

Maternal mortality in Louisiana is increasing at a rate that exceeds the national average.¹ Both nationally and locally, negative maternal health outcomes for Black women are disproportionately high. Louisiana's own experts believe that nearly half of confirmed pregnancy-related deaths in the state are preventable.² Public policies that seek to improve maternal health must be informed by evidence, respect human rights, and enable every pregnant person in Louisiana to attain the best health possible.

Health Outcomes & Equity

Public policies to improve maternal health outcomes and experiences must eliminate racial, economic, and geographic disparities.

Racial disparities



One in three women in Louisiana between the ages of 18-64 is Black.³

Women who give birth



Women who suffer maternal deaths



Black women account for **39%** of the women who **give birth**⁴ and **68%** of the women who **suffer maternal deaths**.⁵

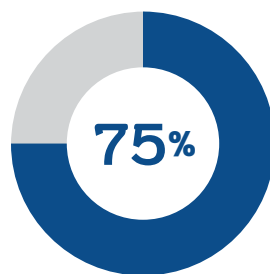


Black women are four times more likely than white women to experience a **pregnancy-related death**.⁶



Louisiana **ranks 40th** in the country in infant deaths, and **Black infants are twice as likely to die** as white infants.⁷

Economic disparities



75% of in-hospital maternal deaths were potentially preventable.

Between 1995-2013, **75% of in-hospital maternal deaths** in the Oschner Health System were **potentially preventable**. Uninsured patients had the highest incidence of preventable death, followed by those on Medicaid. **Late entry to prenatal care and non-private insurance status were predictors of higher mortality**.⁸

Geographic disparities



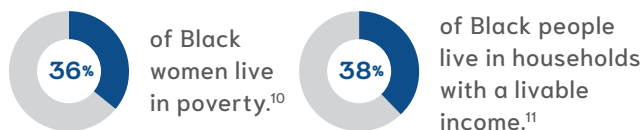
43rd in the country in self-reported health status among adults 25+.

Among adults 25 years and older, Louisiana ranks **43rd in the country in self-reported health status**.⁹

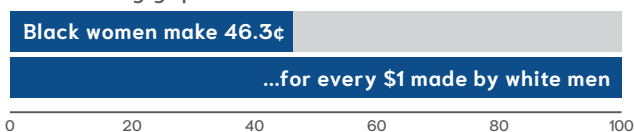
Social, Economic & Environmental Conditions

Public policies must address structural inequalities and discrimination against Black and low-income women, their families, and their communities.

Socioeconomic and residential disparities

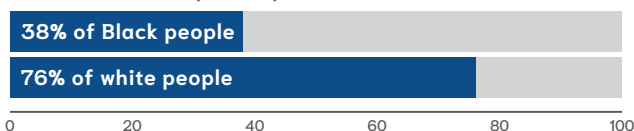


The earning gap



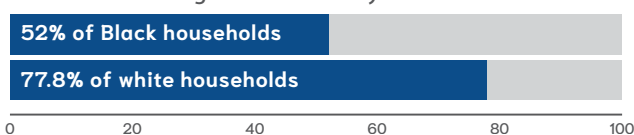
Louisiana has the **largest gap in earnings between Black women and white men in the country**, with Black women earning **less than half** of white men's earnings (46.3 percent).¹²

People living in neighborhoods where less than 20% of residents live in poverty¹³



Louisiana ranks **47th in the country in poverty concentration**.

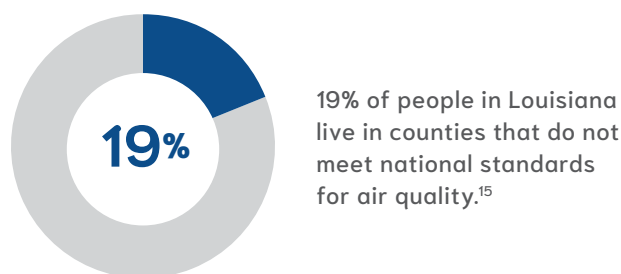
Households living in a home they own



About **half of Black households** and more than three quarters of white households **live in a home they own**.¹⁴

Environmental conditions

Louisiana ranks 25th in the country on air quality.



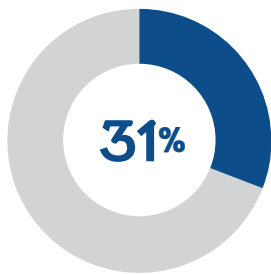
In the ten years following the damage, disruption, and displacement caused by **Hurricane Katrina**, researchers found **increases in health risks such as heart attack**, mental health and substance misuse, and lack of health insurance among patients at Tulane Medical Center.¹⁶

Sexual & Reproductive Health

Public policies should support women and girls in Louisiana to access information, exercise bodily autonomy, and achieve the best sexual and reproductive health outcomes possible.

