



Addressing Maternal Mortality in Texas Requires Further Extension of Post-Pregnancy Care

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For years, studies have shown a **maternal mortality crisis** in the United States. While there has been some controversy about data collection errors in previous analyses of maternal deaths, corrections of the data continue to highlight significant disparities. These disparities include stark differences across geographic regions, especially concerning women **in the Southern United States and Texas**.

In response, Texan policymakers have passed legislation and implemented health intervention programs. For examples, the **Hear Her Maternal Health** campaign is dedicated to educating women, their families, and medical professionals about how to maintain open communication in order to manage health risks and provide effective treatment for pregnancy and postpartum health issues. Additionally, the Texas Maternal Mortality and Morbidity Task Force called for **increased access to health care during the year after pregnancy**.

In 2021, the Texas Legislature passed House Bill 133 to extend Medicaid postpartum coverage to women up to six months after giving birth, a first step to addressing disparities in maternal death in the state. While any extension of health coverage for women post-birth has been a welcome sight to see, research from the Centers for Disease Control (CDC) suggests that extending coverage to a *full year* postpartum can have a significant impact in further addressing maternal mortality; while many maternal deaths occurred in the period of up to 42 days post-delivery, a not-insignificant number of deaths were counted after that phase up to a full year after birth. To ensure the continued health and well-being of Texas mothers, it is incumbent on state legislators to build on what was accomplished in 2021 and further extend Medicaid coverage to one year after birth.

Maternal Mortality Rates Remain High a Year Post-Birth

While the three leading medical causes of maternal deaths in the United States are attributed to blood clots in the lungs, hypertension, and blood loss, social scientists also point to additional structural factors such as healthcare discrimination and limited access to medical services as other key drivers. According to the CDC, more than half of maternal deaths are preventable—meaning timely management and treatment can make a real difference.

The importance of time sensitive care is further heightened in light of studies suggesting that there are significant disparities in the timing of maternal death. National data from my research shows relatively consistent rates of deaths across different time periods pre- and postpartum from 2015-2018, with 38% of maternal deaths occurring during pregnancy, 31% up to 42 days postpartum, and another 31% up to one year postpartum. My study also documents that the South has the highest rates of maternal death at all time points pre- and postpartum (during pregnancy, up to 42 days postpartum, and up to one year postpartum) compared to other geographic regions. In Texas, my data from 2015-2018 show that 62% of maternal deaths occurred when the mother was pregnant at the time of death (which includes death at time of labor and delivery), 22% of the deaths occurred 42 days after pregnancy and 16% occurred up to a year postpartum. While data from Texas show that maternal deaths seem to taper off the farther away you get from birth, cutting off insurance coverage at 6-months postpartum sets an arbitrary—and deadly—line past which the state of Texas officially stops caring for vulnerable mothers. The Texas Maternal Mortality and Morbidity Task Force noted the significance of accessible health care in preventing maternal deaths. Extending Medicaid coverage up to a year postpartum would provide affordable and accessible lifesaving medical services to many Texas women that could significantly reduce their risk of death.

Further Extend Medicaid Coverage for New Mothers

Texas prevents most low-income adults from accessing Medicaid, contributing to the largest number of uninsured Americans of any state in the country, and thus blocking vulnerable community members from seeking critical and usually expensive treatments for health issues.

For those who are able to access Medicaid, problems still persist. According to Texas Health and Human Services, the majority of Texas beneficiaries are women, and data show that **64% of adult women with Medicaid coverage are in their reproductive years**. On top of this, women generally have lower incomes than men and are more economically vulnerable to disruptions of care. Therefore, while some women are eligible for Medicaid coverage during their pregnancies, it will be near impossible for them to access and afford adequate healthcare services after their coverage period terminates.

Extending Medicaid coverage for pregnant women to six months postpartum was a significant step in addressing high rates of maternal mortality in Texas in the early postpartum period. Texas Medicaid recipients, who are some of the most vulnerable people in the state, could see improved maternal mortality outcomes in the latter half of their first year after the birth of a child while also receiving an extra six months of health care that could save their lives *and* state dollars, since non-pregnancy-related health issues will more likely be discovered and treated before they become more complex and expensive. To help our mothers make it a full year and beyond, state legislators need to extend Medicaid coverage up to a year postpartum to allow continuous healthcare access during a critical time after childbirth. As **Texas Care for Children** states, “healthy families start with healthy mothers.”

Data and analysis for this brief are drawn from the author’s in-process research.