

David Whitaker, Esq.  
Director  
Irvin Corley, Jr.  
Executive Policy Manager  
Marcell R. Todd, Jr.  
Director, City Planning Commission  
Janese Chapman  
Director, Historic Designation  
Advisory Board

John Alexander  
Roland Amarteifio  
Megha Bamola  
LaKisha Barclift, Esq.  
Nur Barre  
Paige Blessman  
M. Rory Bolger, Ph.D., FAICP  
Eric Fazzini  
Christopher Gulock, AICP


# City of Detroit

## CITY COUNCIL

LEGISLATIVE POLICY DIVISION  
208 Coleman A. Young Municipal Center  
Detroit, Michigan 48226  
Phone: (313) 224-4946 Fax: (313) 224-4336

Derrick Headd  
Marcel Hurt, Esq.  
Kimani Jeffrey  
Edward King  
Jamie Murphy  
Kim Newby  
Analine Powers, Ph.D.  
Laurie Anne Sabatini  
Rebecca Savage  
Ryan Schumaker  
Sabrina Shockley  
Renee Short  
Thomas Stephens, Esq.  
Timarie Szwed  
Dr. Sheryl Theriot  
Theresa Thomas  
Ashley A. Wilson

**TO:** COUNCIL MEMBERS

**FROM:** David Whitaker, Director   
Legislative Policy Division Staff

**DATE:** May 4, 2022

**RE:** **Black Maternal Mortality Rate**

This report is in response to the request received from Council Member Angela Whitfield-Calloway regarding the Black Maternal Mortality Rate in the City of Detroit. About 700 women die each year in the U.S. as a result of pregnancy or delivery complications.<sup>1</sup> This report reviews a number of studies and data from the Michigan Department of Health and Human Services Department.

### General Overview

The startling national statistics from the Center for Disease Control and Prevention indicates that Black women are three to four items more likely to die from pregnancy-related issues than white women.<sup>2</sup> A pregnancy-related death is defined as the death of a woman that occurs during pregnancy or within one year of the end of pregnancy due to pregnancy complications, such as

---

<sup>1</sup> Center for Disease Control and Prevention. *Pregnancy Related Deaths*.  
[https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-relatedmortality.htm](https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-relatedmortality.htm)

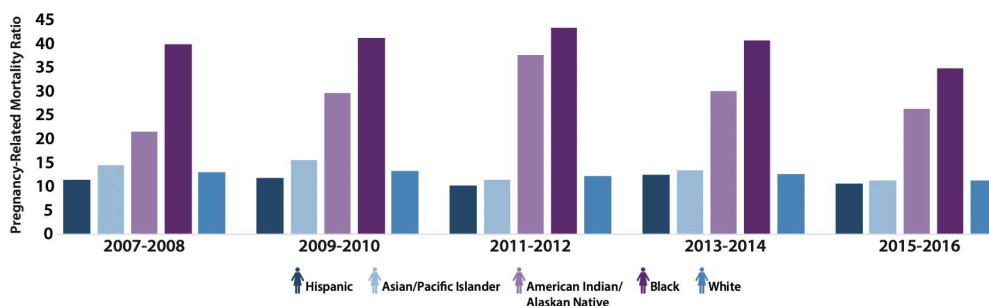
<sup>2</sup> Center for Disease Control and Prevention. *Reproductive Health – Preventing Pregnancy-Related Deaths*,  
[https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-relatedmortality.htm](https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-relatedmortality.htm)

anemia, urinary tract infections (UTI), mental health conditions, hypertension, diabetes, obesity and weight gain, infections, and Hyperemesis Gravidarum (morning sickness).<sup>3</sup>

Overall, American women are more likely to die from causes related to childbirth or pregnancy than in any other developed nation and half of these deaths are preventable.<sup>4</sup> The problem is getting progressively worse; the national maternal mortality rates having doubled between 1990 and 2013, with Michigan ranking 30<sup>th</sup> out of 50 states in terms of the highest maternal mortality rates.<sup>5</sup>

## Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016

Data confirms significantly higher pregnancy-related mortality ratios among Black and American Indian/Alaskan Native women. These gaps did not change over time.



