

# U.S. Maternal Mortality Resource Pack

2019

## Overview

This resource pack was curated by the Global Health Education and Learning Incubator at Harvard University (GHELI) to support an upcoming Forum at Harvard T.H. Chan School of Public Health, “Deaths from Pregnancy and Childbirth: Why Are More U.S. Mothers Dying and What Can Be Done?” The multidisciplinary materials are suitable for policy makers, educators, and students wanting to understand the drivers of maternal mortality both in the U.S. and globally. This resource pack presents the latest information on maternal mortality in U.S., unpacks the challenges in collecting the data needed to understand the current context, examines persistent racial disparities in maternal health care, and shares successful approaches for reversing the troubling trends.

The Forum’s “[Deaths from Pregnancy and Childbirth: Why Are More U.S. Mothers Dying and What Can Be Done?](#)” event is described as follows:

*Maternal mortality dropped by almost half over the last 25 years around the world. However, in startling contrast, deaths related to pregnancy and childbirth doubled in the United States between 2000 and 2014, putting the nation second-to-last in maternal mortality among countries in the Organization for Economic Cooperation and Development. Further, pernicious racial disparities mean that black women in the United States face a deeply distressing three- to four-times higher risk of pregnancy-related deaths. What factors are driving these increases and disparities? What changes will narrow the survival gap between white and black women? How can health care systems more effectively prevent complications and poor outcomes? And how can mothers themselves and their communities be agents for change for a more equitable and safe delivery of the next generation?*

[The Forum at Harvard T.H. Chan School of Public Health](#) is a live webcasting series that provides decision-makers with a global platform to discuss policy choices and scientific controversies across the world. This resource pack includes:

- [Reports](#)
- [Articles, Briefs, and Editorials](#)
- [Data Portals, Publications, and Interactives](#)
- [Fact Sheets and Country Profiles](#)
- [Topic Portals and Organizations](#)
- [News, Multimedia, and Infographics](#)
- [Teaching Material](#)

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## Selected Resources – At a Glance

REPORTS	
	<b>UNITED STATES</b>
	<b>Report.</b> Building U.S. Capacity to Review and Prevent Maternal Deaths: Report From Nine Maternal Mortality Review Committees. Review to Action 2018. <a href="http://reviewtoaction.org/Report_from_Nine_MMRCs">http://reviewtoaction.org/Report_from_Nine_MMRCs</a> .
	<b>Report.</b> Protect, Defend, Extend: State of the States 2018. Center for Reproductive Rights 2018. <a href="https://www.reproductiverights.org/State-of-the-States-2018">https://www.reproductiverights.org/State-of-the-States-2018</a> .
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\*indicates resource listed in GHeli's online Repository

## Annotated Bibliography

### REPORTS

#### UNITED STATES

##### **Building U.S. Capacity to Review and Prevent Maternal Deaths: Report From Nine Maternal Mortality Review Committees**

Report. Building U.S. Capacity to Review and Prevent Maternal Deaths: Report From Nine Maternal Mortality Review Committees. Review to Action 2018. [http://reviewtoaction.org/Report\\_from\\_Nine\\_MMRCs](http://reviewtoaction.org/Report_from_Nine_MMRCs). This report leverages data from 9 maternal mortality review committees (MMRC) in the U.S. to analyze causes of maternal death, assess preventability, and offer recommendations for action. State and local maternal mortality review committees (MMRC) are well positioned for understanding why preventable maternal deaths still happen and prioritizing the actions needed to reduce those deaths. This critical report confirms that most pregnancy-related deaths are preventable—nearly half attributable to hemorrhage, cardiovascular conditions, cardiomyopathy, infections. The most common factors contributing to death included lack of knowledge of warning signs, provider misdiagnosis or ineffective treatment, and lack of coordination between providers. Coupled with recommendations for high-impact actions, the report also identifies how MMRCs can also address health inequities within maternal health.

##### **Protect, Defend, Extend: State of the States 2018**

Report. Protect, Defend, Extend: State of the States 2018. Center for Reproductive Rights 2018. <https://www.reproductiverights.org/State-of-the-States-2018>.

This report from the Center for Reproductive Rights summarizes trends in reproductive health-related legislation in the U.S. Varying state by state, these trends include efforts to restrict access to abortion as well efforts to strengthen access to reproductive health care. Although 2018 saw a coordinated campaign to eliminate access to abortion along with a political shift in the U.S. Supreme Court, advocates spearheaded policy efforts to expand access to health services to communities of color, young people, poor people, and individuals living in rural areas. This resource is useful for individuals wanting to understand the legal and legislative context that influences maternal and reproductive health in the U.S.

##### **Losing Ground: Young Women's Well-Being Across Generations in the United States**

Report. Jarosz B, Mather M. Losing Ground: Young Women's Well-Being Across Generations in the United States. Population Reference Bureau 2017. <https://www.prb.org/us-womens-well-being-stalled>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11577>

This report from the Population Reference Bureau (PRB) is an issue of the Population Bulletin, and highlights the sudden stall in American women's well-being over the past generation. In this report, analysts from the PRB explore the new Index of Young Women's Well-Being—a collection of 14 key social, economic, and health measures that compare outcomes for each generation of young women (ages 16 to 34) with the previous generation—finding connections between social and structural barriers to progress for young women and an increase in poverty rates, a declining share of high-wage jobs, a dramatic rise in women's incarceration rates, and increases in maternal mortality and women's suicide. While positive trends were highlighted in the report, they were overshadowed by those that had slowed or reversed in recent years; despite notable gains in education, a sharp decline in smoking rates, and a record-low for teen birth rates, similar progress is not being made in overall health and the workforce. The report is accompanied by an infographic and a set of social media graphics.

**Reproductive Injustice: Racial and Gender Discrimination in U.S. Healthcare**

Report. Reproductive Injustice: Racial and Gender Discrimination in U.S. Healthcare. Center for Reproductive Rights, National Latina Institute for Reproductive Health, SisterSong Women of Color Reproductive Justice Collective 2014. <https://www.reproductiverights.org/document/reproductive-injustice-racial-and-gender-discrimination-in-us-health-care>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12908>

This report from the Center for Reproductive Rights and its collaborators assesses ongoing racial and gender discrimination in U.S. healthcare, specifically evaluating U.S. progress through the lens of the International Convention on the Elimination of All Forms of Racial Discrimination. Over the last four decades, black women have been dying at rates four times higher than their white counterparts. Beyond race, other drivers of U.S. maternal mortality include poverty and lack of health insurance status—social determinants of health that shape health care access, risk factors for maternal death such as diabetes and heart disease, and disparities in quality of care. Among non-citizen women, many are ineligible or face barriers in accessing public or private health insurance—affecting their access to preventive reproductive health services and family planning options. The report spotlights how poor monitoring of maternal mortality health indicators, lack of socioeconomic support for health care services, and lack of comprehensive sexuality education collectively influence growing disparities in maternal mortality in the U.S. The authors recommend that the U.S. eliminates discriminatory policies restricting immigrant women’s access to health insurance; funds expansion of community health centers to better serve low-income and immigrant populations; increases federal Title X family planning funding; expands low-cost outreach programs to service rural and immigrant women; and funds comprehensive sexual and reproductive health education.

**GLOBAL****Progress for Every Child in the SDG Era**

Report. Progress for Every Child in the SDG Era. United Nations Children’s Fund 2018.

<https://data.unicef.org/resources/progress-for-every-child-2018>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12324>

This report from the United Nations Children’s Fund (UNICEF) assesses global progress in achieving the 2030 Sustainable Development Goals (SDGs) related to the health and well-being of children. It focuses on 44 indicators that directly concern children and arranges its analysis into five dimensions of children’s rights: health, education, protection from violence and exploitation, access to a safe and clean environment, and reduced poverty. The report describes the need for improved data collection to better understand and address the needs of the world’s children, and identifies successful innovations in collecting and using SDG data in support of children. The report is accompanied by an interactive website, an [executive summary](#), and a [data dashboard](#) that allows users to view regional and country-level indicator data, save specific data points to an exportable workbook, and visualize global progress on an interactive map. A collection of 202 [country profiles](#) provide country-level data for each of the 44 SDG indicators related to child welfare.

**Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) 2018 Monitoring Report**

Report. Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) 2018 Monitoring Report: Current Status and Strategic Priorities. Every Woman Every Child, World Health Organization

2018. <http://www.everywomaneverychild.org/global-strategy/2018-monitoring-report-for-the-every-woman-every-child-global-strategy-for-womens-childrens-and-adolescents-health>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11816>

This annual report from Every Woman Every Child provides a progress update of the Global Strategy for Women’s, Children’s and Adolescents’ Health (EWEC Global Strategy), a multinational, multi-sectoral movement spearheaded by the United Nations in 2010 and updated in 2015. It offers an overview of the current global state of women’s, children’s and adolescents’ health and well-being with a special focus on early childhood development; highlights where progress is being made or is lagging, and flags priorities for policy, investment and implementation in 2018 and beyond. The report is accompanied by a [four-page brief](#) that summarizes the 10 main messages of the report and includes regional dashboards that illustrate progress related to 16 key indicators. The EWEC Global Strategy was created to promote the survival, health, and well-being of women, children, and adolescents and to assist countries in achieving the related Sustainable Development Goals (SDGs) through transformative change. The movement’s key priorities are reducing

gender-based inequities, strengthening fragile health systems, and developing data-driven resources to end preventable deaths, illness, and injury by 2030.

## **Countdown to 2030: Tracking Progress Towards Universal Coverage for Women's, Children's, and Adolescents' Health: The 2017 Report**

Report. Countdown to 2030: Tracking Progress Towards Universal Coverage for Women's, Children's, and Adolescents' Health: The 2017 Report. United Nations Children's Fund, World Health Organization 2017.

<https://data.unicef.org/resources/countdown-2030-tracking-progress-towards-universal-coverage-womens-childrens-adolescents-health>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12183>

This report from the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) is a synthesis of data on current trends in reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH&N). It is the first report of [Countdown to 2030: Maternal, Newborn & Child Survival](#) (Countdown), a multi-institutional network with representatives from academia, United Nations agencies, and civil society. Countdown regularly reviews progress toward the 2030 Sustainable Development Goals' RMNCAH&N targets in 81 countries; these nations, together, account for 95 percent of maternal deaths and 90 percent of deaths among children under age 5. The report identifies the need for stronger investment, data generation, and analytical capacity to improve monitoring and accountability.

The report is accompanied by an [online data portal](#) with interactive country dashboards and printable profiles, which presents graphical data on demographics, equity, health care coverage, women's and children's nutrition, and policy, systems, and financing for each of the 81 target countries. Further information about indicator sources, definitions, and other details can be found in the [Countdown report annexes](#).

## **Levels and Trends in Child Mortality Report 2018**

Report. Levels and Trends in Child Mortality Report 2018. United Nations Children's Fund, World Health Organization, The World Bank Group, United Nations 2018. <https://data.unicef.org/resources/levels-and-trends-in-child-mortality>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12113>

This data publication from a United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), provides the latest child and mortality rates across the world – from newborns to adolescents. The publication shares estimates of under-five, infant, and neonatal mortality up to 2017, as well as estimates for children ages 5 to 14 years. The report finds that most children under 5 die from preventable or treatable causes like complications during birth, pneumonia, diarrhoea, neonatal sepsis and malaria. On average, under-five mortality rates among children in rural areas are twice as high as those in urban areas. By comparison, for children 5 to 14 years old, injuries become a more prominent cause of death, especially from drowning and road traffic injuries. Within this age group, the risk of dying for a child from sub-Saharan Africa is 15 times higher than in Europe. The publication illuminates the enormous disparities in child mortality across regions and countries

## **Abortion Worldwide 2017: Uneven Progress and Unequal Access**

Report. Singh S et al. Abortion Worldwide 2017: Uneven Progress and Unequal Access. Guttmacher Institute 2018. <https://www.guttmacher.org/report/abortion-worldwide-2017>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12461>

This report from the Guttmacher Institute provides information and summarizes trends in the incidence of abortion and unintended pregnancy worldwide, also examining abortion laws, safety of abortion provision, and barriers to accessing safe abortion care and contraception. In 2010-2014, 36 abortions occurred each year per 1,000 women aged 15-44 in developing regions, compared with 27 in developed regions. As of 2017, 42 percent of women of reproductive age live in countries where abortion is highly restricted. A vast majority of abortions result from unintended pregnancies; 56 percent of unintended pregnancies end in abortion. The report further documents the broader impacts of unsafe abortion on women's wellbeing, emphasizing that it is every woman's right to decide when and how many children to have.

**Accelerate Progress—Sexual and Reproductive Health and Rights for All: Report of the Guttmacher–Lancet Commission**

Report. Starrs AM et al. Accelerate Progress—Sexual and Reproductive Health and Rights for All: Report of the Guttmacher–Lancet Commission. *The Lancet* 2018; 391(10140): 2642–2692. DOI: [https://doi.org/10.1016/S0140-6736\(18\)30293-9](https://doi.org/10.1016/S0140-6736(18)30293-9).

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12426>

This Guttmacher–Lancet Commission report offers a new, comprehensive definition of sexual and reproductive health and rights (SRHR), proposes an essential package of related health services, and identifies actions needed from outside the health sector to modify social norms, laws, and policies to uphold human rights. SRHR are critical to sustainable development because of their relationships to gender equality and women’s health and well-being, as well as their impact on maternal, newborn, child, and adolescent health. They also play an important role in shaping economic development and environmental sustainability. The Commission’s authors argue that the modest and affordable investments in sexual and reproductive health services will pay dividends over many years and enable greater progress in achieving other development goals.

**State of World Population 2018 – The Power of Choice: Reproductive Rights and the Demographic Transition**

Report. State of World Population 2018 – The Power of Choice: Reproductive Rights and the Demographic Transition. United Nations Populations Fund 2018. <https://www.unfpa.org/swop-2018>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/10958>

This report by the United Nations Population Fund (UNFPA) describes global and regional trends in fertility and the demographic transitions that are transforming societies across the world. Social, economic, labor, health, and educational factors have all influenced fertility on the individual and societal levels, and the report describes the historical shifts from high to low fertility rates that have occurred since the mid-nineteenth century, starting in Europe and expanding to Asia, Latin America, and beyond. While fertility rates are almost universally lower today than they were 50 years ago, declines in fertility have been inconsistent across and within countries due to numerous factors, including the speed of social and economic change, the timing of the decline in infant mortality, and the availability of contraception. There are societal challenges associated with both high and low fertility, and governments are increasingly implementing policies to achieve national demographic goals. This report explores the issues and drivers of fertility in regions with high, middle, and low fertility, and offers several country spotlights on individual and sociocultural preferences that influence reproductive choices. It also provides data about access to and use of various forms of contraception, and information about wanted versus unwanted or mistimed births. Finally, the report identifies policy changes that can help countries—with high, mid-range, and low fertility rates—uphold reproductive rights for all citizens as well as dismantle the social, economic, institutional, and demographic barriers that prevent individuals and couples from making free, responsible, and informed decisions about the number, timing and spacing of pregnancies.

**Disease Control Priorities, Third Edition: Volume 2. Reproductive, Maternal, Newborn, and Child Health**

Report. Black RE et al., eds. Disease Control Priorities, Third Edition: Volume 2. Reproductive, Maternal, Newborn, and Child Health. The World Bank Group 2016. <https://openknowledge.worldbank.org/handle/10986/23833>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12211>

This report from the World Bank is the second volume of the Disease Control Priorities, third edition (DCP<sub>3</sub>) series. It focuses primarily on maternal conditions, childhood illnesses, and malnutrition, addressing topics from maternal mortality and morbidity, to acute illness and undernutrition in children under five, to the transition to older childhood and the illnesses that accompany this transition. The Disease Control Priorities Network (DCP) promotes and supports the use of economic evaluation for priority setting at both global and national levels, providing the most up-to-date evidence on intervention efficacy and program effectiveness for the leading causes of global disease burden. DCP<sub>3</sub> presents its findings in nine individual [volumes](#); the first eight focus on conceptually related health challenges—essential surgery, maternal/child health, cancer, mental and neurological disorders, cardiovascular and respiratory disorders, major infectious diseases, injury prevention, and child and adolescent development—and each package addresses the disease burden, interventions, policies, and economics of that cluster of health issues. The ninth volume provides an overview with main findings and conclusions about achieving health priorities. DCP<sub>3</sub> chapters, background papers, articles, reports, briefs, and related [resources](#) are publicly accessible.

