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Did you know?

In the United States, the rate of women dying from maternal causes is growing significantly. The maternal mortality rate for Indigenous and Black people is two to three times higher than that of white women. Meanwhile, birthing parents face climbing out-of-pocket costs for labor and delivery care and declines in available labor and delivery services.

Here is the latest:

According to data from the CDC, the U.S. maternal mortality rate increased from 20.1 deaths per 100,000 live births in 2019 to 32.9 per 100,000 in 2021. Black and American Indian Alaskan Native (AIAN) maternal mortality rates rose considerably more than the national average. In fact, the maternal mortality rate for Black people was 69.9 per 100,000, which is the highest rate among all ethnic groups and more than two-and-a-half times or 250% higher than the rate of maternal mortality for white people. Meanwhile, climbing out-of-pocket costs for maternity and labor and delivery care for those with employer sponsored insurance have been documented and reinforced with more recent findings from the Health Policy Commission in Massachusetts.

This is occurring at a time in which maternal healthcare resources are disappearing. New data from the March of Dimes reflected that the U.S. saw a 4 percent decline in hospitals with labor and delivery services between 2019 and 2020. Moreover, preventable maternal deaths are rising. The CDC estimates that eighty-four percent of pregnancy-related deaths in the United States are preventable.

What does this mean for New Hampshire?

In alignment with other troubling national trends, New Hampshire’s leading cause of pregnancy associated deaths is substance use overdose, with mental health and substance use disorder identified as the main contributing/underlying causes. Moreover, the racial and ethnic maternal health disparities seen at the national level exist in New Hampshire as well. The NH maternal morbidity rate is higher for black women than any other ethnicity in the state and the overall state data around severe maternal illnesses points to similar racial and ethnic disparities in
maternal health in New Hampshire. (Racial and ethnic maternal mortality data is not publicly available in New Hampshire due to small numbers and concerns about data privacy.)

A scarcity of maternal health resources is growing in New Hampshire as well. According to the Urban Institute, as of 2021, nine out of sixteen rural hospitals in New Hampshire had closed their labor and delivery (L&D) units since 2000, significantly reducing access to labor and delivery services in New Hampshire’s rural regions. Press reports in 2022 and 2023 indicate that the current number of maternity ward closures in the Granite State is up to 11.

New Hampshire has taken steps to strengthen maternal health with the recent enactment of twelve-months of continuous coverage for postpartum women in Medicaid. New Hampshire Medicaid is also strengthening the health benefits for postpartum women so that they now include coverage of donor breast milk, lactation services, and doula services. Improvements to maternal health benefits in Medicaid are significant because in New Hampshire, Medicaid covers 23% of all births.

Further work is needed to improve maternal morbidity and mortality in New Hampshire. Preserving labor and delivery resources, continuing and expanding supports for the behavioral health needs of pregnant and post-partum people, and examining out-of-pocket costs of maternity care and labor and delivery care in New Hampshire are potential areas of focus.