

Our Mothers Are at Risk

On Friday September 30, 2011—Larry and [Lauren Bloomstein](#) hastily drove to the hospital at which they had spent most of their medical careers working, but this time they came in as patients. The Bloomstein's were filled with the excitement of welcoming their first child among their fellow doctors and nurses. Twenty-three hours after being checked in, their daughter Hailey Anne Bloomstein was born at a healthy 5 pounds and 12 ounces. They welcomed their families in to meet the new addition, beaming and recording the moments of joy, as the newborn looked into her mother's face for what would be the only time. The next day, Lauren Bloomstein died, in the very hospital in which she had helped save so many lives. After years as a neonatal nurse caring for other peoples' babies, Lauren only got to spend mere hours with her own.

Unfortunately, Lauren Bloomstein is among one of the [800-1,000 women](#) that die during childbirth in the U.S. yearly. As of 2021, the U.S. Maternal Mortality Rate (MMR) was [32.9 deaths](#) per every 100,000 live births. Not only was this a 40% increase from the previous year, but it is also almost double what the next highest MMR is for any other developed nation. The U.S. health system has failed to conduct adequate research toward understanding women's bodies, and the MMR is the biggest indicator of just how badly the women in our country have been failed. The U.S. must take initiative toward improving women's healthcare, especially by attempting to reduce the MMR so that childbearing women can be insured accessible and safe medical help.

It is estimated that up to [84% of maternal deaths](#), such as Lauren's, could have been easily prevented with modern medical technologies. The U.S. has more maternity-related hospital services than any other country, but a fragmented healthcare system has made it difficult for women, especially expectant mothers, to access the services they need. It is estimated that over 13 million women over childbearing age in the U.S. do not have medical insurance, which is due to race and wealth disparities. As a result, African American women, Native American women, and women living in rural areas are more prone to maternal mortality. The maternal death rate among African Americans in 2021 was [69.9 per 100,000](#), which is over double the rate for white women. This figure alone is comparable to lower income nations such as Mexico, Malaysia, and Brazil. These health disparities are unacceptable, and enacting health care policy changes that seek to close this gap and distribute maternal healthcare resources more evenly across all demographics, would be the most efficient way to reduce our national MMR.

Even when maternal resources are readily available to women in certain areas, another concern relating to the MMR is the quality and safety of such resources. In recent decades, there has been a greater prevalence of Caesarean deliveries, also known as C-sections, which often lead to more [life-threatening complications](#) for women. Prominent risks to mothers during this surgery include infection, blood clots, and blood loss. These [complications account for 75%](#) of all maternal deaths, the deadliest risk being hemorrhaging. With a [third of all child births](#) in the U.S. being performed under the caesarean method, and up to a [16% likelihood](#) of death during

this procedure, it is no wonder why more and more women are switching to alternative birthing methods such as midwife birthing centers or water home births. To better assist and protect our mothers during the birthing process, the U.S. medical system needs to research safer surgical alternatives and better post-operative care more heavily for mothers in child deliveries.

It might be argued that the state of our maternal services in the U.S. is not as dire as it seems because there has been a steady decline in our nation's Infant Mortality Rate (IMR). While it is true that the current [U.S. IMR is 5.4](#) compared to a rate of [6.8](#) at the turn of the century, this improvement is the result of 50 years' worth of efforts by the public health community to improve birthing outcomes for infants. Under the false assumption that maternal mortality had been conquered, the medical system shifted its focus away from the mother's health and well-being entirely to tend to the babies. This is most evident in post-delivery care, which represents the most critical period for improving both infant and maternal survival likelihoods. While babies are shown immediate and extensive care until the time they are discharged, their mothers often receive no more than hourly pain meds and are only given information on health warning signs to look for in their babies, not themselves. If the medical system ran a campaign that catered to increasing focus on women's health leading up to, during, and after childbirth, they would see similar results in MMR decrease as they did with IMR decreases.

Hailey Anne Bloomstein is now 12 years old and bears her mother's brown hair and green eyes. She only came to know of this resemblance from photographs and other peoples' shared memories, since she herself never got to know her mother. It is imperative that our nation take greater medical strides toward protecting our mothers. While maternal mortality may vary among ethnic and income groups, the current MMR includes women from all walks of life and in every part of the U.S. As our next generation is preparing to become mothers, it is unfair for us to have to question if the venture is even safe.