## **Universal Access to Reproductive Health: Progress and Challenges**

Report. Universal Access to Reproductive Health: Progress and Challenges. United Nations Population Fund 2016. <http://www.unfpa.org/publications/universal-access-reproductive-health-progress-and-challenges>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/10956>

This report from the United Nation Population Fund seeks to identify areas where reproductive health has or has not advanced, according to four main indicators: adolescent birth rate, contraceptive prevalence rate, unmet need for family planning rate, and proportion of demand for contraception satisfied. Universal access to reproductive health affects and is affected by many aspects of life. It involves individuals' most intimate relationships, including negotiation and decision-making within these relationships, as well as interactions with health providers regarding contraceptive methods and options.

## **Health Worker Roles in Providing Safe Abortion Care and Post-Abortion Contraception**

Report. Health Worker Roles in Providing Safe Abortion Care and Post-Abortion Contraception. World Health Organization 2015. [https://www.who.int/reproductivehealth/publications/unsafe\\_abortion/abortion-task-shifting/en](https://www.who.int/reproductivehealth/publications/unsafe_abortion/abortion-task-shifting/en).

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12460>

This guide from the World Health Organization (WHO) summarizes options for expanding health work roles in providing safe abortion care, managing complications of abortion, and providing post-abortion contraception. Although safe and effective evidence-based interventions exist, nearly 22 million unsafe abortions still take place every year and contribute to the global burden of maternal mortality and morbidity. Of the many barriers to safe abortion care, the lack of trained providers is especially pressing, particularly in countries that have the greatest burden of unsafe abortion and related mortality. The guidelines in this executive summary emphasize how many evidence-based interventions for safe abortion and post-abortion care can actually be provided on an outpatient basis at the primary care level by advanced practitioners, midwives, nurses, and auxiliaries.

## **State of Inequality: Reproductive, Maternal, Newborn and Child Health**

Report. State of Inequality: Reproductive, Maternal, Newborn and Child Health. World Health Organization 2015. [https://www.who.int/gho/health\\_equity/report\\_2015/en](https://www.who.int/gho/health_equity/report_2015/en).

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11004>

This report, published by the World Health Organization (WHO), demonstrates best practices for monitoring and reporting health inequalities related to reproductive, maternal, newborn, and child health. The report and the accompanying interactive visuals highlight that within-country inequalities still persist in low- and middle-income countries across a variety of dimensions ranging from child malnutrition to reproductive health interventions. Users can explore country profiles on equity and interactive maps organized by economic status, education, place of residence, and by sex.

## **From Risk to Rights: Realizing States' Obligations to Prevent and Address Maternal Mortality**

Report. From Risk to Rights: Realizing States' Obligations to Prevent and Address Maternal Mortality. Center for Reproductive Rights 2014. <https://www.reproductiverights.org/document/from-risk-to-rights-realizing-states-obligations-to-prevent-and-address-maternal-mortality>.

This report from the Center for Reproductive Rights explores how preventable maternal mortality and morbidity became a recognized violations of women and girls' fundamental human rights. Critical global, national, and local legal and legislative victories have played a role in reducing maternal deaths worldwide, but disparities in care and outcomes persist across and within countries. In addition to sharing a timeline of landmark events, the report summarizes the direct and systemic causes of maternal mortality, the international and regional human rights instruments on safe pregnancy and childbirth, and accountability mechanisms leveraged by advocates to actualized these rights.

## ARTICLES, BRIEFS, AND EDITORIALS

## UNITED STATES

**Annual Perspective 2018: Maternal Safety**

Brief. Lyndon A. Annual Perspective 2018: Maternal Safety. Patient Safety Network. Agency for Healthcare Research and Quality 2019. <https://psnet.ahrq.gov/perspectives/perspective/262/Maternal-Safety>.

This brief from the Agency for Healthcare Research and Quality examines the context of maternal safety in the U.S., where maternal mortality rates have started to climb since the late 1980s. The brief focuses on the perinatal safety movement in the U.S., and the role of “bundles” to align clinical care practices across health care systems and state collaboratives in the U.S. Bundles include the minimum set of recommendations needed to avoid preventable maternal deaths, and successful implementation relies on strong institutional support, communication, and cultures of humility and collaboration. California is one state that has worked safety bundles the longest, and has seen remarkable reductions in maternal morbidity and mortality. The brief also acknowledge the role of preventive, prenatal, and postnatal care, as well as addressing persistent health inequities, in the ongoing fight to reduce maternal mortality.

**Black Women’s Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities**

Brief. Black Women’s Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities. National Partnership for Women & Families 2018. <http://www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12916>

This brief released by the National Partnership for Women & Families highlights how black women in the United States are facing unacceptably poor maternal health outcomes, largely due to societal factors such as racism, sexism, and other systematic barriers, in addition to health system factors. Research shows that compared to white women, Black women are more likely to be uninsured, face greater financial barriers to care when they need it, and are less likely to access prenatal care. The brief makes a case that policymakers, health care professionals, and communities can improve Black women’s maternal health by making decisions which include: expanding and maintaining access to health coverage, providing patient-centered care responsive to their needs, and addressing the underlying societal factors contributing to this phenomenon.

**Trends and Disparities in Delivery Hospitalizations Involving Severe Maternal Morbidity, 2006-2015**

Brief. Fingar KR et al. Trends and Disparities in Delivery Hospitalizations Involving Severe Maternal Morbidity, 2006-2015. Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and Quality 2018.

<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb243-Severe-Maternal-Morbidity-Delivery-Trends-Disparities.jsp>.

This statistical brief from the Agency for Healthcare Research and Quality examines unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a women’s health, commonly known as severe maternal morbidity. Deliveries resulting in severe maternal morbidity lead to life-threatening conditions, now increasingly common in the U.S. Alarmingly, severe maternal morbidity overwhelmingly affects minority and low-income women, especially non-Hispanic Black women, and women with Medicaid coverage. Understanding these statistics can lead policymakers, health professionals, and civil society to make the informed decisions needed to decrease severe maternal morbidity throughout the United States.

**What Is the Status of Women’s Health and Health Care in the U.S. Compared to Ten Other Countries?**

Brief. Gunja MZ et al. What Is the Status of Women’s Health and Health Care in the U.S. Compared to Ten Other Countries? The Commonwealth Fund 2018. <https://www.commonwealthfund.org/publications/issue-briefs/2018/dec/womens-health-us-compared-ten-other-countries>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12914>

This brief from The Commonwealth Fund compares the state of women’s health in the United States with women’s health in other high-income countries, and notes that American women have the greatest burden of chronic illness, highest rates of skipping needed health care, greatest difficulty affording health care, and the lowest level of satisfaction with their health care. However, American women have the highest rates of breast cancer screening among countries that were surveyed, and also are among the countries with the lowest rates of cancer-related deaths. The

brief concludes that women's health is complex, since American women face fewer barriers to specialized care relative to women in other high-income countries, but still face difficulty finding affordable health care and have the highest burden of chronic illness.

### **Addressing Maternal Mortality and Morbidity in California Through Public-Private Partnerships**

Article. Main EK et al. Addressing Maternal Mortality and Morbidity in California Through Public-Private Partnerships. *Health Affairs* 2018; 37(9): 1484-1493. DOI: <https://doi.org/10.1377/hlthaff.2018.0463>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12912>

This article published in *Health Affairs* describes California's experience in halving the state's mortality between 2006 and 2013. In response to a troubling trend in maternal deaths and complications, the state formed the California Maternal Quality Care Collaborative as a public-private partnership to lead maternal quality improvement activities. The collaborative designed a nimble data system that standardized and centralized data collection to support quality improvement efforts. The web portal, which creates 50+ maternal/infant performance measures, allows hospitals to access their data in visual ways, benchmark their progress, and access analyses by subpopulation to identify potential disparities. The data showed that obstetric hemorrhage and preeclampsia accounted for a high percentage of the state's severe maternal morbidity. Supplementing coordinated data system and mobilized stakeholders were learning collaboratives, toolkits, and safety bundles. California's model, say the authors, was only possible with the partnership of organizations from all parts of the health system and with joint leadership from both the public and private sector.

