

Purpose

Women's maternal health is often thought to be a problem in developing nations, but the US actually ranks 50th in the world according to the UN in regards to maternal mortality. Because it is an issue for women around the world, I wanted to hear stories from local women about their experiences to see if there were areas of grave concern in attempt to fix some of these issues that are not being addressed by the current healthcare system.



Healthcare Disparities for Pregnancy and Childbirth in Southeastern Pennsylvania

Becca Kelley

Lehigh University- Women, Gender, and Sexuality Studies Department



"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Dr Martin Luther King Jr, 25 March 1966

Maternal mortality rate (MMR)

Maternal mortality rate measures how many women die from childbirth or complications from childbirth. The number is measured by how many deaths out of 100,000.

--In US- MMR is 12.7 (2007 data- most recent)

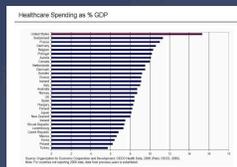
--In PA, MMR is 14. (2010 data)

In 2000, it was 9.8.

Last time data was higher- 1971

Funding

USA budget- US spends more money than any other industrialized nation yet we do not rank consistently high in indicators for maternal health.



In 2012-2013, Pennsylvania spent \$185.3 million on health expenditures. That's only .7% of state budget.
-- Only \$5 million out of \$3 billion dollar budget for long-term care funding was given to obstetrics and neonatal care. In 2013 budget, only given \$3.3 million. (This does not include payments for Medicaid.)

Few options for birthing

--Traditional hospital birth-

- Where most women give birth
- Attended by a physician (or nurse practitioner)
- More of an emphasis on tests/ procedures
- Standardized care

--Independent freestanding birthing center

- Attended by nurse midwife
- Often in converted homes
- Compromise between hospital birth/ home birth

--Home birth-

- Attended by a nurse midwife
- Very individualized care
- Very low-tech (very few medical interventions)
- Have to transfer to a hospital if there are complications



Even when women do have insurance, getting births paid for out of hospitals is less likely, but some insurance companies are recognizing the need. Most midwives and doulas are often paid out of pocket or on payment plans.

Average hospital birth costs- Around \$7,500- \$10,000 without complications. Most people pay between \$1,000- \$2,500 out of pocket.

Average home birth costs with a midwife- Between \$2,000- \$3,000

Cost of doula- between \$300- \$1000 depending on location and experience

Insurance

Two people die in Pennsylvania every day because they do not have insurance.

In USA, there are over 52 million people who are uninsured.

In Pennsylvania, almost 1.4 million did not have insurance in 2010-2011. It is about 13% of the population. Despite representing only 32 percent of women, women of color make up 51 percent of women without insurance. (Women of color are also at least twice as likely to die in childbirth.)

Those who do not have insurance can typically be covered by some sort of government assistance. Some 42 percent of births are covered by Medicaid, the government-funded program for some people on low incomes. There are about 2.2 million people on Medicaid in Pennsylvania. In Pennsylvania, eligibility is 185% of federal poverty level for pregnant women. Yet even Medicaid has its problems.

"If you go to apply to the Medicaid system, you need a "proof of pregnancy" letter, with the due date, the date of your last period, and the gestational age of the baby. Where do you get that kind of a letter? - A doctor. If you have no Medicaid, how are you going to get to the doctor to get that letter?"

Jennie Joseph, certified professional midwife, Winter Garden, Florida

Even if women have insurance does not mean that all policies will include maternal care. Policies that exclude maternal care are not uncommon and most insurance companies will not provide coverage for a pregnant woman unless she had insurance before she became pregnant. Half of all births are covered by private insurance.

Cesarean sections

Cesarean section (c-section) is a surgical procedure to remove a baby from the uterus of a mother instead of delivery through the vagina. In 2010, it was the top surgical procedure performed. The US cesarean rate rose for the 13th consecutive year to reach an all-time high of 32.9% in 2009. WHO's recommended range is 5% to 15%.

Pennsylvania's C-section rate was 31.4% in 2010. When a cesarean is medically necessary, it can be a lifesaving technique for both mother and baby, and worth the risks involved. Potential risks to babies from cesareans include: low birth weight, prematurity, respiratory problems, and lacerations. Potential risks to women include: hemorrhage, infection, hysterectomy, surgical mistakes, re-hospitalization, dangerous placental abnormalities in future pregnancies, unexplained stillbirth in future pregnancies and increased percentage of maternal death.

Women who have C-sections (whether by choice or because of complications) usually have to continue with subsequent C-sections in later births, because hospitals will not allow them to have a VBAC (vagina birth after cesarean). Women who choose to have VBAC often have to search for providers or have a birth at home.

