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An Aim to Reduce Maternal Mortality in The United States

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Abstract

Maternal death rates are a major public health concern in the United States since they are nine times higher than those of other high-income nations. The World Health Organization outlines maternal mortality as a woman dying during pregnancy, giving birth, or within 42 days of ending her pregnancy as an outcome of issues related to her pregnancy. The nationwide trends, underlying reasons, racial and ethnic disparities, and evidence-based tactics to decrease maternal fatalities in the United States are all studied in this review of the research. Key clinical and systemic drivers were recognized using thematic synthesis analysis of peer review papers published between 2018 and 2025. Results indicate that a great number of maternal deaths are preventable and regularly connected to cardiovascular illness, mental health issues, obstetric hemorrhage, and hypertensive disease. African American having excessively higher death rates, there are still notably racial disparities that emphasis the result of systemic racism and unfair access to and quality of healthcare. Planned emergencies procedures, early and regular prenatal care, prolonged postpartum follow-up, training on unconscious bias, and community-based care representations are examples of effective initiatives. A thorough equity- focused strategy that enhances clinical practice, addresses social determinants of health, and removes structural obstacles in healthcare delivery is needed to decrease maternal mortality.

Keywords

Maternal; Mortality; Maternal Mortality; Healthcare; Maternal death.

Introduction

Maternal mortality is one of the most widespread and rapidly growing Health disparities in America today, and just overall globally. The World Health Organization defines Maternal Mortality as the death of a

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woman during pregnancy, childbirth, or within 42 days of termination of a pregnancy due to complications. Maternal mortality (rates) reflects the quality of care in a nation's overall health. Also, an indicator of broader political, social, and economic issues. Despite many advances in medicine throughout the years to try to increase the awareness of maternal health, the United States continues to experience a much higher mortality rate than other countries.

Data from the Centers for Disease Control also reported that many of these deaths are due to issues which are preventable which in turn put into play that health care access, quality and policy still have a large role in results for mothers and infants. What we see is a very persistent issue in different population groups. Maternal mortality does not impact all women the same; we see large scales of difference by race, socioeconomic status, age, and geographic location. Black women for instance report much greater rates of pregnancy related complications and death which still play out even when we look at income and education.

These disparities point to larger system wide issues of structural racism, implicit bias in health care, and access to quality prenatal and postpartum care. Also, we see that severe maternal morbidity and life-threatening complications during pregnancy or childbirth is a red flag for mortality which in turn stresses the case for early intervention and comprehensive care. This study will analyze specific trends and causes of maternal mortality in the U.S. which we will also put in the context of ongoing health disparities within at-risk groups. We'll also look at what works in terms of clinical practices and public health policies which could in turn result in a reduction in the number of maternal deaths. In the end, what we need is a system-wide shift which is equitable, transforms health care delivery, and most importantly sees to it that all women have access to safe and high-quality health care before, during and after pregnancy.

Reducing maternal mortality rates in America requires more than just advancements in clinical treatment. But more complex and firm approaches that address the root of the problem and start at clinical care, increasing awareness, social determinants of health, and the public health infrastructure.

Methods

A literature search was conducted to collect information and data referring to "An aim to reduce maternal mortality" in the United States. Peer reviewed journal articles between 2018 and 2025 were reviewed and chosen, based on data from recent research. PubMed, Google scholar, and reputable medical and public health journals were used as databases to be used in this research. Key words that were used to help find relevant articles were: "Maternal Mortality", "Solutions", "Disparities", "Trends", and "Determinants". Key articles used in this review are work by Howell (2018), Joseph (2021), Wang (2023), Souza (2024), Toval (2024), Mayrink (2025), and many other authors. These references were chosen based on the relevance to maternal mortality trends, disparities, and strategies.

The inclusion criteria for this review contains findings that look into national and regional trends related to causes of death within maternal mortality. They were classified using the ICD-MM framework, evidence based clinical interventions, primary care and preventive, and racial and ethnic disparities. All of the studies focus on prioritizing clinical and systemic determinants within maternal mortality. The exclusion criteria ruled out sources that focused on maternal mortality outside the United States, any publications

without policy relevance, and studies that were published before 2018.

A thematic analysis was conducted by thematic synthesis of recurring patterns and key concepts from literature reviews. Articles were put into crucial categories, including causes of maternal mortality, disparities and determinants, and clinical and system level interventions that aim to reduce maternal mortality. These themes were recognized based on the depth of the discussion between the resources and if an aim for maternal mortality, racial and ethnic disparities, method and strategies was the focus. This approach allows a clear understanding of the maternal mortality crisis and pushes for development of actionable solutions.

Results

Examination of the available literature provides a troubling, ongoing picture of maternal mortality rates across the United States. Longitudinal examinations by Wang et al. (2023) and Joseph et al. (2021) confirm that maternity-related mortality is already overflowing the cliff, with a current national rate estimated at greater than 32 deaths per 100,000 childbirths. (CDC, 2023). These figures are not an improvement in watchfulness or health data collection but represent a measurable increase in clinical risk. Regional and age-specific gaps further accentuate the disparity across the country. Karaye et al. (2024) identify critical location hotspots with mortality rates markedly higher in the Southern states and among older females aged over 35. This exceptionally high hazard is even intensified by older maternal age, increased Rates of comorbidities, and profoundly seated healthcare access inequality. International comparisons highlight domestic gravity. While other high-income countries have managed to decrease maternal mortality, the United States continues to be an outlier, with rates nearly three-times exceeding peer countries (Souza et al., 2024).