### **What We Can Do About Maternal Mortality—And How to Do It Quickly**

Editorial. Mann S et al. What We Can Do About Maternal Mortality—And How to Do It Quickly. *The New England Journal of Medicine* 2018; 379: 1689-1691. DOI: <https://doi.org/10.1056/NEJMp1810649>.

This article in *The New England Journal of Medicine* presents four actions hospitals providing obstetrical care regardless of size. First, hospitals can focus on preventable causes of obstetrical complications and death, leveraging safety bundles from the Alliance for Innovation on Maternal Health (AIM) to improve safety in maternity care. The safety bundles include readiness, recognition, response, and reporting protocols. Second, hospital can hold multidisciplinary staff meetings or huddles to review obstetrical patient's risk factors, using guidelines from the California Maternal Quality Care Collaborative as a foundation. Third, hospitals can organize emergency simulations to help pinpoint critical timing and logistics, and fourth, hospitals use the Maternal Health Compact which formalizes relationships between lower-resource hospitals who may need to transfer high-risk patients with the referral hospitals.

### **Paid Family and Medical Leave: A Racial Justice Issue – and Opportunity**

Brief. Paid Family and Medical Leave: A Racial Justice Issue – and Opportunity. National Partnership for Women & Families 2018. <http://www.nationalpartnership.org/our-impact/news-room/press-statements/well-designed-paid-leave-programs-can-help-families-of-color.html>.

This brief released by the National Partnership for Women and Families emphasizes the need for a well-designed, strong, comprehensive national paid leave plan. Paid leave provides individuals and families the economic security they need to attend to serious family and personal medical needs. According to the brief, America is currently facing a paid leave crisis, and since the issue is exacerbating race-based disparities, the group suffering the most from its implications are people of color. The authors push for a standardized national paid leave possible that is equitable and just, and also recognizes the discriminatory, structural barriers that penalize people of color and women of color. The brief emphasizes that paid leave policies are especially important for the health and wellbeing of black women, who experience higher rates of maternal mortality than white women.

### **Eroding Access and Quality of Childbirth Care in Rural U.S. Communities**

Editorial. Shah NT. Eroding Access and Quality of Childbirth Care in Rural U.S. Communities. *JAMA* 2018; 319(12): 1203-1204. DOI: <https://doi.org/10.1001/jama.2018.1646>.

This article published by *JAMA* highlights how U.S. hospitals often lose money when providing local childbirth services for healthy mothers, and this issue is even more dire in rural communities, where families have no other local options to access care. Unfortunately, obstetric services are structured with high fixed costs and low reimbursements, which makes maternity wards face the greatest losses in community hospitals across the U.S. There is a decreasing amount of hospital-based obstetric services, and the evident lack of an organized system to deliver obstetric services can greatly compromise patient safety. Communities will need novel service delivery methods which involve greater

communication, a more diversified workforce which includes health workers such as midwives, and higher reimbursements which help cover their high fixed costs.

## **American Indian and Alaska Native Maternal and Infant Mortality: Challenges and Opportunities**

Brief. Truschel L, Novoa C. American Indian and Alaska Native Maternal and Infant Mortality: Challenges and Opportunities. Center for American Progress 2018. <https://www.americanprogress.org/issues/early-childhood/news/2018/07/09/451344/american-indian-alaska-native-maternal-infant-mortality-challenges-opportunities>. GHELI repository link: <http://repository.gheli.harvard.edu/repository/12917>

This brief from the Center for American Progress describes the challenges and opportunities related to American Indian and Alaska Native maternal and infant mortality. Accessing health care and support can be difficult for urban American Indians, due to mistrust stemming from the United States' past mistreatment of American Indian and Alaska Natives which comprised of genocide, forced migration, and cultural erasure. These issues have led to poverty, housing challenges, job discrimination, and social isolation; these stressors have further taken a toll on pregnant women's health and has increased the risk of maternal and infant mortality. American Indians and Alaska Natives are more likely than their peers from other minorities to experience psychological distress and are the only racial or ethnic group that did not experience a decline in infant mortality. To address this issue, there is an increasing need in efforts to collect accurate data and conduct in-depth needs assessments along with more community-based programs.

## **Recent Increases in the U.S. Maternal Mortality Rate**

Article. McDorman MF et al. Recent Increases in the U.S. Maternal Mortality Rate: Disentangling Trends From Measurement Issues. *Obstetrics & Gynecology* 2016; 128(3): 447-455. DOI: <https://doi.org/10.1097/AOG.0000000000001556>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12913>

This article in *Obstetrics & Gynecology* shares an overview of U.S. maternal mortality trends from 2000 to 2014, correcting for changes in pregnancy question formats over time and between states. The analysis finds that the estimated maternal mortality rate increased 26.6% from 18.8 per 100,000 live births in 2000, to 23.8 per 100,000 live births in 2014. California's maternal mortality rate declined during this period, while Texas experienced a sudden increase in 2011-12. This paper—which grounds the analysis of more recent maternal mortality research in the U.S.—emphasizes the need to redouble efforts to improve maternity care in the U.S.

## **Drivers of Maternity Care in High-Income Countries: Can Health Systems Support Woman-Centred Care?**

Article. Shaw D et al. Drivers of Maternity Care in High-Income Countries: Can Health Systems Support Woman-Centred Care? *The Lancet* 2016; 388(10057): 2282-2295. DOI: [https://doi.org/10.1016/S0140-6736\(16\)31527-6](https://doi.org/10.1016/S0140-6736(16)31527-6).

This article in *The Lancet* compares care delivery models in high-income countries for averting preventable maternal deaths. Nearly all births in the high-income countries analyzed are accompanied by a skilled birth attendant, practices, facility size, and location of birth vary greatly. The authors focus specifically on poor surveillance, inequitable birth outcomes, social expectations of what a “good birth” looks like, and new challenges associated with the epidemiological transition (e.g., older age during pregnancy).

## **GLOBAL**

### **National and Regional Under-5 Mortality Rate by Economic Status for Low-Income and Middle-Income Countries**

Article. Chao F et al. National and Regional Under-5 Mortality Rate by Economic Status for Low-Income and Middle-Income Countries: A Systematic Assessment. *The Lancet* 2018; 6(5): 535-547. DOI: [https://doi.org/10.1016/S2214-109X\(18\)30059-7](https://doi.org/10.1016/S2214-109X(18)30059-7).

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12731>

This *Lancet* article looks at disparities in mortality in children under five years old, grouping by economic status in low-income and middle-income countries (LMICs). Using a Bayesian statistical model, the authors assess levels and trends in disparities between the poorest and richest quintiles. Results find that in all LMICs except for China, the aggregated under-5 mortality rate in 2016 was 64.6 deaths per 1000 live births in the lowest income quintile, and 31.3 deaths per 1000 births in the richest households. Between 1990 and 2016, the largest decline in mortality rate occurred in the two poorest quintiles. These trends illustrate that for all LMICs, excluding China, the disparities between the poorest and richest households have decreased since 1990, suggesting that progress had been made in child survival. Still, the

relative differences have remained stable, which calls for greater policy action in addressing under-5 mortality. This data illustrates trends and identifies patterns in child mortality disparities by wealth quintile, which can be used to guide programming and planning of future interventions.

## Indigenous Women's Maternal Health and Maternal Mortality

Brief. Indigenous Women's Maternal Health and Maternal Mortality. United Nations Entity for Gender Equality and the Empowerment of Women; United Nations Children's Fund; United Nations Population Fund 2018.

<http://www.unwomen.org/en/digital-library/publications/2018/4/indigenous-womens-maternal-health-and-maternal-mortality>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12491>

This fact sheet from the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), United Nations Children's Fund (UNICEF), and United Nations Population Fund (UNFPA) summarizes data from 16 low- and middle-income countries on the maternal health status of indigenous women and adolescent girls. Indigenous women and girls face disproportionate levels of discrimination, exclusion, and violence, and suffer significantly worse maternal health outcomes than majority populations. This publication examines the barriers driving these disparities and identifies actions to close the gap and ensure that no indigenous women are left behind as beneficiaries and actors of development.

