Team Reflection

No. 8 Maternal Mortality

Attention *–Content covers sensitive topics pertaining to maternal mortality. Discussions might cause expected or unexpected emotional responses. Feel free to dismiss yourself from in-person participation if at any time if you feel uncomfortable or feel the need to give yourself space.*

In recent years doctors and researchers have drawn the public's attention to the perplexing matters of maternal mortality. Lamentably, about 700 women die each year in the U.S. during pregnancy, at delivery or soon after delivery. The CDC tracks pregnancy-related mortality and shows that since 1987, deaths have steadily increased from 7.2 deaths per 100,000 live births to over 17 deaths per live births today. CDC researchers note also, however, that there could be an overestimation of the number of pregnancy-related deaths due to changes in coding, directions for reporting pregnancy status on death records and other record-keeping processes.

Nevertheless, what is not in dispute are the grim disparities when stratifying these data by race/ethnicity. White, Hispanic/Latina and Non-Hispanic Asian or Pacific Islander women have the lowest rates of pregnancy-related mortality. American Indian or Alaska Native women have twice the risk of their peers, and Black women experience the highest risk, 3 to 4 times that of their peers. [8.1] Black college-educated women have significantly higher risk of death due to pregnancy than white women with less than high school education. [8.2] Many speculate that this disturbing and perplexing disparity is due to "weathering." That is, the daily lived experience of Black women enduring continuous skepticism, doubt, insult and other discriminatory behaviors — however subtle. This produces increased and sustained levels of toxic stress-induced chemicals in the body that causes cumulative and harmful effects. [8.3] Weathering over time — years — seems to show itself in data such as these, whereby Black women have significantly disproportionate risk of maternal mortality — far greater than any of their peers.

The heritage of Catholic health ministries has a cherished hallmark of caring for women and children, and especially those marginalized by society. Many of our ministries continue these efforts today working with mothers, babies and fathers in diverse communities who experience vulnerable situations of life and death amid the hopes of growing their families. The solutions to these highly complex problems will emerge from

the collective work of many gifted people with full hearts and minds. Dr. M. Shawn Copeland, a retired professor from Boston College reflects on suffering from a womanist perspective:

"Suffering always means pain, disruption, separation, and incompleteness. It can render us powerless and mute, push us to the borders of hopelessness and despair. Suffering can maim, wither and cripple the heart; or, to quote Howard Thurman, it can be a "spear of frustration transformed into a shaft of light." For some women and men, suffering coaxes real freedom and growth, so much that … we literally see the change … [I]n their relationships a vital generosity opens the sealed doors of the heart in all who are encountered along the way."

Dr. Copeland concludes, " … suffering in a womanist perspective is characterized by remembering and retelling, by resisting, by redeeming. [It] remembers and retells the lives and sufferings of those who "came through" and those who have "gone on to glory land." [8.4]

May the suffering and frustration of disparities in maternal mortality lead us all to open the doors of our heart to a shared suffering, to remembering and to greater human flourishing for all parents, babies and families.

Consider

- If I encountered a pregnant woman of any race/ethnicity today, what actions could I take to reduce her stress?
- How might I create a space to invite a pregnant patient to share her experiences? How can I signal to her that I care?
- Are you aware of support that your hospital, health system, or community partner provides to surviving family members and spouses when infant or maternal death occurs at your hospital or in your system?

Let us pray together,
Out of the depths I cry to you, O Lord.
Lord, hear my voice!
Let your ears be attentive
to the voice of my supplications! ***De Profundis***, Psalm 130 (NRSV)

[8.1] https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm

[8.2] https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html

[8.3] https://www.nytimes.com/2019/05/07/health/pregnancy-deaths-.html

[8.4] M. Shawn Copeland, "Wading through many sorrows: Toward a theology of suffering in womanist perspective." *Feminist Ethics and the Catholic Moral Tradition*, (New York: Paulist Press), 1996, 136–163.