming from lack of access to healthcare. Unsafe abortions and post-childbirth infections are also leading causes of maternal fatalities.

“The rise of maternal deaths in the United States is historic and worrisome,” the report concluded.

The *World Socialist Web Site* spoke Thursday with Debra Bingham (DrPH, RN), Vice President of Research, Education and Publications at the Association of Women’s Health, Obstetric & Neonatal Nurses (AWHONN) about rising maternal death rates.

“Growing maternal deaths in Detroit and nationally are a very troubling trend. We are going directly in the

wrong direction even while other countries have improved their rates. Maternal mortality and morbidity are an indicator of how a community is caring for women,” Bingham told the WSWWS.

“This problem is largely swept under the rug. In the US there are many states that don’t even carry out maternal mortality studies, leaving us with limited data to even begin addressing the problem.

“For poor women it is very difficult to access the necessary preventative health treatments. All women need access to prenatal care. Access to health care before and after conception is crucial. If you improve the health of a woman, whether she is going to have a baby or not, the healthier she will be when she enters pregnancy and the better the birth outcome.

“We’ve also seen a rise in maternal injuries related to childbirth in the last 10 years, a 183 percent increase in blood transfusions around the time of birth. The leading causes of death are hemorrhage, hypertension and thromboembolism (blood clot). Increasing rates of diabetes and heart disease also take a toll on pregnant women. Women with diabetes will often have various serious problems during pregnancy,” said Bingham.

Data compiled by the Centers for Disease Control (CDC) confirm this perspective, showing an increase in US pregnancy related deaths from 7.2 per 100,000 births in 1987 to 17.8 in 2009, with “near misses,” in which the mother almost dies, also rising by 27 percent. CDC data show that Canada has experienced a significant increase in maternal deaths during the same period.

Another recent study of US maternal deaths, published by the British medical journal *Lancet* in May of 2014, found that 18.5 US mothers died for every 100,000 births, placing the US well ahead of Saudi Arabia, which saw only 7 out of 100,000 mothers die.

An Amnesty International report from 2010, “Deadly Delivery: The Maternal Health Care Crisis in the USA,” argued that “half of these deaths could be prevented if maternal health care were available, accessible and of good quality for all women in the USA.” The report found that women in the US are five times more likely than women in Greece to die from pregnancy-related health problems, and that 1.7 million American women experience pregnancy-related health issues every year.

Maternal mortality is directly bound up with policies geared to maximize the exploitation of the working class. Along with Australia and New Zealand, the US is one of the only advanced economies that does not guarantee paid maternity leave to women workers. US women are instead given the option of 12 weeks of unpaid leave. Facing ever-tightening budgets, working class mothers often remain on the job, where they deal with grinding stress and other health hazards during the crucial final months and weeks before childbirth.

Worldwide, some 800 women die per day from preventable causes associated with pregnancy. In 2013, 289,000 women died during and immediately following pregnancy. The highest mortality rates are found among pregnant girls less than 15 years of age.

The latest maternal mortality statistics are only one manifestation of the social cataclysm taking shape in Detroit. More and more, social conditions in Detroit resemble those of a medieval city. Thousands of residents face the prospect of losing water service every week. Many are already forced to rely on buckets of water toted from the homes of friends and neighbors to wash, drink and dispose of bodily wastes.

Along with maternal high mortality, Detroit suffers from an infant mortality rate that is twice the national average. A March 2014 report found that 15 out of every 1,000 babies die in Detroit, making for a worse infant mortality rate than that experienced in Bulgaria, Malaysia, Sri Lanka, Russia, and numerous other oppressed and semi-colonial countries.



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