## Non-Communicable Diseases and Maternal Health Around the Globe

Series. Non-Communicable Diseases and Maternal Health Around the Globe. PLOS Collection. PLOS 2018. <http://collections.plos.org/maternal-ncds>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12492>

This collection of articles from PLOS, published in partnership with the Maternal Health Task Force, examines issues related to noncommunicable diseases (NCDs) with special focus on risk factors and implications for reproductive and maternal health. NCDs account for nearly 65 percent of women's deaths globally, and three-quarters of women's deaths caused by NCDs occur in low- and middle-income nations. Studies have shown that women with diabetes, anemia, obesity, and hypertensive pregnancy disorders are at higher risk of complications during childbirth, and their babies are more likely to experience adverse health outcomes as children and adults. This collection includes articles published between 2016 and 2018 on the burden of cancer, diabetes, mental health, obesity, and other NCDs, as well as on the gaps in maternal health services.

## Optimising Caesarean Section Use

Series. Optimising Caesarean Section Use. The Lancet 2018. <https://www.thelancet.com/series/caesarean-section>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12719>

This Lancet Series examines the increase in Caesarean section (C-section) use around the world. The procedure is now the most common surgery in many countries globally, and can save women's and babies' lives when complications arise during pregnancy or childbirth. However, its use for non-medically indicated purposes is on the rise and is contributing to significant short-term and long-term health effects and healthcare costs. This three-part series reviews the global epidemiology and disparities in C-section use, explores related health effects for women and children, and outlines evidence-based interventions and actions to reduce unnecessary C-sections.

Series papers include:

- [Global Epidemiology of Use of and Disparities in Caesarean Sections](#)
- [Short-Term and Long-term Effects of Caesarean Section on the Health of Women and Children](#)
- [Interventions to Reduce Unnecessary Caesarean Sections in Healthy Women and Babies](#)

## Reproductive, Maternal, Newborn, and Child Health: Key Messages From Disease Control Priorities 3rd Edition

Article. Black RE et al. Reproductive, Maternal, Newborn, and Child Health: Key Messages From Disease Control Priorities 3rd Edition. The Lancet 2016; 388(10061): 2811–2824. DOI: [https://doi.org/10.1016/S0140-6736\(16\)00738-8](https://doi.org/10.1016/S0140-6736(16)00738-8).

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12401>

This review article from *The Lancet* summarizes the analyses from volume two of *Disease Control Priorities, 3rd edition* (DCP3), published by the World Bank, entitled "[Reproductive, Maternal, Newborn, and Child Health](#)." The volume identifies essential cost-effective health interventions that can be scaled up to reduce maternal, newborn, and child deaths, and stillbirths. In this article, the authors summarize the key findings and estimate the effect and cost of

expanded implementation of those preventative and therapeutic health interventions. They note that continued and expanded essential health interventions to ensure full, equitable, and high-quality coverage— combined with action that addresses underlying problems such as social inequities and violence against women— will result in the dramatic reduction in reproductive, maternal, newborn, and child mortality and morbidity.

### Series: Ending Preventable Stillbirths

Ending Preventable Stillbirths. The Lancet 2016. <http://www.thelancet.com/series/ending-preventable-stillbirths>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11131>

This *Lancet* Series reports on the present state of stillbirths, highlights missed opportunities, and identifies actions for accelerated progress to end preventable stillbirths and reach 2030 maternal, neonatal, and child survival targets. This is an update to the 2011 series which reviewed the global status of stillbirths and presented the case for a triple return on investment in stillbirth prevention that also prevents newborn and maternal deaths. That Series received widespread media attention and an unprecedented response. The 2016 series presents a renewed call to action for the post-2015 era, framed within the context of health, survival, and overall quality of care for women and their babies.

Accompanying resources include a seven-page [executive summary](#) of the series which includes infographics.

Series papers include:

- [Stillbirths: Progress and Unfinished Business](#)
- [Stillbirths: Rates, Risk Factors, and Acceleration Towards 2030](#)
- [Stillbirths: Economic and Psychosocial Consequences](#)
- [Stillbirths: Recall to Action in High-Income Countries](#)
- [Stillbirths: Ending Preventable Deaths by 2030](#)

### Global, Regional, and National Levels of Maternal Mortality, 1990-2015: A Systematic Analysis for the Global Burden of Disease Study 2015

Article. GBD 2015 Maternal Mortality Collaborators. Global, Regional, and National Levels of Maternal Mortality, 1990-2015: A Systematic Analysis for the Global Burden of Disease Study 2015. The Lancet 2016; 388(10053): 1775-1812. DOI: [https://doi.org/10.1016/S0140-6736\(16\)31470-2](https://doi.org/10.1016/S0140-6736(16)31470-2).

This article in *The Lancet*, published in 2015 on the eve of the Sustainable Development Goals (SDGs), estimates maternal mortality worldwide by underlying cause and age from 1990 to 2015. The authors also examined drivers of global trends and maternal mortality as a function of socio-demographic index (SDI), an indicator synthesizing income per capita, educational attainment, and fertility. The analysis uncovers that geographical disparities have grown between 1990 and 2015. Maternal deaths in the lowest SDI quintiles were mostly attributable to hemorrhage, while maternal mortality in the highest SDI quintile was due to other direct maternal disorder, indirect maternal disorders, and abortion, ectopic pregnancy, and/or miscarriage. The analysis specifically notes that the U.S. has high maternal mortality for a high SDI country.

### Series: Maternal Health 2016

Series. Maternal Health 2016. The Lancet 2016. <http://www.thelancet.com/series/maternal-health-2016>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11142>

This *Lancet* Series addresses current knowledge of maternal health, its epidemiology, successes, and current failings. In addition to broad surveys of the state of maternal health and care worldwide, the series papers also examine the burden of poor maternal health as well as the role of health systems in maternal care. The series concludes with a call to action setting out five key targets within the context of the broader sustainable development goals (SDGs).

Accompanying resources include an eight-page executive summary and a photo gallery depicting maternal challenges of Syrian refugees in Turkey.

Series papers include:

- [Diversity and Divergence: The Dynamic Burden of Poor Maternal Health](#)
- [Beyond Too Little, Too Late and Too Much, Too Soon: A Pathway Towards Evidence-Based, Respectful Maternity Care Worldwide](#)
- [The Scale, Scope, Coverage, and Capability of Childbirth Care](#)
- [Drivers of Maternity Care in High-Income Countries: Can Health Systems Support Woman-Centred Care?](#)
- [Next Generation Maternal Health: External Shocks and Health-System Innovations](#)

- [Quality Maternity Care for Every Woman, Everywhere: A Call to Action](#)

## Series: Perinatal Mental Health

Series. Perinatal Mental Health. The Lancet 2014. <http://www.thelancet.com/series/perinatal-mental-health>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11120>

This Lancet Series focuses on the effects of perinatal mental health on mother and child. Pregnancy is challenging for many women; however, for a minority of women it can be overshadowed by mental illness. The first of the three papers examines non-psychotic mental illness, such as depression, anxiety, and post-traumatic stress disorder. The second paper looks at serious mental illness, focusing on bipolar disorder, psychosis, and schizophrenia. The third paper summarizes evidence for the effects of perinatal mental health on the child: from fetal development to adolescence across a range of low- and high-income countries.

Series papers include:

- [Non-Psychotic Mental Disorders in the Perinatal Period](#)
- [Bipolar Disorder, Affective Psychosis, and Schizophrenia in Pregnancy and the Post-Partum Period](#)
- [Effects of Perinatal Mental Disorders on the Fetus and Child](#)

## DATA PORTALS, PUBLICATIONS, AND INTERACTIVES

### America's Health Rankings

Data Portal. America's Health Rankings. United Health Foundation. <https://www.americashealthrankings.org>.

This data portal from the United Health Foundation provides a variety of U.S. population health data. America's Health Rankings releases three state ranking reports: the *Annual Report*, which assesses behaviors, public health policies, community and environmental conditions, and clinical care data; the *Senior Report* that studies the health and wellbeing of individuals aged 65 years and older; and, finally, the *Health of Women and Children Report* that examines the needs of women of reproductive age and infants and children under age 18. Users can explore data by state or by health measure.