Sexual health and education

Youth in Louisiana have some of the highest rates of sexually transmitted infections in the country (1st in adolescent syphilis diagnoses, 2nd in Gonorrhea and Chlamydia, 3rd in HIV), yet Louisiana state law does not require schools to offer sexual health education.¹⁷

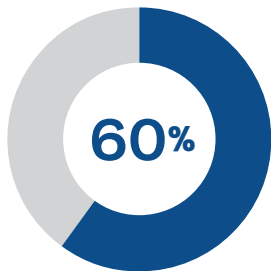


Only 31% of women in Louisiana receive preconception counseling.¹⁸



About half of women needing contraception in 2014 were low-income.

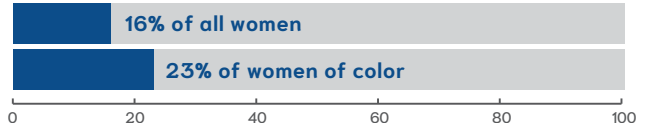
In 2014, more than 500,000 women in Louisiana had a need for contraceptive services and supplies, and **about half of these women were low-income.**¹⁹



60% of all pregnancies in Louisiana are unintended.²⁰

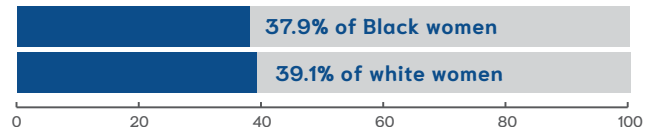
Maternal health outcomes

Women who receive no or delayed prenatal care



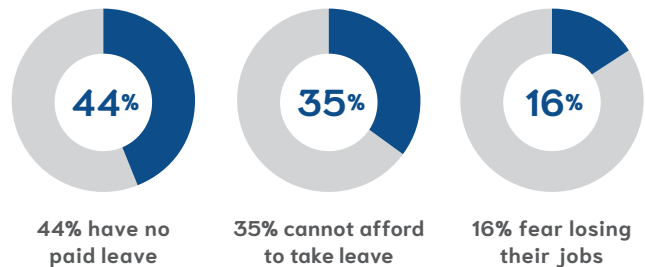
16% of women receive **delayed prenatal care or none at all**, and this rate rises to 23% for women of color.²¹

Cesarean delivery



During 2013-2015, the rate of **cesarean delivery** was **37.9% for Black women** and 39.1% for white women.²²

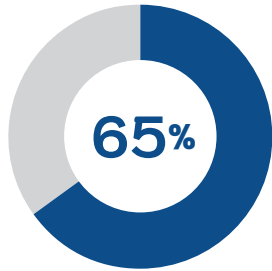
Paid leave for women employed during their pregnancies²³



Access to Health Systems and Providers

Public policies must ensure that all pregnant and birthing people in Louisiana have access to high quality maternal health care services that are physically, economically, and culturally accessible.

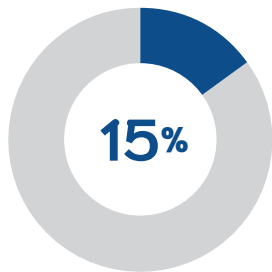
Health insurance coverage



65% of births are financed by Medicaid.

Louisiana was the 31st state to expand Medicaid; the policy change took effect on June 1, 2016.²⁴ **Expansion of the Louisiana Medicaid program has cut the proportion of adults without health insurance in half,²⁵ and reduced racial disparities in Louisiana's uninsured rate.²⁶** The majority (65%) of births in Louisiana are financed by Medicaid.²⁷

The Louisiana state legislature is considering **policies that would impose work requirements on Medicaid patients.**²⁸



15% of women aged 18–44 still have no insurance of any kind.

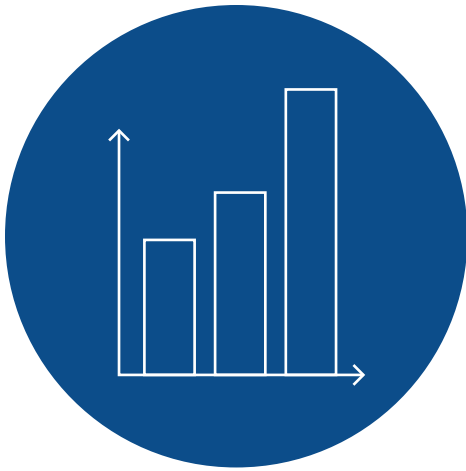
15% of women aged 18 to 44 **still have no private or public health insurance coverage.**²⁹

Health care providers

Louisiana is one of 28 states that **license certified professional midwives** in addition to Advanced Practice Registered Nurses in the nurse-midwife role.³⁰ As of late 2015, **Medicaid covers both nurse-midwives and professional midwives** as recognized provider types for vaginal delivery services rendered at free standing birthing centers.³¹

There are 54 Certified Nurse-Midwives in Louisiana, or **1.2 Certified Nurse-Midwives per 100,000 people.**³²

Medicaid expansion increased access to community health workers, home visiting services, and other health care delivery reforms that address health outside of the hospital.³³ Louisiana does not license or provide Medicaid coverage for doulas.³⁴



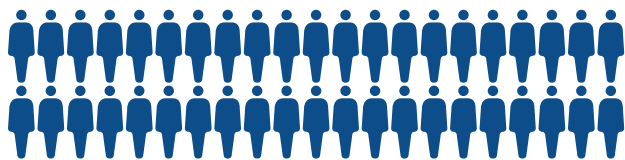
Maternal Health Data & Review

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.

