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Why are American mothers dying?

The Daily sits down with UWMC obstetrician to talk rising maternal mortality rates, WA health care, and Trump

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Dr. Thomas Easterling is an obstetrician at UW Medical Center who works with high risk pregnancies.

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It's no secret that maternal mortality rates in the United States are higher than any other developed country in the world, and rising. According to the Centers for Disease Control and Prevention, the number of pregnancy-related maternal deaths per 100,000 births has risen steadily over the last 35 years. From 2000 to 2013, this rate increased from 13.2 per 100,000 to 17.3 per 100,000.

But what does this mean?

I sat down with obstetric specialist Thomas Easterling, M.D. for a conversation on maternal deaths in the United States.

According to Easterling, “It’s confusing.”

Many states have only recently begun to aggressively surveil maternal deaths. Until recently, if a woman of reproductive age died, the immediate cause for her death would likely be recorded without considering an underlying cause such as a recent pregnancy or abortion.

“If you don’t have an aggressive process, you’ll miss about half the deaths,” Easterling said. “If states adopt an aggressive process, their maternal mortality will seem to be getting worse.”

But while better record-keeping may be responsible for part of the apparent increase in maternal mortality rates, other changes may be raising the rate as well.

According to Easterling, women waiting longer to have children coupled with the rise in chronic conditions — such as obesity, diabetes, and heart disease — has led to disastrous outcomes in some areas.

One such example: Texas.

Is Texas doing well in the area of maternal mortality?

In short, “No.”

Texas’s maternal mortality rate seems to have risen by 87 percent from 2006 to 2015.

“Part of it is they’re counting now,” Easterling said. “But I think the biggest determinant is access to care … [and] in part access to contraception. Because if you don’t get pregnant, you don’t become a maternal mortality.”

Texas, like many states that did not take the Medicaid expansion, has one of the highest maternal mortality rates in the country.

"If you look at a map of maternal mortality by state, and overlay the non-adopters of expanded Medicaid coverage, it's an interesting map," Easterling said.

States that did vote to expand Medicaid — states like Washington — have seen lower rates of maternal deaths.

"Every woman [in Washington] who doesn't have insurance, almost without fail, is eligible for state-sponsored health insurance," Easterling continued.

Even with Medicaid, however, women face barriers to coverage. Medicaid generally covers about 50 cents on the dollar. To combat this, Washington legislators expanded Medicaid coverage for pregnancy.

"And that expansion funds the provider at the same rate as private insurance," Easterling said.

This gives providers no incentive to discriminate against recipients of Apple Health for Pregnant Women, the arm of Medicaid that covers Washington women at least sixty days after the end of their pregnancy.

"When they first adopted this, they did financial analysis and found out they were saving money," Easterling said. "What a novel idea!"

But even with Washington's Medicaid expansion, obstetric care in this state has had its own difficulties with maternal death surveillance.

"During the Great Recession, guess what happened?" Easterling asked. "We stopped counting. There were no resources."

Legislators soon realized cuts to funding for essential surveillance measurements were harming Washington women to an extent that could never be known. Out of this dismal time for maternal healthcare came the 2016 Senate Bill 6534. It mandated, among other things, an annual report on maternal deaths in the state.

"This report is driven by a new law that mandated the counting. Now there's a timeframe, you gotta get a report out in time to give it to the legislature," Easterling said.

The law seems to be a step in the right direction.

Easterling asserted, “You can’t fix something if you don’t know what the problem is.”

The report found that from 2014 to 2015, 69 maternal deaths occurred. Causes included hemorrhage, suicide, homicide, and seizure, among many others.

But while the study seemed to boil maternal deaths down to raw numbers, Easterling mentioned that many maternal deaths across the United States could be prevented through access to abortion and contraception.

“Having only wanted pregnancies helps,” Easterling said.

But the federal government has frequently sought to limit these accesses in the past year.

Most recently, the Trump administration announced its plan to expand religious freedom protections for health care workers. Among these protections is the right to refuse to perform an abortion.

But should women really fear that if they go to an emergency room needing a life-saving abortion, they may be denied based on the doctor’s religious convictions?

“That’s not a real question,” Easterling said. “If she comes in and she’s hemorrhaging, then this pregnancy is already lost. I don’t think you find people of conscience who are saying, ‘Oh, I can’t do anything about this, she’s just gonna have to die because I can’t intervene.’”

Easterling was more concerned by hospitals that are not equipped to perform such procedures.

“A doctor who believes abortion is wrong clearly wouldn’t have the skills to perform an abortion,” Easterling said. “Compelling them to do that would be wrong. It’s one of Trump’s meaningless statements.”

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