### Countdown Country Dashboards

Data Portal. Countdown Country Dashboards. Countdown to 2030: Maternal, Newborn & Child Survival. <http://profiles.countdown2030.org/#>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12188>

This data portal, provided by Countdown to 2030: Maternal, Newborn & Child Survival (Countdown), offers interactive data dashboards on current trends in reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH&N) for 81 countries that, together, account for 95 percent of maternal deaths and 90 percent of deaths among children under age 5. Countdown is a multi-institutional network with representatives from academia, United Nations agencies, and civil society that regularly reviews progress toward the 2030 Sustainable Development Goals' targets for RMNCAH&N. Each interactive country dashboard contains a map with regional information as well as country-level data on demographics; health and services coverage; policies, systems, and financing; equity and health disparities; and women's and children's nutrition. Linked country profiles summarize the dashboard view and can be downloaded and printed.

This web portal accompanies [Countdown to 2030: Tracking Progress Towards Universal Coverage for Reproductive, Newborn and Child Health: The 2017 Report](#), published by the United Nations Children's Fund and the World Health Organization, which offers a synthesis of RMNCAH&N trends and identifies the need for stronger investment, data generation, and analytical capacity to improve monitoring and accountability. Further information about indicator sources, definitions, and other details can be found in [report's annexes](#).

### Data Portal: United Nations Population Fund

Data Portal. Data Portal. United Nations Populations Fund. <http://www.unfpa.org/data>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11261>

This data portal, offered by the United Nations Population Fund (UNFPA), is a data visualization tool powered by the most current global population data drawn from UNFPA and other U.N. agencies. The [World Population](#)

[Dashboard](#) includes information about numerous demographic, social, and health indicators, including fertility rate, maternal and newborn health, gender parity in education, information on sexual and reproductive health, and more. Data can be filtered by country and topic, and results can be downloaded as PDFs or Excel files for further analysis. The portal also includes country pages and “dashboards” for specific populations and topics, including female genital mutilation/cutting, midwifery, and adolescents and youth.

## **UNICEF Data: Monitoring the Situation of Children and Women**

Data Portal. UNICEF Data: Monitoring the Situation of Children and Women. United Nations Children's Fund. <http://data.unicef.org>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11281>

This data portal, maintained by United Nations Children's Fund (UNICEF), offers reliable and open data and analysis on the situation of children and women worldwide. The databases include only statistically sound and nationally representative data from household surveys and other sources. They are updated annually through a process that draws on a wealth of data maintained by UNICEF's network of 140 country offices. Statistics are available by country and by topic, including [child mortality](#), [child health](#), [child nutrition](#), [maternal health](#), [water and sanitation](#), [education](#), [early childhood development](#), [child disability](#), [child protection](#), and [HIV/AIDS](#).

## **Gender Data Portal**

Data Portal. Gender Data Portal. The World Bank Group. <http://datatopics.worldbank.org/gender>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11277>

This data portal is the World Bank Group's comprehensive source for the latest sex-disaggregated data and gender statistics covering demography, education, health, access to economic opportunities, public life and decision-making, and agency. The Gender Data Portal provides access to features including [country](#) and topic dashboards with indicators on gender equality, [tools](#) for data visualization and analysis, and a [survey catalog](#) for browsing household surveys and censuses for topics of interest.

## **Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Data Portal**

Data Portal. Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Data Portal. World Health Organization 2018. <http://apps.who.int/gho/data/node.gswcah>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11676>

This data portal, maintained by the World Health Organization (WHO), shares reliable and open data about the health of women, children, and adolescents worldwide. The portal selects 16 key indicators from the United Nations Sustainable Development Goals (SDGs) and other global monitoring initiatives that provide a snapshot of global progress on ending preventable deaths, ensuring health and well-being, expanding enabling environments, and improving equity and human rights.

This data portal tracks progress made to achieve [the Global Strategy for Women's, Children's, and Adolescents' Health \(2016-2030\)](#), a collaborative effort led by the WHO to position adolescents, in addition to women and children, at the heart of the SDGs for the first time. This acknowledges not only the unique health challenges facing young people, but also their pivotal role alongside women and children as key drivers of change in the post-2015 era. This Global Strategy takes a life-course approach that aims for the highest attainable standards of health and well-being—physical, mental and social— at every age. The Global Strategy adopts an integrated and multisector approach, recognizing that health-enhancing factors including nutrition, education, water, clean air, sanitation, hygiene, and infrastructure are essential to achieving the SDGs.

## FACT SHEETS AND COUNTRY PROFILES

### State Profiles: 2018 Health of Women and Children Report

State Profiles. State Profiles. 2018 Health of Women and Children Report. America's Health Rankings. United Health Foundation 2018. <https://www.americashealthrankings.org/learn/reports/2018-health-of-women-and-children-report/state-summaries-alabama>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12909>

These state profiles from the United Health Foundation assesses areas of opportunity and ongoing challenges for the health of women, infants, and children. Each profile evaluates progress across a variety of indicators on policy, clinical care, health behaviors, community and environment, and health outcomes for women and children. Information is disaggregated by race and age, and contextualized with broader national and regional trends in women and children's health and mortality.

### Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017

Fact Sheet. Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017. Guttmacher Institute 2017. <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>.

This fact sheet from the Guttmacher Institute shares the 2017 estimates for contraceptive, maternal, and newborn health care needs in developing regions, gaps in coverage, and the benefits of meeting these health needs.

### Maternal and Newborn Health Disparities Country Profiles

Country Profiles. Maternal and Newborn Health Disparities Country Profiles. United Nations Children's Fund 2016. <https://data.unicef.org/resources/maternal-newborn-health-disparities-country-profiles>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11579>

This web portal, offered by the United Nations Children's Fund, provides country profiles that explore a wide variety of disparities in maternal and newborn health. Specific topics include neonatal mortality, key health interventions, and health coverage, presented with a range of disaggregation including residence, household wealth, and mother's age and education.

### Maternal Mortality Country Profiles

Country Profiles. Maternal Mortality Country Profiles. World Health Organization 2015. [http://www.who.int/gho/maternal\\_health/countries/en](http://www.who.int/gho/maternal_health/countries/en).

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11234>

This web portal, offered by the World Health Organization (WHO), provides country profiles with estimated data on maternal mortality, including the maternal mortality ratio (MMR), the proportion of maternal deaths among deaths of female reproductive age (PM %), and the annual percentage rate of reduction over selected time periods. Based on the newest estimates from the joint effort between the WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division, these country profiles accompany [Trends in Maternal Mortality: 1990 to 2015](#), a report authored by the same group and available through the WHO.

## TOPIC PORTALS AND ORGANIZATIONS

### Alliance for Innovation on Maternal Health

Topic Portal. Alliance for Innovation on Maternal Health. <https://safehealthcareforeverywoman.org/aim-program>.

The Alliance for Innovation on Maternal Health (AIM) is a national maternal safety and quality improvement initiative with the broader goal of reducing maternal mortality and morbidity in the U.S. AIM works through state teams and health systems to integrate national, state, and hospital quality improvement efforts. Useful resources from AIM include their vetted [patient safety bundles](#) and [e-learning modules](#).

## Black Mamas Matter Alliance

Organization. Black Mamas Matter Alliance. <https://blackmamasmatter.org>.

The Black Mamas Matter Alliance is a cross-sectoral alliance driving research and advocating for black maternal health, rights, and justice. The organization contextualizes their work in the global policy landscape addressing maternal health and rights. A response to the disproportionately high rates of maternal mortality among black women in the U.S., the organization provides technical assistance, trainings, and capacity building for grassroots organizations, maternity care service providers, academia, and the public health industry. Of note, Black Mamas Matter Alliance organizes the [Black Maternal Health Week](#) and curates a [small collection](#) of relevant toolkits and trainings.

## Center for Reproductive Rights

Organization. Center for Reproductive Rights. <https://www.reproductiverights.org>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12906>

The Center for Reproductive Rights (CRR) is a global legal advocacy organization dedicated to reproductive rights. The organization leverages legal and human rights tools in U.S. constitutional and human rights law to advance reproductive rights as fundamental human rights worldwide. CRR's attorneys have advanced cases in front of national, regional, and international bodies to expand access to birth control, safe abortion, and prenatal and obstetric care. Beyond its legal work, CRR documents [human rights abuses](#), [engages policymakers](#), and fosters [legal scholarship and teaching](#). Some of the organization's key work includes the [World's Abortion Laws 2018](#) and the [International Initiative on Maternal Mortality and Human Rights](#).

