

US maternal mortality rate soars: An example of capitalist barbarism

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US maternal deaths rose by 40 percent in 2021, the latest year for which statistics are now available, according to a new report from the Centers for Disease Control and Prevention (CDC). The number of maternal deaths rose from 754 in 2019 to 861 in 2020 and 1,205 in 2021. The maternal mortality rate, at nearly 32 per 100,000 births, is back to where it was in 1965, a staggering regression of more than half a century.

Women who give birth today in the United States are nearly four times more likely to die than their own mothers were when they gave birth. The US maternal death rate hit its all-time low of 6.6 per 100,000 births in 1987. It was in single digits from 1978 to 2002, then rose steadily, doubling by 2017, then skyrocketed during the COVID-19 pandemic, nearly doubling again.

These figures, stemming from a report released Thursday by the National Center for Health Statistics, a unit of the CDC, are an indictment of American capitalism and the profit-based health care system, which denies adequate prenatal and postpartum medical treatment for millions of women, simply because they are poor or uninsured.

The United States is not only the worst-performing among the industrialized nations, in terms of maternal mortality, the difference is not even close. Women giving birth in the US are four times more likely to die than in Germany, France or Britain, and 10 times more likely to die than in the Netherlands or the Scandinavian countries. They are twice as likely to die as in China. According to the World Health Organization, these disparities predate the COVID pandemic: Maternal-mortality rates in the US rose 78 percent between 2000 and 2020, while dropping in most other countries.

The particular causes of death are varied, according to the CDC, although a majority are cardiovascular in origin, including cardiomyopathy (disease of the heart muscle), 11 percent; blood clots, 9 percent; high blood pressure, 8 percent; stroke, 7 percent; and other cardiac conditions, 15 percent. Infection and postpartum bleeding account for another 24 percent, while mental health issues, including drug overdoses and postpartum depression leading to suicide, are also a factor.

But it is the social causes of death that are the main issue. According to estimates by the CDC and other health authorities, 80 percent of maternal deaths are preventable with proper treatment. Many pregnant women, however, and even more women during the weeks and months after birth, do not receive proper treatment.

This lack of care has two basic causes. Women in rural areas are frequently living in what have been termed “obstetric deserts,” more than 25 miles from a labor and delivery unit. According to the CDC, some 2 million women of childbearing age live in such conditions. This has been greatly exacerbated by the evisceration of rural health care in recent decades, with hundreds of rural hospitals and medical centers, generally smaller and poorly financed, being forced to close their doors.

Far more significant is the overall growth of poverty and the consequent social isolation throughout the whole of American society, to the point that urban and suburban women, living only a few miles and even a few blocks from a well-appointed hospital or a skilled provider, are unable to access the care they need because they lack health insurance and cannot afford the expense.

Both factors contribute to the much worse than average statistics in southern states with impoverished

rural populations, such as Louisiana, Georgia, Alabama, Arkansas, Mississippi and Texas. It is clearly poverty and inequality that are the overriding factors in a heavily urban state like New Jersey, with one of the highest per capita incomes but the fourth-worst maternal mortality rate among the 50 states.

The CDC and other agencies have laid stress on the racial disparities in maternal mortality, and these are quite significant. Black women had a maternal death rate of 69.9 per 100,000 births, compared to 26.6 for white women and 28 for Hispanic women. Native American and Alaska Native women had a mortality rate over 50, and 90 percent of their deaths were considered preventable.

However, claims of “systemic racism” fail to explain why, if only white women were considered, the United States would still be the worst among the industrialized countries, and three times worse than any Western European country in terms of maternal mortality. The rate for white women in the United States is equivalent to the rate for Chinese women, who live in a country still mired in mass poverty, particularly for hundreds of millions in rural areas.

It is also the case that during the COVID pandemic, maternal mortality has risen more rapidly for white and Hispanic women than for black women, who were already at an abysmal level in terms of deaths during pregnancy, childbirth, or in the year afterward.

As with so many social indices in the United States, the breakdown along class lines is simply not reported. But there is little doubt that there is a direct correlation between income and maternal mortality. Mothers in the ruling elite only die in childbirth in the rarest of circumstances, when there are health care complications of an extreme or novel character that even the best medical care money can buy cannot resolve.

The effect of the income divide is exacerbated by the reactionary social policies of state and federal governments. Medicaid, the joint federal-state program providing health insurance for low-income families, drops expanded coverage for pregnant women 60 days after they give birth, although doctors advocate a much longer period of additional care and monitoring.

The “let it rip” COVID policy of the Trump and Biden administrations has worsened the crisis. Pregnant women, particularly if they are not vaccinated, are at a

much higher risk of severe illness if they contract the coronavirus. Moreover, the persistence of the pandemic, thanks to the rejection of any serious effort to suppress it, means that health care facilities have been overwhelmed with people sick with COVID, leaving fewer resources available for non-emergency treatment such as care for pregnant or postpartum women.

The systemic neglect of poor and working class women stands to be greatly exacerbated by the barbarous consequences of the fascistic campaign being waged against abortion rights. Under conditions where pregnancy is becoming more life-threatening, the ultra-right is seeking new laws and procedures to impose forced pregnancy, even for women who face significant dangers to their own health.

In the months since the Supreme Court overturned *Roe v. Wade* and stripped women of the constitutional right to terminate a pregnancy, dozens of states have enacted laws banning or restricting abortions, or making them more difficult to obtain.

The latest legal salvo is an effort to impose a nationwide ban on the sale of the medication mifepristone, a key component in the two-pill regimen that accounts for half of all abortions in the US.

Here the barbaric consequences of for-profit medicine intersect with the deliberate barbarism of a social outlook that harks back to the days when women were to be kept “barefoot and pregnant.”

The soaring rate of maternal mortality is a political alarm bell for the working class. The crisis of capitalism threatens the most dire consequences for humanity, even in this most basic of social functions, reproduction. Only the working class will fight for a policy that is vitally necessary to ensure safe and healthy pregnancy and childbirth, and social support for mother, child and the entire family afterward. This should include not only free and state-of-the-art medical care, but income support throughout pregnancy and paid maternity and paternity leave following it.



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