

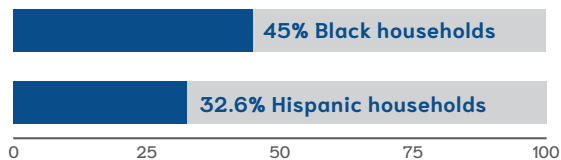
Georgia has the worst maternal mortality ratio of any state in the country.¹ Black women in Georgia are 3.3 times more likely to die from pregnancy-related complications than white women are.² Georgia's own health experts believe that more than half of confirmed pregnancy-related deaths in the state are preventable.³ Public policies that seek to improve maternal health⁴ must be informed by evidence, respect human rights,⁵ and enable every pregnant person in Georgia to attain the best health possible.

Sexual and Reproductive Health: Demographics, Outcomes, and Equity

Public policies to improve maternal health outcomes and experiences must eliminate racial, economic, and geographic disparities and should support women and girls in Georgia to access information, exercise bodily autonomy, and achieve the best sexual and reproductive health outcomes possible.

- Of adult women living in Georgia, **51%** are white, **34%** are Black, **9%** are Hispanic, **4%** are Asian and **1%** identify as other.⁶
- Nearly one in five Black (**19%**) and Hispanic (**20%**) people in GA live in poverty.⁷

Georgians in households with a livable income⁸



In contrast, **only 8% of white and Asian people in Georgia live in poverty** and over half live in households with a livable income.

- Compared to other states, Georgia has some of the **highest rates of syphilis, gonorrhea, and chlamydia**, which disproportionately affect marginalized populations and can contribute to poor birth outcomes.⁹

- Black women in Georgia are **12 times more likely** than white women to live with HIV.¹⁰
- In 2014, **more than 1.2 million women** in Georgia had a need for contraceptive services and supplies.¹¹



More than a third of women surveyed soon after giving birth in Georgia reported that their pregnancies were mistimed or unwanted.¹²

- The pregnancy-related maternal mortality ratio for Black women in Georgia is **47 deaths per 100,000** live births, compared to 14.3 deaths per 100,000 live births for white women.¹³
- Georgia **ranks 32nd** in the country for infant mortality and 45th in the country for low-birth weight babies.¹⁴ Black babies in Georgia are **twice as likely to die** as white babies are, and 14% of Black infants are born weighing less than 2,500 grams, compared to 7.6% of white infants.¹⁵

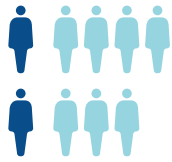
Access to Reproductive Health Systems, Providers, and Information

Public policies must ensure that all pregnant and birthing people in Georgia have access to reproductive health information and quality maternal healthcare services that are physically, economically, and culturally accessible.

- Georgia **lacks state mandates for comprehensive sexual health education** in schools. The state requires some sexual health education and AIDS prevention education with an **emphasis on abstaining** from sexual activity until marriage.

During the 2015-2016 school year, **only 28%** of Georgia schools taught grades 9-12 all 19 critical sexual health education topics as identified by the Centers for Disease Control and Prevention.¹⁶

- Among adult women in Georgia, **23%** of Black women and **49%** of Hispanic women do not have a personal doctor or health care provider.



One in five Black women and one in four Hispanic women report not seeing a doctor in the prior 12 months due to cost.¹⁷

- Between 2014-2016, **11% of Black mothers** received **late or no prenatal care.**¹⁸
- Georgia has not expanded Medicaid under the Affordable Care Act (ACA), and **17% of women ages 19-64 are uninsured.**¹⁹
- Medicaid finances more than 50% of all births in Georgia, but only **67% of OB/GYNs** in Georgia **accept new Medicaid patients.**²⁰ Some providers cap the number of Medicaid patients they see due to low reimbursement rates and cumbersome reimbursement processes, and it can take weeks for some pregnant patients to start receiving coverage.²¹
- There are **1,304 physicians** actively practicing Obstetrics/Gynecology in Georgia and **282 of them are Black.**²²

- Approximately **half of all counties** in Georgia have **no OB physician**²³ and **40+ counties have no obstetrical care** of any kind (no OB/GYN, family physician providing obstetric care, or midwife).²⁴
- Hospital **labor and delivery units have been closing** across the state for the last several decades, especially in rural areas. In 2015, **only 46 of Georgia's 159 counties** had such units.²⁵
- Longer travel times are associated with worse birth outcomes.²⁶ Women in Georgia experience an **increasing risk of pre-term birth for every additional 15 mins of travel** between them and the hospital where they deliver.
- By 2020, it's estimated that **75%** of rural primary care service areas will lack adequate obstetrics care.²⁷
- Georgia allocates **\$2 million annually** in the state budget to **Crisis Pregnancy Centers** for the Positive Alternatives to Pregnancy and Parenting grant program, which is not evidence-based, and **does not provide comprehensive, medically accurate information** to individuals seeking such information about their reproductive health options.²⁸