## Guttmacher Institute

Organization. Guttmacher Institute. <http://www.guttmacher.org>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11323>

The Guttmacher Institute is a research and policy organization dedicated to advancing sexual and reproductive health worldwide through research, policy analysis, and public education. The Institute produces a wide range of resources on topics pertaining to sexual and reproductive health, publishes two peer-reviewed journals, *Perspectives on Sexual and Reproductive Health* and *International Perspectives on Sexual and Reproductive Health*, and the public policy journal *Guttmacher Policy Review*. A comprehensive [data center](#) offers maps, tables, and summaries of both U.S. and international health indicators. Get quarterly updates on the Guttmacher Institute's most recent [state-focused research](#) and analysis, summarized for quick reading with links to full-text and related materials.

## Maternal Health Task Force

Organization. Maternal Health Task Force. <https://www.mhtf.org>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12545>

The Maternal Health Task Force (MHTF) is a project of the Women and Health Initiative at the Harvard T.H. Chan School of Public Health. MHTF focuses on creating a strong community of professionals aiming to end preventable maternal mortality and morbidity worldwide. MHTF ensures health practitioners, policy makers, researchers, and advocates have reliable maternal health information and evidence; identifies and creates opportunities for the maternal health community; generates new evidence for program and policy development; and trains and mentors the next generation of maternal health leaders.

## NEWS, MULTIMEDIA, AND INFOGRAPHICS

### Beyond The Preventing Maternal Deaths Act: Implementation and Further Policy Changes

News. Kozhimannil KB et al. Beyond The Preventing Maternal Deaths Act: Implementation and Further Policy Changes. *Health Affairs* 2019; Feb 4. <https://www.healthaffairs.org/doi/10.1377/hblog20190130.914004/full>.

This article in *Health Affairs* examines what is needed to thoughtfully implement the Preventing Maternal Deaths Act (HR 1318), which was signed into law on December 21, 2018. HR 1318 intends to establish and support maternal mortality review committees (MMRCs) across the country with the broader goal of reporting standardized maternal mortality data. MMRCs collect information about factors related to deaths during pregnancy, delivery, and the postpartum period, and some also collect information about social determinants of health. However, there is variability in how data are collected, which data are collected, and how frequently the data are reported. The authors outline key questions

that will be needed to clarify the language of the bill (e.g., “pregnancy-associated” versus “pregnancy-related”), and also recommends that women who have experienced maternal morbidity should play a crucial role in shaping the work of MMRCs.

### **The United States Maternal Mortality Rate Will Continue to Increase Without Access to Data**

News. Mayer R et al. The United States Maternal Mortality Rate Will Continue to Increase Without Access to Data. *Health Affairs* 2019; Feb 4. <https://www.healthaffairs.org/doi/10.1377/hblog20190130.92512/full>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12910>

This article in *Health Affairs* emphasizes that better collection, storage, and dissemination of data is needed in the U.S. to better understand and subsequently reduce maternal mortality. At present, data are shared through multiple federal, state, and local channels. Jurisdictions are not required to send their data to the centralized, federal Pregnancy Mortality Surveillance System (PMSS). Vital records statistics—like births, deaths, marriages, and divorces—are a state function. Maternal Mortality Review Committees (MMRC) have been identified as a key to better maternal mortality data, but only 29 of 50 states have such committees. And where data is available, a federal and state collaboration will be needed to standardize and aggregate key maternal health variables so that experts can truly determine what does and doesn’t work to reduce maternal mortality.

### **Amid Staggering Maternal and Infant Mortality Rates, Native Communities Revive Traditional Concepts of Support**

News. Pember MA. Amid Staggering Maternal and Infant Mortality Rates, Native Communities Revive Traditional Concepts of Support. *Rewire News* 2018; Jul 9. <https://rewire.news/article/2018/07/09/amid-staggering-maternal-infant-mortality-rates-native-communities-revive-traditional-concepts-support>.

This article in *Rewire* discusses how traditional, community-centered and culturally relevant practices are allowing Native American mothers access the support they need amid troubling maternal and infant mortality rates. It describes Mewinza, a Native American holistic care center for pregnant mothers and their families in Minnesota, that offers childbirth, breastfeeding education and doula training for Native and non-Native people. It also talks about Family Spirit, a home visiting program from the Johns Hopkins Center for American Indian Health where tribal communities determine and integrate their cultural understanding of health into available services. Some data indicates that maternal mortality rates for Native women are 4.5 times greater than non-Hispanic white women. The article also highlights health issues particular to Native communities: the impact of historical trauma from genocide and forced migration, lack of prenatal care, and chronic stress from racism. The author also notes the increased use of opioids among Native Americans, which may make many pregnant people who use drugs fearful of going to the doctor.

### **Why America’s Black Mothers and Babies are in a Life-or-Death Crisis**

News. Villarosa L. Why America’s Black Mothers and Babies are in a Life-or-Death Crisis. *The New York Times* 2018; Apr 11. <https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html>.

This article from *The New York Times* provides an in-depth story behind Simone Landrum’s birth experience. During Landrum’s first pregnancy, she lost the child in utero due to an abruption caused by high blood pressure. She almost bled to death delivering her stillborn infant. Repeated visits to the doctor’s office during her first pregnancy to advocate for herself failed – the doctors simply wrote off her condition. When Landrum got pregnant for the second time, a case manager suggested that a doula be assigned to Landrum to aid her throughout her pregnancy. The doula, Latona Giwa, would be her advocate throughout the pregnancy and after the birth – helping Landrum give birth to a baby girl.

### **Nothing Protects Black Women From Dying in Pregnancy and Childbirth**

News. Martin N, Montagne R. Nothing Protects Black Women From Dying in Pregnancy and Childbirth. *ProPublica*, NPR 2017; Dec 7. <https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12915>

This investigation from *ProPublica* and *NPR* begins with the story of Shalon Irving, a young black epidemiologist at the Centers for Disease Control and Prevention and a lieutenant commander in the Commissioned Corps of the U.S. Public Health Service. Irving, dedicated to addressing health inequities in the U.S., had died suddenly a few weeks after giving birth. Despite demonstrating symptoms of high blood pressure complications, health professionals missed multiple opportunities to diagnose her properly and connect her to effective treatment that would have avoided her death. Irving faced one of the most troubling health disparities facing black women in the U.S. today: maternal mortality. Even

for controlling for education, economic status, black women die at disproportionately high rates compared to their white peers. Structural and social issues make for a deadly combination—a combination of differential access to healthy and safe living environments, decent jobs, and health insurance; hospitals shaped by historical segregation; undertreatment of health and pain issues in black patients; and other unconscious biases embedded in the medical system that impact the quality of care black mothers receive. However, it is the chronic stress associated with discrimination that makes black women more vulnerable to early onset of chronic diseases and adverse birth outcomes.

## What’s Killing America’s New Mothers?

News. Merelli A. What’s Killing America’s New Mothers? Quartz 2017; Oct 29. <https://qz.com/1108193/whats-killing-americas-new-mothers>.

This news article in *Quartz* discusses how despite the overall progress reducing maternal mortality worldwide, the U.S. is one of the few countries where maternal mortality has severely worsened. Poor data collection only has exacerbated the inability to respond; it took until 2017 for all U.S. states to collect information in death certificates on whether a woman was pregnant or had recently given birth. For many years, the common narrative was that American mothers were increasingly older, more obese, and more likely to have chronic conditions at the time of childbirth—placing responsibility on the individual without acknowledging other countries with similar demographic shifts have helped women deliver safely. The article also discusses data showing that American women feel unheard during their pregnancy, delivery, and post-delivery, and how provider interactions have sometimes minimized the real health problems pregnant women experience. All of these factors are amplified further when unpacked by race and health insurance access. Promising interventions, however, include coordinated maternal mortality review committees and innovations like “safety bundles”—toolkits with a checklist of interventions addressing common delivery complications that have halved maternal mortality in California.