**700** About 700 women die each year in the U.S. as a result of pregnancy or its complications.

**2-3x** American Indian/Alaska Native and Black women are 2 to 3 times as likely to die from a pregnancy-related cause than white women.

CDC Infographic: Racial/Ethnic Disparities in Pregnancy-Related Deaths-U.S. 2007-2016

According to the Maternal Health Task Force at the Harvard University Center of Excellence in Maternal and Child Health (MCH), although the U.S. spends more than any country on hospital-based maternity care, the U.S. maternal mortality ratio (MMR) remains at about 17 deaths per

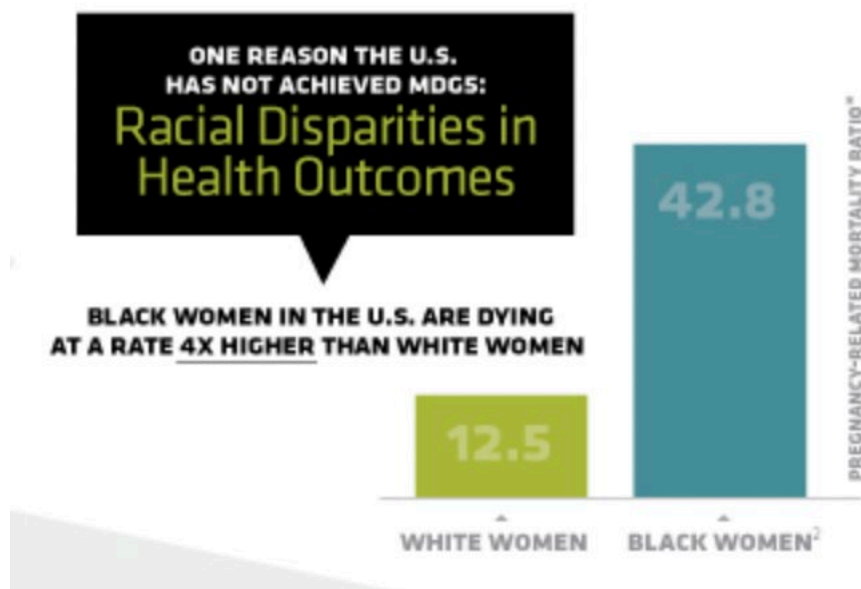
<sup>3</sup> Center for Disease Control and Prevention, *Reproductive Health – Pregnancy Complications*, [https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregcomplications.htm](https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregcomplications.htm)

<sup>4</sup> Robin Bravender, Michigan Advance, 'We Have An Emergency': U.S. Panel examines Black Mothers, Babies Dying in Michigan. Jan. 29, 2020. <https://michiganadvance.com/2020/01/29/we-have-an-emergency-u-s-house-panel-examines-black-mothers-babies-dying-in-michigan/>

<sup>5</sup> American Health Rankings, Health of Women and Children, [https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/overall\\_hwc\\_a/state/ALL](https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/overall_hwc_a/state/ALL)

100,000 live births; with Black women having 41 deaths per 100,000 live births versus 13 deaths per live births among white women, as of 2010.<sup>6</sup>

The Maternal Health Task Force (MTHF) identified that Women of Color had poorer access to high quality reproduction health information and services, were discriminated against in the healthcare system, and experienced higher rates of disrespect and abuse. Also, the MTHF identified that stress associated with situational experiences of racial discrimination and poverty were associated with an increased risk of negative prenatal outcomes, including preterm birth and infant death for Black women.