Using the International Classification of Diseases Maternal Murder (ICM)-MM framework, scientists have simplified several persistent clinical factors that often play a role in the etiology of maternity decay (Alipour et al., 2023). Hypertensive disorders such as preeclampsia and eclampsia remain widespread participants recognized for being stochi-predictable, avoiding death with early screening and uncompromising care (Belizán et al., 2021).

Beyond hypertension, obstetric hemorrhages are another fatal cause; particularly during the postpartum period, where delayed diagnosis or insufficient emergency response may be a saving factor. Cardiovascular disorders, such as cardiomyopathy, and thromboembolic disease, signify an evolving burden, indicative of the rising prevalence of chronic disease in expectant mothers (Joseph et al., 2021). With the advent of mental health indicators, the umbrella of maternal mortality is growing to include cognitive vulnerabilities. Aspects such as addiction and suicide emerge in this area, as the key contributors to mortality by extending the academic frame of maternal health beyond obstetric afflictions (Gilliam et al., 2024).

Like many alarming aspects of the American maternal healthcare landscape, race and ethnic disparities are a defining and catastrophic trait. Black females possess a death probability approximated to six-fold that of White females, a disparity persistently evident after controlling for socioeconomic location and education (MacDorman et al., 2021).

These disparities have their deepest roots in the existence of structural racism and unconscious cognition within healthcare institutions (Montalmant & Ettinger, 2024). As these inequities persist across all incomes and coverage segments, it's evident that the issue is hardly about access but about the quality of care and the clinical response for disadvantaged individuals. With Intersectionality further complicating these outcomes, the intersection of racial identity, socioeconomic vulnerabilities, and mental health status creates a compounding effect that exacerbates the risk throughout the fragile post-partum year (Gilliam et al., 2024).

Maternal mortality far extends beyond the clinical environment. Social determinants of wellbeing, ranging from income inequality to neighborhood volatility, housing instability, and structural disparities, exist in one's vulnerability to succumb in the first instance (Souza et al., 2024). The deficiency in care accessibility in states that lack the Medicaid expansion and rural areas whose hospitals shut loro remains a barrier to equity.

Disrupted care and insurance gaps are a typical cause thereof, resulting in a notable lack of continuity and management of chronic conditions. Aside from the institutional level, delayed emergency identification and lack of evidence-based guidelines have resulted in numerous preventable mortalities. Additionally, issues of communication gaps within the hospital system are often highlighted as one of the significant systemic vulnerabilities that hamper patient safety and the scales of escalation.

Standardized emergency protocols, such as hemorrhage bundles and rapid response systems, have proven to be effective in reducing severe morbidity (Samara et al., 2024). Simulation training and safety bundles ensure the timely identification of life-threatening complications and management within the critical opportunity period. Prevention and management of their high impact strategies, such as monitoring blood pressures early on and administering high risk individuals use of low dose aspirin prophylaxis (Belizán et al., 2021).

In addition, there is a high importance of postpartum follow up within the first year as this enables a clinician to monitor latent symptoms and intervene with complications that occur towards the end of this period, for example, cardiovascular disease and mental health crises. Furthermore, continuity of care between obstetricians and primary care providers is noteworthy, as this helps in managing the long-term health of a newly delivered woman after the immediate delivery period.

Interventions like implicit bias training of the clinical staff and the incorporation of community-based care models seem to be paramount to mitigate the racial gap. Services that are led by midwives and supported by doulas appear highly efficient in enhancing patient satisfaction for underserved populations and reducing adverse outcomes (Toval et al.,2024). Social programs that are culturally responsive and centered around the Black birthing people are highly efficient at overcoming structural barriers to care.

Discussion

The purpose of this research was to acknowledge and develop solutions to reduce maternal mortality. According to the results, the national rate of maternal mortality shows that the number of deaths is high compared to that of childbirths. This information attests to the importance of pushing maternal mortality.

Furthermore, decreasing the number of maternal related death outcomes is possible however the U.S. continues to be an outlier in relation to its counterparts. While clinical issues have been detected, Social Determinants of Health persist, including access and quality of healthcare and the social and community context. The SDOH reflects systemic inequities rather than just biological health outcomes.

Many clinically related causes can be prevented or identified early. With the use of ICD-MM structures several common factors have been identified to include hypertension, obstetric hemorrhage, cardiovascular disorders, and mental health. Effective clinical approaches to reduce morbidity involve proactive and emergency procedures such as simulation training, safety bundles, and monitoring blood pressure. Hypertension disorders and hemorrhaging can be predicted or identified early through these protocols. In addition, ensuring that symptoms are monitored require consistent prenatal care and postpartum follow ups which can then determine that necessary interventions are emplaced. Acknowledging mental health conditions such as suicide and substance abuse further exhibit the importance of post-partum care for at least a year after giving birth.

In the United States, one of the most prominent issues of maternal mortality is the existence of racial disparities. The probability of death for Black women is higher than that of White women while also considering socioeconomic location and education. This data is evidence that socioeconomic disparities are not solely the cause but are deeply rooted in systemic racism and bias. Managing racial disparities requires reform within clinical spaces. Implicit bias training and community-based care models have proven to reduce adversity.

Conclusion

Maternal mortality in the United States exposes composited public health issues. In which, many of the issues are preventable. Prioritizing early identification or interventions of clinical health conditions is crucial in reducing mortality and morbidity. Additionally, substantial culturally responsive social programs and the implementation of community-based interventions are imperative to address constant racial and ethnic disparities. A consolidated approach including better clinical care practices, public health systems, and equity-based rectification is required in improving maternal health outcomes. Overall, without improving systemic issues such as racism, maternal mortality will continue to be a public health crisis.

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