## The US Has the Highest Maternal Mortality Rate in the Developed World. Why?

News. The US Has the Highest Maternal Mortality Rate in the Developed World. Why? World Economic Forum 2016; May 19. <https://www.weforum.org/agenda/2016/05/what-s-behind-america-s-shockingly-high-maternal-mortality-rate>.

This article from the World Economic Forum examines why maternal mortality in the U.S. is so high. It first illustrates how the global community has made incredible progress in reducing maternal mortality; however, the story of global progress has hidden the troubling increase in maternal mortality in the U.S. Although spending 17.1% of GDP on healthcare, pregnancy-related deaths rose from 7.2 to 17.8 per 100,000 live births from the late 1980s to 2011—trailing both developed and developing countries. Some experts believe this is due to better reporting, while others say it could be related to later age of pregnancy.

## Millennium Development Goal 5: Progress and Challenges in Maternal Mortality Infographic

Infographics. Millennium Development Goal 5: Progress and Challenges in Maternal Mortality Infographic. Institute for Health Metrics and Evaluation 2015. <http://www.healthdata.org/infographic/millennium-development-goal-5-progress-and-challenges-maternal-mortality>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11394>

This infographic from Institute for Health Metrics and Evaluation (IHME) shows the progress in maternal mortality as it relates to MDG 5 indicators.

## TEACHING MATERIAL

### Giving Birth in America

Film Series. Giving Birth in America. Every Mother Counts 2018. <https://everymothercounts.org/films/?film-topic=giving-birth-in-america-series>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12911>

This series of 20 short films, “Giving Birth in America,” from the organization Every Mother Counts, illuminate stories of women and healthcare providers across the U.S. to bring meaning to statistics about maternal health and mortality. Women in the U.S. are more likely to die from pregnancy and childbirth than in any other developed country. The films spotlight stories of immigrant women in California, black women in Louisiana, rural women in Montana, among others. Every Mother Counts is an organization dedicated to making pregnancy and childbirth safe for everyone, everywhere.

## **Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care**

Toolkit. Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care. Black Mamas Matter Alliance, Center for Reproductive Rights 2018. <https://www.reproductiverights.org/document/black-mamas-matter-toolkit-for-advancing-human-right-to-safe-respectful-maternal-health-care>.

This toolkit from Black Mamas Matter Alliance and the Center for Reproductive Rights curates resource maternal health advocates can adapt in their work to improve the maternal health of black women in the U.S. It explains the connection of the human rights framework and maternal health, summarizes research on maternal health and disparities in the U.S., and brings the research to life through stories of black women from the South. The toolkit also includes a “menu” of policy options for advocates to explore and adapt, talking points, and a resource list to consult for more information.

## **Resource Pack: Maternal Health: Midwifery and Nursing Care**

Resource Pack. Resource Pack: Maternal Health: Midwifery and Nursing Care. Global Health Education and Learning Incubator at Harvard University 2018. <http://repository.gheli.harvard.edu/repository/collection/resource-pack-maternal-health-midwifery-nursing>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/collection/resource-pack-maternal-health-midwifery-nursing/resource/12546>

This resource pack was curated by the Global Health Education and Learning Incubator at Harvard University to explore the role of midwifery and nursing in maternal health care. Midwives and nurses represent 50 percent of the global health workforce, providing necessary primary and maternal health care across diverse settings. Qualified midwives can provide 87 percent of the services needed by mothers and newborns, playing a critical role in reducing maternal and neonatal deaths worldwide. However, many of these midwives, nurses, and related health professionals experience obstacles to providing safe, high-quality care—ranging from a lack of basic water and sanitation services, to limited access to professional development or appropriate compensation.

## **Slides: Adding It Up: Investing in Contraception and Maternal and Newborn Health**

Slides. Darroch JE et al. Adding It Up: Investing in Contraception and Maternal and Newborn Health. Guttmacher Institute 2017. [https://www.guttmacher.org/sites/default/files/fact\\_sheet\\_downloads/addingitup2017-slide-set.pptx](https://www.guttmacher.org/sites/default/files/fact_sheet_downloads/addingitup2017-slide-set.pptx).

This slide deck from the Guttmacher Institute summarizes findings from a 2017 assessment of contraceptive need in developing regions, focusing on the impact and cost of fully meeting women’s needs for contraceptives as well as maternal and newborn care.

## **Reducing the Cost of Institutional Delivery in Gujarat, India**

Case Study. Glassman A, Temin M. Reducing the Cost of Institutional Delivery in Gujarat, India. Millions Saved: New Cases of Proven Success in Global Health. Center for Global Development 2016. <http://millionssaved.cgdev.org/case-studies/reducing-the-cost-of-institutional-delivery-in-gujarat-india>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12588>

This case study describes the testing of a maternal and child health intervention in Gujarat, India, where the rate of mothers giving birth to children at health care facilities (also called institutional delivery) was only 55 percent in 2005. The program, called Chiranjeevi Yojana (CY), sought to incentivize private health care facilities to cater to low-income families. Despite strong political and private sector support, upon evaluation, the program was not found to increase the rate of institutional delivery or decrease maternal and child mortality to a worthwhile extent. This case is an example of a program that was tested and deemed not worth continuing.

## **Health Worker Roles in Providing Safe Abortion Care and Post-Abortion Contraception: Executive Summary**

Guide. Health Worker Roles in Providing Safe Abortion Care and Post-Abortion Contraception: Executive Summary. World Health Organization 2015. [http://www.who.int/reproductivehealth/publications/unsafe\\_abortion/abortion-task-shifting/en](http://www.who.int/reproductivehealth/publications/unsafe_abortion/abortion-task-shifting/en).

GHELI repository link: <http://repository.gheli.harvard.edu/repository/12460>

This guide from the World Health Organization (WHO) summarizes options for expanding health work roles in providing safe abortion care, managing complications of abortion, and providing post-abortion contraception. Although safe and effective evidence-based interventions exist, nearly 22 million unsafe abortions still take place every year and contribute to the global burden of maternal mortality and morbidity. Of the many barriers to safe abortion care, the lack of trained providers is especially pressing, particularly in countries that have the greatest burden of

unsafe abortion and related mortality. The guidelines in this executive summary emphasize how many evidence-based interventions for safe abortion and post-abortion care can actually be provided on an outpatient basis at the primary care level by advanced practitioners, midwives, nurses, and auxiliaries.

## **Integration of FP-MNCH Services to Accelerate Reduction of Maternal & Child Deaths: Bangladesh Experience**

Case Study. Meena U, Rhodes M, Wylie L. Integration of FP-MNCH Services to Accelerate Reduction of Maternal & Child Deaths: Bangladesh Experience. Western Public Health Casebook. Public Health Casebook Publishing 2015. <https://www.schulich.uwo.ca/publichealth/cases/Casebook2015.html>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/10750>

This case study examines maternal and newborn child health initiatives in Bangladesh to see how they can inform strategies for the other countries where USAID is making significant investments. Ending Preventable Child and Maternal Deaths (EPCMD) by 2035 is one of USAID's top priority health initiatives, and currently that agency invests 90 percent of its maternal and child resources in the 24 countries that account for 70 percent of maternal and child deaths in the developing world. Bangladesh has made remarkable development progress over the last decade due in part to strong country commitment and government leadership, particularly in bringing proven interventions to scale, such as integrated Family Planning-Maternal, Neonatal, Child Health (FP-MNCH) services. This case includes guidance for instructors, including learning objectives and discussion questions. This case is part of a 13-case collection written by students in the inaugural MPH class of the Schulich Interfaculty Program in Public Health at Western University, Canada. The cases may be copied and used free of charge without permission for any educational uses by an accredited educational institution.

## **Saving Mothers' Lives in Sri Lanka**

Case Study. Levine R. Saving Mothers' Lives in Sri Lanka. Center for Global Development 2007.

<http://www.cgdev.org/page/case-6-saving-mothers-lives-sri-lanka>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/10833>

This case describes the Sri Lankan's government continued commitment to providing a set of safe motherhood services even with limited national and health funds. These efforts have led to a decline in maternal mortality from 486 deaths per 100,000 live births to 24 deaths per 100,000 live births over four decades. This is Case 6 in the Center for Global Development's online case series, "Millions Saved."