Recent reports reveal Louisiana’s rising maternal and infant mortality rates

Cordell Gascoigne
25 August 2023

Recent statistics have revealed the likelihood of maternal death during childbirth has escalated dramatically in the United States compared to previous generations. Mothers are currently confronted with a nearly fourfold higher risk of mortality compared to their own mothers when they underwent childbirth.

As the World Socialist Web Site noted in March, in 1987 the US recorded its lowest-ever maternal death rate of 6.6 per 100,000 births, a figure that remained in the single digits from 1978 to 2002. However, a distressing trajectory began to unfold as the rate steadily ascended, doubling by 2017. The situation further deteriorated in the first years of the COVID-19 pandemic, nearly doubling once again.

The disconcerting statistics for 2021 indicate a maternal mortality rate of 32.9 deaths per 100,000 live births, a significant increase from 2020’s rate of 23.8 and 2019’s rate of 20.1, as reported by the Centers for Disease Control and Prevention (CDC).

Notably, Louisiana stands out with the fifth-highest maternal mortality rate nationwide, reporting 39 deaths per 100,000 live births, according to the Kaiser Family Foundation.

The sharp rise in maternal mortality rates over the years has raised concern among healthcare professionals as the US leads the world in such rates among developed nations, with a 10-fold likelihood of dying due to pregnancy-related issues when compared to countries like Norway and Spain. This trend has cast a spotlight on the urgent need for attention and intervention by the working class.

Some of the contributing factors, as explained to CBS by Dr. Rebekah Gee, obstetrician-gynecologist (OB-GYN) and former Louisiana State Secretary of Health, are “high C-section rates ... the lack of access to well woman care before and after pregnancies. Fifty percent of the time women don’t get that postpartum care, which means they have untreated hypertension, untreated diabetes, untreated depression. The fact that we have racial bias in health care. And so all of these things are compounded especially worse for low income women.”

As the CBS report notes, a full third of Louisiana parishes are “maternal health deserts,” which means there isn’t a single OB-GYN, affecting 51,000 women in the state. Some women have to travel over an hour to receive either OB-GYN care or pediatric care for their children.

The challenges posed by the coronavirus pandemic, which has claimed the lives of at least 1.2 million Americans, exacerbated an already concerning situation. The malign-neglect policies of the capitalist ruling class have forced the hand of many healthcare workers into blowing the whistle, quitting, or taking their own lives, all occurring amidst soaring inflation, limited recourse to care for patients, long hours, paltry wages, and the threat of nuclear war.

The label “medical racism” is frequently attached to the maladministration of healthcare.

According to a Louisiana Department of Health report from September 2019, four black mothers die for every white mother and two black babies die for every one white baby. However, the growing maternal and infant health crisis can only be understood from a class perspective. Notwithstanding these disparities prior to the pandemic, deaths have increased for not only both demographics, but the overwhelming majority of these women were poor and working-class.

A study published June 3 in the Journal of the American Medical Association examined maternal mortality rates from 1999 to 2019, concluding before the onset of the pandemic. The study encompassed all
states and broke mothers down into five racial and ethnic groups. The results revealed that the highest maternal mortality rates were experienced by black mothers, while the most significant upsurges in mortality occurred among American Indian and Native Alaskan mothers. Deaths among women, regardless of racial and ethnic demographic, rose by 140 percent, from 505 in 1999 to 1,210 in 2019.

At the beginning of the 20-year-long study in 1999, Louisiana held the macabre distinction of having the highest national mortality rate attributed to cancer. It also stood out for elevated rates of fatalities caused by firearms and heart disease. Moreover, Louisiana’s prevalence of tuberculosis and reported cases of AIDS in 2000 ranked prominently compared to other regions in the country. In 2019, Louisiana ranked fourth in the nation for HIV at a rate of 19.0 per 100,000 and ninth in the nation for primary and secondary syphilis case rates at 15.0 per 100,000.

In the decade preceding the pandemic, Louisiana experienced a staggering 65 percent higher infant mortality rate due to preterm birth and low birth weight compared to the national average, as reported by data collected from the CDC.

The year 2019 saw 470 infant deaths before reaching their first birthday in Louisiana, resulting in an infant mortality rate of 8.0 per 1,000 live births. Notably, between 2009 and 2019, Louisiana witnessed a 9 percent reduction in its infant mortality rate. However, the distressing reality remains that inadequate access to proper healthcare has been a contributing factor to the loss of over 2,000 infant lives in Louisiana during this time frame and still remains one of the highest infant mortality rates in the world.

The average household income and poverty rate in Louisiana is $53,571 and 19.6 percent (8.5 percent higher than the national average), respectively, according to a 2021 United States Census Bureau census report. Poverty and further attacks on the working class, such as cuts to social programs and the attack on the democratic right to an abortion by the far-right dominated Supreme Court, have only contributed to this rise.

Senior Program Officer at John Hopkins’ Center for Communication Programs Tina Suliman wrote on the matter concerning maternal mortality amongst black mothers, claiming, “The maternal mortality crisis in the United States emphasizes the truth behind this declaration: It is racism, not race, that is killing America’s Black mothers and babies.”

While correctly dismissing the absurdity of any biological component to race as a driving factor, Suliman fails to address the root cause of racism, which is fundamentally a class question. It is on this basis alone that the objective, socio-economic cause for the deaths of working-class mothers and their children—the capitalist system—is revealed.

Take life expectancy as one example. As the spread of COVID-19 continues unabated, as dangerous work conditions prevail and the impoverished arbitrarily lose their health care coverage, life expectancy is a low 73.1 years in Louisiana, according to a 2020 CDC report. This is compared to the national average of 76.1 years, a figure which itself is a result of a 2.7-year decline over the course of the pandemic. Moreover, Louisiana’s leading cause of death is heart disease, while COVID-19 deaths last reported in the third quarter of 2022 were 30.9 per 100,000.

In the CBS News interview, Dr. Rebekah Gee continued, “The state of maternal health in the United States is abysmal. And Louisiana has the highest maternal mortality in the U.S. So, in the developed world, Louisiana has the worst outcomes for women having babies.”

Brittany Cavalier, a 32-year-old mother, added, “I mean, we are supposed to be one of the best countries in the world. And you’re just leaving the women out there to dry.”

To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact

© World Socialist Web Site