



NEWS RELEASE

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Blue Cross Blue Shield study shows national trend toward higher childbirth complication rates for Black and Hispanic women

Iowa data also shows high maternal morbidity rates among women of color

DES MOINES, Iowa (July 14, 2021) — A new Blue Cross Blue Shield Association (BCBSA) report shows severe maternal morbidity (SMM) rates are increasing among women of color in the U.S. According to the report, [Racial Disparities in Maternal Health](#), SMM rates were substantially higher for women in majority Black and Hispanic communities (63 percent and 32 percent, respectively) than for women in majority white communities. The BCBSA report examines the rate of childbirth complications as measured by the [Center for Disease Control and Prevention's](#) SMM Measure — a list of adverse events or unexpected outcomes from labor and delivery with significant short- or long-term consequences to a woman's health.

The Iowa Department of Health has also reported increases in SMM among Iowans¹ — among Black women, SMM rates have increased from 55 per 10,000 hospital deliveries in 2019 to 114 in 2020. The rate among Hispanic women rose from 52 to 69 per 10,000 births those same years. SMM rates among white women also rose from 45 in 2019 to 51 in 2020.

"The higher maternal morbidity rates among women of color are untenable in this era of advanced medicine," said Dr. Tim Gutshall, Wellmark's senior medical director. "We must understand and address these health disparities to ensure women of all races experience healthy pregnancies and babies."

SMM Complications in Iowa

In Iowa, acute renal failure was the most common SMM condition among Black women. Among Hispanic women, adult respiratory conditions caused the most SMM complications. Certain pre-pregnancy factors, such as hypertension, obesity or asthma can increase the risk for SMM events and can vary by race and ethnicity.

SMM rate per 10,000 delivery hospitalizations by race and ethnicity, 2018-2020:

Complication	Black mothers	Hispanic mothers	White mothers
Hemorrhage	21.7	17.7	19.6
Respiratory	10.2	20.1	6.5
Cardiac	10.2	5.9	4.6
Renal failure	29.4	5.9	14
Sepsis	7.7	4.7	3.6
Obstetrical	12.8	16.6	8.4
Other	3.8	3.5	1.9

Source: The IDPH derived the data to calculate the SMM rate from Iowa's hospital discharge data. Iowa hospital discharge data are collected by the Iowa Hospital Association on behalf of IDPH in accordance with Iowa Code section 135.166. The Iowa Department of Public Health may use these data to conduct public health surveillance and evaluate public health surveillance programs.

"Our public health data shows distinct differences between various racial and ethnic populations within the state," said Dr. Nalo Johnson, Division Director for Health Promotion and Chronic Disease Prevention with the Iowa Department of Public Health. "Our goal is to reduce health disparities through our public health maternal health efforts and ensure that every Iowan has access to a safe birth and follow up care."

Challenges remain to receive prenatal care

The type and quality of care a woman receives while pregnant, during childbirth and after giving birth can impact the likelihood of experiencing SMM. In April, BCBSA surveyed 750 women about their pregnancy and childbirth care experiences. The survey found women of color were not able to complete all

recommended prenatal visits, citing transportation barriers or scheduling conflicts. COVID-19 has also played a role in reducing prenatal visits.

In Iowa, IDPH reported that overall, 79 percent of Iowa women began prenatal care² during their first trimester in 2020. However, just 69 percent of Black and Hispanic women initiated first trimester prenatal care compared to 82 percent of white women.

The path forward

Wellmark provides members with [resources](#) for a healthy pregnancy and offers a pregnancy support program to mothers throughout their pre- and postnatal journeys. These programs help to identify women at risk of SMM and provide one-on-one coaching to manage chronic conditions during pregnancy, addressing underlying social needs that have a significant impact on health.

1. *The data to calculate severe maternal morbidity were derived from Iowa's hospital discharge data. Iowa hospital discharge data are collected by the Iowa Hospital Association on behalf of IDPH in accordance with Iowa Code section 135.166. The Iowa Department of Public Health may use these data to conduct public health surveillance and evaluate public health surveillance programs.*
2. *Source: Iowa Certificate of Live birth, registered with the Bureau of Health Statistics.*

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