Maternal Health Data and Review

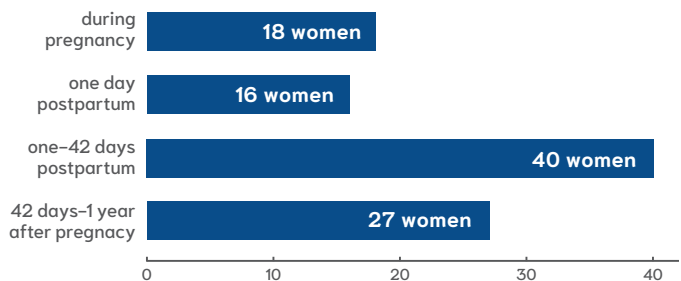
Public policies must ensure that accurate maternal health data is collected, factors that influence health equity are investigated, and affected communities are meaningfully engaged in developing policy interventions that draw on this evidence.

Authorizing legislation for Georgia's Maternal Mortality Review Committee (MMRC) was passed in 2014 and the MMRC conducted its first review of individual cases of maternal death in 2015. Reports have been published for 2012, 2013, and 2014 data. The latest MMRC report analyzing 2014 data was released in March 2019 and includes aggregate data from 2012-2014.²⁹

Findings from the 2019 Georgia MMRC Report:

- Between 2012-2014, **101 women in Georgia died** from causes related to or aggravated by their pregnancy or its management ("pregnancy-related" deaths), including 43 deaths in 2014. **Another 149 women died** between 2012-2014 while pregnant or within the year following their pregnancy from causes unrelated to their pregnancy ("pregnancy-associated" deaths).
- More than half (**60%**) of the women who died from pregnancy-related causes from 2012-2014 **were Black.**
- Between 2012-2014, **18%** of pregnancy-related deaths in Georgia occurred during pregnancy and **82%** occurred during the postpartum period.

Between 2012-2014, pregnancy-related complications killed



- Between 2012-2014, the six leading causes of death were cardiomyopathy, hemorrhage, cardiovascular and coronary conditions, embolism, preeclampsia and eclampsia, and amniotic fluid embolism. **Cardiomyopathy was the leading cause of pregnancy-related death** among Black and white women. **Black women had the highest number of deaths** in all six categories.³⁰
- The majority (**61%**) of pregnancy-related deaths that occurred between 2012-2014 were **deemed**

preventable, including 100% of deaths caused by hemorrhage and 80% of deaths caused by cardiomyopathy in 2014. A particularly high percentage of the deaths occurring during the postpartum period (up to one year) were deemed preventable.

- The report does not provide any information about the geographic distribution of maternal deaths across Georgia.

Recent Maternal Health Policy Changes

- In late 2017, the Department of Public Health joined the Alliance for Innovation on Maternal Health (AIM). AIM is a national, data-driven quality improvement program which provides hospitals with free maternal patient safety resources and consultation on obstetric hemorrhage and severe hypertension.³¹
- The FY 2019 state budget included an appropriation of **\$2 million**, which provided **funds for 20 rural birthing hospitals** to adopt and implement the AIM resources, collect data, and sustain statewide perinatal quality improvement initiative efforts.³²
- The FY 2019 state budget also provided **\$500,000** to improve sustainability of the evidence-based Centering Pregnancy program, a group model of **prenatal care**. The funding would allow

implementation of enhanced Medicaid reimbursement for the unique structure of group prenatal care service delivery.³³

- As of July 2019, **the Department of Public Health is able to designate the level of maternal and neonatal care** provided at birthing hospitals in Georgia. This is critical to ensuring that Georgia's mothers and infants are receiving appropriate care in facilities, based on their level of risk.³⁴
- The **FY 2020** budget includes an **additional \$200,000** to support the operation of the state Maternal Mortality Review Committee, which is tasked with **reviewing all maternal deaths in the state** and developing recommendations to reduce the maternal mortality ratio.³⁵

Recommendations to State Legislators

To proactively address the disparities and other maternal health concerns outlined above, state legislators are urged to enact public policies that advance a human rights-based approach to improving maternal health. A human rights-based approach ensures access to safe and respectful maternal healthcare for all who need it and prioritizes the active participation of affected communities in healthcare systems and healthcare decision-making.