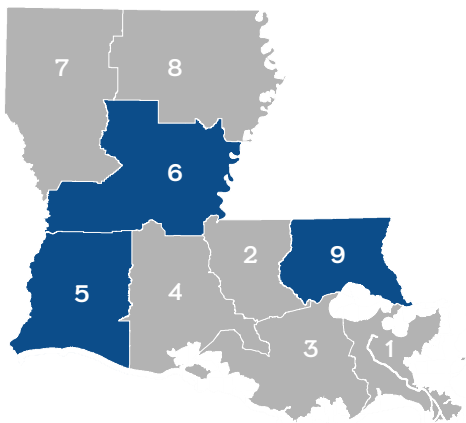
The Louisiana Department of Health’s Maternal and Child Health Program initiated the state’s most recent maternal mortality review process—the Louisiana Pregnancy Associated Mortality Review (LA-PAMR)—in 2010, under the authority of the Louisiana Perinatal Commission. The review process involves epidemiological surveillance and individual case review and is funded by the federal Title V Maternal and Child Health Block Grant. In 2018, LA-PAMR enhanced its review process by adopting the latest tools available from the CDC (MMRIA) and including more representatives on the committee with expertise in addressing the social determinants of health, including more women and people of color. LA-PAMR has only published two reports since its establishment. The most recent report reviewing pregnancy-related deaths from 2011 to 2016 was published in August 2018.³⁵

Although Louisiana tracks both *pregnancy-related* and *pregnancy-associated* deaths, the 2018 maternal mortality report covers only ***pregnancy-related*** deaths, defined as ***maternal deaths from any cause aggravated by the pregnancy or its management and verified to have occurred during a pregnancy or within 42 days of the end of pregnancy.***

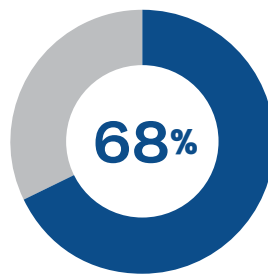
Findings from the 2011–2016 LA-PAMR report



Forty-two women in Louisiana died from verified, pregnancy-related causes during this 6-year period.

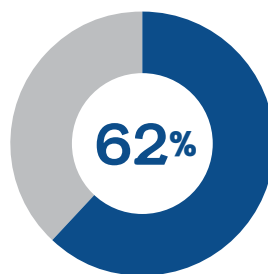


The maternal mortality ratio in Louisiana was 12.4 pregnancy-related deaths per 100,000 births. The **highest maternal mortality ratio was found in Region 5** (southwest Louisiana/Lake Charles area), followed by **Region 6** (central Louisiana/Alexandria area) and **Region 9** (Northshore area).



68% of maternal deaths were suffered by Black women.

68% of the maternal deaths that occurred between 2011–2016 involved **Black women**.



62% of women who died from pregnancy-related causes had Medicaid insurance.

Provider and facility-level factors were the **most commonly identified contributing factors to pregnancy-related death**, including **failure to screen/inadequate assessment of risk**.

The **majority of deaths occurred in a hospital** and **almost half occurred between 24 hours and 42 days after birth**.

The most common causes of pregnancy-related death were **hemorrhage** and **heart-related conditions** (cardiomyopathy and cardiovascular disease).

Recommendations from the 2011–2016 LA-PAMR report

- **Improve the data collection and review process** to implement quality improvement initiatives and evidence-based policies.
- Support quality improvement activities in birth facilities including strategies to **reduce racial bias**.
- Support health information exchanges and innovation to coordinate and **improve obstetric, inpatient, outpatient and emergency care**, and improve emergency room management of obstetric issues.
- **Expand health care coverage** and coordination between primary, specialty, reproductive health and prenatal care, and integration with supportive services including management of mental health and substance use disorders.
- **Assure access to comprehensive reproductive health and contraceptive services** and promotion of pregnancy readiness for women with chronic disease.

Recent Proactive Maternal Health Policy Changes



Healthy Moms, Healthy Babies Advisory Council

The Louisiana State Legislature passed Act 497 during its 2018 session, establishing the Healthy Moms, Healthy Babies Advisory Council within the Louisiana Department of Health.³⁶ The Council will work with other state entities focused on maternal health and will address racial and ethnic disparities in maternal health outcomes. The Act provides for a diverse Council of experts and stakeholders including representatives from community-based organizations. Among other activities, the Council is tasked with incorporating an “ongoing community advisory process” into existing state efforts to improve maternal health while “prioritizing representation from organizations led by members of affected, historically marginalized communities.”³⁷



Reducing Maternal Morbidity Initiative

In August 2018, the Louisiana Perinatal Quality Collaborative—a group composed of 32 birth facilities across the state—launched the “Reducing Maternal Morbidity Initiative.” Responding to the LA-PAMR’s findings, the new initiative will implement best practices that address hemorrhage and hypertension, while also seeking to reduce “racial disparities in life-threatening complications related to these factors.”³⁸

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

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