Maternal Health

Becoming a new mother should be a time of celebration and joy. Yet for too many Texas women, the journey to motherhood is perilous and potentially deadly. According to new data from the state’s panel of maternal health experts, too many women die during pregnancy or the year following, though 9 in 10 of these deaths were potentially preventable.

Alarmingly, black women account for 31% of maternal deaths but only 11% of births. For every maternal death, 50 to 100 women suffer a severe illness or complication, which can interfere not only with a new mother’s ability to care for her baby – but also may influence her child’s development.

Without question, many factors contribute to poor maternal health – chronic disease, systems of care, socioeconomic status and community. Each must be addressed through collective, complementary efforts among physicians, hospitals, community organizations, faith leaders, public health entities, and all levels of government. But the number one factor Texas can and must address is ensuring that women have access to comprehensive health care coverage across their reproductive lifespans.

Healthy pregnancies do not begin at conception. Early identification, treatment, and management of chronic diseases in the years before pregnancy is crucial to better maternal and infant health outcomes. Once a woman gets pregnant, it is much harder and costlier to manage a chronic condition. Chronic conditions such as diabetes and hypertension not only can result in serious pregnancy-related complications but also birth defects – even if the mother obtained early prenatal care. Likewise, following childbirth, women need ongoing treatment throughout the “fourth trimester” – the year following delivery – to identify and treat any underlying chronic health conditions or complications that might arise.

Too often, uninsured women struggle to obtain needed care. Medicaid provides coverage during pregnancy, but its coverage ends 60 days postpartum coinciding with the timeframe in which nearly 1 in 3 maternal deaths occurs. The state’s women’s health programs – the Family Planning Program (FPP), Healthy Texas Women (HTW), and the newly launch HTW Plus – fill important gaps and advance Texas’ efforts to improve maternal health. But, their limited benefits mean women with multiple complex conditions will not get the recommended care they need. Comprehensive coverage matters most.

Pre-pandemic, 25% of Texas working-age women lacked health insurance – a number that certainly has grown due to job losses and corresponding health insurance. Thirty-nine states, including all of Texas’ neighbors – Arkansas, Louisiana, Oklahoma, and New Mexico – have extended comprehensive coverage to working-age parents and adults. Women living in these states have better and lower cost health outcomes, including fewer maternal complications and deaths.

Health inequity, the “health differences that are avoidable, unnecessary, and unjust” further undermine maternal health and increase health care costs. Women of color and women living in low-wealth communities suffer disproportionately from these disparities, including higher chronic disease burden and less timely care. Health care coverage throughout a woman’s lifespan greatly diminishes these gaps, resulting in better health care outcomes for mothers and infants. But health care alone does not improve health.
Texas also must address the non-medical factors such as food insecurity, unsafe housing, domestic violence, and systemic racism which make motherhood unnecessarily risky for too many women.

**Legislative Recommendations:**

- Extend comprehensive coverage to low-income uninsured working-age adults.
- Provide 12 months comprehensive postpartum coverage.
- Maintain robust funding for Texas’ women’s health programs.
- Preserve funding for TexasAIM, a state-run collaborative with hospitals, physicians, and nurses to advance the adoption of proven maternal safety protocols.
- Reduce health inequality by screening, connecting, and coordinating care across medical and social domains throughout a woman’s lifespan.

ENDNOTES

2. Ibid
3. *Obesity and Pregnancy*, American College of Obstetricians and Gynecologists
4. Ibid. Data are for the year 2013, the most recent cohort reviewed by the review committee.
7. *Adoption of Medicaid Expansion is Associated with Lower Maternal Mortality*, Erica L. Eliason, MD, Women’s Health Issues, Feb. 25, 2020
8. *What Are Health Disparities and Health Equity? We Need to Be Clear*, Paula Braverman, MD, MPH
Partnership for a Healthy Texas
Travis County Medical Society
Texas Department of State Health Services
Bexar County Medical Society
Cancer Prevention and Research Institute of Texas
Harris County Public Health

RESOURCES

MD Anderson Cancer Center
Michael and Susan Dell Center for Healthy Living,
UT School of Public Health in Austin

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Travis County Medical Society
Texas Department of State Health Services