

Pregnancy-linked death rate in Texas is highest among industrialized nations

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A study has revealed that Texas has the highest maternal mortality rate, not only within the United States, but also among industrialized nations. According to the research directed by the University of Maryland in 2016, pregnancy-related deaths in Texas nearly doubled within two years, rising from 72 in 2010 to 142 in 2012.

Between 2000 and 2010, state records reported 17.7 to 18.6 pregnancy-related deaths per 100,000 births. In 2011, the ratio of deaths nearly doubled to 33 per 100,000. The research shows that African-American women are at higher risk, constituting 28 percent of the fatalities.

The trend in Texas is part of a larger problem concerning the continuing decline in the quality of life and health within the United States. A new study just released shows that the US surpasses most of the world in health care inequality, related to both the quality and access to health care and people's perceptions of their own health.

According to the World Health Organization, the United States is the only developed country to experience such a rise in maternal mortality rates since 1987. The average number of pregnancy-related deaths in the rest of the developed world is 12 deaths per 100,000 births. Compared to these nations, Texas has not only surpassed the average rate, but also transcended it by nearly three times over!

A study published in the journal *Obstetrics & Gynecology* in 2016 showed that between 2000 and 2014, under the Bush and Obama administrations, the US maternal death rate rose by a staggering 27 percent.

Throughout the United States, researchers have pointed to heart problems, and other chronic medical conditions such as diabetes, to explain the rise in pregnancy-related deaths. The rise in these conditions

coincides with declines in the quality and accessibility to health care, especially among low-income families.

Texas has the highest uninsured rate in the United States, yet lawmakers rejected a federally funded expansion of Medicaid under the Affordable Care Act that would have covered 1.1 million more Texans. The budget passed by the state legislature once again underfunds Medicaid.

More than half of all births in Texas are paid for by Medicaid, but coverage for new mothers ends just 60 days after childbirth. The majority of the 189 maternal deaths from 2011 to 2012 occurred after the 60-day mark.

The issue continues to be exacerbated by Trump administration and state level attacks on health care and Planned Parenthood. In April, President Trump signed anti-abortion legislation aimed at cutting off federal funding to Planned Parenthood and other organizations that perform abortions, even though only 3 percent of Planned Parenthood funding goes to abortion services.

Last month, Planned Parenthood announced that it was closing 10 clinics across the Midwest and Southwest due to decreases in funding and attacks from legislators. Sarah Wheat, Planned Parenthood of Greater Texas spokesperson, has pointed out that "family planning clinics are entry points for women accessing the health care system. With family planning clinics closed because of the budget cuts, women may be delayed in receiving the care they and their baby need to thrive."

Texas lawmakers have refused to direct serious attention in the 2017 legislative session to the declining state of health within Texas, instead opting to debate over securing the shared border with Mexico and the so-called transgender bathroom bill.

Rather than confront the skyrocketing rate of

pregnancy-related deaths among Texan women, they have worked to legislate a measure that will further deny a women's legal rights to obtain both contraception and abortion services.

On Tuesday, Texas Governor Greg Abbott, a Republican, signed into law the anti-abortion bill SB8. The legislation, parts of which are set to go into effect in September, prohibits what it refers to as "dismemberment abortions"—a term adopted by anti-abortion zealots to target abortions via dilation and evacuation, or D&E, the safest and most common form of abortion after 12 weeks' gestation.

According to the Guttmacher Institute, just 11 percent of abortions nationwide take place after the first trimester, and roughly 95 percent of these are done via D&C. Critics of SB8 say that a ban on this procedure is therefore an effective ban on abortion after 13 weeks. Any physician performing an abortion with a D&C could face up to two years in prison.

Also under the law, women who have abortions and clinics will be prohibited from donating fetal tissue that can help with scientific research, whether or not payment is offered for the tissue. The bill also requires all facilities that treat pregnant women to dispose of any embryonic and fetal remains by burial or cremation. This means that women who miscarry, as well as those who undergo abortions, will be further stigmatized.

The combined result of the closing of clinics providing reproductive services, the lack of access to contraception and restrictions on abortion will inevitably lead to more unwanted pregnancies, and more women bringing these unwanted pregnancies to term. Desperate women—who cannot afford to travel a long distance to a clinic and pay for an abortion—resort to self-induced abortions.

Researchers from the Texas Policy Evaluation Project surveyed 779 women ages 18 to 49 from across the state. In their study released in 2015, they found that 1.7 percent reported ever having attempted to end a pregnancy on their own without medical assistance. Applying these proportions to the almost 6 million women of childbearing age living in Texas, they arrived at an estimate that between 100,000 and 240,000 women of reproductive age in the state had attempted to end a pregnancy on their own.

The study showed that Latinas living near the US-

Mexico border and women who report barriers to accessing reproductive health care were significantly more likely to have tried self-induced abortion. These numbers will undoubtedly rise with the introduction of SB8 and other draconian legislation denying women their constitutionally protected reproductive rights, placing them in danger of unnecessary suffering and death.



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