- ✓ **Work with the Georgia State Department of Health** to make the process for selecting Maternal Mortality Review Committee (MMRC) members transparent and create opportunities for individuals and communities most affected by poor maternal health outcomes to serve on and engage with the MMRC.
- ✓ **Extend Medicaid coverage** to a minimum of one year postpartum, as recommended by Georgia's MMRC.³⁶
- ✓ Allocate resources to communities **with the greatest needs** and to evidence-based programs that advance **health equity**.
- ✓ **End state funding of Crisis Pregnancy Centers**, which often do not have medical professionals on staff and generally do not provide accredited medical care or dispense the information patients need to access comprehensive pregnancy care.³⁷
- ✓ **Remove restrictions** and access barriers to medically accurate sexual and reproductive health services and information.
- ✓ Promote and retain a **diverse, qualified workforce** of reproductive health care professionals.
- ✓ Take steps to **address bias in healthcare access and delivery**, including measures that address race, gender, and class bias perpetuated by both healthcare systems and individual healthcare professionals.

About the Maternal Health & Rights Initiative

The Maternal Health & Rights Initiative promotes the human rights of pregnant, birthing, and postpartum people in the United States. Harnessing the power of law, policy, and strategic advocacy, the Initiative seeks to improve access to safe and respectful maternal health care for all who need it, and to ensure that all people have an opportunity to attain the highest standard of maternal health possible for themselves. The Initiative seeks government accountability for discrimination and inequalities in U.S. maternal health, and it provides advocates, lawmakers, and leaders with human rights-based advocacy tools that they can use to catalyze policy change.