Source: *Maternal Health Task Force: Maternal Mortality in the U.S., 1990-2015*

Following decades of decline, maternal deaths began to rise in the United States around 1990—a significant departure from the world’s other affluent countries. By 2013, rates had more than doubled. The CDC now estimates that 700 to 900 new and expectant mothers die in the U.S. each year, and an additional 500,000 women experience life-threatening postpartum complications. More than half of these deaths and near deaths are from preventable causes, and a disproportionate number of the women suffering are black.<sup>7</sup>

### Michigan

In Michigan and across the United States, even when controlling for age, socioeconomic status, and education, Women of Color face a higher risk of death from pregnancy complications.<sup>8</sup> From

<sup>6</sup> Maternal Health Task Force, Harvard University Center of Excellence in Maternal and Child Health (MCH), *Maternal Health in the United States*. <https://www.mhtf.org/topics/maternal-health-in-the-united-states/>

<sup>7</sup> Harvard Public Health (Amy Roeder, Winter 2019). *America is Failing Its Black Mothers*. [https://www.hsph.harvard.edu/magazine/magazine\\_article/america-is-failing-its-black-mothers/](https://www.hsph.harvard.edu/magazine/magazine_article/america-is-failing-its-black-mothers/)

<sup>8</sup> Centers for Disease Control and Prevention (CDC). (2015). Unintended pregnancy prevention. Retrieved from: <https://www.cdc.gov/reproductivehealth/unintendedpregnancy/index.htm>

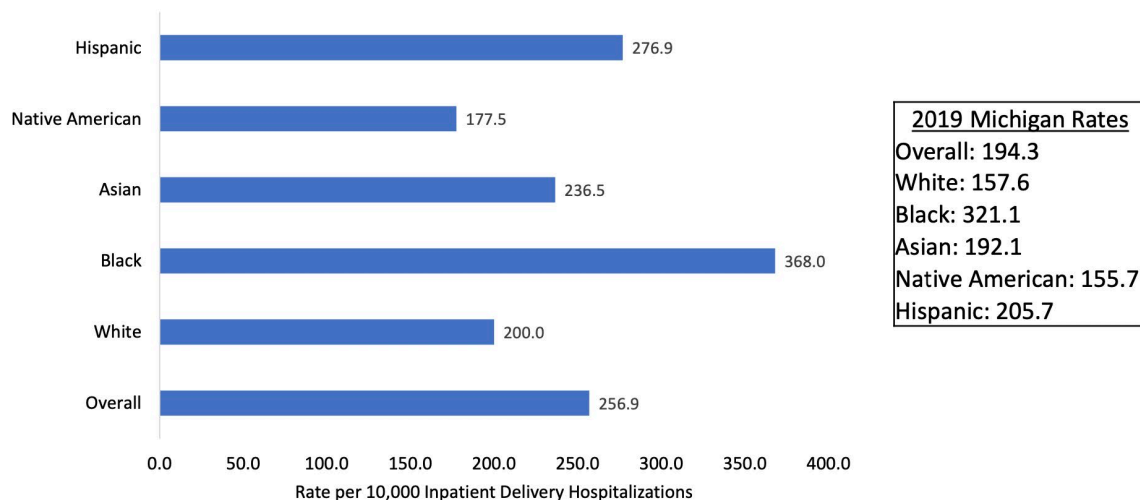
2011-2015, in Michigan Black, non-Hispanic women were three times more likely to die from pregnancy-related causes than White, non-Hispanic women.<sup>9</sup>

The Michigan Maternal Mortality Surveillance (MMMS) Program identifies all maternal deaths that take place in Michigan. MMMS reports that in the State of Michigan about 80 women die each year during pregnancy or within one year after pregnancy.<sup>10</sup> The main goals of MMMS are to achieve healthier pregnancies for women of all backgrounds and to decrease the number of maternal deaths in Michigan by:

- Recording all of the maternal deaths in Michigan
- Figuring out why these deaths are occurring
- Forming recommendations to decrease the number of maternal deaths
- Improving pregnancy outcomes for people of all races, income levels, and education levels

