



A Philosophy-Informed Policy Approach to Improving Maternal Mortality Statistics

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Health disparities in the United States negatively impact millions nationwide. This health crisis disproportionately affects Black pregnant birthing people, who face a mortality rate three to four times higher than their white counterparts due to preventable pregnancy-related complications. Since 2018, this stark disparity, often termed "[Black maternal mortality](#)," has gained widespread recognition as a critical public health issue, drawing attention from both experts and the general public. Research into maternal care disparities has increased, and necessary attention is being turned to [community activist groups](#) who have been engaging in grassroots-level work for decades.

Despite the increased knowledge and support of grassroots organizations, as well as the increased qualitative tools of researchers, maternal mortality statistics have not improved among Black maternal people in the United States. The World Health Organization's (WHO's) 2023 [Trends in maternal mortality from 2000 to 2020](#) revealed that the United States reported the worst maternal mortality statistics of any developed nation. In 2020, 861 maternal deaths in the United States were reported. In 2021, 1,205 maternal deaths were reported. In both years, Black birthing people's deaths were the [highest](#) of all racial and ethnic groups, "69.9 deaths per 100,000 live births, 2.6 times the rate for non-Latinx White people (26.6)." While maternal deaths among any racial and ethnic group in the United States are a moral wrong, deaths among Black birthing people highlight the moral depths of the maternal mortality crisis.

Data scientists and public health practitioners continue to identify the disparities and breaks in systemic infrastructure contributing to this health crisis. Task force reports like the [Heckler Report](#) were published to document the expansiveness of health disparities and inequities. [Unequal Treatment](#) named the role systemic racism plays in health disparities. While numerous [federal policies, legislation, and executive orders](#) have been created to improve the health of marginalized communities, the academic study of religion can offer another lens. A [comprehensive strategy](#), informed by philosophy and focusing on person-centered care and moral approaches to healthcare—following the tradition of [Jacques Maritain](#)—indicates that [cultural competency](#) among clinicians will not singularly solve problems of racial and gender bias in the United States healthcare system. This philosophical approach emphasizes the importance of understanding and respecting the individual's values and beliefs in healthcare, which can contribute to more equitable care delivery.

Black Birthing People are Dying Disproportionately

As a society, we need to shift our healthcare focus from the healthiest communities to the standard of health. This will allow us to understand better the needs and [barriers](#) at-risk communities must overcome to reach a basic standard of health. Marginalized shifts will promote a more inclusive and equitable healthcare system where communities are equal in humanity and personhood to dominant social groups.

One way to help lower the national maternal health crisis is by improving medical education, acknowledging that the clinical encounter is not free of “isms” and biases, and improving cultural competency, ethics, and preventative health interventions. Improved education can address power dynamics and systems of oppression patients face while cultivating shared morals and desired health outcomes between clinicians and patients. A direct example that can stem from acknowledging systems of oppression would be the reduction in premature [aggressive interventions](#) or under-care often experienced by Black birthing people. Another important example is training in increased usage of [obstetric toolkits](#) as preventative measures for common pregnancy complications. Educating medical students using kits has been proven to reduce obstetric hemorrhaging and the gaps in [survival rates](#) across multicultural communities.

Expansion of Healthcare Funding

The [United Nations and World Health Organization](#) have urged the United States to increase government expenditures on health above the minimum required. Medicaid covers the majority of Black birthing people's [care](#) in the United States. If all states expanded Medicaid coverage from sixty days postpartum to one year postpartum, birthing people would have coverage for numerous postpartum appointments and long-term reversible contraceptives to avoid unintended pregnancies. Alongside expanded insurance coverage, healthcare funding could be redistributed to support expanded training and care for midwives and doulas. [Research](#) shows that birthing people with access to continuous pregnancy and postpartum care led by doulas and midwives experienced fewer cesarean sections, improved breastfeeding outcomes, and increased access for providers to assess social needs (e.g., housing, food, domestic violence support).

Improving Maternal Health Outcomes

A standardized process would create and promote consistency across collected data points instead of the United States's current [model](#) of allowing states to share whatever information they choose. By encouraging hospitals to opt-in to sharing patient discharge reports and perinatal care [performance metrics](#), our healthcare system can begin housing real-time insights into birthing successes and complications. Once analyzed by state-based teams trained similarly, quality improvement tools can be developed to address specific gaps in care and contributors to health disparities. [Actions](#) to reduce gaps in care can include obstetric unit-based drills followed by debriefs, patients' risk assessments, and steady vitals measurements.

Refocusing our lens on marginalized communities, like Black birthing people who are burdened with disparities and inequities, demands the American people to rethink what we owe to one another. As individuals with inherent human dignity and fundamental rights, birthing people deserve an equitable healthcare system that prioritizes their well-being. A deeper philosophical understanding of our shared humanity can guide society in developing concrete measures to enhance all individuals' health, lives, and overall well-being.