Endnotes

- 1 America's Health Ranking, *Public Health Impact: Maternal Mortality (Georgia)*, UNITED HEALTH FOUND. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality/state/GA (last visited June 21, 2019).
- 2 Georgia Maternal Mortality Review Committee, *Maternal Mortality Report: 2014*, GA. DEP'T OF PUB. HEALTH 11 (2019), https://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/Maternal%20Mortality%20BookletGeorgia.FINAL_hq_.pdf [hereinafter Ga. Maternal Mortality Review Comm.].
- 3 *Id.* at 3.
- 4 Center for Reproductive Rights, *Maternal Health State Policy Agenda*, https://reproductiverights.org/sites/default/files/documents/MHRI/USPA_MH_OnePager_Policy-Center.pdf (last visited June 21, 2019).
- 5 Center for Reproductive Rights, *Guiding Principles for Maternal Health Policy Change*, https://reproductiverights.org/sites/default/files/documents/MHRI/USPA_MH_OnePager_Principles-Center.pdf (last visited June 21, 2019).
- 6 *State Profiles for Women's Health*, KAISER FAMILY FOUND. (July 25, 2018), <https://www.kff.org/interactive/womens-health-profiles/?activeState=Georgia&activeCategoryIndex=0&activeView=data>.
- 7 *State Health Facts: Poverty by Race/Ethnicity (2017)*, KAISER FAMILY FOUND., <http://kff.org/other/state-indicator/poverty-rate-by-raceethnicity> (last visited June 21, 2019).
- 8 Stelter N. Siddiqui et al., *The HOPE Initiative: Appendix*, NAT'L COLLABORATIVE FOR EQUITY 19 (July 2018), <http://www.nationalcollaborative.org/wp-content/uploads/2018/07/HOPE-Appendix-Final-07.24.2018.pdf>.
- 9 Madison L. Gates et al., *Sexual health education in Georgia: A role for reducing sexually transmitted infections among adolescents*, 5 J. GA. PUB. HEALTH ASS'N 191 (2015), <https://www.gapha.org/wp-content/uploads/2015/11/191-Sexual-health-education-in-Georgia.pdf>.
- 10 *State Profiles for Women's Health: Rate of Women Living with HIV per 100,000 Women Ages 13 and Older by Race/Ethnicity, 2016*, Georgia, KAISER FAMILY FOUND. (July 25, 2018), <https://www.kff.org/interactive/womens-health-profiles/?activeState=Georgia&activeCategoryIndex=2&activeView=data>.
- 11 *Contraceptive Needs and Services Tables*, GUTTMACHER INST. 2 (Table 2) (2014), https://www.guttmacher.org/sites/default/files/report_downloads/contraceptive-needs-and-services-tables-2014.pdf.
- 12 *Pregnancy Risk Assessment Monitoring System (PRAMS), Prevalence of Selected Maternal and Child Health Indicators: Georgia 2012-2015*, CTRS. FOR DISEASE CONTROL AND PREVENTION 1, <https://www.cdc.gov/prams/pramstat/pdfs/mch-indicators/Georgia-508.pdf> (last visited July, 2019).
- 13 Ga. Maternal Mortality Review Comm., *supra* note 2 at 11.
- 14 Stelter N. Siddiqui et al., *supra* note 8 at 13, 16.
- 15 *Id.*
- 16 *State Profiles: Fiscal Year 2017: Georgia*, SEXUALITY INFO. AND EDUC. COUNCIL OF THE U.S. 5 (2018), <https://siecus.org/wp-content/uploads/2019/03/Georgia-FY18-Final-1.pdf>; Nancy D. Brener et al., *School Health Profiles Characteristics of Health Programs Among Secondary Schools*, CTRS. FOR DISEASE CONTROL AND PREVENTION 106, https://www.cdc.gov/healthyyouth/data/profiles/pdf/2016/2016_Profiles_Report.pdf.
- 17 *State Profiles for Women's Health: Georgia: Coverage and Access*, KAISER FAMILY FOUND., <https://www.kff.org/interactive/womens-health-profiles/?activeState=Georgia&activeCategoryIndex=1&activeView=data> (last visited June 21, 2019).
- 18 *Peristats: Late/no prenatal care by race: Georgia, 2014-2016 Average*, MARCH OF DIMES FOUND., <https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=13&top=5&stop=27&lev=1&slev=4&obj=1> (last visited June 21, 2019).
- 19 Kaiser Family Foundation, *supra* note 17.
- 20 *Physician Workforce Data: Obstetrics/Gynecology*, GA. BOARD FOR PHYSICIAN WORKFORCE, <https://gbpw.georgia.gov/physician-workforce-data> (last visited June 21, 2019).
- 21 Eric Baudry et al., *When the State Fails: Maternal Mortality & Racial Disparity in Georgia*, YALE GLOBAL HEALTH JUSTICE P'SHIP 9 (2018), https://law.yale.edu/system/files/area/center/ghjp/documents/ghjp_2018_when_the_state_fails_maternal_mortality_racial_disparity_in_georgiarev.pdf.
- 22 *Physician Workforce Data: Obstetrics/Gynecology*, GA. BOARD FOR PHYSICIAN WORKFORCE, <https://gbpw.georgia.gov/physician-workforce-data> (last visited June 21, 2019).
- 23 *Georgia Physician and Physician Assistant Professions Data Book 2010/2011*, GA. BOARD FOR PHYSICIAN WORKFORCE i (2013), https://gbpw.georgia.gov/sites/gbpw.georgia.gov/files/related_files/document/2010-2011%20Physician%20and%20Physician%20Assistant%20Data%20Book.pdf.
- 24 Catherine Bonk, MD, *Georgia Obstetrical and Gynecological Society, Women's Healthcare in Georgia 8* (Sept. 2015), http://www.senate.ga.gov/committees/Documents/GA_OBGYN_9_14_2015.pptx.
- 25 Merrilee Gober, *2016 State of the State of Maternal & Infant Health in Georgia*, HEALTHY MOTHERS, HEALTHY BABIES COAL. OF GA. 3 (2016), <https://drive.google.com/file/d/0BxndQpkPFFfySm5aNmdkYXZYQm8/view>.
- 26 Stefan Grzybowski et al., *Distance Matters: A Population Based Study Examining Access to Maternity Services for Rural Women*, 11 BMC HEALTH SERVS. RESEARCH 4 (2011), <https://med-fom-crrh.sites.olt.ubc.ca/files/2012/02/distancematters.pdf>.
- 27 Adrienne D. Zertuche, MD, MPH, *Georgia's Obstetric Crisis: Origins, Consequences, and Potential Solutions*, GA. SENATE STUDY COMM. ON WOMEN'S ADEQUATE HEALTHCARE 7 (Oct. 26, 2015), <http://www.senate.ga.gov/committees/Documents/Oct%2026%20Ga%20Maternal%20Health%20%20Infant%20Research%20Group%20-%20Dr%20Zertuche.pdf>.
- 28 S. 308, 2016 Leg., Reg. Sess. (Ga. 2016); Teddy Wilson, *Georgia GOP Approves \$2 Million for Anti-Choice Pregnancy Centers*, REWIRE (April 27, 2016, 5:12pm), <https://rewire.news/article/2016/04/27/georgia-gop-approves-2-million-anti-choice-pregnancy-centers/>.
- 29 Ga. Maternal Mortality Review Comm., *supra* note 2.
- 30 *Id.* at 15-16.
- 31 Association of Maternal and Child Health Programs, *Georgia Maternal and Child Health Block Grant 2019* (2019), <http://www.amchp.org/Policy-Advocacy/MCHAdvocacy/2019%20State%20Profiles/Georgia%202019.pdf>.
- 32 Tara Boockholdt, House Budget & Research Office, *Maternal Mortality in Georgia* (April, 2019), http://www.house.ga.gov/budget/Documents/2019_Session/2019_Policy_Brief_Maternal_Mortality_in_Georgia.pdf.
- 33 *Id.*
- 34 *Id.*
- 35 *Id.*
- 36 Ga. Maternal Mortality Review Comm., *supra* note 2 at 25.
- 37 Eric Baudry et al., *supra* note 21 at 9.

Last updated August 2019.