Michigan has reduced its pregnancy-related mortality rate from 17.5 per 100,000 live births in 2011 to 14.1 per 100,000 in 2016.<sup>11</sup> Despite these advances, the Mother Infant Health & Equity Improvement Plan (MIHELP) 2022-2023 reports that Michigan women, infants, and their families continue to face deeply embedded systemic inequity, social biases, and related stressors that are closely associated with adverse health outcomes. More often, African American women and infants are experiencing disparate outcomes. These systemic inequities result in disparities in both maternal and infant outcomes.<sup>12</sup>

### Severe Maternal Morbidity, Prosperity Region 10, 2019 (rate per 10,000 delivery hospitalizations)



<sup>9</sup> Michigan Department of Health and Human Services (MDHHS), Division for Vital Records and Health Statistics, 2010-2017

<sup>10</sup> Michigan Dept. of Health and Human Services. *Michigan Maternal Mortality Surveillance (MMMS) Program 0 Information for the Public*. <https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/mmms/public/michigan-maternal-mortality-surveillance-mmms-program-information-for-the-public>

<sup>11</sup> Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, 2010-2017.

<sup>12</sup> Mother Infant Health & Equity Improvement Plan (2020-2023). [https://www.michigan.gov/documents/infantmortality/FINAL\\_MIHEIP\\_665052\\_7.pdf](https://www.michigan.gov/documents/infantmortality/FINAL_MIHEIP_665052_7.pdf)

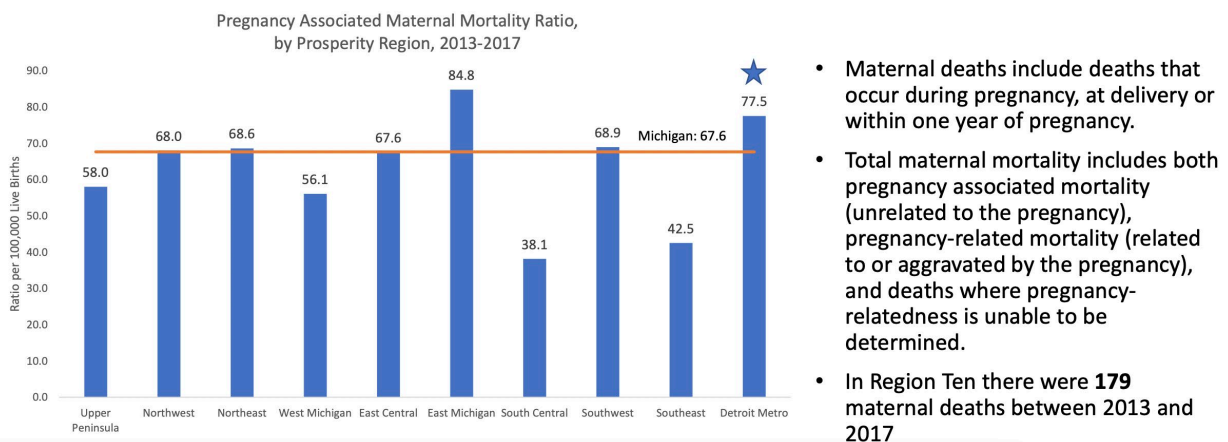
Source: Michigan Dept. of Health and Human Services (MDHHS) – Division of Vital Records and Health Statistics. Prepared by Maternal and Child Health (MCH) Epidemiology Section (June 2021). For Prosperity Region 10, which include the City of Detroit. [https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder4/Folder19/Folder3/Folder119/Folder2/Folder219/Folder1/Folder319/PR10\\_RPOC\\_Data\\_Meeting\\_Final.pdf?rev=e776eac8b47498d962a4a7a5641f8c9&hash=25FE7FF7FF56C71662F53C43E35EEE41](https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder4/Folder19/Folder3/Folder119/Folder2/Folder219/Folder1/Folder319/PR10_RPOC_Data_Meeting_Final.pdf?rev=e776eac8b47498d962a4a7a5641f8c9&hash=25FE7FF7FF56C71662F53C43E35EEE41)

MIHELP identifies “social determinants of health and equity” as the economic and social conditions/systems that influence the health of individuals and communities. The conditions and systems under which people are born, grow, live, work, and age. Researchers estimate that only 20 percent of the modifiable factors that impact overall health are attributed to clinical care, such as prenatal care and the quality of health care services.<sup>13</sup> An additional 30 percent are attributed to health behaviors, such as tobacco use and nutrition, and 50 percent are attributed to the social, economic, and physical environment (social determinants of health and equity), which include housing, transportation, education, and income. Disparities exist in the social determinants of health, as a result of the systemic inequities.

