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Black Maternal Mortality Crisis

Black maternal mortality in the United States remains a significant health crisis, according to trends in state-level mortality rates that are 2.8 to 3.8 times higher than those of non-Hispanic White women. This profound crisis has prevailed due to persistent and worsening health disparities in the past two decades, irrespective of the growing efforts to tackle this. The maternal mortality ratio for non-Hispanic Black women reached 55.3-56.3 deaths per 100,000 live births in recent years, compared to approximately 20 deaths per 100,000 for non-Hispanic White women. These inequities are seen across all socioeconomic and educational attainment levels, underscoring the fact that systemic racism as well as structural inequality drive these outcomes and not individual patient factors.

The leading cause of death among black women remains cardiovascular-related conditions, including preeclampsia, eclampsia, and postpartum cardiomyopathy. According to the American Journal of public health in 2021, obstetric hemorrhage and embolism occur 2.3-2.6 times the rate of White women. These four conditions culminate in approximately a 56% of the Black-White maternal mortality disparity. Recent trends show concerning developments; maternal mortality rates increased 27.7% between 2018 and 2022, with rates peaking during the COVID-19 pandemic in 2021. The pandemic disproportionately affected Black women, exacerbating existing disparities. Many of these deaths of Black women are preventable and require immediate and consistent interventions that tackle structural racism, improve cardiovascular surveillance during pregnancy and in the postpartum period, while ensuring equitable access to quality care and lessening the social determinants of health.



Black maternal mortality in the United States is driven by a set of common, often preventable diagnoses that disproportionately affect Black women due to systemic inequities rather than biological differences. The leading causes of death include cardiovascular conditions such as preeclampsia, eclampsia, and postpartum cardiomyopathy, as well as hemorrhage, thromboembolism, and infection. Cardiovascular disease is the leading cause of maternal death nationwide, and Black women are more likely to develop pregnancy-related heart disease and blood pressure disorders, even when controlling for socioeconomic status. These risks are further compounded by higher rates of chronic conditions such as hypertension, diabetes, and obesity, which themselves are shaped by long-standing structural inequities. Importantly, maternal death is not confined to delivery alone; approximately 20% occur during pregnancy, 23% during labor or within the first week postpartum, and a striking 57% occur between one week and one year after birth, highlighting critical gaps in postpartum care. The concept of “weathering” helps explain these disparities, describing how chronic exposure to racism and discrimination accelerates physiologic aging and increases vulnerability to severe complications such as preeclampsia, hemorrhage, sepsis, and heart failure. Implicit bias and institutional racism within healthcare systems further magnify risk, as Black women’s symptoms are more likely to be minimized, delayed, or dismissed, resulting in missed diagnoses and delayed treatment. Together, these factors create a deadly cycle in which Black women experience higher rates of severe maternal morbidity and mortality, underscoring the ethical imperative to address bias, extend postpartum care, and dismantle structural barriers within maternal health systems.



Regardless of medical advancements, an increase in the Black maternal mortality rate continues to persist. Black individuals are three times more likely to experience death related to pregnancy when compared to White individuals. Recent policy changes, unfortunately, exacerbates this disparity. Historically, efforts have been aimed at improving the Black maternal mortality rate, such as research, diversification of the healthcare workforce, federal program expansions, and diversity, equity, and inclusion (DEI) initiatives. As we experience healthcare policy changes in the United States directed at these initiatives, maternal and infant health will be significantly impacted. Despite these changes, the American Medical Association (AMA) remains committed to combating the U.S. maternal mortality rate crisis. The AMA is focused on addressing the roles that social determinants of health, the healthcare workforce, data collection, and legislation play. Their plans are directed towards expanding specialized maternity programs, such as Maternal Health and Obstetrics Pathway, urging CMS to reform reimbursement models, launching Community Health Impact Lab micro grants, and supporting legislation that increases and improves maternal healthcare.

Across socioeconomic status and educational level, this disparity prevails. Janell Ashlynn Green Smith, DNP, CNM, a midwife who advocated for her patients and actively worked to reduce racial disparities in maternal healthcare, died due to childbirth complications. Tennis player Serena Williams has also shared her experience dealing with childbirth complications while recounting enduring a pulmonary embolism. More than 80% of maternal deaths occurring within the U.S. are preventable. Safety during childbirth within the U.S. should not be an issue. We all must advocate for stark changes to be made to ensure safety for all birthing individuals.



It is vital for healthcare providers to create an environment in which each patient-reported symptom is treated as clinically significant to avoid missed diagnoses or life-threatening conditions. Many recent cases have shown Black mothers voicing concerns of shortness of breath, chest pain, or headaches without further workup. These symptoms must not be overlooked as exaggeration or typical experiences of postpartum mothers.

Healthcare providers can play an active role in advancing Black maternal healthcare through changes at their institutions and beyond. As cardiovascular disease is a leading cause of maternal death among Black women, healthcare providers can improve outcomes by standardizing blood pressure monitoring and cardiovascular risk assessment, along with extending follow-up care beyond the traditional six-week postpartum visit to facilitate earlier recognition of serious cardiovascular complications, including postpartum preeclampsia and cardiomyopathy. Beyond the clinical setting, engagement in advocacy and education, such as participation in Black Maternal Health Week led by the Black Mamas Matter Alliance from April 11 to 17, serves not only to uplift the lived experiences of patients but also to highlight solutions that support better maternal health outcomes. Through community-centered events and the intentional use of professional platforms, healthcare providers can raise awareness of maternal health disparities and promote evidence-based, culturally responsive care that improves outcomes for Black birthing people.

Reflection Questions

- What are some initiatives that hospitals and other healthcare institutions can implement to combat the Black maternal mortality rate?
- How do systemic racism and inequities in access to quality healthcare shape maternal health outcomes for Black women in the United States, and what responsibilities do healthcare systems have to address these disparities?
- How might implicit bias and institutional racism influence clinical decision-making, communication, and pain assessment in maternal care, and what steps can healthcare professionals take to actively disrupt these patterns in their own practice?
- In what ways does the concept of “weathering” challenge traditional explanations of maternal health disparities, and how should this understanding reshape postpartum care, follow-up, and accountability within healthcare systems?
- What responsibility do physicians have to use their professional platforms to address systemic contributors to maternal health disparities?
- How does participation in initiatives such as Black Maternal Health Week amplify patient voices and inform more culturally responsive care?

Helpful Links

- [CDC | Working Together to Reduce Black Maternal Mortality](#)
- [Black Mamas Matter Alliance](#)
- [Black Mamas Matter Alliance | Black Maternal Health Week 2026](#)
- [Black Maternal Health Caucus](#)
- [Pampers | Maternal Health Equity](#)
- [Every Mother Counts](#)

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