### Detroit

The *Michigan Advance* reports that Detroit’s maternal death rate is three (3) times the national average and pregnant Black women are 4.5 times more likely to die than non-Hispanic white women. And 44% of pregnancy-related deaths were preventable, according to a recent analysis by the Michigan Maternal Mortality Surveillance Committee (MMMS).<sup>14</sup>

## Maternal Mortality Ratio, Prosperity Region 10, 2013-2017 (ratio per 100,000 live births)



Source: Michigan Dept. of Health and Human Services (MDHHS) – Division of Vital Records and Health Statistics. Prepared by Maternal and Child Health (MCH) Epidemiology Section (June 2021). For Prosperity Region 10, which include the City of Detroit. <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder4/Folder19/Folder3/Folder119/Folder2/Folder219/Folder1/Folder319/PR10>

<sup>13</sup> Robert Wood Johnson Foundation. (2018). About RWJF. Retrieved from: <https://www.rwjf.org/en/about-rwjf.html>

<sup>14</sup> Susan J. Demas, Michigan Advance (Jan. 29, 2020). *Exclusive: 44% of Michigan Maternal Deaths are Preventable. Whitmer Has a Plan for That.* <https://michiganadvance.com/2020/01/29/exclusive-44-of-michigan-maternal-deaths-are-preventable-whitmer-has-a-plan-for-that/>

## Prevention

Many factors contribute to pregnancy related health outcomes. Recommendations for prevention are multi-faceted.

- MIHELP notes that efforts to reduce maternal and infant mortality and improve health outcomes cannot only focus on clinical interventions. They must address the underlying causes of maternal and infant mortality and acknowledge the underlying drivers of inequity, including poverty, racism, and discrimination.
- Women of reproductive age should be educated and supported in adopting healthy lifestyles (maintaining a healthy diet and weight, being physically active, quitting all substance abuse, preventing injuries) and addressing any health problems before becoming pregnant.<sup>15</sup>
- Access to prenatal care. Pregnant women not receiving prenatal care are five (5) times more likely to have a pregnancy-related death, with 34% of African American women not starting care until late in their pregnancy or not receiving the recommended number of prenatal visits.<sup>16</sup>
- Michigan Governor Whitmer announced as part of the Fiscal Year 2021 Budget, the “Healthy Moms, Healthy Babies” plan to partner with providers and universities to improve the care needed for women to have a healthy pregnancy, including mental health services, combating medical bias against Women of Color, increasing access to effective birth control; and expanding access to evidence-based home visiting programs. The plan is to address health disparities for Women of Color and train future doctors and nurses about implicit bias. As part of the plan, Michigan Department of Health and Human Services (MDHHS) will extend the eligibility period of postpartum coverage from 60 days to 365 days.<sup>17</sup>
- Summary of the Michigan Maternal Mortality Surveillance (MMMS) Program and Maternal Mortality Review Committee (MMRC) recommendations:<sup>18</sup>
  - Partner with MDHHS Family Planning Program and other related entities to promote increased contraceptive access and create and implement an education campaign focused on contraceptive access, including LARC.

---

<sup>15</sup> Center for Disease Control and Prevention, *Pregnancy-Related Deaths*, [https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-relatedmortality.htm](https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-relatedmortality.htm)

<sup>16</sup> National Vital Statistics Report (May 30, 2018, Vol. 67, Number 3). *Timing and Adequacy of Prenatal Care in the United States, 2016*. [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_03.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_03.pdf)

<sup>17</sup> Michigan Department of Health and Human Services, *Healthy Moms Healthy Babies*, <https://www.michigan.gov/mdhhs/assistance-programs/healthy-moms-healthy-babies>

<sup>18</sup> Michigan Dept. Health and Human Service. *Michigan Maternal Mortality Surveillance (MMMS) Program – Committee Recommendations*. <https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/mmms/recommend/michigan-maternal-mortality-surveillance-mmms-program-committee-recommendations>

- Implement substance use screening (including alcohol and tobacco) at first prenatal visit, throughout pregnancy and postpartum visits.
  - Providers need education on the next step for positive drug screens and guidance on early detection/intervention of substance use disorders.
  - When talking to patients about their substance use, providers should use an empathetic and objective approach.
- Increase access to home visiting/family support services for all pregnant and postpartum women in Michigan.
- Enact improved policies regarding; the completion of depression screening once a trimester and at postpartum visits and early follow up and referral for women who screen positive.
- Facilitate a partnership between MI Alliance for Innovation in Maternal Health (AIM) and other medical organizations to increase access to provider education (on topics such as how to provide care coordination, what resources exist, etc.)
- Partner with Family Planning and Chronic Disease to provide contraceptive counseling and reproductive life planning education to providers working with individuals of reproductive age.
- Implement a comprehensive state-wide education initiative to address pregnancy and its intersection with mental health, sexual abuse, IPV, trauma, substance use, and chronic health conditions as well as its increased occurrence in populations of women who are most vulnerable and marginalized.
- Promote the National Suicide Prevention Lifeline and support expanding the capacity of the program in Michigan.
- Women need wrap-around services to help align systems of care and transform every interaction into an opportunity for change

### City of Detroit Recommendations

- Collaborate with CDC’s Maternal Mortality Review Committees to encourage obstetric professionals, pediatricians, and other healthcare professionals to participate in the CDC “HEAR HER” Campaign to help patients understand the urgent maternal warning signs and the need to seek medical attention right away.<sup>19</sup>
- Encourage Detroit Health Department to work with local health providers in conducting a study similar to the Boston Medical Center Health System (BMC) on patients that received prenatal delivery, and/or postpartum care to identify and address racial disparities in patient experience and maternal-infant outcomes.<sup>20</sup>
  - Findings from the BMC study included that 75% of the inequity in Severe Maternal Morbidity (SMM) between Black and white patients was associated with complications from hypertensive disorders of pregnancy: preeclampsia and gestational hypertension. In response, the “Birth Sisters” Program (a multi-cultural

---

<sup>19</sup> Center for Disease Control and Prevention, *HEAR HER Concerns*<sup>TM</sup>, <https://www.cdc.gov/hearher/healthcare-providers/index.html>

<sup>20</sup> Health City Editors (Dec. 20, 2021), *Experts are Digging Deeper Into What Exactly Drives Racial Inequities in Pregnancy Outcomes*. <https://healthcity.bmc.org/population-health/experts-are-digging-deeper-what-exactly-drives-racial-inequities-pregnancy>

doula program that offers sister-like support for at-risk mothers) was expanded and they implemented more monitoring of patients exhibiting hypertension.<sup>21</sup>

- Establish/Expand “Doulas” or “Birth Sisters” Programs.
  - Doulas are defined as nonclinical support workers who provide physical, emotional, and informational care for pregnant, birthing, and postpartum women. Those needs can take many forms, including culturally competent care support, navigation of the healthcare systems and community resources, emotional support, and health literacy, among others.<sup>22</sup>
- Advocate for Michigan legislation that allows Medicaid coverage for accessible and affordable Doula services for maternal health equity.

Please advise if LPD can be of any further assistance.

---

<sup>21</sup> Boston Medical. *Birth Sisters*. <https://www.bmc.org/obstetrics/birth-sisters>

<sup>22</sup> Caitlin White (July 27, 2021). *Access to Doula Support is a Key Piece of Maternal Health Equity*. <https://healthcity.bmc.org/policy-and-industry/doula-medicaid-maternal-health-equity>